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Pharm. (Sir) Ifeanyi Atueyi, publisher, Pharmanews (2nd from left), in company of the editor, Mr Patrick Iwelunmor (first from left) receiving the plaque and award certificate, as winner of the print category of the Nigerian Healthcare Excellence Awards, at Eko Hotel and Suites, Lagos, recently.

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Pharma stakeholders decry harsh regulation by NDLEA, SON, others

- Say harassment of pharmacists, duplication of efforts needless

By Ranmilowo Ojalumo

Stakeholders have lamented what they describe as over-regulation of the Nigerian pharmaceutical industry, saying the regulatory system and agencies have been unfair to the industry, despite its indispensability to the wellbeing of the citizens.

The concerned pharmacists who spoke at the plenary session of the recent annual national conference of the Association of Industrial Pharmacists of Nigeria (NAIP), held in Lagos, lamented that they had been going through ill-treatment from various regulatory agencies in the country. Some specifically cited

constant harassment from officials of the National Drug Law Enforcement Agency (NDLEA), the Standard Organisation of Nigeria (SON) and the Nigeria Customs Service, saying the agencies repeatedly insist on verifying their status as licenced pharmacists and also usually ignore the approval they

continued on page 16

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PHARM. IDOWU OLUFUNMINIYI

Pharm. Idowu Isaac Olufunminiyi, is a man with an uncommon passion for the pharmacy profession, especially at the community level. He was born on 10 December 1970, in Ijeda-Ijesa, Osun State, Nigeria, to the family of the late Prince Olabode Olufunminiyi, and Mrs Olufunminiyi Bolatito.

He attended United Methodist Primary School, Ijeda Iloko Ijesa, from 1976 to 1981. He had his secondary education at Ebenezer Grammar School, Ijeda Ijesa, from 1981 to 1988. He soon gained admission to study Pharmacy at Obafemi Awolowo University (OAU), Ile-Ife, Osun State, from 1993 to 1999.

Olufunminiyi had his internship with the Lagos State Hospital Management Board, after which he was posted to the Army Reference Hospital, Yaba, Lagos State, for his mandatory one-year Youth Service programme.

His pharmacy career started with Reals Pharmaceuticals from December 2002 to February 2007, as a senior medical representative. He thereafter established his own community pharmacy, De Omega Health Care Pharmacy Limited in 2007. He is presently the managing director of the company, which has become a chain pharmacy company with five outlets in Lagos. He has also revealed plans to commence wholesale practice before the end of the year and relocate all the branches to a permanent site.

An advocate of good pharmacy practice, with a track record of assisting several pharmacists, especially the younger ones, he has trained over six pharmacists for the mandatory one-year internship, while also employing at least, three youth corp pharmacists.

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

He was once the assistant secretary, PSN, Lagos State; secretary, ACPN, IDEA Zone; vice-coordinator, ACPN, IDEA Zone; Secretary, Lagos Pharmaceutical Inspectorate Committee (PIC), and currently, the coordinator, ACPN, IDEA Zone, among others.

Olufunminiyi has run a quarterly widows empowerment programme in Lagos and a free healthcare checkup every second Sunday for the past five years, at a location in Egbeda, Lagos State.

Olufunminiyi is a merit award winner of the Lagos State PSN, a DcPharm of ACPN national, among many other recognitions and awards.

He is happily married to Mrs Kemi Olufunminiyi, and the marriage is blessed with three children.



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Inspiration

“Stop comparing yourself to others. Always strive to improve yourself to become better today than you were yesterday to serve those around you and the world.” - **Roy T. Bennett**

Words can inspire, thoughts can provoke, but only action truly brings you closer to your dreams. - **Brad Sugars**

Having a specific meaning and purpose in your life helps to encourage you towards living a fulfilling and inspired life. - **Vic Johnson**

The only way to do great work is to love what you do. If you haven't found it yet, keep looking. - **Steve Jobs**

Inspiration comes from within yourself. One has to be positive. When you're positive, good things happen. - **Deep Roy**

Put your heart, mind, and soul into even your smallest acts. This is the secret of success. - **Swami Sivananda**

The best preparation for tomorrow is doing your best today. - **H. Jackson Brown, Jr.**

Patience, persistence and perspiration make an unbeatable combination for success. - **Napoleon Hill**

“Sometimes the greatest thing to come out of all your hard work isn't what you get for it, but what you become for it.” — **Steve Maraboli**

“I know it's cliché to say, ‘When you do something you love you never work a day in your life.’ But it is true: When you do something you love, life gets to be a little bit easier and enjoyable. So I just want people to follow their dreams.” — **Tika Sumpter**

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1. PN is the leading healthcare journal in Nigeria.
2. PN has been published monthly without interruption since 1979.
3. PN is the widest circulating healthcare journal in Nigeria.
4. PN has the highest readership among health journals.
5. PN is available online as mobile App and PDF.
6. PN has about 6 million monthly website hits.
7. PN is the journal of choice for advertisers.
8. PN is the Winner, 2017, 2018, 2019, 2021 and 2022 Nigerian Healthcare Media Excellence Awards. (NHEA)

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

Very recently, the Nigerian media space was awash with the news that the country's Vice President, Professor Yemi Osinbajo, had a successful surgical procedure at the Duchess International Hospital in Lagos. According to a statement by his physician, Dr Doyin Dosunmu-Ogunbi, the VP had undergone the procedure on account of a recurrent pain in his right femur and was recuperating at a very good speed, four days after the operation.

According to Dosunmu-Ogunbi, "All aspects of the Vice President's post-operative care have proceeded satisfactorily so far. His multi-disciplinary team of doctors, nurses, physiotherapists, and allied health practitioners are extremely pleased with his progress. We will continue to update the public as he progresses with his treatment."

As we wish the vice president a full recovery, it must also be noted that this piece of news is commendable on two fronts. First, it is another incontrovertible proof that the Nigerian healthcare system is blessed with competent professionals, who can match their counterparts in other parts of the world. Little wonder that they have continued to be in high demand in many foreign countries. Second, the VP's action is a reflection of what it means to lead by example, as well as a demonstration of confidence in the country's healthcare system.

It is no surprise that this step

Leading by example in curbing medical tourism

by Prof. Osinbajo has continued to generate positive reactions across the country. Prominent among these was the statement by the Nigerian Medical Association (NMA), in which it lauded the VP's confidence in Nigerian doctors and the healthcare system, while also calling on other politicians and prominent Nigerians to emulate his example in ending medical tourism in Nigeria. The NMA President, Dr Uche Ojinmah, in his message, also emphasised the need to urgently revamp the nation's fragile healthcare system for the benefit of the citizenry.

Indeed, this development has, again, brought to the fore the need for the Nigerian government to pay more careful attention to the state of the country's health system. Taking decisive steps towards addressing the infrastructural deficits and decays, as well as the poor working conditions of health workers, is a wise investment that will benefit both the leaders and the led. Ultimately, it will significantly help to discourage medical tourism which contributes immensely to the country's dwindling finances. It is particularly worrisome that the Federal Government, through the Minister of Information and

Culture, Alhaji Lai Mohammed, recently admitted that Nigeria spends over N500 billion on medical tourism annually.

The government must not be quick to forget the lessons of the recent global pandemic, during which restriction of movement prevented even the rich from travelling out for medical attention. There must be more commitment on the part of the government to invest more in the health sector, in terms of financial resources and progressive policies.

Moreover, in making the country's medical facilities more attractive and functional to both the rich and poor, political officers must themselves be committed to seeing the medical facilities within the country as all they have. This reorientation will invariably help in driving the changes needed to revamp the health system.

One of such changes is the limited budgetary allocation to healthcare. Successive administrations in the country have institutionalised defaulting on the recommended 15 per cent budgetary allocation proposed in the Abuja Declaration in 2001. In the past three years, allocations to the health sector have been 4.3 per cent, 3.7 per cent, and 4.52 per cent respectively. Such paltry funding

cannot build a health system that will discourage medical tourism.

Another expected major change is in the number of medical facilities and specialist hospitals in the country. Currently, there are about 33,303 general hospitals, 20,278 primary health centres, as well as 59 teaching hospitals and federal medical centres in the country. These figures are grossly inadequate for a country of over 200 million people. According to the 2022 rating for African countries with the best healthcare delivery systems by Numbeo's Healthcare Index, South Africa occupies the number one position, closely followed by Kenya, Tunisia and Algeria in second, third and fourth positions, respectively. Nigeria, the supposed giant of Africa, occupies fifth position. With our huge endowments in human and material resources, nothing stops Nigeria from occupying the first position.

Once more, we urge government, at all levels, to see the step taken by the vice president and the laudable performance by the Duchess International Hospital team as a challenge to give every segment of the nation's healthcare system the attention it deserves. In doing so, there are great prospects for the entire country in enjoyment of qualitative healthcare, provision of employment opportunities, reduction in healthcare brain-drain, as well as boosting the nation's revenue base.

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Wisdom for success

By Sir Ifeanyi Atueyi

Wisdom may be defined as God-given ability to perceive the true nature of a matter and to implement the will of God in that matter. Proverbs 2:6-7 says, **“For the Lord gives wisdom; From His mouth come knowledge and understanding; He stores up sound wisdom for the upright.”**

Wisdom is about what is real and true from God's perspective. Man's reality and God's reality are often very different. Natural wisdom looks at the facts and makes a choice that seems right for the welfare of the person involved. Spiritual wisdom, however, takes into consideration God's will on the matter.

Wisdom begins with knowing God. To know God is not just to know the facts about Him, but to stand in awe of Him and have a relationship with Him. Proverbs 9:10 (NKJV) says, **“The fear of God is the beginning of wisdom.”** James 1:5 (NKJV) says, **“If any of you lacks wisdom, let him ask of God, who gives to all liberally and without reproach, and it will be given to him.”**

Whenever we need wisdom, we can pray to God and He will generously supply what we need. Don't be too proud to ask for wisdom. We can ask for God's wisdom to guide our choices and decisions. Wisdom gives the ability to make the right decisions in difficult circumstances.

Wisdom begins with respect for God, leads to right living, and results in increased ability to tell the right from wrong. God is willing to give us this wisdom, but we will be unable to receive it if our goals are self-centered, instead of God-centered. To learn God's will, we need to read His Word and ask Him to show us how to obey it.

Nearly every situation or circumstance you face in life can be approached from the angles of natural and spiritual wisdom. You need to know not only what God desires in a situation but also how to implement His will in that situation.

The three Hebrew young men – Shadrach, Meshach and Abed-Nego - were faced with life or death decisions when the king gave them a choice of worshipping his image or being thrown into the fiery furnace. Natural wisdom could have said, “Just bow down and save your life.” Natural wisdom looked at the welfare of the people. Spiritual wisdom said, “You are commanded not to bow down to any idol. If it meant death, let it be so.”

I always remember some life-changing decisions I made in 1978.

I was the marketing manager of a multinational company and had a good relationship with my boss. One day a colleague, Douglas Egbuonu, of Pfizer Products Ltd, visited me and recommended a six-week marketing programme of the International Marketing Institute (IMI), Cambridge, Mass., USA. Pfizer had sponsored him for that course. I was excited because it was an opportunity to improve my marketing knowledge and skill.

However, when I presented the proposal to my boss, he vehemently opposed it, ostensibly because of the financial implications, according to him. By God's grace, I met all my financial obligations (boarding, tuition, travelling) and then applied for leave of absence.

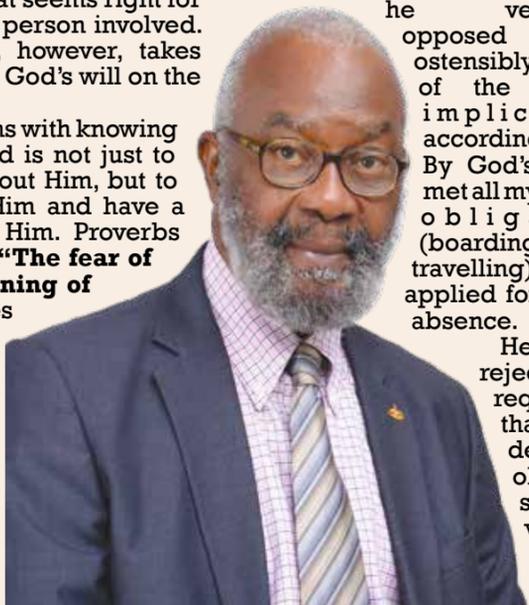
He again rejected my request. At that point, I decided to obey the still small voice I was hearing and I

disagreed with him. When he knew that I was desperate to travel out, he reluctantly granted my application.

I travelled and returned after a very useful marketing programme, only to meet a boss who had turned against me. Consequently, I was frustrated for a few months before God led me to the business He had prepared for me. I resigned to start *Pharmanews* in 1979. My desire for attending the programme was to become a better marketing manager and add greater value to my employer but God planned the training to equip me for my own business.

If I had obeyed my boss and ignored the voice of wisdom from God and lost the opportunity of that training, I might have continued working in that company until my retirement and, of course, completely missed God's plan for my life.

Also, if Douglas had not informed me, I might not have known about the programme which God used to direct my destiny. The decision to embark on pharmaceutical journalism at that time was God-inspired. No mortal advised me. During those days of uncertainty I was always asking God for wisdom to take the right decisions and actions. I put all my trust in Him and He became my confidant.



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The sales process (2)

By George O. Emetuche

(Continues from last edition)

Identify your prospects' needs

In outbound selling, the salesperson goes out to sell his products and services. He does not wait for the customer or prospect to come to him; he goes out to create the sale. Since the salesperson has developed a cordial relationship with the prospect, the next stage is to identify his needs. This is what makes the sales to happen.

The more you identify the needs or wants of the prospect, the more you sell. Note that his needs are the things the prospects cannot do without, while his wants are things that are not so essential to him. He may want them, but he can also do without them. A prospect that is hungry will need food and want ice cream. A prospect that is thirsty will need water and want soft drink. Knowing the distinction between needs and wants helps the salesperson in knowing how to navigate his sales activities. It helps to know the right questions to ask and the way to ask them.

Identifying the needs of the prospects is a function of knowing the prospects and knowing your products. You need to research the prospect to know his needs and the products that will bring the expected solutions. This is what I explained in Sales Intelligence where the salesperson uses data and information gathering to know more about the customer and how to sell to him.

The more you have information about the customer, the more you know how to sell to him. This is where questioning and listening - to discover the needs of the prospects is important. When you ask the prospect or customer the right questions, you will get the right answers that will help you to close the deal.

A prospect who has the intention to expand his business will likely be interested in the sales conversation when a sales professional from a bank asks questions about how the prospects would want his bank to help in expanding his business. Asking the right questions helps the salesperson to understand the prospect's needs.

Without knowing what is driving the prospect, the salesperson cannot tell their story or effectively explain their product's value. This is vital in the art of selling. Understanding what the prospect really needs helps in closing the sale.

When you ask the prospect questions, you should also listen to get the right feedback. Listening is a great skill in selling. When you listen effectively, you discover unknown things. Pay attention to the questions the prospect is asking. His questions are where his needs are hidden.

Make an inspiring presentation

The next stage in the sales process is to make your presentation. When you discover his needs, the next thing to do is to tell the prospect how your product or service will bring solutions to the identified needs. You communicate these solutions in your sales presentation.

Sales presentation is a demonstration of solutions. It is telling your stories. It is about demonstrating how your products will bring the much needed solutions to the prospect. It is about showing how and why your offering is the best deal for the prospect.

In sales presentation, the element that closes the sale is the ability to show the prospect "What Is in It for Him" (WIIFM). This means the benefit in the product. The benefit is the value the prospect sees in your products and services.

In selling, we say, "features tell, benefits sell". The element that makes people to buy is the benefits in the offering. The more you show the benefits in the products, the more you sell. The prospect must understand the benefit, and the benefit must resonate with the buyer.

In the FAB (features, advantages and benefits) analysis, features are the things that make up the product; they are characteristics that a product or service has. Features are the attributes of the products. The advantage tells what the feature does, and how it helps. These are based on facts and are expressive but do not yet make a connection as to how they will make the prospect's life better. For example: "By design, it keeps only the clearest picture of a similar set, and deletes the ones that are not needed. Your photo storage is reduced on average by 60 percent."

The benefit in the product is the result of that advantage, and it is why a prospect would eventually buy or use a product. The benefit provides an emotional hook point that you can leverage in helping the user or prospect visualise the positive experiences felt by using your product.

Remember what I explained in the fishing metaphor of selling where I likened the salesman as the fisherman. I said that just as the fisherman, the salesman needs the line, the hook,

and the bait. The line represents the salesman's selling skills, the hook represents his selling strategy, and the bait represents the benefits or attraction in the products or services. The bait is the benefit in the product that makes people to buy. I posited in the fishing metaphor of selling that for a sale to happen, the three elements of the metaphor must be present in the sales presentation.

Using our previous example to express benefit, we will have something like this: "If you don't waste your time editing and can store more of your best photos, you will keep happier memories for a longer time." Making reference to the case to communicate FAB statement in your presentation, it will go thus:

"We deploy an automated photo storage app that edits, selects and stores photos. By keeping only the clearest picture of a similar set and deleting the unwanted ones, your photo storage space is reduced on average by 60 percent. If you don't waste your time editing and can store more of your best photos, you will keep happier memories for a longer time!"

The bait or benefit in this offering is "you will keep happier memories for a longer time." This benefit becomes the selling point in your sales presentation. The salesperson must communicate



this benefit professionally and believably.

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Inquest

with
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The Internet is a double-edged sword that has both creative and destructive elements. It possesses what Professor Wole Soyinka calls the *Ogunnian* energy – energy to create and to destroy. While the Internet offers opportunities for the advancement of knowledge and ideas, it is also full of toxic elements that can destroy the psyche of children and teens who are not properly guided on how to make use of it.

This is the main reason parents, guardians and teachers, especially those who teach in primary and secondary schools, should handle the issue of phone usage among their pupils with utmost seriousness. Unfortunately, many parents and guardians are very slack when it comes to monitoring the phone handling activities of their wards, especially those below the age of 18.

The Internet and the various social media platforms carry a lot of emotionally-poisonous information and content that can destroy the minds of children and teens. Indiscriminate use of the Internet by children and young people can also expose them to cyberbullying, which in itself, is a window to many

mental health issues.

Research has shown that children and young people in general can bully and be bullied online. It is also established that cyberbullying increases a child's risk of developing depression and low self-esteem while making them twice as likely to engage in self-harm. The problem becomes even more complicated with the fact that children may be reluctant to admit that they are victims of cyberbullying.

In an era when the mental health, sexual rights and social behaviour of children are being jealously protected, parents, guardians and teachers must build a brick wall between their children/pupils and the following, in order to forestall disastrous consequences: pornographic materials, sites that inspire vandalism, content containing swearing, crime, drug abuse, terrorism, racism, eating disorders, suicide, pictures, videos or games which show images of violence or cruelty to other people or animals, gambling sites, unmoderated chat rooms – where there is no one supervising the conversation and barring unsuitable comments and sexism or sites that portray females in

Mental health risks of children's media exposure

demeaning roles that do not reflect contemporary values and expectations.

Children who are exposed to violent contents such as those found in movies are more

likely to develop the tendency to be violent than those who are not. More so, those exposed to pornographic content are also more likely to develop the wrong sexual habits or orientation which can lead to bigger problems in future.

The television viewing pattern of children also poses another challenge. In many Nigerian homes, children control television viewership because of the irresistible attraction of children's programmes on channels such as Disney Junior, Cartoon Network, Nickelodeon, PBS Kids, The Hub and Fox Kids. To make matters worse, some children after watching these programmes begin to imitate the actors – a development that could be injurious to their health.

Studies have also revealed that long-term viewing of cartoons, especially those with negative content such as violent and uncivilised behaviour, can lead to negative outcomes for children such as engendering more negative behaviours and emotions, inducing fantasies, increasing aggressive illusions and thinking in ways that are incongruous with reality.

This writer has personally

witnessed a situation where a child who was trying to fly like one of the characters in *PJ Masks*, in his parents' sitting room, fell and suffered a bone fracture. He was out of school for two terms and made his parents to incur an unbudgeted financial burden. Experts on child psychology also agree that spending too many hours, sitting and watching cartoons and other children programmes can result in serious health issues, such as obesity, nutritional deficiencies due to bad food habits, and vision problems. Most of these result from inactivity and a sedentary lifestyle.

Parents and guardians can curtail the excesses of their wards when it comes to Internet and television usage by closely monitoring the kind of content they are exposed to. They can also do so by ensuring that their own phones, especially smartphones, are kept away from the reach of children.

Most times, parents carelessly leave their phones for their children who put on the data and start browsing the Internet. It should be noted that, in the course of surfing the net, the child can be exposed to inappropriate content which could just pop up from nowhere. Such pop ups can injure the mind and psyche of the child. For this reason, children must not be allowed unfettered access to the Internet without parental guidance. The same rule should apply to television viewing: children should not be left unguided.

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

Natural remedies for heartburn, GERD

By Mrs Chima Ejimofor

Acid indigestion or heartburn is the excess of digestive juices in the stomach, among which is **hydrochloric acid**. These juices can flow up into the oesophagus, causing what is known as heartburn and a burning sensation in the throat.

Acid reflux

Also called GERD, gastroesophageal reflux disease, it is a digestive disease in which stomach acid or bile irritates the food pipe lining. Acid reflux and heartburn more than twice a week may indicate GERD. It is quite common. In Nigeria, there are more than 1.5 million cases per year.

Symptoms

Symptoms include burning pain in the chest that usually occurs after eating and worsens when lying down usually at night. It could also be a sensation of acidity and pain in the stomach. At times, this acid rises up to the oesophagus and can produce a strong sensation of discomfort and acidity (heartburn). If this occurs frequently, it can cause retention of liquids, a tendency towards rheumatoid arthritis, headaches, and teeth can become overly sensitive to vinegar and citrus fruits.

Causes

Heartburn or acid indigestion occurs more frequently when a problem with the kidneys or liver exists. It is also produced from a bad combination of foods or when fruit or juice is consumed after eating meat or other heavy food.

Fruit easily ferments (30 minutes). If you eat meat first, it takes a few hours to digest, thus impeding the fruit to pass on to the small intestine for its digestion. This causes the fruit to ferment in the stomach, which produces indigestion and acidity.

Suggested treatment

Avoid nervousness and anxiety, refined flour and sugar, pepper, stress, alcohol, carbonated drinks, aspirin, red meat, coffee, chocolates and tea.

Do not eat until you are full. "Chew your food slowly" says Dr Samuel Klein of the University of Texas.

Take a strong dose of pure aloe vera. This product neutralises the acidity and regulates pH levels.

Ginger is also a big help in absorbing stomach acid. Include in your diet high alkaline foods like dates, roasted corn, pawpaw and cooked apples.

Alfalfa in juice or in tablets daily. Alfalfa can help due to high alkalinity. If you like, you can mix it with carrots, guava or pineapple juice and a little honey.

Potato juice is effective against acid indigestion. (Shred a little bit of potato into water, let it sit overnight and then drink it the following day with aloe vera juice).

Do not lie down immediately after eating because this will cause the gastric juices to rise into the oesophagus and throat. If you lie down, keep your head elevated. It is recommended that you do not sleep for at least 2 1/2 hours after you have eaten.

Eliminate fried and fatty foods.

Eliminate stress and anxiety from your life since this is one of the main causes of acid indigestion,



gastritis and ulcers.

Compresses with a cold wet rag on the abdomen after eating help to reduce the discomfort from acid indigestion.

Before a meal, first eat fruits or drink juices alone, and wait a while for these to be digested (30 minutes). If you eat fruit after a meal it cannot be digested quickly and it will begin to ferment, causing digestive and acidity problems.

Warning: Consult your physician, if you have the following symptoms, in addition to acid indigestion: nausea, dizziness, vomiting with blood, pain from the chest extending to the neck and arms.

References:

Guide to Natural Remedies for Health and Well-Being by Enrique Garza Gutierrez BSc, C.Ht.
Recommendations for Nutritional healing by Ijaoba Adebayo



Aloe Vera, A Gateway to Health and Healing by Dr. Ojo Falana Google

About the Author:

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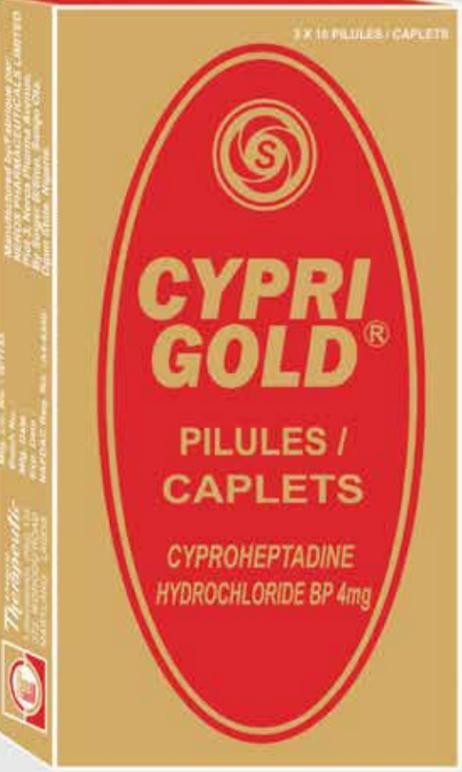
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Dere Awosika: The iron lady of Nigeria's polio eradication success

By Ola Aboderin

After several years of relentless efforts by many stakeholders in the Nigerian health sector, the country was eventually declared polio-free by the World Health Organisation (WHO) on August 25, 2020. Considering that poliomyelitis, caused by the polio virus, is a crippling and life-threatening disease, it came as no surprise that the then WHO Nigeria Country Representative described the feat as "undoubtedly the greatest public health triumph in the annals of Nigeria and indeed Africa."

One name that stands out in the list of notable individuals, partners and leaders that supported the government on the journey to the historic achievement is that of Dr (Mrs) Ajoritsedere Awosika, the pioneer national coordinator/ chief executive of the National Programme on Immunisation (NPI). So extraordinary was her demonstration of professionalism, courage, dedication and patriotic passion towards ending the polio scourge that she was dubbed the "Margaret Thatcher" of the eradication programme.

