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Akintayo, Adenekan, Ibezim decry unhealthy politics in health sector

By Ranmilowo Ojalumo

Former president of the Pharmaceutical Society of Nigeria (PSN), Pharmacist Olumide Akintayo, and his counterparts, the Chairman, Lagos State Chapter of the Nigerian Medical Association (NMA), Dr

Olatunji Adenekan and the National Chairman, Nigeria Association of Pharmacists in Academia (NAPA), Professor Emmanuel Ibezim, have recently condemned what they termed bad politics in the Nigerian health sector, stressing that the

sector may remain perpetually underdeveloped if the current situation is unaddressed.

While the trio approached the perceived political manoeuvrings in the sector

continued on page 19

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Pharm. (Mrs) Olayinka Adegoke-Sanusi is an enterprising and versatile professional. She is the GMD/CEO of De Royal Treet Global Services, a conglomerate of De Royal Treet Pharmacy, Royal Treet Hall & Rentals, and Blue Royal Schools (nursery, primary and secondary).

A native of Lagos State, Adegoke-Sanusi, hails from Ijede LCDA, in Ikorodu LGA of the state. She attended Badagry Grammar School, in Badagry, Lagos; after which she attended the Federal School of Art and Science, in Victoria Island, Lagos. She bagged her Bachelor of Pharmacy degree from the prestigious Obafemi Awolowo University, Ile-ife, in 1990.

Adegoke-Sanusi had her internship with the Lagos State Government. Thereafter, she did her compulsory NYSC programme at the General Hospital, Igbobi. Soon after, she got employed as a grade one pharmacist at the Airforce Medical Centre, Ikeja, Lagos, before venturing into her own businesses.

As a passionate pharmacist, Adegoke-Sanusi began with the establishment of De Royal Treet Pharmacy in 1993, which later grew into a chain pharmacy store, with branches in Ikorodu (Ijede), Epe, Ikotun, Ayanwale and Egan, all in Lagos State.

Filled with the conviction that she could excel beyond the pharmacy space, Adegoke-Sanusi launched into the world of education by founding the Blue Royal schools in 2005, with the nursery, primary and secondary sections. She has two schools in different premises, one at Epetedo, in Abaranje, Ikotun, and the other at Anuoluwapo, also in Abaranje, Ikotun, Lagos. The schools are WAEC-registered.

The entrepreneurial pharmacist further diversified into the entertainment industry, by setting up Royal Treet Hall & Rentals in 2009, an event management centre and rental services, which operate indoor and outdoor services.

Despite her several business engagements, Adegoke-Sanusi is a committed community pharmacist and a Fellow of the West African Postgraduate College of Pharmacists. She has held different positions with the Association of Community Pharmacists of Nigeria (ACPN) Lagos State. She was also former assistant secretary, Pharmaceutical Society of Nigeria (PSN), Lagos State; former treasurer ACPN, Lagos State; former chairman, ACPN, Ikotun Zone, among others.

She has received several awards to her credit, including: Merit Award of PSN-Lagos; Award of Recognition by PSN-Lagos, as a community pharmacist of note, and others.

Adegoke-Sanusi is married to a pharmacist and the union is blessed with children.



Inspiration

"Stop just cheering for others who are living their visions. Commit yourself to your own success and follow the steps required to achieve it." — **Steve Maraboli**

"When you start living the life of your dreams, there will always be obstacles, doubters, mistakes and setbacks along the way. But with hard work, perseverance and self-belief there is no limit to what you can achieve." — **Roy Bennett**

"There is only one thing that makes a dream impossible to achieve: the fear of failure." — **Paulo Coelho**

"Don't let others tell you what you can't do. Don't let the limitations of others limit your

vision. If you can remove your self-doubt and believe in yourself, you can achieve what you never thought possible." — **Roy T. Bennett**

"Let today be the day that you become committed in being, in doing, in getting, achieving, in experiencing. Let today be the day that you are committed to being the change you wish to see and living the life you wish to live." — **Steve Maraboli**

"Do not be embarrassed by your failures, learn from them and start again." — **Richard Branson**

"Success is simple. Do what's right, the right way, at the right time." — **Arnold H. Glasgow**

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2. PN has been published monthly without interruption since 1979.
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.
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 Your Global Health Journal

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

Following the recent call by the Ondo State Governor, Rotimi Akeredolu, for the legalisation of cannabis, there has been a barrage of reactions from different quarters, with most highlighting the dangerous outcomes and bad precedence such a development could set. Although the governor made it clear that his call was hinged on the need to explore cultivation of the plant for drug production, many critics believe that heeding this call would spell more harm than good to the populace, bearing in mind the health and social implications of doing so.

We understand why Akeredolu may be attracted to the economic potentials of cannabis. The global medicinal cannabis industry is projected to be worth \$55.8 billion dollars by 2025. This underscores the fact that the cannabis market is a very huge and vibrant one and would continue to thrive, despite the many laws prohibiting it in different countries of the world.

In the case of Nigeria, many have argued that, with the high rate of unemployment in the country, legalising cannabis will provide certain job opportunities, as is the case in some other parts of the world. In the United States, for instance, the cannabis resource and marketplace, *Leafly.com*, recently reported that legal cannabis now supports a record-high 321,000 full-time American jobs across 37 states with legal medical or adult use markets. The same report stated that the cannabis industry added 77,300 jobs in 2020 alone, representing a record 32 per cent increase in year-over-year growth and

The hue and cry against cannabis legalisation

We must emphasise that regardless of the seeming economic benefits of cannabis, the potential health and social implications of its legalisation are too frightening to overlook. Many of the country's psychiatric hospitals are today battling with different cases of mental illness caused by the abuse of substances such as cannabis. Unfortunately, most of the patients suffering from these mental disorders are young people of very productive age.

creating jobs at a faster rate than any other American industry.

Yet there is need to exercise caution. One of the physiological effects of cannabis intake is that it causes euphoria, relaxes the muscles and leads to a spike in appetite. On the other hand, the drug can blight motor skills, create anxiety, paranoia and impair memory. Even now that it remains prohibited, many Nigerians are secretly using it. In fact, it has become common even on streets. According to a 2018 report by the United Nations Office on Drug and Crime (UNODC) marijuana is the most consumed drug in Nigeria, taken by an estimated 10.8 per cent of the population, which is equal to 10.6 million Nigerians.

Frequent marijuana use has been found to cause marijuana use disorder, which takes the form of addiction in severe cases.

Marijuana use disorders are often associated with dependence—in which a person feels withdrawal symptoms when not taking the drug. This is, perhaps, why some have become so used to the drug that they now use it to bake bread and cake. The Nigerian National Drug Law Enforcement Agency (NDLEA) has recently paraded persons who were found to make pastries with cannabis. Worse still, there are cases in which drugged pastries were found to have been sold to unsuspecting school children. This is perhaps one of the reasons many have faulted the call made by Akeredolu.

We must emphasise that regardless of the seeming economic benefits of cannabis, the potential health and social implications of its legalisation are too frightening to overlook. Many of the country's psychiatric hospitals are today battling with different cases of mental illness

caused by the abuse of substances such as cannabis. Unfortunately, most of the patients suffering from these mental disorders are young people of very productive age.

Government, indeed, should be worried that the rising cases of mental illness among its youthful population is not unconnected to substance abuse. Any nation which places a high premium on the development of its youth would do everything within its power to wage a serious war against the indiscriminate use of prohibited substances.

It is apparently in the light of the foregoing that the NDLEA has rightly opposed the call for the legalisation of cannabis. Its Chairman, retired Brigadier-General Buba Marwa, has warned of the consequences of such a move, while stating that the nexus between drug abuse and the current insecurity bedeviling the country remains incontrovertible. He also added that the number of Nigerians abusing cannabis is alarming.

We concur with the NDLEA in this regard. Legalising cannabis at this point would only exacerbate the burden of social maladies that the country is presently grappling with. This is especially true for its young population. The country must avoid escalating its plights in a bid to explore the economic gains of legalising a substance which has proven to cause more harm than good. We affirm that, for a nation in dire need of trusted leadership, national cohesion and sound institutions, the legalisation of cannabis should not be considered among salient issues of urgent national importance.

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Marks of the new life

By Sir Ifeanyi Atueyi

There are habits, lifestyles and desires that manifest in the old or natural life. These habits wear off as you become spiritually transformed. Your friends, neighbours, relations and associates should be able to notice the change. This change is an evidence of spiritual transformation which starts one moment then the effects grow with time.

Romans 12:2 says, **“And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God.”**

By the power of the Holy Spirit, we are progressively transformed to right by knowing and doing the will of God. Renewing of the mind is a continuous process. The soul, which controls the mind, will and emotions steadily comes under the control and power of the Holy Spirit.

I didn't know about pornography until the late seventies when I started travelling to advanced countries for international conferences. I discovered that nearly every country had “red districts” or “red zones” or commercial sex markets. I indulged in visiting these places. They are popular spots in big cities like London, Hamburg, Boston, Las Vegas, Paris, Amsterdam, Milan, Madrid and so on. At that time, I didn't know there was something wrong with visiting those places, except that I had to spend my foreign exchange. In fact, visiting those places became my incentive for travelling for conferences.

As one can imagine, at that time, I was a nominal Christian, a mere church-goer. How could one have been attending church without a Bible? I attended regularly because I had some friends as members and it was an opportunity of meeting them.

My commitment to church attendance was tested when I started the business of **Pharmanews** in 1979. I had to be directly involved in all the aspects of the business. I thought then that I could achieve a lot by working on Sunday mornings. At that time, my wife would go to church with our young kids while I remained indoors to read, write and edit manuscripts.

Honestly, I didn't feel guilty for not going to church, except that my wife felt incomplete without me. One Sunday she returned from

church and complained that she was embarrassed by one of her friends who asked her whether the young man beside her was her husband. On Sundays that I didn't feel like working, I would go to church.

This habit of not being committed to church actually started while I was in the University of Ife, Ibadan branch. In the campus, I worshipped in the chapel occasionally. Of course, in my secondary school which was a mission school, regular attendance was compulsory.

I have realised that if God has given you an assignment, He ensures that there is a performance. He makes the necessary provisions for the assignment to be carried out successfully. During the first ten years of **Pharmanews**, I enjoyed prosperity. It was during this period that God equipped me with various training programmes.

The World Health Organisation (WHO) invited me to a most beneficial training for health editors in Copenhagen, Denmark in 1984. This was the training that exposed me to editors of reputable international biomedical journals. At the same seminar, I was introduced to the European Association of Science Editors (EASE) and I started attending their annual conferences and seminars in various European countries. Of course, from 1977 I started attending annual FIP conferences. I really enjoyed the favour of God and man even though I didn't know Him as my heavenly Father.

It was after I accepted Jesus Christ as my Lord and Saviour on 11 February, 1989, that certain desires and habits changed. I realised that my life was incomplete, despite the apparent prosperity. There was a vacuum waiting to be filled. In fact, my motive for work changed. I perceived that God has a purpose for my life and specific assignments for me. It dawned on me that my work is a service unto God. I challenged myself on the use of the money, time, talents and other resources God has placed at my disposal. I even realised that I don't even own any business as such. I am just a steward taking care of God's business.

One habit I developed is asking God what He wants me to do and to keep me away from doing things that I should not be doing. Psalm 119:37 says it well: **“Turn me away from wanting any other plan than yours...”**

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The selling champion's 10-5-5 rule

By George O. Emetuche

When sales are good, meetings are short. – Mazi Sam Oluabunwa, FPSN, MON, OFR

I believe in principles and strategies. Over the years, applying principles and strategies have enabled me to achieve outstanding results in my personal and professional life. I once developed what I call the selling champion's 10-5-5 rule. The rule is a model that ensures high sales performance. I invented it after over 24 years of practical sales experience.

Explaining the rule

The 10-5-5 rule states thus:

The salesman should reach out to 10 prospects daily.

The salesman should reach out to 5 current customers daily.

The salesman should reach out to 5 old customers daily.

The first category of prospects represents people who are yet to commence business with the salesman but there is hope that they could be converted to start buying his products. The model proposes that salesmen should reach out to 10 prospects that are within this category daily. This helps in discovering new buyers. Salesmen must try to develop a new market daily.

Current customers in the rule, as stated in number two, represent the people who are already buying from the salesman. The model encourages salespeople to visit at least five of this category daily. You can visit them for supplies, for follow ups, for introducing new products or services, for keeping in touch or for any other reason that could enhance the business relationship.

Old customers in the model, as stated in number three, are people who were buying the salesman's products before but stopped because of one reason or the other. Several reasons could make a company's customer to stop buying from them. The reasons could be from the company, from the salespeople or as a result of reasons relating to poor services or failed promises. The reason could also come from the customer. The 10-5-5 rule proposes that salesmen should identify five contacts within this category and reach out to them daily, with a view of winning them back to start buying again.

Research has shown that it is six times more expensive to win a new customer than to retain an existing one. Reaching out to revive a business relationship is a smart approach.

Winning back an old buyer takes a process. But it is worth the effort. It usually requires that the company or salesman follow a procedure. The company is expected to come up with win-back strategies which should include ensuring a win-win business relationship. The company should also make adequate effort to make peace with such customers.

The 10-5-5 rule is a 360 degree approach

Successful sales professionals maintain a healthy sales reservoir. Your sales reservoir contains a database of your customers and prospects. The more you apply the 10-5-5 rule, the more you expand the reservoir. 10-5-5 rule recommends 20 sales calls daily. When you have

a shortfall in implementing the rule, then take the shortfall to the next day and add to the day's calls. You need a healthy sales reservoir to succeed as a salesman. The more you grow your sales reservoir, the more you keep your customers; and the more you convert prospects to customers.

I recommend the selling champion's 10-5-5 rule to salesmen and businesspeople. It is a smart strategy to reach out to all the categories of customers.

Remember, business is about customers

No business succeeds without customers. Customers are the reason for business, and business is the reason for the customer. Without business there won't be customers and without customers,

there won't be any business.

Customers might sometimes stop buying your product for one reason or the other. Activities of competitors might divert the customer from buying from you. According to the American Society for Quality Control, among other things, competition contributes 9 per cent to the reasons customers stop doing business with organisations. A customer that the salesman does not have a strong bond with may easily move to another brand because of an insignificant reason. Therefore, it is the duty of the salesman and his company not to allow any gap that could cause a customer's exit.

Staff exit and transfers can also make companies to lose track of their customers. Where there are poor follow-up systems, companies often lose these customers. This is one of the challenges the 10/5/5 rule seeks to provide solution for.

There shouldn't be a gap in managing a customer. Salesmen

who are alert to their duties should know when competing brands want to gain competitive advantage in the market. Your competitor could come up with better products, services,

prices and process. It takes smart sales and marketing team to decode happenings in the marketplace.

It is your duty as a marketing professional to keep your company informed. Be proactive. Issues concerning the customer should be taken seriously. No serious organisation toys with its customers.

George O. Emetuche is a Brian Tracy endorsed bestselling author, accredited training consultant, life coach, sales and marketing consultant.



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Alcohol-related psychosis: A rampant malady

Osha's love for alcohol was dangerous because, aside from the fact that he consumed the substance with careless abandon, he was strongly opinionated about its

unfounded benefits to the body. He also had the mindset that drinking dry gin helped him to overcome every emotional issue that crept into his mind. Only God knew from where he derived his theories.

According to Osha, dry gin, mixed with snuff, cured toothache and could also kill all the worms in a person battling the stomach parasites. The avalanche of claims he made were always supported by his likes, who, out of sheer ignorance, believed that anyone who opposed their views was not current.

Unfortunately, Osha is now at the receiving end of the many harmful effects of his alcoholic choices. Most times, he drank on empty stomach and when it was time to eat, what he called food would elicit pity from any right thinking person. It is now obvious that he is nutritionally deficient and yet he drinks himself most times to stupor, eroding the walls of both his intestines and his reasoning faculty. He is gradually becoming a mental case as his judgements and speeches often suggest that something has tampered with the chemistry of his brain.

Many a time, Osha had complained of stomach ache and once vomited blood. When advised to seek medical attention, he reluctantly agreed and was diagnosed with ulcer, as a result of excessive consumption of dry gin on empty stomach.

As of today, Osha has become a shadow of his once vibrant self. He no longer does his bricklaying job as he lacks the concentration and mental strength to do so. Most times, he roams the streets, uttering gibberish and laughing intermittently all alone. When concerned friends and relations intervened, it was discovered that he was battling psychosis, caused by excessive consumption of alcohol.

A closer look into his family life showed that he suddenly developed the habit of beating his wife and destroying property at the slightest provocation. His children now dread him like wildfire. Their once loving father has lost touch with reality. All by himself, he has destroyed that warmth and cordiality that ordinarily should bind members of a family together. His untamed choices have turned him into an outcast in his own family.

Osha is now a liability to both family and society. The last time this writer saw him, he was dancing almost half-naked at a popular Lagos motor park. Some onlookers said he is a comedian

Psychosis associated with alcohol usually occurs with acute intoxication, alcohol withdrawal, as well as in patients with chronic alcohol use disorder. The condition is also sometimes referred to as alcohol hallucinosis. Though it is a comparatively uncommon consequence of alcohol use, it may be more widespread than typically believed.

In alcohol-related psychosis, symptoms of psychosis manifest during or shortly after heavy alcohol intake. Clinically, alcohol-related psychosis is similar to schizophrenia but has been found to be a unique and independent condition. It is characterised by hallucinations, paranoia, and fear. The condition can lead to many life-threatening outcomes and may also mar a person's capacity to perform physical duties optimally.

People who have formed the habit of drinking strong liquor must watch it. They may be embarking on a journey that will lead to doom. With the proliferation of all sorts of alcoholic beverages in our cities and towns, alcohol-related psychosis has become rampant. Many people have the condition

but they do not know because they believe that whatever effect that arises from alcohol consumption is good for them.

In a densely populated city like Lagos, you will easily notice the rampancy of strange behaviours from people. Don't be surprised that many of these people are under the influence of strong drink. You may even think they are exhibiting their huge sense of humour but on the contrary, they are in a world of delusion.

The economic problems facing most families in Nigeria have turned many into drunkards. This sad development is becoming a social pattern, with very grave consequences; yet people trivialise it. Psychiatrists understand the gravity of the situation and its attendant repercussions.

The story of Osha (not real name) is a good reason people must not develop dependence on alcohol, no matter the situation they are trying to cope with. Osha was a bricklayer with a wife and five children. His wife is a petty trader, while his children attended one of the many public schools in Lagos.

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

UNICAL Faculty of Pharmacy begins PharmD programme

The Faculty of Pharmacy, University of Calabar, has commenced the Doctor of Pharmacy (PharmD) programme to further advance pharmacy education in the institution.

Disclosing this in a recent interview with *Pharmanews*, the Dean of the Faculty, Professor Augustine Ajibogun Ahmadu, said the National University Commission (NUC) had approved the programme for the university in February, towards the take-off of the 2020/2021 session.

He stated that the faculty has started admitting students for the specialised degree, which is designed to produce highly trained pharmacists capable of practising in many different healthcare environments.

Ahmadu, who emerged the dean of the faculty on 17 February, 2021, stated that his vision is for the faculty to be among the best in the training of pharmacy graduates in Nigeria.

He stressed that his aspiration is for the students to receive comprehensive training that will make them excellent professionals that can rival their peers in other school of pharmacy locally and globally.

The dean also revealed that the faculty is intensifying research activities that will add value to healthcare and the pharmacy profession.

He said: "Currently, there are individual research efforts on various aspects of pharmacy research areas, including natural products research in both pharmacognosy and pharmaceutical chemistry, pharmacokinetics, pharmacology, and various research areas in clinical pharmacy and pharmaceutical microbiology.

"We are setting up a faculty research team and I am optimistic that the facilities we have on ground, when fully installed, will further enhance research in the faculty and also enable us to collaborate with other pharmacy faculties within and outside the country and of course with National Institute for Pharmaceutical Research and Development (NIPRD)."

Ahmadu further called on academic pharmacists and researchers in the country to look inwards and leverage the natural flora in the country to come up with a remedy for COVID-19, in particular.

Said he: "Currently there is a move by the Faculty of Pharmacy of the University of Calabar to commence research on COVID-19. This is a challenge to us as academic pharmacists and researchers.

"We will look inward, especially in our natural flora, for research into potential medicinal plants used ethnomedicinally against some of the symptoms of COVID-19; and from there, the pharmaceutical microbiologists, natural products chemists and

Ranmilowo Ojalumo

pharmacology researchers will take it up. Our natural products chemistry research team, including myself, is very strong in the faculty and we intend to step it up further in this aspect".

Ahmadu also called on the Nigerian government to provide funding for universities and research Institutes across the country to enable them carry out research projects that will move the pharmaceutical industry forward.

He equally urged the federal government to intensify effort on the disbursement of the intervention fund by the Central Bank of Nigeria (CBN) to the pharmaceutical industries, saying the fund will help to rejuvenate pharmaceutical

companies, especially towards scaling up their production, thereby reducing the country's dependence on imported medicines.

The dean further stated that the CBN fund should also be extended to pharmacy institutions and research institutes, such as NIPRD, saying that with the availability of such fund, pharmaceutical raw materials can be sourced locally and foreign exchange can be channelled to other important requirements that will enhance the development of the industry.

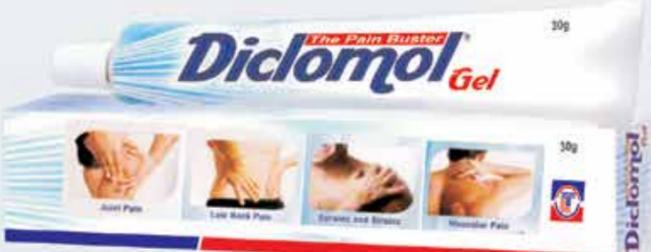


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Relating with people the “write” way (2)

By Dipo MacJob (Dr Write)

The handwriting is a projection into the emotional, physical and mental energies of people. As I always reiterate, no two handwritings are the same, except forgery is involved. Humans are complex beings, hence, the need for every relevant and pertinent tool in unraveling the mysteries behind human behaviour.

The benefit of handwriting analysis or graphology as a tool in personality profiling is that even if the person to be profiled is unwilling to speak up, only a sample of the handwriting can help us figure out his or her emotional outlay, coping mechanisms, intellectual prowess, work ethics, social or relational skills, etc.

In the last edition, we began this topic, and we were able to discuss two categories of people that fall within this purview - the low impulse control individuals and the attention-seekers. Today, we shall be looking at other personality types and the peculiarities in their handwriting.

There is a correlation between the central nervous system (brain and spinal cord) and the movement of the fingers; which is why scholars within the graphology space consider the handwriting to be “brain writing”, since we still have people who can write without holding onto any writing material. On account of this, neuroscientists have researched deeply into the connection between character and the handwriting, such that certain neurological patterns displayed in form of the handwriting on a paper tallies with certain behaviour or character traits.

In this case, graphological findings show that a handwriting whose baseline has an elevation upward towards the right from the left handside of the page is typical of an optimistic personality at the time of writing. Such a writer has a positive and ambitious outlook to events happening around him or her and would rather view a glass cup as half-full than half-empty.

1 The optimist

RISING: Buoyant spirit, ambition, optimism, restlessness.

The writer wants to escape the demands of routine. He is excitable and quickly stirred to action. At times he loses himself to external influences.

after I received my first gift I noticed there were six more gifts waiting for me under the tree on my holiday was nice this year

It is important to note that the upward elevation of the

handwriting baseline from left to right is only one of the ways by which you can find anyone that displays optimism as at the time of writing. It is however not the only trait that shows optimism.

2 The introvert and conservative

Celui qui écrit en bas n'est pas contenté, mais celui qui ne écrit pas est déjà contenté parce qu'il ne veut pas au monde de Dieu. Celui qui écrit à celui qui n'a envoyé à la vie éternelle & ne veut pas en jugement, mais il parle de la mort à la vie. Je suis venu sans le monde, moi le monde, afin que ceux qui croient en moi ne restent pas dans les ténèbres. Tu viens, en vérité, je vous le dis, celui qui croit en moi a la vie éternelle. Celui qui croit en moi, ne flétrit pas son fruit de son cœur.

concentrate on tasks or projects and are not quick to make friends.

An introverted or conservative

There are several parameters which graphologists leverage in personality profiling. They include the slant, slope, size, speed and margin to mention a few. As it pertains to this personality type, the size of the handwriting plays a key role. Typically, a small handwriting size reveals someone who is very economical with resources in almost all facets of life. Such persons are not quick to reach out to others, preferring rather to be in their shell. If this handwriting is slanted towards the left handside of the page, it further strengthens the introverted trait already showcased.

