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# pharmanews

## **Nigeria's Leading Health Journal**

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An advertisement for Amatem Softgel. A man in an orange suit and sunglasses holds up a box and a blister pack of the product. To his left is a circular graphic with a mosquito and the text "Say NO TO MALARIA" and "YES TO LIFE". The Amatem Softgel logo is prominently displayed on the right. Below the logo, there are logos for Endorsees like PSN, PBN, and BBN.

The image shows two dark brown glass bottles of Exiplon medicine. The bottle on the left is labeled 'Exiplon EXPECTORANT' and the one on the right is labeled 'Exiplon Cough Syrup for Children'. Both bottles have gold-colored screw-on caps. They are positioned in front of their product packaging, which consists of a green box for the expectorant and a pink box for the cough syrup. The boxes feature the same branding as the bottles.

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**L-R: Managing Director, Pharma-Deko PLC, Mr Kayode Ishola; Non-Executive Director, Pharma-Deko PLC, Prof. H.A.B Coker; Head of Dental Department, Randle General Hospital, Dr Lara Agbaje and Managing Director, Health Wave, Mr Anudu during the launch of Hexedene Active, a Chlorhexidine-based mouthwash, held in Lagos recently.**

The image is a promotional advertisement for Daravit Multivitamins. At the top, there is a large orange arrow pointing diagonally upwards and to the right. Inside the arrow, the word "Daravit" is written vertically in white. To the left of the arrow is the Daravit logo, which consists of a stylized orange and red swirl above the word "Daravit". Below the arrow, the word "Multivitamins" is written in a bold, black, sans-serif font. Underneath "Multivitamins", there is a row of six small, colorful boxes representing different supplement formulas. A red banner with the words "NEW RANGES" in white is positioned below the main title. On the left side of the page, there is a vertical column of text: "New Daravit Formulas to support your health". At the bottom left, a brown rectangular box contains the words "LOVE YOURSELF" in white. At the bottom right, there is a call to action: "Follow us on" followed by icons for Facebook, Instagram, and Twitter, and the handle "@daravit\_fam".

**Embrace ongoing industrial revolution, Adelusi-Adeluyi tasks healthcare professionals**

**By Rannilowo Ojalumo**

**F**ormer Minister of Health and President, Nigeria Academy of Pharmacy (NAPharm), Prince Julius Adelusi-Adeluyi, has charged pharmacists and other healthcare professionals doing research and development in the country to join the current wave of industrial revolution, known

as the fourth industrial revolution. This, he said, can be achieved by embracing the three drivers of the new phenomenon, which are: big data, artificial intelligence (AI) and machine learning.

Adelusi-Adeluyi gave the charge while highlighting the

place of Pharmacy in the scheme of global advances, at the recent NAPharm investiture programme, held in Lagos.

He explained that artificial intelligence is helping to make pharmaceutical research and new drug discovery less

*continued on page 16*

An advertisement for Flucor Day. On the left, a yellow background features the product name 'Flucor' in large red letters, with 'NON-DROWSY' below it and 'day' in a stylized font. Above 'Flucor' is the text 'Innovative Liquid Gel'. To the right, a white background shows a smiling man with a beard holding a red and white box of Flucor Day. The box has the product name at the top, followed by 'EASY ACTION MULTI SYMPTOM RELIEF - FLU - COLD - COUGH' and 'FLUCOR DAY' in large letters. Below the box is a blister pack containing several red liquid gel capsules. At the bottom left, there is a logo for Pharmatex Nigeria Limited and their contact information: 'Marketed by PHARMATEX (NIG) LIMITED www.pharmatex.com 0803 403 7936 Available in pharmacy shops Nationwide'.

**44 YEARS OF UNINTERRUPTED MONTHLY PUBLICATION (1979-2023)**

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## DR PATRICK IJEWERE

Dr Patrick Abhulime Ijewere is the chief executive officer/founder, The Nutrition Hospital & Wellness Centre, Ikoyi, Lagos. The centre specialises in the prevention and reversal of chronic degenerative diseases, such as diabetes, hypertension, asthma, allergies, arthritis, depression, dementia, liver disease, cancer, and autoimmune disorders, using a nutritional, natural, wellness model.

A team player, with the vision to transform healthcare in Africa, Ijewere also co-founded Carib Health Centre, which focuses on wellness, based on the use of herbs, nutrition, conventional medicine and unconventional healing.

Ijewere is a product of St. Gregory's College, Obalende, Lagos. His journey through tertiary education began at age 15, at Case Western Reserve University, Cleveland, Ohio, USA. He earned a bachelor's degree in Chemistry from George Washington University in 1986; followed by a bachelor's degree in Pharmacy (honours) from Howard University, in 1989.

He proceeded to medical college, at Howard University, where he graduated in 2003, with an MD degree (honours). He had specialty training in Internal Medicine at Johns Hopkins University, Baltimore, Maryland, finishing in 1996. He also obtained an Executive MBA at the University of South Florida, Tampa in 2003.

Ijewere had professional exposure in Florida for 15 years - as an internist, a hospitalist, emergency room (ER) physician, and a ringside sports physician for Florida State. He pioneered St Patrick Medical P.A., which had five clinics in Central Florida, amongst other clients, and served the Florida State Department of Health, and the U.S. Department of Homeland Security.

Upon return to Nigeria, he impacted healthcare in several ways. He was the pioneer medical director of Salus Trust, the Catholic Church's HMO, with over 320 catholic hospitals and clinics nationwide, spread within 52 dioceses. He also met with providers nationwide to understand challenges with healthcare delivery in Nigeria.

Ijewere has created awareness on staying healthy (wellness) and preventing illness by giving health talks on preventive health, proper use of medications, and nutrition. His impact has been felt in nearly all the states across the federation.

He has been featured on several TV and radio programmes to discuss wellness, agriculture, environment, and other issues. He currently hosts a weekly radio programme, "Wellness Half-Hour" on Inspiration FM, 92.3 FM, Sundays, at 1 pm.

Ijewere's hobbies include dancing, reading, walking, tennis, travelling, and watching comedy. He is married to Mrs Sherese Ijewere, a Jamaican, who is a professional consultant in the field of nutrition, certified and clinically trained with 18 years plus experience and practices Medical Nutrition Therapies. She is a co-founder of Carib Health Centre.