Prelude to exploits

To fully appreciate the exceptional roles that Awosika played in the success of the polio campaign, one has to understand the gravity of the task entrusted upon her, the enormity of the hurdles she faced, the acuity with which she inspired her team members and the ingenuity with which she persuaded the target communities to buy into the vision of the immunisation programme.

Some background information is necessary here. Following the Nigerian government's decision in 1996 to rename the EPI (Expanded Programme on Immunisation) as the National Programme on Immunisation (NPI), to domesticate the programme, the agency was relaunched as a separate government parastatal for greater efficiency. With this renewed commitment and the need to meet the then year 2000 target for eradicating polio globally, the government needed a tested visionary and go-getter to help drive the vision of the NPI. Awosika, with her distinctive qualifications and antecedents as a seasoned pharmacist and astute administrator, was recommended for the post and subsequently appointed to head the agency.

As time would subsequently reveal, Awosika's appointment proved to be one of the best decisions the Nigerian government would ever make regarding the country's health sector. She embarked on her mission with so much vigour and fervour that is so rare in a country where many often perceive public service as a "no man's business" that requires little or no genuine commitment.

Awosika systematically reorganised the departments making up the NPI to enhance productivity. She progressively built a team of



Dr (Mrs) Ajoritsedere Awosika

highly disciplined and motivated professionals, who took their various duties with all seriousness. Suffice to say that Awosika managed the affairs of the NPI with the same zeal that she would have managed her personal business, and even more.

The driving force of this zeal, of course, was her professional, moral and motherly concern for the future of the children being disabled by the deadly virus, as well as the cumulative impact on the country as a whole. She once famously declared, "The future survival of our children is in our hands. Let us all join hands together and use all our resources to protect our children, who constitute our hope for this nation".

Diehard strategist

Since northern Nigeria was the epicentre of the ravages of the poliovirus, Awosika took the battle against the scourge right there, with the determination to reach every home and community. This proved to be a difficult battle, not just because of the difficult terrains that she and her team had to navigate day and night but because the majority of the people had deep-seated suspicions and superstitions about the safety of the vaccine, especially because of the source (government and international agencies).

Not one to be daunted however, Awosika went to extreme lengths to allay the fears of the people and persuade them to prioritise the health of their children above religious and cultural sentiments. An eyewitness of her dogged determination in the fight against the virus recalled: "If the polio vaccine was indeed poisonous as some detractors peddled some years back, Dr. Awosika would have been long gone. Virtually in every community in the North where she traversed day and night to plead with the people to bring

out their children for immunisation, she would first drop the vaccine in her own mouth to convince them of its safety.

"I still remember, as I journeyed with her as NPI's media consultant to one community near Kano city, as mothers and children took to their heels when they got to know of Awosika's mission there. I followed her as she went from house to house to plead with mothers. Of course her pleas yielded results once she dropped the Alura (vaccine) in her mouth and you would see children being brought out from under the bed and different corners of the house.

"I couldn't help marvelling at her energy and determination to rid polio from our land as she drove day and night without rest from different communities in Kano, Kaduna, Katsina, Gombe among others in a convoy which included the WHO Representative to Nigeria, UNICEF, USAID and other agencies..."

As earlier noted, Awosika ensured that the same commitment she showed towards the polio eradication programme was imbibed by her team members. She not only led them by example but also supervised them to ensure that there was no laxity from anyone that could truncate or slow down the progress of the whole team.

The same eyewitness earlier quoted said of the NPI staff under Awosika: "They were simply wonderful. Many became visitors in their own homes as polio immunisation took them from one part of the country to the other, sometimes for weeks at a stretch only to spend few days at home before embarking on immunisation assignments again. Many suffered one health challenge or the other. Sleeplessness was a non issue. After each hectic day in the field, they must gather at night to give report of their activities. Those in any state being supervised by Dr. Awosika must be ready to give a good account of their day or they could be sanctioned.

Indefatigable achiever

The year 2003 would prove to be a momentous one in the fight against polio in the country. In the middle of that year, rumours began to circulate in some northern states that the polio vaccine contained anti-fertility agents that would render children impotent in their adulthood. Unsurprisingly, the immunisation exercise had to be suspended for several months, until the suspicions were cleared.

Interestingly, despite the setbacks generated by the unfounded rumours, as well as the obvious politicisation of the eradication campaign, Awosika remained focused on finding a solution and continuing with her mission. She constantly engaged with all necessary stakeholders, until a resolution was reached through a committee that satisfied the yearnings of all the concerned parties.

The observations of the secretary of that committee on the impressive roles played by Awosika in resolving the imbroglio is worth noting here. He wrote: "It is worth pointing out that the success of the Committee's assignment was uniquely facilitated by the ever calm and collected but firm and focussed administrative dexterity of Dr Awosika, which effectively trickled down and across the dedicated and disciplined staff as well as the efficiently synergized departments of the National Programme on Immunisation (NPI). The entire organisation was marvellously motivated to achieving hitch-free, result-oriented outcome, without fear or favour having regard to the critical importance of its mandate to the healthy survival of Nigeria's voiceless and vulnerable children as its future leaders."

The then government of President Olusegun Obasanjo had to extend the "iron lady"'s tenure for another five years, following the expiration of the first in 2003.

Background and recognitions

Dr Awosika is the sixth child of Nigeria's first Minister of Finance, the late Chief Festus Okotie-Eboh. She studied Pharmacy at the Ahmadu Bello University, where she obtained her bachelor's degree in 1976. She subsequently obtained Masters in Clinical Pharmacy (M.Pharm), from School of Pharmacy, University of Bradford, UK (1982), as well as a PhD in Pharmacy Technology in 1985. She became a Fellow of the West African Postgraduate College of Pharmacists in 1990, while also bagging a post-doctoral award in Clinical Pharmacy, from the University of Leeds Teaching Hospital, University of Leeds, UK. She is also a graduate of the National Institute for Policy and Strategic Studies, Kuru, Jos (2006).

A versatile professional, Awosika has served in various capacities, most at administrative levels, in both the public and private sectors. And in recognition of her meritorious services, she has been copiously honoured and conferred with different categories of awards. Most notably, she is a Member of the Order of the Federal Republic (MFR), one of the most prestigious awards conferred by the Nigerian government on someone who has rendered outstanding contributions to national development.

She is currently the chairman of the Management Board of Access Bank Plc.

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Secrets in celebrities' signatures (4)

By Dipo MacJob (Dr Write)



right hand side of the page. Looking at the signature of Elon Musk, the ending stroke to the right of the letter "M" is elevated upward. This classically shows a person with an optimistic outlook to life. It could also show a person with a lot of ambition which we can connect with the insatiable desire for Elon to succeed and exceed those that were ahead once upon a time.

It should be stated that this has nothing to do with Elon Musk as a person, but has everything to do with the way the handwriting was written. In other words, it does not have to be an Elon Musk to be ambitious. For as long as you can verify that anyone writes with an elevated baseline or upward gradient in the movement of the letters, you would be in order to refer to such as a personality with a good level of optimism.

Analytical thinking

Generally, the letters "m" and "n" are among the letters of the

alphabet we focus on while trying to gain some insight into the thought process of an individual. Whether the person in question is the type that takes his time, like they say, "slow and steady wins the race"; or, the kind that is able to process ideas very fast and at times gets a little impatient with others not at his or her pace.

The latter is typical of the signature of the celebrity we are currently analysing. And even though he has so many accolades to his credit, his writing or signature reveals someone who does not spare fools lightly. He clearly is expressive even from the right slant shown in his signature which by now I am sure that regular readers of this column are familiar with.

The person can be quite impatient and wants answers right now. Could that be one of the reasons why Elon Musk sacked a large number of his members of staff some time ago?

In our next edition, we shall examine another celebrity and see the connection between their handwriting and their true



personality. Always remember, "if you must get it right, you must do it the WRITE way"



MacJob O.E (@dipomacjob) diptoy20m@yahoo.com 07062456737 (Text)

A South African born American entrepreneur and businessman, who in 1999 founded X.com (which later became Paypal), as well as SpaceX and Tesla Motors (which was renamed Tesla) in 2003. Clearly, Elon Musk is a visionary and pioneer in every regard.

How do you talk about electric cars (the future of automobiles) without mentioning his name? There are several other iconic niches he is identified with. But could that desire for doing something out of the ordinary be traceable to certain personality traits that can be seen in his writing or signature?

A bit of his biography reveals the tough times he went through in the hands of high school bullies, besides the abusive relationship with his dad. As history has shown, such challenges often serve as some sort of motivation for a lot of visionaries to attain admirable heights, perhaps to prove a point. As is it is usually said, success is the best revenge.

However, to many across the globe, Musk is known as the world's richest man, valued at about \$209 billion dollars, as at June 2022. But there are a number of traits or, better still, graphological features in his writing that typify the kind of personality he has portrayed before the entire world. These will be my focus in this edition

Again, it is important, for the benefit of anyone reading this column for the first time, that there is a body of knowledge known as Graphology or Handwriting Analysis, which can be defined as a method of identifying, evaluating and understanding the personality traits of individuals via strokes and patterns revealed by the handwriting.

Graphology is based on the assumption that the brain and the central nervous system directly influence the movement of the hand. The handwriting is a demonstrated behaviour and it reveals potentials at the time of writing but no predictions are made as to whether those potentials would be acted upon or not.

There are several parameters that help us unravel the mystery behind the personality traits of people. Some of these are clearly seen in the signature of the celebrity of discuss in this edition and it may just be proper to talk about a couple of them as follows:

Optimism

This trait is seen in the handwriting or signature the moment there is an observed upward movement of the baseline of the writing or signature to the

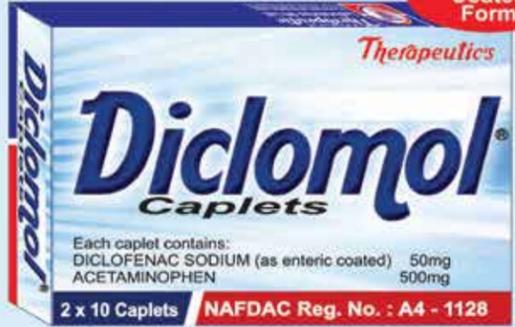


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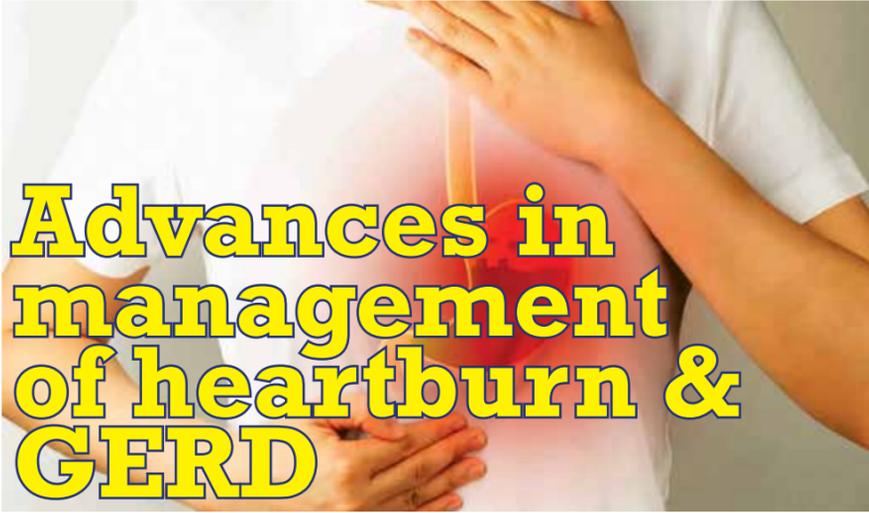
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Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)



Advances in management of heartburn & GERD

Hearthburn is a burning pain or discomfort in the upper chest and mid-chest, possibly involving the neck and throat, that may worsen when lying down. It is an irritation of the oesophagus, the tube that connects throat and stomach. It is caused by stomach acid, which leads to a burning discomfort in the upper belly or below the breastbone.

Although it is called heartburn, physicians have said the disease has nothing to do with the heart. The Medical Director, Charis-Med Hospital, Lagos, Dr Olayide A. Jinadu, explained that heartburn is characterised by pain and burning sensation close to where the heart is located. It is at times associated with a regurgitated salty-sour taste in the mouth and throat described as salt water brash. It is a common condition, which can occur to anyone. However, some people are more prone to heartburn than others.

Dr Charles Imafidion Emmanuel stated that heartburn feels just like its name, saying the disease makes one feel uncomfortable in the chest and

it is very common among men and women across the globe. Indeed, the American College of Gastroenterology estimated in one of its studies that more than 15 million people in the United States experience heartburn symptoms every day.

Symptoms of heartburn

According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIIDDKD), heartburn symptoms can range from mild discomfort to extremely uncomfortable. The most common symptom of heartburn is a burning feeling in the chest and throat.

On a general note, heartburn comes with a burning sensation behind the sternum, or breastbone, in the middle of the chest. One might also feel the pain in the throat, just as one can also feel pain in the chest when bending over or lying down. Heartburn may also make a patient to have a hot, acidic, bitter, or salty taste in the back of their throat. It can also make one find it hard to swallow.

According to Emmanuel, the most frequent symptom of

heartburn is a feeling of warmth, heat, or burning in the chest and throat. This is due to the stomach acid flowing back up into the oesophagus. Other symptoms include a burning sensation in the middle of the chest, a burning, indigestion-like pain, a foul, acrid taste in the mouth.

The doctor however advised that if a person experiences acid reflux symptoms often, he or she should consult a doctor, who may refer him or her to a gastroenterologist, a specialist in gut medicine, for further investigation.

How long does heartburn last?

Heartburn can affect people differently. Dr Darla Burke of Healthline noted that in general, heartburn symptoms begin shortly after eating and can last anywhere from a few minutes to a couple of hours, or even longer. She said, "How long you experience symptoms depends on the underlying cause. It also depends on what you do at the first sign of symptoms. For example, sometimes heartburn symptoms last until your body digests the triggering food. Other times, it goes away if you stand up, instead of lying down after eating."

She added that if one takes over the counter (OTC) antacids or prescription medications as part of a treatment plan, one may experience a shorter duration or fewer heartburn symptoms.

Heartburn versus heart attack

Heartburn is a symptom and usually feels like a burning sensation in the chest, under the sternum, and in the oesophagus that can extend to the neck, throat, and/or face. Heartburn often is caused by a malfunction in the

oesophageal sphincter muscle (a muscular valve located between the stomach and the oesophagus), which causes regurgitation (reverse flow) of acid from the stomach into the oesophagus.

Meanwhile, according to the medical director, North East Methodist Hospital, Department of Emergency Medicine, San Antonio, Texas, Dr Charles Patrick Davis, many people sometimes mistake heartburn pain for the pain of heart disease or a heart attack, but there are differences.

According to the doctor, a heart attack is a sudden and sometimes fatal occurrence of coronary thrombosis (coronary artery blockage) that frequently produces chest pain and/or additional pain that may radiate to the neck, jaw, and/or arms. Heart attacks involve the heart and not the oesophagus or acid regurgitation.

Because the oesophagus and heart are located near each other, many people consider pain in that region as a sign of either heartburn or a heart attack. However, individuals may often not know how to tell heartburn from a heart attack.

Heart attack signs and symptoms may include chest pain or discomfort; shortness of breath; pain or discomfort in the jaw, neck, back, arm, or shoulder; feeling nauseous, light-headed, or unusually tired.

A heart attack, also called a myocardial infarction, happens when a part of the heart muscle does not get enough blood. Davis said the more time that passes without treatment to restore blood flow, the greater the damage to the heart muscle. Coronary artery disease (CAD), Davis said, is the main cause of heart attack and a less common cause is a severe spasm, or sudden contraction, of a coronary artery that can stop blood

continued on page 13

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CONTRAINDICATIONS: Rabeprazole is contraindicated in patients with known hypersensitivity to Rabeprazole, substituted benzimidazole or to any component of the formulation. **PRECAUTIONS:** General: Symptomatic response to therapy with Rabeprazole does not preclude the presence of gastric malignancy. **PREGNANCY & LACTATION:** There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. Since many drugs are excreted in milk, caution should be exercised when Rabeprazole is administered to a nursing mother. **Pediatric Use:** The safety and effectiveness of Rabeprazole in pediatric patients have not been established. **Geriatric Use:** No overall differences in safety or effectiveness were observed between these subjects and younger subjects. **ADVERSE REACTIONS:** Adverse events with Rabeprazole are mild to moderate in intensity and included nausea, diarrhea, nervous, skin eruptions, headache and dizziness. Abnormal laboratory findings (decreased hepatic enzymes, LFT, blood urea nitrogen) observed with Rabeprazole were similar in incidence and severity with comparator agents and reversible with cessation of therapy. **DOSE AND ADMINISTRATION:** Barole Capsule should be administered before meals. Healing of Erosive or Ulcerative Gastroesophageal Reflux Disease (GERD): The recommended adult oral dose is one Rabeprazole 20 mg Capsule to be taken once daily for four to eight weeks. Maintenance of Healing of Erosive or Ulcerative Gastroesophageal Reflux Disease (GERD) Maintenance: The recommended adult oral dose is one Rabeprazole 20 mg Capsule to be taken once daily. Healing of Duodenal Ulcers: The recommended adult oral dose is one Rabeprazole 20 mg Capsule to be taken once daily for a period up to four weeks. Most patients with duodenal ulcer heal within four weeks. Treatment of Pathological Hypersecretory Conditions, including Zollinger-Ellison Syndrome: The dosage of Rabeprazole in patients with pathological hypersecretory conditions varies with the individual patient. The recommended adult oral starting dose is 60 mg once a day. Doses should be adjusted to individual patient needs and should continue for as long as clinically indicated. Doses up to 180 mg QD and 180 mg BID have been administered. He dosage adjustment is necessary in elderly patients, in patients with renal disease or in patients with mild to moderate hepatic impairment. Administration of Rabeprazole to patients with mild to moderate liver impairment resulted in increased exposure and decreased elimination. Due to the lack of clinical data on Rabeprazole in patients with severe hepatic impairment, caution should be exercised in these patients. Barole Capsule should be swallowed whole. The Capsules should not be chewed, crushed or soft. Barole IV: Compatibility with various IV fluids: Barole Injection is compatible with Dextrose injection, Dextrose saline injection. **Reconstitution:** To reconstitute add 3ml of sterile water for injection to make a solution. After preparation, the reconstituted solution must be used within 48 hours if stored at room temperature and within 24 hours if stored in refrigerator and the unused portion should be discarded.

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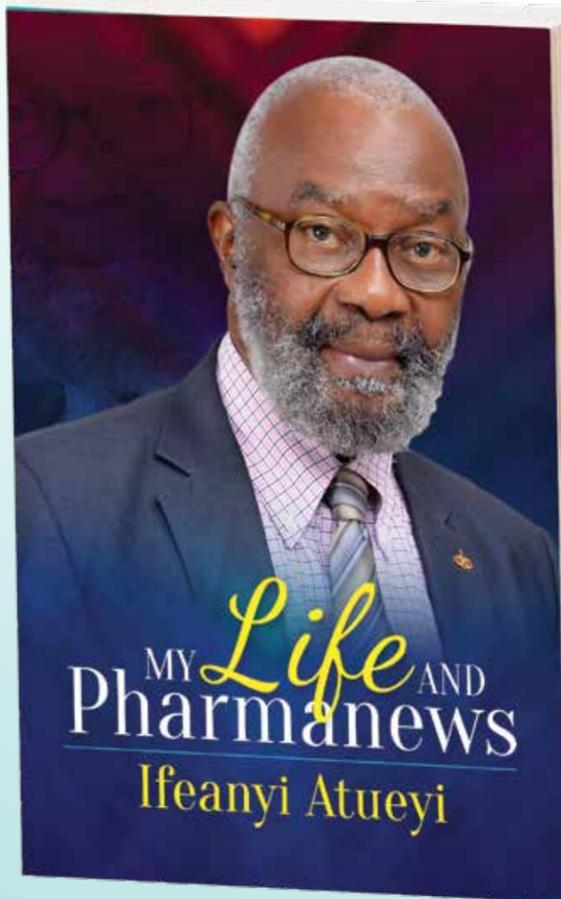
With the state of things in the country, it was predictable that my destination after having successfully completed my degree programme was the east and not Lagos, where I had lived from June 1964 to September 1966. Indeed, by the time we were returning, the situation had escalated to the point that everyone knew that war could begin at any moment. On both sides of the divide (Nigeria and Biafra), military forces were being marshalled and deployed to strategic positions.

When we got to Asaba, precisely at the River Niger Bridge, connecting Asaba and Onitsha, the entire area had been barricaded by heavily armed Biafran soldiers who were screening people crossing into Biafra to prevent infiltrators (more commonly called "saboteurs") from gaining access. Private vehicles were not allowed to cross over; so, my friends – Azuike, Eugene and Bona – who had vehicles, had to find a safe place to park them. It was much later that the vehicles were retrieved. They have fascinating stories to tell on how this was achieved.

When we got to the Biafran side, I first went to my hometown, Okija, to rest and then decide what next to do. From the look of things, especially with the seeming adroitness and preparedness of the Biafran government headed by Col. Odumegwu-Ojukwu, as well

A JEWEL IN A DUEL

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



as the palpable enthusiasm of the Igbo people themselves to defend their new found freedom at all cost, it appeared as if the new nation had indeed come to stay. In fact, when the Nigerian government, immediately after the declaration of Biafra, decided

to place an embargo on all shipping to and from Biafra (with the exclusion of oil tankers), the Biafrans seemed totally unfazed. Instead, the Biafran government responded by ordering all oil companies doing business within its borders to start paying royalties to it. Incidentally, the Biafran nation included all the states in the then eastern region, which were the present-day states of Anambra, Imo, Bayelsa, Rivers, Abia, Cross River, Ebonyi, Enugu and Akwa Ibom.

The Nigerian government did not initially

take the directive of the Biafran government on royalties seriously, but when towards the end of June, Shell-BP agreed to pay the sum of 250,000 pounds to Biafra, things took a different turn. Not only did the Nigerian

government extend its embargo to oil tankers but also ordered Shell to pay all outstanding royalties to it. It was a "fire-for-fire" situation and the Biafran government seemed a ready match, despite its disadvantaged position arising from the embargoes imposed on it.

In the second week of June, I went to Enugu, which was Biafra's seat of power. Few days later, on the 17th, I applied for the post of pharmacist at the University of Biafra Teaching Hospital (which was formerly University of Nigeria Teaching Hospital) and also the Ministry of Health. Later, I was offered employment as a pharmaceutical officer in the Ministry. Pharm. G. N. Igboka from Nimo was the Chairman of the Pharmacy Board of Biafra. At that time, pharmaceutical officers were very highly paid and respected because they were university graduates. This cadre of pharmaceutical officer was established during the time of Chief E. O. Igweze as the Chief Pharmacist of Eastern Nigeria. Pharmaceutical officers entered service on Scale A with entry point of 720 pounds, and later 1020 pounds, while other pharmacists were on CT Scale (408 pounds) entry point. Apart from our set, the only other pharmacists that benefitted from this scale were Pharm. Daniel Akuneme, Pharm. Pius Alu and Mrs Amoni Pepple, apart from Chief Igweze himself.

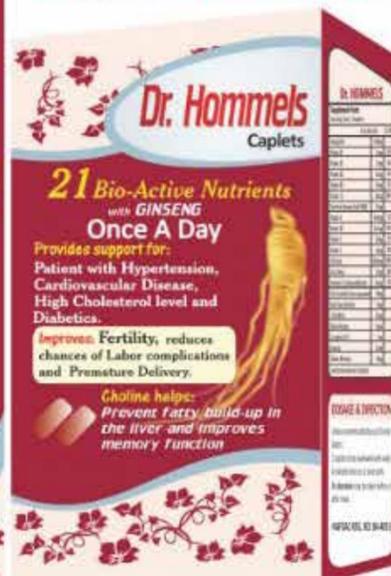
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Advances in management of heartburn & GERD

continued from page 11

flow to the heart muscle. According to the doctor, exercise may make heart disease pain worse, but rest may relieve it as well.

Causes of heartburn

According to physicians, the common causes of heartburn include drinking of alcohol, smoking, obesity, poor posture (slouching), certain medications (calcium channel blockers, theophylline, nitrates, antihistamines), certain foods (fatty and fried foods, chocolate, garlic and onions, caffeinated drinks, acidic foods such as citrus fruits and tomatoes, spicy foods, mint), eating large meals, eating too quickly, eating before bedtime, hiatal hernia, pregnancy, diabetes, increase in stomach acid (from stress, Zollinger-Ellison syndrome, stomach tumours), weight gain among others.

Diagnosis of heartburn

According to the American College of Gastroenterology, heartburn happens about once a week for up to 20 percent of Americans and is common in pregnant women. The symptoms can start up because of a problem with a muscular valve called the Lower Oesophageal Sphincter (LES) located where the oesophagus meets the stomach; that is below the rib cage and slightly left of centre. The college opine that if heartburn goes on for a long time, it may be a sign of a more serious condition known as gastroesophageal reflux disease (GERD), but to tell how serious it is, they may do several tests, which include:

X-ray: To do this, the patient will drink a solution called barium suspension that coats the lining of the upper GI (gastrointestinal) tract - that is, the oesophagus, stomach, and upper small intestine. This coating lets doctors see defects that could mean a problem in the digestive system.

Endoscopy: This is a small camera on a flexible tube that is put down the throat to give a view of the upper GI tract.

Ambulatory acid probe test (oesophageal pH monitoring): Sometimes, the doctor may recommend a 24-hour oesophageal pH probe study, especially if the patient has unusual symptoms, such as throat or chest or abdominal pain, coughing, or asthma-like symptoms. An acid monitor is put into the oesophagus and connected to a small computer that one can wear on a belt or shoulder strap. It measures when stomach acid backs up into the oesophagus and for how long. Meanwhile, a newer technique called Bravo, measures up to 48-hour acid; it is done using wireless pH sensors, which eliminates the need for a tube insertion.