It has been shown that a small-sized handwriting personality does not struggle to put away distractions, they can

personality is generally very cautious before taking steps. For advertising agencies or companies, more work has to be done to convince this category of people because their default reaction is that of skepticism. It is also why they aren't likely to fall prey of fraudsters unlike some other personality types.

We shall continue in the next edition but till we meet next time always remember, if you must get it right, you must do it the “write way”



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



Management options for hypertension

One deadly disease that requires urgent attention and serious management is hypertension. It is otherwise known as high blood pressure. The disease has wreaked and is still wreaking severe havocs in nations around the world, such that, it has been recognized to be the major cause of premature death worldwide.

Overview of hypertension

Hypertension has been unanimously defined by medical

bodies and practitioners as blood pressure above 140/90. It is considered severe if the pressure is above 180/120. The world Health Organisation (WHO) defined hypertension as a condition in which the force of the blood against the artery walls is too high. This is why the disease is also known as high blood pressure (HBP) because hypertension occurs when blood pressure increases to unhealthy levels. Blood pressure is the force exerted by circulating blood against the walls of the body's

arteries which is the major blood vessels in the body.

In a recent interview with **Pharmanews**, the President, Nigerian Cardiac Society, Dr Okechukwu Ogah, said hypertension occurs when blood pressure is sustainably elevated above the normal for an individual's age. For adults, this means a BP greater than 140/90mmHg.

According to the World Health Organisation, an estimated 1.13 billion people worldwide have hypertension. Unfortunately, according to the WHO, about two-thirds of the people with hypertension are living in low and middle-income countries. Meanwhile, the prevalence of hypertension varies across the WHO regions and country income groups. The WHO African Region has the highest prevalence of hypertension (27 per cent) while the WHO Region of the Americas has the lowest prevalence (18 per cent).

In Nigeria, experts have disclosed that the prevalence of hypertension is about 38.1 per cent, which means about 76.2 million out of an average population of 200 million people in Nigeria have hypertension.

The Executive Director, Nigerian Heart Foundation (NHF), Dr Kingsley Kola Akinroye, told journalists on the occasion of World Hypertension Day, held on 17 May, 2021, that almost one in three adults in Nigeria, which is about 33.3 per cent has hypertension, while only one third of this figure, which is about 23 million, are on treatment.

According to Akinroye, a survey by the Foundation showed that the awareness of hypertension is more

in the urban than rural areas, and more among women than men.

"Since the onset of COVID-19 in Nigeria, we have evidence that more people with heart disease have been affected or died from the pandemic than any other illness. Also, we are aware that the cost of treatment with anti-hypertensive drugs has gone up since the onset of COVID-19," Akinroye said.

He noted that the ideal blood pressure is 120/80 mmHg but, in Nigeria, normal blood pressure is 140/90 mmHg. "Any figure higher than 140 mmHg for systolic blood pressure or 90 mmHg for diastolic blood pressure is regarded as hypertension."

Ogah, who is also a consultant physician and cardiologist in the Department of Medicine, University of Ibadan/University College Hospital Ibadan, told **Pharmanews** that hypertension is the commonest cardiovascular disease in Nigeria, adding about three to four per 10 adults in the country Nigeria have a high BP. "A third of this are aware. A third of those aware are on treatment and, of those on treatment, a third are controlled," Ogah said.

The Nigerian Hypertension Society (NHS), in a statement issued on 16 May, 2021 and signed by its President, Prof. Ayodele Omotosho, and Secretary, Kolawole Wahab, lamented the increasing number of persons suffering from hypertension in the country, warning against the consequences of the development on the nation's economy, if left uncontrolled. The Society lamented that hypertension remains the number one cause of preventable death worldwide.

In view of the lethal nature of **continued on page 13**

Hypertension accounts for 85%-95% of patients with CKD. Studies indicate that ARBs are preferred agents for kidney diseases with proteinuria.

(Cardiovasc Diabetol. 2016; 15: 113.)

JDA
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DOSAGE:

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(J Drug Assess. 2016; 5(1): 24-28.)

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Telmisartan Tablets 80 mg
Each uncoated tablet contains:
Telmisartan Ph. Eur. 80 mg

USE IN PREGNANCY
When used in pregnancy during the second and third trimesters, drugs that act directly on the renin-angiotensin system can cause injury and even death to the developing fetus. When pregnancy is detected, TELMISARTAN tablets should be discontinued as soon as possible.

Special Populations
Pediatric: Telmisartan pharmacokinetics have not been investigated in patients <18 years of age.
Geriatric: The pharmacokinetics of Telmisartan do not differ between the elderly and those younger than 65 years.
Gender: Plasma concentrations of Telmisartan are generally 2-3 times higher in females than in males. In clinical trials, however, no significant increases in blood pressure response or in the incidence of orthostatic hypotension were found in women. No dosage adjustment is necessary.
Renal Insufficiency: No dosage adjustment is necessary in patients with decreased renal function. Telmisartan is not removed from blood by haemodialysis.
Hepatic Insufficiency: In patients with hepatic insufficiency, plasma concentrations of Telmisartan are increased, and absolute bioavailability approaches 100%.

INDICATIONS AND USAGE
Telmisartan tablets are indicated for the treatment of hypertension. They may be used alone or in combination with other antihypertensive agents.

CONTRAINDICATIONS
TELMISARTAN tablets are contraindicated in patients who are hypersensitive to any component of this product.

OVERDOSAGE
Limited data are available with regard to overdosage with Telmisartan tablets. The most likely manifestation of overdosage with Telmisartan tablets would be hypotension, dizziness and tachycardia. Bradycardia could occur from parasympathetic (vagal) stimulation. If symptomatic hypotension should occur, supportive treatment should be instituted. Telmisartan is not removed by haemodialysis.

DOSAGE AND ADMINISTRATION
Dosage must be individualized. The usual starting dose of Cilzec tablets is 40 mg once a day. Blood pressure response is dose related over the range of 20-80 mg.

PRESENTATION
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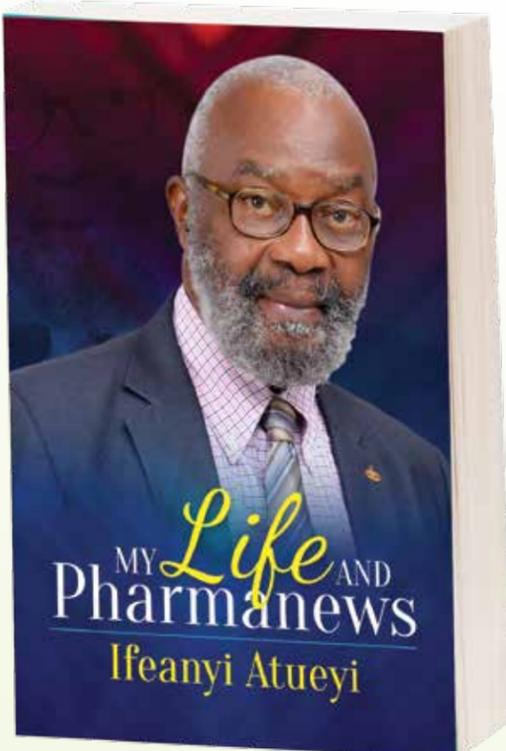
With HSC firmly in my grip and with the counsel of my uncle under whose care I was and whose opinion I highly regarded, the coast seemed clear for me to proceed to the university to study Medicine. This, however, was not the case. In fact, this period was a time of internal turmoil for me because I wasn't exactly sure of what course to pursue.

As for Medicine, despite my uncle's prodding, there was a deeper throbbing within me that Medicine was not what I was meant to do. Of course, as things eventually turned out, this aversion to studying Medicine was, indeed, God's way of steering me towards my predestined pathway in life; for had I gone ahead to study Medicine, the chain of events that culminated in my foray into pharmaceutical journalism would not have occurred. Apart from that, I might not have enjoyed my professional life and there would have been no fulfilment.

As if to further prepare or forewarn me towards this moment, two incidents had happened while I was in secondary school, which in hindsight, I can say were orchestrated by God to fortify me against bending to my uncle's desire for me to study Medicine. I call it a "fortification" because I naturally would not have been able to oppose my uncle's decision, considering

MY HIGHER EDUCATION 3

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



the extent of influence he had on my life and the degree of respect I had for him. In fact, it was only in this case that I ever disagreed with him.

The first incident in my secondary school has been mentioned while recalling the teachers I considered notable to me at DMGS. That terrible hospital experience in which I accidentally witnessed the dying moments of a

patient, but which was subsequently tempered with the eventual visit of Mr Philips, left a lasting impression on me regarding medical practice. As much as I can help it, I wouldn't want to experience seeing someone die in my presence again.

The second experience was in my final year (1958), as a house prefect. One boy in my house was hit by a cricket ball, causing an injury on his lips. I had the duty to take him to the General Hospital and while there, my whole body seemed to melt as the nurse tried to inject the affected area. At a point, I couldn't stand it any longer and I had to get out to the staircase.

Even while there, I couldn't stand up because I had become so traumatised. When the nurse was done with the boy, everyone began to look for the person who had brought him. They came out to see me lying flat on the steps. I had fainted.

It was then plain to me that any occupation that would involve seeing blood, dying patients or dead bodies was not meant for me. In actual fact,

till today the sight of blood still leaves me feeling dizzy. I recall that during the Nigeria-Biafra War, when I worked in a hospital as the pharmacist-in-charge of the Military Hospital in Abiriba (in the present Abia State) whenever wounded soldiers were brought from the warfront, I deserted the pharmacy. It was not because of lack of sympathy but lack of courage to withstand the gory sight. I didn't want to create a scene by fainting. Till today, I still avoid accident scenes.

Therefore, when it was time for applying to universities in 1961, I did not want to communicate with my uncle because I already knew his plans. I applied to three universities for three different courses, none of which was Medicine. I applied for Chemistry at the University of Ibadan; Zoology at the University of Nigeria, Nsukka; and Pharmacy at the University of Ife. While my choices of Chemistry and Zoology were based on what I perceived to be my areas of academic strength, my choice of Pharmacy was based on the desire to be among the first batch of pharmacy graduates from a Nigerian university with a bachelor's degree in Pharmacy. My ambition was to obtain that B.Pharm degree. The degree, and not the practice of Pharmacy, attracted me.

continues next edition

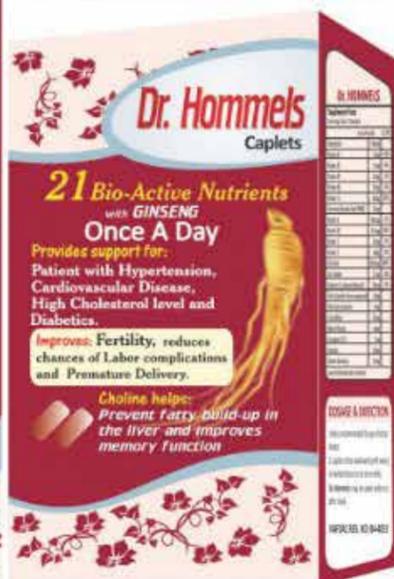
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Management options for hypertension

continued from page 11

hypertension, the United Nation (UN) has since 2010 set a global target to reduce the prevalence of hypertension by 25 per cent by 2025.

Causes of hypertension

Generally speaking, the primary cause of hypertension, till now, remains unknown. According to Dr Ogah, the cause of over 90 per cent of hypertension cases remains unknown, adding that kidney diseases may be a risk factor. Nonetheless, researchers have managed to identify two types of hypertension, with each having different probable causes.

Primary hypertension

Primary hypertension is also called essential hypertension. This kind of hypertension develops over time with no identifiable cause. Most people have this type of high blood pressure. Researchers are unclear about the mechanisms that cause blood pressure to slowly increase. They however think that a combination of factors may play a role. These factors include:

Genes: Some people are genetically predisposed to hypertension. This may be from gene mutations or genetic abnormalities inherited from your parents.

Physical changes: If something in your body changes, you may begin experiencing issues throughout your body. High blood pressure may be one of those issues. For example, it is thought that changes in your kidney function due to aging may upset the body's natural balance of salts and fluid. This change may cause your body's blood pressure to increase.

Environment: Over time, unhealthy lifestyle choices like lack of physical activity and poor diet can take their toll on your body. Lifestyle choices can lead to weight problems. Being overweight or obese can increase your risk for hypertension.

Secondary hypertension

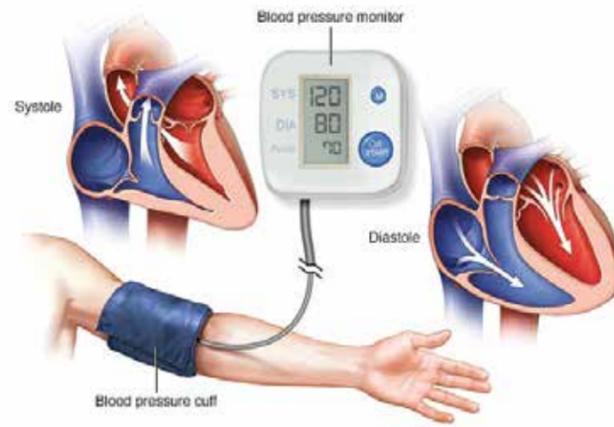
Secondary hypertension often occurs quickly and can become more severe than primary hypertension. Several conditions that may cause secondary hypertension include kidney disease, obstructive sleep apnoea, congenital heart defects, problems with your thyroid, side effects of medications, use of illegal drugs, adrenal gland problems and certain endocrine tumours.

Symptoms of hypertension

As deadly as hypertension is, experts have said it does not really show any symptom until it gets to a complicated stage. Most people with hypertension are unaware of the problem because it may have no warning signs or symptoms and this is the reason the disease is called a "silent killer".

President of the Nigerian Cardiac Society told *Pharmanews* that hypertension is mostly asymptomatic and when symptoms occur, complication has set in. Hypertension typically develops over the course of several years. Usually, you do not notice any symptoms. But even without symptoms, high blood pressure can cause damage to your blood vessels and organs, especially the brain, heart, eyes, and kidneys.

While speaking on the



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symptoms of hypertension, the Nigerian Hypertension Society said the disease often only announces its presence in most people after development of complications like stroke, heart failure, heart attack or kidney failure. However, when symptoms do occur, they can include early morning headaches,

regularly. The only way to detect hypertension is to have a health professional measure blood pressure. Having blood pressure measured is quick and painless. Individuals can also measure their own blood pressure using automated devices. However, an evaluation by a health professional

nose bleeds, irregular heart rhythms, vision changes, and buzzing in the ears. Severe hypertension can cause fatigue, nausea, vomiting, confusion, anxiety, chest pain, and muscle tremors.

For this reason, it is essential that blood pressure is measured

is important for assessment of risk and associated conditions.

Diagnosis of hypertension

The best way to diagnose high blood pressure (HBP or hypertension) is to have your blood pressure checked by a professional. "Most cases can be easily diagnosed with a BP machine. Those who have secondary hypertension may require a special test", Ogah said.

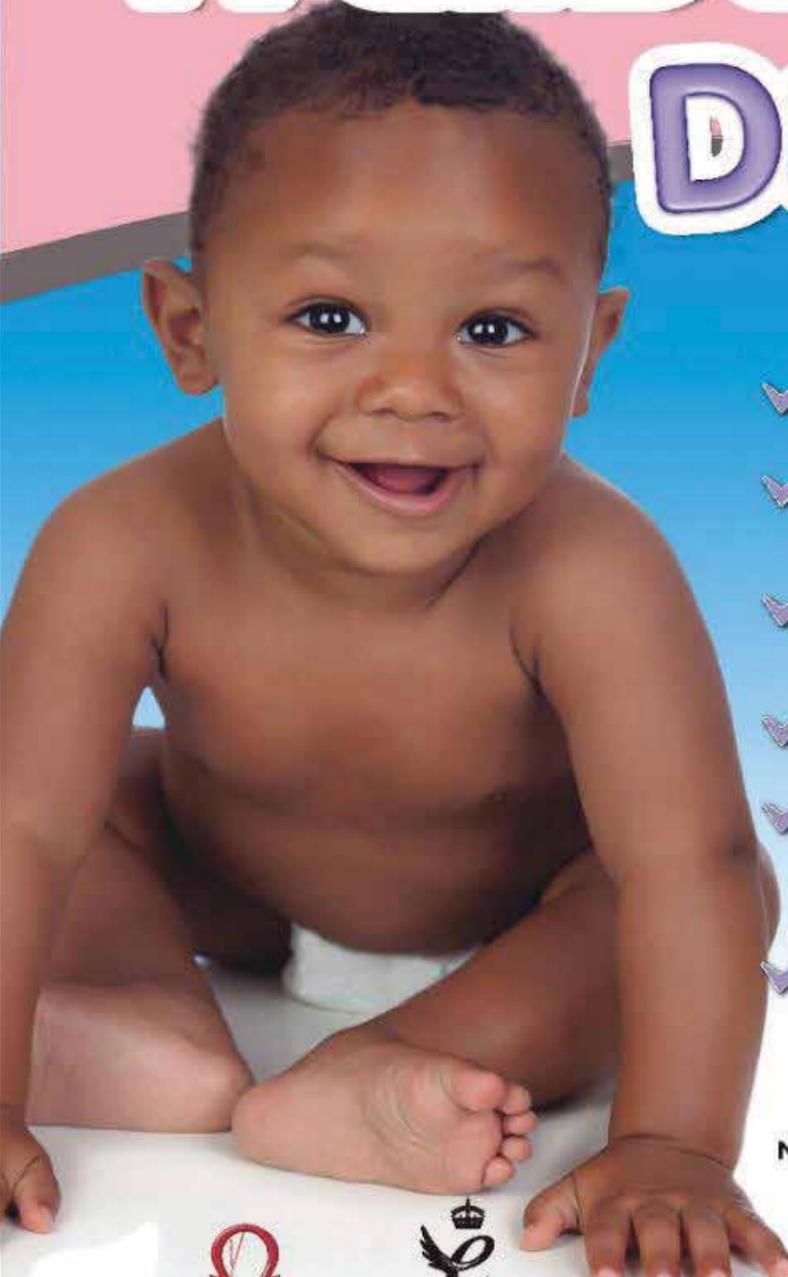
To do a blood pressure test, a blood pressure reading is taken with a pressure cuff (sphygmomanometer). During the test, the cuff is placed around the upper arm before being manually or electronically inflated. Once inflated, the cuff compresses the brachial artery, momentarily stopping blood flow. Thereafter, air in the cuff is slowly released while the person performing the measurement listens with a stethoscope or monitors an electronic readout.

Blood pressure reading is

continued on page 15

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Management options for hypertension

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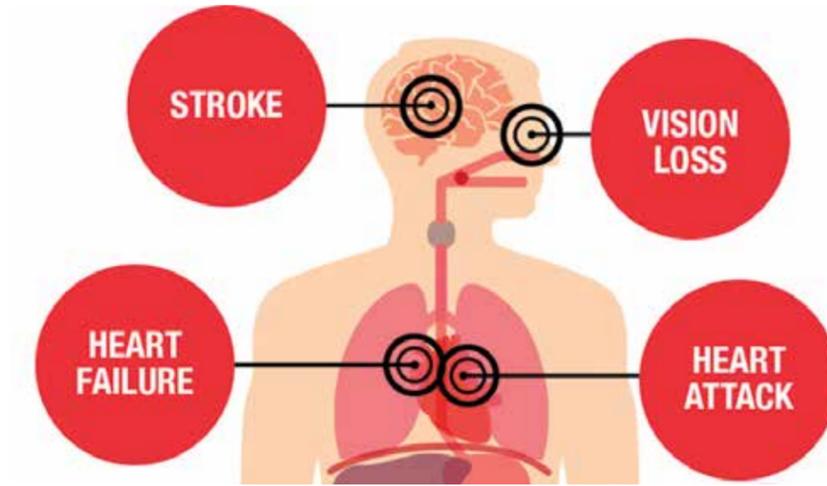
recorded as two numbers: Systolic blood pressure (the top number) — indicates how much pressure your blood is exerting against your artery walls during heartbeats. Diastolic blood pressure (the bottom number) — indicates how much pressure your blood is exerting against your artery walls while the heart is resting between beats.

If your blood pressure is normal (less than 120/80 mm Hg), your blood pressure should be screened during regular healthcare visits yearly for anyone 20 years of age or older. However, if you are diagnosed with a high blood pressure, your doctor may recommend monitoring your blood pressure numbers at home in addition to your regular healthcare visits. Your doctor will also likely recommend a treatment plan that includes lifestyle changes and, if needed, prescription medication.

Complications from hypertension

Among other complications, hypertension can cause serious damage to the heart. Excessive pressure can harden arteries, decreasing the flow of blood and oxygen to the heart. This elevated pressure and reduced blood flow can cause chest pain, also called angina, which is a heart attack that occurs when the blood supply to the heart is blocked and heart muscle cells die from lack of oxygen. The longer the blood flow is blocked, the greater the damage to the heart.

Elevated pressure and reduced blood flow can also cause heart failure, which occurs when the heart cannot pump enough blood and



oxygen to other vital body organs. It can also cause irregular heart beat which can lead to a sudden death. Hypertension can burst or block arteries that supply blood and oxygen to the brain, thereby causing a stroke. In addition, hypertension can cause kidney damage, leading to kidney failure.

Management and prevention

Reducing and managing mental stress is one of the ways to manage hypertension. It can also be managed by checking blood pressure regularly, treating high blood pressure, and managing other medical conditions.

One of the ways to prevent hypertension is by reducing salt intake to less than 5g daily. Recommending ways to prevent hypertension, Ogah said: "to help manage your blood pressure, you should limit the amount of sodium (salt) that you eat and increase the amount of potassium in your diet.

Others include getting regular exercise, getting a healthy weight, limiting alcohol consumption, not smoking, managing stress, eating more fruits and vegetables, being physically active on a regular basis, limiting the intake of foods high in saturated fats and eliminating/reducing trans fats in diet."

If you have risk factors for hypertension, you can take steps now to lower your risk for the condition and its complications. Add healthy foods to your diet. Adjust how you think of the average dinner plate. Instead of having meat and three sides, create a dish that uses meat as a condiment. In other words, instead of eating a steak with a side salad, eat a bigger salad and top it with a smaller portion of steak.

Also, you need to cut sugar. Try to incorporate fewer sugar-sweetened foods, including flavoured yogurts, cereals, and sodas. Packaged foods hide

unnecessary sugar, so be sure to read labels. Then you need to set weight loss goals. Instead of an arbitrary goal to "lose weight," talk with your doctor about a healthy weight for you. Then decide on what physical activity you can start in order to reach that goal. If exercising five nights a week is too hard to work into your schedule, aim for one more night than what you're doing right now. When that fits comfortably into your schedule, add another night.

Another important measure to prevent hypertension is to monitor your blood pressure regularly. The best way to prevent complications and avoid problems is to catch hypertension early. You can come into your doctor's office for a blood pressure reading, or your doctor may ask you to purchase a blood pressure cuff and take readings at home. However, you have to keep a log of your blood pressure readings and take it to your regular doctor appointments. This can help your doctor see any possible problems before the condition advances.

Treatment options for high blood pressure

According to Dr Kimberly Holland, a health expert with a US-based health resource centre, Healthline, a number of factors will help your doctor determine the best treatment option for you. These factors include which type of hypertension you have and the causes that have been identified.

For instance, if your doctor diagnoses you with primary hypertension, lifestyle changes may help reduce your high blood pressure. If lifestyle changes alone are not enough, or if they stop

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Management options for hypertension

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being effective, your doctor may prescribe medication.

"If your doctor discovers an underlying issue causing your hypertension, that is, secondary hypertension, treatment will focus on that other condition. For example, if a medicine you have started taking is causing increased blood pressure, your doctor will try other medicines that do not have this side effect. Sometimes, hypertension is persistent despite treatment for the underlying cause. In this case, your doctor may work with you to develop lifestyle changes and prescribe medications to help reduce your blood pressure. Treatment plans for hypertension often evolve. What worked at first may become less useful over time. Your doctor will continue to work with you to refine your treatment", Holland said.

Medication for high blood pressure

Many people go through a trial-and-error phase with blood pressure medications. You may need to try different medicines until you find one or a combination of medications that work for you. Some of the medications used to treat hypertension include:

Beta-blockers: Beta-blockers make your heart beat slower and with less force. This reduces the amount of blood pumped through your arteries with each beat, which lowers blood pressure. It also blocks certain hormones in your body that can raise your blood pressure.

Diuretics: High sodium levels and excess fluid in your body can increase blood pressure. Diuretics, also called water pills, help your kidneys remove excess sodium from your body. As the sodium leaves, extra fluid in your bloodstream moves into your urine, which helps lower your blood pressure.

