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L-R: Immediate past chairman, Board of Fellows of the PSN, Prof. Mrs Mbang Femi-Oyewo; PSN President, Professor Cyril Usifoh and PCN Registrar, Dr Elijah Mohammed, at the inauguration of the PSN President/investiture of Fellows, at Transcorp Hilton, Abuja.

Adeyeye, Ogundipe, others seek increased funding for herbal medicine research

- Say gesture will accelerate Universal Health Coverage

By Ranmilowo Ojalumo

The Director General, National Agency for Food and Drug Administration and Control (NAFDAC), Professor Mojisola Adeyeye, has urged the Nigerian government to commit more funds to herbal medicine research and development, saying such investment would have holistic effects on the pharmaceutical industry and the health sector, in general.

Adeyeye made the call recently at the inaugural symposium and launch of the African Centre of Excellence for Drug Research, Herbal Medicine Development and Regulatory Science (ACEDHARS) held at the University of Lagos, Akoka.

The NAFDAC DG was the keynote speaker at the symposium, themed, "Drug Development from African Medicinal Plants:

Opportunities, Challenges and Regulatory Approach".

She stated in her address that it had become imperative to support research in herbal medicine development through funding, saying such gesture would help to expedite the nation's quest for Universal Health Coverage.

Adeyeye pointed out that many of the herbal medicines in

continued on page 18

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PHARM. GBENGA ADEBISI

Pharm. Gbenga Adebisi is currently a strategic business unit head (Cardiology Portfolio) at Micro Nova Pharmaceuticals Industry Limited, a Micro Labs-owned company. He is a start-up expert, strategic thinker, an astute sales manager, a product development strategist and a transformational leader. He has over 22 years of sales, marketing and management experience.

Adebisi was once national sales and marketing manager, Dafra Pharma Nigeria (2011); regional manager at Chan Medi-Pharm Limited (2009); and area sales manager at Afrab Chem Limited (2007). His successful career in pharmaceutical marketing was birthed at Novo Nordisk/ Zoomota (1999). He joined Micro Nova in 2014 as national sales manager (NSM), for the Anti-infectives /Gastro division and was later drafted to head the Cardiology division in January 2019.

Born to the family of Elder Adebisi Matthew Oguneletu and late Mrs Felicia Abeni Oguneletu, from Imeko, Ogun State, Adebisi was born in the heart of Mushin, a very popular area in Lagos, on 8 December 1972. He attended Yewa High School, Agege Lagos between 1984 and 1989. He gained admission to study Pharmacy at the University of Benin (UNIBEN) in 1990 where he obtained his B.Pharm in 1997, and emerged 3rd best graduating student in Pharmacy in that set.

Adebisi obtained Advanced Diploma in Marketing Management from Obafemi Awolowo University, Ile-Ife in 1998. He also has a master's degree in Marketing Management from Ladoko Akintola University of Technology (LAUTECH), Ogbomoso, Oyo State in (2006).

He had his Internship at Ogun State University Teaching Hospital, now Olabisi Onabanjo University Teaching Hospital (OOUTH) Sagamu, Ogun State, between June 1997 and June 1998. He also observed his mandatory NYSC scheme at Federal Medical Centre, Bida, Niger State between August 1998 and August 1999.

Adebisi has attended several products, management, leadership trainings, seminars and workshops within the country and overseas. He is an active member of the Pharmaceutical Society of Nigeria (PSN) and the Association of Industrial Pharmacists of Nigeria (AIPN), as well as other professional bodies. He is regular at the annual PSN national conference, ACPN national conference, NAIP national conference and many others across the country.

He has won many prizes and awards, including Best Area Sales Manager (2008), Best Performing Regional Manager (2010) and of recent was given an award by Micro Labs Ltd, India in 2020 for Overall Best in Africa in sales of Arbitel (a brand of Telmisartan) with unit sales of over 160,000 for 2019.

Adebisi is married to Dr Kehinde Adebisi and blessed with three children.



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Inspiration

"You can get everything in life you want if you will just help enough other people get what they want." — **Zig Ziglar**

"Don't settle for average. Bring your best to the moment. Then, whether it fails or succeeds, at least you know you gave all you had." — **Angela Bassett**

"Failure is simply the opportunity to begin again, this time more intelligently." — **Henry Ford**

"Never give up on a dream just because of the time it will take to accomplish it. The time will pass anyway." — **Earl Nightingale**

"Perfection is not attainable. But if we chase perfection we can catch excellence." — **Vince Lombardi**

"Get a good idea and stay with it. Dog it, and

work at it until it's done right." — **Walt Disney**

"Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence." — **Helen Keller**

"Courage is the most important of all the virtues because without courage, you can't practice any other virtue consistently." — **Maya Angelou**

"One of the differences between some successful and unsuccessful people is that one group is full of doers, while the other is full of wishers." — **Edmond Mbiaka**

"Opportunities don't happen, you create them." — **Chris Grosser**

"When we strive to become better than we are, everything around us becomes better too." — **Paulo Coelho**

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5. PN is available online as mobile App and PDF.
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Among the cheering developments that have recently emerged from NAFDAC and the Nigerian judicial system was the conviction of one Mr Ogbodo Friday, a resident of Onitsha, in Anambra State. Having been charged to court by NAFDAC over drug counterfeiting, Ogbodo was tried and sentenced to seven years imprisonment without an option of fine.

The accused had pleaded guilty to the two-count charge bordering on possession of fake Maldox (Sulfadoxine and Pyrimethamine) and packaging of Emzor paracetamol in a manner that was misleading. In passing judgement, the presiding judge, Hon. Justice H.A. Nganjiwa, condemned the action of the convict, noting with dismay that many people could have died from ingestion of the fake products.

We felicitate with NAFDAC over this landmark victory in its war against criminalities in the nation's food and drug industries. We also applauded the speed with which the conviction was secured, as well as the severity of the punishment. This will not only serve as a warning to other criminally-minded individuals but also help to further bolster NAFDAC in its mission, as well as reinforcing confidence in the nation's legal system.

It is our expectation that this gesture of support from the judiciary will spur NAFDAC to renew its resolve to sanitise the nation's food and drug industries, as there are many

NAFDAC versus Ogbodo: The triumph of sanity

Indeed, a crucial fact that the arrest, trial and conviction of Ogbodo has revealed is that, with the conscious and collaborative efforts of regulatory agencies, law enforcement bodies, the judicial system, as well as members of the public, the Nigerian society can be rid of criminal elements who endanger the lives of consumers of food and drug products in their quest for filthy lucre.

more Ogbodos perpetrating heinous crimes across the country. This is critical to averting the calamitous effects of drug adulteration and falsification on the populace and the economy.

Apart from endangering the lives of unsuspecting patients and members of the public, drug fakers also jeopardise the hard-earned image of reputable pharmaceutical brands. For instance, if the crime committed by Ogbodo had gone unnoticed, it could have tainted the otherwise sterling image of Emzor Pharmaceuticals, which could lead to consumer disloyalty in the long run. Indeed, many hitherto famous and vibrant pharmaceutical brands have been consigned to the dustbin of history as a result of the obnoxious activities of merchants of death like Ogbodo.

We also aver that one way NAFDAC could see more

counterfeiters exposed and convicted is to strengthen its intelligence gathering mechanism. This can be achieved by collaborating with members of the public. The agency must enlighten the general public on the dangers of allowing drug falsifiers and adulterators to thrive.

Already there are proofs that NAFDAC acknowledges the vital roles that members of the public can play in enhancing its effectiveness. For instance, in a recent press release, the agency's director general, Prof. Mojisola Adeyeye, encouraged members of the public to assist the agency through the provision of useful information that would lead to the arrest of those involved in drug-related crimes. "I urge you and I also encourage you that when you see something, say something," Adeyeye said. However, the agency must go beyond words

to actually encourage and reward whistle-blowing to advance its sanitisation campaign.

Also, while we commend the Anambra State Judiciary

for expediting action in this particular case of Ogbodo, we urge law enforcement agencies in general to actively support NAFDAC in its quest to rid the nation's food and drug industries of criminal elements. As some previous cases had shown, one of the reasons most adulterators of pharmaceutical and food products thrive is the country's weak and compromised law enforcement system.

We call on NAFDAC, the Pharmacists Council of Nigeria (PCN), the Federal Competition & Consumer Protection Commission (FCCPC) the Manufacturers Association of Nigeria (MAN), the Standards Organisation of Nigeria (SON), the Nigerian Judiciary and other relevant agencies to work in unison towards ensuring that Nigerians get the best experience from the food and drugs they consume.

Indeed, a crucial fact that the arrest, trial and conviction of Ogbodo has revealed is that, with the conscious and collaborative efforts of regulatory agencies, law enforcement bodies, the judicial system, as well as members of the public, the Nigerian society can be rid of criminal elements who endanger the lives of consumers of food and drug products in their quest for filthy lucre. The time to act is now.

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

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"Abbreviated Product Information"

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Real definition of success

By Sir Ifeanyi Atueyi

TTrue success is not about money, wealth or possessions. It is not about being popular, influential or holding an exalted position. It does not mean doing better than your peers. As Jesus says in Luke 12:15 (NIV), **"Watch out! Be on your guard against all kinds of greed; life does not consist in an abundance of possessions."**

Rather, true success has to do with pleasing God and partnering with Jesus Christ. Ephesians 2:10 (NIV), says, **"For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do."**

God prepared specific works for us to do throughout our lives here on earth. If we seek His will, He will lead us to the works He has prepared. It could mean becoming an evangelist, a health worker, a carpenter, a teacher and so on. The purpose is not achievement for our own sake, but succeeding at what God has prepared for us to do.

If we accomplish what God wants, we are successful. His plan for His children is to prosper in all their undertakings. Psalm 1:3 (NKJV) says, **"He shall be like a tree planted by the rivers of water, that brings forth its fruit in its season, whose leaf shall not wither, and whatever he does shall prosper."**

Naturally, every person desires success and not failure. No one plans to fail. Although it is said that failing to plan is planning to fail. However, we often pursue achievement instead of the real success. We focus on goals to achieve something that we desire. But we should instead focus on purpose.

We often accept the world's definition for success as prosperity, affluence and fame, and we pursue these targets. But this popular definition is misleading. God's approval is more important than earthly fame. Not all achievements are counted as success in God's eyes. We can achieve many things and yet end up a failure.

Proverbs 10:22 (NLT) says, **"The blessing of the Lord makes a person rich, and adds no sorrow with it."** The blessing of the Lord is the original plan for you. He doesn't want you sick, poor, dejected or lonely. He wants to make you rich in every area of your life – your health, finances, and relationships and so on.

Do not let your achievement be like the ladder leaning against

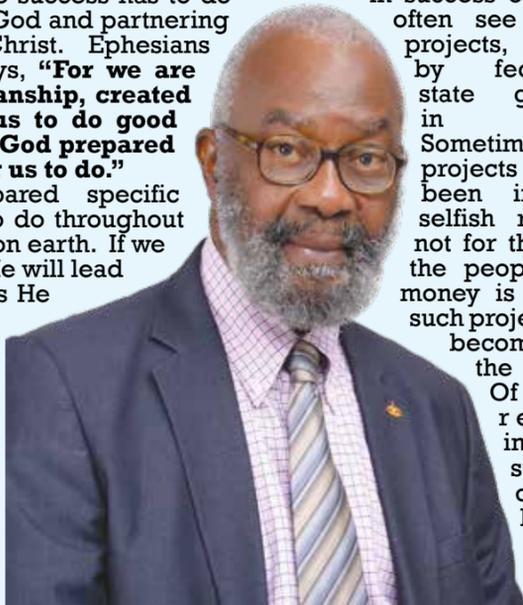
a wrong wall. Else, you may discover eventually that efforts made to reach the end of the ladder are useless because you arrived at the wrong destination. It is depressing to realise that the resources that should have been properly deployed have been wasted because you have achieved something that does not count.

The same amount of resources invested on a project could result in success or failure. We often see abandoned projects, especially by federal and state governments, in particular. Sometimes, such projects might have been initiated for selfish reasons and not for the benefit of the people. A lot of money is invested on such projects that have become useless to the taxpayers. Of course, the resources invested on such projects could have been more profitably utilised.

The Word of God in Mark 8:36 (ESV) asks, **"For what does it profit a man to gain the whole world, and forfeit his soul? Why should someone acquire all the money, own high-rise buildings, command fame and popularity and wield influence and authority over people and then fail woefully on what will make him successful? Why not focus on what will make you win respect of people and bring you fulfilment, peace and joy in life?"**

Without an eternal purpose, meeting even great goals doesn't count for much in the end. Hard work, perseverance, and determination can definitely lead to great achievements and earn you rewards like expensive cars, big houses, and other material possessions but these cannot give you fulfilment. Of course, those possessions can be lost. Matthew 6:19-20 (NKJV) counsels, **"Do not lay up for yourselves treasures on earth, where moth and rust destroy and where thieves break in and steal; but lay up for yourselves treasures in heaven, where neither moth nor rust destroys and where thieves do not break in and steal. For where your treasure is, there your heart will be also."**

God desires His people to enjoy fullness of life. John 10:10 says, **"The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full."** When you succeed at things that make God smile, you enjoy contentment and fulfilment.



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Winners are strategic

By George O. Emetuche

"Hope is not a strategy." - Vince Lombardi.

A lot of people keep hoping without plan, strategy and action. Great things don't happen on nothing; they happen on something. I believe that hope is not a negative construct. Hope is a necessity to keep dreams alive. However, I also believe that hope is not a strategy. I will try to write an article on hope someday, but it's ideal to keep hope alive while doing your best.

Make this year strategic

The truth is that when people fail to plan, they set themselves up to fail. Make this year a year of planning, strategizing and executing actions as planned.

Strategy is a plan of action designed to achieve a long-term aim. Therefore, if strategy is a plan of actions, it means that it is deliberate; it is intentional. It means that you are either strategic or not.

Everything is strategy! You need the right strategy to have a competitive advantage in a given environment. The right strategy fixes a lot of things.

Tough situation bows to smart strategy

The International Monetary Fund (IMF) reaffirmed a growth rate of 2.7 percentage for Nigeria in 2022. This means that businesses and households in Nigeria will fare slightly better.

However, it is important to note that the discussion on removal of oil subsidy, foreign exchange rates, insecurity, and inflation, will be issues of concern in 2022.

The business outlook is not entirely rosy; this is why you require a smart strategy to get things done.

We need strategy at home, in our workplaces, in our businesses, and in every aspect of our lives.

Design your strategy

As a professional, entrepreneur or player in any life endeavour, it is your duty to sit down and design how you will achieve your goals this year.

It's not enough to set brilliant goals; you need to determine how to achieve them.

Strategy is a topic for everyone. I have seen small businesses succeed because the drivers of the businesses defined their purposes from the beginning and followed through. I have also seen businesses with great potentials fail because of wrong strategies. You need to be intentional to achieve your goals.

Life is about strategy

Strategy tells how you will get things done. It's not enough to have a vision, you must support your vision with a good strategy; otherwise it becomes an illusion.

A lot of people have designed beautiful New Year resolutions this 2022; but many of these resolutions are abandoned within the first quarter of the year. Why is this so? No strategy! You need to work your way to the top. No magic!

Many people have great goals on paper. They want to achieve a

lot of smart things this year. The issue is not necessarily about not having a goal. A lot of people have goals, at least unwritten ones. The main issue is how to bring these goals to life. This is where strategy comes in.

Strategy brings dreams to life

To dream is easy. Everyone is at liberty to have great dreams.

A lot of folks can dream but making your dream a reality is the crux of the matter. Why is this so? Again, I say, lack of strategy.

I have met a lot of people in my career as a bestselling author, accredited training consultant, life and business coach. I have mentored people who achieved their goals. I have also met people who wanted to get to the top without using the ladder. They just wanted to jump to the top! They just wanted to fly to the top without

following a process.

The truth is that the person who jumps to the top without using a ladder, may be courting orthopaedic hospital. People who jump from lofty heights unguarded, may get wounded. This is usually the case.

Success follows a defined process. Success is strategy. Strategy is Success.

Take charge!

No matter what the environment says, it is ideal that you take charge.

I wrote a complete book on success: *The 11 Irrefutable Principles of Success*. I recommend you get the book. It's a great read.

One outstanding rule for success is following the right paths consistently and doing the right things at the right time. Achieving success in life follows a sequence. Success is a journey, not a destination. It requires a process. You don't jump at success, you work at success. You work on success.

You must take charge now. You



must sit on the driver's seat and take charge of the 2022 journey. Time is clicking gradually. The first quarter has begun. By God's grace, other quarters will come and go too.

Time waits for no one. Time clicks away selfishly without waiting for anyone. Time cares about itself alone. You must invest time judiciously. It's up to the man or woman who desires change to meet up with ever moving time. You must make your day count. Don't just count the days.

(Continues next edition)

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Inquest

with
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Psychotropic music and mental health

Psychoactive music can be described as any music which alters perception, mood, consciousness and behaviour, just the same way psychotropic drugs do. Most promoters of this brand of music often end up battling mental health issues, largely because it is easier for a camel to pass through the eye of a needle than for them to do without combining the music genre with the consumption of psychotropic drugs. While they sometimes churn out messages of positive change and hope to the world through their music, it is unfortunate that such useful messages are often drowned by the tears that their pathetic ending elicits from the eyes of their fans.

In the sixties, psychedelic rock, which had a strong presence in the United States, gave rise to different shades of rock musicians who thrilled the world with their energetic performances but ended up becoming examples of how not to use drugs. Jimi Hendrix, the famous rock guitarist, was entangled in series of litigation during his active years up until his death as a result of health complications, partly caused by barbiturate intoxication.

One would have wondered what a famous musician was doing with barbiturates but knowing the type of orientation some of those musicians had would only confirm the fact that drug abuse, to them, was part of their preferred lifestyle - one that suited their kind of music. In fact, within the rock music genre, there also exists "trance music" - a type of electronic dance music characterised by hypnotic rhythms and sounds.

One of the effects of trance music on its listeners is its propensity to trigger a half-conscious state, characterised by an absence of response to external stimuli, typically as induced by hypnosis or through a sedative medium. This feeling is similar to what those who take Colorado get - a sleepwalking effect.

Although Hendrix did not die of the abuse of psychotropic drugs, he however confirmed the use of some of them before his death. One can also conclude that his death through overdose of barbiturates was a testament to the fact that he walked the talk of the brand of music he played and eventually hypnotised himself to the great beyond through the medium of a

hypnotic drug. No right-thinking person would have embarked on such a suicidal mission.

The death of Jimi Hendrix was a huge loss to the rock music firmament and to all his fans all over the world. The saddest part of that melancholic chapter was that he was only 27 when he kicked the bucket. Many questioned his rationale for overdosing himself with nine tablets; one, in particular, was 18 times the recommended dose. Perhaps he needed the deepest sleep to commune with the muses or he was simply suffering from diseased cognition.

Hip-hop music is also one of the genres known for its connection with drug abuse and violence. The east-coast-west-coast rivalry in the US in the early and mid-nineties was a particularly dark point in the history of hip-hop music. It witnessed the brutal murders of two of America's brightest musical talents in the persons of Tupac Shakur and The Notorious B.I.G. Those episodes were not devoid of the influence of drugs and the violence-inducing lyrics of their songs.

According to a recent study conducted at the University College, Birmingham, in the U.K., there are suggestions that "drill" music, also known as hip-hop music with violent or nihilistic lyrics, can be associated with attention-seeking crime. We also know that

the correlation between drugs and crime cannot be over-emphasised.

In contemporary Nigerian hip-hop culture, two prominent names come to mind when discussing the illicit use of drugs and the propagation of irresponsible behaviour. Naira Marley and Portable are acts that should be sent to rehabilitation. Their lyrics and lifestyles are unpalatable to the sane mind. How does a musician who encourages our youths to live carelessly add value to the society?

The "Marlian" orientation is one of the greatest threats to the pursuit of sound mental health in Nigeria as of today. Young boys and girls are openly abusing drugs, violating laws and exhibiting all sorts of anti-social behaviour only because they have found a role model in a musician whose personality has been nothing more than questionable and controversial. If his songs are not encouraging the blatant abuse of drugs, they are celebrating the genitalia of women, using all forms of scatological imageries.

Families must awake to the realities of the present age and find effective ways to tame the monstrous appetites of their wards. Psychotropic music is as harmful as psychotropic drugs. In Nigeria, the National Film and Videos Censors Board (NFVCB) has a lot of work to do, otherwise, the nation may soon be faced with "the madding crowd's ignoble strife".