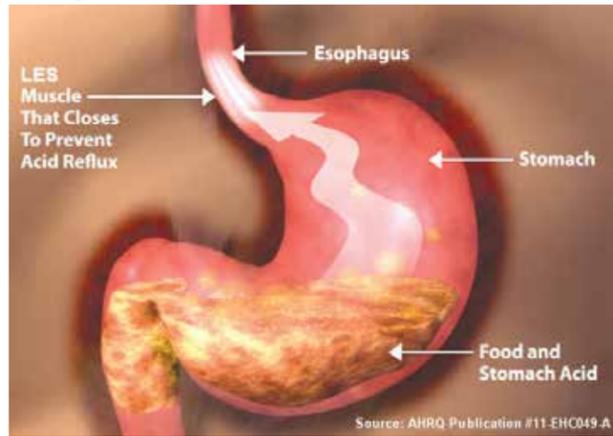
Oesophageal motility testing (oesophageal manometry): A catheter is put into the oesophagus and measures pressure and movement.

Electrocardiogram (ECG): To see if heart is the cause of the symptoms, patients might have an ECG, a recording of the heart's electrical activity.

Management of heartburn

Dr Burke stated that if a patient experiences occasional heartburn, a combination of lifestyle changes and medications can help alleviate the symptoms. Lifestyle changes, such as maintaining a moderate weight, can help reduce the symptoms. Other measures that may help patients to manage the disease may include avoiding foods that trigger the symptoms, wearing of loose clothing, avoid eating close to bedtime, as well as avoid lying down right after eating.

Physicians recommend that those who have heartburn



symptoms should not eat large meals but smaller portions, adding that more frequent meals throughout the day may make a difference. Again, raising one end of one's bed 10 to 20cm by putting something under the bed or mattress will help to reduce the symptom as this will make the chest and head to be above the level of the waist, so stomach acid does not travel up towards the throat.

there are alternatives.

If diet and lifestyle changes as well as OTC medications do not make a difference in relieving heartburn condition, there are available treatments that may be recommended for every patient, depending on the peculiarity of the individual patient. The doctor may prescribe medications such as Proton pump inhibitors (PPIs): esomeprazole

Treatment of heartburn

According to US Drugs and Food Administration (USFDA), treatment for heartburn begins with a conversation with the doctor and this is why physicians have said patients should talk to their doctors if they take any medications that may cause symptoms of heartburn to see if

(Nexium), lansoprazole (Prevacid), rabeprazole (Aciphex), and pantoprazole (Protonix); coating agents: sucralfate (Carafate); promotility agents: metoclopramide (Reglan, Clopra, Maxolon) and bethanechol (Duvoid, Urabeth, Urecholine).

According to USFDA, OTC medications can often be used to treat heartburn and there are some OTC treatment options for patients. The agency identifies three classes of OTC medications for the treatment of heartburn which are:

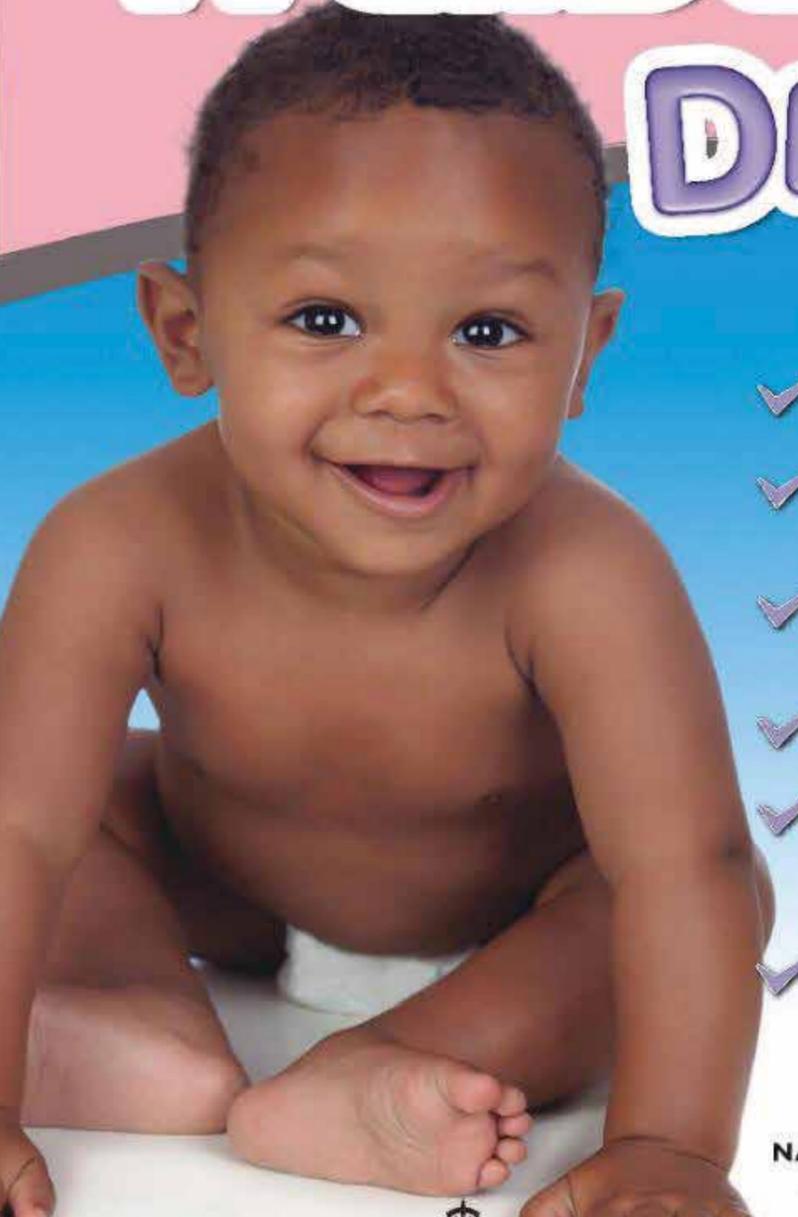
Antacids: Antacids relieve heartburn (indigestion). They work by changing the stomach acid that causes heartburn. These medications help neutralise stomach acid. They can provide quick relief of heartburn symptoms. Common antacids are Mylanta, Rolaids, Tums, Alka-Seltzer and Gaviscon.

Histamine-2 (H2) blockers: H2 blockers relieve and prevent heartburn and work by reducing the amount of acid produced by the stomach. H2 blockers reduce the amount of acid that stomach makes. Typically, they start to work within

continued on page 15

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Advances in management of heartburn & GERD

continued from page 13

one to three hours and provide acid-suppression for several hours. And because acid reducers may interact with certain other medicines, the USDFA recommends asking a doctor or pharmacist before using H2 blockers while taking a prescription drug. Common OTC H2-blockers include Tagamet HB (cimetidine), Pepcid Complete or Pepcid AC (famotidine), and Axid AR (nizatidine).

Proton pump inhibitors (PPIs): PPIs reduce the amount of acid in the stomach. They can also help to heal damaged tissue in the oesophagus. OTC PPIs treat frequent heartburn (occurs two or more days a week) and are not intended for immediate relief of heartburn, as they may take one to four days for full effect. In contrast, prescription PPIs are used to treat conditions like gastroesophageal reflux disease (GERD), stomach and small intestine ulcers, and inflammation of the oesophagus. PPIs work by reducing the amount of acid produced by the stomach.

Meanwhile, because acid reducers may interact with certain other medicines, the USDFA also urges every patient to ask a doctor or pharmacist before use if they are taking a prescription drug. The USDFA also said OTC PPIs are only intended for a 14-day course of treatment and can be used up to three times per year. They include: Prevacid 24HR (lansoprazole), Nexium 24HR (esomeprazole), Prilosec OTC (omeprazole magnesium), Zegerid OTC (omeprazole and sodium bicarbonate).

To use the drugs safely and effectively, the agency urges all patients to read the label of the drug, avoid taking more than directed or



use for longer than directed on the label and if heartburn symptoms persists even after taking these drugs, then the patients should talk to a healthcare professional.

Side effects of medications

Although the above medications can be helpful, they may have side effects, according to the NIDDK. Antacids can cause constipation or diarrhoea. PPIs may cause headache, diarrhoea, or upset stomach. The agency advised that patients should talk to their doctor about any medications they are already taking to see if they are at risk for any drug interactions. And in a situation where OTC medications do not relieve the symptoms, doctor may be able to prescribe stronger versions of those medications.

How antacids work to treat heartburn

Antacids help neutralise the acid that the stomach produces. They provide fast, short-term relief

of heartburn symptoms. Antacids work differently from H2 blockers and PPIs, which reduce or block stomach acid.

Antacids are not intended for daily use. Patients are expected to take antacids shortly after eating or when experiencing symptoms. Antacids come in liquid, tablet, or gummy form. Most antacids contain one or more of important ingredients such as calcium, aluminium, magnesium. Antacids are typically considered safe, but they may cause some side effects, such as diarrhoea or constipation. Patients should therefore follow the directions on the label and avoid overusing antacids. "Talk with your doctor if you have any questions about using an antacid or if you experience any complications after taking one", NIDDK said.

GERD

Gastroesophageal Reflux Disease (GERD) is a digestive disorder that affects the ring of muscle between oesophagus and

stomach. This ring is called the Lower Oesophageal Sphincter (LES). A person with GERD may have heartburn or acid indigestion. Doctors however think that some people may have the disease because of a condition called Hiatal Hernia.

GERD is one of the major causes of heartburn. Or simply put, one of the common signs and symptoms of GERD is heartburn, a burning sensation in the chest, usually after eating, which might be worse at night, may cause chest pain and difficulty in swallowing. GERD is a persistent acid reflux that happens more than twice per week. That is, if acid reflux keeps happening, it is GERD.

GERD occurs when stomach acid frequently flows back into the tube connecting the mouth and the stomach (oesophagus) and many people experience acid reflux from time to time. Most people can manage the discomfort of GERD with lifestyle changes and over-the-counter medications; but some people with GERD may need stronger medications or surgery to ease symptoms.

In their study titled, "Gastroesophageal Reflux Disease: Prevalence and Extraoesophageal Manifestations Among Undergraduate Students in South West Nigeria", Moses Ayodele Akinola and Titus Ayodeji Oyedele et al said the reflux of noxious contents of the stomach may cause oesophageal and extra-oesophageal complications either by direct contact of aspirated gastric refluxate with the upper airway or by a vago-vagal reflex.

The prevalence of GERD in a similar community-based study carried out in Nigeria was 26.34 per cent, which is comparable to 32.8 per cent reported in the

continued on page 17

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Pharma stakeholders decry harsh regulation by NDLEA, SON, others

continued from page 1

secure from NAFDAC to import or be in possession of pharmaceutical products. The speakers wondered why many agencies should be regulating same practice.

Some of the stakeholders who spoke in exclusive chats with **Pharmanews**, opined that agencies like the NDLEA, SON, Customs, and the National Environmental Standards and Regulations Enforcement Agency (NESREA), are not supposed to be preoccupied with the activities of the pharmaceutical industry.

They stated that since the National Agency for Food and Drug Administration and Control (NAFDAC) and the Pharmacists Council of Nigeria (PCN) were established principally to regulate the activities of the pharma sector, other government agencies should not duplicate their operations.

Describing the activities of other regulatory agencies other than NAFDAC and the PCN on the pharmaceutical industry as needless, the stakeholders noted that the situation, together with myriads of other challenges, is a major burden to the industry.

NAIP had invited officials of the regulatory agencies to the conference to participate in discussions relating to regulation of the pharmaceutical industry; however, only the NDLEA had representation.

The NDLEA official who attended the plenary, Dr Aliu Bankole, explained that officials of the agency harassing pharmacists were junior officers who appeared not know much about the role of pharmacists, saying the agency was already addressing the challenge.

Also speaking at the gathering, the Founder, Group Managing Director and Chief Executive Officer of Drugfield Pharmaceuticals Limited, Pharmacist Olakunle Ekundayo, said, "There is the problem of over-regulation of the pharmaceutical industry, and it is very sad for our country, Nigeria.

"When it comes to the manufacturing of drugs or pharmaceutical-related products, we all know it is the duty of NAFDAC to regulate it. For the professional aspect of the pharmaceutical industry, the pharmacists that are operating in the industry, it is exclusively for PCN. But when you now have several other agencies of the federal government, such as SON, NDLEA, Customs and NESREA, regulating what NAFDAC and PCN is regulating - charging fees just to make money - that is not fair. It is over-regulation and duplication of regulation. It is killing the industry."

Similarly, the Managing Director of Oculus Pharmacare Limited, Sir Clifford Ezimako, bemoaned instances in which there was an embargo on registration of products and times when there were delays in Customs inspection. He wondered how an industry would develop when several agencies were regulating the same thing, causing so much delay in the process.

He added that the situation was dragging Nigeria behind countries like Ghana, which were moving at a fast pace. He further stated that the ugly experiences he and his company had received from some of the regulatory agencies were proofs that the country still had a long way to go.

Also speaking on the challenge,

the Chief Executive Officer of the Netherlands Business School, Nigeria, Prof. Lere Baale, said over-regulation of the pharmaceutical industry was silently killing the Nigerian economy, stressing that unless the many hurdles in the way of pharmacists in the country were removed, healthcare delivery would not be credible, as availability of drugs is what makes healthcare delivery to be credible.

Baale noted that the regulatory agencies in the country needed to sit down for a robust discussion with the critical stakeholders in the pharmaceutical industry, saying it was wrong for some of the regulators to be treating pharmacists as potential fraudsters while merely discharging their duties to the country.

He added: "The way forward is for the regulators to sit with the critical stakeholders in the industry. The regulators need to meet with the organised private sector, such as NAIP and other various professional bodies, such as Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria (PMG-MAN) and the Association of Research-based Pharmaceutical Manufacturers, to discuss. You don't define who a Nigerian is by the population of fraudsters like the so called *yahoo boys*, who account for less than 0.1 per cent of the nation's population. You can't define the pharmaceutical industry by those who account for less than 0.1 per cent that are dealing in illegal things in the industry.

"When the regulators decide to treat everybody in the industry as if they were a potential fraudster, then it becomes a problem, this is what is irritating; this is what is leading to over-regulation of the pharmaceutical industry.

"Pharma industry is not the only industry in Nigeria; in fact, there are different industries within the healthcare sector. The medical industry, for instance, is not over-regulated the way the pharmaceutical industry is being over-regulated. Medicine is regulated by the Medical Council of Nigeria, and the service the physicians are rendering is regulated by the council."

Baale called for an end to harassment of pharmacists by the regulatory agencies, even as he advocated consolidation of regulation among the regulatory agencies.

In his words, "Whereas PCN regulates pharmacy practice and the pharmacy profession, the products that we sell are being regulated by NAFDAC. Some of the products being regulated by NAFDAC are also being regulated by the NDLEA. And along the line, because the pharmaceutical industry is also in the broad healthcare industry, SON will also want to regulate some of the products that are being regulated



L-R: NAIP Chairman, Pharm. Ken Onuegbu; MD, Drugfield Pharmaceuticals Limited, Pharm. Olakunle Ekundayo, an receiving award from the Chief Executive Officer of the Netherlands Business School, Prof. Lere Baale, as PSN General Secretary, Pharm. Gbenga Falabi and former Chairman, NAIP, Pharm. Ignatius Anukwu look in admiration at the Annual Conference of NAIP in Lagos, recently.

by NAFDAC and NDLEA. Other agencies still also want to regulate the same products that NAFDAC is regulating.

"This is why we are saying, let there be consolidation of regulation; let there be cooperation among regulatory authorities and let them agree that for industry players who have received formal approval from PCN and NAFDAC, NDLEA should not be harassing them.

"PCN and NAFDAC already have a close mark on the industry and the licence we got as pharmacists from the government agency, which is PCN, has already said we are licensed to import, export, manufacture, dispense and compound; but on the contrary, another government agency is now saying we cannot import, export, compound or dispense, unless we get additional approval. This is odd; it is a strategy called barrier to entry. Those barriers to entry of industry discourage people from coming into an industry."

According to the professor, it is because of the barriers that many pharmacists are no longer in pharmacy practice. He said if there is licence for pharmacists to do certain things, there is no point to put another hurdle again to say another agency should crosscheck those things that one agency has done.

He recommended that all the agencies should cooperate and work as a team, as against the existing multiple regulations.

He posited, "A document can be submitted by each pharma company or a pharmacist and in that document, there could be items or sections where each agency should tick and it should be done collectively in a transparent way, after which the company or pharmacist applicant should be cleared.

"But when an agency wants to exclusively do it alone, then the transparency will be forfeited. This is where the agency in question begins to think it has power to make or mar the applicant. This is the serious bureaucracy that is working seriously against the pharmaceutical industry and we are saying no to it."

Baale also wondered why pharmacists and pharma companies should be harassed when the government already has information on all the pharmacists in the country.

"The government already has data of all pharmacists in the country. NDLEA can go to the PCN website to get information about every pharmacist that has been licensed to practice. NDLEA or PCN can go to NAFDAC website to know which products pharmacists can import or carry; it is just a matter of exchanging passwords to those websites. With the current approach of these regulatory agencies, the concept of 'ease of doing business' is already contradicted and is killing the Nigerian economy.

"The pharmaceutical industry is making significant contributions to the nation's economy. The greatest wealth of every country is health. It must be noted that drug is what makes healthcare delivery credible and this is why pharmacists should be allowed to do what they need to do so that healthcare delivery can become more credible.

"Registration hurdles should be made easy. In European countries, registration is only done in one location and then sell in all their countries, but in Africa, you must registered in virtually all the countries; we are the one creating problem for ourselves in Africa." He said.

Baale added that, with the imminent takeoff of the African Continental Free Trade Area (AfCFTA) agreement, time has come when registration done in Nigeria by NAFDAC should be accepted in other counties, since NAFDAC has been certified by the World Health Organisation (WHO).

He said, "Now that AfCFTA agreement is here, we are demanding for the removal of the hurdles that are on the way of pharmaceutical companies in Nigeria so that they can spread to the rest of Africa countries and if we are slow in Nigeria, companies from Ghana and other smaller Africa countries will overtake us. These are some of the reasons the regulatory agencies should work together to achieve the same purpose, unless there is individual interest.

"The harassment by NDLEA, customs and other agencies should stop. We are professionals; we are not merchants. We are not those who just stumble on selling drugs; we are professionally trained and licensed to manufacture and distribute drug and ensure that the drug policy of the country is achieved."

Advances in management of heartburn & GERD

continued from page 15

study, though the studies were from different geo-political zones of Nigeria.

According to Doctor Mary Yeboah Afihene, the Medical Director, Department of Medicine Komfo Anokye Teaching Hospital, Kumasi, Ghana, heartburn and regurgitation are classic symptoms of GERD. The medical doctor noted that investigating GERD remains a challenge as both invasive methods and symptom-based strategies have limitations.

According to her, national guidelines recommend that GERD can be diagnosed clinically, without the need for formal investigations. She pointed out that structured questionnaires are cumbersome to use in clinical practice and add little to the accuracy of clinical diagnosis.

Causes of GERD

The term "gastroesophageal" refers to the stomach and oesophagus. Reflux on the other hand means to flow back or return. Gastroesophageal reflux is therefore when what is in the stomach moves up into the oesophagus. In normal digestion, the Lower Oesophageal Sphincter (LES) opens to allow food into the stomach. Then it closes to stop food and acidic stomach juices from flowing back into the oesophagus. GERD therefore happens when the LES is weak or relaxes when it should not. This lets the stomach's contents flow up into the oesophagus.

Risk Factors for GERD

According to the American College of Gastroenterology, GERD can cause vomiting that happens over and over again. The college added that the disease can also cause coughing and other breathing problems.

The college said: "Some doctors believe a hiatal hernia may weaken the LES and raise the chances of gastroesophageal reflux. Hiatal hernia happens when the upper part of the stomach moves up into the chest through a small opening in the diaphragm (diaphragmatic hiatus). The diaphragm is the muscle separating the abdomen from the chest. Recent studies show that the opening in the diaphragm helps support the lower end of the esophagus. Many people with a hiatal hernia will not have problems with heartburn or reflux. But having a hiatal hernia may allow stomach contents to reflux more easily into the esophagus.

"Coughing, vomiting, straining, or sudden physical exertion can raise pressure in the belly and lead to a hiatal hernia. Many otherwise healthy people ages 50 and over have a small one. Although it's usually a condition of middle age, hiatal hernias affect people of all ages. Hiatal hernias usually don't need treatment. But it may be necessary if the hernia is in danger of becoming strangulated, or twisted in a way that cuts off blood supply. You may also need to treat it if you have one along with severe GERD or esophagitis (inflammation of the esophagus). Your doctor may perform surgery to make the hernia smaller or to prevent strangulation".

GERD symptoms

As stated earlier, the most common symptom of GERD is heartburn (acid indigestion). It usually feels like a burning chest pain that starts behind the breastbone and moves upward to the neck and throat. Many people say it feels like food is coming back into the mouth, leaving an acid or bitter taste.

The burning, pressure, or pain of heartburn can last as long as two hours. Doctors have said many people feel better if they stand



upright or take an antacid that clears acid out of the oesophagus. Just like heartburn, besides pain, a patient with GERD may also have nausea, bad breath, trouble breathing, a hard time swallowing, vomiting, wearing away of tooth enamel, a lump in the throat. Those who have acid reflux at night may also have a lingering cough, laryngitis, asthma that comes on suddenly or gets worse and sleep problems, amongst others.

Diet and lifestyle changes

According to the Medical Director, WebMed, Hansa D. Bhargava, there are several changes that one can make in lifestyle to help lessen symptoms of GERD. They include:

Avoidance of foods and beverages triggers: Stay away from foods that can relax the LES, including chocolate, peppermint, fatty foods, caffeine, and alcoholic beverages. You should also avoid foods and beverages that can irritate a damaged oesophageal lining if they cause symptoms, such as citrus fruits and juices, tomato products, and pepper.

Eat smaller servings: Eating smaller portions at mealtime may also help control symptoms. Also, eating meals at least two to three hours before bedtime lets the acid in your stomach go down and your stomach partially empty.

Eat slowly: Take time at every meal.

Chew your food thoroughly: It may help you remember to do this if you set your fork down after you take a bite. Pick it up again only when you've completely chewed and swallowed that bite.

Stop smoking: Cigarette smoking weakens the LES. Stopping smoking is important to reduce GERD symptoms.

Elevate your head: Raising the head of your bed on 6-inch blocks or sleeping on a specially designed wedge lets gravity lessen the reflux of stomach contents into your oesophagus. Don't use pillows to prop yourself up. That only puts more pressure on the stomach.

Stay at a healthy weight: Being overweight often worsens symptoms. Many overweight people find relief when they lose weight.

Wear loose clothes: Clothes that squeeze your waist put pressure on your belly and the lower part of your oesophagus.

Acupuncture: In one study,

treatment with acupuncture stopped reflux in the test group better than PPIs, with results that lasted longer.

GERD complications

Doctors have said that GERD may sometimes lead to serious complications. Such complication may include:

Oesophageal ulcer: Stomach

acid eats away oesophagus until an open sore forms. These sores are often painful and may bleed. They can make it hard to swallow.

Oesophageal stricture: Stomach acid damages the lower part of the oesophagus and causes scar tissue to form. This scar tissue builds up until it narrows the inside of the oesophagus and makes it hard to swallow food.

Barrett's oesophagus: Acid reflux changes the cells in the tissue that lines the oesophagus. The lining gets thicker and turns red. This condition is linked to a higher chance of oesophageal cancer.

Lung problems: If reflux reaches the back of the throat, it can cause irritation and pain. From there, it can get into the lungs (aspiration). If this happens, the voice may get hoarse. One could also have postnasal drip, chest congestion, and a lingering cough. If lungs get inflamed, one can develop asthma, bronchitis, and possibly even pneumonia.

GERD versus asthma

Although findings are still ongoing to know the exact relationship between GERD and asthma, but it is generally observed that a large number of patients with GERD also have asthma. For an instance, Cleveland Clinic said, "We don't know the exact relationship between GERD and asthma, but we have discovered that more than 75 per cent of people with asthma have GERD. They are twice as likely to have GERD as people without asthma. GERD may make asthma symptoms worse, and asthma drugs may make GERD worse. But treating GERD often helps to relieve asthma symptoms."

The clinic stated that the symptoms of GERD can injure the lining of the throat, airways and lungs, making breathing difficult and causing a persistent cough, which may suggest a link. Some doctors, according to the clinic, mostly look at GERD as a cause of asthma if asthma begins in adulthood.

Surgery for GERD

Doctor may recommend surgery if GERD symptoms do not improve with lifestyle changes and medicines, or if patients wish to stop taking long-term GERD medicines to manage symptoms. However, it has been established that patients are more likely to develop

complications from surgery than from medicines.

According to Dr Bhargava, if someone has damage to his or her oesophagus, even with medication, and a hiatal hernia, one may need surgery for GERD. But before going for surgery, it is better to try all the other treatments one can first. The various surgery options for GERD include:

Fundoplication: according to the National Institute of Diabetes and Digestive and Kidney Diseases, Fundoplication is the most common surgery for GERD. The institute said in most cases, fundoplication leads to long-term improvement of GERD symptoms.

During the operation, a surgeon sews the top of the stomach around the end of the oesophagus to add pressure to the lower oesophageal sphincter and help prevent reflux. Surgeons may perform fundoplication as laparoscopic or open surgery. In laparoscopic fundoplication, which is more common, surgeons make small cuts in the abdomen and insert special tools to perform the operation. Laparoscopic fundoplication leaves several small scars. In open fundoplication, surgeons make a larger cut in the abdomen.

Transoral incisionless fundoplication (TIF): A newer form of this surgery uses an endoscope (a small tube with a camera) to wrap the stomach around the LES with plastic fasteners. It's less invasive than standard fundoplication.

Stretta procedure: in this surgery, the doctor puts a small tube down the oesophagus that uses low-radiofrequency heat to reshape your LES.

Bariatric surgery: Bhargava said if a patient has GERD and obesity, the doctor may recommend weight-loss surgery, also called bariatric surgery, most often gastric bypass surgery. Bariatric surgery can make a patient to lose weight and reduce GERD symptoms.

Endoscopy: In a small number of cases, doctors may recommend procedures that use endoscopy to treat GERD. For endoscopy, doctors insert an endoscope—a small, flexible tube with a light and camera—through your mouth and into your esophagus. Doctors may use endoscopic procedures to sew the top of your stomach around the lower esophageal sphincter or to deliver radiofrequency energy to the sphincter. Doctors don't use these procedures often.