## Celebrating 44 Years of Uninterrupted Monthly Publication

(1979 - 2023)

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## Inspiration

"Accepting personal responsibility for your life frees you from outside influences - increases your self-esteem - boosts confidence in your ability to decisions - and ultimately leads to achieve success in life." **Roy T. Bennett**

"You may only succeed if you desire succeeding; you may only fail if you do not mind failing." - **Philippos**

"No one achieves greatness by becoming a generalist. You don't hone a skill by diluting your attention to its development. The only way to get to the next level is focus." - **John C. Maxwell**

"With greater confidence in yourself and your abilities, you will set bigger goals, make bigger plans and commit yourself to achieving objectives that today you only dream about." - **Brian Tracy**

"Success is walking from failure to failure with no loss of enthusiasm." - **Winston Churchill**

"Don't let the fear of losing be greater than the excitement of winning." - **Robert Kiyosaki**

"Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved." - **Helen Keller**

"There are no secrets to success. It is the result of preparation, hard work, and learning from failure." - **Colin Powell**

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

"The difference between who you are and who you want to be is what you do." - **Unknown**

"Don't be distracted by criticism. Remember -the only taste of success some people get is to take a bite out of you." - **Zig Ziglar**

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Celebrating 44 Years of Uninterrupted Monthly Publication (1979-2023)

The recent signing into law of the Mental Health Bill by President Mohammadu Buhari is a step in the right direction, bearing in mind the advances that mental health management has witnessed in developed countries of the world. With this timely intervention, mental health patients can henceforth enjoy dignifying treatment options and live normal lives thereafter, without fear of stigma arising from their medical history.

It is worthy of note that the passing of the bill which was harmonised by the upper and lower chambers of the National Assembly in 2021, remains the first legislative reform adopted in the field since Nigeria's independence and will replace the Lunacy Act of 1958. More importantly, Nigerians with mental health issues will now enjoy a new and more liberal lease of life, with the desired changes in mental health management in the country which the bill brings, compared to the somewhat obnoxious provisions of the outdated Lunacy Act of 1958.

Sponsor of the bill and Chairman, Senate Committee on Health, Mr Ibrahim Oloriegbe, had noted that the intention was to protect persons with mental health needs, with the establishment of the National Agency for Mental and Substance Abuse Services for effective

## Mental Health Bill assent: A landmark intervention

**It is worthy of note that the passing of the bill which was harmonised by the upper and lower chambers of the National Assembly in 2021, remains the first legislative reform adopted in the field since Nigeria's independence and will replace the Lunacy Act of 1958.**

management of mental health in Nigeria. Similarly, President of the National Association of Clinical Psychologists, Gboyega Akosile, had pointed out that the previous legislation which was based on the Lunacy Act of 1958, was outdated and inhumane.

Specifically, the new regulation ensures that people with mental health conditions are not discriminated against in terms of housing, employment, medical, and other social services. Moreover, it gives those receiving treatments the right to participate in deciding their treatment plans, without being unhealthily subjected to forced treatment, seclusion, or other methods of restraint. By these provisions, patients can make choices as to the nature of treatment they receive, with

assurances of safety and the protection of their fundamental human rights.

Other significant provisions of the regulation include establishing a new Mental Health Fund, a Mental Health Department in the Federal Ministry of Health, and a Mental Health Assessment Committee to protect stakeholders. We consider this a turning point in the perception and management of mental disorder in the country. Accordingly, as we commend President Muhammadu Buhari for signing the bill into law, we urge the National Assembly to provide gazetted copies of the bill to citizens so that they can fully understand their new legal rights.

It is equally essential for the government to heed the

calls by mental health experts to formulate other critical reforms that will enable mental health patients seek help. These include the decriminalisation of attempted suicide, which is a punishable felony. This is even as studies have indicated that criminalisation discourages the help-seeking behaviour of patients and consequently threatens the effective dispensation of the Mental Health law.

We also call on the Federal Ministry of Health, the Nigerian Mental Health Foundation, the Association of Psychiatrists in Nigeria and other associated groups to start putting mechanisms in place towards effective implementation and compliance with the stipulations of the new regulation. Additionally, efforts must be made by the government and stakeholders at all levels to sensitise the citizens on their mental health rights.

Very importantly also, citizens must be increasingly encouraged to desist from substance abuse which has become the major factor predisposing Nigerians to psychosocial ailments. They must be educated that the signing of the Mental Health Bill is not a licence for the continued misuse of illicit drugs, the consequences of which may be too dire for the provisions of the new law to mitigate.

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##### COMPOSITION

##### ENHANCIN 375

Each Film coated tablet contains:

Amoxicillin USP equivalent to anhydrous Amoxicillin 250 mg

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##### ENHANCIN 625

Each Film coated tablet contains:

Amoxicillin USP equivalent to anhydrous Amoxicillin 500 mg

Clavulanic potassium equivalent to Clavulanic acid 125 mg

##### ENHANCIN 1000

Each Film coated tablet contains:

Amoxicillin USP equivalent to anhydrous Amoxicillin 875 mg

Clavulanic potassium equivalent to Clavulanic acid 125 mg

##### INDICATIONS<sup>1,2</sup>

ENHANCIN TABLET (amoxicillin/clavulanic 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  $\beta$ -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*.

**Otitis Media**-caused by  $\beta$ -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*.

**Sinusitis**-caused by  $\beta$ -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*.

**Skin and Skin Structure Infections**-caused by  $\beta$ -lactamase-producing strains of *Staphylococcus aureus*, *Escherichia coli* and *Klebsiella spp.*

**Urinary Tract Infections**-caused by  $\beta$ -lactamase-producing strains of *Escherichia coli*, *Klebsiella spp.* and *Enterococcus spp.*

##### PRECAUTIONS<sup>1,2</sup>

While amoxicillin/clavulanic 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, amoxicillin 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<sup>1</sup>

**Adults:** The usual adult dose is one ENHANCIN 375 (amoxicillin/clavulanic potassium) every 12 hours or one ENHANCIN 375 (amoxicillin/clavulanic potassium) every 8 hours.

For more severe infections and infections of respiratory tract, the dose should be one ENHANCIN 1000 (amoxicillin/clavulanic potassium) every 12 hourly or one ENHANCIN 625 (amoxicillin/clavulanic 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/clavulanic potassium) may be taken without regard to meals; however, absorption of clavulanic potassium is enhanced when amoxicillin and clavulanic acid are administered at the start of a meal.



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## Mind your business

By Sir Ifeanyi Atueyi

The challenge some of us have is getting too interested in the private affairs of other people. Each person God created has his own private life to live. Sometimes, the tendency is to meddle in the private concerns of others. This can result in loss of respect and honour. Even Proverbs 25:17 (ASV) warns, "Let thy foot be seldom in thy neighbour's house, lest he be weary of thee, and hate thee." The New Living Translation puts it this way, "Don't visit your neighbour too often, or you will wear out your welcome."

This is a word of wisdom, and it corresponds with the saying that distance lends enchantment to the view - meaning that things that are far away from you appear more fascinating than they really are.

