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Nigeria's Leading Health Journal



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## FG begins implementation of NDDG, set to penalise defaulters

• As PCN refutes approval of online drug sales

By Temitope Obayendo

The Federal Government has begun the implementation of the long-awaited National Drug Distribution Guidelines (NDDG), through

the recent approval given to the Pharmacists Council of Nigeria (PCN) and other stakeholders for the establishment of Coordinated Wholesale Centres (CWCs). This

will begin with immediate effect in some states of the federation, especially where open drug markets currently

continued on page 19



L - R : Pharm. Ezeh Ambrose, MAW (National Sec.,ACPN); Pharm. Ogochukwu Odikpo (Member, CPC Gateway 2021); Prince C. O. Nebe (GMD, Phamatex Group); Dr Samuel O. Adekola, MAW, DSA (National Chairman, ACPN); Pharm. George Friday, MAW (Director -Sales & Marketing, Phamatex Nig. Ltd) during the recent courtesy visit to Phamatex GMD, by the Gateway 2021 Conference Planning Committee, led by the ACPN National Chairman.

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### PHARM. JONAH OKOTIE:

Pharm. Jonah Okotie, (popularly called Omonajonah) is a man with an uncommon passion for the pharmacy profession, especially at the community level. Born on 28 February, 1973, in Lagos, he hails from Udu Local Government in Delta State.

Okotie attended Morocco Military Primary School, Yaba, from 1979 to 1984. He had his secondary education at Baptist Academy, from 1984 to 1989. Thereafter, he worked briefly as a tally clerk at the Nigerian Port Authority (NPA), Wharf, Apapa, Lagos.

He soon gained admission to study Estate Management at the Yaba College of Technology, Yaba, Lagos. While on it, he gained admission to study Pharmacy at the prestigious University of Benin (UNIBEN), Edo State in 1991.

Okotie had his internship with the Lagos State Ministry of Health Management Board, after which he was posted to the Jigawa State for his mandatory one-year Youth Service programme in the year 2000.

His pharmacy career in community practice started with Baja Pharmaceuticals, Onike; and afterwards with Unique Pharmaceuticals Limited, Sango Ota, Ogun State, as production pharmacist.

Okotie later joined Gemini Pharmaceuticals, Lagos, as production pharmacist, between 2003 and 2005. While at Gemini, he was the secretary of the GMP team, which helped to get the company's products approved by the Ugandan FDA for export. This milestone opened up the company's products for export to Kenya and Uganda.

Okotie's passion for community practice took him to Copharm, Niger State, between 2005 to 2007. He served as superintendent pharmacist in the retail arm, before being moved to start the wholesale outlet in Bida, under the able leadership of Pharm. Isaac Odeyemi and Pharm. Femi Ogunmade, making Copharm Niger an establishment with one of the highest return on investment.

He returned to Lagos as superintendent pharmacist and consultant at Boluke Pharmacy between 2007 and 2010. His stay at Boluke Pharmacy brought a lot of improvements to the organisation, including its staff and clients. Some of his achievements included operational restructuring, staff training, branch expansion and service drug permits from NAFDAC.

He is presently the chief executive officer and superintendent pharmacist, Engraced Pharmacy, Baba Oba, Alimosho, Lagos State, a community pharmacy he established in 2011.

Okotie is a committed member of the Pharmaceutical Society of Nigeria (PSN), the Association of Community Pharmacists of Nigeria (ACPN), as well as other professional associations. In his over 20 years of practice as a pharmacist, he has served the PSN in various capacities.

He was once chairman, Protocol Committee of the Niger State PSN Week that hosted the governor and some high ranking dignitaries from both within and outside the state. He has also served as a member in various committees of both the national bodies of the ACPN and PSN as well as that of Lagos State. He was once ACPN-Lagos publicity secretary, financial secretary, and recently general secretary, whose tenure ended in February 2021.

Okotie, a merit award winner of the Lagos State PSN, is happily married to Mrs Jimbia Okotie and is a proud father of three sons.



## Inspiration

"Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful." – **Herman Cain**

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

"Success seems to be connected with action. Successful people keep moving. They make mistakes, but they don't quit." – **Conrad Hilton**

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

"The secret of success in life is for a man to be ready for his opportunity when it comes." – **Benjamin Disraeli**

"Success is the sum of small efforts, repeated day-in and day-out." – **Robert Collier**

"Take time to deliberate; but when the

time for action arrives, stop thinking and go in." – **Napoleon Bonaparte**

"If you don't value your time, neither will others. Stop giving away your time and talents. Value what you know and start charging for it." – **Kim Garst**

"Spend eighty percent of your time focusing on the opportunities of tomorrow rather than the problems of yesterday." – **Brian Tracy**

"Success is not measured by what you accomplish, but by the opposition you have encountered, and the courage with which you have maintained the struggle against overwhelming odds." – **Orison Swett Marden**

"Success means having the courage, the determination, and the will to become the person you believe you were meant to be." – **George Sheehan**

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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.
8. PN is the Winner, 2017, 2018, 2019 and 2021 Nigerian Healthcare Media Excellence Award. (NHEA)

pharmanews  
Your Global Health Journal

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

It has become imperative, more than ever, to revisit the recent call by President of the Pharmaceutical Society of Nigeria (PSN), Pharm. (Mazi) Sam Oluwabunwa, to the National Agency for Food and Drug Administration and Control (NAFDAC) to set up a special task force to build capacity and empower local pharmaceutical companies towards improved drug manufacturing. This task force, he suggested, must be established in collaboration with the Federal Ministry of Health (FMOH).

No doubt, the expectation of many economic analysts and observers has been that going by Nigeria's colossal imbue with human and material resources, the country should be the hub for pharmaceutical manufacturing in the West African sub-region, if not in the entire Africa. Sadly, such expectation continues to be frustrated, as the country wobbles in meeting the drug needs of its citizenry, much less provide succour for those outside its borders. Indeed, the on-going global pandemic has only helped to further expose the country's over-reliance on drug importation for survival. At a point in the heat of the crisis, it became extremely difficult for hospitals to get medications for patients, when China temporarily stopped its supply of APIs and finished products to other countries of the world.

We must emphasise that not only must the call by the PSN helmsman be taken with all seriousness, but the two key stakeholders – NAFDAC and FMOH – he has specifically called upon must see it as a distress call to save the nation from the dreadful jeopardies that come with lack of

## Achieving self-sufficiency in drug production

**We also believe that the recently launched initiative of Bloom Public Health, in conjunction with the Lagos Business School, called the Pharmaceutical Manufacturing Value Chain Mapping, is another means to accelerate the lofty national dream of self-sufficiency in drug production. The project, according to the CEO of Bloom Public Health, Professor Chimezie Anyakora, is to foster an enabling environment for the pharmaceutical ecosystem in Nigeria to function optimally without necessarily over-depending on foreign countries for raw materials.**

medicine security. To successfully achieve this task, it is essential to critically examine the perennial challenges limiting the capacity of the few local drugs manufacturers in the country.

Interestingly, some of the challenges bedeviling the local pharmaceutical industry are glaring enough for any sincere stakeholder to be concerned about. For example, the lamentation about non-conducive business environment and paucity of needed infrastructures for manufacturing has nearly become a chorus among the key players. These are issues that must be decisively addressed.

Other pivotal considerations for transforming local pharmaceutical manufacturing include a strong political will, provision of loans, standardisation of herbal medicines, existence of strong bond between researchers and manufacturers, provision of incentives to discourage brain drain among practitioners, and stronger legislations that will

ensure patronage of made-in-Nigeria products.

It is equally pertinent to state here that government's lack of sincere commitment towards developing the country's local capacities for drug production and a body language that seems to favour importation must be changed for the better. Policies must be formulated, while bottlenecks to foreign exchange by manufacturers must be removed to nurture the pharmaceutical industry, which has the potentials to provide employment for a huge number of the citizens. We believe that, if the large chunk of money committed to importation of drugs could be channelled towards local production, the industry will experience the needed transformation. Currently, it is estimated that Nigeria and other African countries spend over 14 billion dollars on drug importation annually.

Now that the long-awaited implementation of the National Drug

Distribution Guidelines (NDDG) has begun, through the establishment of Coordinated Wholesale Centres (CWCs), as exclusively disclosed to *Pharmanews* by the PCN Registrar, Dr NAE Mohammed, we consider this a very positive signal that should tackle the problem of drug counterfeiting. This should relieve local pharmaceutical manufacturers of the protracted problem that has repeatedly decimated their revenues and sometimes reputation. However, government must ensure it walks the talk in enforcing the guidelines, without fear or favour.

We also believe that the recently launched initiative of Bloom Public Health, in conjunction with the Lagos Business School, called the Pharmaceutical Manufacturing Value Chain Mapping, is another means to accelerate the lofty national dream of self-sufficiency in drug production. The project, according to the CEO of Bloom Public Health, Professor Chimezie Anyakora, is to foster an enabling environment for the pharmaceutical ecosystem in Nigeria to function optimally without necessarily over-depending on foreign countries for raw materials. Fortunately, the revolutionary concept has gained the support of major stakeholders, such as NIPRD, NNMDA, the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA) and Emzor Pharmaceuticals.

We call on government at all levels to do away with lip service and throw its weight behind these strategic projects in partnership with other agencies, parastatals, organisations and stakeholders. Such crucial support will ensure that overdependence on drug importation becomes history in the country.

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## The doctor's opinion

By Sir Ifeanyi Atueyi

One of God's blessings that everyone desires is good health. That's why every prudent person makes efforts to live a healthy life. Despite these efforts, something still goes wrong with the body for one reason or the other. We are afflicted by disease caused by ourselves, sometimes out of ignorance or violation of natural laws. Sometimes, God allows disease on people in His own wisdom.

I have relatively enjoyed good health, but towards the end of 1998 I experienced a nagging waist pain, which caused me to consult my doctor at LUTH, in Idi-Araba, Lagos. The prescribed medications gave me only a temporary relief. In November, I suddenly developed the type of pains I had never experienced before. I could not sit or stand and the nerves around my waist and right thigh were very painful.

My wife had to call our doctor friend and neighbour working at the National

Orthopaedic Hospital, Igbobi, and I was taken to Igbobi Hospital. The X-rays revealed lumbar radiculopathy. This is low back and leg pain caused by the spinal nerves in the hip region of the spine. The pain was debilitating.

The medical director took interest in my case, as a friend, and prescribed the necessary medicines for me but made a remark that stuck in my mind. He said I would be a regular guest of the hospital, and, as my case progressed, there might be need for surgery. He told me it was the same type of problem that took Gen. Ibrahim Babangida to Germany for surgery.

As I lay on my orthopaedic mattress in the house, I continued to mediate on my doctor's statements. I imagined myself incapacitated and not being able to go to work or other places. For about a month, I was grounded.

One day, however, a pastor friend visited me and advised me that even though, as a pharmacist, I knew the effective medicines to take and had doctors as colleagues and friends, I should be praying for God's healing. He referred me to King Asa of Judah (2 Chronicles 16:12) who had depended on his physicians, instead of God Almighty. Consequently, God turned His back on him and he eventually died of that disease in his feet.

After the admonition, the man

prayed for me. His message hit me like a thunderbolt. I started to pray more seriously and trust God for my healing. I searched my Bible for divine healing. If God healed people at that time, He could also heal me today. It is the same God yesterday, today and tomorrow. He does not change.

I was still taking my medications, while praying for divine healing. Then God sent another pastor relation to me. That day, I brought out my X-rays to convince him of the seriousness of my case and elicit his sympathy and prayer. Contrary to my expectation, he refused to look at my X-rays and told me that he had rejected the results of the X-rays and even the doctor's opinion.

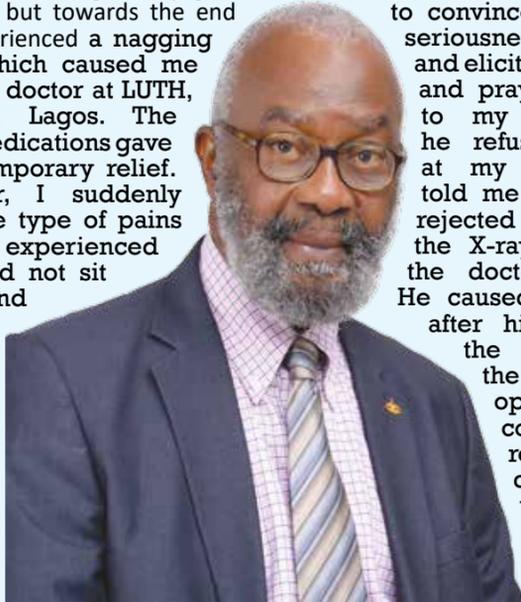
He caused me to say after him, "I reject the X-rays and the doctor's opinion." Of course, I repeated his declaration while still glancing at the X-rays. He thereafter prayed for me and left. After his departure, I had an instant relief.

One remarkable thing I did soon after he left was to cut the X-rays into pieces with my pair of scissors. Thereafter, I started entertaining thoughts of getting healed and my healing process truly accelerated. The healing became so complete that I never had the need to visit the hospital again till today.

Since then, I have never experienced even a minor pain in my waist. Sometimes, I just think that if I had not completely destroyed the X-rays, I would have returned it to the hospital to check whether it was actually my own waist X-rays or I had been mistakenly given another person's. I believe that God mercifully replaced some of my hip and spinal bones and nerves with brand new ones.

Exodus 15:26(NKJV) says, "I am the Lord that heals you." When I believed what the pastor told me and rejected the doctor's report and the X-rays, my faith in divine healing was activated and everything went well. Hebrews 11:1 defines faith as the substance of things hoped for, the evidence of things not seen.

Apart from a few times I have visited patients in that hospital; each time I pass through Ikorodu Road, I keep my eyes away from the hospital premises. I don't want to go there as a patient again.



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

# Five weapons of the salesman

By George O. Emetuche

"Quality performance starts with a positive attitude." - Jeffrey Gitomer

Experience has taught me that achieving success in life or in business is a function of strategy, tactics, models and actions. You must be intentional, if you truly want to achieve your goals.

Success in life or business is a deliberate design. Therefore, success in selling and salesmanship is about what I call the "Five Weapons of the Salesman". I developed these weapons after 24 years in the sales and marketing space.

These weapons apply in any season and environment. It doesn't matter whether we are in the pre-COVID era, the COVID era, the post-COVID era, or whether in the rainy or dry season. The weapons work all the time and in every environment. Any salesperson who explores the weapons will stand out in season and out of season.

They are:

## 1. Integrity

I see Integrity as the mother of all the attributes of the salesman. The first law in my book, *The 25 Unbreakable Laws of Sales*, says, "The salesman and the conman are the same, except for integrity". The character of integrity will distinguish the salesman in season and out of season. Integrity is the first product the salesman must sell to the target market.

People buy people. The more you show character of integrity, the more you attract people to your side. In the final analysis, people will buy from people they love and trust. You can take this to the bank!

## 2. Positive attitude

In salesmanship, attitude is everything. Brian Tracy once said that "bad attitude is like a flat tyre, you can't move anywhere until you change it." I totally agree with this legend. Positive attitude is the way to go. Negative attitude must be discarded.

Note that you must sell yourself first before selling your products or services. You sell yourself that people see first, before selling the product they are yet to use. Once more, I say, people buy people. The more your prospects and customers buy your positive attitudes, the more they buy your products and services.

The salesman must believe in himself, in his company and in his products and services. The more the salesman does this, the more he or she sells productively. This is the smartest way to meet or exceed sales target. This is the way to defeat negative attitude that stops salespeople.

## 3. Product knowledge

Have you seen where people give what they don't have? If this happens, then know that something is wrong somewhere! Giving what you don't have is like selling what you don't know. You can't sell what you don't know!

The more you study your products and the benefits your products offer to your target market, the more you sell. You must know the features, advantages and benefits of your products and services.

Benefits, in this context, must mean value to the customer or prospect. What is benefit to customer A, may not be benefit to Customer B. You must personalise value and benefit. I have often said that I don't believe in generic proposals. You must personalise your selling. You must individualise your offering. The way people differ is the way their needs differ. So the more you know your products and services, the more you will know how to present them to meet the needs of customers and prospects.

The salesman must discover and know about the target market before selling his products or services. You

must show people why they should buy your products. This is done during product presentation. To be outstanding, you must seek to know more about your company, products, services and the marketplace.

## 4. Relationship

The Harvard Business School study says that 21st century selling will be relationship selling. As a practising sales training consultant, I agree with HBS. When we started our business ten years ago, we had two strengths that worked for us and still work for us today - **competence** and a **robust relationship** with our clients. These strengths covered other initial weaknesses experienced by every start-up.

The more the salesman builds mutually beneficial cordial relationship with the customers and prospects, the more he or she sells. Once more, I say, people buy people! The more the salesperson wins the heart of the customer, the more he or she expands

his sales figures and the more he delights his target market.

The salesperson needs to know the personality type and behavioural pattern of his or her customer or prospect, in order to relate better with him or her. I call this sales intelligence. This is where you use data and information gathering to determine how to delight your target market.

Note that a good sales and marketing person is a good researcher. The more you know, the more you discover better ways to delight your audience and of course, the more you sell.

Don't be in a hurry to sell; rather, be in a hurry to develop a robust relationship with your customers and prospects. This is an advanced selling skill. This is where the sales happen!

## 5. Performance

Productivity of the salesman is the lifeblood of the business. The number one reason businesses excel is high sales. The number one reason businesses fail is poor sales. Salesmen are expected to bring in good results. No excuses! Salesmen don't tell stories, they show results.

A salesman who fails to perform isn't a salesman! In all you do as a salesperson, your efforts must translate into selling, or in building friendly relationship with customers and prospects; every other thing is complementary!

The five weapons of the salesman constitute a model that helps the salesman in all seasons. Any salesperson who understands and applies the five weapons will always be at the top, no matter the season.

Keep selling!

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



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# Inquest

with  
**Patrick Iwelunmor**

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## Medication and religious deception (2)

the basis for treatment.

In all their boastful pontifications on their ability to minister healing to the sick, many Nigerian clergymen present themselves

as God and oftentimes lead their followers astray with controversial teachings on the application of faith. It will even shock you to discover that some of the so-called healings that take place in Nigeria are arranged or manipulated through the use of special effects on television.

Without trying to undermine the demonstration of God's healing power through few genuine men of God, I have never seen any Nigerian pastor who has called out someone like Stevie Wonder for healing. At least, we all know him to be blind from birth. Some Nigerian pastors who advertise their healings should invite him and make him see again, just as Jesus did to the blind Bartimaeus.

In early March, 2020, the Nigerian media was awash with the case of a particular woman named Mrs Bose Olasunkanmi who was paraded for allegedly being used to stage fake miracles by some Nigerian pastors. It was business in every sense of the word, as she was used to deceive the unsuspecting public by those pastors who advertised signs and wonders after which she was paid some token.

Just as I stated earlier, the poor woman had fallen for the dubious arrangement largely due to poverty. With many bills to pay and the reality of widowhood biting harder and harder, she couldn't resist the offer.

Telling people to stop their medication while deceiving them with fake miracles is a serious crime both in the face of the law and in the face of God. There is no greater crime against humanity!

The problem with Africa is that, most of our leaders lack the political will to check the excesses of these men of God who arrogate anointing to themselves. You will always hear, "Touch not my anointed and do my prophet no harm". This scripture has been greatly bastardised and has become the biggest fight back weapon for those fake clergymen who always want to defend their unholy deeds in the eyes of men.

I call on every Nigerian - irrespective of religious preferences - to resist being cowed by any prophet of doom masquerading as an angel of light. When sickness troubles you, take your medication and commit your recovery into God's hand. Don't you ever believe that prayer alone cures any ailment. God knows that He cannot come down physically to heal you and so, He has made provision for all kinds of medicines through divine inspiration in the medical and health sciences for our own good.

Those who continue to deceive gullible people in the name of religion are not doing the society any good. Irrespective of the huge financial gains that accrue to these so-called men of God, playing on the intelligence of people in the name of God is nothing short of blasphemy. Unfortunately, the level of poverty and deprivation in Africa has continued to give these deceivers the leeway to continue their deceptive shenanigans.

I write with great concern and worry in my heart just as I feel so sad that many souls have been wasted as a result of ignorance and sheer stupidity. Why, for instance, would someone undergoing chemotherapy abandon the process and cling to the warped doctrine of a fellow human being who is only being deified by people who have been brainwashed?

Prayer has remained an essential ingredient for the spiritual wellbeing of man. However, using spiritual items for healing has not been specifically recognised to be effective by medical practitioners because such practice is classified under

faith-healing, which in itself is not an aspect of orthodox medicine. This, notwithstanding, does not foreclose the possibility that faith-healing happens, as enshrined in the different religious tenets of the world.

During the time of Jesus Christ on earth, he was credited to have performed many miracles, such as healing the blind, raising the dead, making the lame walk again and providing more than enough food to feed multitudes of people. The same Jesus also said that greater miracles would be performed after Him and through Him.

However, there is no instance in the Bible where Jesus told His disciples or followers not to take medication because He had given them power to perform miracles. Inasmuch as there is no such instance, it would be dangerous for anyone to jettison medication just because their spiritual leader said so. Diseases like cancer, diabetes, hypertension, stroke, kidney damage and liver cirrhosis require urgent and systematic treatment schedules and not mere prayer. Prayer should be complementary when battling these conditions; it should not be

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

# Lagos ALPs elects new executives, as Alli retires at 60

By Temitope Obayendo

In an unprecedented manner, members of the Association of Lady Pharmacists (ALPs) Lagos State Chapter, have trooped out en masse to elect new executives to pilot the affairs of the association for the next four years. The election took place during the association's Annual General Meeting (AGM), held recently at the secretariat of the Pharmaceutical Society of Nigeria (PSN) Lagos State Chapter.

The outgoing chairperson of the association, Pharm. (Mrs) Modupe Alli, also celebrated her 60<sup>th</sup> birthday, as well as her successful retirement ceremony, on same day.

Of all the executive positions, only the chairmanship was contested between two candidates, as others were nominated unopposed. The chairmanship election was conducted between Pharm. (Mrs) Hafusat Adesina and Pharm. (Mrs) Ngozika Okoye, which Adesina won with 72 votes, as against 20 votes for Okoye.

Other newly elected executives are Mrs Funmilayo Olorunshola, as vice chairman; Mrs Adetutu Oyawale, as welfare officer; Ms Margaret Chibututu, assistant welfare officer; Mrs Abimbola Falope-Lawal, PRO; Miss Onyeka Fiona, assistant PRO, and others.

In her acceptance speech, the newly elected chairperson appreciated all that made the occasion possible, while assuring all members, including her opponent's camp, that she would run an all-inclusive administration.

She also seized the opportunity to reiterate her 7-point agenda for the progress of the association. The agenda, according to her, include: Facilitating dynamic mentoring of young ALPians; creating an interactive and mutual support forum for retired ALPians; enhancing greater visibility for ALPs in the state; organising regular professional capacity-building for all members; creating greater political awareness among ALPians; facilitating more networking with women professionals; collaborating with NGOs, civil society organisations and government agencies on health promotion programmes for women and children.

Shortly after the AGM was the birthday and retirement ceremony of the outgoing chairperson, as her guests and colleagues took turn to narrate her beautiful qualities and impacts in their lives.

Some of the dignitaries at the event were, Elder Ebenezer Adeleke, chairman of the occasion; Chairman, PSN-Lagos, Pharm. Gbolagade Iyiola; immediate past chairman, PSN-Lagos, Pharm. (Mrs) Bolanle Adeniran; Prof. Olukemi Odukoya, Faculty of Pharmacy, UNILAG; Dr Lolu Ojo, CEO, Merit Healthcare; Former ALPs chairpersons, Lagos State; AHAPN-Lagos Chairman, Pharm. (Mrs) Titilayo Onedo; Dr Arinola Joda; Dr Margaret Obono, head of Pharmacy, National Orthopaedic Hospital, Igbobi, among others.

Congratulating Alli on her milestone achievements, Pharm. Iyiola remarked that she had



A cross-section of the newly elected executives of the Lagos State ALPs.

been outstanding on all fronts, from her leadership of ALPs, to decades of service at the National Orthopedic Hospital, Igbobi, without any incriminating record. He prayed God to grant

her many more years in sound health and greater impact.

The chairman of the occasion also eulogised the celebrant, appreciating God for her life. He charged her to remain ever

grateful to God for His mercies in her life and grace to be able to retire on a clean note.

"You have done your family proud, you have done PSN proud, you have done AHAPN and ALPs proud as well," Iyiola enthused.

Obono, in her own remarks expressed great delight in witnessing such an occasion, stating that she and the celebrant had been together for years at the same institution.

According to Obono, "Mrs Alli is a colleague. we have spent 30 years or more together. We have worked together as professionals. We share

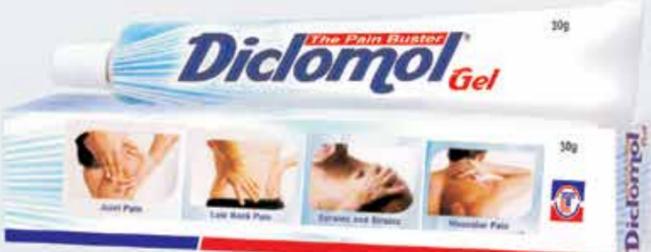
so many things together, and she played a very significant role in the completion of Igbobi's DRC

*continued on page 26*



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# Kofoworola Pratt: Africa's Florence Nightingale

By Ola Aboderin

Chief (Dr) Kofoworola Abeni Pratt might have spent only three years at the Nightingale School of Nursing, in London, but those few years proved to be significantly momentous for her and the world at large. That formative period not only catalysed the birth of her long cherished dream of becoming a certified nurse but also galvanised her to take her place among the most iconic health practitioners of all time.

Looking at Pratt's avalanche of achievements as a professional nurse, one cannot but conclude that for every year of her stay at the prestigious training institution, she thoroughly imbibed the character, competence and charisma of Florence Nightingale. Thus, by the time she graduated, she had literally transformed into an African replica of the revolutionary founder of modern nursing.

Incidentally, even Pratt's admission into the Nightingale School was, in itself, a noteworthy accomplishment. She was the first black person in the world to achieve such a feat. And from then on, she would go ahead to record a string of other ground-breaking achievements in nursing practice, training and leadership, both in the United Kingdom and in other parts of the world, especially her home country, Nigeria.

To start with, following her historic admission and graduation, she went on to become the first black nurse to work for the British National Health Service (NHS). Few years later, upon her return to Nigeria, she successively became the first Nigerian ward sister and later first Nigerian matron of the University College, Ibadan. She was the first Nigerian Chief Nursing Officer of the Federation; first black woman to become vice-president of the International Council of Nurses; first chairperson of the Nursing Council of Nigeria; and first nurse to be made Commissioner for Health (Lagos State).

## A dream that refused to die

Interestingly, just like the Scottish Nightingale, Pratt's hopes of ever becoming a nurse had been nearly truncated by parental pressure, until a twist of fate redirected her back to the path of destiny. Pratt had been born into an influential Lagos family in 1915. She attended CMS Girls School, Lagos, where she graduated with Cambridge certificate in 1933.

Pratt's aspiration was to be a nurse, but her father, Augustus Alfred Scott, was vehemently against the idea. So, she decided to be a teacher, instead. She attended United Missionary College, Ibadan, where she obtained a diploma in Teaching in 1935. Thereafter, she taught at CMS Girls School, Lagos, from 1936 to 1940. Having



Dr Kofoworola Pratt

apparently settled for the teaching profession, it would seem that Pratt's nursing dream had been dead and buried for good; but, in truth, she found no fulfilment in teaching and desperately sought a way to pursue her true passion.

The much desired breakthrough came for Pratt when, she got married to a pharmacist, Eugene Samuel Oluremi (Olu) Pratt, in 1941. Being in the health sciences himself, Mr Pratt was an active supporter of his wife's nursing dream. Moreover he also had the desire to qualify as a medical doctor. So, a few years after their union, he travelled to London to make enquiries St Bartholomew's Hospital, London (where he would later be trained as a certified medical practitioner). He also seized the opportunity to present his wife's case to the matron of St Thomas' Hospital, London, where the Nightingale school was then based. His efforts were successful, paving way for Pratt to travel to the U.K., in 1946.

## Foretaste of excellence

Pratt's sojourn in London was quite eventful, productive and memorable. According to the Nightingale Society, "She, as well as doing the regular training, getting excellent marks, went on to obtain extra certificates in midwifery

(and worked as a midwife), tropical diseases, the ward sister's course, and, on a return trip, hospital nursing administration, these last two at the Royal College of Nursing."

Against all odds - which included the challenge of racial discrimination - Pratt served meritoriously, ultimately endearing herself to her fellow workers and her patients. She passed her preliminary state exams in 1948 and her finals in 1949, qualifying as a State Registered Nurse in 1950. The matron's report on her attested that she "mixed well with her colleagues, with whom she is very popular. Colour has been no bar."

Following her certification, Pratt worked under the NHS. She served as a staff nurse at Evelina Children's Hospital (Guy's), in 1952; then as a charge nurse at St Thomas' Hospital, in 1953.

## Service to homeland

Spurred by some British nursing leaders, Pratt returned to then pre-independence Nigeria in 1954 to render her services to her country. University College Hospital, Ibadan, which had Nigeria's first medical school, was the leading hospital and her natural choice. She applied to serve as ward sister but was initially rejected by the British doctor she was to work with, as he was already used to working with his fellow expatriates. However, at the insistence of the then matron of the hospital, Pratt got the appointment. Interestingly, as reports have it, soon after she began working with the doctor, he came to describe her as the best ward sister he had ever had, in the U.K. or Nigeria.