Linx surgery: Your doctor wraps a band of magnetic titanium beads around the place where your stomach and esophagus meet. The magnetic attraction of the beads keeps it loose enough to let food pass through into the stomach, but tight enough to stop reflux.

Is GERD a life threatening disease?

According to various doctors, GERD can limit patients' daily activities; however, it is rarely life-threatening. Dr Bhargava averred that if a patient understands the causes and gets proper treatment, he should feel better. Whereas, a long-term GERD can lead to more serious health problems such as oesophagitis, Barrett's oesophagus, Oesophageal cancer, among others.

Report compiled by Ranmilowo Ojalumo with additional report from M. A Akinola, 2020: prevalence and Extraesophageal manifestations among undergraduate students in South West Nigeria"; Cleveland Clinic, MedicineNet, The National Institute of Diabetes and Digestive and Kidney Diseases, the Washington Post, WebMed, Healthline, US Drugs and Food Administration (USFDA), Mayo Clinic, medical news today, and The Punch.



Easing Nigeria's burden of cardiovascular diseases with anticoagulants

By Temitope Obayendo

It is often incredible when the news of the sudden demise or disability of a loved one filters into the ears of relatives, who had no prior information of his or her hospitalisation due to an accident or illness. At such instances, especially when someone slumps and dies or develops a stroke, it is commonplace for Africans to attribute the incident to witchcraft activities or demonic attack. However, medical experts have associated such occurrences with cardiovascular diseases, which are termed silent killers.

Cardiovascular diseases (CVDs) include any disorder, abnormality, or failure to function well, relating to the heart and blood vessels or the circulatory system. Previously, such ailments were common among the older adults from 50 years above, but recent findings have shown that younger adults from 35 years old and above have more and more risk factors for heart diseases, due to changes in lifestyle.

Recent reports from the World Health Organisation show that an estimated 17.9 million people died from

CVDs in 2019, representing 32 per cent of all global deaths. Of these deaths, 85 per cent were due to heart attack and stroke. The findings also revealed that over three quarters of CVD deaths take place in low- and middle-income countries.

This explains the need for awareness creation among patients and practitioners because knowledge and experience have shown that heart diseases are preventable and reversible when identified early.

Critical risk factors

While it has been observed that advocacy on the management of high blood pressure and blood glucose level are gaining ground, much is not heard about other risk factors that predispose people to CVDs, which include certain heart or blood vessel diseases; an abnormal heart rhythm called atrial fibrillation; a heart valve replacement; blood clots after surgery; and congenital heart defects.

Notable among other risk factors for heart failure and

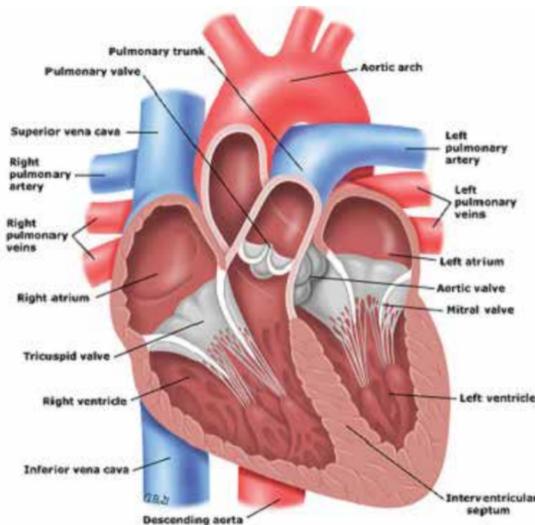
stroke is an abnormal heart rhythm and blood clots. Cardiologists have linked an abnormal heart rhythm or atrial fibrillation (AF) with considerable morbidity, including an increased risk of cognitive impairment, a three-fold increase in the risk of heart failure, and a five-fold increase in the risk of stroke.

Findings have also shown that people have different tendencies for blood clot, such as cancers, those who have undergone major surgery, family history, obesity, prolonged immobility, long distance travelling by flight and those who sustain long bone fractures, just to mention a few.

According to Dr Dike Ojji, consultant cardiologist, Department of Internal Medicine, College of Health Sciences, University of Abuja and University of Abuja Teaching Hospital, 20 per cent of all strokes in the general population are due to AF, while non-valvular atrial fibrillation is associated with increased severity, disability, and an increased risk of death.

A simple analysis of

continued on page 25



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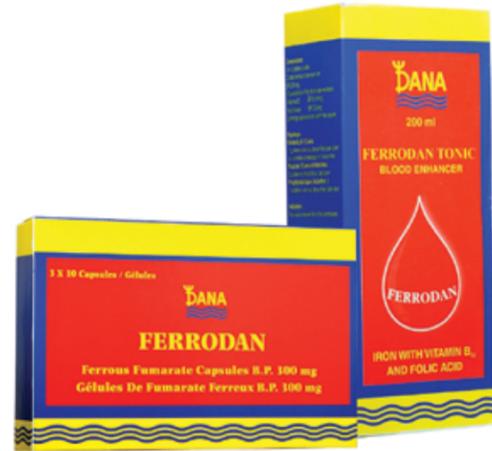


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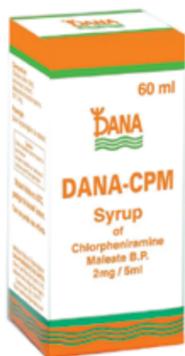


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Reign of Lassa fever in Nigeria

By Patrick Iwelunmor

An acute and sometimes severe haemorrhagic illness endemic in West Africa, Lassa fever was first recognised in Nigeria in 1969. The virus (LASV) is contacted by humans primarily through the contaminated excreta of the rodent *Mastomys natalensis*. There have been various reports on the yearly case burden of the disease in Nigeria from the Federal Ministry of Health, through the Nigeria Centre for Disease Control. Nigeria has been the epicentre of the disease which has also unfortunately been exported to neighbouring and distant countries.

A review of the prevalence of the disease in Nigeria, from 2015 to 2021, shows that the most affected age group was 21-40 years, with a male to female

ratio of 1:0.8. With a total of 3311 laboratory-confirmed cases, out of the 20,588 suspected cases from 29 Nigerian states, there have been yearly outbreaks in Edo, Ondo, Taraba, Ebonyi, Bauchi, Plateau and Nasarawa over the aforementioned time frame. Over 33,802 persons underwent contact tracing, with about 90 per cent completing follow-up.

There was a case-fertility rate that ranged from 9.3 per cent to 29.2 per cent within the period. The epidemiological trend of the disease has witnessed a sharp decline in the yearly seasonal peaks from weeks 1 to 13, with about 75 per cent reduction in incidence between 2020 and 2021.

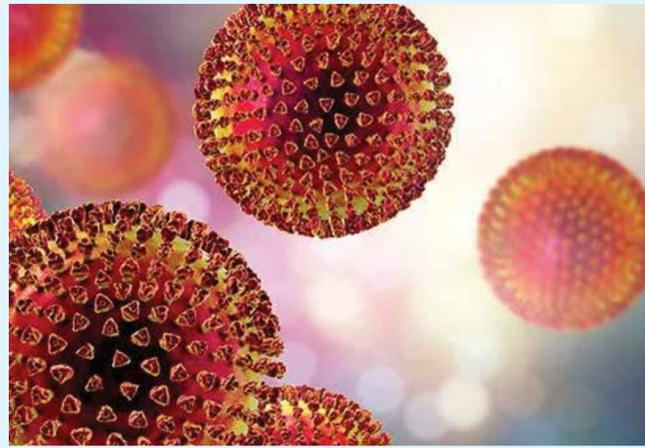
Being a yearly outbreak in West Africa, Lassa fever has been reported more in Nigeria. The disease usually records seasonal peaks during the dry season, from November to April, and is common in Sierra Leone, Ghana, Mali, Nigeria, Benin, Togo, Guinea and Liberia.

Diagnosis

One of the reasons for delay in Lassa fever diagnosis is its non-specific symptoms, such as fever and the assumption that the febrile illness is caused by other factors, such as malaria, which is very endemic in sub-Saharan Africa. Another challenge with the management of the disease is the difficulty in identifying its onset, due to the generalised symptoms and clinical presentation, such as fever, vomiting, fatigue, abdominal pain, sore throat, chest pain and myalgia. The disease may also progress to serious complications, such as encephalitis, respiratory difficulty, haemorrhage, neurological problems and hearing loss.

Incubation

The incubation period for the Lassa fever virus is one to three



weeks. This long incubation period makes it easier for an infected person living in an endemic region to travel both locally and internationally, spreading the disease. The ease of human movement, coupled with the interconnectedness of countries in West Africa escalates the risk of international spread of the disease.

Surveillance

There is an urgent need for disease surveillance systems as well as a comprehensive outbreak response. This should serve as a public health procedure in cross-border migration.

The World Health (WHO) Organisation has said that Nigeria's failure to fully implement disease surveillance mechanisms to handle Lassa fever has led to the repeated outbreaks of the disease at state and national levels. The

negligent and lackadaisical attitude of the Nigerian government towards healthcare also contributes significantly to the high mortality rate recorded yearly.

However, in recent years, the provision and use of personal protective equipment (PPE) for healthcare workers has led to the substantial reduction in confirmed cases among Nigerian healthcare workers. Cumulatively, from week 1 to week 24, 2022, 158 deaths have been reported, with a case fatality rate (CFR) of 19.8 per cent, which is lower than the CFR for the same period in 2021 (20.5 per cent).

In total for 2022, 24 States have recorded at least one confirmed case across 99 Local Government Areas. Of all confirmed cases, 68 are from Ondo (29 per cent), Edo (25 per cent) and Bauchi (14 per cent).

Prevention

The prevention of Lassa fever outbreak depends on many factors but most importantly, there should be a deliberate and focused effort on the promotion of community hygiene, to make it difficult or impossible for rodents to infest homes. Effective measures in this regard include: storing grains and other foodstuff in rodent-proof containers, disposing of garbage far from home, maintaining clean households and, if possible, keeping cats.

Lassa fever causes approximately 5000 to 10,000 deaths annually in West Africa and cases have been exported to Europe and the Americas, challenging public health. Although the Lassa virus was first identified over five decades ago in 1969, no treatments or vaccines have been approved to treat or prevent infection.

Notwithstanding, ribavirin, an antiviral drug, has been used with success in most patients. It has been shown to be most effective when given early in the course of the illness.

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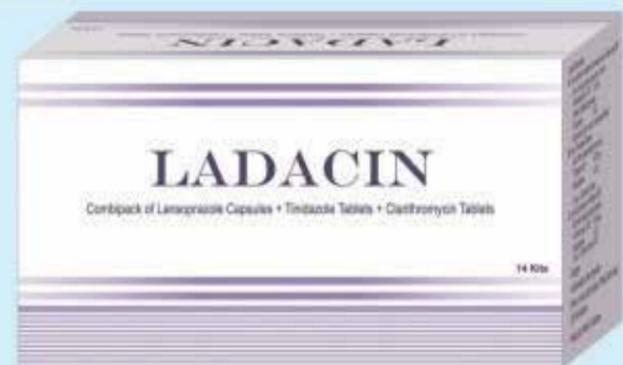
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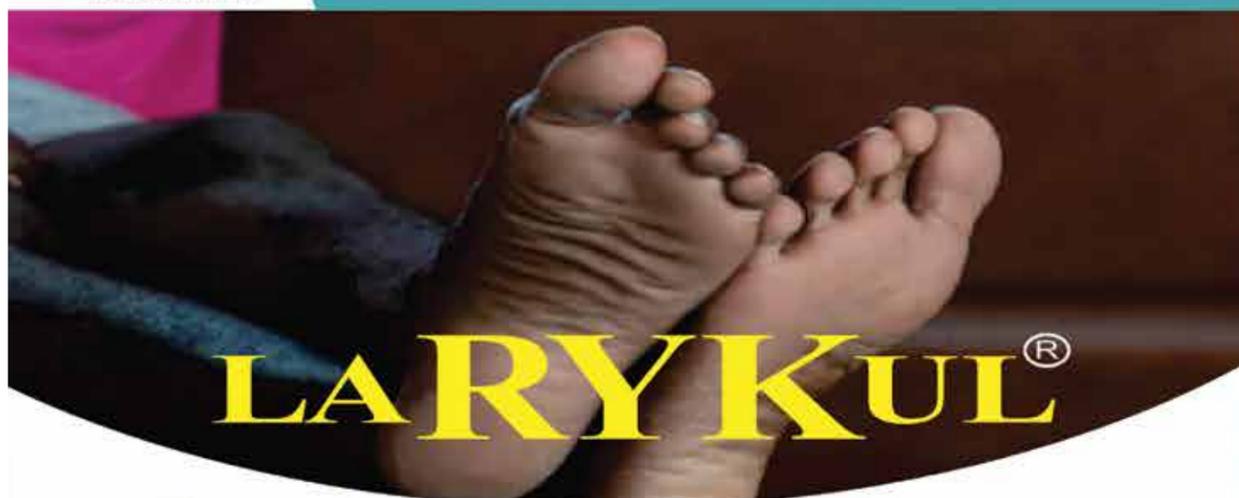
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Easing Nigeria's burden of cardiovascular diseases with anticoagulants

continued from page 18

the population of Nigerians susceptible to morbidity and mortality through these risk factors highlighted above, with the attendant economic burden, gives an urgent call for early diagnosis and proper management of AF and blood clots through the administration of anticoagulants.

Necessity of anticoagulants

Anticoagulants or blood thinners are medicines that prevent blood clots from forming. While they do not break up already formed clots, they can stop those clots from getting bigger. As identified above as one of the risk factors for heart attacks, strokes and blockages, the treatment of blood clot is essential.

It is also worthy of mention that sensitisation on the usage of anticoagulants is at a low ebb in the country, as some cardiovascular patients sampled on the knowledge of anticoagulants responded negatively when compared with their knowledge of other drugs like antihypertensives, antidiabetics and diuretics.

Heart and Stroke Foundation of Canada listed



examples of anticoagulants to include Eliquis, a brand of apixaban; Pradaxa, made from dabigatran; Lixiana, a form of edoxaban; Rivaroxaban, a brand of Xarelto; and Warfarin, made from coumadin. There are other brands, depending on the healthcare provider's prescription. It is however pertinent for patients to know the uniqueness of each brand, as well as its side effects.

For instance, practitioners have revealed the flexibility in the administration of Eliquis, a newly launched anticoagulant by a leading multinational pharmaceutical company, Pfizer Inc, as it can be taken

with or without food. The tablet may also be crushed and mixed with water, or 5 per cent glucose in water, or apple juice, immediately before the drug is taken, which makes it very easy for patients to swallow.

It goes without saying that, with such advancement in the production of Eliquis and other anticoagulants, cases of stroke and blood clots should be reduced to the barest minimum in the country. They have been used to prevent blood clots from forming in the heart of patients with irregular heartbeats and at least one additional risk factor.

Medical literature affirms that blood clots may break off and travel to the brain and lead to a stroke or to other organs and prevent normal blood flow to that organ (also known as a systemic embolism).

From the point of view of Dr Agoke Adekunle, consultant cardiologist, Federal Medical Centre Owo, "It is very important that when certain disease conditions which can lead to stroke are suspected, efforts must be put in place to begin early treatment. For instance, people who have AF must be risk-stratified soonest to begin the blood thinners that may help.

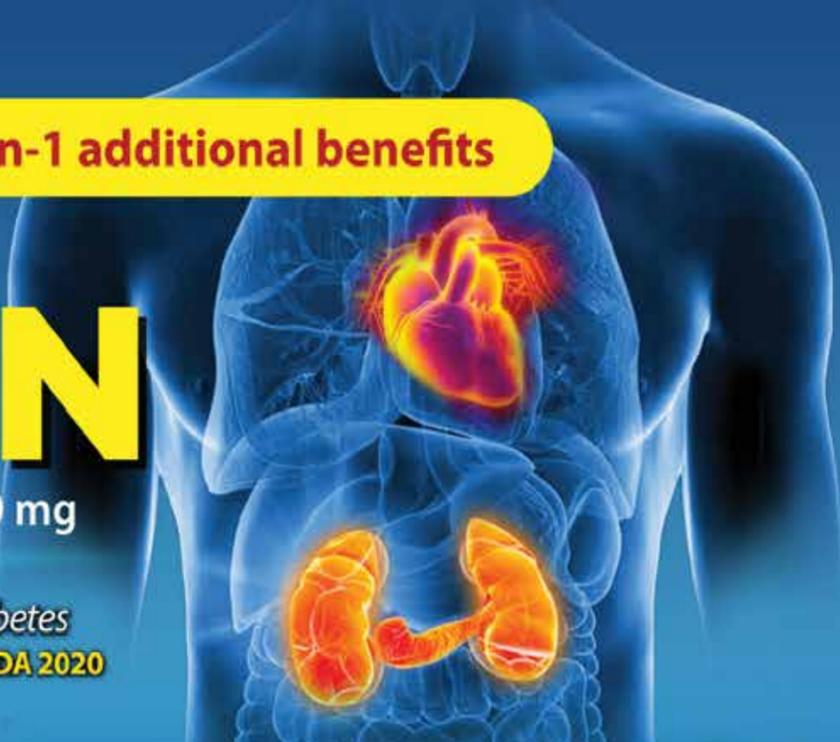
"Also in the society at large, cutting down on weight if obese, avoiding prolonged immobilisation by initiating early ambulation if admitted on beds, will go a long way in mitigating blood clot, aside from the usage of anticoagulants."

To mitigate the social and economic burden of stroke and heart failure in the country, it is imperative for practitioners to note the role of anticoagulants in reducing the occurrence of two forms of ischemic stroke, thrombotic and embolic stroke.

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Why you need to start swimming

By Ranmilowo Ojalumo

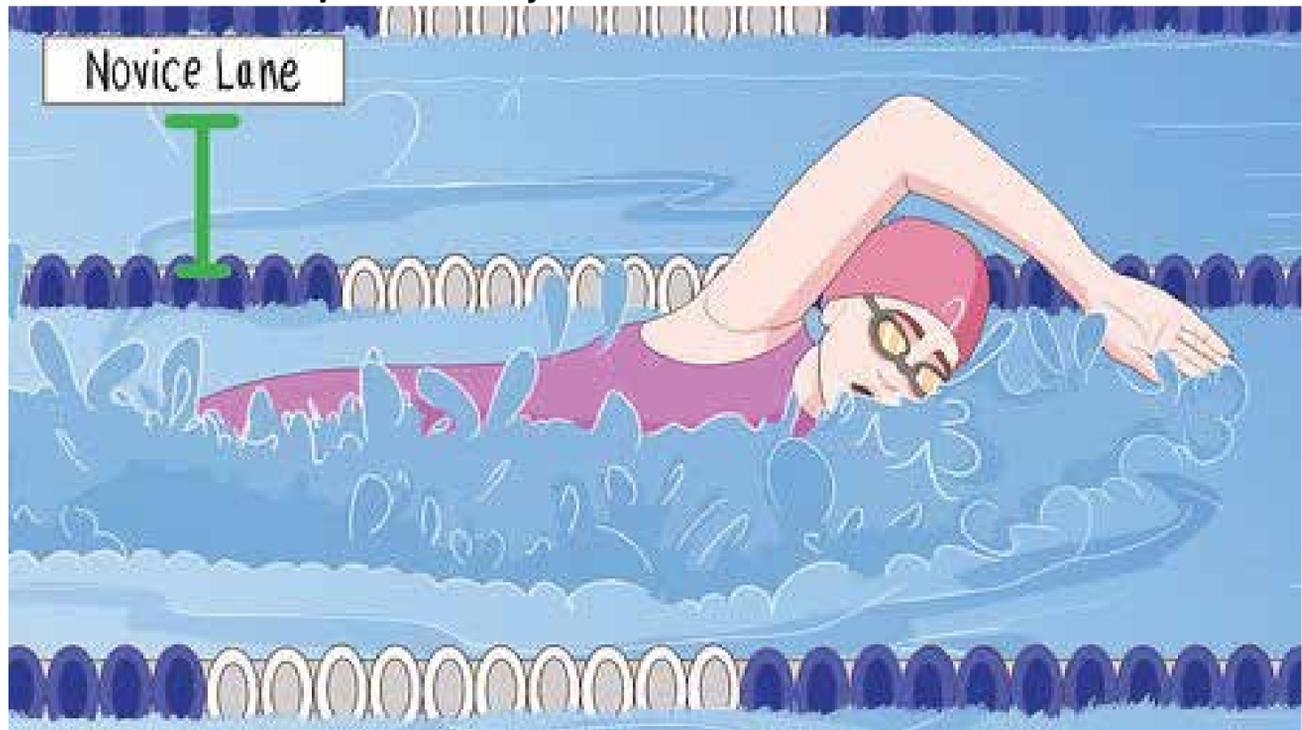
Health experts and various studies have identified swimming as one major activity that is not only exciting but also has immense benefits to health. It is a suitable exercise for people of all ages and it can help a person get or stay in shape and achieve sound mental health.

Swimming is the activity of moving oneself through a body of water, using one's arms and legs, while buoyed up by the water. Experts have pointed out that swimming engages almost every major muscle group as it requires one to use their arms, legs, torso, and stomach. As well as increasing heart rate without putting stress on the body, it improves strength, tones muscles, enhances fitness and also helps to manage weight.

Origins

While humans have likely been swimming ever since they dipped their feet in water, it is believed that swimming as a practice dates back as early as 2500 BC. The ancient Egyptians were said to swim in the Nile for pleasure, while the Greeks and Romans used swimming as a means of training prospective soldiers.

According to International Olympic Committee (IOC), swimming became a sporting activity in the mid-19th century, when the world's first swimming organisation was formed in London in 1837.



Inevitably, things soon became competitive and, in 1846, the first swimming championship was held in Australia and the race eventually became an annual event.

Swimming has been part of the Olympic schedule since the very first modern Olympic Games in 1896. In fact, the IOC has confirmed that swimming is one of the only four disciplines to have been retained in the quadrennial game, appearing in every summer Olympics since;

the others being athletics, artistic gymnastics and fencing.

Besides being one of the four sports to have been retained at Olympic from inception, swimming has gained much recognition and become a choice sport and activities for many people across the globe. For instance, a survey carried out by the National Sporting Goods Association, Downers Grove, Illinois in United States of America shows that, swimming was the second most popular sport activity in 2008, with 63.5 million participants.

Benefits

That many people across the globe swim may not be a surprise, going by the numerous health benefits of the exercise. According to a study by the *Journal of Exercise Rehabilitation*, published in October 2015, aside from instantly cooling down the body on a hot day, one of the biggest health benefits of swimming is immense improvement on cardiovascular endurance.

Another study also disclosed that swimming is the best form of low impact cardiovascular fitness. Cardiovascular exercise involves the heart, lungs, and circulatory system, and aerobic activity like swimming will improve cardiovascular fitness. Physicians have also said keeping cardio fitness in check can help enhance wellbeing for a lifetime.

Aside from keeping cardio fit, swimming, according to experts, is a great total body workout. This is because when you swim, you engage almost every major muscle group, including your arms, legs and core, hence swimming promotes weight loss, as well as protecting the joints.

"Swimming increases heart rate, without putting excess stress on joints. Hitting the pool regularly builds strength, tones muscle, enhances fitness, and increases your metabolism," said the Chief Coach of Swim Pro, Brian Young.

Also, swimming has been identified as a good measure for body rehabilitation. Young, an avid triathlete, master

swimmer, and expert in open water swimming equipment, said, "If you have an injury or a chronic condition like arthritis, swimming is a great way to rehabilitate your body and manage symptoms. The water gently supports your muscles, so it's like being in zero gravity with the added benefit of the water's resistance for fitness. Swimming regularly will help you build muscle and improve your endurance, which will help you prevent future injuries too".

Calorie burner

According to statistics obtained by *Pharmanews* from a study published by Harvard Medical School in 2021, after swimming for 30 minutes, a 155-pound person will burn about 223 calories. The study further revealed that the person will burn 298 calories during backstroke; 372 calories during breaststroke; 409 calories during butterfly; 409 calories during crawl or freestyle; 372 calories during vigorous swimming; and 372 while treading water vigorously.

Also, according to the findings published in the March 2016 edition of the *Journal of Rheumatology*, swimming for 45 minutes three days a week, improved joint pain and stiffness in patients with osteoarthritis.

Another finding from a study by British sport doctors, published in their journal known as *British Journal of Sports Medicine* revealed that, swimming was associated with a reduced risk of dying from heart disease. The researchers in the study tracked more than 80,000 adults for more than 20 years, and made the discovery.

The study, which was published in the May 2017 edition, also revealed that, adults who swam had a 28 per cent lower risk of all-cause death and a 41 per cent lower risk of death from heart concerns.

Meanwhile, according to the American Council on Exercise (ACE), being in water makes one more buoyant by reducing 90 per cent of weight, which makes swimming a low-impact exercise that is easier on the joints, bones and muscles.