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Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)

Reals Pharma soon to introduce new COVID-19 products, says Popoola

- Seeks special tax relief, clearing window for pharma companies

By Peter Ogbonna

The Group Managing Director of Reals Group Limited, which includes Reals Pharmaceuticals, Pharm. Ade Popoola, has revealed that the company is set to fill identified gaps in the pharmaceutical market, especially pharmaceutical interventions that will boost the fight against the COVID-19 pandemic. This, he said, is part of the company's strategy for better service delivery in 2022.

Popoola made the disclosure while speaking in an exclusive interview with *Pharmanews* at the recent annual praise and thanksgiving event, held by the company in Lagos State.

Speaking at the event, which he said had been a tradition of the company for the past 21 years, Popoola noted that Reals was innovatively working on introducing the new products by leveraging its vision to improve the pharmaceutical interventions in the fight against the pandemic.

He said, "We currently have a vitamin C. We call it Reals Calcee 1000. We have vitamin D and zinc. All these are made to boost human immunity. We are working on registering some COVID-19 products which can be injectibles and tablets."

Popoola, a Fellow of the Pharmaceutical Society of Nigeria (FPSN), further advised Nigerians to take the vaccinations against the pandemic more seriously, while also observing other safety protocols and taking steps to boost their immunity, saying these will fortify them against the virus.

While thanking God for seeing the company through the outgone year, the Reals GMD appreciated the commitment of staff, customers, distributors and other stakeholders, who worked hard to assist the company in delivering value to the society.

He also thanked the government for considering improvement in health sector funding, especially as it relates to low interest rate funds.

Popoola, however, urged the government to improve on its patronage of local pharmaceutical products, even as he insisted that some urgent steps must be taken by the government to improve the cost and ease of clearing pharmaceutical raw materials and products.

According to him, "We are having challenges in clearing our products from the port. I know it is not only pharmaceuticals; but they should give pharmaceutical companies a special recognition for clearing. We plead that they should make it a maximum of two weeks because if you are not careful, your products can be there for months.

"Regarding the import tax on clearing, the government says no more import duty on pharmaceutical products but there is what we call import tax. The import duty is 20 per cent, and the importation tax is 20 per cent, so what have they done? They have withdrawn one and imposed another one. So we are still paying 20 per cent on finished products. We advise that they should please look at it

again and reduce it."

Popoola also noted that the drug distribution system in Nigeria is still chaotic, stating that all relevant stakeholders - including regulatory agencies - must work to ensure that the proposed drug distribution centres take effect and are professionally manned to ensure that quality is not compromised at any stage of the distribution process.

Also speaking with *Pharmanews* at the event, the company's Sales and Marketing Director, Pharm. Kunle Adesoye, reiterated Reals commitment to making high quality pharmaceuticals available and affordable to the Nigerian population.



Pharm. Ade Popoola
Group Managing Director
Reals Group Limited

He noted that the company was among the frontline

companies working to make the fight against COVID-19 easier by providing high quality, innovative products used in the fight against the pandemic.

Calling for government's support, Adesoye said: "We advise the government to make sure that the policies are right. They should make forex available and affordable to pharmaceutical companies because we are in a critical care sector of the economy. If they make forex available, products can be brought in cheaply and at a very good rate and they will be available and affordable to the patients nationwide."

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Abiodun Adereni: Frontline fighter of maternal and infant mortality

By Ola Aboderin

When winners of the 2021 Waislitz Global Citizen Awards, which recognise people who make extraordinary efforts to end indices of poverty, were announced, only one African made the list. That African was a Nigerian. And that Nigerian was Dr Abiodun Adereni, founder and CEO of HelpMum, a health service enterprise that provides essential pregnancy-related information, birth kits, and medical check-ups for women in rural areas.

Indeed, that global recognition that came the way of Adereni could not have come as a surprise to many pregnant women, nursing mothers and traditional birth attendants in most of Nigeria's deprived and underserved communities. Since 2017, Adereni has been on an aggressive but strategic mission to eradicate maternal and infant mortality in Nigeria, using mobile technology and other low-cost digital innovations.

The social entrepreneur – as he prefers to be addressed – once declared, “As a young Nigerian doctor, I cannot accept that one woman dies every 10 minutes on account of pregnancy or childbirth. Neither can I accept that one out of five children will never reach the age of five. I know these deaths are preventable... A big part of the problem is the lack of access to clean space and affordable birth kits in remote underserved communities, as well as the broken healthcare infrastructure affecting those areas.”

Adereni, who has the audacious vision to make HelpMum become Africa's leading mobile healthcare (mHealth) service provider before the year 2023, provides pregnant women in rural communities with health information and medical advice on how they can manage and treat pregnancy-induced hypertension and gestational diabetes. Moreover, since most of these women give birth with the help of traditional birth attendants – in mostly unhygienic environments – he also supplies them with the “HelpMum Clean Birth Kit”. The kit contains items needed for a safe home delivery, to avoid infections that may lead to the death of pregnant women. These birth kits are either distributed freely or at very low costs.

Adereni also leads his HelpMum team to register nursing mothers on the company's vaccination tracking system. Through this tracking system, thousands of mothers receive regular reminders to present their children for immunisation, and also receive health information on the vaccines their children are receiving. This has significantly helped to increase immunisation rates and reduce vaccine preventable-childhood diseases and deaths in many of the communities.

Moreover, in realisation of the crucial place of traditional birth



Dr Abiodun Adereni
Founder / CEO of HelpMum

attendants (TBAs) in these rural communities, Adereni organises special trainings for them physically and through pre-recorded videos in indigenous languages. This gives the TBAs easy access to all necessary trainings from the comfort of their homes. Topics such as how to use the mucous extractor, how to prevent post-partum haemorrhage and many more are taught by Adereni and his team.

In addition, to facilitate easy access to the trainings, the TBAs are provided with free HelpMum mobile tablets that can be operated with or without wireless networks. Speaking of this, Adereni said: “We made sure we distributed these mobile tablets to experienced and influential traditional birth attendants so that they can use the technology to upskill colleagues in closest proximity to them, thereby cutting down the need for in-person training while still helping these TBAs to save the lives of mothers and their newborn children.”

Also, as a demonstration of the entrepreneurial dimension of HelpMum's operation, Adereni leads the organisation to empower women (especially TBAs and community health workers) by encouraging them to serve as retailers of its birth kits. This way, they make a commission on each HelpMum Clean Birth Kit they sell.

Jolting realities

While Adereni might have received manifold recognitions, including financial rewards for his laudable enterprise, his reasons for dedicating his life to eradicating maternal and infant mortality in Nigeria were far from fame or

fortune. On the contrary, he was jolted into action by the dismal conditions of pregnant women and infants in Nigerian rural communities.

According to Adereni, “Women who live in rural, underserved and deprived communities in Nigeria do not have access to safe and hygienic delivery due to lack of public health facilities, lack of clean birth kits and lack of adequate health information. These women do not present their children for immunisation at appropriate times thereby resulting in the death of these children before they reach the age of four.”

Corroborating these concerns, UNICEF says, “Nigeria's 40 million women of childbearing age (between 15 and 49 years of age) suffer a disproportionately high level of health issues surrounding birth. While the country represents 2.4 per cent of the world's population, it currently contributes 10 per cent of global deaths for pregnant mothers. Latest figures show a maternal mortality rate of 576 per 100,000 live births, the fourth highest on Earth. Each year approximately 262,000 babies die at birth, the world's second highest national total. Infant mortality currently stands at 69 per 1,000 live births.”

It was in such alarming statistics that Adereni – who, incidentally, had studied Veterinary Medicine – found his ultimate purpose. And so committed is he to the cause of pregnant women, nursing mothers and infants that he would stop at nothing to improve their lot. For instance, in the peak of the COVID-19 pandemic in 2020, Adereni responded by leading HelpMum to manufacture and

freely distribute thousands of protective masks to pregnant mothers and birth attendants. It was also within the period that he launched the first publicly available e-learning platform to train the birth attendants. These particular gestures were what attracted the attention of Waislitz Global Citizen Award organisers to Adereni. He was named winner of the Waislitz Global Citizen COVID-19 Response Award and presented a cash prize of \$50,000.

Journey to impact

A graduate of the University of Ibadan (UI), Adereni's foray into the world of pregnant women and nursing mothers had begun in a remarkable way. In 2017, he and his friends from UI had gone to a nearby rural community to teach pregnant women about diseases they could contract through animals. Unknown to him, on that particular outreach, he was to have a rendezvous with destiny – a call to a more impactful service to humanity.

According to him: “On that outreach, I got talking with a pregnant woman and when I asked her which hospitals or clinics pregnant women in the community go to for childbirth, she said there was none and pointed at the house of the only traditional birth attendant all the women in the community patronised.

“When I spoke to the traditional birth attendant, she told me that women in that community give birth on the floor because she didn't have a hospital bed. Even worse, she was poorly trained and would often use the same medical equipment for multiple women. These were all causes of maternal and infant mortality.”

But that was not all. Adereni also found that the women who gave birth in the community had never heard of nor immunised their newborns. There and then, the passion to change the condition of the women and those in other rural communities in Nigeria was ignited in him. It was in a bid to solve the peculiar challenges of these women that HelpMum was birthed.

Awards and recognitions

Aside from the Waislitz Global Citizen Awards, Adereni has received several other recognitions locally and globally. He is a 2020 Facebook Community Accelerator Fellow and winner; a 2019 Google Impact Challenge winner; a United Nations Startup for SDGs winner; a Western Union Foundation Grantee (twice); a 2018 D-Prize Global Ambassador, 2018/19 LEAP Africa Social Innovators Programme Fellow; and a 2017 Tony Elumelu Foundation Fellow.

Adereni has also been featured on notable international media platforms. He has been featured on CNN, Disrupt Africa, Techpoint, TechCabal, UK Government digital and culture, and Nigeria Health Watch amongst others.

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Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)

Non-verbal intelligence (My secret as a star medrep) (2)

By Dipo MacJob (Dr Write)

Working as a medrep in charge of Ondo/Ekiti states was quite an experience that cannot leave me in a hurry. There were so many intrigues but, to a very large extent, the dynamics of the job was understood while I was in this twin region.

On my arrival, I literally hit the ground running, as I headed straight for all the key customers in the region, as advised by my district manager in order to introduce myself as the new medrep in the territory. As expected, some of these key customers had mixed feelings on hearing that the previous rep had been posted to another territory, understandably because a relationship had been established. Clearly, I knew this already established impression about the company had to be built on.

In any territory, the new medrep inherited "liabilities" and "assets". For example, if there was any customer still yet to pay for stocks supplied, it became the responsibility of the new medrep on ground to follow up with the payment. As a matter of fact, the hallmark of a medrep that was seen to be "working" was that customers' cheques were promptly collected and paid in, as and when due. Of course, that did not disregard the need for good detailing or selling skills and frequency of calls to be made daily.

One fundamental skill I believe every medrep needs to develop or improve upon is good relationship skills. Let's face it, at times, your product lines can be so competitive such that your value proposition becomes your personality. The customer buys into you first before buying your product, except the doctor does not see the kind of patients your drug can attend to. The cheapest brands are not usually the market leaders. That is because other dynamics are involved in pushing a brand up. One of such is relationship skills.

As part of the obligations of medreps at the time, you had the responsibility of doing what was called mapping of the stakeholders in your territory. Not all your customers deserve the bulk of your time, especially if they are Tier 2 or Tier 3. Your primary focus must be on the Tier 1 customers and ensure adequate loyalty programmes to keep the Super Target customers.

Territory infiltration

One important skill needed to be developed as a medrep is the need for a thorough understanding of the value chain in your sales journey. This is key because at times, the rate limiting step to you making doctor visits might just be the "old matron" at the unit, who believes that your coming to the clinic is not adding any value to the entire healthcare delivery.

The onus lies on you to change that impression and deliver value. You can break the ice with just a bit of humour or

being courteous. Back then, we were given promotional materials or brand reminders. You will be shocked that just a pen and a jotter given to the nurse (matron) gives you "everlasting" access to any doctor you plan to see at the clinic on a particular clinic day. It is one major benefit of building a strong relationship with all stakeholders in the value chain of your sales journey.

I remember vividly that one of the big breaks I had with one of the key customers in the territory I worked then was the information I got from some of the sales boys under some kind of apprenticeship with this major customer.

I noticed that this customer, contrary to the kind of traffic I saw at his premises, was reluctant in giving me LPOs (Local Purchase

Orders). Initially, I thought it was because he still had a lot of stocks which I believed that with consistent detailing, more prescriptions would help to mop up. Unfortunately for me, I didn't realise that some other medreps within the system were sending stocks (products of the company) into my territory, silently. Naturally, that affected my sales and of course the risk of losing out on financial bonus was staring at you in the face, should you fail to meet up with your numbers. That is what good relationship skills can do to you as a medrep.

If you think that only nurses, doctors and pharmacists are what you need to hit the sales figures, you may not be fully correct – except, of course, your job description does not in any way allow you to interface with other categories of people.



So the big question is, how was I able to deal with this infiltration into my territory and block the leakages, so to speak? Find out in the next edition.

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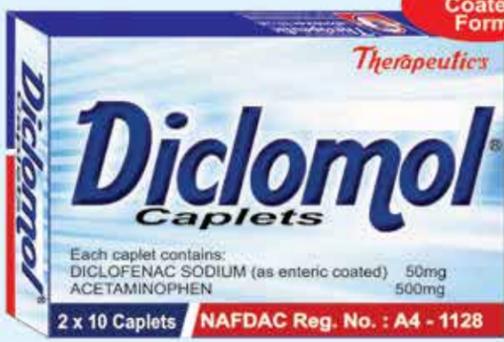


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Cancer is a disease that occurs when changes in a group of normal cells within the body lead to uncontrolled, abnormal growth forming a lump called a tumour; this is true of all cancers, except leukaemia (cancer of the blood). If left untreated, tumours can grow and spread into the surrounding normal tissue, or to other parts of the body through the bloodstream and lymphatic systems, and can affect the digestive, nervous and circulatory systems or release hormones that may affect the body function.

Cancer tumours can be divided into three groups: benign, malignant or precancerous

Benign tumours are not cancerous and rarely threaten life. They tend to grow quite slowly, do not spread to other parts of the body and are usually made up of cells quite similar to normal or healthy cells. They will only cause a problem if they grow very large, become uncomfortable or press on

other organs - for example, a brain tumour inside the skull.

Malignant tumours are faster growing than benign tumours and have the ability to spread and destroy neighbouring tissue. Cells of malignant tumours can break off from the main (primary) tumour and spread to other parts of the body through a process known as metastasis. Upon invading healthy tissue at the new site they continue to divide and grow. These secondary sites are known as metastases and the condition is referred to as metastatic cancer.

Precancerous or premalignant describes the condition involving abnormal cells which may or are likely to develop into cancer.

Types of cancer

Cancer can be classified according to the type of cell they start from. There are five main types:

Carcinoma – Cancer that arises from the epithelial cells, the lining of cells that help protect or

enclose organs. Carcinomas may invade the surrounding tissues and organs and metastasise to the lymph nodes and other areas of the body. The most common forms of cancer in this group are breast, prostate, lung and colon cancer.

There are different types of epithelial cells and these can develop into different types of carcinoma. These include: Squamous cell carcinoma; Adenocarcinoma; Transitional cell carcinoma; Basal cell carcinoma

Squamous cell carcinoma
Squamous cell carcinoma starts in squamous cells. These are the flat, surface covering cells found in areas such as the skin or the lining of the throat or food pipe (oesophagus).

Adenocarcinoma
Adenocarcinomas start in glandular cells called adenomatous cells. Glandular cells produce fluids to keep tissues moist.

Transitional cell carcinoma
Transitional cells are cells that can stretch as an organ expands. They make up tissues called the transitional epithelium. An example is the lining of the bladder. Cancers that start in these cells are called transitional cell carcinoma.

Basal cell carcinoma
Basal cells line the deepest layer of skin cells. Cancers that start in these cells are called basal cell carcinomas.

Sarcoma – A type of malignant tumour of the bone or soft tissue (fat, muscle, blood vessels, nerves and other connective tissues that support and surround organs). The most common forms of sarcoma

are leiomyosarcoma, liposarcoma and osteosarcoma

Sarcomas are much less common than carcinomas.

Lymphoma and Myeloma
– Lymphoma and Myeloma are cancers that begin in the cells of the immune system. Lymphoma is a cancer of the lymphatic system, which runs all through the body, and can therefore occur anywhere. Myeloma (or multiple myeloma) starts in the plasma cells, a type of white blood cell that produces antibodies to help fight infection. This cancer can affect the cell's ability to produce antibodies effectively.

Lymphoma is cancer that starts in the lymph glands or cells of the lymphatic system. The lymphatic system runs all through the body so lymphoma can start just about anywhere.

Leukaemia – Leukaemia is a cancer of the white blood cells and bone marrow, the tissue that forms blood cells. There are several subtypes; common are lymphocytic leukaemia and chronic lymphocytic leukaemia. Leukaemias are uncommon. They make up only 3 out of 100 of all cancer cases, 3 per cent. But they are the most common type of cancer in children.

Causes of cancer

Cancers can be caused by a number of different factors and, as with many other illnesses, most cancers are the result of exposure to a number of different causal factors. It is important to remember that, while some factors cannot be modified, around one-third of cancer cases can be prevented by

continued on page 13



AMERICAN ACADEMY OF NEUROLOGY

Guidelines recommend pregabalin be used as the first-line agent for treating patients with DPNP - Clin J Pain. 2006 Oct;22(8):681-5



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Pregabalin is a structural derivative of the inhibitory neurotransmitter gamma-aminobutyric acid (GABA). It does not bind directly to GABA_A, GABA_B, or benzodiazepine receptors, does not support GABA_A receptor-mediated currents, does not alter rat brain GABA concentrations or have acute effects on GABA uptake or degradation. However, in cultured neurons, preincubation of pregabalin increases the density of GABA transporter protein and increases the rate of functional GABA transport. Pregabalin does not block sodium channels, is not active at opiate receptors, and does not alter hippocampal long-term potentiation.

CONTRAINDICATIONS:
Pregabalin is contraindicated in patients with known hypersensitivity to pregabalin or any of its components. Angioedema and hypersensitivity reactions have occurred in patients receiving pregabalin therapy.

USUAL DOSAGE AND ADMINISTRATION:
Pregabalin is given orally with or without food. When discontinuing Pregabalin, taper gradually over a minimum of 1 week.

Neuropathic pain associated with diabetic peripheral neuropathy:
The maximum recommended dose of pregabalin is 500 mg three times a day (150 mg/kg/day) in patients with baseline disability of at least 100 mm. Daily dosing of 30 mg three times a day (150 mg/kg/day) may be increased to 500 mg/day within 1 week (based on efficacy and tolerability). Because pregabalin is eliminated primarily by renal excretion, adjust the dose in patients with reduced renal function.



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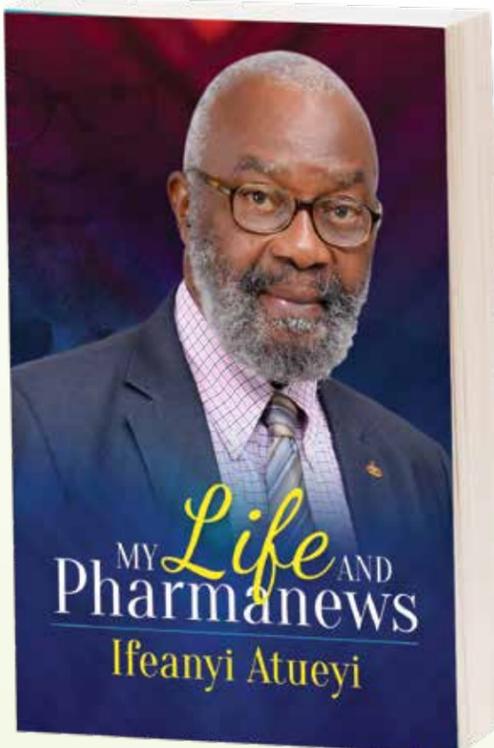
As anyone with knowledge of Nigeria's political history can tell, the year 1966 was a defining period in the nation. It was a year that not only witnessed the first coup in the country but also heralded the incursion of the military into the country's political landscape. And so it was that while I was beginning to settle down to my new job at HB & Sons, some military officers in the country were holding meetings and perfecting their plans to topple the then administration of Alhaji Sir Abubakar Tafawa Balewa, the first Prime Minister of the country.

On January 15, the coup plotters struck and the nation was thrown into confusion and disarray. The reverberating effects of the coup, which not many people had expected, were felt throughout the nation and beyond. Judging by the way the coup turned out, the number and calibre of casualties involved and the widespread perception about the principal actors, most observers and analysts were unanimous in their belief that things would definitely not remain the same again in the country.