Being an exceptional nurse, it did not take long for Pratt to rise through ranks at the foremost hospital. In fact, she became the arrowhead for what came to be known as "Nigerianisation" of nursing practice in the country, as she steadily assumed positions that had hitherto been reserved

for British expatriates. From being the first Nigerian ward sister, she rose to become first Nigerian assistant matron, administrative sister (1955-1957), deputy matron (1957-1963), and, in 1964, matron. While an administrative sister, she co-founded the Professional Association of Trained Nurses in Nigeria (PATNON), in 1956, and was its president from 1957 to 1973. Also, within the same period, she led the first and second Nigerian delegations to the International Council of Nurses (ICN) Congress, in Rome (1957 and 1961).

An indefatigable reformer, Pratt, in just one year of becoming a matron, facilitated the creation of the first school of nursing at University of Ibadan (1965), followed by the University of Ife (now Obafemi Awolowo University). Within the same period, she became 3rd vice-president of the ICN (1965-69); and foundation Fellow of the West African College of Nursing.

Two years after her appointment as matron of UCH, the Federal Government of Nigeria appointed her as chief nursing officer of the federation - entrusting the responsibility for the direction and development of nursing services in the entire nation upon her. Pratt creditably served in this capacity, from 1965 to 1972. A highlight of her tenure was the facilitation of the creation of additional schools of nursing nationwide.

In 1973, Pratt was invited by the military governor of Lagos, Brigadier Mobolaji Johnson, to join his Cabinet as Commissioner for Health. While in office, she was outstanding in achieving reforms for doctors, nurses and in public health. According to the Nightingale Society, "During her time in office (only two years) she saw to the expansion of healthcare services, the building of more hospitals, and the equipping of boats to take healthcare services to villages best accessible by water. She made the provision of better conditions for nurses a priority, culminating in the building of a fine nurses' residence, long delayed by previous governments, dubbed the "Nurses' Hilton."

## Awards and recognitions

With her litany of accomplishments, some which have not been captured here, it is no surprising that Pratt received massive grants, recognitions, honours and awards in Nigeria and beyond. She received grant from the Carnegie Foundation, to visit nurse training institutions in Jamaica, the United States and Europe (1969-70). In 1972, she was made officer of St John's Council, UK. One year later, in 1973, she was awarded the highest international distinction a nurse can achieve - the Florence Nightingale Medal - by the International Committee of the Red Cross.

In 1975, Pratt was awarded a chieftaincy title - the "Iya Ile Agbo of Isheri" - for services to Nigeria. In 1979, she was made a Fellow of the Royal College of Nursing; and, in 1981, was awarded a national honour - Order of the Federal Republic. That same year, the University of Ife awarded her an honorary doctorate of laws degree.

Pratt passed on in 1992, but her achievements and legacies not only continue to prove vitally beneficial to public health but have continued to inspire several more health practitioners - especially nurses - to pursue professional excellence, against all odds.

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

## Relating with people the “write” way (3)

By Dipo MacJob (Dr Write)

The handwriting is one's personality “trapped” or crystallised on paper, and graphology is a technical skill that enables you to understand people, even to the hidden secrets they might not readily speak out, just by looking out for unique traits in their writing.

Communication through written symbols is uniquely a human endeavour because only man does that. So many things are fascinating about graphology. However, one major edge graphology has over other personality profiling tools or techniques is that there are certain traits in humans that it can analyse, which other regular projective techniques cannot.

Last edition, we discussed some of the traits that we can find in the handwriting that helps us to distinguish or, better still, spot the **optimist** and the **introvert**. In this edition, we shall look at the **talkative** and the **enthusiast**.

### The talkative

One of the basic traits in graphology is called talkativeness trait. This trait shows a person who readily speaks, even when permission is not given. People who

belong here just volunteer their opinions on a matter without waiting to be invited. Studies show that whenever you see that most of the oval letters (such as small case letters “o” “a” etc) are not completely sealed or covered, you have seen a person that can talk for long periods, without any stress. One way of frustrating this category of people is by not allowing them to make any comment on a matter at hand. That can be a bitter pill for them to swallow.

It's important for me to state at this juncture, however, that it is not only people who have partially closed oval letters that are talkative. The point here is that anytime you observe such in a handwriting, you can be sure that such an individual loves to engage in long conversations.

### The enthusiast

One of the personality traits that a lot of employers look out for in prospective employees is enthusiasm. Unfortunately, this trait is best assessed non-verbally than verbally because there is no job seeker or intending employee who will tell you that he or she is not enthusiastic, for obvious reasons. However, it can be argued that everyone is an

enthusiast only to the extent he or she finds the job in tandem with his or her passion.

Graphological studies over the years have been able to locate certain traits in the handwriting of people who can be considered to have a high level of drive and positive vigour towards the accomplishment of tasks. In other words, even before they are employed, we can comfortably predict, to a very large extent, whether someone would demonstrate positive attitude and energy or not.

It might interest you to know that this trait has been found to typify performers in the organisation, especially when it comes to sales-related jobs. All you need to look out for is the length of the horizontal “t” bar in the entire body of the writing sample. Do you have it very long or averagely longer than the stem of the small case letter “t”? If yes, you have a person with a good energy level.

One other aspect of the handwriting among others that can reveal this is to check the pressure in the handwriting. This can be done by simply picking up the handwriting sample and



using your fingers to feel the back of the handwriting page. Check for impressions if they are palpable or not. If they are, it shows emotional intensity, indicative of high energy levels. This fellow is self-motivated and passionate.

In the next edition, we shall consider some other personality traits which can be “easily” seen in the handwriting. Until then, always remember that “if you must get it right, you must do it the “write” way.



Instagram (@dipomacjob)  
(07062456737 Text message)



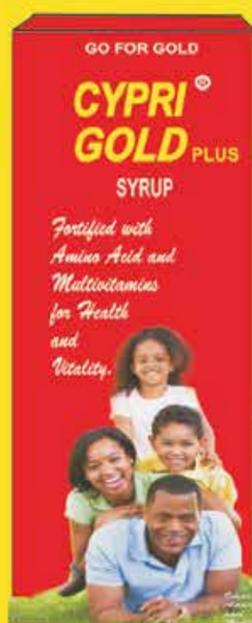
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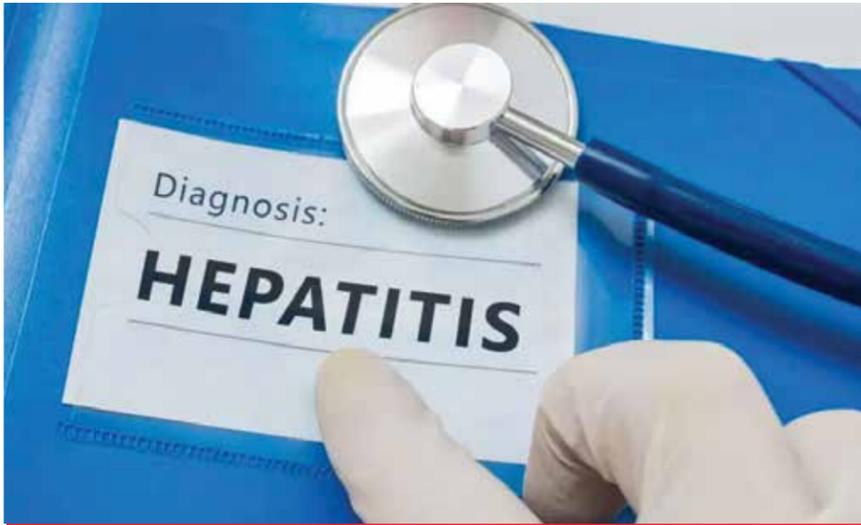
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# Stemming the tide of hepatitis in Nigeria

The word “hepatitis” comes from a Greek origin, with the combination of two words “hēpar”, meaning liver; and “-itis”, meaning inflammation. Thus, hepatitis is simply inflammation of the liver. When the liver is inflamed or damaged, its function can be affected.

Hepatitis is a medical condition that can be caused by heavy alcohol use, toxins, and some medications, although

there are various other causes. It is however worrisome that the majority of people living with the condition are ignorant of their status, until they make themselves available for screening. This explains why the commemoration of World Hepatitis Day 2021 is themed: “Hepatitis can’t wait”.

According to the World Hepatitis Alliance (WHA), with a person dying every 30 seconds from a hepatitis-related illness,

even in the current COVID-19 crisis, the word cannot wait to act on viral hepatitis.

WHA further asserted that, worldwide, 290 million people are living with viral hepatitis unaware, adding that without finding the undiagnosed and linking them to care, millions will continue to suffer, and lives will be lost.

### Nigerian scenario

Nigeria, with an estimated population of 190 million people, has a Hepatitis B prevalence of 8.1 per cent and Hepatitis C at 1.1 per cent, based on a recent Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) report.

Experts have also harped on the need for regular screening and awareness campaign for people to know their status of the disease, saying will enhance early treatment of the condition.

A consultant gastroenterologist-hepatologist, Dr (Mrs) Funke Adeleye, called for intensive enlightenment campaigns and regular screening for hepatitis, stressing that it is only through examination that the disease can be diagnosed.

The university don explained that hepatitis can either be self-limiting or it could progress to fibrosis, cirrhosis or liver cancer.

She encouraged members of the public to strive to know their hepatitis status by going for regular check-up, adding that those with the condition should quickly seek proper

medical attention and avoid self-medication, as hepatitis is a highly contagious disease.

Another practitioner on the condition, Dr (Mrs) Ganiyat Oyeleke, consultant hepatologist, Lagos University Teaching Hospital (LUTH), also remarked on the global burden of the disease, saying it is becoming a major concern in Africa, as over two billion individuals have evidence of present or past infection. Sub-Saharan Africa, she said, has the highest burden of hepatitis B and it is responsible for over 80 per cent of all liver cancer cases.

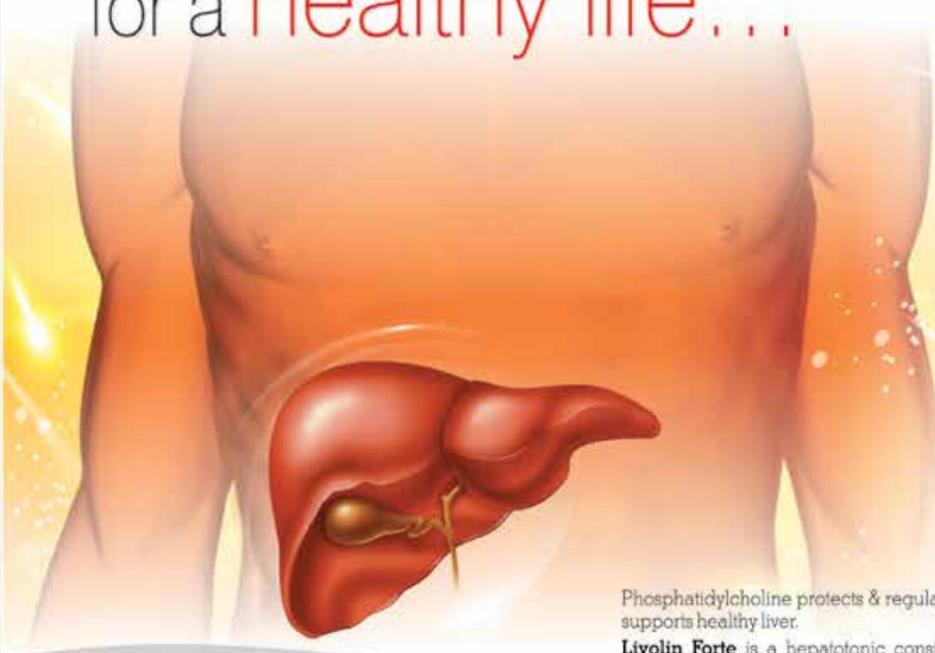
Oyeleke also mentioned the need for increased advocacy on hepatitis B prevention and subsequent elimination, adding that some of the barriers to care among women and children identified include ignorance, cultural misconception, low funding, stigmatisation, high cost of screening and lack of data on its prevalence.

### Overview of hepatitis

Hepatitis refers to an inflammatory condition of the liver. It is commonly caused by a viral infection, but there are others possible causes of hepatitis. These include autoimmune hepatitis and hepatitis that occurs as a secondary result of medications, drugs, toxins, and alcohol. Autoimmune hepatitis is a disease that occurs when your body makes antibodies against

*continued on page 13*

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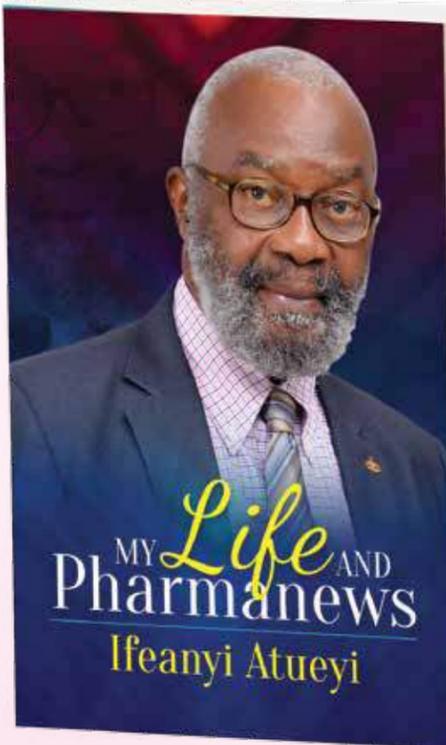
**M**y attraction to the B.Pharm degree was stirred by the fact that, prior to that time, no university in Nigeria had offered such programme. People who wanted the B.Pharm degree then had to travel overseas. And by the time it was announced that University of Ife would commence the degree programme, only a few people in Nigeria had obtained the B.Pharm abroad. They were designated pharmaceutical officers in the eastern Nigeria and were on Scale A while the other pharmacists were on CT Scale.

Fortunately for me, Ife offered me admission. I must appreciate the wisdom and efforts of my uncle in previously prevailing on me to develop interest in Physics and to register it for both my WASC and my HSC. Dr V. Walters who signed the letter acknowledging the receipt of my application to study Pharmacy had noted that Physics was a compulsory requirement if I would be considered for admission.

However, while I strongly desired to go for Pharmacy, I was also worried about the fees, which I knew would be high, considering that the acceptance fee quoted in the admission letter was in itself on the high side. I had my uncle to rely on quite all right, but I was not very comfortable with the idea of him having to pay hugely for a course that

## MY HIGHER EDUCATION 4

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



was entirely my choice. Even in choosing to apply to study Chemistry, one reason, as my uncle himself had noted in one of his letters to me, was because I knew it was easier to get a scholarship to study the course.

Ultimately, after giving it some thought, I had to write to the University of Ife on July 31<sup>st</sup> 1961, to inform them that

I would be declining the admission due to financial constraints. Moreover, I had not known what to do with the B.Pharm degree in the first place.

When eventually my uncle knew that I did not have Medicine as my choice, he was, expectedly, disappointed. Nevertheless, as a good Christian, he respected me as a unique creation of God and still continued to support me. Now, whether my concern about burdening my uncle with the potential cost of my studying Pharmacy was justifiable is very much debatable. The reason is simple – in all fairness to him, while he really desired me to be a medical doctor, he was, as an enlightened and amiable person, not imposing a choice of career on me. He made it clear that it was ultimately up to me to decide what I wanted to do in life.

In a March 3<sup>rd</sup> 1961 letter he wrote to me at Notre Dame High School, Abatete, which was a reply to a previous letter in which I had told him of the courses I had applied for, he

stated:

*My Dear Christopher,  
Thanks for your letter. I had heard of your results four days before in broad outline. I am happy about the details and thank God for crowning all your efforts with success...I did not think seriously over the courses you talked of in your letter till the day I heard your results. As it stands, the course which emphatically demands HSC Physics, Chemistry and Zoology is Medicine. You could do a general degree with these same subjects, but apparently the only honours course you would be accepted in without the proviso of another subject to the HSC level is Chemistry – and that by special concession. For the usual requirements for Hons. Chem. are Maths, Physics and Chemistry at the HSC level.*

*You seem to like Chemistry for two reasons: you are keen on the subject, and you feel a scholarship is more likely for it than for Medicine. I imagine you have already dispatched your application to Ibadan. What I would have advised is Medicine as first choice and Hons. Chem. as second. But that will not mean forcing you to do Medicine if you definitely dislike it. What strikes me is that you don't find it easy to make up your mind on these matters, but the choice must be yours..."*

**continues next edition**

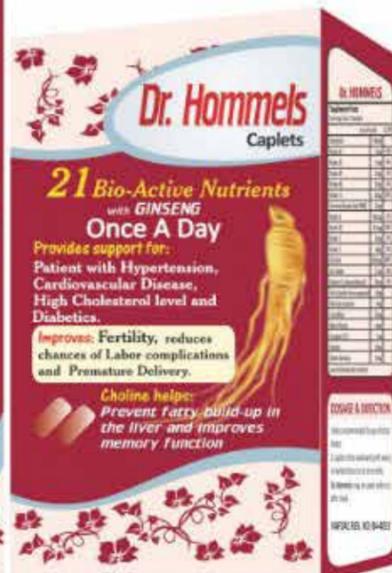
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## Stemming the tide of hepatitis in Nigeria

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your liver tissue.

Your liver is located in the right upper area of your abdomen. It performs many critical functions that affect metabolism throughout your body, including:

- bile production, which is essential to digestion
- filtering of toxins from your body
- excretion of bilirubin (a product of broken-down red blood cells), cholesterol, hormones, and drugs
- breakdown of carbohydrates, fats, and proteins
- activation of enzymes, which are specialized proteins essential to body functions
- storage of glycogen (a form of sugar), minerals, and vitamins (A, D, E, and K)
- synthesis of blood proteins, such as albumin
- synthesis of clotting factors

### Types of viral hepatitis

Viral infections of the liver that are classified as hepatitis include hepatitis A, B, C, D, and E. A different virus is responsible for each type of virally transmitted hepatitis.

Hepatitis A is always an acute, short-term disease, while hepatitis B, C, and D are most likely to become ongoing and chronic. Hepatitis E is usually acute but can be particularly dangerous in pregnant women.

### Hepatitis A

Hepatitis A is caused by an infection with the hepatitis A virus (HAV). This type of hepatitis is most commonly transmitted by consuming food or water contaminated by faeces from a person infected with hepatitis A.

### Hepatitis B

Hepatitis B is transmitted through contact with infectious body fluids, such as blood, vaginal secretions or semen, containing the hepatitis B virus (HBV). Injection drug use, having sex with an infected partner, or sharing razors with an infected person increase your risk of getting hepatitis B.

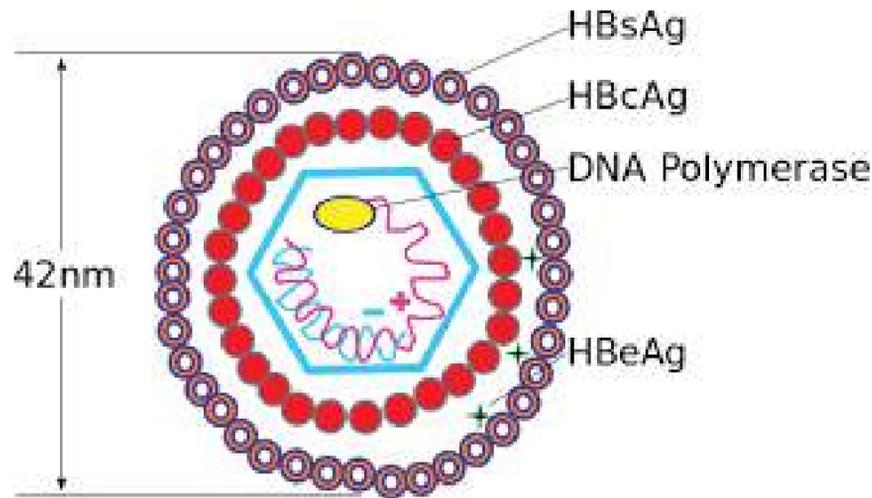
It is estimated that 350 million people worldwide live with this chronic disease.

### Hepatitis C

Hepatitis C comes from the hepatitis C virus (HCV). Hepatitis C is transmitted through direct contact with infected body fluids, typically through injection drug use and sexual contact.

### Hepatitis D

Also called delta hepatitis, hepatitis D is a serious liver disease caused by the hepatitis D virus (HDV). HDV is contracted through direct contact with infected blood. Hepatitis D is a rare form of hepatitis that only occurs in conjunction with hepatitis B infection. The hepatitis D virus cannot multiply without the presence of hepatitis B.



### Hepatitis E

Hepatitis E is a waterborne disease caused by the hepatitis E virus (HEV). Hepatitis E is mainly found in areas with poor sanitation and typically results from ingesting faecal matter that

contaminates the water supply.

### Causes of non-infectious hepatitis

Alcohol and other toxins

Excessive alcohol consumption can cause liver damage and inflammation. This is sometimes referred to as alcoholic hepatitis. The alcohol directly injures the cells of your liver. Over time, it can cause permanent damage and lead to liver failure and cirrhosis, a thickening and scarring of the liver.

Other toxic causes of hepatitis include overuse or overdose of medications and exposure to poisons.

Autoimmune system response

In some cases, the immune system mistakes the liver as a harmful object and begins to attack it. It causes ongoing inflammation that can range from mild to severe, often hindering liver function. It's three times more common in women than in men.

continued on page 15

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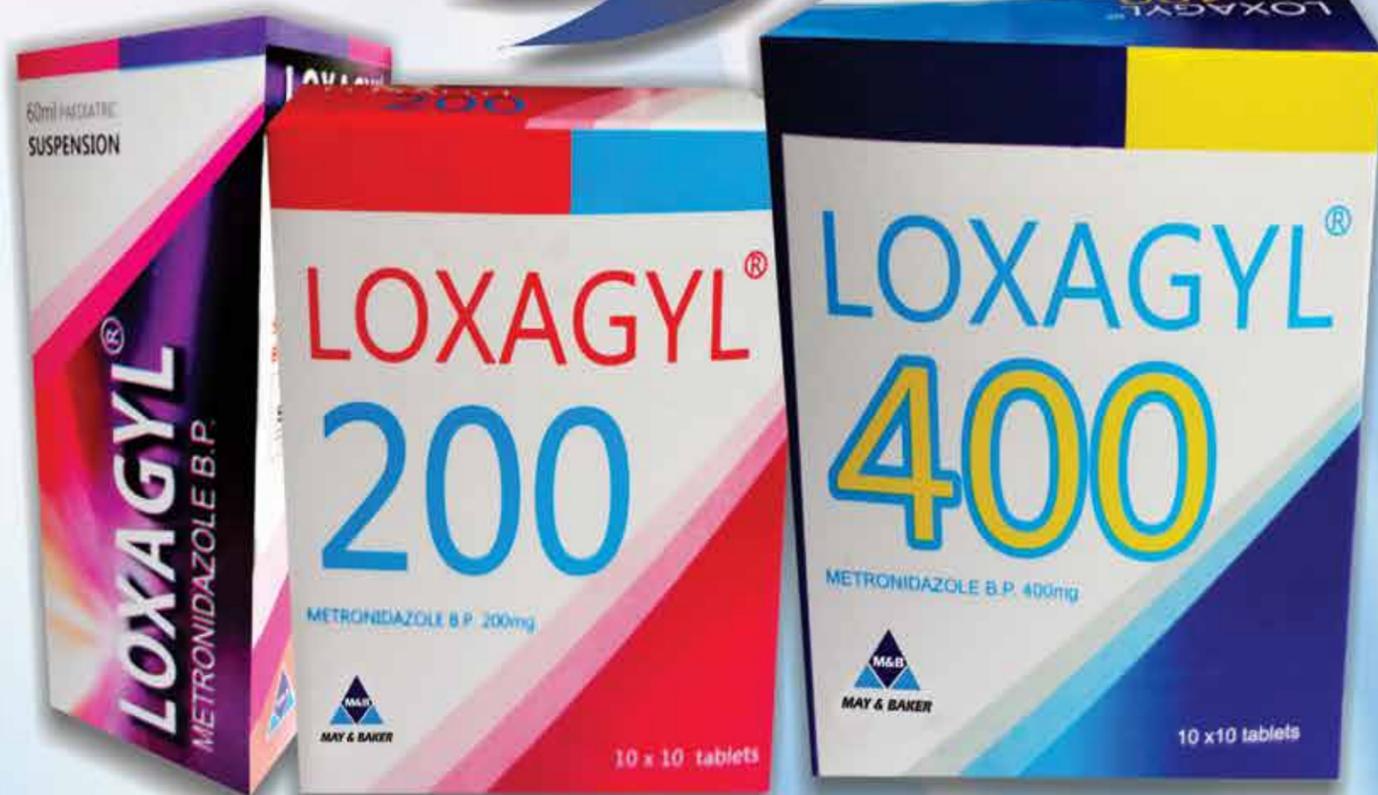
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## Stemming the tide of hepatitis in Nigeria

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### Common symptoms of hepatitis

If you have infectious forms of hepatitis that are chronic, like hepatitis B and C, you may not have symptoms in the beginning. Symptoms may not occur, until the damage affects liver function.

Signs and symptoms of acute hepatitis appear quickly. They include:

- fatigue
- flu-like symptoms
- dark urine
- pale stool
- abdominal pain
- loss of appetite
- unexplained weight loss
- yellow skin and eyes, which may be signs of jaundice

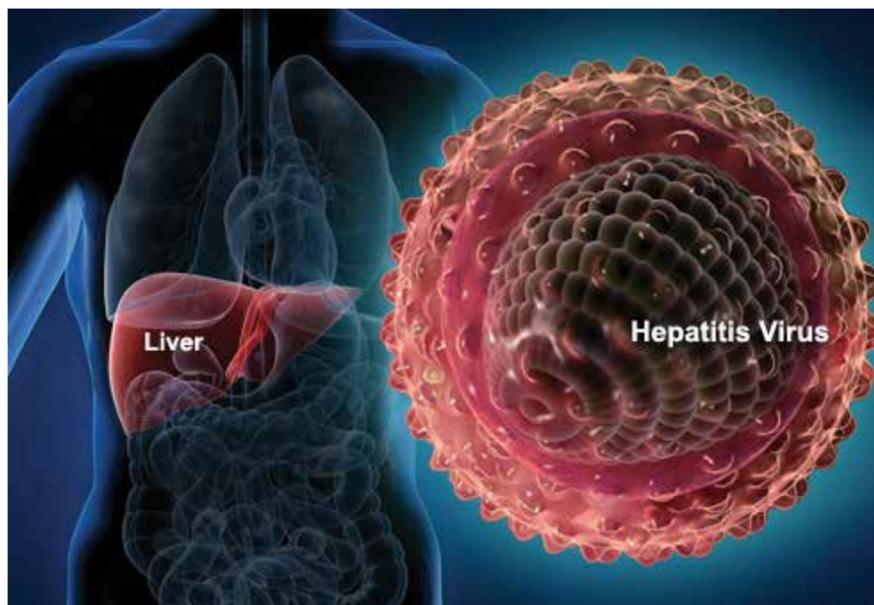
Chronic hepatitis develops slowly, so these signs and symptoms may be too subtle to notice.

### Diagnosis of hepatitis

#### History and physical exam

To diagnose hepatitis, first your doctor will take your history to determine any risk factors you may have for infectious or non-infectious hepatitis.

During a physical examination, your doctor may press down gently on your abdomen to see if there's pain or tenderness. Your doctor may also feel to see if your liver is enlarged. If your skin or eyes are yellow, your doctor will note this during the exam.



### Liver function tests

Liver function tests use blood samples to determine how efficiently your liver works. Abnormal results of these tests may be the first indication that there is a problem, especially if you don't show any signs on a physical exam of liver disease. High liver enzyme levels may indicate that your liver is stressed, damaged, or not functioning properly.

### Other blood tests

If your liver function tests are abnormal, your doctor will likely order other blood tests to detect the source of the problem. These tests can check for the viruses that cause hepatitis.

They can also be used to check for antibodies that are common in conditions like autoimmune hepatitis.

### Ultrasound

An abdominal ultrasound uses ultrasound waves to create an image of the organs within your abdomen. This test allows your doctor to take a close at your liver and nearby organs. It can reveal:

- fluid in your abdomen
- liver damage or enlargement
- liver tumours
- abnormalities of your gallbladder

Sometimes the pancreas shows up on ultrasound images as well. This can be a useful test in determining the cause of your

abnormal liver function.

### Liver biopsy

A liver biopsy is an invasive procedure that involves your doctor taking a sample of tissue from your liver. It can be done through your skin with a needle and does not require surgery. Typically, an ultrasound is used to guide your doctor when taking the biopsy sample.

This test allows your doctor to determine how infection or inflammation has affected your liver. It can also be used to sample any areas in your liver that appear abnormal.

### Treatment of hepatitis

Treatment options are determined by which type of hepatitis you have and whether the infection is acute or chronic.

### Hepatitis A

Hepatitis A usually does not require treatment because it is a short-term illness. Bed rest may be recommended if symptoms cause a great deal of discomfort. If you experience vomiting or diarrhoea, follow your doctor's orders for hydration and nutrition.

The hepatitis A vaccine is available to prevent this infection. Most children begin vaccination between ages 12 and 18 months. It is a series of two vaccines. Vaccination for hepatitis A is also available for adults and can be combined with the hepatitis B vaccine.