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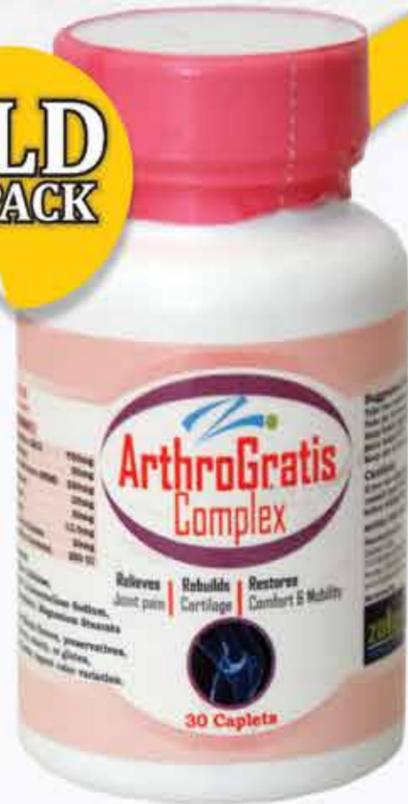
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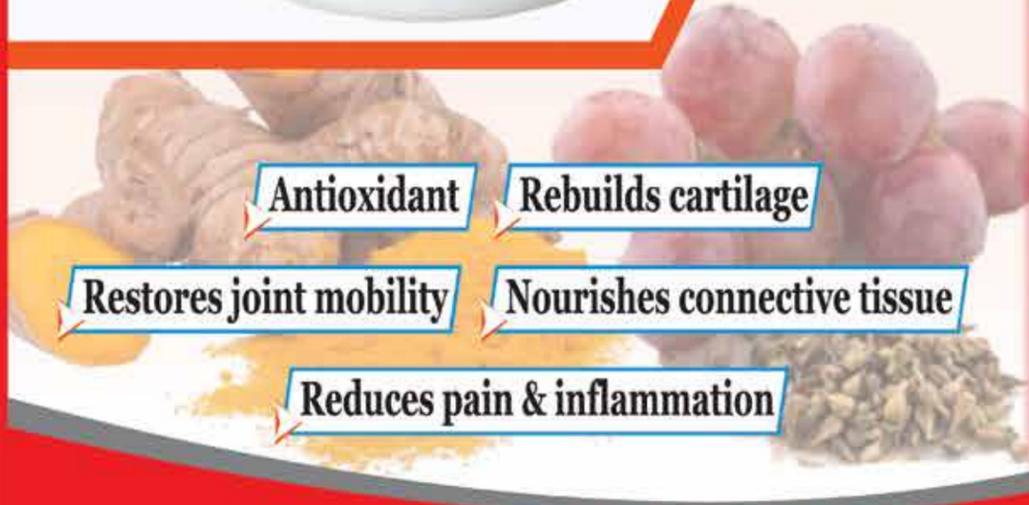
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Lan succeeds Ukwu as new ALPs chairman - Pledges to take association to higher pedestal

By Temitope Obayendo



Mr Hemant Sharma, managing director, Micro Nova Pharmaceuticals Ind. Ltd, (middle); flanked by Pharm. (Mrs) Victoria Ukwu, immediate past national chairman, ALPs (right); Pharm. (Mrs) Scholastica Mnena Lan, national chairman, ALPs (left); Pharm. (Mrs) Yetunde Morohundiya, former national chairman, ALPs, (second left), and other ALPs national executives with some Micro Nova staff, during the ALPs national executives visit to Micro Nova recently.

In a smooth transitional process, the immediate past National Chairman, Association of Lady Pharmacists (ALPs), Pharm. (Mrs) Victoria Ukwu, has officially handed over the leadership mantle to the chairman-elect, Pharm. (Mrs) Scholastica Mnena Lan, who will be coordinating the affairs of the association with other executives for the next two years.

The ceremony took place at the Pharmacy House, Anthony Village, Lagos, with other former and newly elected executives in attendance.

It will be recalled that the election of new ALPS national executives took place during the General Meeting at the just concluded 15th Biennial Annual Conference of the association, held at the Radisson Blu Hotel, Lagos.

Delivering her valedictory speech, Pharm. Ukwu appreciated all her executive members for their contributions towards the success of her tenure, saying she would not have achieved such huge success without their support.

She explained that after the elections had been conducted, it was necessary to do official handover, noting that this would facilitate change of signatories and presentation of the association's documents to the new crop of leadership for a smooth transition.

The immediate past national chairman further emphasised the need for the new leaders to continue from where her administration had stopped, as well as initiating new ideas to keep the flag of the group flying.

In her inaugural speech, Pharm. Lan, appreciated her predecessors for laying a solid foundation for the group, noting that documents transferred to her attested to the huge works



L-R: Pharm. (Mrs) Scholastica Mnena Lan, national chairman, ALPs; Pharm. (Mrs) Victoria Ukwu, immediate past national chairman, ALPs, and Pharm. (Mrs) Yetunde Morohundiya, former national chairman, ALPs, at the official handing over ceremony of the association, held at the Pharmacy House, Anthony, recently.

they had done on behalf of the association. She assured that she would not disappoint, as she and her team members would hit the ground running.

"While we are not re-inventing the wheels, we are going to build on the foundation of our elders to move the association forward to a higher level.

"It is obvious that ALPs is now an association to be reckoned with, as everyone wants to associate with the group", she asserted.

The new ALPs national chairman also challenged her team members to be ready to work, saying being an advocacy arm of the PSN, they might be called upon at short notice for a humanitarian service which they

have to respond to without delay.

She equally announced that over a million naira was donated for the ALPs scholarship foundation at the just concluded conference, stating that the scholarship scheme presently runs in six states of the federation.

Lan also assured that, with proper documentation, more funding will be acquired for the girl child scholarship.

Two other immediate past executives - Pharm. (Mrs) Agbomma Esom-Ibe, former national secretary; and Pharm. (Mrs) Ibidun Dokubo, former treasurer, successfully handed over to their newly elected colleagues, in the persons of Pharm. (Mrs) Ngozi Josephine Egboh and Pharm. (Mrs) Regina

Mngohol Chichi-Agir, as national secretary and national treasurer, respectively.

Other ALPs dignitaries present at the occasion were former national chairman, Pharm (Mrs) Yetunde Morohundiya; former CPC, Dr (Mrs) Monica Eimunjeze; Dr (Mrs) Ramotu; Pharm. (Mrs) Modupe Alli, national financial secretary; Pharm. (Mrs) Hafsa Ameen-Ikoyi, national publicity secretary; and Dr (Mrs) Modupe Ologunagba.

The meeting ended with a courtesy visit to Micro Nova Pharmaceuticals Ind. Ltd, as Ukwu led her team to appreciate the company for the support she received from them during her tenure.

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Coping with mental health and sexuality in menopause

By Temitope Obayendo

Menopause and menopausal challenges are generally viewed as issues women should address personally, especially in a country like Nigeria, where maternal health only started getting its deserved attention with increased advocacy on women's health. This explains why many Nigerian women in their fifties are groping in the dark regarding their physical and emotional health due to lack of information on how to smoothly navigate their new stage of life.

However, aside from the issue of individual management of challenges, members of the society sometimes complain of having unpleasant experiences in their interactions with menopausal women. Thus, to minimise personal frustrations and interpersonal frictions, there is a need for enlightenment on proper handling of menopausal issues.

Gynaecologists have defined menopause as a permanent cessation of menstruation, resulting from loss of ovarian follicular activity which happens as a result of depletion of primary follicles. A woman can be said to have reached menopause when she has gone one year without menstruating – and especially when this comes with menopausal symptoms like hot flushes, night sweats, irritation, vaginal dryness, etc.

While there abound other symptoms of menopause like sadness, lack of motivation, aggression, stress, difficulty concentrating, and depression, studies have validated the prominence of mental health and low sexual drive among other menopausal challenges.

In a study, titled, "Physical activity and mental health outcomes during menopause: A randomised controlled trial" and published in the *Annals of Behavioural Medicine* journal, the researchers established a link between increase in menopausal symptoms and decline in mental health and vice versa. They concluded that physical activity appears to enhance mood and menopause-related QOL during menopause; however, other aspects of mental health may be affected only as a result of reduction in menopausal symptoms.

The researchers - Steriani Elavsky, PhD and Edward McAuley, PhD, submitted that increasing cardiorespiratory fitness could be one way to reduce menopausal symptoms.

Proper management is key

In an exclusive interview with *Pharmanews*, a menopause specialist, Pharm. (Mrs) Mosunmola Dosunmu, affirmed the symptoms of menopause earlier mentioned. She, however, noted that menopause is not a mental health condition but it can affect the mental health of any woman, if not properly managed.

She asserted that menopausal changes, whether psychological, emotional or



physical, are basically due to hormonal changes which can make mental health worse.

Dosunmu, who joyfully narrated her menopausal journey, surprisingly said that while some women experience low sex drive due to decreased sex hormones (oestrogen and testosterone), which also cause dryness of the vaginal, other women experience increase in libido.

"It can lower desire and make it harder to become aroused. There are some exceptional cases where some women actually experience increase in libido. Not all women go through libido decrease.

"These decreased hormones can lead to vaginal dryness, and tightness, which can cause pain during sex.

"If you are experiencing a loss of libido, you can try to increase your sex drive with lifestyle changes sex or sex aids, such as lubricants. The use of supplements is also helpful", she advised.

In the journal, *International Association for Relationship Research*, relationship experts - Gurit E. Birnbaum, Ohad Cohen, and Vered Wertheimer - also found an association between aging and sex drive, especially among women of menopausal age. They stated that "postmenopausal state was negatively associated with sexual desire, mainly among women who experienced low sexual intimacy."

As a means of mitigating the negative outcomes of menopause, they urge women to engage in more regular exercise or relaxation, which

can reduce depression, seek counselling from experts in order to cope with mood swing, as well as explore hormonal therapy if the need arises.

Personal experience

Recounting how she managed her perimenopausal and post-menopausal transition, Dosunmu said she was initially worried at the onset of menopause, which she had been oblivious of, until she observed the tell-tale signs in her body. Fortunately, for her, she was able to rouse herself to handle the situation with the right information, and she has presently become a coach to others.

She narrated: "In 2017, my life changed significantly. I was weary, hurting and depressed, and I was no longer interested in things that excited me. I used to take my nine-year-old son out. During one of the outings, my son told me I needed to seek for help. And then I realised I was going through depression, as well as gaining weight despite my strict diet: perimenopause had ensued.

"Two years after, one evening, I noticed a big round thing moving in my stomach. I was scared and overwhelmed, and as a typical Nigerian woman, I went on my knees and prayed to God to help me. I thought it was stomach cancer. The fear gripped me so much that I could not speak to anyone. I decided to pray and watch over my system. I changed my diet; throughout that week, I was feeding on fluids and I exercised each day by walking for an hour.

"By the end of that week, my system had changed. The ball-

like thing had disappeared. I had lost weight and all fears were gone. Three months after, I realised I couldn't eat as I used to. Anytime I took heavy food I felt much pain in my stomach. This led me to pay a good attention to my system. I realised my system had changed."

The menopause specialist continued: "Few months after, I woke up with a keratinised skin!

"This gave me a deeper thought that I needed to find out what was going on in my system. Then I started a study on what could be responsible for that keratinised skin. I discovered it's one of the signs of perimenopause. Just last year I started experiencing night sweats, hot flashes, joint pains and inflammation.

"Very few people prepare for this stage of life.

"It has taken me seven good years of systematic change.

"I changed my diet, incorporated meditation and power of confession (speaking to my body) motivational reading, exercise and the use of specific supplements.

"Overtime, I became the go-to source for women and men's issues in my family and social network."

Dosunmu, who stressed the need for postmenopausal women to be intentional in their behavioural attitude, noted that though there are tendencies to be aggressive, they must endeavour to curtail the suggestions by engaging in recreational activities which have the capacity to relax their nerves and keep them emotionally balanced.

She said "I'm eager to provide training and raise awareness in corporate settings and our communities about menopause.

"With a lot of awareness creation, we can reach as many men and women in our nation, regardless of their financial situation. We all deserve to get through this time of our life so that it isn't something we dread or fear but rather something thrilling."

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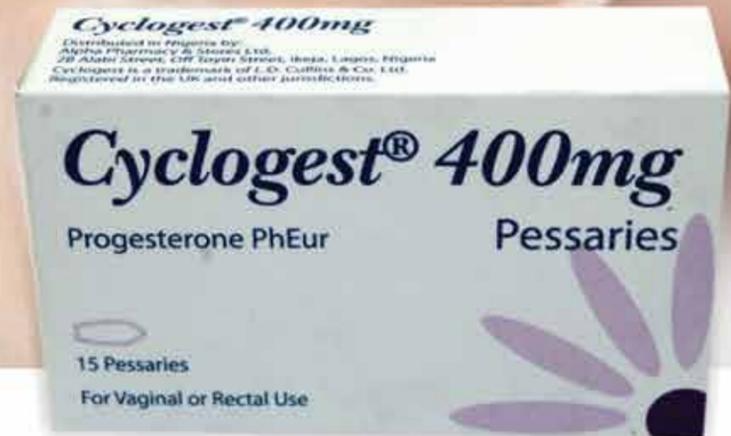
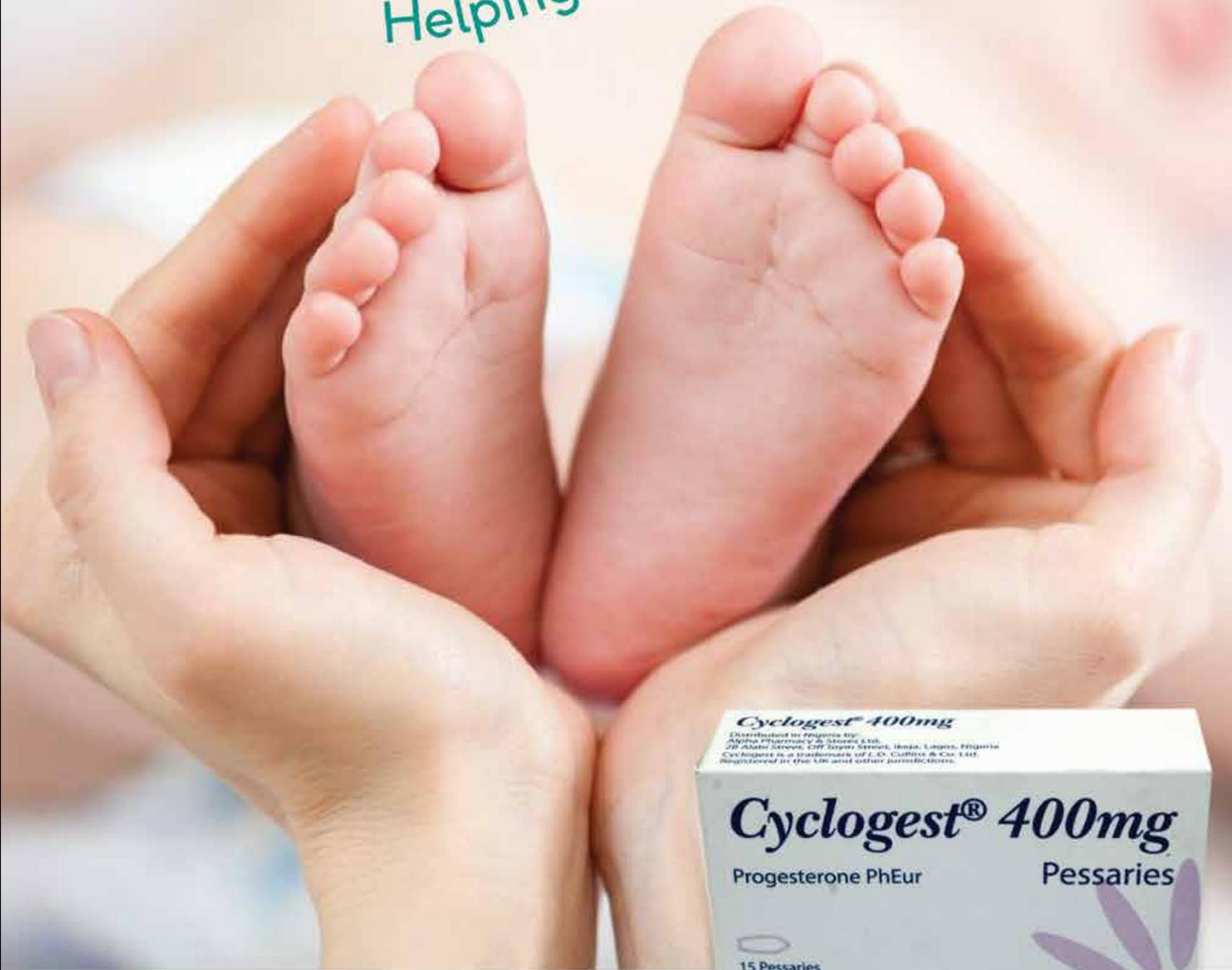
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Addressing drug challenges in health and humanitarian crises

By Pharm. Sesan Kareem

The International Day against Drug Abuse and Illicit Trafficking, or World Drug Day, is marked on 26 June every year, to strengthen action and cooperation in achieving a world free of drug abuse.

Drug abuse has reached an unprecedented level in our nation today and its dire consequences are around us. It has destroyed thousands of young people's lives, predisposed millions of people to danger and negatively impacted our socio-economic landscape as a country.

Did you know that 70 per cent of people who commit crime are under the influence of drugs? Kidnapping, armed robbery, insurgency and other crimes can be traced to the consequences of abusing such substances as alcohol, marijuana, tramadol, rohypnol, codeine with syrup, just name them.

A myriad of lives have been lost, and many individuals have been maimed. The question is who is next? Yes, who is next?

People who abuse drugs are endangered species to themselves, their family and friends, as well as the society at large. Everybody loses to drug abuse - physically, socially, financially and mentally.

It is a strange fact that many people abuse drugs out of ignorance. Oh, yes, they abuse drugs to feel good, ease stress, escape reality or build confidence. People abuse drugs because they want to experience the peace, joy and love they lack in their lives. They aspire to feel on top of the world

and experience life fully, despite its challenges. Unfortunately, while they experience some immediate benefits, they also, in the short and long terms, experience devastating consequences that alter the quality of their life forever.

The basics

Let's remind ourselves of the terminologies in drug abuse. A drug is any chemical substance which when administered to a living organism produces a biological effect which may cause physiological or psychological change in the body as the case may be. Drug abuse is more concerned about psychological change in the body than physiological change. All drugs are poisons, depending on the dose.

What is a medicine? A medicine is a chemical substance used to treat, cure, prevent or diagnose a disease or to promote well-being. A drug is different from a medicine. All medicines are drugs but not all drugs are medicines. Heroin, for instance, is a drug but not a medicine. When it comes to drug abuse, we have medicine abuse and substance abuse.

What is drug abuse? Drug abuse is the habitual use of drugs for non-therapeutic purposes. Drug abuse leads to dependence, and dependence becomes addiction. Drug addiction is the compulsory use of drugs for non-therapeutic purposes. This is not just about when it puts your health

or finances or life in danger; but when you cannot do without using it. It is when someone has become a slave to the drug and the drug has become the master. Then, the person is addicted.

Drug abuse is close to drug misuse. However, they are different. Drug misuse is when you are not using a drug appropriately, whether in terms of dosage or frequency. For instance, when instead of taking a medicine two times daily (12 hourly) a person takes it once daily or three times a day. Or when, instead of taking two paracetamol tablets, you decide to take three because you want "fast action". These are examples of drug misuse.

The bottom-line

So far, we have seen that people abuse drugs to feel good, build confidence, ease stress, avoid reality or face challenges of life. Again we differentiated between drugs and medicines. We opined that all medicines are drugs but not all drugs are medicines. Furthermore, we also shed light on drug abuse and drug misuse. Drug abuse is the habitual use of drugs for non-therapeutic purposes while drug misuse is the inappropriate use of medicines for therapeutic purposes.

Is there a way we can experience peace, joy and love in our lives without abusing drugs? Yes, there is a sure way. Are there truths we need to learn and live by as an individual and a society concerning drug abuse? Yes, there are facts about drug abuse we must have at our fingertips.



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

Can we fight this menace from a point of understanding and compassion, instead from a point of ignorance and judgement? Definitely, we can; together we are stronger!

Winning the war against drug abuse requires holistic efforts from all stakeholders. We must educate our young ones to stay away from drug abuse and encourage those who are currently abusing drugs to stop the act.

ACTION PLAN: Resolve to avoid drug misuse. Take stock of your life to find out if you are abusing any substance. Be an ambassador against drug abuse. Educate people, especially your friends and family, on drug abuse and its consequences.

AFFIRMATION: I stay away from drug abuse and misuse. I am blessed and highly favoured.

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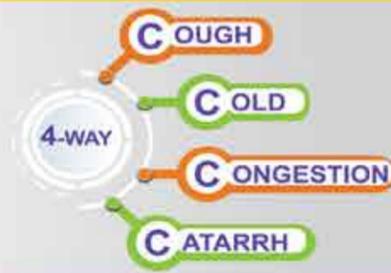


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I made history as NIM president but lost my business - Uwaga

Pharm (Dr) Uzo Nelson Uwaga is a revered and dynamic pharmacist, with records of several top positions held within and beyond the pharmacy profession. A Fellow of several professional bodies, Uwaga rose through the ranks to become president of the Pharmaceutical Society of Nigeria (PSN) in from 2003 to 2006. Ten years later, he assumed the mantle of leadership of the Nigerian Institute of Management (NIM), becoming the only pharmacist to have ever occupied the prestigious position. Motivated by a philanthropic desire to mentor young people, Uwaga took up a job as an adjunct senior lecturer at the University of Port Harcourt, where he has lectured for the past 12 years, on largely pro bono basis.

In this interview with **MOSES DIKE**, the eminent pharmacist and entrepreneur, who clocked 70 years in January this year, tells the story of his upbringing, early education, career, business and participations in pharmacy and other professional activities. He also bares his mind on several issues affecting the pharmacy profession and, from his vantage position and interactions with youths, offers valuable advice to the younger generation of pharmacists on the right values that will help them impact humanity positively. Excerpts:



Pharm. (Dr) Uzo Nelson Uwaga

Kindly tell us about yourself, your early childhood experiences and the events that have helped to shape your adult personality.

I am currently on the seventh floor of life, with profound gratitude to God. I was raised by early Methodist British missionaries and Creoles from Sierra Leone, outside Nigeria, which greatly influenced my life.

My parents were part of the early missionary church and school, whose mantra of true worship of God, discipline, honesty and humility was enforced on the pupils through biblical teachings and corporal punishment. According to these early missionaries, enforced discipline in the formative years of a child ultimately leads to self-discipline as the child grows into adulthood.

My early life spanned between Umuahia, Uyo, Calabar, Santa Isabel and Madrid, Spain. I still understand and speak a little Spanish many years after.

Back in Nigeria, I attended the famous Methodist College, Uzoakoli (founded in 1923) before and after the civil war. I was among the fortunate young ones that survived the war, despite serving as a soldier in two different formations of the then Biafran Army.

I also schooled at University of Nigeria, Nsukka (UNN), University of Port Harcourt (UNIPORT) and University of Benin (UNIBEN). I also had the opportunity of attending courses, trainings and leadership programmes at Cambridge

University, Manchester Business School and Harvard University, among others.

Service to PSN exposed me to many opportunities in life, including becoming the PSN president in from 2003 to 2006. I remain grateful to God and my profession.

In January this year, you clocked 70 years of age. What does this new age mean to you and as you get older, do you see your perspective of life changing? Are there new feats you are still working to achieve?

Life on the seventh floor is characterised by appreciation to God always, for attaining the biblical 70 years. The tendency is to show more contentment in life and become more spiritual than physical in all things.

Since 2010, I have intensified and devoted my life to giving back to society. I teach as an adjunct senior lecturer at the University of Port Harcourt since 2011 (pro bono, since I attained the age of 60), which has helped me to mentor and give opportunities to so many young ones. I also serve in the leadership of the Methodist Church, Nigeria, and my home community. I am still serving my beloved pharmacy profession, the Nigerian Institute of Management, the federal government, my home state and my state of residence, in various capacities.

You were the PSN president at a time when the twin issues

of fake drugs and chaotic drug distribution were front burner issues affecting pharmacy practice in Nigeria. Several years down the line, do you feel these issues have been adequately addressed?

Over the years, the issues of fake drugs and chaotic drug distribution in Nigeria have continued to grow in leaps and bounds. Government has not shown the political will to enforce the laws and shut down these open drug markets that propel this twin evil.

Today, the proposal to introduce regulated wholesale drug distribution centres nationwide to replace these open drug markets, and in turn shut down the open drug markets is a good idea, if these new centres are properly regulated. I also believe the proposed new Pharmacists Council of Nigeria (PCN) laws will be helpful in this regard. We remain optimistic and hopeful.

Tell us about your work experiences and participation in pharmacy activities. Which of these did you find most exciting and why was it so?

My early work experiences and participations in various pharmacy activities were good and memorable. There was more discipline and ethical practice then than we have now. We had senior colleague-mentors to look up to, which greatly shaped our character, ethics and practices, and not just make money.

Pharmacy practice was very much less mercantile in comparison to what it is today. Like medicine and law professions, we worked hard with few tools to be dignified in our practices. The implosion in the Nigerian society has greatly affected our young colleagues, even though we now have more tools to do better as practitioners.

Given your deep knowledge of pharmacy and PSN activities, which of the issues affecting pharmacy practice would you like the current PSN leadership and regulatory agencies to tackle more seriously?

Three main areas come to my mind. One, professional values, discipline and ethical practice in the PSN and her technical and interest groups. These values have dropped so much. The leadership of the PSN and the PCN must work towards redeeming these values we use to hold so dear.

Two, pharmacy education of the 21st century, including inculcating discipline and ethics in our students and young pharmacists. Here, our counterparts in Medicine and Law have managed to maintain integrity in their practices and

conduct. We have not quite been that successful. Whereas the Young Pharmacists Group (YPG) was set up from the International Pharmaceutical Federation (FIP) to teach, mentor and nurture young pharmacists, ours seem to have been corrupted, weaponised and used for influencing pharmacy election outcomes these days. In recent times, some of our young ones start so early to seek for undue monetary gains. Some of their leaders tend to be very rude in their utterances and conduct.

Three, a new pharmacy law that can really protect the practice of pharmacy against the onslaught of mercantile traders in our midst, non-professionals and even the government of the day. Our leaders must continue to work towards influencing government to fund and restructure a new Pharmacists Council Of Nigeria (PCN) that is active, strong and effective like the National Agency for Food, Drug Administration and Control (NAFDAC) so as to be able to enforce the statutes.

Yes, we can regulate the practice of Pharmacy like we have in Francophone Africa, Europe, America and the rest of the world.

After your tenure as PSN president, you have gone ahead to become the president the Nigerian Institute of Management (NIM), becoming the only pharmacist to achieve this feat. How did you manage to attain this height?

God made it possible for me to become the 19th President of NIM in 2013, given that I had no godfather or godmother when I joined the Institute. I can however say with certainty that the PSN brand (which I exemplified) is very attractive and highly appreciated by the professionals in NIM.

You must have been elected into the NIM Council before being eligible to serve as a principal officer, such as the president. Election into the Council is strictly based on merit, since campaigns are not allowed. The NIM past presidents who pride themselves as the moral compass and conscience of the institute contribute over seventy per cent in a candidate's eligibility to become the president. They are overly deliberate and hardly make mistakes in choosing the Institute leaders. They are the "guardian angels" of the institute.

