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PHARM. (MRS) MODUPE BAKARE

Pharm. (Mrs) Modupe Adefunke Bakare is the director of Pharmaceutical Services, and head of Pharmacy Department, General Hospital, Gbagada, Lagos State. She had her early education at Akoka Primary School, Akoka, Lagos; Lara Day Nursery and Primary School, Ikeja, Lagos; and Maryland Comprehensive Secondary School, Maryland, Lagos. She obtained her bachelor and master's degrees in Pharmacy from the University of Lagos, in 1990 and 2000 respectively.



Bakare is a highly resourceful professional and mentor, with a strong commitment to making a positive impact on pharmacists, the pharmacy profession, her environment, and the world at large. In line with this passion, she has contributed immensely to the development and advancement of hospital pharmacy practice in Lagos State, as well as the successful implementation of the Sustainable Drug Revolving Fund (SDRF) programme in the state.

Bakare has acquired several professional qualifications, including Fellowship of the West African Postgraduate College of Pharmacists (WAPCP): Certificate in Leadership and Management in Health, Department of Global Health, University of Washington; and Certificates in Supply Chain Fundamentals, Dynamics, and Analytics, Massachusetts Institute of Technology, Boston. She is also a certified supply chain analyst, as obtained from the International Supply Chain Education Alliance (ISCEA), USA.

She is a preceptor to residents of the West African Postgraduate College of Pharmacists (WAPCP), while also supervising and she supervises the project dissertations of students of the college.

Bakare has served as a resource person/facilitator at several capacity building programmes to improve the skills and competencies of pharmacists and other healthcare professionals. Her areas of expertise include pharmacotherapeutics, pharmacovigilance, pharmacoepidemiology, pharmacy practice and administration, communication skills, among others.

She has also attended numerous trainings, capacity building programmes and conferences, both locally and internationally.

She is a member of several professional bodies, including Pharmaceutical Society of Nigeria (PSN); Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN); Association of Lady Pharmacists (ALPs); and the International Federation of Pharmacists (FIP).

She has received several awards, in recognition of her outstanding contributions to Pharmacy. She is a Merit Award Winner (MAW, PSN Lagos State). She also won Award of Excellence (from PSN Lagos State), ALPs Merit Award (AMA), and Distinguished Service Award (from AHAPN), among others.

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Inspiration

"You can have unbelievable intelligence, you can have connections, you can have opportunities fall out of the sky. But in the end, hard work is the true, enduring characteristic of successful people." — **Marsha Evans**

As long as you keep going, you'll keep getting better. And as you get better, you gain more confidence. That alone is success. — **Tamara Taylor**

Have a dream. Have a passion. Know that there's no such thing as an overnight success. — **Christiane Amanpour**

Start where you are. Use what you have. Do what you can. — **Arthur Ashe**

No one succeeds without effort... Those who succeed owe their success to perseverance. — **Ramana Maharshi**

There is never just one thing that leads to success for anyone. I feel it is always a combination of passion, dedication, hard work, and being in the right place at the right time. — **Lauren Conrad**

One of the lessons that I grew up with was to always stay true to yourself and never let what somebody else says distract you from your goals. — **Michelle Obama**

Always work hard and have fun in what you do because I think that's when you're more successful. You have to choose to do it. — **Simone Biles**

The most important thing in life is to stop saying 'I wish' and start saying 'I will'. Consider nothing impossible then treat possibilities as probabilities. — **Charles Dickens**

Stemming the tide of diabetes through education

The recently commemorated World Diabetes Day (WDD) 2022 has again presented governments, policymakers and other stakeholders in the Nigerian healthcare sector with compelling reasons to scale up efforts in reducing the burden of diabetes in the country. Established in 1991 by the International Diabetes Federation (IDF) in collaboration with the World Health (WHO), WDD is an annual event marked every 14 November to raise awareness about the escalating health threat posed by diabetes.

With the theme of this year's edition being "Access to Diabetes Education", there is need for deliberate and strategic actions towards preventing the escalation of the silent-killer, through knowledge sharing and information dissemination by stakeholders. This has become even more imperative, as the IDF has disclosed that three in four adults in low- and middle-income countries are living with diabetes. Worse still, one in two adults living with the condition is undiagnosed, while the condition accounts for 6.7 million deaths worldwide.

Even more disturbing is that children are not spared from the onslaught of diabetes. Globally, an estimated 1.2 million children and adolescents (0-19 years) are living with Type 1 diabetes, while one in six live births is affected by diabetes during pregnancy.

The situation in Nigeria

is particularly worrisome. While joining in this year's WDD commemoration, the Endocrinology and Metabolism Society of Nigeria (EMSON) declared that over 10 million Nigerians are living with the disease, adding that the number is expected to double by 2030, if nothing is done urgently. President of the Society and Consultant Endocrinologist/Physician at Lagos University Teaching Hospital (LUTH), Idi-Araba, Prof. Olufemi Fasanmade, affirmed that there is an escalation in the rate of diabetes mellitus in Nigeria, warning that the condition kills more than "COVID-19, tuberculosis, HIV/AIDS and cancer put together".

According to Fasanmade: "In the 1960s to 1970s, diabetes was found in only 0.5-1 per cent of adults in Nigeria. In the 1980s to 1990s, the figures rose to 1.4-2.2 per cent of adults. Currently, there is about 5.7 per cent of adults affected with diabetes and 10 to 15 per cent with pre-diabetes. In urban towns and cities in Nigeria, one in 10 adults has diabetes and we have just 90 to 100 million adults in Nigeria."

Interestingly, most of the factors fuelling this surge in diabetes cases in the country

are manmade and therefore preventable. Experts have identified unhealthy lifestyle and diet, as well as smoking and drinking as the culprits. This justifies the call for more public enlightenment on the disease - especially its causes, symptoms, preventive measures and lifestyle choices that can mitigate its destructive consequences on the human health. This is particularly necessary, considering the level of ignorance pervading many low and middle income countries where charlatans, especially traditional medicine practitioners, continue to sell all sorts of unverified products purporting to cure or manage diabetes.

Again, with diabetes being a major cause of blindness, kidney failure, heart attacks, stroke and lower limb amputation, the dearth of endocrinologists in the country calls for serious concern. According to EMSON, there are just about 150 practising endocrinologists in Nigeria, which is appalling for a population of over 200 million people. Additionally, the global economic recession, resulting in the highest inflation rate in the country, is a major challenge for diabetics to meet their regular

medication needs. The rising costs of test strips and drugs are increasingly becoming unaffordable to many.

In line with the clarion call by the IDF and WHO for better access to diabetes education, we urge government at all levels, as well as other stakeholders in healthcare, to intensify diabetes advocacy efforts, especially in the grassroots. Nigerians must be promptly and adequately enlightened on the causes of diabetes and the need for preventative lifestyle modifications. And for those already living with the condition, government can lessen their burden by subsidising their daily medical needs. Other stakeholders and charity organisations also can see this as an avenue to support the less-privileged.

Additionally, since diabetes is not a death sentence, it is imperative for government to strategise on closing the gap in the shortage of endocrinologists in the country. We believe that better remuneration and an improved working environment will not only stop the ongoing massive brain drain in the health sector but also attract more professionals.

Most importantly, to win the war against diabetes, prevention is better than cure. Therefore, individuals must be ready to play their roles in ensuring that they avoid the risk factors, especially wrong lifestyle choices.

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Clavulanate potassium equivalent to Clavulanic acid 125 mg

ENHANCIN 1000
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Clavulanate potassium equivalent to Clavulanic acid 125 mg

INDICATIONS*
ENHANCIN TABLET (amoxicillin/clavulanate potassium) is indicated in the treatment of infections caused by susceptible strains of the designated organisms in the conditions listed below:
Lower Respiratory Tract Infections-caused by β -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*.
Otitis Media-caused by β -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*.
Sinusitis-caused by β -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*.
Skin and Skin Structure Infections-caused by β -lactamase-producing strains of *Staphylococcus aureus*, *Escherichia coli* and *Klebsiella spp.*
Urinary Tract Infections-caused by β -lactamase-producing strains of *Escherichia coli*, *Klebsiella spp.* and *Enterobacter spp.*

PRECAUTIONS**
* General
While amoxicillin/clavulanate potassium possesses the characteristic low toxicity of the penicillin group of antibiotics, periodic assessment of organ system functions, including renal, hepatic and hematopoietic function, is advisable during prolonged therapy.
A high percentage of patients with mononucleosis who receive amoxicillin develop an erythematous skin rash. Thus, ampicillin class antibiotics should not be administered to patients with mononucleosis.
The possibility of superinfections with mycotic or bacterial pathogens should be kept in mind during therapy. If superinfections occur (usually involving *Pseudomonas* or *Candida*), the drug should be discontinued and/or appropriate therapy instituted.

DOSAGE AND ADMINISTRATION*
Adults: The usual adult dose is one ENHANCIN 625 (amoxicillin/clavulanate potassium) every 12 hours or one ENHANCIN 375 (amoxicillin/clavulanate potassium) every 8 hours. For more severe infections and infections of respiratory tract, the dose should be one ENHANCIN 1000 (amoxicillin/clavulanate potassium) every 12 hourly or one ENHANCIN 625 (amoxicillin/clavulanate potassium) every 8 hours.
Pediatric Patients: Pediatric patients weighing 40 kg or more should be dosed according to the adult recommendations.
Administration: ENHANCIN TABLETS (amoxicillin/clavulanate potassium) may be taken without regard to meals; however, absorption of clavulanate potassium is enhanced when amoxicillin and clavulanic acid are administered at the start of a meal.

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Your job is not your calling

By Sir Ifeanyi Atueyi

Your job, trade, occupation, career, profession or business is usually a commercial enterprise which provides goods and services. It is something you choose and are trained to do. It promises status, money and power. Many people choose professions like Medicine, Pharmacy, Engineering, Law and so on because of the prestige and the money they offer. This is also why some who are not talented in those professions dabble in them.

A vocation may be loosely defined as a calling. Vocation implies having a strong desire to spend your life doing a certain kind of work (a religious work, for example). The word "vocation" has the Latin roots of *vocare*, which means to call, and from *vox*, which means voice.

The calling is actually what God has created you to do. It is God's purpose for your life. Your calling may bring you some difficulties

and challenges, which may be opportunities God uses to shape you.

Since your calling is something you do for God, you should be asking yourself whether God has approved what you are doing. You may be a pastor, carpenter, teacher, singer, farmer, lawyer, medical doctor, taxi driver etc. What you do is not as important as for whom you do it and the purpose of doing it.

We have been given different talents according to our abilities to use them. The society cannot function if everyone is an engineer or a lawyer. We need professionals, as well as artisans. The crucial question is whether you are serving and pleasing God.

You choose your profession or career but you cannot choose your calling. Instead, you receive your calling. You discover it. It is your responsibility to know what God has planned for you. You must carefully listen to the still small voice. You are like clay in the hands of a potter. The potter wants to mould you to become a useful vessel. If you don't surrender your life to God and allow Him to mould you, you may be pursuing something you are neither called nor equipped to do.

Generally, when God calls you into a service, He equips you and provides what you need to succeed. Hebrews 13:11(NLT)

says, "May he equip you with all you need for doing his will. May he produce in you through the power of Jesus Christ every good thing that is pleasing to him." Also Philippians 2:13 (NLT) says, "For God is working in you, giving you the desire and the power to do what pleases him."

It is clear that many people are engaged in the wrong jobs, where their talents and gifts are not being fully or properly used. Such people do not excel in their careers. When there is downsizing in companies, they are the ones usually affected. They end up frustrated or miserable.

I agree with Mike Murdock, who said, "If you have chosen the right kind of work for your personality and calling, it will be the source of great delight for your entire lifetime."

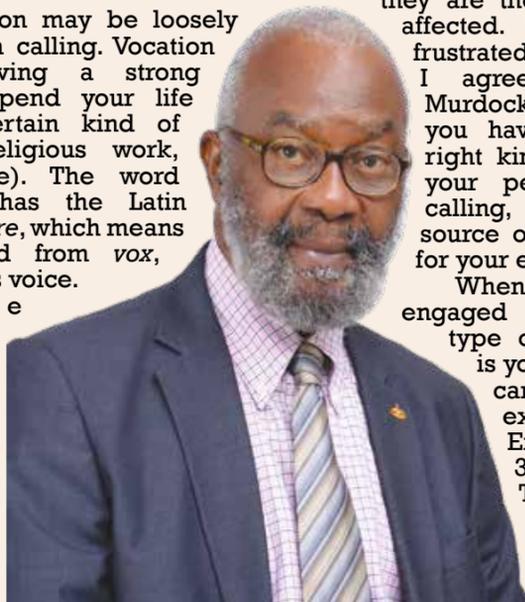
When you are engaged in the right type of work, which is your calling, God can make you extraordinary. In Exodus 35:30-35 when the Tabernacle was being built, God anointed two artisans - Bezalel and Aholiab - to

carry out special craftsmanship. He filled them with the Spirit of God, in wisdom and understanding, in knowledge and all manner of workmanship, to design artistic work in gold, silver and bronze. These artisans trained in their area of calling and made themselves ready for use by God. I believe that, in all fields of endeavour, God is looking for prepared vessels for special services.

As long as you develop your talents and gifts, your services will always be needed and nobody can take away your talent from you. You can be sacked from your job but never from your talent. Romans 11:29 (NKJV) says, "The gifts and the calling of God are irrevocable."

You can use your talent throughout your life but you can stop using your skill or training. That's when most people retire from their jobs. When you stop using your skill there will be atrophy. But the God-given talents and gifts remain for life, waiting to be fully deployed.

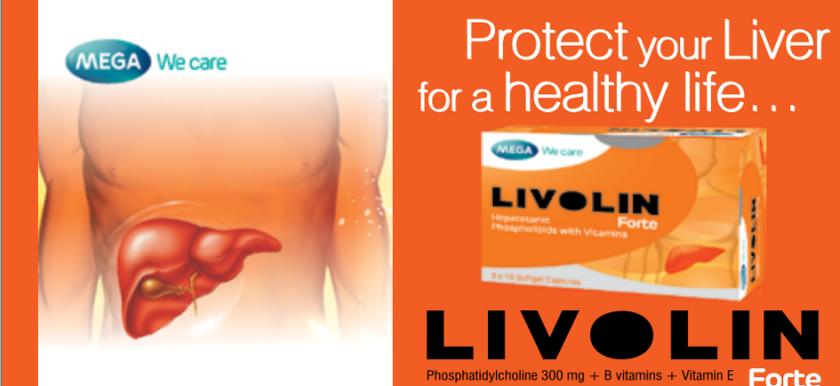
It is indeed your talents and gifts that will make you the person God wants you to be. Proverbs 18:16(NKJV) says, "A man's gift makes room for him, and brings him before great men." If then your education, skill and training are in the area of your gifts, you are on the right track.



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Power of negotiation (2)

By George O. Emetuche

Negotiate everything. – Mazi Sam I. Oluabunwa

Preparation and being in the right frame of mind remain a necessity in the art of negotiation. You should be in control of your emotions. You must prepare adequately. You should do your best to know a little bit of the other party. This helps you at the table. The more you know the other party, the easier it is for you to get a win-win deal with the party.

Developing competency in negotiation helps the individual. Folks fail in their endeavours because they lack basic skills in negotiation. Businesspeople fail in negotiation because of the following reasons:

Inadequate preparation. When you fail to prepare internally, or research about the other party, you may experience poor performance on the table.

Use of intimidating behaviour. This is when you think you are superior to the other party. Mutual respect is a necessity on the table.

Impatience. Patient is a virtue. Don't be in a hurry on the table. An impatient person is not the best negotiator.

Loss of temper. Negative emotions get a bad deal. Control your emotions.

Talking too much and listening too little. Talk less; talk only when necessary and listen more.

Arguing, instead of influencing. Unnecessary arguments may cause negative emotions.

When I teach the art of negotiation to entrepreneurs and professionals, I usually talk about relevant elements that get good deals on the table. As a businessperson, you need to know them. They are:

Issues: These are the things that are on the table and up for direct discussion.

Positions: These are negotiating parties' stands on those issues.

Interest. This is the underlying motivation of what people want. It is whatever you care about that is potentially at stake in the negotiation. Interest is what take you to the table.

Knowledge of these three elements helps you to arrive at a win-win deal. Successful negotiators focus on harmonising interests; average negotiators focus on positions. Your duty is to get a solution that shares both interests. You need to understand your interest. You also need to understand their interest. When you do this, the next stage is to find a solution that shares both interests, to arrive at a win-win deal.

In trying to arrive at a win-win deal, you need to find out what the other side wants, and what they really want. What they want is position. What they really want is interest. There's a difference between what they want and what they really want. You need to explore negotiation tactics to discover the hidden elements.

Let me give examples of "what they want" and "what they really want" questions. At the negotiating table, you could ask the other party: "What do you want in this deal?" The response could be: "We want the sum of five hundred million naira, and one hundred per cent payment within thirty days." This is what they want, which is

their position. But this term may not be okay for your team. So, your next question should be: "What do you really want in this deal?" Now, the other party will know that their first proposal for the transaction didn't go down well with you, hence the second question.

What do you really want? is a question that usually leads to a conclusion. When the question is asked, the other party will likely come up with a better term that will close the deal. Therefore, you may have something like: "We will take four hundred and ninety million naira and six weeks payment period." This will likely close the deal, if it is within your zone of possible agreement (ZOPA). Asking the right questions leads to a good deal.

As a sales professional or businessperson who desires to succeed, you must go the extra mile to improve your negotiation

skills. the art of negotiation is essential in business. Negotiate everything!

PRESS RELEASE

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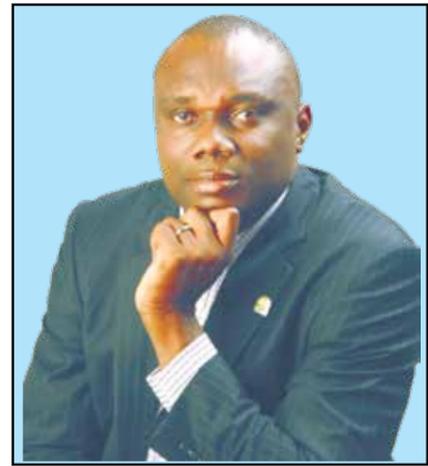
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Inquest

with
Patrick Iwelunmor

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Naturally, a woman's breasts play very significant roles in creation. Beyond producing and housing the milk that caters to the feeding and survival needs of infants and children, they also symbolise femininity and constitute a confidence-booster for the average woman.

Even older men are still attracted to the breasts of their spouses. As echoed in the biblical book of Proverbs 5:18-19, the fact that a woman's breasts remain one of the sources of satisfaction for her husband shows that God Himself had a special purpose for creating them and this purpose transcends the production of breast milk for her babies.

The sophistication of modern life has made many women to begin to find ways of altering the sizes of their breasts, as a response to what they term feelings of inadequacy or the desperate hunger for a better physique. The religious would readily

interpret this to mean that such women are not satisfied with God's creation and, so, are trying to reshape what He has endowed them with. Beauty enthusiasts, however, strongly disagree with this viewpoint.

There are many reasons women engage in what is universally known as breast augmentation. One is the need to look youthful, beautiful and fully feminine. Such women believe that the fuller the breast, the more beautiful and attractive they become to the opposite sex.

Another reason women augment their breasts is to restore firmness or volume, following months of breastfeeding their babies. This is usually the case with women who jealously and passionately guard their physical beauty. They do not want anything that would give them away as people depreciating in appearance. There are also those who undergo breast augmentation in order to correct flaws created by a previous surgery, while others

Breast augmentation: Beyond aesthetics and esteem

who have undergone mastectomy as part of their breast cancer therapy also embrace breast augmentation.

One thing that is glaring in all this is that women attach so much significance to their self-image, of which their breasts play a prominent part. However, despite the many good reasons women engage in breast augmentation, there are also risks involved. This is where cosmetic surgeons and others involved in the process must come open to their patients. Risks such as infection, rupture, capsular contracture, breast implant illness, and, in rare cases, cancer, are common.

For Dr Andy Wongworawat, a board-certified plastic surgeon and owner of Advanced Institute for Plastic Surgery, it is important that patients understand that breast augmentation is surgery and therefore prone to risks. "All surgeries, regardless of how common they seem, come with risks," he said.

Statistics however indicate that there is only about one per cent risk of complications due to breast implants, with the most common being pain in the breast, changes in

nipple and breast sensation, scar tissue formation, rupture and deflation. Dr Alexander Zuriarrain, a double board-certified plastic surgeon with Zuri Plastic Surgery, believes that warning guidelines on breast augmentation are very necessary in order to improve patient education, while taking cognizance of the risks associated with the process.

