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Adelusi-Adeluyi, Usifoh, others task pharmacists to close gaps in vaccination

- As ACPN holds 41st Annual National Conference in Lagos
By Adebayo Oladejo

President of the Nigeria Academy of Pharmacy (NAPharm), Prince Julius Adelusi-Adeluyi, has led stakeholders in the Nigerian healthcare sector to charge community pharmacists to advance their practice by closing gaps in COVID-19 vaccination,

stressing that the pandemic has provided an opportunity for them to prepare better for future crises. The one-time minister of health made the call while speaking at the opening ceremony of the recent 41st Annual National Conference of the Association of Community Pharmacists of Nigeria (ACPN),

tagged "Ajumose Eko 2022" and held at Festival Hotel, Festac, Lagos State. Others who spoke at the conference, which had the theme, "Never Waste a Crisis: Community Pharmacists Learning for Future Preparedness," included President, Pharmaceutical Society of Nigeria

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L-R: Pharm. Ade Popoola GMD Reals Pharma Group; Dr Mrs F. F. Oludara, representing Lagos State commissioner of Health; Dr Folashade O. Fadare, Medical Director, Ibeju-Lekki General hospital representing the first lady of Lagos State; Pharm. (Mrs) Bolanle Adeniran, immediate past PSN chairman Lagos State; & Dr Peter Nmadu, member, Reals board of directors.

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PHARM. AGBOMMA ESOM-IBE, FPSN

Pharm. Agbomma Emmanuela Esom-Ibe is the managing director, AB Pharmacy Limited, Elioparanwo Road, Port Harcourt, Rivers State.

Born on 13 January, 1972 to Mr and Mrs Jeremiah Udeh, of Inyi-Mgbowo in Awgu Local Government Area of Enugu State, she attended Central Primary School, Queen of Holy Rosary Secondary School and the University of Nigeria, all in Nsukka, Enugu State.

She got married to Mr Godwin Esomonu Ibe on 23 November, 1996. She was inducted as a pharmacist in February 1998, after which she relocated to Kaduna to join her husband and did her internship at the Nigerian Army Reference Hospital (44). She did her youth service at the General Hospital, Tudun Wada (Aspiti Dutse), Kaduna. She however relocated to Port Harcourt, Rivers State in 2001, due to the religious crises in Kaduna then.

Esom-Ibe bagged an MSc in Pharmacology from the University of Port Harcourt in 2018. She has also attended many training programmes, as well as certificate courses and symposiums. She has equally facilitated many training events in and outside Rivers State.

Her love for Pharmacy can be gauged by her deep service and dedication to the profession. She has held the following positions in Pharmacy: member, Planning Committee for the 7th ALPS Biennial Conference (2005); head, Education and Public Enlightenment Committee for ACPN, Rivers State (2010 to 2012); member, LOC for World Malaria Day hosted by Rivers State Government for the Niger Delta (2012) zonal coordinator, ACPN NTA/Mgbuoba Zone, Rivers State (2012 to 2019); publicity secretary, ACPN Rivers State (2012-2015); member, CPC for ACPN National Conference (2014 to 2017); assistant secretary, ALPS, Rivers State; vice chairman, ACPN Rivers State (2016-2019); chairman, ACPN Rivers State (2019- April 2022); national secretary, ALPs (2018 to 2022); national editor-in-chief ALPs (2022); chairman, LOC Garden City 2021, PSN National Conference; and chairman, CPC, Ajumose Eko 2022, ACPN National Conference, among many others.

Her services to the profession and the society have earned her two merit awards in Rivers State, in 2011 and 2014 respectively. She is also a recipient of the ALPs National Merit Award in 2018. In December 2021, she received the Distinguished Community Pharmacist Award. In February 2022, she was inducted as a Fellow of the Pharmaceutical Society of Nigeria (FPSN).

Esom-Ibe is a believer in improving any system she finds herself in, and she tries to deliver excellence anywhere she finds herself and make a difference. A mentor to young people, pharmacists and non-pharmacists, she is a patroness to many church and outside organisations.

A wife, mother and an entrepreneur, she has strived to strike an unshakable balance between her home and all other activities. She is blessed with amazing spousal support from her husband and a great bond of love from her siblings. She is blessed with three children, as well as many adoptees and godchildren.



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Inspiration

To accomplish great things, we must not only act, but also dream, not only plan, but also believe.
- **Anatole France**

Success comes from having dreams that are bigger than your fears.
- **Bobby Unser**

Never do tomorrow what you can do today. Procrastination is the thief of time.
- **Charles Dickens**

Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no help at all.
- **Dale Carnegie**

A successful man is one who can lay a firm foundation with the bricks others have thrown at him.
- **David Brinkley**

Press forward. Do not stop, do not linger in your journey, but strive for the mark set before you.
- **George Whitefield**

I have been impressed

with the urgency of doing. Knowing is not enough; we must apply. Being willing is not enough; we must do.
- **Leonardo da Vinci**

To be successful you must accept all challenges that come your way. You can't just accept the ones you like.
- **Mike Gafka**

Believe in yourself! Have faith in your abilities! Without a humble but reasonable confidence in your own powers you cannot be successful or happy.
- **Norman Vincent Peale**

The tragedy in life doesn't lie in not reaching your goal. The tragedy lies in having no goal to reach.
- **Benjamin Mays**

Desire is the key to motivation, but it's determination and commitment to an unrelenting pursuit of your goal—a commitment to excellence—that will enable you to attain the success you seek.
- **Mario Andretti**

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From 1 to 7 August, Nigeria joined the rest of the world to mark World Breastfeeding Week (WBW). The annual commemoration is organised to raise awareness on the importance of breastfeeding to children's health. It is particularly aimed at encouraging exclusive breastfeeding, with the ultimate goal of improving the wellbeing of babies around the world.

With the official commemoration period over, it is imperative to again reflect on the theme of this year's event, "Step Up for Breastfeeding—Educate and Support," which aims at addressing bottlenecks against exclusive breastfeeding of infants. Exclusive breastfeeding is the practice of giving an infant only breast milk, without mixing it with water, other liquids, tea, herbal preparations or food, in the first six months of life (with the exception of medicines).

Health experts and nutritionists unanimously affirm that exclusive breastfeeding for the first six months, followed by continued breastfeeding with appropriate complementary foods for up to two years and beyond, provides an infant the best start possible to life. According to the World Health Organisation (WHO) "breast milk is safe and clean, and provides the energy and nutrients an infant needs for the first few months of life; and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year." Most importantly, early initiation of breastfeeding, within one hour of birth, protects the newborn from infectious and chronic diseases, and reduces new-born mortality.

Dismantling barriers to exclusive breastfeeding

Research has also found that exclusively breastfed children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes and other diseases later in life. Moreover, women who breastfeed have been found to have a reduced risk of breast and ovarian cancers.

Considering these numerous benefits of breastfeeding to babies and their mothers, it is deeply disturbing that reports continue to show that the rate of exclusive breastfeeding in Nigeria is still abysmally low. Figures from UNICEF and the WHO cite 29 per cent, meaning that over 70 per cent of infants in Nigeria are denied the aforementioned benefits of breast milk in their formative years. Indeed, the figure is as low as 21 per cent in some states. The results are often malnutrition and preventable diseases.

Factors responsible for this appalling rate of breastfeeding, according to experts, include widespread ignorance about the benefits and appropriate methods of breastfeeding among women, the misconception that breast milk could be inadequate for a baby or that baby formula is equivalent to breast milk, lack of family and social support, embarrassment about feeding in public, lactation problems, returning to work and accessing supportive childcare, bad policies and practices in health services by health workers as well

as bad policies and practices in health services.

It is for these reasons and more that the theme of this year's edition of WBW is particularly important for Nigeria. Evidence has shown that all the above barriers to exclusive breastfeeding can be decisively resolved with the firm commitment of stakeholders to adequate education and support. As the WHO has rightly noted, "Breastfeeding is not a one-woman job. Mothers need support from their husbands, family members, community, health workers and governments to give their children the healthiest possible start of life."

To this end, government, health workers and other key players in the health sector must be committed to creating awareness for women to know that the first 1,000 days of life are the most important in brain growth and other health development indices for their babies, and the best and only food for this critical period is breast milk. They must also be enlightened that breast milk contains all that an infant needs for healthy survival and development. Government should also ensure that adverts and campaigns about breast milk substitutes are duly censored. Most importantly, government must heed the call of both UNICEF and WHO to allocate increased resources to protect, promote, and support breastfeeding policies and

programmes, especially for the most vulnerable families living in emergency settings.

It is laudable that the National Policy on Infant and Young Child Feeding in Nigeria, (2005) takes cognizance of the importance of exclusive breastfeeding to the health of the child and to the overall socio-economic wellbeing of the nation. However, the stipulations of the policy must be revisited for proper implementation and compliance. One good way to begin is to ensure that employers of labour provide mothers with the time, space, and support they need to breastfeed.

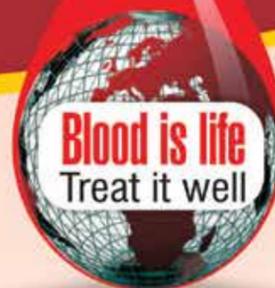
We also call on health workers to help with teaching, encouraging, counselling and guiding mothers on exclusive breastfeeding. These will help to allay their fears and address their common challenges. Beyond this, health professionals must also support mothers to initiate breastfeeding as soon as possible after birth, within the first hour after delivery. Knowing the importance of colostrum in preventing life-threatening infection and diseases, they should put babies to their mothers' breasts immediately after birth, even in cases of caesarean births.

In the same vein, husbands and family members must provide the encouragement, support and enabling environment for mothers to exclusively breastfeed their babies. When mothers are provided with good nutrition and assisted with chores, they get the energy and nutrients to properly and adequately breastfeed their infants, and the entire family enjoy the ultimate benefits.

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

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Please refer to the product insert for more information.

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Your workplace matters

By Sir Ifeanyi Atueyi

God cares about what happens to your business, job, career or work. He cares about what you do, the job you perform, and your organisation.

An average worker spends more time on the job or at work than in any other place or activity in his life, including sleep. And God is concerned with where you are and how you spend your time. Therefore, your work is important to Him.

In your workplace, there will be success in whatever you do when you discover your talents, skills and abilities and apply them where they will make the most effective contribution to humanity. You add value to people's lives when your gifts are properly deployed.

The workplace should be our number one mission field. It is the place most of us demonstrate our beliefs and practice of Christianity.

It is where we can share our faith and testimonies and exhibit our lifestyles. It is where we experience spiritual challenges. Indeed, it is the spiritual battleground for many Christians.

Is the business done ethically and in accordance with the Word of God? As a matter of fact, the best place to identify a Christian is the workplace and not in the church on Sundays.

The financial reward of workers comes from the workplace. Of course, this is a major reason for working. 2 Thessalonians 3:10 (NAS) says, "For even when we were with you, we used to give you this order: if anyone is not willing to work, then he is not to eat." Without the workplace, there will be no money in our pockets. Ecclesiastes 10:19 (NIV) says, "... money is the answer for everything." Without money in our pockets, what can we do?

God wants His people to be prosperous and successful. It is the money we earn from the workplace that we use to take care of our needs and also support the work of the Kingdom of God. The more money we earn, the more we channel to evangelism and Christian projects. Those who are wise know that they should also give to the poor and the needy from their income. Proverbs 19:17 (NKJV) says, "He who has pity on the poor lends to the LORD, and He will pay back what he has given." It is therefore God's desire that we earn sufficient money for our needs and those of others, too.

Deuteronomy 8:18 (NKJV)

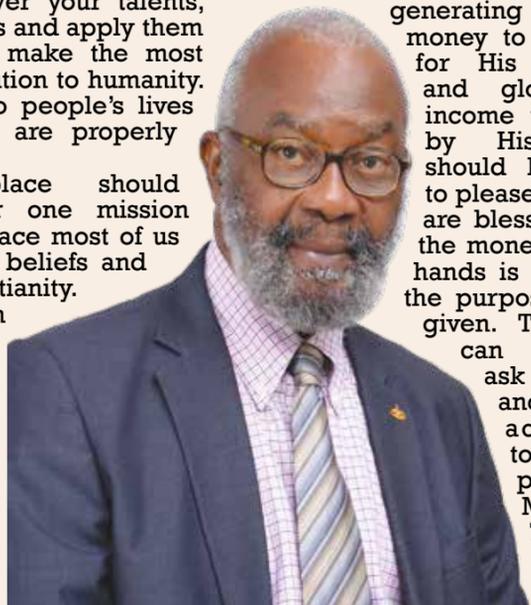
says, "And you shall remember the Lord your God, for it is He who gives you power to get wealth, that He may establish His covenant which He swore to your fathers, as it is this day." In your workplace, do not forget that it is God who makes it possible for you to earn your income and glory must go to Him rather than people. He gives the ideas, strength, health and connections needed for your business.

It is God's desire that Christian businesses should be generating good money to be used for His purpose and glory. The income you earn by His grace should be spent to please Him. You are blessed when the money in your hands is spent for the purpose it was given. Then you can boldly ask for more and receive according to His promise. Matthew 7:7 (NKJV) says, "Ask, and it

will be given to you, seek, and you will find; knock and it will be opened to you."

We must realise that God is the boss of every worker, whether the business owner, the manager, supervisor, white-collar or blue-collar workforce. Colossians 3:23-24 (NLT) says, "Work willingly at whatever you do, as though you were working for the Lord rather than for the people. Remember that the Lord will give you an inheritance as your reward, and that the Master you are serving is Christ."

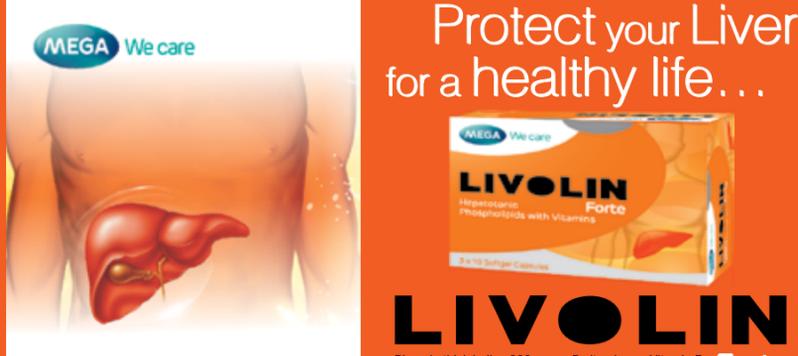
Everyone is ultimately responsible to God and justly rewarded according to the services provided. God searches the heart of every worker and knows what workers do not know. Isaiah 55:8 (NIV) says, "For my thoughts are not your thoughts, neither are your ways my ways, declares the LORD." That is why two workers may be doing exactly the same thing and earning the same salary but one is blessed, while the other is not. Jeremiah 17:10 (NKJV) says, "I, the Lord, search the heart, I test the mind, even to give every man according to his ways, according to the fruit of his doings." Matthew 6:18 (NKJV) says, "... and your Father who sees in secret will reward you openly."



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The sales process (3)

By George O. Emetuche

(Contd from last edition)

Handle any objection that may come up

After making a presentation, the next stage in the process is to handle any objection that may follow. It is natural in sales conversation to encounter objections. Sales objection is the number reason people run away from sales! But the good news is that sales objection isn't the end of the road. I believe that sales objection is fun. It is part of the game. Nothing good comes easy.

Sales objection can be negative news for the salesman who doesn't know the art of selling. Sales objections occur when there is a pause in the salesperson's progression. The sales professional may have finished his or her beautiful presentation and suddenly a voice comes up with expressions like:

- Your price is high.
- Your terms aren't good enough.
- I have another supplier.
- It's not in our budget.
- Come back in two months.
- My boss is not around.
- Do you give up and go home when you hear such discouraging feedback? No! This is the time to explore your knowhow as a salesperson. Successful sales professionals prepare for objections before going to the field. You need to prepare adequately to overcome objections. Product knowledge is imperative. In addition, you must know your company and industry; you must be in the now!

My experience in the field of sales has taught me that sales objection could mean interest in disguise. The prospect or customer might have interest in your product but would prefer to come up with an objection to get a good deal. Some people use sales objection as a negotiation strategy. They bring up objection in the sales conversation to weaken the position of the salesperson. I have seen this happen on many occasions. It is ideal for salespeople to learn objection handling techniques.

Sales objection could also mean that the prospect or buyer wants the salesperson to tell him more. He wants to know more about the products and services; so the smart way is to come up with objections - so that the salesperson will say more about his products.

As a training consultant, I teach sales professionals to know about their products and services, know about the prospects, customers and marketplace; and even about themselves. You need to discover your environment. You need to discover yourself too.

I often say that the greatest form of objection is the one from the salesman. Once you say no to yourself and the product, no amount of motivation can make you succeed in selling the product. You sell the product to yourself first before selling to your prospect or customer. This is a simple sales principle. Love yourself, love your company, love your product, love your customer and be professional. I call this

the "Four Ls and One P" of Selling. Being professional helps the salesperson to be guided properly in expressing the love for self, company, product and customer.

Be an outstanding sales professional. Be your number one fan. Explore marketplace information. The more information you have, the more you overcome objections. Information weakens sales objections.

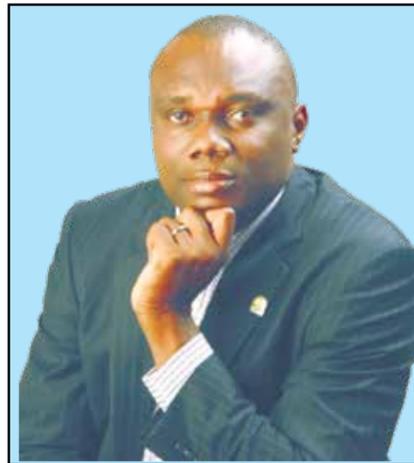
Experience has taught me that there are more chances of selling when the salesman answers the objection before meeting the prospect. Here, the salesperson create sales objection scenarios and answer them before going to the marketplace. For example, if the objection to the product is high price, the salesman should prepare himself in a way that he will be able to explain to prospects or customers that the reason for the selling price of the

product is high quality.

In local parlance, we say, "Better soup na money make am." Good soup is more expensive, of course. It takes more ingredients to cook good soup. When the prospect comes up with the objection of high price, the best approach is to talk about value and quality. You can't compete favourably on the basis of price. No one wins a price war; it will only continue without stopping.

The smart way to sell is to distinguish yourself in the market with quality product and services, fix your price and sell convincingly in the right market. This is why I often talk about segmenting the market. You need to know the product to take to a given market.

You need to know how to sell value. It takes a topnotch process to arrive at a high quality product and the benefit in the product overtime will be more than the selling price. The salesperson should prepare for this technique before going to the field.



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Inquest

with
Patrick Iwelunmor

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There are significant proofs that economic depression impacts negatively on the human psyche and leads to mental health issues that could pose devastating consequences, if let unmanaged. As with other historically-recorded economic depressions, The Great Depression of the 1920s took its horrendous toll on the United States, the United Kingdom and other nations of the world. Some people who could not cope with the abysmal level of demoralisation created by the hard times lost the will to survive and resorted to suicide. Between 1928 and 1932, suicide rates rose by more than 30 per cent, with many admitted to mental hospitals.

The Global Health Data Exchange estimates that 251 to 310 million people worldwide suffer from depression. According to the World Health Organisation (WHO), Ukraine ranks number one on the list of countries that have the highest depression cases. This is not unconnected to the economic downturn occasioned by the war with Russia. With hostilities leading to untold fatalities in the vicious exchange of firepower by the two countries, Ukraine which is obviously the weaker opposition in terms of military history, is bound to suffer more human and material damage. This will undoubtedly

lead to pessimism, reduced enthusiasm for life and different levels of melancholia.

Two experts from *Michigan Medicine*, Psychiatrist Michelle Riba, M.D., and Internal Medicine Physician as well as Medical Director of Physicians for Human Rights, Michele Heisler, M.D., M.P.A., have offered some tips on how Ukrainians and those associated with them in any part of the world can manage the depression and anxiety triggered by the war. Riba advocates the need for them to pull themselves away from both the conventional and social media spaces, in order to avoid beholding gruesome and unpalatable images and scenes that can cause panic and demoralisation.

"Veterans, especially those with diagnosed or undiagnosed post-traumatic stress disorder, may especially be triggered by these scenes. If you have young children around, it's important to share what's going on in terms they can understand, but shield them from seeing too much on a TV that happens to be one while they're near", she said.

Riba also listed good sleep, healthy nutrition, sports and other physical activities as ways of mitigating the psychological effects of the war.

Manifestations of depression in economic recession

As for Heisler, focusing on the humanitarian spirit the war is generating is another way to elevate one's spirit away from the melancholic moods common with war-ravaged

communities. "It's heartening to see the response – even places that haven't refugees are opening their arms. I have been encouraged by the global outpouring, and the courage of Ukrainians, and it's important to reflect on the humanity we're seeing and allow it to expand our own hearts. We're all human beings", she said.

In Nigeria, a country richly blessed with human and material resources, including crude oil, poverty and insecurity have become tourist attractions. Foreigners now use us to illustrate how not to run a nation. While our problems as a nation are largely self-induced, the bigger blame lies with our politicians who think only about themselves and their families. Depression in Nigeria is at an all-time high, with pangs of inflation, unemployment, corruption and injustice reigning supreme. Many marriages have hit the rocks, while many have lost their lives due to high blood pressure.

As it stands, in Nigeria today, an average citizen provides electricity, security and even road for himself. Life and the standard of living are three times worse than they were in 2014 and yet the same old and clueless politicians are warming up to rig themselves into

power come 2023.

There is no depression greater than the inability of families to feed well. Whether we like it or not, Nigeria is facing a hydra-headed economic crisis, characterised by food shortage, insecurity, lack of quality healthcare, energy problems (with diesel and gas going beyond the reach of the common man) and general hopelessness. Mental health experts agree that most of the cases of depression in Nigeria are caused by economic factors. The incidence of people jumping into the lagoon under the popular Third Mainland Bridge in Lagos has become more pronounced in these seasons of anomie.

With an unemployment rate of 33 per cent and with 43 per cent of the Nigerian population living below the poverty line, despite our huge endowments with human and material resources, Nigeria is indeed a paradox of its prevailing realities. Our leaders keep squandering our commonwealth while we keep running to places of worship to cry to God.

Joblessness has led many Nigerians to embark on evangelical activities, especially at major motor parks and markets. After sharing the word of God with you, such people usually ask for monetary donations for the sustenance of God's work.

Aside from seeking help from mental health experts, one of the ways Nigerians can minimise the incidence of depression is to vote the right persons into government and not allow moneybags to buy their votes.

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

Scientists call for standardised laboratories to mitigate disease outbreaks

By Temitope Obayendo

Medical scientists, including physicians, nephrologists, and medical laboratory scientists, have called for improved medical laboratory practice in the country, saying this will significantly help in combating infectious diseases outbreak. They also emphasised the dire need for molecular laboratories across the country.

The experts, who decried the plethora of unaccredited diagnostic centres across the country, churning out questionable medical results, said the practice must be standardised to eliminate all unqualified persons impersonating the real practitioners and restore positive health outcomes to the health system.

Reiterating the indispensability of efficient and accredited medical laboratories in the country, Director General, Nigerian Institute of Medical Research (NIMR), Professor Babatunde Salako, averred that patients' survival depend on diagnostic results, as they serve as guide to doctors, who cannot treat patients without laboratory diagnosis in most cases.

Salako, who was the chief host at the 2022 Annual Scientific Symposium of the Association of Medical Laboratory Scientists of Nigeria (AMLSN) NIMR Chapter, noted that patients' optimal health depend on laboratory results, which can make or mar their wellbeing.

Addressing the participants, Salako said, "So many peoples' lives depend on your validation, whether they will live or not, because that's what guides the doctors who can't treat without diagnostic results, which they hold in high esteem like a Supreme Court's judgement.

"We need world class laboratories, which will work in contrast to the too many labs around with questionable status and operations. In fact, the way some results are written has already cast aspersions on the labs they originated from.

"If we pick it from there to have labs that will produce reliable diagnosis, then we will be able to improve our healthcare system."

The NIMR DG also appealed to the Medical Laboratory Science Council of Nigeria (MLSCN) to take the upgrading of the practice as a matter of urgency, stating that the COVID-19 experience has shown that Nigeria is in dire need of standardised laboratories, as there were no more than three to four accredited centres for COVID-19 testing.

He further argued that a lot of social-economic factors will be negatively affected if laboratory scientists are not efficient enough to detect infectious cases early in the country.