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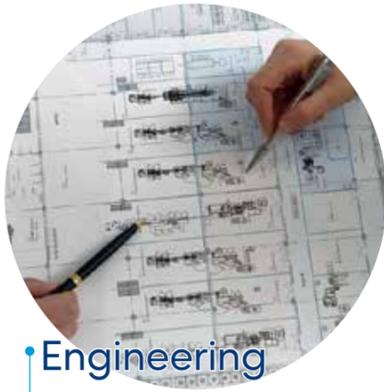


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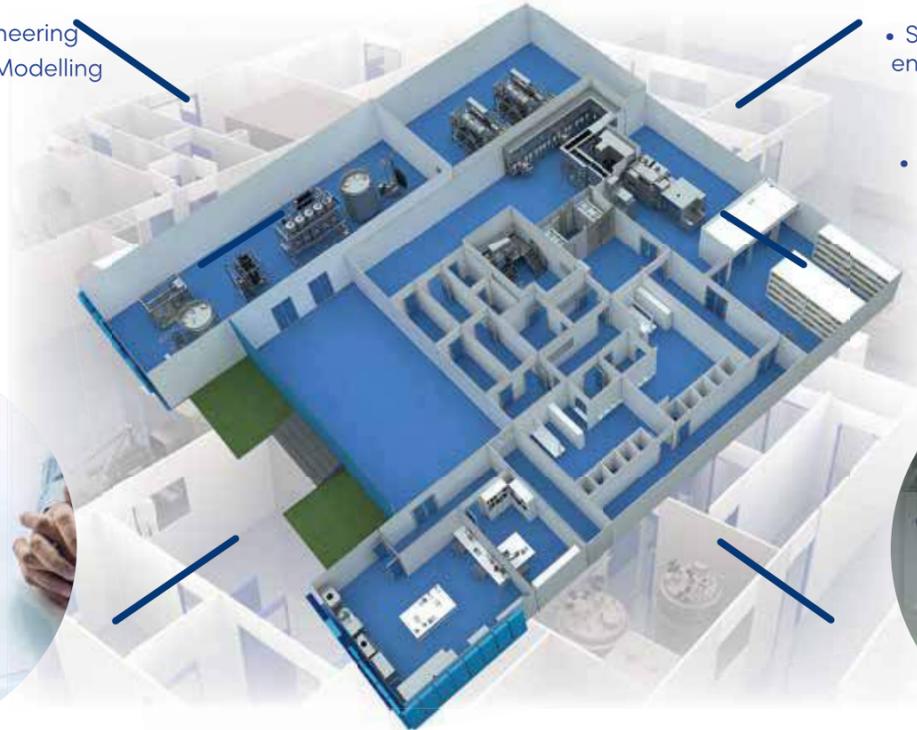
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# Stemming the tide of hepatitis in Nigeria

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## Hepatitis B

Acute hepatitis B does not require specific treatment. Chronic hepatitis B is treated with antiviral medications. This form of treatment can be costly because it must be continued for several months or years. Treatment for chronic hepatitis B also requires regular medical evaluations and monitoring to determine if the virus is responding to treatment.

Hepatitis B can be prevented with vaccination. The CDC recommends hepatitis B vaccinations for all new-borns. The series of three vaccines is typically completed over the first six months of childhood. The vaccine is also recommended for all healthcare and medical personnel.

## Hepatitis C

Antiviral medications are used to treat both acute and chronic forms of hepatitis C. People who develop chronic hepatitis C are typically treated with a combination of antiviral drug therapies. They may also need further testing to determine the best form of treatment.

People who develop cirrhosis (scarring of the liver) or liver disease as a result of chronic hepatitis C may be candidates for a liver transplant. Currently, there is no vaccination for hepatitis C.

## Hepatitis D

No antiviral medications exist for the treatment of hepatitis D at this time. According to a 2013 study, a drug called alpha interferon can be used to treat hepatitis D, but it only shows improvement in about 25 to 30 percent of people.

Hepatitis D can be prevented by getting the vaccination for hepatitis B, as infection with hepatitis B is necessary for hepatitis D to develop.

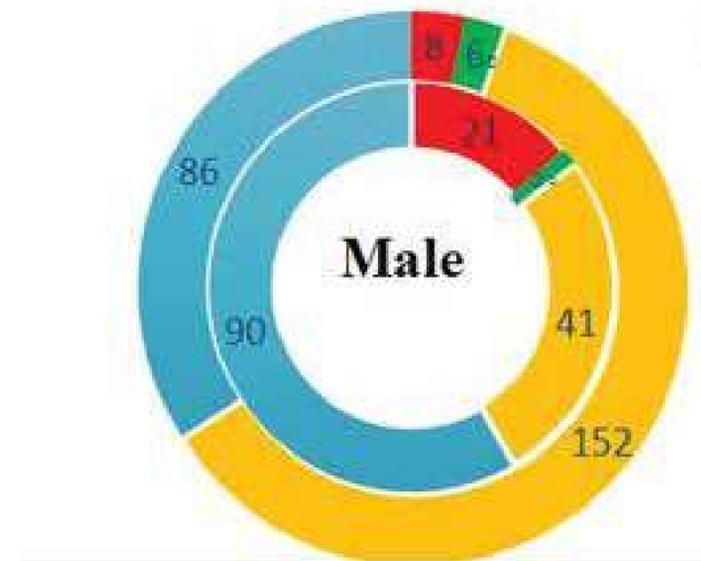
## Hepatitis E

Currently, no specific medical therapies are available to treat hepatitis E. Because the infection is often acute, it typically resolves on its own. People with this type of infection are often advised to get adequate rest, drink plenty of fluids, get enough nutrients, and avoid alcohol. However, pregnant women who develop this infection require close monitoring and care.

## Autoimmune hepatitis

Corticosteroids, like prednisone or budesonide, are extremely important in the early treatment of autoimmune hepatitis. They're effective in about 80 per cent of people with this condition.

Azothioprine (Imuran), a drug that suppresses the immune system, is often included in treatment. It can be used with or without steroids. Other immune suppressing drugs like mycophenolate (CellCept), tacrolimus (Prograf) and cyclosporine (Neoral) can



also be used as alternatives to azathioprine for treatment.

## Preventive tips against hepatitis

Practising good hygiene is one key way to avoid contracting hepatitis A and E. If you're traveling to a developing country, you should avoid:

- local water
- ice
- raw or undercooked shellfish and oysters
- raw fruit and vegetables
- Hepatitis B, C, and D contracted through contaminated blood can be prevented by:
  - not sharing drug needles
  - not sharing razors
  - not using someone else's toothbrush
  - not touching spilled blood

Hepatitis B and C can also be contracted through sexual intercourse and intimate sexual contact. Practicing safe sex by using condoms and dental dams can help decrease the risk of infection.

## Prevention of hepatitis B

On the prevention of the infection, WHO has recommended that all infants receive a first dose of the hepatitis B vaccine as soon as possible after birth, preferably within 24 hours; as infants can be protected from HBV through a safe and effective vaccine that provides over 95 per cent protection against infection.

"Expanding access to a timely birth dose of the hepatitis B vaccine is the cornerstone of efforts to prevent mother-to-children transmission of HBV. For countries especially in regions such as sub-Saharan Africa, where the birth dose of hepatitis B vaccine has not yet been introduced, it is a priority to assure that protection as early as possible," said Dr Meg Doherty, Director of Global HIV, Hepatitis and STI Programmes.

WHO has also noted that an additional way to protect children is to provide pregnant women with antiviral treatment to reduce mother-to-child transmission of HBV. WHO already recommends routine testing of all pregnant women for HBV, as well as HIV and syphilis as early as possible in their pregnancy.

In view of new evidence on the safety and efficacy of antiviral prophylaxis in pregnant women and their children, WHO is issuing two new recommendations:

"Pregnant women who test positive for hepatitis B infection and have a high level of HBV in the blood (known as HBV viral load) should receive preventive antiviral therapy with tenofovir from the 28th week of pregnancy until birth. The antiviral drug, tenofovir is available at low cost in many countries of the world for less than US\$3 per month.

"In settings where HBV viral load testing is not available, WHO recommends the use

of an alternative low cost test (HBeAg) to determine whether a woman is eligible for preventive antiviral therapy.

"In countries that have already achieved high coverage of hepatitis B immunization, including timely birth dose, routine testing for HBV infection among pregnant women and antiviral prophylaxis for those in need is an additional opportunity to prevent onward transmission from mother to child.

"Stopping vertical transmission of HBV is a key pillar of the global 'triple elimination' initiative, which seeks to eliminate mother-to-child transmission of three infections that are prevalent in low- and middle-income countries: HIV, syphilis and hepatitis B virus," added Dr Doherty.

Eliminating mother-to-child transmission of HBV is also an important stepping stone for reaching the targets of WHO's global hepatitis strategy, which aims to reduce new hepatitis infections by 90 per cent and deaths by 65 per cent, compared to 2015 levels.

## Vaccines

The use of vaccines is an important key to preventing hepatitis. Vaccinations are available to prevent the development of hepatitis A and B. Experts are currently developing vaccines against hepatitis C. A vaccination for hepatitis E exists in China, but it isn't available in the United States.

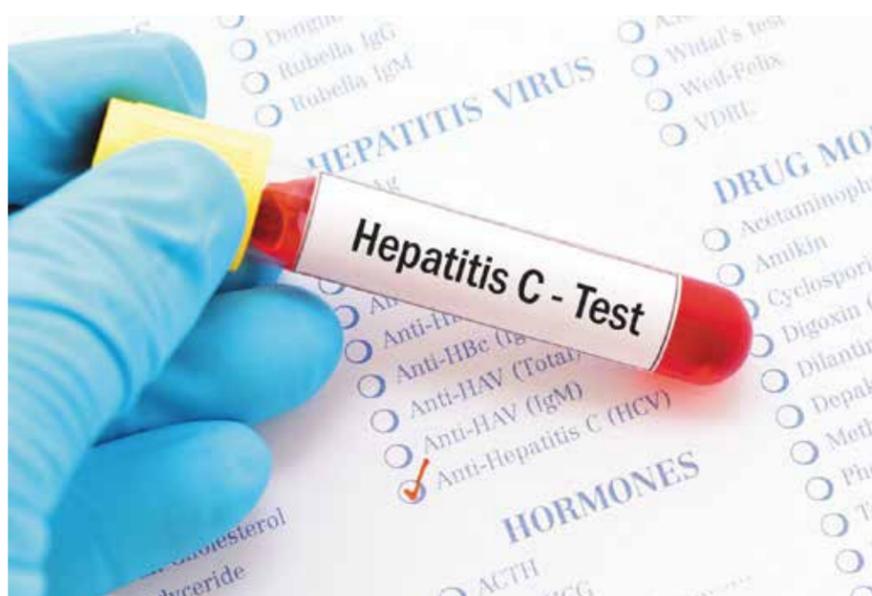
## Complications of hepatitis

Chronic hepatitis B or C can often lead to more serious health problems. Because the virus affects the liver, people with chronic hepatitis B or C are at risk for:

- chronic liver disease
- cirrhosis
- liver cancer
- When your liver stops functioning normally, liver failure can occur. Complications of liver failure include:
  - bleeding disorders
  - a buildup of fluid in your abdomen, known as ascites
  - increased blood pressure in portal veins that enter your liver, known as portal hypertension
  - kidney failure
  - hepatic encephalopathy, which can involve fatigue, memory loss, and diminished mental abilities due to the buildup of toxins, like ammonia, that affect brain function
  - hepatocellular carcinoma, which is a form of liver cancer
  - death

People with chronic hepatitis B and C are encouraged to avoid alcohol because it can accelerate liver disease and failure. Certain supplements and medications can also affect liver function. If you have chronic hepatitis B or C, check with your doctor before taking any new medications.

**Report compiled by Temitope Obayendo, with additional information from World Health Organisation, Healthline.com, World hepatitis day.org**



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# FG begins implementation of NDDG, set to penalise defaulters

continued from page 1

exist.

Disclosing this with **Pharmanews** in an interview, Registrar of the Pharmacists Council of Nigeria (PCN), Dr NAE Mohammed, also revealed that the Council has sent warning signals to individuals and groups who might be dubiously delaying the completion of CWCs, especially in Lagos and Anambra states, that government will soon swoop on them if they do not desist from the nefarious practice.

Recall that the NDDG was launched by the Federal Government in February 2013 to sanitise the drug distribution system in the country. The implementation was initially slated for 2014, then shifted to 2016, and again to December 2018 – all of which had however failed to materialise, until now that the approval for CWCs has been granted.

Mohammed also reiterated the position of other pharmacy professionals in the country that the increasing incidence of drug abuse and misuse in Nigeria is, to a high extent, associated with the activities of the open drug markets, assuring that the commencement of CWCs will lead to the closure of such illegal outlets.

He said: “The implementation of the National Drug Distribution Guidelines (NDDG) has actually commenced. This is in view of the approval obtained to establish CWCs in locations approved by the PCN. You may wish to also note that in this implementation process, some states have commenced the establishment of the State Drug Distribution Centres, through state legislations and refer to it as State Drug Management Agencies (DMAs).

“Examples of states that have so far established DMAs include Kano, Katsina, Kaduna, Jigawa, Niger amongst many others. It should further be noted that DMAs are part of the Public Wholesale Centres (PWCs) on the second layer of NDDG, just as the CWCs.

“The Pharmacists Council of Nigeria (PCN) working on implementation of the National Drug Distribution Guidelines (NDDG) collaborated with key stakeholders on the platform of regulatory forum, which included NAFDAC and the Department of Food and Drug Services of the Federal Ministry of Health (FMOH) to secure FMOH’s approval for the establishment of Coordinated Wholesale Centres (CWCs) in some states of the federation, especially where open drug markets currently exist.

“Subsequent to that, the PCN has undertaken inspections and granted approval to certain suitable locations in Anambra, Kano, Lagos and Abia State, among others, for the



**Dr NAE Mohammed**  
PCN Registrar

siting of approved prototype CWC structures. The former Honourable Minister of Health has also visited these sites during advocacy visits to the governments, traditional institutions and stakeholders in these states to ensure early development, in compliance with regulatory standards.

“As of now, Kano CWC has almost completed its building, while others are at various stages of construction. However, those who might take government’s delayed enforcement or closure of the drug markets as an alibi to continue to slow down on the take-off of their various CWCs, as exemplified by Lagos and Onitsha CWCs, will soon be shocked by the action that might be taken by government in response to their nonchalant attitude to this very important project of the Federal Government.

“As soon as these ones are completed, all the open drug market dealers will be moved to the CWCs. Shortly, after then, enforcement on closure of open drug markets will begin.”

Speaking on the new development, Dr Samuel Adekola, national chairman, Association of Community Pharmacists of Nigeria (ACPN), stated that the closure of open drugs markets may not go down well with some stakeholders, especially importers and manufacturers of drugs, as the markets serve as a means of getting quick money, compared to other sales outlets they have.

While acknowledging that a few ACPN members may be trading in the open drug markets, Adekola maintained that such only engage in wholesale and not retail activities. He added also that the major problem of open drug markets is circulation of adulterated and fake drugs.

He said: “Majority of

manufacturers are in the open drug markets. In fact, very many importers and manufacturers prefer to sell to these markets because of the quick money they receive from the players in the markets. The supply of drugs to these markets is more of a problem, rather than the pockets of community pharmacists that might find their way there. They are not there to make drugs accessible to everybody; they are there as wholesalers, not as retailers. You can never have a retail pharmacist in the market.”

Adekola further buttressed the need for more effective regulation of drug distribution by non-pharmacists, asserting that 70 per cent of drug retailing in the country is carried out by non-pharmaceutical wholesalers, who he accused as being the major cause of drug abuse and substandard drugs distribution.

In his words: “You talk about drug abuse when you come to a community where majority of drug handlers are not professionals, because they are the ones that sell these drugs to the general public without caution, as they are more business-oriented. The non-pharmaceutical wholesalers who today are involved in over 70 per cent of drug retailing in Nigeria are the major culprits. This is a statement of fact. Wholesalers who are not pharmacists and who do not restrict themselves to wholesales are contributing more to drug abuse.

“This is why we are calling on regulators to ensure that wholesalers keep to their duty and not encroach into retailing. These are the people in reality that provide frivolous access to drugs. As much as we do not encourage our members to be in the open drug markets, neither do we encourage them

to go and buy there, but we must know that manufacturers make their products available there.

“There is no better solution than pulling down open drug markets, but the main evil with open drug markets is adulteration of drugs and faking.”

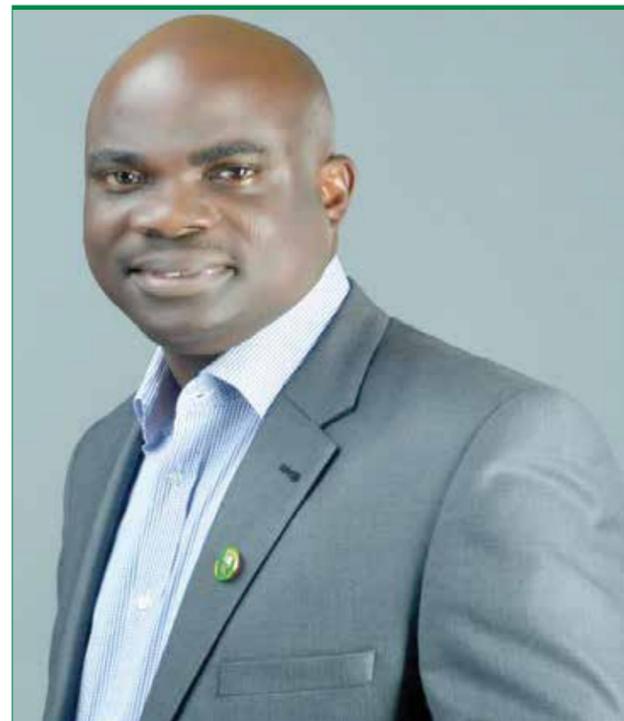
In a related development, the PCN registrar has distanced the Council from approval of online drugs sales in the country, stating categorically that it has not approved any website for such.

According to Mohammed, “It is appropriate to state clearly that PCN has not approved any online site for the sale of drugs in the country. However, in view of the current developments, Council is taking necessary steps to regulate this emerging reality by putting in place an instrument for the effective control of online sale of drugs.

“Presently, the PCN is developing a regulation to make clear provisions for the operation of online sites willing to participate in the sale of medicines in Nigeria. It is my belief that the regulation will enable the country to achieve effective control of online sales of drugs in Nigeria, as sanctions for breach of the various provisions will be sufficient deterrent to violators of the regulation.

“The goal of this regulation is to promote access to medicines from only approved and licensed sites and to also control access to illicit and other unauthorised medicines from these channels. The overall goal of this effort is to promote rational use of medicines by the citizens.”

Mohammed added that the PCN had recently held meetings with Interpol Nigeria at the office of the Inspector General of Police concerning the strategies for the enforcement of the online pharmacy practice regulation, when it is eventually gazetted.



**Dr Samuel O. Adekola**  
National Chairman, ACPN

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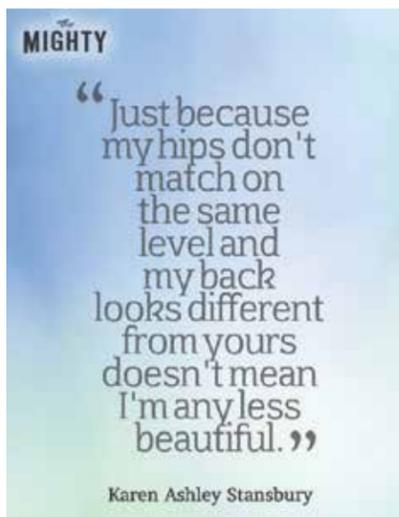
# Scoliosis: Living beyond the curve

Pharm. Taiwo Olawehinmi  
(PSN-YPG, Lagos)

“Bras don't fit right, shirts don't fit right, pictures where you have your back to the camera are to be deleted, burnt and never see the light of day. Your life revolves around what feels comfortable (slouching and uneven shoulders) and what will benefit you in the long run (good posture). . . Nobody wants to be the girl with a humpback.”

Those were the words of Chelsea Ellis, in an attempt to describe the ordeal of many a scoliosis patient. Yet, some persons experience even worse!

The International Scoliosis Awareness Day (ISAD) falls on the last Saturday of each June. This year's celebration fell on 26 June. In commemoration of ISAD 2021, this article seeks to share basic information about scoliosis.



## Scoliosis: The ordeal

What exactly is scoliosis? Scoliosis is a medical condition in which a person's spine has a sideways curve. The curve is usually “S” or “C”, shaped instead of a straight “I”. In some, the degree of curve is stable, while in others, it increases over time. The larger the curve, the greater the risk of it worsening over time.

S-shaped curves, also called “double curves,” tend to get worse over time. C-shaped curves are less likely to worsen. Scoliosis can affect any part of the spine, but the most common regions are the chest area (thoracic scoliosis) and the lower section of the back (lumbar scoliosis).

Now, scoliosis not just about “a little curved spine” - it affects people in everything they do, 24 hours a day, seven days a week! It can prevent you from doing the most basic tasks, like putting socks on, washing your hair or simply trying to get comfortable. It can be quite painful. In severe cases, heart and lung problems may also occur. It can affect those with it in different ways, depending on the degree. It is said that no two people have identical scoliosis journeys.

## What causes scoliosis?



It may be congenital scoliosis (caused by a bone abnormality present at birth), or neuromuscular scoliosis (as a result of abnormal muscles or nerves; for example, in people with spina bifida or cerebral palsy, or in those with various conditions that are accompanied by, or result in, paralysis).

It may also be degenerative scoliosis which may result from traumatic (from an injury or illness) bone collapse, previous major back surgery, or osteoporosis. Idiopathic scoliosis is the most common type of scoliosis and it has no specific identifiable cause. There is, however, strong evidence that idiopathic scoliosis is inherited.

## Pointers to scoliosis

Uneven shoulders (hence, clothes do not hang properly), with a prominent shoulder blade; uneven waist, or leaning to one side all point to scoliosis. The head may also be slightly off the centre. In babies, it can be identified through a bulge on one side of the chest. The baby might consistently lie curved to one side

## Diagnosis

The diagnosis of scoliosis and the determination of the type of scoliosis are made by a careful bone exam and an X-ray to evaluate the magnitude of the curve.

**Gender:** Females are at a higher risk of having scoliosis than males.

**Age:** Scoliosis signs and symptoms often start during a growth spurt that occurs just before puberty. Scoliosis could also occur in babies. In babies, a bulge is identified on one side of the chest. The baby might consistently lie curved to one side.

**Genetics:** People with scoliosis are more likely to have close relatives with the same condition than people without scoliosis.

## Treatment

**Casting:** Casting, instead of bracing, is sometimes used for infantile scoliosis, to help the infant's spine to go back to its normal position as it grows. This can be done with a cast made of plaster of Paris. The cast is attached to the outside of the patient's body and will be worn at all times. Because the infant is growing rapidly, the cast is changed regularly.

**Bracing:** Bracing is the usual treatment choice for adolescents who have a spinal curve between 25 degrees to 40 degrees, particularly if their bones are still maturing and if they have at least two years of growth remaining. The purpose of bracing is to halt progression of the curve. It may provide a temporary correction but, usually, the curve will assume its original magnitude when bracing is eliminated. Braces are usually worn all the time, even at night. The more hours per day the patient wears the brace, the more effective it tends to be.

**Surgery:** Those who have curves beyond 40 degrees to 50 degrees are often considered for scoliosis surgery. The goal is to make sure the curve does not get worse, but surgery does not perfectly straighten the spine. Surgery (spinal fusion) is recommended in severe cases, where scoliosis can progress over time. In some cases, a back brace may be needed to support the spine.

**Exercise:** Exercise does have

a role in the treatment of scoliosis, along with more conventional treatments like bracing. According to the Scoliosis Research Society, physical activity is generally beneficial to kids with scoliosis. So, unless you are in pain or your doctor gives you certain instructions, you should continue to participate in the activities and sports you love, even if you wear a brace. In fact, it is good for your back.

## Hormonal imbalance and scoliosis

European research is connecting scoliosis to low levels of certain hormones and the brain not responding to these hormones. These hormones include leptin, melatonin, calmodulin, serotonin and growth hormones.

For example, many scoliosis patients are deficient in serotonin. Serotonin-controlled nerve pathways are responsible for satiety, happiness and dynamic postural control. Serotonin is also converted into melatonin; and melatonin deficiency is tied to scoliosis.

One can take over-the-counter amino acids that the body converts into serotonin, correcting both hormone imbalances. Fixing these imbalances helps one experience greater, longer-lasting success with muscle memory retraining.

## Is scoliosis in Nigeria?

Yes, many Nigerians are affected by scoliosis - babies, adolescents and adults alike. Scoliosis does not exist in the Americas alone. It's no respecter of persons.

## Living beyond the curve

For as many who have scoliosis, know that scoliosis does not define you. In fact, you can defy the



seeming limitations of scoliosis, despite your condition. How do you do this?

Do not feel any less beautiful, smart or capable, than you really are! The shape of your hips or shoulders is not your true definition. The length of your legs does not even give the slightest hint of your innermost strength, power and capabilities!

Truth be told, emotional and psychological stress are inevitable. Yet, do not allow yourself to be depressed, or your self-esteem to be crushed.

Find a support group. Start with your friends and explain to them how your scoliosis diagnosis affects your life. Once you have their support, try to find a support system of other scoliosis patients who can share their experiences with you and give you advice.

You can also participate in online forums to learn everything, from fashion and accessorising with a brace to reading personal stories from scoliosis patients.

You can still live a full life, despite scoliosis! Don't you dare allow scoliosis have the last laugh! When you see your scoliosis, see your beauty!

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# Scent leaf and female fertility, menstrual cycle

By Temitope Obayendo

**O**cimum gratissimum, generally known as scent leaf is of the family Lamiaceae. It is an aromatic plant valued for its taste enhancement effect in food and its therapeutic benefits. Validated by several studies for its various health benefits, scent leaf has been found to possess anti-inflammatory, anti-diabetic, antimicrobial, antioxidant, anti-cancer, anti-malaria, anti-diarrhoea properties, in different degrees. It has also been found to contain heart-friendly nutrient like magnesium, which helps lower bad cholesterol level and improve blood circulation.

As a locally available plant in Nigeria and some African countries, scent leaf is known by different names. The Igbos call it *nshianwu*, Yorubas know it as *efirin*, while the Hausas refer to it as *daidoya*. In Efik language, it is known as *ntong*, while the Edo people call it *aramogbo*.

It is noteworthy that people at different times have expressed curiosity and even concerns as to the effects of scent leaf on female fertility and menstrual cycle. There are indeed claims that the plant could help patients battling infertility.

## Expert's perspective

Clarifying these concerns and claims, Dr Stella Olagbende-Dada, a pharmacognosist with specialty in Phytochemistry and Ethnobotany, acknowledged that many research works have validated that scent leaf affects fertility in both male and female, stressing however that her focus is female fertility.

Olagbende-Dada explained that it is the nature of interaction that the scent leaf has on the female hormones that determines its role in fertility.

She said, "Fertility in the female is primarily the function of the hormones. There are many hormones at work in the process of ovulation and conception - for example, gonadotropin-releasing hormone (GnRH), luteinizing hormone, follicle-stimulating hormone, the female sex steroids (oestrogen and progesterone); and each of these must be present at the right time and in the right quantity to ensure a smooth process of fertility."

The phytochemist categorically stated that any substance that affects hormonal balance in the body promotes infertility.

She explained: "Follicle-stimulating hormone (FSH) is the central hormone of mammalian reproduction and it is essential for gonadal development and maturation at puberty, as well as gamete production during the fertile phase of life, as explained in the *Journal of EthnoPharmacology*, 1990. It stimulates the growth and maturation of ovarian follicle. The reduction in the FSH level by *O. gratissimum* extracts, as reported, may hinder folliculogenesis and delay maturation of the follicle in the pre-ovulatory and thereby adversely affect conception in female animals.

"Luteinizing hormone stimulates the secretion of sex hormones from the gonads; ovulation of mature follicle in the ovary is also induced by a surge of luteinizing hormone secretion. That this surge in luteinizing



hormone secretion is responsible for ovulation has been proved by research work, as reported in the *Journal of Pharmaceutical and Clinical Research*. Hence any

obstruction to this secretional surge disrupts ovulation and causes infertility.

It has also been discovered that *O. gratissimum* contains antigonadotropic substance(s) that may affect the oestrous cycle and hinder reproduction in females."

## Further findings

A team of four Nigerian scientists also recently conducted a research on the impact *Ocimum gratissimum* on female fertility. Their findings, published in the *Journal of Chemical and Pharmaceutical Research*, showed that administration of methanol extract of *Ocimum gratissimum* caused a non-significant difference in estradiol concentration in the first group and a non-significant increase in the second group, compared to the controlled group.

The result also showed a dose-dependent significant decrease in serum testosterone level in the test groups, compared to the control. Level of follicle stimulating hormone decreased non-significantly as compared to the controlled group.

The study, conducted by Egba Simeon I., Omodamiro Olorunsola D., Obike Joy C. and Ali Ezinne S., established that scent leaf has important implications for female contraceptive development, because it has properties that decrease fertility hormones in female rats. Thus, they stated that it has no fertility potentials in humans.