"All patients should understand the risks of breast implants to include additional surgeries, capsular contracture, implant rupture, and possible infection," he said, adding that it is important for all patients to discuss breast augmentation with a board-certified plastic surgeon who has extensive training in the field.

Essentially, women must draw the line between beauty-seeking and their health. It is not profitable to incur dire health consequences in the quest to alter the size or shape of one's breast. This is especially important, as the World Health Organisation and the US Food and Drug Administration have identified a connection between breast implants and a rare form of cancer called breast implant-associated anaplastic large cell lymphoma (BIA-ALCL).

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

Why you need nutritional supplements (3)

Hybrid grains, vegetables and fruits have increased in popularity. These hybrid seeds boast big, luscious products that are more resistant to diseases. The nutrient content of hybrids, however, is significantly less than that of their natural counterparts.

Farmers nowadays are more interested in quantity than quality. The driving force is now profit! The food industry is not left out. Special transportation and storage techniques makes it possible to have a wide variety of fruits and vegetables available in the shops and markets nationwide. The practice of "green harvesting" means picking fruits and vegetables before they are mature.

Shipping food over long distances requires cold storage and other preservation measures which allow for the depletion of vital nutrients. A lot of our foods are highly processed. For example, the refinement process of our flour from wheat to create white bread and pastries, removes more than 23 essential nutrients, magnesium being one of the most important.

Did you know?

- Fresh cut vegetables, salads and fruits lose more than 40 to 50 percent of their value, if they sit for more than three hours.
- The processing of our meats removes 50 to 70 per cent of Vitamin B6.
- Cold storage removes up to 50 per cent of vitamin C from tangerines and oranges.
- Storage of vegetables like asparagus for just one week can deplete 90 per cent of its Vitamin C.

The second level of how we prepare our foods is even more critical. Overcooking, delay in preparing fresh foods, freezing and refreezing foods are some of the reasons our foods lose nutritional value.

In Nigeria, our love for frying chicken, meats and fish, especially for party cooking, is legendary. Our love for heavy carbohydrates meals with very little or no vegetables and fruits is also very significant.

Recommended Daily Allowances (RDA) vs optimal levels

RDAs started in the early 1920s and 1930s as minimum requirements of ten essential nutrients that could help avoid acute deficiency diseases. Diseases like scurvy (deficiency of Vitamin C), rickets (deficiency of Vitamin D), and pellagra (deficiency of niacin). The occurrences of these diseases have effectively been eradicated!

RDAs have, since the early 1950s, been expanded to include the amounts of nutrients needed for normal growth and development.

Chronic degenerative diseases

Physicians are disease-oriented. They study disease. They look for disease and are medically trained to treat disease.

Physicians know about drugs and do not hesitate to prescribe them. It would make better sense however to maintain good health, rather than to try to regain it after it has been lost.

This is why awareness is being created for all to learn about how to prevent disease rather than pushing for "early detection" and cure. Emphasis should now be helping people understand the lifestyle changes that are necessary to actually protect their health.

Sadly, so many physicians still do not know or believe in nutritional supplements.

What causes degenerative diseases?

While physicians simply wait until patients develop diseases and then begin to treat with drugs developed by the pharmaceutical companies, it is instructive to note that God has equipped our bodies with the best

defence against developing chronic degenerative diseases.

Because of the respect people have for doctors, they erroneously assume they are experts on all health-related issues, including nutrition and vitamins. The harsh reality is that many people, physicians included, are currently suffering from chronic degenerative diseases!

Dr Kenneth Cooper, through his book, *The Antioxidant Revolution* (Thomas Nelson, 1994), explains a process called "oxidative stress". He indicates that this is the underlying cause of chronic degenerative diseases - the health problems plaguing humanity today!

While oxygen is essential for life itself, oxygen is also inherently dangerous to our existence. This is called the **oxygen paradox**. Scientific research has established, beyond any shadow of doubt, that **oxidative stress**, or cell damage by free radicals, is the root cause of more than 70 chronic degenerative diseases.

The same process that causes iron to rust or a cut apple or tuber of yam to turn brown is the underlying initiator of

diseases like coronary artery disease, cancer, strokes, arthritis, multiple sclerosis, Alzheimer's, dementia and macular degeneration.

Oxidative stress is behind the ageing process, in addition to an army of pollutants in our air, food and water.

Our stress-filled lifestyles also take a heavy toll, resulting in cell deterioration and, ultimately, disease.

In the concluding part of this article, we will examine and learn how the taking of high quality antioxidants, also called nutritional supplements, may help to combat and control the above-mentioned diseases, and others.

When you understand the tremendous damage that oxidative stress inflicts during normal daily life on the human body, you will realise how important it is to optimise your own natural defence systems!

Nutritional supplements do not treat diseases; they simply help to supply nutrients to the body at optimal levels that ensure excellent health.

This approach is called **cellular nutrition**.

(Continues next edition).



Mrs Chima Ejimofor is the lead partner of Infinite Health Consult, and is available for the purchase of Forever Living Nutritional Supplements, Health Talks and Wellness Seminars. She is based in Lagos, Nigeria. Telephone/WhatsApp: 07033179632, email: infinitehealthconsult@gmail.com

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(Medical News Today)

What your Doctor doesn't know about nutritional medicine may be killing you - Ray D. Strand MD.

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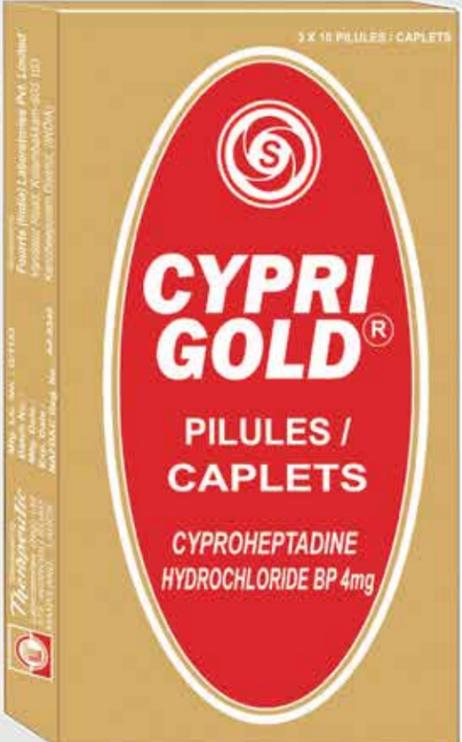
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Oladapo Ashiru: Global icon of fertility solutions

By Ola Aboderin

In early April 2022, Professor Oladapo Adenrele Ashiru was named secretary-general of the International Federation of Fertility Societies (IFFS). This followed an election that took place at the General Assembly of the World Fertility Congress, in Athens, Greece. The IFFS is the world body on fertility and a non-state organisation that has an official relationship with the World Health Organisation (WHO).

Ashiru is the first black person to assume such a prominent position in the 54-year history of the Federation, and to most people who had been following the trajectory of his illustrious career, it was a case of putting a perfectly round peg in a perfectly round hole. Indeed, having become the youngest ever professor of Medicine in Africa at the historic age of 32, it was obvious that the specialist in reproductive endocrinology and assisted reproductive technology (ART) was destined to be a global phenomenon.

To start with, it was Ashiru who pioneered the now popular technique of in-vitro fertilisation and embryo transfer (IVF-ET) in West Africa in 1983 (experimental) and 1984 (human). It was also he, who, in collaboration with Prof. Osato Giwa-Osagie, delivered the first IVF baby in Black Africa (comprising West, East and Central Africa), at the Lagos University Teaching Hospital (LUTH), on 17 March, 1989.

It is particularly noteworthy that, at the time Ashiru chose to blaze the trail in ART, such practice was considered a taboo in Nigeria, due to ignorance and religious sentiments. Consequently, many couples battling infertility had to wait endlessly for a "miracle", with many falling victim of the shenanigans of quack practitioners and dubious spiritual healers.

It was this sad reality, as well as the understanding that many cases of infertility are preventable and treatable, that spurred Ashiru to develop an uncommon passion for reproductive health as a young medical graduate. This passion sparked his research interest in assisted reproductive technology, and in 1979, he discovered and reported the follicle stimulating hormone (FSH) positive feedback mechanism.

This ground-breaking discovery has been instrumental in assisted conception technologies, especially in the use of exogenous FSH injection in ovulation stimulation. Most remarkably, following Ashiru's pioneering research efforts and the successful delivery of the first IVF baby in Nigeria, millions of previously infertile couples in the country

and other parts of Africa have continued to find succour and relief, with the successful delivery of their babies through ART.

Notable advances

The iconic professor continues to advance in his researches and contributions to reproductive health. He has improved his initial discoveries for sperm insemination, and most recently, introduced the use of pre-implantation genetic diagnosis (PGD) and embryo selection to remove abnormalities like Down's Syndrome, Sickle Cell and for family balancing. In all, he believes that there is no contradiction between assisted reproduction and his Christian faith.

According to him, "There is nothing that goes on in science which has not been permitted. If God does not want this to happen, it will not succeed. That knowledge to do it has been granted and has been permitted by the almighty God. When I go into the theatre every day, I pray before I transfer the embryo. The success rate in IVF is not guaranteed, so, you need heavenly blessings to go through it to succeed, apart from knowing your science."

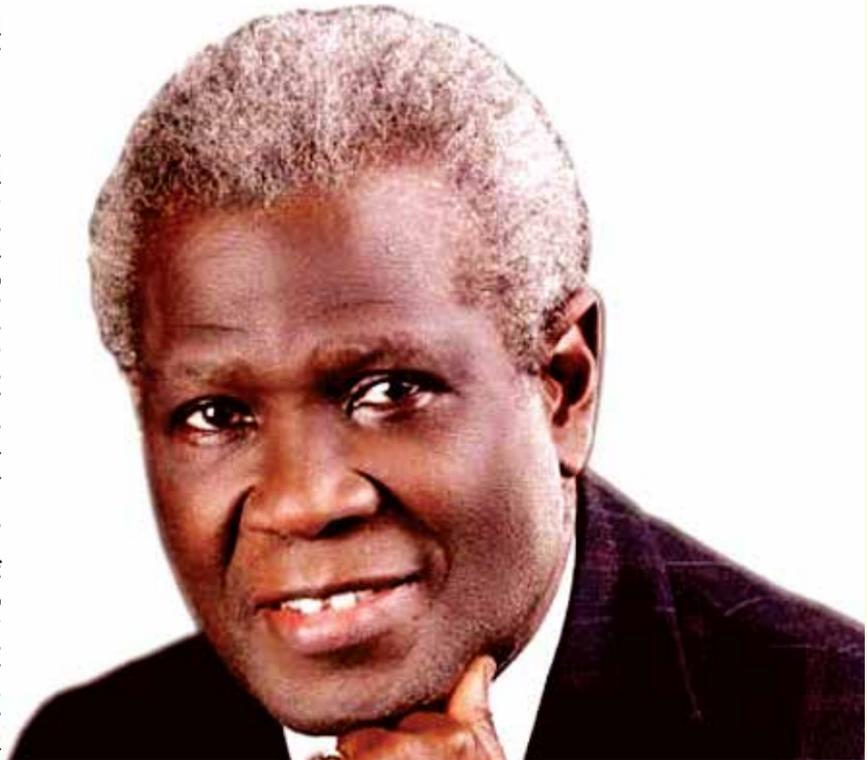
Prof. Ashiru is currently the chief medical director of the MART Group of Clinics, comprising the Medical Art Centre, the Mart Medicare (high risk obstetrics and neonatal care) and the Mart-Life Detox Clinic, the first modern Mayr clinic in Africa. He is also the CEO of the newly established Institute of Reproductive Medicine, Lagos.

His expertise as a reproductive endocrinologist has spanned over 40 years, and demonstrated in various parts of the world. He is thus one of the world's most eminent specialists in the field of fertility treatment.

Journey to impact

Prof. Ashiru was born on 3 November, 1950, in Ijebu-Ode, Ogun State. His mother was one of the first nursing sisters in Western Nigeria and his father was an inspector of taxes. He attended Christ Church School, Ijebu-Ode, before proceeding to Adeola Odutola College, in same Ijebu Ode. He graduated with the award for the overall best performing student.

Soon after, in 1969, he gained admission to the College of Medicine, University of Lagos. He proved to be such an exceptional student that by the time he got to 200 Level, the college had arranged for him to become a student demonstrator in Anatomy. He graduated in 1974, and thereafter proceeded for his residency training.



Prof. Oladapo Ashiru

It was around this time that he began to develop interest in assisted reproduction. According to him, "I learnt every single rotation that I needed to learn. But during this period also, I had worked in the Community Health Department. I also had a mother who had a maternity centre, helping people to conceive. That was where I started developing an interest in reproductive medicine."

In 1977, Ashiru proceeded, on invitation, to the University of Nebraska, Omaha, where he obtained a PhD in Cell Biology and Anatomy and Endocrinology, in 1979. During this time he worked together with Prof. Charles Blake to know the mechanisms that control ovulation. Before the completion of the programme, he had perfected the technique and consequently made an assistant professor and reproductive endocrinologist at the Department of Obstetrics and Gynaecology.

Service to fatherland

Despite appeals to remain at the University of Nebraska, Ashiru returned to Nigeria in 1980 to help with the teaching of Anatomy at the College of Medicine, University of Lagos. This was at a time when anatomy professors at the college were being recruited from overseas. He also helped to start postgraduate training in Anatomy at the college. It was in recognition of his efforts and scholarly contributions that he was made professor in October 1983. (His years of teaching, as a student demonstrator, were also put into consideration).

In 1994, Ashiru opened the popular, Medical Art Centre, Lagos, with the mission to ensure that each couple in Nigeria is able to access the latest cutting-edge technology available in other parts of the world for Assisted Reproduction. According to him, "We place premium on compassion, professionalism, clinical research work and the long-term happiness of every hopeful couple that approaches us, while being mindful of the financial implications of ART all over the

world."

Between 1995 and 2010, while still serving as the chief medical director of Medical Art Centre, Ashiru also served as adjunct Professor and IVF lab director at the University of Illinois College of Medicine, Urbana-Champaign. In 2013, he incorporated the Mart Medicare Children Hospital, which provides top-notch care for pregnant women and new-born babies. The Mart-Life Detox Clinic was incorporated shortly after. He ultimately assumed chairmanship of the MART Group in November 2021.

In addition to his outstanding contributions as a medical practitioner, Ashiru has also published over 140 scientific papers and abstracts in peer-reviewed national and international journals.

Recognitions and awards

Prof. Ashiru has been variously recognised for his accomplishments in Medicine and pioneering works in reproductive health, in particular. Aside from being a prominent member of the Executive Council of the International Federation of Fertility Societies, he is also a member of the International Federation of Association of Anatomists and a member of WHO Expert Committee on Infertility. He is the present president of the Academy of Medicine Specialties of Nigeria, as well as that of the Africa Reproductive Care Society.

In 2005, the Federal Government of Nigeria honoured Ashiru with the Officer of the Order of the Federal Republic of Nigeria (OFR) award. In 2011, the College of Medicine, University of Lagos, honoured him with the Distinguished Professor Award, for immense contributions and meritorious service to the college and the University of Lagos. Also, in 2017, he was given the African Child Prize Award for Discovery in Science and Innovation, by the African Child Foundation. He has received many more recognitions and awards.

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Parenting the “write” way

By Dipo MacJob (Dr Write)



What if we had a toolkit or skill set that could enable caregivers, teachers or parents to profile a child's personality or character traits or certain behavioural propensities well ahead of time? What if we could understand our children by leveraging other tools that are not the regular types used in this clime?

Are you aware that the

scribbles, drawings or writings of a child or teenager can reveal so much about the child to the caregiver, teacher or parent without them saying a word?

The year 2022 means different things to different people but I am sure that no one desires to remain at the same spot as 2023 beckons. There are things we need to do better and one of such is how to parent the “write” way.

Don't miss the next couple of editions where I shall be discussing secrets on how to parent the “write” way with us. May I also seize this opportunity to wish you a Merry Christmas and a glorious 2023.

Till I come your way next time, always remember, “If you



must get it right, you must do it the WRITE way”



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

Humans are very complex beings. There will never come a time when the need to explore a bit more into the complexities of mankind will not be a topic at the front burner in some climes around the world. Let's face it, there is always a desire by man to know more about his uniqueness.

When you look at different bodies of knowledge such as Psychology, Sociology, Philosophy, Personology, etc., one thing seems to be a common denominator - they all are trying to unravel the mystery behind human behaviour. The good thing is that Graphology also finds relevance here. It's all about understanding humans the 'write' way.

For those who are regular readers of this column, I am quite sure by now that the word graphology is no longer strange to you. Globally, graphology is still about the fastest way to evaluate someone's personality, provided access to the handwriting sample can be guaranteed.

For most parents, the personal growth and development of their children is of utmost priority, but many of these parents tend to prioritise the academic performance of the children over their mental health. A lot of times, many of these children, given their background or family upbringing, do not feel confident speaking out without fears of being shut down the way their mum or dad has always done it. So they simply have grown up, not really knowing what good looks like.

Some of the crises and youthful delinquencies we see around us both locally and globally began with what looked like character flaws which were ignored. Better still, some of these flaws were not even recognised as flaws because of a fundamental knowledge gap of the kind of red flags to look out for.



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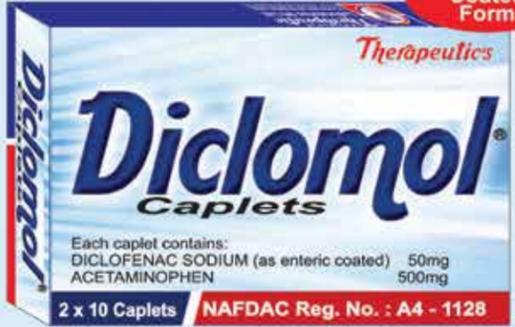
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Trends in management of HIV/AIDS and STDs

The Human Immunodeficiency Virus (HIV) is a virus that attacks cells that help the body to fight infections, thereby making a person vulnerable to other infections and diseases. As a matter of fact, HIV/AIDS is one of the deadly Sexually Transmitted Diseases (STDs).

According to the US Department of Health & Human Services, HIV is spread by contact with certain bodily fluids of a person with the virus. Such bodily fluids include blood, semen, vaginal and rectal fluids and breast milk. However, vaginal or anal sex is considered the most common route of transmission. Sharing of needles, syringes, and other items for injection drug use; sharing tattoo equipment without sterilising between uses; during pregnancy, labour, or delivery from a woman to her baby are other means through which HIV is spread.

It is pertinent to note, however, that HIV does not spread through skin-to-skin contact, hugging, shaking hands, kissing, air or water, sharing food or drinks, drinking from fountains, tears, sweat (unless mixed with the blood of a person with HIV), sharing a toilet, towels,

or bedding, mosquitoes or other insects.

HIV/AIDS is a lifelong condition and currently has no cure, though many scientists are working to find one. However, with medical care, including treatment called antiretroviral therapy, it is possible to manage HIV and live with the virus for many years.

According to the World Health Organisation (WHO), HIV attacks the body's immune system, specifically the white blood cells called CD4 cells. HIV destroys these CD4 cells, weakening a person's immunity against other infections, such as tuberculosis and fungal infections, severe bacterial infections and some cancers.

CD4 is a glycoprotein that serves as a co-receptor for the T-cell receptor. It is found on the surface of immune cells such as T helper cells, monocytes, macrophages, and dendritic cells. It is a count of cells (expressed as cells per cubic millimetre of blood). Sometimes CD4 results are expressed as a percent of total lymphocytes (CD4 percent) and a normal CD4 count in human body ranges from 500–1,200 cells/mm³ in adults and teens. If a person's CD4 cell count falls below 200, their immunity is severely

compromised, leaving them more susceptible to infections.

Global and local figures

Statistics from WHO has shown that about 38 million people in the world were living with HIV at the end of 2019 and 67 per cent of all people living with HIV had access to antiretroviral therapy at the end of 2019. WHO records have also shown that 7.1 million people living with HIV did not know that they had the infection.

As of March, 2019, the national HIV prevalence in Nigeria, according to WHO statistics, was 1.4 per cent among adults aged 15–49 years. Previous estimates had indicated a national HIV prevalence of 2.8 per cent. UNAIDS and the National Agency for the Control of AIDS estimate that there are 1.9 million people living with HIV in Nigeria. While Nigeria's national HIV prevalence is 1.4 per cent among adults aged 15–49 years, women aged 15–49 years are more than twice as likely to be living with HIV as men (1.9 per cent versus 0.9 per cent.).