Speaking in the same vein, National President, AMLSN, Professor J. G. Damen, in his keynote speech titled "The Role of Medical Laboratory Scientist: COVID-19 Experience", highlighted the need for molecular laboratories across the country for better preparedness against pandemics. He stressed that this will further advance the country's healthcare delivery system.

He listed the roles of laboratory scientists in a pandemic to include confirmation of diagnosis, detection of pathogens, collaboration with pharmaceutical companies, disease surveillance, validation of testing kits, implementation of quality management system with quality laboratory result, as well as stockpiling and repositioning of laboratory commodities.

He also harped on the development of local diagnostics agents and reagents, saying Nigerian scientists will not grow with continuous dependence on imported kits, saying they have to learn how to develop and use their local kits.

The AMLSN president equally stressed the need to evaluate and validate all imported kits before they are allowed to be use on patients in the country.



L-R: Dr Musa A. Muibi, national secretary, AMLSN; Dr Toyosi Y. Raheem, former national president, AMLSN; Prof. James Damen, national president, AMLSN; Prof. Babatunde Lawal Salako, DG, NIMR; Mr Bitrus Badung, Sysmex-Patec- Nig; and Mr Ebenezer Odewale, chairman, Colloquium Planning Committee, AMLSN, NIMR Chapter.

In his contribution, the former National President of AMLSN, Dr Toyosi Y. Raheem, highlighted the importance of selfless service in the healthcare sector, noting that such is vitally needed to project the sector to the

expected heights of success.

Alluding to his over twenty years of meritorious service to the profession, having risen through the ranks from being an NIMR chapter secretary to

the office of the national president, he said healthcare leadership requires selfless commitment to make the necessary progress.

Raheem, who presented the paper, "Visibility from Obscurity: MLS & I", during the symposium chronicled the professional struggles he passed through in projecting AMLSN from obscurity to limelight in the comity of healthcare professionals.

He further observed the need for unity among healthcare practitioners, saying that was one of the major battles he faced during his tenure as president.

"There is need to strengthen unity in the healthcare system, because this is the most challenging issue faced by the association. This calls for professionals in the healthcare team to speak with one voice when relating with patients or during research activities."

Earlier in his welcome address, the NIMR Chapter Chairman, AMLSN, Mr Samuel Akindele, appreciated all guests and participants for attending the programme, being the first to be held after the COVID-19 pandemic, which had prevented the association from organising the conference for two consecutive years.

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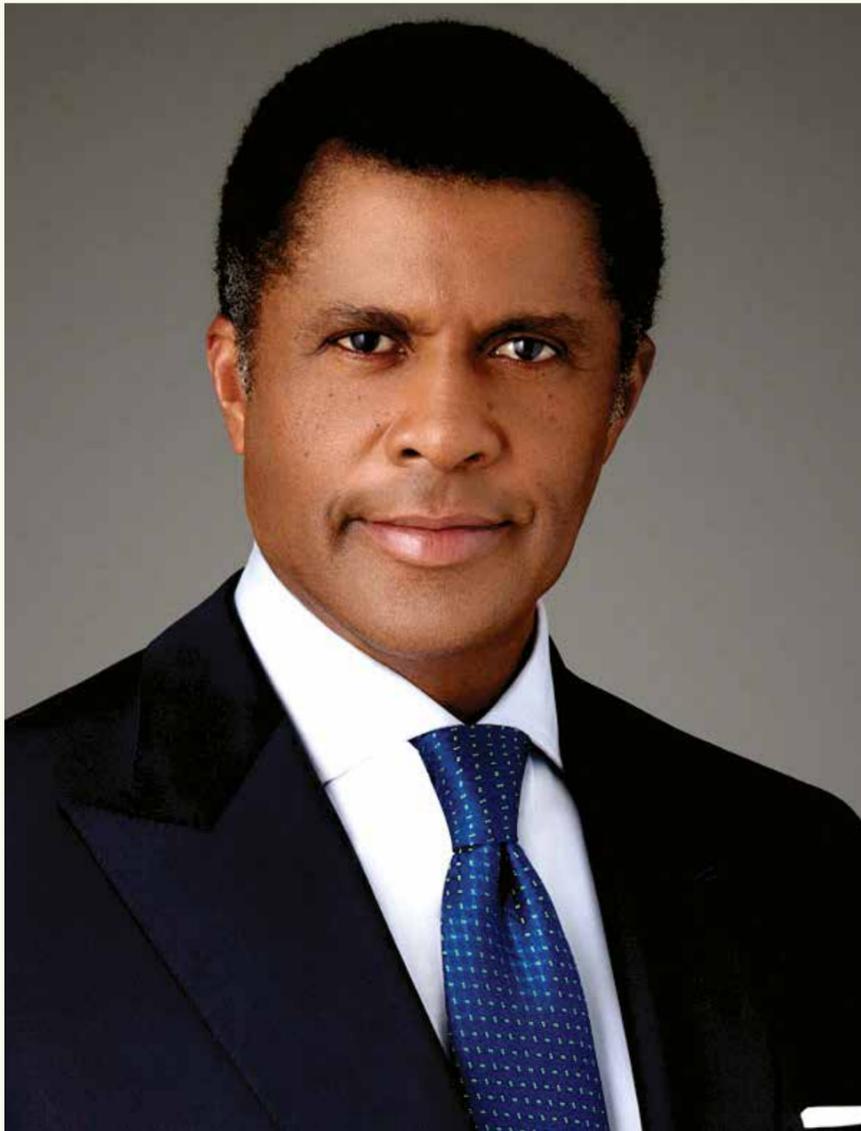
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Philip Ozuah: Versatile physician with a big heart

By Ola Aboderin



Prof. Philip Ozuah

As soon as news broke in early August 2022 that a US-based professor of Medicine, Philip Ozuah, had donated a whopping sum of one million dollars to the College of Medicine, University of Ibadan (CoMUI), many Nigerians became frantically curious. Internet search engines busily buzzed with inquiries and information, as various news platforms and personages gushed about the gesture. What manner of health professional would singlehandedly donate over 700 million naira to his alma mater at such a time as this?

Many have attributed the feat to a deep sense of altruism by an accomplished and appreciative alumnus. This, to a very large extent, is true. Indeed, Ozuah himself had, during the event in which the donation was made, recounted the inspirational story of his studentship days at CoMUI, stressing that the college played a pivotal role in moulding a solid base for his career. However, even more interesting than any altruistic motive is an extraordinary success story that is worth exploring.

For starters, Ozuah is not just any kind of health professional; he is a distinguished one by all standards. Academically, he is a professor of Paediatrics, as well as of Epidemiology and Public Health. Professionally, he is a multiple award-winning physician, educator, administrator, executive, researcher, and author of several publications that have continued to help advance the knowledge and practice of the medical profession.

He is currently the president and CEO of Montefiore Medicine, the umbrella organisation for the Albert Einstein College of Medicine, and Montefiore Health System in the United States. Montefiore Medicine is particularly renowned for its first-class medical school, ground-breaking research and technology, as well as highly specialised, coordinated care of diverse populations within the New York region, across the United States and globally.

Illustrious administrator

In his role as president and CEO of Montefiore Health System,

Ozuah coordinates 13 member hospitals, 300 ambulatory sites, and nearly eight million patient encounters every year. He leads over 10,000 physicians and 53,000 employees to serve a diverse group of patients. His team has been acclaimed for innovating new treatments, procedures and approaches to patient care, producing stellar outcomes and raising the bar for health systems around the country and around the world.

In particular, the Albert Einstein College of Medicine, which is one of America's premier centres for research, medical education and clinical investigation, receives more than \$200 million in annual research awards from the NIH and is home to 800 M.D. students, 190 Ph.D. students, 120 students in the combined M.D./Ph.D. programme, and 250 postdoctoral research fellows.

Prior to his present role, which he assumed in November 2019, Ozuah had served as professor and university chairman of Paediatrics at Albert Einstein College of Medicine. He also doubled as physician-in-chief of Children's Hospital at Montefiore (CHAM). At CHAM, he worked to deliver top-notch clinical care, with a commitment to healthcare access for the underserved. Indeed, under his astute leadership, CHAM was recognised as one of "America's Best Children's Hospitals".

Worthy accolades

It was in view of these previous accomplishments that when he was announced as the one to succeed Dr Steven Safyer as president and CEO of Montefiore Medicine, Dr Dan Tishman, chairman of the Board of Trustees of the organisation, said: "We are thrilled that Dr Philip Ozuah, a proven senior executive and strong strategic thinker, will lead Montefiore into the next decade. What stood out was his impressive record of success, his intellect and warmth as a physician, his strength as a leader and manager, and his deep commitment to Montefiore's mission."

Dr Safyer himself said, "I know I am leaving our institution in the best possible hands. I have consistently been impressed by Dr Ozuah's strategic vision for the Montefiore Health System. His appointment as CEO will guarantee a smooth transition, and I know he'll continue to uphold the standard of excellence on which Montefiore has built its reputation."

True to his character and reputation, Ozuah has, so far, not only met but actually exceeded the expectations of these men and the entire Montefiore Health System. Indeed, information available on the organisation's website affirms that, in just three years, Ozuah "has expanded access to care for underserved communities, recruited and cultivated outstanding talent, advanced programmes of excellence, fostered innovations in medicine and science, and improved financial and operational performance by integrating care across a rapidly growing and evolving Montefiore System. Under his leadership, Montefiore Health System's specialties have ranked in the top 1 per cent of the nation's hospitals."

Matchless passion

Arguably, one of the top

secrets of Ozuah's career success is his extraordinary passion for what he does. He has an uncommonly holistic, humanitarian and transformational approach, which has made him to redefine medical practice and healthcare administration. He once said of himself, "I'm one of those doctors who love all aspects of Medicine. Even though I am a paediatrician, I enjoy Surgery just as much, as well as Adult Medicine and Psychiatry. I find Medicine to be challenging, exciting, rewarding and gratifying."

He also said of his team: "We define Medicine as an instrument of social justice. We are a literal celebration of humanity, a place where all are welcome to join us in our quest for excellence, and where all receive the support and encouragement they need to thrive and succeed."

In addition to his research and clinical accomplishments, Ozuah has been consistent in training and inspiring the next generation of physicians at Einstein. According to him, "If there were 600 hours in a day, I would still be a full-time clinician and full-time teacher and researcher as well."

Interestingly, while many Nigerians actually got to know about the bigheartedness of Ozuah through the staggering donation to CoMUI, those who are close to him affirm that giving back to his home country, and especially his hometown, has always been a part of him. It is said, for example, that just like his father, who reportedly pioneered the electrification of Nteje in Oyi Local Government of Anambra State, the younger Ozuah has been giving scholarships to school children within and outside his hometown. The scholarships cover all levels of education, for nursery to university. He is also said to have built and furnished a cathedral in Ifite Nteje, among other laudable projects.

Background and recognitions

Prof. Ozuah was born in 1962, in Nteje, Anambra State. He earned his medical degree from the University of Ibadan, in 1985, before travelling to the United States, where he earned a master's degree in Education from the University of Southern California, and a PhD in Educational Leadership and Administration from the University of Nebraska-Lincoln. He completed his Paediatric Internship and Residency at Albert Einstein College of Medicine/Montefiore, and his Post-Doctoral Fellowship at the University of Southern California School of Medicine, Los Angeles.

Ozuah has been severally recognised for excellence in patient care and medical education, including as an inductee into the Alpha Omega Alpha Honour Medical Society. He is a two-time recipient of the Academic Paediatric Association's prestigious Helder Award for Innovation in Medical Education. He has also been recognised by *Modern Healthcare* magazine as one of the "Top 25 COOs in Healthcare."

In 2020, he was honoured with the Tribute to Leadership Award, to celebrate his "extraordinary service, leadership, and commitment in creating a healthy work force and improving the healthcare system."

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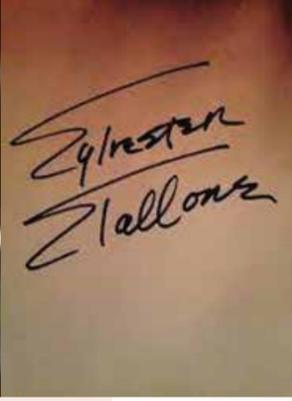
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Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)

Secrets in celebrities' signatures (5)

By Dipo MacJob (Dr Write)



that he never really could be considered as an egghead while in school, most of his movies enjoyed a strong input from his ingenuity. A lot of the scripts or screenplay of these movies were to his credit.

One easy way to check for enthusiasm in

someone's handwriting is by observing the horizontal bar length of the small case letter 't'. If it is considerably longer than the stem of the letter, that is someone with an enthusiastic attitude to life. Need I say more? This trait definitely typifies Stallone, having written some of the scripts of the Rocky series

with just pen and paper. He had to write with candle light on a number of occasions because he could not, at the time, afford to pay for his electricity bills.

Another noticeable trait is the elevation of the signature to the right, in a slopy manner. This shows optimism. The smooth connectivity between the letters in his signature reveals someone with good ability to connect ideas. This trait is common in writers. However, there is another trait that may not be easily seen, which reveals some deviant behaviour in him or a ready disposition to challenge the status quo and push limits. Time would not permit in this edition to explain that in detail.

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."



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When it comes to making blockbuster movies that end up in franchise, Sylvester Stallone has iconically made an impact globally. Call him a living legend and you would not be out of order, especially if the virality of movies like Rocky, Rambo etc are anything to go by; which, by the way, are franchises.

Many have made a living from selling his books, creating video games with his animation, and cartoon characters from his content; yet, this nearly octogenarian movie star has another block buster at the box office. He is clearly one of the Hollywood dreams and may I just add at this point that Stallone is the favourite Hollywood actor of yours sincerely.

Checking his signature at first glance, there are obvious traits which reveal his personality and if you have never seen any of his movies before or know how to read people's handwriting, you would have been easily deceived by the slowness of his voice. I wouldn't know if I should call it a sleepy voice but, his voice and his real personality are diametrically opposed to each other. They don't add up at all.

What are those traits in his signature that agree or should I say tally with his personality? That is my focus in this edition.

Graphology, as I explain in this column from time to time, is the study of the personality traits of an individual crystallised on the pages of a paper. No two handwritings are the same and that also goes for the signature of any individual. If, for whatever reason, two signatures are exactly the same, then one must be a forged version. Regardless of how many times you sign and how carefully you must have approached each of those signatures, no two signatures of yours would be exactly the same as a rule.

There are three graphological traits amidst so many that readily come to mind on seeing the signature of Stallone. The slope, fluidity and enthusiasm.

Many years ago, I read an article about Sylvester Stallone's "rocky" road to success. The writer went into details about the educational background of Stallone. A dropout from many schools but non-relenting in ensuring that his dreams were realised. Despite the fact

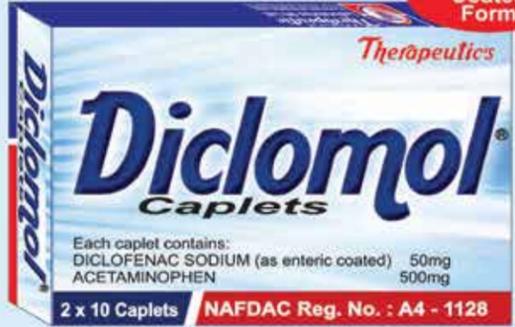


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Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)



Erectile dysfunction (ED) is the inability to get and keep an erection firm enough for sexual intercourse. Estimates suggest that one of every 10 men will suffer from ED at some point during his lifetime. It is important to understand that in most cases, ED is a symptom of another, underlying problem. ED is not considered normal at any age, and may be associated with other problems that interfere with sexual intercourse, such as lack of desire and problems with orgasm and ejaculation.

How common is erectile dysfunction?

Approximately one in 10 adult males will suffer from ED on a long-term basis. Many men do experience occasional failure to achieve erection, which can occur for a variety of reasons, such as drinking too much alcohol, stress, relationship problems, or from being extremely tired.

The failure to get an erection less than 20 per cent of the time

is not unusual and typically does not require treatment. However, the failure to achieve an erection more than 50 per cent of the time generally means that there is a problem and treatment is needed.

ED does not have to be a part of getting older. While it is true that some older men may need more stimulation, they should still be able to achieve an erection and enjoy intercourse.

Infertility

Infertility, on the other hand, is a disease of the reproductive system that impairs the body's ability to perform the basic function of reproduction. It is a disease of the reproductive system that impairs one of the body's most basic functions: the conception of children.

Causes of infertility

In rough terms, about one-third of infertility cases can be attributed to male factors, and about one-third to factors that affect women. For the remaining one-third of infertile couples, infertility is caused by a

combination of problems in both partners or, in about 20 per cent of cases, is unexplained.

According to fertility expert and President, Association for Fertility and Reproductive Health (AFRH), Dr Ibrahim Wada, Nigeria has 20 percent unexplained infertility, adding that modern science cannot pinpoint what is wrong in these cases.

Wada, who is also the founder of Nisa Medical Group, stated at a press briefing in commemoration of the World Fertility Day in Abuja this year that 30 per cent of infertility issues are from men, 30 per cent from women, approximately 15 percent are mixed - meaning that both the men and the women have one issue or the other - while 20 per cent cannot be explained.

As recently reported by Pharmanews, Wada has assured that AFRH will leave no stone unturned to bring succour to those who are childless while ensuring the highest standard of solutions are provided, adding that the association had a duty to self-regulate because fertility is an area where people get exploited unnecessarily.

Erectile dysfunction causes

In the past, doctors tended to blame erectile dysfunction on psychological problems or, with older men, on the aging process. Medical opinion has changed. While it takes longer to get aroused as you age, regular erectile dysfunction deserves medical attention. Also, the problem is not usually psychological. Urologists now think physical problems contribute to most long-lasting cases of ED in men over 50.

Erectile dysfunction in older men

Erections mainly involve

the blood vessels. And the most common causes of ED in older men are conditions that block blood flow to the penis. These include hardening of the arteries (atherosclerosis) and diabetes. Another cause may be a faulty vein that lets blood drain too quickly from the penis. Other disorders, as well as hormonal imbalances and certain operations, may also cause ED.

The blood vessel processes that lead to an erection are controlled by your nervous system. Some medications can interfere with the nerve signals that make an erection happen. They include certain stimulants, sedatives, diuretics, antihistamines, and drugs to treat high blood pressure, cancer, or depression. But never stop taking a medication unless your doctor tells you to. Alcohol, tobacco, and illegal drugs, such as marijuana, may also contribute to ED.

Erectile dysfunction in younger men

In younger men, psychological problems are the most likely reason for ED. Poor communication with your partner, or differences in sexual preferences, can lead to tension and anxiety. The problem may also be linked to these things:

- Depression
- Fatigue
- Stress
- Feeling that you're not good enough
- Sexual fears
- Rejection by your parents or peers
- Childhood sexual abuse

Erectile dysfunction symptoms
The symptoms of erectile dysfunction can vary from person to person. If you have ED, you might:
Be unable to get an erection at all

continued on page 13

Planning to be a Dad soon?

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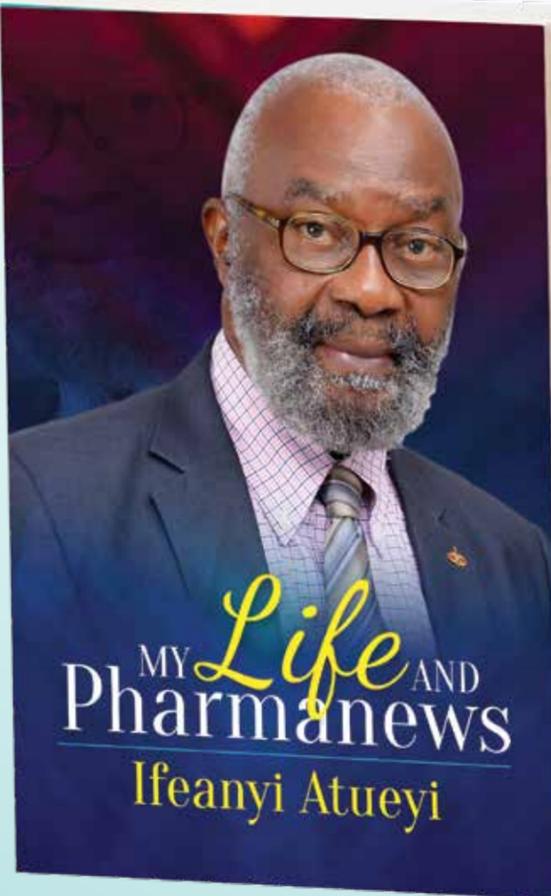
As at the time I began to settle on the new job, the Nigerian government, sensing that Biafra was indeed going to be a major threat, began to perfect plans to truncate the secession. In the early hours of July 6th, the government launched what it called "police action" against Biafra. This action involved Nigerian troops, led by Colonel Mohammed Shuwa, advancing into Biafra. Naturally, since Nsukka (in the present Enugu State) and the surrounding communities were the closest to northern Nigeria, it was from here that the Nigerian soldiers launched their offensive. Moreover, it was the belief of the Nigerian government that once Enugu was captured the drive for secession would end.

As the soldiers advanced, the inhabitants of the border communities did their best to repel the invading troops by digging trenches to prevent armoured vehicles from penetrating, while others tried to engage the soldiers with their crude weapons. But even though the Nigerian troops suffered some casualties, it did not take them much time to recover and wipe out the resistance before heading towards Nsukka, where Biafran soldiers were waiting and, within a short while, the civil war had begun.

Let me say it by way of summary, before going into details of my specific experiences during the war, that the three-year conflict (which, by the way, General Gowon had projected to last for only a couple of weeks) was a brutal and bloody catastrophe of indescribable proportions. Millions of lives were lost on both sides of the conflict and many more were injured. It was such a traumatic

A JEWEL IN A DUEL (2)

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



experience that I'm sure that none of those who survived would want to ever witness war again.

Throughout the duration of the war, the whole of the eastern region was literally on fire, as the blasts of gunfire, explosives and air raids mingled with the wailings of the wounded and the bereaved to turn the entire area into a disaster zone.

Many unthinkable and unspeakable atrocities were committed on both sides during the war. Sometimes, on market days when multitudes of buyers and sellers, who had assumed that their community was relatively safe, met for business transactions, bombs were suddenly dropped by bomber jets, resulting in large scale deaths and devastations.

One of those horrible incidents was the bombing of defenceless market people, mainly women and children, at Uzuabam market on a busy market day. At that time, I was working in a military hospital at Abiriba and many casualties were brought there. Indeed, it

was a period of the survival of the fittest, as people were so desperate to survive that they did all sorts of unimaginable things to stay alive. This is why I agree with those who say that it is best to explore dialogue at all times in any conflict, because in a war, whether you are right or wrong, everybody loses!

One of the losses that personally affected me was the death of my cousin, Lawrence Anisiobi. As I stated earlier, we attended the same primary school and were also classmates at DMGS Onitsha. He settled in Lagos before me, working at P & T Oshodi, popularly called Cappa. It was in his apartment that I stayed when I started work in Lagos in June, 1964.

I must admit, though, that when asked about the period of the civil war, I cannot but have mixed feelings. This is because, despite the feelings of sadness and grief that I have over the wanton deaths and destructions that marked the period, I always remember also that it was in the midst of the protracted conflict that I met Joan, the woman of my dream, who would later become my wife.

Joan had been born into the family of Mr Amos and Mrs Justina Jewe in Mbaise, in present-day Imo State. She had attended St. Stephen's Primary School, Umuahia, before proceeding to Anglican Girls Secondary Modern School, Egbu-Owerri, where she spent a year before the students were moved to the school's permanent site at Owerre-Nkworji. After her secondary education, she had enrolled for a nursing programme at the Iyi-Enu Mission Hospital, Ogidi, near Onitsha. It was while in her final year at the hospital that the war had broken out. Having demonstrated sufficient competence in the course of her training, the hospital's management had posted her to the International Red Cross Hospital at Achi (in present-day Enugu State), in anticipation of the inevitable influx of patients at the hospital.

Continues next edition

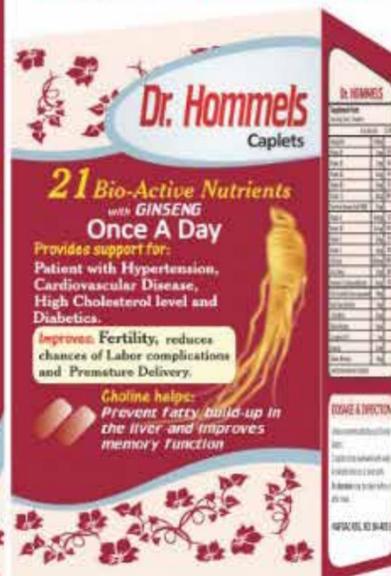
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Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)

Treatment options for erectile dysfunction and infertility

continued from page 11

Get an erection sometimes
Have trouble keeping an
erection long enough for sex
Lack desire for sex

Erectile dysfunction diagnosis

When you see a doctor for ED symptoms, they will try to find out whether you have another health condition that could cause the problem. They will ask about your medical history, including questions about your sex life. You might have:

A physical. It will include an examination of penis and testicles.