At HB & Sons, as with most other foreign-owned companies, apprehension dominated the atmosphere. The coup had simply come out of the blues and no one knew what could happen next. Consequently, the planned importation of pharmaceutical products had to be placed on hold. So also was the plan to send me to Port Harcourt. Everything literally came to a

A TIMELY SECOND CHANCE (2)

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



standstill, which began to make me jittery.

Cheeringly, HB & Sons still retained me, while observing the political atmosphere. Meanwhile, for citizens of the country and indigenous companies and establishments, a semblance of normalcy soon returned as people began to adapt to the new political regime and its attendant realities. After all, Nigeria was not the first African or even West African country to be rocked by a coup; countries,

such as Egypt and Togo, had experienced military putsches and moved on.

This tentative return to normalcy was a good one for me because while my company was still dilly-dallying on what to do next, University of Ife soon released an official report about the planned resumption for the 1966/1967 session. This confirmation came in February and I wasted no time indicating interest. This was what I had been waiting for all along. I wrote a letter of application to the school on the 24th and shortly after, I received a reply signed by the then acting Head of Pharmacy Department, Dr J.P Richards, that my application was being processed.

Back at HB & Sons, it appeared that the

management, perhaps still feeling the aftershocks of the January coup and worried (as a few other foreign observers were), that the last had not been heard of political upheavals in the country, had decided to jettison the idea of the pharmaceutical business altogether. But since I was not in the know of their decision, I continued making arrangements towards my relocation to Port Harcourt, in anticipation of the business take-

off. Having been previously told to secure an apartment in Port Harcourt, as well as making plans for transportation and other expenses which the company promised to fund, I wrote a letter to the MD on March 9th, informing him that I had secured a suitable apartment but would still need some financial support from the company.

It was at this time that the company let the cat out of the bag. My services were no longer required, as the company had discarded its planned expansion. This came as a shock to me, but the shock soon gave way to sparks of joy when I recalled my agreement with the management on resignation and termination of appointment. I made a request for the three months' salary to which I was entitled and, much to my joy, my employer wrote the cheque and gave it to me without hesitation. As soon as I left his office and took a second look at the cheque I was holding – three months' salary, totalling such a huge amount that would cover my tuition and boarding fees and more - I rushed to Barclays Bank (now Union Bank), Sabo, Yaba, where my account was domiciled, and safely lodged in the cheque.

I had, indeed, become far richer than I could ever have imagined! As a nominal Christian, I did not realise that God was just working out His purposes for my life. He was directing my steps even though I did not acknowledge Him.

continues next edition

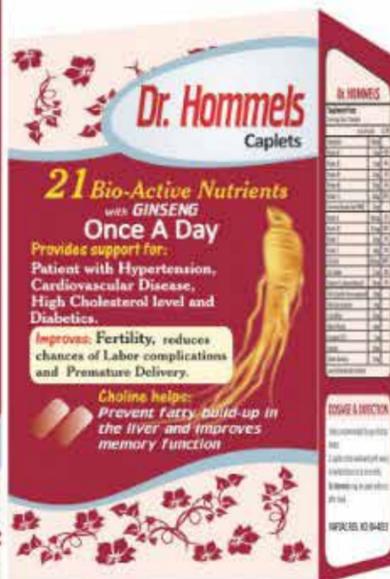
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Management options for cancer

continued from page 11

reducing behavioural and dietary risks.

In addition to smoking, risk factors for cancer include heavy alcohol consumption; excess body weight; physical inactivity, and poor nutrition. Other causes of cancer are not preventable.

Modifiable risk factors include:

Alcohol – The evidence that all types of alcoholic drinks are a cause of a number of cancers is now stronger than ever before. Alcohol can increase the risk of six types of cancers, including bowel (colorectal), breast, mouth, pharynx and larynx (mouth and throat), oesophageal, liver and stomach. The evidence suggests that in general, the more alcohol drinks people consume the higher the risk of many cancers and that even moderate alcohol intake increases the risk of cancer.

Being overweight or obese – excess weight has been linked to an increased risk of developing 12 different cancers, including bowel and pancreatic cancers. In general, greater weight gain, particularly as adults, is associated with greater cancer risks.

Diet and Nutrition – Experts suggest that diets and nutritional intake, particularly diets high in red meats, processed meats, salted foods and low in fruits and vegetables have an impact on cancer risks, particularly colorectum, nasopharynx and stomach.

Tobacco – Tobacco smoke contains at least 80 different cancer-causing substances (carcinogenic agents). When smoke is inhaled the chemicals enter the lungs, pass into the bloodstream and are transported throughout the body. This is why smoking or chewing tobacco not only causes lung and mouth cancers but is also related to many other cancers. The more a person smokes, the younger they start, and the longer they keep smoking, all further increasing the risk of cancer. Currently, tobacco use is responsible for around 22% of cancer deaths.

Ionising radiation – Manmade sources of radiation can cause cancer and are a risk for workers. These include radon, x-rays, gamma rays and other forms of high-energy radiation. Prolonged and unprotected exposure to ultraviolet radiations from the sun, sunlamps and tanning beds can also lead to melanoma and skin malignancies. Fair-skinned people, individuals with a lot of moles or who have a family history of melanoma or non-melanoma skin cancer, are at the highest risk. However, people of all skin tones can develop skin cancer, including individuals with darker skin.

Workplace hazards – Some people risk being exposed to a cancer-causing substance because of the work that they do. For example, workers in the chemical dye industry have been found to have a higher incidence than normal bladder cancer. Asbestos is a well-known workplace cause of cancer – particularly cancer called mesothelioma, which most commonly affects the covering of the lungs.

Infection – Infectious agents are responsible for around 2.2 million cancer deaths annually.



This does not mean that these cancers can be caught like an infection; rather the virus can cause changes in cells that make them more likely to become cancerous. Around 70% of cervical cancers are caused by Human papillomavirus (HPV) infections, while liver cancer

and Non-Hodgkin Lymphoma can be caused by the Hepatitis B and C virus, and lymphomas are linked to the Epstein-Barr virus. Bacterial infections have not been thought of as cancer-causing agents in the past, but more recent studies have shown that people

who have helicobacter pylori infection of their stomach develop inflammation of the stomach lining, which increases the risk of stomach cancer.

Non-modifiable risk factors include:

Age – Many types of cancer become more prevalent with age. The longer people live, the more exposure there is to carcinogens and the more time there is for genetic changes or mutations to occur within their cells.

Genetics – Some people are unfortunately born with a genetically inherited high risk for specific cancer (genetic predisposition). This does not mean developing cancer is guaranteed, but a genetic predisposition makes the disease more likely.

For example, women that carry the BRCA 1 and BRCA 2 breast cancer genes have a higher predisposition to developing this form of cancer than women with a normal breast cancer risk. However,

continued on page 15

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Management options for cancer

continued from page 13

less than 5 per cent of all breast cancer is known to be due to genes. So, although women with one of these genes are individually more likely to develop breast cancer, most cases are not caused by a high risk inherited gene fault. This is true of other common cancers where some people have a genetic predisposition - for example, colon (large bowel) cancer.

Signs and symptoms of cancer

With so many different types of cancers, the symptoms are varied and depend on where the disease is located. However, there are some key signs and symptoms to look out for, including:

Unusual lumps or swelling – cancerous lumps are often painless and may increase in size as cancer progresses

Coughing, breathlessness or difficulty swallowing – be aware of persistent coughing episodes, breathlessness or difficulty swallowing

Changes in bowel habit – such as constipation and diarrhoea and/or blood found in the stools

Unexpected bleeding – includes bleeding from the vagina, anal passage, or blood found in stools, in urine or when coughing

Unexplained weight loss – a large amount of unexplained and unintentional weight loss over a short period of time (a couple of months)

Fatigue – which shows itself as extreme tiredness and a severe lack of energy. If fatigue is due to cancer, individuals normally also



have other symptoms

Pain or ache – includes unexplained or ongoing pain or pain that comes and goes

A new mole or changes to a mole – look for changes in size, shape, or colour and if it becomes crusty or bleeds or oozes

Complications with urinating – include needing to urinate urgently, more frequently, being unable to go when you need to or experiencing pain while urinating

Unusual breast changes – look for changes in size, shape or feel, skin changes and pain

Appetite loss – feeling less hungry than usual for a prolonged period of time

A sore or ulcer that won't heal – including a spot, sore wound or mouth ulcer

Heartburn or indigestion – persistent or painful heartburn or indigestion

Heavy night sweats – be aware of very heavy, drenching night sweats.

Cancer treatment

Cancer treatment is the use of surgery, radiation, medications and other therapies to cure cancer, shrink cancer or stop the progression of cancer.

Many cancer treatments exist. Depending on the particular situation, the patient may receive one treatment or may receive a combination of treatments.

Cancer treatments may be used as:

Primary treatment. The

goal of a primary treatment is to completely remove cancer from the body or kill all the cancer cells. Any cancer treatment can be used as a primary treatment, but the most common primary cancer treatment for the most common types of cancer is surgery. If the patient's cancer is particularly sensitive to radiation therapy or chemotherapy, he or she may receive one of those therapies as the primary treatment.

Adjuvant treatment. The goal of adjuvant therapy is to kill any cancer cells that may remain after primary treatment in order to reduce the chance that cancer will recur. Any cancer treatment can be used as adjuvant therapy. Common adjuvant therapies include chemotherapy, radiation therapy and hormone therapy.

Neoadjuvant therapy is similar, but treatments are used before the primary treatment in order to make the primary treatment easier or more effective.

Palliative treatment. Palliative treatments may help relieve side effects of treatment or signs and symptoms caused by cancer itself. Surgery, radiation, chemotherapy and hormone therapy can all be used to relieve symptoms. Other medications may relieve symptoms such as pain and shortness of breath.

Palliative treatment can be used at the same time as other treatments intended to cure cancer.

Cancer treatment options include:

Surgery. The goal of surgery is to remove cancer or as much cancer as possible.

C h e m o t h e r a p y . Chemotherapy uses drugs to kill

continued on page 17

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Management options for cancer

continued from page 15

cancer cells.

Radiation therapy. Radiation therapy uses high-powered energy beams, such as X-rays or protons, to kill cancer cells. Radiation treatment can come from a machine outside your body (external beam radiation), or it can be placed inside your body (brachytherapy).

Bone marrow transplant. The patient's bone marrow is the material inside the bones that makes blood cells from blood stem cells. A bone marrow transplant, also known as a stem cell transplant can use the patient's own bone marrow stem cells or those from a donor.

A bone marrow transplant allows the doctor to use higher doses of chemotherapy to treat cancer. It may also be used to replace diseased bone marrow.

Immunotherapy. Immunotherapy, also known as biological therapy, uses the body's immune system to fight cancer. Cancer can survive unchecked in the body because the immune system doesn't recognize it as an intruder. Immunotherapy can help the immune system "see" cancer and attack it.

Hormone therapy. Some types of cancer are fueled by the body's hormones. Examples include breast cancer and prostate cancer. Removing those hormones from the body or blocking their effects may cause the cancer cells to stop growing.

Targeted drug therapy. Targeted drug treatment focuses on specific abnormalities within cancer cells that allow them to survive.

Cryoablation. This treatment kills cancer cells with cold. During cryoablation, a thin, wandlike needle (cryoprobe) is inserted through the skin and directly into the cancerous tumour. Gas is pumped into the cryoprobe in order to freeze the tissue. Then the tissue is allowed to thaw. The freezing and thawing process is repeated several times during the same treatment session in order to kill the cancer cells.

Radiofrequency ablation. This treatment uses electrical energy to heat cancer cells, causing them to die. During radiofrequency ablation, a doctor guides a thin needle through the skin or through an incision and into the cancer tissue. High-frequency energy passes through the needle and causes the surrounding tissue to heat up, killing the nearby cells.

Clinical trials. Clinical trials are studies to investigate new ways of treating cancer. Thousands of cancer clinical trials are underway.

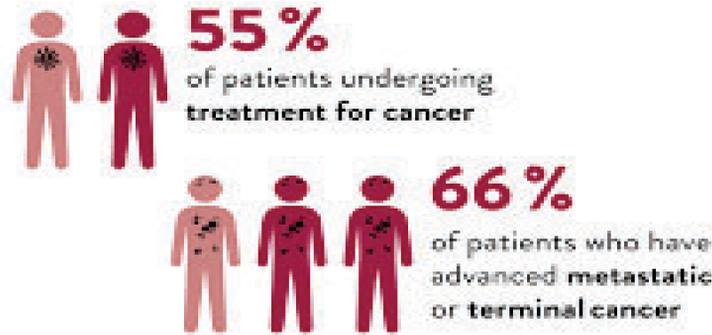
World Cancer Day:

World Cancer Day is a leading international awareness day. Held every 4 February, WCD is the global uniting initiative led by the Union for International Cancer Control (UICC). By raising worldwide awareness, improving education and catalysing personal, collective and government action, and working to reimagine a world where millions of preventable cancer deaths are saved and access to life-saving cancer treatment and care is equitable for all - no matter who they are or where they live.

Created in 2000, World Cancer Day has grown into a positive movement for everyone,

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#Cancer #PalliativeCare

everywhere to unite under one voice to face one of the greatest challenges in history.

Each year, hundreds of activities and events take place around the world, gathering communities, organisations and individuals in schools, businesses, hospitals, marketplaces, parks, community halls, places of worship - in the streets and online - acting as a powerful reminder that everybody has roles to play in reducing the global impact of cancer.

According to the Union for International Cancer Control (UICC), the 2022 World Cancer Day's theme, "Close the Care Gap", is about raising awareness of the equity gap that affects almost everyone, in high as well as low- and middle-income countries, and is costing lives.

Medical myths about cancer

10 myths associated with cancer to help people cut through the maze of misinformation. Myths tend to develop around particularly prevalent conditions. It is no surprise, therefore, that people often misunderstand cancer.

1. Cancer is a death sentence

Cancer is not a death sentence. Despite the sobering statistics quoted, cancer is not always terminal. As scientists understand cancer better and develop improved treatments, recovery rates continue to improve. For instance, in January 2019, an estimated 16.9 million cancer survivors were living in the United States. In the United Kingdom, survival rates have doubled in the last 40 years.

It is also worth noting that

survival rates vary significantly depending on the type of cancer. For instance, in the U.K., survival rates for testicular cancer are 98 per cent, whereas survival rates for pancreatic cancer are just 1 per cent.

According to NCI "In the United States, the likelihood of dying from cancer has dropped steadily since the 1990s. Now, 5-year survival rates for some cancers, such as breast, prostate, and thyroid cancers, are 90 per cent or better. The 5-year survival rate for all cancers combined is currently about 67 per cent."

Overall, cancer death rates are slowly declining, although the survival rates of some cancers are increasing more than others. An annual report on the status of cancer in the U.S., which appears in 2020, concludes:

"Cancer death rates decreased 1.5 per cent on average per year during 2001 through 2017."

2. Cancer is contagious

This is a myth. Cancer is not contagious. Someone with cancer cannot spread it to others. However, some sexually transmitted diseases, including human papillomavirus (HPV) and hepatitis B and C, can cause cancers in the cervix and the liver. In these cases, an infectious agent causes cancer, but cancer itself is not contagious.

As an interesting aside, scientists have documented that cancers in some animals, including Tasmanian devils and dogs, can cause fatal transmissible cancers: devil facial tumour disease and canine transmissible venereal tumour, respectively.

3. Cell phones cause cancer

To date, there is no evidence that cell phones cause cancer. One of the reasons this myth developed is that these devices emit radiofrequency radiation (radio waves), a form of non-ionizing radiation. The body absorbs this radiation.

Scientists know that exposure to ionizing radiation, for instance, X-rays, increases the risk of cancer. However, radiofrequency radiation is non-ionizing radiation, which does not increase cancer risk. The National Cancer Institute writes:

"Although many studies have examined the potential health effects of non-ionizing radiation from radar, microwave ovens, cell phones, and other sources, there is currently no consistent evidence that non-ionizing radiation increases cancer risk in humans."

4. Power lines cause cancer

This is also a myth. The extremely low frequency (ELF) magnetic fields produced by power lines are non-ionizing and, therefore, do not cause cancer.

The American Cancer Society writes:

"Several large studies have looked at the possible effects of ELF magnetic fields on cancer in rats and mice. These studies expose the animals to magnetic fields much stronger than what people are normally exposed to at home. Most of these studies have found no increase in the risk of any type of cancer. In fact, the risk of some types of cancer was actually lower in the animals exposed to the ELF radiation."

However, the American Cancer Society also explains that some studies have found a slight increase in leukaemia risk for children who live close to power lines. However, the reasons for this remain unclear.

5. Artificial sweeteners cause cancer

To date, there is no good evidence that artificial sweeteners increase the risk of developing cancer. The National Cancer Institute explains why this myth may have arisen:

"Questions about artificial sweeteners and cancer arose when early studies showed that cyclamate in combination with saccharin caused bladder cancer in laboratory animals."

However, they explain that further studies "have not provided clear evidence of an association with cancer in humans. Similarly, studies of other [Food and Drug Administration (FDA)]-approved sweeteners have not demonstrated clear evidence of an association with cancer in humans."

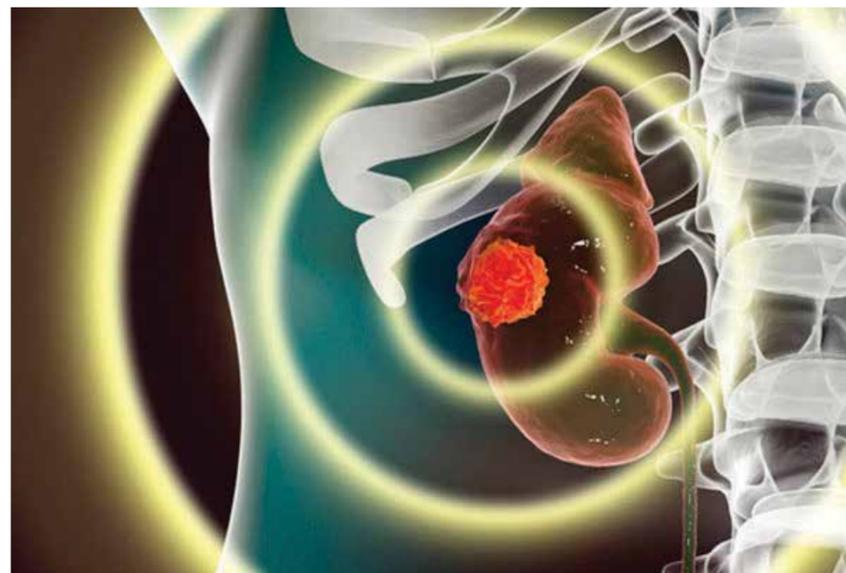
Similarly, a study investigating aspartame and cancer, which included data from more than half a million participants, found no links between "aspartame consumption and lymphoma, leukaemia, or brain cancer."

6. Cancer surgery causes cancer to spread

This is only a partial myth. It is true that cancer surgery can cause cancer to spread, but this is rare. As the American Cancer Society explains:

"Advances in equipment used during surgery and more detailed imaging tests have helped make this risk very low."

A related myth indicates that a tumour will grow faster or spread



continued on page 19

Adeyeye, Ogundipe, others seek increased funding for herbal medicine research

continued from front page

Africa, particularly Nigeria, have potentials for efficacy, adding however that the only way this can be ascertained is through extensive scientific research. She therefore called on the government to commit more money into such efforts.

Adeyeye also emphasised the need to change the current approach to herbal medicine production in Nigeria and across the African continent, noting that specific techniques must be adopted in testing herbal medicines, taking cognisance of their difference from orthodox medicines.

Citing some of the challenges facing herbal medicines development in Nigeria and Africa, the NAFDAC DG said medicinal plants have diverse bioactive compounds, which are dependent on factors, such as geographical location, time of harvest and storage condition.

Other challenges outlined by Adeyeye include ignorance of regulations by practitioners, funding of and reluctance to conduct clinical trial, intellectual property ownership, deforestation, lack of access to latest technologies, as well as low interest of researchers in herbal medicine development.

Commenting on the launch of ACEDHARS, the keynote speaker said the Centre is of immense importance to not just Nigeria but the entire African continent, especially as its focus is on the development of herbal medicine for the benefits of the people.

She therefore called on herbal medicine practitioners to take advantage of ACEDHARS trainings to increase their knowledge of herbal medicine practice, saying further and continuous education is indispensable to successful practice.

Adeyeye also assured that ACEDHARS would play a huge role in ensuring that adequate research is conducted and clinical trials are done on herbal products before usage.