WHO also noted that the difference in HIV prevalence between women and men is greater among younger adults, with young women aged 20–24 years more than three times as likely to be living with HIV as young men in the same age group. Among children aged 0–14 years, HIV prevalence according to the new data is 0.2 per cent.

It was on this basis that the WHO recommended that every person who may be at the risk of HIV should access testing. WHO also said those diagnosed with HIV should be offered and linked to antiretroviral treatment as soon as possible, following diagnosis. This is largely because if taken seriously, the treatment will prevent HIV transmission to others.

Origin and causes of HIV

HIV is a variation of a virus that infects African chimpanzees, several documents have revealed. Scientists suspected that the simian immunodeficiency virus (SIV) jumped from chimps to humans when people consumed infected chimpanzee meat. The same scientists then conducted more research into how SIV could have developed in the chimps. They discovered that the chimps had hunted and eaten two smaller species of monkeys (red-capped mangabeys and greater spotted-nosed monkeys). These smaller monkeys infected the chimps with two different strains of SIV. Once inside the human population, the virus mutated into what we now know as HIV. This likely occurred as long ago as the 1920s.

Expert says that HIV spread from person to person throughout Africa over the course of several decades and eventually migrated to other parts of the world. Studies of some of the earliest known samples of HIV provided clues about when it first appeared in humans and how it evolved. Findings have also shown that HIV was first discovered in a human blood sample in 1959. The first verified case of HIV is from a blood sample taken in 1959 from a man living in Kinshasa in the Democratic Republic of Congo. The sample was retrospectively analysed and HIV was detected.

Diagnosis for HIV

Several different tests can be used to diagnose HIV but healthcare providers determine which test is best for each person. These tests look for antibodies to the virus that are present in the blood of infected individuals.

Physicians have posited that it can take from six weeks to six

continued on page 13

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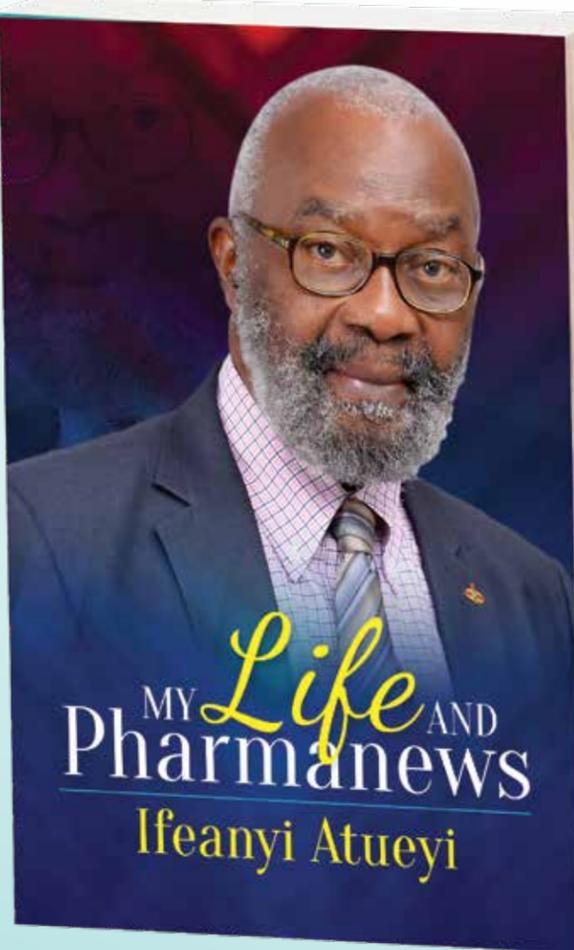
A JEWEL IN A DUEL (5)

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

Just about two weeks before the war ended, Joan completed her tenure in Gabon and returned to Biafra. On landing at Uli airport (which was constructed during the war) she could not locate her family, as they had deserted their village. Consequently, she used my correspondence address to locate me in the military hospital at Mbanjo. The soldiers at the gate, of course, all knew the bearded pharmacist and Joan was able to easily locate me.

With the war ended, everyone started to return to their homes. Those whose communities had been destroyed tried to locate their relations taking refuge in various places. By this time, we all had quickly removed and discarded our military wears and other items that could be used to identify us as having been part of the "rebels", as Biafran soldiers were then called.

I called the reunion of Joan and I this time around a dramatic one because it took a bit of drama to keep her safe as we trekked back to Okija. We spent the first night with an unknown family at Mbanjo and then the second night with another family at Ihioma. Nigerian soldiers took over the entire area and had a field day mocking, harassing and



molesting people. They took advantage of the atmosphere of defeat that pervaded the region to dispossess people of their vehicles and other belongings. They also took as many young

she attracted the sympathy of others and even the soldiers. There was no incident of harassment towards her throughout the journey. My

women as they could for themselves – many of whom were never heard of again. Consequently, trekking became very dangerous.

Being a beautiful young woman, we knew that Joan wouldn't escape the leering eyes of the marauding soldiers; so she had to disguise as a heavily pregnant woman to deceive them. This strategy worked. As a heavily pregnant woman carrying her load on her head and trekking home,

case, on the other hand was a bit different, as I almost fell victim.

One of the few belongings I was able to hurriedly pack while leaving Mbanjo was my dark grey suit, sewn by the famous Fagbohun Tailors in 1961, in Ibadan. That was the suit I was planning to use for our wedding. At one of the checkpoints, one of the soldiers, while ransacking my box, saw the suit and decided to take the pair of trousers. I instinctively tried to prevent him. The soldier became enraged and was about to deal with me when a relation of mine, who was an officer in the army, Amaechi Onyejiaka, suddenly appeared on the scene. He asked me what the matter was and I explained to him. He spoke in Hausa and persuaded the soldier to release the clothing to me and that was how I was able to have my trousers back.

I believe God sent Onyejiaka to save us that afternoon. Thus, we continued our journey until we got to Okija safely the second day. Of course, it was a celebration and thanksgiving whenever one returned home because more than three million people lost their lives during that war.

Continues next edition

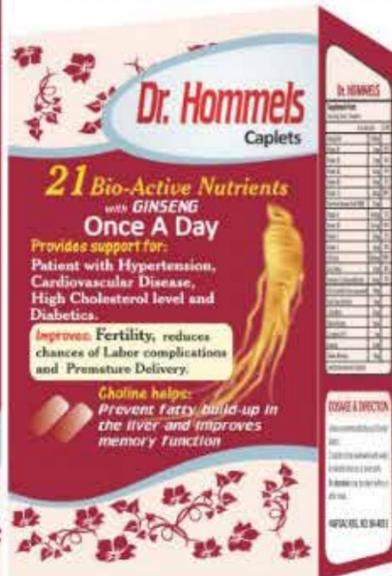
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Trends in management of HIV/AIDS and STDs

continued from page 11

months to develop antibodies to the virus, but early testing can also alert one to avoid high-risk behaviour that could spread the virus to others. The forms of tests for diagnosing HIV may include the following.

ELISA test: ELISA stands for Enzyme-Linked Immunosorbent Assay. If an ELISA test is positive, the Western blot test is usually administered to confirm the diagnosis. If an ELISA test is negative, but a patient thinks they have HIV, they should be tested again in one to three months. ELISA is quite sensitive in chronic HIV infection, but because antibodies are not produced immediately upon infection, a person may test negative during a window of a few weeks to a few months after being infected. Even though a test result may be negative during this window, a patient may have a high level of the virus and be at risk of transmitting infection.

Western Blot: Western Blot test is a very sensitive blood test used to confirm a positive ELISA test result.

HIV self-testing: The WHO launched new guidelines on HIV self-testing and assisted partner notification in 2016, to reinvigorate the global HIV response. The new guidelines focus on people using oral fluid or blood-based finger-prick self-tests to discover their status in a private and convenient setting. Results are typically ready within 10-20 minutes. Those with reactive self-test results are advised to seek confirmatory tests at health clinics. WHO recommends that these people receive pre-test information and links to post-test counselling, as well as rapid referral to prevention, treatment and care services.

Viral load test: Viral load test measures the amount of HIV in your blood. Generally, it's used to monitor treatment progress or detect early HIV infection. Three technologies measure HIV viral load in the blood — reverse transcription polymerase chain reaction (RT-PCR), branched DNA (bDNA) and nucleic acid sequence-based amplification assay (NASBA). The basic principles of these tests are similar. HIV is detected using DNA sequences that bind specifically to those in the virus. It is important to note that results may vary between tests.

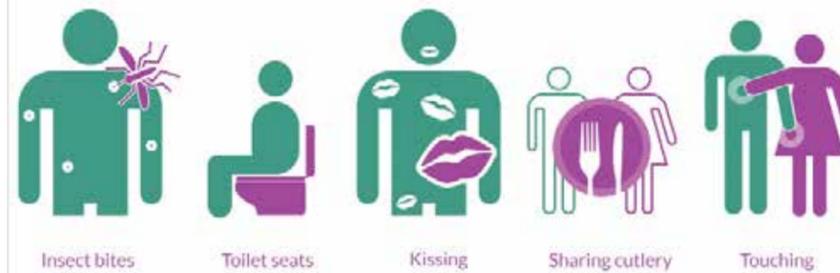
Saliva test: Here, a cotton pad is used to obtain saliva from the inside of your the cheek. The pad is placed in a vial and submitted to a laboratory for testing. Results are available in three days. Positive results should be confirmed with a blood test.

Prevention of HIV

According to the US Centres for Disease Control (CDC), more tools than ever are available today to prevent HIV. "You can use strategies such as abstinence (not having sex), never sharing needles, and using condoms the right way every time you have sex. You may also be able to take advantage of HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). If you have HIV, there are many actions you can take to prevent transmitting HIV to others," the Centre said.

Also, effective antiretroviral treatment (ART) prevents HIV transmission from mother to child during pregnancy, delivery and breastfeeding. Someone who is on antiretroviral therapy and virally suppressed will not pass HIV to their sexual partners. In the same vein, condoms prevent HIV and other sexually transmitted infections, and prophylaxis use

HIV IS NOT TRANSMITTED BY...



antiretroviral medicines to prevent HIV. Harm reduction (needle syringe programmes and opioid substitution therapy) prevents HIV and other blood-borne infections for people who inject drugs.

Another way to prevent getting HIV is pre-exposure prophylaxis (PrEP). A combination of HIV drugs taken before potential exposure to HIV, PrEP can lower the risk of

contracting or spreading HIV when taken consistently.

Treatment for HIV

Usually, HIV is treated with antiretroviral therapy consisting of one or more medicines. ART does not cure HIV but reduces its replication in the blood, thereby reducing the viral load to an undetectable level. ART enables

people living with HIV to lead healthy, productive lives. It also works as an effective prevention, reducing the risk of onward transmission by 96 per cent.

For optimum result, physicians say ART should be taken every day. Meanwhile, ART is not the only treatment option for HIV, hence in cases when ART becomes ineffective, a patient will need to switch to other medicines to protect their health. But without treatment, the number of CD4 cells in a patient will drop, which will likely to make him or her get other infections. It has also been established that most people do not have symptoms they can see or feel at an early stage of HIV/AIDS. This means that a patient may not realise that he has been infected and can therefore pass the virus on to others.

Medications

According to the US Department of Health and Human Services (HHS) HIV/AIDS medical practice guidelines, the Food and Drug Administration (FDA) has approved more than 25 antiretroviral therapy medications to treat HIV and all the

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Trends in management of HIV/AIDS and STDs

continued from page 13

medications work to prevent HIV from reproducing and destroying CD4 cells, which help the immune system fight infection. This reduces the risk of developing complications related to HIV, as well as transmitting the virus to others.

Also, antiretroviral medications are grouped into six classes: nucleoside reverse transcriptase inhibitors (NRTIs); non-nucleoside reverse transcriptase inhibitors (NNRTIs); protease inhibitors; fusion inhibitors; CCR5 antagonists, also known as entry inhibitors; and integrase strand transfer inhibitors.

However, a patient needs doctor's advice before taking any of these medications. This is because the medications have various side effects which may include nausea, headache, and dizziness. These symptoms are often temporary and disappear with time. Serious side effects can include swelling of the mouth and tongue and liver or kidney damage. If side effects are severe, the medications can be adjusted.

HIV not death sentence

It is pertinent to say that contracting HIV is not a death sentence. So the first thing for an HIV patient is to avoid entertaining fear. If one tests positive, all the patient needs do is take his or her medications correctly and consistently. The patient can even get to a point where the virus is completely suppressed and cannot be transmitted to other people.

Several millions of people all over the world are living with HIV. Although it is different for everybody, with treatment, many can expect to live a long and productive life. The most important thing is to start antiretroviral

treatment as soon as possible. By taking medications exactly as prescribed, people living with HIV can keep their viral load low and their immune system strong. It is also important to follow up with a healthcare provider regularly.

Other ways people living with HIV can improve their health include making their health their top priority, fuelling their body with a well-balanced diet, exercising regularly, getting plenty of rest, avoiding tobacco and other drugs, reporting any new symptoms to their healthcare provider right away, and focusing on their emotional health.

Acquired Immunodeficiency Syndrome (AIDS)

Acquired Immunodeficiency Syndrome (AIDS) is an advanced stage of HIV. Simply put, it is an untreated HIV. According to US CDC, AIDS is the highest stage

and most severe HIV. This simply means a person with HIV is likely to develop AIDS, if not treated early enough.

The World Health Organisation (WHO) says AIDS usually occurs when a patient's CD4 T-cell number drops below 200 and the body's immune system is badly damaged; whereas, a normal CD4 count ranges in human body ranges from 500-1,200 cells/mm³ in adults and teens. Hence, someone with a CD4 count below 200 is described as having AIDS and this is because, at that point, the immune system is too weak to fight off other diseases and infections.

While people living with HIV can live a normal healthy life for as many years as possible, provided it is treated with antiretroviral therapy, people with AIDS who do not take medication live about three years, or less if they get another infection.

No cure for AIDS

Untreated HIV can progress to AIDS within a decade; unfortunately, there's no cure for AIDS, and without treatment, life expectancy after diagnosis may even be shorter than three years if the person develops a severe opportunistic illness. However, treatment of HIV with antiretroviral drugs can prevent AIDS from developing.

If AIDS develops, it means that the immune system is severely compromised. It is weakened to the point where it can no longer fight off most diseases and infections. That makes the person vulnerable to a wide range of illnesses, including pneumonia, tuberculosis, oral thrush, cytomegalovirus (CMV), cryptococcal meningitis, toxoplasmosis, cryptosporidiosis, and cancer- including Kaposi's sarcoma (KS) and lymphoma.

Diagnosis for AIDS

Specifically, diagnosis for AIDS can be on any or more of the following illnesses: Candidiasis of bronchi, oesophagus, trachea or lungs

Cervical cancer that is invasive, Coccidioidomycosis that has spread,

Cryptococcosis that is affecting the body outside the lungs,

Cryptosporidiosis affecting the intestines and lasting more than a month, Cytomegalovirus disease outside of the liver, spleen or lymph nodes,

Cytomegalovirus retinitis that occurs with vision loss,

Encephalopathy that is HIV-related,

Herpes simplex including ulcers lasting more than a month or bronchitis, pneumonitis or esophagitis,

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Lalong, Ehanire, others task pharmacists on medicine security, nation-building

continued from page 1

relevance, saying it was particularly in line with the three-policy thrust of his administration in achieving universal health coverage for the people of the state.

On his part, the health minister, Dr Ehanire, lauded pharmacists for their critical role in healthcare delivery, especially during the recent pandemic, stressing that it would be foolhardy to forget how the COVID-19 virus threatened human existence, until vaccines were developed to combat the scourge.

Ehanire, who was represented by Dr Pokop W. Bupwatda, chief medical director (CMD), University of Jos Teaching Hospital (JUTH), added: "This virus still lives with us and its devastating effects continue to remind us of things we need to do in order to avert being victims of the 'medicine and vaccines nationalism' that greeted our country in the wake of the global pandemic. Let's be clear: pharmacists tried collectively and they made us proud as a country."

While acknowledging the immeasurable contribution of pharmacists to the healthcare sector and nation-building at large, Ehanire noted that the burden of medicine security in the country lies squarely on their shoulders, urging them to brace up and rise to the occasion.

He said, "Your job is well cut out for you, so you must, in collaboration with all other scientists, put on your thinking caps to ensure that Nigeria joins the league of nations that not only manufacture safe, effective, efficacious and affordable pharmaceutical products but also manufacture active pharmaceutical ingredients (APIs).

"You have a responsibility to transform this country from a vaccine-consumer nation to vaccine manufacturing for local use and export purposes. We must leverage the African Continental Free-Trade Africa (AfCFTA), as a new frontier of international trade capable of stabilising our economy.

"Let me assure you that I am fully aware of the numerous challenges the sector faces, which include the application of tariff on some imported pharmaceutical raw materials, lack of foreign exchange (forex) to do business. I am aware that some pharmacists in some hospitals have not been paid their long withheld April and May 2018 salaries, despite budgeted funds for this purpose; salary structure adjustment, as was done for CONMESS; the payment of reviewed hazard allowance and the implementation of the consultant cadre for pharmacists in the public service. We do not take these issues lightly; be assured that utmost attention is being paid to all."

In his keynote address, titled "Medicines Security: Consolidating Health Access Gains and Catalysing National Development in the New Year", Dr Obi Adigwe, director general of the National Institute for Pharmaceutical Research and Development (NIPRD), noted that medicine security is a concept that argues that unless a people exert sufficient control over how medicine is produced, sustainable access to relevant, affordable, high-quality products cannot be guaranteed in that setting.

According to him, some contextual strategic objectives embedded in the medicine security concept include sustainable access to affordable high-quality medicines, ensuring GMP and stimulating backward integration,



L-R: Pharm. (Alh) Yaro Budah, former president, PSN; Prof Cyril Usifoh, president, PSN; Deputy Governor, Plateau State, Prof Sonni Gwanle Tyoden; Mazi Sam Oluabunwa, immediate past president, PSN; Pharm. (Alh) Ahmed Yakassai, former president, PSN, and Pharm. Anthony Akhmien, former president, PSN, at the opening ceremony of the 95th Annual National Conference of the PSN, held at Crispian Suites & Event Centre, Jos, Plateau State.



The Deputy Governor, Plateau State, Prof. Sonni Gwanle Tyoden, presenting an award plaque to Dr Pokop W. Bupwatda, chief medical director (CMD), University of Jos Teaching Hospital (JUTH), who represented the Health Minister, Dr Osagie Ehanire, while the PSN President, Prof. Cyril Usifoh looks in admiration, at the opening ceremony of the 95th Annual National Conference of the PSN.

job-creation and economic development, technology transfer and intellectual property, promoting contextual research, developing local capacity, revenue generation and conservation of forex, as well as widening of all relevant tax bases.

Adigwe further noted that the Nigerian pharma industry is one of the biggest in Africa - with nearly 200 local manufacturing facilities, a market size estimated at 2 billion USD, adjusted gross revenue (AGR) at 13 per cent, predicted to double in size by 2026, as well as accounting for over 60 per cent of the pharma manufacturing capacity of ECOWAS.

He emphasised that, "to get the job done, there must be political will, prioritisation of the 2021 presidential speech, a general system approach, and command and control. Talking about the timelines, SMART objectives - which encompass a strong extra government component, sustainability plan, and transition plan - should be adopted."

Earlier in his speech, the PSN president, Prof. Cyril Usifoh, thanked President Muhammadu Buhari for assenting to the Pharmacy Bill, urging him to consolidate the gains of the Pharmacy Act 2022, while critically evaluating the PSN proposals in

that regard.

Usifoh averred that the Pharmacy Act will curb inappropriate drug distribution channels which have made Nigeria famous for the fake drug syndrome.

His words, "I find it imperative to call on the presidency and other appropriate arms of government that the Pharmacy Bill has the propensities to restore normalcy to our indecorous drug distribution channels which have made Nigeria famous for the fake drug syndrome. This oddity is surmountable through proactive action of adequate funding of the PCN and other agencies that regulate the drug distribution channels, especially NAFDAC and NDLEA."

While expressing worries that over 5000 pharmacists have left the shores of Nigeria in search of the proverbial greener pasture, Usifoh revealed that the trend cuts across the entire healthcare sector and beyond.

He added that Pharmacy can contribute immensely to the growth of the Nigerian economy through increased local production to ensure medicine safety and save much-needed forex, adding that pharmacists have shown that they can provide quality leadership in all sectors, including banking,

telecoms, and ICT, among others.