Blood and pee tests. These check for problems like diabetes, heart disease, and low testosterone.

A mental health exam. This can reveal whether you have stress, depression, or other issues that could lead to ED.

An ultrasound. This allows doctor to see whether blood flow problems are affecting your penis.

Erectile dysfunction treatment

The treatment for ED will depend on what is causing it, as well as what you and your partner think will work best. Your doctor can help you decide. Treatments include:

Medications: You take drugs like sildenafil (Viagra), vardenafil (Levitra, Staxyn) and tadalafil (Cialis, Adcirca) as pills before you have sex. They work by increasing blood flow in your penis. This helps you get an erection once you're sexually excited. Your doctor might prescribe testosterone if your levels of this hormone are low. It won't help if circulation or nerve problems cause your ED.

You can inject an ED medicine called alprostadil into your penis to help it fill with blood and quickly cause an erection. It is sometimes used in combination with other drugs. You may also insert alprostadil into your urethra (the small hole in your penis where urine comes out) as a suppository. That is a solid form of the medicine that gets dissolved by your body heat.

Lifestyle changes: Your doctor might suggest that you lose weight or start an exercise routine to improve your ED symptoms. They might also recommend that you stop smoking, drinking alcohol, or using marijuana or other drugs.

Counselling: If stress, depression, or relationship problems contribute to your ED, talking to a counsellor could help.

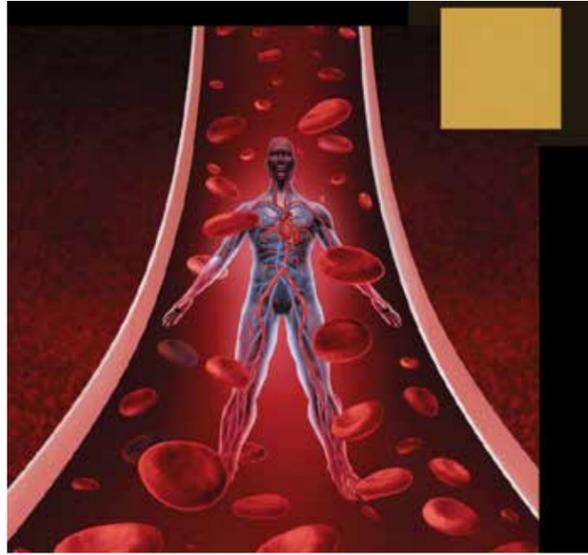
Vacuum device: Also called a penis pump, this is a tube that fits over your penis. It includes a pump, which you use to suck air from the tube. This pulls blood into your penis to make it erect. You place an elastic ring around the bottom of your penis to keep it erect, and take off the vacuum tube. After sex, you remove the ring to end the erection.

Surgery: Most men don't get surgery for ED. But in some cases, doctors will do an operation to repair your arteries to boost blood flow to your penis. Or they can implant a bendable or inflatable rod inside your penis that you adjust to make it erect.

Infertility Key facts

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.

Infertility affects millions of people of reproductive age worldwide – and has an impact on



their families and communities. Estimates suggest that between 48 million couples and 186 million individuals live with infertility globally.

In the male reproductive

system, infertility is most commonly caused by problems in the ejection of semen, absence or low levels of sperm, or abnormal shape (morphology) and movement (motility) of the sperm.

In the female reproductive system, infertility may be caused by a range of abnormalities of the ovaries, uterus, fallopian tubes, and the endocrine system, among others.

Infertility can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one prior pregnancy has been achieved.

Fertility care encompasses

the prevention, diagnosis and treatment of infertility. Equal and equitable access to fertility care remains a challenge in most countries; particularly in low and middle-income countries. Fertility care is rarely prioritised in national universal health coverage benefit packages.

What causes infertility?

Infertility may be caused by a number of different factors, in either the male or female reproductive systems. However, it is sometimes not possible to explain the causes of infertility.

In the female reproductive system, infertility may be caused by:

tubal disorders such as blocked fallopian tubes, which are in turn caused by untreated sexually transmitted infections (STIs) or complications of unsafe abortion, postpartum sepsis or abdominal/pelvic surgery; uterine disorders which could

continued on page 15

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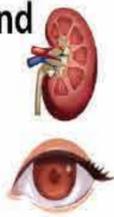
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The Heart Outcomes Prevention Evaluation Study Investigators. Effects of an angiotensin-converting-enzyme inhibitor, Ramipril, on death from cardiovascular causes, myocardial infarction and stroke in high-risk patients. New Engl J Med 2000;342: 145-153



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

Treatment options for erectile dysfunction and infertility

continued from page 13

be inflammatory in nature (such as such endometriosis), congenital in nature (such as septate uterus), or benign in nature (such as fibroids); disorders of the ovaries, such as polycystic ovarian syndrome and other follicular disorders; disorders of the endocrine system causing imbalances of reproductive hormones. The endocrine system includes hypothalamus and the pituitary glands. Examples of common disorders affecting this system include pituitary cancers and hypopituitarism.

The relative importance of these causes of female infertility may differ from country to country, for example due to differences in the background prevalence of STIs, or differing ages of populations studied.

In the male reproductive system, infertility may be caused by:

The obstruction of the reproductive tract causing dysfunctionality in the ejection of semen. This blockage can occur in the tubes that carry semen (such as ejaculatory ducts and seminal vesicles). Blockages are commonly due to injuries or infections of the genital tract.

The hormonal disorders leading to abnormalities in hormones produced by the pituitary gland, hypothalamus and testicles. Hormones such as testosterone regulate sperm production. Example of disorders that result in hormonal imbalance include, pituitary or testicular cancers.

The testicular failure to produce sperm, for example due to



varicoceles or medical treatments that impair sperm-producing cells (such as chemotherapy).

The abnormal sperm function and quality. Conditions or situations that cause abnormal shape (morphology) and movement (motility) of the sperm negatively affect fertility. For example, the use of anabolic steroids can cause abnormal semen parameters such as sperm count and shape.

Environmental and lifestyle factors such as smoking, excessive alcohol intake and obesity can affect fertility. In addition, exposure to environmental pollutants and toxins can be directly toxic to gametes (eggs and sperm), resulting in their decreased numbers and poor quality, leading to infertility.

WHO's response

The World Health Organisation (WHO) recognises that the provision of high-quality services for family-planning, including fertility care services, is one of

the core elements of reproductive health. Recognising the importance and impact of infertility on people's quality of life and well-being, WHO is committed to addressing infertility and fertility care by:

Collaborating with partners to conduct global epidemiological and etiological research into infertility.

Engaging and facilitating policy dialogue with countries worldwide to frame infertility within an enabling legal and policy environment.

Supporting the generation of data on the burden of infertility to inform resource allocation and provision of services.

Developing guidelines on the prevention, diagnosis and treatment of male and female infertility, as part of the global norms and standards of quality care related to fertility care.

Continually revising and updating other normative products, including the WHO laboratory

manual for the examination and processing of human semen.

Collaborating with relevant stakeholders including academic centres, ministries of health, other UN organizations, non-state actors (NSAs) and other partners to strengthen political commitment, availability and health system capacity to deliver fertility care globally.

Providing country-level technical support to member states to develop or strengthen implementation of national fertility policies and services.

Symptoms

The main symptom of infertility is not getting pregnant. There may be no other obvious symptoms. Sometimes, women with infertility may have irregular or absent menstrual periods. In some cases, men with infertility may have some signs of hormonal problems, such as changes in hair growth or sexual function.

Most couples will eventually conceive, with or without treatment.

When to see a doctor

You probably don't need to see your health care provider about infertility unless you have been trying regularly to get pregnant for at least one year. Women should talk with a care provider earlier, however, if they:

- Are age 35 or older and have been trying to conceive for six months or longer
- Are over age 40
- Have irregular or absent periods
- Have very painful periods
- Have known fertility problems
- Have been diagnosed

continued on page 17





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Adelusi-Adeluyi, Usifoh, others task pharmacists to close gaps in vaccination

continued from page 1

(PSN), Prof. Cyril Usifoh; Executive Director, National Primary Healthcare Development Agency (NPHCDA), Dr Faisal Shuaib; and Member, Federal House of Representatives, representing Okiti Pupa/Irele Federal Constituency, Ondo State, Hon. Gboluga Ikengboju.

Adelusi-Adeluyi, who lauded the decision of the Federal Government of Nigeria and the NPHCDA to designate community pharmacies as approved vaccination centres for COVID-19 vaccination, stressed that pharmacists must make the most of the opportunity they have to be better practitioners.

Speaking in the same vein, Dr Faisal Shuaib commended the leaderships of the PSN and the ACPN for their tenacity, which, he said, resulted in the signing of a memorandum of partnership with the ACPN last year and the national flag off of COVID-19 vaccination at community pharmacies in May 2022, adding that the partnership is strategic for achieving the goal of primary healthcare development in the country.

Shuaib noted that the bulk of the country's healthcare challenges is at the community level where many lack proper information, thereby making them more vulnerable to COVID-19 and other infections.

He added that misinformation is one of the key factors responsible for the low uptake of the COVID-19 vaccine in the country, saying just over 26 million people, which represent 23.4 per cent of the eligible population, have been fully vaccinated.

"Currently, our data shows that 26,127,761 eligible persons have been fully vaccinated against COVID-19 in Nigeria, having received the second dose of the vaccine. The number of fully vaccinated persons represents 23.4 per cent of the 111,176,503 eligible population targeted for full vaccination against COVID-19 in Nigeria, he said.

Shuaib, who was represented by the South-West Zonal Director of NPHCDA, Dr Adefunke Adesope, emphasised that the COVID-19 crisis provides the country with opportunities to improve routine immunisation, while also paving way for more health professionals to be fully integrated into PHC service delivery.

He tasked the ACPN to mobilise its members to rapidly increase the uptake of the COVID-19 vaccines in communities by leveraging their influence, saying NPHCDA will continue to provide technical support and policy guidance to the association.

In his speech at the conference, PSN President, Prof. Usifoh, said he was impressed with the level of organisation of the conference by the ACPN, noting that the association had indeed made a number of giant strides in recent years.

Extolling the crucial roles community pharmacists play in every society, Usifoh said pharmacy practice has been one of the essential resources deployed to address most of the gaps in the fight against Covid-19, adding that the challenge however is that the system is not making most of what

pharmacists can offer.

According to him, "In recent times, emergencies have strengthened community pharmacists to take on novel and innovative roles; therefore, willingly or otherwise, the roles of community pharmacists have expanded globally to include vaccination, designing of infection prevention protocols in the community, among others."

Usifoh specifically commended community pharmacists for being at the forefront of providing direct healthcare to patients during the pandemic.

He said: "Not only have they played their traditional role of delivering medications to patients, but they also performed additional duties regarding patient education and triaging of patients to reduce the load on hospitals, as well as screening for diseases and promoting clear treatment concepts regarding this disease."

In his own contribution, Registrar of the Pharmacists Council of Nigeria (PCN), Pharm. Babashe Ahmed, who equally commended the theme of the conference, assured that the PCN was working round the clock to ensure that the various challenges confronting the ACPN would be speedily resolved.

Also speaking, Pharm. Wale Oladigbolu, national chairman, ACPN, implored the government to include pharmacists in all policies and programmes that have to do with the health of the citizenry.

He said urgent steps that can be taken in this direction are inclusion of pharmacists as primary healthcare providers in the National Health Insurance Scheme and signing the new Pharmacy Bill into law. "This will go a long way to engender a healthier nation," he said.

Oladigbolu also stated that despite the challenges associated with the supply chain system for medicines distribution in Nigeria, the association started a supply chain platform that interconnects all pharmaceutical entities in the country.

"We now have bespoke inventory control software for community pharmacists," he said.

The number one community pharmacist in the country further mentioned the support ACPN received from New Heights Pharmaceutical, saying it had assisted the association to produce documentation kits for community pharmacists.

He said: "The kit consisted of a prescription pad, a referral pad and booklet on the interpretation of laboratory parameters. These have been distributed to all



Prince Julius Adelusi-Adeluyi, president, Nigeria Academy of Pharmacy (NAPharm), presenting a posthumous award for Late Alh. Lateef Jakande, former governor, Lagos State, to his wife, Alhaja Abimbola Jakande, while Pharm. Wale Oladigbolu, national chairman, ACPN, and Dr UNO Uwaga, former president, PSN, watch in admiration.



L-R: Dr UNO Uwaga, former president, PSN; Prince Julius Adelusi-Adeluyi, president, NAPharm; Pharm. Hon Gboluga Ikengboju, member, Federal House of Representatives; and Prof. Cyril Usifoh, president, PSN, at the opening ceremony of the 41st annual conference of ACPN in Lagos.

community pharmacists across the country."

On his part, Chairman of the occasion and Member, Federal House of Representatives, Pharm. (Hon) Gboluga Ikengboju, expressed the Legislature's readiness to support the ACPN in performing its role towards a better society.

In his words: "We are going to support community pharmacists to improve the healthcare delivery system and to engage more in advanced services. We are going to support you in promoting adequate training and technological support.

"We will push to see government commitment to the Abuja Agreement of 15 per cent of budgetary allocation to the healthcare system. We are also going to push for every community pharmacist to be paid for providing essential services through the NHIS."

The highlights of the event were the presentation of awards to the following personalities: Governor Seyi Makinde of Oyo State; His Royal Majesty, Oba Gbolahan Abdulwasiu Lawal; Late Chief Lateef Jakande, a posthumous award as a Living Avatar; Sir Theophilus Adebawale Omotosho, chairman, Bond Group; Sen. Remi Okunrinboye; Pharm.

Mrs Olubamwo Adeosun; Mr Olatunji Bello, among many others.

The conference had in attendance several other personages from the health care sector and other walks of life, including Oba (Pharm.) Ajibola Ademola Julius, Olusin of Ijara-Isin, Kwara State, who was represented by Chief Abdulrafiu Haruna, Baale of Apapa; Prof. Moji Adeyeye, DG, NAFDAC, who was represented by Dr Monica Eimunjeze, NAFDAC director of registration and regulatory affairs; Prof. Akin Abayomi, commissioner for health, Lagos State, represented by Pharm. Oyebisi Omolambe, director of Pharmacy, Lagos State Ministry Of Health; Dr UNO Uwaga, former president, PSN; Pharm. Anthony Aikhmien, former president, PSN; Pharm. Azubike Okwor, former president, PSN; Pharm. Olumide Akintayo, former president, PSN.

Others were Pharm. Deji Osinoiki, former national chairman, ACPN; Pharm. (Alh) Femi Adebayo, former national chairman, ACPN; Pharm. Bode Ogunjemiyo, national chairman, AHAPN; Prof. Cecilia Igwilo; Dr Joel Adagadzu, chairman, BOF; Prof. Adepoju Bello; Pharm. Kunle Tometi; Pharm. Teresa Pounds; Dr Ejiro Foyibo, deputy president, South, PSN, among others.

Treatment options for erectile dysfunction and infertility

continued from page 15

with endometriosis or pelvic inflammatory disease

Have had multiple miscarriages

Have undergone treatment for cancer

Men should talk to a health care provider if they have:

A low sperm count or other problems with sperm

A history of testicular, prostate or sexual problems

Undergone treatment for cancer

Small testicles or swelling in the scrotum

Others in your family with infertility problem

Risk factors

Many of the risk factors for both male and female infertility are the same. They include:

Age. Women's fertility gradually declines with age, especially in the mid-30s, and it drops rapidly after age 37. Infertility in older women is likely due to the lower number and quality of eggs, and can also be due to health problems that affect fertility. Men over age 40 may be less fertile than younger men.

Tobacco use. Smoking tobacco or marijuana by either partner may reduce the likelihood of pregnancy. Smoking also reduces the possible effectiveness of fertility treatment. Miscarriages are more frequent in women who smoke. Smoking can increase the risk of erectile dysfunction and a low sperm count in men.

Alcohol use. For women, there is no safe level of alcohol use during conception or pregnancy. Alcohol use may contribute to infertility. For men, heavy alcohol use can decrease sperm count and motility.

Being overweight. An inactive lifestyle and being overweight may increase the risk of infertility. For men, sperm count also may be affected by being overweight.

Being underweight. Women at risk of fertility problems include those with eating disorders, such as anorexia or bulimia, and those who follow a very low-calorie or restrictive diet.

Exercise issues. A lack of exercise contributes to obesity, which increases the risk of infertility. Less often, ovulation problems may be associated with frequent strenuous, intense exercise in women who are not overweight.

Prevention

Some types of infertility are not preventable. But several strategies may increase your chances of pregnancy.

Couples

Have regular intercourse several times around the time of ovulation for the highest pregnancy rate. Intercourse beginning at least five days before and until a day after ovulation improves your chances of getting pregnant. Ovulation usually occurs in the middle of the cycle — halfway between menstrual periods — for most women with menstrual cycles about 28 days apart.

Men

Although most types of infertility are not preventable in men, these strategies may help:

Avoid drug and tobacco use and drinking too much alcohol, which may contribute to male infertility.

Avoid high temperatures found in hot tubs and hot baths, as they can temporarily affect sperm production and motility.

Avoid exposure to industrial or environmental toxins, which can affect sperm production.

Limit medications that may impact fertility, both prescription and non-prescription drugs. Talk with your doctor about any



medications you take regularly, but don't stop taking prescription medications without medical advice.

Exercise moderately. Regular exercise may improve sperm quality and increase the chances for achieving a pregnancy.

Women

For women, a number of strategies may increase the chances of becoming pregnant:

Quit smoking. Tobacco has many negative effects on fertility, not to mention your general health and the health of a foetus. If you smoke and are considering pregnancy, quit now.

Avoid alcohol and street drugs. These substances may impair your ability to conceive and have a healthy pregnancy. Do not drink alcohol or use recreational drugs, such as marijuana, if you are trying to get pregnant.

Limit caffeine. Women trying to get pregnant may want to limit caffeine intake. Ask your doctor for guidance on the safe use of caffeine.

Exercise moderately. Regular exercise is important, but exercising so intensely that your periods are infrequent or absent can affect fertility.

Avoid weight extremes. Being overweight or underweight can affect your hormone production and cause infertility.

Fertility expert warns against the use of sex boosters, herbal concoctions

In a report published by The Guardian, recently, a fertility specialist and the Chief Executive Officer of Nordica Fertility Centre, Dr Abayomi Ajayi, said about one out of every three cases of infertility is due to the man alone, adding that a man shares infertility problems with the woman about half the time.

According to him, couples are advised to seek fertility evaluations if they are unable to conceive after 12 months of unprotected intercourse considering that newly-wedded couples would have had a pregnancy within a year, but if they are over 35, they are urged to seek an evaluation after six months, whether or not it is a male factor infertility problem.

Speaking with journalists in Abuja, Ajayi who noted that the only way to roughly assess infertility in a man is through sperm analysis, pointed out that sperm parameters are said to be declining, as studies done in America and Europe showed that sperm count has declined by about 50 per cent in about 40 years while a study done in Nigeria showed that in about 10 years, sperm count has declined by 30 per cent.

According to him, the WHO has given a minimum standard which

has been changing in the last 40 years. It started with 40 million and came to 20 million but now 15 million is considered to be normal.

Ajayi stressed the need not to confuse libido and potency with fertility as quite a number of male infertility issues do not affect their primary ability to produce male hormones, or their sexual function (to have an erection).

He observed that lifestyle is a major and only reversible cause of male infertility, adding that while some men are born that way (hereditary) other contributing factors include infections, trauma, musks, undescended testicles alcohol, hard drugs, obesity, and environmental pollution, among others.

Ajayi revealed that some vocations can predispose men to infertility like men who work in the paint industry, fuel stations for a

very long time, long-distance truck drivers, Okada drivers because they subject their testes to high temperature.

"Some sports like cycling, over a long period of time can lead also to low sperm count, also, people who are exposed to toxic materials like fertiliser and so on. The truth of the matter is that we don't know everything that causes male infertility because if you want to enumerate everything, almost everything will cause male infertility. We are still looking at specifics because almost everything has been attributed, including toothpaste. But I don't want to bring that up so that men would not stop brushing their mouths and say it's because I said so".

The consultant obstetrician and gynaecologist however warned against the consumption of hard and sex enhancement drugs by men, saying they were contributory factors to male infertility.

He said, "Some young men take all kinds of drugs in order to shift women's womb, but they might be shifting their sperms too. Hard drugs and all these drugs that they use for testosterone are destructive to sperm count too."

While noting that, "Sometimes, men will start using prescriptions after their wives consult doctors over low sperm count," he said, "It is only a few men that the drugs are beneficial too."

Article compiled by Adebayo Oladejo, with additional contributions from medicinenet.com; Medicalnews.com; WebMD; www.drug.com; Premium Times; News Agency of Nigeria; Wikipedia; Cleveland Clinic, Mayo Clinic, WHO; Pharmanews; News Medical LIFE SCIENCES.

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ESUT pharmacy faculty soon to begin PharmD, postgraduate programmes, says Dean

- Urges pharmacists to undertake quality, comprehensive research

By Ranmilowo Ojalumo

Barely seven years after its establishment, the Faculty of Pharmaceutical Sciences, Enugu State University of Science and Technology (ESUT), Agbani, has concluded plans to run masters and doctoral degree programmes in Pharmacy.

Disclosing this to *Pharmanews* in a recent interview, the Dean of the Faculty, Professor Anthony Amaechi Attama, said the University Senate approved postgraduate programmes for the six departments of the faculty in June 2022.

"The implication of this great development is that in no distant time, the university will advertise for prospective postgraduate students in these six departments. Graduates of Faculty of Pharmaceutical Sciences, ESUT, and other faculties of pharmacy/pharmaceutical sciences in Nigeria and beyond are encouraged to take advantage of the ambience and availability of research facilities in the faculty and enroll for their postgraduate studies," the dean said.

Attama, a professor of Pharmaceutics, also stated that the University Senate had approved a six-year curriculum for the award of the Doctor of Pharmacy (PharmD) degree for the faculty, stating that the resource verification visit by the National Universities Commission (NUC) to finally approve the programme is expected, not later than October 2022.

According to the dean, the PharmD programme will commence in the 2022/2023



Professor Anthony Attama

academic session.

"This means that all pharmacy students that will be admitted by the Faculty of Pharmaceutical Sciences, ESUT, for the 2022/2023 academic session will stay for six years before graduating with PharmD," he said.

The pharmaceutics don also explained that the faculty, though still very young, has been experiencing positive growth in recent times and will continue to build on the progress.

He said: "The NUC visited the faculty from 7 to 10 December, 2021, for the purpose of accrediting the

faculty's Bachelor of Pharmacy (B.Pharm) programme. After the exercise, the NUC gave full accreditation to the faculty, which is a testament to the positive growth recorded by the faculty in recent times. The next visit by the NUC for re-accreditation of the B.Pharm programme will be in November 2026.

"The Pharmacists Council of Nigeria (PCN), through a letter dated January 17, 2022, has increased the admission quota for the Bachelor of Pharmacy degree programme of the faculty from 60 to 100. This is very commendable, as it shows that the faculty is growing very fast and will soon catch up with the first generation faculties of pharmacy/pharmaceutical sciences in Nigeria."

Attama also disclosed that PCN, in March 2022, approved the faculty as an Internship Centre, stressing that pharmacy graduates from any university can take up internship positions in the faculty for their one-year pre-registration training before proceeding for the National Youths Service Corp (NYSC) programme.

He stated further that the faculty holds research in high esteem, saying this was what led to its signing of a Memorandum of Understanding with an Indian-based institution recently, with a view to repositioning the faculty to produce world class pharmacists.

According to him, "From inception, the faculty has a positive

disposition to research and research excellence. This is reflected in the composition of the academic staff, design of the undergraduate curriculum and the design of the faculty building that incorporates adequate laboratories for undergraduate and postgraduate training and for senior members of the academic staff.

"A high impact TETFund intervention was attracted for the building of the Pharmacy Complex, as well as equipping it with state-of-the-art equipment that will boost research discoveries and capacity of the staff of the faculty. The Pharmacy Complex, when completed, promises to be the best in sub-Saharan Africa."