There must be very compelling reasons why King Solomon made the above statement

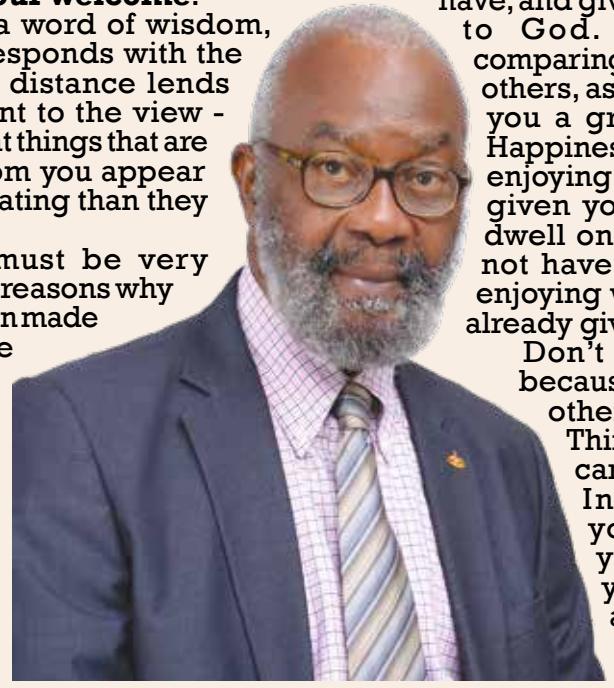
in Proverbs. A busybody definitely does not manage his life well. Many a time he leaves the productive

activities he should be engaged in to discuss other people or issues with friends or neighbours who are ready to tolerate him. Obviously the busybody does not consider what he needs to do as important as meddling in the business of others.

If you don't consider what you do important, you won't devote your time and energy to them. Also, if you don't have joy in doing the things you do, you will not give them the desired attention. 2 Thessalonians 3:11 (NKJV) says, "... For we hear that there are some who walk among you in disorderly manner, not working at all, but are busybodies."

The consequence of such a life is that the individual wastes his time, energy and life. His talents and abilities are not effectively deployed. He may develop the spirit of envy and jealousy, leading to covetousness. Greed for money, power and possessions will lead to discontentment, which is common among many people.

Comparison with other people is the height of ignorance and foolishness. We must not compare ourselves with others. 2 Corinthians 10:12 (NIV) says, "We do not dare to classify or compare ourselves with some who commend themselves. When they measure themselves by themselves and compare themselves with themselves, they are not wise."



The truth is that God has given you everything you need for the plans He has set before you. He has prepared you for good works, and every good gift comes from Him. Psalm 139:14 (NIV) says, "I praise you because I am fearfully and wonderfully made, your works are wonderful, I know that full well."

Sometimes, comparing yourself with other people can take joy away from you. You tend to focus on what you don't have, instead of rejoicing over what you have, and giving gratitude to God. Instead of comparing yourself with others, ask God to give you a grateful heart.

Happiness comes from enjoying what God has given you. When you dwell on what you do not have, you are not enjoying what God has already given you.

Don't feel inferior because of what the other person has. Think of what you can do yourself. In so doing, you compare yourself with yourself and aspire to become more and more of yourself.

You grow and develop yourself to become the person God created you to be and not another person.

Remember that we are created and equipped for different functions. Romans 12:4-5 (NIV) says, "Just as each of us has one body with many members, and these members do not have the same function, so in Christ we who are many form one body, and each member belongs to all the others." You have to discover yourself and focus on your peculiar or unique functions or responsibilities and aspire to excel there. In order to excel, you must aim at consistent improvements in whatever you do. If you aim at daily improvements in your business or whatever you do, can you imagine what it will be in a month or a year?

Investing good thoughts on your business may be more beneficial than investing money. Proverbs 27:23,24 (AMP) advises, "Be diligent to know the state of your flocks, and look well to your herds; for riches are not forever, nor does a crown endure for all generations."

Our fortunes can be uncertain. This is why we must be diligent in whatever God has put in our hands to do. You must think ahead, make plans and present them to Him. Then ask for guidance in the execution.



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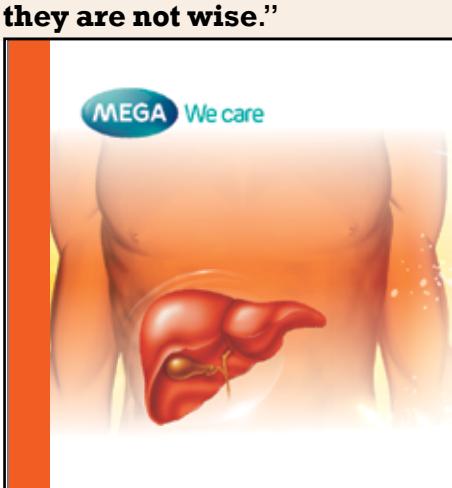
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Celebrating 44 Years of Uninterrupted Monthly Publication (1979-2023)

# A new way to manage stress

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

**I**t is common to hear people say things like, "I can't wait for 2022 to end with all its stress and trouble", or "2022 was so stressful! 2023, please be kind". Comments like these give one the impression that all our stress ends when the year ends. But experience has also shown that this is anything but true. Our stress does not disappear just because the year is ending. What we can change, however, is our response to activities and feelings so that we can limit stress, and what we can control is our reaction to stress.

How do we educate or counsel patients who complain about mental and emotional stress? How do we advise them and how do we deal with stress ourselves?

## First, what is stress?

The World Health Organisation (WHO) defines stress as "any change that causes physical, emotional or psychological strain; it is the body's response to anything that requires attention or action". Since this is the case, it stands to reason that everyone will experience a degree of stress at some point in their lives. However, not everyone reacts to stress the same way.

Most times, mental or emotional stress occurs because of past activities that we can't get over or future activities that we fear or are uncertain of. These are normal, causing momentary physical, emotional or psychological strains. However, it becomes a problem if we get "hooked" by these thoughts and can't move on. When these thoughts hook us, we become trapped by them and get pulled away from our values and sense of purpose.

One clear feature when hooked by these thoughts or feelings is that you become disengaged, distracted and unfocused. In this state, it becomes difficult to enjoy activities, and you feel a general sense of dissatisfaction. Unhooking involves refocusing and making a conscious effort to engage in what you are doing. However, it is not always easy to just "engage", and when it becomes difficult to, we must learn to "ground ourselves".

## So, how do you stay grounded?

The first step is to identify when feelings, thoughts or activities have taken hold, and then, recognise the need to unhook and ground yourself. There are many useful grounding exercises, which include:

- Take ten slow breaths. Focus your attention on each breath
- Stretch
- Stamp your feet and notice the sensation and sound as you connect with the ground
- Put on a piece of

instrumental music. Give it all of your attention.

- Sip a cup of cold water

And so on. You can learn more about grounding exercises.

The next step is to refocus; to be in tune with your physical environment. Pay attention to sights, sounds and people around you and focus on them. Touch and feel objects like the chair you are sitting on or the pen in your hand, and listen more closely to what people around you are saying.

Stress is inevitable; it is what you do when stressed that matters. There is always the tendency to let unproductive thoughts and feelings cause you to lose your sense of self or purpose. In many cases, we are just too weak to fight these feelings; sometimes,

we wallow in them by isolating ourselves, avoiding people or indulging in unsafe behaviour like alcoholism or drug addiction.