Also speaking, the Director General of NAFDAC, Prof Moji Adeyeye; and Pharm. Muhammed Yaro Buda, former president, of PSN, concurred that the theme of the conference was topical and forward-thinking, especially as the nation is just recovering from the impacts of COVID-19 on the economy and the health sector.

They added that medicine security implies that every healthcare facility, healthcare provider, and patients all over the country have reliable, reputable access to medicine supply that they need at all times

Other dignitaries from the healthcare sector and other walks of life who were at the conference, included His Majesty, Dr Jacob Gyang Buba, Chairman, Plateau

State Council of Chiefs, and royal Father of the day; Pharm. Ahmed Babashe, registrar, PCN; Prof. Cecilia Igwilo, president, WAPCP, represented by Dr Margret Obono, chairman, WAPCP, Nigeria; Prince Julius Adelusi-Adeluyi, president, NAPHARM, represented by Sir Ifeanyi Atueyi, vice-president; Dr Teresa Pounds, president, NAPPSSA; Col Stella Ibeh, managing director, NADMACO; Dr Olubunmi Stella Aribiana, director, Food and Drugs, FMOH; Oba Julius Ademola Ajibola, Olusun of Ijara-Isin, Kwara State; Dr Stella Usifoh, head of the department of clinical pharmacy, UNIBEN; Prof. Tanko Ishaya, vice-chancellor, UNIJOS; Dr Didier Moulion, secretary, AFP

Others were Pharm. Anthony Akhmien, former president, PSN; Pharm Azubike Okwor, former president, PSN; Pharm. Olumide Akintayo, former president, PSN; Pharm. Mazi Sam Oluabunwa, immediate past president, PSN; Dr Nimkong Ndam, commissioner for health, Plateau State; Prof Femi-Mbang Oyewo, immediate past chairman, BOF; Dr (Mrs) Stella Ochepe, former minister of water resources; Gen Buba Marwa, director general, NDLEA, represented by Haruna Usman, secretary; and Dr Ejiro Foyibo, deputy president, South, among others.

Trends in management of HIV/AIDS and STDs

continued from page 15

Histoplasmosis that has spread
Isosporiasis affecting the
intestines and lasting more than a
month,

Kaposi's sarcoma,

Lymphoma that is Burkitt type,
immunoblastic or that is primary
and affects the brain or central
nervous system,

Mycobacterium avium
complex or disease caused by M
kansasi,

Mycobacterium tuberculosis in
or outside the lungs.

Pneumonia that is recurrent,

Progressive multifocal
leukoencephalopathy,
Salmonella septicemia that is
recurrent,

Toxoplasmosis of the brain,
also called encephalitis

Wasting syndrome caused by
HIV infection.

Prevention of AIDS

The first step to prevent AIDS
is to avoid contacting HIV. To avoid
HIV, one can use strategies such
as abstinence (not having sex),
never sharing needles, and using
condoms the right way every
time one has sex. One may also
be able to take advantage of HIV
prevention medicines such as pre-
exposure prophylaxis (PrEP) and
post-exposure prophylaxis (PEP).

Once one is able to prevent
contracting HIV, avoiding AIDS
is certain. However, even with
HIV infection, AIDS can still be
prevented through early and
continuous treatment. Sticking to
the treatment regimen prevents
progression to AIDS.

Sexually Transmitted Diseases (STDs)

Sexual Transmitted Disease
(STD) is used to refer to a condition
passed from one person to another
through sexual contact. One
can contact an STD by having
unprotected vaginal, anal, or oral
sex with someone who has the
STD. An STD may also be called a
sexually transmitted infection (STI)
or venereal disease (VD).

HIV/AIDS is only one of the
numerous STDs. According to WHO,
more than one million sexually
transmitted infections (STDs) are
acquired every day worldwide.
In 2016 alone, WHO estimated
376 million new infections. From
WHO's reports, about 127 million
people contracted an STD called
chlamydia, 87 million contracted
gonorrhoea, 6.3 million people
contracted syphilis and 156 million
people contracted Trichomoniasis.

Study has also shown that more
than 500 million people are living
with another form of STD called
genital HSV (herpes) infection and
an estimated 300 million women
have an HPV infection which is the
primary cause of cervical cancer.
Similarly, an estimated 240 million
people are claimed to be living
with chronic hepatitis B globally,
though both HPV and hepatitis B
infections are preventable with
vaccination.

Human Papillomavirus (HPV): Symptoms and treatment

Human papillomavirus (HPV)
is a virus that can be passed from
one person to another through
intimate skin-to-skin or sexual
contact. It is a viral infection that
commonly causes skin or mucous
membrane growths (warts).
According to experts, there are
many different strains of the virus
and some are more dangerous than
others. In most cases, the body's
immune system defeats an HPV
infection before it creates warts.
When warts do appear, they vary in
appearance depending on which
kind of HPV is involved, which may
include genital warts, common
warts, plantar warts, flat warts.

HPV vs cervical cancer



According to physicians, nearly
all cervical cancers are caused
by HPV infections, but cervical
cancer may take 20 years or longer
to develop after an HPV infection.
The US CDC also says that some
cancers of the vulva, vagina, penis,
anus, and oropharynx (back of the
throat, including the base of the
tongue and tonsils) are also caused
by HPV.

"In general, HPV is thought to
be responsible for more than 90 per
cent of anal and cervical cancers,
about 70 per cent of vaginal and
vulvar cancers, and 60 per cent
of penile cancers. Cancers in the
back of the throat (oropharynx)
traditionally have been caused by
tobacco and alcohol, but recent
studies show that about 60 per
cent to 70 per cent of cancers of
the oropharynx may be linked to
HPV", the US CDC said.

Meanwhile, HPV infection and
early cervical cancer typically
don't cause noticeable symptoms.
Doctors have therefore said
getting vaccinated against HPV
infection is the best protection
from cervical cancer. And because
early cervical cancer does not
cause symptoms, women should
have regular screening tests to
detect any precancerous changes
in the cervix that might lead to
cancer. As a matter of fact, there
is no treatment for HPV. Physicians
have confirmed that HPV infections
often clear up on their own. There
is also a vaccine available to
protect against some of the most
dangerous strains.

Gonorrhoea

This is bacterial STD, also
known as "the clap." Physicians
posit that many people with
gonorrhoea develop no symptoms
but when there is a symptom, it
may include a white, yellow, beige,
or green-coloured discharge
from the penis or vagina; pain or
discomfort during sex or urination;
more frequent urination than usual;
itching around the genitals; and
sore throat.

The US CDC said if the
disease is left untreated, it can
lead to infections of the urethra,
prostate gland, or testicles,
pelvic inflammatory disease and
infertility. It is also possible for a
mother to pass gonorrhoea onto a
new-born during childbirth. When
that happens, gonorrhoea can
cause serious health problems in
the baby. This is why many doctors
encourage pregnant women to get
tested and treated for potential
STDs. Gonorrhoea can usually be

treated with antibiotics.

Syphilis

Syphilis is a bacterial infection
that often goes unnoticed in its
early stages. The first symptom
to appear is a small round sore,
known as a chancre. It can develop
on the genitals, anus, or mouth.

Although syphilis is painless, it
is very infectious. Other symptoms
that can appear at the later stage
of syphilis may include fever, joint
pain, rash, fatigue, headaches,
weight loss, and hair loss among
others. However, late-stage syphilis
can also lead to loss of vision, loss
of hearing, loss of memory, mental
illness, infections of the brain
or spinal cord, as well as heart
disease and eventually death, if left
untreated.

Syphilis is easily treated
with antibiotics, if detected
early enough. However, syphilis
infection in a new-born can be
fatal. This is why physicians have
recommended that all pregnant
women should be screened for
syphilis because the earlier
syphilis is diagnosed and treated,
the less damage it does.

Trichomoniasis

Also known as "trich", this
disease is caused by a tiny
protozoan organism that can
be passed from one person to
another through genital contact.
The US CDC noted that less than
one-third of people with trich
develop symptoms and when
symptoms develop, they may
include discharge from the vagina
or penis, burning or itching
around the vagina or penis, pain or
discomfort during urination or sex,
and frequent urination.

In women, trich-related
discharge often has an unpleasant
or "fishy" smell. Medical
practitioners have also warned
that if left untreated, trich can lead
to infections of the urethra, pelvic
inflammatory disease, infertility
among others. The disease can be
treated with antibiotics.

Chlamydia

Chlamydia is caused by a
certain type of bacteria called
chlamydia. Many people with
chlamydia have no noticeable or
outward symptoms in the early
stages. It has also been established
that about 90 per cent of women and
70 per cent of men with chlamydia
have no symptoms, though it can
still cause health problems later.
Untreated chlamydia can cause
serious complications, so it is

important to get regular screenings
and talk with a doctor or healthcare
provider if there is any concern.

When symptoms develop, they
often include pain or discomfort
during sex or urination; green or
yellow discharge from the penis or
vagina, pain in the lower abdomen.
If left untreated, chlamydia can
lead to infections of the urethra,
prostate gland or testicles,
pelvic inflammatory disease
and infertility. Also, if a pregnant
woman has untreated chlamydia,
she can pass it to her baby during
birth and the baby may develop
pneumonia, eye infections and
blindness.

In some women, the infection
can spread to the fallopian tubes,
which may cause a condition
called pelvic inflammatory disease
(PID), a medical emergency
associated with fever, severe
pelvic pain, nausea and abnormal
vaginal bleeding between periods
among others. Chlamydia can also
infect the rectum. Women may not
experience symptoms if they have
a chlamydia infection in the rectum.
If symptoms of a rectal infection do
occur, however, they may include
rectal pain, discharge, or bleeding.

Additionally, women can
develop a throat infection if they
perform oral sex on someone with
the infection. Though it is possible
to contract it without knowing it,
symptoms of a chlamydia infection
in your throat include cough, fever,
and sore throat.

Antibiotics can easily treat
chlamydia. The surest way for
a sexually active person to
avoid contracting chlamydia is
to use a condom during sexual
intercourse. To practice safe sex, it
is recommended to use protection
with each new partner, get tested
regularly for STIs with new
partners, avoid having oral sex,
or use protection during oral sex,
until a partner has been screened
for STIs.

Herpes Simplex Virus (HSV)

Herpes Simplex Virus (HSV)
is usually shortened as herpes. The
virus has two main strains which
are HSV-1 and HSV-2 and both
can be transmitted sexually. HSV-
1 primarily causes oral herpes,
which is responsible for cold
sores. However, HSV-1 can also be
passed from one person's mouth to
another person's genitals during
oral sex. When this happens, HSV-
1 can cause genital herpes. HSV-2
primarily causes genital herpes.

The most common symptom of
herpes is blistering sores. In the case
of genital herpes, the sores develop
on or around the genitals. In oral
herpes, they develop on or around
the mouth. Herpes sores generally
crust over and heal within a few
weeks. The first outbreak is usually
the most painful. Outbreaks
typically become less painful and
frequent over time.

If a pregnant woman has
herpes, she can potentially pass it
to her foetus in the womb or to her
new-born infant during childbirth.
This "congenital" herpes can be
very dangerous to new-borns. This
is why it is beneficial for pregnant
women to become aware of their
HSV status.

Unfortunately, according to
WHO, there is currently no cure or
preventive treatment for herpes
infection. However, medications
are available to help control
outbreaks and alleviate the pain of
herpes sores.

Report compiled by
Ranmilowo Ojalumo with
additional report from University
of California - San Francisco, UCSF
Health, WHO, U S Centers for
Disease Control and Prevention,
Webdr, National Agency for the
Control of AIDS, Health Line,
Avert, Mayo Clinic, Medical
News Today, UNAIDS, and US
Department of Health & Human
Services.



Fiscal policies, infrastructural decay, bane of Nigeria's pharma industry – DPS, NASS

Pharm (Dr) Ali Umoru is the director of Pharmaceutical Services at Nigeria's National Assembly, Abuja. A thorough-bred leadership professional, he is one of the Nigerian pharmacists who believe that excellent legislation can spur the Nigerian health sector and indeed, the pharmaceutical landscape to greater heights. In this exclusive interview with **PATRICK IWELUNMOR**, he sheds light on the intricacies of his office and how it is helping to shape the achievement of better outcomes for the entire pharmacy industry in Nigeria. Excerpts:

Sir, kindly tell us about your educational background and career trajectory up to the present time.

I attended Ahmadu Bello University Zaria, where I obtained the Bachelor of Pharmacy degree (BPharm.) in 1990. I also obtained a postgraduate certificate in Health Economics from the World Bank Institute, in Washington DC; a Master's in Public Administration (MPA); as well as an M.Phil and a PhD in Public Administration, specialising in Pharmaceutical Policy.

I also attended executive certification programmes at the World Bank (USA), Harvard University (USA), London School of Hygiene and Tropical Medicine (UK), Oxford University (UK) and University of Westminster (UK), among others.

I joined the services of the National Assembly in 1993 as pharmacist I and rose to the post of director, Pharmaceutical Services, in 2017.

How has it been directing and co-ordinating the dispensation of pharmaceutical services at a critical arm of government such as the National Assembly?

My job as the director, Pharmaceutical Services, entails providing pharmaceutical services to members and staff of the parliament, and technical assistance to the various parliamentary committees on pharmaceutical policy. It has been so far so good.

Pharmaceutical services delivery in a setting like the National Assembly has its own peculiarities, especially when you are dealing with diverse demographics of highly placed and enlightened patients. I am lucky to work with the full complements of professionals, with very high ethical standard.

Being the DPS in this crucial and law-making arm of government, in what ways has your office influenced the enactment of laws that seek to advance the cause of the health ministry in general and the pharmaceutical industry in particular?

Law-making is an elaborate, procedural process. Political interventions and intense lobbying is required at all stages. This I have been doing with other stakeholders over the years in respect of Pharmacy-related bills. We try as much as possible to cultivate a healthy and cordial relationship with pharmacists and pharmacy-friendly legislators to promote and protect the profession of pharmacy.

Talking about the recent passage of the much talked



Pharm. (Dr) Ali Umoru

about Pharmacy Bill. What does this portend for pharmacy practice in Nigeria?

The new Act will refine and redefine pharmacy practice in Nigeria in all its ramifications. The impediments to the regulatory functions of the Pharmacy Council of Nigeria (PCN) have been addressed by the law. The new law will strengthen the legal and administrative capacity of the council to carry out its regulatory functions.

Some members of the National assembly are pharmacists and yet it appears they are more interested in politics than in furthering the cause of their real profession. What can you say about this?

My experience over the past decades at the National Assembly shows that pharmacists elected, either as Senators or Members of House of Representatives, see themselves first and foremost as pharmacists. However their level of commitment to politically furthering the interest of the

profession differs. All we need is a strong lobby group and a proactive political action plan encompassing all stakeholders to politically further and protect the interest of pharmacists and the pharmacy profession.

Like their counterparts in the medical profession, pharmacists, especially the younger ones are trooping out of Nigeria, in search of greener pastures. Don't you think this will further worsen the already precarious situation of the health sector in Nigeria?

It will definitely affect negatively the delivery of pharmaceutical services, especially at the sub-national level. It is a globally acknowledged fact that high pharmacist density is an indication of the economic development of any nation. There is need for the government to make the practice environment favourable to curb the brain drain.

Most of the problems facing the pharmaceutical industry in Nigeria are issues government can fix. Don't you think you can use your office's proximity to the lawmakers to ensure that issues like lack of

electricity, forex problem and the overdependence on India and China for pharmaceutical raw materials are decisively addressed by the appropriate committees within the National Assembly?

Most of these problems have to do with monetary and fiscal policies of the federal government and the general infrastructural decay. Effective implementation of the Petroleum Industry Act will speed up the development of the petrochemical industry, which is essential for the production of active pharmaceutical ingredients (APIs) and other raw materials.

Faithful implementation of the various executive orders issued by the presidency will also assist in scaling up local production of pharmaceuticals. The stakeholders have to liaise with the legislature to perform their oversight function regularly and appropriately in these regards. The aggregation and optimisation of all these policies will reduce overdependence on India and China.

How would you describe the 95th PSN conference in Jos? Some observers say it is one of the worst in terms of the participation of pharmaceutical companies who could not be there physically due to the high cost of travel and other logistics. What did you witness in Jos?

In my opinion, the participation at the Jos conference by both pharmacists and the pharmaceutical companies was excellent. I was there and the organisation was also excellent

What should Nigerians be expecting from the National Assembly in terms of laws that would enhance and strengthen pharmaceutical practice in the country?

The enactment of the Pharmacy Council of Nigeria Act, the National Health Insurance Authority Act and, indeed, the National Health Act, will strengthen the health sector space in Nigeria, especially the pharmaceutical sector.

All the National Assembly needs do is effective oversight and robust budgetary provision. The amendment or re-enactment of the law establishing NAFDAC by the National Assembly will also go a long way to strengthen the pharmaceutical sector.

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

Why breast cancer patients need adequate information from oncologists - Expert

By Temitope Obayendo

and we are proud of these achievements.”

For the battle against breast cancer to be won in Africa, oncologists and radiologists must create avenues for patients to be thoroughly informed about their condition and care plan, as this will position them for better treatment outcomes.

This was disclosed by Dr Joel Yarney, director, National Centre for Radiotherapy Oncology & Nuclear Medicine, Korle-bu Teaching Hospital, Accra, Ghana.

Yarney, who made the remarks at the recent Pfizer's virtual Media Roundtable in commemoration of Breast Cancer Awareness Month, held annually in November, said it is the obligation of cancer experts to promote a healthy dialogue between patients and their healthcare teams. This, he said, will enhance their understanding of the condition as well as empower them to participate in their own care.

According to the cancer specialist, “The transformative impact of science on breast cancer is evident within the breast cancer community. While we've made meaningful changes for those living with this disease, our work is far from finished. It is crucial for patients who have been diagnosed with breast cancer or even metastatic breast cancer to have the right information and expectations.”

“It is our duty to encourage patients to have open conversations with their healthcare teams to understand how they can be supported and how they can participate in their own care. Taking an active role in their treatment can help them feel empowered in making the best decisions for themselves”.

Also present at the programme was Consultant Clinical and Radiation Oncologist, NSIA-LUTH Cancer Centre, Lagos University Teaching Hospital, Lagos, Nigeria, Dr Adewumi Alabi, who emphasised the need for clinical research funding in breast cancer.

Alabi, who highlighted the various challenges encountered by practitioners and patients due to poor funding, also explained restraints faced by practitioners in administering donated cancer drugs to patients because they have not been clinically tested and proven safe for Nigerians.

She listed other factors limiting optimal cancer care in the country to include inadequate infrastructure, shortage of specialists, inadequate awareness creation, late diagnosis, poor diet, global warming and climate change.

Speaking on the significance of the gathering, the consultant oncologist said, “The importance of clinical research in breast cancer care cannot be overemphasised. These forums are critical as they allow us to share our best insights and findings that can support patients in winning the battle against cancer. Breast cancer itself is one of the deadliest diseases with a high prevalence in the area.”

“On a positive note, we now have evidence-based updates and real-world data, showing the efficacy of prescriptions in the management of HR+ HER2- mBC

patients.”

Fielding questions from journalists at the event, Medical Director, East & Anglo West Africa, Pfizer, Kodjo Soroh, dispelled the notion that using microwave oven causes breast cancer, stating that the device does not have enough energy to cause breast cancer or any other cancer.

Soroh further emphasised the need for early detection of breast cancer, noting that patients with early presentation have a better chance of survival than those with late diagnosis.

In his words, “Microwave cannot cause cancer because it does not have enough energy to distract the DNA. While clinical examination is okay for those that cannot afford mammography, it is recommended for

premenopausal women to have annual examination, and post-menopausal women are advised to have breast examination twice yearly.

“Oncology remains a key therapeutic field for Pfizer in which we are working to deliver medical breakthroughs that have the potential to change patients' lives across the region significantly



Dr Joel Yarney

Director, National Centre for Radiotherapy Oncology & Nuclear Medicine, Korle-bu Teaching Hospital, Accra, Ghana.

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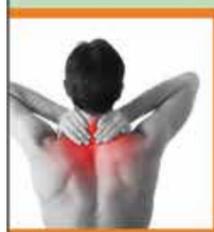


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Expand your lifespan with tennis

By Ranmilowo Ojalumo

Health experts have often recommended regular exercise and sporting activities as a means of enhancing overall health, including strengthening the heart and improving blood circulation. This increased blood flow is said to raise the oxygen levels in the body, which helps to lower the risk of heart diseases and heart attack.

Especially cited for such health benefits are racket sports/games, which are said to be great at increasing life expectancy. This is due, in part, to their social dimension, but also perhaps because they are physically challenging and require balance and mental strategy, along with certain visual and spatial elements.