He added: "The Faculty of Pharmaceutical Sciences, ESUT, has established a collaboration with Shri Neminath Jain Brahmacharyashram (SNJB) Educational Institute (Shriman Suresh Dada Jain College of Pharmacy) Chandwad, Dist. Nashik, India, with a Memorandum of Understanding (MOU) already signed.

"The MOU involves, among other things, staff and student exchange between the two universities and joint research grant proposal writing. The faculty is working on establishing more collaborations with other universities in other parts of the world. This is to, among other things, prepare our staff for participation in joint research proposals that will attract funds for research in the faculty and the university."

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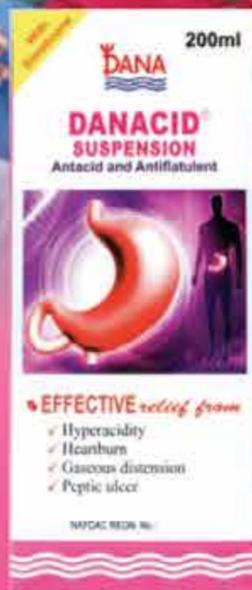
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Zainab Ujudud Shariff: The natural-born herbal medicine practitioner

By Temitope Obayendo



Pharm. Zainab Ujudud Shariff

Despite being blessed with about 8,000 spices, Nigeria reportedly has less than 10 per cent of these effectively harnessed for drug development and production. This is mainly because the country had few professional herbal practitioners who could turn natural medicinal plants into ready-to-use medicines for various ailments. However, this is beginning to change with recent innovations brought by advancement in technology and research findings.

Even though the country still has to contend with myriads of roadside herbalists who lack requisite qualifications, some professional health practitioners have taken the bold step to acquire what it takes to advance the practice of complementary and alternative medicine to the level of competing with orthodox medicine. One of such pacesetters is Pharm. (Hajiya) Zainab Ujudud Shariff, the pioneer head of department, Traditional, Complementary and Alternative Medicine, (TCAM), Federal Ministry of Health (FMOH), Nigeria.

At a time when many healthcare practitioners disdained traditional medicine for its weakness in posology, her uncontrollable passion for herbs made her dive deep into the practice decades ago. So strong is her commitment that she would stop at nothing until she has unravelled the name and usefulness of each medicinal plant to mankind. This contributed to her being positioned in the heart of the health sector, coordinating alternative medicine practice.

Knowing that over 70 per cent of Nigerians in the rural areas rely on medicinal plants for their well-being, Shariff chose not to just settle down in the comfort of her office at the Federal Ministry of Health. Rather, she embarked on learning trips to advanced nations with wealth of traditional medicines

experience, such as India, China and Japan, to obtain more knowledge on how to transform Nigeria's rich medicinal plants into ready-to-use drugs. Little wonder she was also appointed pioneer managing director of the Nigerian Medicinal Plants Development Company (NMPDC).

An ardent herbal doctor, who originally inherited the proficiency from her grandmother, she has got the practice flowing in her veins, as she has thoroughly documented in three pharmacopoeias, the A to Z of alternative practice. They are inestimable books on how a layman can easily harness the natural plants or herbs in his garden or kitchen to remedy any health condition he may be battling. The books also serve as empowerment tools in the hands of youth and women, a lot of whom have benefited immensely in becoming financially empowered through the cultivation of plants and herbs for sale.

Motivation to study Pharmacy

Born in Rano Local Government Area of Kano State, Shariff attended Rano Day Primary School, Saint Louise Secondary School, and School of Preliminary Studies, all in Kano State. Subsequently, she proceeded to Ahmadu Bello University (ABU) Zaria, where she bagged her B.Sc. in Pharmacy.

Shariff had initially wanted to study Chemistry so she could become a teacher, but thanks to the then Registrar of ABU, Zaria, who encouraged her to study Pharmacy; and on hearing that the course was about drugs, she jumped at it.

"I asked what Pharmacy was because it was the first time I heard the word, and he said drugs and I accepted immediately. I don't regret studying Pharmacy. I liked the course, not knowing that I had an inheritance from my grandmother, who was into medicinal plants,

which she used to manage people, especially those that had fertility issues, and children," she narrated.

Beyond studying Pharmacy, Shariff has attended other international courses and obtained certificates in Chinese Traditional Medicine and Indian Ayurveda Medicine.

Although she did not specialise in Pharmacognosy, her innate skills catapulted her into the heart of alternative medicine. According to her, "I dream plants, I see plants and talk plants. I can formulate plants in the way they do art work, I can combine plants for a particular ailment in line with the saying: Let food be thy medicine and medicine be thy food. I can formulate these plants to produce products

that are supportive therapy, either for diabetics or hypertension because it is in me and what I call natural immunity."

Milestone achievements at FMOH and NMPDC

A unique director at the FMOH, Shariff's exploits at the institution will not be forgotten in a hurry. She skilfully nurtured a small division into a department, which produced a national blueprint on traditional medicine, called pharmacopeia. As a referenced document, it is a great resource material for commercialisation of medicinal plants, which has financially empowered thousands of jobless Nigerians.

With her records of success mounting at the FMOH, she was soon appointed to head a new institution under the Ministry of Agriculture. This made her the first pharmacist in Nigeria to work at the Ministry of Agriculture in that capacity, based on her passion for natural plants cultivation.

As a resource lecturer on TCAM, who has represented the country in the practice at both national and international levels, Shariff launched a series of books on TCAM in 2021, an occasion which was graciously attended by the high and mighty at the FMOH, including the Minister of Health. The books include "Common Medical Plants in Nigeria", "Medicinal Plants First Aid Kit (The Kitchen Spice Rack)" and "Healing Recipes and Herbal Therapy for Common Ailments". Aside from books, she was the presenter of a popular television programme called *Nature's Pharmacy* on the largest African television network known as the Nigerian Television Authority (NTA).

The natural-born herbal doctor continues to blaze the trail in traditional medicine practice,

as she recently got the support of the Nigerian First Lady, Dr (Mrs) Aisha Buhari, to organise the first TCAM Conference with the Federal Ministry of Health and TCAM department. The event was held at the Abuja International Conference Centre, in April, 2022.

Monumental feats as ALPs national chairman

The passionate pharmacist turned herbalist did not limit her exploits to the FMOH; she took her natural medicine practice into organised pharmacy activities, especially during her tenure as the national chairman of Association of Lady Pharmacists (ALPs). She successfully secured the support of the then late First Lady, Hajia Mariam Babangida, to set up "Project 91", designed to train Nigerian women on entrepreneurial cultivation of medicinal plants. She and her team members succeeded in effectively engaging women from Kaduna, Niger, Delta, Edo, and Lagos states in profitable cultivation of plants such as ginger, chilli pepper, moringa, garlic, etc. This is a laudable project the current national leadership of ALPs is still running.

Her leadership also rallied support for the building of a rehabilitation centre in Minna, Niger State, for drug addicts. It was another brilliant idea from her administration, which the association has stuck to till date, in reaching out to rehab patients with drugs and food items.

According to Shariff, "What people don't also understand is that medicinal plants are also an area we can call a part of diversification of agriculture because we also cultivate those plants and this area through value chain can generate job creation, pharmaceutical excipients, wealth creation and environmental improvement can be improved upon."

Mobilising women as herbal medicine practitioners

Being an incurable medicinal plant practitioner, who has shown thousands of women the path to progress through the practice, Shariff urges all women to tap into the deep riches of herbal medicine in promoting healthy living in their homes. The diligent pharmacist, with zero tolerance for frivolities, admonishes lady pharmacists and other women to always support their own and collaborate for significant progress to be seen.

She summed up her advice to women thus: "Women have key roles in promoting healthy living in our societies. When you look back to our parents, they eat very healthy foods, mostly green leaves, and this cut across all the regions in the country; but women these days are cooking all manner of junk foods at homes, using plenty seasoning and applying it wrongly. We need to support our husbands and children with natural foods so that they can be healthy to keep the home.

"Woman, please be steadfast in all your dealings; be determined and work hard and with God on your side you will make it. Embrace sincerity and do not blackmail others to achieve your goals. Follow your path, learn from those who had been on that path and God will bless you."

My vision is to make ALPs globally relevant - Lan

Pharm. (Mrs) Scholastica Mnena Lan is the newly elected national chairman, Association of Lady Pharmacists (ALPs). She had previously served the association in different capacities, including assistant national secretary ALPs (National); chairman, ALPs Lagos State; vice-chairman, ALPs, Lagos State; CPC member, ALPs Biennial Conferences, 2011, 2016, 2021, and 2022; member, ALPs National Research Committee; member, ALPs National Mentoring Committee; and member, ALPs Lagos Cancer Campaign Committee. In this exclusive interview with **Temitope Obayendo**, she outlines the goals her administration has set out to achieve for the association. Excerpts:



Pharm. (Mrs) Scholastica Mnena Lan

Congratulations on your election as the new ALPs chairman. Can you tell us how you emerged the sole candidate for the position?

My interest in this position sprang from the desire to serve, as well as contribute my own ideas to the continuous advancement of all that ALPs stands for. That I have been a part of the growing years of the association is evident; and so, having someone who has walked the journey through the developmental years to continue with the legacies established overtime is most appropriate. That is why I offered myself to serve.

I find this to be one of the most honourable moments of my professional practice and I promise not to betray this trust and confidence. ALPs has a pool of very skilled and result-oriented members, from which anyone could have taken up the headship of the association. And, of course, many others are very qualified to be considered but for reasons best known to posterity, I was a sole candidate. I am grateful for the overwhelming support and confidence reposed in me by the various age strata across the association.

I would say that being a sole candidate was probably because my colleagues saw in me some qualities and attributes that gave them the confidence in my capacity and capability to steer the affairs at the highest level. There was an electoral

committee that screened applications of those who expressed interest in position. Only those who met the criteria set out by the committee were listed. I cannot say if there were other contenders or not because I only saw the final list after the screening and noted that I was a sole candidate. This was a great encouragement to me.

What is your vision for the association within your tenure?

The association's leadership positions run for a period of two years and one can be re-elected for a second term of another two years, based on performance and how much value addition ALPs has had in the course of the leadership. So, I am hopeful that NEC members and I will see these first two years as a time to sow all the best we can into the coordination and delivery of the association's mandate, so that we will stand a good chance of being re-elected at the next Biennial Conference.

By the end of my tenure, I hope to see an ALPs that has coverage across the 36 states of the country. Currently, we are active in 27 states and the FCT. ALPs has the potential of winning international and development grants through well packaged proposals. ALPs can work with international NGOs and development partners to reach millions of persons in need because most of ALPs programmes have a humanitarian connotation.

We will explore this idea greatly and get our diverse experts to respond to some calls and do impactful interventions in our communities. I know our sisters in similar healthcare professions benefit greatly from such and are sought after by the partners. We must be on this path too because we have great potentials.

I hope to see an ALPs that her members will be proud of her achievements and be willing to advocate her cause to other relevant partners and networks because the association has to be recognised for excellence, service and professionalism. ALPs has come a long way, such that her global image, relevance and impact must be felt across board. We may have local presence but global endorsement and patronage will further strengthen our impact and gains.

The world is very connected with ICT. At the touch of a button, we can reach diverse partners and stakeholders that we can leverage through strategic partnerships. We just need to have appropriate and convincing advocacy tools that can have our mission, vision and deliverables explicitly expressed.

The evidence of our activities abounds and we need to have documents showcasing us in a more strategic way, revealing all that our great association has done over the years. I hope to see an ALPs that will be able to mentor young females to attain quality professional skills and characters that will make them stand out among their peers. It is important to note that there is content in character.

ALPs was created as an advocacy group of the Pharmaceutical Society of Nigeria. We must take this task more seriously so that we will fill in any gaps. Our advocacy must be such that can influence programmes and policies in favour of Pharmacy and of course our primary target, women and girls.

What are the innovations you are bringing on board for the association?

The transition of leadership of the association from a team of very dedicated, hardworking and purpose-driven women and colleagues to another set of energetic lovers of the ALPs - led by my humble self, and driven by passion and desire to get ALPs and the practice of Pharmacy to greater heights - is quite outstanding.

We will not be reinventing the wheel but rather build on the solid, credible and prestigious works our past leaders and founding mothers have put in place. ALPs has become a household name in many states of the country because of the

impactful societal, educational, medical, and humanitarian interventions carried out by previous leaderships and the state branches too. These have had positive life outcomes on persons reached.

I am eternally grateful to my immediate past national chairman, a woman of great ideas and foresight - Pharm. Victoria Ukwu, FPSN - who has made very giant strides that have set ALPs as a brand to be sought after. I will also not forget past national leaders, the immediate past NEC members, and state excos who, working together and individually, made great efforts to maintain the tempo of excellence and service.

In the professional sector, ALPs has her pride of place because of the networks and partnerships she has established over time. This can only get better with the support of members, young and old. Our parent body, the Pharmaceutical Society of Nigeria and her technical arms/interest groups have been very supportive of ALPs over the years.

This executive team will naturally align with the goodwill enjoyed over the years and make the bonds stronger and more endearing. Alone, we can do very little. We as executives need prayers, support in cash and kind, and the cooperation of all. We hope to preach the "I CAN" spirit into all members and partners so that together we will achieve much more.

Some of my aspirations for ALPs are as follows: Ensure that each state branch celebrates outstanding ALPians who have distinguished themselves; improve access of young lady pharmacists placement in internship slots through our dialogue with colleagues in places that offer such; work with young lady pharmacists to guide them through purposeful career processes and procedures so that they get to the zenith with integrity and professionalism; increase recognition of ALPS achievements by having them shared with strategic partners and attracting partnerships and collaboration.

We are working on new ideas and these will evolve in the course of our tenure.

It has been observed that most lady pharmacists are not into manufacturing, with the majority being in retail pharmacy. What can you say about this?

The various practice settings found in the profession can be adopted by anyone but it has to be a matter of interest first and attainment of the requisite skills and capacity. Having said that, I think the production sector demands some level of postgraduate training to fit into all that is desired. Also, I suspect that the working conditions probably do not align well with ladies as many of them start families immediately upon graduation and so need time to raise the home front.

Also, I have a feeling the production sector seems

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My vision is to make ALPs globally relevant - Lan

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to discriminate against employment of females (my opinion please). Most of them require stringent qualifications and competencies and years of experience with very stringent work conditions too. The production sector also demands that there is continuous supervision of lines of production and so feel ladies may not be able to withstand the rigours. I can only request that this sector create an enabling environment to attract interest among the young ones while they are still in training.

The production sector does not also market itself to young graduates, so I guess many who should be interested do not have much information about what to expect, should they desire to go that line. Companies can organise company visits for students in pharmacy schools or the YPG or indeed any pharmacist interested, so their eyes and minds can be broadened to make informed decisions regarding that arm of professional practice.

Observation also shows most state branches have more of elderly members than younger and vibrant ladies. How do you hope to bridge this gap?

This observation is very correct but there is a tidal wave running through the association as was seen at the recently concluded Biennial Conference in Lagos State. I was quite impressed with the passion, zeal and level of involvement of the young ALPians and I really appreciate them. They gave so much fun to the activities of the conference and I have been requesting branches to ensure that this flame and passion does not die down.

In every profession or human endeavour, there is a mentoring/tutelage stage. I am an older member but I had to go through training and encouragement by the senior lady pharmacists who have been a part of the journey through the years. We must learn to take things through the right path. Of course only when one makes herself available that she can be mentored. I use this opportunity to request our young ones to embrace ALPs in each state they are resident in, they will not regret.

I know some young ones have expressed concerns about the senior colleagues not allowing them time off work to attend ALPs activities while those who have not bought into the ALPs dream do not support participation at all. We value the fact that time is important in the management of organisations and so would not encourage absenteeism or indolence. However, we need the support and presence of members at activities and meeting. We request understanding and support.

Some of the steps we have taken as an association through branches to breach this gap

include: Ensuring participation at the induction ceremony of faculties of pharmacy, with special interest in the females. The Lagos State branch has done this excellently. Other branches will certainly key into this project. We have a mentoring committee and have developed a mentoring document, which highlights the expectations of the mentor and mentee and what benefits that accrue. We shall have this document shared among our branches.

We are establishing a relationship with the Young Pharmacists Group (YPG), which interestingly has a female as the national president. We celebrate her, in fact, she was invited to the handover ceremony we had recently and we will discuss

how to engage her and the YPG better. States are encouraged to celebrate outstanding young female pharmacists. Overall best graduating female student was celebrated in the past and I hope to revive this.

Branches make advocacy visits to organisations and heads of departments to request their support and many of them have responded favourably. Some places have schedules that share out the staff across the activities of ALPs and other technical groups and each member who attends writes a report and shares with colleagues.

The older colleagues too are duly recognised and given their place of honour in ALPs; so this can serve as a motivation. These are just a few. We can explore other innovative ways to break

through this challenge.

What is your special message to your members across the country?

A greater ALPs of our dreams and of which we can all be proud of is what we all aspire for. Alone we can do very little; we need all hands on deck. We are open to ideas and suggestions. We can be reached at all times, should any member have something that can make ALPs gain more grounds.

We must have it at the back of our minds that ALPs is a project for us all and we must keep the focus of a successful and impactful association that will stand the test of time. Thank you all for the confidence reposed in the executive and it is our promise and bond to maintain integrity and accountability.

God will grant us wisdom, grace, and enablement from above, and favour with men and women of goodwill.

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Factors affecting spread of infectious diseases

By Patrick Iwelunmor

Factors that affect the spread of infectious diseases are climate-specific, in the sense that what obtains in Europe and America may not be the same in Africa and other less developed continents. One of the factors that has helped Europe and America to adequately respond to emergency health situations, especially those created by infectious diseases, is their robust healthcare delivery systems and the availability of trained personnel who are not usually caught up in the brain drain syndrome like their counterparts in Africa.

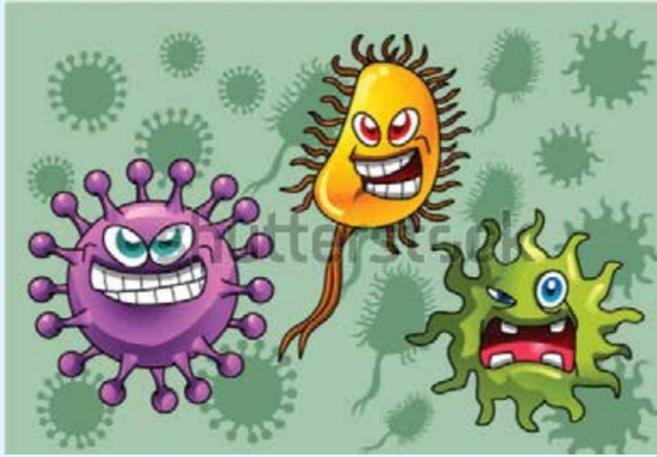
Though the United States lost over one million people to COVID-19, many applauded the government's efforts towards responding to the disease in a decisive manner through provision of PPEs, equitable distribution of vaccines and ensuring that medical personnel were well remunerated. The US President, Joe Biden, also announced that his country would produce and distribute half a billion doses of Pfizer vaccine to 92 low- and middle-income countries as well as the African Union via COVAX.

More so, with many interventionist agencies spread across different countries of the world, the United States has a reputation to protect when it comes to excellent healthcare delivery. In many African countries, the impact of the United States Agency for International Development (USAID) in the prevention of communicable diseases cannot be ignored.

Having been declared a global health emergency, monkey pox that is spreading across many nations of the world, is currently being vigorously tracked by the Centers for Disease Control (CDC), in order to ensure that the spread is curtailed while the appropriate actions are taken by all stakeholders. While no deaths have been recorded so far, the United States has reported 21 cases of the disease. These cases have been identified in California, Colorado, Florida, Georgia, Illinois, Massachusetts, New York, Pennsylvania, Utah, Virginia and Washington states.

While the United States and countries in Europe have very stringent laws regulating the poaching and consumption of wild animals which have been identified as risk factors in the spread of the disease, Africa is still haunted by their governments' indiscretions in this regard. The hunting of bush meat has become an indiscriminate venture in the continent, especially in West and Central Africa, where people openly hunt wild animals and consume them with careless abandon. In Nigeria, assorted wild animals are often displayed by roadsides as you travel from one point to another.

Dr Ifedayo Adetifa, Director-General of the Nigerian Centre for



Disease Control (NCDC), has warned that Nigerian purveyors of bush meat may have to abstain from consuming their prized delicacy for now. Whether they would adhere to this warning remains a matter of time in a country where hunting has become some persons' only hope of eking out a living.

Despite the outcry by the NCDC, as well as the World Health Organisation (WHO) against careless consumption of meat, especially bush meat, many Nigerians seem not to be concerned about the health implications of their irrepressible appetites for the delicacy. This attitude, coupled with their inability to access quality health facilities, puts the average Nigerian in the category of medically endangered species.

Just as it was during the coronavirus crisis, many contacted the virus but did not know until

they went for testing. Based on the foregoing, it is expedient to note here that halting the spread of any infectious disease requires the cooperation of both the government and its citizens.

Government on its part must make access to quality health facilities easy for citizens, most of whom depend on roadside herbal medicine sellers for their wellbeing. The general mindset among such citizens is that any ill health that comes with fever is either malaria or typhoid fever. This is one of the reasons the issue of self-medication has continued to persist in the country. If there were diagnostic centres which are subsidised or made free by government, many citizens would be protected from the nefarious activities of charlatans.

There is also the need to curb the immorality called bestiality as it could also frustrate efforts towards curbing the spread of infectious diseases, such as monkey pox. People who sleep with wild or tamed animals are also at a greater risk of contracting not only monkey pox but other infectious diseases that can lead to health emergencies. According to the US Centres for Disease Control (CDC), "While the animal reservoir is unknown, small mammals (rope and sun squirrels, giant-pouched rats, African dormice) are thought to maintain the virus in the environments of West and Central Africa. People can get infected with the virus through direct contact with infected animals, often while hunting, trapping, and processing infected animals or the infected body parts and fluids of animals."

To win the war against infectious disease, both government and citizens must balance the equation in terms of adhering strictly to a set of rules and targets. While government is expected to make all the necessary prophylactic and therapeutic health infrastructure available, they should also enforce laws that would guide the citizens in ensuring that violation is served with the appropriate sanctions.

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Surging production costs put pressure on businesses - Neimeth boss

By Olaadejo Adebayo

Nigerian pharmacist and industrialist, Pharm. Matthew Azoji, has stated that this is a distressing time for business owners in Nigeria, as many businesses are barely surviving while some have suspended operations due to soaring costs of production.

Azoji, a Fellow of the Pharmaceutical Society of Nigeria (PSN), and managing director of Neimeth International Pharmaceuticals Plc, made the remarks in a recent interview with *Pharmanews* in his office.

He also emphasised that adequate investment of resources in innovation would enhance access to medicines and thereby improve patient outcomes.

Concerning what many have described as unfriendly policies of the government towards the pharmaceutical manufacturing sector, Azoji opined that the government does not deliberately target the pharma industry with harsh policies. Rather, he said, some policies intended for other purposes may adversely affect pharmaceutical companies.

He said "For instance, the decision of the government to provide subsidies only for Premium Motor Spirit (PMS) or petrol and not for diesel and aviation fuel has left the price of diesel, which pharmaceutical manufacturers, use to power their factories at the mercy of the forces of demand and supply.

"As a result, the current disruption in the supply of petroleum products, due to the Russia-Ukraine war, has led to over 135 per cent increase in the price of diesel; but the price of PMS has remained largely stable, except for the time the bad petrol supplied to the market caused scarcity and proliferation of black markets for the product.

"The current very high price of diesel has therefore heavily affected the pharma manufacturing

industry, significantly increasing the cost of production which cannot be passed 100 per cent to consumers because of the overall adverse economic situation in the country."

Continuing, Azoji said: "The meaning is that profitability is significantly reduced for the average pharma manufacturer but that is not the intention of the government. Also, in ensuring a transparent procurement process, government often throws open the purchase of drugs for government facilities and programmes, to both local manufacturers and importers. And you know that some of the foreign manufacturers operate in environments which enjoy low cost of production. This makes products of local pharmaceutical companies uncompetitive.

"Regarding what the government is doing for the pharma industry, I can say that some things have been done right by the government and more needs to be done to promote the industry. The COVID-19 pandemic woke the government up to the cries of the Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMG-MAN) for funds to boost capacity in the sector. The government, through the Central Bank of Nigeria, gave out N100 billion capacity expansion low-cost loans from which many manufacturers benefited.