ACE inhibitors: Angiotensin is a chemical that causes blood vessels and artery walls to tighten and narrow. ACE (angiotensin converting enzyme) inhibitors prevent the body from producing as much of this chemical. This helps blood vessels relax and reduces blood pressure.

Angiotensin II receptor blockers (ARBs): While ACE inhibitors aim to stop the creation of angiotensin, ARBs block angiotensin from binding with receptors. Without the chemical, blood vessels won't tighten. That helps relax vessels and lower blood pressure.

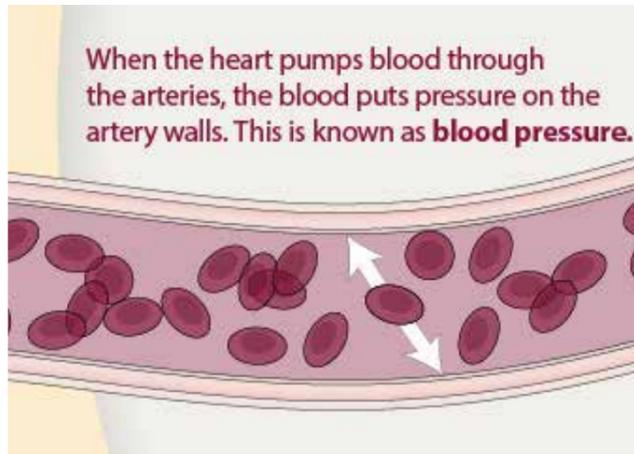
Calcium channel blockers: These medications block some of the calcium from entering the cardiac muscles of your heart. This leads to less forceful heartbeats and a lower blood pressure. These medicines also work in the blood vessels, causing them to relax and further lowering blood pressure.

Alpha-2 agonists: This type of medication changes the nerve impulses that cause blood vessels to tighten. This helps blood vessels to relax, which reduces blood pressure.

Home remedies for high blood pressure

A healthy lifestyle changes can help you control the factors that cause hypertension. Here are some of the most common home remedies.

Developing a healthy diet:



A heart-healthy diet is vital for helping to reduce high blood pressure. It is also important for managing hypertension that is under control and reducing the risk of complications. These complications include heart disease, stroke, and heart attack. A heart-healthy diet emphasizes foods that include: fruits, vegetables, whole grains, lean proteins like fish, increasing physical activity

Reaching a healthy weight: Reaching a healthy weight should include being more physically active. In addition to helping you shed pounds, exercise can help reduce stress, lower blood pressure naturally, and strengthen your cardiovascular system. Aim to get 150 minutes of moderate physical activity each week. That is about 30 minutes five times per week. If you are overweight or obese, losing weight through a heart-healthy diet and increased physical activity can help lower your blood pressure.

Managing stress: Exercise is a great way to manage stress. Other activities that can also be helpful include meditation, deep breathing, massage, muscle relaxation. These are all proven stress-reducing techniques. Getting adequate sleep can also help reduce stress levels.

Adopting a cleaner lifestyle: If you are a smoker, try to quit. The chemicals in tobacco smoke damage the body's tissues and harden blood vessel walls. If you regularly consume too much alcohol or have an alcohol dependency, seek help to reduce the amount you drink or stop altogether. Alcohol can raise blood pressure.

Dietary recommendations for people with high blood pressure

One of the easiest ways you can treat hypertension and prevent possible complications is through your diet. What you eat can go a long way toward easing or eliminating hypertension. Dr Holland recommended some of the most common dietary recommendations for people with hypertension.

Eat less meat, more plants: A plant-based diet is an easy way to increase fiber and reduce the

amount of sodium and unhealthy saturated and trans fat you take in from dairy foods and meat. Increase the number of fruits, vegetables, leafy greens, and whole grains you're eating. Instead of red meat, opt for healthier lean proteins like fish, poultry, or tofu.

Reduce dietary sodium: People with hypertension and those with an

increased risk for heart disease may need to keep their daily sodium intake between 1,500 milligrams and 2,300 milligrams per day. The best way to reduce sodium is to cook fresh foods more often. Avoid eating restaurant food or pre-packaged foods, which are often very high in sodium.

Cut back on sweets: Sugary foods and beverages contain empty calories but don't have nutritional content. If you want something sweet, try eating fresh fruit or small amounts of dark chocolate that have not been sweetened as much with sugar.

High blood pressure during pregnancy

It is important to note that women with hypertension can deliver healthy babies despite having hypertension. However, it can be dangerous to both mother and baby if the condition is not monitored closely and managed during the pregnancy. Dr Holland reiterated that women with high blood pressure are more likely to develop complications.

She said: "For example, pregnant women with hypertension may experience decreased kidney function. Babies born to mothers with hypertension may have a low birth weight or be born prematurely. Some women may develop hypertension during their pregnancies. Several types of high blood pressure problems can develop. The condition often reverses itself once the baby is born. Developing hypertension during pregnancy may increase your risk for developing hypertension later in life".

Preeclampsia: In some cases, pregnant women with hypertension may develop preeclampsia during their pregnancy. This condition of increased blood pressure can cause kidney and other organ complications. This can result in high protein levels in the urine, problems with liver function, fluid in the lungs, or visual problems. As this condition worsens, the risks increase for the mother and baby.

The Healthline doctor explained that preeclampsia can lead to eclampsia, which causes seizures. High blood pressure problems in pregnancy remain an

important cause of maternal death. Complications for the baby include low birth weight, early birth, and stillbirth. There is no known way to prevent preeclampsia, and the only way to treat the condition is to deliver the baby. If you develop this condition during your pregnancy, your doctor will closely monitor you for complications.

Experts' general recommendations

Following the celebration of the World Hypertension Day on 17 May, WHO and various experts in the health sector have called on people to ensure that they check their blood level regularly. The theme for this year's World Hypertension Day is "Measure Your Blood Pressure, Control It, Live Longer".

According to a statement issued by the World Hypertension League (WHL) and obtained by *Pharmanews*, the level of awareness on hypertension is very low. Hence there is need for rigorous creation of awareness all over the world.

"Choosing this year's theme was based on global statistics, indicating that less than 50% of adults with hypertension (SBP \geq 140 mm Hg, DBP \geq 90 mm Hg, or treatment with antihypertensive medication), worldwide, were aware that they had high BP (<40% in low-and middle-income countries). In some populations, awareness is very low, being <10%", the statement said.

"To increase awareness of hypertension, there are two critical components: (1) establish high-capacity community screening programs for recognition of high BP in those at risk, and (2) promote routine measurement of BP by health-care professionals at all clinical encounters. An important initial step for control of hypertension and achievement of the United Nations 2025 goal for a 25% reduction in uncontrolled hypertension is to improve hypertension diagnosis", the League said.

Similarly, the Nigerian Hypertension Society advised every Nigerian to check his or her blood pressure regularly and those with hypertension should consult their doctors for proper advice. "Those that are hypertensive should take their medications regularly to achieve a good blood pressure control and thus prevent complications like stroke, heart failure, heart attack and kidney failure, which can shorten lifespan", the Society advised.

Also, the President, Nigerian Medical Association (NMA), Prof. Innocent Ujah, has advised the Nigerian government to equip and staff primary health care (PHC) centres with nurses and doctors to monitor patients' BP regularly and give health education, noting that BP is not a death sentence but can be controlled with regular check-up, lifestyle changes and medication.

He also urged Nigerians to measure their blood pressure accurately and also control it, so as to live longer, even as he urged the Nigerian government to empower the health sector on continuous creation of awareness on hypertension and management.

Report compiled by Ranmilowo Ojalumo, with additional information from The Guardian, Heart Organisation, World Health League, World Hypertension League, Healthline, Nigerian Hypertension Society and Nigerian Cardiac Society.



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Akintayo, Adenekan, Ibezim decry unhealthy politics in health sector

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from different perspectives in a separate chat with **Pharmanews**, they reiterated that the government, in collaboration with relevant stakeholders, must go back to the drawing board to correct all anomalies besetting the sector before things get out of hand.

In his submission, Adenekan, the NMA chairman stated that politics is not a new thing as it is part of human's life. He noted, however, the way politics is being played in the Nigeria health sector shows that there is no sincere commitment towards the advancement of the sector.

He said: "Let me start by saying that every sector of the Nigerian economy is being politicised - including security - no doubt about it; we only need committed people. I am not saying there are no committed people in Nigeria but who are the people surrounding them? Let there be good policy in place. Let there be implementation. Let there be immediate release of funds for the implementation of the policies, and I think that is where the problem lies.

"It is not a bad thing that there is politics in the health sector because even an individual plays some levels of politics. Politics is a way of life, but the problem is the way it is being played in the sector. The real problem is that everything in the industry is not taken serious. Issues in the sector are being treated with levity and people just believe that everything must be done the same old way, which I am sure will not work.

"For an instance, the problem of brain drain that we have been witnessing in the sector now did not just start today; it did not start 10 or 20 years ago, but we are talking about the rate at which we produce health workers and they leave for other countries."

Speaking further, Adenekan said: "I must also say that it is not just all about the Ministry of Health, it also involves the Ministry of Finance because money is involved. The Ministry of Labour will have to come in at a time, but there is something important about the Ministry of Health. There are some people that need to be laid off in the ministry. I don't really mean a particular person but from what I can see, many officials are in the ministry to make sure things don't go well.

"Today, we need more doctors because we don't have enough, but unfortunately when you get to some offices, you will see five people doing one task. Notice for recruitment used to be yearly, but now, it is almost once in two years. There is shortage of staff. No recruitment, yet the existing ones are leaving."

Speaking in the same vein, NAPA chairman, Ibezim, noted that the subtle type of politics and politicking in the health sector has held the sector down and denied it the required development to the detriment of the patients.

Expanding his view, Ibezim stated: "Politics in the health sector is a cold but disturbing phenomenon, occasioned chiefly by a feeling of superiority by a segment of health practitioners



Pharm. Olumide Akintayo
Former president PSN

who do everything possible to keep others, marginalised. The politics play out in the appointments to sensitive health-centred positions like ministers, commissioners and directors - where only members of a particular profession lay claim to, and fight tooth and nail to ensure that others are not featured, irrespective of the latter's competencies.

"The subtle politics in the sector also manifests in instances where members of a particular profession only go for their welfare, at the expense of the other health professions, leading to acrimony, dissension and misgivings. There are even instances where some segments strive to ensure that what is due to other health professionals is not given to them. There is also politics in the distribution of health funds and resources where particular tribes or localities are favoured more than others."

According to the NAPA helmsman, the recent fights by medical doctors against the government's approvals of Doctor of Pharmacy, Doctor of Optometry and consultancy cadre for pharmacists are cases pointing to the politics in the sector.

Ibezim also decried politicisation of funding for the sector, a factor he said has continued to deny Nigerians quality healthcare service.

He said: "There is also the issue of inadequate funding by the government for the health sector. Government's politicising and negligence of the health sector is impacting negatively on the overall health and wellbeing of the people. There are hardly very functional well equipped government health institutions in the country today, hence persons who desire quality healthcare usually have to travel abroad, to obtain same."

The professor of Pharmaceutics therefore called for urgent measure to address the various challenges in the interest of patients.

"Members of the health team should shield their swords and team up for the benefit of the patients. Every member of the team is equally important and indispensable. This must be drummed in the ears of all. Appointments to leadership positions should be based on meritocracy and not restricted to



Dr Olatunji Adenekan
Chairman, Lagos State
Chapter, NMA

a singular group. The government should fund the health sector sufficiently and ensure proper monitoring and equitable distribution of such released funds and facilities", the NAPA chairman said.

Similarly, former PSN president, Akintayo lamented that the health sector has suffered considerably and may suffer colossal damage, due to the "scheming and counter scheming of some people, all in a bid to score points, gain privileges and resources to their advantage."

In his words: "When I talk about politics in the health sector, I know what I am saying and it has continued to limit us. The limiting factor is that it has dealt seriously with competency and capacity building in the sector."

Citing instances of the limitations occasioned by unhealthy politicking in the health sector, Akintayo said: "One of the reasons immunisation has continued to fail in Nigeria is because, rather than embracing the philosophy of routine immunisation for all clinical diseases, you are talking about national immunisation which makes no sense; I have to call a spade a spade. Immunisation is a continuous thing, so you can't be designating administratively, one day for it. All over the world, it is known as routine immunisation.

"Look at COVID-19; the vaccination is going on all over the world. Funny enough, in Nigeria, we are celebrating that we have successfully vaccinated over a million people, out of over two hundred million people. You can now imagine what would have happened to us if COVID-19 had ravaged us as it has done in the advanced countries.

"If you go through Nigeria's first National Health Act (National Health Act 2014), you will see that pharmacies, alongside laboratory facilities, were clearly designated as recognised healthcare facilities in Nigeria. It is a law. Now if it is a law, why is the National Primary Healthcare Development Agency not according appropriate status to these facilities that can help us deal with the rudiments of day-to-day diseases that have continued to ravage us in the various communities, especially in the hinterland? Why are you not engaging their services?"

"What does it take to

immunise? What is the problem with involving other health workers, pharmacists, laboratory scientists, among others? There is no big deal in vaccination. One of my friends, a national executive member of PSN took his vaccine jab in a pharmacy shop in the US. He posted the picture. All these point to the bad politics in the health sector."

The former PSN boss also lamented the current state of the National Health Insurance Scheme in the country, saying the scheme is not working because the wrong people are managing it.

He asserted: "You may also want to ask why National Health Insurance Scheme is failing. Go and check the history - the health insurance started to fail from the day wrong persons were brought to manage it. It is wrong to just go and bring somebody because you know him, to come and manage a very serious institution like the NHIS, which is a serious business.

"As of today, go and check who heads the Health Insurance Scheme, the National Agency for the Control of AIDS (NACA), the primary healthcare agency, as well as the national programmes on leprosy and malaria - they are all headed by people from the same group in the health sector.

"This is another reason healthcare in this country is dysfunctional. It will not work if you don't factor in the inputs of all other professionals. Look at the board of management of the 56 federal health institutions in the country - that is, the federal medical colleges and teaching hospitals - eight slots out of 13 have been permanently reserved for the same one group. In all of our healthcare plans, factoring is granted on only the input of one group in the health sector; this is why we are not achieving anything in the health sector."

On ways to save the health sector from total collapse, Akintayo reiterated the need to revisit the constitution and also amend the National Hospital Act.

He said: "First and foremost, the government at all levels should go and check the 1999 constitution. The constitution is clear about the eligibility of who can be the minister or commissioner for health. So, there is no compulsion to appoint a physician into that office or to head the MDAs. I'm not saying that if there is a physician, who is outstanding, he or she should not be appointed, but I am saying it is not the birth right or mutually exclusive to a group of people."

Akintayo further emphasised that government must be more diligent about the persons appointed as minister or commissioner for health and who should head the MDAs.

"For our MDAs, we need competitive processes. Then we need to ask, why are the hospitals not working optimally again like the golden age when the royal family in Saudi came to Nigeria to access our healthcare service? Who are the people managing the health institutions during that time and who are the people managing them now?"

"We need to amend the teaching hospital act because there are too many draconian provisions in it", the ex-PSN president said.

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Femi-Oyewo at 70 bemoans marginalisation of women in pharmacy leadership

- As ALPs celebrates septuagenarian

By Temitope Obayendo

A Professor of Pharmaceutics and Pharmaceutical Technology at Obafemi Awolowo University (OAU), and former Deputy Vice-Chancellor, Olabisi Onabanjo University, Ago-Iwoye, (OOU), Mbang Femi-Oyewo, has berated the leadership trend in the Pharmaceutical Society of Nigeria (PSN), which has hitherto been dominated by men, despite having more female members.

Femi-Oyewo, known as the woman of many firsts, having been the first female chairman of the PSN Board of Fellows; pioneer dean, Faculty of Pharmacy, OOU; first female pioneer dean in a Nigerian University; and first female Nigerian-trained pharmacist to bag her PhD, urged national and state chairmen of Association of Lady Pharmacists (ALPs) to groom young female pharmacists towards leadership. This, she said, will help close the gap in female leadership presence in the Society, as well as enhance seamless transition of baton from the elders to the youngsters.

The passionate educationist, who recently joined the league of septuagenarians, made the submission during her 70th birthday celebration, organised by ALPs national, at the PSN House, Anthony, Lagos. She seized the opportunity to appreciate her colleagues for celebrating her, while stressing the essence of having women in strategic positions in the nation and the Society, citing the significant roles she has been privileged to play at the PSN, ALPs and OOU.

She said: "In the pharmacy profession, we are having more women than men. However, the percentage of women in leadership is very low, which is not good for us. This is why ALPs needs to train more members because experience has shown that when you put a male and a female in a position, the female always excels above the male, especially a female who got to the position by merit.

"We need people we can hand over the baton to. We are looking up to ALPians to take the baton from us. The present young pharmacists should not be over-pampered; they should not be used as political instruments. We need to tutor them aright and discipline must be inculcated in order for the association to maintain her pride of place."

The former varsity don, who has won many national and international awards, including the Member of the Federal Republic (MFR) national merit award, revealed why she stands out among her counterparts, saying she is very passionate about her students, while not condoning indiscipline of any type.

Felicitating with the iconic pharmacist, lady pharmacists across the country, especially from the south-west states took turn to extol her impactful roles in their lives and the association.

ALPs National Chairman, Pharm. (Mrs) Victoria Ukwu, who was ably represented by the National Vice-Chairman, South-West, Dr (Mrs) Modupe Ologunagba, said Femi-



The celebrant, Prof. (Mrs) Mbang Femi-Oyewo, cutting her 70th birthday cake, flanked by former and incumbent ALPs leaders.



ALPs National Vice-Chairman, South-West, Dr (Mrs) Modupe Ologunagba, (3rd from right); Lagos, Oyo and Ogun ALPs Chairpersons, and other ALPs executives in a group photograph at the ceremony.

Oyewo deserved more than the celebration, as she had served the Society and impacted younger pharmacists in no small measure.

She noted in particular how the celebrant had been instrumental to the progress of ALPs through her exemplary lifestyle, playing of key roles at the association's biennial conferences, being a worthy representative of the association at strategic national women conferences, nurturing of pharmacist students to become great leaders, and many more.

She also appreciated members for turning out to celebrate their very own within a very short notice.

Thanking God in a short exhortation for the worthy life of the first female chairman of the PSN-BOF, Dr (Mrs) Moyosore Adejumo, acknowledged the grace of God upon Femi-Oyewo's life, crediting it with the height she has attained, as man in his finest state is nothing without God's grace.

Emphasising the place of God's grace in human endeavours, she stated: "Your worst days are never

so bad that you are out of His reach and your best days are never so good that you are beyond the reach of God's grace", urging ALPs members to always appreciate God for gift of life.

The chairperson of the occasion and PSN Vice-President, South-West, Dr (Mrs) Ejiro Foyibo, lauded ALPs leadership for their thoughtfulness in organising the event, stressing that the celebrant had made much sacrifice for humanity and the association.

Foyibo explained how the septuagenarian had been a role model to her through her dedication and commitment to pharmacy activities at various fora, and being an embodiment of beauty and brain to all ALPians.

"We should learn to celebrate ourselves because as women, we don't look what we've been through, but the grace of God has been there for us", she stated.

For the former National Chairman, ALPs, Chief (Mrs) Yetunde Morohundiya, the celebrant is an inspirational enigma, who has

touched many lives in different ways.

Morohundiya, who revealed that she had been privileged to work with Femi-Oyewo on different occasions, also mentioned the celebrant's fondness for trendy shoes, which is one of her distinguishing marks, while praying that she would celebrate many more years in sound health and prosperity.

Still celebrating the mentor of mothers, Lagos, Oyo and Ogun ALPs Chairpersons, Pharm. (Mrs) Modupe Alli, Pharm. (Mrs) A.O Ajao and Pharm. (Mrs) Omowunmi E k u n d a y o , un a n i m o u s l y mentioned the

elegant lifestyle as well as the exploits accomplished by the celebrant in their states, particularly in Ogun, where she lectured for years at the Olabisi Onabanjo University, moulding and mentoring pharmacy students for a greater future.

In his contribution, PSN National Secretary, Pharm. Gbenga Falabi, described the celebrant as a great mentor, motivator and motherly figure to him and others, adding that she pays attention to everything including her students' dressing, as students who were not well-dressed were never comfortable in her class.

Zonal Coordinator, Pharmacists Council of Nigeria (PCN), Pharm. (Dr) Amaka Okafor, attested to the thorough training Prof. Femi-Oyewo gave students that passed through her as evident in the lives of OOU interns that worked at her organisation.

Okafor added that other widows in the profession can learn from the secrets of Femi-Oyewo's success.

Ikwu offers free medical screening to 150 Lagos school children

By Adebayo Oladejo

Worried by a recent report by the Nigeria Demographic Health Survey that under-five mortality rate in Nigeria is 132 per 1000 live births, meaning that one in eight Nigerian children never reaches the age of five, Pharm. Obiageri Ikwu, a community pharmacist and managing director, Lopez Pharmacy and Stores, Lagos, recently partnered with 21st Century Healthy Youths Initiative, a non-governmental organisation, to offer free medical outreach and screening for about 150 school children in Amuwo-Odofin area of Lagos.

The screening, which held at the premises of Lopez Pharmacy, in Amuwo-Odofin, was done as part of activities to mark Children's Day on 27 May, 2021.

Children's Day was first celebrated worldwide in October 1955, under the sponsorship of the International Union for Child Welfare, in Geneva. First proclaimed by the United Nations General Assembly in 1954, it was established to encourage all countries to institute a day, firstly to promote mutual exchange and understanding among children and secondly to initiate action to benefit and promote the welfare of the world's children.

The medical outreach, according to Ikwu, was to deliver free healthcare services especially to children in Amuwo-Odofin community and its environs, with a strategic vision to protect them from sicknesses that may impede their potentials.

"The Children's Day programme was also targeted at catching them young because medicine accessibility and availability are also essential; so physical medical checkup was done for the children and the parents were encouraged to bring their sick children for consultation. During the test, the eyes and ears were checked and free deworming exercise was done, while topics like malaria in children were discussed.

Speaking further at the programme, Ikwu emphasised the importance of health screening, saying as a community pharmacist with a passion for public health enlightenment, her responsibility was to bring healthcare closer to the people and inform them about their health.

On the suitability of the programme for the children, the organiser noted that it was important to catch the children young, so that as they grow, they get more information about their health and also tell the coming generations about it.

While citing funding as the major challenge of her project, Ikwu quickly added that the joy she derives from her relationship with the children has been her major motivation.

"As community pharmacists, we are the first port of call in any community, and we should make it a duty to affect the community where we practice; and this is exactly what I enjoy



A cross-section of children at the screening programme

doing most," she said

Underscoring

the importance of the intervention,

Dr Ikechukwu Meberim, who

was one of the outreach's

facilitators, noted that regular

health screening is important to the body, adding that the organiser recognised the prime place of children in the survival of humanity which was why she collaborated with an NGO to help protect and prepare the children for future roles and commitments.

While appreciating the programme organiser, a proprietor of one of the beneficiary schools, Mr Sunmonu Akanni of Solid Ultimate Academy, applauded the initiative, which according to him was targeted at the future stars of the country.

"To say that I am happy is an understatement. This kind of programme should not come once in a while but should be on a regular basis because as they say, 'health is wealth'. I really appreciate the kind gesture by the organiser for giving succour to us," Akanni said.

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Experts task pharmacists on strengthening health systems, leveraging technology

- As UNILAG Faculty of Pharmacy holds maiden scientific conference

By Temitope Obayendo

Seasoned professionals in the pharmaceutical and life sciences have saddled pharmacists in the academia with the obligation of strengthening national health systems, as well as charting a new course for pharmaceutical sciences in the country.

According to them, these can be achieved through the creation of R&D faculty plans and tailoring of teaching and training towards drug development.

The experts, who included Vice-Chancellor, University of Lagos (UNILAG), Prof. Oluwatoyin Ogundipe; Deputy Vice-Chancellor, Academics and Research, Prof. Wole Familoni; Dean, Faculty of Pharmacy, Prof. Glory Ajayi; University Librarian, Dr Yemi Zaid; and Secretary-General, West African Postgraduate College of Pharmacists (WAPCP) Prof. Noel Wannang, harped on the need to leverage technology to improve service delivery and collaboration between academia and pharmaceutical companies.

The specialists, who also included Prof. Adebayo Adejare, University of the Sciences, Philadelphia, USA; Prof. Olobayo Kunle, former acting DG, NIPRD; Deputy Provost, College of Medicine, University of Lagos, Prof. Osaretin Albert Ebuehi; Chief Operating Officer, Alpha Pharmacy and Chairman, Association of Industrial



R-L: Conference Committee Chairperson, Prof. A.A. Adepoju-Bello; dean, Faculty of Pharmacy, University of Lagos, Prof. Glory O. Ajayi; Dr C.P. Azubuike, committee member; Dr M. Sofidiya, committee vice-chairman; and Dr A. Joda, member of committee.