Of the recommended racket games, however, tennis (also known as ping pong) takes the lead in guaranteeing optimal health. For instance, a study of Korean women aged 60 and older found that playing table tennis, improved their cognitive function more than walking, dancing, or resistance training.

Also, a study of inactive older adults in rural Utah, United States, found out that pickleball (similar to tennis) improved their vertical jump (a marker of mobility) and cognitive performance, and there was a decrease in self-reported pain. Participants in the study also reported a desire to keep playing pickleball even after the study was over.

Most remarkably, a study conducted by the Copenhagen City Heart Study (CCHS), reported that playing tennis increased life expectancy, by adding almost a



decade to the lives of the players. Titled "Various Leisure-Time Physical Activities Associated With Widely-Divergent Life Expectancies: The Copenhagen City Heart Study", the objective of the study was to evaluate the differential improvements in life expectancy associated with participation in various sports.

About 8,577 participants were used as the sample for the study. The researcher carried out a follow up on all the participants for up to 26 years, between October 10, 1991, and March 22, 2017. Relative risks were also calculated, using Cox proportional hazards models, with full adjustment for confounding variables. Within the period, Multivariable-adjusted life expectancy gains, when compared with the sedentary group for different sports show

that tennis added 9.7 years to the life expectancy of the player while other sports added far lesser years.

More findings

Similarly, a study carried out in 2020, by Spring K.E., Holmes M.E., and Smith J.W., with the title, "Long-term Tennis Participation and Health Outcomes: An Investigation of 'Lifetime' Activities", concluded that tennis provided opportunities for participation throughout the lifespan and was linked with lower risk of cardiovascular disease, obesity, and depression.

The objective of the study, published in September 2020, was to consider the influence of chronic tennis participation on various parameters of health. In the study, members of the International Tennis Federation (ITF) completed a survey, consisting of questions from the International Physical Activity Questionnaire (IPAQ), the Behaviour Risk Factor Surveillance System (BRFSS), the Satisfaction with Life Survey (SWLS), and specific tennis participation questions.

A total of 151 adults, who were tennis players and affiliated with the International Tennis Federation, participated in the study, which was approved by the Institutional Review Board at Mississippi State University. At the end of the study, findings showed that the majority of the participants reported having overall better health. The study also indicated that regular tennis participation may provide beneficial health outcomes throughout the life course.

Another study by the United States Tennis Association (USTA), the national governing body for tennis in the United States, in conjunction with the Chief Medical Officer of the United States Tennis Open, Dr Alexis Colvin, also showed that tennis players enjoy better general, physical, social and mental health than every other person.

About 10,000 tennis players were used as a sample for the study, at the end of which it was discovered that playing tennis helps 97.7 percent of the participants to manage their health. The study also revealed that the average mean body mass index (BMI) of players used in the study was 24.8 kg/m², which falls within the healthy weight range.

"This is one of the largest studies to date on recreational tennis players and it certainly confirms the many positive health benefits of tennis," said Colvin.

Beginnings

Tennis is one of the most popular sports that being enjoyed across the globe. It is a game played on a rectangular-shaped court, which can be one of many

surfaces. It is either played with two players (singles match), or four players (doubles match). Players stand on opposite sides of the net and use a stringed racquet to hit the ball back and forth to each other. To win a point, all one needs to do is to hit a ball that the opponent can't return.

Tennis was started as a recreational

game but now being played at competitive levels and also lucrative. Historians claim to have found evidence of tennis being played in ancient Greece culture. However, modern tennis game was said to have been developed from a 12th century French handball game called "paume" (palm). At that time, the ball was struck with the hand but after some time, "paume" game produced handball "jeu de paume" (game of the palm) which started using racquets.

Tennis as we presently know it, is dated to 1870 in England. The end of the 19th century saw the introduction of clay, then hardwood flooring and, much later, the "hard" courts with concrete or acrylic surfaces. Women's participation in competitive tennis also came quickly: they were already competing at Wimbledon in 1884.

Tennis is one of the major competitive sports in the Olympics. As a matter of fact, when anyone mentions tennis today, some names readily come to mind as professional players and those names will obviously include Andy Murray, Novak Djokovic, Roger Federer, Serena Williams, Iga Swiatek, Caroline Garcia and Aruna Quadri of Nigeria, to mention but a few.

Advances

Today, there are several tennis competitions all over the world, with professional players participating. Some of such competitions include the US Open in the United States, the Australian Open in Australia, the French Open in France, the Wimbledon in UK, and the Italian Open in Rome. In Nigeria, there is the Lagos Open, also known as the Davnotch Senior Open Tennis Championship.

The competitions are also very lucrative. For instance, the prize money attached to the Italian Open as of May, 2022 was €5,415,410; while the US Open has a prize of \$2,600,000. Also, the prize money attached to winning the Wimbledon in both the men's and women's singles categories is 2.4 million euros each. As of January, 2022, the total prize money attached to the winners of Australian Open, both men and women singles, is \$3.19 million each; while runner-ups get \$1.6 million. In Nigeria, the winner of the last edition of the Lagos Open, played in May 2022, went home with up to N9, 280, 000, which is about \$25,000.

The implication is that tennis has become not just a confirmed life-expectancy extender but also a lucrative endeavor for those who can play it at competitive levels.

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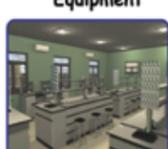
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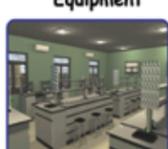
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Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)

Tuberculosis: History and important facts

By Patrick Iwelunmor

The discovery of Mycobacterium Tuberculosis, the bacteria that causes tuberculosis, was announced on 24 March, 1882, by Dr Robert Koch. The announcement came at a time when tuberculosis was killing one out of every seven people living in Europe and the United States. Today, Koch's discovery is seen as the most significant step taken towards the control and elimination of the deadly disease.

A hundred years after Koch's discovery, 24 March of every year was designated "World Tuberculosis Day" for the education and enlightenment of the public on the impact of tuberculosis around the globe.

The term, "tuberculosis", was coined by John Schonlein in 1834, even though it was believed that Mycobacterium Tuberculosis might have existed for as long as three million years before then. In ancient Greece, TB was known as "phthisis", just as it was known as "tabes" in ancient Rome; while the ancient Hebrews knew it as "schachepheth".

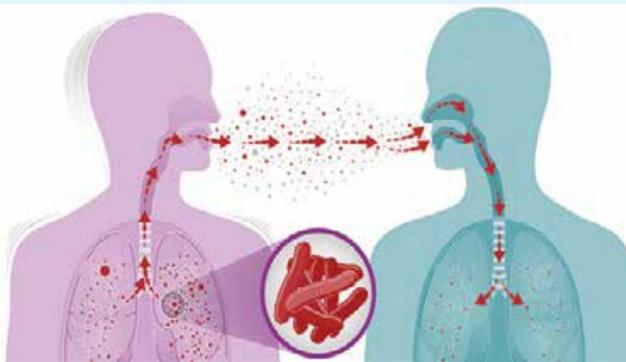
In the 1700s, it was called "the white plague", largely because of the pale colouration of patients. In the 1800s after Schonlein named it, TB was popularly known as "consumption" or "Captain of all these men of death."

A disease that affects both animals and humans, TB has been reportedly found in the bones of ancient bison by archaeologists in Wyoming, USA. The bison were said to have lived for 17,000 years. Still found in many animals in the United States, including cattle and deer, Bovine TB (Mycobacterium Bovis) can also be transmitted from animals to humans. Every year, nearly one million cattle are tested for the disease. Cattle which come in contact with wildlife that carry TB are most likely to be infected.

Human history

The human history of TB dates back to 9000 years ago in Atlit Yam, a city now under the Mediterranean Sea, off the coast of Israel. According to archaeologists, TB was found in the remains of mother and child buried together. However, the earliest written mentions of TB were in India (3,300 years) and China (2,300 years).

While TB was responsible for 25 per cent of all deaths throughout the 1600s and 1800s, the same scenario played out in the United States. The first published report on TB was in New York in 1893. This development was the result of the efforts put in by Dr Hermann Biggs, who convinced the New York City Department of Health and Hygiene that doctors should report TB cases to the health department.



When a TB outbreak occurred in the 1800s in New England, there were speculations that the first family member who died of the disease usually came back as a vampire to infect other members of the family. These "vampire panics" forced families who lost members to dig up the suspected vampire and perform a special ritual to ward off further infection.

On 24 March, 1882, Robert Koch announced his discovery that TB was caused by a bacteria in his presentation, "Die Aetiologie der

Tuberculose", at the Berlin Physiological Society conference. The discovery of the bacteria proved that TB was an infectious disease, not hereditary. In 1905, Koch would go on to win the Nobel Prize for Medicine and Physiology.

Transmission and symptoms

Today, TB is globally known as an airborne infectious disease, transmitted when a person with the disease coughs, speaks, or sings. When a person is diagnosed with TB disease, a contact investigation is done to find and test people (like family members) who may have been exposed to the infection. People diagnosed with TB disease or latent TB infection are then treated.

All over the world, TB is the 13th leading cause of death and the second leading infectious killer, after COVID-19 (above HIV/AIDS). In 2021, an estimated 10.6 million people fell ill with tuberculosis worldwide (6 million men, 3.4 million women and 1.2 million children).

TB is present in all countries and age groups. Nigeria is ranked as one of the high-burden TB countries in the world and contributed 4 per cent of all TB cases in 2017, placing her in the 6th position globally, in terms of percentage contribution.

The TB bacteria can live in the human body without causing illness or symptoms. This is when the person's body is able to fight the bacteria, making it incapable of causing damage to the body system. This is known as latent TB infection.

Many people who have latent TB infection never develop TB disease. In these people, the bacteria remain inactive for a lifetime, without causing disease; whereas in a person whose immune system is weak or compromised, the bacteria becomes potent enough to cause sickness. This is the reason most people with HIV/AIDS suffer from tuberculosis disease.

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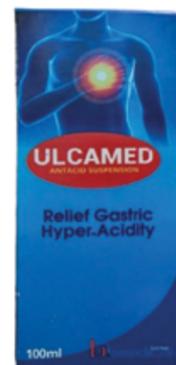


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Navigating business opportunities and challenges in 2023

By Pharm. Sesan Kareem

It seems like yesterday when we welcomed 2022 with fanfare, joy, and gratitude. As leaders, we also set smart goals for ourselves and our team members and started working on them. The truth is that this year has been a challenging one for business leaders. The global economic crises, post-COVID-19 pandemic, high inflation rate, unfavourable exchange rates, as well as relocation of top talents, are some of the challenges many business leaders have faced this year.

Despite these hurdles, a few of us have surpassed our personal and business goals; and others are still working hard to end the year high. While we must keep implementing our fourth quarter strategy, it is also important we start planning for 2023 and be more proactive.

Below are things you can work on to make 2023 a better year for you and yours.

Mindset

As business leaders, we know how important our mindset is. Mindset is everything. Our subconscious mind is a muscle we must keep building every day with positive thoughts and ideas. With our volatile, uncertain, chaotic and ambiguous business environment, it is easy to focus our mind on the negativity around us. As business leaders, we need to shut out the noise and focus our heart on possibilities, growth and impact.

We need to create a routine to exercise the power of our mind daily by using imagination as a tool of creation. Below are tips to keep your subconscious mind focus on

your objectives for 2023:

- Create time for meditation daily
- Have a gratitude journal and write in it daily
- Read your goals daily

Emotion

As business managers and executives, being in charge of our emotions is a must, not an option. There are many business challenges beyond our direct cause that we must solve. It is either we exercise emotional intelligence and make the right decisions at the right time or we become emotional and make bad decisions that can threaten the existence of our business or growth.

Also, as business leaders, we must manage the emotions of people that work with us, to achieve the objectives, mission and vision of our enterprise. Our ability to identify, understand, and regulate other people's emotions makes us a transformational leaders and a great example for our team members.

Below are tips to become an emotionally intelligent leader:

- Take a deep breath when you are faced with tough situations or difficult decisions.
- Pause and think before making the next move.
- Inculcate wellness activities into your daily routine - dance, walk in nature, engage in your hobby, or spend quality time with your loved ones often.

Skills

What brought us to this

height as leaders is commitment to constant, never-ending improvement, through continuous learning. What existing skills do you need to upgrade? What new skills do you need to acquire? What experience do you need to turn into expertise? What old ways of doing things do you need to stop? What percentage of your income will you invest in updating your knowledge bank? What free courses can you do online to have an edge in our competitive business world?

My point is, you need to have a strategic plan for your personal and professional development as a business leader. Below are habits you can develop for your personal and professional development:

- Read your holy book and a personal development book for 30 minutes early in the morning.
- Listen to an audio book on the road.
- Attend a seminar or workshop once in a quarter.

Training

One of your key roles as a leader is to personally train your team members on a regularly basis. I strongly believe that every leader must also be a teacher. While working with external consultants or trainers are necessary, business leaders must have a schedule to develop their team members' mindset and skillsets. They must also encourage other leaders within the organisation to train their direct reports on an ongoing basis.

Below are things you can do to make learning and development an integral part of your organisation:

- Schedule in-house training on a monthly basis.
- Make training report



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

an essential part of the performance appraisal.

- Create a book club.

In essence, regardless of the challenges in the business environment, leaders must find creative ways to thrive, not survive. This definitely requires a "can do" mentality, a positive mindset, a world class skillsets and a learning and development culture. Regardless of what goals you are setting for your business, the above truths can be helpful in making 2023 a successful and rewarding year for you and the people who look up to you for leadership.

ACTION PLAN: Inculcate actions on the above four areas into your routine in 2023. In strategising for 2023, give attention to mindset, skills, training, and emotional intelligence.

AFFIRMATION: I am a leader of men. I am blessed and highly favoured.

Sesan Kareem is the co-founder/CEO of HubCare, www.hubcarehealth.com, and the principal consultant of Sesan Kareem Institute, www.sesankareem.com.ng. He helps people and organizations improve performance and productivity.

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Pharma manufacturing will thrive with good government policies – Ezebuilo

Pharm Bankole Ezebuilo is a consummate businessman in the pharmaceutical industry within and outside Nigeria. As managing director of Kayhelt Pharma, he is passionate about ensuring the availability of quality drugs to all Nigerians. In this exclusive interview with **ADEBAYO OLADEJO** and **PATRICK IWELUNMOR**, he talks about what government must do to create the enabling environment for pharmaceutical companies in Nigeria to thrive and deliver top quality medicines. Excerpts:



Pharm. Bankole Ezebuilo

Who is Bankole Ezebuilo?

Bankole Aminu Ezebuilo is a graduate of pharmacy from the University of Jos. I have a master's degree in Business Administration and a postgraduate diploma in Conflict Management and peace studies. I am also an alumnus of the Lagos Business School and Strathmore Business School. I have done marketing and sales training in and out of the country. I am the chief executive officer of Kayhelt Pharma and Promedix. I also double as chairman of Caretec Limited and Everwatch Securities.

In 2018, I was a member of the Conference Planning Committee for the Oluyole 2018 PSN Conference in Ibadan, Oyo State. I was the CPC chairman of the Crocodile City 2019 PSN Conference in Kaduna.

I am presently the 2nd vice-chairman of the Association of Industrial Pharmacists of Nigeria (NAIP). I am a Fellow of the Institute of Management Consultants, a Catholic Knight of St. John international. I am married to Engr. Mrs Uzoamaka

Bankole Ezebuilo and we are blessed with four beautiful kids.

Can you share with us the vision of Kayhelt Pharma in the Nigerian pharmaceutical landscape?

A tree doesn't make a forest. Kayhelt's vision is to build a network of field men and women and together create mutual and enduring value. This will lead us to the ultimate vision which is to be one of Africa's leading pharmaceutical firms.

Would you say your company is making the desired impact in terms of making quality drugs available to Nigerians?

Kayhelt is synonymous with quality. What we do, we do well. For the past 15 years, Kayhelt has impacted very well in the society in ensuring that patients get top-quality products at affordable prices. Delivering quality products at an affordable rate is also part of the vision of the company.

Tell us about some of your flagship products and how

well they are doing in the market.

Some of our flagship products, Zoleric (Esomeprazole), Sflo (Levofloxacin), and Itracap (Itraconazole), can be said to be the second in the Nigerian market after the originator brand. They are widely accepted and are doing well in the market.

In the ophthalmic industry, Kayhelt has made a tremendous impact in providing ophthalmic diagnostics for ophthalmic surgeries that are not readily available in the market.

Pharmaceutical manufacturing in Nigeria is facing a lot of challenges. What do you think should be done by stakeholders to mitigate these challenges?

The right government policy will support the manufacturing sector to thrive. For drugs we can manufacture in Nigeria, government policy on importation of that particular molecule should be in place. There should be easy access to forex to import APIs,

equipment, implementation of tax holiday, not overtaxing the manufacturing sector and the synergy of government agencies, such as the Customs, NAFDAC, PCN, NDLEA and the CBN. These will ease the bottlenecks businesses endure working with these agencies, and assuage the stress of accessing loan facilities from the Bank of Industry and commercial banks.

Also, there must be a collaboration between pharma industries in Nigeria, such that there will be local contract manufacturing and coming together to procure APIs in bulk. This also will reduce the cost of procurement which consequently will be more profitable and more affordable to the final consumers.

Despite the efforts of NAFDAC and PCN, fake and substandard drugs still flood the local market. What do you think is the problem and how can it be tackled?

The fake and substandard drug issue is a global menace; it is not peculiar to Nigeria. NAFDAC and PCN are doing

their best on the matter, considering Nigeria's porous borders. Pharmacists must dominate the pharma space, from manufacturing, importation and distribution to dispensing. This will go a long way in mitigating these challenges. Coordinated Wholesale Drug Centres should be a top priority that will help tackle this problem.

Brain drain is the order of the day. Nigerian pharmacists are migrating to foreign countries for better opportunities and the promise of a better life. Government and PSN should be working to stop the trend.

If the government creates an enabling environment, professionals can travel to further their education, gain experience and will be eager to come home to practise. Pharmacists in the diaspora will be ready to invest both money and knowledge in the country.

The 95th PSN conference has come and gone. What are your observations in terms of organisation and impact in the pharmaceutical industry?

The conference was well attended, contrary to popular opinion. The CPC and LOC worked very hard to deliver a good conference. Kayhelt also treated pharmacists to the best gala night in the history of PSN conferences.

Our president, Prof. Cyril Usifoh, did so much to see that his first conference was a success. Knowledge was updated, relaxation was achieved and businesses were transacted. I think it was a time well spent for all the attendees.

What is the biggest challenge your company is facing in terms of meeting up with the drug needs of Nigerians and what do you think should be done to help on the part of the government?

Access to and availability of forex is a major barrier to providing essential drugs. Fluctuation of forex and the high debt profile of government agencies to pharma industries also impact on the industry negatively. If we have access to forex, a stable exchange rate, and if the federal and state government hospitals and agencies pay pharma companies on time, it will go a long way to ensure drug sufficiency in the country.

Any advice for pharmaceutical companies in the face of the economic challenges facing the country?

I will advise everyone to remain calm and focused; take the calculated risk and try as much as possible to remain afloat. There is always light at the end of the tunnel.



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OOU pharmacy faculty readies for drug production, PharmD commencement

By Ranmilowo Ojalumo

As part of efforts to produce well-grounded graduates and boost Internally Generated Revenue (IGR), the Faculty of Pharmacy, Olabisi Onabanjo University, Ogun State, has begun plans for imminent production of medicines and other pharmaceutical products.

Dean of the faculty, Professor Lateef Kasim, made this known to *Pharmanews* recently, saying the faculty is only waiting for the university management to release funds for the commencement of the project.

He noted that, over the past years, the faculty had been working on the development of excipients from natural sources for pharmaceutical formulations and isolation of bioactive compounds from natural products which have yielded positive results.

Explaining the rationale for the initiative, Kasim said: "The Nigerian pharmaceutical sector still has a lot to do in the subsector of manufacturing and the prerequisite research and development. Though so much ground has been covered to improve the delivery of pharmaceutical care at hospital and community level there is still room for improvement."



Professor Lateef Kasim

He added: "Importation of drugs is indeed an area of concern. At the university level, we can only double up on our efforts to support the industry in requisite research, while the industry must be ready to invest in research and development."

"It never comes cheap. The gestation period can be long, which many companies are not willing to bear, however, we have a plan to start production of some pharmaceuticals in the

faculty, we are waiting for the management to release funds for the commencement of the project. This is not our duty but to help the university in the area of Internally Generated Revenue (IGR)".

The dean also hinted that the faculty will soon begin the PharmD programme, in line with the directives of the Pharmacy Council of Nigeria (PCN).