Grounding and unhooking exercises help manage stress better. Identify and name these feelings, then proceed to ground yourself and unhook from them.

Physician, heal thyself - Take a closer look inward in 2023

As a healthcare provider, you are invested in the health of others, keeping track and monitoring their numbers (blood pressure, blood sugar, etc.), but who is tracking yours? How are you prioritising your health? Maybe the question should be: Are you prioritising your physical, mental and emotional health?

Dear healthcare provider, your health matters too. Never



Happy New Year!

## Reference

Doing what matters in times of stress: An illustrated guide. Geneva: World Health Organisation; 2020. Licence: CC BY-NC-SA 3.0 IGO.

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**T**he world is grappling with the consequences of failed governments, as well as ecological and sociological concerns. These have given rise to an indiscriminate wave of international migrations that is ravaging populations across the globe and impacting negatively on their mental health. The situation is even worse for those who embark on illegal migration through very dangerous routes, such as the Mediterranean Sea.

Sadly, despite the physical dangers and mental health hazards associated with illegal migration, most migrants, mainly from Africa and other developing countries of the world, often throw caution to the winds, daring the odds to make their way to Europe and the Americas. Their goal, of course, is to find economic and emotional respite. Unfortunately, most of these journeys end up in a vicious cycle of depression and death.

Most migrants plying the illegal routes often fall into the hands of deadly syndicates which specialise in smuggling men and women to Europe through the Maghreb via the Sahara Desert, in what could be described as one of the most tortuous experiences on planet Earth.

earth. These syndicates are also often involved in drug trafficking and could introduce some of the migrants to substance abuse, which alters their mental architecture. Thus, it must be understood that the business of illegal migration is a multidimensional one that requires a multidimensional approach.

In some instances, the women among such migrants become victims of rape and other forms of sexual exploitation through which they are infected with all sorts of sexually-transmitted diseases. The emotional stress and psychological toll such experiences take on them are better imagined. Some of them end up with unwanted pregnancies which result in children with no paternal care and history. If such children are able to survive the odds, they grow up with broken identities and split personalities, making them an additional burden to society.

Nearly all migrants plying the illegal routes tell the same story. They often give reasons, ranging from economic insecurity to persecution, war and natural disasters, as the bases for their decision to seek El Dorado in foreign climes. Hundreds of thousands of African migrants have crossed to Europe through very unthinkably

# Migration and mental health

harsh circumstances, using the inflated boat known as *lapa-lapa* from Libya through the Mediterranean Sea.

The problem with this form of migration is that it leads to the sad deflation of

leads to the sad delusion of  
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envisaged eventually turns  
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et ever embarking on the

It is from there that mental especially depression, sets there that their once elevated notions of grandeur become mental cascades of broken

igrants in this category often experience suicide ideation, culture-shock, social marginalisation, Posttraumatic Stress Disorder and other forms of psychological distress which could lead to their suicide. In addition, migrants who are eventually deported to their native countries come back psychologically worse than they were before they embarked on their fated journey. They often become aggressive and nonchalant towards life, behaving as if the world had offended them. These persons need rehabilitation and support which they would continue to threaten society's peace.

ording the World Health Organisation (WHO), "The incidence of common mental

disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) tends to be higher among migrants exposed to adversity and refugees than among host populations.” To this end, the apex health body added that “the mental health needs of migrants and refugees should be addressed by organising inclusive and accessible promotion and prevention programmes; strengthening mental health as part of general health services; and ensuring timely diagnosis, treatment and rehabilitation.”

For migrants who are recruited by politicians in West Africa to join insurgent movements, aimed at destabilising governments in some countries within the sub-region, their own spate of mental illnesses is even worse, compared to those of their peers who only want to migrate for economic reasons. This is so because of their access to small arms and sophisticated weapons and their involvement in armed conflict, involving bloodshed and the destruction of property. Memories of war scenes and their active participation in the carnage often take a debilitating toll on their mental health.

In addition to other legal or governmental measures that might be taken in handling such individuals, they also need the attention of clinical psychologists and experts in the field of psychiatry for them to be fully debriefed and possibly re-integrated into society.

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## Why you need nutritional supplements (4)

**W**hen 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 system and the importance of cellular nutrition. Your health and life depends on it. Have you wondered why, in the last five years, some people who used to be so vibrant, suddenly seemed to age overnight once they attained the age of 50 or 60?

Using nutritional supplements is not even alternative medicine, it is actually complementary medicine. To truly practise preventive medicine, the use of nutritional supplements is not about eradicating disease, it is about promoting vibrant health. Cellular nutrition enables the body to do what God intended. This is to grow and heal itself.

In the early 1900s, people primarily died of infectious diseases. These were pneumonia, tuberculosis, diphtheria and influenza. The discovery of antibiotics led to a decline in deaths due to infectious diseases.

As we move deeper into the twenty-first century, we now find people suffering and dying from chronic degenerative diseases. These include coronary artery disease, cancer, stroke, diabetes, arthritis, macular degeneration, cataracts, Alzheimer's dementia, Parkinson's disease, multiple sclerosis, rheumatoid arthritis - the list goes on and on.

In years gone before, people lived to over 100 years. Today no one seems to die of old age anymore. Cardiovascular disease (disease of the heart and blood vessels) is still the leading cause of death. This is closely followed by cancer, which has been steadily increasing in the last 30 years etc. Sudden death gives no warning signs.

Today, people have accepted that part of life is developing a chronic degenerative disease. We insist that prevention is better than even early detection. Traditional preventive medicine encourages people to have routine physicals in order to maintain their health. This only detects diseases earlier, NOT educating people on healthy lifestyles that help avoid developing degenerative diseases in the first place.

True preventive medicine involves encouraging and supporting patients to take a threefold approach:

1. Eat healthy
2. Practise a consistent exercise programme
3. Embrace consuming high quality nutritional supplements.

Therefore, empowering people to avoid getting any major diseases in the first place is true prevention.

### Essentials of a healthy lifestyle

1. Exercise  
Aerobic exercise became more accepted in the early 1970s. At the forefront of this move was Dr. Kenneth Cooper. In 1980, the surgeon-general of the United States issued a statement listing all the major health benefits of a modest exercise programme.

These include:

- Weight loss
- Lower blood pressure
- Stronger bones and a decreased risk of osteoporosis
- Elevated levels of "good" HDL cholesterol
- Decreased levels of "bad" LDL cholesterol
- Decreased levels of triglycerides (fats)

By Mrs Chima Ejimofor

- Increased strength and coordination, which leads to a decrease in the risk of falls.
- Improved sensitivity to insulin
- Enhancement of the immune system
- Overall increase in one's sense of well-being
- From this list, you must be convinced about the importance of modest exercise for avoiding the development of many diseases.
- A decreased risk of coronary artery disease.
- A decreased risk of stroke
- A decreased risk of cancer.
- A decreased risk of arthritis, macular degeneration, and cataracts.
- The potential for a decreased risk of Alzheimer's dementia, Parkinson's disease, asthma, obstructive lung disease, and many other Chronic degenerative diseases.
- The potential for improving the clinical course of several chronic degenerative diseases.