Dada's view further corroborated the findings of the team saying that the aqueous, methanol and acetone extracts of *O. gratissimum* have all shown its anti-fertility effect in experimental

continued on page 26

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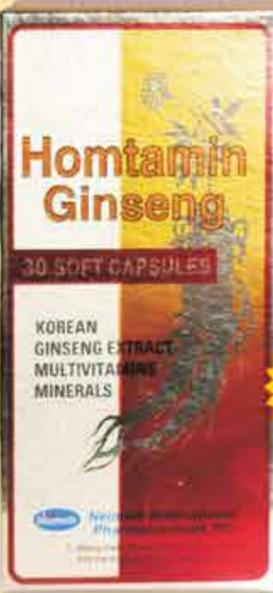
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# UNN pharmacy faculty resumes work on drug production unit

## - As Dean urges review of pharmacy curriculum

Ranmilowo Ojalumo

As part of efforts to reduce the nation's dependence on imported medicines, the Faculty of Pharmaceutical Sciences, University of Nigeria, Nsukka (UNN), has resumed work on the institution's drug production unit, otherwise known as UNN drug production project.

Disclosing this in an interview with *Pharmanews* recently, the Dean of the Faculty, Professor Kenneth Chibuzor Ofokansi, revealed that the management of the university has commissioned the faculty to revive the project which had been initiated earlier but put on hold for some reasons.

Ofokansi, a professor of Pharmaceutics and Biopharmaceutics, added that the institution's leadership has also mandated the faculty to start production of drugs that can be made available in commercial quantity. He disclosed that one of the drugs to be produced in the facility is Lion Paracetamol, stressing that some of the products from the factory will soon be available in the Nigeria drug market.

The dean said: "There is an ongoing effort to resuscitate the pilot production unit of the faculty which has not functioned for many years. Thanks to the current university administration which has shown willingness to support the faculty in reviving the pilot plant project, which is now at an advanced stage to commence production of some dosage forms.

"The university administration has given order to our faculty to produce some products which can be made commercially available, including the "Lion Paracetamol". In no distant time, our products will storm the Nigerian drug market and we are hopeful that these efforts should reduce Nigeria's dependence on the importation of drugs."

Ofokansi noted that, as a hotbed of cutting-edge research, the faculty is continually involved in drug discovery and development efforts, adding that it will continue to set the pace for other colleges of pharmacy in moving the pharmaceutical sector forward.

He said: "The faculty has many research groups whose ongoing researches are sponsored by the National Research Fund of the Tertiary Education Trust Fund (TETFund). Prominent among many projects are the researches on 'Nano theranostic formulation of kaurenoic acid for effective target delivery in the treatment of breast and prostate cancer and determination of the mechanism of action'. It was led by Professor Theophine Akunne. Another one is 'Generation of keratin from chicken feather and its application in the development of artemether-clotrimazole transdermal films and nanogels for malaria combo-therapy', under the control of Dr. Frankline

C. Kenechukwu.

"A cursory look at repositories, such as Google Scholar, ResearchGate, and so on, will provide you with insights into the magnitude of research discoveries in the faculty. There are, at least, six patents, both national and international, that have emanated from the research efforts of our staff."

Speaking further, the Dean disclosed: "Another major development recorded in the faculty is the selection of the University of Nigeria for the siting of an international anti-doping laboratory by the Federal Ministry of Sports and Youth development.

"Prior to selecting the University of Nigeria to host this laboratory, a team from the Ministry of Sports and Youth Development had visited our faculty on a fact-finding mission and in the process, interacted with the dean and key members of staff of our faculty whose expertise would be useful in running the anti-doping laboratory when completed."

While emphasising the faculty's commitment to quality education, Ofokansi who expressed delight at the quality of staff and resource persons in the faculty stated that the major driver of qualitative education anywhere in the world is the quality of manpower, saying the faculty currently has the highest number of professors among the faculties of pharmacy in Nigeria.

In his words: "The Faculty of Pharmaceutical Sciences in UNN is far ahead of all the pharmacy schools in Nigeria and arguably in sub-Saharan Africa. At present, the faculty can boast of 30 full professors, three associate professors (readers), over 20 senior lecturers, in addition to over 68 lower cadres (Lecturer I and below). This is unprecedented in any pharmacy school in Nigeria.

"Moreover, this number is expected to swell in no distant time as the number of staff being assessed for promotion to full professors, readers and senior lecturers is currently high. Our academic staff are among the most cited, globally visible and the most widely published in the whole of the University of Nigeria. No pharmacy school in Nigeria can boast of this record.

"Two of our academic staff are winners and recipients of the NLNG-sponsored Nigerian Science Prize and three of our staff are Fellows of the Nigeria Academy of Science. About eight of our staff are Fellows of the Alexander von Humboldt Stiftung (Foundation) tenable in Germany and many are Fellows of other renowned international fellowships."

The professor of Pharmaceutics and Biopharmaceutics, who is also

a member-elect of the University of Nigeria Governing Council, however advocated for a thorough and regular review of the pharmacy curriculum to reflect current realities, stressing that curriculum is an important ingredient in pharmacy education.

He noted that while the present curriculum is good, there should be room for periodic review to accommodate emerging issues, such as the upshots of the COVID-19 pandemic.

He said: "The practice of waiting for up to five years or more before reviewing

our curriculum should be revisited to properly situate our curriculum with global best practices, trends and expected outcomes.

"Moreover, a curriculum replete with theory-based courses hardly drives any profession to any result-oriented destination; and that is where the greater job should be done whenever a review is necessary. Expectedly, this



Professor Kenneth Chibuzor Ofokansi

direction requires improvement in the infrastructure of our universities to be able to navigate the ever-changing narratives in pharmacy education.

"There is also a school of thought that holds the view that our curriculum is overloaded and that most of what pharmacy students are taught in Nigeria is not really necessary in the actual practice of Pharmacy as a profession."

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## Scent leaf and female fertility, menstrual cycle

continued from page 23

animals like mice and rats.

"This is evident from the findings published in *Advances in Contraception*, which found the aqueous extract to have caused a significant increase in the level of prolactin and progesterone while there was a decrease in the level of luteinizing hormone in the extract treated female albino rats, when compared with the control group. The methanol extract, as reported in the *Journal of Chemical and Pharmaceutical Research*, showed decrease in both testosterone and luteinizing hormones when the treated and the control results were compared. They also reported increase in prolactin and progesterone level," she remarked.

### Effects on menstruation

Experts from *publichealth.com.ng* however, differed a little in their stance on the effect of scent leaf on menstruation, stating that it can help with painful menstruation, but other herbs like Ginger (*Zingiber officinale*), sage (*Salvia Ivaudulifolia*), chamomile (*Matricaria chamomilla*) and valerian (*Valeriana officinalis*) have been found to be effective in the treatment of dysmenorrhea.

However, in line with available studies, they maintained that scent leaf is not a good plant to promote ovulation if a woman is trying to conceive because apart from the tendency to mess up her ovulation hormones, it can affect her

partner's sperm quality by causing sperm impairments and distortions in testicular cytoarchitecture.

They agreed with Dada's position saying any reduction in the levels of luteinizing hormone by scent leaf can adversely affect ovulation, which will definitely impair fertility.

Dr Dada averred further the role of *O. gratissimum* in the production process of prolactin and breast metamorphosis, noting that it is contradictory to the normal fertility process in females, as high level of prolactin was found to be suppressing the ovulatory circle.

"Prolactin helps to initiate breast development and lactogenesis, while dopamine is the major inhibitory factor on prolactin secretion, as validated in the *Journal of Microbiology Research*. The enhanced level of prolactin, observed in all these studies with *O. gratissimum* extract, suggests that the extract may be acting as dopamine antagonist. It has also been reported in early studies that high prolactin level can suppress the ovulatory cycle by inhibiting the secretion of both FSH and GnRH.

"Overall, *Ocimum gratissimum* has shown general anti-fertility effect, through all its tested extracts, and researchers have seen the possibility of a potent contraceptive emerging from this plant", she emphasised.

## Lagos ALPs elects new executives, as Alli retires at 60

continued from page 7

building. She is an epitome of success in career and the home front. We pray that the decades ahead will be more glorious."

In Chief Yetunde Moroundiya's words, the celebrant is a paragon of efficiency, success and organisation, with an eye for detail. On behalf of other Alpians, she prayed for more grace on Alli, while appreciating her husband for his patience in allowing her time for the association's activities.

Prof. Odukoya, on her part, described Alli as a disciplined and very diligent person, who, nonetheless, is friendly and flexible in her dealings.

"She was so committed to ALPs programmes that she personally sent me an invite for every meeting, though I could not meet up for all programmes," Odukoya said.

Dr Lolu Ojo also joined in the acclamation for Mrs Alli, describing her as an amiable former classmate at the Obafemi Awolowo University. He further portrayed her as a beautiful soul in and out, who will stop at nothing to see that her environment is peaceful.

Many other guests and friends of the celebrant were not excluded in expressing their goodwill messages to her, mentioning different qualities and character traits that endeared

her to them, even as they advised her to keep up her good works in mentorship of young girls, as well as caring for the less-privileged and the elderly.

Appreciating her guests who suspended all their busy schedules to come and felicitate with her, the out-going Lagos ALPs chairman, who couldn't hide her joy, said she was so excited and fortunate to be surrounded by such a host of caring people. She thanked God for giving her the opportunity to achieve such milestones over the last 60 years of her life.

"It's good to be flexible when it comes to religion; I think it's about character. I always thank God for the privilege to work with the Igbobi team - they are a highly professional people. Although it was highly challenging as there were always intellectual arguments on every issue to arrive at the best professional approach to all procedures, I enjoyed all the moments I spent with them.

"I'm also grateful to God for giving me the opportunity to serve as ALPs chairman. Although I initially turned down the offer, I later considered it as a privilege to serve the profession and humanity. Yes, the four years wasn't easy for me, but I blessed God it was a successful tenure," she stated.

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

# Nigeria has much to learn from Saudi Arabia's health system - Ohakwume

By Patrick Iwelunmor

**D**r Henry Ohakwume is a Paediatrics and Emergency Room Resident at the Ministry of Health, Riyadh, Saudi Arabia. A graduate of Obafemi Awolowo University Medical School, he is registered with the Medical and Dental Council of Nigeria, the Saudi Commission for Health Specialties, and the Australian Medical Council. He has garnered over 13 years of experience in diagnosis, treatment and management of patient illnesses and diseases. In this exclusive interview with *Pharmanews*, he puts into perspective issues surrounding the practice of Medicine in Nigeria and Saudi Arabia, among others things. Excerpts:

## How would you rate medical practice in Nigeria, compared to the system in Saudi Arabia?

The quality of healthcare services delivered in Nigeria is very poor and remains a huge source of concern. Most of the health facilities that are supposed to meet the health needs of the poor and rural dwellers are in a poor state due, to poor budgetary allocation and corruption.

The reverse is the case in Saudi Arabia, where healthcare is the third largest recipient of government expenditures in the country's fiscal budget. Healthcare in Saudi Arabia is a national system, in which the government provides free healthcare services through a number of government agencies. Saudi Arabia has been ranked among the 26 best countries in providing high quality healthcare. Unfortunately, the gap between the two nations is very wide.

## Why did you leave Nigeria for Saudi Arabia, even though medical doctors are relatively not doing badly in Nigeria?

I left Nigeria because of better prospects abroad. I got choked working in Nigeria. The system doesn't just work, no matter how you try.

## How has the Saudi Arabian government been responding to the COVID-19 pandemic?

Saudi Arabia has faced this crisis from a position of strength. The kingdom was fully committed and up to the task of sustaining public financing, despite the challenges of the current global economy. The measures implemented by the government prove a great ability to make hard decisions when needed. This helped the government address socioeconomic and livelihood issues, ranging across public health, education, food security, agriculture, energy, communications, business, and jobs.

The coronavirus pandemic is far from over and still poses significant challenges that will shape the world for years to come. However, the Saudi Arabian government has shown the world that it can deliver an effective, science-based public health strategy, while considering social security as a prime concern.

## Are there lessons you think Nigeria can learn from Saudi Arabia in medical practice?

The lessons are numerous. First is accessibility to health services. The Nigerian government needs to optimise the accessibility of healthcare services. This requires

equity in the distribution of healthcare facilities throughout the nation and equity of access to health professionals, including transportation to health services and providers.

Second is health insurance in Nigeria. Funding healthcare services is a central challenge faced by the Nigerian government. Since the total expenditure on public health services comes from the government, this leads to considerable cost pressure on the government, particularly in view of the rapid growth of the population, the high cost of new technologies and the growing awareness about health and disease among the populace.

To meet the growing population demands for healthcare and to ensure the quality of services provided, the government needs to reorganise the insurance scheme. It needs to organise a stakeholders' conference and map out a formula that can work.

Also, there should be decentralisation of health services and granting of autonomy to hospitals; reorganisation and restructuring of the Ministry of Health; privatisation of public hospitals; and, very importantly, a good salary structure for medical staff.

## Nigerian doctors, especially resident doctors, are often going on strike to protest poor working conditions. What do you think government can do to stop this sad reality?

Insincerity amongst government officials is the problem. What is the bone of contention?

Immediate payment of all salaries owed to all doctors; upward review of the current hazard allowance to 50 per cent of consolidated basic salaries of all health workers and payment of the outstanding COVID-19 inducement allowance - the hazard allowances have remained 5000 naira for over 30 years; payment of death in service insurance for all health workers, who died as a result of COVID-19 infection or other infectious diseases in the country; universal domestication/implementation of the 2017 MRTA by all federal government and state-owned training institutions, to ensure proper funding of residency training in the country, as stipulated by the Act; and immediate review of the Act regulating postgraduate medical training in Nigeria, in line with international best practices to remove the unnecessary rigours in residency training in Nigeria - one of the factors contributing

to brain drain in the health sector.

Now the question is, are these demands irrational? The Nigerian government should meet the demands.

## Are you considering coming back to Nigeria to establish a medical centre in the nearest future?

No place like home, as they always say. It's the wish of most Nigerian doctors in diaspora to come back home. We have a responsibility towards the medically underserved areas in our home country of Nigeria. It's our dual mission to take care of our obligations here and home. Hopefully, Nigeria will be safe again and we can all come back home to help improve the health sector.

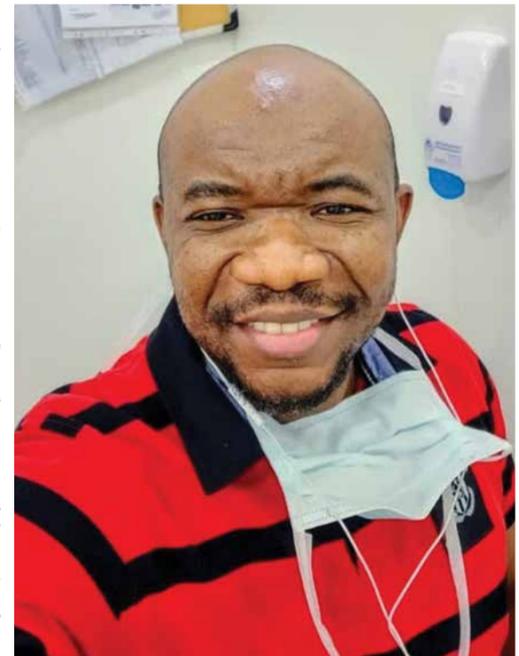
## What's your message to Nigerian doctors back home?

Dear doctors, you have lots of dreams and things you want to do. But for some reason, you're hesitating—even though no one is holding you back. In this day and age, you do not have an excuse of no money, no time, and barriers. Everything you dream of, you can achieve. Start now.

## What's your advice to the Nigerian government on how to

## better the lot of doctors in the country?

The problem is lack of government investment in the health sector. The Nigerian government must take healthcare very seriously. Stakeholders - including the Nigerians in diaspora - need to come together and create a long-term blueprint for the sector. This should include a strategy for success in the next 50 years, with timelines and key performance indicators.



Dr Henry Ohakwume

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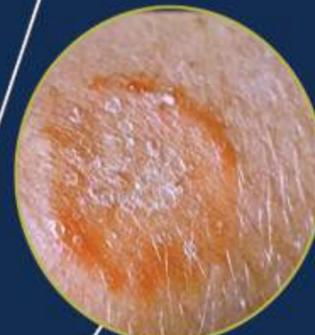
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# FG restates support for pharma sector, commends Emzor on ultramodern factory

Ranmilowo Ojalumo

The Federal Government has reiterated its determination to support the nation's pharmaceutical sector to ensure that its outputs are competitive in the international market, as well as enjoying good patronage locally.

The Permanent Secretary, Federal Ministry of Health, Alhaji Abdulaziz Mashi Abdullahi, made the pledge recently, when he led top officials of the ministry to Emzor Pharmaceutical Industries' ultra-modern, WHO-compliant pharmaceutical factory (nicknamed "Emzor Campus") in Sagamu, Ogun State.

While admitting that Nigeria still largely depends on importation of pharmaceutical products, the permanent secretary hinted the possibility of introducing a policy that will ensure that certain products are exclusively reserved for local production, so as to enhance the growth of the pharmaceutical industry.

Abdullahi commended Emzor for the indispensable role it has been playing in the nation's pharmaceutical sector, especially with its latest manufacturing edifice.

Sited on more than 60 hectares of land at the Shagamu Interchange of the Lagos-Ibadan Expressway, Emzor's new factory is touted as the largest pharmaceutical facility in West Africa. It is reported to have manufactured and supplied millions of doses of medications, including antimalarials, paediatric care, vitamins and antiretrovirals, to various international organisations through partnerships for public



L-R: CEO, Bloom Public Health, Prof. Chimezie Anyakora; Chairman, Lexham Investment, Mrs Taiwo Taiwo; Director, Food and Drug, Federal Ministry of Health, Pharm. Olubukola Ajayi; Executive Director, Emzor Pharmaceuticals, Uzoma Ezeoke; GMD/Founder, Emzor Pharmaceuticals, Dr (Mrs) Stella Okoli; Permanent Secretary, Federal Ministry of Health, Alhaji Abdulaziz Mashi Abdullahi; and the Director, Department of Hospital Services, Federal Ministry of Health, Dr Adebimpe Adebisi, during the visit and inspection of Emzor Ultra-Modern WHO-Compliant Pharmaceutical Factory, in Sagamu Ogun State recently.

health intervention.

Speaking further during the visit, Abdullahi said, "I have heard so much about what Emzor has been doing. I am indeed impressed with what I saw at the factory. What Emzor is doing is in line with the focus of President Buhari's administration. With what I have seen in the factory, there is no government that will not be happy to support the local companies that are doing great things as this to succeed."

"When I get back to Abuja, I

will convey what I have seen at the factory to the appropriate authority and we will continue to pursue the local content programme of this administration. I urge Emzor to continue with the good work."

Earlier in her remarks, Emzor's Managing Director, Dr Stella Chinyelu Okoli, stated that the company will continue to provide quality medicines for Nigerians and Africans at large. She expressed appreciation to the Ministry of Health for visiting the new factory.

While giving an overview of

the company's vision, the Executive Director of the company, Uzoma Ezeoke, pointed out that Emzor not only seeks to be the leader in Nigeria but in all African countries.

"Our vision is to lead the Nigeria pharmaceutical sector, which we are doing now but we want to extend the lead to all Africa nations. Nigeria contributes about 27 per cent of malaria cases recorded in Africa. Emzor is responding to this by producing various products to fight the disease. Our whole idea is to keep doing new things. Everything we are doing hangs on quality and that is why we have WHO compliance certificate," the executive director said.

Founded about four decades ago by Dr Stella C.

Okoli, OON, Emzor Pharmaceutical Industries Limited has been committed to the manufacturing of high-quality essential medicines in several therapeutic categories, particularly those that address the leading causes of maternal and child mortality.

Emzor is the largest indigenous pharmaceutical manufacturer in Nigeria, with over 120 products, all NAFDAC-approved. Emzor is an official sponsor of the Super Eagles, Super Falcons and other national football teams.

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## Multiple benefits of soup perfume

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



*Tetrapleura tetraptera*

**T***Tetrapleura tetraptera* (Fam. Fabaceae) is a species of flowering plant in the pea family, native to Western Africa. The plant, whose English name is Aidan, is called *prekese* (also known as soup perfume) in the Twi language of Ghana; *dawo* in Hausa; *aridan* in Yoruba; *uhiokriho*, *ihokiriho*, *osakirisa* or *oshosho* in Igbo; and *uyayak* in Efik language of Nigeria.

### Constituents

*Tetrapleura tetraptera* is an excellent source of potassium, calcium, zinc, phosphorus, starch, flavonoids, tannins, alkaloids, saponins, steroids and phenolic compounds - including catechin, epicatechin, rutin, quercetin, luteolin, apigenin. It also contains gallic, chlorogenic, caffeic and ellagic acids.

### Preparations

Aridan pods, stem, bark, root and leaves can be crushed, ground into powder, grated or broken into tiny pieces before adding to food or using for medicinal purposes. Alternatively, the pod can be broken into two or added whole to food during preparation. In this case, it has to be scooped out from the food before serving. It is important to add this spice a lot earlier in the food preparation while cooking, so that it can infuse properly for more flavourful and aromatic smell. It is useful as powder, tea or even smoke when burnt.

### Pharmacological actions and medicinal uses

*Tetrapleura tetraptera* is frequently used in Tropical African traditional medicine for the management and/or control of an array of human ailments, including arthritis and other inflammatory conditions, asthma, diabetes mellitus, hypertension, epilepsy, schistosomiasis, and so on. Some of the benefits of taking *Tetrapleura tetraptera* is that it aids in weight loss.

Studies show that *T. tetraptera* fruit extract could be a promising nutraceutical for preventing and managing hyperuricemia and the associated diseases conditions, due to its ability to inhibit xanthine oxidase. This bioactivity is attributable to the combined effect of its flavonoids and phenolic acids.

Women cook the fruit and take the tea to shrink their fibroids and also to prevent postpartum contraction in those that have just put to bed.

Studies in mice have

confirmed the anticonvulsant, analgesic and hypothermic effects of aridan in a glycoside isolated from *Tetrapleura tetraptera* fruit. Results from another study in rats indicate that

*T. tetraptera* fruit aqueous extract possesses anti-inflammatory and hypoglycaemic properties.

Studies reveal that the aqueous extracts from the stalk, leaves, stem, bark and roots of the aridan plant have molluscicidal properties. It is worthy to note that the aridan plant helps to promote soap foaming as well as its hardness.

Being an excellent source of key vitamins such as potassium, calcium, magnesium and zinc, aridan helps to strengthen the immune system.

Researchers reveal that water extracts and alcoholic mixture of the aridan fruit can inhibit the growth of bacteria such as *staphylococcus aureus*. Aridan pods contain essential chemical compounds which have been reported to be effective for healing wounds and help to protect our body from

oxidative damage. The fruit can be used for treating gastrointestinal disorders such as stomach pain, diarrhoea and vomiting.

### Adverse effects

These include the risk of developing hypersensitivity syndrome that is characterised by renal impairment, hepatic dysfunction, fever, rashes, leucocytosis.

Potential toxic effects include severe refractory hypotension and death.

**Economic uses and potentials:** Reported uses of *T. tetraptera* include medicine, food, timber, firewood, shade and cultural applications. It costs between N1,000 and N10,500 per pack of 10 pods in some online shops in Nigeria. A pack of 5 pieces may also sell for \$11.50 - \$14.99.

### References

Ironi EA, Oboh G, Agboola SO, Boligon AA and Athayde ML (2016). Food Science and Human Wellness. 5(1): 17-23

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## Emotional intelligence in uncertain times for leaders (2)

By Pharm. Sesan Kareem

**E**motional intelligence is essential for leadership success. In part one of this series, we established why emotional intelligence affects wellbeing and relationship. Here, we will look at how emotional intelligence influences happiness, performance and productivity, to fully understand why emotional intelligence matters.

### 3. Happiness

The third way emotions determine our motion is with happiness. We like to think of ourselves as rational leaders that are in total control over our state of mind. Suppose, for example, that you didn't have a sound sleep overnight and you've had an unpleasant morning, making you somewhat overwhelmed. Then, while at work, your subordinate voices out his opinion on a particular decision of yours, you are likely to feel angry or displeased. What you may not realise is that your feeling has more to do with your emotion that morning, and not the actual incident of being opposed.

This principle applies to both positive and negative emotions. For instance, when we are in a very excited mood, we tend to look at tasks with a disposition of "bring it on. I am ready for this. It is going to be really interesting." Conversely, when we are in a very sad mood, we feel like, "This is going to be difficult."

One way to get better in this area is to scrutinise your feelings. So, in-between home and work or work and home, pause and ask, "How am I feeling right now?" And what we know from studies is that when we attribute our feelings to its actual cause, it's less likely to negatively influence our state of mind or our happiness.

### 4. Performance

The fourth reason why your emotions determine your motion is that they influence your performance. Take stress for instance. There is a continuum of stress - from no stress at all when you are calm, relaxed, and peaceful, to positive stress when you are under enormous pressure to perform at your best. Then, there is distress. First, acute distress, which is momentary. There is chronic stress, and there is toxic stress, which happens when we experience stressors for a very long, prolonged period of time, and in high intensity. The higher the toxic stress, the worse our performance can be.

Our mindset around stress can influence our performance positively or negatively. For example, a researcher at Yale Centre of Emotional Intelligence did a research where she had people watch videos. They were videos of people engaging in intense sports. One group watched the videos and observed, "Wow, look how stress is enhancing their performance." On the other hand, the second group felt, "Gosh. That stress has

got to be harmful for people."

In our work with business leaders, what we know is that organisational culture and climate literally influence the stress levels. We've all been there, isn't? Stress levels influencing things like stress-related absences, low performance, burnout, anxiety and even depression.

Think about that for a moment. Our organisational climates affect our emotions, which in turn influence our performance, and it all works in a cycle. As business leaders, we must strive hard to create an organisational culture that is calm, relaxed and serene that can bring out the best in our team members.

Moreover, research shows that our experience of more pleasant emotions can buffer against negative impact of stress on performance. The truth here is that we have to learn how to manage our stress effectively. We have to be careful about our mindset around stress, and we have to find a way to have a greater balance of positive to negative emotions.

### 5. Productivity

Your emotions determine your motion because they influence your everyday creativity and productivity. What we believe at the Sesan Kareem Institute is that our feelings are the fuel of our creative process, but it's our emotional skills that determine whether or not we maximise our creative genius.



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

We've all had employees, most of whom have all the intellectual capabilities to achieve their full potential. But why is it that they don't all achieve their full potentials? What research shows us is that they don't know how to deal with failures, disappointments, setbacks, frustration at a project not going well and the anxiety around feedback.

Essentially, therefore, those who have the skills to manage their emotions are more likely to achieve their full potentials.

**Action Plan:** Strive to intentionally slow down to be more conscious about how you feel each moment. Ask yourself, "How am I feeling this moment?"

**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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# PharmaStream poised to become best TV station in Nigeria – Raji

By Patrick Iwelunmor

**A** graduate of Pharmacy from Ahmadu Bello University, Zaria, Pharmacist Kabir Raji has traversed the different fields of the pharmacy profession and now rapidly establishing himself as a media mogul. Although he went ahead to bag a master's degree in Clinical Pharmacy from the University of Lagos, his uncommon passion for media practice is one thing that has distinguished him among his peers. In this exclusive interview with *Pharmanews*, Raji recounts his exploits across the pharmacy firmament, his foray into the ever-evolving terrain of media practice, as well as the birth and vision of PharmaStream TV. Excerpts:



**Pharm. Kabir Raji**

## As a pharmacist, what inspired your foray into media practice?

A lot of people don't know that I have been doing the media thing right from school. When I was in the university, there was a time lecturers went on strike for one year. During that time, my dad travelled out of the country and, on his return, he brought this camera that appealed to me. Instead of sitting at home idle, I would use the camera to record stuff at home.

It was the question a friend asked me then that changed my perception and perhaps birthed my journey into the media. He had asked me why I wouldn't use the camera to record events in school. Fortunately, when school resumed, I explored the idea and things fell into place. That was how I began to cover different events on campus to the extent that I became very popular.

My first job was a church programme, and from there, I started covering pharmacy events. The passion continued to grow. During my NYSC year, I took the camera to camp and filmed my orientation week and my passing out parade. I have kept the passion because I have always wanted to be better.

I have also been very receptive to new technology. This has helped me grow with the times. Today, the whole thing has become a big venture for me.

## How have you been able to impact the pharmaceutical landscape with your media skills?

One thing I have always said

is that we pharmacists are over-trained but under-utilised. This means that our grey matter is so expanded. We can do almost anything in any field because we have that capacity. But when we come out of pharmacy school, we find ourselves using only very little of that capacity that has been built into us.

For the pharmacy landscape, the impact has been much because one of the things that drove me into covering the profession is that we always talk to ourselves; we don't talk to the outside world. We pass information amongst ourselves about drugs but the people outside who need information about the drugs don't know much about us.

During one of the surveys I carried out as an intern, I was shocked to discover that many people see pharmacists as mere medicine-sellers. That means people have very little knowledge about our profession. Those scenarios gave me more inspiration to bridge the information gap between the pharmacy world and the outside world. I have been planning to do a documentary called "Who is a Pharmacist?"

In the pharmacy profession, the impact has been much because using the media has made information flow very easy between people across different climes of the world. Information flows in split seconds, just as developments go viral through small phones, cameras and other smaller gadgets. That is the power of the media.

For the pharmacy profession, I have been able to establish myself to the extent that people are asking

questions. I must give credit to Pharm. Yakasai who encouraged me and gave me the platform during one of the PSN conferences in Abia, in 2017. During the opening ceremony of that conference, over 2000 people watched the event live via Facebook. That was unprecedented and further showed how impactful the digital media could be to events in the pharmacy space in Nigeria. Since then, I have always strived to improve, in terms of quality of video and audio coverage.