He revealed that the proposal for the programme had been sent to the University Senate after which the faculty will secure the approval of the National Universities Commission (NUC).

Kasim, who is a professor of Pharmaceutical and Medicinal Chemistry, further disclosed that the faculty has since prioritised giving quality instruction and training to students in the faculty, saying the ultimate aim of this is to produce quality hands that will change the pharmaceutical space positively.

He added that testimonies from the industry have

continued to confirm that the faculty is achieving the aim.

According to him, "We are training competent hands in the faculty who are poised for changing or advancing the Nigeria pharmaceutical sector, especially emphasising pharmaceutical care and preparing the students for new or expanded roles in the health system."

"Today, our products are highly sought-after by the employers of labour, not only for their academic knowledge but also for their moral values, reliability and honesty. This information is a feedback from different organisations".

The dean also called on the Nigerian government to encourage pharmacists to remain in the country by creating a conducive environment to practise. He added that the government must also provide loans to pharmaceutical companies, as well as land and other amenities that will make the pharma companies to grow as it is being done in the agricultural sector.

Kasim also charged pharmacists in the country to work together as a team to address all issues confronting the pharmacy profession.

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Make your impact felt in primary healthcare, FIP President urges pharmacists

By Temitope Obayendo

President of the International Pharmaceutical Federation (FIP), Mr Dominique Jordan, has urged pharmacists across the globe to strive to make impressive contributions in the healthcare space by making huge impact in primary healthcare.

Jordan made this disclosure to *Pharmanews* in an exclusive interview on the outcome of the recently concluded 80th FIP World Congress of Pharmacy and Pharmaceutical Sciences, held in Seville, Spain. He added that, towards the realisation of this goal, the Federation has been building on three key areas of work, which are non-communicable diseases, prevention and patient safety.

Emphasising the crucial roles of primary healthcare in any healthcare delivery system, Jordan noted that no healthcare sector can survive without a solid channel in reaching the grassroots.

He said this is the reason the federation has been specifically committed to primary healthcare for the past four years, stressing that activities are in top gear towards celebrating the fourth anniversary of this commitment with a Global Summit.

Speaking on other roles pharmacists can play in primary healthcare, aside from vaccination, he mentioned screening of people for increased risk of cardiovascular disease, as done in Australia; Prevention of HIV infections by prescribing antiretrovirals for pre- and post-exposure prophylaxis, as done in Brazil; improving tuberculosis patients' health and helping stop the spread of the disease, as done in India; management of diabetes patients, as done in Lebanon; and detection of people at risk of colorectal cancer and screening, as done by Switzerland community pharmacists, among others.

Below is the full text of the interview:

Congratulations on the successful conclusion of the 80th FIP World Congress of Pharmacy and Pharmaceutical Sciences, held in Seville, Spain. Can you mention some of the takeaways for pharmacists from this year's congress?

After a long wait for this FIP World Congress in Seville to become a reality, finally, we were able to gather. The congress was not only a sign that we are emerging from the COVID pandemic, but was yet another strong demonstration of pharmacists' dedication to healthcare everywhere.

During the congress, colleagues from 104 countries discussed learnings for future preparedness. We shared the evidence supporting the response to COVID-19 and heard from experts on a range of topics, including new medicines, improving communication and addressing misinformation, as well as strategies to support whole-person healthcare.

We shared our ethical challenges and explored solutions to health inequities, medicines shortages, choices and affordability, sustainability,



Mr Dominique Jordan
FIP president

and technological advances, among other subjects. New knowledge in these areas was taken home by our participants to put to use to benefit our societies.

We are very proud of the success of this congress and the even stronger relationships we have built. I am confident that our collaboration will remain strong as together we advance our profession. The congress also reminded us of the importance of meeting face to face, and of the engagement this facilitates.

Now, it is time to look forward to our next congress and beyond the topic of healthcare recovery. Our 81st World Congress of Pharmacy and Pharmaceutical Sciences will take place 24-28 September 2023 in Brisbane, Australia, under the theme of building a sustainable future for healthcare. Our actions, our services, our rightful place in healthcare systems must be sustainable and I urge all colleagues to join us in our work to make this happen.

In line with the theme of 2022 World Pharmacists Day, what is FIP's mandate to pharmacists across the globe?

World Pharmacists Day 2022 was the 12th global celebration of our profession, led by FIP. The theme was "Pharmacy United in Action for a Healthier World" and, without a doubt, our profession showed its unity on that day, with this message being carried in at least 140 countries through numerous and varied activities.

Our profession came together to make sure everyone knows how committed pharmacists, pharmaceutical scientists and pharmacy educators are to making our world a healthier place. Colleagues from every sector — including community, hospital, industry, science, education, research and clinical trials, government, regulation and non-governmental organisations — showed their pride in our profession and celebrated our contributions

to the targets of Sustainable Development Goal 3, health and well-being for all.

We saw the value of pharmacy talked about in national newspapers and on the radio. We heard #WPD2022 messages from health ministers and health systems recognising our profession's contribution. Pharmaceutical companies, wholesalers, other corporates in the health sector and even financial institutions also took the opportunity to thank pharmacists for

their efforts to make medicines expertise and healthcare accessible to all.

We have successfully shown how our profession is united for a healthier world, regardless of and overcoming conflict, different politics and cultures, and economic disparity. I would personally like to thank all our member organisations and individuals who have supported the campaign this year. I feel so proud to be a pharmacist and to be the president of FIP.

I encourage everyone to take part in the campaign next year, on 25 September, to promote our great profession even further. The theme for WPD2023 will be announced at the end of March and I invite colleagues to keep an eye on FIP social media for news.

At the congress, much was said about expanding pharmaceutical services to vaccination centres, and point-of-care centres. How can this be achieved without pharmaceutical premises being seen as a rival to a hospital?

The COVID-19 pandemic has clearly demonstrated that there is both room and need for vaccination and testing in pharmacies, and that this is essential if we are to be able to offer access to health to as many people as possible. When, during the pandemic, access to many healthcare facilities were restricted, pharmacies remained open to provide care. Prevention is better than cure and vaccination is the second most effective public health intervention after clean water.

As the global leader of Pharmacy, we have continued to advocate for expansion of vaccination by pharmacists. We are pleased that the number of countries with pharmacists as vaccinators has increased. According to our data, as of August 2022, pharmacy-based

vaccination is now available in at least 40 countries and territories — 20 more than in 2016.

Throughout the pandemic, FIP has been gathering evidence of actions and outcomes and we now have good evidence to share, reflect on, and use to transform Pharmacy globally, so that we are fully equipped to contribute to the present and future challenges of our health systems.

We should not be looking upon other types of healthcare facility as rivals. The wording of FIP's vision is clear: A world where everyone benefits from access to safe, effective, quality and affordable medicines and health technologies, as well as from pharmaceutical care services provided by pharmacists, in collaboration with other healthcare professionals. There is a role for everyone to play in the service of our societies. I think the pandemic has opened up many doors for pharmacy and helped others to view our contributions positively.

How would you address the challenge of inadequate funding and facilities in the production of medicines in some parts of the world, especially the developing countries?

Inadequate funding and facilities are indeed a complex challenge that we must overcome. It is not right that we have some parts of the world with good facilities but others not, and this is what the concept of universal health care aims to correct. It has helped, to some extent, that the COVID pandemic has made our vulnerabilities in terms of access to medicines, for example, clear and it has been encouraging to see developments such as the push for Africa to make its own medicines.

FIP and its partners, under the World Health Professions Alliance, have been advocating for more investment in healthcare and will continue to do so. Where possible, FIP also advocates improvements in related areas. Earlier this year, for example, we met with energy suppliers to raise awareness and discuss solutions to energy supply challenges across Africa, in order to help prevent the devastating outcomes of outages on the provision of healthcare.

But more developments are needed in this area and this requires political will, as well as investment. We believe that our health ministers' summit next year will provide an opportunity to garner more support.

Regarding the migration of pharmacists to other professions, what is FIP admonition to other pharmacists?

It would not be right for me to tell colleagues in which direction to steer their careers. What I can say is that Pharmacy is a great profession that allows you to help others with the most valuable commodity that we have — health. A qualification in Pharmacy will serve you well in many sectors and can take you to many new places, but the world definitely needs pharmacists now more than ever. Let me add that I have been a pharmacist for over 34 years and remain so. I am proud to be a pharmacist and I hope others are equally proud to be pharmacists!

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Groundnut, the earthnut of great value

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



Arachis hypogaea

Groundnut (*Arachis hypogaea*), also called peanut, earthnut, or goober, a legume of the pea family (Fabaceae or Leguminosae), grown for its edible seeds, is a delicious and healthy nut. It is called *gyada* in Hausa, *ntu oka* or *ahuekere* in Igbo, and *epa* in Yoruba.

Constituents

Groundnut is rich in macronutrients, such as protein (the amino acid, Arginine), carbohydrate, fibre and sugars; minerals, like potassium, phosphorous, magnesium, manganese, calcium, sodium, iron, copper, biotin and zinc; as well as vitamins E, B1, B2, B3, B6 and folate. It also contains monounsaturated fats, polyunsaturated fats, saturated fats, resveratrol, coumaric acid, and phytosterols.

Preparations

Groundnut may be eaten raw, boiled, fried or roasted. It may be available as oil, paste, added to shakes, smoothies, puddings, salads, stir-fried veggies, sliced apples, bread toasts, sauce for meat (in suya and kilishi).

One of the commonest preparations of groundnut is **peanut butter**, known as "ose oji" or "okwu oji" in Igbo; «epa bota» in Yoruba and «gyada butter» in Hausa.

Pharmacological actions and medicinal uses

The protein-rich composition of groundnut makes it great for people who are either trying to lose weight or trying to gain muscle strength. Groundnuts provide satiety, due to its fibre content, which helps in curbing appetite and managing junk cravings.

Studies reveal that a moderate intake of peanuts daily can help in improving heart health (by reducing bad cholesterol (LDL), preventing blockage in the arteries). It also reduces the risk of strokes and boosts overall immunity.

According to the studies, adding peanuts to diets can improve brainpower and brain functioning, as well as significantly improving ailments like Alzheimer's disease and boosting memory.

Peanuts also help in reducing depressive symptoms by releasing serotonin; the presence of Tryptophan helps in inducing sleep and improving mental health.

Studies have linked the consumption of peanuts to a lower risk of gallstones in both men and women and lower risk of type 2 diabetes in women. Several studies report that peanut intake

is associated with reduced risk of several cancers, such as colorectal cancer, postmenopausal breast cancer, gastric and oesophageal

cancers. This anticancer property has been attributed to isoflavones, resveratrol, and phenolic acid found in peanuts.

Studies also suggest that peanuts may serve as a possible treatment for erectile dysfunction because of their rich content of arginine, an essential amino acid; also polycystic ovarian syndrome (PCOS) because they contain monounsaturated fats.

Anecdotal evidence suggest that peanut consumption may protect the skin from sunburn and damage and also fight bacteria and make the skin glow as a result of the presence of vitamin E, magnesium, and zinc.

Adverse effects

Too much peanuts intake at one time may lead to stomach discomfort. Constipation, diarrhoea and bloating are common issues associated with excessive peanuts intake.

Eating mouldy peanuts can lead to aflatoxin poisoning. It may impair liver function and lead to jaundice, fatigue, loss of appetite, liver damage and liver cancer. Peanuts may also cause allergic reaction or inhibit iron absorption.

Economic uses and potentials

During the processing of groundnuts into oil, the groundnut cake can be used as feed for livestock and poultry or as well used in the production of the locally made Nigerian snack, known as *kuli kuli*, which is very common in the north.

A 100kg bag of raw unshelled groundnut costs about N80,000, while a bottle of deshelled, roasted groundnut costs between N1,000-N1,200. There are prospects for groundnut in cultivation, sales, food, pharmaceutical and cosmetics industries.

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Collaborative research crucial for national development - Ajayi

Dr Funmilayo O. Ajayi is a clinical pharmacology & biopharmaceutics consultant. She served as a national research council resident research fellow at Walter Reed Army Institute of Research, Maryland, USA. Thereafter, she spent over 10 years at the Centre for Drug Evaluation and Research (CDER) and FDA, and almost 14 years at Procter & Gamble (P&G). In this exclusive interview, Ajayi, who is a Fellow of both the London Institute of Science Technology and the American College of Clinical Pharmacology, highlights role of scientific research in national development, while also addressing other pressing issues in healthcare such as antimicrobial resistance, pharmaceutical technology and cost-effective drug development process that require urgent attention. **TEMITOPE OBAYENDO** spoke with her.



Dr Funmilayo O. Ajayi

Please tell us a little about your background and education.

I am the first of six children of Rev. Samuel and Mrs Deborah Oladitan, both of blessed memory. My father, a minister within the Baptist Church in Nigeria, had the opportunity to also be a school superintendent in early 1960s. On the other hand, my mother was a primary school teacher. Both of my parents valued education to such a degree that they gave opportunity to several young people within their spheres of influence to live with them so they could go to school. Most of them got educated to the highest level within their careers.

I received a PhD in Pharmacology, with emphasis on experimental therapeutics, from the University of Ibadan, Nigeria. I worked at the Pharmacology Department and The Ibadan Polytechnic, while pursuing my postgraduate education.

Following my postgraduate education, I worked at the Biology Department, Ogun State Polytechnic, in Abeokuta, and later at the Department of Pharmacology, Ogun State University Teaching Hospital, Sagamu.

My areas of interest and focus are biopharmaceutics, pharmacokinetics, pharmacodynamics, drug safety, and pharmacovigilance. I am a Fellow of the London Institute of Science Technology, the

American College of Clinical Pharmacology, and the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA).

I was fortunate to receive the National Research Council Resident Research Fellowship Award, which took me to Walter Reed Army Institute of Research in Silver Spring, Maryland, USA. This opportunity opened a rare door for me at the Centre for Drug Evaluation and Research (CDER) of the US Food and Drug Administration (FDA) where I served for over 10 years. This was followed by 14 years of global research & development responsibilities with Procter & Gamble (P&G), in Cincinnati, Ohio.

What informed your decision to study Pharmacology?

My interest in the sciences started while at the Baptist Girls High School, Osogbo, Osun State. We had wonderful science teachers who made the subjects easy to grasp and appreciate. I was interested in going for Medicine, until I was presented with an opportunity in the field of basic medical sciences for a Science Laboratory Technology Diploma in Pharmacology & Physiology within the Institute of Science Technology, London.

It was no brainer for me to keep a keen focus in Pharmacology since I was already working as a science laboratory technologist in the

Department of Pharmacology and Therapeutics at the University of Ibadan. Realising that it was possible to obtain the Fellowship of the London Institute of Science Technology via a masters' level thesis, I embarked on doing that and, successfully so.

Receiving the Fellowship of the London Institute of Science Technology opened the opportunity for me to apply to the Postgraduate School of the University of Ibadan, where I earned a master's degree and, subsequently, a Doctor of Philosophy degree in Pharmacology.

I am blessed and proud to be the first science laboratory technologist to go through this route of education, which eventually opened the door that others have successfully gone through in Nigeria.

As a veteran researcher, do you see scientific research as a tool for national development?

Yes. This is because successful achievement of national goals is only feasible when the relationship between research and innovation is fully explored, developed, and utilised. A well-known fact is that nothing can be achieved without scientific research. Science is a tool for national development that yields significant knowledge creation, ample understanding, and utilisation of various unique strategies. This enhances national health and wellbeing, infrastructural developments, agricultural productivity, mining of natural minerals, economic and social development, to mention a few.

What is needed most in our country is a strong collaboration among the universities, industries, governmental agencies and the like. This is because collaborative research is very transformational. It helps reduce inefficiencies in the system, build research capacity and enhance research capability. All of which will result in timely understanding of complex national problems and creation of innovative solutions to same.

Can you share with us major factors in drug development that will aid the Nigerian pharmaceutical industry in local drugs manufacturing?

The wealth of knowledge, expertise, and experience of the drug development paradigm within the industry, academia, as well as the regulatory arena in Nigeria is noteworthy. Unfortunately, the major outages and limitations hindering the pharmaceutical industry in

Nigeria are with respect to poor infrastructure, such as good roads, electricity, and water supply; lack of end-to-end solutions to drug manufacturing, viz ability to manufacture active pharmaceutical ingredient (API) and high-grade pharmaceutical excipients; as well as insufficient number of clinical research facilities for Phase I to Phase III clinical trials.

Focused joint efforts by the federal and state governments, in terms of funding and authentic leadership, is urgently needed to ensure that Nigeria does not stay too far behind in the world of pharmaceutical research, technology, development, and manufacturing.

Again, from your years of experience, how would you place technology in drug development?

While pharmaceutical technology is an essential aspect of efficient and cost-effective drug development, manufacturing, and drug delivery, the importance of technology in general cannot be overstated. It is critical at all stages of drug development, starting from technologies used for lead drug candidate identification and selection, study protocol development, data generation, data collection, data analysis, and disease therapeutics management, such as prediction of drug response, drug failure, and/or drug safety profile.

How would you assess the performance of Nigerian pharmacologists in clinical pharmacology? Are there areas requiring improvements?

Our clinical pharmacologists are doing their very best by devoting a lot of efforts to research, even with the limitations being faced because of inadequate research funding, poor infrastructure, and little to no leadership support. Hence, based on the above, I will say that they are making excellent strides despite the obstacles they face.

Having worked on anti-infectives review, what would you recommend as a solution to recurrent antimicrobial resistance issue in Nigeria?

The resistance to antimicrobial agents in our dear country is a significant medical issue that may soon become very problematic with emergence of "superbugs". Consequently, there is an urgent need for a deliberate and targeted joint effort by the government and healthcare professionals to curb the outrageous access to, misuse and abuse of antimicrobial drugs in Nigeria.

What is your message to young pharmacologists aspiring to be like you?

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Ozolua wins May & Baker Professional Service Award

- As Owaba, Omeire, others bag Pfizer Award

By Adebayo Oladejo

The Deputy Vice-Chancellor (Academic), University of Benin, Prof. Ray Ozolua, has won the highly coveted May & Baker Professional Service Award in Pharmacy for 2022. The award came with a plaque, certificate, and a cash prize of N500,000.

In a related development, the Pfizer Award of Excellence was bagged by five notable pharmacists, namely Pharm. (Dr) Charles Ronari Owaba; Pharm. (Dr) Moteehat Olubukola Olu-Lawal; Pharm. (Mrs) Clara Yemi Adesola; Pharm. (Dr) Dorcas Nyalas Omeire and Pharm. (Dr) Ekaette Paul Orebiyi.

Ozolua and the Pfizer Award winners were announced at the closing banquet of the 95th PSN Conference, held at Crispian Suites and Event Centre, Jos, Plateau State, recently.

A pharmacist, pharmacologist and toxicologist, with over 20 years of teaching and research experience, the 2022 May & Baker Award winner started his academic career as a graduate assistant in the Department of Pharmacology & Toxicology, University of Benin, in April 1993. He rose through the ranks to become a professor in October 2011.

Ozolua has served as a consultant to the Federal Ministry of Health, the Pharmacy Council of Nigeria, the Partnership for Transforming Health Systems 2 (PATHS-2), the Medical Sciences for Health (MSH), and the United States Agency for International Development (USAID), among



Pharm. (Dr) Dorcas Omeire (middle), receiving her award plaque from former PSN President, Sir Anthony Akhmien, while the PSN President, Prof. Cyril Usifoh looks in admiration, at the closing banquet of the 95th Annual National Conference of the PSN, held at Crispian Suites & Event Centre, Jos, Plateau State.

others.

He is a Fellow of the West African Society for Pharmacology (FWASP), and a Fellow of the Pharmaceutical Society of Nigeria. He actively participates in developing the national policy on Pharmacovigilance, Standard Treatment Guidelines, and Essential Medicine.

Pharm. (Dr) Omeire, one of the winners of the Pfizer Award, is head of Pharmacy Unit at the University of Lagos Medical Centre.

An ordained Pastor, Omeire was born to a Christian Missionary couple (Rev. Bartholomew Nyalas and

Madam Keturah Nyalas) in Adamawa State, Nigeria. She is a seasoned consultant clinical and public health pharmacist, with additional expertise in Substance Use Disorder (SUD) counselling.

She is passionate about impacting and mentoring young people, as well as developing capacity and positively touching lives, especially in the evangelical, health and academic sectors.

Omeire has built a strong network of positive associates and she is blessed with highly supportive mentors, colleagues, friends, family, spouse and children.

Over the years, the May & Baker Professional Service Award in Pharmacy has become a flagship professional award in the pharmaceutical landscape

in Nigeria, as it aims to reward excellence and innovation in the practice of Pharmacy in Nigeria.