From the above, rather than start by prescribing drugs, we advocate a change in lifestyle. The use of drugs should be the last resort, not the first.

Thankfully, the narrative is gradually changing. Many doctors are getting better informed about the health benefits of taking high quality



nutritional supplements, in addition to a healthy diet and a good exercise programme. This is the absolute best way to protect our health. It is also the best way to regain your health, after you have lost it.

Mrs. Chima Ejimofor is the lead partner of Infinite Health Consult, and is available for the purchase of nutritional supplements, health talks and wellness seminars. She is based in Lagos, Nigeria. Telephone/ WhatsApp: 07033179632, email: infinitehealthconsult@gmail.com

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# Ijeoma Akunyili: History maker in healthcare leadership

By Ola Aboderin



**Dr Ijeoma Akunyili**

**H**istory was made in early January 2023, when the Jersey City Medical Centre, a part of the RWJBarnabas Health facility in New Jersey, United States, appointed Dr Ijeoma Akunyili as its new chief medical officer (CMO). She thus became the first black person to assume the position in the 141-year-old history of the prestigious establishment.

As should be expected, the unprecedented exploit generated massive attention and accolades in the United States, Nigeria and many parts of Africa. For Nigeria, in particular, the media were awash with the news—not just because she is a Nigerian but because she is the daughter of no other person than the late Professor Dora Akunyili, the legendary former director general of the National Agency for Food and Drug Administration and Control (NAFDAC).

What most analysts and well-wishers were not aware of, however, is the spectacular and almost unbelievable manner in which the younger Akunyili achieved the extraordinary feat. She was a "latecomer" to the medical profession. In fact, she never actually intended to be a medical practitioner, much less becoming so distinguished in the practice as to use it to positively

alter the course of history.

Having been born by parents who were scientists and health professionals, Akunyili had deliberately resolved to follow an opposite trajectory. According to her, "Growing up in Nigeria, my dad was a doctor and ran a small emergency department for many years. I kind of rebelled as a college kid and as a teenager, and I did not want to be a doctor." Being thus determined, she enrolled for a degree programme in Literature at the University of Pennsylvania. Following her graduation *summa cum laude* (with the highest distinction), she proceeded to Harvard University for a master's degree in Public Administration and International Development. Thereafter, she secured employment as a junior professional associate at the World Bank.

#### Turning point

At the World Bank, Akunyili helped in formulating policies on health and economy for the world's poorest countries. However, while she seemed to have achieved her initial objective of avoiding a career in the medical profession, her few years at the global financial institution revealed otherwise. In her words,

"Somewhere in my first two years at the World Bank, I realised I wanted to make more of a difference and I missed having a hands-on approach to people. While I tried to solve those big world problems at the bank, I just wanted to help one person at a time."

A k u n y i l i eventually yielded to the call of destiny, as she realised that her passion for helping people, particularly the disadvantaged, could be better fulfilled through the medical profession. She enrolled for a medical degree programme at the University of Maryland School of Medicine, where she graduated in 2009. She did her residency in Emergency Medicine at the McGovern Medical School at

UTHealth Houston. And from then on, she has not only enjoyed a meteoric progression in her career growth but also found tremendous fulfilment in transforming people's lives through health and wellness.

She once declared, "I love everything about practising emergency medicine. I love the people, I love the stories, I like the sounds, the chaos, the adrenaline, the constant union of operations and medicine and not knowing what's going to come next. I like taking care of people in their most vulnerable states. I love physiology and science, and to listen to people's stories, so there's no greater privilege than to be an emergency medicine physician. I wake up every day thinking I'm the luckiest person in the world."

#### Buildup to eminence

Before her present appointment, Akunyili had served as the head of Emergency Medicine at Waterbury Hospital, a Level II trauma teaching hospital, in Connecticut. There, she was the change agent who led a dynamic team in dramatically reducing the lengths of stay, improving overall performance across multiple patient-centred metrics and increasing physician staffing.

Thereafter, she served as the regional medical director for TeamHealth, Northeast Group, where she had strategic, operational, and clinical oversight of nearly 20 emergency departments, critical care, and hospitalist service lines in Connecticut, New Jersey, New York, Rhode Island, and Pennsylvania. She led an unprecedented fourfold expansion of service lines with a specific focus on medical services and access to care for underserved populations.

It was in recognition of her

rare passion and expertise as an emergency medicine specialist and health administrator that the management of RWJBarnabas Health appointed her as the CMO of Jersey City Medical Centre, with effect from 2 January. Revealing why Akunyili was chosen for the exalted position, Dr Andy Anderson, executive vice president and chief medical and quality officer for RWJBarnabas Health, said, "RWJBarnabas Health is proud to add Dr Akunyili to its executive clinical leadership team. Her experience managing multispecialty physician groups in integrated health care systems will help support Jersey City Medical Centre in providing comprehensive health care throughout the community. She will be a tremendous asset to our team."

Corroborating this, Dr Michael Prilutsky, CEO and president of the medical centre, said, "Dr Akunyili has a wealth of experience and knowledge, and, as our chief medical officer, we look forward to creating a world-class experience for every patient at Jersey City Medical Centre. I am confident that Hudson County will benefit in a great way from her leadership, and that her presence will have tremendous impact."

In addition to her executive experience, Dr Akunyili has vast leadership and advocacy experience, and is currently serving as the President of the Connecticut College of Emergency Physicians (CCEP). Prior, she served for several years on the board of directors of Texas and Connecticut Colleges of Emergency Physicians. She was an Assistant Professor of Emergency Medicine at Baylor School of Medicine Houston, TX, and she is currently a Clinical Assistant Professor of Medicine at Yale University.

#### Awards and recognitions

In addition to her current epochal appointment, Akunyili has received numerous honours and recognitions for her exceptional commitment to provision of high-quality care to patients, as well as outstanding leadership to the various clinical teams she has headed. She was awarded the 2019 Medical Director of the Year Award for the impressive turnaround of the Waterbury Hospital Emergency Department.

Earlier, in 2016, FEMINEM (Females Working In Emergency Medicine) honoured her with the 2016 AAWEP Rising Star Award. On why she was given the award, the association said: "Dr. Akunyili has demonstrated a clear commitment to the advancement of our speciality and the professional development of women. She is truly a rising star." Before then, at the completion of her residency programme, she was recognised with the Michael Wainstock Outstanding Resident Award.



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# Why people don't keep new year resolutions

By Dipo MacJob (Dr Write)

In the last edition, I did mention that we shall be expatiating on parenting the write way; that is, seeing how graphology can be leveraged in understanding children. We will be delving into this later this year. My apologies for the inconveniences.