Pharmacists of Nigeria (NAIP), Pharm. Ignatius Anukwu, noted the negative impacts of the COVID-19 pandemic on national healthcare delivery systems and emphasising

that urgent improvement is particularly imperative in the nation's healthcare sector.

They further stressed that academic pharmacists, being key stakeholders, must rise to the challenge by engaging in politically-inclined research for advocacy, establishing cross specialities, cross-institutional/cross-generational teams, and developing local models for herbal medicines research.

The erudite scholars converged at the recent UNILAG pharmacy faculty's First Annual Scientific Conference held virtually, with the theme: "Post-COVID-19: Charting a course for the pharmaceutical sciences and health systems strengthening".

In a communiqué announcing the resolutions of the two-day conference, the faculty highlighted key issues to be brought to the front burner for healthcare systems development to be a reality.

The conference acknowledged the important roles of pharmacists, especially those in the academia, urging them to face the challenges squarely by evolving practices and policies that will provide solutions.

According to the communiqué: "Apart from addressing the impacts of COVID-19 during this conference, hosting an annual scientific conference by the faculty will provide a forum for sharing research findings by faculty members with other scientists and pharmacist, as this will encourage collaborations.

"Conference also agreed that health systems are dependent on a sound pharmaceutical sector and the pharmaceutical industry is completely dependent on a vibrant pharmaceutical sciences subsector as typified in the public academic institutions and the research institutes.

"Conference observed that the pandemic brought some much-needed attention to the research

landscape with state governments, TETFUND, CBN and multinational companies setting up committees and investing in research to look inwards to find practical solutions to the pandemic;

"Conference agreed that our mind-set must change from the silos mentality to collaborative research within the academia and the research institutes with effective collaboration with the pharmaceutical industry. Currently, there is a vast disconnect between the industry and academia."

The document also stated that government's involvement cannot be overemphasised in actualising the expected changes and improvements.

"While conference recognises that there are aspects of charting the course for the pharmaceutical sciences in the hands of the faculties and the local research community, government input is essential. Government input in terms of effective policies, appropriate funding, enhancing the research environment, uptake and utilisation of research outcomes is required to ensure a complete overhaul of the processes for the future", the document stated.

The researchers were also reminded on the need to leverage technology as an enabler, and not an end in itself.

"Technology should be seen as a catalyst; so if the system is not sound, technology will make it much worse. Technology will help add value to a system that is good but will not make a bad system better," they noted.

The conference also called for continuous advocacy with the government at all levels in promoting and achieving public health services by pharmacists.

"A concise policy or regulation on vaccination that includes pharmacists is long overdue, and conference calls on

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Why we donated drugs, food items to Lagos rehab centre – BOF-PSN

By Temitope Obayendo

The Board of Fellows of the Pharmaceutical Society of Nigeria (BOF-PSN) has stated that its recent presentation of drugs and food items worth a million naira to the Lagos State Rehabilitation Centre, Isheri, was to meet the needs of the destitute and the less-privileged in the society, as the nation grapples with the impacts of substance abuse and other socioeconomic challenges.

Leading the BOF-PSN team for the presentation was the Chairman, Prof. (Mrs) Mbang Femi-Oyewo, who was accompanied by other executives of the Board, including Pharm. (Chief) Lanre Familusi; Chief (Mrs) Yetunde Moroundiya; and Pharm. (Mrs) Bridget Nwanchukwu.

The chairman expressed the Board's delight to show love to the patients, as well as support the staff's efforts towards the recovery of the patients, who are mostly drug victims. She also stated that the gesture was part of the Board's campaign against drug/substance abuse, as the menace was assuming an epidemic dimension, especially among children, adolescents and youths.

She asserted that more than seven million people globally suffer from illicit drug disorder, and one in four deaths results from illicit drug use.

"In fact more deaths, illnesses and disabilities are associated with drug abuse than any other preventable health conditions. While people suffering from drug and alcohol addiction also have a higher risk of unintentional injuries, accidents and domestic violence incidents," she said.

Femi-Oyewo further identified lack of emotional support, family dysfunction and stress of unfair expectations from teachers, parents and peers as major factors that predispose youths to drugs and substance abuse.

In her words: "Though drugs have positive uses, but as it is with the human nature, people tend to bend towards the negative side of the use of the drugs. Addiction to drugs today has played a vital role in increasing the rate of crime in Nigeria and all over the world. Most armed robbers walking on the streets are drug addicts and most of them did not have such habits before they went into drugs.

"Drug abuse can lead to marital problems and poor interpersonal relationship, declining grades, absenteeism and dropping out of school and so on."

The professor of Pharmaceutics and Pharmaceutical Technology however assured victims of drug and substance disorder that they can be treated, stressing that this is why the work of rehabilitation centres is very crucial in the society.

Appreciating the kind gestures of BOF-PSN, Director of Rehabilitation, Lagos State Ministry of Youths and Social Development, Mrs Toyin Jaiyeola, who spoke on behalf of the Permanent Secretary, thanked the executives profusely for remembering the less privileged, some of whom, she said, had been abandoned for years at the centre by their families, due to lack of resources to cater for them.

Jaiyeola described the donation as an epoch-making event for her administration at the centre, as the BOF-PSN executives were the first set of professionals to donate drugs to the patients since her assumption of office two years ago.

She concurred with the position of the BOF-PSN Chairman on the state of drug and substance abuse



BOF-PSN Chairman, Prof. (Mrs) Mbang Femi-Oyewo (3rd from left) presenting the list of donated items to the Director of Rehabilitation, Ministry of Youths and Social Development, Mrs Toyin Jaiyeola, for the Rehabilitation Centre, Isheri, and flanked by other executives of BOF-PSN and staff of the rehabilitation centre.

in the country, saying drug abuse is one of the issues affecting most of the patients.

"We are so grateful for having

these items today. It is a big intervention that will go a long way in addressing the needs of our inmates. While we are thankful

for the partnership, like Oliver Twist, we want more, because we don't have an ambulance and a host of other essential materials. We pray that the Almighty God will continue to support you", she told the BOF-PSN delegates.

In his remarks, the Administrator, Lagos State Vocational and Rehabilitation Centre, Isheri, Mr Sunkanmi Hassan, acknowledged that the state government was aware of all the anomalies caused by drug and substance abuse in the state, stating that the government was doing its best to bring the situation under control.

Sunkanmi appealed to other professional bodies and well-meaning Nigerians to support the state government in reducing the menace of substance abuse in the state.

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The politics of misinformation on issues affecting Nigerian doctors

By Patrick Iwelunmor

The contribution of doctors to the general wellbeing of any nation cannot be quantified and this is why the developed nations of the world place a high premium on the welfare of doctors because failing to do so can grossly affect their morale, thereby creating problems for the society.

When doctors down tools, even the economy suffers. The working population becomes endangered, without proper medical care and this will definitely spell doom for any society. Thus, it is expected that any responsible government should invest heavily in healthcare and ensure that doctors and other healthcare professional are well taken care of.

Unfortunately, Africa is always in the news as a bad example of how healthcare should be administered. Corruption and partisan politics have been the greatest bane of effective healthcare delivery in some parts of the continent. In Nigeria, where governors, senators and members of the House of Representatives live large on the nation's petrodollars, social amenities like good hospitals are hard to come by. Doctors and other health workers are owed backlogs of salaries, while they work in some of the most unpalatable conditions. One never hears that lawmakers or other top political office holders are owed salaries or allowances but for doctors and other health workers, it has become a norm.

Matters arising

During the last industrial action embarked upon by resident doctors in Nigeria, many issues reared their heads, as the matter became a discourse of national and international dimensions. For a country that is grappling with shortage of medical personnel and other systemic failures, it is worrisome that, rather than take the bull by the horn and fix the appalling rot in the health system, politicians who are elected or appointed to improve people's lives are the ones constituting themselves into stumbling blocks to the prospect of making things work.

Many have argued that the brain drain syndrome that has seen many of our best brains in the medical profession relocate abroad in search of greener pastures may not be unconnected with the shambolic and directionless attitude of politicians and government officials who often play to the gallery in order to perpetuate themselves and their selfish interests on the corridors of power while things continue to fall apart.

Since 1985, most federal hospitals have become, at best, consulting clinics. Apart from the shortage of staff, equipment and sundry infrastructure are grossly insufficient. Successive governments have not taken the welfare of both the Nigerian doctors and their patients seriously because government officials have easy access to government money with which they can easily embark on medical tourism abroad. They have sold their consciences to the devil and do not care whether the common man survives or not.

To say the least, it is very unfair that government seems not to fully appreciate the significance of doctors to the development of Nigeria. If the citizens fall sick and the productive population is affected, the economy upon which the government officials depend for their sustenance will collapse. One then wonders: Why do government

officials and politicians place more importance on the acquisition of illicit wealth than on providing better infrastructure for the health sector? Nigerian politicians are amongst the richest in the world with multi-million dollar properties and investments in foreign climes, whereas their own country, once referred to as the giant of Africa, has continued to demonstrate a big-for-nothing tendency.

Strikes as last resort

During the last strike action by the National Association of Resident Doctors (NARD), tempers flared, with accusations and counter-accusations that led to the scenario in which the government, through its Minister of Labour, Dr Chris Ngige, had to invoke the "no-work, no-pay" rule. But beyond being confrontational with the authorities, many have also sympathised with the doctors, arguing that their abysmal working conditions are undeserving of trained professionals, saddled with the responsibility of ensuring the wellbeing of Nigerians.

The NARD also reached out to the media, explaining that its decision to down tools was in protest against government's lackadaisical attitude towards implementing some of the agreements they had reached in the past. Moreover, with COVID-19 ravaging nations of the world, the Nigerian medical community had also lost some of its members to the pandemic and yet government had not been serious with the payment of the agreed hazard allowances.

While calling on government to show some understanding and reciprocate their sacrifices in safeguarding the wellbeing of Nigerians, the Nigerian Medical Association (NMA) also called on patients to bear with them as their struggle was in the interest of the nation.

In defence of the medics' action before Nigerians, Chairman of the Abuja Chapter of NMA Dr Enema Amodu, said: "We are not insensitive; we hope that government and those in charge of the discussion with NARD will take it seriously, with a view to settling the issues at stake.

"To our patients, we are very sorry that you have to suffer this epileptic irregular healthcare service delivery; we have taken an oath to take care of you. But if a doctor is not in a sound state of mind and is not happy with what he or she is getting from the job, the doctor may not be in the right frame of mind to discharge his or her duty right. And this will invariably affect you; by the time we get placed properly, remuneration and other welfare matters and facilities that we need to serve you, we will be able to serve you better with productive results."

Price of politicking

Being a medical doctor himself, many wondered why the Minister of Labour appeared alienated from his colleagues. The reason is simple: it is easier for a camel to pass through the eye of a needle than for a politician to speak truth to power, especially when he is from the ruling party. At that level, it is purely partisan politics and nothing more. If Ngige had spoken the truth, he would have been replaced with another "loyal" politician.

Irked by the body language of the government as exhibited by the actions and utterances of the labour minister, President of the Nigerian Medical Association (NMA), Professor Innocent Ujah, took a swipe at government for

what he termed an irresponsible approach to the nagging issue creating and perpetuating the rot in the health sector.

His words: "Since 1985, the Nigerian Medical Association said that hospitals became mere consulting clinics. That statement still holds today. It is very sad and I am in deed very sad that a lot of government functionaries are misinforming the system and the government. In fact, I believe that some of them are even sabotaging the efforts of Mr President. Agreements were signed and nothing happens when the industrial action was suspended."

The NMA leader also chided the Federal Ministry of Health for its "suspicious silence".

"There was COVID. Doctors and other health workers went to the field to fight. The issue

of hazard allowance came up. It was treated with levity, except for the intervention of the Honourable Speaker of the House of Representatives. This money that was a pittance was paid for only three months and that was all", he added.

On his part, NARD President, Dr Uyi Iwala Okhuaihesuyi, bemoaned the insincerity on government's part in according doctors their dues. He listed discrepancies in payment of salaries, failure to provide insurance cover, especially for those who lost their lives to the pandemic and other factors as responsible for the position of the association.

Though the strike has since been called off in April 2021,



Professor Innocent Ujah
NMA President

the issues have not been totally taken into perspective. The truth is that, going by the way government treats trade unions and professional bodies in Nigeria, it will take almost a miracle to put the perennial industrial action by resident doctors to rest.

By and large, the same problems that led to the strike are still there and, so, it would be wise to say that calling off the strike was just a temporary measure aimed at assuaging frayed nerves and perhaps broker a sense of industrial peace. The Nigerian government needs to wake up from its self-induced slumber that is already leading the country on the paths of international ridicule and disrepute.

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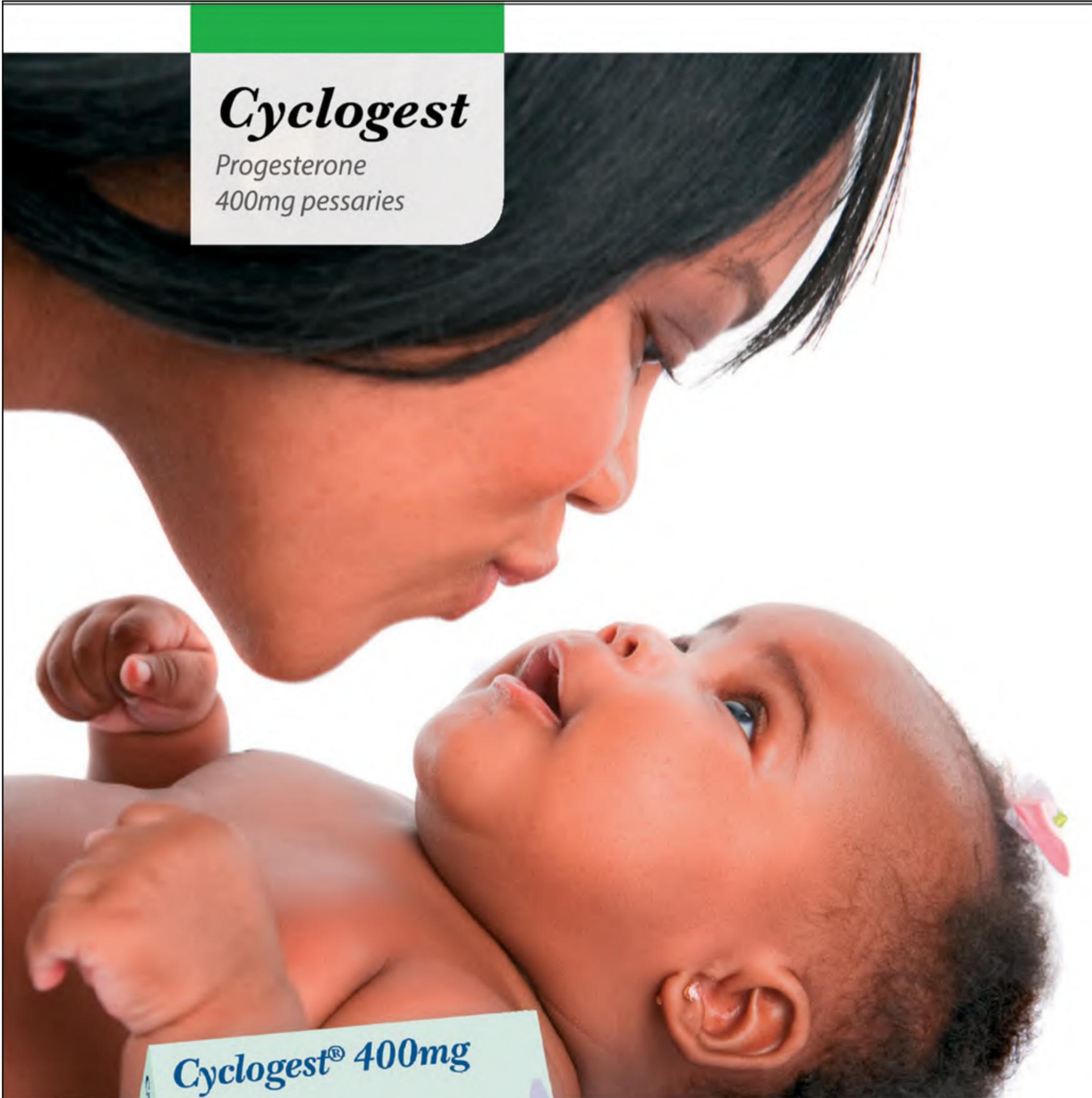


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Cinnamon, the tree of tropical medicine

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



Cinnamomum verum

Cinnamon is a tropical tree, whose inner bark is useful in food and medicine. Some common species are *Cinnamomum verum* (the real cinnamon) and *Cinnamomum cassia* (the most marketed species). It is called *kirfa* in Hausa, *pawuda* in Igbo and *oloorun* in Yoruba. Cinnamon belongs to Lauraceae family.

Constituents

Cinnamon contains fat, carbohydrates, protein, minerals (calcium, iron, magnesium, phosphorus, potassium) and vitamins C, A, B and K. The main active ingredients found in cinnamon are cinnamaldehyde, coumarin and eugenol, as well as significant amounts of safrol and linalool.

Preparations

Cinnamon is available for use in various forms: powder, tea, oil, infusion, steam, tinctures and capsules. It is often used as a spice in food, bakeries and beverages.

Pharmacological actions and medicinal uses

Studies have shown that cinnamon contains several natural compounds that fight against levels of inflammation in the body. Therefore, it makes a perfect home remedy for reducing swellings and pains, such as arthritis pain and nasal inflammation.

Cinnamon's strong, sharp scent may help clear the sinuses. Some common cold symptoms like sore throat, coughing, or sniffing may be relieved with cinnamon tea. Some studies have demonstrated how cinnamon can help in relieving premenstrual syndrome (PMS) pains, muscle soreness and even pain caused by ageing because of its anti-inflammatory and antispasmodic properties.

Research shows that cinnamon contains a compound that acts like insulin in our cells. It helps to enhance absorption of glucose by cells in the body, thereby lowering blood sugar levels. This could benefit people with diabetes and people who desire to lose weight.

In a study, cinnamon was found to help reduce the total level of "bad" cholesterol and triglycerides while keeping "good" cholesterol stable. Cinnamon helps the heart tissues and other tissues in need of regeneration and much more.

Due to cinnamon's protective antioxidant properties, it has been shown to protect the brain from various neurological disorders like Parkinson's and Alzheimer's diseases. It also helps to slow down the effect of ageing on both the brain and body.

Cinnamon has immune-boosting properties; thus it can help protect the body from illness because of its anti-viral, antibiotic, anti-microbial and anti-fungal properties. As a result, it is a promising treatment for eczema

and acne, and a homemade facial exfoliating scrub.

Also, cinnamon encourages production of collagen, which can make the skin look firmer and

younger. Studies have concluded that cinnamon oil is particularly effective in treating candida yeast infections, even in the digestive tract.

Cinnamon extracts protect against bacteria found in oral microflora that can cause tooth decay, bad breath, cavities and other mouth infections. Tests limited to animal studies and test tube experiments suggest that cinnamon may protect against cancer.

One study found cinnamon to significantly increase sexual function in rats.

Studies confirm that cinnamon oil can repel mosquitoes and kill their hatchlings. Also, cinnamaldehyde is toxic to insects and pests.

Adverse effects

Allergies can occur when cinnamon is used. Consuming too much (especially *Cassia cinnamomum*) can lead to potentially dangerous

side effects, such as liver damage and increased cancer risk. With overconsumption, cinnamon can cause irritation on the mouth and lips. When applied topically, cinnamon can cause skin irritation and redness.

Caution should be exercised for people undergoing surgery, as well as pregnant or breastfeeding women, because of its anticoagulant and abortifacient properties.

Economic uses and potentials

Cinnamon is useful in the food, pharmaceutical and cosmetics industries. Cinnamon powder costs about N3000 - N4,500 per jar.

Though once an expensive luxury, cinnamon is now a worldwide industry, with relative availability. Indonesia is the current leader in its yearly production, representing 46 per cent of the world's supply.

Reference: Oja F (2021): Benefit Of Cinnamon & Where To Buy Cinnamon In Nigeria. FitNigerian. Available at: <https://www.fitnigerian.com/where-to-buy-cinnamon-in-nigeria/>. Accessed April 22, 2021.



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Emotional intelligence in uncertain times for leaders

By Pharm. Sesan Kareem

At the Sesan Kareem Institute, we frequently emphasise why emotional intelligence is critical for leadership success. Whether you're a business leader, political leader, spiritual leader or a leader at your home, improving your emotional vocabulary, awareness, and understanding will help you to succeed in your leadership roles.

By the way, we are all leaders in our individual spheres of influence. Leading people comes with responsibility and authority. It is a tough job to influence different people with different personalities and emotional wavelengths. However, great leaders are people-oriented; they are those who have mastered the science and art of getting the best from their team members.

In our COVID-19-ravaged world, leaders require a high dose of emotional mastery during these tough times to navigate challenges and create new opportunities for their people. Therefore, leaders who desire to succeed must first master their own emotions and manage other people's emotions effectively.

Why leaders need emotional intelligence

There are five critical reasons why emotional mastery is essential for leaders. In this edition we will discuss the first two reasons.

1. Wellbeing

The first reason while leaders must improve their emotional stability during these difficult times is because emotions affect the wellbeing of the leader and the entire workforce. Let's face

it. Over the last 12 months, we've experienced a lot of unpleasant feelings - from stress, anxiety, boredom, frustration to worry, fear, anger and loneliness. What studies have shown us is that for both adults and children, when we experience a lot of consistent, unpleasant emotions, we go into survival mode. We initiate a flight, fight or freeze response.

As a matter of truth, the part of our brains responsible for good feelings literally get cut off when we are experiencing high levels of stress. However, moderate levels of stress are acceptable, even necessary. For instance, the stress associated with learning a new thing is a moderate stress and is a good one. Unfortunately, what we are discussing here is the bad stress.

As a leader, many of your workers are already worried, frustrated and overwhelmed with the socio-economic impact of the pandemic and it may look like they have attention problem. The truth however may be that they've had so much stress that hasn't been managed effectively and it's manifesting itself in their wellbeing.

Pleasant emotions are generally very helpful for wellbeing. For example, when we experience calmness, serenity and inspiration, the parts of our brain responsible for thriving light up. Thus, the bottom-line includes: one, we have to manage stress effectively (our own and our team members); two, we have to create a work environment where people feel a sense of safety and trust, as well as ownership and togetherness. This isn't easy to create and maintain. But we must try as leaders. Three, we have to

create as many opportunities as possible for ourselves and for our employees to experience the calmness, serenity and inspiration essential for optimum wellbeing.

2. Relationships

The second reason emotional intelligence matters for leaders is that they affect the quality of our relationships. At the Sesan Kareem Institute, I often discuss emotions as signals to engage or disengage. This occurs for our own experience of emotion. There are days you wake up and you feel, "I want to meet everybody I can talk to today." Other days, you wake up and feel frustrated or stressed and you're like, "I don't really like to talk to anyone today." However, as a leader, you must not allow your feelings to dictate your actions.

What is fascinating about emotions is that we're observing the world around us every day. We are noticing our team members' body language, voices, vocal tones and facial expressions. What studies have shown us is that individuals who display a lot of unpleasant emotions are sending signals not to engage. On the flip side, those who display pleasant emotions are sending positive signals for people to engage them.

When it comes to our team members they may be displaying a lot of unpleasant emotions because of the tough times the world has been in. They may feel anxious, stressed, frustrated or act inappropriately. My hope is that you will see that as a signal to engage. Because what is beneath that behaviour is a need that is not met. To get the best out of your team you must engage them even at their lowest point.



For questions or comments, mail or text sesankareem2@gmail.com or [08072983163](tel:08072983163)

In conclusion, I would like to offer you a simple exercise. Over the next few days, take a moment and just think about the different people that you work with. Write their names down, and just jot down the first feeling that comes to mind around that person. Ask yourself, does that feeling influence the way I approach that person, the way I engage that person, the way I greet that person, the way I listen to that person?

What this exercise can do is to improve your self-awareness about the quality of your relationships.

Action plan: Strive to intentionally slow down to be more conscious about how you feel each moment. Also, be conscious about the signals other people are sending to you when they disengage or engage.

Affirmation: I master my emotion. I am blessed and highly favoured.