To qualify for the award, applicants would include relevant evidence of whatever claims they may have concerning their achievements for verification and appear before the award selection committee to clarify some of the claims.

Among other things, the committee scrutinises the credentials for elements of integrity, leadership positions held in Pharmacy, academic and professional qualifications, innovations in the area of practice, professional/academic performance, philanthropic activities, and service to humanity outside pharmacy.

Also in recognition of their excellent contributions to the pharmacy profession in Nigeria, a number of pharmacists received other notable awards. Pharm. Ibrahim Kolawole Bello won the Biogeneric Integrity Award; Pharm. Simisola Temidayo Oloye, won BASF Young Female Pharmacist Award; while Mr Santosh Kumar, senior vice-president, West Africa Integrated Commercial Solutions (WWCVI), and Chief Oluwole Awotuyi, managing director and chief executive officer, Tuyil Pharmaceutical Industries Limited, Kwara State, won Friend of Pharmacy Awards.

Most Nigerian health institutions need business awareness- Mbelu

By Idara Inyang

Medical expert and convener of the AfriHealth Expo, Dr Chijioke Mbelu, has averred that many Nigerians continue to seek healthcare services overseas because most health institutions in the country have no business strategy.

Mbelu said this at the maiden edition of the Lagos AfriHealth Expo, held recently at the Lagos Airport Hotel, Ikeja.

Speaking on the essence of the event, which had the theme, "Quality Healthcare Accessibility in Nigeria," the convener said: "We are organising this event to increase the capacity and capability of our healthcare providers so that they can function well, serve the public better and reduce the exodus of people going to other countries for what could easily be done here.

"Most health institutions in Nigeria are not doing business and that is why people are still going to Dubai for headache and going to India for stomach pain because nobody knows what you do. Nobody knows which health institution has



Cross-section of panelists and dignitaries at the Lagos AfriHealth Expo held at the Lagos Airport Hotel.

ultra-scans and other relevant equipment that can be beneficial to their health.

"This event is an opportunity for a cardiologist

to tell you about their cardiology interventions, about their pacemakers in the heart, about their IVF services, and so on. Don't just set up your health business and think that people

can just come from Port-Harcourt to Lagos to patronise you. It doesn't work that way.

continued on page 42

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Antimicrobial resistance: Pharmacists' roles in antimicrobial stewardship

By Pharm. (Dr) Onyinye Chiekwe
B.Pharm, PharmD, University of Benin; MSc.PH, University of Lagos.

One of the first things I learnt in pharmacy school, particularly in Pharmaceutical Microbiology, was that "microorganisms are ubiquitous." I learnt this under the topic, *The Ubiquity of Microorganisms*. It was also the first time I ever heard the word "ubiquitous". That microorganisms are ubiquitous simply means that microorganisms are everywhere.

Why such a big word for a simple definition, I thought. The definition may be simple, but the issue of antibiotic resistance is not. Antimicrobial resistance is rising dangerously, globally. This may not be unconnected to the fact that microorganisms are ubiquitous and can adapt to or survive the harshest conditions.

Antibiotic resistance and antimicrobial stewardship

Before the discovery of antibiotics, infectious diseases were responsible for high morbidity and mortality rates globally; the average life expectancy was 47 years. However, there came Alexander Fleming, who thankfully saved the day with his Penicillin discovery.

Now, decades after the first clinical use of antibiotics, we seem to be going back in time; infections have once more become a threat, no thanks to the rise of resistant bacteria. So terrible are the consequences of resistant bacteria that health experts report that we are heading for a post-antibiotics era, where infections will be harder to treat. Worse is the decline in the rate of developing and approving novel antibiotics.

These devastating trends contribute to the World Health Organisation declaring antimicrobial resistance as one of the top 10 global public health

threats humans face. It is also why it became crucial to have people responsible for conserving antibiotics and upholding their judicious use. Thus, the concept of antimicrobial stewardship started.

Antimicrobial stewardship is a set of coordinated activities designed to guarantee the optimal choice of therapy for patients that achieves the best clinical outcome, while reducing toxicity. It aims to prevent the overuse, abuse and inappropriate use of antibiotics and to reduce the development of resistance at patient and community levels.

It is tempting to associate antibiotic resistance with the proverbial hungry goat owned by an entire village which starves to death because it has no specified owner. However, unlike the goat, the issue of antibiotic resistance has a designated steward.

A steward looks after something entrusted in his care with a responsibility to manage it. By default, all healthcare professionals are antimicrobial stewards. However, pharmacists are responsible for setting up antimicrobial stewardship programmes in their respective healthcare facilities and ensuring the success of such.

Specific roles of pharmacists

Antimicrobial stewardship (AMS) optimises antibiotic use across every healthcare setting. As pharmacists, we are core AMS team members and play a vital role in achieving AMS goals throughout the continuum of care, whether in-patient, out-patient or long-term care sectors. We are drug custodians, who are well-placed to lead campaigns and ensure that health facilities meet regulatory requirements that facilitate antimicrobial

stewardship.

Pharmacists are in a great position to **initiate a structured antimicrobial stewardship programme in healthcare facilities (where there is none)**. All AMS programmes involve a multidisciplinary team of pharmacists, doctors, nurses, infectious disease specialists, etc., and a concrete programme. Pharmacists can spearhead this initiative.

Pharmacists are **advocates and influencers** who improve public knowledge and attitude towards antibiotics. For example, community pharmacists are the first point of contact for the healthcare-seeking community because of the ease of accessibility. So, they are in a great place to alter public perception about antibiotic use.

Pharmacists are **intervention experts who optimise prescriptions** wherever they are. Whether in the hospital or community, pharmacists review prescriptions and intervene where necessary.

In hospitals, it is a good idea to combine restrictive interventions (interventions that set a limit on prescribing antibiotics) with persuasive interventions (interventions that advise physicians on prescribing or give feedback about a prescription based on the restrictive limits set).

In healthcare facilities, pharmacists **promote strict adherence to medication guidelines** (an example is the provision of guidelines on antibiotic dosing regimens). They **monitor antibiotic use** (dosage adjustment in a case of organ dysfunction or in cases of super drug resistance, where higher doses of antibiotics may be required). Pharmacists should also spearhead an annual or quarterly antibiotics review in



health facilities.

Pharmacists are **teachers and educators** who provide education and information to other healthcare professionals. They put together clinical conferences and training, newsletters and articles. Topics range from antimicrobial stewardship to antimicrobial use and resistance.

They also educate patients, caregivers and members of the public who come in contact with the healthcare system.

The role of pharmacists as antimicrobial stewards is as ubiquitous as the microorganisms we try to control. Everywhere a pharmacist is, there is a role to play in pushing back against these resistant microorganisms that threaten the efficacy of antimicrobials.

Special note: Christmas and antibiotic use

It has been observed by yours truly that there is a positive association between festive seasons and increased consumption of antibiotics. There are more clients or patients who want one antibiotic or the other to flush their system or stop their stooling. So, be on your guard and have the right response when they come knocking.

Most Nigerian health institutions need business awareness- Mbelu

continued from page 40

There must be a business arm of any organisation that promotes it."

Mbelu further asserted that the AfriHealth Expo is the only event that had been bringing all the healthcare providers together for the past eight years, adding that the affiliated magazine is published four times in a year and distributed free of charge in Abuja, Lagos and Port-Harcourt.

"It is one of the ways we use to increasing brands visibility and publicity," he said, adding that "the competition is very strong and high in Nigeria when it comes to healthcare business. Only those who have the wherewithal pursue it."

In his presentation titled: "Insurance Scheme: The Journey So Far," Dr Adeyeye Jimmy Arigbabuwo, president, Healthcare Providers Association of Nigeria, stressed the avenues for achieving quality care through health insurance.

According to him, "No matter what type of health insurance is given, quality

service is one of the cardinal features as the expected end. Also, stakeholders determine the type and value of quality they want in their health insurance packages and plans; so quality is in policy, premium, place, person, packages, perception, plan, time, funds, materials, and core values, vision and mission."

Suggesting ways to enhance quality and meet the needs of health consumers in health insurance, Arigbabuwo said, "Trust is a necessary ingredient to herald quality. A partner who operates in an environment where trust is eroded is least concerned about quality of service rendered.

"Timely payment of capitation, fee for service and appropriate pricing are also ways to address this issue. Division of labour will make quality easily attainable and sustainable. Each professional group in provider network should receive pay directly from their employers. Global capitation does not favour quality care delivery."

Calling for partnership with the private sector, the HPAN president declared, "We advocate public-private-partnership. We welcome the new generation without who the future of medical and healthcare will be in disarray.

"Let us also adopt motivation of staff and appreciate performance. It will surprise us how smooth we can drive quality home."

The high point of the event was the free Basic Life Support (BLS) training workshop demonstrated by Medical World Nigeria.

The presenter, Mr Camillus Ehigie said, Medical World Nigeria is certified by the American Health Institution to do basic life support, advanced life support, and pediatric advanced life support.

"Wisdom is profitable to direct, so also basic life support or CPR is profitable to know. When you know it, you're able to save lives," he said.

Ehigie explained that in performing CPR on a person, the practitioner must first check

the scene for factors that could put him or her in danger before offering help.

He added: "If they are not responding, ask a bystander to call relevant authorities performing CPR. People can find these in offices and many other public buildings.

"Next is to place the person carefully on their back and kneel beside their chest. Place your ear next to the person's mouth and listen for no more than 10 seconds. If you do not hear breathing, or you only hear occasional gasps, begin CPR."

On the procedure for CPR, he explained, "Place one of your hands on top of the other and clasp them together. With the heel of the hands and straight elbows, push hard and fast in the center of the chest, slightly below the nipples. Push at least 2 inches deep. Compress their chest at a rate of at least 100 times per minute. Let the chest rise fully between compressions.

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Kwara Gov tasks pharmacists on global best practices, professional ethics

- As Usifoh, Olusin, others commend Kwara PSN

By Adebayo Oladejo



The Deputy Governor of Kwara State, Mr Kayode Alabi, flanked on the right by the PSN President, Prof. Cyril Usifoh and other notable personalities at the Kwara State PSN Pharmacy Week 2022, held recently in Ilorin, Kwara State.

The Governor of Kwara State, AbdulRahman AbdulRazaq, has urged pharmacists in the state and beyond to sustain the culture of adherence to global best practices, as well as compliance with professional ethics, for which they are known, over the years.

While speaking at the opening ceremony of this year's Kwara State PSN Pharmacy Week, themed: "Medicine Security in An Emerging Economy: We are all involved" and held at De Peace Hotel, Tanke, Ilorin, Kwara, the governor reiterated that the roles of pharmacists, among others, include checking unwholesome practices like drug and substance abuse, combatting fake drugs, logistic management coordination, as well as promotion and dispensing of pharmaceuticals.

AbdulRazaq, who was represented by his deputy, Mr Kayode Alabi, promised that his administration will continue to prioritise and transform the health sector of the state, while also providing an enabling environment for businesses to thrive.

Speaking on the theme of the occasion, the governor explained that his administration employed a holistic approach to tackling health sector challenges, saying its approach and policy thrust had favoured collaboration, especially in healthcare, where teamwork counts.

"Undoubtedly, the medical practitioners will have to make an appropriate diagnosis, supported by validated laboratory test results. Pharmacists will have to be on the ground to appropriately prescribe medication to the patients and maintain their vigilance, in conjunction with the nurses, to ensure no unwarranted reactions to the medications," he said.

AbdulRazaq further stated

that the recent appointment of a member of the PSN as the Executive Secretary of the Hospital Management Board called for more responsibility as a team to ensure mutual success, adding that his administration had also reviewed the salaries of health workers, including pharmacists.

"Whether as public officers or in a private or corporate capacity, your contributions to the development of Kwara as a whole are well appreciated," he assured pharmacists.

Also speaking at the event, the President, Pharmaceutical Society of Nigeria (PSN), Prof. Cyril Usifoh, appealed to policymakers not to compromise in creating an enabling environment for local pharma manufacturers to compete globally, adding that pharmaceutical industries are in dire need of policies and government support to enable them to provide medicine security for the country.

Usifoh noted that if adequate support is given to pharmaceutical companies in Kwara, they could provide self-sufficiency in medicine for the state.

"The last time I visited Kwara State, I was able to visit some pharmaceutical companies and I am proud to say that if adequate support is given, they would be able to deliver the appropriate medicine for the state and beyond", he said.

In his speech, the PSN chairman, Kwara State, Pharm. Adejuwon Otelaja, noted that India had sustained the world system by maintaining medicine security for years, saying with the Asian giant's economy forecasted to grow by 7 per cent this year, it surpassed that of the United Kingdom, making it the 5th

largest in the world.

"The IMF said it was the world's largest economy a decade ago. This did not happen overnight but through the preparedness and willpower of those in their system of government", Otelaja said.

According to the PSN boss, Kwara State is fast becoming one of India's manufacturing states, as the pharmaceutical manufacturing companies had grown from three in number to six over a decade, which had positively impacted the fiscal growth of the state, the internally generated revenue, as well as increased employment opportunities.

He also stated that for the pharmaceutical industry to grow, the federal policy on ease of doing business must be replicated in the state.

Otelaja, however, lamented that the chaotic drug distribution system in the nation had greatly contributed to drug insecurity, as the Coordinated Wholesale Centres (CWC) initiative, as recommended by the National Agency for Food, Drug, Administration and Control (NAFDAC), is yet to be fully adopted by most Nigerian states.

"This has placed the drug in the wrong hands and more evidently in the hand of the abusers," he said.

In his keynote address, Pharm. (Dr) Abdulraheem Malik, the executive secretary of Kwara State Hospital Management Board, noted that the importance of safe, effective, and affordable drugs in meeting global healthcare objectives and in building a comprehensive healthcare delivery system, cannot be overemphasised.

He added, however, that lack of political will to enforce pharmacy laws in Nigeria poses

a serious public health threat to everyone in the country.

He also posited that pharmacists can increase medicine security by ensuring that they source their drugs from registered wholesalers, sales representatives, assigned distributors or directly from the manufacturers, adding that NAFDAC registration is not enough to know fake medicines, as it takes little effort to print a fake number on drugs packages these days and sneak them into the market.

"Therefore, it is important we source from registered wholesalers, if we are not going to source from sales representatives or distributors," he advised.

In their goodwill messages at the programme, the Olusin of Ijaraisin, Oba Ajibola Ademola Julius, and the Olupako of Share, Oba Suleiman Olawale Haruna, commended the leadership of the PSN in the state for changing the face of pharmacy practice in the state.

Other dignitaries that graced the occasion included Prof. Phillip Olurinola, coordinator, BÖF, Kwara State; Dr Abubakar Ayinla, permanent secretary, Ministry of Health, Kwara State; Alh Lawal Jabaje, president, NAPMED; Prof. M A Akanmu, chairman, PSN, Osun State; Pharm. Bolanle Oreyemi Oshoba, chairman, PSN, Ekiti State; S Y Hamisu, deputy director, DSS; Dr Medubi Grace, chairperson, Planning Committee; Pharm. Bioku Rahamon, chairman, Bioraj Pharmaceuticals; Pharm. Dele Faworaja, managing director, Rajrab Pharma; Pharm. Charles Nwakile, DPS, UTH; Dr Saad Abdullahi, dean, Faculty of Pharmaceutical Sciences, UNILORIN; Chief (Mrs) Ranti Awotuyi, of Tuyil Pharma, represented by Mrs Eunice Bambe, among many others.

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

Leadership styles across the generations

The matures or traditionalists' characteristics were shaped in their formative years by economic depression, WWII, rationing, few divorces, and gender roles. They have strong nuclear families, and parenting is associated with discipline.

Traditionalists like the command-and-control style, influenced by strong military associations. They enjoy writing letters and memos and prefer one-on-one meetings. Their career attitudes are informed by their job-for-life loyalty to one employer, and work being seen as a privilege.

The baby boomers have characteristics shaped by events like the cold war, the moon landing, the Civil Rights movement, the war in Vietnam and the high-profile assassinations of political figures and social movement leaders. Baby boomers tend to be more optimistic about authority, hierarchy and tradition. They're also optimistic, driven and team-oriented. This combination means that some baby boomers are willing to respect authority, as long as they know their opinion or contribution is being considered in decision-making processes.

From a leadership standpoint, participative leadership styles and techniques can be effective. Approaching boomers with respect for their achievements, challenging them to contribute to a team to solve organisational problems and involving them in corporate change initiatives are techniques that can work. Doing this could motivate them to work harder to contribute more.

Where baby boomers are more team-oriented, Gen Xers tend to be more individually motivated and self-reliant. Often described as cautious, sceptical or unimpressed with authority, Generation X tends to be fair, competent, straightforward and brutally honest. Generation X admires competence and honesty. They do not value achievement as highly as other generations.

Due to their straightforward nature and need for honesty, Gen Xers are often the most difficult to manage and may not fit into one traditional leadership style. To gain their trust, tell them the truth, offer learning opportunities and respect the experiences that shaped their values, beliefs and ways of thinking. For some organisations, Gen Xers have become a significant focus for managers, due to the retirement of baby boomers. Generation X prefers leadership styles that are comparatively more autocratic, directive, task-oriented and transactional.

Like generations before them, millennials were shaped by events. In their case, 9/11, the rise of global terrorism, PlayStation, social media, reality TV, and the Great Recession

have influenced their beliefs and way of life. Many millennials believe that they do not live to work but, instead, focus on their life outside of work. They often prefer fast and immediate processing, as well as working in teams. They also prefer to work in a more relaxed environment than a hierarchical structure and tend to be assertive with strong views because of their unlimited access to information.

Many millennials prefer to receive continuous and instant feedback from their managers. They like to know that what they do matters and want to be praised publicly for their accomplishments. Even though they prefer to be rewarded, it is best to tell them the truth about their work. If they are told they are underperforming, they will likely increase their productivity in an attempt to reach a reward. Millennials prefer leadership styles that are democratic, participative, relationship-oriented and transformational.

Generation Zers were significantly shaped by economic downturn, mobile devices, global warming, environmental issues, and Wiki-leaks. Grandparents and caregivers raised them because both parents work. They are constantly exposed to media. They enjoy fast promotions, quick responses and stimulation. They prefer the Internet as the authority. They have a preference for coaching leadership style.

Transactional solution for multiple generations

With each generation having a preferred leadership style comes the question of how best to lead teams that include members of each generation. A manager may not want to treat one employee different from another, simply to avoid the appearance of discrimination, based on age.

The best option for inflexible leaders may be to use a transactional leadership style. While this is not the preferred style for any generation, it includes aspects of each of the preferred leadership styles and is easiest to relate across generations.

Transactional leaders value structure and operate according to clear rules and regulations. They focus on results and recognise and reward employees practically, such as with money or perks. Along with identifying and rewarding employees, based on pre-established rules, regulations or goals set by a company, transactional leadership also favours structured policies and procedures. Employees can either work independently or in a tightly organised hierarchical structure. This balance of flexibility and design makes transactional leadership appealing to each generation.

Maintaining one consistent

leadership style when communicating with different generations ensures the message is received by all and does not appear discriminatory or biased toward one generation.

While transactional leadership can be a good fit when dealing with multiple generations, it does have advantages and disadvantages. Benefits include clearly-defined rewards and penalties, the ability to achieve short-term goals quickly and a clear structure. On the flip side, creativity is limited because goals and objectives are already set, and it may not be the best fit for organisations where initiative is encouraged.

Situational leadership style for all generations

Many types of leaders are working hard in today's world. We can see leaders directing people, as tasks are completed or goals are formed, by being specific with their instructions. Some leaders coach others towards success by encouraging independent skill development, while offering teaching moments.

Some leaders prefer to roll up their sleeves and get to work with everyone, coaching as they work to promote equality within their team. Some leaders take more of a hands-off approach, delegating work to others or observing their development from afar, then stepping in to provide advice only when it becomes necessary. Then there is a fifth type of leader: the situational leader.

Situational leaders are versatile; they evaluate the situation, the circumstances, and the competence and commitment of the individuals involved in their approach. Then they choose the most appropriate type of leadership style to use for that given circumstance. Instead of being locked into one general leadership style, all of them are incorporated into their approach. Since situational leaders are constantly adjusting their leadership style to suit the current situation, they must be flexible and adapt regularly.

If you build it, they will come

It is ultimately up to managers to determine the best way to lead and develop the people under their supervision, using a style that builds trust in the process. Each generation has a preferred way to be led, shaped by their life experiences and the values instilled within them. However, it is critical to avoid discrimination in communication and remember that what works for one person of a particular generation may not work for another person



from the same generation.