In his remarks, the chief host of the event, the Vice-Chancellor, University of Lagos, Prof. Oluwatoyin Ogundipe, who was represented by the Deputy



L-R: Dr C. I. Orabueze (member of LOC), Prof. Adesugun (Chairman LOC); Pharm. Dr. M. Kamara (Director traditional and Complimentary Alternative medicine Ministry of Health, republic of Liberia); Dr. Omobolanle Ade-Ademilua (ACEDHARS Leader); Pharm. Dr. C. Chukwuana (General Manager Neimeth Pharmaceuticals PLC) and Dr. M. O Akinleye (ACEDHARS Deputy Leader).

Vice-Chancellor, Management Services, Prof. Obinna Chukwu, stated that issues of quality control, proper identification of medicinal plants, standardisation of active ingredients and chemical compound in herbal medicine must be urgently addressed, stressing that herbal medicine research in Africa generally needs more funding.

"We must appreciate the fact that the herbal medicines we have are quite efficacious and there is the need for us to tap into the indigenous knowledge. Some herbal medicines are quite useful in addressing a number of ailments but the problem is that some of these medicines are being seen as a cure for all ailments, which the Yorubas call 'gbogbo ni'se'. We are also looking forward to a period where modern technology will be applied in herbal medicine research," Ogundipe said.

Also speaking, the HOD, Strategic Business Development/Research, Neimeth International Pharmaceutical PLC, Pharm. Dr Chuka Chukwuana, who spoke

on a sub-theme of the symposium "Herbal Medicine Acceptability: Travails of Traditional Medical Practitioners", decried non-documentation of traditional herbal medicine knowledge and discoveries.

He further recommended that research efforts in herbal medicine must be problem-solving. "We must be intentional in going into herbal farming. We must be intentional in gathering and documentation of knowledge and discoveries", Chukwuana said.

Similarly, the Director, Traditional and Complementary/Alternative Medicine, Ministry of Health, Republic of Liberia, Pharm. Dr Mohammed Kamara emphasised the need for the establishment of medicinal plant farms across Africa.

Kamara who spoke on another sub-theme of the symposium, "Herbal Medicine Development: from Farm to Pharmacy" stated that establishing medicinal plant farms in Africa would facilitate unhindered formulation of various herbal dosage forms in the continent.

Earlier in her address, the Centre

leader, Omobolanle Ade-Ademilua, disclosed that ACEDHARS is a World Bank-approved centre of excellence, established to train skilled manpower.

According to Ade-Ademilua, trainings at the Centre will focus on quality assurance, standardisation of dosages, reproducibility of herbal preparations and safety monitoring of drugs in the West and Central African regions.

She revealed that the Centre emerged to address the increasing demand for stringent quality norms for global positioning of herbal products.

The Centre leader said some of the challenges facing herbal medicines in Africa include issues of safety, standardisation as well as irrational use of herbal medicines, due to dearth of skilled manpower in their production and regulation.

She assured that the Centre will fill the observed gaps, by running short courses, as well as interdisciplinary MSc and PhD programmes.



NAFDAC DG, Prof. Mojisola Adeyeye with other dignitaries at the event, in a group photograph, cutting the Centre's lunching cake.

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Management options for cancer

continued from page 17

to other parts of the body when exposed to the air. This is untrue.

7. Herbal medicines can cure cancer

There is no evidence that any herbal medicines can cure or treat cancer.

However, some people find certain alternative therapies, such as acupuncture, meditation, and yoga, to help with the psychological stress associated with cancer and some of the side effects of cancer treatment.

As the National Cancer Institute points out, just because something is “natural” does not mean it is safe. In some circumstances, herbal supplements can harm a person's health. It is important that people with cancer speak with a doctor about supplements and vitamins before taking them.

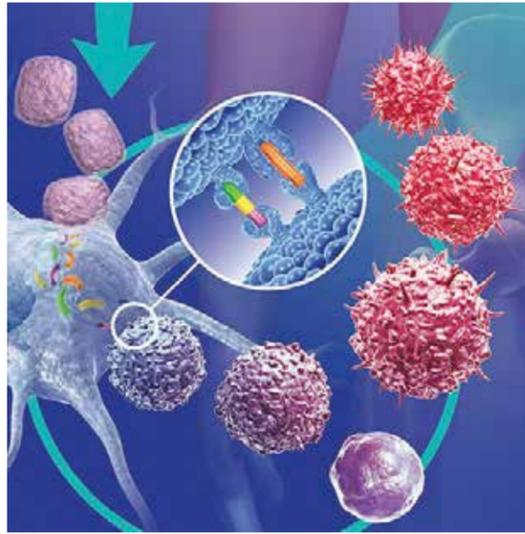
8. Cancer runs in families

Although some cancers are passed on genetically through families, they are the minority of cases: an estimated 3–10 per cent of cancers result from mutations inherited from parents.

Because people are more likely to develop cancer as they age, and people today live longer lives, it is not uncommon for people to have some relatives who develop cancer. This might help explain why this myth persists.

Most cases of cancer are due to a buildup of mutations in genes that accumulate over time. As the American Cancer Society explains:

“Some types of cancer run in



certain families, but most cancers are not clearly linked to the genes we inherit from our parents. Gene changes that start in a single cell over the course of a person's life cause most cancers.”

9. Cancer always comes back

To address this question, in an interview with Dr Collin Vu, a medical oncologist and haematologist at Memorial Care Cancer Institute at Orange Coast Medical Center in Fountain Valley, CA. He said:

“Fortunately for all of us, this statement is a myth and entirely not true. The current therapies for cancers are improving to the point where the cure of cancer — that is, treatments that will kill cancer completely — are improving continuously.”

However, he explains that the

subject is complicated because “different cancer types have a markedly different ability to be cured, and different cancer types also have different time frames for which cancer may typically recur. This makes it very difficult for patients to know when they may be truly ‘cured’ or when they still have a high risk of cancer recurrence.”

Dr Vu has great hopes for the future of cancer treatment; he said:

“In the future, with current scientific progress in better treatments for cancer, and improved

population awareness of cancer risks and diagnosis, the statement that ‘cancer always comes back’ may become even more of a myth.”

10. There is no cure for cancer

Thankfully, this is also a myth. As medical science delves deeper into the mechanisms behind cancer, treatments steadily grow more effective.

According to Dr Vu, some cancers, such as testicular and thyroid cancer, have a 60 per cent cure rate. Dr Vu defines the cure rate as “the population of cancer patients that has the same life expectancy as the general population.”

Breast, prostate, and bladder also have cure rates of around 50 per cent. Dr Vu concludes:

“As can be seen by the

above data, some cancers can be eradicated, but, unfortunately, not all cancers can be cured completely. There is ongoing optimism that cure rates are increasing given the ongoing focus on screening and better treatments for cancer.”

Also in an interview with Dr Anton Bilchik, PhD, a surgical oncologist, professor of surgery, chief of gastrointestinal research, and chief of medicine at Saint John's Cancer Institute at Providence Saint John's Health Centre in Santa Monica, CA. He also leads with a message of hope:

“It is imperative that patients who are diagnosed with cancer, even at an advanced stage, do not lose hope: there are many effective, novel therapies, as well as more effective surgical techniques. A good example is with the use of modern immunotherapy, up to 40 per cent of patients with stage 4 melanoma are curable, and 50 per cent of patients with stage 4 colon cancer metastatic to the liver can be cured with a combination of chemotherapy and surgery.”

In short: although the battle with cancer is ongoing, science is making significant headway.

Article compiled by Adebayo Oladejo, with additional contributions from medicinenet.com, News Medical Lifesciences, Bloomberg, Wikipedia, ADA, Cleveland Clinic, Mayo Clinic, WHO, Healthline, www.worldcancerday.org, Medical News Today, American Cancer Society, National Cancer Society, Project Pink Blue, NAN, The Punch, The Vanguard, Premium Times, PM News, others.

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Dream big, shun vices, PSN, others urge young pharmacists

– As OAU pharmacy faculty graduates 101, with 23 distinctions

By Adebayo Oladejo

The President, Pharmaceutical Society of Nigeria (PSN) Prof. Cyril Usifoh; Registrar of the Pharmacists Council of Nigeria (PCN), Pharm. Elijah Mohammed, and other personages within and outside the pharmacy profession have charged young pharmacists to abide by the ethics of the profession and be good ambassadors of their alma mater.

The dignitaries spoke at the induction ceremony of 101 graduands of the Faculty of Pharmacy, Obafemi Awolowo University (OAU) Ile-Ife, Osun State, held by the Pharmacists Council of Nigeria (PCN) at the Oduduwa Hall of the institution.

In his remarks at the occasion, Prof. Usifoh, said young pharmacists must prioritise integrity and ethical practice, irrespective of the high level of corruption in the society.

Usifoh, who was represented by the PSN National Secretary, Pharm. Gbenga Falabi, bemoaned the infiltration of quacks into the pharmacy profession, while urging the graduands to distance themselves from all illegalities.

He, however, expressed delight in the huge number of the graduands, saying this will significantly help in bridging the gap in pharmacy manpower.

Addressing the graduands, Usifoh said: "We are happy to have you join us. The gap in terms of number cannot be overemphasised, but we are happy that the gap is closing gradually; so we need more of this. I want to inform you that internship is the last lap of your training, so ensure you do it with seriousness and do it on time, without which you cannot practise."

Also exhorting the graduands, OAU Vice-Chancellor, Prof. Eyiotope Ogunbodede, charged them to be good ambassadors of the institution in character and diligence, adding that the institution was looking up to them to make it proud.

The university don, while acknowledging the parents and guardians of the inductees, as well as guests and well-wishers at the occasion, noted that the last induction ceremony of the faculty was held in 2020, as it could not hold in 2021 due to the ravaging COVID-19 and other disruptions, which necessitated school closure.

He added: "This is my last induction exercise for this faculty as my tenure as the VC of this great institution ends in a few months' time. So, I feel privileged and honoured to witness this auspicious occasion."

"I must salute the courage of the Faculty of Pharmacy staff, led by the Dean, Prof. (Mrs) Olubunmi Afolabi, for the unrelenting efforts that have culminated in the success that we are celebrating today."

"I also commend the Pharmacists Council of Nigeria (PCN), the Pharmaceutical Society of Nigeria (PSN), the Great Ife Pharmacy Alumni (GIPAA) and other stakeholders involved in training and supporting these inductees."

While presenting the 101 graduands for the oath-taking and induction ceremony, Prof. Afolabi urged the inductees to be worthy ambassadors of the faculty.

She also tasked them to join the alumni association, towards contributing to the development of the faculty and the university.

Speaking further, the visibly excited Afolabi charged the newly robed students to move with the



The immediate past president, PANS, Pharm. Michael Abayomi Olushola, receiving his certificate from Pharm. Yejide Oseni, representative of the PCN registrar; with Prof. Olubunmi Afolabi, dean, Faculty of Pharmacy; Professor Yomi Daramola, deputy Vice-Chancellor, Administration; and Pharm. Gbenga Falabi, national secretary, PSN, at the induction ceremony.



A cross-section of the newly graduating students taking their oaths

trend in the pharmacy world, adding that they must join hands to push the boundary of what Pharmacy can be to what it should be.

She said: "You will realise that there are different routes of pharmacy practice. Identify the route most suited to your career aspirations and seek to excel as a professional. We are counting on your generation to change the face of Pharmacy in the 21st century. And just like the choice of appellation for your class 'The class of Victors, Boomshakalaka' - the triumphant, the dominant, the joyous and the amazing. Go and dazzle the world!"

Administering the oath, PCN registrar, Pharm. Mohammed, who was represented by Pharm. Yejide Oseni, director, South-West Zonal Office, PCN, urged the newly inducted pharmacists to abide by the ethics of the profession, while also developing leadership and interpersonal relationship skills, which he said were vital in pharmacy practice.

The registrar further encouraged the graduands to shun all manners of practices that could tarnish their image and by extension, the image of the pharmacy profession.

The keynote speaker, Pharm.

Bolaji Akinboro, an alumnus of the faculty and chairperson of the Vorian Corelli Corporation, implored the graduands to hit the ground running.

While emphasising the need for them to change the narrative of the pharmacy profession in the country, he added that Pharmacy is not only about dispensing medications, but also demonstrating skills in medicine use in total health care, as well as assisting the public in making the connection between their health and the relevance of the pharmacy profession.

Akinboro, a co-founder of the Cellulant Corporation, told the graduands: "I want you to endeavour to dream big because the extent of your recognition in the society depends on your influence over money, your level of knowledge and the crowd you command."

"I also want you to see technology as an enabler, and it should be deployed as a propellant, an accelerator and an equaliser. So as you graduate from this school, may I encourage you to open your mind and see the power of PharmTech."

Also speaking, Pharm.

(Alh) Olufemi Ismail Adebayo, coordinator, Board Of Fellows, PSN, Osun State, charged the newly robed pharmacists to distinguish themselves from those who had gate-crashed their way into the profession, stressing that they must put Pharmacy first in whatever they do.

The highpoint of the event was the recognition and presentation of awards to exceptional students. The 23 students who had distinction were: Nafisat Adeola Taiwo; Odunayo Abraham Abiodun; Daniel Adedayo Adeniyi; Rukayat Adenike Adeniyi; Oluwafisayo Dorcas Adeyooye; Excel Erioluwa Adisa; Monsuru Abiola Afolabi; Oluwafisayomi Akintayo; Adedolapo Dorcas Alakinde; Brenda Alaso Asawo; Jessica Morolade Fajoyomi; Waheed Adeniyi Niniola; Chiamaka Ifenyiwa Okoroafor; Gloria Oluwaponmilo Olaleye; Ifedolapo Olabisi Olayemi; Michael Ayobami Olushola; Oyinkansola Oshungboun; Opeyemi Success Oyekan; Aminat Opeyemi Oyeteunde; Rodhiyat Abike Raheem; Abdurasaq Ademola Sholanke; Onaopemipo Solomon and Chiamaka Bose Ukpai.



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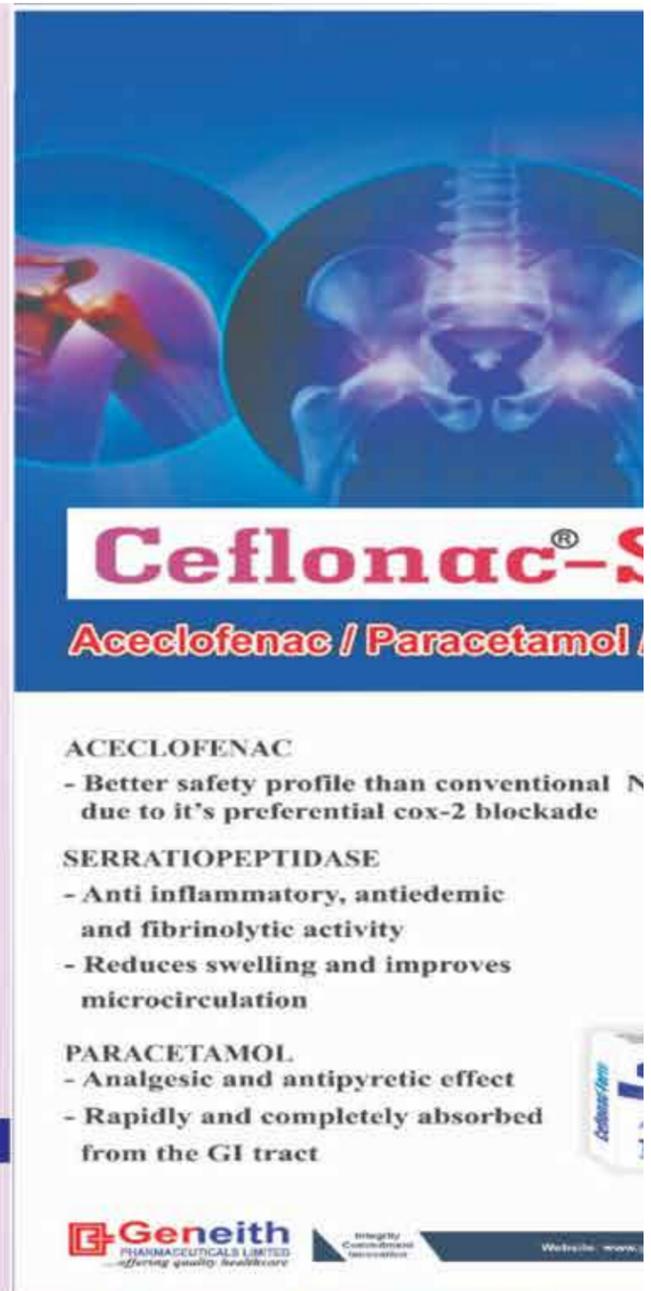
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The trouble with vaccine inequity

By Patrick Iwelunmor

Apart from the problem of vaccine hesitancy which has affected the level of progress recorded in the fight against the COVID-19 pandemic, the threat posed by the issue of inequity, especially in low and middle-income countries, cannot be overemphasized and should not be taken for granted. The World Health Organisation had set a target for all countries to vaccinate 10 per cent of their populations by the end of September, 2021. Unfortunately, 56 countries effectively excluded from the global vaccine marketplace were not able to reach this target – and most of them in Africa.

One of the reasons vaccine inequity must be taken very seriously is because

of the impact it will continue to have on socio-economic recovery in low and middle-income countries. Whether we like it or not, failure to boost supplies, share vaccines and ensure their accessibility, will continue to rubbish the war against the pandemic.

Sadly enough, the sluggish and late rollout of vaccination in low and middle-income countries has left them more vulnerable to COVID-19 variants, new surges of the virus and a slower rate of recovery out of the crisis. Most high-income countries started vaccination at least two months earlier than low-income countries and vaccination coverage in low-income countries is still abysmally low.

Countries that have ensured high vaccination rates are steadily returning to normalcy, while countries with low vaccination rates are still observing lockdown measures, even as they struggle to reopen their economies. The informal sector is the worst hit by the development which has resulted in extended lockdowns and the possibility of job losses.

The global failure in achieving vaccine equity has cast a very dark shadow on the fight against COVID-19 by making many countries vulnerable while the privileged few are protected, largely due to their scientific and financial endowments.

The situation is more worrisome when one considers the fact that most vaccine manufacturers are reluctant to share knowledge and technology that would have made it easier for the whole world, irrespective of its varying regions, to move at the same pace in the war against the virus.

The WHO is aware of the situation and has openly admitted the need for more collaboration amongst nations in the transfer of technology. It recently said, "Most manufacturers have largely spurned the opportunities to share technology and know-how and public health-oriented licensing,



despite a number of mechanisms being set up, including the COVID-19 Technology Access Pool and the mRNA vaccine technology transfer hub, which is now moving ahead in South Africa."

The WHO also lamented the toll vaccine inequity is taking on poor nations of the world, especially those in Africa. "The global failure to share vaccines equitably is taking its toll on some of the world's poorest and most vulnerable people. New variants of concern mean that the risks of infection have increased in all countries for people who are not yet protected by vaccination", it stated.

While some of the issues militating against vaccine equity have been identified to include the protectionist tendencies of well-to-do nations, the economic backwardness of many

countries, especially in Africa and the Third World generally, as well as the deliberate stockpiling of doses by rich countries at the expense of the poor ones, WHO has unveiled a roadmap to achieve global vaccination by mid-2022. How well this roadmap is achieved depends largely on how the countries of the world cooperate.

According to WHO: "Contracts are in place for the remaining 5 billion doses. But it's critical that those doses go where they are needed most – with priority given to older people, health workers and other at-risk groups. We can only achieve our targets if the countries and companies that control vaccine supply put contracts for COVAX and the African Vaccine Acquisition Trust – or AVAT – first for deliveries and donated doses".

The Global Dashboard for Vaccine Equity has equally noted, "COVID-19 has had devastating impacts on labour markets in the form of reduced working hours and job losses. This is especially the case with informal workers who are disproportionately impacted by full lockdowns. The earnings of approximately 1.6 billion informal workers declined by 60 percent in 2020 due to lockdowns and movement restrictions."

The way forward, as things stand right now, is for the rich nations of the world to embrace the strategies outlined by the World Health Organisation and other allied agencies. Cardinal among this strategy is the need to distribute vaccines equitably. The idea of hoarding and refusal to share resources, such as technology, should also be eschewed with a sense of urgency.

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Cancer awareness and treatment

By Chima Ejimofor

World Cancer Day is celebrated every 4 February. The primary goal of the celebration is to significantly reduce illness and death caused by cancer and is an opportunity to rally the international community to end the injustice of preventable suffering from cancer.

What is cancer?

When you have a cut or wound, new cells are produced to replace those lost or eliminated. The reproduction of cells stops when the proper amount has been created. When the cells in a certain part of the body continue reproducing new cells uncontrollably and without any reason, they produce a hard tumour. This is what we call **cancer**. If these cells move to other parts of the body and begin to reproduce again, this is called **metastasis**.