Also, I found favour with some of the past presidents, like Dr Michael Omolayole, the late Deacon Onosode, Dr Christopher Kolade, Olola Ogunlana, Dr (Mrs) Bolujoko, Asiwaju Olawale-Cole and others, who adjudged me to possess the qualities of a would-be president of NIM.

Prince Julius Adelus-Adeluyi (whom they all respect) was also on hand to speak highly and favourably about me to these past leaders in the course of their due diligence and checks on my past.

Tell us also about your high and low moments. Were there incidents or events in your years of practice that you wish never happened or should have happened differently? If you have the opportunity, is there anything

continued on page 50

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Why state governments must urgently domesticate new health insurance scheme law – ACPN-Lagos Chairman

By Adebayo Oladejo

The recent decision by President Muhammadu Buhari to sign into law the National Health Insurance Authority Bill 2022, which repeals the National Health Insurance Scheme Act 2004, has continued to generate positive reactions from pharmacists, especially those in community practice. In this exclusive interview, Pharm. Lawrence Ekhaton, chairman of the Association of Community Pharmacists of Nigeria (ACPN) in Lagos State, explains the implications of the move, while also dissecting some other issues surrounding community pharmacy practice in the state. He also outlines his achievements and challenges since assuming office over a year ago. **Excerpts:**



Pharm. Lawrence Ekhaton

How has it been as the chairman of ACPN, Lagos State? What would you describe as your greatest challenges and success so far?

The office of the chairman of ACPN, especially in a state like Lagos, is, to say the least, very tasking. You're virtually on your toes, on your feet for every hour of the day. Even when you are moving, your phone never stops ringing because there are lots of issues. And when you know you have to tackle issues from over 2000 community pharmacists, then you know that you cannot afford to rest on your oars, waiting for the problems to solve themselves. Besides, that is the reason why we were elected to office, then we cannot afford to rest until such problems are solved.

So, the past one year has been for finding solutions to one problem or another, but we thank God that it has been a worthy challenge. There's also the fact that the office is not a place that I entered into by chance; there was a level of training and preparation for it. I am glad that I am able to meet those challenges as they come and the majority of the challenges have been solved.

Talking about our successes, I'm glad to say one on top of those successes is the fact that community pharmacies are now being recognised as primary healthcare providers with the beginning of vaccination services in community pharmacies in Lagos State and, by extension, the country. That is an achievement. It's something that I don't claim an exclusive right to, but in collaboration with our national body. Being a group work, it's something that I believe that we were able to achieve.

Outside of that, we were also

able to mend relationships that seemed to have broken down in the past. One of such was with the Nigerian Police and the National Drug Law Enforcement Agency, NDLEA. We've been able to mend fences. We are now able to work together and have a good working relationship with the commissioner and by extension with the Nigerian Police. We've been able to mend those fences and we believe that going forward, it will only get better.

Going forward, what are your plans for the remaining period of administration and how do you intend to achieve them?

My agenda, as the chairman of ACPN, Lagos State, is hinged on the motto of our association, which is to empower pharmacists and by extension protect the people, as well as the community we serve.

Once the community pharmacists are empowered, then you can rest assured that the people they serve will be protected and that is my one and only goal. It's an ongoing thing. We have done so much in trying to make sure our colleagues are empowered professionally, through the training that they go through; and financially, through collaborations with finance houses, to give them facilities to help boost their businesses. And, more importantly, to increase the visibility of community pharmacists.

The acceptability of community pharmacists among the populace is also top of the agenda because there is this misconception that everywhere medicines are sold is a pharmacy, but that is not the truth. And what is uppermost is for us to let the people know that community pharmacists are

trained to help alleviate or support their health needs. They are highly trained and highly specialised, and they are available for people for them to access those pharmacies if and when they need them.

So, one of the other things in trying to empower pharmacists is to create awareness amongst our members and, in so doing, we have been able to create websites and accounts whereby the people, with the push of a button, can locate where the nearest pharmacy to them is.

All they need

to do is, on any search engine, like Google, just click or type, "nearest pharmacy to me" and they can locate a community pharmacy where they can access quality pharmaceutical care. It's not everywhere drugs are sold that offer pharmaceutical care. A lot of people consider drugs as articles of trade which they are not.

Are there physical projects that you are looking at completing before the end of your tenure?

We are in the process of acquiring our own secretariat, and so many things have been put in place. We have met with our board of trustees and our members. So, in the next one or two years before the end of my tenure, we should have a physical location, where our property is; I mean a place we could call our own secretariat, by God's grace.

What would you say are the peculiar challenges facing community pharmacy practice in this part of the world, and what do you think the government can do about them?

If you wake me up anytime, top on that list is the chaotic drug distribution. In a sane and organised society, drugs are not things that should be accessed just when you need them. Our founding fathers had found a need to put drugs on the exclusive list, the same location as the guns that the military uses because you can't walk up anywhere to access a gun.

We know the issue of drug abuse and the effects on our society and on our youth. That is simply because the drug distribution is chaotic. I am using this opportunity to plead with the relevant agencies - NAFDAC, PCN, NDLEA, and

other relevant stakeholders - that the National Drug Distribution Guidelines (NDDG), that has been in place for years, should be implemented to the letter. There should be a channel through which the individual gets drugs, either through their prescription or through the activities of a trained pharmacist.

Some people might say there are not enough pharmacists in the country, but there are not enough policemen either; does that justify individuals taking the law into their hands? People should know what to do; so, we implore the Federal Government through, their agencies, to endeavour to make sure before the end of this year, the NDDG should be implemented to the letter, so as to safeguard the health of our nation.

Drug security is as fundamental as food security. If drug security is not assured, then we are at the whim and caprices of any country. I therefore urge the Federal Government to endeavour to make sure that the guidelines are properly implemented so that the populace gets the drug at the right price and with the right personnel.

The theme of the next ACPN Conference is "Never Waste a Crisis: Community Pharmacists Learning for the Future". From your experience and interactions, how apt is this theme, considering the challenges facing the country presently?

One of the crises that are being talked about and which everyone knows is the Covid-19 issue. And one of the things that we learnt is that we are at the mercy of other countries for our drug needs. We had issues with the vaccine supply chain and when it came to even drug products for our teeming population.

The theme is going to be able to prepare us for any future crisis, if and whenever it happens. Nobody plans for that but it will always happen. When it happens, as large scale as it happened in 2020 and 2021, pharmacists and community pharmacists do not want a repeat and should be prepared.

One of the things we learnt also is the fact that during the pandemic, a lot of health institutions were closed because they were very afraid, as the infection was domiciled in health institutions. So the community pharmacists became the first line of defence, as many came to us with their different challenges.

So, I am proud to say that we were able to meet those health needs when other health institutions were shying away and that is the reason it is important we prepare much more for any other crisis, if and when it occurs.

What other grey areas in the profession do you think stakeholders in the profession need to tackle at the conference?

Interestingly, one of the keynote address speakers is the executive secretary of, the Nigerian Primary Healthcare Development Agency; and that is in tune with our current reality of community pharmacies becoming primary healthcare

continued on page 52

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Coming Events

23rd National Scientific Conference of AHAPN holds August

The Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) has scheduled its 23rd Annual National Scientific Conference, to hold in Lafia, Nasarawa State, from 1 to 5 August, 2022, at the De First Crown Hotel, off Federal High Court Rd, Lafia, Nasarawa State.

Dr Obi Adigwe, director general, NIPRD, is scheduled to speak on the theme of the conference, "COVID-19 Experience: Expanding the Role of Health System Pharmacists".

Some dignitaries expected to attend are the Governor of Nasarawa State, Eng. Abdulahi Sule; HRM (Pharm) Luka Panya-Baba, Etsu Karu; Justice Sidi Bage (rtd), Emir of Lafia, as the royal father of the Day, and others.

80th FIP Congress holds in Seville, Spain

The International Pharmaceutical Federation (FIP) is set to hold its 80th Congress of Pharmacy and Pharmaceutical Sciences, in Seville, Spain, from 18 to 22 September, 2022. Themed, "Pharmacy United in the Recovering of Healthcare", the congress will be co-hosted by the General Pharmaceutical Council of Spain.

Being the first physical congress after two years of virtual meetings, orchestrated by the global pandemic of COVID-19, it promises all participants the opportunity of meeting international colleagues and pharmacy experts to review shared experiences of the past few years and search for solutions to advance the well-being of global communities.

2022 NAPPSA Scientific Conference holds in Tampa, 22 to 25 September

The Nigerian Association of Pharmacists & Pharmaceutical Scientists in the Americas (NAPPSA) has slated its 2022 Annual Scientific Conference to hold from 22 to 25 September 2022, at the Renaissance Tampa International Plaza Hotel, Tampa, Florida, USA.

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

In addition to distinctive networking opportunity with colleagues and friends, the conference is designed to provide pharmacists and pharmaceutical scientists with timely information and resources to enrich their career and practice. A continuing pharmaceutical education programme with pharmacy credit hours covering different areas of pharmaceutical profession from academia, clinical pharmacy, ambulatory care, community pharmacy, regulatory, industry and consulting. Mentoring sessions and education workshops will also be offered.

95th Annual National PSN Conference holds in Jos

The 95th Annual National Conference of the Pharmaceutical Society of Nigeria (PSN) will hold in Jos, Plateau State, from Monday, 31 October to Saturday, 5 November 2022. The conference, tagged: "TIN CITY 2022", will feature the theme: "Medicine Security in an Unstable Economy".

The opening ceremony will be chaired by Gen. Yakubu Gowon (Rtd), GCFR, while the keynote speaker is Dr Obi Peter Adigwe, DG/CEO of NIPRD.

The Special Guest of Honour at the opening ceremony is the NDLEA Chairman, Brig. Gen. Buba Marwa (Rtd), OFR, and he will be speaking on the sub-theme: "Stemming the Misuse and Abuse of Essential Medicines in a Depressed Economy".

Events in Pictures



A cross-section of the entourage of Prof. Akin Abayomi, Commissioner for Health, Lagos State, receiving an award plaque on behalf of Governor Babajide Sanwo-Olu at the 2022 NHEA, held recently.



Dr Ifedayo Adetifa, director-general, NCDC, (Far right) at the presentation of an award plaque to one of the winners at the NHEA ceremony, held at Eko Hotel and Suites, Lagos.



L-R: Pharm. (Mrs) Abiola Adedayo; Wife to the Governor of Katsina State, Hajiya Hadiza Amina Bello Masari and Pharm. (Mrs) Clare Omatseye, MD/CEO, JNC Int'l at the ALPs 15th National Conference, held in Lagos, recently.



L-R: Pharm. (Mrs) Victoria Ukwu, immediate past national chairman ALPS (right) handing over to the new chairman, Pharm. (Mrs) Scholastica Mnena Lan, at the handover ceremony recently.

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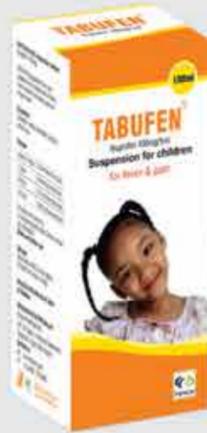
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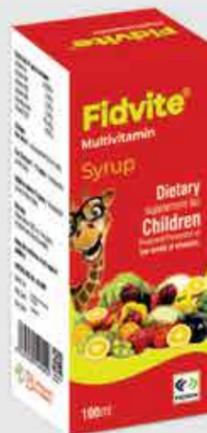
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THE JOURNEY OF AGILE ORGANISATION

Transformation starts with inspirational leadership (3)

By Prof. 'Lere Baale, FPSN, FPCPharm, FNAPharm

Inspirational leaders play an essential role in organisational development. They are catalysts for development and growth. They create positive climates and raise organisational performance levels. They generate business climates and cultures where inspiration thrives. The result is agility, creativity and innovation driven by inspiration.

In today's complex world, an agile organisation will adapt, grow and progress. Laloux identifies these agile organisations as "Teal Organisations" – evolutionary and purpose-driven. The "Teal" environment is open, honest, encourages risk-taking, tolerates failure and learns fast. This sort of climate enables inspiration and innovation to flow and grow. This environment is enhanced by a diverse workforce, where ideas are openly shared, diversity is respected, and people work effectively in teams. Mutual respect exists, and individuals and groups are valued; people align with the organisation's purpose. Inspirational leadership is the catalyst to make this happen.

The Inspirational leader buys into working for the greater good of the organisation and the need to be consistent in their approach, aligned to business goals, and get people to collaborate in high-performing teams. They suspend their ego, are purpose-driven, and act according to an inner moral compass with integrity and radical authenticity, aligned with the organisation's values.

Does this happen in your workplace? Do you see leaders suspending their egos and working for the organisation's greater good? Do you see selfless commitment? These are all signs of inspirational leadership in action. Empowerment is at the heart of this action-centred leadership style. Values are clear, and behaviour and actions are aligned with espoused values.

- Do your employees feel empowered, or does your annual "HR People Survey" constantly see comments like "poor or lack of leadership", "no empowerment" or "ideas not listened to"?

- Do your leaders know your values?

- Do your leaders inspire your workforce and "walk the talk"?

Leaders who create an inspirational climate increase organisational agility, creativity, innovation and competitiveness. Teaming is visible every day, and organisations rise above competitors in complex and demanding circumstances. However fleeting, leaders work to unlock everyone's potential to seize winning opportunities. Inspiration generates the motivation to act and ignites a fire that spreads to create an inspirational climate and culture. Nurtured and fuelled routinely, people who work in such environments gain the confidence to act boldly and independently in their daily challenges.

Leaders have a responsibility to maximise the potential of their

teams and ensure that talent exists in the right place and at the right time to have the most significant impact. This requires leaders to be authentic and to know those they lead, understand them, and place the care of their followers at the forefront of all that they do. Their style is to act with a "servant" mindset; this is the mindset that works with humility, is authentic, open and supports their followers as much or as little as they need.

What can we learn from history?

There are times when a transactional (or directive), "just do it", or telling/push leadership style is required in business life. These are often in the most demanding of circumstances, e.g. health and safety or emergency scenarios. People often need to react instantly, drawing on their skills, experience, judgment, and training in these situations. However, most of the time, leaders can aspire to be transformational (or inspirational) – and by achieving this, they will motivate their followers and inspire their team to achieve shared goals through shared values, vision, trust and confidence.

Throughout history, perfectly ordinary people have achieved extraordinary results. During the Second World War, some of the best commanders proved to be people pulled from simple daily professions, such as small business owners, carpenters and grocers. They displayed great character and acted with genuine intent, working to ensure the safety and survival of their followers. These people, under extraordinary circumstances, adapted, learnt fast and emerged as survivors and leaders. They inspired trust and confidence and communicated visions that generated belief in survival.

The military develops leaders by focussing on their training and creating muscle memory through repeated practice to speed up responses in stressful situations. Exercise and rehearsal (under as realistic conditions as possible) stretch soldiers and help them understand what to expect. They learn how to manage themselves and still have some capacity to manage their teams.

Daniel Goleman explains this concept in his Emotional Intelligence Model, where we are told to start our leadership journey by becoming self-aware. We need to do this before we can manage ourselves, and we then need to understand others before we can control them. Starting with our behaviour and self-awareness is the key.

Goleman also wrote an article for the Harvard Business Review: "Leadership that gets results". In this article, he drew from leadership research conducted by The Hay Group. This research identified six distinctive leadership styles and their impact on the organisation's climate, teams and individuals. Goleman stated that each style springs from different components of Emotional Intelligence.

The styles are:

- Coercive leaders demand immediate compliance (coercive leadership style).
- Authoritative leaders mobilise people toward a vision (visionary leadership style).
- Affiliative leaders create emotional bonds and harmony (affiliative leadership style).
- Democratic leaders build consensus through participation (participative leadership style).
- Pacesetter leaders expect excellence and self-direction (pacesetter leadership style).
- Coaching leaders develop people for the future (coaching leadership style)

Goleman stated that the most influential leaders use a range of styles and adapt their styles to suit the situation. His research indicated that authoritative/visionary leaders were the most inspirational as they were:

- Visionary
- Motivational
- Have obvious purpose and standards
- Set the vision and then empower people to implement it and be innovative

Inspirational leaders throughout history displayed several of the characteristics of the authoritative/visionary Leadership style, notably the ability to communicate a motivational vision with outstanding clarity and create an environment that empowers people to do their thinking and planning. In the military, this is called "mission command" – that is, explain the mission (what is to be achieved) in terms of the desired effect/outcome and leave the commander to figure out how to get there. The ability of a commander to articulate a clear vision/mission is crucial to ensure clear understanding, aligned action, and creativity in the face of adversity.



Inspiration and neuroscience

Insights from neuroscience can help us understand how leaders inspire others. Recent research has demonstrated the power of direct interactive relationships (what happens between brains) to shape and reinforce neural connections⁵. This concept is used by TED Talk specialists today. TED talk speakers communicate a unique idea with passion and clarity and link it to a real-life narrative to help people connect to the picture. They are excellent storytellers.

We can all learn to tell stories – this is an art that just requires some explanation and practice! Once a connection (via a well-constructed story) is made in the brain, the seed is sown, the person listening to the idea begins to form neural connections, and the idea takes root and grows in the receiver's brain.

Inspirational Leaders are often great narrators and efficiently recruit people to their cause. Winston Churchill was a master at public speaking; yet at school, he struggled. He learnt the skills later in life, proving that we can all learn to give speeches through study and practice.

However, what was Churchill's secret? How did he do this? Neuroscience explains this more scientifically than the traditional view of Churchill as an inherently charismatic speaker born with these skills. People react to inspirational leaders and speakers through affiliation and identifying with their causes. The leader's words and critical phrases make people want to belong to, or reject, the leader and their cause.

Inspirational leaders are often radical, speak with passion and their vision is aligned with a cause which ignites emotions and forms connections with followers. Tara et al. (2015) state that: "The ability to engage with others at the level of emotions, that 'thing' that happens between brains that are called 'affective' interaction is the critical component of inspiration."

Emotions play an essential part in inspiration. Inspirational leaders feel and elicit potent emotions around their cause and mobilise people to act. Emotional resonance is developed around the objects of attachments. It is essential that the object of the attention and adoration remains something of benefit to the broader group or cause rather than the leader.

The Inspirational leader buys into working for the greater good of the organisation and the need to be consistent in their approach, aligned to business goals, and get people to collaborate in high-performing teams. They suspend their ego, are purpose-driven, and act according to an inner moral compass with integrity and radical authenticity, aligned with the organisation's values.

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Achieving and maintaining great health: A daily guide

By Pharm. (Dr) Onyinye Chiekwe

In Nigeria, “How are you?” or the more colloquial “How you dey?” is probably the most asked question and definitely the one with the most frequent false replies. When you reply with “I am fine”, how *fine* are you? The truth is, many people think they are “fine” without realizing they are not.

The World Health Organisation (WHO) defines health as the state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. It means that a state of being simply devoid of illness or pain isn't necessarily a healthy one. The definition also classifies health into three mutually inclusive parts: physical, mental, and social. These parts are mutually inclusive because to achieve and maintain a healthy life, there should be a perfect balance.

Formula for sustained great health

Eat

Excellent health requires balanced nutrition. In primary school, we learnt that a balanced diet is a meal which contains the classes of food in their correct proportions. With this definition, you will agree that a balanced diet also refers to a healthy meal. But healthy living doesn't only involve eating healthy meals. It also means eating meals healthily, having a healthy feeding pattern. For example, eating a “healthy” breakfast by noon is not healthy, just as having a “healthy” dinner by 10:00 pm is not healthy.

Moreover, a balanced diet isn't just healthy meals; it includes everything that goes into your mouth at any time of the day. In between the healthy meals you relish, what else are you eating? What are you *not* eating? All of these constitute either a balanced or deficient diet. When your overall diet is not healthy, then it is lacking.

Exercise

Plato agreed that “a lack of activity destroys the good condition of every human being, while movement and methodical physical exercise save it and preserve it.”

A fundamental feature of good health is exercise. The benefits of exercise are numerous.

It helps control weight and reduces the risk of heart diseases.

It helps the body manage blood sugar and insulin levels.

It helps to quit an addiction.

It improves mental health and mood; helps keep thinking and learning skills sharp, and strengthens bones and muscles.

It reduces the risk of certain cancers (colon, breast, uterine, lung).

It reduces the risk of falls, improves sleep, improves sexual health, increases chances of living longer, increases energy levels, and so on.

Relax

Good health has no room for deficiencies or excesses. It

is living a well-rounded and balanced life. An Irish proverb says, “A good laugh and long sleep are the best cures in the doctor's book”. So, form and maintain healthy relationships, laugh as much as possible, take time out, relax and unwind. These help to relax your mind, which is necessary because your social and mental health depends significantly on the state of your mind.

Refresh

Just as your body needs healthy food, so does your mind. What are you feeding your mind? How edifying are the books you read, the things you watch, and the discussions you engage in? Your mind has to be cultivated positively and

nurtured adequately.

To enjoy a healthy life, the goal is to balance each aspect of your life against the others— ensuring a work-life balance and at the same time, not neglecting the social and intellectual aspects. It is this balance that helps you stay connected with reality and also properly manage stress. Poorly managed stress affects mental and physical health. So, it is essential to destress and refresh as frequently as possible.

Repeat

Taking proper care of yourself is a daily activity. According to James Clear, “the most important battles must be fought anew each day; exercising today does not render tomorrow's workout unnecessary... learn to love the endless nature of things and life gets easier”. Caring for



yourself is a constant action and, thankfully, the benefits are constant and immediate.

So when next you're asked, “How are you?” and you reply with a hasty, “I'm fine”, spare a moment to consider how *fine* you truly are and let it remind you to take care of yourself because your body requires daily care.

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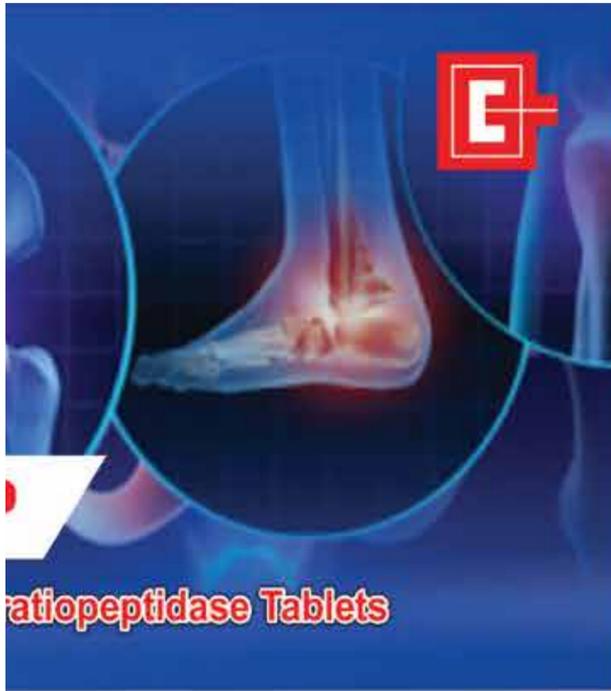
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Embrace technology to minimise losses, experts urge community pharmacists

- As ACPN, KING Zone holds 1st Annual Professional Summit

By Adebayo Oladejo

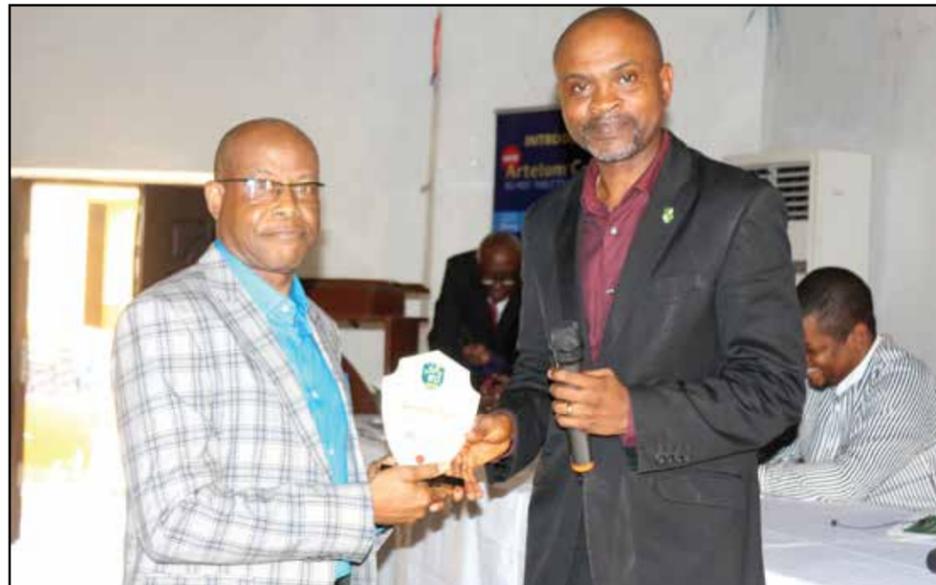
In order to drive business sustainability, owners and managers of community pharmacies must take additional measures, through the use of technology, to prevent unwarranted losses arising from wastage, poor inventory system, theft, and others.

This was the view of experts who spoke at the 1st Annual Professional Summit of the Association of Community Pharmacists of Nigeria (ACPN), KING Zone, comprising Ifako-Ijaiye, Iju, Agege and the environs, in Lagos State

The event, which was held at the Women Development Centre, Agege, Lagos, had in attendance eminent personalities in the pharmacy profession, some of whom handled various topics.

Speaking on the topic, "Minimising Losses in Pharmacy Practice", Pharm. (Mrs) Folashade Lawal, a seasoned pharmacist, and managing director, Victory Drugs, said, "Most types of losses can be managed, using technology, by collecting data - financial, inventory, manpower data - from all sources and storing it in a standard format in a central database. This would help in advanced business reporting and will be used for making faster business decisions."

Lawal also stated that a community pharmacy should have a flexible and adaptable business and operational model, stress that this will help in adapting to sudden changes and reducing downtime caused by political instability, natural disasters, or facility



Pharm. Lawrence Ekhaton, chairman, Lagos ACPN (right), presenting a plaque to Pharm. Joe Itaman, chairman, Summit Planning Committee, at the Annual Professional Summit, organised by ACPN, KING Zone, recently.

renovation exercise.