Sesan Kareem serves as **Regional Manager at Pharmaplus**, www.pharmaplus.com.ng, and the **Principal Consultant at Sesan Kareem Institute**, www.sesankareem.com.ng



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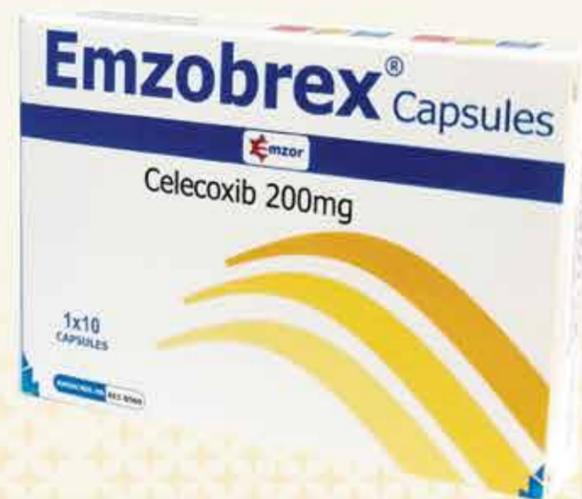
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Forex crisis, high interest rate crippling pharma manufacturing, importation – Oculus MD

By Patrick Iwelunmor

Pharm (Sir) Valentine Ezeiru is the chief executive officer of Oculus PharmaCare Limited. In this email interview with **Pharmanews**, the Fellow of the Pharmaceutical Society of Nigeria, provides in-depth perspectives on some fundamental issues affecting the Nigerian pharmaceutical landscape. A firm believer in the provision of quality healthcare products and services, he is equally an advocate of a better Nigeria where the best infrastructure and amenities are made available, especially for importers, manufacturers and all whose businesses are critical to the growth of the nation's economy. Excerpts:



Pharm. (Sir) Valentine Ezeiru

What gap is Oculus working to bridge in the Nigerian pharmaceutical landscape?

The first National Drug Policy was published in 1990. The objectives of the policy were to make available, at all times, medicines which are effective, affordable, safe and of good quality in all sectors of the healthcare system; and to improve the quality of healthcare, through the rational use of medicines. The extent to which the policy objectives have been met is yet to be evaluated.

Healthcare stakeholders and enlightened individuals recognise that some important gaps still exist. These include: poor quality of some pharmaceuticals, lack of ready accessibility to available pharmaceuticals, high prices of imported pharmaceuticals, high taxes on essential medicines, no national standard treatment guidelines, absence of well-structured drug information services, little or no public education on rational use of drugs, among others.

These gaps needed to be bridged and Oculus PharmaCare Limited was actually set up to address the variances. Oculus has, in fact, done its best these past 20 years and is still working to bridge the gaps as captured by its vision.

What is the vision guiding the company?

Our vision in Oculus is to be a highly professional and innovative company, providing high quality

healthcare products and first class services to Nigerian patients through our various partners and associates, while satisfying the interest of all stakeholders.

Over the years this vision has been upheld and anything that does not reflect supply of top quality products or support the delivery of first class services, we do not get involved in it.

I am pleased to announce that Oculus is now a well-trusted and highly respected healthcare company, with the well-being and safety of all patients at the heart of the business. Our principal activity is marketing and distribution of pharmaceuticals and allied products.

Every day, we strive to provide quality healthcare products and first class services to our various partners, helping millions of people who use our products and services to be well and stay well.

We are a company guided by a set of core values which make us unique. We are passionate about doing what is right for our customers, colleagues, shareholders and communities and, by doing so, we can better serve the health and well-being of people. We strive to be creative, proactive, using innovative ways to attain our goals.

We are making giant strides in the industry with a new subsidiary of Oculus PharmaCare, NOMEDI Pharmaceuticals Limited. NOMEDI is primarily engaged in the

importation and distribution of pharmaceuticals, nutraceuticals and medical devices.

How would you describe businesses in the Nigerian pharmaceutical industry?

The Nigerian pharmaceutical industry is an import-dependent one. Businesses in the industry are largely characterised by wholesale importation of finished products, as well as retail pharmacy business.

This scenario comes with its attendant challenges. These challenges have prompted public and political interests in considering local production of pharmaceuticals, with the aim of promoting self-sufficiency, achieving independence from international suppliers, developing local industrial capacity, producing foreign exchange through exportation of domestically manufactured medicines and creating new jobs.

Of recent, there has been a parallel increase in the number of companies involved in local drug manufacturing. However, the import-dependent ones still flourish more than the due to a number of factors and constraints.

What do you consider the toughest challenge facing you as a company here in Nigeria?

There are indeed so many challenges facing us as a company operating in Nigeria. As importers of pharmaceutical products, the toughest is the forex crisis - lack of access to foreign exchange to buy and pay our partners. The paucity of forex is gradually grinding operations in drug manufacturing and importation to a halt.

The second aspect is low financing in the industry. The banks' interest rate is at an all time high - at about 22 per cent. Operating at such a cost will result in high and uncompetitive pricing, in the face of rising inflation and the populace becoming extremely price sensitive.

The third factor is the declining economy and the gradual lowering of the purchasing power of the populace, occasioned by increase in inflationary rate. These developments are further barriers to the challenge of making high quality and affordable medicines available to a majority of our people. They have also encouraged the embrace of cheap but substandard medicines by our people, with the attendant negative effects on our national growth and development.

How has the COVID-19 experience affected your business?

I want to say that the COVID-19 pandemic is real. It has seriously impacted our business. There are many bad sides to the impact and at the same time, we have learnt some lessons that are indeed helping us to keep the business afloat.

*Some of the challenges we have encountered include:

*Massive disruptions in global supply chains and Nigeria is particularly vulnerable because nearly 75 per cent of its drug supply is imported from Europe, China and India.

*Some of our products handled under our subsidiary company were affected because of scarcity of APIs; many other pharmaceutical companies are worse hit in this regard.

*Significant pressure on sales performance, due to reduced demand. The purchasing power of the populace/household income is dwindling.

*Reduced cash inflows and liquidity challenges, due to significant downward pressure on demand.

*Reduced profit levels, as the margins were crashed to make prices of products more competitive. This has affected the achievement of the targeted profitable growth.

*High receivables due to increased credit risk defaults and lower recoveries, especially from supplies to government institutions.

*Customer interaction has been sub-optimal because of the safety protocol measures instituted to curtail the spread of COVID-19. We have deliberately shifted interaction from face-to-face engagement to digital platforms and virtual meetings, which have their challenges.

On the other hand, the lessons learnt have helped to plan strategically - for instance, in situations where we place all our orders of one year with our manufacturers, at the beginning of the year. As a result of this anticipatory action, our major business portfolio is supported by a solid supply chain and enhanced by good stock planning and effective inventory management.

In all our operations, we have carefully and consistently maintained safety and hygiene protocol measures. Safety measures are still in place and being reinforced. Most of our meetings in the offices and the ones with the field force members in the major cities of the country are being organised and conducted virtually.

Do you share the view that government is not doing enough to enhance the ease of doing business in the country?

The ease of doing business refers to the conduciveness of the regulatory environment to the starting and operation of a local firm. This is very important because the growth of businesses in any economy provides support to government in addressing and overcoming economic challenges faced by the society like job creation, financial resources generation and in improving the standard of living of the citizens.

Nigeria improved in ranking on the latest World Bank's ease of doing business index, ranking 131 in the Year 2020 Index and then moved 15 places from the 2019 Index. It was a welcome development.

continued on page 60

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Towards the decolonisation of vaccine development and distribution

By Patrick Iwelunmor

Ever since the World Health Organisation approved the vaccines for COVID-19, producing nations seem to have charted a course for themselves in history as perhaps the most significant stakeholders in the fight against the noisome pestilence. From India's AstraZeneca to America's Pfizer, there is a palpable sense of national pride that comes with these vaccines.

To some observers, however, this sense of pride is gradually transmuted into a basis for determining the COVID-19 vaccination processes in other nations of the world. For instance, after India had exported over 66 million doses, it decided to halt further exports, as a result of the new wave of the infection which has taken catastrophic dimensions in the country. This halt is already affecting the vaccination process in countries like Nepal, Bangladesh, Sri Lanka and many countries in Africa, including Nigeria.

Some experts have warned that Africa's failure to produce a vaccine, despite its capabilities in human and material resources, will not augur well for the continent in view of the fact that many more medical emergencies could spring up in future. According to this school of thought, this failure is never about the lack of intellectual capacity but more about the lack

of political will by African governments to entrench and sustain a culture of cutting-edge drug research and development.

For Gerald Mboowa, a bioinformatics researcher at the Makerere University in Uganda and infectious disease specialist, the nature of research in Africa which is hugely dependent on foreign funding is not helping matters as it does not allow African researchers to think independently and address local issues.

According to Mboowa, "Many research facilities across Africa are funded majorly by the western countries and this means that most of the research agenda is dictated by these countries and not African countries. African researchers generate data for these funders which is then used to manufacture value-added innovations and products that again get sold back to the continent. African technological innovations are being undermined or discouraged while creating a market for western-led innovations/products."

By their usual disposition, most African governments prefer ready-made medical solutions; they do not encourage their best brains to think locally. This disposition is the reason many heads of governments in the continent prefer to patronise foreign medical facilities while those right in their countries continue to deteriorate. In Nigeria, for instance, billions of naira are yearly budgeted for the state-house clinic and yet the president prefers to embark on medical trips to London.

According to Dr Christian Happi, a molecular biologist and genomicist who leads the African Centre of Excellence for Genomics of Infectious Diseases (ACEGID) in Nigeria, "In the process of this pandemic, did people make an effort to make vaccines in Africa? The reality is, yes they did. But were those vaccine candidates supported? The answer is no. Africa didn't invest in Covid19 vaccine development when we could have produced a vaccine for the African population."

Happi also corroborated the view that Africa's failure to produce a vaccine may not be unconnected to the colonisation legacy that upholds the misconception that anything from the Western nations is the best.

"We have the human resources, we have the know-how; we have the intellectual capacity, but we don't have the political will to mobilise the resources to make it happen", Happi said, adding that the preference to buy imported vaccines rather than develop and produce them is a legacy of colonization.

Already India's suspension of the AstraZeneca vaccine is



Prof. Mojisola Adeyeye
NAFDAC DG

causing tension in many countries, including Nigeria which had received 4 million doses in March. The problem is that those who had received their first jabs may not be able to receive the second for now, going by the current situation in India. This scenario has led to a couple of contingency arrangements, as evidenced by NAFDAC's approval of both the Pfizer and Johnson and Johnson brands.

Many have also argued that Nigeria and other African countries could have avoided the

precarious situation they have found themselves in if they had been more futuristic in their handling of health-related issues and infrastructure. There are those who also think that the so-called vaccine world powers are deliberately making export difficult to further expose the weakness of Africa's health systems.

It is shameful that some oil-producing countries in Africa don't even have functional refineries. They prefer to export crude oil and have them refined overseas only to import the same product. The same way they have deliberately refused to fix the refinery is the way they are deliberately killing the health infrastructures in their countries because they can afford to travel to the developed countries of the world to seek medical attention.

African leaders must take pragmatic steps towards decolonising their mindsets and reengineering their worldviews; otherwise, the continent will continue to be a slave to the developed world.

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How an unfair job transfer made me a pharma manufacturer - Pharm. Osadolor

By Moses Dike

Pharm. Enwinoma Osadolor is a foremost pharmaceutical industrialist and founder/managing director of Nomagbon Pharmaceuticals Limited. In this exclusive interview with *Pharmanews*, the octogenarian entrepreneur revisits the journey of his personal and professional life so far, highlighting the circumstances that inspired him to set up Nomagbon Pharmaceuticals and how he has weathered the storms to place the company on the pinnacle of excellence. Excerpts:



Pharm. Enwinoma Osadolor

Hearty congratulations, sir, on your recent 84th birthday celebration. Kindly tell us about yourself, your education and your early childhood experiences.

My name is Pharm. Enwinoma Agbondinmwin Anthony Humphrey Osadolor. I am a Fellow of the Pharmaceutical Society of Nigeria and a Knight of the Catholic Church. I hold B.Pharm degree from the University of Ife, now known as Obafemi Awolowo University (OAU). So, I am an Officer of Great Ife (OGI).

I was born in July 1936, in Aduwawa, into a polygamous family. Aduwawa is in the present-day Ikpoba-Okha Local Government Area of Edo State. Aduwawa is about five miles from Benin City, the Edo State capital. I was born during the period of heavy rains into the family of Chief Osadolor Osaigbovo, whose parents were from the royal family of Oba Akenzua I of Benin.

My father was a traditional ruler who was involved in many aspects of administration in the community. He was a customary court judge, a tax administrator, and a public relations personnel. In private life, he was a timber merchant, a very successful farmer of arable crops and rubber trees plantations. He was one of the few people who could afford education for all his male children.

At that time, it was not the practice to send female children to school. However, his association with some of the elites in Benin City goaded him to train all his male children to any level of education they could go. He had a two-storey building in Benin City before I

was born. He was very popular among the five clans that made up Ute because of his influence and wealth. He controlled the wealth of the area.

I attended Holy Cross Catholic Primary School, Benin City, from 1943 to 1950. It was not easy from pre and primary school days, due to lack of maternal care. My younger brother and I had to trek from the village to my father's house in Benin City where we had to take care of ourselves in terms of cooking and preparation for school. The distance from my father's house in Benin City to the school was more than one mile. This we trekked morning and afternoon. This was the daily routine, until Friday when we had to go back to the village for relaxation. By Sunday evening, we would be back to Benin City.

I was enrolled at Immaculate Conception College, Benin City, in 1951, but later transferred to St Patrick's College, Asaba, from 1952 to 1955, as the practice was that time. I was in the first set to write the West African School Certificate Examination (WASCE) in 1955. I passed in grade II with a pass in English language, as well as 3A's and 4C's in other subjects. In 1956, I wrote the Junior Civil Service Examination and came out in list A, which qualified one those days to obtain both clerical and technical employments.

I worked in the Western Region's Ministry of Education, Benin City, in early 1956. We were nine persons who were employed. We were all secondary school certificate leavers, awaiting the approval from Ibadan, being the headquarters of the Western Region of Nigeria. Approval

came after three months. Four of us were laid off due to overemployment. We were not paid during this period of awaiting approval from Ibadan. Interestingly, one of those retained did not pass school certificate examination. My results were better than most of those who had their appointment confirmed. I realised that it was all about who you knew, most especially someone from the village. That was the beginning of my challenge.

I had to apply to the Post and Telegraph Department, Benin City, as a special labourer (grade III) on a daily pay of three shillings and seven pence. We were three school certificate leavers. We were attached to the technicians for practical work. Our intention was to go to P & T School, Oshodi, for training to become sub-inspector of lines, a technical and attractive post. It was the advice of my elder brother to apply because a technical work is better than a clerical one.

The principal of the school came to conduct the interview on a Saturday. The other two mates received their letters of invitation in time for the interview. They presented themselves. The expatriate engineer based in Benin City advised me to be present at the interview. I was asked for my letter for the interview. I told the principal that I had not received mine. He told me that he had no other question for me. I had to leave in sadness. The other two selected candidates went for the training at Oshodi.

The following Monday, immediately after the interview, I got my invitation letter through my home address. The principal had gone back to Lagos. Later, I was declared redundant and laid off. I applied a second time. The interview was held in Ibadan. Again, I was not taken.

I later applied and worked in Resident Office, Benin City. From here, I was transferred to District Office. From there, I was recommended and transferred to Inland Revenue Department, Benin City, where I was a pioneer worker. At this office, I asked for a transfer to Inland Revenue Department, Abeokuta, to enable me to enroll in Abeokuta Grammar School evening lectures for further studies. This was refused. I had to resign and leave for Abeokuta for further studies.

I got a teaching job in a Catholic Secondary Modern School, through the help of a Catholic labour officer. From this job, I was able to pay the school fees, rent a house and feed. The teaching work was from 8 am to 2pm, Monday to Friday. The lectures for Advanced Level studies in Botany, Zoology,

Physics and Chemistry were from 5 pm to 8 pm, daily, and occasionally on Saturdays.

On my first attempt at the entrance examination to the University College, Ibadan, I failed. I knew I was not well prepared for it. I felt ashamed when one of my village boys passed to study Agriculture. My consolation was that I was offered admission to study Pharmacy at the Nigerian College of Arts, Science and Technology, Ibadan. I felt this was shameful - a boy from my village was a university undergraduate, while I was to go to a college. I refused to accept the offer. I wrote the institution for a deferment to the following year. This was granted through a letter from the institution.

On the second attempt, I was successful in the entrance examination to the University College, Ibadan. I was offered Agriculture, even though my first choice was Medicine, as was the vogue at that time. I felt happy and fulfilled. However, my elder brother who had been my consultant and mentor, advised me against studying Agriculture, which he said had no value for the family. Today, I feel satisfied to have studied Pharmacy. I feel fulfilled and successful.

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?

Be focused in life. Know where you are going; keep it perpetually in view, work hard and honestly, with all determination towards it, forgetting about other distractions and pleasures. Endure to the last. Be God-fearing and faithful to His commandments. Pray always over all your plans and commit them God. Have confidence in yourself.

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

There is often a lever to success in life, if one's intentions are right - even if one is being victimised. When in February 1982, I resigned my appointment with West African Drug Company, in protest over a transfer from Benin City to Lagos to take over from my professional junior, without incentives, I was not paid my salary for three months. I had to survive on making extemporaneous mixtures for sale. NAFDAC had not taken a strong hold on manufacturing. I was able to survive.

I formulated a product which gave me a huge success. I received a lot of commendations from non-pharmacists about the good in the preparation. It was difficult to cope with demand. We thank God for this push. On the advice of NAFDAC, the recipe had to be modified. Today, the modified formulation is one of our best selling products.

continued on page 43

How an unfair job transfer made me a pharma manufacturer - Pharm. Osadolor

continued from page 42

Of all the sectors of pharmacy practice, you settled for pharmaceutical manufacturing. Tell us about your experience in pharmaceutical manufacturing and how you think the challenges facing this area of pharmacy can be addressed.

Manufacturing is the most challenging of all the arms of pharmacy practice. I worked in the hospital for about two years. I worked in John Holt as a manager/pharmacist for about 15 years, dealing on detailing of products, wholesaling, retailing and managing of resources of human, money, materials and our own retailing practice, before we veered into production of drugs.

None of these areas is as tasking and complex as manufacturing. It is very costly, requiring a lot of endurance, but very rewarding. It separates the patient and handworker from the lazy and easy-going worker. Manufacturing requires a lot of motivation such as suitable and adequate infrastructures, including good roads, power, adequate and right attitude to work.

Drug manufacturing depends mostly on imported raw materials. Water and land are sourced locally at a prohibitive cost. It is time and energy consuming. It requires a full and undivided attention. It needs a period of gestation to break even.

I resigned from West African Drug Company, a subsidiary of John Holt Plc., in February 1982. I was actually forced to resign my appointment. In 1974, when I was the branch manager in Warri, I complained to our general manager, based in Liverpool, imploring him that I would like to be near to my aged mother in Benin City. She was the only surviving wife of the five women who had children for my father. He agreed to my request and transferred me to Benin City.

Soon, our expatriate managing director left for Liverpool. A Nigerian pharmacist became the managing director. He asked me to transfer to Lagos, without promotion or incentives. I refused to transfer and resigned, giving three months' notice as laid down in my letter of appointment. That was the beginning of endurance. I had to depend on extemporaneous preparations while sourcing for a suitable retail outlet. For three months, I had no salary. I took to farming on Saturdays.

At this time, NAFDAC had started. On request, I had to forward the list of my preparations to get a provisional licence. We joined the Manufacturers Association of Nigeria (MAN). The first official inspection by NAFDAC did not favour us. We did not meet the specifications and we were advised on what to do. Our junior colleague from the Ministry of Health, Benin City, who accompanied NAFDAC officials and knew

our challenges, condemned us before NAFDAC officials. But we were not deterred. We sought advice from some colleagues who were in the same position. We made use of University of Benin for our analysis.

In 1996, we were given a certificate to manufacture a few products, among which were Kaolin mixture, Magnesium Trisilicate, Chloroquine syrup, Paracetamol syrup, and Kaolin with morphine mixture. Today, we have expanded. We have 23 registered products mostly oral and external products

It is not easy to pass through the registration process, even if it is an extension of a product line, from one volume or weight to another. In 1992, I went to Oshodi to obtain a licence to import tincture of

chloroform with morphine. I arrived NAFDAC office at 9am. By 11am, the pharmacist in charge arrived. Luckily she was my junior, with whom we had dined at University of Ife. I told her my mission. I told her that I came from Benin City, my base of practice. She advised me to wait and that some people came from Kano and stayed in the hotel to transact business with NAFDAC. By 1pm, she left me for school run. I had to go to the hotel.

I was annoyed and fuming. One of the female workers called me and calmed me down. She told me that if I was not patient to get what I wanted, quacks would hijack such an opportunity and I would complain that charlatans had taken over our profession. I had to abide by her wise advice.

I went back to the hotel. I had no other business that I came for.

The following day, I was early. As usual, the lady arrived at the office at about 11am. I went to her. I called her by her first name. She informed me that I did not need a permit to import such a product, saying that that on arrival, I should submit all the accompanying documents to NAFDAC for an approval to clear from the port. I asked her whether that was all I needed. She replied positively. Then I said, "Why did you not tell me this yesterday? Did I need to spend 48 hours for this information?" I told her so because I knew her and she is my junior in profession.

On the other hand, I had a pleasant experience with a classmate. She had come to our factory for inspection on pharmacy internship training. I was not in when she visited. She left a note that the factory had been approved for internship training.



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Sustaining success in professional practice

By Pharm. (Dr) Lolu Ojo, BPharm, MBA, PharmD, FPCPharm, FPSN, FNAPharm

The above is the title of the address delivered at the inauguration of the new executive committee of the Ogun State branch of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) and send-off party for Pharm Femi Fafiolu, the retired State Director Of Pharmaceutical Services.

I have decided to reproduce the address here because the relevance of the topic is far beyond the confines of an executive inauguration or send-off party (or both combined). However, we will not take anything away from the importance of the unique event of the day. The ceremony was colourful and well-attended with the presence of "who-is-who" in the pharmaceutical community in Ogun State.

I was pleased to be invited as the guest speaker of the occasion that I happily referred to as a double celebration for our colleagues in Ogun State. I was delighted to see pharmacists in other areas of practice gathered to celebrate our retired DPS and to welcome the new state executive committee of the AHAPN. I did not take the invitation for granted and I want to thank the organisers, particularly my younger brother and friend, Pharm. Dele Obikoya (aka Delemycin), for finding me worthy of the honour of being the guest speaker at the event.

Below is the full address:

The topic, **Sustaining Success In Professional Practice**, is apt and I am enthralled by the challenge that this topic represents. You can only sustain something that is already on ground or pre-existing. It is on this note that I want to congratulate all the past and present leaders of our profession for their efforts in bringing the practice to the current level. Whatever the level of discontent that we express about the practice of Pharmacy now, we must be conscious of where we are coming from, as this will help us to chart the path forward. We owe our past and present leaders a load of gratitude for their roles and unrelenting pursuit of excellence in pharmacy practice.

I am particularly delighted that the current state PSN executive committee, led by Pharm. Lawrence Ayelabola, has a strategic focus to turn Ogun State PSN into a beacon bearer of Pharmacy in Nigeria. I pray that the Lord will empower him and his team to achieve this lofty aim and I pledge my unalloyed support, cooperation and assistance for all the laudable activities that will be involved.

The man, Fafiolu

I would like to talk briefly on the "big fish" of the day, my brother and friend, Pharm. Femi Fafiolu. I have known Femi since 1981 when he came to the then

You cannot equate success to the quantum of cash in your hands or pocket, or the number of cars, houses or other physical possessions you have. Rather, your success will depend on the impact that you make, the legacy of your tenure and the improvements that your actions bring about. To make the world a better place to live means that you can simplify the processes for others to follow, adopt or adapt as the situation demands.

University of Ife as a "Jambite" and I was already a "Stalelite" part two student of the Faculty of Pharmacy. We enjoyed a robust relationship from that time up until when I became the president of PANS, and he was the vice president, during the 1983/84 session. He went on to become the PANS president after my tenure.

I am so happy that he has moved on powerfully and made tremendous progress in his career path, culminating in his headship of the pharmacy department of the Health Management Board and Ministry of Health in Ogun State. Femi embodies hard work and optimism and we need to thank him for bringing such joy to the office.

Dearest Femi, you have run a good race, you have fought a good fight and you have won the race as everybody can see and appreciate. The good Lord, who has supported you this far and has made you to retire from government service without blemish, will not leave you alone. With joy, we would like to welcome you to the next stage of life where every day is a weekend. Your new Key Performance Indicators (KPIs) are relaxation, investment and happiness return. We wish you happy retirement!