Symptoms of cancer

Depending on the location of the development of the growth, symptoms include swelling in the form of lumps, whether external or internal, that later produces pain and discomfort. This lump or tumour will affect and/or obstruct the passage of air, if in the lungs; urine if in the urinary tract; or obstruct gastrointestinal functions, if in the intestine, stomach or colon etc.

Cancer occurs most often in the following:

The breasts,*The uterus
*The ovaries *The prostate gland and the testicles. *The liver *The bones

The throat *The lungs
*The intestines. *The colon
The skin. The bladder. *The pancreas

If cancer is detected in time, there is a very good chance that it can be cured. For this reason, regular medical check-up with your physician is vital.

Warning signs of cancer

Loss of weight, with no apparent cause.

An ulcer, sore or discolouration of the skin that continues without stopping for three weeks.

Spot on the skin that grows, becomes irritated and bleeds.

Frequent headaches.

Difficulty in swallowing.

Persistent hoarseness (throat cancer)

Cough with blood, difficulty breathing (lung cancer).

Persistent abdominal pain (stomach cancer)

Change in the shape of the testicles.

Blood in urine without pain (kidneys and bladder cancers).

Change in intestinal habits – that is, passing faeces.

Change in the shape of breasts, especially through lumps.

Blood or discharge from the nipples

Vaginal bleeding between



menstrual cycles.

General types of cancer

Carcinomas - affect principally the skin, mucous membranes and glands.

Leukaemia - cancer of the blood.

Sarcomas and Liposarcomas - sarcomas affect the muscles, breast, connective tissue and bones. Liposarcoma is a malignant tumour of the fatty tissue which usually develops in the abdomen (Lipoma is a benign tumour).

Causes of cancer

The causes of cancer are not well known. The DNA that is found in the nucleus of the cell is responsible for keeping the genetic code of cell growth and reproduction. Certain external agents such as smog, pollution, excessive sunlight or internal agents like toxins, nervous system problems, exposure to x-rays, certain foods, the environment and heredity etc. can also influence this code negatively. This causes a loss of control in the reproduction of cells and results in excessive growth of the cells.

Other factors are:

Stress -When the thymus gland is affected by stress, the immune system is affected negatively, subjecting the body to illness. The mind, mood and attitude are all relevant in the formation of cancer.

Inadequate nutrition - the human body needs good food in order to construct, repair and energise itself.

Lack of exercise - Exercise improves the nervous system's functions, stabilises glucose and detoxifies the lymphatic system by cleansing it of accumulated toxins.



Alcohol - When the body processes alcohol, it releases a chemical called acetaldehyde which damages cell DNA.

These elements cause the deterioration of the immune system and induce these cells to reproduce out of control.

Suggested treatment

In all types of cancers, the best suggested treatment is to adequately fortify the body and strengthen the immune system, so that the body itself destroys and gets rid of the cancerous cells. **Bee propolis and garlic thyme** are a great help for doing this because they provide the body with the vitamins and minerals necessary for the immune system to function efficiently and thus destroy the cancerous cells.

Eliminate that which blocks the immune system

Stop eating toxic elements that contain lead, cadmium and mercury (canned foods).

Avoid volatile organic chemicals, such as pesticides or toxic industrial products

Wash fruits and vegetables carefully.

Eliminate refined sugar

Avoid fats like corn and soy oil.

Eliminate worry, bitterness, unforgiveness and stress.

Promote that which helps the immune system.

Vitamins -A (Beta-Carotene), C,E, and B6.

Minerals - Zinc, Chromium, Selenium.

Co-enzyme Q-10, EPS and GLA.

Amino Acids - Arginine, Glutathione



Herb extracts - Ginseng, Echinacea

Nutrients like Garlic, yoghurt, cabbage, green vegetables.

Positive mental attitude and emotions, love, creative visualisation.

Have faith that you will beat cancer and recover fully.

Some people who treat cancer with chemotherapy obtain good results against the tumour but have very bad side effects, like hair loss, nausea and vomiting, fatigue, sterility and damage to the kidneys and heart. The B vitamins help to ease these problems.

When a person is exposed to radiation, it is very beneficial to apply **aloe vera jelly** to the radiated area and to drink **aloe vera gel/berry nectar**. This will help to rebuild the damaged tissues quickly. Aloe vera gel and jelly are highly recommended, being two of the best cellular restorers for human beings.

To prevent cancer and help cure it, we suggest:

Eat a lot of natural antioxidant foods, fruits with fibre and fresh raw vegetables.

Avoid red meat and animal fats.

Eat whole grains, broccoli and apples.

A proper detoxification is advisable.

Eliminate all junk food, canned foods, cold cuts, refined flour.

No alcohol

Eliminate consumption of pork and beef.

Eliminate dairy - yogurts, milk,

Eat fresh fish. Stop smoking.

Drink quality alkaline water

Take natural antibiotics like

bee propolis, garlic thyme and

echinacea to strengthen the

immune system.

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About the Author:

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Seven habits that guarantee a profitable 2022

By Pharm. Sesan Kareem

The year is still relatively new and many result-oriented individuals have their goals for the year in focus. Regardless of the kind of goals you are working towards, I believe the end game is to be profitable. Profitability is all about getting optimum output from your efforts and commitment. Whether you are a CEO of a large organisation, a recent graduate who has just got his entry level employment or a student, the bottom line is to have desired rewards for your efforts at each stage of the year.

Below are seven habits you should develop to make 2022 profitable for you:

Think more

This sounds like a cliché - are we not thinking already? Truth is, due to survival instinct, the human brain is wired more to look at shortcuts and easy way out than to analyse the facts with data and human intelligence. For you to make 2022 a profitable year, you must be intentional about thinking more. If you are a business leader, you need to work on your business as you work in your business. Working on your business simply means thinking about how you can improve your product, develop your people and enhance your process. If you are a student, you need to think more on how you can apply what you are learning in class to solve problems around you and in the society.

Learn more

To learn is to grow, to grow is to progress. Learning is a hallmark of leaders. In 2022, be intentional about up-skilling. As a manager, you can take a course on cultural intelligence; as a medical student, you can learn about data analysis; as a CEO, you can do a leadership course with Harvard online school, for instance. My point here is that you must be strategic about your learning this year. Turn your car to a school-on-wheel, if you a medical rep. If you aspire to be a successful entrepreneur, this is the time to start reading management books or go for entrepreneurship workshops.

Observe more

In 2022, be a good observer. Be vigilant. In your company, observe those who are leaders and champions more - how they think about problems, how they show up, and what skills they possess that made them champions. Be a scientist; look beyond the surface and focus on the content of people's character, mindset, driving force, and leadership style.

Listen more

If there is one habit you want to master in 2022, it is to learn how listen closely, carefully and clearly. I have found out that those who go far in life listen more than they talk. Many people have lost opportunities because they are not listening. Many mistakes could have been avoided, if

people had just listened with their hearts, asked questions for clarification, and (if necessary) re-asked questions for better clarity, before they took action. Listening skills are essential to your success in life and business.

Move more

Exercise helps you physically, mentally and emotionally. It controls weight, improves fitness, boosts energy, promotes better sleep, improves moods and helps you combat health conditions and diseases. When you move more, it strengthens your heart, improves blood circulation, and enhances flexibility. However, being busy with work and life is preventing many professionals to move more. You must schedule regular exercise into your weekly routine and be committed to it.

Rest more

Nature's pill to rejuvenate our complex body system is rest. The most potent form of rest is sleep. In our busy modern life, we often downplay the role of adequate sleep. In our world of crazy competition for money, fame and materials things, many people are sacrificing adequate quality sleep and, thereby, mortgaging good health and good life. My point is, regardless of how busy you are, you must also create time to rest adequately and recover well. However, it is important for me to state here that it is not how long you sleep but how well. You can sleep for eight



For questions or comments, mail or text sesankareem2@gmail.com/08072983163 hours and still feel unrefreshed if you don't sleep well.

Play more

In 2022, have more fun, create more beautiful memories and live your life to the fullest. When you are in traffic in Lagos or any other part of the world, instead of complaining or fuming, play your favourite music and smile through the journey. This year, find more reasons to celebrate and appreciate you, your small wins and people around you. You deserve to enjoy life, not endure it.

ACTION PLAN: To make 2022 a profitable year for you, think more, learn more, observe more, listen more, move more, rest more and play more.

AFFIRMATION: 2022 is a profitable year for me. I am blessed and highly favoured.

Sesan Kareem is the Founder/CEO of HubCare Health, www.hubcarehealth.com, an AI-powered telemedicine platform that is democratising healthcare for all Africans. He also serves as the Principal Consultant of SK Institute.

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Nigerian pharma industry ripe for drug discovery, clinical trials – Adejare

Professor Adeboye Adejare is a professor of pharmaceutical sciences at the Philadelphia College of Pharmacy (PCP), the oldest of such colleges in North America. He is a globally acclaimed researcher in the areas of drug discovery and targeting, the mechanisms of neurodegeneration, the chemistry of fluoroaromatic compounds, as well as pharmaceutical profiling. In addition to several publications, patents and recognitions as well as funding from the USA National Institutes of Health (NIH) and the pharmaceutical industry, the celebrated drug expert has edited several textbooks, the most recent of which is the 23rd (current) edition of Remington: The Science and Practice of Pharmacy, for which he is the editor-in-chief. He is the first non-white to accomplish such a feat.

A two-time recipient of the Carnegie African Diaspora Fellowship Programme (CADFP) awards, Adejare is also a founding member of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA). In this interview with **OLA ABODERIN** during a recent visit to Pharmanews office in Lagos, Adejare recounts his journey to becoming a record-breaking pharmaceutical scientist. He also recommends steps that can help transform the Nigerian pharma sector and make it more globally competitive. Excerpts:



Professor Adeboye Adejare

Could you give us some details about your background?

I was born in Ede but spent my early years in Gbogan, both in Osun State. I came to Lagos around 1968 and that was where I finished my primary school. I attended Igbobi College from 1970 to 1975 and left Nigeria, soon after.

I am one of the few people that School Cert didn't have an impact on their career. I took the GCE before the School Cert and I did well and was offered admission to a US university. By the time the School Cert results were released, I was already in the US. Of course, I still had Grade 1 but it wasn't of any use by then.

Why did you decide to study in the US?

You know, as I said, I went to Igbobi College and most of us were very competitive. That's why a good number of my former classmates are doing very well now. For instance, those who studied Law, many of them are having the SAN title (Senior Advocate of Nigeria) now. So, we had a very high drive and it was certain that we were bound to go beyond School Cert.

Moreover, at that time, many of us were thinking of going overseas. So all we had to do was check for the schools we wanted. I was lucky enough to be linked to a school that not only accepted my qualifications but also offered me significant financial assistantship. Without the assistantship, I would not have been able to pursue the offer.

You studied Chemistry as an undergraduate. At what point did you veer into Pharmacy?

While growing up, I knew I wanted to do something that had to do with chemicals, but I wasn't sure of the course to study. I wanted to do Chemical Engineering. I also thought of Medicine and Pharmacy. These

three have a major thing in common – Chemistry.

I thought of it that if I wanted to be a chemical engineer, I needed to go to a factory where chemical engineers worked. So, I went to a Procter and Gamble factory in Iowa City, Iowa, around 1977. There, I saw the moving parts and heard all the noise, and I said, no, this is not for me. So, that was the end of that.

I got admission into a pharmacy school but did not pursue it. I also got admission to a medical school but declined the offer. Why so? I considered that, to be a physician or pharmacist was great but I have never been interested in treating one patient at a time. What brings me joy is to be able to lead efforts that can result in drugs that thousands of people can benefit from. And a major way to do that is through Chemistry, especially Organic Chemistry and drug discovery. Simply put, I was interested in understanding molecules and how to modify them for the good of humanity.

I got my bachelor's degree in Chemistry at the University of Iowa. Thereafter, I was offered admission to do a master's degree in Organic Chemistry in the school. All of a sudden, I was on full assistantship – meaning that I no longer paid tuition; instead, I was being paid.

My master's thesis was on isolation of desired compounds. It happened that a botanist had done a study on some ants that attacked certain trees, destroying their leaves in the process; but they avoided some other trees that were close to the ones being attacked. From this, we created a hypothesis that there must be something – perhaps a certain compound (or compounds) – that the ants had learnt to avoid in the untouched trees, either because it was toxic to them or to their colonies. So, the goal was to try to identify such chemical compound(s). And through fractionation, we were able to identify

two compounds: caryophyllene and caryophyllene epoxide.

When I was almost done with my master's thesis, I decided that I was going to do a PhD at one of the ten best institutions in the United States. So, I applied to The Ohio State University (OSU) to study Medicinal Chemistry and was admitted. That was my reason for studying Chemistry in the first place. As it turned out, Medicinal Chemistry was being offered in the College of Pharmacy. That was my "leap" into pharmacy school.

After my PhD, my advisor asked me what I wanted to do next and I said I wanted to go to the National Institute of Health (NIH) and be there as a Fellow. He agreed to this, and I eventually got an offer in 1985. However being a government institution, hiring was meant to commence in October and we were still in March. So, between March and October, my advisor retained me at OSU as a postdoc (postdoctoral researcher).

I resumed at NIH in Washington DC, in October, and stayed there for three years. Thereafter, I started my academic career, beginning as assistant professor and moving up to associate professor and eventually a full professor.

What are your present research engagements?

After leaving NIH in 1989, I began my own independent research. By then, I was beginning to think about the diseases of the future. I had observed then that mankind was starting to live longer – which was good; but the not-so-good news was that the diseases associated with ageing were increasing. That was what got me into research on Alzheimer's disease.

There is a set of receptors called NMDA (N-methyl D-aspartate) receptors. I decided to study these receptors – contrary to the direction of most other researchers at that time – and I hypothesised that it would be a way to develop drugs to treat Alzheimer's disease. Fast-forward to 30 years later, Namenda (memantine), an NMDA antagonist, became FDA-approved for the treatment of the disease. That product was based on the outcome of the earlier hypothesis on NMDA.

I am still working on NMDA receptors, as they have been established to play key roles in neurodegeneration and even in neuropathic pain. I believe that there are ways to modify the molecules so that they can reach the receptors that are involved in pain.

Right now, in the US, one of the biggest epidemics is the opioid overdose crisis, leading to massive fatalities. I am looking at development of drugs for pain that are non-narcotic. We believe that NMDA receptors can also help with this, and we are actively working in that area.

Also, soon after I obtained my PhD, I resolved that I wouldn't delve into cancer research. However, around 2005, some clinicians from the University of Pennsylvania came to me. They explained that they had a molecule, which they did not know how to modify. They are great clinicians, but aren't chemists. So, we collaborated and ended up creating new compounds which are patentable,

and which we actually patented. Interestingly, the new compounds proved to be even more effective than the original compound. So, that brought me into the anti-cancer world.

I remember also that I used to avoid going into the field of natural products or plant medicine. However, five years ago, I began to collaborate with scientists in Nigeria and many of the research efforts in Nigeria are based on natural products. So, my research efforts are increasingly tilting in that direction – especially as they can serve as drug leads, which can be eventually modified to obtain drugs.

Speaking of Nigerian researchers, let me quickly add here that I am glad that I have been able to assist and work with as many of them as I can. I have had many lecturers come to my lab from Nigeria and they spend a year or two before returning to Nigeria.

On that note, I am particularly excited that, currently, there is a Fulani lady from the University of Ibadan doing research in my lab. That gives me great joy because it is usually believed that southerners dominate such endeavours. But we're increasingly having northerners who are changing the narrative.

What would you describe as the most significant highlight of your career so far?

The greatest highlight of my career so far is being editor-in-chief of Remington (23rd edition), which was published in November 2020. This is a publication that is over 100 years old, and there is an editor for each volume. I am the first non-white to occupy the position. The reason that is significant is because it is a global publication. So, I was able to compile something that could be read across the world.

What do you think led to this historic appointment?

In the US, there are indexes that everyone keeps track of. They look at your publication record. I have over 50 publications – on primary findings, and not just reviews. I had also edited a major pharmaceutical publication before then. Moreover, I had been an editor in the previous edition of Remington, where I edited a section. All these considerations made me uniquely qualified for the appointment.

Who appoints the editor-in-chief for each edition?

The Philadelphia College of Pharmacy, which is the oldest faculty of pharmacy in North America, does it. The publication actually originated from there, and the dean of the faculty decides the most qualified person for the position.

What did your work entail while holding the position?

First, I still hold the position. I was author of three chapters for the edition. I was also the editor for the Pharmaceutical Chemistry section. As such, I made sure that all latest concepts in pharmaceutical chemistry were covered. Now, as the overall editor or editor-in-chief of the edition, I made sure that all the appropriate topics were covered to an acceptable depth.

Actually, there were up to eight or nine editors, from Asia, Europe and North America, handling the various sections of the book. And coordinating all that work was my job. Essentially, I was responsible for everything that went into the publication. This meant that I had to read and approve every chapter before it could become a part of the edition. I am still in charge of the brand until the next edition which may be in a couple of years.

continued on page 42

WHEN MALARIA STRIKES REMEMBER THE NAME

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My mum would have survived cancer but for late diagnosis - Daughter of deceased patient

By Temitope Obayendo

It all began with periodic blood transfusion - at least, four pints of blood each time doctors discovered my late mum was anaemic", Oghenekaro, a 28-year-old lady, who lost her mother to the cold hands of death a year ago, narrated her late mum's ordeal with cervical cancer.

"Being an asthmatic, who had suffered some chronic health challenges earlier in life, whenever she was not feeling too well, my dad never hesitated in taking her to the clinic for examination and treatment.

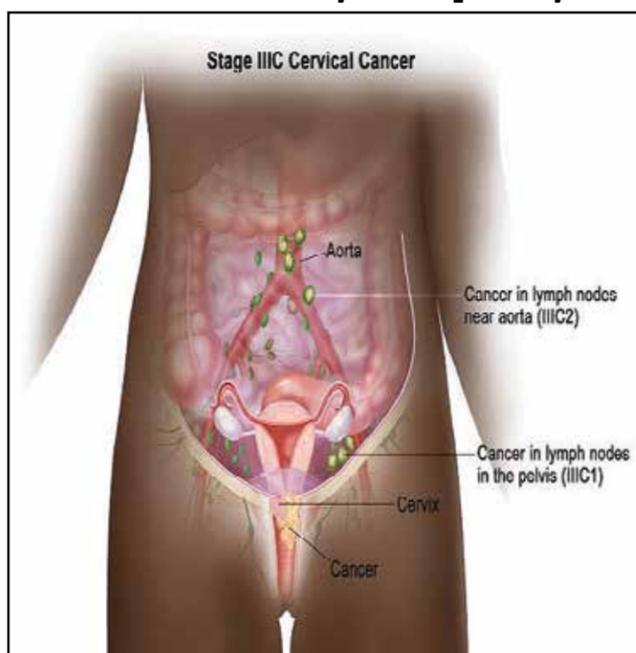
"For one-year-and-a-half, before the condition was diagnosed, she was always given blood whenever she was sick.

"Whereas, one question that kept ringing in our mind throughout this period was, what was the cause of this blood shortage in her system, usually within the space of four to five months?

"Unfortunately, no one could unravel the mystery, as doctors merely observed that she was emaciating and growing pale; yet all they could do was just to replace the lost blood. Perhaps the cause of the drainage wasn't interesting to them.

"The first transfusion happened at a private hospital in the Ikorodu area of Lagos State. The second time, we took her to another private hospital, thinking that was bigger, better and more equipped than the former, but it ended same way, as the doctors couldn't detect the cause of her blood drainage.

"At another time, we were



directed to a popular private hospital in Gbagada, where another round of transfusion was done. When asked the cause of the shortage of blood, they told us her bone marrows weren't producing enough blood.

"Having acknowledged their incapacitation in handling the condition, they referred us to the Lagos State University Teaching Hospital (LASUTH), where she was given a three-month appointment date to come for consultation, as the consultant list was already filled with patients.

volunteered to be responsible for the bills.

"Although it was a total departure from other facilities we had visited - the serene environment and passionate care from the health professionals were enough to bring the needed healing - it also took them a while before they could detect that it was cervical cancer.

"Simply put, it was exactly a year-and-a-half after the battle began that Nigerian doctors were able to diagnose my mum of cervical cancer. Sadly, by then, they discovered that it had progressed to stage four.

"She was always complaining of upset stomach, which had been causing her to stool blood without her knowledge, until she looked into the toilet after defecating one day and saw blood.

"Surgery was recommended and conducted, followed by chemotherapy millions of naira spent, but all to no avail as my mum eventually breathed her last on 22 August, 2020, at age 63, an unforgettable day in my life."