"Last year, the government launched the new National Drug Policy 2021. That policy seeks to promote the local pharmaceutical sector by encouraging local production. For instance, the policy seeks to ensure that by 2025 Nigeria will be able to achieve 75 per cent local manufacture of essential medicines needed in the country. The policy goes ahead to seek the use of fiscal and other measures to promote the local production of drugs in Nigeria.

"The pharma industry will need to rise to the occasion and work closely with Government to take advantage of this new

policy. However, we request the government to do more to actively create a better enabling environment for the local pharma industry to thrive for the benefit of Nigerians in the areas of enhancing access to medicines, creating of jobs and generating foreign exchange through export to other African countries.

"All the problems of the economy, namely infrastructure deficit, poor power supply, high interest and exchange rates, corruption and others that perennially plague the economy impact the sector negatively. Tackling those challenges will help tackle problems in the pharma sector."

The Neimeth boss further said that the new National Drug Policy will boost the pharma sector to perform optimally. He expressed hope that the document, the third of such policies, will achieve the targets and objectives that the previous NDPs could not fully achieve.

In his words, "We hope the current NDP will be given teeth to attain its objectives. For instance, the target is to grow local pharmaceutical manufacturers to ensure that by 2025 Nigeria achieves 75 per cent of local drug production; that is, only 25 per cent of essential drug needs will have to be imported.

"This will definitely boost local drug production by making local manufacturers produce optimally. Currently, Nigerian pharmaceutical manufacturers are not using more than 60 per cent of their capacity. So, capacity utilisation will improve in the sector. But for this to be achieved, the implementation has to start without delay."

Speaking on his National Productivity Order of Merit (NPOM) award by the Federal Government, Azoji said, "I was among 37 eminent Nigerian individuals and 11 organisations that were honoured by President Muhammad Buhari with the award, in Abuja.

"The award is given to recognise one's high productivity,



Pharm. Matthew Azoji MD, Neimeth International Pharmaceuticals Plc

hard work and excellence. NPOM was instituted by the Federal Government through the Ministry of Labour and Employment to promote local excellence and hard work in industry and national life. For me, the award came as a recognition of my role in piloting the affairs of Neimeth International Pharmaceuticals Plc successfully in the last three years.

"I believe that whatever we have accomplished in the last three years is a result of the contribution of all of us. Secondly, the award is dedicated to my wife and children for their unflinching support of my work. Most importantly, the award is dedicated to Almighty God for His grace and power which made all we accomplished possible. May God take all the glory."

Highlighting his expectations from the leadership of the PSN, led by Prof. Cyril Usifoh, Azoji said, "I expect the leadership to continue to champion the cause of Pharmacy and pursue the interest of Nigerian pharmacists wherever they may be. I have confidence in the leadership. The president, Prof. Cyril Usifoh, being an erudite scholar and astute professional, I believe he will build on the foundation laid by his predecessors, as well as their laudable programmes, and also initiate new ones. I expect him to deepen the work of advocacy."

University News

ESUT pharmacy faculty soon to begin PharmD, postgraduate programmes, says Dean

continued from page 18

The professor of Pharmaceutics expressed optimism over the future of pharmacy profession in Nigeria, while also stressing the need to re-strategise.

He said: "The future is bright for pharmacists in Nigeria, but we need to re-strategise. Pharmacists in Nigeria are practising in different settings. They are involved in all aspects of medicines, from manufacture to delivery to the patients. Pharmacists are well trained to provide any information related to medicines and are expected to be available for such services. Generally, pharmacists are expected to practise within the confines of the law and are responsible for the quality of medicines supplied to patients.

"With the current emphasis on pharmaceutical care, pharmacists in Nigeria should be well-positioned to improve access to public health practices, such as primary prevention, health promotion, immunisation/vaccination, birth control among others. This places a lot of expectation on pharmacy educators to appropriately prepare graduating pharmacists for the expanded roles of pharmacists. This would need a curriculum change, which the Pharmacists Council of Nigeria is championing."

The dean further urged Nigerian pharmacists to embrace both product-oriented and patient-oriented practice, rather than abandoning one for the other, stressing that there should be balanced training in the universities to ensure that Nigerian pharmacists have full control of the pharmaceutical space in the healthcare system of Nigeria.

His words: "For the product-oriented practice, Nigerian pharmacists should collaborate with government to ensure the production of APIs and raw materials in Nigeria to ensure medicines security in the country. The private sector cannot do it alone! Even if the resources are available, policies are needed for sustainability.

"For the patient-oriented practice, pharmacists should continually interface with the Nigerian government to make policies that will ensure adequate training of the pharmacy students in hospitals and other relevant places, as well as policies that will make the practice environment conducive. I am looking forward to the operationalisation of a centralised internship placement for pharmacy graduates in Nigeria."

Meanwhile, the professor

has charged established local pharmaceutical companies in the country to venture into vaccine production, irrespective of the level they may want to start from, even as he called on the industrialists to embark on research and development. He advised that the manufacturing companies can start small and grow with time, stressing that product innovation in the pharmaceutical industry can only be achieved through R&D and consistent investment in infrastructure and technology.

Attama averred that all pharmacists, and not just those in academia, should be involved in research.

He said: "Research here does not mean you must be in the laboratory to conduct wet experiments. Research on patterns of prescription, utilisation of medicines, stability of medicines, family medicines and primary care, health economics, environmental health issues and pediatric medicines use, to mention but a few, can inform some public health decisions by the Nigerian government.

"Regulatory affairs pharmacists, hospital pharmacists, community pharmacists and other pharmacists outside the academia can produce research papers that can change the scenario of pharmacy practice in the different

practice environments in Nigeria. Pharmacist in Nigeria should be drivers of innovations wherever they find themselves."

He therefore urged the Nigerian government to position the pharmaceutical manufacturing sector to face present and future challenges by adopting a proactive approach through provision of infrastructures and policies that will encourage local production of medicines.

"The Nigerian government should ensure constant power (electricity) supply to reduce overdependence on diesel, which has now become very expensive and has contributed significantly to the high cost of medicines and other products in Nigeria. The Nigerian government should fund research and development in research institutes, as well as faculties of pharmacy/pharmaceutical sciences in Nigerian universities for the development of pharmaceutical raw materials and APIs.

"As a way of encouraging local production of raw materials and manufacture of medicines in Nigeria, the Nigerian government should also consider establishing pilot production units or start-up companies in all faculties of pharmacy/pharmaceutical sciences in Nigerian universities," Attama said.

Golf your way to long life

By Ranmilowo Ojalumo

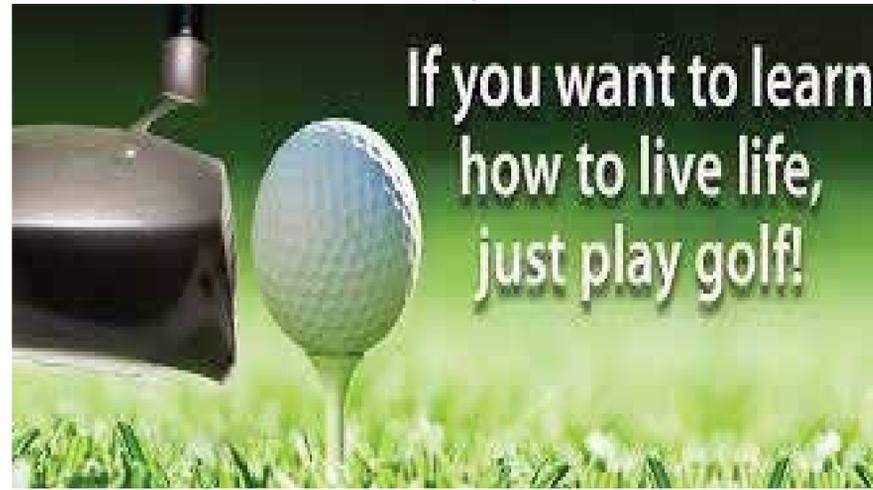
Living a healthy and long life is the desire of all human beings but attaining it is another matter entirely. Fortunately, findings from several studies have shown that one of the popular sports, golf, can actually enhance wellbeing and longevity of the players, irrespective of sex, race, background or social group.

In fact, one of the studies specifically found that the death rate for golfers is 40 per cent lower than for other people of the same sex, age and socioeconomic status. Various studies have also posited that the game of golf is good for the mind, as it keeps the mind alert, while providing vital human contact. This is in addition to the game's immense benefits to the brain and physicality of the players.

Rudiments and beginnings

Golf is a game in which a player strikes a small ball from a series of starting points, by teeing grounds, into a series of holes on a course. The player who holes his ball in the fewest strokes wins.

Historians have said that the origins of the game are difficult to ascertain but there is also evidence that suggests that early forms of golf were played in the Netherlands first and then in Scotland. There are also claims that the game came into being only a little before



the 15th century. An English traveller, William Ouseley in 1819, even claimed that golf descended from the Persian national game of chaugán, the ancestor of modern polo.

However, what is incontrovertible is that golf was first played at the Olympics in 1900 and later in 1904, before it was removed for about 112 years and later returned in 2016. A men's individual golf tournament was planned for the 1908 London Games, but an internal dispute amongst British golfers led to them boycotting the event, leaving 1904 gold medallist George Lyon as the only competitor, he was offered the gold medal by default but refused to accept it.

Today, there are many golfers around the world, with American

Tiger Woods being widely regarded as one of the greatest golfers of all time and is one of the most famous athletes in modern history. Golf was once on the top spot as the highest paying sport, with its top players earning an average of \$43.4 million from winnings and sponsorships. Presently, golf is among the top four highest paying sports in the world.

Health angle

Lucrativeness aside, the health benefits of golf are even more endearing. According to the findings of a study conducted by the Swedish medical university, Karolinska Institutet, in 2008, the death rate for golfers is 40 per cent lower than for other people of the same sex, age and socioeconomic status, which corresponds to a five-year increase in life expectancy. The study further revealed that golfers with a low handicap are the safest.

The study, which was published in the *Scandinavian Journal of Medicine & Science in Sports* in 2008, is based on data from 300,000 Swedish golfers and showed that golf has beneficial health effects. According to Professor Anders Ahlbom, leader of the team that carried out the study, "a round of golf means being outside for four or five hours, walking at a fast pace for six to seven kilometres, which is known to be good for health. People play golf into old age, and there are also positive social and psychological aspects to the game that can be of help."

Golf is particularly considered very good for older adults. An independent recent study has revealed that hitting the golf course at least once a month could lower the risk of death among older adults. The research was conducted by the American Stroke Association, a division of the American Heart Association, and presented at the association's International Stroke Conference in 2020. The researchers also found that golfers had a death rate of 15.1 per cent compared to 24.6 per cent among non-golfers.

Key to longevity

Lady Captain of Dolphin Golf Club Lagos, Mrs Ngozi Bose Onwuegbu, recently affirmed the relationship between golf and longevity, saying regular playing of golf, aside from many other benefits, leads to an increase in life expectancy. Onwuegbu, who is the South/West zonal

representative in the Nigeria Golf Federation (NGF), described golf as a game of life, which keeps one fit at all times and saves one from so many health disorders because one can walk 10 kilometres on the golf course, which gets the body circulation going and helps the heart to work more efficiently.

While highlighting the immense benefit of the game, a golf club in Spain, Golf Madrid, pointed out that playing golf is great fun, but also offers a wide range of mental and physical benefits. It adds that the game of golf is wonderful for the psyche, keeps the mind alert and provides vital human contact, along with several other benefits to mental health.

A medical doctor and golfer, Dr Thomas Phil said, "Aside from mental health considerations, a round of golf can form a superb part of a physical fitness programme, for players of every age and both sexes. A full, 18-hole round of golf involves a walk of around 5-6 miles. Even on a flat course, this equates to expending around 1,500 calories and even more if the course is particularly undulating. The less energetic players, who choose to ride in a golf buggy rather than walking, or wish to play a shortened round of 9-holes, will still expend more calories than a strenuous, lengthy gym workout (and doubtless enjoy it far more!)"

The doctor added that golf is a "low-impact" sport. As a result, joints are not subject to the stresses and strains of more energetic activities like tennis and running, which can lead to long-term joint damage. This, he said, makes golf an ideal activity for older players, who, perhaps unable to throw rugby balls around as they did in their younger years, can still enjoy this wonderful sporting activity.

No discrimination

Another good thing is that golf is not just for men; it is also good for women, and can be played at any age. Thus, President of the Nigeria Golf Federation, Otunba Olusegun Runsewe, recently urged Nigerians to play golf.

He specifically said "I appeal to all Nigerians to disabuse their minds from that notion that golf is for the elite. Golf is for the living mind—anyone that is alive, golf is the right game to tap into".

While it is true that some people may have interest in playing golf but don't know how to play it, experts and experienced golfers have said learning golf is easy. The National Library of Medicine confirmed this in a report. Titled "Learning to play golf for elderly people with subjective memory complaints: feasibility of a single-blinded randomized pilot trial", the study was published in 2021. Its findings indicate that learning golf is feasible and safe for elderly people with cognitive problems. It adds that one does not necessarily need to play golf at a competitive level; so one can play it alone and at one's convenient time and also determine the pace.

Ultimately, whether golf is played at competitive level or one plays it alone, one will still enjoy all the inherent benefits. Hence, golf is a sport everyone should consider because it is worth playing.

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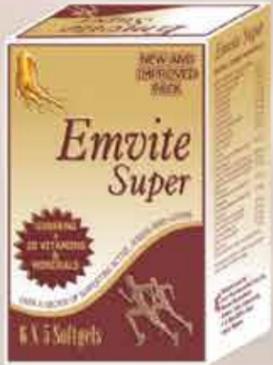
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INTELLIGENT SOLUTIONS

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Seven traits of highly successful business owners

By Pharm. Sesan Kareem

Tony Elemelu once said, "Let's dream big but realise that hard work, resilience, discipline, staying focused, and making short-term sacrifices are the components of success." In other words, successful business owners and managers have developed certain habits that help them turn ideas into successful, large, and enduring businesses. The good news is that these traits can be learnt.

Below are seven traits of incredibly successful business owners, and the steps you can take to emulate them:

1. Visionaries: Successful business leaders think big and are interested in solving problems for thousands, if not millions, of people. They have a road map of where they want their business to be in the next five, ten or 20 years. They set SMART (Specific, Measurable, Achievable, Realistic, and Time-Bound) goals that are challenging but achievable. They picture the future in their mind, and feature to turn their picture into fruition. They constantly share their vision with their team members. They have can-do attitude and impossibility does not exist in their dictionary.

Think big. Set SMART goals. Add most value to most people. Have a clear road map. Communicate your vision to your team. Work hard every day to turn your vision into reality.

2. Lifetime learners: Highly successful entrepreneurs and business managers have growth mindset. They are open to new information, new insights, and new ideas that will help them to make informed business decisions and choices, so that they can fast-track their success in their entrepreneurial journey. Therefore, they keep finding ways to improve themselves and their team members. They study books, attend seminars, work with a coach, learn from mentors, and ACT on their learning.

To become one of these successful business leaders, you must **keep learning** and improving on a daily basis. You must subscribe to CANI (Continuous And Never-ending Improvement) in who you are and what you can be.

Invest in your growth on a daily basis; develop the habit of learning daily. Study books. Subscribe to relevant

business journals. Listen to audio messages in your car. Attend online classes. Schedule seminars for yourself.

Always look out for opportunities to improve your KSA (Knowledge, Skills and Attitude). Set aside budget for your personal and professional development. Most importantly, take action on your learning. ACTION is the bridge between where you are and where you want to be.

3. Hunter for human excellence: Building a very successful business requires you to work with the best people you can find. As a human capital development professional, I strongly believe that the greatest asset of a business is the people. Smart business leaders, like Jeff Bezos, Strive Masiyiwa and Aliko Dangote, have reiterated this truth again and again. They hire the best people to work with them and reward them handsomely. Sincerely, what makes you a successful business owner is to have competent hands that can handle your business successfully without your presence.

Your recruitment process must be thorough. Hire the best hands to work for you.



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

Have a robust compensation plan. Have plans for learning and development. Reward performance. Celebrate excellence and results. Build a strong HR. Develop an organizational culture that will help great talents to flourish and excel.

(Continues next edition)

ACTION PLAN: Identify one of the above habits you can master that will give you a special advantage as a business leader. Take action to start developing this capacity.

AFFIRMATION: I am open to developing the habits of successful business leaders. I am blessed and highly favoured.

Sesan Kareem is the founder/CEO of HubCare Health, www.hubcarehealth.com, and the principal consultant of Sesan Kareem Institute, www.sesankareem.com.ng

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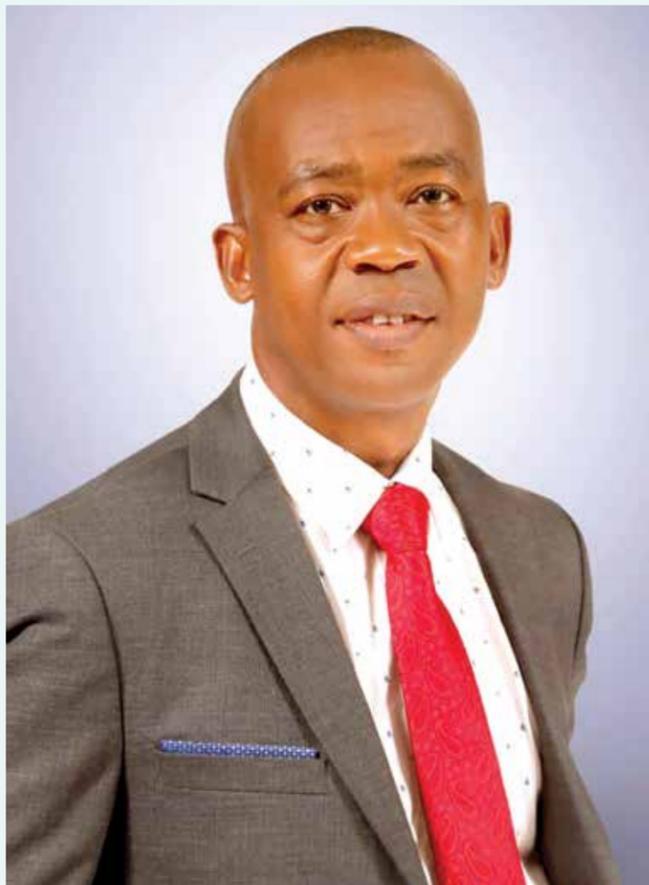
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Hospitals should be compelled to buy locally made drugs - Onuegbu

Pharm. Kenneth Onuegbu is the managing director/CEO, Tricare Pharma Limited, and national chairman, Association of Industrial Pharmacists of Nigeria (NAIP). A Fellow of the Pharmaceutical Society of Nigeria (PSN), he obtained his B.Pharm. in 1991, from the University of Nigeria, Nsukka (UNN). He also bagged a Master of Business Administration (MBA) degree, with specialisation in Marketing from the same institution, as well as attending the Advanced Management Programme of the Lagos Business School (LBS).

Onuegbu has worked with Afrab-Chem Limited, Roche Nigeria Ltd (Now SWIPHA), Emzor Pharmaceuticals, ChanMedi Pharm Ltd/GTE, Maydon Pharma and Dafra Pharma Limited before starting Tricare, which commenced operations fully in 2011. In this interview with **RANMILOWO OJALUMO**, he shares his experiences on the realities of running a thriving pharmaceutical business in Nigeria, while also heading a key professional group like NAIP. Excerpts:



Pharm. Kenneth Onuegbu

Tell us briefly about Tricare. How did it start and how is it faring now?

Tricare Pharma Limited was incorporated in 2009 but we entered into the market in 2011 with two products. Today, we are excited to have about 35 products in the Nigerian market. We have three key brands that are produced locally at a factory in Nekede, Owerri, Imo State. Another seven products are produced here in Lagos through a local contract manufacturing arrangement. This brings the number of products we make here to 10, as part of our contribution towards local content.

We are present in almost the 36 states of the country, making sure that our customers and, of course, the Nigerian masses have reasonable access to our essential medicines and by so doing contributing significantly to medicine security in Nigeria.

You were elected as the national chairman of NAIP in 2021. You are also the CEO of Tricare. How do you manage these two roles?

I must confess that it has been very challenging, very demanding and at times distracting. It is a huge task to manage a company like Tricare and also leading a vibrant and important professional association like NAIP. One thing I know for sure is that someone must do it and today I find myself saddled with those responsibilities. The grace of God has kept me going.

going on pretty well at both NAIP and Tricare Pharma levels. It is not easy, but somebody must do it. If all of us run away from this kind of responsibility, who will do it? Not running away from responsibilities makes you a stronger and smarter person.

Multi-tasking capability is also very important for the survival of every human being, especially during this period of economic crisis and global meltdown. Challenges, most of the time, brings out the best in you. If you take a look at my career, I started as a medical representative and later became a senior medical rep; from there to area manager, national sales manager and marketing manager and then as a country director. All these experiences prepared me for the challenges I undertake today. In fact, I can proudly say that if you add another task to what I have at hand today, I would still find a way around it to deliver excellent results.

God has blessed me with a good health condition and I thank God that I have the energy. God has also blessed me with good team members, which I think is also very important. With a good team, character, commitment and courage, you can go far.

As a CEO, how can you describe the Nigerian business environment?

The Nigerian business environment, as at today, is "crazy" and frustrating, to the extent that, a lot of us business-owners want

Another thing that has been helping me is the ability to put everything we learnt in management into practice. What are those things? The first one is effective planning and execution. I have also deployed the power of effective delegation, thereby tapping into the potentials that I see in the people around me. Everyone has an inherent strength; so it is important to tap into those strengths and join them with yours as a CEO and then get things done.

Despite the fact that I am not there most of the times, things are

to quit, except for the fact that we have been resolute, believing in the saying that quitters don't win and winners don't quit. So, we continue hanging around, believing that things will get better tomorrow.

The business environment today is extremely harsh and turbulent. Which area are we going to look at? One of the biggest problems today is lack of forex to manage our business. It is one thing to have your naira and another thing to secure the hard currencies to facilitate your business transactions with your foreign partners.

The banks have turned out to be mere visitation halls to exchange greetings and listen to stories on why Form Q or LC will not be made available to you in the next six months or thereabout. It has become a racketeering business. Virtually every key player is forced to buying the foreign currencies at the black market to pay our foreign partners. A very sad situation indeed.

You can see the free fall of the naira. Within a week, our naira depreciated by more than N50. Today one dollar has jumped to over N700. A litre of diesel is over N800 and steady power supply is not there. With this situation, what are you going to make out of the business? How can a manufacturing company recover from all these shocks? How can an importer of essential goods make a profit after going through this unprecedented high cost of doing business?

The sad thing is that the pharmaceutical market has refused to accept those sharp increases and devaluation of the currency. I can tell you that the prices of most of the products that we are selling today are still the same with what we sold some years ago. This is surely not the best of times for us in the pharma business.

We can only hope that things will get better. Quitting is not an option. Those of us who cannot run, should walk. Those who cannot walk, should crawl and those who cannot crawl should raise a voice. I am fully convinced that things will eventually turn out to be good at the end of the day.

The buying power of the consumer has reduced and the debt profiles of pharma companies are increasing astronomically. Most of the companies are just piling up debts. Some of our direct or indirect customers have refused to pay. So many of our sales partners are owing; except maybe only a few big companies that have been able to carve a niche for themselves with some special brands, with which they can insist on a pay-first-before-getting-products. Unfortunately, most of the upcoming companies cannot do the same.

I think it is high time we sat down and come up with a policy for the industry, but currently, the business environment is frustrating and nauseating. Some key players

have called it quit because they cannot cope with the current economic realities and because the business environment is poisonous. We cannot continue like this; something drastic must be done. A radical problem we are told requires a surgical excision.

You said there is need for a policy for the pharma industry. What should this policy look like?

The pharma industry is a unique one. Medicine is a security matter to the country and if you deny any nation of essential medicines, that nation will be in serious crisis. So, the Federal Government, possibly through the Central Bank, should come up with a policy that will ensure regular inflow of forex to key players in the pharma sector at a normal rate, so that Nigerians can have access to essential drugs at affordable prices.

Government should also come up with policies that will encourage key players to start setting up manufacturing companies in the country to boost local drug production. We have depended so much on importation. It is time to look inward. Let us create the enabling environment for our industries to thrive. Take a look at the price of diesel. As of today that we are having this interview, it is about N800 and we don't know what it's going to be by the time the paper is out in September.

Take a look at our erratic or epileptic power supply. Not to talk of insecurity and poor road networks. How can we attract investors with this assemblage of ugly situations at hand? Our government really needs to come up with policies that will encourage investors to invest in the country and start manufacturing.