## How involved are you with the PSN and other pharmaceutical associations?

For the pharmacists' body, it has got to a level that I find it difficult to run away now. It is either they want my expertise as a consultant or they want me to personally cover an event for them. During planning, people usually call me to seek my opinion and advice on media-related issues.

I have worked with the PSN at the national level from planning to execution.

I have also worked with the ACPN, as well as West African Postgraduate College of Pharmacists. I have worked with PSN Lagos and I am currently working out something with AHAPN. I have been able to work with almost every branch of the pharmacy profession.

## How have you been able to combine pharmacy practice with your media activities?

Fortunately, I am in the marketing department, where information dissemination is key. You want to share information about drugs to the outside world, especially doctors, patients, nurses and the general public. Essentially, it is about the use of different media for communication.

Being in media practice is like an enhancer to my job as a pharmacist in the marketing department. Media is beyond video; it encompasses several other aspects like graphic design, psychographics and your ability to communicate effectively with your target audience. Combining the two fields flows naturally for me.

## In your candid opinion, what are the challenges facing media practice in Nigeria?

I must say that there is a serious lack of knowledge, coupled with technological deficiency. This is because many things have changed in the media space, especially in terms of technology. In those days when I was in school, we used to record with the VHS tapes, which later evolved into the VCD and then the DVD technology. Now, we are talking of the MP4 technology which you can use on your phone.

In Nigeria, not everyone is conversant with the evolution of these aforementioned technologies. I am happy to be among those who have evolved with them. I have continued to burn midnight candles to study about some of these things because we don't have schools that teach them. For instance, new technologies like the IP video are now in use. With such technologies, you can talk to someone in the other end of the world in real time.

Media has gone far beyond video. A lot of things have come into it, including the Internet. There are many things you need to integrate into contemporary media to make it robust. You need to also understand how the Internet works and how to use it for networking. The application of these variables poses a lot of challenges and at a huge cost.

We have to create avenues for people to learn. There is a new technology now called the SRT, through which you can transfer video over your Ethernet cable. A lot of people don't know how to do this, and so, it will take a lot of knowledge for people to understand it. A lot needs to be invested, in terms of knowledge and technology, to enable people understand some of these complex and sophisticated trends.

## How relevant have your services been during the COVID era, especially during the lockdown?

When the lockdown came, it was just how to adapt what we had been doing before that was the issue. Before the lockdown, we were already doing the hybrid, and so, all we needed to do during the lockdown was to marry both scenarios together.

Because people had to stay back home during the lockdown, software like Hopin and Zoom came to the rescue. We were able to transmit our videos through these real time technologies for people right in their living rooms. In fact, during the lockdown, my expertise was in high demand. People consulted me a lot, as they sought answers to knotty issues bordering on the application of these conferencing technologies.

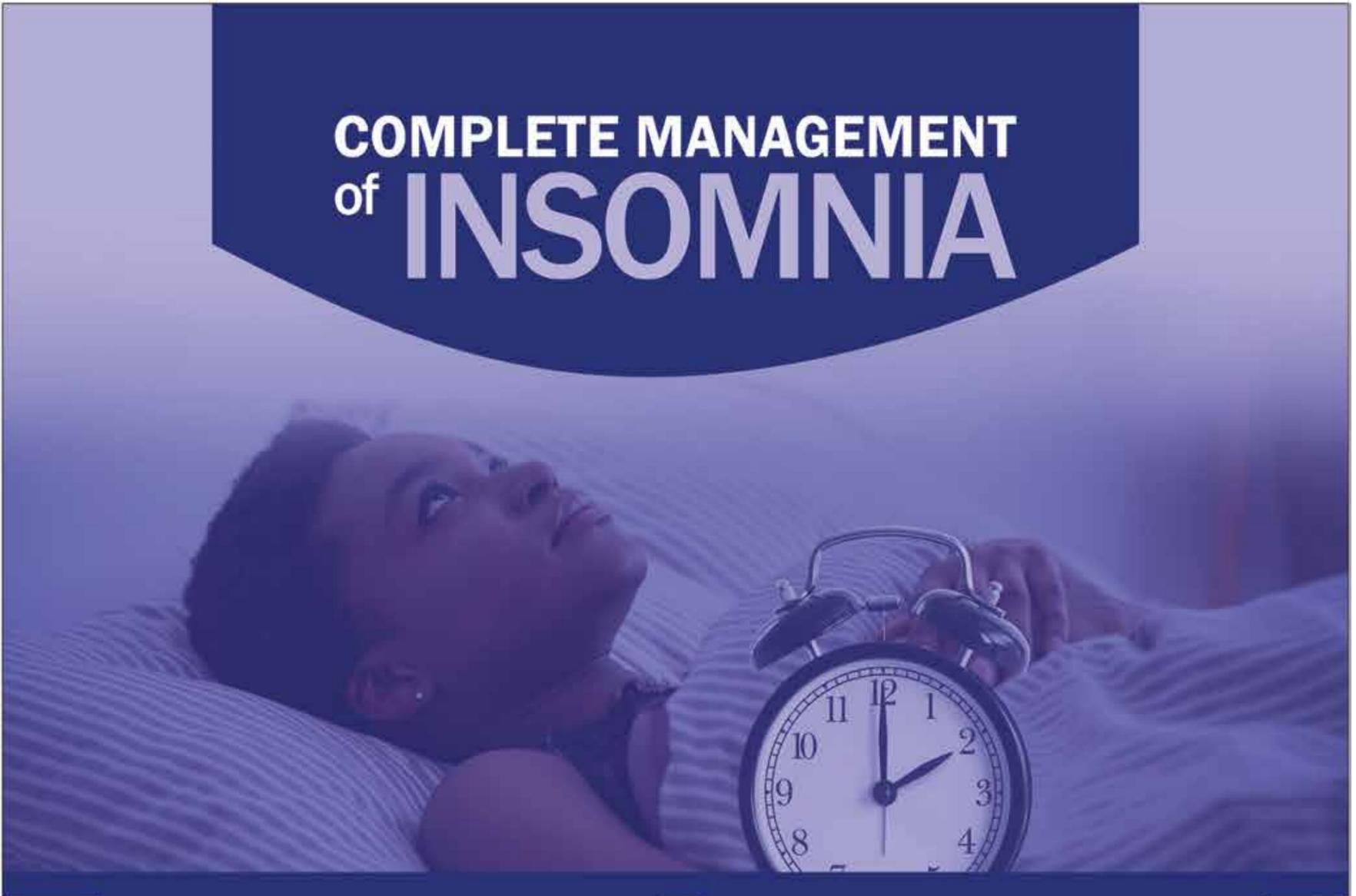
We have created PharmaStream TV to help the pharmaceutical industry with state-of-the-art digital media coverage and the impact has been wonderful.

## What do we expect from PharmaStream TV in future?

PharmaStream TV is working to become one of the best in Nigeria. People should watch out for PharmaStream TV. It will soon become an online TV and a hub with different segments where pharmacists can meet for pharmacy-related activities. We are already on Google Play Store. I encourage pharmacists to subscribe and download the App.

I also want to encourage those who would like to go into journalism to follow us because there is a lot to be learnt. Just like *Pharmanews*, which has consistently evolved over the past 42 years, PharmaStream TV is working to remain ever-relevant with the times, in terms of technology and content.

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1. Zolpidem: An Update of Its Pharmacology, Therapeutic Efficacy and Tolerability to the Treatment of Insomnia Kristin J. Mohr and Karen L. Goa



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# COVID-19: Myths and misconceptions among rural dwellers

By Patrick Iwelunmor

The outbreak of the coronavirus came with its myths and misconceptions, amid spirited efforts by the World Health Organisation, governments and health workers to find a cure to the plague that came with a novelty toga. While scientists were trying to decipher the true nature of the virus, many people in different parts of the world kept theorising on the possible cure for the infection.

Rural dwellers in Nigeria were not left out of the theorising frenzy. They came up with different laughable suggestions on how to tame the virus. Some of them banded the theory that the virus died whenever it came in contact with alcohol and thus went on a drinking spree – finding an easy

excuse to further indulge their appetite for strong drink.

Unfortunately, these people's ignorance filtered into some urban areas, such that some so-called educated people began to experiment with alcohol in a desperate bid to fortify themselves against the dreaded virus. A careful study however revealed that the association of alcohol with curative power came as a misconception of the fact that the use of alcohol-based hand sanitizers was recommended as a safety and preventive measure against the spread of the virus.

This writer remembers vividly numerous encounters with villagers in Delta and Edo states who argued ferociously that drinking the local gin known as *ogogoro* or *Sapele water* had curative effects on the virus. Their arguments led many astray to the extent that some began to propagate an invincibility status against the virus. They based their arguments on the fact that rural dwellers were the least affected by the virus.

## Plausible explanations

While this latter argument might have held some water, scientists have however given reasons as to why rural dwellers were not and are still not being heavily infected with the virus. One of the reasons is the low population density in rural areas which makes it a bit difficult for person-to-person transmission of the virus, compared to what obtains in urban areas like Lagos, Abuja and Port Harcourt.

Moreover, these urban areas with their airports are major gateways to and fro international destinations and as such are more prone to the infection, due to the influx of foreign nationals, especially prior to the international travel restrictions imposed by different countries. The rural



areas which have neither airports nor seaports are therefore not likely to experience the level of infection recorded in the urban areas. The low infection index has absolutely nothing to do with drinking alcohol.

Also, while it is safe to say that rural communities have recorded low infections, it would be totally wrong to say that rural dwellers are immune to the virus – especially as there have been reported cases, though few, of persons who brought the virus from urban areas and infected others in the rural areas. In a nutshell, we can say that the rural communities have not recorded community transmissions and this is largely due to the low population densities in these areas.

Additionally, while it is true that

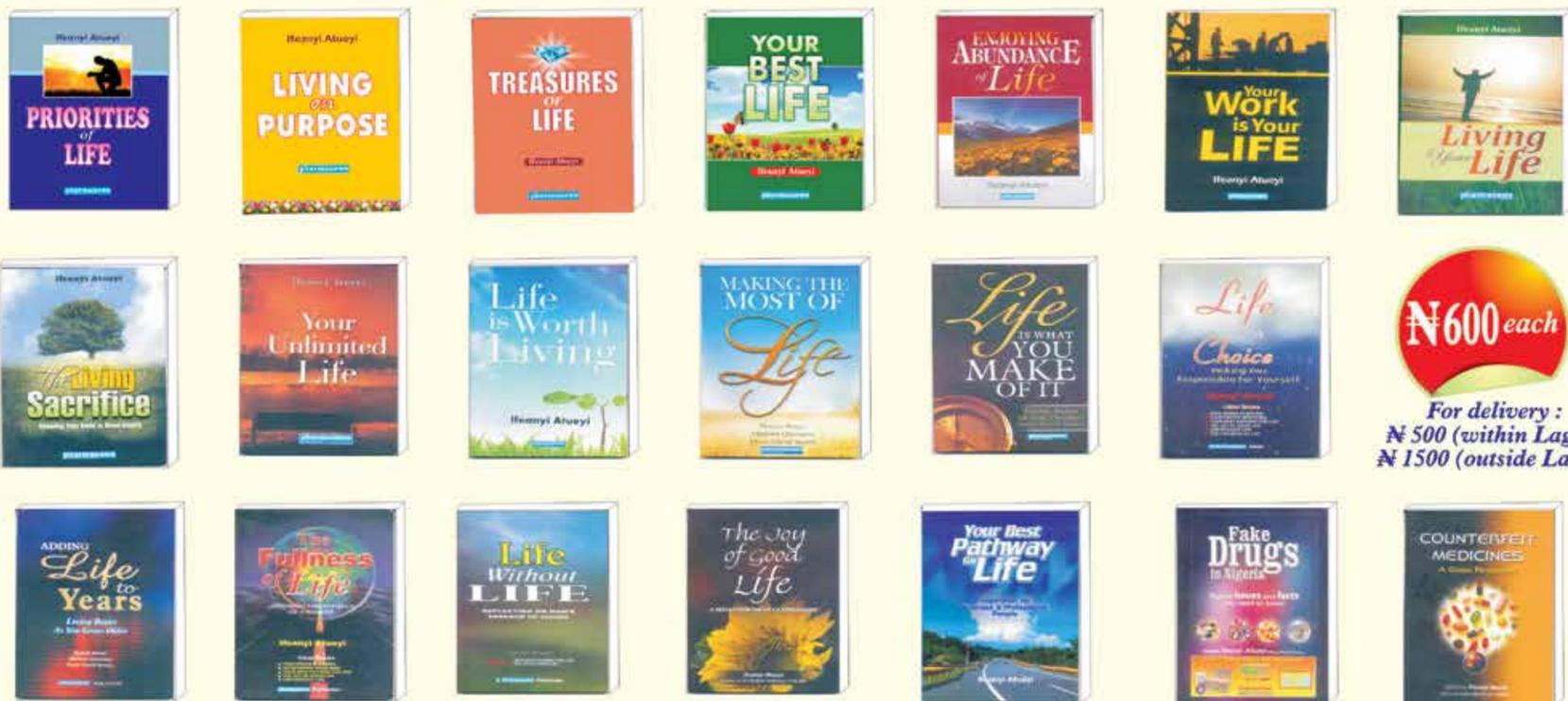
there has been a steady reduction in the number of infected persons all over the world, with the exception of countries like India, it would be suicidal for rural dwellers to continue to believe that they are immune to the virus, going by their attitudes to the safety guidelines stipulated by the WHO and the Presidential Taskforce on COVID-19. Their low compliance with guidelines, such as the use of face masks, use of hand sanitizers and social distancing can spell doom, if they continue with it.

## Precautionary measures

Coronavirus is no respecter of demographics. It takes the infection of one person to ravage any ignorant and careless community. As scientists have warned, there is the possibility of even more waves of the virus in the nearest future. For this reason, those rural dwellers who think that the virus has gone must be orientated to change their mindset. With the way most Nigerians travel to their villages during festive seasons, caution must be exercised because some of them may actually be carrying the virus down to these rural communities where communal life is at its peak. It is only in these villages that you can find members of an extended family eating together from one plate or drinking from the same bowl. You can imagine what would happen if one of them is infected with the virus.

Nothing should be taken for granted with regard to the handling of issues concerning the coronavirus among rural dwellers. All the myths, misconceptions and the toga of invincibility should be disabused as no one is above infection. The same enlightenment campaigns that flood urban airwaves should be replicated even more in the rural areas where ignorance and illiteracy are in higher supply.

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# How government can fast-track growth of local pharma industry, by Pharm. Ibeto

**Pharm. (Chief) Chris Ibeto is the treasurer of the Board of Fellows of the Pharmaceutical Society of Nigeria (PSN). A very experienced pharmacist, he has decades of footprints in industry and community pharmacy practice. In this interview with Moses Dike, Chief Ibeto draws from his wealth of knowledge and experience to proffer measures for accelerating growth of the Nigerian pharmaceutical industry. He also delves into his personal life, reminiscing on his childhood, education, career, family and service to the pharmacy profession. Excerpts:**



**Pharm. (Chief) Chris Ibeto**

## Kindly tell us about yourself, your education, upbringing and early childhood experiences.

Thank you very much. I really appreciate you at Pharmanews Ltd. You are doing an amazing job to the glory of God.

First of all, my name is Christian Ifeanyi Ibeto. I am a Christian faithful of the Anglican Communion. I was born on 21 February, 1948 to Late Mr Ezekiel Asuzu Ibeto and Mrs Bernice Obianuju Ibeto (Nee Okelu), in Anambra State.

I hail from Nnokwa, in Idemili South Local Government Area of Anambra State. I had my primary education at St. Stephen's Anglican Primary School, Nnokwa. After my Standard Six, I gained admission to Anglican Boys' Grammar School, Oraukwu, in Anambra State; but that was not to be, as my father learnt later that there was a better school (in his view) that existed then and that was Government Secondary School, Afikpo.

So, I had to repeat my Standard Six to retake the entrance examination to the school and I was successful. I then proceeded to Afikpo for my secondary education in 1963 and was to take my school certificate examinations in 1967, only to be thwarted by the onset of the Nigerian/Biafran civil war.

We lost three years during the war, during which I was involved in Red Cross activities, assisting our soldiers. I eventually joined the Biafran Army engineers in 1968, when the civil war intensified, to avoid being conscripted into the army. At the end of the hostilities, I went back to school to complete my school certificate exams, which I passed with Grade 1 and was automatically admitted to study for Higher School Certificate (HSC) in Mathematics, Physics and Chemistry.

After my HSC, I taught Mathematics and Physics to classes four and five at Metropolitan Secondary School, Onitsha. Later on, my cousin, Dr Francis Chinyelu Azubike, invited me over to Germany for further studies.

From Hamburg in Germany, I had to travel to Uppsala, Sweden, where I got admission to study Pharmacy, at Uppsala University. After my Swedish language course at Uppsala, I started my studies in Pharmacy and graduated in 1978.

As a child, I lived with my mother in the village for a while and later lived with our headmaster then in our town, in the person of the late Mr Benneth S.N. Dunu, from Nise. While living with our headmaster, I learnt honesty, respect for elders and fear of God, in addition to what my father imbibed in my siblings and me.

## What factors or personalities would you say influenced your choice of profession and values in life?

My choice of Pharmacy as a profession was informed by my interaction with one Pharm. Levi Okafor, FPSN, from my town. He used to visit his girlfriend with his brand new Volkswagen beetle in our school when I was being taught by his girlfriend in my primary school. He used to relieve her of her lessons while she went home to cook for him. So, I wanted to study what he studied when I found out what his profession was. Also, my cousin, Dr Francis Chinyelu Azubike, encouraged me to do Pharmacy, when I visited him in Hamburg after my HSC.

My values were also influenced by my father's strict upbringing and what I learnt from my headmaster when I lived with him during my First School Leaving Certificate Class and

also what I learnt from the honest behaviour of Swedish people in general.

## Tell us about your engagements with the PSN and your practice experience in the Nigerian pharmaceutical industry.

My engagements in PSN activities started sometime in 1998 or thereabout, when Pharm. Azubike Okwor was the chairman of the National Association of General Practice Pharmacists (NAGPP) [now Association of Community Pharmacists of Nigeria (ACPN)] Lagos. I went to visit him at his pharmacy on Apapa Road and he asked me why I never showed up at PSN activities. I told him I never had time. He then asked me whether those of us not attending PSN activities were doing better in our respective practices than those of them involved.

Since then, I repented and became seriously involved. I served NAGPPP, under Pharm. Pius Abanum. I also served the Lagos State chapter of PSN in several capacities, under various chairmen namely, Pharm. Victor Fakulujo, Pharm. Olumide Akintayo, Pharm. Tony Oyawole, and Pharm. Lanre Familusi.

I have also served the National Association of Industrial Pharmacists (NAIP) variously, under Pharm. Shola Solarin, Pharm. Emma Ekunno and Dr Lolu Ojo. I am currently serving under Prof. Mbang Femi-Oyewo at the PSN Board of Fellows (BOF).

At the level of PSN national, I have worked under PSN presidents like Chief U.N.O. Uwaga and Sir Tony Akhimien, in various capacities, particularly in conference planning.

I have worked with various organisations, albeit privately-owned, that spanned around community pharmacy and pharma manufacturing. I worked at UADC, Ecko Pharmaceuticals, Emzor Pharmaceuticals Industry, and New Heathway Company Ltd., where I retired as superintendent pharmacist/regulatory affairs manager. At each stage, I had my own community pharmacy outfit -Boncet Pharmacy & Stores Ltd - to fall back on.

## What would you recommend as measures to fast-track the development of local pharmaceutical production in Nigeria?

To fast-track the development of the local pharmaceutical industry, I believe that the government has many roles to play. One, they should accelerate the development of our petrochemical industry from where most of the raw materials can be directly sourced, as by-products or in synthesised form. Two, they should waive import duty on pharmaceutical raw materials for local pharmaceutical manufacturers for PMG-MAN members.

Three, multiple taxation of companies by regulatory agencies of government, such as NAFDAC, Customs, SON, PCN, etc. should be stopped. Four, NAFDAC, and PCN should harmonise their requirements for cGMP. Five, government should ensure regular power supply to encourage industrial growth.

Six, government patronage of local pharmaceutical manufacturers and prompt payment for drugs supplied to government hospitals is a necessary incentive for industrial growth. Seven, government should ensure availability of foreign exchange at CBN rate for local manufacturers. This will make its easier procurement/import of pharmaceutical raw materials and pharmaceutical machinery/equipment.

Eight, pharmacists working at NAFDAC should remember that, upon their retirement, they must fall back to PCN for their practice authorisation. Nine, the government should establish medical bank for medical and allied professionals that will provide soft loans with single digit interest rate and, perhaps, 20 years repayment period to enable them set up their industries/practices.

## What issues affecting pharmacy in Nigeria would you like the PCN and other relevant authorities to tackle more actively to resolve or improve?

PCN should be more empowered financially to be able to improve on their mandate of service delivery. Community pharmacists should be encouraged to bring their services closer to the people by reducing further the stipulated distance obtainable between two pharmacies to possibly 100 meters, to encourage more professional competition.

NAFDAC, as a regulatory agency of government, should not only apply the practice environment as it is obtained in other developed countries in terms of documentation for drug registration but should also ensure that government extends similar incentives to local drug manufacturers in Nigeria, as obtained in other countries we are trying to emulate.

## Tell us about your other engagements outside pharmacy circles and how they have affected your personality.

Outside pharmacy circles, I am actively engaged in service to my community, both here in Lagos and in my village. I have been serving the Lagos branch of my town union in various capacities from 1985 till date. By the special grace of God and in recognition of my commitment to community service, I am one of the high chiefs of the town, representing four villages in our Igwe's cabinet. And again, by the grace of God, I am one of the trustees of our town union. The title of "Ichie Dim" was bestowed on me in December 2014, ten years after my enthronement as "Ogbuefi Nnanyelugo", in October 1994.

## If you were not a pharmacist, what other profession would you have loved to practise?

*continued on page 48*

# How to defeat arthritis this rainy season

By Chima Ejimofor

**D**o you feel excruciating pains in your joints, as your bones rub on each other? Do you lie awake all night praying for sleep just to escape the gnawing pains? Or do you experience any of the following: Fatigue, joint tenderness, joint swelling, joint redness, joint heat, joint stiffness, or loss of joint range of motion?

I am guessing correctly that you are battling with arthritis.

The rains are here again. But, **DO NOT PANIC!** Help has come your way now. Just stay with me till the end of this piece.

Arthritis occurs as a pain or inflammation and/or a wearing away of the joints.

It comes in any of these two forms:

1. Osteoarthritis; and
2. Rheumatoid arthritis

Osteoarthritis is a deformation produced when the cartilage between the bones wears away to the point where the cartilage can disappear, causing the bones to rub up against each other, particularly in the hands and knees.

Rheumatoid arthritis is the type that extends to the whole body. It is characterised by the inflammation of the cartilage and synovial membranes where



there is loss of synovial fluid (an oily liquid) that serves to lubricate and protect against friction and deterioration of the bones.

This cold weather or humid climate is not usually ideal for those dealing with arthritis, as it increases the pains. Movement is difficult and it could cause deformation in the hands, knees and/or feet.

**Now, here's the suggested treatment:**

It is recommended to eliminate red meats.

(Red meats contain a fatty acid called aracidonic acid. This acid contributes greatly to the inflammation of the tissues). A vegetarian diet impedes and blocks the process whereby aracidonic acid is converted into inflammatory prostaglandins.

Please eliminate alcohol,

cigarettes and other toxic elements.

Allergies to certain foods can produce inflammation in the joints. The most common are flour, sugar, whole milk, potatoes and black pepper.

Avoid margarine and fried foods.

Take fish oil from cod, fresh water fish, which contains polyunsaturated fatty acids(EPA) beneficial fats like Omega 3, also Omega 6 and Omega 9, or oleic acid found in olive oil.

This is why it is recommended to eat lots of fish such as sardines, tuna, salmon in addition to large amounts of olive oil.

It has been found that cranberries, from the same family as blackberries, strawberries and cherries, principally of a dark violet-blue colour, contain bioflavonoids which act as anti-inflammatory and anti-oxidizing agents (nectar of aloe vera with cranberries strengthens and multiplies its results). Consume this in large quantities! Very beneficial for gout.



**Other elements that have been effective against rheumatoid arthritis are:**

Selenium, a powerful antioxidant that plays an important part in blocking the production of inflammatory prostaglandins.

Vitamin E, when combined with selenium, makes it more powerful.

Zinc, vitamin C and magnesium  
Ginseng

**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 Seminars. She is based in Lagos, Nigeria. Telephone/WhatsApp: 07033179632, email: infinitehealthconsult@gmail.com**





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# The cannabis legalisation debate

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

**A**rakunrin Oluwarotimi Odunayo Akeredolu, the Governor of Ondo State in South-West Nigeria, has many things going for him. He is a male model. Tall and handsome, he carries a balanced gait with a characteristic shiny white beard. You cannot miss him in a gathering, no matter the size of the crowd.

Apart from the unique physical endowment, Governor Akeredolu is a genius in his own right. He became a law graduate at the young age of 21 years, and he was, at a time during his undergraduate days at the University of Ife, the vice president of the Students Union Government (SUG). He must have carried this "aluta" spirit into his law practice, clinching the Senior Advocate of Nigeria (SAN) title in 1998 and the presidency of the Nigerian Bar Association (NBA) in 2008. He became the Governor of Ondo State in 2017 and dropped all pretences of overlordship, preferring to be addressed simply as "Mr Governor", rather than the usual "His Excellency" and instead taking the title of "Arakunrin" (or Gentleman) rather than some other high-sounding titles that we know.

Arakunrin Akeredolu is a man of strong conviction. He has been well-known before becoming the governor for his strong view on social justice and the need to have an egalitarian society. Recently, he has spoken - loudly and very convincingly - about the current issue of insecurity in the country and was the first governor in the South to order the "killer herdsmen out of his state. Many people have come to regard him as the voice of the people.

Now, he has another project that may prove tougher to handle, compared to the herdsmen's case. He wants the cultivation and medicinal use of cannabis to become legal in Nigeria. He knows how tough this proposition is, and from all indications, he is prepared to tackle all oppositions to his pet project.

## PSN position

As part of activities lined up to sell the cannabis legalisation project, the Ondo State Government organised a two-day (7-8 June 2021) roundtable discussion, involving diverse interests and professional groups. I think this was a good step taken to involve all stakeholders, including international bodies, to discuss and come to a common understanding on the subject.

I got a call from the President of the Pharmaceutical Society of Nigeria (PSN), Mazi Sam Ohuabunwa, to go to Akure and represent the PSN at the roundtable discussion. As a technocrat and statesman, Mazi Ohuabunwa stated clearly that we are not opposed to the governor's call, but we have a responsibility to protect the health and interest of all Nigerians and that responsibility imposes on us, the duty of due diligence and deep scientific and social environment

**Our considered opinion is that "there are many rivers to cross" before we arrive at this destination. How will the cultivation ensure that we have only the useful cannabinoids and not the psychoactive THC? Are we going to have the genetically modified variants? If the plan is to discard the THC during extraction, how do we ensure that this will not find its way to the market? Do we have the capacity to handle the widespread availability and consumption of cannabis in Nigeria?**

enquiries.

I relished the opportunity of meeting the Governor on this subject. As far as cannabis legalisation is concerned, Governor Akeredolu can be described as a hardliner. He believes that sooner or later, Nigerians will come to understand his position that we can separate the good aspect of cannabis from the bad, and that Ondo State stands to reap immense benefits from the cultivation and exportation of cannabis. Certainly, the debate is on, and it is going to take the centre stage very soon, as Arakunrin Akeredolu will not let go.

The position canvassed by the PSN at the roundtable was to the effect that we cannot recommend the legalisation, until we interrogate all available facts and positions on the subject, particularly the capacity of the regulatory agencies to handle the fallout. We also raised some questions which we used to articulate our points of view.

## Facts on cannabis

Information about cannabis can be accessed easily on Google search and I am using the Wikipedia compilation as a guide.

Cannabis has a history that dates to the Neolithic age (New Stone Age, date: 10,000 - 4,500 BCE) when it was used for fabric and rope in China and Japan. It is indigenous to Central Asia and Indian subcontinent. The psychoactive property was discovered by ancient Assyrians and this history includes ritual use and is found in pharmacological cults around the world. The modern history started in the 1840s, when the French Physician, Jacques-Joseph Moreau wrote on the psychological effects of cannabis use.

Cannabis was criminalised in various countries as from the 19<sup>th</sup> century. The colonial government in Mauritius banned Cannabis in 1840, followed by Singapore in 1870, USA (1906, DC) and Canada (1923). Today, cannabis use for recreational and medical purposes is now legal in Canada (since 2018). In Nigeria, the cultivation and dealings in

cannabis is illegal.

Cannabis, also known as marijuana (among other names), contains Tetrahydrocannabinol (THC) as the main psychoactive constituent. There are 483 other known compounds in the cannabis plant, including about 65 cannabinoids like cannabidiol popularly known as CBD.

Cannabis is used as recreational or medicinal drug and for spiritual purposes (as popularised by the disciples of the Rastafari movement). In 2013, between 128 and 232 million people used cannabis (about 5 per cent of global population between the ages of 15 and 65). It is the most used illegal drug in the world, with the highest use among adults, as of 2018, in Zambia, USA, Canada and Nigeria.