"Losses, though inevitable, can be grossly minimized," she said. "The community pharmacist needs to acquire the needed knowledge and skills to bring losses to the barest minimum. It is very important to remember the saying of Robert Burton, 'penny wise, pound foolish'".

In his own lecture titled, "Leveraging Technology to Enhance Community Pharmacy Practice," Pharm. Shina Opanubi,

project catalyst, PharmAlliance, noted that technology is not an end, but rather a means to an end, an enabler and an amplifier, adding that "if you automate a broken system, you will get a more broken system."

Opanubi further noted that any pharmacy in that is not currently computerised is only in business and not in pharmacy practice, adding that platforms like Facebook, Twitter, Instagram,

Youtube, TikTok, Whatsapp, LinkedIn, and many others can be employed to the advantage of the user as the world has become a global village.

He said, "Social media and other platforms like Zoom, Google Meet, Microsoft Teams, Whatsapp group calls are powerful tools that can be used to engage customers, clients, staff and others in the quest to advance one's business."

"Also, telemedicine and telepharmacy are the new order; and the more one uses them to their advantage, the better for the person."

Earlier in his welcome address, the zonal coordinator, ACPN, KING Zone, Pharm. Stephen Nwaozuzu, described the summit which was the first by the zone as laudable, saying the topics were

not only apt but also timely, as community pharmacists in the zone are expected to be freed from all forms of financial restraints, improve their businesses, and move with the trend of development in their practice..

He further explained that the main motive of the programme was to help members of the zone grow a successful pharmaceutical

continued on page 52

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Rosmarinus officinalis Linn

Rosemary, *Rosmarinus officinalis* Linn, is a member of the mint family, Lamiaceae. It is a popular evergreen shrub that is native to the Mediterranean and used in cooking all over the world.

Constituents

Rosemary leaf has calories, protein, fat, carbohydrates, fibre, vitamins A, B1, B2, Niacin, Pantothenic acid and folic acid; as well as minerals like iron and calcium. It also contains carnosic and rosmarinic acids, camphene, luteolin and carnosol.

Preparations

Rosemary leaf is available as fresh or dry leaves. It is popularly consumed as a tea. It may be used as whole dried herb, a dried powdered extract, aromatherapy or oily or alcoholic extract.

Pharmacological actions and medicinal uses

Studies show that Rosemary has expectorant, antispasmodic, anti-inflammatory, analgesic, blood sugar lowering, blood pressure lowering, antibacterial, antifungal, antiviral, anticancer and antitumor properties. Thus its use for cough, colds, bronchial asthma, headaches, sprains, rheumatism and arthritis, dental and skin care.

Studies reveal that Rosemary can help to improve memory performance and focus. It is also useful in relieving stress. It can prevent and slow Alzheimer's disease.

Rosemary leaf is used to manage gastro intestinal problems such as heartburn, gas, peptic ulcer, cramping, constipation, bloating, anorexia, liver and gall bladder complaints.

The oil of rosemary has been known to promote hair growth, treat dandruff and dry scalp.

of Rosemary can cause gastro intestinal irritation, kidney damage, seizures, toxicity, coma, vomiting, pulmonary oedema, increased menstrual bleeding, increased risk of miscarriage, spasms and autoimmune disease.

Economic

uses and potentials

Adverse effects

Ingestion of large amounts

Rosemary leaf is widely useful in food, beverages,

cosmetics and pharmaceutical industries as preservatives and flavours. Rosemary farming to get natural antioxidants to replace chemicals in food preservation is encouraged. A pack of 250g costs between ₦1000-₦2500, depending on the brand. In 2020, the export value of Rosemary was \$137.40m in US and \$831.34m in China.

References

Nordqvist (2017). Everything you need to know about rosemary. Medical News Today.

Available at: https://www.medicalnewstoday.com/articles/266370#_noHeaderPrefixedContent
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I made history as NIM president but lost my business - Uwaga

continued from page 36 about your life and career you would like to change?

One incident that stood out in my career was my decision to set up a scientific and marketing office in Lagos, outside my traditional retail business in Port Harcourt. I had invested all my life savings plus a huge loan from the bank into the business. That was the period NIM invited me to take up the mantle of leadership as the president.

I found the NIM presidency very challenging, as it entailed regular travels within and outside the country. I was forced to leave the business in the hands of two colleagues whom I thought I could trust and 21 sales representatives and other workers all employed to run the business. With my absence and dishonest colleagues, the business went down, with dubious, unrecoverable debts and expired dugs, worth over 100 million naira at that time.

The lesson I learnt here is that it is imperative to be physically present and in control, for any business you want to run successfully in Nigeria. Also, you must build operational controls in your systems to manage the high level of fraud and insincerity that is prevalent among employees in Nigeria.

The entropy in world systems continues to increase and is inversely proportional to possible containments. That of Nigeria is even worse and defies modern management science and business prescriptions. I

am however optimistic that things are going to get better. I continue to associate with the younger generation, notwithstanding, and share my experiences and act as a moral compass and conscience in their midst.

You have been a very close associate of *Pharmanews* which has just attained a record of 43 years of unbroken monthly publication. What is your view about the publication and its progress so far and where would you like to see the journal in the next couple of years?

The content, quality, size and circulation of *Pharmanews* have continued to grow in leaps and bounds and I profoundly congratulate senior citizen Ifeanyi Atueyi and his dear wife, who, against all odds have made a remarkable success of this publication in well over four decades.

Pharmanews has won all awards available in Nigeria and beyond and will continue to do so. I strongly suggest that the next phase of the publication should be to venture into the area of publishing scientific papers in the international arena, while retaining the news component as a local content.

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

I am blessed with my pharmacist wife and we have been married for 35 years. She is Pharmacist (Dr) Chinyere Uwaga, who is also a Fellow of the Pharmaceutical

Society of Nigeria. She is also an evangelist. We have been blessed with five grownup children. Two of them are pharmacists like us; one is a medical doctor, another an economist and the other is in the hospitality industry. We are all really close as a family.

How do you relax? Tell us about some of the pastime activities and lifestyle modifications you have adopted to stay fit and active?

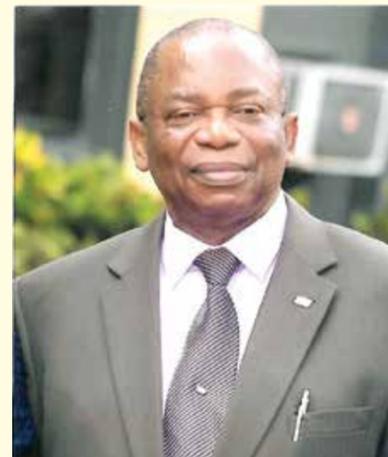
I spend my leisure time reading and watching documentaries. I use to love international travels but my health challenge (spondylolesthesis) has denied me the opportunity, including golfing and taking regular walks these days.

My wife has her specialisation in herbal drugs and alternative medicine, in managing ailments/maintaining health. She has also applied this to what we eat at home. Unfortunately, such pharmaceutical grade foods are not usually "sweet" for my aging taste buds, but I am managing for the sake of my health.

I love and keep buying books and hope to live the rest of my life reading and writing, God willing.

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

Young people in Nigeria are in a hurry to make money and fame in the wrong way and means. Some of these anomalies seem to be catching up with some of our young



Pharm. (Dr) Uzo Nelson Uwaga

pharmacists. This is a bad omen, which the PSN leadership should do all that is possible to contain because of the profession.

In the core professions of Pharmacy, Medicine and Law, it had been traditional for young professionals to be patient, learn and be tutored or mentored by the seniors. I learnt character, integrity, correct life values, hard work etc. from my senior colleagues also.

There are no alternative routes to becoming a successful pharmacist. With the right values, our young pharmacists can eventually take the profession to where we want it to be and impact humanity positively to the extent that society accords the pharmacy profession the social value and recognition which some other healthcare professionals presently enjoy.

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Why state governments must urgently domesticate new health insurance scheme law – ACPN-Lagos Chairman

continued on page 38

centres in the country. Any serious country that wants to meet the healthcare needs of its populace has to be able to handle primary healthcare properly.

If primary healthcare is properly handled, it would reduce the influx of people into secondary and tertiary health institutions. We know that community pharmacists are trained; we have various trainings from various bodies on primary healthcare matters and we know we can handle it.

What can you say about the happenings in the healthcare sector in Lagos State?

One of the things we need to get right in Lagos State, and hopefully if we get it right, the nation too will get it right is the issue of the Health Insurance Scheme. Recently, the president signed into law the National Health

Insurance Act, which replaced the National Health Insurance Scheme. So the Act needs to be domesticated in the state and brought to the grassroots level.

We are urging the Lagos State Government because the Act states that every state must domesticate and bring it to their level. So we are urging the government to make sure that it brings her own health insurance policy in the state and that all players in the state are carried along and all are given room to practise what they have been trained for. This will ensure that there are no clashes or issues.

Once a player has done what he or she is licensed to do, such should scale to the next level of care. So that everybody in the health sector is engaged in health insurance and that it would benefit the citizens of the state. So, we urge the state government that, as the

Act has been signed into law and as they also make their own health insurance policies in the state, they should make sure that this is top on the agenda to make sure that no healthcare sector player is left out.

Everyone that is a player in the health sector should be carried along and engaged in the scheme of the health insurance; so that, there will be no issue that some are being marginalised or one group or the other is being marginalised or taking over the whole sector.

What message do you have for your members in the state?

I want to use this opportunity to thank them for the confidence they have reposed in me in the past one year, and I want to urge them not to relent in practising ethically, and also make sure that what they do reflects the oath that they took.

They should also make sure that they render quality services,



Pharm. Lawrence Ekhaton

sell quality products, and ensure everything they do is of quality, so as to make sure that the populace gets what is due to them when it comes to pharmaceutical care.

Embrace technology to minimise losses, experts urge community pharmacists

continued from page 46

business, and improve their practice to meet up with the global standard while improving the image of the pharmacy profession at large.

Speaking in an interview with *Pharmanews*, chairman, ACPN, Lagos State, Pharm. Lawrence Ekhaton explained that the need for a paradigm shift to a more advanced practice was what necessitated the summit, adding that the programme had the backing of the state ACPN, as the association at the state level itself is doing everything humanly possible to ensure it moves with the trend as far as technology is concerned.

"As we speak, we have launched a state website and it incorporates all the technology that each zone will need. Also one of the fulcras of the website is to help to increase awareness of what the community pharmacists are doing and how they can be reached at the push of a button. We believe when the website is running, the members of the public can reach us, even at the tip of their fingers."

Speaking in the same vein, the duo of Pharm. Iyiola Gbolagade, chairman, Lagos PSN, and Pharm. Tolu Ajayi, managing director, Shekinah Pharmacy, who were members of the panel, urged all community pharmacists in the zone to collectively embrace technology to further enhance pharmacy practice in the state and ensure they move with the trend, as pharmacy practice like every other practice, is no longer what it used to be 10 years ago.

The highpoint of the event was the presentation of award plaques to the members of the Summit Planning Committee, which included, Pharm. Joe Itaman, chairman, Planning Committee; Pharm. Paul Owolabi, secretary; Pharm. Chief Olaitan Ogunlade, member; Pharm. George Agbude, member, and Pharm. (Mrs) Ayodele Ogunlade, member.



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Sales management effectiveness (4)

(Selling process and communication)

First, kindly accept my apologies for skipping a few editions of this column. No explanation or excuse will be enough. For those who called or reached out to enquire, I am grateful.

The communication view of the selling process is a much richer and comprehensive view of salesmanship. Personal selling is an oral presentation in conversation (by the salesperson) with one or more prospects for the purpose of making sales.

Hence, we have the interpersonal communication of the interaction between the buyer and the seller. Both are active participants in the direct face-to-face communication. Both function as sender and receiver of messages. Both try to influence each other. However, the burden of effective and successful communication lies on the pharma salesperson. This is primarily because his major responsibility is to persuade the doctor, pharmacist, nurse or other healthcare professional to prescribe, recommend or adopt his product or brand.

The process of selling involves these broad steps:

1. Pre-sale preparation
2. Prospecting
3. Pre-approach and approach
4. Sales presentation or sales interview, and
5. Post-sale activities.

It is worth noting that the personal selling process is underpinned by some theoretical considerations:

AIDAS theory: The theory, says that a successful sales presentation, like adverts used in mass communication, takes the prospect through five mental stages, namely: (1) attention, (2) interest, (3) desire, (4) action, and (5) satisfaction of the buyer. AIDAS theory of selling was a very popular basis for many sales and advertising tests in FMCG radio and TV ads. So your professional presentation to HCPs and the trade must be structured to achieve these movements.

Buying formula theory: The thrust of this theory is that the role of the pharmaceutical sales representative is to help the buyer to find solutions to his problems. It gives emphasis to the HCPs' needs and the HCPs' problems to be solved. You asked questions to understand the buyer's situation and uncover his needs. This

problem-solving approach recognises that a sale is made in the mind of the buyer. The buying formula theory of selling is the modern approach.

The sales presentation or interview may adopt the AIDAS formula (attention, interest, desire, action and satisfaction). Objections raised by the prospect are handled during the interest and desire stages. The climax of sales presentation is the securing of action, i.e., purchase, commitment to buy or recommend or adopt your product/brand. Following up is necessary after securing purchase. It will help to determine what help is needed, buyer's satisfaction and reduce his problems, if any.

Let us describe in brief the usual steps of the sales process:

Step 1: Pre-sale preparations

Anticipating the sale means getting ready. The salesman must identify a customer's problem, solve that problem and prescribe a solution to the customer according. To do these things, a salesman must be familiar with the product, the market and the organisations and the techniques of selling. He must know his customers, their situation, unsatisfied needs and problems. He must know buying motives and buying behaviour of the customers or prospects, to whom he has to sell his products.

He must know himself, his company and competition.

Step 2: Prospecting

A prospect means any potential prescriber, recommender or buyer - the one who brings prospects to the seller's business. A prospect is one who has or may have an unsatisfied need, ability to buy (purchasing power) and willingness to buy (motivation).

Prospecting relates to locating of prospects. They can be located through present customers, other salesmen, lists, conferences,

The sales presentation or interview may adopt the AIDAS formula (attention, interest, desire, action and satisfaction). Objections raised by the prospect are handled during the interest and desire stages. The climax of sales presentation is the securing of action, i.e., purchase, commitment to buy or recommend or adopt your product/brand. Following up is necessary after securing purchase. It will help to determine what help is needed, buyer's satisfaction and reduce his problems, if any.

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associations/groups, or by direct cold canvassing (calling on strangers and developing contacts by scouting out leads).

Located potential customers have to be qualified, i.e., they must have need, purchasing power, inclination to buy and buying authority or power. These qualified prospects must, of course, be accessible to the salesman. Prospecting is practically the "seeking function" of the total marketing activities.

Step 3: Pre-approach

Once a prospect is located and qualified, the salesman should find out his needs, problems to be solved, his preferences, personal habits, nature, behaviour, etc. On the basis of adequate information of the customer wants and desires, the salesman can prepare his plan of sales presentation or interview. The product presentation has to be tailored to the specific requirements of the customer.

Step 4: Approach

This is the stage where the salesman comes face-to-face with the prospect. The approach consists of the two major parts: Obtaining an interview, and the first contact. The salesman may use various means of obtaining an interview or face-to-face interaction. He may use the telephone, obtain an introduction or reference from a customer, or use his business card.

What is more important is the first contact. And at the first contact, the sales representative must be able to attract the prospect's attention and get him interested in the product. This is crucial to avoid being dismissed before he can present his product. Securing attention is the first step. Attention is attracted through proper approach.

Gaining interest is the second step. Many devices are used to stimulate and increase

interest in the product. Product or sample can be shown. Visual aids can be used in sales demonstration. Sales presentation should be clear, concise, to the point and positive.

Step 4: Detailing (Sales presentation)

Once the salesman has sought and found a potential customer and has matched their wants with his product (in terms of features and benefits), he is ready to formally present that product to the customer. The sales presentation should be closely related to the buying process of customers. It should be in the language the prospect understands - MOA, onset of action, side-effect profile, segment, etc.

The sales interview should generally go according to AIDAS theory. The product characteristics and expected benefits, the salesman should find out the customer's reactions and objections. The prospect must be convinced about the benefits, expected performance and services of the product. The ability to face and meet a buyer's objections is acquired with time and experience.

A good detailing presentation must:

(i) be complete; that means, it must cover every point which is likely to influence the prospect.

(ii) be clear, and should leave no misunderstanding or vagueness in the prospect's mind.

(iii) remove competition by providing that the salesman's product is definitely superior and is the only product that will satisfy the prospect's want.

(iv) win confidence of prospect that the salesman's statements are true and that the salesman is honestly trying to help the prospect.

Tunde Oyeniran B Pharm, MBA, 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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Ezeiru calls for collaboration, policy framework on API production, contract manufacturing

By Ranmilowo Ojalumo

The Chief Executive Officer, Oculus Pharmacare Limited, Pharm. (Sir) Valentine Ezeiru, has urged stakeholders in the Nigerian pharmaceutical industry to collaborate towards production of Active Pharmaceutical Ingredients (API) and contract manufacturing, saying such moves will help to achieve drug security and self-sufficiency in the country.

Ezeiru made the call at the recent CEOs' Forum of the Association of Industrial Pharmacists of Nigeria (NAIP), held in Lagos, saying Nigeria needs a strong policy framework to be able to start producing API and exploring local contract drug manufacturing.

Presenting a keynote address at the forum titled, "Promoting self-sufficiency and drug security through local contract manufacturing and API manufacturing: Lesson learnt from COVID-19", Ezeiru stated that promoting and encouraging self-sufficiency and drug security through local contract and API manufacturing is a task that all industry stakeholders must collaborate to achieve.

According to him, self-sufficiency is an instance of needing no outside aid or help in satisfying one's basic needs, especially with regard to the production of foods or medicines. He explained that drug security is a measure put in place to ensure that quality, safe and efficacious medicines are produced by facilities that meet the right standards and, that the integrity of such medicines are not compromised during distribution



Pharm. (Sir) Valentine Ezeiru

along the supply chain.

On the concept of contract manufacturing, Ezeiru said, "When it comes to manufacturing, not every company has resources, capacity or time to do it all effectively. Just as many businesses choose to outsource accounting or IT management, so do many companies outsource their manufacturing needs to a firm that can provide a more efficient production run, a faster turnaround, improved quality and better scalability, among a host of other things. This is called contract manufacturing."

He noted that many challenges have slowed down drug manufacturing in Nigeria, stating that most of the raw materials

needed for the production are imported because Nigeria does not have a strong petrochemical industry that should produce resins and excipients, including colouring agents, preservatives, and fillers, among others.

Quoting the Manufacturers Association of Nigeria (MAN), the Oculus boss pointed out that the industry's capacity utilisation is barely 47 per cent, adding that only few players are really healthy.

He stressed that with the various challenges facing pharmaceutical manufacturing in the country, local contract and API manufacturing have become a tall order for Nigerian pharmaceutical manufacturers.

He noted that the supply prices

the companies are offering are important, especially, if the same companies are also producing generic varieties of the drug to be manufactured under contract manufacturing.

Ezeiru however pointed out that attaining self-sufficiency and drug security through local contract and API manufacturing can only be possible when there is a solid policy framework to guide such. He added that an enabling business environment must also be created by the government to promote, protect and grow the industry.

According to him, developing local capacity for the manufacturing of Active Pharmaceutical Ingredients is vital, insisting that availability of API remains crucial to the transformation of the pharmaceutical manufacturing sector of Nigeria.

The keynote speaker expressed optimism that the establishment of the Dangote Petrochemicals industry, which is expected to become operational when the Dangote Refinery commenced operations, will be a huge boost to pharmaceutical products manufacturing in Nigeria.

He however emphasized that the Nigerian pharmaceutical industry needs more than the Dangote Petrochemicals industry, adding that about five petrochemical industries are needed to satisfy the needs of drug manufacturers in the country.

Noting that API manufacturing is a capital intensive venture, Ezeiru said only a strong policy framework can attract investment, adding that investors must also be given a time period to recoup their investments.

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UNIZIK pharmacy faculty to launch new APIs, drug production unit

By Ranmilowo Ojalumo

As part of efforts to boost local production of drugs and reduce dependence on importation, the Faculty of Pharmaceutical Sciences, Nnamdi Azikwe University (UNIZIK), has disclosed plans to introduce pharmaceutical grade starch and new active pharmaceutical ingredients (APIs) into the Nigerian pharmaceutical market.

Dean of the faculty, Professor Festus Basden Chiedu Okoye, disclosed this in an interview with *Pharmanews* recently, saying the faculty has set a timeline of between five and ten years to achieve the plan.

Okoye added that the faculty is also considering local synthesis of existing APIs, particularly, antimalaria drugs, stressing that some researchers in the faculty had embarked on cultivation of *Artemisia annua* in Anambra State, with the view to harnessing and maximising all therapeutic possibilities therein.

The dean said, "The over dependence on importation of drugs is a major issue, which the academia should tackle headlong, whether the importation of finished pharmaceutical products (FPP), pharmaceutical raw materials or that of active pharmaceutical ingredients (API). The Faculty of Pharmacy, UNIZIK has been at the forefront of research towards the production of local, home grown pharmaceutical raw materials for use as excipients and discovery of new active pharmaceutical ingredients (API).

"Currently, there are two major groups involved in drug discovery, namely, Natural Product Drug Discovery and Computer Aided Drug Discovery units. Our goal is to introduce pharmaceutical grade starch and new APIs into the Nigerian market within the next five to ten years.

"We have also conceived the idea of local synthesis of existing APIs, particularly, antimalaria drugs. Currently, our groups are involved in planting of *Artemisia annua* in Anambra State with the view of harnessing all the possible value chains therein."

Okoye further revealed that the faculty is positively disposed towards research, noting that some of its members had pioneered major researches in the areas of Vaccine Developments, Natural Product Drug Discovery, Computer-aided Drug Discovery, Advanced Drug Delivery Systems, Evidence-based Health Care Research, Logistics and Supply Chain Management and many others, adding that all the key areas are being headed by renowned scholars of international repute



Professor Festus Basden Chiedu Okoye

in the faculty.

The dean explained that some of the research efforts spearheaded by the Vice-Chancellor of the university, Prof. C. O Esimone and himself, adding that one of such is currently at patenting stage.

His words: "A team, involving three of the faculty members namely, Prof. C. O Esimone (PI), Prof. F.B.C. Okoye and Dr K.G. Ngwoke, as co-investigators, together with other members from within and outside the university concluded a study on plant extracts and compounds with wonderful anti SARS COV-2 activity.

"The work is currently at the stage of patenting. Prof. I.C. Uzochukwu is currently working on repurposing of some approved drugs for use in the management of laser fever virus. The frontline drugs obtained via in silico simulations are currently undergoing in vitro studies and the results are quite promising."

In a related development, it has been revealed that the faculty, in partnership with the Anambra State Chapter of the Association of Industrial Pharmacists (NAIP), has concluded plans to establish a pilot drug manufacturing unit, which will be sited within its premises.

Prof. Esimone had earlier given a hint about the proposed construction of the production unit, as well as a research laboratory, to be built in the university in partnership with NAIP.

While giving more explanation on the proposed

going on in the faculty into home grown products, geared towards solving numerous economic and healthcare challenges in the country.

Although the idea of the pilot production unit, according to the dean, had been conceived since the inception of the faculty, the first move to partner with NAIP, Anambra State, on building the pilot production unit was conceived during the current administration of Esimone as the vice-chancellor and Okoye, as the dean of Faculty of Pharmaceutical Sciences of the University.

He said, "Initially, the Nigeria Association of Pharmacists in Academia (NAPA), UNIZIK Chapter, conceived the idea of contract manufacturing with NAIP-Anambra, but later settled on the provision of a pilot production unit to be within the UNIZIK premises.

"The vice-chancellor has graciously agreed to provide the building and basic infrastructure, while NAIP will provide all the equipment needed to set up a world class pharmaceutical production unit. In this alliance, NAPA-

continued on page 64

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COMMUNIQUÉ ISSUED AT THE END OF THE 25TH ANNUAL CONFERENCE OF THE ASSOCIATION OF INDUSTRIAL PHARMACISTS OF NIGERIA (NAIP)

Held from 14th – 16th June, 2022 at Providence Hotel, 12A Oba Akinjobi way, GRA Ikeja.

PREAMBLE

The Association of Industrial Pharmacists of Nigeria (NAIP) is a technical arm of the Pharmaceutical Society of Nigeria (PSN) and the professional body of all registered and licensed pharmacists in the pharmaceutical industry within Nigeria. It is dedicated to the promotion of the pharmacy profession, pharmacy education/research and pharmacy practice within the industrial sector. NAIP, having over 450 companies as corporate members representing over 1000 pharmacists from all over Nigeria, held the 25th edition of its Annual Conference on June 14-16, 2022 at the Providence Hotel, 12a Oba Akinjobi Way, GRA Ikeja.

The conference involved a keynote address on the theme, sessions on the sub-theme and panel discussions to brainstorm and provide solutions to the myriad of problems plaguing Nigerian Industrial Pharmacists.

The theme of the conference: The roles of industrial pharmacists in a depressed economy: Opportunities, Challenges, and Solutions in providing essential drugs, was addressed by the keynote address speaker, Pharm. (Dr) Ifeanyi Okoye, PhD, OFR, MNI, FPSN, the Chairman/CEO of Juhel Pharmaceuticals.

The first technical session, titled: Professional collaboration and coordination as a panacea to industrial growth, was expertly handled by Prof. Charles Okey Esimone FPSN, FAS, the vice chancellor of Nnamdi Azikiwe University.

The second technical session: Technology, Regulation, and Data centrality in strengthening local capacity as Pharma industries evolve. The NAPA-NAIP example was given by Pharm Jasper Onyeka MBA, FPSN, the MD of Impact Pharmaceuticals.

The third technical session: The Role of Pharmacists in Vaccine Interventions, was presented by Pharm. Dr. Steve Onyia FPSN, PhD.

The conference also featured a panel discussion with Prof. Lere Baale FPSN, Chairman, NAIP Board of Trustees as the lead discussant and representatives of NAFDAC and NDLEA as panelists.