When managers know their employees and establish trust with them, they learn about the life experiences that have shaped them and can figure out the best way to communicate with them. This analysis is just a stepping stone to help managers get on the right track to communicating with employees in a way that is most beneficial for the employee rather than the manager. Performance and results should rise by building trust and opening communication channels.

The ultimate secret to managing multigenerational teams

Since almost every team in our workplaces today is filled with employees from different generations, providing these employees with exemplary inspiring leadership to keep them motivated and get the best from them could be very challenging for a leader who is not flexible.

Do you feel a little out of sync with colleagues of other generations as you work on projects and in teams? Some people call this "the generation gap" in the workplace. However, here is a secret — regardless of age, they are probably much more like you than you might expect.

For example, Millennials want to be part of a team, not just because it enables the work and their goals, but also because of the social interactions it provides. Working on teams — with people they trust and care about — is how Millennials feel connected to the organisation. Interestingly, this is true for employees of all generations.

Is it possible to effectively work with and inspiringly lead people across generations without pulling your hair out? Absolutely. Creating a team dynamic that works for everyone is essential — and it can be done. Analysts sometimes have analysis paralysis when they make an impression that the generations do not share anything in common. The goals are similar for the different generations at work.

The pathways to the plans may not be the same for different ages, but there are still some similarities in their perspectives and approaches to addressing issues.



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Sir Ifeanyi Atueyi, Dr John Nwaiwu, Prof. Mbang Femi-Oyewo.



Cross-section of participants.



Prof. Nndi Ngwuluka, Matthew Azoji, Alh. Ahmed Yakassai, Mrs Titi Onedo.



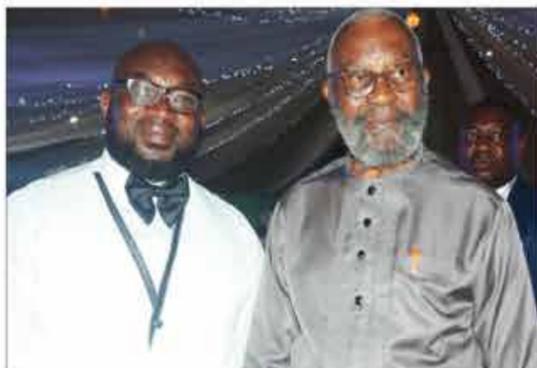
Members of ALPS at the opening session.



Prof. Sonni Gwanle Tyoden (Deputy Governor), Dr Obi Adigwe.



Prof. Sonni Gwanle Tyoden, Prof. Cyril Usifoh



Bankole Ezebullo, Sir Ifeanyi Atueyi



Some participants



Alh. Ahmed Yakassai, Azubike Okwor, Alh. Yaro Budah, Dr Ramatu Momodu, Dr Elijah Mohammed, Sir Tony Akhimien.



Some dignitaries with the Deputy Governor.



Dignitaries at the BOF meeting.

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Planning for 2023 sales and other objectives (2)

In the previous edition, we identified the four minimum management functions as planning, organising, leading and controlling. We posited that planning is key and the place to start. As in other industries, planning is essential for pharmaceutical managers; and in fact, this is the season of planning for sales and marketing leaders.

Planning is the function that determines in advance what should be done. Planning is formally defined as the act of determining the organisation's goals and the means of achieving them. A plan is a blueprint for action that specifies:

- What is to be done - in numbers preferably, and SMART
- resources and resource allocations
- actions necessary for attaining goals
- schedules

Budgeting

A sales budget is a financial plan that estimates a company's total revenue in a specific time period. It focuses on two things—the number of products sold and the price at which they are sold—to predict how the company will perform. Typically, organisations state this on a monthly, quarterly or yearly basis.

Sales budgets are important tools to help businesses estimate their overall performance and how much revenue they may make from a certain product. It helps companies forecast sales and maximise the utilisation of their resources. A sales budget also serves as a planning tool for organisations to use in setting specific standards for achievements.

Sales budget – projection of revenue computed from forecast unit sales and average prices.

Selling expenses budget – the amount that the department may spend to obtain the revenues projected in the sales budget.

Profit budget – merged sales budget and the selling expense budget to determine gross profit. This, I have found from experience, is usually ignored by most sales managers. Yet, how will the company survive and grow if it is ignored by chief revenue officer?

Sales forecasting

Sales forecasting is an estimate of a company's sale for a specified future period. Sales forecasting provides the starting point for assumptions used in various planning activities. It is also used for short-term financial control systems. The financial budget is dependent upon the sales forecast for the projected revenue figures. There are five levels of concern in sales forecasting: market potential, sales potential, actual sales forecasts, sales quotas, sales budgets. Let's break them further down:

Market potential – it is the highest possible expected industry sales of a good or service in a specified market segment, for a given time period. For instance, the market potential for the sales of computer in Lagos state might be two units annually. This is based on buyers' ability to buy and willingness to buy.

Sales potential – refers to an individual firm's market share of the market potential, where market share is defined as the percentage of market controlled by a particular

company or product. It is the maximum sales a firm can hope to obtain.

Sales forecasts – the sales estimate the company actually expects to obtain, based on the market conditions, company resources, and the firm's marketing plan. The sales forecast is less than the sales potential, since it is based on realistic set of circumstances.

Sales quota/target – is a sales goal assigned to a sales person, region or a team. They are usually derived from the sales forecasts. Sales goals and objectives sought by management.

Sales budget – a management plan for the expenditures to accomplish sales goals. Derived from sales target, but like a more realistic target. Most sales managers are assessed based on budget, while

Need for Sales Budget

Determine Sales Goals

Cash Flow Management

Estimate Overhead Costs

Develop Core Strategies

Streamline Business Process

The figure below is the overview of budget and



budgeting.

The first thing you need to be aware of is that the sales budget drives many parts of the organisation: production/importation schedule, overheads, cash-flow, expenditures, including Cap Ex, profitability, etc. It is thus a serious business!

Sales budgeting therefore involves estimating future levels of revenue from sales, selling expenses, and profit contributions of the sales function. From the foregoing, there are three dimensions of a sales budget:

lower-level sales managers are assessed based on target. The difference is usually between 10 per cent and 20 per cent

Sales budgeting process

Below is a summary of the process to develop a useful sales budget:

Situational analysis – sales managers have to look at the magnitude of past differences between budgeted and actual figures and the reasons for these differences.

Identification of problems and opportunities. The actual potential

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threat and challenges have to be assessed and addressed to determine the probabilities of occurrence and potential impact.

Development of sales forecast – The manager is equipped to forecast sales, using one of the various methods. Projections are made about the anticipated levels of sales by territory, product or type of account. It is expressed both in units and dollars.

Formulation of sales objectives – once the forecast has been developed, the sales force has to be told what sales target to strive for and what objectives to pursue.

Determination of sales tasks – the sales manager and the entire sales force have to carry a broad array of sales activities, ranging from recruitment to evaluation, and from prospecting to after sales service.

Specification of resource requirement – that is, the resources that will be required to implement the specified activities and achieve the objectives.

Completion of projections – here, all the inputs and requests from the various units of the sales function are assembled and tied into a comprehensive package.

Presentation and review – presentation and defending of the sales budget proposal before the

management.

Modification and revision – sales managers have to engage in a series of compromise sessions. Here, the sales targets and budgets might be adjusted by the higher management, reflecting both the needs of the company and the true potential of the marketplace.

Budget approval – final levels are eventually approved and authorised for both the sales and the selling expense budgets. Here onwards, budgets are reviewed periodically, by looking at the ongoing market conditions and other external forces.

Finally, you must know that the sales budget and the sales target are not exactly the same, though sometimes used interchangeably. Needless to say that there is a very direct relationship between them and that the sales target is necessarily higher than the sales budget

Tunde Oyeniran, a sales/marketing strategist, selling/sales management trainer and personal sales coach is the lead consultant, Ekini White Tulip Consulting Limited, Lagos. We deliver training, recruitment and field force management solutions. Feedback Channels: 080-2960-6103 (SMS/WhatsApp) /ekiniwhitetuliptraining@gmail.com or check out <https://fb.me/EkiniWhiteTulipConsulting>

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2023 presidential election: Candidates unveil agenda for Pharmacy, healthcare

continued from back page

the parlous state of country's healthcare sector, noting that the president who should build the sector is always on medical tourism abroad.

"We are at a critical period in the life of this country because as we are here discussing healthcare, the president of the country has run away from the country for this same reason. But as for me, I promise you that any illness I cannot treat here in Nigeria should rather kill me.

"Some of the presidential candidates who should be here too are not here for the reason best known to them, especially a particular one that needs healthcare the most. Although we all need healthcare, some need it more, but they are not here. So, I commend your commitment and dedication to being the most trusted healthcare providers and I promise to work with you to take this country to an enviable height," he said.

Sowore added that the Nigerian government had failed everyone, prompting thousands of pharmacists and other healthcare professionals to leave the country in search of greener pastures, adding that, if elected, he would ensure that healthcare workers receive better recognition and appreciation.

On his part, Obi noted that,



Pharm. Azubike Okwor, former president, PSN and Prof. Cyril Usifoh, president, PSN, addressing the presidential candidates of African Action Congress (AAC), Mr Omoyele Sowore, and his counterpart from Social Democratic Party (SDP), Barr Adewole Adebayo, at the Plenary Session organised for the candidates at the 95th Annual National Conference of the PSN, held at Crispian Suites & Event Centre, Jos, Plateau State.

while the country is currently plagued by leadership and systemic failure, the situation can be corrected in the forthcoming election, "by giving way to competent leadership", adding that his Labour Party will bring the necessary changes to make Nigeria great again.

Obi, who was represented by the party's campaign director in the state, Mr Bako Nanzing, said: "We are ready to move Nigeria from a consuming country to a producing country. Pharmacy and pharmaceutical

products are essential and with your votes when we get there, we shall place priority on the pharmaceutical sector and the healthcare sector in general."

The SDP candidate, Adebayo, assured pharmacists that, if elected, his administration would work with them, adding that the present state of the pharma sector is a replica of the unpleasant state of Nigeria, as a whole.

Adebayo, who described the country's challenges as complicated, however noted that

if the problems of insecurity and poverty can be handled properly, half of the challenges would have been solved.

"If elected, the first thing I guarantee is stability and security. No unrest, no banditry, no kidnapping, so that you will be able to set up your pharma business without fear or any challenge, and we will not subject the profession to the tyranny of the politicians."

While speaking at the event, President of the PSN, Prof. Cyril Usifoh, said the session was necessary to hear what the candidates had in store for pharmacists, in particular, as they had been lied to and subjugated for too long in the scheme of things.

While the presidential candidate of the All Progressives Congress (APC), Asiwaju Bola Tinubu, was represented by the gubernatorial candidate for APC in the state, Dr Nentawe Yilwatda, the representative only spoke on his gubernatorial ambition; while the gubernatorial candidate of NNPP in the state, Dr Alfred Dabwan, also represented Dr Rabi Kwankwaso.

Chair of the session, Pharm. Azubike Okwor, former president, PSN and current president, Prof. Usifoh, presented the charter of demands to all the candidates, vowing to hold them accountable to their promises after the elections next year.

Promote indigenous research ideas, Health Commissioner tells scientists

continued from back page

continue to influence issues to be investigated.

According to him, "Government must enable ICHAIR to conceptualise and translate research ideas into innovations, which will advance healthcare; else, the essence of scientific research will be defeated.

"Researchers need to develop research ideas within their locality and what will be of benefit to their immediate populace.

"Up till now, NIMR relies heavily on external funding, which must be in relation to external ideas. Government must provide opportunities for researchers to be funded for indigenous investigations."

Describing NIMR as a quaternary institution, which is equivalent to the National Institute of Health in the United States, Abayomi said the country's apex research institute is endowed with both physical and human resources needed to carry out its mandate.

Also speaking at the conference, former Minister of Health, Prof. Isaac Adewole, called for a strong collaboration among stakeholders in the healthcare sector, noting that the sustainable investment and resources required to upscale current research efforts in the country can best be obtained through genuine partnership among healthcare providers.

Appreciating Nigerian researchers for their efforts in combating the dreaded COVID-19



Prof. Isaac Adewole, former health minister, cutting the tape to commission the new biobank building of NIMR, flanked by NIMR Dg Prof. Babatunde Salako, and other dignitaries at the conference.

pandemic, Adewole charged them to step up their commitment, especially as fewer than 20 per cent of the African population had been vaccinated, as at October ending.

He also urged indigenous researchers to transform their ideas into innovative medicines, such as local vaccines for the benefit of the man on the street.

He said: "One of my core messages today is the need to transcend present efforts, to adding value and high quality home-grown research innovation to address our national health needs.

"Nigerians and Africans are known for their resilience, creativity and determination to

succeed when given an enabling environment to thrive. I'm optimistic that the government, the private sector, the research community and the health industry will provide sustainable resources to advanced health innovation in the country and in Africa."

The former minister also commissioned the new Biobank Building constructed by NIMR, assuring the institute of government's assistance in equipping the facility.

Delivering the keynote address at the event, Chairman of the National Task Team on Antiretroviral Therapy (ART), Prof. Alani Akanmu, who spoke on the topic "The Future of HIV", traced the emergence of HIV/AIDS in stages since 1983, citing various

advances made in the management of the condition.

Akanmu added that such advances were made through research to reduce the viral load of HIV over the years globally.

Speaking earlier, the Director General of NIMR, Prof. Babatunde Salako, said the conference, which was initiated in 2011 and repositioned in 2021, had become a rallying point for bio-medical professionals and other healthcare stakeholders within the country and beyond.

Salako disclosed that the institute had made good progress in developing diagnostic kits, which include COVID-19 and rapid molecular test kits, yellow fever and monkeypox test kits among others.

"This year ICHAIR marks our expansion in reach and scope and content. Despite the advances, innovations and public health outlook made in the containment of COVID-19, there have been other health concerns globally.

"One key expectations before the end of this conference is to identify pockets of excellence in the country and deliberate on how research innovations and output can enhance health.

"We hope the government will initiate policies that can catalyse the market uptake of home-grown innovations," he said.

The DG, who commended the Federal Government for improved funding to the institute, appealed for more funding through the Basic Health Care Provision Fund.

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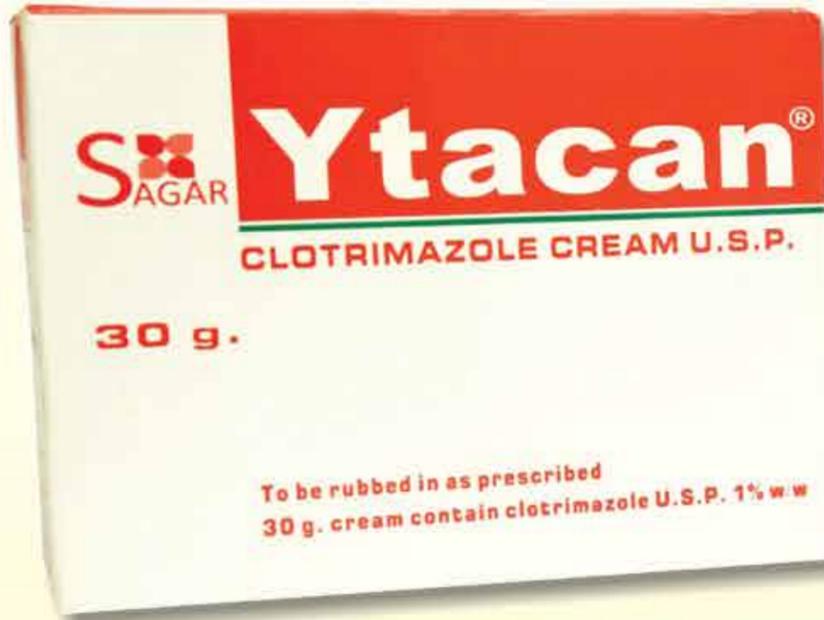
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2023 presidential election: Candidates unveil agenda for Pharmacy, healthcare

By Adebayo Oladejo

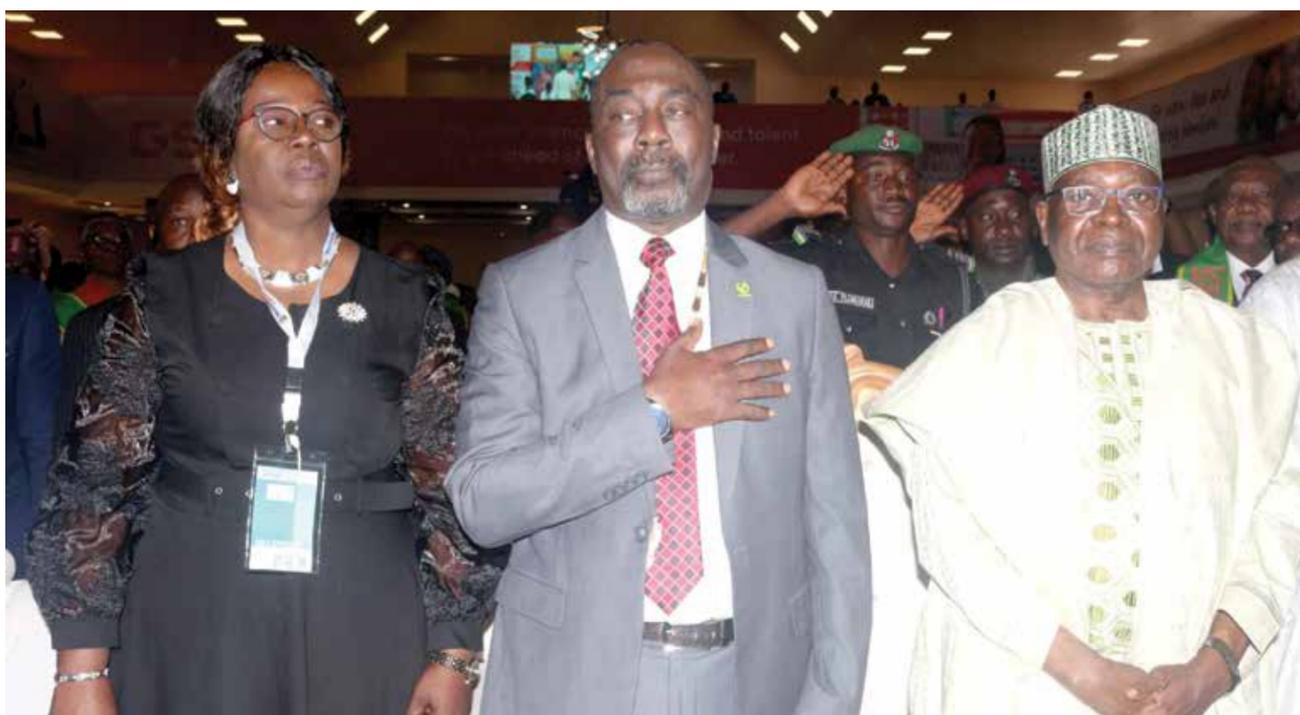
Four contestants in the 2023 presidential election responded to the invitation of the Pharmaceutical Society of Nigeria (PSN) to present their agendas for the pharmacy profession and healthcare, in general.

The aspirants were those of the Labour Party, Mr Peter Obi; African Action Congress (AAC), Mr Omoyele Sowore; Social Democratic Party (SDP), Barr. Adewole Adebayo, and the New Nigeria People's Party (NNPP), Dr Rabiu Kwankwaso.

Candidate of the People's Democratic Party (PDP), Alhaji Atiku Abubakar, was missing at the occasion and had no representation.

Speaking at the Plenary Session of the just concluded 95th Annual National Conference of the PSN, held at Crispian Hotel and Suites, Jos, Plateau State, the AAC candidate, Sowore, lamented

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L-R: Dr Stella Usifoh, Prof Cyril Usifoh, president, PSN, and Prof. Sonni Gwanle Tyoden, deputy governor, Plateau State, at the opening ceremony of the 95th Annual National Conference of the PSN, held at Crispian Suites & Event Centre, Jos, Plateau State.

Promote indigenous research ideas, Health Commissioner tells scientists

- As NIMR holds 11th ICHAIR

By Temitope Obayendo

For research efforts in the country to have optimal impact on the health of the populace, scientists must prioritise prevalent health issues within their localities, rather than concentrating on foreign ideas that have little or no local relevance.

Lagos State Commissioner for Health, Prof. Akin Abayomi,

gave the charge at the 11th Annual International Conference on Health Advances, Innovation and Research (ICHAIR), organised by the Nigerian Institute of Medical Research (NIMR), recently.

Abayomi also called for increased government funding for local researchers, stressing that, without this, foreign donors will

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