Rampant scourge

As painful and pathetic as it is, the case of Oghenekaro's mother is just one out of the several cases of Nigerian women who die of different types of cancer yearly.

The World Health Organisation (WHO) 2019 Cancer Report showed that cancer was the first or second leading cause of death before the age of 70 years in 112 of 183 countries and ranked third or fourth in a further 23 countries.

Analysing the top 10 leading cancers in the world, the Globocan 2020 Report identified prostate cancer in men in 112 countries, followed by lung cancer in 36 countries, and colorectal cancer and liver cancer each in 11 countries, among others.

In contrast to men, the most commonly diagnosed cancers in women were breast cancer (159 countries) and cervical cancer (23 of 26 remaining countries).

Narrowing it down to Africa, where over one million new cancer cases in 2020 were estimated, the 2021 Globocan Report estimated that by 2030, there would be a 70 per cent increase in new cancer cases due to population growth and ageing.

In Nigeria, an estimated 79,000 cancer deaths occur annually, and 125,000 new cases are diagnosed

from the population of over 200 million people.

Avoidable deaths

Expatriating on the burden of cervical cancer in Nigeria, Managing Director/CEO, JNC International Ltd, Clare Omatseye, recently decried the avoidable deaths of women from cervical cancer in Africa and Nigeria in particular. She said the ugly trend is due to lack of awareness, limited screening centres and the financial burden which many families cannot shoulder.

Bemoaning the situation further, she said: "Cervical Cancer is fundamentally 100 per cent preventable, yet, at least one Nigerian woman dies every hour.

"Since statistics have shown that more than 20 per cent of cervical cancer cases are found in women over 65, and as cancers rarely occur in women who have been getting regular tests to screen for cervical cancer before they were 65, our women must cultivate the culture of going for regular screening."

Like Oghenekaro's mother, who presented at a late stage, Omatseye averred that majority of the cases in Nigeria present at stages 3 and 4, when the disease is only amenable to radiotherapy.

She also observed that lack of adequate radiotherapy facilities (especially brachytherapy) in the country has compounded the late presentation, giving the women almost no chance at survival.

In agreement with Omatseye, Dr Matilda Kerry, a public health physician and cervical cancer advocate in a chat with *Pharmanewsonline* expressed displeasure with the rate at which women are coming down with the preventable condition.

"It's unacceptable that Nigerian mothers, wives, girls are dying of cervical cancer, because eliminating of cervical cancer is real", she remarked.

Kerry, who founded the George Kerry Life Foundation in 2007, along with a community-based cervical and breast cancer awareness and screening programme, noted that eradication of the disease requires a multi-sectoral approach, as individuals, organisations and the government have major roles to play in ending the daily tragic stories.

According to her, "No single organisation has all it takes to fight cervical cancer. It takes a multi-sectoral approach to eliminate it."

She urged other well-meaning Nigerians and corporate bodies to emulate the example of her foundation which sponsored the screening of 1000 women during the last Cervical Cancer Awareness Month in January.

Omatseye, in addition, urged government to intensify awareness-creation activities on HPV vaccination, which is already included in the national routine vaccination, as primary prevention method.

For secondary prevention, she recommended the following: screening for ladies from the age of 25; a five-year screening interval after a negative HPV test; women treated because of positive result and tested negative during follow up should revert to the initial five-year HPV testing interval; while the finding of HPV 16 and 18 in HPV testing should prompt immediate colposcopy.

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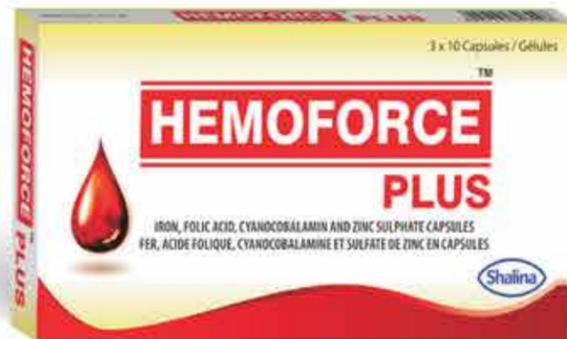
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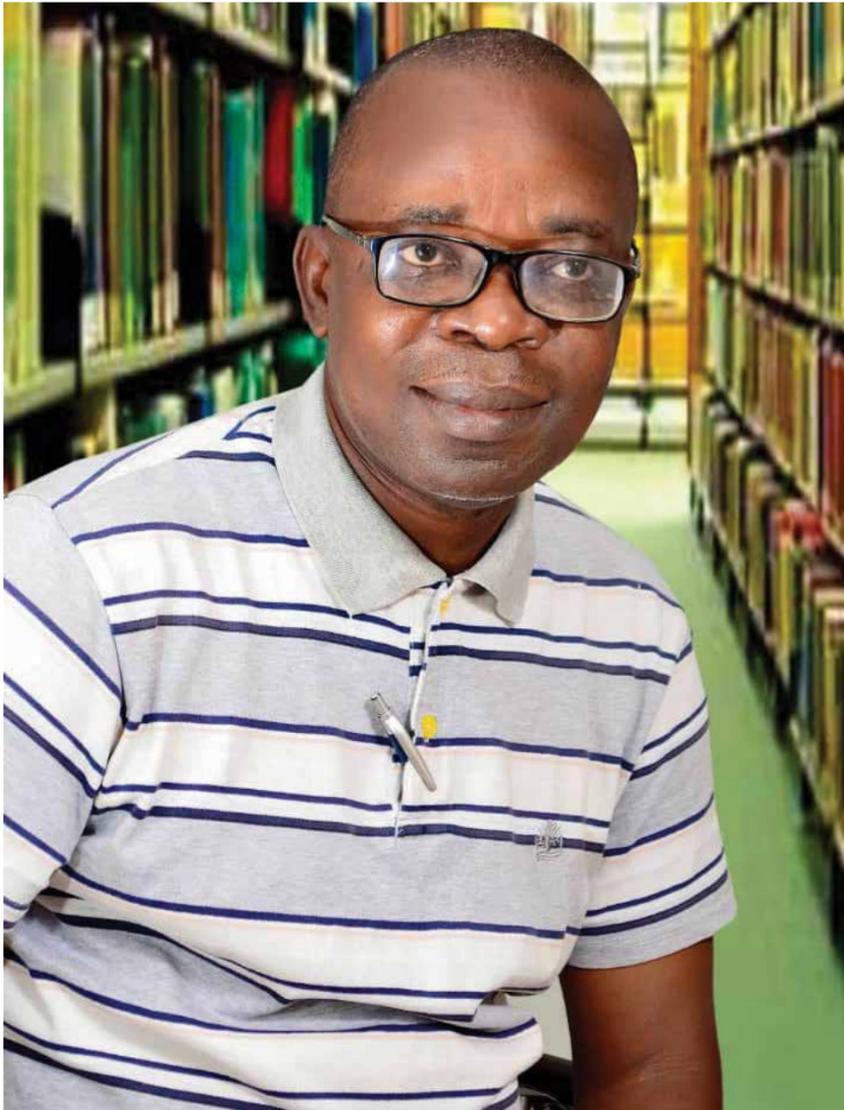


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We have helped many pharma faculties with books – MD, Alrange Books

By Patrick Iwelunmor

Mr Henry Ekom, managing director of Alrange Books, is very passionate about knowledge management. A graduate of English and Literary Studies from the University of Calabar, he believes that books are connected to the development of great nations. In this exclusive interview with *Pharmanews*, in commemoration of his company's 25th anniversary, he shares the story of his foray into bookselling and how he has helped to shape the acquisition of knowledge in many Nigerian universities, especially in the faculties of pharmacy. Excerpts:



Mr Henry Ekom
MD of Alrange Books

Kindly tell us about Alrange and what you stand for in the book marketing industry.

Alrange Limited is a professional book company. We deal on academic books for research, training and capacity development. We operate at the tertiary level, where we assist tertiary institutions, like universities, polytechnics, colleges of education and research centres. We assist them to source for quality books for their research and training.

We started as medical book consultants. We were bringing in medical books from all fields of like paediatrics, gynaecology, ENT, dentistry, pharmacy, pharmacology. We brought in those books and we helped in building teaching hospitals, colleges of medicine all over the country and beyond. We were fundamentally medical books consultants. We worked with different medical establishments, including private doctors whom we assisted with quality books for continuing education and training.

When we started, there was no HIV; but when HIV came, we had to bring in books in that area. As we went along, we had to also bring in books on virology, which helped in the handling of the Ebola virus. When COVID came in, we had to also bring in books in that area. We were in the medical books segment for

eleven years before we moved fully into academic books marketing – all ranges of academic books. It is from here that we derived our name.

We provide books for civil engineers, petroleum engineers, mechanical engineers, marine engineers, food scientists, food technologists, nutritionists, sociologists, anthropologists, counsellors, educational managers, curriculum review experts, architects, lawyers, etc. We attend annual conferences of some professional bodies like the Nigerian Bar Association, the PSN and others, where we interface with lecturers and key people in these industries. We are able to know new trends in the teaching, training and research in these fields and that helps us to know the type of books to bring in to help both students and lecturers.

How involved have you been with the PSN?

The PSN has been very useful since we started this journey. I got involved with the PSN many years ago. I have also been involved with the Lagos State chapter of the body. I was always at their monthly meetings to exhibit my books. I have also partnered with the West African Postgraduate College of Pharmacists. We also attend their conferences and receive some of their members from other West African countries when they come in. We have provided them books on Clinical Pharmacy, Pharmaceutical

Chemistry, Pharmaceutics and so on.

We have been able to attend so many PSN conferences across the country. We have been to Kano, Owerri, Abuja and have used that platform to expand our reach and we have also interfaced with many deans of the faculties of pharmacy. We have succeeded in working with many of them in equipping and upgrading their libraries. Through this same platform, we have made contact with pharmaceutical companies that need books on areas like quality control and quality assurance and we have been supplying them.

As you celebrate your 25th anniversary, what do you consider the most significant highpoint of this journey?

The highpoint of this journey has been our ability to package quality educational services to impact our educational institutions. I have also been able to develop myself to the extent that I am now able to advise institutions and libraries. Librarians now come to us because of our high level of trust in terms of capacity and service delivery. We have received a lot of acknowledgement from all over the place for what we have been doing these 25 years

Can you describe your operational presence in Nigeria?

Our presence in Nigeria is wide and varied. It was initially a bit limited but with our online platforms now, we have been able to break through all the states where serious academic work is going on. We have agents all over the country. When you have quality products like books and knowledge, you will have no hiding place.

Even people in government patronise us. They have seen our capacity and they trust us. Private universities, including the new ones springing up, the NUC and TETFUND, some of them send their agents to come and source books from us.

During the last administration, the finance minister came to us to buy books on International Economics. We were quite impressed that a woman of that calibre was still reading.

I am particularly impressed with my association with *Pharmanews*. I used to be a columnist on health and environmental issues. *Pharmanews*, as a leading health magazine, helped to expose me to the health industry.

How would you describe the response of pharmacy faculties to your services?

I have been fortunate to be one of the frontline marketers of pharmacy books to faculties of pharmacy in Nigeria. I have worked with the University of Jos, University of Nigeria, Nsukka, University of Port Harcourt, University of Uyo, the pharmaceutical research institute in Abuja and the University of Lagos.

I have engaged over 15 professors of pharmacy. Some are

still alive while some have passed on. People like Professor Coker and Professor Ifudu. Some of them have written books that I am also marketing.

We have done so much for pharmacy faculties. For instance, I am the book consultant to Madonna University. We are now penetrating the private universities and we are doing very well.

Knowing that the reading culture in Nigeria is abysmally poor, coupled with the threat which the Internet poses, don't you think your business can be affected?

Books are so important that they cannot be replaced by anything else. Even the Bible instructs us to study to show ourselves approved.

When you really want to study, you have to reach out for your books. The Internet can help with additional sources of information. And not all information that you see on the Internet is reliable.

The reading culture is bad because the young ones feel that education is no longer lucrative as a result of the "fast food" mentality. We try to puncture this argument by beginning to train the young ones through our NGO – the All Range Reading Academy. We have the Young Readers' Academy where we go to schools, both private and public, to donate books to them and organise reading sessions for them. We also encourage them to write simple poems and short stories. This is a way to encourage reading culture so that when they grow up, books cannot be replaced in their minds. I always tell young people to leave Facebook and face their book.

How have you been surviving with the problem of piracy?

Piracy is an obvious threat, not only in Nigeria. It is a function of the poverty and hunger in the land. We are also working as a company and luckily for me, I am a member of the Booksellers Association of Nigeria. In fact, I am the current General Secretary of the association. We have our conference once in a year where we bring in all booksellers from across the world to showcase their products. We also bring in publishers and we are partnering with the Nigerian Copyright Commission to track down some of these violators of intellectual property rights. It is just like the war against counterfeit drugs. We are working very hard.

Piracy is unacceptable in our midst. We try as much as possible to encourage schools to partner with genuine booksellers. Our association has a list of all authentic booksellers in Nigeria. We are also working with the publishers' association. We also work with the printers' association. We go round to make sure that schools buy books only from genuine booksellers. We now have a platform where we exchange information in a bid to curb the excesses of pirates.

What is your motivation venturing into an area that is seen as not lucrative?

As a student of Literature, my passion for books remains indomitable. We read a lot of books while growing up, especially the popular African Writers' Series and that inspired my decision to study Literature at the University of Calabar. It was fun reading. Our level of interaction helped us to expand the frontiers of knowledge.

Knowledge is essential for economic development and those of us who ventured into the book industry did not do so because of money.

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13 highly effective habits to manage diabetes

Towards the end of 2021, I read a book, Atomic Habits by James Clear. Unlike the average motivational or inspirational book that mostly tells, this was a tell-and-show book. It showed practical ways to achieve set goals by simply changing your habits. The patterns in the book can also be adapted to achieve healthier living. So, this article will not only give you tips but also show you healthy habits that you can master to achieve success in diabetes management.

Below are tips and habits for successful diabetes management:

Monitor glucose and BP levels

Check your blood/urine glucose levels routinely. It may become necessary to get yourself a home testing kit; this will help you self-test at your convenience. It is advisable to monitor not just glucose but also blood pressure levels. If your blood pressure gets too high, it could cause a heart attack or stroke and could damage other organs. Even worse is that it could further complicate already existing diabetes. It is, therefore, necessary to monitor your blood pressure levels.

Develop a routine for checking blood/urine and blood pressure glucose levels

How frequently should you check your blood sugar and blood pressure levels? You should decide this with your physician and stick to your

By Pharm. (Dr) Onyinye Chiekwe



schedule, making it a routine. In addition, occasionally, check your blood sugar levels before, during and after exercises. This will help you observe how you metabolize glucose during exercises and guide you in creating an exercise plan that works for you.

Write down your values

It is a great idea to keep a record of your values after you carry out blood sugar/glucose tests, so that you can detect a pattern (if any) and trace the reason for such. It is also important to monitor your progress level.

Control your diet

First, schedule an appointment with your dietician and develop a meal plan that you can conveniently work with. You can always revisit your meal plan and either delete or include a particular meal. It is good to learn about carbohydrate portions and know the amount of carbohydrates in each meal so that you can keep track of it. This

is important because carbohydrates usually have the highest impact on your sugar levels.

Always separate your plate into three zones

Ensure that all your meals are well balanced. A common way to ensure this is by separating your

plate into three zones. First, divide your plate in half and fill one side with vegetables. Next, further split the other half into two halves. Fill one half with starchy food like potatoes, rice, etc., and fill the other half with proteins. Vegetables have very little effect on blood sugar, while proteins only slightly raise blood sugar. On the other hand, starchy food raises blood sugar. With this method, besides consuming a balanced diet, you also balance your meals by consuming both glucose-elevating and non-glucose-elevating foods.

Note snacks that are right for you

You are allowed to snack up, even if you have diabetes. However, discuss with your dietician on which snacks to avoid and which to stick to. In addition, regularly update your list so that you have a wider range of foods to snack on.

Maintain proper foot hygiene

It is important that you make



care for your feet a daily habit. Keep your toenails trimmed. Wash and moisturise your feet; and take proper care of wounds and injuries.

Wear comfortable shoes only

Buy only comfortable shoes that will not cause your feet to be sore or put unnecessary stress on your feet. Avoid too high or uncomfortable heels which could cause pressure, or footwear that could cause blisters

Check your feet every night

Always check for changes in the appearance of your feet. With the aid of a hand mirror, regularly check for swellings, cuts, discolourations, etc., on your feet; or ask someone to help you check. Develop a schedule for checking your feet - preferably every night before you go to bed. (Continues next edition)

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Moving up to extraordinary leadership

Why intellectuals need to lead professionally

By Prof. 'Lere Baale

The election of Professor Charles Soludo as executive governor of Anambra State is one of the best things that have happened to Nigerian intellectuals in recent years. His pronouncements so far suggest a radical departure from the old system of extravagant ceremonies, as well as failure to patronise made-in-Nigeria products.

The inspiring profiles of the people he has assembled into the Transition Committee speaks volumes of his true desire to make a difference in leadership. Hopefully, Prof. Charles Soludo will be joining Prof. Babagana Umara Zulum, the governor of Borno State in leading radical transformations of their states. They will hopefully create shining examples of how to truly transform their states through impactful leadership.

While some of the highly respected intellectuals had failed to perform well in their leadership roles in the past, it is hoped that these new highly educated leaders will have the opportunity to change the narrative. This is a call to intellectuals and professionals in the healthcare sector to show greater level of participation in governance.

In 2019, I was privileged to address the Association of Professional Bodies of Nigeria (APBN). There, I encouraged the intellectuals to take active interest in professional leadership of our nation from strategy development level to strategy execution. Let me restate this in a slightly different way. Intellectual professionals, in the best interest of the general public, can help government develop and implement the right strategy for accelerated national development.

Definitions

Some definitions of "intellectual", according to the dictionary, include:

(Noun)

A person of superior intellect.

A person who places a high value on or pursues things of interest to the intellect or the more complex forms and fields of knowledge, as aesthetic or philosophical matters, especially on an abstract and general level.

An extremely rational person; a person who relies on intellect rather than on emotions or feelings.

A person professionally engaged in mental labor, as a writer or teacher.

(Adjective)

Appealing to or engaging the intellect – e.g. *intellectual pursuits*.

Of or relating to the intellect or its use – e.g. *intellectual powers*.

Possessing or showing intellect or mental capacity, especially to a high degree –

e.g. *an intellectual person*.

Guided or developed by or relying on the intellect rather than upon emotions or feelings; rational.

Characterised by or suggesting a predominance of intellect – e.g. *an intellectual way of speaking*.

On the other hand, **professionalism** is defined as:

(Noun)

A person engaged or qualified in a profession.

"Professionals such as pharmacy, lawyers and surveyors"

A person engaged in a specified activity, especially a sport, as a main paid occupation rather than as a pastime.

A person competent or skilled in a particular activity.

"She was a real professional on stage"

A more in-depth investigation would reveal that professionalism is synonymous with the principle and culture of:

Inspiring transformative leadership at all levels to boost productivity

Seeking for best talents to support your dream

Hindsight, insight, oversight, foresight and farsight

Providing direction in the midst of disruption.

Vision in the midst of volatility

Deep understanding of issues and opportunities in the midst of uncertainties

Clarity in the midst of complexity and chaos

Agility in the face of ambiguity

Resilience in the face of persistent obstacles and high risks

Effective communication and conversation

Engagement of stakeholders

Effective listening

Accountability

Collaboration with other professionals for the bigger goals

Laying a good foundation for future through education, coaching, counselling, mentoring

Promoting meritocracy

Adopting of pragmatism culture

Flexibility and adaptability to engage change

Starting small from where we are and growing to a huge size

Promoting foreign direct investment

Running Inclusive policy on ethnic and religious groups

Thinking long term

While some of the highly respected intellectuals had failed to perform well in their leadership roles in the past, it is hoped that these new highly educated leaders will have the opportunity to change the narrative. This is a call to intellectuals and professionals in the healthcare sector to show greater level of participation in governance.

Avoiding unnecessary populism

Honesty, ethics and discouragement of corruption

Playing at the zenith of professional practice

Most importantly, however, intellectual Professionalism is not really a destination but a continuous life journey.

Galaxy of stars

I am proud to categorically state that Nigeria is incredibly blessed with highly talented intellectuals or professionals. We just sometimes erroneously think that the grass is greener at the other side. We celebrate others without learning to celebrate ourselves.

Globally recognised Nigerian intellectuals or professionals include many reading this article, as well as the likes of:

Ayodele Awojobi – Late Professor of Fluid Mechanics. After a period teaching at the University of Lagos, he returned to the Imperial College London for a research study in the field of Vibration, and was awarded the degree of Doctor of Science, DSc. He was the first African to be awarded the Doctor of Science degree in mechanical engineering, at the Imperial College London.