For this edition, let me start by wishing you special blessings of the season. It is a new year and it has to be a new you. However, as much as I desire that everyone experiences newness this new year, the bitter reality is that a lot of people will still struggle with detaching themselves from the past year in order to fully enjoy all that the new year has to offer.

There is something a lot of people do not understand about the human body. It is that it has a language it responds to. If this language is not well communicated to it, there is no progress. Until that "software" is upgraded, you can only do so much.

At the beginning of every new year or should I say close to the end of the exiting year, people create resolutions - something they truly desire to do or achieve in the new year; a new habit they want to form or drop. However, few days or weeks into the new year, they drop along the line.

What could be the reason? It is not so much because they do not desire a change; the real problem is that they are not communicating the change they desire to their bodies in the way and manner that allows the body to cooperate with them. The body human body is so powerful that not even the spirit can function adequately without the "agreement" of the human body.

The body and our subconscious mind are one and the same. The conscious mind is different from these two in operation but functionally they are all located within the human body. The reason many struggle to meet up with the demands of the resolution is that the information was received by the conscious mind but the memo, as it were, is yet to get to the subconscious and until that is done or achieved, the body doesn't align with the conscious by default. So, in your thoughts, you want to exercise more regularly but this desire hasn't registered strong enough in your subconscious mind, so much so that your body can easily move in the direction of the required activity or assignment.

You may ask, how does the information, instruction, command or "memo" get to the subconscious, which in turn impacts on the body? Several techniques are used, which are typical of body language. Two of such are repetitions and affirmations. When you

consistently say something so much so that your awareness of the repeated statement becomes so high, your body easily agrees with you to operationalise whatever it is. It is a powerful principle that helps many who are known to be consistent at making changes and impacts.

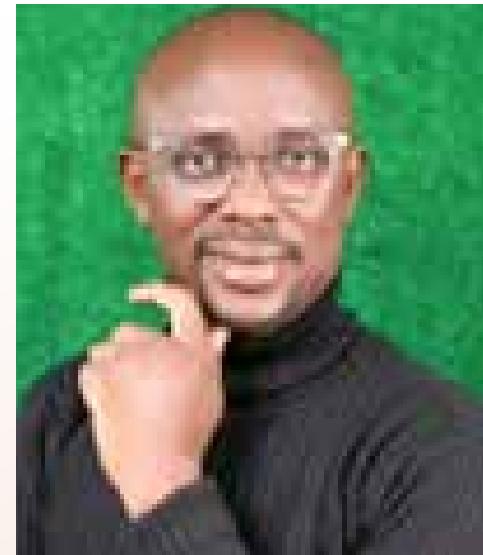
This year, if you must blast those targets and goals you have set for yourself, you need to really understand the language of the body, otherwise you would end up running through 2023 the same way you did 2022.

What are you willing to do differently this year? How do you intend to do it? My suggestion to you is to begin with strong

affirmations of those well-written plans and goals. Make positive declarations. Say what you want to see to stupor. The more you do, the more your body gets the communication and becomes convinced to align with your desires.

An understanding of body language is very key for everyone in every sphere of life. Thus, this year, we are going to focus a lot on the importance of body language and the various areas of use.

If your sales team have a bit of understanding of how to leverage, then meeting and exceeding sales numbers would not be a problem at all. Till we meet in the next edition, always remember



that "every body talks".



MacJob O.E (@dipomacjob)  
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# NAPharm honours Afe Babalola, inducts 20 Fellows

By Ranmilowo Ojalumo



L-R: New Fellow, Pharm. Valentine Ezeiru; Pharm. (Chief) Paul Enebeli; Chief (Dr) Richard Oma Ahonaruogho, SAN, who conducted the swearing-in of the new Fellows; NAPharm President, Prince Julius Adelusi-Adeluyi; NAPharm Vice-President and Publisher of Pharmanews, Pharm. (Sir) Ifeanyi Atueyi; representative of Aare Afe Babalola, Mr Olu Daramola; new Fellow, Dr Kingsley Amibo; and Prof. Mbang Femi-Oyewo, during the NAPharm induction ceremony in Lagos.

The Nigeria Academy of Pharmacy (NAPharm) has bestowed honorary fellowship award on the proprietor, Afe Babalola University, Aare Afe Babalola (SAN) for his contributions to the advancement of pharmacy education in Nigeria.

Afe Babalola University is the first university in Nigeria to establish a College of Pharmacy, with Prof. Femi Mbang-Oyewo as its provost.

The honorary award was conferred on the legal luminary at the academy's investiture programme held in Lagos recently.

Babalola is the second beneficiary of the academy's honorary award, coming after former head of state, Yakubu Gowon, who received it in 2015.

While justifying the conferment of the award on Babalola, the NAPharm President, Prince Julius Adelusi-Adeluyi, said, "I would like to specially congratulate Aare Afe Babalola, who is not only a Senior Advocate of Nigeria but also the proprietor of the high-flying Afe Babalola University.

"Anyone who has been to the College of Pharmacy of that university will appreciate why the aare has been unanimously chosen by this academy as the second ever honorary recipient of a fellowship of NAPharm, after General Yakubu Gowon. In one word, that College of Pharmacy is world-class. We have no doubt

that its products will be no less so."

Also at the investiture programme, NAPharm inducted 20 new Fellows into its fold. The inductees are Pharm. Olugbenga Olubowale, Pharm. (Mrs) Joke Bakare, Pharm. Olakunle Oyelana, Pharm. Olayinka Subair, Pharm. Christopher Ehimen, Pharm. Babashehu Ahmed, Pharm. (Mrs) Christiana Akpa, Pharm. (Mrs) Olubunmi Aribiana, Pharm. Adekunle Tometi and Pharm. (Sen.) Sadiq Umar.

Others are Pharm. (Hon.) Gboluga Ikengboju, Pharm. (Prof.) Ray Ozolua, Pharm. (Mrs) Talatu Ebune, Pharm. (Mrs) Abiola Paul-Ozieh, Pharm. (Sir) Valentine Ezeiru, Pharm. (Dr) Kingsley Amibor, Pharm. (Prof.) Gbenga Alebiowu, Pharm. (Prof.) Ene Ette, Pharm. (Dr) Daniel Orunmwense; and Pharm. (Mrs) Abolade Sotubo.

While presenting the new Fellows to the president of the academy, the chairman, Membership Committee, Pharm. Paul Enebeli, explained that the inductees had undergone a rigorous screening process. According to him, there were about 63 nominees from different interest groups in the industry.

"After the committee had received 63 nominees, we put some criteria in place and the committee screened all the nominees based on the criteria. At the end of the screening, 20

were selected out of the 63," Eebeli said.

Prince Adelusi-Adeluyi charged all the new Fellows to start making useful contributions to enable the academy to achieve its objectives.