Indicators of success

I have learnt early in my career that "success in life is not measured by fortune or acclaim; a venture tried, a challenge met, a future that you embrace is successful if it makes the world a better place to live." This statement was inscribed in the congratulatory card that I was given after my secondary

Without professionalism ingrained in all our undertakings, we cannot achieve success as desired. There is something about professionals that can only be replicated in their kinds. A question must be asked: what is that thing that you do that only your kind can do it? Food for thought for every one of us. Let me request that we should be guided by the higher level of professionalism in our practice, going forward.

education. I cannot remember now who gave me the card or the author of the statement, but the meaning remains evergreen in my memory and it has been the guide of my thoughts and actions ever since.

You cannot equate success to the quantum of cash in your hands or pocket, or the number of cars, houses or other physical possessions you have. Rather, your success will depend on the impact that you make, the legacy of your tenure and the improvements that your actions bring about. To make the world a better place to live means that you can simplify the processes for others to follow, adopt or adapt as the situation demands.

Pharmacy in Nigeria has so many pressure points and it appears as if we are being bombarded from all angles and areas of practice. The hospital (and administrative) practice is so limited by the politics of the healthcare sector where a particular group rules as emperors and leave no room for the development of others.

Other areas are equally assailed by one factor or the other that in a way makes the profession unattractive or uninteresting to many, particularly the young ones among us. Pharmacy needs strategic thinkers and success agents who can make our world a better place to live. These thinkers and agents are here among us and what we need is, according to Abraham Maslow, the awareness of our innate capabilities, and stop selling ourselves short and release the huge potentials for kinetic manifestations. In doing this, we need honesty of purpose and unity of action. I am convinced that the desired GREATER PHARMACY can be achieved in our time.

I want to congratulate the new executive committee of the Ogun State Branch of the AHAPN for your election and inauguration today. You have accepted to serve the association to the best of your ability, and I pray that God will empower you to do so. It is important that you create quality time to review what your predecessors have done and pick the key learnings that will be useful for your next steps. Do not be in a hurry to condemn any of their actions because governance is a continuum. What was not properly done before can be reworked for a



better outcome.

Steps to greater heights

As I begin to conclude this little brief, let me leave you with some factors that will assist to achieve and sustain success in this environment.

Leadership is a key factor to success, and we are all leaders in our own sphere of influence. However, we have chosen some people to lead us and represent our interest and our success will depend on their dedication and skill to take the right initiatives that will nurture our profession to greatness. Therefore, it is important for the chairman and all members of the executive committee, inaugurated today, to know that all eyes are upon them.

The need for adequate knowledge about the key elements of the profession and the environment cannot be overemphasised. You are what you know as it is known; you cannot give what you do not have. It is important, therefore, for us to constantly and consistently seek to update our knowledge. We must become a subject matter expert, and this is an absolute minimum requirement.

Without professionalism ingrained in all our undertakings, we cannot achieve success as desired. There is something about professionals that can only be replicated in their kinds. A question must be asked: what is that thing that you do that only your kind can do it? Food for thought for every one of us. Let me request that we should be guided by the higher level of professionalism in our practice, going forward.

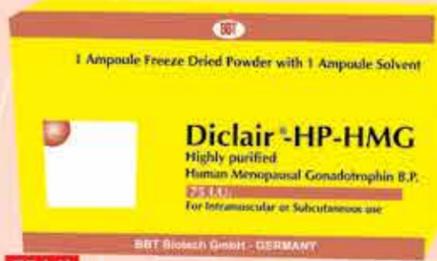
We must learn to own and defend our profession. We must occupy our space with confidence, integrity and correct packaging. We must practise the principles of the "common good" for all colleagues in an "all for one and one for all" version.

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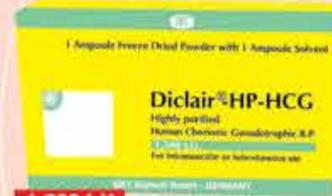
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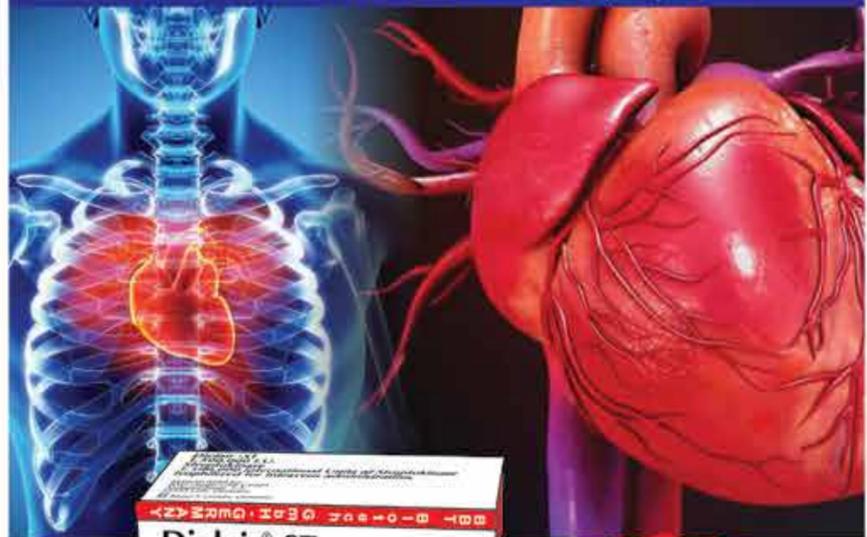


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TBC donates drugs, foodstuffs, other items to lepers colony, Abeokuta

- Partners Reals, Seagreen, Phillips, others

By Adebayo Oladejo

A non-governmental organisation (NGO), The Bliss Cottage Foundation (TBC), has donated drugs, foodstuffs and other items worth several thousands of naira to the 113-year-old Lepers Colony, Elegu, Abeokuta, Ogun State, as interventions for the residents.

The Principal Medical Officer in charge of the colony, Dr Olanrewaju Anifowose, received the items presented by TBC, saying that such donations and visits would not be taken for granted, as they serve to complement government's efforts.

According to Anifowose, who was represented by one of the caregivers at the colony, Mrs A. Akinbode, the visitation and donation of the NGO will be of great help to the patients, especially towards their feeding and medications.

He emphasised that the most effective way of preventing disabilities in leprosy, as well as preventing further transmission of the disease, lies in early diagnosis and treatment with multi-drug therapy.

Anifowose also appealed to other NGOs to emulate the kind gesture of TBC, saying the major challenge that the patients face in their colony is unavailability of water because their borehole has not been functioning properly. He added, however, that some NGOs have promised to dig new boreholes for the colony but are waiting for the government's approval.

"There are really no challenges in taking care of these people because they do not give us



A cross-section of the members of TBC at the programme

problems at all. Most of them are aged and are just in need of little things and fortunately, we see people that are willing to help out, as TBC did, and this will really go a long way," he said.

While handing over the items which include packs of drugs, medical items, bags of rice, packs of spaghetti, packs of sugar, oil, tin tomatoes, salt, noodles, bags of garri, pack of toilet rolls, and many other items, the President, TBC, Captain Wale Adeniran, said the gesture was aimed at alleviating the needs of the colony and implementing the organisation's corporate social responsibility goals.

He stated that, as part of TBC's

anniversary celebration, the Colony which has suffered some form of neglects was selected to be reached out to.

We usually perform goodwill and community outreach to our host communities whenever we celebrate our anniversary. For this year our anniversary is in Abeokuta and our committee identified the Lepers' Colony as a place where we can do the CSR for this year, and that is why we are here," he said.

We are happy today because we were well received, but we have mixed feeling about the situation on the ground here, but as we go back to our base, we intend to identify a few ways we can help more, especially the children, either by sponsoring their education. It's a

takeaway for us, when we go back we will figure that out and that will be our next step.

Also speaking, Mrs Adedoyin Ayodele, vice-president, TBC says according to the World Health Organisation, the most effective way of preventing disabilities in leprosy, as well as preventing further transmission of the disease, lies in early diagnosis and treatment with multi-drug therapy, saying it was part of the reason for the donation.

Quoting the WHO report, Leprosy is an infectious disease caused by a bacillus, Mycobacterium lepra, which multiplies slowly and that the incubation period of the disease, on average, is five years and symptoms may occur within one year. However, it can also take as long as 20 years or even more for symptoms to manifest.

While appreciating the pharmaceutical companies, which included Philip's Pharmaceutical, Saga Pharmaceutical, Seagreen Pharmaceutical, DKT Nigeria limited, Medhub Pharmaceutical and Reals Pharmaceutical who partnered with the Foundation to make the drugs and medical equipment available, she noted that the gesture will go a long way in affecting the lives of the residents positively, adding that the residents are human like us and should not be discriminated against.

Mr M Ajayi, a resident of the Colony and head of the community appreciated the gesture of the NGO, saying the gesture would go a long way to complement government's efforts at alleviating their suffering while assuring that the donated items would be used for the desired purpose and would not be abused.

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

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Azbil Telstar keen to help Nigerian pharma companies establish production facilities - Allard, BDM Africa

Azbil Telstar is a leading pharmaceutical engineering company, based in Spain, with presence across the globe. In this exclusive interview with **Pharmanews'** MOSES DIKE, the company's Business Development Manager (BDM), Mr Stephane Allard, speaks on the company's capacity and readiness to help local manufacturers set up turn-key projects and world class manufacturing facilities, with the highest degree of efficiency and productivity, comparable to those found in developed countries. Allard also highlights the various levels of support and maintenance solutions which the company can offer to customers, while advising pharmaceutical companies to take advantage of this partnership opportunity to boost their capacity to produce vaccines, biotechnology and oncology products, as well as develop all other areas of pharmaceutical interests. Excerpts:

Kindly tell us about Azbil Telstar and its operations, especially in Africa. What new frontiers are you exploring?

Azbil Telstar is continuously working to offer its services and equipment to the entire African continent, with a particular focus on sub-Saharan countries. There is a real need to assist our clients in the development of their projects, offering maximum guarantees of success, helped by the fact that the company has over 50 years' experience in the life science industries.

Azbil Telstar recently launched a customer service project called the "Remote Support Pack". Tell us more about this.

We can offer online technical assistance from our customer services. The new service has been carefully developed to

Azbil Telstar has extensive experience in setting up pharmaceutical plants for any type of product, including oral solid dose, sterile liquids, antibiotics, etc. The company offers initial project feasibility studies through to plant validation, through conceptual design, engineering, and construction. We are always optimising project costs with the corporation of local companies and offering project financing facilities.

provide a complete range of technical assistance options to be carried out in any of the following modalities by our service specialist engineers: telephone assistance, assistance by email and help through remote connection to equipment.

Customers can choose the most appropriate plan, based on their needs. Using the remote support/time pack, the technical assistance is given

not only remotely, but also rapidly.

One of the lessons of the COVID-19 pandemic for African countries is the need to pay more attention to local drugs production as a national security issue. As a follow-up to this,

pharmaceutical companies Nigeria are being mandated to set up local manufacturing facilities as against indiscriminate importation of drugs. What kind of production lines or production plants can Azbil Telstar assist these companies to set up?

Azbil Telstar has extensive experience in setting up pharmaceutical plants for any type of product, including oral solid dose, sterile liquids, antibiotics, etc. The company offers initial project feasibility studies through to plant validation, through conceptual design, engineering, and construction. We are always optimising project costs with the corporation of local companies and offering project financing facilities.

COVID-19 has also increased the need for vaccine production globally and this has led to an increasing demand for sterilisation chambers. How can Azbil Telstar assist companies and governments in developing countries to be able to pull through the technicalities of setting up such facilities?

We can propose complete vaccine production facilities, including our Ethylene Oxide sterilisation equipment to sterilise heat-sensitive vaccines.

Does Azbil Telstar have



Mr Stephane Allard

any form of incentive for pharmaceutical companies in developing countries and can you assist with some form of maintenance of these facilities after set up?

We offer annual maintenance contracts for equipment and installations, either through our customer services or our local partners.

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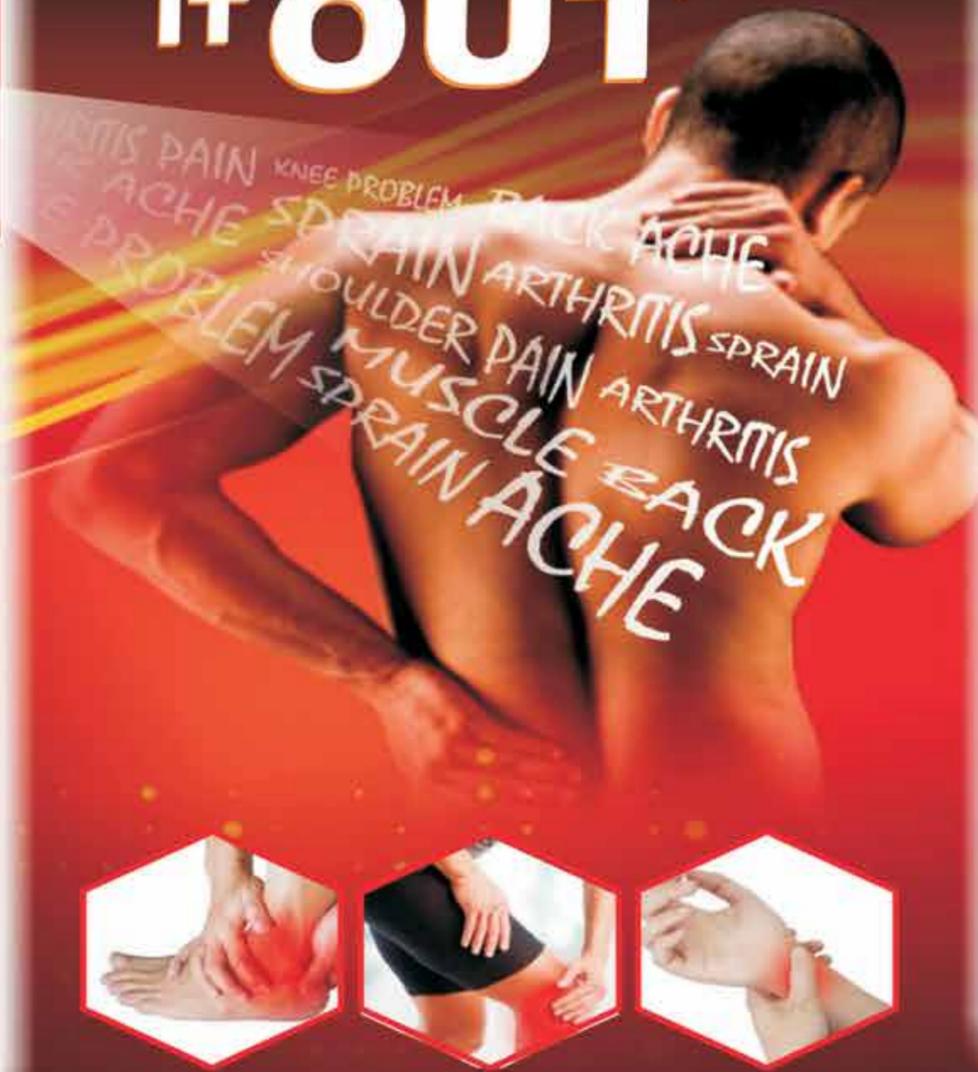
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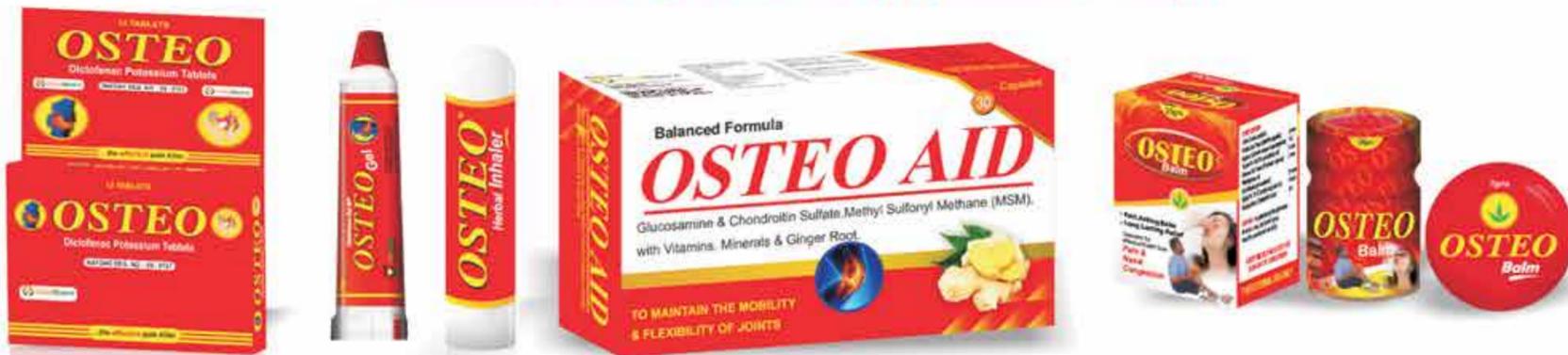
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Bloom Public Health, NNMDA partner to improve safety of natural medicine

Patrick Iwelunmor

In what can be described as one of the most significant collaborations in the health sector aimed at enhancing the research and safety of natural medicine in Nigeria, the Nigerian Natural Medicine Development Agency (NNMDA) has signed a memorandum of understanding (MoU) with Bloom Public Health, a pharmaceutical think-tank that has been at the forefront of championing cutting-edge and innovative solutions towards ensuring the availability of quality medicines in Nigeria and beyond.

According to a press release made available to pharmanewsonline by Bloom Public Health's Communication and Branding Lead, Mr Emeka Maduagwuna, the MoU, which was signed on 27 May, 2021, was to kick-start a partnership that would see the company support NNMDA's capacity-building efforts and aid in establishing quality management systems that meet international standards of operation.

The partnership also aims to achieve the goal of ensuring the availability of safe medicines from local sources for the citizens of Nigeria, the document said.

The communique further noted: "The use of natural medicines has been an age-long tradition in Nigeria and even more so, ever-increasing in practice in contemporary times as a result of the coronavirus pandemic. The use of natural medicine is an element



Mr Adeshina, project manager/site engineer, Nigerian Natural Medicine Development Agency (NNMDA), Obianuju Nwabuzor, programme manager, Bloom Public Health; Prof Chimezie Anyakora, chief executive officer, Bloom Public Health; Dr Samuel Oghene Etatuvie, director general/chief executive, Nigerian Natural Medicine Development Agency (NNMDA); Dr Bukola Iruhe, director of technical services, Bloom Public Health and Pharm Daniel Bibinu, PA to the DG and senior research assistant, NNMDA; after the signing of the MoU between Bloom Public Health and the NNMDA in Lagos.

of culture in Nigeria and therefore requires continuous research to identify its benefits and verify that it is not harmful to the Nigerian citizen

"This partnership between the organisations will result in the accreditation of NNMDA's laboratories in ISO 17025:2017. The achievement of the accreditation enhances the reliability of test results generated by the NNMDA laboratory. This will improve the safety of natural medicines

in Nigeria. The Bloom experts will also provide training for the technical staff of the organization."

Following the signing of the MoU, the Director General/Chief Executive of the Nigerian Natural Medicine Development Agency, Dr Samuel Oghene Etatuvie said: "In today's research globally, no organisation succeeds in isolation, as such we are open for networking, collaboration and general partnership for the common public health interest in

our nation and globally. Hence this collaboration with Bloom Public Health becomes necessary and timely."

Also speaking on the new partnership, the CEO of Bloom Public Health, Prof. Chimezie Anyakora, said: "We can no longer ignore the importance and widespread use of traditional medicines in Africa. Bloom is looking forward to this partnership and believes it will be one more opportunity to advance public health in Nigeria. We are excited to see the commitment of the leadership and staff of NNMDA and promise to match it with our own commitment. This will be highly beneficial to the Nigerian population and bring traditional medicines close to the mainstream pharmaceutical sector."

BloomPublicHealth, a technical partner of the National Institute for Pharmaceutical Research and Development (NIPRD) and the National Association of Industrial Pharmacists (NAIP) has been very pragmatic in its resolve to redefine standards in public health administration and quality drug availability in Africa. It has been instrumental to the establishment of a couple of major health-sector initiatives like the Pharmacy project, West Africa's largest pharmaceutical park in Ebonyi State, Nigeria. It also recently unveiled its Cameroun office where it signed a renewed MoU with the country's National Drug Quality Control and Valuation Laboratory (LANACOME).

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Why PharmD still poses a challenge for pharmacy schools – PANS-OAU president

By Adebayo Oladejo

With the gradual phasing out of the B.Pharm programme for the more patient-centred PharmD programme, President of the Pharmaceutical Association of Nigeria Students (PANS), Obafemi Awolowo University (OAU), Ile-Ife, Osun State, Michael Olusola, has added his voice to those calling for a unified PharmD programme for all pharmacy schools in the country. Olusola, who is currently in his fifth year, also speaks on his foray into Pharmacy and PANS politics, the effects of the COVID-19 pandemic on his administration and other pertinent issues. Excerpts:

Tell us briefly about your journey in OAU as a pharmacy student.

It's been a rollercoaster ride, I must say. All the stories I heard about OAU and pharmacy education turned out to be true, both the good and the not-so-good ones. I remember 200 level when I thought I was not cut out to make it here and the days when all we held on to was hope and nothing else. This is not to say that the academic pressure has ended now that 500 level is halfway done, but now we have a date when hopefully we will reach the end of the tunnel.

Tell us some of your achievements and challenges since you became the president of PANS-OAU.

I don't think there can be a greater challenge in recent times as the COVID-19 pandemic. I resumed office on 23 December 2019 and a year and five months later I'm still president. Thanks to the pandemic and the efforts of our dear ASUU and the FG.

The road back to normalcy in academia has been a long one and unlike most sectors, we are not there yet. A huge restriction to physical gathering and the deployment of e-learning further presented another challenge but we are steadily overcoming it. Through it all, the administration has come up with different capacity-building workshops and seminars, particularly during the COVID-19 lockdown, to help enhance the skills and professional knowledge of the students. We still look forward to doing much more to further improve the capacity of the next generation of pharmacists.

What would you say are the challenges associated with studying Pharmacy in a federal university compared to those studying in private institutions?

Well, it goes without saying that more attention needs to be paid to the education sector, particularly our higher institutions. The lack of this attention and the requisite funding for public tertiary institutions and faculties of pharmacy have hampered the growth and development of pharmacy education in these institutions.

The lack of harmonisation of the PharmD programme in all schools of pharmacy in Nigeria is also a limiting factor. It's obviously time for the academic arm of the profession to take the needed step to further increase the capacity of the 21st-century pharmacy student.

OAU announced the closure of the university on 20 March 2020, effective from Monday, 23 March, in order to prevent further spread of COVID-19. How would you assess the quality of learning through the improvised medium since then?

Learning in OAU after the closure, as a COVID-19 safety precaution, commenced on 8 February, 2021, with the majority of the academic activities holding online. Being a novel interjection into the learning experience, the first few weeks

were low in terms of effectiveness. Different issues came up daily, regarding the improvised medium being used, with complaints from both the lecturers and the lectured.

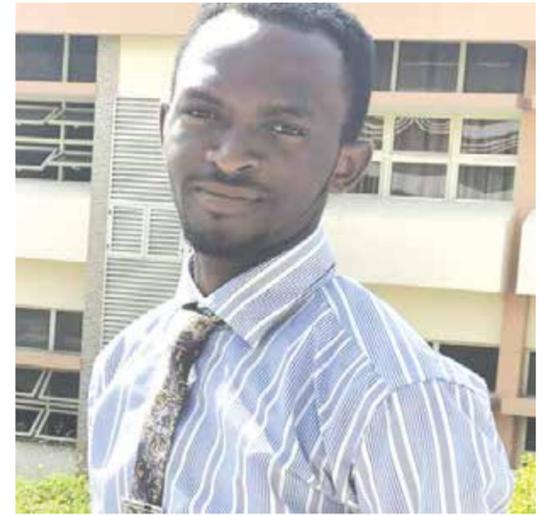
With time, however, things have stabilised but I must say that the present improvised medium is still being punctured by numerous loopholes from every side hence deflating its effectiveness.

The education sector has had to contend with many problems, with university workers going on strike incessantly to protest at various times. Are there

measures that can be taken to solve this challenge?

This is a question that can be best answered by lecturers. When students have agitations they want to iron out with school authorities, we have different measures they have put in place. Some end up being effective and some are not. But one thing that unifies it all is that while taking those measures, all we want is to ensure that those that can give us what we want know that we mean business. This is the same thing that we see when lecturers engage in strike

actions. This is why I would still say that the best person to say if there are other measures to take without strike actions is a lecturer.