In 2013, Uruguay became the first country to legalise recreational use of cannabis and other countries including Canada, Georgia, South Africa and USA (17 States, two territories and DC) followed at different times. However, medical use of cannabis, requiring a physician's prescription, has been legalised in a greater number of countries.

## Medical use

The medical use of cannabis (and its cannabinoids) to treat disease or improve symptoms includes reduction of nausea and vomiting during chemotherapy, improve appetite in people with HIV/AIDS and to treat chronic pain and muscle spasms.

The common side effects are dizziness, fatigue and vomiting but there are concerns about memory and cognition problems, risk of addiction, risk of schizophrenia in young children and others.

## Recreational use

Cannabis has psychoactive and physiological effects when consumed and it produces relaxation and euphoria (the "high" or "stoned" feeling), a general alteration of perception, increased awareness of sensation, increased libido and distortion in the perception of time and space.

At higher doses, effects can include altered body image, auditory and visual illusions, pseudo-hallucinations and ataxia from selective impairment of polysynaptic reflexes. In some cases, cannabis can lead to dissociative states such as depersonalisation and derealisation. Some immediate undesired side effects include a decrease in short term memory, dry mouth, impaired motor skills and reddening of the eyes.

Short term physical and neurological effects include increased heart rate, increased appetite and consumption of food, lowered blood pressure, impairment of psychomotor coordination and concentration. Some users may experience an episode of acute psychosis.

**Economic benefits of legalisation**



The potential of economic benefits is the driving force in the arguments in favour of legalisation of cannabis cultivation and medicinal use. These benefits include income and job, impact on tax revenue, investment opportunities, among others. Certainly, the Nigerian economy will need opportunities of this nature as a panacea to recent upheavals, but we need to take things easy and avoid being penny wise and pound foolish.

## Should cannabis be legalised in Nigeria?

Our considered opinion is that "there are many rivers to cross" before we arrive at this destination. How will the cultivation ensure that we have only the useful cannabinoids and not the psychoactive THC? Are we going to have the genetically modified variants? If the plan is to discard the THC during extraction, how do we ensure that this will not find its way to the market? Do we have the capacity to handle the widespread availability and consumption of cannabis in Nigeria?

A 2018 survey indicated that 10.6 million people had used cannabis in Nigeria, mainly for recreational purpose. We have serious challenges with drug abuse already, particularly among the youths. Do we need to add more to this challenge?

## Alternative pathway to economic prosperity

About 80 per cent of our national medicine consumption is imported. Is it not possible for us to change this profile for economic prosperity? In 2019, the top five pharmaceutical companies had a turnover of \$239.58 billion (Pfizer, 51.75, Roche, 50, Novartis, 47.45, Merck, 46.84, GSK, 43.54). Individually, they had a turnover that is very much bigger than our national budget.

Nigeria does not exist in the world's pharmaceutical map (perhaps only as a consuming nation). The pharmaceutical sector, without the additional burden of abuse potential of

*continued on page 48*

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## LEADERSHIP INITIATIVES FOR EXCELLENCE (LIFE) SERIES CONTINUED

## Leading under systemic corruption

By Prof. 'Lere Baale

All around the world, courageous leaders are making impressive progress against systemic corruption. Each case is different, according to the works of experts like Robert Klitgaard. Some themes emerge that may be helpful for other leaders who wish to fight systemic corruption. They need to manage power more professionally. They need to change a corrupt institutional culture. They need to mobilise and coordinate a variety of resources inside and outside the government. And they have to think in terms of corrupt systems, instead of corrupt individuals.

Poor leadership, over-centralisation of power, over-regulation and too much bureaucracy actually breed corruption. We urgently need complete overhaul of government, decentralisation and devolution of powers to the states, LGAs and wards, with real capacity to mobilise their own resources and funds for development.

**Changing institutional culture**

"Institutional culture" refers to a set of norms and expectations within an institution (such as a tax bureau or a city government, or indeed a national government). When corruption is systemic, the institutional culture itself has grown sick. The norm is corruption; expectations are that corruption will continue. Cynicism and despair are widespread. Change seems impossible.

Yet there are cases where leaders have made substantial progress in changing the institutional culture. Maybe not completely and not forever, but enough to reduce systemic corruption to be reduced.

What did the leaders do? In all cases the leaders began by sending a strong signal of change to their institutions and to citizens. They publicised their intent to attack corruption. But in corrupt societies, words count for little. People have heard plenty of rhetoric about corruption and now don't believe it. The culture of corruption contains the idea that big fish will swim free, that the powerful enjoy impunity. Successful leaders change this idea through impressive action, not just words.

One step is to fry a big fish (or two). Thirty years ago, Hong Kong's Independent Commission Against Corruption was launched. One of the first steps was to capture and punish a former police commissioner, who symbolised impunity. Just after he assumed power in Colombia in 1998, President Andrés Pastrana's anti-corruption team flew to several regions and held hearings about supposedly corrupt mayors and

**Those who have successfully fought systemic corruption have involved the people. Mayor MacLean invited citizens' groups to become involved in local public works, which enabled new kinds of accountability. Many leaders invite business groups and lawyers and accountants to describe how corrupt systems work and to suggest remedial measures.**

governors. The team had the power to suspend people from these offices—something that leaders in other countries may not have—and the team used this power to send a signal not only to the local leaders but to the whole country.

The president's anti-corruption team also went after a specific case of corruption in the Congress—choosing as the big fish people from the president's own party. Between 2001 and 2002, President Enrique Bolaños of Nicaragua went one step further. He locked up the former President, Arturo Alemán, under whom Bolaños had served as Vice President, on charges of corruption.

A second principle used by successful reformers is to change the institutional culture by "picking low-hanging fruit." These leaders do not necessarily tackle the most important problem first, if that problem is very difficult. Instead, they create short-term successes that are highly visible and change expectations: "Maybe things can change...maybe they will change." Short-term successes build momentum for long-term reforms.

Finally, successful leaders bring in new blood. Even though they work with people within existing institutions, they invite in young people to be "eyes and ears" (e.g. Mayor Ronald MacLean-Abaroa of La Paz, Bolivia); businesspeople to take important public positions (e.g. the anti-corruption czar under President Pastrana; and many leaders of President Vicente Fox's reform efforts in Mexico); and young accountants

**A successful fight against systemic corruption must involve more than one agency of government. For example, success requires the help of the supreme audit authority, the police, the prosecutors, the courts, the finance functions of government, and others. What's more, the fight against corruption requires the help of the business community and civil society. They can provide unique information about where corruption is occurring and how corrupt systems work.**

to partner with "senior heroes" and investigate cases in-depth (Judge Efren Plana, who famously cleaned up the Philippines' Bureau of Internal Revenue more than two decades ago).

**Mobilise and coordinate**

A successful fight against systemic corruption must involve more than one agency of government. For example, success requires the help of the supreme audit authority, the police, the prosecutors, the courts, the finance functions of government, and others. What's more, the fight against corruption requires the help of the business community and civil society. They can provide unique information about where corruption is occurring and how corrupt systems work.

This suggests an apparent paradox. The fight against systemic corruption requires a strong leader—someone strategic and brave and politically astute. But the leadership trait that is most important is the ability to mobilise other actors and to coordinate their efforts productively. The task is not command and control, but mobilisation and coordination.

For example, in Colombia, President Pastrana's anti-corruption czar created new mechanisms for coordination across major ministries and agencies of government (auditing, investigation, prosecution, and so forth). In the Philippines, BIR head, Efren Plana, used investigators from the Defence Ministry, where he used to work, to document the lifestyles of the top 125 employees of the Bureau of Internal Revenue (BIR). He invited the Commission on Audit to supplement the BIR's internal audits. He used the press to publicise cases of BIR corruption, which created a highly effective form of non-judicial punishment.

It is important to mobilise the employees of the systemically corrupt institutions. Surprisingly, perhaps, many success stories involved people in the government in the diagnosis



of government corruption. It turned out that even people involved in corrupt systems were willing and able to analyse where those systems were vulnerable—where there was a combination of monopoly plus discretion, minus accountability.

Successful reformers also begin with the positive. They are ready to do something good for their public sector employees. For example, new systems of performance measurement are linked with better pay, promotion policies, and "prizes", such as overseas trips and courses.

Those who have successfully fought systemic corruption have involved the people. Mayor MacLean invited citizens' groups to become involved in local public works, which enabled new kinds of accountability. Many leaders invite business groups and lawyers and accountants to describe how corrupt systems work and to suggest remedial measures.

President Pastrana's team used the Internet to publicise all contracts and budgets—and also to enable citizens to denounce cases of inefficiency and possible corruption. Similar efforts in e-government are proliferating around the world, with the promise of reducing corruption.

Successful leaders analyse existing corrupt systems in terms of winners and losers. The winners from corruption will resist change. They have to be neutralised. The losers are potential allies. They can be mobilised in the anti-corruption effort.

The potential allies include international aid agencies and multinational corporations, as well as the president (if the reformer is a mayor or a minister or the head of a public enterprise).

Successful leaders help these important actors look at the fight against corruption as something good for them—and thereby earn, in the case of Pastrana and MacLean-Abaroa, crucial financial and technical assistance.

**Prof. Lere Baale is Director, Business School Netherlands Lagos (BSN).**

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# How government can fast-track growth of local pharma industry, by Pharm. Ibeto

continued from page 42

If not Pharmacy, I know I should have been working as an engineer because during my school days, I was a good Mathematics student and offered Mathematics as one of my HSC subjects.

**What are your thoughts about COVID-19 and the various efforts aimed at finding a solution to the pandemic? What do you think of the apathy towards the vaccine in Nigeria and Africa?**

COVID-19 is a deadly pandemic and I believe that the government is trying its best to find a solution to it. I believe with God on our side, we will survive it.

I must say here that COVID-19 has its advantages for organisations that made their managers work from the comfort of their homes, due to the lockdown that came with it,

in what we call the "new normal". In the comfort of their homes, the managers spent longer periods working willingly without being harassed by their supervisors, thereby productivity was greatly increased.

As for the apathy towards the vaccine in Nigeria and Africa, I believe that it's as a result of inconsistent reports about it from different international scientists specialising in virology, parasitology and public health. That, I think, has confused the ignorant masses the more. Also, the general mistrust by Africans towards the sincerity of the civilised world towards us has not helped matters in this regard.

The major question people have asked is this: "Is the vaccine sent to Africa the same as those being administered abroad, particularly when some labels carry inscriptions, such as:

**NOT TO BE SOLD IN USA, CANADA AND EUROPE.** Also, the unwillingness of WHO to recognise our locally produced herbs for the same purpose is a problem.

**Tell us about your family? Did any of your children take after you to study Pharmacy or other health-related professions?**

I must confess that God gave me a lovely family, through my wife. Luckily, one of my children studied Pharmacy and she is already practising. Others studied engineering, Business Administration and Economics and God's grace is with them.

**How do you relax? Tell us about some of the pastime activities you engage in to keep busy, happy and fit?**

Usually, I relax by clubbing,

playing table tennis and snooker. I like to meet people and discuss Nigerian politics - which gives me a sour taste in the mouth. Sometimes I go to the beach to relax and listen to Handel's music and other classical music.

**Finally, what advice would you give to the younger generation of pharmacists on how to make the best use of their calling as healthcare professionals to impact humanity positively?**

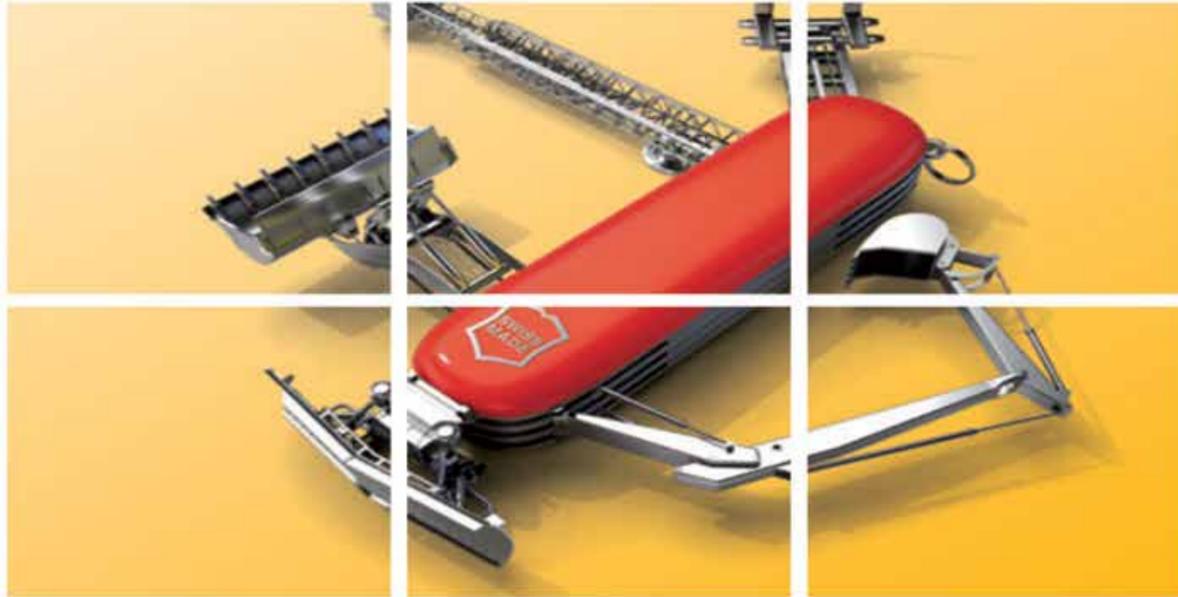
A word of advice to the younger generation of pharmacists is that they should first and foremost seek to gather experience before aspiring to be richer than their employers. They should seek mentorship from colleagues who have been around, as Rome was not built in a day.

They should also realise that the best and most rewarding club to belong to is their professional group. They should try to add more skills to their pharmacy degree, work very hard, be dedicated, imbibe honesty and fear God.

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## Issues & Perspectives

# The cannabis legalisation debate

continued from page 44

cannabis legalisation, holds the promise for economic prosperity for Nigeria. Can we explore this opportunity?

If we talk about the medical benefits of cannabis use, we should also ask if there are no existing alternatives. Codeine is a powerful pain killer and antitussive, whose use has become controversial and extremely restricted in Nigeria. Are we going to add cannabis to an already long list of drugs with abuse potential?

Do we have a tight regulatory control or rule enforcement practices that can handle the fallout that will surely follow the cannabis legalisation?

### Recommendations

It is recommended that Ondo State should continue the engagement and expand the scope to include many more stakeholders. It will be important to get the Federal Ministry of Health (and her agencies) involved in building a consensus on the subject. We know that scientific issues are never cast in concrete, and it will be good for all of us to continue to seek information and details that could make us to take a firm decision in the interest of all Nigerians.

The Pharmaceutical Society of Nigeria (PSN) has just set up a committee of experts under the leadership of Prof. Chinedum Babalola, FAS, FPSN, FNAPharm, the vice-chancellor of Chrisland University, Abeokuta, to interrogate all the available data, information, issues, etc, and advise the Society on the way forward.



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# How can Nigerian pharmacists improve service delivery and impact?

Over the years, the pharmacy profession in Nigeria has evolved and advanced in different dimensions, with an increasing number of practitioners, premises, products, services and career prospects. However, despite these progressions, stakeholders and analysts still agree that more needs to be done to maximise the scope and impact of the profession in the country. To this end, our reporter, **Omolola Famodun**, asked some pharmacists about the crucial grounds to be covered for increased impact. Their views are presented below:

## Automated dispensing, digitalised documentation, and collective fight against fake drugs, a must – Pharm. Ann-Pearl Ilochonwu

Pharmacy has, through centuries, evolved from the age of just apothecary to a more modern and automated manner of dispensing, medication reconciliation and intensive patient care follow-up. Regardless of previous attempts to curb the spread of counterfeit products, Nigeria currently struggles with high cases of substandard and fake drug products. This puts a stain to the lens in which Nigerian pharmacists are viewed internationally.

Fake products have always been a bane to healthcare delivery as they increase the financial burden and hospitalisation of patients, thereby reducing clinical and economic outcomes. Pharmacists should be focused on fighting against the manufacture and importation of counterfeit drugs, particularly in known areas like Onitsha and Lagos.

Furthermore, the digitalisation of the world has led to more efficient ways of drug dispensing and delivery to patients. It is sad to note that in terms of automated dispensing, many Nigerian hospitals are still stuck with manual file cataloguing and poor documentation. Proper documentations which could have been easily done and saved on computers are skipped or probably written down on paper, making it difficult to access vital observations or interventions in the future.

This manual process of service has caused many medication errors and incomplete patient care services. Pharmacists in Nigeria should encourage the use of e-dispensing, which gives room for electronic records of interventions made during counselling and enables us as pharmacists to effectively flag off drug interactions which could have been easily overlooked manually.



## Paying more attention to antibiotics abuse and patient counselling - Pharm. Victor Afoenyi

As a Nigerian pharmacist, I am familiar with cases where patients ask for Ampiclox over the counter, to “prevent” infections due to unprotected sex. A common occurrence in community practice, it is a delicate matter, one that could make or mar the profession, as well as the global level of antibiotic resistance.

Proper patient counselling is undoubtedly the first step. However, this could be challenging because most Nigerians do not have the patience to listen and understand, and some pharmacists do not have the patience to explain. Nevertheless, we can choose to educate such patients, helping them to see that antibiotics are not prophylactic but are expected to be curative, especially if there's a definite diagnosis. Slowly but surely, we can change the misconceptions patients have about antibiotics use.

Another step is to educate such patients on the importance of abstinence, as well as the use of contraceptives, in a friendly and respectful manner, which endears the patients to us. It is not going to be an easy fight. No one ever said “good change” would be easy, but it can definitely be achieved, if we join hands together.



## Active participation in immunisation, veterinary pharmacy, poisoning prevention - Pharm. Tobenna C. Ezenwa

The role of pharmacists in knowing immunisation schedules, recommending specific vaccines for clients, as well as giving the said vaccines cannot be overemphasised. Unfortunately, we pharmacists are lagging behind here.

We also need to improve in veterinary pharmacy. The duties of veterinary pharmacists include preparing medications, making dose measurements, and helping to administer drugs to animals. The pharmacist's responsibility here is to communicate with the owner of the pet or livestock so that they understand how to give the drug(s). Yet, this is an area that many pharmacists are not

harnessing for quality service delivery in our communities.

Several poisons exist in our nation, ranging from arsenic to mercury to cyanide; even the various medications we take for one health problem or the other are poisons. The outstanding problem involving drug toxicology requires that all members of the health team cooperate in the prevention and treatment of poisoning.

The active participation of pharmacists in hospital ward rounds enables pharmacists to contribute effectively to patient care by providing adequate drug therapy and resolving drug therapy problems in its entirety. Some of these drug therapy problems include: Unnecessary drug therapy, overdosage, underdosage, non-adherence etc. Truly, the involvement of pharmacists in hospital ward rounds cannot be overemphasised.

I believe that active participation of pharmacists in the aforementioned areas will result in a health workforce that is ready to respond to the needs of the general populace at every given point in time, as well as during emergencies.



## Independence in drug development and production is essential - Pharm. Udoka Pearl Chimelumeze

Areas in which pharmacists can improve include advancing public health through immunisation (especially with the ongoing COVID-19 vaccinations), gaining independence in drug development and production (that is, reducing the manufacturing of drugs for the Nigerian market by foreign pharmaceutical industries), encouraging the accreditation of Nigerian universities to offer courses that will change the pharmacy education qualification from Bachelor of Pharmacy (B. Pharm.) to Doctor of Pharmacy (PharmD), and maximising online pharmacy in Nigeria, especially during this pandemic where social distancing is encouraged.

Pharmacists can counsel patients virtually and safely deliver drugs to their patients in the comfort of their homes. If Nigerian pharmacists can cover these grounds, our pharmacy profession would evolve to a force that is globally envied.



## Forensic pharmacy, public health pharmacy and use of artificial intelligence - Pharm. Muhammad Kabir Musa

The addition of pharmacists to the healthcare ecosystem is critical at a time when the Nigerian government is experiencing many transformations for a better Nigeria. Forensic pharmacy, robotic systems, artificial intelligence, public health pharmacists, and research and development are all attractive

areas for pharmacy practice and for pharmaceutical scientists in the future.

Some of the new areas for the future, on the other hand, may be used as research and development tools. The time has come for policy regulators and pharmacists in charge of the education to start thinking inward.



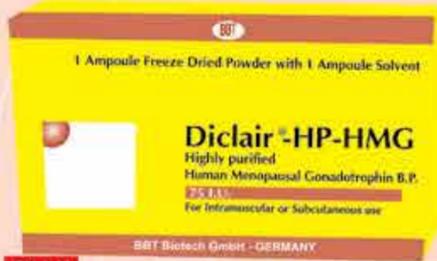
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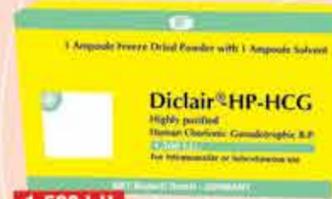
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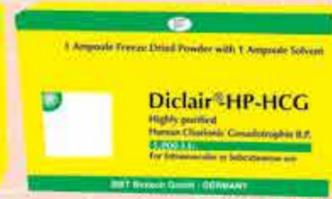
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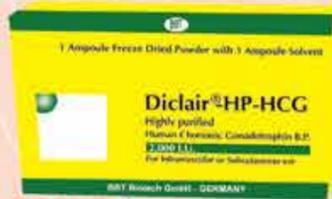
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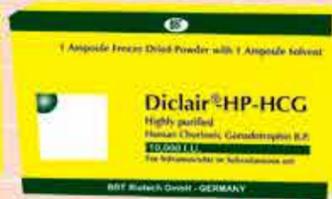
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# Report anyone harassing you sexually, NANNM Chairman tells nurses

By Temitope Obayendo

**W**ith the increasing reports of nurses, especially those in private hospitals, being sexually harassed by patients and other healthcare workers, the Acting Chairman, National Association of Nigerian Nurses and Midwives (NANNM) Lagos State Council, Com. Mary Modupeola Lateef-Yusuf, has urged nurses to speak up on their experiences and report any type of harassment to the appropriate quarters. Speaking with *Pharmanews* recently, Lateef-Yusuf assured that the Lagos State Government has put policies in place to address such issues. The nurse leader also hinted on several issues hampering the provision of best nursing care in the state, while calling on government to intervene urgently. Excerpts:

**The current COVID-19 pandemic has revealed that the essential roles of nurses are also fraught with many challenges. How can these issues be addressed?**

There are many challenges affecting nursing practice in Nigeria, they range from inadequate staffing to violence at work place, lack of self-care facilities, and so on. I will examine them one after the other.

The first is inadequate staffing. Being short-staffed for brief periods of time is common in most professions, and in many of those situations, it is a minor inconvenience. But in nursing, inadequate staffing can be a matter of life and death. Inappropriate staffing levels not only threaten patients' health and safety, and lead to greater complexity of care, but also impact on the nurses' health and safety by increasing nurses' pressure, fatigue, injury rate, and ability to provide safe care.

You will agree with me that staffing levels in a value-based healthcare system should not be fixed, as day-to-day hospital requirements are constantly changing. What I mean is that in Lagos State, what is practised is "exit replacement" when some nurses retire; and this is either done quarterly or bi-annually. This means that other nurses will continue to take on the roles till when others are employed.

Working long hours due to inadequate staffing, job turnover and other factors can result in chronic overtime, placing another burden on nurses. Nurses across the state are reporting a drastic increase in their roles and frequent by-shifts and this practice - caused, in part, by nursing shortage - is having a negative impact on patient care and could foster medical errors and burnout. This overwork, without commensurate appeasement or compensation is driving nurses away from our healthcare facilities to other sane climes, where nurses are appreciated.

Safety on the job is also important and now the state government needs to improve workplace safety in Lagos State which should include safe patient handling resulting in back injuries for nurses. This can be reduced through greater education and training for nurses, use of assistive equipment and efforts to reshape government ergonomics politics to protect Nurses.

Still on safety, needle stick injuries and blood-borne infections are also major concerns of our nurses in all tiers. While the majority



Com. Mary Modupeola Lateef-Yusuf

of sharps injuries involve nursing staff, laboratory staff, physicians, attendants and other healthcare workers can also be at risk and need protection. Thus, there is need to reduce those risks through education and legislation: arming healthcare professionals with the guidelines and resources to prevent injuries; while our employers should create safe workplace environments where we can work.

Some nurses were kidnapped in Kaduna State. As sad as that was, the state government must be proactive by ensuring that it doesn't occur here.

Another common challenge is workplace violence. Nurses face an increased risk of work-related assaults, resulting primarily from the violent behaviour of their patients, clients, and/or other professional colleagues.

While no specific diagnosis or type of patient predicts future violence, epidemiological studies consistently demonstrate that inpatient and acute psychiatric services, geriatric long-term care settings, high-volume urban emergency departments present the highest risks.

OSHA, the ANA, and many other organisations are focused on preventing violent incidences through regulations, guidelines, and education. "No staff nurse should have to deal with violence in the workplace, whether from staff, patients, or visitors," the ANA says.

On the way forward, the first and most important step is improving self-care. This didn't

make the ANA's tightly focused list, but it's an issue inextricably linked with the nursing profession. As caregivers, nurses have been socialised to care for others and thus often prioritise their needs as second. Be that as it may, the employer of labour should emphasise that self-care remains vital for nurses to ease the detrimental effects of stress in the constantly and rapidly changing healthcare environment and to prevent progression of those effects to burnout, which can have devastating consequences for nurses and those under their care.

Healthcare workers, including nurses, continue to experience work-related stress that could be alleviated by the appropriate staffing, equipment and supplies, training programmes, and staff welfare programmes.

Concerning COVID-19, in particular, we all can remember how this novel disease crept on us unawares and unprepared for the magnitude proportions it elicited. Experience has made us better prepared to cope with the challenges of covid-19 pandemic.

I was made the Chairman of NANNM Lagos COVID-19 Committee and we were able to carry advocacies to companies, corporate bodies and non-governmental organisations that supported us by donating alkaline water (Lasena water), soaps, detergents, sanitizers, antiseptics and disinfectants, which we donated to COVID-19-specific facilities, where several of our members work, including

other health facilities throughout the state.

We made use of the media to create awareness about COVID-19 prevention and the need to seek care promptly when infected. We also supported our members in cash and kind to reduce the disease burden.

Several of our members who became infected were treated freely by the Lagos State Government, though regrettably, we lost a few. The issue of health insurance is germane now which has been effected on paper but yet to be fully functional and operational.

It may interest you to know that we are paying for healthcare services rendered like any other patient in our hospitals, with minor exception here and there; particularly if your illness necessitates care at tertiary health institutions. The Lagos State Government is trying in this respect but needs to do more for us to be impressed. Nurses should enjoy free health services in facilities where they work, till the proposed health insurance begins to function.

We are grateful for the commencement of the vaccination exercise which many benefited from, and this exercise considerably reduced the rate of infection. I must also state here that our people must obey the dictates from the state's Ministry of Health, which include: hand washing practices, use of facemasks, cough etiquettes and maintenance of social distancing, as COVID-19 is real.

**Some nurses have raised concerns over being sexually harassed in the line of duty. Is there any panel in place to look into the harassment of nurses in the state?**

Sexual harassment in academia, as well as the scientific, technical, and medical workforce, has been a reoccurring decimal. Students of Nursing Science in our various tertiary institutions are not exempted. They, like other students, suffer from sexual harassment and this impacts our students' lives negatively.

The degree of occurrence within government employment is somewhat reduced, though it affects the recruitment, retention, and advancement of young nurses, who are mostly women. Once your employment is confirmed, sexual activities in any form, if they occur at all, are consensual, though some men could be severely manipulative, particularly when they promise marriage that they are not free to give.

I must emphasise here that the government of Lagos State has policies and strategies in place to address sexual harassments in government settings. The main problem is non-disclosure and, once the victims refuse to report, it didn't take place.

At NANNM level, we have taken advocacy to our various institutions to empower our students on how to protect



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# Mustapha, Ihekweazu task pharmacists, others to lead national development

## - As BOF-PSN holds 3<sup>rd</sup> Annual Public Lecture

By Temitope Obayendo

For Nigeria to leverage lessons learnt from the COVID-19 pandemic for national development, scientists in the country must awake to the responsibility of making meaningful contributions to national issues, especially as it relates to the health of the citizenry, Secretary to the Government of the Federation, Mr Boss Mustapha and Director General, Nigeria Centre for Disease Control, (NCDC) Dr Chikwe Ihekweazu, have unanimously submitted.

The duo challenged pharmacists, doctors, nurses lab scientists, and other health practitioners to cease from being backbenchers when it comes to taking key decisions on healthcare, but rather bring their professional knowledge to bear by advising government on appropriate healthcare measures for the nation, whether conventional or alternative.

Ihekweazu, who was the guest speaker at the Third Public Lecture of the Board of Fellows of the Pharmaceutical Society of Nigeria (BOF-PSN), held at the Sheraton Hotels, Ikeja, on 29 June 2021, spoke on the topic: "National Development and Healthcare System: Impact of COVID-19 Pandemic". The NCDC boss examined responses from institutions, scientists, governments, the private sector and international bodies that helped the country to mitigate the spread of the infection.

Recalling the manner in which some drugs, such as ivermectin, hydroxychloroquine and the Madagascar syrup, were hyped as cure for the novel coronavirus in the heat of the lockdown period, he said this shows that Nigeria has a fundamental healthcare issue, which should be vehemently addressed by scientists.