Added to this is the fact that the government should improve the infrastructures across the country. Security is now a nightmare. Nobody is willing to travel by road anymore. The same thing is applicable to our sales reps. Reps that are supposed to cover Abuja, Kano, Kaduna and other states in the north are now afraid to travel because of the high insecurity in that axis; the situation is the same in the eastern and western parts of the country. It is terrible. Government must do something urgently. If we must achieve self-sufficiency or medicine security in the country, we must grow beyond mere importation and start focusing on Active Pharmaceutical Ingredients (APIs) production, excipients production, as well as supporting local contract manufacturing of essential medicines.

What would you consider as your biggest challenge as a CEO?

My biggest challenge is staff unpredictable behavioural pattern, especially for us who are in sales and marketing. Some of the staff are not prepared to work. We have been told that what makes a company great is not just people but the right people. A lot of us in the industry are struggling to get the right people on the job. This is a hard nut to crack by human resource experts and departments. It is always a mixture of the good, the bad and the ugly; and it seems that the bad and the ugly are becoming increasingly overwhelming in our recruitments these days. You may

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REALS



L-R: Pharm. Ade Popoola GMD Reals pharma group; Rep. of Lagos state first Lady, Dr. Folashade O. Fadare, Medical Director Ibeju-Lekki General Hospital Akodo, receiving a gift from Reals on behalf of the Lagos state first lady; Dr. Peter Nmadu member Reals Group board of directors.



Dr. Folashade O. Fadare, Medical Director Ibeju-Lekki general hospital, representing the first lady, delivering a speech on behalf of the first Lady of Lagos State



L-R: Pharm. Ade Popoola GMD Reals pharma group; giving out gift to Dietician Akinlonu Solape during the relaunch of Mamalait granules



Pharm. Ade Popoola GMD Reals pharma group, delivering his welcome address during the relaunch of Mamalait granules



L-R: Barr. Iseoluwa Abiodun-Johnson; Pharm. (Mrs) Nmadu & Dr. Peter Nmadu



Dr. (Mrs) F. F. Oludara representative of Lagos State commissioner of Health.



Dr. Lanre Kelekun; one of the keynote speakers during the relaunch of Mamalait granules



Dietician Adefalu Doyin, General Hospital Isolo



A cross section of dignitaries at event



Mamalait baby of the year with the MC & her mummy testifying about the product



L-R: Pharm. Ade Popoola GMD Reals pharma group; Dietician Adefalu Doyin, General Hospital Isolo.



L-R: Pharm. Kunle Adesoye SMD Reals pharma group presenting a gift to; CNO Mrs Olaturuji



Pharm. Timeyin Ogingbe, a keynote speaker at the event



Dr. Peter Nmadu presenting a gift to Dr. Ademola Akinboade Lagos Island Maternity hospital



A cross section of Dignitaries with Reals pharma GMD cutting the cake.



Pat. Samson Barnigbayan presenting a gift to Dr. Lanre Kelekun the keynote speaker.



Dr. Folashade O. Fadare, Medical Director (Ibeju-Lekki General Hospital Akodo); presenting a gift to Dr. Shitu Adedamola



Dr. Lanre Kelekun presenting a gift to Matron Bola Adeoluwa



L-R: Mr Oje Inegbedion, Mr Tony Oladipupo, Pat Rotimi Popoola & Pharm. Kunle Adesoye Reals Pharma Group.



L-R: Pharm. Ade Popoola GMD Reals pharma group; Dr. Mrs F. F. Oludara, representing Lagos state commissioner of Health; Dr. Folashade O. Fadare, Medical Director Ibeju Lekki General hospital representing the first lady of Lagos state; Pharm. (Mrs) Bolanle Adeniran, immediate past PSN chairman Lagos state; & Dr. Peter Nmadu, member Reals Board Director.



A cross section of dignitaries



R-L: Mr Tope Olaturuji, Mr Shola Agbola; Mrs Adenike Emmanuel & Mr Emmanuel Falua



A group picture of dignitaries with Mamalait granules



A group picture of Reals Family

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My journey through education, career and retirement - Distinguished Prof. H.A.B Coker

Distinguished Professor Herbert Afamefuna Babington Coker is an erudite scholar and researcher of great repute. A devout Christian and retired professor of pharmaceutical chemistry, Coker is especially acclaimed for his contributions in the area of sickle cell disease (SCD), among numerous other accomplishments. University of Port Harcourt, where he has lectured for the past 12 years, on largely pro bono basis.

Fondly called "Rabbi" within the precincts of College of Medicine, University of Lagos because of his very friendly disposition to colleagues and students, the revered don jocularly refers to himself as "Rabbi and the Lord Bishop of the Lost Tribe (slave returnees) of Nigeria." In this exclusive interview with **MOSES DIKE**, Professor Coker lets us into the interesting world of his upbringing, education, career and retirement. **Excerpts:**



Prof. H. A. B. Coker

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

I sincerely appreciate you for giving me this opportunity and rare honour of being part of Nigeria's foremost pharmaceutical journal. I have known **Pharmanews** for up to 40 years. I sincerely appreciate the impact it has come to bear on pharmacy practice in Nigeria and the world, in general.

Pharmanews is in a class of its own and I doff my hat for the ebullient Chief Executive, Sir Pharmacist Ifeanyi Atueyi, and his ever-productive and loyal staff for the professional services they have rendered till date. I admire and savour the diverse write-ups and contributions of the erudite columnists in every issue of **Pharmanews**. Please, keep the good work going. The good Lord is ever your strength.

Humbly put, I am Herbert Alexander Babington Afamefuna Kobna Coker. I was born in Yaba, Lagos. In other words, Yaba is my village. I had my childhood upbringing in the precincts of what we could call the British Yaba South, encompassing the All Saints' Church, Montgomery Road and its adjoining streets. These include Sabo Market, Moore House Road, Saint Dominic Catholic Church, Yaba Methodist Church (Hoares Memorial Methodist Church), Commercial Road, Morris Street, Aje Street and their environs. The

areas formed the golden Yaba that heralded my youthful truancy when Lagos was Lagos.

The earlier settlers in these areas included the West Indians and their descendants, the Serria-Leonian descendants, the Itsekiris, the Urhobos, the Igbos, the Efiks, the Yorubas and a handful of Hausas. The All Saints' Church, Ladilak Institute, Yaba Methodist Church/School stood out prominently within the precincts. As children, we were enamored to either Ladilak Institute, under the watchful eyes of Mrs Rita Akaje-Macaulay, or to the All Saints Church, under the watchful eyes of Canon Hunter of blessed memory.

My very close friends then, the Benities, the Idimujes, the Atandas were all my pals at the All Saints Church Boys Brigade Movement and Sunday school. My very good friend, Prof. Gbolahan Awosanya at that time was in the Yaba Methodist boys Brigade Movement. We met at joint rehearsals. I was made to understand that Professor Olusoga Sofola, former provost of the College of Medicine and deputy vice-chancellor, University of Lagos, is a distinguished alumnus of Yaba Methodist School, a provincial school then; while Ladilak Institute, was a cosmopolitan and egalitarian citadel of learning.

That was the clime and atmosphere of our youthful days. We all played together under the watchful eyes of the late Mrs Ama Pepple (Mama Degema) of Harvey Road, All Saints Church,

Yaba; the late Canon Hunter; the late Mrs Macaulay; and several other aunties and uncles. We did not take much notice of any Igbo, Yoruba or Hausa factions during our days.

Were those the ones who had the most impact on your life?

Later on in life I was to meet with some other eminent gentlemen, who impacted so much on my life. These included the likes of the late Dr J. A. Adegbite (of the Lagos Baptist Academy), the late Canon Emmanuel O. Alayande (of Ibadan Grammar School) where the Christian liturgies and religious rites were ingrained in us compulsorily. May God grant eternal and blissful rest to the souls of these fine mortals!

Further on, along my Christian trajectory, I encountered other gentlemen. One was Professor Gabriel E. Osuide of the School of Pharmacy, Ahmadu Bello University - a thorough bred academic and university administrator; along with other academics - Professor Fola Tayo, Prof. Charles Wambebe, Dr G. Lahan, Professor Oyawole, Professor E Sokumba, Professor Mustapha Abdullahi. Very fine mortals in their own right.

Prof. G. Osuide was a very stern and disciplined man. A very fine teacher, professor and researcher. But then, behind the no-nonsense mien, laid a very understanding and thoughtful heart. I approached Professor Osuide in Zaria when admissions into the pharmacy programme were almost concluded. I introduced myself to him in his office and presented my case for admission rather late in day. He looked at my GCE A level results and a letter written by my father, passionately pleading for his assistance. Prof Osuide looked at all the documents before him and asked me to go.

After a few weeks in Lagos, I got a letter from the Ahmadu Bello University (ABU) administration announcing my admission into the pharmacy programme in ABU. I must confess to you that ever since then, Professor Osuide has always occupied a space in my personal subconscious. Back in school those days, we couldn't go near him. We kept our distance from this no-nonsense Professor of Pharmacology. Professor Osuide taught Pharmacology from first principles, using copious illustrations with chalk on the board - an attribute I was to emulate later in life.

I must also confess that I didn't ever remember to go near him and say "thank you" for the kind gesture shown me when I needed help.

I lost my father, Increase Coker, in 1991 and at his funeral on 20 December that year, I entered the All Saints' Church, Yaba, with my father's casket and some way down the aisle towards my left, I saw Professor Osuide and Dr Dere

Awosika in church at my father's funeral.

I was confused and flabbergasted. What should I say in that present condition of mine? But, then, these observations were to form the fulcrum of some foundational attributes on which I based my teaching style and lecturer-student relationship in life.

When Professor Osuide was celebrating his 80th birthday at one of the event centres in Victoria Island, Lagos, Dr Dere Awosika had summoned some of us her contemporaries to the event. I gladly attended the event. I proceeded to the front row of the seats to greet Professor Osuide, who welcomed me very warmly; we even took photographs together.

A couple of days after the event I received a phone call, apparently from Professor Osuide, thanking me for coming to grace the occasion of his 80th birthday anniversary celebrations. We had some few discussions. I was literally swept off my feet as something flashed through my mind. This highly educated University of London first class graduate and all the exposure to Western education could still demonstrate some Esan village attributes! Same gesture was extended to my pals who attended the outing.

I tried to recall some of our cultural attributes in my village, Yaba, Lagos. Then I realised what the white man had done to our village culture, to some extent. (That is, if we had any traditional culture at all in Yaba). I must confess that the gesture from Professor Osuide was a learning curve in my life, my age notwithstanding. We have met at several other instances. It is my fault that I have not found time to go and say hello to him in his house somewhere at Dolphin Estate, Ikoyi, and present him with a beautiful bouquet of flowers, in keeping with our tradition, as Yaba slave returnees.

Another man that had touched my life from a distance until I got to know him properly is that humble man called Sir Ifeanyi Atueyi. He is a Knight of the Anglican Order, another native man from Okija. I didn't know this man from Adam, other than that each time my father wrote to me in Glasgow, he always mentioned to me one Ifeanyi Atueyi, an ex DMGS Onitsha product. Apparently, it would seem that Ifeanyi Atueyi was a member of the DMGS Old Boys executives, who amongst their numerous tasks, made out time to ask about the welfare of their senior colleagues and senior citizens, still living.

It was on my arrival from Britain that my father introduced me to Sir Ifeanyi Atueyi, during one of their calls at my father's house in Ikeja. Later on, I got used to Sir Ifeanyi Atueyi, the friendly and ever smiling gentleman, although I consciously kept some distance because of Okija Shrine, and I also came to realise that he was into some pharmaceutical journalism. The humble beginnings of **Pharmanews** were daunting; the wilderness journey was laced and strewn with herculean challenges.

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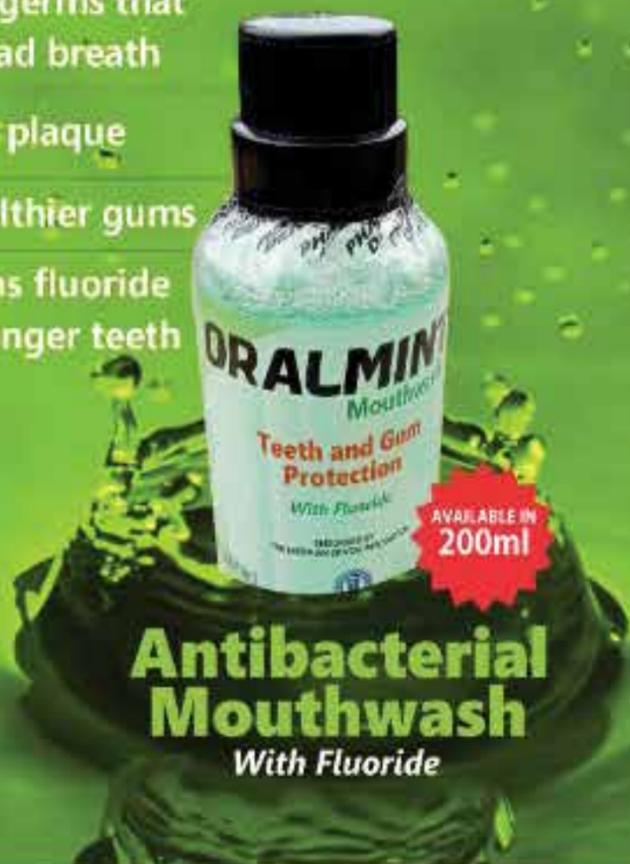
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Coming Events

Nigeria Pharma Manufacturers' Expo 2022 Holds in Lagos

The Nigeria Pharma Manufacturers' Expo is set to hold the 6th edition of the exhibition at the Haven Event Centre, Lagos, from 18 to 19 October, 2022. The exhibition serves as an excellent platform for healthcare professionals and decision-makers to come together under the same roof and exchange ideas and experiences towards the progress of the sector and the pharmaceutical industry.

The event, which will be attended by a large number of exhibitors, will also afford them the opportunity to showcase their products and services, as well as to discuss latest technological advancements in the industry.

The programme is being organised by PMG-MAN and GPE EXPO PVT Ltd.

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, in the wake of the Covid-19 pandemic, 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



R-L: PCN Registrar, I. B. Ahmed, presenting award to PSN President Prof. Cyril Usifoh, as NAPA Chairman, Dr. E. O Akinkunmi and Dean, Faculty of Pharmacy O.A.U, Prof. M. O Afolabi look in admiration, at the NAPA Conference, held recently in OAU, Ile-Ife, Osun State .



R-L: PSN President Prof. Cyril Usifoh; Keynote speaker and VC, Chrisland University Prof. C. P Babalola with an award presented to her by National Chairman NAPA, Dr. E. O Akinkunmi (3rd right) and National Secretary NAPA, Dr. A. J Adegbola, at the NAPA Conference, held recently in OAU, Ile-Ife, Osun State.



L-R: Pst. Samson Bamigbayan; Deaconess Foluke Popoola; Dr Folashade O. Fadare, medical director, Ibeju-Lekki General Hospital, representing the first lady of Lagos State; Dr. Mrs F. F. Oludara, representing Lagos State Commissioner of Health; Pharm. Ade Popoola, GMD, Reals Pharma Group; Pharm. (Mrs) Bolanle Adeniran, immediate past PSN chairman Lagos State; & Dr. Peter Nmadu, member Reals Board Director during the cutting of the Mamalait granules cake at an event held recently at Sheraton hotel, Ikeja.



A cross section of the Mamalait granules children of the day with their mummies during the relaunch of Mamalait granules event held at Sheraton hotel, Ikeja.

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Psychiatrist canvasses mental health stability for organisational leaders

- As AAF holds 7th Leadership Colloquium & Awards

By Temitope Obayendo

A Professor of Psychiatry at the Lagos State University Teaching (LASUTH), Ayodele Coker, has identified mental health stability as a major qualification for leaders in organisational settings, stressing that it is a major determinant of success or failure of any leader.

He averred that leaders without stable mental health easily become overwhelmed, anxious, burnt out and exhausted because of daily demands.

Coker maintained that leaders in whatever capacity must have sound emotional intelligence and resilience, saying this will help them in effective communication, innovative thinking, connection building and sensitivity to the needs of their subordinates.

The psychiatry professor made the submissions, while presenting the keynote address at the 2022 Akinjide Adeosun Foundation (AAF)'s Leadership Colloquium & Awards- Chapter 7, held recently at the Auditorium Alliance Française, Mike Adenuga Centre, Lagos.

Speaking on the topic "Leadership and mental health", Coker said many Nigerians are suffering from emotional distress, due to bad leadership, stressing that this could get worse if nothing is done urgently to review the ugly trend.

He emphasised the need for leaders to invest in the emotional well-being of their followers or employees, adding that this will enhance their loyalty and productivity.

In the same vein, he said if a



L-R: Otunba Olumide Osunsina, managing director, Megamound Investment Limited; Pharm. (Mrs) Olubamiwo Adeosun, SSG, Oyo-State; Pharm. Akinjide Adeosun, chairman, The Akinjide Adeosun Foundation(AAF); HH Sanusi Lamido Sanusi, CON; Pharm. Jimi Agbaje & Mrs Foluso Onabowale, CEO, Tower Cross Limited, at the 2022 AAF's Colloquium & Awards - Chapter 7, held in Lagos.

leader is insensitive to the mental health of his subjects, such a leader will fail to get the support of his followers and they can cast a vote of no confidence in him or her at any time.

On the consequences of bad leadership, Coker asserted that poor leadership can become a source of stress for followers, reduce productivity, lead to occupational distress, as well as mental health problems.

According to him, "One study by Giorgi et al in 2015, in a sample of 1,100 employees, showed

that the inability of leaders to understand the stress levels of members led the team to develop occupational distress and mental health problems.

"It is possible that leaders who suffer from job demands are more likely to have followers who also report higher levels of stress."

In his address, the Chairman, AAF and CEO, St Rachael's Pharma, Pharm. Akinjide Adeosun, explained the Foundation was founded to contribute to national development through provision of educational sponsorship and

free health services, as well as recognition of excellence in the society.

Adeosun, who used the occasion to also celebrate his 54th birthday, said the Foundation is passionate about demonstrating

leadership empathy through the execution of free education and health initiatives. He listed projects implemented by the Foundation to include healthcare interventions in Lagos, Ekiti, and Oyo states, with a vision of launching a N250m project soon.

He said: "At AAF, we are deeply committed to supporting quality education and providing free health services to indigent persons in Nigeria. This is an example of empathy value and behaviour expected of leaders in Nigeria."

"In June 2022, we organised a Free Health Mission at Ado-Ekiti where many patients were rescued from the claws of death from preventable diseases, such as hypertension and diabetes. We are committed to show forth the leadership behaviour of empathy through the execution of free education and health initiatives."

"We have intervened in Ekiti, Lagos and Oyo States. We shall soon launch a N250m Project Education and Health (PEH) Fund to enable us scale up our Free Education and Health project in all geopolitical

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THE JOURNEY OF AGILE ORGANISATION

Transformation starts with inspirational leadership (4)

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

(Continued from last edition)

Another concept that has been raised in recent thinking around neuroscience and emotions is that of mirror neurons, explained in the Goleman & Boyatzis' Harvard Business Review article, "Social Intelligence and the Biology of Leadership". This article explains that Italian scientists found mirror neurons in the brain accidentally when studying a particular cell in a monkey's brain that fired only when it raised its arm.

This concept is summed up in the quote from the article: "One day a lab assistant lifted an ice cream cone to his mouth and triggered a reaction in the monkey's cell. It was the first evidence that the brain is peppered with neurons that mimic, or mirror, what another being does. This previously unknown class of brain cells operates as neural Wi-Fi, allowing us to navigate our social world. When we consciously or unconsciously detect someone else's emotions through their actions, our mirror neurons reproduce those emotions. Collectively, these neurons create an instant sense of shared experience."

This is an exciting discovery that explains some of the inspiration that develops in Elite Teams. Geoffrey Webb, a former US attack helicopter pilot, provides some insight into the characteristics of elite teams in his blog - The Five Qualities of Elite Teams. He identifies that these teams form deep bonds and that members inspire each other into action. From his military experience, he believes the five qualities of an Elite Team are:

1. Deep trust
2. High standards
3. Strong commitment
4. Worthwhile purpose
5. Shared suffering

Number five – shared suffering - is routed in shared experience in challenging scenarios. Linking this to Goleman & Boyatzis' article, we believe mirror neurons could reproduce the emotions that create deep bonds in such teams.

Goleman and Boyatzis go on to explain: "Mirror neurons have particular importance in organisations because leaders' emotions and actions prompt followers to mirror those feelings and deeds. Activating neural circuitry in followers' brains can be very powerful... It turns out that there's a subset of mirror neurons whose only job is to detect other people's smiles and laughter, prompting smiles and laughter in return.

"A boss who is self-controlled and humourless will rarely engage those neurons in his team members. Still, a boss who laughs and sets an easy-going tone puts those neurons to work, triggering spontaneous laughter and knitting his team together in the process. A bonded group performs well..."

"Fabio Sala has shown in his research... that top-performing leaders elicited laughter from their subordinates three times as often, on average, as did mid performing leaders. Other research finds that being in a good mood helps people take in information effectively and respond nimbly and creatively. In other words, laughter is serious

business."

Neuroscience has also helped us understand more about our environment's influence, the positive rewards of attachment emotions when we feel we belong, and the adverse effects of fear, disgust and shame when we are rejected or fear rejection. Amy Edmondson (Novartis Professor of Leadership and Management – Harvard Business School) reinforces this thinking in her concept of "psychological safety" and explains why this is critical to "teaming". Psychological safety describes a climate where people feel free to express relevant thoughts and feelings. This is critical to allow people to be authentic, reveal vulnerabilities and gain trust to create inspirational climates that will enable teams to flourish.

Amy explains: "Teaming, coined deliberately to capture the activity of working together, presents a new, more flexible way for organisations to carry out interdependent tasks. Unlike the traditional concept of a team, teaming is an active process, not a static identity. Imagine a fluid network of interconnected individuals working in temporary teams (in a psychologically safe environment) on improvement, problem-solving and innovation and teaming blends relating to people, listening to other points of view, coordinating action and making shared decisions and teaming calls for developing affective (feeling) and cognitive (thinking) skills."

Inspirational leaders create learning organisations, enable teaming and develop psychologically safe environments which foster innovation. Businesses today need to innovate if they are to evolve and survive in the competitive world. Inspirational leaders are the catalysts at the heart of this evolution.

Inspiration – be different and be bold

In many famous speeches that changed the world, inspirational leadership can be seen in action throughout history. Lessons which included engaging and unforgettable phrases which stick in our memory and are easily recalled. For example:

- Abraham Lincoln: "Four score and seven years ago our fathers brought forth on this continent a new nation..." (The Gettysburg Address, 9 November 1863).

- Malcolm X: "You can't hate the roots of a tree, and not hate the tree" (14 February 1965).

- Jawaharlal Nehru: "At the stroke of the midnight hour, when the world sleeps, India will awake to life and freedom" (Tryst with Destiny Speech, 4 August 1947).

- Marie Curie: "The scientific history of radium is beautiful" (On the discovery of radium, 14 May 1921)

- Obafemi Awolowo: "The children of the poor you failed to train will never let your children have peace."

Winston Churchill: "I have nothing to offer but blood, toil, tears and sweat" (House of

Commons Speech, 13th May 1940).

- Nelson Mandela: "I am the first accused" (20th April 1964); and "Free at last" (2 May 1994).

The essence of inspiration can be seen in these leaders' emotional connections in their speeches. Carefully prepared words, delivered with humility, confidence, boldness and faith in the cause the leader was defending, stirred the hearts and minds of millions of people. These speeches are easy to find, and they still have resonance today. The leaders spoke of principles such as equality, hope, dreams, freedom and pride. The underlying message from these leaders is that you need to suspend your ego and agenda and work for the greater good; only by doing this will you achieve your actual goal and the collective dream.

Model inspiration

Martin Luther King (Jnr)'s speech, "I have a dream" at the Lincoln Memorial, Washington, on 28 August 1963, was one of the most memorable speeches. He delivered his speech with passion, power, boldness and a firm commitment to the cause of freedom and human rights. He truly believed that diversity is valuable and differences should be appreciated, and despite threats to his life, he dared to speak up. He openly lived his values, walked the talk and engaged the hearts of millions. Elements of his inspiring speech are below:

Five score years ago, a great American, in whose symbolic shadow we stand today, signed the Emancipation Proclamation. This momentous decree came as a great beacon of hope to millions of enslaved Negroes, who had been seared in the flames of withering injustice. It came as a joyous daybreak to end the long night of their captivity.