Michael Olusola

Folashade Salako, OAU best pharmacy graduating student continued on page 60

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You need a mentor to succeed in community pharmacy practice - Okeowo

By Adebayo Oladejo

It was Bob Proctor, the CEO of the Proctor Gallagher Institute, who once said that “a mentor is someone who sees more talent and ability within you than you see in yourself, and helps bring it out of you.” This perhaps was what Pharm. (Mrs) Abiola Aina Okeowo, first deputy president, Pharmaceutical Society of Nigeria (PSN) and managing director, Coby Pharmacy Limited, Kwara State, had in mind during this exclusive interview with **Pharmanews**. Okeowo, a Fellow of PSN, who has served the pharmacy profession in many capacities, reveals the crucial steps for success in community pharmacy, despite the many challenges facing the practice in Nigeria. Excerpts:

Briefly give us a glimpse into your pharmacy journey.

First, my education was done between Nigeria and overseas countries. All my father wanted me to be was a medical doctor because of my prowess in the sciences; but my first love has always been Pharmacy. To cut the long story short, Pharm. (Sir) Ifeanyi Atueyi and his wife, Lady Joan Atueyi, played a crucial role in my life and in my being a pharmacist today.

Time would not permit me to go into the details, but coming in contact with the beautiful Atueyi family and watching the way he and his wife, a great nurse par excellence practised, made me want to practise like them when I grew up.

During the holidays, I spent hours daily watching Sir Atueyi as he practised with all diligence and always in the pharmaceutical premises to attend to each and every patient with prescriptions.

It was Fellow Atueyi that persuaded my father to allow me go back to the United States where I started schooling to study Pharmacy. To be candid, my father never liked the idea, but was eventually happy with the outcome.

After my academic sojourn in America, I returned home after acquiring enough knowledge to come and set up my own business of community pharmacy. I would say I owe everything I have become today in Pharmacy to God and the Sir Ifeanyi Atueyi family.

Tell us about your outfit, Coby Pharmacy - the philosophy behind the enterprise and the challenges encountered at the initial stage.

Coby Pharmacy Limited was set up 30 years ago to offer services to members of my community in Kwara State. The first 10 years were a struggle for funding and clients. The next 10 years yielded a lot of profits, due to a good economy and increased awareness of the services of pharmacists by members of the public.

Nowadays, the COVID-19 pandemic has caused shortages in funds and sourcing of drugs, leading to a poor business environment for the community pharmacist.

What are your long and short term plans for Coby Pharmacy? Is there a plan to go into pharma marketing or



Pharm. (Mrs) Abiola Aina Okeowo

launch a new product?

Coby Pharmacy might look into products marketing in the future, for providing many surgical appliances and other medications needed at the grassroots level.

What is your assessment of community pharmacy practice in Nigeria - especially the challenges facing practitioners and how can these challenges be surmounted?

Community pharmacy practice in Nigeria, putting it succinctly, has a hurdle as high as a mountain to surmount. The first thing I noticed when I returned to Nigeria was the practice of “wholesale pharmacy” and I said it then that it was never taught within the four walls of learning and must never be allowed in our practice. I said it must be expunged so as not to lead to faking of drugs and drug abuse.

I said it then that there was nowhere in the world where such practices existed, but I was told, “Welcome to Nigeria where such practices had been before you were born.” Now, look at where the community practice has found itself - in the hands of illiterates and quacks. The so-called wholesalers now employ us to work for them for pitiable wages as salaries.

For us to have a sanitised practice environment and get rid of the wholesalers, all drugs must be sourced directly from the manufacturers, using barcodes and PCN registration number to order and deliver to the hospitals, pharmacies, research institutes and others, as it is done in advanced countries. This will cut off the middlemen, medicine vendors and fakers.

There are frequent reports of community pharmacies closing down or being put up for sale by owners. What could be causing this, and how can community pharmacy business be made more profitable and sustainable in the country?

Candidly, many pharmacists believe community practice is for those who are tired and retired from active service. Yet, the practice itself, if I may suggest, should be studied as a course on its own merit. To succeed at it, you need a mentor and must be disciplined. You must watch overspending because many things will distract you and make you want to spend from suppliers' money. Also, not being available for the daily running of the business, being a socialite, shortages over a period by thefts, expirations and breakages could lead to losses and the business will

collapse.

Many businesses do not prosper within a short period. This saying is especially true for community practice

At what point did you decide to go for the PSN deputy president's position and what prompted the decision?

The post was actually prayed for from childhood! I just believed that I had a lot to offer my profession, and I thank God and some important people, including Sir Ifeanyi Atueyi, who I consult for all my professional ventures. He agreed with my aspirations and dreams, and also nominated and campaigned for me for all the posts I have held in Pharmacy so far because he knows that whatever posts I am going for is always to contribute positively in all ramifications.

Over the years, you must have seen some PSN presidents come and go. Was there one who really left a lasting impression on you?

Definitely, it was Pharm. Anthony Akhimien, a Fellow of PSN. I call him “my Pope”. Why? Because, with him, work is work; no distractions. He wanted the best for the pharmacy profession. He was a warrior and armed with someone like me and blessed with the kind of executive members he had during his tenure, the likes of the current PCN Registrar, Pharm. NAE Mohammed, as secretary and others who took several great decisions for the profession.

If you were not to be a pharmacist, what other profession would you have opted for?

I would have ended up a nun. You better believe it. Those that are close to me know why (laughs).

Pharmanews has just clocked 42 years, having started in May 1979. What can you say about the journal and the person of Sir Ifeanyi Atueyi?

I am proud to be associated with a “winner”. Who wouldn't be? I was not in Nigeria for a long time, but, on seeing what Pharm. Atueyi had produced, it didn't surprise me anyway, as he had always been a trendsetter, loving family man, great scholar, God-fearing man, and a great mentor and philanthropist. He is very humble yet stern. He is more of a father to me, and it may interest you to know that on my wedding day, he and his wife were parents-of-the-day.

He is very much my mentor and father in the profession till today, and upon the death of my father, he never ceased being a member of our extended family. So I celebrate the Pharmanews family for this milestone.

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How technology can help curb drug counterfeiting in Nigeria, by Onyewuenyi

Dr Nonye Onyewuenyi, a pharmaceutical chemist, with over 15 years' experience within the pharmaceutical and radiopharmaceutical industries, is an associate director and global programme technical project leader at Sandoz-Novartis (New Jersey, US), with expertise in drug product development. In this e-mail interview with **TEMITOPE OBAYENDO**, she discusses solutions to the perennial problem of substandard and counterfeit drugs in Nigeria, saying there are more than 40 technologies worldwide that can aid in the detection of falsified drugs. She also dissects other key issues in the pharmaceutical industry that require attention, such as high rates of employees turnover and capacity building. Excerpts:

Please, tell us a little about yourself.

My career and life experiences span across what I call the global north and global south, which include the United States, Australia and Nigeria, among others. I have over 15 years of experience within the pharmaceutical and radiopharmaceutical industries, including Australian Nuclear Science & Technology Organisation (ANSTO), Johnson & Johnson, Mallinckrodt Pharmaceuticals, and for the last four-and-a-half years, Sandoz-Novartis.

I have worked with brand and generic organisations for the development of new drugs, both small drug-like molecules and larger protein biologics. Pre-formulation activities, including method development and validation and design of enabled controlled-/ modified release formulations for complex drug products with enhanced bioavailability, were critical for successful submissions with the US FDA of both New Drug Applications (NDA) and Abbreviated NDAs (ANDA) drug products.

I obtained my BSc, MSc and PhD in Chemistry from the University of New South Wales, Sydney, Australia. I also obtained B.Sc. Ed (Chemistry) from Ahmadu Bello University (ABU) Zaria and Masters in Personnel Management from the University of Lagos. I was granted adjunct professorship (on hold) at the New Jersey Institute of Technology, Newark, USA, and University of Missouri, School of Pharmacy (UMKC), USA, for graduate students.

I was the director, Women in Science (WIS), Healthcare Businesswomen Association (HBA), St Louis Chapter, Missouri, USA (2008-2010); board member for the Women Chemists Committee (WCC) of the American Chemical Society (2013 - 2015), and the Nigerian Association of Pharmacists & Pharmaceutical Scientists in the Americas (NAPPSA) (2011-present)

In addition, I was the general secretary for NAPPSA from 2013 to 2019. I also served as the Chair of the Women in Science in Mallinckrodt (WISIM), and have been a member of the American Association of Pharmaceutical Scientists (AAPS) since 2002.

I have over 40 publications, with patents/applications; as well as over 25 invited presentations and meeting presentations. I also co-edited a book, titled "Methodologies for Complex Modified-Release Pharmaceutical Dosage Forms".

One of the major issues rocking the Nigerian pharmaceutical industry is circulation of fake and substandard medicines. As a quality control expert, which technologies would you recommend to curb this?

In my first experience in the pharmaceutical industry as a quality control chemist for a French-American pharmaceutical company in Sydney, Australia, I was not only charged with developing and validating robust and effective analytical methods, and training new chemists, I was responsible for ensuring that the diverse raw materials and pharmaceutical



Dr Nonye Onyewuenyi

finished products (tablets, capsules, suspensions, etc.) met the specification and guidelines as provided by Australian regulatory authorities. With this background, I built and developed the skill and skill sets of applying acceptable and best-in-class techniques and technologies for analysing drug products.

According to WHO's evaluation of six African countries in 2011, they confirmed that Nigeria came last by a long shot. As a result, Nigeria launched an impressive search and methodology for counter-offensive against fake drugs. Patrick Egwu (in "This is Africa, Politics & Society" 2017), noted that Nigeria, "...by utilising a range of technologies..." sought innovation and became one - an innovator.

However, more than 40 technologies worldwide have been identified that can aid in the detection of sub-standard and falsified drugs. These technologies range from simple checklists for evaluating packaging, to complex analytical chemistry for fingerprinting the source of a falsified drug. There are critical factors such as cost, size of organisation that must be considered before choosing appropriate technology for detecting these counterfeit and sub-standard drugs.

Different conditions and availability of funds determine technology selection criteria, e.g.

Purpose of the test: They include testing site and the purpose for testing. Factors related to the testing site include whether there is a consistent electrical supply, what level of training the staff have, and if the purpose of the testing is

either screening or confirmation. There are many other handheld technologies, such as the Radio Frequency Identification (RFID) system, Black Eye, and TruScan, etc.

Regulatory authorities: For importers of drugs, regulatory bodies (e.g. NAFDAC) and others involved in pharmaceutical supply chains that would like to ensure that large batches of medicine are genuine, devices such as the CD3, Raman and NIR can be used.

For Patients and healthcare workers: To ensure that the drugs given to patients are genuine, they use technologies for visual inspection approaches such as the WHO checklist as a useful first step. However, this is not sufficient to identify falsified and substandard products.

Other technologies which include paper chromatography, PharmaCheck, and GPHF-MiniLab may be required. These technologies allow clinicians to distinguish between drug resistance and treatment failure due to the organism or treatment failure due to a falsified or substandard drug.

For these settings, cheap, highly feasible tests that require little training and supplies are essential.

National reference laboratories: Highly sensitive technologies such as DART or DESI, HPLC-MS and GC-MS, nanotechnology, gas chromatography, flame ionisation detector (FID) Anion-exchange chromatography, NMR Spectroscopy, etc. are best suited for national reference laboratories for confirmation testing of field-identified falsified and substandard

drugs.

These highly sensitive technologies such as HPLC-MS, NMR Spectroscopy, Capillary Electrophoresis, CE-MS, etc. can be a major initiative for the federal government of Nigeria.

It has been observed that scientists in developed climes obtain their drug development ideas from research, which is usually built upon until the manufacturing of the product. This seems not to be so in Nigeria, as there exists a wide gap between research and drug development. What is your opinion on this?

Generally, a pharmaceutical company's vision is dependent on the area of unmet medical needs they would want to focus on, as well as if they want to play in the generic market or innovator (brand). As I stated earlier, success in initiating pharmaceutical development has to be encouraged from three main initiatives - academic, government and the private sectors.

In my personal experience, and from my perspective, collaboration between the universities and the industry helps in initiating reasonable and profitable research. This was exemplified during my undergraduate studies at the University of New South Wales, Sydney, Australia, where one of my early student projects was to develop a methodology and project plan entailing how to determine oxalates in urine. This analysis of oxalates in urine not only spiked my heightened interest in the medical area/medicine, it launched me into being recruited to work in the pharmaceutical industry.

Another collaboration with a major instrumentation organisation, Agilent Technologies, created a research opportunity for the industry in collaboration with the university. In this research, I undertook a lot of synthesis of sensitive polymers, and ultimately developed optical sensors for the determination of heavy metals, both in environmental and biological samples. The instrumentation was used for preliminary screening of the interactions between the chelating agents and the heavy metals of interest.

Furthermore, this created a Nuclear Magnetic Resonance (NMR) research opportunity in my doctoral work. The NMR was used in the characterisation of the different polymers, sensitive polymers (chelated), including biological members, such as mutton membranes. These works (in different chapters of my doctoral thesis) created opportunities for both the university and the industry.

As a designer of different drug designs and formulations, which designs would you advocate for drug manufacturers in Nigeria?

From my perspective, it would be highly desirable for the pharmaceutical companies to engage in the development of drugs that address diseases that mainly affect developing countries (Nigeria inclusive); infectious and parasitic diseases. These diseases continue to threaten the health of millions of people throughout the

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Marketing and branding for pharmaceuticals (2)

The first set of articles around marketing and branding had focused on the universal concepts and principles of marketing derived mainly from the FMCG environment and practice. The last article narrowed things down to applying these universal practices and precepts to the pharmaceutical marketing and industry.

The major thrusts of the last article were:

The pharmaceutical environment is different, in terms of consumer as decision maker and payer, brand loyalty, government regulations, research and development and price elasticity.

While the patient is at the centre, his or her need varies considerably; even his or her needs are decided by HCPs who are in turn influenced by science, current practices, marketing efforts of pharmaceutical firms, as well as their personal and professional needs.

Selling pharmaceuticals is characterised by HCPs as customers, instead of end-users, and every "customer" is different.

Needs were originally in terms of clinical, pharmacological and pharmacokinetics but have been extended to include patient lifestyle, quality of life and personal needs.

Now, let's get moving forward

Market segmentation

Recall that market segmentation was defined as the process that companies use to divide unwieldy/large, heterogeneous markets into small markets, based on their needs, characteristics, or behaviour and such that they can be reached more efficiently and effectively with products/services that match their unique needs and marketing mixes.

In pharmaceutical marketing, the same principle applies, driven in this case by:

All doctors and patients are not identical.

Patients' response to same drug could be different, based on perceived side effects, cost, dosage regimen, off label indications.

Doctors' attitudes to various aspects of clinical/pharmaceutical responses and collateral effects of drugs differ significantly.

The major dimensions of pharmaceutical market segmentation include:

Indications - as if the drug is to be used for long-medium term management of chronic diseases and situations or for short/acute situations

Patient profile - this can be based on ethnic background and or demographic parameters

Severity of illness
Physicians type - for instance, specialist versus GPs, hospital versus private.

Patient's economic status
Route of administration. That is, dosage forms like injectables, oral,

suppository, etc.

Targeting and positioning.

In the earlier discussion, market targeting was described as the process of evaluating each market segment's attractiveness with a view to selecting one or more segments to enter or focus on. After deriving the segments, tools and consideration for market targeting include:

SWOT analysis

Sustainable competitive advantage
Evaluation of current and future resources
Product life cycle
Sales force capability
In house talent pool



Product Attribute Analysis

Attribute	Your Product	Competitor A	Competitor B	Competitor C
Efficacy				
Safety				
Tolerability				
Adverse Events				
Onset of Action				
Other				

Positioning, which is based on product attributes, real and perceptual, is the most important job of a marketer, as this is the first message that goes outside! Wrong positioning leads to wrong message and a cascading effect all the way down to a flop! Once a pharmaceutical product-positioning decision is made, it is not easy to shift. In fact, you should avoid this, unless you have a new indication, scientifically proven and widely accepted.

In arriving at pharmaceutical product-positioning, these questions need to be answered:

What is the licensed-indication/categorisation by NAFDAC?

What is the market size?

Are there different therapeutic segments to cover?

Is there a prevalence for indicated conditions and is the market size derived from this?

How many physicians are in this area?

What does the SWOT/competition analysis say? Is the market crowded? Will it grow?

What is the patent protection status?

How does its USP compared to other products?

Can clinical trials result/outcome support the message?

What value of resources will be required to make impact and succeed?

Can we prove/convince authority/doctors to approve/adopt the use of the product? In the pharmaceutical market, a product with undefined MOA is very difficult to sell!

Product positioning tools for pharmaceutical products include

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but not limited to:

Dosage form - whether it's in the form of injection, tablets, syrup, suppository, etc. This factor has implication on onset of action, compliance, portability, etc.

Regime of dosing - Where possible, the less the frequency of use, the better the compliance and clinical outcome.

Drug delivery/technology - for instance, sustained release technology can be used to reduce frequency of dosing and hence compliance

MOA: Clear, scientific and proven mode of action is often a

strict requirement in the medical and pharmaceutical circles. Drugs with uncertain mode of action don't command respect and acceptance

Drug-Drug interactions: The less effect on other therapeutic agents, especially commonly used drugs and those specific to the disease situation, the better for confidence and predictability of outcomes.

Side-effects and overall safety profile.

Safety in children and pregnant women.

Packaging and physical presentation, especially for premium products.

Onset of Action

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) / ekiniwhitetulipconsulting@gmail.com or check out https://fb.me/EkiniWhiteTulipConsulting

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Forex crisis, high interest rate crippling pharma manufacturing, importation – Oculus MD

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Even though the government has been making efforts in recent times to improve, much more still needs to be done, especially in the area of deficient infrastructure, erratic power supply, foreign exchange shortages, high inflation, currency volatility, corruption, high capital cost, red tape, as well as excessive and unpredictable regulations.

How would you assess the role of Pharmacists in the fight against Covid-19?

As healthcare professionals, Pharmacists have been playing key role in the fight against Covid-19. At all levels, whether Hospital Pharmacy, Community Practice or Industry, they have been involved in providing pharmaceutical care to Covid-19 patients.

They also provide reliable information for preventing,

detecting, treating and managing coronavirus infections. They have been committed to ensuring that the population has access to healthcare services and to minimize the adverse impact of the pandemic. This is quite commendable!

If you were to advise the Nigerian government on pharmaceutical issues, what would you tell them?

My advice to the government is that they should do more in providing infrastructural framework to check illegal importation, manufacture and sale of fake, adulterated and substandard products, due to dishonest drug dealers and some corrupt government officials. The recent 100 per cent check of containers, has no doubt, helped in greatly reducing and discouraging the importation of fake, adulterated and substandard expired goods through the ports of entry.

Government should tackle the forex crisis, as urgently as possible and help provide greater access to foreign exchange for sourcing of imported raw material and finished pharmaceutical products.

In other to enable local pharmaceutical companies in Nigeria to thrive and compete favourably with those in developed countries of the world, the government must play an active role in infrastructural development, stable power supply, stable policies, security of lives and property, creating an enabling environment, as well as developing the money and capital market for easy access to medium and long term funds.

Lastly, there is an urgent need to attract foreign direct investment, if we want our economy to grow robustly. For this to happen, it is the responsibility of government to provide the appropriate policy

frameworks, institutional structures, legal frameworks and apposite regulatory environments.

I sincerely believe that if the government employs the political will to discharge this responsibility, our economy will be the better for it and the pharmaceutical issues would be positively addressed.

PANS Focus

Why PharmD still poses a challenge for pharmacy schools – PANS-OAU president

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in 2019 lost her life in a ghastly motor accident recently. How do you think such occurrence could be prevented?

Unfortunately, Folashade's accident was the second of such occurrences in three months within the Faculty of Pharmacy, OAU. We also lost a Part 5 Pharmacy student, named Opeyimika Oluwatimilehin, to a road accident along the Ilesha-Ife expressway. The pain that such avoidable occurrences leave in our hearts cannot be easily taken away because it always comes with a cloud of unanswered questions.

Two cogent points I would want to highlight include the state of some of our roads. Their dilapidated condition plays a huge role in some of these avoidable accidents. The Ilesha-Ife expressway - though some parts are now under repair - is so bad that one part of the road is abandoned, while travellers going to and fro ply the other road.

It is high time the government and concerned agencies took the necessary steps to ensure that the roads are in proper condition with adequate road signs, bumps and other adjuncts.

The second issue would have to be the persons on the roads. Apart from the occurrences that pertain to our colleagues, the incidence of accidents so far has been on the rise, especially those involving youths. All road users must look beyond personal gratification while driving and be more concerned about general road safety. A good number of accidents occur because drivers are carried away doing something else, while driving or unnecessarily going overboard with the speedometer.

I believe that we need a nationwide clampdown on traffic and road offences and more penalties should be attached to such offences. We need not wait until the light of another bright star like Folashade is put off before we act.

Pharmanews has just clocked 42 years, having started in May 1979. How would you assess the contribution of the journal to the development of the pharmacy profession?

Pharmanews has set the pace as Nigeria's leading health journal. Pharmanews has served as the link connecting the different arms of the profession, without leaving any behind. The journal also helps young pharmacy students in PANS chapters across the country to see what promises and potentials lie ahead in the profession to be explored.

Kudos also has to be given to the educational role that Pharmanews has played in keeping both pharmacy students, health professionals and the general public in the know concerning relevant health issues.

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How to prevent and treat hypertension nutritionally

By Chima Ejimofor

World Hypertension Day, 7 May, is a day designated and initiated by the World Hypertension League, an umbrella organisation of 85 national hypertension societies and leagues. The day was initiated to increase the awareness of hypertension. The theme of this year's World Hypertension Day is "Measure your blood pressure accurately, control it, live longer."

Hypertension, also called high blood pressure, is the increase of arterial blood pressure in the body. The normal blood pressure measurement is less than or equal to 120/80 in persons under 50 or 140/90 in persons over 50 years of age.

Symptoms of persistent high blood pressure
headaches
insomnia, heart problems
kidney problems, difficulty in breathing, noise in the ears
cloudy sight, frequent haemorrhages in the nose and eyes.

Nevertheless, high blood pressure may exist without symptoms. This is the reason it has been given the name, "the silent killer".

Causes of hypertension

Hypertension could have physical or psychological causes.

Physical causes are, in general, due to the presence of atherosclerosis or arteriosclerosis or kidney problems (infection) as well as the obstruction of an artery.

Other associated causes are: Heredity, obesity, the intake of too much salt (since sodium causes a retention of liquids), smoking, drinking wine, coffee or tea in excess and use of contraceptives.

Causes with psychological origins are accompanied by current anguish, nervousness and emotional imbalances. Stress or tension causes the veins to contract, becoming smaller. This provokes an increase in pressure (this is the reason why we become pale when we are scared). People with a high stress level should make a change in their way of life, eliminate worries and nervousness, change their nutrition and exercise daily.

Suggested treatment

Eliminate salt from your meals and the use of carbohydrates and other salts as well.

It is convenient to increase the intake of potassium, calcium and vitamin D since this will cause the body to dissolve the sodium content in the body.

The intake of vitamins C, A and E, as well as exercising daily are important.

Garlic is very beneficial, either naturally or in odourless capsules.

Lecithin is also an essential element that dissolves blood clots in the veins, emulsifies fats and cholesterol, and then takes these fats to the liver for transformation.

Necessary caution

High blood pressure is a silent killer, since its presence does not produce unpleasant symptoms in the beginning. Nevertheless when the pressure increases and is constant, it starts to damage organs like the heart by making it work excessively.

The following is daily suggested for adult use:

Garlic and lecithin

Improves circulation, strengthens capillary walls, prevents and dissolves blood



Omega 3

Contains polyunsaturated fatty acids, EPAa, GLA.

Omega 6,9

Improves circulation, prevents and dissolves blood clots.

4. Vitamins E, A and selenium

Antioxidant, anti-coagulant, dilates blood vessels, improves circulation, strengthens capillary wall, prevents and dissolves blood

clots.

5. Aloe vera gel or nectar

Anti-inflammatory, cell regenerator, energiser, nutritive.

6. Vitamin C

Powerful antioxidant. Strengthens immune system.

7. Ginseng

Helps to prevent nervousness or stress.

8. Multi-minerals (Available as Nature-Min)

Do not consume salt or sodium. Needed for proper composition and function of the body.

Helpful elements: Co-enzyme Q-10, carnitine, Omega 3,6,9.

These vitamins and minerals are also to be taken daily with meals:

Vitamins: A,C,D and E.

Minerals: Calcium, Magnesium, Selenium, Zinc and Germanium.