Dick Tiger, who won the World Middleweight title in 1962.

Chioma Ajunwa, who a gold medal winning in long jump at the Olympic Games held in Atlanta in 1996.

Olusoji Fasuba, who had a record-breaking run at the 100 meters of the Doha Grand Prix in 2006. His time of 9.85 seconds, which he achieved while finishing second to the American Justin Gatlin, erased the previous African record set by the great Frankie Fredericks of Namibia.

Mary Onyali, who won gold in the 100 meters of the 1994 Commonwealth Games.

Philip Emeagwali, who set the pace in supercomputing.

Kunle Olutokun, whose leadership role in Stanford University's Hydra Research project yielded the microprocessing chip.

Jelani Aliyu, who designed the Chevrolet Volt, an electric car manufactured by General



Motors.

Gabriel Osuide, who, together with his team in ABUZ developed ENPA & ENSA, as breakthrough New Chemical Entities for the treatment of convulsion.

Abayomi Sofowora and the OAU Iife team, who identified the usefulness of *orin ata* for sickle cell disease

Col. Oviemo Ovadje, whose Emergency Auto-Transfusion System (which affords safe and affordable blood transfusions) has been recognised as a life-saving gift to healthcare in the developing world.

Dr Achilefu, who designed cancer-seeing glasses.

Bennet Omalu, who discovered the brain disease, Chronic Traumatic Encephalopathy (CTE).

Mohammed Bah Abbah, a teacher, who invented the pot-in-pot cooling system which serves as a simple refrigerator - a creation forced by the sometimes desperately hot weather in the northern part of the country. That home-made solution to the local but widespread problem of food spoilage due to harsh weather conditions led to his being awarded the Rolex Prize in 2001 and a mention as one of the great inventors of that year in *Time* magazine.

Ayodele Samuel Dada, who graduated from the Department of Psychology at the University of Lagos with a perfect CGPA of 5.0. It was the first time such a feat had been accomplished by anyone within Nigeria.

Victor Olalusi, who had straight As all through his seven years at the Russian National Medical Research University (H graduated in 2013).

Emmanuel Ohuabunwa, who at age 22 in 2012, became the first black person to graduate top of his class at John Hopkins University. In fact, his CGPA of 3.98 out of a possible 4.0 made him the best graduating student from the world acclaimed ivory tower for that year.

Omonefe Omofuma, a pharmacist, who received multiple awards for her contributions to improve chronic disease outcomes.

(Continues next edition)

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Sales management effectiveness

Sales and marketing are responsible for keeping a firm alive. Of these, sales usually constitute the larger part, though not necessarily the more crucial. This is because it is the only management function that is 100 per cent responsible for generating income for the company. A business's failure often comes from inability to generate income for its day-to-day operations, in the short- and medium run, and completed when it becomes certain to be unable to generate profit.

The sales function is where rubber meets the road. It is obvious that poor sales management effectiveness will lead, inexorably, to failure of the sales function and ultimately to the death of the firm. The foregoing underlines the importance of sales to the company. Thus you can never focus "too much" on sales management and sales effectiveness.

Right understanding

Let's start by asking, "What is sales management?" The word sales management is a combination of two words – sales (selling) and management. Sales deal with the art and science of influencing the mind of another; a motive which will induce favourable action of purchase. The American Marketing Association (AMA) says, "Selling is the personal or impersonal process of assisting and or persuading a prospective customer to buy a commodity or a service or to act favourably upon an idea that has commercial significance to the seller."

We can then agree that "sales management (or sales force administration) is the planning, direction, and control of the personal selling activities of a business unit, including recruiting, selecting, training, equipping, assigning, routing, supervising, paying and motivating as these tasks apply to the sales force."

Sales management originally referred exclusively to the direction of the sales force. Later, the term took on broader significance in addition to the management of personal selling. Sales management means all marketing activities, including advertising, sales promotion, marketing research, physical distribution, pricing and product merchandising.

According to the AMA, sales management means "The planning, direction, and control of personal selling including recruiting, selecting equipping, assigning, routing, supervising, paying, and motivating as these tasks apply to the personal sales force".

Sales management, according to the above definition, is the management of the salesforce. This is a personnel-type function. But sales management also

Organises the selling effort by creating a suitable

organisational structure, with appropriate communication system.

Interfaces with the distribution channels, and external publics.

Provides critical inputs for key marketing decisions like budgeting, quotas and territory management.

Interfaces with other marketing functions, while the policies of these functions are being formulated.

Roles of sales management

It is therefore extremely important for organisations to develop and maintain an effective sales force, which is the role for sales managers at all levels. The sales manager is not only entrusted with managing the sales force to derive target-based sales outcomes but also performing managerial functions, comprising planning the sales efforts and organising, directing, motivating, coordinating, and controlling the sales force to achieve sales goals.

Sales management specifically contributes to achieving the marketing objectives of a firm. In fact, sales managers set their personal selling objectives and formulate the personal selling policies and strategies. They prepare the sales budget as components of marketing plans, taking in confidence the broad objectives of the marketing department.

Sales management covers planning and organising personal selling activities. It further performs sales force recruiting, selecting, training, assigning, routing, directing, motivating, remunerating, evaluating, and controlling functions of personal selling. Sales management implements the marketing plan to generate sales performance.

It is noteworthy that sales managers are involved in both the strategy (planning) and people (implementation) aspects of personal selling, as well as evaluating and controlling personal selling activities.

Sales Management is the planning of a company's sales strategies and the hiring, training, supervision, and motivation of salesmen to carry out those strategies. As such, it is the key function of the marketing process. Without it, most companies would revert to the simplicities of a hundred years ago, when the emphasis was on manufacturing, and it was considered somewhat immoral for people to buy more than necessary to meet their daily needs.

Process of successful sales management

There are four major interrelated functional roles for successful sales management:

(1) Top level policy planning, which establishes a framework of policy within which the sales objectives of a company

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(2) Line and staff operational planning, through which procedures are established in advance, to serve as a control for performance

(3) Organisation, the setting up of a structure of responsibilities and normal interrelations

(4) Administration, by which management meets planned objectives through guidance and evaluation of activity, including Sales Training, Motivation, Coordination, and Execution.

Sales management methods are conditioned by the nature of individual products or product lines, and by the channel through which selling moves. Quite dissimilar problems develop in the sale of pharmaceutical and consumer goods, for instance, and within each field there are many variations, depending upon whether sales are made to consumers or middlemen.

There is also a wide variety in personal preference among sales managers with regard to methods and techniques of organisation, motivation and planning. Thus the way in which the sales management function is organised differs from industry

to industry, and even among firms selling the same type of product. Organisation becomes more and more complex as the company's size and diversity increase. Many firms have hundreds of salesmen, and a few have thousands.

Some firms (such as those selling technical products) have sophisticated sales personnel requiring less supervision than do less sophisticated representatives (such as route salesmen).

The relative emphasis placed on order-getting versus order-taking varies among different selling jobs.

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

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Foster collaboration among PSN interest groups, Atueyi urges Usifoh

- As Pharmanews hosts PSN leadership

By Ranmilowo Ojalumo

The Managing Director, Pharmanews Limited, Pharm. (Sir) Ifeanyi Atueyi, has charged President of the Pharmaceutical Society of Nigeria (PSN), Professor Cyril Usifoh, to run an inclusive administration that considers and involves every stakeholder in the pharmaceutical sector.

Atueyi equally urged the PSN president to ensure that all sections and interest groups of the PSN collaborate as one indivisible body to achieve desired results, stressing that this would only be possible if the new leader makes himself president of all pharmacists without any favourites.

The *Pharmanews* publisher made the call during the recent courtesy visit of the PSN leadership to Pharmanews office in Lagos.

While expressing appreciation to Usifoh for the visit, Atueyi reiterated the commitment of Pharmanews to the PSN, as well as the company's unalloyed support to the new leadership.

Atueyi said to Usifoh: "It is on record that you are the third PSN president to visit us. Presidents Mohammed Budah and Ahmed Yakasai visited us during their tenures. It is also on record that you are the first active university professor to serve as PSN president. (Prof. Ogunlana served as a retired professor). You have also placed the University of Benin on record as the first university to produce a PSN president. The university must be proud of you.

"For the next three years, you will be saddled with the onerous task of leading the 94-year old PSN. I pray that God will grant you His wisdom and strength to tackle the leadership challenges. I know that you have set up some committees and surrounded yourself with advisers. But all their counsels should be presented to our omniscient God who has the final say on all issues."

Atueyi further urged Usifoh to ensure that the PSN, under his leadership, must continue to revisit its vision and mission in order to satisfy the changing needs of the consumers of pharmaceutical services, stressing that it is the value the society places on pharmaceutical services that makes the profession relevant and respected.

The octogenarian publisher stated: "You must ensure that the sections and interest groups of the PSN collaborate as one indivisible



Lady Joan Atueyi, presenting an award plaque to PSN President, Prof. Cyril Usifoh, while Managing Director, Pharmanews Limited, Pharm (Sir) Ifeanyi Atueyi (left) and PSN National Secretary, Pharm. Gbenga Falabi, look in admiration.

body to achieve the desired results of the Society. In this respect, you must be the president of all without any favourites. The Bible says that the end of a thing is more important than its beginning. I pray that God will help you to run a successful tenure so that you will leave behind a more prosperous PSN.

"To ensure a successful tenure, you need the counsels and experiences of others but what you need most is the voice of God who alone knows the right direction you should go at any time. When your plans and programmes are in alignment with God's plans, that is true success. As a believer, God has promised you that He will instruct you and teach you in the way you should go; He will guide you with His eyes."

Continuing, Atueyi said: "On our part, we assure you of our commitment to the PSN. I personally have been an active member, serving in Lagos State from 1972, then the sections and the national body. Today, I am still serving as the first vice president of the Nigeria Academy of Pharmacy.

"From its inception in 1979, Pharmanews has worked as partners to the PSN. Our relationships with the past presidents had been cordial and we assure you of our

continued support during your tenure."

In his remarks, the PSN president appreciated Atueyi's advice, saying one of the things that are dear to his heart is reconciliation among all stakeholders in the pharma sector.

Promising to carry everybody along during his tenure as president of the Society, Usifoh said: "I believe God has led you to tell me some important things. We must subject whatever we are doing before God and when God leads, we must definitely leave a good legacy behind. One thing I believe the Holy Spirit has told me is that somebody who didn't even vote for me may be the one to help me to fight for the industry or lead the crusade. Some of the committees have been formed. We are all in the same party now we must work together.

"I cherish all you have said and I thank you for documenting it because it will give me the opportunity to look at it and pray over it again at night. I know when we have a good counsel from a statesman or someone who knows God, it is always a word of wisdom that will guide us. I hope you will not complain that we disturb you too much when we call on you some other time or when we call you to

seek counsel on one thing or the other. I know you will be willing to assist and support us.

"We put your services on record and we will not forget to always rely on your wisdom to be able to move on. Keep on praying for us just like you have done and I believe, after three years, when another person comes, we will have a story to tell. Just like you said that when we are going to be inaugurated, we should be thinking of handing over, it is a vital advice because there is no second tenure; this means I have to begin to pray for who will come after me. This I will begin to do from now."

Also speaking during the visit, the PSN National Secretary, Pharm. Gbenga Falabi, expressed appreciation to Atueyi for his services to the pharma industry over the years.

Falabi noted that one of the subjects discussed during the PSN's executives retreat recently, which was also one of the executive committee's five-point agenda, is that pharmacists must be at the forefront.

Stressing that the required recognition must be accorded to pharmacists, Falabi revealed that, henceforth, the PSN will be doing more advocacy work and also working with all technical groups in the pharmaceutical sector.

In appreciation of the visit, Pharmanews presented an award plaque to the PSN president, who in turn presented a gift to Pharm. Sir and Lady Atueyi.

Nigerian pharma industry ripe for drug discovery, clinical trials – Adejare

continued from page 30

From your knowledge of the Nigerian pharmaceutical industry, how would you assess it?

I think the pharmaceutical industry has continued to grow over the years. At the beginning, it was just about importing all the drugs. Afterwards, it was mostly active pharmaceutical ingredients (APIs) and excipients that were imported and companies could make the drugs in the country. Right now, however, the industry is obviously undergoing a major transformation. There are several companies in operation, including those involved in or thinking about API manufacturing. Also, there are companies working on going into vaccine production. The implication of these efforts is that the pharmaceutical industry in Nigeria has very bright prospects.

However, one area that needs major attention is the fact that most of the drugs produced in the country are those already researched and

developed in other countries. The Nigeria pharmaceutical industry has to step up to drug discovery and development. This of course, will involve clinical trials, which Nigeria is very much ripe for. South Africa is presently taking the lead in clinical trials. Many companies that want to do clinical trials – for instance, in HIV – go to South Africa. Similarly, Nigeria is ripe for Phases 1, 2 and 3 clinical trials in various diseases, from infections to chronic disorders like diabetes. So, let's start doing something on that.

Another aspect requiring attention involves the frequent claims of finding cures to different diseases, including COVID-19, without putting such claims through scientific rigour. This needs to be improved upon.

I also keep asking myself – what stops us from discovering and developing drugs in Nigeria and selling in America? The challenge, sometimes, is that we are not making our efforts attractive enough to potential investors, especially foreign

sponsors. For instance, while it's necessary to manufacture drugs dealing with malaria or sickle cell, the fact remains that not many people outside of Nigeria or Africa are battling such conditions. But think of a condition like pain; it is a condition that is felt globally. Therefore, it is much easier for research efforts in this direction to attract external capital.

Even in the US, the drug discovery model has changed quite a lot. Many years ago, it was the big companies that discovered, developed and marketed drugs. These days, however, big companies are no longer interested in combining research and development. What they do is just the development, while they leave the smaller companies to do the discovery. This is cheaper for them, as they do not have to spend money on recruiting and maintaining several research personnel. They simply wait for the smaller companies to do the research and discovery, which they eventually buy at premium price.

Players in the Nigerian industry can learn from this and also do their

best to follow the guidelines that attract the big investors. First, drug discovery must undergo rigorous scientific procedures. Second, when the discovery is done, the next step is not to go to the media; it is to go get a patent. The minute you go to the media to announce it, you've lost your patent. After the patenting, the clinical trials can begin.

Again, this is where the issue of deciding area of drug discovery research and development plays an important role. For some products, the clinical trials take very long time to complete; but for others – those dealing with pain, for example – the time is short; you can actually know within a week whether or not the drug is working. Indeed, I believe there is nothing stopping the next biggest drug on pain from coming out of Nigeria.

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....Championing Healthy Living

Wellahealth revolutionising access to quality and affordable medicines – Dichaine

By Adebayo Oladejo

Shine Dichaine is the marketing and communication lead, Wellahealth Technologies Limited, a frontline healthcare tech startup in Nigeria. In this exclusive interview with Pharmanews, the versatile pharmacist and “techpreneur” highlights the transformational vision of Wellahealth for the Nigerian health sector. Excerpts:



Shine Dichaine

Tell us about Wellahealth. What have you set out to accomplish in the Nigerian health sector?

Wellahealth is a Nigerian health tech startup that was piloted in 2015. We started out providing tech engaged solutions to help pharmacies manage their patients and track inventory. There was a trend in drugs being dispensed by

our partners around Nigeria and we went on a deep dive to develop a product that would help reduce out-of-pocket expenses for individuals. Through our micro health plans, patients have access to quality healthcare service at the nearest community pharmacies, anywhere in Nigeria.

What products or solutions has Wellahealth launched to accomplish these goals?

We have a variety of products and some more that we plan on launching soon. We have the Wellahealth micro-insurance plans where users can get

coverage for common illnesses such as malaria, typhoid, and others, starting from N450 monthly.

Leveraging our network of pharmacies, we partner with HMOs in Nigeria to fulfil drugs for their enrollees at the nearest pharmacies anywhere they are in Nigeria. On top of these are our telemedicine services available to all Nigerians.

The micro-insurance

product, how does it work?

It's as low as N450 per month that covers basic healthcare service. Subscribers are directed to the nearest community pharmacy where they are treated without paying a dime. Our pharmacy partners benefit from traffic directed to their outlets without any cost to them.

What type of partnership does Wellahealth have with their partner pharmacies?

A mutually beneficial one. Our partner pharmacies get traffic directed to their outlets daily. We provide free patient management software. We provide low-interest rate loans, timely training on service delivery and we help automate their pharmaceutical service and connect them with opportunities in the healthcare space.

Since you do not store, handle, or prescribe drugs, what is your relationship with regulatory bodies in the health space?

We are not a pharmacy, either physical or online; our strong point is value-creation for community pharmacies across Nigeria. Technical bodies like the ACPN recognise the great value we bring to the sector and partner with us to extend these opportunities to their members across the board. We are

also working with other regulatory bodies to foster improvement in healthcare service delivery.

How do you keep the cost of drugs low and still make a profit?

Our goal is to give access to affordable healthcare services to all Nigerians and thanks to our partners who share in this belief and have helped in actualising the goal. Our tariffs are competitive with quality-assured drugs.

How has the pandemic affected your operations as a company?

The pandemic brought challenges and opportunities; so we focus on the opportunities. Due to the pandemic, people are conscious about their health and are looking at a safety net for health challenges; hence the importance of subscribing to our health plans.

There is also the Wellahealth Fulfillment Service that was piloted during the lockdown for enrollees of HMOs to access their drugs at the community pharmacies closest to them.

What advice do you have for the federal government on how to improve the provision and accessibility of healthcare in the country?

Health Insurance adoption is very low in Nigeria. The federal government should continuously educate the citizens on the importance of health insurance as well as engage companies like Wellahealth who are innovative in developing and redefining the alternative pathway for insurance adoption and claim services.

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Umenwa, Oyewole, others laud outgoing OAUTH pharmacy director

-As Geneith donates 18-seater bus to hospital

By Adebayo Oladejo

Chairman of Geneith Pharmaceutical Limited, Chief Emmanuel Umenwa; and former National Chairman, Association of Hospital and Administrative Pharmacists (AHAPN), Pharm. Martins Oyewole, have commended the dedication and selflessness of the immediate past Pharmacy Director, Obafemi Awolowo University Teaching Hospital (OAUTH), Pharm. Taiwo Olumuyiwa Ogundipe.

Describing Ogundipe as an epitome of humility and worthy leader, Umenwa said the rare qualities of the amiable pharmacist had endeared the Pharmacy Department of OAUTH to his company for support.

Making the remarks at the sendoff ceremony organised in honour of Ogundipe, who retired as director and head of the Department of Pharmacy, OAUTH, on 27 January, Umenwa, who was represented by Pharm. Emeka Nwachukwu, revealed how Geneith's relationship with the outgoing pharmacy director had yielded great results. This, he said, had propelled the company to support the pharmacy department of the teaching hospital with an 18-seater bus.

Umenwa said: "Aside from identifying with Pharm. Ogundipe, whom we have found to be a selfless and passionate leader, it is also part of our corporate social responsibility to the society and to the institution, in particular. We found a need in the department and we decided to meet that need. The hospital pharmacists are in the same sector where we do our business; so whatever we do for them in the name of CSR cannot be in vain."

The Geneith boss added that the donation was the company's way of meeting some of the challenges of the institution, as well as improving its service delivery, especially in terms of mobility and convenience, saying the era of waiting endlessly for approval from the institution's management to get a bus was over as the donated bus had come to fill that gap.

Speaking in the same vein, Pharm. Martins Oyewole, former national chairman, AHAPN, and current national internal auditor, PSN, described Ogundipe as an icon of OAUTH, saying his tenure as the head of the pharmacy department, was filled with landmark achievements and tremendous progress.

He described the bus donation by Geneith in Ogundipe's honour as a testament to his leadership acumen, saying he had always put the interest of the department above his.

"As he attains the age of 60 and proceeds on mandatory retirement, we wish him success in his future endeavours," Oyewole said.

Receiving the key to the new bus, Ogundipe who was full of smiles, thanked Geneith for the gesture while assuring that the vehicle would be used for the purpose for which it was donated. He also said OAUTH's relationship with Geneith would be sustained.

"Relationship is a continuum; so I am assuring you on behalf of my successor that the relationship will continue for a long time. And I also thank the management of Geneith, especially the chairman for believing in me by donating this precious gift in my honour to the pharmacy department and the Association of Hospital and Administrative Pharmacists (AHAPN), in particular," Ogundipe said.

Receiving the key from Ogundipe, the incoming director and head of the pharmacy department, Pharm. (Mrs) Abosede Esther Ibikunle; and the branch chairman, AHAPN, OAUTH, Pharm. Olusanya Aluko, reiterated the readiness of the institution to take the relationship with Geneith to a higher level.