In his words: "All these activities happened to show that there is a fundamental challenge with our healthcare system, and if we as scientists cannot take up the responsibility to chart progress path for the nation's healthcare delivery system, we may not make any meaningful progress in the nearest future. I challenge all of us to raise our voices, when health issues come up in the country, because the government has the issue of credibility with the population."

Ihekweazu further hinted on the need for active collaboration in the health sector, saying this will serve as a catalyst for fast-tracking its development, as individual efforts are not yielding the much desired results.

To buttress his point, he disclosed the synergy going on among the three government research agencies of NCDC, the Nigerian Institute of Medical Research (NIMR) and the National Institute for Pharmaceutical Research and Development (NIPRD), stressing that they have decided to work together in co-creating a better



L-R: Chairman, BOF-PSN, Prof. (Mrs) Mbang Femi-Oyewo; Mr Andrew David Adejo, permanent secretary political affairs; and Director General, Nigeria Centre for Disease Control (NCDC), Dr Chikwe Ihekweazu, at the occasion.



L-R: Dr Stella Okoli, GMD, Emzor Pharmaceuticals; Pharm. (Mazi) Sam Oluabunwa, president, Pharmaceutical Society of Nigeria (PSN) and Chairman, BOF-PSN, Prof. (Mrs) Mbang Femi-Oyewo, at the public lecture.

future for Nigeria.

Ihekweazu said: "Collaboration among scientists is key to national development. One thing I've learnt is that none of us can do it all alone. Not public, not private, not doctors, not pharmacists, not lab scientists, none of us can do it alone. That is why we must look for a means of solving the problem of hero worshippers, who are always looking for people to celebrate, rather than leveraging the solution for national development."

The NCDC DG also urged the nation to invest more in building capacity in acquisition of in-depth scientific knowledge, as seen in the example of the Indian Pharmaceutical Manufacturers,

most of who engage the services of scientists to become at experts at drug production.

He also mentioned the need to bridge the gap between researchers in the academia and manufacturers, saying this is paramount for the attainment of medicine security in the country.

"A lot of global funds are available for research purposes, but we are finding it difficult because we have not positioned ourselves to access them," he quipped.

Mustapha, on his part, being the Chairman of the occasion, urged the BOF-PSN to take advantage of the opportunity offered by the government through the provision of the N100 billion COVID-19 funds

disbursed to researchers to conduct investigation into the ravaging infection.

Mustapha, who was represented by Mr Andrew David Adejo, permanent secretary, political affairs, said the pandemic is an eye-opener for Nigerians, as the government has learnt better how to manage global pandemics.

Early in her address, the Chairman, BOF-PSN, Prof. (Mrs)

Mbang Femi-Oyewo, noted the aptness and timeliness of the theme of the 2021 Mid-Year Meeting, saying that the global pandemic has exposed Nigeria's inadequacies and lack of preparedness in every area of national development, especially healthcare, education, social, infrastructure and economy.

She specifically charged members of the BOF towards improved impact in the health sector, saying: "As the profession responsible for drug products availability and services to the entire healthcare sector, we as Fellows and elders must understand our roles and take up the responsibility."

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# Pharmanews presents cheque, plaque to PANSite 2021 winner

By Omolola Famodun

One of the unforgettable moments for Martin Nwofia, a 500 level Pharmacy student of Chukwuemeka Odumegwu Ojukwu University, Anambra State, came on 1 July 2021, as he received the Pharmanews PANSite of the Year award plaque and a cheque of N75,000 from the company's Managing Director, Sir Ifeanyi Atueyi.

The presentation, which took place at the corporate head office, of the publishing firm, in Mende, Maryland, Lagos, was witnessed by personalities, such as Pharm. Ignatius Anukwu, chairman, Association of Industrial Pharmacists of Nigeria (NAIP); Mr Patrick Iwelunmor, editor, Pharmanews; Mr Moses Dike, business development manager, Pharmanews; Mrs Temitope Obayendo, online editor, Pharmanews; as well as relatives of the winner, which included Okafor Emmanuel, Nneli Faustina, Vitalis Nwofia and Peter Nwofia.

Speaking at the occasion, Atueyi appreciated all the guests for coming over, especially Anukwu, who is an uncle to the award winner.

He retraced the beginnings of the Pharmanews-PANS (Pharmaceutical Association of Nigeria Students) relationship since 1979, noting that PANS had always appreciated Pharmanews, which explains why the Sir Ifeanyi Atueyi Essay & Debate Competition was initiated by a former University of Benin PANS president in 2015.

Atueyi said: "I want to thank God for making this day possible. We all know how last year went and how it was not easy for everyone. I also want to thank the online department for initiating the concept and for their efforts in making the ceremony a reality.

"We started with the Young Pharmacist of the Year, then PANSite of the Year, and now we have Outstanding Pharmacist of the Year."

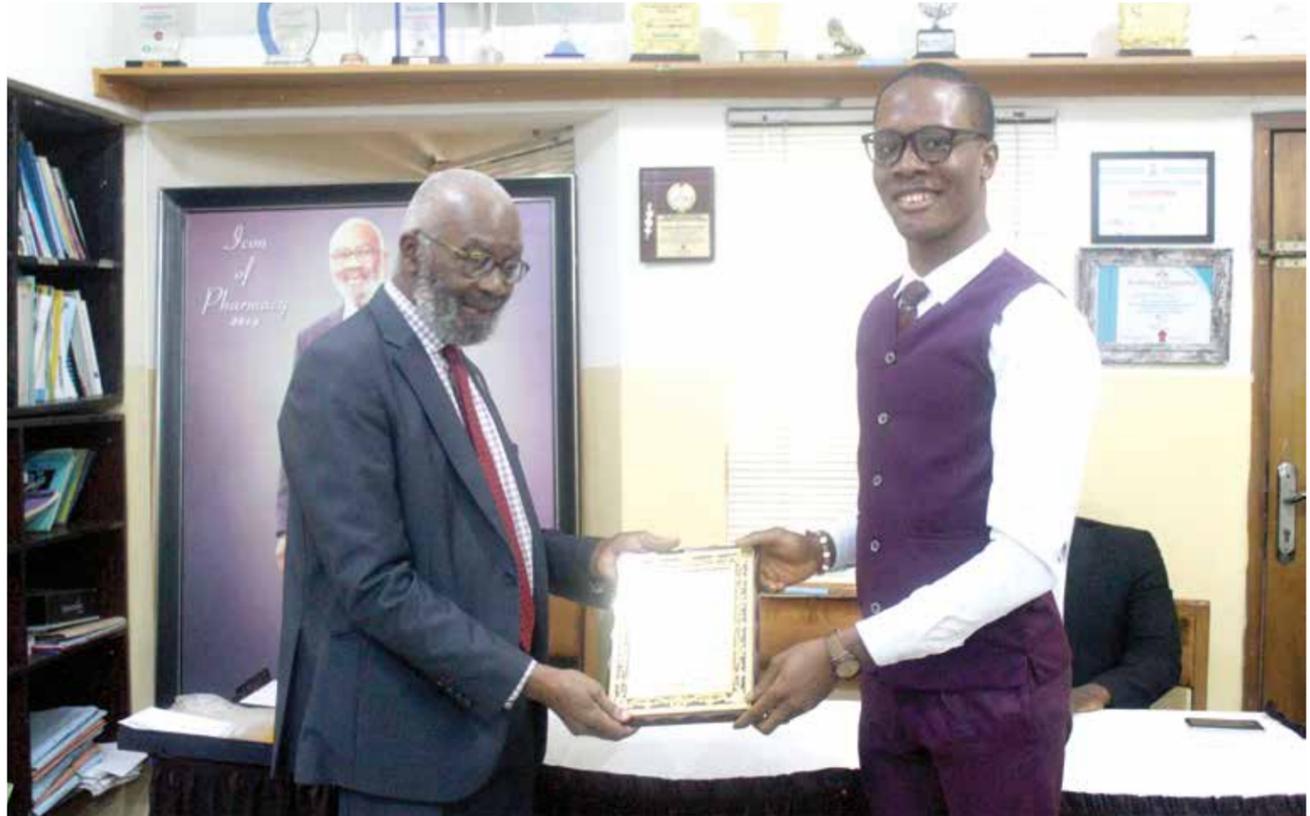
Reiterating the purpose of the award, the Pharmanews boss said it is to encourage scholarship, academic excellence, as well as excellence in practice. He further disclosed that PANS has recently named a new Quiz & Debate Competition after Pharmanews, stating that it will hold in September, during the PANS National Week.

"This is how PANS shows appreciation to us for being supportive to them," he said. "I am thankful that we are able to influence them as a body and our intention is to catch them young, so that we will always be remembered for our good deeds".

Atueyi also mentioned that for the fourth time in a row, Pharmanews was recognised by the Nigerian Healthcare Media Excellence Award. "We maintain our position as number one when it comes to pharmaceutical journal publishing," he said.

In his remarks, Anukwu corroborated Atueyi's view that *Pharmanews* is a household name among pharmacists and healthcare professionals. He revealed that as far back as 1985 when he was at University of Nigeria (UNN), Nsukka, pharmacy students were mostly identified in their hostels by Pharmanews sticker on their door.

He added: "Sometime in 1999



Pharm. (Sir) Ifeanyi Atueyi, presenting an award plaque to Martin Nwofia, winner, PANSite of the Year 2021.



Martin Nwofia and relations at his award ceremony.

during the PSN conference, I met Sir (Pharm.) Atueyi and I asked who he was. They said, "That is the publisher of *Pharmanews*, I was really elated to have met him."

Anukwu also described his relationship with the winner, saying he was elated to see him receive the award.

He said: "I remember sometime last year at the NAIP conference; we went for a health mission and I saw how he was happy to follow me. I also observed his participation during the PANS national conference, his activeness and how he had picked interest in leadership.

"So, when he gave me a call that he won the Pharmanews PANSite of the year, it was really not much of a surprise to me. I encouraged him to keep the flag flying, knowing fully that it is not just a success but a challenge to keep winning something like this, as he cannot afford to embarrass Pharmanews."

He urged Nwofia to be a good ambassador of Pharmanews.

In his response, Nwofia expressed immense gratitude to God, his family, Mr and Mrs Peter Nwofia, his uncle, the pharmacy faculty of his school and the dean, Daniel Eze, his team and everyone

that came around to join him in the celebration, saying as it is a remarkable event in his life.

He added that he and his friends are always eager to read *Pharmanews*, saying his best column is "Heroes of Healthcare", which profiles Nigerians who have made remarkable contributions to the healthcare sector. He also revealed that he has some of the pictures of the "heroes" in his room as this reminds him that he is not there yet.

"I also want to specially thank the Pharmacy Icon's good gesture and all those who nominated and voted me for the award. I want to thank the online editor for putting PANSites in the agenda of Pharmanews.

"I remember, last year, on my 21st birthday, I made a mental note that I would walk into offices and take awards I rightfully deserved. Awards I worked for. I am glad I am gradually doing that," he said.

Narrating his motivation to be engaged in public health advocacy, Nwofia said when he was in Year 2, he realised that there is more to Pharmacy than sitting down in his classroom to just be listening to lectures, adding that he knew

there were grounds to be covered, which was what motivated him to be hosting programmes out of his pocket, while using the name of PANS.

Nwofia, who said he has a passion for public health issues, said he has hosted many programmes, sensitising people on world health days on diseases, such as hypertension, malaria, hepatitis, diabetes and HIV/AIDS.

He said: "I am currently representing my school in PANS public health and I can also call myself an award

recipient. I want to specially thank myself for combining Pharmacy with all extracurricular activities, such that, against all odds, I could still make myself proud. I know this will be an added advantage for me, which I know could pave other ways for me.

"If this was last two to three years, I would conclude that this is my apex. Presently, I know that this is the beginning for me. The apex is far ahead."

Pharmanews Editor, Mr Patrick Iwelunmor concluded by encouraging Martin, noting that the award is a symbolic call to leadership, which shows that he has the capacity to become a leader. He added that this is the time for him to think out of the box and begin to solve problems.

Other contestants who participated in the poll were Emelda Ezugwu (UNIZIK); Gaji Abubakar (UNIMAID); Akpus Adigizi Ilya (UNIJOS); Azeez Yusuff Olanrewaju (UI) and Jeremiah Tyokosu (UNIJOS).

The first and second runners-up will be contacted in due time by the management of Pharmanews for their consolation prizes.

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

# Suicide more of illness than crime - Experts

By Temitope Obayendo

Despite the rampant criminalisation of suicide globally, mental health practitioners, including Dr Femi Olugbile, a consultant psychiatrist, have reiterated that suicide is a mental health condition, saying that it is directly linked to depression, anxiety, panic disorder and similar conditions.

The experts maintained that more than 90 per cent of people who die by suicide suffer from an associated physical or mental health condition, such as chronic physical illnesses, especially those associated with pain, suicidal thinking and incidents of "completed" suicide.

This is even as the World Health Organisation (WHO) has recently introduced comprehensive guidelines on suicide prevention, to help countries improve suicide prevention and care.

"We cannot – and must not – ignore suicide," said Dr Tedros Adhanom Ghebreyesus, WHO's director-general. "Each one is a

tragedy. Our attention to suicide prevention is even more important now, after many months living with the COVID-19 pandemic, with many of the risk factors for suicide – job loss, financial stress and social isolation – still very much present. The new guidance that WHO is releasing provides a clear path for stepping up suicide prevention efforts."

Tagged Live Life approach, the apex health body highlighted four principles to implement the guidelines, which are: limiting access to the means of suicide, such as highly hazardous pesticides and firearms; educating the media on responsible reporting of suicide; fostering socio-emotional life skills in adolescents; and early identification, assessment, management and follow-up of anyone affected by suicidal thoughts and behaviour.

Speaking about the global scourge of suicide, Olugbile said about 800,000 suicides occur annually, adding that the prevalence rate in Nigeria is 6.9 per 100,000

population per year.

He stated that for the ugly trend to be reversed, every citizen and the media have crucial roles to play. He particularly stressed the role of journalists, as men of the Fourth Estate of the Realm, in shaping public perceptions about suicide.

In his presentation, during a media training on suicide reporting organised by the NOUS Mental Health Organisation, the mental health expert said there is need to improve the pattern of suicide reportage, stressing however that this can only come through capacity building which can be transferred into every day reporting.

Olugbile said: "Given our collective antecedents, that modern humane society will not just happen, it will have to be built and lovingly moulded. Every citizen has a role to play. The Press, as the Fourth Estate of the Realm, has a vital role in educating the citizenry, and shaping public perceptions concerning suicide



Dr Femi Olugbile

and other mental health issues.

"The first requirement is that they acquire knowledge, which will inform their actions, as they carry out their duties. It is only in the context of such an up-to-date knowledge-base that the journalist may purge himself of his innate prejudice.

"The new way of understanding and dealing with the subject needs to be seen as not only reasonable but necessary. In carrying out such an exercise of self-improvement, we may get the satisfaction of knowing that we are playing our own part in creating a humane society run on knowledge and best-practice."

Corroborating Olugbile's view, Lade Olugbemi, CEO, the NOUS Mental Health Organisation, harped on the need for pressmen to embrace responsible social reporting in their daily coverage of suicides, noting that this is one of the surest means of mitigating increase in suicide cases and reducing copycat effects.

Olugbemi, a human right activist, committed to mental health advocacy in the ethnic minority communities, said suicide is one of the top leading causes of death worldwide and it is one of the top five causes of death in adolescents.

According her, "It has been identified not only as an individual phenomenon, but also as being influenced by social and environmental factors. There is increasing evidence that the Internet and social media can influence suicide-related behaviour

"We are asking journalists to use the RSR. In the process of producing stories, journalists should be more aware of critical risk factors like levels of stigmatisation, copycat effects, and harmful speculation."

She further recommended the formulation of legislative instruments such as National Suicide Prevention Strategy and Coroners Act, while organised unions, like the Nigerian Union of Journalists and the Health Writers Association of Nigeria, can set standards on suicide reporting, in line with the WHO guidelines.

Other speakers at the virtual media workshop were Dr OluFemi Oluwatayo, a consultant psychiatrist; and Martin Ifijeh, PhD Student, Rutgers School of Public Health. Both were co-authors of the book "The Morning After", which was recently launched to enlighten journalists and others in the society on responsible suicide reporting.

The duo spoke on the need for health correspondents and editors to desist from sensationalising suicide reportage, stating that studies have validated it that the way journalists craft words while reporting suicide can either save lives or cause more suicide cases.

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# We are proud to be called Oyewo's children – PANS-OOU president

By Adebayo Oladejo

In this exclusive interview, Oluwasijibomi Oluwaferanmi Osiyale, president, Pharmaceutical Association of Nigeria Students (PANS), Olabisi Onabanjo University (OOU), discusses some of the legacies of the pioneer Dean of the school's Faculty of Pharmacy, Prof. Mbang Femi-Oyewo (MFR), who recently celebrated her 70<sup>th</sup> birthday. Osiyale also speaks on his foray into Pharmacy and PANS politics, the incessant strikes in public institutions, his plans for pharmacy students and other issues. Excerpts:



Oluwasijibomi Oluwaferanmi Osiyale

## How did you make the decision to study Pharmacy?

I had always nursed the passion to become a medical doctor but when I applied to OOU, I was given Pharmacy. Initially, I was disappointed; but in the course of my journey through pharmacy school and further exposure to the profession, I have developed an unending passion for Pharmacy. The most amazing and interesting thing about the profession is the opportunities it presents an individual with. This is what makes it outstanding.

## Amidst a tight academic calendar, what were your motivations for vying for the presidency of PANS-OOU?

The primary motivation was to plant the seed of a better PANS that is student-centric. As a team of executives, we attempted to restructure and reform certain aspects of the association, which, through the grace of God, we've actually been able to achieve.

Secondly, the position of presidency gave me the opportunity to build capacity, to become a better person through leadership. Being PANS president of any school provides exposure and makes one a problem-solver.

## Tell us some of your achievements and challenges since you assumed office.

Some of my achievements since I became president include collaborating with the dean of the faculty to purchase new sets of books and updated textbooks for our library. We've been able to renovate the library, provide projectors in the faculty and make weighing balances available for the laboratories to make dispensing practical easy. Another major success was to ensure active participation of the students in every PANS activity.

However, the major challenge has been the COVID-19 pandemic, as the school responded to it by instituting virtual classes. It affected

PANS activities but we're actually adapting to the whole digital world and doing things aright.

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

I think that the challenges of studying any discipline in federal or state universities are multifaceted. We often have to deal with superficial lectures that require in-depth personal study. Private university students also engage in in-depth personal

study, but are given more academic attention in a more comfortable environment. Nevertheless, as pharmacy students, we owe it to ourselves to be the best we can be and this entails making the most of the resources available, irrespective of what schools we attend.

Other challenges associated with studying Pharmacy in a public university include incessant strikes by the academic and non-academic bodies, lack of adequate infrastructural facilities, non-conducive learning environments and inadequate funding for research programmes.

## OOU is a multi-campus institution. Compared to other pharmacy schools that have their faculty inside the main campus, would you say this has any disadvantage on the standard of pharmacy education here?

The standard of education of any faculty in a tertiary institution depends primarily on the lecturers, who determine the extent to which they meet the requirements (lecture hours, quality notes, assignments, projects and the willingness to actually transfer knowledge to their students). It's also dependent on the students and their willingness to learn beyond the class notes.

Our faculty may be away from the main campus, but its unique position in the university teaching hospital college allows us to experience the best of both worlds - a bubbling student community that is small enough to allow focused teaching. I don't think this is a disadvantage at all.

## The educational sector for years 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 without strike actions?

I think that the challenges that the educational sector is facing is a reflection of the challenges of

Nigeria as a whole. Until when the prevailing mindset in the country favours education, any measures we propose would be temporary. When the government values Nigerian tertiary education and invests more in providing conducive infrastructure, and when university managements are devoid of bad eggs that are generally present in most systems, then we will have lasting progress.

## The pioneer dean of your faculty, Prof. Mbang Femi-Oyewo, delivered her valedictory lecture and celebrated her 70 years recently, what can you say about the programme and the person of Prof. (Mrs.) Oyewo?

The programme was really amazing, as it was organised by PANS-OOU. PANS-OOU had the opportunity to play a role in the programme and her good name has actually paved way for the faculty and students, such that we are being referred to as "Oyewo's children" outside.

Prof. (Mrs) Femi-Oyewo, popularly known by her students as "Mama for Real", embodies her nickname. She is a mother indeed. Her professional achievements position her as a bright star that inspires us younger generation to aim high in life. I remember how students without ID cards or ties ran and hid on hearing her voice. That's how much she emphasised "being compliant" - exceptional dressing, good morals and professional conduct. The event was organised to honour a legend and we're grateful for her contributions in establishing the B.Pharm programme in OOU, as well as positively impacting her students.

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# The truth about medical marijuana

By Peter Grinspoon, MD

There are few subjects that can stir up stronger emotions among doctors, scientists, researchers, policy makers, and the public than medical marijuana. Is it safe? Should it be legal? Decriminalised? Has its effectiveness been proven? What conditions is it useful for? Is it addictive? How do we keep it out of the hands of teenagers? Is it really the “wonder drug” that people claim it is? Is medical marijuana just a ploy to legalise marijuana in general?

These are just a few excellent questions around this subject, questions that I am going to studiously avoid, so we can focus on two specific areas: why do patients find it useful, and how can they discuss it with their doctor?

## Marijuana without the high

Least controversial is the extract from the hemp plant known as CBD (which stands for cannabidiol) because this component of marijuana has little, if any, intoxicating properties. Marijuana itself has more than 100 active components. THC (which stands for tetrahydrocannabinol) is the chemical that causes the “high” that goes along with marijuana consumption. CBD-dominant strains have little or no THC, so patients report very little if any alteration in consciousness.

Patients do, however, report



many benefits of CBD, from relieving insomnia, anxiety, spasticity, and pain to treating potentially life-threatening conditions such as epilepsy. One particular form of childhood epilepsy, called Dravet syndrome, is almost impossible to control but responds dramatically to a CBD-dominant strain of marijuana, called Charlotte's Web. The videos of this are dramatic.

## Uses of medical marijuana

The most common use for medical marijuana in the United States is for pain control. While marijuana isn't strong enough for severe pain (for example, post-surgical

pain or a broken bone), it is quite effective for the chronic pain that plagues millions of Americans, especially as they age. Part of its allure is that it is clearly safer than opiates (it is impossible to overdose on and far less addictive) and it can take the place of NSAIDs such as Advil or Aleve, if people can't take them due to problems with their kidneys or ulcers or GERD.

In particular, marijuana appears to ease the pain of multiple sclerosis, and nerve pain in general. This is an area where few other options exist, and those that do, such as Neurontin, Lyrica, or opiates are highly sedating. Patients claim that marijuana allows them to resume their previous activities,

without feeling completely out of it and disengaged.

Along these lines, marijuana is said to be a fantastic muscle relaxant, and people swear by its ability to lessen tremors in Parkinson's disease. I have also heard of its use quite successfully for fibromyalgia, endometriosis, interstitial cystitis, and most other conditions where the final common pathway is chronic pain.

Marijuana is also used to manage nausea and weight loss and can be used to treat glaucoma. A highly promising area of research is its use for PTSD in veterans who are returning from combat zones. Many veterans and their therapists report drastic improvement and clamour for more studies, and for a loosening of governmental restrictions on its study. Medical marijuana is also reported to help patients suffering from pain and wasting syndrome associated with HIV, as well as irritable bowel syndrome and Crohn's disease.

This is not intended to be an inclusive list, but rather to give a brief survey of the types of conditions for which medical marijuana can provide relief. As with all remedies, claims of effectiveness should be critically evaluated and treated with caution.

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# Changes in midlife health influences cardiovascular health

By Emily Henderson, B.Sc

A relative decline in wealth during midlife increases the likelihood of a cardiac event or heart disease after age 65, while an increase in wealth between ages 50 and 64 is associated with lower cardiovascular risk, according to a new study in JAMA Cardiology.

Although the association between socioeconomic status and cardiovascular outcomes is well-established, little research has been done to determine whether longitudinal changes in wealth are associated with cardiovascular health. In the study, Andrew Sumarsono, M.D., an assistant professor of internal medicine at UT Southwestern, along with colleagues from Harvard-affiliated Brigham and Women's Hospital Heart & Vascular Centre and the London School of Economics, investigated the cardiovascular toll that changes in monetary health can have in the U.S., where there is a 10 to 15 year difference in life expectancy between the population's richest 1 per cent and the poorest 1 per cent.

Examining a cohort of more than 5,500 adults without cardiovascular disease, they found that middle-aged participants who experienced upward wealth mobility, defined as relative increases in the total value of assets, excluding primary residence, had lower cardiovascular risk after age 65, compared with peers of similar age. Conversely, participants



who experienced downward wealth mobility in the latter parts of their careers had higher cardiovascular risk later in life. Cardiovascular events, cited as outcomes include acute myocardial infarction, heart failure, cardiac arrhythmia, and stroke, or cardiac-related death.

“We already know that wealth relates to health, but we show that wealth trajectories also matter. This means that the cardiovascular risk associated with wealth is not permanent and can be influenced,” says Sumarsono, a faculty member in the Division of Hospital Medicine.

The researchers estimate a 1

per cent swing in cardiovascular risk for every \$100,000 gained or lost by individuals. Notably, participants who started in the top 20 per cent of wealth and experienced downward wealth mobility still had similar cardiovascular risk, as those who remained fixed in the top quintile. However, those who started in the bottom fifth of wealth accumulation and experienced upward wealth mobility had lower cardiovascular risk than those fixed in the bottom quintile.

The investigators suggest that this may indicate a potential legacy protection present among the wealthiest, but not the poorest. These findings linking wealth change and downstream

cardiovascular events were similar across all racial or ethnic subgroups.

“We found that irrespective of one's baseline wealth, upward wealth mobility relative to peers in late middle age was associated with lower risk of a new cardiac event or death after age 65. This suggests that upward wealth mobility may offset some of the risk associated with past economic hardship,” Sumarsono says.

“We also found the inverse was true that people who experienced downward wealth mobility relative to one's peers faced a higher risk of a new cardiac event or death after 65, potentially offsetting some of the benefit associated with prior economic thriving. “We live in a system where people can experience catastrophic losses in wealth from situations beyond their control and that opportunities to accrue wealth are not equally available across racial or socioeconomic groups,” Sumarsono adds.

“Policies that build resilience against large wealth losses and that address these opportunity gaps should be prioritised and may be considered a public health measure to improve overall health while also potentially narrowing racial, socioeconomic, and cardiovascular health,” he said.

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# Bad drugs and associates in microbial hegemony and drug quality logics

(Extracts of the inaugural lecture delivered by Prof. Udoma Ekanem Mendie, FPC.Pharm, FNA.Pharm, FPSN, on 19 May, 2021, at J.F. Ade-Ajayi Auditorium, University of Lagos)

## Microbial agenda

Bad drugs are of growing serious concern to public health, and what fuels it most is microbial contamination and its consequences. The ubiquity, diversity and activities of microbes are extraordinary. When microbes colonise anything, it is tantamount to a declaration of war, as demonstrated by the COVID-19 pandemic. Microbial hegemony therefore provokes spoilage, disease and death. This presentation underscores microbial dominance and their intrigues to subvert good drug quality.

Microbial *biopolitics* is intended to intimidate, contaminate, dominate and destroy. The target is to inflict all-out damage through biodegradation, infection and death, using their families and

tribes. Humankind's only protection is the intrinsic infallibility of science and upholding the laws of ethical hygiene. To ensure long life, anything that goes into the body should not defile it and should be free of harmful microbes. Above all, good quality water, food, drugs and environment and mind are necessary mix for healthy long life.

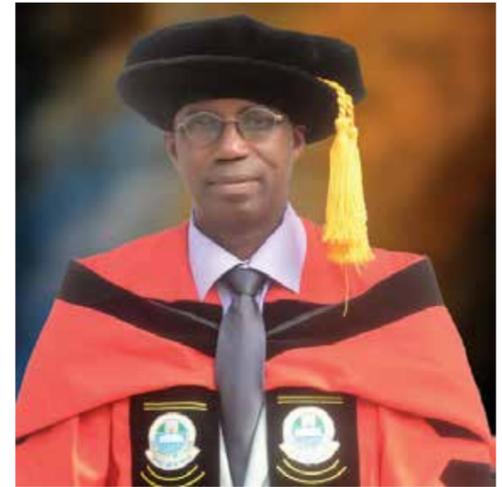
## Microbes in drug manufacturing

Irrespective of their notoriety, microbes have helped to advance human civilisation in diverse ways, as raw materials for drugs, probiotics, antibiotics and vaccines. Vaccine production in Nigeria and indeed other drugs is for our own national security, survival and good health. But they are hardly available or in short supply.

Even the water-based products or drinks should be well-processed, protected and stored. Water serves as a potent nutrient for microbial growth and should be well purified and handled. The poor state of drug production facilities and unhygienic practices are the bane of product contamination. Our health priority as a nation should be overhauled and righted. But then pharmacists must make the bold move to manufacture drugs.

## Consequences of microbial contamination

Microbial contamination and survival in drug and food products is widespread, with consequences in product degradation, spoilage



Prof. Udoma Ekanem Mendie

and possible infection hazards. Sterile drugs, e.g. injections and infusion fluids; and non-sterile ones, e.g. tablets and syrups, have all been reported to be very susceptible, including those available in drug outlets. Dextrose content in infusion solutions, or added antibiotics have been found to be degraded by ordinary microbes and enzyme producers.