Attendance

The conference opening ceremony was chaired by Pharm. Ahmed I. Yakasai FPSN, Chairman, Evans Baroque Pharma Ltd. Other dignitaries in attendance included Prof. Cyril Usifo FPSN, President, Pharmaceutical Society of Nigeria (PSN); Pharm. Udeorah Egbuna FPSN, Deputy President South PSN; Pharm. Gbenga Falabi FPSN, Secretary PSN; Pharm. Ken Onuegbu FPSN, National Chairman of NAIP; Pharm. Amaka Okafor, representative of the registrar, Pharmacists Council of Nigeria (PCN); Pharm. Ijeoma Nwankwo, representative of the DG of NAFDAC; Dr. Aliyu Bankole, Medical officer in charge NDLEA Lagos; Pharm. Olakunle Ekundayo FPSN, GMD/CEO Drugfield Pharmaceutical Ltd.; Pharm. Ade Popoola FPSN, MD Reals Pharmaceutical; Pharm. Sola Solarin FPSN, President, Industrial Pharmacy section of FIP; Prof. Lere Baale FPSN, Chairman NAIP Board of Trustees; Pharm. Wale Oladigbolu FPSN, National Chairman ACPN; Pharm. Bode Ogunjemiyo, National Chairman AHAPN; Pharm. Victoria Ukwu FPSN, Immediate past National Chairperson ALPS; Mr. Femi Shoremekun, President NIROPHARM; Pharm. Frank Muonemeh, Executive Secretary PMGMAN; Pharm. Sir Ike Onyechi FPSN; MD, Alpha Pharmaceutical Ltd.; Pharm. Ifeanyi Atueyi FPSN, MD Pharmanews; Mr. Varkey Varghese, President Indian Pharmaceutical Manufacturers and Importers of Nigeria (IPMIN); Dr. Tolu Adewole; MD Sovereign wealth Fund; Col. Nkiru Ibeh, MD, Nigeria Army Drug Manufacturing Company Bonny camp, among others.

The Conference was also attended by all NAIP Executive and Council members as well as NAIP delegates from eleven states, including Lagos, Ogun, Oyo, Ondo, Kwara, Kano, Anambra, Enugu, Plateau, Abuja, and Edo States.

DECISIONS AND SUBMISSIONS

The Conference deliberated on the theme, sub-themes, panel discussion, and other contemporary issues related to the theme and made the following observations and recommendations:

1. The Conference recognized that availability of essential medicines is key to the health of any nation, including Nigeria, and that the Nigerian pharmaceutical industry, due to its size and clout, is expected to take the lead in solving Africa's problem. Nigeria cannot achieve an acceptable health policy without the ready availability of essential medicines, which can only be made possible by NAIP in collaboration with other pharmacy practitioners.

2. The Conference identified that economic depression leads to a rise in poverty, then to a decline in hygiene and sanitization, which in turn increases diseases. As a result, there is an increased need for pharmaceuticals and, therefore, the intervention of industrial pharmacists.

3. The Conference acknowledged that a precondition to medicine security is localized manufacturing and that local production of essential medicines has the potential to reduce the infiltration of falsified and substandard medicines as well as improve the country's economy.

4. The conference identified some of the challenges faced by pharmaceutical industries to include lack of infrastructure, inconsistent and mismanaged government policies, supply chain challenges, weak industrial linkages, weak technology and engineering base, poor access to forex, lack of petrochemical industries to enable Active Pharmaceutical Ingredients (APIs) production as well as inadequate incentives. These discourage industry efforts and result in a mass exodus of talent. NAIP therefore calls on the Nigerian Government, to resolve the lingering crisis in securing Forex for the importation and Manufacturing of essential medicines as this is becoming one of the greatest threats to the growth of the Pharma Industry in Nigeria.

5. The Conference opined that the Nigerian pharmaceutical industry, as is, remains underperforming with glaring untapped opportunity and therefore advised the government to set up a 20-year rolling plan. This should enable the manufacturing

sector and regulatory agencies to achieve targeted sufficiency in some key and critical areas.

6. The conference encouraged making a conscious effort to welcome investment capital with clear time lines. Technology transfer can be utilized in order to venture into Active Pharmaceutical Ingredients (APIs) manufacture, preventing experiences suffered during the peak of the COVID-19 pandemic, when countries limited exports of APIs to Nigeria and other countries. NAIP therefore calls for strong policies from the Federal Government of Nigeria to support both excipient and API production in the country.

7. The conference emphasized the need for a data-centric approach by the various pharma groups coupled with robust analysis to enable proper presentation and reliable information for government assistance. Also, there should be an intensive relationship between technology regulation and data centrality in the emerging growth of the pharmaceutical industry. This synergy is necessary to further the growth of the industry.

8. The Conference urged the Regulatory Agencies on the need to ensure more efficient product and premises registration and regulations in order to improve the quantity and quality of products made in Nigeria, increase accessibility and reduce the need for certain unnecessary imports.

9. The Conference pointed out the need for the government and interested multinationals to work with industrial pharmacists in order to overcome commercial obstacles and achieve economic growth. In addition, various interventions by the government should not be a one-time practice. It should be made regular, substantial and geared towards encouraging long-term research.

10. The conference noted that human capacity development is very key. Therefore, collaboration with technical groups like the National Association of Pharmacists in Academia (NAPA) by NAIP is imperative. Capacity building programs and skill development in equipment maintenance, management, etc. should be administered to assure quality and compliance.

11. The NAIP Conference enumerated the various ways NAIP can collaborate with NAPA. This includes sponsorship of PhD students, setting up regional centers of excellence, setting up trust funds by NAIP, while NAPA can involve NAIP members in experimental teaching in their universities, carrying out sabbaticals in industries, etc. The leadership of the Pharmaceutical Society of Nigeria can ensure good coordination for internship and SIWES programs.

12. The Conference examined extant pieces of literature proving that pharmacists and pharmaceutical sciences have a veritable role to play in vaccines (vaccine development and interventions) and vaccination programs largely driven by their training in R & D, manufacturing, distribution, storage, community-based participatory research, and pharmacovigilance activities.

13. The Conference agreed that because technology such as robotics and digitization increase workplace productivity, it is unquestionably the bedrock or engine room of the Pharma Industry, and can make product registration stages easily communicated by NAFDAC to registering companies, it should be embraced.

14. The Conference urged NAFDAC to be weary of the levies and fees imposed on pharmaceutical companies as it is not a business agency. They should also look into their regulations as they are more stringent when it comes to pharmaceuticals compared to herbal mixtures with specific emphasis on approval and advertisements.

15. The Conference frowned at the restriction on the number of products registered by NAFDAC per quarter as it discourages investment and reduces employment of pharmacists.

16. The Conference recognized that the issue of the CTD format of dossier is still a major hindrance to the registration of pharmaceutical products and proposed continuous training on it to make product registration relatively easier for stakeholders.

17. The Conference identified as unacceptable the harassment by NDLEA officers of pharmacists for medicines which they are licensed to handle, as well as the unnecessary delay in the clearing of medicines at the port by NDLEA, which oftentimes led to incurred demurrage. NDLEA is to make available to NAIP their list of schedules.

18. The Conference observed that a number of NDLEA officials are not up to date with the functions of a registered pharmacist as well as the content of the license of a pharmacist. As a result, capacity-building programs should be organized for them to better understand the pharmacy terrain.

19. The conference agreed that we can achieve a lot in improving the healthcare needs of the citizens through proper engagements and collaborations with major stakeholders and regulatory authorities. As a result of this we shall continue to engage with customs, NDLEA, NAFDAC, PCN etc. in finding solutions to the myriads of challenges facing the Nigerian Pharma Industry. A workshop with the top officials of relevant regulatory bodies and stakeholders was therefore proposed to rub minds and come up with practical solutions that will enable more efficient and harmonized results.

20. The Conference expressed profound appreciation to all sponsors, donors, and invited guests who made the program a huge success.



Pharm. Ken Onuegbu FPSN
National Chairman

Pharm. Dr. Joy Adeshina, FPCPharm
National Secretary



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Ehanire, Sanwoolu, others harp on inter-professional harmony in healthcare sector

continued from page 68

well-deserving organisations, healthcare professionals, as well as eminent personalities from the health sector with different categories of awards, the host governor as well as recipient of the Health Tech Governor of the Year Award, Governor Sanwo-Olu, noted that the exceptional performance of healthcare providers within the past year, as well as their contributions to the practice of healthcare in the state and beyond, were of immense value to the citizenry.

According to Sanwo-Olu, who was represented by the Commissioner for Health, Lagos State, Prof. Akin Abayomi, despite the fact that the country's healthcare industry is beset by a plethora of challenges, public and private sector healthcare providers, as well as industry players, have always found innovative ways to thrive in their quests to provide patients with quality care.

Also speaking, Prof. Ehanire and Dr Mamora, who were both represented by Dr Adedamola Dada, chief medical director, Ebute Metta Federal Medical Centre, explained that the award ceremony was timely as it came at a time the country had successfully contained the COVID-19 pandemic and its variants, which they said, had threatened the economy of the country and the delivery of healthcare services to Nigerians.

Stressing the importance of collaboration among healthcare professionals in advancing healthcare delivery in the country, they said: "Understanding and collaboration are very key in all situations, especially in the healthcare sector that is crowded with other relevant and important professionals who play vital roles in healthcare delivery. So, an award of this sort should be able to solidify inter and intra-professional relations in the Nigeria health sector.

"The primary purpose of recognising and rewarding the healthcare professionals that have contributed to the efficient and quality healthcare delivery is to foster excellence and sustain quality healthcare to those that need medical care. Good healthcare is the prerogative of this government to Nigerians; so rewarding excellence plays a pivotal role in providing and sustaining a means by which good healthcare delivery is achieved."

In other categories of the award for 2022, Chief Adebawale Omotosho, chairman, Bond Group, an industrialist, philanthropist, and renowned pharmacist cum elder statesman; Prof Ekanem Ikpi Braide, a renowned educationist, former vice-chancellor, Cross River University of Technology (CRUTECH), and pioneer vice-chancellor, Federal University, Lafia, Nasarawa State; and Prof. Joseph Oyeniya Aina, an emeritus professor of Nursing, were presented with Lifetime Achievement Awards, to a rousing applause from the audience.

Also, Special Diaspora Healthcare Excellence Award was given to Prof. Ohwofiemu E. Nwariaku, M.D., FACS, while the TB Special Recognition Award for the Most Outstanding Private Sector Advocacy Support for TB of the Year was given to Leadway Assurance; while TB Advocacy and Impact Organisation of the Year awards were given to Wellness HMO and Verod Capital.

The award in recognition of outstanding contributions to critical interventions for advanced cleft and surgery training simulation, as well as the creation of the first cleft e-registry in Nigeria, was given to Smile Train Incorporated; while Sterling Bank Most Responsive COVID-19 Testing Company of the Year was won by Medbury Medical Service.

In the same vein, the Sterling Bank Most Outstanding

Genomics Laboratory of the Year Award was won by the African Centre of Excellence for Genomics of Infectious Diseases (ACEGID) Redeemers University, Ede; while Sterling Bank Most Outstanding COVID-19 Consumables Manufacturer of the Year (Indigenous) was won by SevenUp Bottling Company Limited. Similarly, Sterling Bank Most Outstanding State for COVID-19 Vaccination Award was won by Nassarawa State.

This year's Outstanding Healthcare Financial Institution of the Year Award was won by Polaris Bank, while the Healthcare Media Excellence Award (Print) was won by Pharmanews Limited, while the online segment was won by Nigeria Health Watch.

The State Government Health Insurance Scheme of the Year went to Katsina State; the Private Healthcare Provider

of the Year went to Evercare Hospital; the Private Laboratory Service Provider of the Year went to Clina-Lancet Laboratories; while the Radiology Service Provider of the Year went to Clinix Healthcare.

The award for Pharmaceutical Manufacturing Company of the year went to Emzor Pharmaceuticals Limited, while Alpha Pharmacy and Stores Limited, was honoured as the Pharmaceutical Retail Outlet of the year. Also, DrugstocEhub Limited went home with the Technology-Driven Distributor Company of the Year.

Additionally, GE Healthcare was announced as Hospital Equipment Marketing Company of the Year, while Biomedical Engineering Service Company of the Year went to JNC International. The Laboratory Equipment Marketing Company of the Year was won by DCL

continued on page 62

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Ehanire, Sanwoolu, others harp on inter-professional harmony in healthcare sector

continued from page 60

Laboratory Products Limited, Abuja.

In other categories, the Physiotherapy Service Provider of the Year went to PhysioCraft; Most Outstanding Oncology Centre of the Year, went to Marcelle Ruth Cancer Centre and Specialist Hospital; the Dental Service Provider of the Year was won by Beaconhill Smile Clinic; the Eye Care Service Provider of the Year went to Eye Foundation Hospital; the Dialysis Service Provider of the Year was clinched by Zenith Medical & Kidney Centre, Abuja; while the IVF Service Provider of the Year was won by Nisa Premier Hospital, Abuja.

Other awards included Most Active Facility on the SafeCare Quality Platform (General Hospital, Agbowa); SafeCare Facility of the Year (Evercare Hospital); Innovative Healthcare Service Provider of the Year (54 Gene); Health Maintenance Organisation of the Year (AXA Mansard Health).

Also speaking at the award ceremony, Sir Ifeanyi Atueyi, publisher of **Pharmanews**, expressed his delight with the NHEA, which he said had carved a niche for itself in the healthcare sector, adding that its performance had continued to improve every year.

According to the octogenarian pharmacist, he was selected in 2015 as the first pharmacist in the country

to receive the most prestigious Lifetime Achievement Award, saying despite the fact that he had other numerous awards to his credit, the NHEA Award gave him the greatest joy because it embraces the entire healthcare sector.

In his remarks, the Chairman Advisory Board of NHEA, Dr Anthony Omolola, applauded the contributions of all the nominees and winners to the development of the healthcare sector in the country, adding that the NHEA is an annual event that celebrates distinguished personalities and organisations who have contributed immensely to the growth of the Nigerian health sector.

He stated that NHEA, which started in 2014, has become a high-profile event in the healthcare industry, gaining wide acceptance from stakeholders in the healthcare community, and public and private sectors. He added that the award is an initiative of the Global Health Project and Resources, in Partnership with the Anadach group.

“Over the years, the NHEA



L-R: Pharm. Debo Omotosho, MD, Bond Chemicals Ltd; Mr Patrick Iwelunmor, editor, Pharmanews and Pharm. (Sir) Ifeanyi Atueyi, publisher, Pharmanews at the Nigerian Healthcare Excellence Awards, 2022.

has endeared more awareness on the quality and standards of services provided by various stakeholders in the industry, by inspiring them to adopt international best practices and aspire to be the benchmark for excellent healthcare service delivery in Nigeria and Africa, in general.

“NHEA’s recognition aims to stimulate quality improvement and innovation in the Nigerian health sector, leading to

improved service delivery and management of key health issues and the capacity of individuals to influence and set new performance standards in Nigeria and beyond,” Omolola said.

Other dignitaries at the event included Engr. Yakubu Nuhu Danja, Commissioner for Health, Katsina State; and Dr Olaokun Soyinka, former Commissioner for Health, Ogun State.

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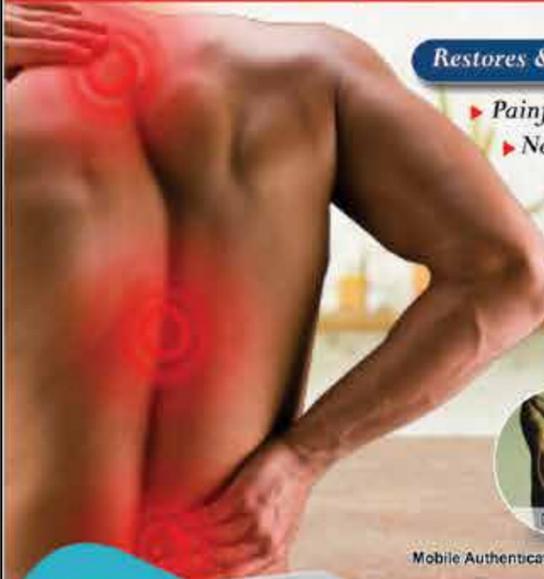
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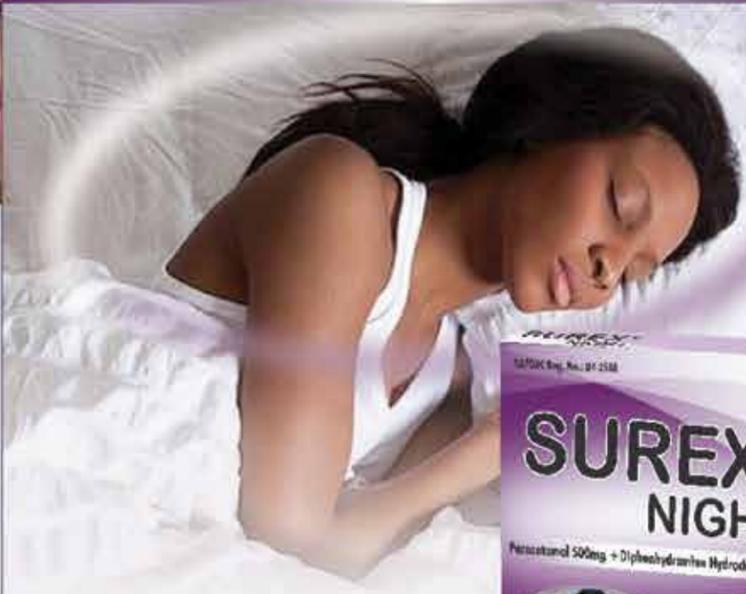
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Experts canvass inclusion of clinical nutritional products in NHIS



Dignitaries at the conference

continued from page 68

by Dr Teresa Isichei Pounds and Professor Azuka Oparah, president and secretary, respectively, West African Society for Parenteral & Enteral Nutrition (WASPEN). The statement was issued at the end of the recent inaugural clinical conference of the Society, held at the Musa Yar'Adua Centre, Abuja, Nigeria.

The gathering, which was attended by governmental and nongovernmental dignitaries and interdisciplinary healthcare professionals, was themed, "Embracing Nutrition Care for All: Promoting Awareness and Interdisciplinary Intervention", with sub-themes, such as "Nutrition and Human Rights" "Current Concepts in Nutrition Support in the Healthcare System" and "Nutrition Assessment Update".

While averring that nutritional care is at the intersection of the right to food and the right to health, the experts charged governments at

all levels to create opportunities for the implementation of rights-based legislations, policies, regulations and programmes for its realisation.

Calling for the nutrition screening in healthcare settings to facilitate early identification of malnutrition and prompt interventions, the professionals urged hospitals to establish interdisciplinary nutrition support teams and develop protocols for their specialised nutrition consults.

The communique read in part, "Conference notes the unacceptable high prevalence of malnutrition in developing countries as it affects 1 in 3 patients admitted to the hospital and among patients that were not malnourished upon admission, 1 in 3 are likely to become malnourished. Furthermore, malnutrition is a known underlying cause of nearly half of all child deaths under five.

"There is a persistent low awareness of the impact of

malnutrition on disease and its treatment and so clinician education, research and interdisciplinary collaboration are required to raise awareness and timely interventions.

"Conference reechoes the need for interdisciplinary collaboration among health workforce to optimally address the problems of malnutrition among hospital and community dwelling patients.

"Conference urges healthcare facilities to prioritise availability of affordable specialised nutrition products to optimise patient care."

The experts also commended the Federal Ministry of Health, under the leadership of Dr Osagie Ehanire, for integrating nutrition as a component of reproductive, maternal, newborn, child, adolescent and elderly care.

In the same vein, they applauded the Minister of Women Affairs, Dame Pauline Tallen, for her involvement in the Accelerating Nutrition Result in

Nigeria (ANRiN), project geared towards addressing malnutrition among vulnerable women and children.

Dignitaries at the conference included Minister of Health, Dr Osagie Ehanire, who formally declared the conference open; Hon. (Dr) Abike Dabiri-Erewa, chairman/CEO Nigerians in Diaspora Commission was represented by Hajiya Jummai Usman Musa; Dr Leo Egbujiobi, an interventional cardiologist, Beloit Memorial Hospital USA rendered the keynote address; Professor Diana Cardenas Braz of Universidad El Bosque, Colombia; Dr Adekemi Adejare, a clinical dietitian, Comfort Nutrition Services and Inspira Health Network, USA and Honorable Minister of Women Affairs, Dame Pauline Tallen represented by Mrs Ucha Uzunma Kalu; Honorary Consul for Parkistan, Pharm. Ahmed Ibrahim Yakasai as well as representatives of the DG NAFDAC, DG NIPRID, and President, PSN, among others

UNIZIK pharmacy faculty to launch new APIs, drug production unit

continued from page 60

UNIZIK will provide the needed manpower and intellectual resource to operate a sustainable drug production unit."

Okoye further noted that the pilot product unit holds a lot of promises for success. According to him, "We believe that being an academic institution, we are already a brand that can sustain the marketing and distribution of drug products within the pharmaceutical landscape of Anambra State and beyond.

"The pilot production unit, when fully operational, will be a major source of revenue to

the faculty and the university. The project is yet to commence; however, advanced discussions are on top gear with NAIP-Anambra State."

On the research laboratory, the dean said the idea was conceived by NAPA-UNIZIK, noting that the laboratory will be set up by NAIP-Anambra State within the premises of the faculty.

He said, "The purpose of the research laboratory will be to solve problems encountered by our local pharmaceutical industries in the course of their drug production and marketing.

Members of NAPA-UNIZIK will also have the freedom to innovate in the research laboratory and test their innovation in the production unit also built by NAIP.

"In our ongoing collaboration with NAIP-Anambra State, we plan to start with the pilot production unit first and when that is fully operational, we hope to usher in the research laboratory."

The dean however appeal to the Nigerian government to improve on funding of both basic and applied research in the country, by making funds

available to the universities for research and laudable projects, stressing that if the academia is fully funded to carry out research, there will be discoveries that can be deployed for sustainable production of drugs within the local manufacturing industry in the country.

"Loans and grants should also be extended to the medium and small-scale pharmaceutical industries, so that they can manufacture and sell their drugs at competitive prices. This will reduce the burden of overdependence on importation of drugs and allied products", Okoye said.

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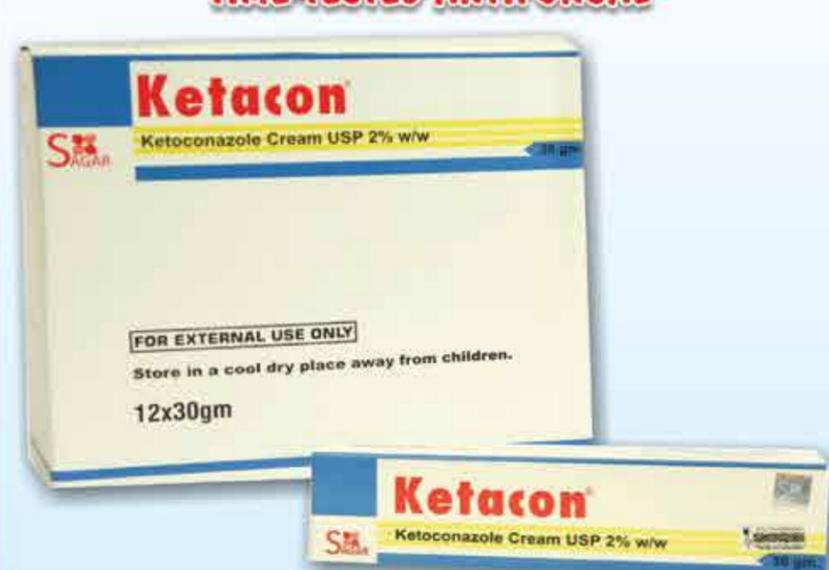
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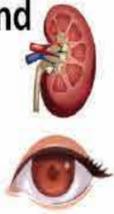
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The Heart Outcomes Prevention Evaluation Study Investigators. Effects of an angiotensin-converting-enzyme inhibitor, Ramipril, on death from cardiovascular causes, myocardial infarction and stroke in high-risk patients. New Engl J Med 2000;342: 145-153



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Ehanire, Sanwo-Olu, others harp on inter-professional harmony in healthcare sector

By Adebayo Oladejo

As Nigeria looks forward to achieving Universal Healthcare Coverage and joining the rest of the World in actualising the Sustainable Development Goals (SDG), eminent stakeholders in the country's healthcare sector have called for intra and inter-professional cooperation among personnel in the sector.

The dignitaries, which included the Minister of Health, Dr Osagie Ehanire; the Minister of State for Health, Dr Olorunimbe Mamora; Governor Babajide Sanwo-Olu of Lagos State; and the Director General, Nigeria Centre for Disease Control (NCDC), Dr Ifedayo Adetifa, made the call at the recent 8th Annual Nigerian Healthcare Media Excellence Award (NHEA) ceremony, held at Eko Hotel and Suites, Victoria Island, Lagos.

Speaking at the ceremony, which was organised to honour

continued on page 62



L-R, Pharm. (Mrs) Omokhafa Ashore, national treasurer; Pharm. Ambrose Eze, national secretary; Pharm. Wale Oladigbolu, national chairman, and Pharm. (Chief) Olaitan Ogunlade, vice-chairman, CPC, at the ACPN press briefing, held in Lagos ahead of ACPN 41st Annual National Conference tagged "Ajumose Eko 2022".

Experts canvass inclusion of clinical nutritional products in NHIS

By Temitope Obayendo

Owing to the high prevalence of malnutrition in developing countries, which affects one in three hospitalised patients, and also responsible for nearly half of all child deaths under five, medical experts have urged the Federal Government of Nigeria to include clinical nutritional products in the National Health Insurance Scheme (NHIS).

The experts, which included nutritionists, dietitians and

cardiologists, also identified the exorbitant prices of nutritional products in the country, as well as paucity of dietitians and nutritionists in government hospitals, as major barriers to adequate nutrition for the Nigerian populace. They thus called for the employment of more dietitians and nutritionists to fill the gaps.

The calls were contained in a communique jointly signed

continued on page 64

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