While noting that the bus came at the right time, the duo described the donation as a laudable project, noting that even though the request had been officially made to the management of Geneith, they were surprised that it was approved at the right time and was delivered when they least expected it.

Ibikunle said, "As an institution, as well as an association, we attend conferences, seminars, meetings, both far and near, and we do have emergencies that require us to take a bus, which had been difficult in the past. Henceforth, it will be easier. We, therefore, call on other organizations in their class to emulate the good gesture."

The occasion was graced by some members of the management team of Geneith Pharmaceuticals, which included, Pharm. Emeka Nwachukwu, deputy general manager; Pharm. Simeon Okechukwu, assistant general manager; Pharm. (Mrs) Judith Udeh, product manager and Femi Oshati, business development consultant; as well as officials of OAUTH.



Pharm. Taiwo Olumuyiwa Ogundipe, retired director and head of the Department of Pharmacy, Obafemi Awolowo University Teaching Hospital (OAUTH), handing the key of the newly donated bus to the new HOD, Pharm. (Mrs) Abosede Esther Ibikunle, at the OAUTH Small Auditorium recently.

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Grapefruit: The wealth-creating citrus

By Pharm. Ngozika Okoye

B. Pharm., MSc (Clinical Pharmacy), MPH, FPCPharm
(Nigeria Natural Medicine Development Agency)



The grapefruit, *Citrus paradisi* (Fam: Rutaceae), is yellow-orange skinned and generally oblate spheroid in shape. The flesh is segmented, varying in colour, from white, pink, to red pulps of varying sweetness. Common varieties are yellow and pink pulp colours. Grapefruit, like other citrus fruits, grows on trees. It tends to grow in more tropical climates, as the trees grow better in sandy soil. It is called *mkpuru osisi greepu* in Igbo and *eso girepufurutu* in Yoruba

As the common name for herbaceous plants of the genus *Musa* and for the fruit they produce. It is one of the oldest cultivated plants. As the common name for herbaceous plants of the genus *Musa* and for the fruit they produce. It is one of the oldest cultivated plants.

Constituents

Raw grapefruit contains water, carbohydrates, protein and negligible fat. Grapefruit juice contains organic acids (mainly citric acid), fibre, sugars (mainly sucrose), calcium, iron, magnesium, phosphorus, potassium, zinc, copper, manganese and Vitamins A, E, B1, B2, and C. It also contains niacin, folate, pantothenic acid, lycopene, choline, monoterpenes and sesquiterpenes.

Preparations

Grapefruit can be used as fresh fruit, dried fruit, juice, oil, peel or vapour. It may be eaten raw or cooked. It can be used to make jam, jellies, marmalade and syrups, and is an ingredient in desserts and salads.

Pharmacological actions and medicinal uses

The water-soluble nutrients in grapefruit are useful in body protein metabolism, wound healing, nerve communication for body movements and reducing signs of premature ageing. Research shows that including grapefruit in diet can help in weight reduction. In theory, this may be due to an ingredient in grapefruit called nootkatone, which is thought to activate certain proteins that aid obesity treatment.

Besides, its fibre content helps to promote fullness and reduce calorie intake by suppressing

appetite. Grapefruit may also help prevent insulin resistance, thus lowering the risk of developing type 2 diabetes.

The nutrients and antioxidants in grapefruit help to protect the heart by regulating blood

pressure and cholesterol levels. Antioxidants like flavanones may help to prevent the development of some chronic conditions

like heart disease and cancer. Formation of calcium oxalate crystals may be reduced by the citric acid found in grapefruit.

Some research shows that eating vitamin C-rich citrus fruits, including grapefruit, might improve lung function in people with asthma. It is also used for the common cold, flu (influenza), and swine flu. Grapefruit seed extract is taken by mouth for bacterial, viral, and fungal infections, including yeast infections. Grapefruit seed extract vapour has also been inhaled for the treatment of lung infections.

Some people inhale grapefruit vapours to help the body retain water, for headache, stress, and depression. Grapefruit flower extract is sometimes used for insomnia.

Grapefruit oil is applied to

the skin for tired muscles, hair growth, toning the skin, and for acne and oily skin.

Adverse effects

Grapefruit causes drug interactions by inhibiting drug metabolism or absorption in the intestine. The resultant effect is either toxicity from overdose in the bloodstream or reduced drug effect. Too much grapefruit can cause gastrointestinal reactions such as diarrhoea. In some instances, eating grapefruit may lead to tooth enamel erosion.

Economic uses and potentials

Global international trade in grapefruit was \$924m in 2019.

Nigeria is one of the 50 largest consuming countries. Red grapefruit costs about N4,800 per kg of the big size in the Nigerian market.

Grapefruit is useful in the farming (primarily for pigs and cattle), food, pharmaceutical, cosmetics, furniture-making and building industries. In fact, grapefruit is a wealth creator.

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Cancer patients can achieve near total cure if treated early, experts say

- As Me Cure unveils first-ever PET-CT for cancer diagnosis in West Africa

By Adebayo Oladejo

Health experts have urged oncologists to treat cancer scientifically, and as early as possible, in order to increase the survival rate for the disease.

Speaking during a media facility tour of Me Cure Healthcare Oncology Centre in Lagos, Forhad Hossain, manager, Cyclotron & PET-CT, Me Cure Cancer Centre, said early detection of cancer ensures better prognosis and reduces mortality, adding that if PET-CT is done on time and cancer detected early, patients can achieve a near 100 per cent cure as treatment can be done accurately.

According to Hossain, the latest solutions to the challenge of cancer is anatomic imaging of Computed Tomography (CT) and Positron Emission Tomography (PET) - technologies that allow for the visualisation of cellular metabolism activity.

He added that, with the new technologies, clinicians will be able to evaluate earlier whether a treatment is working, and tailor an appropriate therapy regimen according to the patients' unique needs. This, he said, is an entirely new level of healthcare technology in the fight against cancer.

Corroborating Hossain on the usefulness of PET-CT, a consultant radiologist for Me Cure, Dr



PET-CT Machine

Durojaiye Adeuja, described the new machine as a landmark achievement for Nigeria and West Africa, saying it improves the diagnostic quality of managing all cancers.

Adeuja said PET-CT has more advantages over other technologies because it doubles the diagnostic quality with a combination of PET and CT as a whole.

His words: "PET itself helps to identify functionality, while the CT identifies the morphology, the structure as it were. If you now combine both, there is an advantage because you are able to pick what is current, what is normal; you are able to pick what is residual. You are able to pick what is reoccurring, you are able to pick what is progressing or

what is actually regressing or remission.

"Essentially, it is like you are using two parameters to evaluate a single variable, which means you are improving the specificity of your diagnosis. PET also increases the sensitivity of the diagnosis. In furtherance, we are able to tell the managing physician what we have seen and it is getting better or less. It also covers the advantage of being able to pick problems that were not detected.

"The procedure does not take so much time. In about five minutes to go through the machine and the diagnosis is done. It is not invasive and the patient is in a relaxed position. It is a watershed development or process because we improve our management of cancer patients. It covers all ages. PET is a whole-body machine. It starts scanning from the head to the face, nose, mouth down to the neck, abdomen and scans down to the pelvis and thighs."

While speaking, the chairman, Me Cure Healthcare Limited, Mr Samir Udani, said it was unfortunate that most cancer cases were detected at late stages in

Nigeria, adding that no fewer than 125,000 new cases of cancer were diagnosed in Nigeria annually.

According to the Me Cure boss, the firm had unveiled a PET-CT scan machine to detect cancer cells even before they manifest as cancer in the body.

He said: "The PET-CT increases the survival rate of patients, in that, with the radioactive tracer drug used for PET scan and non-ionising drugs used for CT scan injected into the patient, we can accurately detect where the cancer is, thereby helping the doctor to decide the best treatment option for the patient.

"During the course of treatment, the PET-CT can help to detect if the treatment being given to the patient is working or not. Six months after the treatment, the machine can help to detect if cancer has been completely treated or if there are some cancerous cells still remaining in the body."

Speaking further, Udani said physicians should change the narrative in the treatment of cancer by taking support of science in treating cancer.

"Let's give the third eye which is PET-CT, to the physicians so that, scientifically, cancer can be treated on time. The world is changing fast, with technologies changing as well."

News

Do your internship only in accredited centres, PCN warns pharmacy graduates

continued from back page

the historic Oduduwa Hall of the university, the PCN registrar said: "I enjoined you all to take the one year very seriously as there may not be another opportunity to make up for any time wasted.

"You have just completed the first phase of your training as a professional and are now fit to compete favourably with your colleagues in all areas of practice for service to humanity and also to God. It may be of great interest to note that there is no limitation to where each of you can get to in life."

Speaking further, the registrar, who was represented by Pharm. (Mrs) Yejide Oseni, a director of the Council, charged the graduands to ensure that they passed the Pre-registration Examination for Pharmacists (PEP) test, after their internship so as to be eligible to practise in the country. He stated that the onus was on them to take the internship seriously as PEP is based on the internship experience and is usually held twice yearly, March and October.

"I wish to use this opportunity to appeal to you to see the PEP as a quality assurance tool to strengthen our standards in line with global best practice," Mohammed said.

The PCN boss also advised the graduands to get acquainted with the code



Pharm. (Mrs) Yejide Oseni, director, South West, PCN

of professional ethics which prescribes their professional and moral responsibilities to their patients, colleagues, other health professionals, their employers and the general public, saying strict compliance with the code of ethics is indispensable for the practice of pharmacy profession.

Mohammed equally revealed that the Council frowns at professional misconduct in its entirety, saying any misconduct from a pharmacist is usually investigated by the PCN Investigating Panel.

He added that, if found culpable, the concerned pharmacist is referred to the Disciplinary Tribunal which has the status of the Federal High Court

in Nigeria, noting that sentences such as removal of the offender's name from the pharmaceutical register for a given period, could be passed.

Urging the graduands to shun the "register-and-go" syndrome, which he said had often brought the profession to ridicule, Mohammed said: "Pharmacy is a noble profession that guarantees opportunities for new graduates to have a great prospect of practising in different fields such as industry, community, hospital, administration, research, academia, and in other human endeavours, such as information technology, journalism, publishing and indeed governance."

The highpoint of the event was the presentation of awards, which included: the PCN Prize, received by Nafisat Adeola Taiwo, the best graduating student; the Board of Fellows Prize, received by Chaimaka Bose Ukpai, the student with the best overall marks in Parts 4 and 5 courses in Pharmacognosy; as well as the Medplus Academi and Leadership Award, received by Michael Abayomi Olushola and Chidinma Jacinta Ezegamba.

Congratulating the graduating students, Prof. (Mrs) Olubunmi Afolabi, dean of the Faculty of Pharmacy, O.A.U. charged the newly robed students to move with the trend in the pharmacy world, adding that they should join hands to push the boundary of what Pharmacy can be to what it should be.

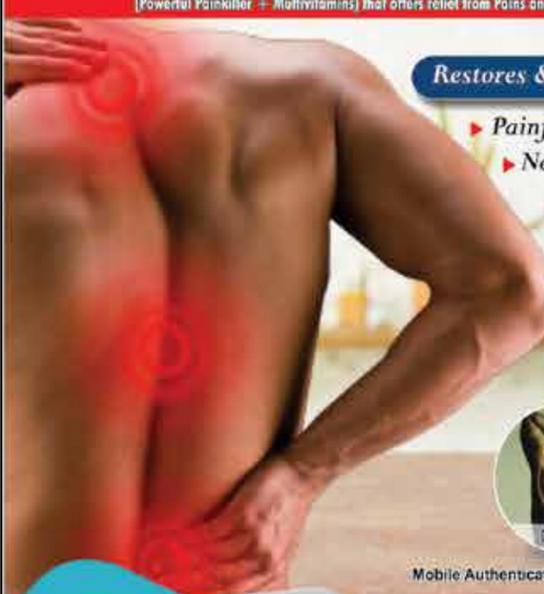
She said: "You will realise that there are different routes of pharmacy practice. Identify the route most suited to your career aspirations and seek to excel as a professional. We are counting on your generation to change the face of Pharmacy in the 21st century. And just like the choice of appellation for your class 'The class of Victors, Boomshakalaka' - the triumphant, the dominant, the joyous and the amazing. Go and dazzle the world."

The colourful ceremony witnessed a massive turnout of participants, including professors, faculty members, pharmacists in academia, students, parents as well as top PCN and PSN officials.

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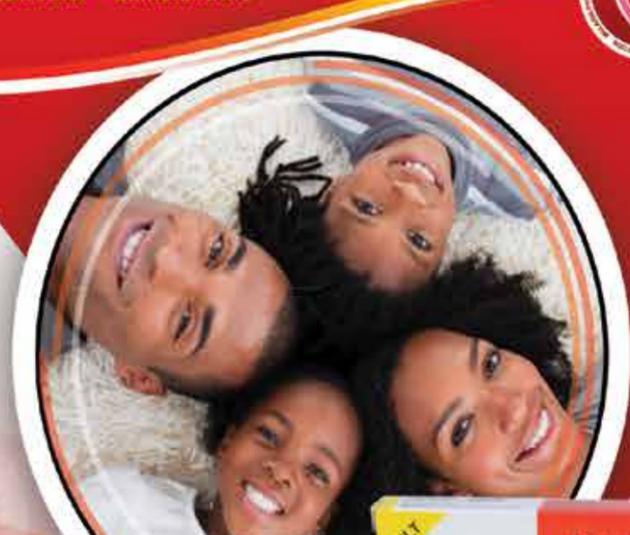


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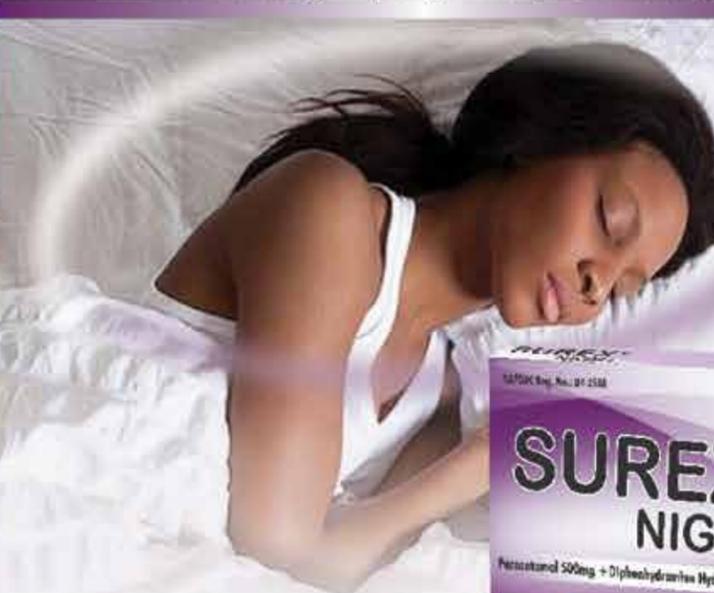


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NCDs epidemic looms in Africa, says Anyakora

continued from back page

of Pharmaceutical Chemistry, lamented the diseases' burden on African's frail health system, saying the continent will experience a 27 per cent increase in deaths from NCDs over the next 10 years.

He added that the conditions are already accounting for 75 per cent of deaths in some countries like Algeria, Morocco and Egypt.

Anyakora noted that factors contributing to the sudden surge in the statistics of NCDs in Africa include dearth of advanced diagnostics and drugs, as well as inadequacy of intensive disability management and prolonged care facilities in the continent.

"Africa's healthcare system is already overstretched by efforts to combat communicable diseases like malaria, TB, and HIV/AIDS and poor maternal and child health", he averred.

Anyakora, who was the keynote speaker at the launch of Wellness Plus app, by Wellness HMO, urged African nations to deploy technological applications in reducing the burden of NCDs, saying such apps have played a significant role in the management of disease conditions in the developed countries.

The public health expert described the Wellness app as a lifesaver which would help to reduce NCDs as more people get access to healthcare through the app.

According to him, "Many high-income countries have adopted the use of telemedicine and have nationwide computerised prescription registries that link data from all the different healthcare providers and pharmacies.

"Adopting technology builds on the habits acquired during this pandemic by allowing patients to take greater ownership of their health and enables the healthcare providers to deliver better care to many more people, thereby reducing the burden on our healthcare system."

Also speaking at the launch of the new Wellness app, with the theme "Power to Choose" held at Sheraton Hotel, Lagos, Adetutu Afolabi, Group MD/CEO, Wellness HMO, disclosed that the new app is the first of its kind in Nigeria, as it gives users the freedom to choose and customise the healthcare plan that suits their budgets, making it easy for all to access an affordable and qualitative healthcare service.

"Individuals have the choice to access healthcare on the go, at any time. They can pay for only the care they need, even if they don't have any health insurance plan. These services include dental and eye care, basic, comprehensive, pre-employment, and cancer screening, among others. Individuals can also request for a doctor to consult with them



L-R: Prof. Chimezie Anyakora, CEO, Bloom Public Health; Dr Bethuel-Kasimu Abraham, deputy general manager, NHIS Lagos Zonal Office; Chief Mobolaji Ayorinde, chairman, Board of Directors, Wellness HMO; Adetutu Afolabi, managing director, Wellness HMO; and Tubosun Alake, special adviser to Lagos State Governor on Innovation and Technology at the Wellness Plus Official App launch held in Lagos recently.

virtually or visit them at home," she explained.

Afolabi further emphasised that individuals will not be restricted to any specific hospital, at any particular time, as they can also choose from the range of hospitals available on the app for their specific health needs.

"Users now have the power to choose the benefits and the hospital they want for themselves, their spouses, and their children," she stressed.

She also added that the creation of the mobile app allows Wellness HMO to give a unique experience that helps both enrollees and new users, in such a way that they get the best health services they deserve, without breaking the bank.

"This mobile app was developed to enable simplicity of access to healthcare. Wellness Plus allows users to access a wide range of healthcare benefits from the comfort of their mobile devices," she said.

Similarly, Dr Bethuel-Kasimu Abraham, deputy general manager, Nigeria Health Insurance Scheme (NHIS) Lagos Zonal Office, who represented Prof. Mohammed Nasir Sambo, executive secretary, NHIS, applauded Wellness HMO for the innovation, stating that it would revolutionise the health sector.

"Wellness HMO has just shown me when it comes to the use of technology they are not resting on their oars and are using technology to reach out to Nigerians who we are also trying to reach out to. At NHIS, we are not working in isolation; we are working with stakeholders like Wellness HMO. Our major interest is how

many Nigerians are covered by health insurance but not how many are covered by NHIS," he said.

On his part, Tubosun Alake, Special Adviser to Lagos State Governor on Innovation and Technology said the new app is a practical example

of finding local solutions to local problems, saying it will transform the health sector in all ramifications.

He also noted that the state is determined to support the health sector with funding as it had already reeled out different initiatives in related areas.

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NCDs epidemic looms in Africa, says Anyakora - As Wellness HMO unveils mobile app to improve access to healthcare

By Temitope Obayendo

To avert another disease outbreak in Africa, governments and stakeholders in the continent must actively combat the surging rate of non-communicable diseases (NCDs), which have been predicted to become the leading cause of deaths by 2030, Prof. Chimezie Anyakora, CEO, Bloom Public Health, has said.

NCDs, also known as chronic diseases, are diseases that are not transmissible directly from one person to another. They include Parkinson's disease, autoimmune diseases, strokes, heart diseases, cancers, diabetes, chronic kidney disease, osteoarthritis, osteoporosis, Alzheimer's disease, cataracts, and others.

Citing recent statistics and prediction from the World Health Organisation (WHO) on NCDs, Anyakora, a professor



L-R: Pharm. Paul Enebeli, chairman, New Heights Pharmaceuticals; Pharm. (Dr) Kingsley Amibor, PSN national ex-officio; Pharm. Martins Oyewole, national internal auditor, PSN; and Pharm. Olabode Ogunjemiyo, chairman, Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN), at the PSN Presidential Inauguration and Investiture Ceremony of new Fellows, held at the Transcorp Hilton Abuja recently.

continued on page 52

Do your internship only in accredited centres, PCN warns pharmacy graduates

By Oladejo Adebayo

Registrar of the Pharmacists Council of Nigeria (PCN), Pharm. Elijah Mohammed, has urged pharmacy graduates to choose only institutions and centres accredited by the Council for their internship programme.

Addressing a gathering of 101 Bachelor of Pharmacy (B.Pharm) graduates of the Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Osun State, during their recent induction

and oath-taking ceremony, Mohammed also charged the young pharmacists to take the internship period very seriously.

He added that the one-year training is compulsory for all pharmacists in Nigeria, including those who have their education overseas but have no evidence of licensure in their countries of practice.

Addressing the students at

continued on page 50

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