In his remarks, the President, Pharmaceutical Society of Nigeria, (PSN), Prof. Cyril Usifoh, said he was glad that pharmacists are beginning to move from merely complaining to taking possession of what belongs to them and becoming more active.

"One of the slogans during my campaign was that pharmacists must be made relevant in the sphere of activities, especially in the political arena. When we are relevant in the society, we can make impact and when we make impact, people will know who pharmacists are and when they know who pharmacists are, it will increase your economic base and make things better for you, whether in academia or any area you find yourself," Usifoh said.

The president also commended Prince Adelusi-Adeluyi for the role the academy is playing to take the pharmacy profession to greater heights, while promising that the PSN will continue to work with the academy for the good of the profession.

Prof. Usifoh said, "PSN has been involved in sponsoring of bills at the National Assembly, which I believe strongly

are important to us. It is my pleasure to inform you that the National Postgraduate College of Pharmacy Bill has passed the first reading in the House of Representatives and the second reading will come up soon. I therefore charge all pharmacists to pray for the success of the destiny-changing bill in Pharmacy."

He added: "We have made presentation to the vice-president that NAFDAC should not be made a revenue-generating agency. If you want drug and medicine prices to come down, then you must do some drastic things within the shortest time and I am sure the vice-president took the message as one of the shortest powerful recommendations."

Also speaking at the event, the Registrar, Pharmacy Council of Nigeria (PCN), Pharm. Babashehu Ahmed, promised that the council will wholeheartedly work with NAPharm to ensure that pharmacy regulation gets to the highest level in the country.

Reacting on behalf of other new Fellows, Senator Sadiq Umar said they were aware that their induction into the academy is a responsibility and they would truly rise up to the responsibility to the academy and to the pharmacy profession. He urged the academy to continue to reposition pharmacy practice in the country.



# Treatments for ear, nose and throat infections

In a recent research report, titled, "An audit of Ear, Nose and Throat diseases in a tertiary health institution in South-western Nigeria", Dr Ayotunde James Fasunla of the Department of Otorhinolaryngology, University College Hospital, Ibadan, Oyo State, noted that while ear, nose and throat (ENT) infections are not yet considered to be of public health importance, they contribute significantly to the existing burden of health problems in the environment..

According to the researcher, "otitis media, obstructive adenoid, foreign bodies in the ear and throat infections are the common ear, nose, throat disorders seen in patients aged 15 years and less; whereas, hearing loss, rhinosinusitis and tumours are the common disorders of ear, nose and throat seen in patients aged 16 years and above."

The report, published in the Pan African Medical Journal (PAMJ), added, "Although the disorders The possibility of a low level of public enlightenment on ear, nose and throat disorders,

financial constraint, and lack of time or negligence of health cannot be ruled out as important factors contributing to a pattern of presentation. Therefore, there is a need for increased awareness of the people in developing countries especially in Nigeria through social campaigns and health education aimed at providing quality ear, nose and throat health care services."

## Understanding ENT infections

The ear, nose, and throat are sensory organs that form part of the face and neck. They share a few critical structures within the head, such as the sinuses and the Eustachian tubes. People may encounter many ear, nose, and throat (ENT) problems, and doctors often group these conditions together.

Reference to ear, nose and throat infections is often done in terms of the location of the problem, rather than the specific viral or bacterial infection that is causing the problem. This is because infections in different

areas tend to produce different symptoms. However, one can tell where the infection is based on these symptoms.

- Ear infections can be outer, middle or inner ear infections. Inner ear infections are less common, as it is harder for viruses and bacteria to reach this part of the ear.

- Nasal infections often affect the nasal passages (rhinitis), but they can also affect connected areas like the sinuses (sinusitis).

- Throat infections can be named according to their location, for example, tonsillitis in the tonsils or laryngitis in the larynx (voice box).

Sometimes the location of the infection is all that is needed to be known, in order to manage the symptoms. However, in some cases, it may be possible to identify the specific infection that is responsible. It is particularly important to do this when the symptoms are severe, and there is a chance that the infection could be bacterial, or other parts of the body are affected too.

Although a general practitioner can treat many ENT issues, some people might need to see a specialist for proper diagnosis and treatment.

Different infections can affect the ears, nose, or throat. For instance:

- The common cold and flu viruses can affect all three of these areas, although they most often affect the nose or throat.

- Infections in other parts of the body (such as the chest or airways) can sometimes spread to the ears, including serious infections such as measles.

- Mononucleosis and mumps

can both affect the throat and may spread to the ears in some cases.

- Strep throat is an infection caused by a specific type of bacteria known as Streptococcus.

Any part of the ears, nose and throat can be affected by many of the same viruses and bacteria. However, certain types of infection are more likely to happen in different areas and the symptoms can also be a little bit different, depending on exactly where the infection is located.

## Viral and bacterial Infections

The germs that can cause ENT infections can be viruses or bacteria. It can be important to know whether the infection is viral or bacterial because it can affect the symptoms and the treatment options:

- Viral infections are more common as they include colds and the flu, both of which can cause infections in the ears, nose and throat.