References:

Guide to Natural Remedies for Health and Well-Being - Enrique Garza Gutierrez

Google

About the Author

Mrs. Chima Ejimofor is the Lead Partner of Infinite Health Consult, and is available for the purchase of these nutritional supplements, health talks and wellness seminar. She is based in Lagos, Nigeria. Telephone/WhatsApp: 07033179632, email: infinitehealthconsult@gmail.com

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How technology can help curb drug counterfeiting in Nigeria, by Onyewuenyi

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world, with the major burden being in developing countries.

These include drugs for neglected diseases, such as kinetoplastid infections of human African trypanosomiasis (HAT), also called, African sleeping sickness, etc.

As a good team player, who has successfully worked with various teams, what are your advice on stemming the gross turnover rates of staff in pharmaceutical industry in Nigeria?

Among other defined and well documented tips to stem gross turnover rates, including hiring the right employees, pharmaceutical industries in Nigeria can utilise and implement the following:

Cultivate and demonstrate a respectful work environment. This is even more prominent or evident in our culture back home where respect is engrained in each tribal culture. Lack of respect is one of the key factors in employee turnover. Endeavour not to discount respect when it comes to creating a magnetic and inclusive culture. Always look for ways to cultivate and nurture respect in the pharma industry.

An inclusive environment/vision is one of the key factors in employee engagement and happiness. Offer employees in their work environment a strong sense of belonging and loyalty to your organisation. This increases employees' sense of purpose and meaning in whatever they do at work.

Clean up performance reviews, as this offers a prime opportunity for a big win to increase trust and

fortify the company relationship with employees.

Keep compensation and benefits current, paying employees the fair going wage for their work (or better still), offer them competitive benefits.

Offer flexibility because today's employees crave a flexible life/work balance. If all resources and necessary technologies are available, e.g. constant power supply, etc. every necessary tool and technique can become a constant to support the paradigm shift needed to create flexible work-life balance. Aligning the Nigerian petrochemical industry to all aspects of development in Nigeria will make a huge difference.

Recognise and reward employees. Show employees that they are valued and appreciated by offering them real-time recognition that celebrates their successes and their efforts.

Pay attention to, and build a culture of engagement in your company all year long.

Encourage pro-social behaviour in your employees. In other words, encourage a sense of generosity and gratitude in the employees. This gives the employees opportunity to connect with one another through acts of generosity and the expression of gratitude, thereby creating employees that will be healthier and happier, with a sense of ownership of the company.

The global pandemic has introduced new normal operations in different fields. How has it affected you as a pharmaceutical scientist?

To me, as a pharmaceutical scientist and a programme/project

manager in a major pharmaceutical company, the pandemic affected me personally and professionally enabling me to learn more about my resilience, motivation, attitude, creative thinking and innovation to ensure the project activities and deliverables are executed and goals met.

With the potential impact on application submission delay, I had to optimise how to manage the short term (e.g. transportation of clinical study materials, etc.) and long term impacts (e.g. response from the FDA, etc.).

As the PM leading key subject matter experts (SMEs) (of different backgrounds and high academic achievements) to achieve an actionable outcome, I learnt to create comprehensive contingency plans that can help manage new and evolving risks. In addition, I honed in on my disciplined agility and upskilling to learn new collaborative approaches to lead a virtual meeting setting (using MS Team, Webex, Zoom, Skype, Retro Tool) and other collaboration tools. The agile practices have become increasingly commonplace for me and in the industry.

Drug development and manufacturing is your core area of practice, could you share with us crucial factors that enhance a successful process of drug development?

As a project leader, I know that driving a drug product to the market safely, quickly, and cheaply is the best way for a pharmaceutical company to be successful. Drug development and manufacturing process is very complex, and faces enormous challenges, including

risk management during the long product-development process. And with today's fast-paced competition, drug development requires efficiency in all aspects of business.

The identification of risks at the right stage and an effective mitigation plan are key factors for success, both financially and technically. The complex drug-development process from lab to launch includes management of several business processes, such as technical development, using Quality by Design (QbD) regulatory strategy, clinical studies, and supply chain, as well as managing people (internal project team members and external partners).

These processes are affected not only by many circumstantial factors but also by each other. Managing these processes / factors and the interaction between them is effectively driven by project management (PjM) of these strategies and/or factors.

Simply put, PjM is the management of people, activities, time, and money toward the successful completion of a stated goal. And it is highly imperative in the complex world of pharmaceutical development (with all the circumstantial factors and its needed subject matter experts (SMEs) to have a single point person responsible for ensuring that all the pieces of a project come together efficiently, effectively, and on schedule.

A single point of project contact, an experienced pharmaceutical scientist as a project manager, must be focused on making the project successful, with the awareness of the organisation's strategic goals, ensuring the role of the following is implemented in the project, viz. role of the project manager (PM), stakeholders, team communication, and business processes.



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Practitioners list limitations to schizophrenia management in Nigeria

continued from back page

symptoms affecting emotion, thought, perception, behaviour, speech and motor activity. These symptoms include abnormal experiences, such as hallucinations - mostly auditory or visual but can also occur in other sensory modalities such as smell and touch. Experts say 1.86 million Nigerians are living with the condition, which is however treatable.

The health practitioners converged at the Pharmaceutical Society of Nigeria (PSN) Lagos State Secretariat, Ogudu, on 24 May, in celebration of the World Schizophrenia Day, as organised by the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) Lagos State Chapter.

Fielding questions from journalists at the event, Pharm. Oyetunde Ajayi, chairman, Education and Training Committee, AHAPN, and deputy director of Pharmacy Department, Federal Neuropsychiatrist Hospital, Yaba, emphasised the need for people to stop stigmatising those living with schizophrenia. He asserted that more than 50 per cent of people have the possibility of developing the condition, so there is no need shaming anybody about it.

Ajayi also emphasised that contrary to what many believe, schizophrenia is not madness but a surge of some chemicals in the brain, which can be normalised after treatment.

According to him: "The general misconception of the condition is what people refer to as madness. Schizophrenia is just a part of mental health disorder, while there are other mental health disorders. Some symptoms of the condition are hallucination, seeing things other people are not seeing, smelling what others are not smelling. All these symptoms could be as a result of the elevation of some chemicals in the brain, and once these chemical are regulated, the person comes back to normal.



L-R: Dr Kingsley Amibor, national chairman, AHAPN; Dr (Mrs) Margaret Obono, director of pharmaceutical services, National Orthopaedic Hospital, Igbobi; Pharm Lawrence Ekhaton, ACPN chairman, Lagos State; and Pharm. (Mrs) Modupe Alli.

"People stigmatise patients because they don't know it is treatable. We recognise the fact that this condition can be treated. The word madness came through stigmatisation of those with this mental condition. But as it has been said by many speakers today, we have professionals, doctors, nurses, politicians who have this condition. They shouldn't be stigmatised. Their condition only deteriorates, if left for a long time without care."

The keynote speaker, Pharm. (Mrs) Olawunmi Peters, who spoke on theme of the programme, "Schizophrenia: Demystifying Age-long Myths", shredded most of the myths and unfounded beliefs about the condition, saying many patients who receive treatment are able to function well in the society and build careers, especially when they comply with their medications and therapy sessions.

She condemned the cultural beliefs and traditional myths about the illness, saying these have been passed from generation to generation and almost becoming ineradicable, even with updated knowledge and scientific breakthrough in the management of schizophrenia.

Highlighting some of the common misconceptions about

the condition, she said people still think of individuals living with schizophrenia as having multiple personalities, violent and dangerous, or as being lazy or not smart. She noted, however, that these are mere myths.

In her words: "A patient suffering from schizophrenia would only be violent when he is in the acute phase of the illness. And this usually happens when the condition remains untreated."

"Can you imagine how disconcerting it can be when your life experience or reality is doubted by everyone around you and no matter how much you try to explain that you hear these voices, they insist that you are unwell? Yet you have no fever, no headache, no body pain or any other measurable signs. This is the reality of so many schizophrenic patients and we can't blame them for their condition because they did not choose to have schizophrenia."

"Have you ever been told that if a person with mental illness spits on you, you'd automatically have a mental illness? This is a lie from the pit of hell. There is no truth in it. Schizophrenia is not communicable. It is not transferable. Schizophrenia is not COVID-19. If it were, all those working with these patients

would have got it by now, wouldn't they?"

Consultant Clinical Psychologist and Head of Psychology Department, Federal

Neuropsychiatrist Hospital, Yaba, Dr Taiwo Ajitutu, also made some salient observations on the condition, saying schizophrenia can either be genetically triggered or caused by other psychosocial factors like depression, academic stress, financial challenges, use of substances, among others. He however assured patients of recovery through medication.

Another panelist, Pharm. (Mrs) Oyinlade Kehinde, lamented medication

non-adherence in more than half of schizophrenic patients, as one of the major challenges of people living with the condition. She went further to identify causes of medication non-adherence in patients to include forgetfulness, lack of insight, lack of family support, cost of medication, and long-term management of the condition.

Speaking with journalists on the progress path for people living with schizophrenia, the National Chairman, AHAPN, Dr Kingsley Amibor, urged government to support patients who lack access to medication, due to financial restraints.

He stated that government should, as a matter of urgency, consider the inclusion of most medications for mental health disorder on the National Health Insurance Scheme list.

He said: "The government can offer support to patients by upgrading the National Health Insurance Scheme to include most of the prescribed medications for the ailment. Right now, most of the mental health medications are not on the list. Once this is done, patients will just have to pay 10 per cent of the amount, and through this intervention, the issue of relapse will be reduced."

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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 Uchekukwu Eze

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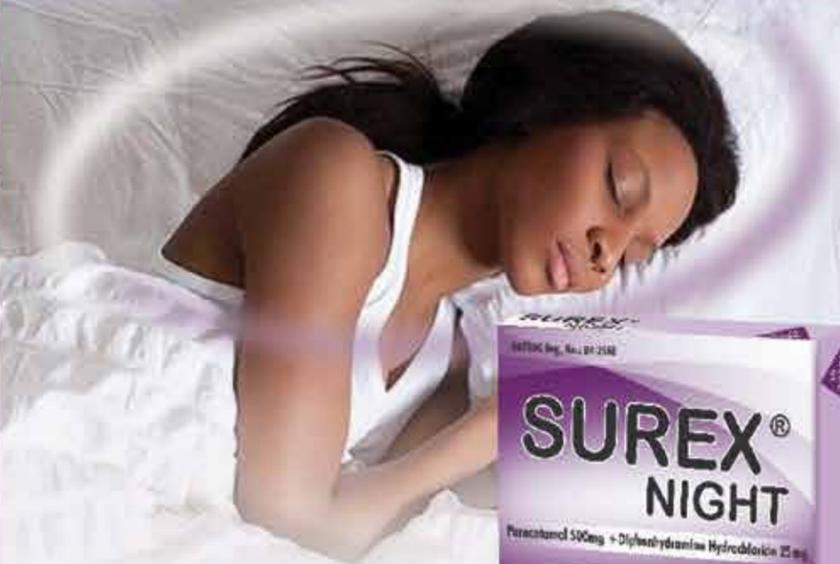


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When leaders are unable to lead

By Prof. 'Lere Baale

When leader fail to lead, the organisation and its stakeholders, such as customers, employees, shareholders and suppliers, also suffer the consequences. If any of the following behaviors sound like you or someone you work with, beware! The most common characteristics of leaders who are incapable of leading are:

Arrogance — you think that you're right, and everyone else is wrong.

Melodrama — you need to be the centre of attention.

Volatility — you're subject to mood swings.

Excessive caution — you're afraid to make decisions.

Habitual distrust — you focus on the negatives.

Aloofness — you're disengaged and disconnected.

Mischievousness — you believe that rules are made to be broken.

Eccentricity — you try to be different, just for the sake of it.

Passive resistance — what you say is not what you really believe.

Perfectionism — you get the little things right and the big things wrong.

Eagerness to please — you try to win the popularity contest.

It wasn't lack of charisma or the "vision thing" that brought down some smart, powerful leaders in history. Seventy percent of the time, it was simply bad execution. This issue is more relevant today, because leadership failures are even more visible than they were over a decade ago — and in high definition.

In the last few years, at the global level, the leaders of BP, Hewlett-Packard, Burger King, Bank of New York Mellon, Pfizer and Yahoo were unceremoniously shown the door for failures that — in addition to lacklustre execution — also included poor communications skills, an abrasive management style and the wholesale defection of unhappy executives. Hitherto popular African leaders in both public and private sectors were also unceremoniously thrown out by the stakeholders, such as the populace, shareholders, regulatory authorities, and government for intolerable performance levels.

Execution is as critical as ever, in and of itself, but today we also have transparency to deal with, no matter what the level is. The leader is communicating with his every move and — because of the open window into our business that has been enabled by the Internet — stakeholders are learning about poor leadership execution faster. Thus, more is at stake than ever before; and the need to vet leader choices, during the interview process, is greater also.

The overall chief executive and the senior executives of the management team occupy the formal leadership positions in a company, but titular leadership responsibility doesn't always translate into leadership action. There are occasions when leaders are unwilling or unable to lead.

Costs of hollow leadership

The consequences of a failure to lead vary with the severity of the situation. If market conditions are fairly stable and the competitive environment is not particularly demanding, leadership failures may not be that damaging. If, however, the market is going through a dramatic change, which demands an equally dramatic change in the organisation, failure to actively lead the company through the change can be catastrophic.

The biggest risk of a failed leadership is that the market changes so much, and the company changes so little; that the company's products and services no longer satisfy customers' needs to the degree required. Unfortunately, by the time it is absolutely clear that the survival of the firm is at stake, it is often too late to do anything about it. The company then goes out of business.

If the firm survives, it is still seriously damaged by a failure to lead. When the leadership failure is at the chief executive's level, it is common for various senior executives to try to fill the vacuum. Without a clear decision on direction by the chief executive, this can lead to protracted power struggles and a further deterioration in competitive market position as the senior executives block or undermine each other's initiatives.

Key employees can get frustrated with this lack of proper, needed action and leave the company, degrading its strengths even the more. And a failure to lead can become habit-forming, weakening the leadership "muscles" in the organisation and making it harder to lead in the future, even by successive chief executives.

Why leaders fail to lead

With all of these dire consequences, why would executives ever fail to fulfil their leadership responsibilities? The answer is often quite simple. Either they think they have the option of not changing, or they know that change should take place but somehow cannot execute it.

The option to ignore the requirements of the marketplace is never available. Leaders who think inaction is a viable choice delude themselves. They unfortunately believe they can continue to do what they like and are comfortable with (not what market conditions demand), or that they can implement changes at a rate or time that is convenient.

These are dangerous illusions that often stem from the frequently intoxicating sense of power and control that comes with a leadership position. But the simple fact is that no company has the

power to overcome market conditions. Market conditions (customer needs and desires, competitors' strengths and weaknesses, etc.) are, by definition, outside a firm's control.

If a leader recognises that he or she cannot control market conditions but only respond to them, yet still fails to lead the implementation of necessary changes, the missing ingredient is often mental toughness. A leader

who lacks mental toughness does what comes naturally, not what is needed, and does what is easy and popular, instead of what is difficult and unpopular.

Poorly developed mental toughness skills can cause a leader to embrace the comfort of familiar, but flawed, actions rather than take the risk of doing something new that is actually required by the situation. Lack of mental toughness produces intolerance for friction and differing opinions, for new facts or insights which challenge the accepted view, and contributes to the misunderstanding of market conditions.

The answer: Strategic planning and mental toughness

The illusion of personal power over market conditions can be cured with a rigorous strategic planning process that focuses on a methodical, systematic assessment of those conditions. An objective, measurement-based evaluation of customers' needs, the company's strengths and weaknesses, and those of the competitors, will clarify required changes. (Subjective, opinion-based evaluations tend to reinforce management's preconceived notions.) With a coherent, comprehensive strategic plan, the company has a tool to evaluate future changes in market conditions and can more easily decide how to respond to those changes.

The leader also gains a tool to help overcome a frequent obstacle to change: not knowing quite what to do. Simply put, it is easier to adjust your course if you know where you are going in the first place. The company will not benefit from its strategic plan if that plan is not actually implemented. Mental toughness is required for implementation. Specifically, implementation rests on leaders who:

- Have a high degree of self-knowledge.
- Are willing to hear unpleasant messages.
- Are able to tolerate ambiguity.
- Are able to tolerate uncertainty.

The path to mental toughness starts with preparation. Leaders should seek out candid feedback from colleagues and subordinates, using a 360-degree review, in order to discover blind spots that inhibit performance - secure in the knowledge that the only really dangerous deficiencies are the ones we refuse to confront.



Maintain clear and logical thought under great pressure.

Know when to lead and when to recede.

Pride themselves on operating at high standards of performance.

Have, and can create in others, a healthy sense of urgency.

Seek solution-oriented feedback with which to adjust performance.

Do not have to be right all the time.

Developing mental toughness

The preceding list does not contain attributes that some might infer from the term "mental toughness." Nowhere in the list is there any mention of intimidating people or treating them badly. It does not contain any reference to being aggressive, selfish, or insensitive with others. On the contrary, mental toughness focuses primarily on the individual leader, self-confidence, and task-oriented self-discipline.

The path to mental toughness starts with preparation. Leaders should seek out candid feedback from colleagues and subordinates, using a 360-degree review, in order to discover blind spots that inhibit performance - secure in the knowledge that the only really dangerous deficiencies are the ones we refuse to confront.

Armed with that feedback, they should take stock of their personal strengths and weaknesses and make the commitment to take necessary steps to achieve personal change. Executive coaching, time for reflection and testing, and focused concentration will help effect those changes.

Achieving the mental toughness attributes is also made considerably easier by consciously shifting emphasis from one's personal career-achievement objectives to the greater goals of the organisation. Unrelenting focus on making the organization (and all of its members) successful, and unremitting attention to the realities of the marketplace will produce the mental toughness needed to make the changes required by that marketplace.

This is both the role and the definition of a leader who leads. A leader must attempt to ceaselessly focus on the effectiveness and efficiency of his organisation, in addition to the adaptability of its core strategy because the only constant in the world today is change.



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L-R: National Sales Manager, Dana Pharmaceuticals Limited, Mr. Suraj Vaswani, family of Mr. Uduak Ekpenyong Ukpogon, Managing Director of Think Eternity Pharmacy, and Team Leader Lagos, Dana Pharmaceuticals Limited, Ms. Bukola Olajide, being felicitated on the occasion of Children's Day celebration in Lagos

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On the occasion of Children's day in Nigeria, our team felicitated the children of our esteemed Lagos pharma distributors. As a company who always believes in its corporate social responsibility commitment towards building the good health of our citizens, the children of our families are the future generation and the leaders of our tomorrow. The laughter, joy and happiness of every child who are our precious possessions bring peace to every family, something that is always cherished by everyone. Dana Pharmaceuticals is always happy to contribute to development of children health in Nigeria.

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Marwa, Ohuabunwa, Omatseye others seek sanitisation of pharma supply chain

continued from back page

Distributors Association of Nigeria (PVDAN), in Ikeja, Lagos. PVDAN, according to information provided by its chairman, Pharm. Ernest Okafor, was established to foster and promote best practices in the pharmaceutical supply chain and contribute to the advancement of supply chain integrity in pharmaceutical practice.

While speaking at the inauguration, the NDLEA boss, who was represented by the immediate past President of the PSN, Pharm. Ahmed Yakasai said he was happy with the inauguration of PVDAN, saying he was confident that the association would help restore sanity and integrity to the pharmaceutical supply chain in the country.

According to Marwa, the problem of drug distribution in Nigeria had been protracted and should become history with the birth of PVDAN.

He said: "I am delighted to chair this event and I find it resourceful that the association is coming at this time with a very laudable objective and a clear vision and mission, which is to build integrity in the supply chain. Their mission is to bring sanity to the pharma supply chain which is currently porous and chaotic while delivering quality drugs to the Nigerian populace."

Also speaking at the occasion, Mazi Ohuabunwa, who was represented by the Deputy President, PSN, Pharm. (Mrs) Ejiro Foyibo, said the Society was happy that pharmacy professionals were beginning to take over what rightfully belongs to them from the charlatans.

According to him: "One of



A cross-section of foundation members of the Pharmaceutical Wholesalers Distributors Association of Nigeria (PVDAN), taking the oath of allegiance at the inauguration of the association recently in Lagos.

the major challenge that we have in the pharmaceutical space in Nigeria is the distribution and if pharmacists have decided to take what belongs to them, I think it's worth commendation. It is also more dignifying to buy from a pharmacist wholesaler than buying from a non-professional, because a pharmacist would not see it as mere buying and selling but a professional exercise and would offer more than selling the drug".

Earlier in her keynote address, Pharm. (Mrs) Omatseye, managing director, JNC International, spoke on the topic "Supply chain in contemporary health services: The disruption", noting that the inauguration of PVDAN at this time was not only timely but historic, as it signals the end of chaotic drug distribution challenges facing the country.

According to her: "We should be able to streamline our drug distribution process in the country, and make sure people have access to quality medicines, vaccines and other pharmaceutical consumables as our drug distribution system in the country is under serious threats due to the porous and chaotic ways things are being run."

Omatseye further stated that overcoming the chaotic drug distribution challenge would require being self-sufficient through local production, adding that access to quality healthcare that is affordable, efficacious and effective is very important for any country that wants to grow and develop.

In her words: "To go from this the chaotic situation, we need to have a functional system in our supply chain that gives a consistent

flow of affordable medicines all the time. The best way to achieve this is local production. How do we get there? There has to be effective distribution of pharmaceuticals, and the onus lies on this association. "We can continue to import, but it is not sustainable, as we need to have our own raw materials, our own APIs, our own packaging materials, our own production in Nigeria. That is the future of this country because any country that is import-dependent cannot talk about drug security or any form of security."

Speaking in the same vein, the Director-General, National Agency for Food, Drug, Administration and Control (NAFDAC), Prof Moji Adeyeye, as well as the Registrar, Pharmacists Council of Nigeria (PCN), Pharm. NAE Mohammed urged PVDAN to be goal-oriented and to work in the interest of the healthcare industry in general, with the aim of promoting accessible and affordable healthcare for Nigerians.

Speaking earlier, PVDAN chairman, Pharm. Okafor noted that the inauguration of the association would help to chart the much-desired pathway towards transforming the healthcare system of the nation, saying the challenges in the pharmaceutical supply chain had posed a major burden for many years.

While commending the birth of PVDAN, the national chairman, Association of Community Pharmacists of Nigeria (ACPN), Dr Samuel Adekola, expressed joy over the new milestone in his tenure.

Adekola urged PVDAN leadership to continue to close ranks and collaborate with the ACPN to achieve the lofty objectives of empowering pharmacists and safeguarding the health of Nigerians.

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Practitioners list limitations to schizophrenia management in Nigeria

- As AHAPN commemorates World Schizophrenia Day

By Temitope Obayendo

Healthcare professionals, including pharmacists, psychiatrists, nurses and social workers, have unanimously identified shortage of mental health facilities, abysmal level of doctors to patients' ratio, mysticism, spirituality and traditional myths, as major factors worsening the management of schizophrenia in the country.

According to the practitioners, a consultant psychiatrist ratio of one to 2753 patients, with only eight federal neuropsychiatrist institutions in a country of about 200 million people, is unacceptable by local and global standards.

They also campaigned against stigmatisation of people living with schizophrenia and other mental ailments, saying they are not communicable diseases.

Schizophrenia is a mental health disorder, which makes affected persons exhibit

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L-R: Prof. Tiwalade Olugbade, Faculty of Pharmacy, Olabisi Onabanjo University; Dr (Mrs) Yemisi Bamiro, Dean, Faculty of Pharmacy, Olabisi Onabanjo University; Former Deputy Vice-Chancellor and Pioneer Dean, Faculty of Pharmacy, Olabisi Onabanjo University, Prof. (Mrs) Mbang Femi-Oyewo; and Prof. Olobayo Kunle, NIPRD, at the valedictory lecture of Prof. Femi-Oyewo, organised recently by the Faculty of Pharmacy, Olabisi Onabanjo University, OOUTH, Sagamu Campus.

Marwa, Ohuabunwa, Omatseye others seek sanitisation of pharma supply chain

- As PWDAN inaugurated in Lagos

By Adebayo Oladejo

Key stakeholders in the Nigerian pharmaceutical industry, including Brig. Gen. Buba Marwa (retired), director-general, National Drug Law Enforcement Agency (NDLEA); Pharm. (Mazi) Sam Ohuabunwa, president, Pharmaceutical Society of Nigeria (PSN); and Pharm. Clare Omatseye, former chairman, Healthcare Federation of

Nigeria, have called for a holistic sanitisation of the pharmaceutical supply chain landscape in Nigeria, saying this is a major step towards ensuring consistent flow of quality and affordable medicines across the country.

The experts made the call at the recent inauguration of the Pharmaceutical Wholesalers and

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