Nevertheless, one hundred years later, the Negro still is not free. One hundred years later, the life of the Negro is still sadly crippled by the manacles of segregation and the chains of discrimination.

Let us not wallow in the valley of despair, I say to you today, my friends. Thus, even though we face the difficulties of today and tomorrow, I still have a dream.

I dream that this nation will rise and live out the true meaning of its creed one day: We hold these truths to be self-evident that all men are created equal.

I dream that one day on the red hills of Georgia, the sons of formerly enslaved people and the sons of former enslavers will be able to sit down together at the table of brotherhood.

I dream that even the state of Mississippi, a state sweltering with the heat of injustice, sweltering with the heat of oppression, will be transformed into an oasis of freedom and justice.

This is our hope. This is the faith that I will go back to the South with. With this faith, we will be able to hew a stone of hope out of



the mountain of despair. With this faith, we will be able to transform the jangling discords of our nation into a beautiful symphony of brotherhood. With this faith, we will be able to work together, pray, struggle, go to jail, and stand up for freedom, knowing that we will be free one day. Moreover, this will be the day when all of God's children will be able to sing with new meaning, 'My country 'tis of thee, sweet land of liberty, of thee I sing. The land where my fathers died, land of the Pilgrim's pride, from every mountainside, let freedom ring?...

Moreover, when this happens, when we allow freedom to ring, when we let it ring in every village and every hamlet, from every state and every city, we will be able to speed up that day when all of God's children, black men and white men, Jews and Gentiles, Protestants and Catholics, will be able to join hands and sing the words of the old Negro spiritual, "Free at last, free at last."

I encourage you, the reader, to reflect on his words.

- How did Martin Luther King Jnr create such powerful sentences?

- How did he appeal to people's hearts?

- How did he mobilise people to action?

- What can you learn from reflection on poetry and speeches such as this famous oration?

Martin Luther King Jnr displayed courage and boldly spoke out about freedom. He appealed to the human heart and managed his fears for his life. He suspended his ego and pushed on to make things happen. He did lose his life in the end in dramatic circumstances. For anyone who wishes to understand this inspirational man more, we recommend a trip to Memphis, USA's National Civil Rights Museum. Stand in the very room he spent his last moments, and you will understand how courageous he was to step out on the balcony where he was assassinated on that fatal night in 1968.

- So, what can we learn from history?

- What can we emulate, and how can we inspire our followers emotionally to act towards a common cause?

- Think about the people around you; whom do you want to inspire today?

- How are you going to achieve this?

Continues next edition



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Lung cancer: All you need to know

By Pharm. (Dr) Onyinye Chiekwe

Lung cancer is the leading cause of cancer deaths globally, in both developed and developing countries, and with a low survival rate. There are two major types of lung cancer: Small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC). The latter accounts for about 80 per cent of lung cancer.

Quick facts

Lung cancer has a high fatality rate; as such, incidence and mortality rates are nearly equivalent.

Lung cancer is the leading cause of cancer death among women. Although more men than women die of lung cancer yearly, this gender gap is steadily closing.

Lung cancer is more likely to occur in poorer and less educated populations.

Later stage diagnosis for lung cancer is also associated with lower socioeconomic status.

Lung cancer incidence rates are observed to change with changes in smoking prevalence.

Cigarette smoking is a long-established cause of lung cancer.

Global estimates show that about 300,000 lung cancer deaths annually are not due to tobacco use.

The incidence of lung cancer in individuals who never smoke ranges from 4.8 to 20.8 per 100,000 among those aged 40 to 79 years.

Risk factors

Lung cancer develops due to a combined consequence of exposure to causative agents and individual susceptibility to these agents.

Also, exposure to multiple risk factors can have a synergistic effect and increase the risk of lung cancer. For example, a cigarette smoker exposed to radon gas has an increased risk due to combined exposure to both causative agents.

Active cigarette smoking

This is the leading cause of lung cancer, causing about 80 per cent – 90 per cent of lung cancer in countries where cigarette smoking is common. There is an association between spatial and temporal lung cancer occurrence and smoking patterns. However, the rates of lung cancer occurrence lag smoking rates by about 20 years because of the slow process of cancer initiation and progression. Tobacco smoke contains polycyclic aromatic hydrocarbons (PAHs). PAHs are DNA-damaging carcinogens that interact with DNA to form mutagenic DNA adducts. These trigger the onset of cancer.

Although also an established cause of lung cancer, cigar smoking has fewer lung cancer risks compared to cigarette smoking. This is because of differences in smoking frequency and depth of inhalation.

Women and men who smoke are 13 per cent and 23 per cent, respectively, more likely to have lung cancer, compared to never-smokers. Generally, the development of lung cancer in cigarette smokers depends on how much and how long an individual has smoked.

Exposure to secondhand cigarette smoke (passive smoking)

Second-hand cigarette smoke



is a cause of lung cancer among non-smokers. Non-smokers who live with a smoker have a 20 per cent –30 per cent increased risk of lung cancer. Globally, secondhand smoking is estimated to cause about 21,400 deaths annually. Children with early exposure to passive smoking are at increased risk of developing lung cancer later in life.

Exposure to radiation and radon gas

Not many people know that radon gas causes lung cancer. In fact, it is the second most important cause of lung cancer, after smoking. A year after the discovery of Radium, it was demonstrated that Radium emitted a radioactive gas, "radon". Lung cancer became recognised as an occupational disease, after epidemiological studies of radon and lung cancer were conducted among miners. However, sources of indoor radon have also been identified, and they include building materials, tap water, and soil gas. These also pose a high-risk factor for lung cancer.

Indoor and outdoor air pollution

Indoor air can also be polluted with complex mixtures of gases and particles produced through combustion. Even never-smokers who are exposed to gases like sulphur dioxide, carbon monoxide, nitrogen oxide, formaldehyde, and heavy metals are at high risk for developing lung cancer.

Outdoor air pollution is predominantly caused by emissions from transportation, power generation, factories, and industrial plants. PAHs, a major carcinogen, are present in urban air pollution and arise from incomplete combustion of wood or fuel, and vehicle exhaust.

Family history/genetic factors

Genetic factors are identified to be a contributor to lung cancer risk. Some studies have shown a strong influence of genetic factors among first-degree relatives. However, other studies have posited that shared family environments and lifestyles, as well as shared exposures, and not necessarily genetic factors, affect the development of lung cancer. For instance, shared exposure to radon gas or second hand smoking.

Prevention

Smoking cessation: Active cigarette smokers will gain from quitting smoking at any age. The risk of developing lung cancer decreases among those who quit

smoking, compared to those who continue to smoke. As abstinence from smoking increases, the risk of lung cancer reduces. Studies have shown a reduction in risk following smoking cessation regardless of sex, type of tobacco smoked, and the histologic type of cancer.

Diet and physical activity

An inverse relationship has been discovered between the consumption of fruits and vegetables and the onset of lung cancer. It could be a result of their antioxidant effect. Though studies revealed that vegetables confer limited protection when compared to fruits, cruciferous vegetables, like cabbage have been identified as the vegetables of interest in the prevention of lung cancer.

Moderate and high levels of physical activity are associated with a 13-30 per cent reduction in lung cancer risk.



Screening

Lung cancer screening does not prevent the onset of lung cancer; rather, it could ensure early diagnosis which could prevent lung cancer-related deaths. Currently, the only recommended screening for lung cancer is low-dose computed tomography (or low-dose CT scan). It is recommended that the yearly lung cancer screening are for people who have a 20-pack-year or more smoking history, still smoke or quit within the past 15 years and are between 50 and 80 years old.

Symptoms of lung cancer include: coughing up blood or rust-coloured sputum, recurring respiratory infections, weight loss, fatigue, difficulty breathing, wheezing, loss of appetite, and chest pain that gets worse with deep breathing, coughing, or laughing.

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

Hospitals should be compelled to buy locally made drugs - Onuegbu

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have your way to handle the harsh operating environment but it is always tough handling the cases of bad staff with a poor attitude and negative perception to work ethics.

Other challenges include high cost of doing business, lack of power, high cost of diesel, forex scarcity and many others. But for me, bad staff attitude is the number one challenge. Attitude is everything. Your attitude determines your altitude. If you employ a staff that doesn't have the right attitude on the job as CEO, you are finished.

Can you share with us the most exciting moment of your career?

I have created so many exciting moments in my career, thereby making it difficult for me to pinpoint exactly which one is the most exciting. It was an exciting moment for me leaving a multinational company, Dafra Pharma, to establish Tricare Pharma, with my two other business partners. Building the company and a dynamic and formidable team from two products in 2011 to about 35 as at today is exciting indeed. It can only get better.

It was an exciting moment for me winning the overall best medical rep of the year award for Afrab-Chem Ltd in 1994. It was awesome for me when I joined Roche in 1995 and won Product Champion award on core brands like Rocephin, Aurorix, Dormicum. It did not end there; I won the Best Area team award.

It was a continuation of the exciting moments when we launched Zolat (Albendazole) for

Emzor with Child Care Trust Abuja (a pet project of the then First Lady, Late Chief Mrs Stella Obasanjo). It was one project that I started and completed with a good sense of achievement and fulfilment. Of course, I got a special letter of commendation from the GMD of Emzor.

I did not stop there. I won several awards like Best Area Manager award, Outstanding Performance award and Team Award, all in Emzor Pharmaceuticals. In 2008, I was invited to Dafra Pharma Headquarters in Belgium to share my good performance experience with all the affiliate countries where Dafra Pharma exists. It was an exciting moment for me.

The Maydon Pharma you know today was started by me as the first head of sales and marketing. Today, I do not think that you can completely write the history of Maydon Pharma without mentioning the footprints I left there. And the same thing goes for ChanMedi-Pharm Ltd/GTE, where I was supported by the erudite MD/CEO of the company, Pharm. Matthew Azoji, to lead a re-engineering and restructuring of the company that guaranteed its survival for many years. These are golden moments in my career and there are more to come. You ain't seen nothing yet.

Do you think it is realistic for Nigeria as a country to achieve drug self-sufficiency and if you think so, how long do you think it will take to achieve it?

It is realistic. We can achieve it. If you can dream of it, you can achieve it. Rather, the difference will come from the point of taking

off and when we eventually achieve it. There will be no affirmative answer to how long it will take us and this is because we are already at the down level. But honestly, if we are committed and are following the right pathway, I can tell you that in the next five to 10 years, we will begin to see results.

But it is not going to be a one-man job. Everybody must key into it; all key players must get involved - particularly the government - by creating the right enabling environment and support players. We have been talking about local contract manufacturing for sometimes now. We have about 120 local drug manufacturing companies in Nigeria that are responsible for manufacturing about 30 per cent of the drugs we are producing in the country today. That number can increase through two or three ways. Firstly, by direct building of more factories. Secondly, those who already have factories should support those that don't have factories but have product to manufacture through local contract manufacturing. Those who already have factories should also make local contract manufacturing easy. Most of the factories today have idle capacities, whereas, those capacities can be converted to a fully utilised capacity.

Government should now come in and provide infrastructure. Power is key. You can't be manufacturing and rely fully on diesel; it will not work. It will lead to frustration. We can't be talking of increasing local capacity when the exchange rate is almost N1000 to one dollar. These are the areas government should come in. If countries like China,

India and Malaysia can boast of producing up to 90 to 95 per cent of what they need, then Nigeria can at least produce 70 per cent; but government has to provide certain incentives.

There should also be a policy in place to encourage those that are manufacturing; to ensure that whatever they produce is being patronised. There should be a law that will compel general hospitals, teaching hospitals and health centres to patronise those locally made drugs. If all these policies are in place, investors will be encouraged to invest; but currently, there is nothing like that. Hence we still have a long way to go. We can achieve self-sufficiency in medicine as a country, but it requires government support.

What is your message to aspiring CEOs?

They should get themselves fully prepared. They should learn to conquer their fears. They should be bold, courageous and firm in decision-making. They should know that a tree doesn't make a forest. To be a successful CEO, you need people to get to the top. Aspiring CEOs should also have the ability to harness human resources and manage a lot of people from different cultures and backgrounds; if not, there will be problem.

Tough time never lasts but tough people do. Aspiring CEOs therefore need to be tough. If not, they will run away when certain challenges come. Aspiring CEOs should prepare themselves for the worst time. Anybody that survives the present situation in Nigeria can survive any condition. But it is also important to study the industry you want to venture into first and seek advice.

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Corruption and erosion of Nigerian public hospitals' credibility

Patrick Iwelunmor

Despite the efforts and advocacy by experts and stakeholders, the Nigerian health sector has been marred by a lot of factors, including malpractices like bribery and corruption. These factors have largely been responsible for the unimpressive state of the Nigerian healthcare system which was recently ranked 163 out of 191 by the World Health Organisation (WHO).

One of the greatest paradoxes of our nationhood is the fact that, in spite of the oil wealth and other huge endowments of the country, Nigeria has not been able to establish and nurture a robust healthcare system that can be the pride of Africa. Instead, its leaders and politicians have preferred to continuously spend the country's petrodollars on medical tourism.

Some analysts believe that government's nonchalance and preference for medical tourism has led to the neglect of health facilities in the country. This, in itself, has led to shortages in terms of access to quality hospitals and medicines. In many Nigerian teaching hospitals, the glaring problem has been the scarcity of personnel, which has often led to the overcrowding of these facilities by patients who are often exploited by hospital workers before they are given appointments. This unfortunate development means that those who are not willing to grease the palm of these hospital workers may not be able to see a doctor. This situation definitely does not portend any

good for the image of the country's health system. People in need of urgent medical attention should be helped and not exploited.

Close encounters

This writer recently visited the Lagos State University Teaching Hospital (LASUTH) in an attempt to book an appointment with an urologist at the Urology Outpatient Department. The developments that ensued further buttress the fact that there is a lot of corruption going on in our teaching hospitals.

Meeting a crowd of people numbering over a hundred, I was asked to pay the sum of N10, 000 so that my appointment could be processed quickly ahead of those who might not afford to bribe their way through. Thinking about the old men and women as well as those aided by their relatives to the facility in their very obviously sick states, I vowed never to be a part of the rot. The implication is that anyone who has no money to bribe his way through is left to his or her fate.

In a related development, an acquaintance who is a medical doctor with one of the popular hospitals in Lagos, Nigeria, narrated the experience of a breast cancer patient who ran to him for help after she was asked to pay the sum of N10, 000 so that her appointment with an oncologist could be fast-tracked. When she refused to offer the bribe, her appointment was maliciously scheduled for six months ahead.

The truth is that these sharp practices have been on for long, with authorities looking away and pretending all is well. In September, 2021, a popular Nigerian investigative medium in partnership with Civic Media Lab (under its Grassroots News Project), reported the case of one Yunusa who died untimely at the National Hospital, Abuja, after a doctor allegedly refused to carry out surgery on him simply because his brother insisted on making payment to the hospital's account, instead of the private account of the doctor.

Shades of corruption

Yunusa's case was just one among thousands of cases that happen often in Nigerian public hospitals, whose unwritten motto has become "Bribe your way or keep waiting". As far back as 2015, an embarrassing discovery was made at the Federal Medical Centre, Katsina, where millions of naira meant for the facility were traced to the personal accounts of doctors, some of who were no longer working with the hospital as at that time. The Katsina discovery shows that the idea of ghost doctors also exists in many Nigerian public hospitals.

In 2020, a fraud, to the tune of N250 million, was uncovered at the Usmanu Danfodiyo University Teaching Hospital, Sokoto. The money meant for personnel cost, was diverted into private accounts. According to a popular Nigerian investigative medium which reported the case, "ICPC

intelligence-led investigation revealed that the fraud was carried out when deductions meant for third parties, such as the State Board of Internal Revenue and over-payment deductions were diverted on the Integrated Personnel and Payroll Information System and channelled into the private accounts of an individual and a company."

Failed remedy

Baffled by the horrible state of Nigerian teaching hospitals, the Senate had in 2019 summoned the then Minister of Health, Professor Isaac Adewole over the unacceptable level of dilapidation and dearth of infrastructure in the country's public hospitals. The then Senate President, Bukola Saraki, had said that the cause of the disgraceful decay was mainly corruption.

Unfortunately, years after, graft has continued, despite many annual budgetary allocations to the health ministry. It is the same old story of overcrowding of patients, shortage of drugs and personnel, lack of electricity for crucial surgeries, perennial strike action by resident doctors and the whole furore over hazard allowance and other aspects of remuneration.

Nigeria is perhaps the only oil-producing country in the world where citizens still depend on roadside medicine vendors for their health needs. No matter how insufficient budgetary allocations to the health ministry have been, if they have been used judiciously, we would have seen better results.

In her 2020 article published in *Thisday*, Iheoma Obibi of Alliance for Africa, gave a gory picture of the level of dilapidation and

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

Medical Practice

Corruption and erosion of Nigerian public hospital's credibility

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overcrowding in Nigeria's public hospitals and went further to explain how such sordid realities have overtime fuelled the corruption that has continued to rear its ugly head in these establishments.

She said: "A visit to teaching hospitals will leave you shuddering with fear. Obsolete and non-functional equipment everywhere. Medical students are not left behind in this chaos which has an overall impact on their training and in the institutional support they received from the health sector."

Obibi elaborated her perception of the unpalatable state of things in our public hospitals thus: "The Federal Medical Centres are overwhelmed. Every day, throngs of people troop into them for solutions to their health concerns; while many get solutions, some are faced with shocking realities in the facilities. It is only in Nigeria that patients are seen on the corridors where medical staff convert walkways to shift bed spaces for ailing patients. It is safe to say that every government hospital is always overbooked with inpatients".

Management issues

Obibi also frowned at the obnoxious culture of saddling career politicians who have no knowledge of hospital administration or medical practice with responsibilities bordering on the management of our healthcare system. For her, our failure as a nation, to place square pegs in square holes, has been one of the factors working against our healthcare system.

"Our unspoken and documented experiences are that often times uneducated misfits masked as politicians are put in charge of hospital administrations. Resulting in accusations of illegal wealth generation to the detriment of innocent citizens", she added.

While most stakeholders, including Iheoma Obibi, have blamed government for not doing enough to sanitise our health institutions, some are of the opinion that citizens have made themselves gullible by allowing politicians play over their intelligence. There is perhaps no better language to capture the complex between Nigerian politicians and the citizens than the one used by Iheoma Obibi: "Honestly, the government alone cannot be blamed for the decrepit state of health facilities in Nigeria. As citizens we have also failed to make constructive demands of good governance, accountability and responsibility to our elected leaders. The reality is simple: poverty has ensured that politicians have normalised the monetisation of gathering people together.

"So, when you ask communities to protest on injustices or demand for quality representation, they demand for monetary inducements before agreeing to participate. Even when it will benefit them and their families".

Way forward

As things stand today, government must put its foot down and insist that things must be done properly. People who are frustrating government's efforts have formed syndicates in public hospitals and that has been the reason it is very difficult to solve issues of bribery and corruption. Doctors who have

been compromised usually work in connivance with other staff of these hospitals, especially workers in the Accounts Departments, where all forms of arithmetical manipulations and alterations are carried out on receipts and other important documents.

Those who have the money to patronise very good private hospitals in Nigeria or abroad know that depending on public hospitals in Nigeria is dangerous. Our health emergency management culture is abysmal. Again, one of the ways we can salvage our health institutions from the rot that has engulfed it is for us to vote credible people into political offices. With the 2023 elections at hand, all Nigerians can come together and rescue their dear nation from the hands of people who do not mean well for them. The emphasis should be on good governance and not on the sentiments of tribe, religion or party.

Psychiatrist canvasses mental health stability for organisational leaders

continued from page 40

zones of Nigeria. The target is to provide free health and education support to a total of 30,000 indigent persons in a sustainable manner over five years. Our purpose is to contribute to lifting Nigeria out of the abysmal low human development".

The St Rachael's boss also seized the avenue to speak on some burning issues in the country, especially security, economy and corruption, saying that he supports the call by the governors of Zamfara and Katsina States for self defence, urging citizens to apply for firearms.

He also called for the arrest of corrupt officials at foreign airports in order for justice to take the right course in the nation.

The Special Guest of Honour, at the occasion, Sanusi Lamido Sanusi, CON, who spoke on the theme of the Colloquium "Are good leaders scarce in Nigeria?", said that while leadership is all about having a clear vision and getting the followership to work

towards the actualisation of that vision, it is unfortunate that most Nigerian leaders have no other vision than the next election, which justifies the reason why the country is comatose.

The monarch, who argued that good leaders are not in short supply in the country, blamed the citizens for their docility, which allows unqualified personalities assume leadership positions without questioning.

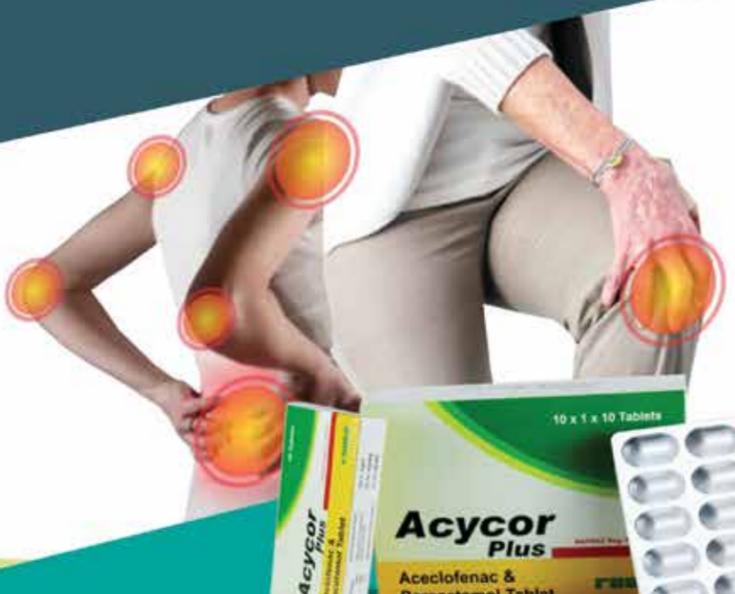
"The reason why anybody unqualified can just come and become a leader in this country is because we don't ask questions before and after. Good leaders are not scarce we only need to ask the right questions," he said.

The high point of the event was the presentation of 2022 Integrity in Leadership Award to Mrs Foluso Onabowale, CEO, Tower Cross Limited and the 2022 Excellence in Leadership Award to Otunba Olumide Osunsina, managing director, Megamound Investment Limited.

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Beniseed, the queen of oil seeds

By Pharm. Ngozika Okoye
MSc, MPH, FPCPharm
(Nigeria Natural Medicine Development Agency)
Email: ngozikaokoye@yahoo.com



Sesamum indicum

Sesame (*Sesamum indicum* L, Fam. Pedaliaceae.), also called Beniseed, is an important edible oil seed crop, commonly referred to as "the queen of the oil seeds", due to the excellent quality of oil it produces. Beniseed production probably began in the Middle Belt region of Nigeria before spreading to other states. The leading producers of the seeds are Jigawa, Nasarawa, Benue and Sokoto. Beniseed is known as *ridi* in Hausa, *ekuku* in Igbo and *isasa* in Yoruba.

Constituents

Beniseed possesses nutrients like fat, sodium, carbohydrate, dietary fibre and protein; vitamins A, B1, B3 and B6, C; minerals like selenium, calcium, phosphorus, zinc, copper, molybdenum, folate, magnesium, iron, manganese, methionine and cysteine. It also contains oleic acid, linoleic, tryptophan, pinorensinol, phytosterol, sesamin, sesamol and lignin.

Preparations

Beniseed is available as seeds which may be hulled or unhulled, raw, roasted, soaked or sprouted. It may also be available as oil or powder. It is sometimes ground together with groundnut and used as an ingredient in making soup, confectionaries or as a snack.

Pharmacological actions and medicinal uses

Beniseed seeds help to moderate the level of cholesterol in the body, promote heart health, prevent diabetes, manage asthma symptoms, prevent anaemia, reduce constipation, maintain strong bones, nourish the skin, promote eye health, detoxify the liver, promote health for pregnant women, good for oral health, protect organs from radiation effects, serve as a weight-loss diet and balance sex hormones.

The minerals contained in beniseed, such as magnesium can aid in the production of insulin. Pinorensinol in beniseed inhibits the digestion of maltose, thereby reducing blood sugar. Beniseed is good for respiratory health, due to presence of magnesium which contributes to relaxation and dilation, as well as reducing inflammation in the airways; thus its usefulness in management of asthma.