Multivitamin preparations have been found to be more prone to microbial contamination and degradation, even at a microbial content specified to be safe. This observation, in particular, warrants a review of its pharmacopoeial standards. The higher rate of degradation of drug ingredients in many formulations by microorganisms requires explicit quality assurance and controls within the factory and quality adherence outside the factory.

## Controls of microbial hegemony

Drugs must be manufactured based on Good Manufacturing Practice and quality assurance regimes. Applying total microbiological controls will protect them from microbial hegemony.

In addition, drug quality compact guidelines are intended to safeguard the quality of drug products passing through production-use channels - the factories, pharmacies, patent medicine stores, hospitals, home. However, open drug markets, unregistered drug outlets and drug criminals continue to serve as the cesspool of fake, adulterated and spurious drugs. They must be eliminated to give sanity to quality drug distribution.

## Conclusion

Fighting microbial hegemony and indeed bad drugs requires tact, discipline, focus and devotion - but, most importantly, ethical courage. Everyone must be involved. Without this, good quality drugs will be impossible; and our lifespan will be cut short. Bad drugs incapacitate or kill. Let us strive to put the drug house in order.

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

# Weak pharmacy laws empowering charlatans - Ondo ACPN chairman

By Adebayo Oladejo

**W**orried by the increasing shortage of pharmacists in Ondo State, as well as the rate at which pharmacy outlets are being shut down or put up for sale, the Chairman, Association of Community Pharmacists of Nigeria (ACPN), Ondo State Chapter, Pharm. Babalola Osabiya Taiwo, has lamented that community pharmacy is no longer in the hands of the professionals.

Speaking with *Pharmanews* in an exclusive interview, Taiwo, a 1983 graduate of Pharmacy from University of Ife (now Obafemi Awolowo University, OAU), and Merit Award Winner of the Pharmaceutical Society of Nigeria (PSN), Ondo State Chapter, dissected the issues surrounding community pharmacy practice in the state, as well as steps that can be taken to improve the practice generally in the country. Excerpts below:

## Can we have a glimpse into your pharmacy journey?

I have been an active and financial member of PSN and ACPN in Ondo State. I have served actively in all departments of the associations. To the glory of God, I resuscitated the moribund ACPN, which was then Nigerian Association of General Practice Pharmacists (NAGPP), in 1995. I served as the secretary and as the chairman from 1998 to 2000. Posterity beckoned once again last year for me to come and serve ACPN as the state chairman.

I have obtained many awards of service. Prominent are the Merit Award of the PSN, Ondo State, and the Distinguished Community Pharmacist Award of the ACPN national.

It may interest you to know that I am a politician, too. I became a part-time member of the Hospital Management Board in 1992. And, at intervals, because of the military interregnum, I was a member till 2003 - a total of 11 years, with various achievements.

I was able to plead with the authority for the creation of Directorate of Pharmaceutical Services in the Hospital Management Board. I had the opportunity to preside over the employment of many of my colleagues, both senior and junior. I met eight pharmacists in Ondo State hospitals, but the number had increased to 80 in 2003, when I was leaving the Board.

I also served the state as the chairman of Agricultural Inputs Supply Agency, from 2009 to 2013, and I left good legacies which I am proud of. Consistently I have been a good ambassador of the PSN and the ACPN.

In the area of my practice, I am doing well. I have conducted my practice without blemish. No allegations of professional misconduct for the past 32 years of BOT Pharmacy and my 38 years of graduation, to the glory of God.

## You had some goals set for yourself at the inception of this administration, how many of these goals have you achieved so far?

You are right. You must know that community pharmacy practice consists of two components, the business and the practice. We are both businesspeople



Pharm. Babalola Osabiya Taiwo

and professionals. As a businessperson, you must have a comprehensive work plan in any year. Whatever happens, I am a Christian, and I always comfort myself with the words of Apostle Paul: "I have planted, Apollos watered; but God gave the increase."

The COVID-19 pandemic of 2020 till now has negatively affected every business globally. Plans were distorted and modified. Still, we learnt some lessons from the phenomenon.

## What is your assessment of community pharmacy practice in Ondo State? What are the challenges facing practitioners and how can they be surmounted?

Pharmacy practice in this state is not what it should be. You cannot compare the practice in Ondo state with that of Lagos, Ibadan, Edo, Abuja, Port Harcourt and other big cities. Those are urban areas, compared to our rural area - so classified for the purpose of this interview. The quantum of money in circulation in the economy of those cities is huge. You have factories; closeness to the sourcing of pharmaceuticals, in terms of logistics; and high patronage level.

Here, in Ondo State, no factories; and we are far from procurement centres. There are no big pharmaceutical refill centres. We have to travel for hours to restock our pharmacies. So, our challenges are multifarious.

The problem of quacks is there, as everyone sees community pharmacy as a business, without considering that drug are poisons that need the supervision of the trained and registered professionals

and premises. Drugs are hawked everywhere - in buses, and in trays in open markets.

You know Nigerians like cheap things. Even the educated ones are bereft of the potency of drugs. Overall, is the lack of will to critically review the pharmacy laws, which had been promulgated before the digital age. The laws are stale.

Honestly, as of today, pharmacy practice is not in the hands of pharmacists. The professionals believe they are to serve humanity, in line with their code of ethics, rather than seeing drugs as cash cows. But to the non-professionals, it's an article of merchandise. The truth is that it has become a lucrative choice for moneybags.

To combat some of these problems, the regulatory agencies - PCN, NAFDAC, and the Ministry of Health in Ondo State - are trying their best to see that the pharmacy sector in the state is sanitised to an acceptable level.

## 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?

This is a worrisome development - when a practitioner gives up on his practice. This often happens when challenges are overwhelming. As I told you earlier, our practice is of two in one - business and practice. You need a huge sum of money to set up and maintain a good community pharmacy store. Therefore, availability of funds is the first requirement.

You cannot have a good business without money. For

instance, many of the self-funding sources accessible to us in the past are no more available. For many years, running to eight years now, no government patronage is available to our members. No tender, no bidding. Even banks are not giving overdraft, which we enjoyed in the 80s and 90s. Where loans are available in any bank, our members cannot meet the requirements. So sad!

Therefore, pharmacies are put on sale when the pharmacist is overwhelmed and chooses to go for greener pastures. Brain drain is happening in the pharmacy sector too. As a matter of fact, the country is badly in short of pharmacists than physicians and nurses.

## There has been a growing concern over the shortage of pharmacists in Ondo State, as expressed by the PSN a year ago. What do you think stakeholders in the profession and the government can do to salvage the situation?

It is absolutely true that the state does not have the number of pharmacists required to cover the government's health facilities. The reason is simple. The practice environment is very hostile to our colleagues. Many of them have migrated abroad for comfortable living. As of 2020, the total number of pharmacists in Nigeria was 28,000 - both dead and alive, going by the PCN's registration figures. The living pharmacists available to serve our over 200 million population cannot be more than 22,000. This situation will continue, until the situation in the country improves and our government pays attention to the welfare of our colleagues.

Unfortunately, we were not trained in the act of using strike to make demands from government like others. Hardly can you hear that pharmacists go on strike. We serve humanity, not money. We are men of honour. But, then, we deserve a good standard of living.

However, we will continue to support this administration in spite of its dwindling resources. We will continue to be partners in progress.

## During a "thank you" visit to the Ondo State Governor, Mr Rotimi Akeredolu, early this year by pharmacists in the country, led by National President of PSN, Mazi Sam Oluabunwa, the governor said that both medical doctors and pharmacists were in the same profession, stressing that no discrepancy should exist between the two. What is your take on this statement?

I am not surprised at the view of Mr Governor. He is a member of the silk profession, a SAN. He is learned. We are members of the same family. We work to complement each other. Can the body say the hands, legs, eyes, and ears are not useful to it? - just to paraphrase St. Paul in the book of 1 Corinthians.

Unfortunately, a group in the partnership in the sector is

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## Events in Picture



L-R, Pharm. (Mrs) Rosemary Alaran; Pharm. (Sir) Chukwudi Obiukwu, Merit Award Winner, PSN, Lagos State; Pharm. Folorunsho Alaran, Merit Award Winner, and Mrs Ngozi Obiukwu, at the Lagos PSN Annual Luncheon and Investiture of Merit Award Winners in Lagos.



L-R, Pharm. (Mrs) Rosemary Alaran; Pharm. Folorunsho Alaran, Merit Award Winner, and a well-wisher at the Lagos PSN Annual Luncheon and Investiture of Merit Award Winners in Lagos.



L-R: Dr Moyosore Adejumo; Pharm. (Mrs) Abiola Paul-Ozieh; and Pharm (Mrs) Olawunmi Peters, acting as electoral officers during the recent election of Lagos ALPs at the PSN Seretariat, Lagos.



L-R: Mrs Olanlesi Mamora; Mr Adekunle Alli and Mrs Modupe Alli, at the 60th birthday and retirement ceremony of Mrs Alli, held recently.

## Coming Events

### ACPN National Scientific Conference (Gateway 2021)

The Association of Community Pharmacists of Nigeria (ACPN), is billed to hold its historic 40<sup>th</sup> Annual National Conference, from 30 August to 4 September, 2021.

The event, themed: "Abuja Declaration: Equipping Community Pharmacists for Universal Health Coverage", will be held at Olusegun Obasanjo Presidential Library, Abeokuta, Ogun State.

### 2021 Annual NAPPSA Scientific Conference 23-26 September, 2021

The Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA), is billed to have its Annual National Conference on September 23 to 26, 2021.

The event will hold at Baltimore Marriott Inner Harbor at Camden Yards 110 South Eutaw St Baltimore, MD 21201, will feature activities such as Continuing Education Knowledge Sharing; Peer Interaction; Poster Presentation; Networking; Connection with Captains of Industry; Inter-professional connections; Exhibitor Interaction, and many more.

The target audience are pharmacists, physicians, pharmaceutical scientists, and others interested in learning about the most current advances in pharmacy practice, pharmacy ownership, pharmaceutical education, drug discovery, development, regulation and safe utilization of drugs.

### PSN National Conference 2021 (GARDEN CITY 2021)

The biggest pharmaceutical event in West Africa, the Pharmaceutical Society of Nigeria (PSN), 94<sup>th</sup> Annual National Conference, holds in the beautiful city of Port Harcourt, Rivers State from 1<sup>st</sup> to 6<sup>th</sup> November 2021.

The event, themed: "COVID-19 Lessons: Broadening and Strengthening the Nigerian Pharmaceutical/ Health Sector", will be held at Obi Wali International Conference Centre, Chief G. U Ake Road, City Centre, Port Harcourt, Rivers State.

Emails should be sent to [gardencity2021@psnnational.org](mailto:gardencity2021@psnnational.org) or [innocent.nwabueze@psnnational.org](mailto:innocent.nwabueze@psnnational.org).



L-R, Dr Anthony Omolola, Chairman Advisory Board of NHEA; Prof Akin Abayomi, commissioner for health, Lagos State; Sir Ifeanyi Atueyi, publisher, Pharmanews, and Dr. John Nwaiwu; managing director, JB Pharmaceuticals Limited; at the Nigerian Healthcare Excellence Award (NHEA) ceremony held recently at Eko Hotel & Suites, Lagos.

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## Weak pharmacy laws empowering charlatans - Ondo ACPN chairman

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so arrogant and domineering. They fail to see the signs of the current global equation. All of us have to work together in order to deliver good services to our clients.

### What can you say about the happenings in the healthcare sector in Ondo State?

I can boldly tell you that the high health standard set by the previous administration is at another commendable level. The present administration so much places a high premium on the health sector, such that the state now has a medical teaching hospital. The medical college (University of Medical Sciences, UNIMED) is producing medical personnel in various fields of Medicine. The NUC has accredited a school of pharmacy for the college and it will soon take off.

Infrastructural developments are going on at the former site of the General Hospital, Akure. A standard laboratory for COVID-19 test and Lassa fever was established in the state by this administration. We also have a well-equipped isolation centre for infectious diseases. Modern equipment and scanners are now available in UNIMED.

Our comprehensive health centres are improving. NGO partnerships with government programmes are on the rise. Funds available from

international NGOs are well utilised.

Nevertheless, all is not a bed of roses. We have shortages in human resources, due to inadequate funding, which is a problem globally.

### Tell us about Sunshine Coopfarm. How did it come into existence, and what is happening to it presently?

Sunshine Coopfarm is a business venture created for the welfare of pharmacists in the state, especially the ACPN members. However, it was later expanded to accommodate the other arms of the PSN. It came into existence during the regime of Dr Olusegun Agagu, in its "roadmap to progress 2005". It was one of the prime vendors approved for the pharmaceutical management programme of that regime.

Like any other similar programme in Nigeria, it got corrupted along the line. It was abused. Presently, it is undergoing restructuring to properly position it to be more viable.

### What should community pharmacists be doing to enable them to contribute more to healthcare delivery, especially at this crucial period of COVID-19?

That is a good question. You cannot grow more than what

you learn.

Knowledge is power. To be relevant in the present age, you have to develop your capacity. Apart from the MCPDE, organised by the PCN every year, pharmacists must attend special courses in our tertiary institutions, as well as seminars and workshops. Otherwise, you may not be able to render the required services to the public.

In fact, this is a season of specialisation in community practice and the pharmacy profession. A community pharmacist must be up-to-date in clinical practice. We have moved from the era of just filling prescriptions; our practice is now patient-focused.

ICT know-how is indispensable. The logistics problem of the past is fading away. You can buy and sell through the Internet. It is



Pharm. Babalola Osabiya Taiwo

becoming more convenient to go into the practice than the time past.

Above all, I implore my colleagues to always abide by our code of ethics. We must exercise restraint, not to be too much particular about financial gains. Rather, we should pursue value. God has a way of taking care of His own. Humanity should be our priority. We are really in a hard time. But we must not lose our souls.



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# Over-dependence on India, China soon to be over, says Anyakora

*continued from back page*

outlined the core benefits that the implementation of the PMVCM would bring to the Nigerian pharmaceutical space, adding that one of the primary objectives of the project is to optimise the potentials of Nigeria, in terms of capacity to access the basic requirements that will make its pharmaceutical landscape independent of foreign influence. This, he said, will put Nigeria at an advantaged position in pharmaceutical manufacturing.

Highlighting the roles of government, manufacturers, investors and regulators in the success of the project, the don expressed confidence that the PMVCM, when executed, will make Nigeria a hub for pharmaceutical manufacturing in Africa. He also stated that the overdependence on India and China for pharmaceutical raw materials will witness a drastic reduction, as the pharmaceutical manufacturing industry in Nigeria begins to attract more forex inflow.

Speaking via Zoom, President of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPSSA), Dr Anthony Ikeme, bemoaned Nigeria's perennial dependence on foreign countries for its pharmaceutical raw materials, adding that such a situation makes the country powerless in the scheme of things.

Lamenting the sad reality of India and China controlling the Nigerian pharmaceutical market, Ikeme averred that the country needs a deliberate plan and strategy to mitigate against the risks of relying on other countries for APIs and expertise.

He added that, with a strong base of Nigerian community pharmacists in the United States, the country possesses the necessary expertise to catalyse the process of establishing itself as a major hub for pharmaceutical manufacturing in Africa.

On his part, the Director General of the National Institute for Pharmaceutical Research and Development (NIPRD), Dr Obi Adigwe, observed that despite the over 50 billion dollars' worth of the pharmaceutical manufacturing market in Africa, it is difficult to point to any African country that can be referred to as a hub in the continent.

He noted that the PMVCM by Bloom Public Health in conjunction with the Lagos Business School (LBS), when fully implemented, will become the most significant thing to happen to the pharmacy space in Africa.

Throwing her support to the project, Chief Executive Officer of Emzor Pharmaceuticals, Dr Stella Okoli, lauded the initiative by Bloom Public Health and the Lagos Business School, describing it as a welcome development that will augur well for the Nigerian pharmaceutical manufacturing atmosphere. She also promised her full support towards its success.

While calling for the enshrinement of local production in the project, Dr Amaka Okafor, who represented the Registrar of the Pharmacy Council of Nigeria (PCN), said there cannot be any meaningful development without



**Professor Chimezie Anyakora**

research. She reiterated PCN's readiness to always support developmental projects such as the PMVCM.

The Executive Secretary of the Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMGMAN), Pharm Frank Muoneme, while stressing his organisation's commitment towards ensuring that Nigeria attains medicine security, stated that untapped potentials abound in the country's pharmaceutical sector. He lauded Bloom Public Health and the LBS for putting up the PMVCM, which he said is aimed at proffering solutions to the local manufacturing value chain.

Those who promised to support and help in raising funds for the successful execution of the project include, Dr Njide Ndili, country director of PharmAccess; and Kate Isa, chairman, Katchey Laboratories Limited.

Dr Franklin Ngwu, Faculty, Strategy, Corporate Governance and Risk Management of the Lagos Business School and his team of young and innovative executives represented the Lagos Business School.

Below are excerpts of the interview that *Pharmanews* had with Professor Anyakora on the project launch:

**What is the primary objective of the PMVCM?**

Primarily, PMVCM when executed, will create a good environment for local pharmaceutical manufacturing. Currently, all the support systems for pharmaceutical manufacturing are not available locally. So, that puts a lot of stress on manufacturers, apart from the financial burden.

We hope to identify all the services and products needed in pharmaceutical manufacturing and establish the market size for them, with the aim of attracting investment into those areas, which will in turn support local manufacturing.

instead of sourcing for products and services outside Nigeria, they will do so locally. It will also increase forex earning in the country because once we have those services and products, the growing African pharmaceutical manufacturing base will rely on Nigeria for those services and products thereby increasing our forex earning.

**To what extent do you think this project will stop or reduce our dependence on India and China for pharmaceutical raw materials, when government is obviously not providing the enabling environment for local raw materials development?**

This project is aimed at reducing this dependency and even going further to make Nigeria a hub for pharmaceutical manufacturing and support the rest of the continent. We hope this will serve as a motivation for those who have not been supporting the sector to wake up and be part of this impending change. Our local pharmaceutical manufacturers have been doing great and this will be a spur for them and will serve to further encourage them.

**How much fund do you need precisely to achieve the goals of this project?**

This project is a low-budget, high-impact project. The budget for this project is around 50,000 USD. This will be spent mainly on getting external sources of data and extra consultants for the project.

Already, the partners of this project are contributing their time and other resources to make this happen.

**How do you think this project will impact on the pharmaceutical manufacturing value chain in Nigeria where certain government policies, such as the arbitrary forex policy, is a major challenge in itself?**

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## Shalina unveils new strategy, celebrates outstanding staff

By Adebayo Oladejo

Poised to further consolidate the success recorded in the last financial year, Shalina Healthcare, has unveiled its new business strategy and culture, while applauding some outstanding staff for their unwavering loyalty and contribution over the years.

The colourful occasion, which took place at the Orchid Hotel & Resort Centre, Lekki, Lagos, recently, was said to be aimed at aligning its Nigeria business with the global corporate initiative.

Addressing the staff during the event, Shalina's Vice President for West Africa, Mr Arun Raj noted that in order to support the new strategy of the company, it is equally important to drive a new culture amongst the team to achieve it, saying that was the whole essence of the programme.

According to him, the motive of the event was based on the new corporate goals of the organisation and the right corporate culture to drive the same.

Also speaking in the same vein, Mr Suresh Karuppiyahsamy, the head, Consumer Business, West Africa, stated that the foundation of every business's success depends on its people, saying it is very important that the entire Shalina team rallies towards a common vision.

In his own speech, Mr Amit



A somemembers of Staff at the Shalina Annual Conference and Gala Night, held recently at Orchid Hotel & Resort Centre, Lekki, Lagos State.

Nagpal, the Head of Human Resources for West Africa, said creating a high-performing culture where every single Shalina team strives to deliver their best is what the company is out to achieve.

Also speaking, Pharm. Folorunso Alaran, head of Corporate Marketing, disclosed that it had been a successful ride for Shalina in the concluded year despite the COVID-19 challenges, adding that it is

largely due to the resilience of the workforce as a team. He added that appreciating the staff and stakeholders is the least the company could do.

Corroborating Alaran, Sandeep Sahu, head, brand marketing stated, "Indeed we can take the leap and achieve the new objectives with careful executions of the various strategies earmarked for each of the brands. Shalina believes access to quality healthcare

is a right for all Africans, so they can lead healthy, productive lives."

"Shalina Healthcare is an African-focused multinational company with a presence in more than 12 countries in sub-Saharan Africa with the vision to be sub-Saharan Africa's health champion with brands that people love and trust founded on principles of quality, affordability, and availability."

One of the highlights of the event was the pomp and pageantry of the Award and Gala night where outstanding members of staff were recognised and rewarded for their dedication and performance during the last financial year.

The event ended with merriment and team bonding of Shalina staff from across the federation.



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# NHEA: Pharmanews shines again, as Kale, Nwaiwu, Idoko bag Lifetime Achievement Award

continued from back page

consecutive time, **Pharmanews** was awarded Best Healthcare Media (Print) of the Year at the ceremony, with the 42-year-old health journal shrugging off the challenge from the likes of *Business Day* and *PharmaTimes* to win the laurel.

Beaming with smiles after receiving the laurel, Sir Ifeanyi Atueyi, managing director and publisher, **Pharmanews**, said that he was delighted with the NHEA, which he said had carved out a niche for itself in the healthcare sector, adding that its performance had continued to improve every year.

Atueyi recalled that the NHEA had selected in 2015 as the first pharmacist in the country to receive the prestigious Lifetime Achievement Award, saying although he had received more than 50 other awards, that particular recognition gave him the greatest joy because it encompasses the entire healthcare sector.

The **Pharmanews** publisher said, "We are happy that in 2017, 2018 and 2019, **Pharmanews** won in the category of the Nigerian Healthcare Media Excellence Award – Print. This year again, 2021, we have won it, making it the fourth time consecutively. Indeed, this is a manifestation of God's grace. The world has recognised our unique contribution in the healthcare space."

Also speaking, Commissioner of Health, Lagos State, Prof. Akin Abayomi, who represented Governor Babajide Sanwoolu and also bagged the award for the "Most Outstanding COVID-19 State Health Commissioner", dedicated his award and that received on behalf of the state government (Most Responsive COVID-19 State Government) to all health workers for their role and sacrifices in the COVID response efforts.

Speaking further at the event, themed "Celebrating Our Healthcare Heroes", the commissioner disclosed that the state government has a policy of not receiving any award for COVID-19 response because efforts aimed at preventing and managing the global pandemic are still ongoing. He noted, however, that the government decided to receive the NHEA award to acknowledge the bravery of all frontline workers.

"During the battle against COVID-19, the wave one and the wave two, we lost some our colleagues. We lost 14 health professionals, 12 doctors and two nurses. So, just to remember that there are still people dying around the world from COVID."

"We want to say that we appreciate all the work that has been done by the frontline workers and sacrifices that have been made. During COVID-19, some doctors and nurses and professionals never saw their



L-R: Pharm. (Mrs) Clare Omatseye, managing director, JNC International; Sir Ifeanyi Atueyi, publisher, Pharmanews; Dr John Nwaiwu, managing director, JB Pharmaceuticals Limited; Mrs Edna Nwaiwu, his wife and Pharm. (Mrs) Bisi Bright, at the award ceremony.

family for four weeks. They were constantly on call, working night and day to save lives," Abayomi remarked.

The health commissioner further noted that the state government remained committed to the battle against the pandemic stressing that strategies were already being implemented to prevent a third wave of the disease in Lagos and Nigeria.

Speaking earlier, the Chairman Advisory Board of NHEA, Dr Anthony Omolola, applauded the Lagos State Government and the Ministry of Health for "a well-coordinated COVID response" which, he said, helped to flatten the curve of the infection.

Omolola described the NHEA as an annual event that celebrates distinguished personalities and organisations that have contributed immensely to the growth of the Nigerian health sector.

He stated that NHEA, which started in 2014, has become a high profile event in the healthcare industry, gaining wide acceptance from stakeholders in the healthcare community, public and private sectors. He added that the award is an initiative of the Global Health Project and Resources, in partnership with the Anadach Group.

"Over the years, the NHEA has engendered more awareness on the quality and standards of services provided by various stakeholders in the industry, by inspiring them to adopt international best practices and aspire to be the benchmark for excellent healthcare service delivery in Nigeria and Africa in general.

"NHEA's recognition aims to stimulate quality improvement and innovation in the Nigerian health sector, leading to

improved service delivery and management of key health issues and the capacity of individuals to influence and set new performance standards in Nigeria and beyond", Omolola said.

In other categories of winners, **Smile Train** won Special Recognition Award; **National Reference Laboratory, Abuja**, won Most Outstanding COVID-19 Public Laboratory of the Year; **SYNLAB Nigeria** won Most Outstanding COVID-19 Support Private Laboratory Company of the Year; **Coalition Against COVID-19 (CACOVID)** won Most Outstanding COVID-19 CSR Health Project of the Year; **Dr Karen Amarachukwu Allison**, Most Outstanding COVID-19 Professional of the Year; **Sterling Bank Plc**, Outstanding Healthcare Financial Institution of the Year; **Nigeria Health Watch**, Healthcare Media Excellence Award – Online; **TV Continental**, Healthcare Media Excellence Award – Broadcast; **Lagoon Hospitals**, Private Healthcare Provider of the Year; **Clinix Healthcare, Lagos**, Radiology Service Provider of the Year; **Total Health Trust Limited** (A Member of Liberty Holdings South Africa) Health Maintenance Organisation of the Year; **Alpha Pharmacy and Stores Limited**, Pharmaceutical Retail Outlet of the Year; **Emzor Pharmaceuticals Limited**, Pharmaceutical Manufacturing Company of the Year; **DrugstocEhub Limited**, SSTEchnology-Driven Distribution Company of the Year;

Other winners were **Federal Medical Centre, Ebute-Metta**, SafeCare Public Facility of the Year; **Paelon Memorial Hospital**, SafeCare Private Facility of the Year; **The Bridge Clinic**, IVF Service Provider of the Year; **St. Nicholas Hospital**,

Dialysis Service Provider of the Year; **Eye Foundation Hospital**, Eye Care Service Provider of the Year; **Smile360 Dental Specialists**, Dental Service Provider of the Year; **Ageless Physiotherapy**, Physiotherapy Service Provider of the Year; **Olufunmilayo Adeyemi Oluwatayo**, past national president, Public Health Nurses Association of Nigeria, Nursing and Midwifery Excellence Award of the Year; **JNC International Ltd**, Biomedical Engineering Service Company of the Year; **DCL Laboratory Products Ltd.**, Abuja, Laboratory Equipment Marketing Company of the Year; **GE Healthcare**, Hospital Equipment Marketing Company of the Year; **Vanguard Pharmacy Limited, Ibadan**, Most Improved Pharmaceutical Retail Outlet of the Year.

Present at the event were representatives of the Secretary to Government of the Federation, Mr Boss Mustapha and Minister of State for Health, Dr Adeleke Mamora; the Alara of Ara Kingdom, HRM Oba Olubayo Windapo; Dr Olaokun Soyinka, former commissioner for health, Ogun State; Dr Femi Olugbile, former chief medical director of the Lagos State University Teaching Hospital (LASUTH); Dr Anthony Omolola, chairman Advisory Board of NHEA; directors from the Lagos State Ministry of Health (LSMOH); and medical directors from general hospitals across the state.

Others were Sir Ike Onyechi, managing director and chief executive officer, Alpha Pharmacy; Dr Wale Alabi, NHEA's project director; and Pharm. (Mrs) Clare Omatseye, managing director of JNC International; Hon Anthony Oneya, senior special adviser to the Kano State Governor; Sir. Ifeanyi Atueyi, publisher, Pharmanews, among many others.

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# NHEA: Pharmanews shines again, as Kale, Nwaiwu, Idoko bag Lifetime Achievement Award

By Adebayo Oladejo

In recognition of their outstanding contributions to healthcare delivery in Nigeria, three distinguished healthcare professionals have been presented with Lifetime Achievement Award at the Nigerian Healthcare Excellence Award (NHEA) ceremony, held at the Eko Hotel & Suites, Victoria Island, Lagos on 25 June 2021.

The recipients were Major General Aderonke Kale (rtd), a consultant psychiatrist and first female commandant of the Nigeria Army medical corp; Pharm. (Dr) John Nwaiwu, chairman of JB Pharmaceuticals Limited and one-time deputy comptroller general of Nigeria Customs Service; and Prof. John Idoko, a former director-general of the National Agency for the Control of AIDS

Also, for the fourth



Mr Suresh Karuppiahsamy, head of consumer business, West Africa; Mr Amit Nagpal, head of human resources, West Africa; Mr Oluyomi Daniels, award winner of Best Regional Manager; Mr Arun Raj, vice president and head of West Africa at the Shalina Annual Conference and Gala Night held recently.

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## Over-dependence on India, China soon to be over, says Anyakora

- As NIPRD, NAPPSA, Emzor laud PMVCM launch

By Patrick Iwelunmor

It was indeed an atmosphere of intellectual engagements and cross-fertilisation of ideas, as Bloom Public Health recently launched what many have described as the biggest pharmaceutical manufacturing blueprint in Africa, at the Lagos Business School, Ajah, Lagos.

Tagged Pharmaceutical

Manufacturing Value Chain Mapping (PMVCM), the blueprint's launch attracted an outpouring of plaudits and backings from players in the pharmaceutical and health sectors.

During his presentation at the event, CEO of Bloom Public Health, Professor Chimezie Anyakora,

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