Beniseed contains iron, which helps in the prevention of anaemia. It contains natural folic acid for preventing and reducing the chances of birth defects. The presence of dietary fibre and oil makes it useful in promoting digestion, relieving bloating,

cramping and constipation by bulking or softening the content of the intestines.

Beniseed contains phytochemicals that help in burning excessive fats and

reducing hunger; thus its usefulness in achieving weight loss. Due to the presence of methionine, beniseed aids in the effective detoxification of the liver and improves its function. The seeds have strong antioxidant and anti-carcinogenic properties, protecting the organs from the harmful effects of radiation and free radicals due to presence of phytate and sesamol.

Beniseed oil helps to keep the skin more elastic, prevents it from wrinkle appearances and skin colouration such as dark spots. Beniseed seeds are used for grey hair, hair regrowth and to prevent hair loss.

Research has proven that beniseed helps in the production of sex hormone, mainly in post-menopausal women. The phytoestrogens in beniseed may help counteract hot flashes and other symptoms of low oestrogen. Consuming beniseed seeds

has been directly associated with reducing bacteria in the mouth.

Adverse effects

Excessive consumption can cause anaphylaxis, bowel and colon irritation, drop in blood glucose levels to below normal, drop in blood pressure to dangerously low levels. Fibre from beniseed seeds can form a layer over the appendix, causing bloating and pain.

Economic uses and potentials

The seed contains one of the most demanded vegetable oils in the world. According to the Foreign Trade Statistics Report, released by the National Bureau of Statistics (NBS), the total value of beniseed exports was N13.03 billion in Q1 2017, and increased by over 100 per cent to N26.6 billion in Q1 2018. There are potentials for beniseed in cultivation, the sales, food, pharmaceutical, cosmetic and paint industries

References

Marsha McCulloch (2019). 15 Health and Nutrition Benefits of Beniseed Seeds. Healthline.

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....Championing Healthy Living

My journey through education, career and retirement - Distinguished Prof. H.A.B Coker

continued from page 36

Sir Ifeanyi Atueyi kept trudging on with some tenacity, persistence, unpretentious Christianity and with ever ready and fine laughter, capable of melting the toughest of hearts.

Today **Pharmanews** is a success story, but then - lest will forget - not without hard work, prayers and what I called astute professionalism. Sir Ifeanyi Atueyi is not a Bishop or a Reverend Father but then in his own quiet way, he is a man after the heart of God. In all the years I have known Sir Ifeanyi Atueyi, I am yet to see a man accuse him of standing in his way or usurping a neighbour's right of way. Show me a man who enjoys God's blessings in life and I will show you Sir Ifeanyi Atueyi!

You also seem to be close Dr (Mrs) Dere Josephine Awosika

Yes, she is a very dear colleague of mine, a tough-looking woman; hardworking in her right but she is a woman whose heart is full compassion and kindness, if you care to come close enough.

Dere served as the chief executive of the defunct National Programme on Immunisation (NPI) of the Federal Ministry of Health, under the former minister, Professor Eytayo Lambo. Dr Awosika conceived and initiated the outfit. She invited professionals from various health establishments. Dere has been so magnificent to our classmates and her contemporaries.

As the chieftain of the oral polio vaccine administration, she reached out to all the rank and file of the pharmacy practitioners who cared to call on her. She was friendly disposed to contemporaries and colleagues. Dere can be hard and demanding but then at the same time she is the type who shows care and concern. Open Dere's heart any day and what you find is an avalanche of honey and milk.

How did you come about Pharmacy as a course of study? Did you have any role models who guided you to make the choice? If you were not a pharmacist, what else would you have loved to become?

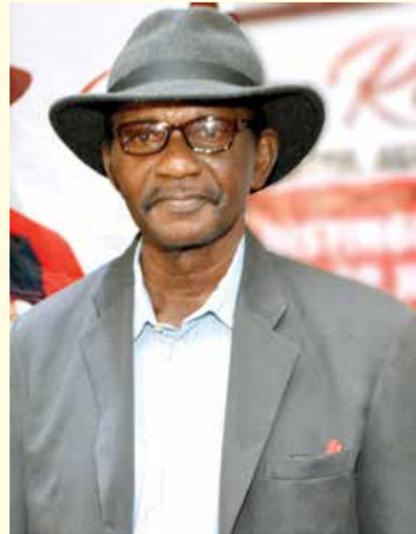
Well, there are two of us who took to the sciences in my family. My other brother studied Medicine at the University of Ibadan, while I studied Pharmacy at ABU. Our father in his final year at the secondary school (DMGS, Onitsha) was preparing for his Cambridge Exams and also the Entrance Exam to Yaba School of Medicine. Unfortunately, he had an accident and could not write any of the exams. He was left in an unfortunate and circumstantial state.

As a matter of fact, history has it that the tragedy of the misfortune was such that his only parent, the mother on hearing what happened to her only child, went to bed that evening and never woke up till this day. His two-year stay in the hospital was chaperoned by the younger sister to the mother, Mrs Sophia Thomas Birch-Freeman.

When Pa left hospital in 1941, he was introduced to one Mrs Rita Akaje Macaulay by a close friend

to Mrs Thomas Birch-Freeman, Mrs Amah Pepple. Increase Coker started as a pupil teacher under Mrs Akaje Macaulay at the Ladilak Institute, Yaba. Mrs Amah Pepple later became a galvanising force of encouragement to the young Increase Coker. His enrolment at the All Saints Church as a parishioner, his introduction to Dr Nnamdi Azikiwe, as a young newspaper reporter and editor, his marriage to a young Onitsha woman called Gladys (through the auspices of the Anglican Missionaries who brought Gladys to Lagos from Kano) were all supervised by Mrs Amah Pepple, Mrs Birch-Freeman and some Sierra-Leonian women within the precincts of Yaba South.

Papa was very determined that since he couldn't attend the Yaba School of Medicine, one of his children would definitely pick up the profession of Pharmacy. So, right from our childhood, my father had started drumming into our ears that



Prof. H.A. B. Coker

one of us would go to Yaba School of Pharmacy. Our education and exposure were in the realm of the sciences.

Pa also admired a couple of his

pharmacy friends. He was looking forward to one of his children becoming a pharmacist with a big shop in the neighbourhood attending to different kinds of patients and making money. Later in life, when the pharmacist opted to further his studies abroad and the doctor decided to run away to the US, my father became a dejected man. Apparently, he wanted a village pharmacist and a village doctor to be around him.

As a matter of fact, when Papa passed on, his will was read out. When we came to realise that papa left something for us, my brother and I were very happy that he did not disown us. Today, we keep praising God for giving us a very loving father.

Left alone I should have settled for the mathematical sciences because I flowed on easily in that realm. We were little bit afraid of not doing the bidding of our father. He always referred to us as stubborn people.

(To be continued)



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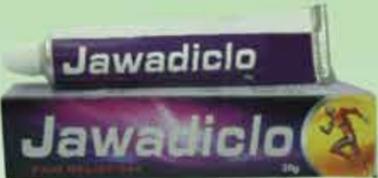


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Onya charges industrial pharmacists to lead in vaccine intervention, manufacturing

continued from back page

positioned to do so.

In his presentation titled, "The Role of Pharmacists in Vaccine Interventions", Onya said empirical evidence provided by existing literature on the role of pharmacists and pharmaceutical sciences in vaccine development and interventions, has proved that pharmacists have veritable roles to perform in vaccines and vaccination programmes as a public health tool.

According to the Anchor Healthcare CEO, vaccines represent fundamental public health intervention, aimed at counteracting and mitigating severe epidemiological and economic burden, generated by communicable disorders in terms of outcome, behaviour-related productivity gains, and community externalities in developed settings, as well as in developing countries.

He added that vaccines offer both direct and indirect protection (herd immunity) against infectious disorders, especially in populations that are yet to undergo epidemiological transition.

According to him, the emerging evidence during COVID-19 global vaccination programme has put to rest the argument on the role of pharmacists in vaccine intervention, noting that pharmacists are driven by their training in vaccine research and development, manufacturing, distribution, storage, community-



L-R: PSN National Secretary, PSN, Pharm. Gbenga Falabi; MD/CEO, Biofem Group, Pharm. Femi Soremekun presenting an award to the Chief Executive Officer, Anchor Healthcare Limited, Dr Steve Onya, as NAIP chairman, Ken Onuegbu and chairman, PWDAN, Pharm. Ernest Okafor look in admiration, during one of the plenary sessions of the Annual Conference of NAIP in Lagos recently.

based participatory research, and pharmacovigilance activities.

Onya, who is the former managing director and chief executive officer of Chi Pharmaceutical Limited, emphasised that extant, peer-reviewed, scholarly articles on the role of pharmacists in vaccines, biologicals and biosimilar design, manufacturing,

distribution, administration, and pharmacovigilance, also reinforce the fact that pharmacists, especially industrial pharmacists, should lead vaccine intervention and manufacturing.

He expressed optimism that industrial pharmacists in Nigeria have what it takes to lead vaccine intervention and manufacturing, stressing that pharmacists are

experts in vaccine designs, research and development, manufacturing, and quality assurance and control.

He added adding that pharmacists are also immunizers, vaccine distributors, educators, facilitators and administrators.

"Pharmacists are experts in promotion of health literacy related

continued on page 56

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Sales management effectiveness (5)

(Selling process and communication)

The central theme of our last analysis here is that the communication view of the selling process is a much richer and comprehensive view of salesmanship and that personal selling is an oral presentation in conversation (by the salesperson) with one or more prospects for the purpose of making sales. We listed the following selling steps:

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

We ended by stating that a good detailing presentation must:

- (i) be complete
- (ii) be clear, and leave no vagueness in the prospect's mind
- (iii) remove competition from the picture
- (iv) win confidence of prospect to prescribe, to recommend and to buy.

The salesman uses the sales talk, testimonials, guarantees, reference to KOL and other means of creating confidence, as well as a demonstration of the product, if possible, to achieve these objectives.

The problem-solving approach should be adopted by the salesman. The product offered on sale must offer adequate solutions to the buyer's needs, difficulties and specific problems. Also, objections should be regarded as a cue that your sales presentation is not yet convincing enough and so not yet complete.

Two major and crucial events that come up in detailing are:

Objection: This can be described as any obstacle in the way of achieving the very objective of the sales call. At any stage during the sales interview, the salesman may be confronted by an objection. Prospects will always try to resist sale by raising arguments for not buying the product. Objections can be around efficacy, packaging, side-effect, price, availability, etc. Unless the objection is satisfactorily answered, the sale cannot take place.

A prospect who raises objections is easier to satisfy than a prospect who does not show any interest in the proposition. The clever salesman will always welcome all objections, interpret the objections correctly, and remove them tactfully, without arguing with the customer. He may sometimes even anticipate

an objection and forestall it.

Close: The close is the act of actually getting the prospect's commitment to buy or prescribe or to try your sample, etc. It is the culmination of the efforts so far made by the salesman, and is, therefore, the climax of the entire sales process. A salesman who cannot close the sale cannot in the real sense be called a successful salesman. It is very important for the salesman to be alert and find out the right moment at which to close the sale.

The salesman must watch for every sign which may indicate that the prospect is willing to buy, and apply the close with any of the many closing techniques. He must also remember that the initiative must come from him. A sale is never complete until the product is finally in the hands of a satisfied user. The salesman alone can assure such completion of sale.

Step 5: The Follow-Up (Post-Sale Contacts):

Moving the customer to the action stage (the purchase decision) does not complete the salesman's task. He must write the order, arrange for dispatch and delivery of the product, agree payment terms and timing, reassure the buyer on the wisdom of his decision, and minimise his dissatisfaction, if any.

The salesman should contact the customer frequently to maintain his goodwill and smoothen over any post-purchase problems. The follow up is a good source of feedback to the salesman.

Personal selling/ presentation notes:

A sale is made, not in the mind of the salesman, nor over the counter, but in the mind of the buyer. Let the buyer decide to purchase not because you want him to do so but because he himself is motivated (set into motion) to buy your product because it is going to solve his problem and satisfy his wants.

The salesman must develop the faculty of empathy i.e., mind or thought reading of the customers. This will provide him with accurate information of his (buyer's) motives, feelings, emotions, attitude etc. Buying motives enable the salesman to know why a person buys his products.

A knowledge of various types of customers, their attitudes and/behaviour and ability to recognise and handle the different types of customers is a basic requirement for success in selling.

Personal selling success tips:

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The solution must be adequate and it must create a pleasant feeling in the buyer's mind. The problem-solving approach should be adopted by the MSR in the sales presentation.

The product or service and the brand must be considered adequate by the buyer. The buyer must experience a (pleasant) feeling of anticipated satisfaction when thinking of the product or service and the brand.

The salesman is called first to emphasise the need for the product or service by showing the doctor the product's features and the concomitant "bundle of benefits" he or his patient stands to enjoy by recommending the product. Then he has to indicate that the product is adequate in solving the buyer's problem.

If the prospect knows the problem or need and is also aware of the product which can satisfy his need, the salesman will have to emphasize the brand

name and convince the buyer that his brand is the solution to the problem.

If the prospect recognises quite well his need, solution to his problem and also your brand name, the only points to be stressed are conviction and purchase. When a salesman presents against a rival brand to a customer, he shall give more emphasis on the adequacy of his brand and the benefits it is capable of creating.

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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Onya charges industrial pharmacists to lead in vaccine intervention, manufacturing

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to vaccination as a public health tool; they support the removal of barriers to access to healthcare settings, offering immunisation services. They are also seen as chief protagonists to reduce vaccine hesitancy across populations," he said.

Onya further pointed out that an international network of pharmacy practice researchers, with a strong interest and commitment toward pharmacist-led immunizations, at a recent meeting held at the University of Waterloo, Waterloo (Canada), have demonstrated clearly that pharmacists in community practice, hospitals, academia, research and development, and the industry play a veritable role in ensuring effective and efficient vaccine interventions, irrespective of the epidemiological evidence of people, place and time.

According to the expert, who is currently working in partnership with Active Pharmaceutical Ingredients for Africa (APIFA) and the European Investment Bank (EIB) to support the local manufacturing of Active Pharmaceutical Ingredients (APIs) in the sub-Saharan Africa, there

are about six roadmaps to vaccine interventions and manufacturing for pharmacists, with the first being vaccine platform development.

He noted that many vaccines stimulate a strong antibody response against viral surface proteins, leading to neutralisation and removal of circulating virus, adding that vaccine platform development will stimulate a strong, long-lasting antibody response.

He said, "In general, when designing a vaccine, molecules on the surface of the virus are used as the main antigens as they can be bound by antibodies. However, including internal viral proteins can help increase the immune response by activating Macrophages. Also, the durability and strength of the immune response is also influenced by the addition of Adjuvants.

"The first consideration in vaccine development is to answer the question of 'correlates of protection'. Correlates of protection are measurable immune responses that may indicate protection from the pathogen. These may be changes in immune cell populations or immune molecules such as cytokines or antibodies and can help researchers determine

whether an individual is likely to be immune to reinfection with the pathogen."

The second stage in the roadmap to vaccine manufacturing, according to Onya, is clinical trial, which he said comprises about four phases.

He noted that phase one is limited trials on animals to determine safety, and leads optimisation. Phase two, according to him, involves extensive studies in humans, in limited human population, to determine mainly dosage, efficacy and safety. Phase three, Onya said, involves large scale studies in healthy human population, to reconfirm safety and efficacy, while phase four, otherwise known as PMS, is for post-marketing surveillance (pharmacovigilance), including bridging studies.

The third stage in the roadmaps to vaccine intervention, according to Dr Steve Onya, is manufacturing, which mainly involves "fill and finish" activities, while following all the Good Manufacturing Practice (GMP) rules in manufacturing of biologicals, vaccines, and biosimilars.

Distribution and administration

are the fourth and fifth stages in the roadmap to vaccine intervention. Onya explained that these stages should be the exclusive prerogative of pharmacists.

"Pharmacists have expertise and regulatory knowledge on how best drugs and biologicals are stored, including the impact of temperature excursions of drugs during storage across the distribution value-chain", he said.

Pharmacovigilance, otherwise known as post-marketing surveillance, is the last stage in the roadmap to vaccine manufacturing. According to Onya, this stage is the most important stage as it monitors vaccine effectiveness and safety on the real world (marketplace). He disclosed that this stage is the right place to determine vaccine effectiveness, while the clinical trial phase determines vaccine efficiency.

Challenging industrial pharmacists to take the bull by the horn and start working on vaccine manufacturing, Onya assured that he is ready to work with them to achieve the goal.

Subsidise hepatitis treatment, reduce mortality, AHAPN urges govt

continued from back page



Chairman, Mushin LGA, Mr Olanrewaju Bamigboye (sitting) flanked by executives of Lagos AHAPN, during the free hepatitis screening.

Hepatitis Day, where over 200 residents were screened.

Speaking with *Pharmanews* in an exclusive interview during the programme, chairman of the association, Pharm. (Dr) Modupe Oyawole said that the exercise was meant to educate residents, as well as screen them to be aware of their status regarding the disease. She also seized the opportunity to seek government support for people with the condition, saying early detection and treatment are critical.

"Governments at all levels can work towards the provision of drugs for people that are already positive. Since anti-hepatitis are very expensive, governments should endeavour to subsidise them for easy access and affordability to the people. This will help a lot of

people to get treatments early enough before it gets complicated and result in death.

"They can also ensure that there are policies in place for the reduction of hepatitis in the country" she said.

The keynote speaker, Pharm. Ebiere Herbertson, who spoke on the theme of this year's celebration, "Bringing hepatitis care closer to you", described hepatitis as a silent killer, saying this was what informed AHAPN's decision to bring the free screening closer to the people at the grassroots level.

She defined hepatitis as an inflammation of the liver, listing the five main types of the hepatitis virus to include Hepatitis A, B, C, D and E.

She also explained that there are different means of transmitting the different types of hepatitis virus. According to her, while Hepatitis A is usually spread through contaminated food or water or by faecal matter, Hepatitis B can be transmitted through contact with the blood or body fluids of an infected person.

"Hepatitis C can also spread through infected blood such as sharing of infected needles/ mother-to-child transmission. It is also rarely spread via unprotected sex. Hepatitis D transmission occurs through broken skin, via injection, tattooing or through contact with the infected blood or blood products," she said.

Herbertson further disclosed that their mission was to reduce spread of the disease.

She said, "To mark this year's World Hepatitis Day, Lagos State AHAPN organised series of screening with the provision of testing kits for over 200 participants for Hepatitis B, C, and some other chronic diseases.

"This was to ensure that people are aware and conscious of the danger of hepatitis in the society and endeavour to get vaccinated to prevent it in the future."

Addressing participants earlier, the state chairman, Oyawole, enlightened them on the symptoms of hepatitis such as yellowish eyes, swollen tummy, fatigue, low blood level, saying that, at an advanced stage, some patients notice dark-coloured urine, among others.

She further emphasised that if the disease is not detected and treated early, it could lead to death.

She said, "If hepatitis is not properly diagnosed and treated accordingly, it could lead to death, as the liver is the major organ that is affected. I was told that three persons tested positive today, which shows that they wouldn't have known if we had not come here today."

Herbertson earlier mentioned other causes of the infection, saying liver inflammation could be caused by drug abuse, alcohol use, or certain medical conditions but mostly caused by viruses.

The hospital pharmacists also used the sensitisation campaign to pay a courtesy visit to the LGA Chairman, Mr Olanrewaju Bamigboye, in his office, to express their appreciation for his support and physical presence at the screening centre.

One of the participants at the screening, who identified himself as Mr Tajudeen and a petty trader, appreciated the kind gestures of Lagos-AHAPN in bringing free screening closer to them at the secretariat, saying some of them would not have known about hepatitis without the free screening.

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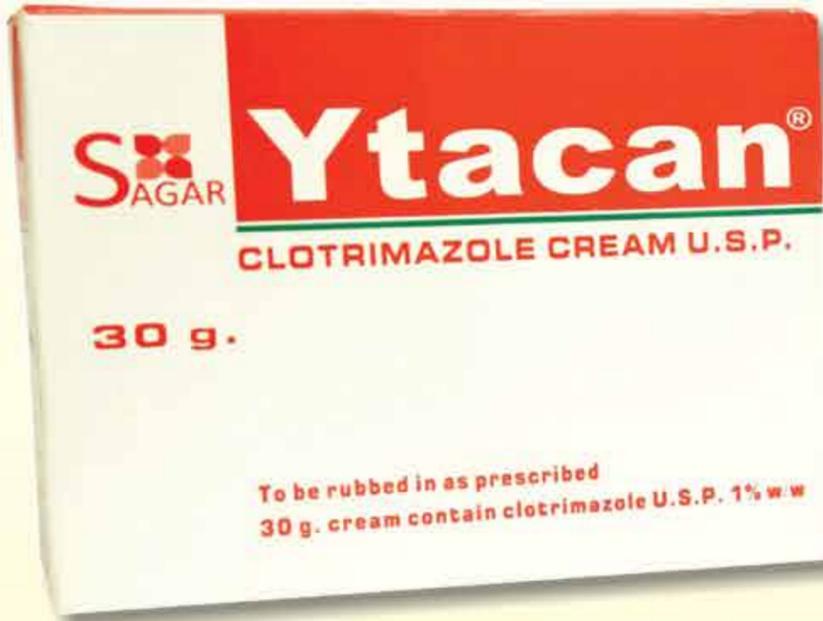


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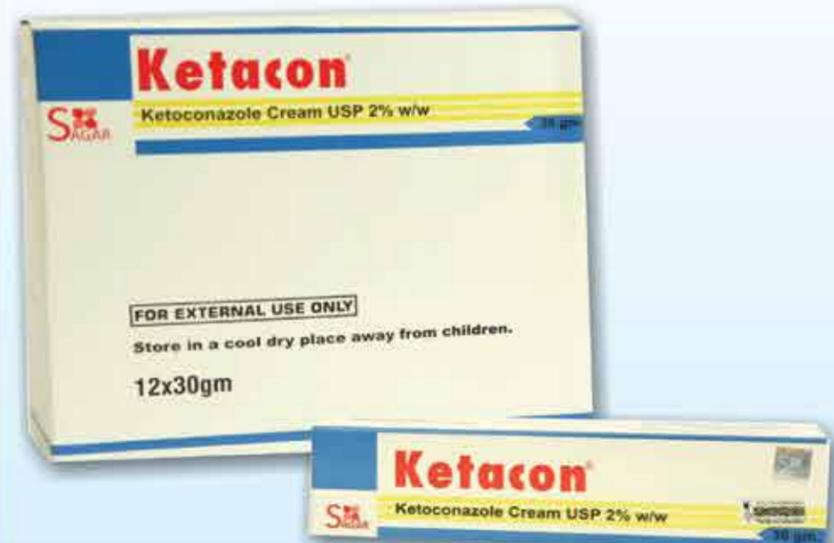
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Subsidise hepatitis treatment, reduce mortality, AHAPN urges govt

By Temitope Obayendo

Worried by the exorbitant cost of anti-hepatitis drugs, which is putting the health of many patients in jeopardy, the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN), Lagos State Chapter, has called on government at all levels to subsidise hepatitis treatment, as well as formulate policies towards reducing mortality rates of the disease.

The association maintained that such measures will go a long way in ensuring early treatment for patients, thereby reducing deaths arising from complicated cases of hepatitis. It also stressed the need for more awareness campaigns on the condition, as many people are still ignorant of their status on the disease.

AHAPN-Lagos made this statement during its free hepatitis screening and awareness campaign, conducted at the Mushin Local Government Area, in commemoration of 2022 World



President Muhammad Buhari (middle) and Sen. Chris Ngige, Minister of Labour and Employment, in a warm handshake with the Managing Director, Neimeth International Plc, Pharm. Mathew Azoji, after his conferment with the Productivity Order of Merit (NPOM) Award, in Abuja.

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Onya charges industrial pharmacists to lead in vaccine intervention, manufacturing

By Ranmilowo Ojalumo

The Chairman and Chief Executive Officer, Anchor Healthcare Limited, Dr Steve Nwachi Onya, has charged industrial pharmacists in Nigeria to take the lead in vaccine intervention and manufacturing, stressing that this is long overdue.

Onya made the call while speaking at one of the plenary sessions of the recent Annual National Conference

of the Association of Industrial Pharmacists of Nigeria (NAIP). Onya, who had played a key role in the development of vaccine supply chain strategy for the Nigerian Primary Healthcare Development Agency for COVID-19 vaccine intervention, challenged drug manufacturers in Nigeria, who are mostly NAIP members, to start making moves to manufacture vaccines, saying they are better

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