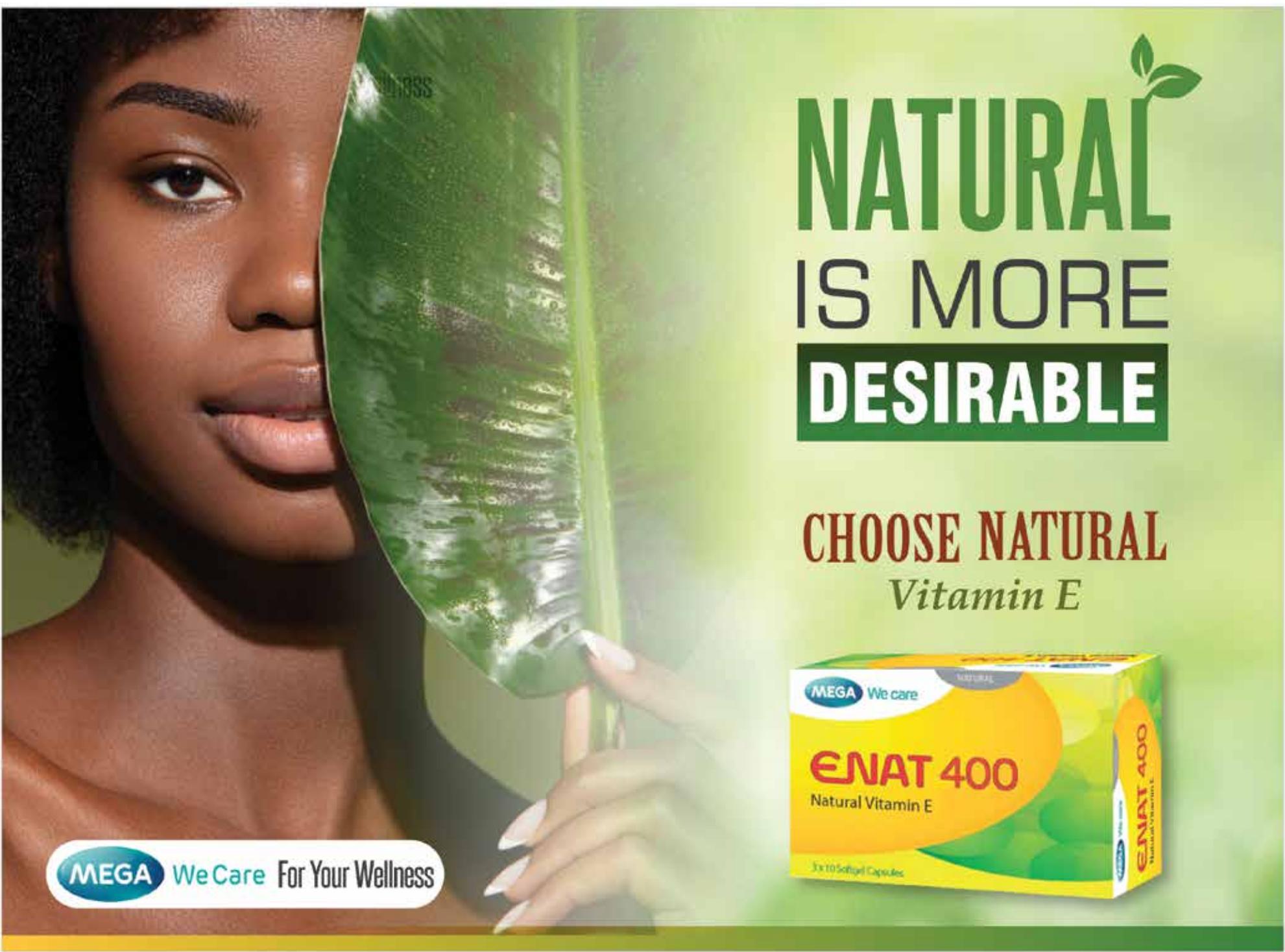
- Bacterial infections do not happen as often, but they can be more serious. However, if an ear, nose or throat infection is caused by bacteria then it may be possible to treat it with antibiotics. Antibiotics only work against bacteria, so they cannot help with viral infections.

By visiting an ENT specialist, they may be able to diagnose a specific infection. It can be useful to find out if the infection is bacterial because this means it may be possible to treat it with antibiotics.

## Symptoms of ENT infections

Ear, nose and throat infections

*continued on page 13*



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## A JEWEL IN A DUEL (6)

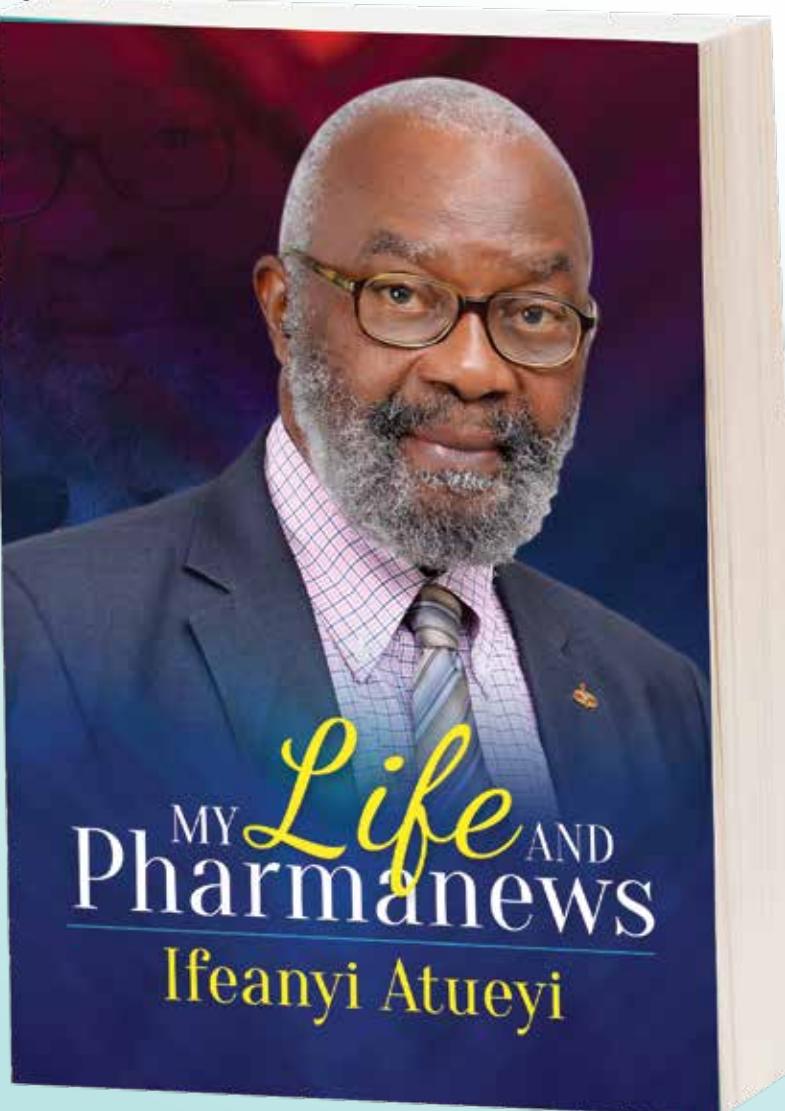
(Excerpts from *MY LIFE AND PHARMANEWS* by Sir Ifeanyi Atueyi)

**A**s the Igbos began to pick up the pieces of their lives, and rebuild their devastated communities, Joan and I too continued to intensify our wedding arrangements. By this time, she had returned to Iyi-Enu Hospital, following the resumption of services at the hospital.

The Nigerian government gave each person 20 pounds as compensation. This was regardless of whatever any of us had in our bank accounts before the war. All the monies in the accounts were gone and we all had to start all over again. On my part, I lost a considerable sum of my money with Barclays Bank.

In order to make adequate financial preparation for our planned wedding, I had to first return to Lagos, where I squatted with a friend, called Ubom, at

Akinhanmi Street, Surulere. I had met Ubom in 1963 at Pfizer Products Ltd at Aba, where I did a vacation job. Fortunately,



it didn't take long before I got a job at Toki Pharmacy Ltd, owned by Chief O. Akoni. Toki Pharmacy had some branches

in Lagos and I was in charge of the branch at Ajele (his headquarters), near Campos Square, Lagos. This was where I worked and was able to save enough money for our wedding.

The wedding took place on May 30<sup>th</sup> 1970, at the All Saints' Cathedral, Onitsha, now in Anambra State. Our best man was Pharm. Eugene Okonkwo, while the chief bridesmaid was Miss Maggie Nma Anunobi (now

Mrs Egbuna). Mrs Dinah Erinne was the chaperon. Lady Winny Erinne arranged for catering services. The reception was

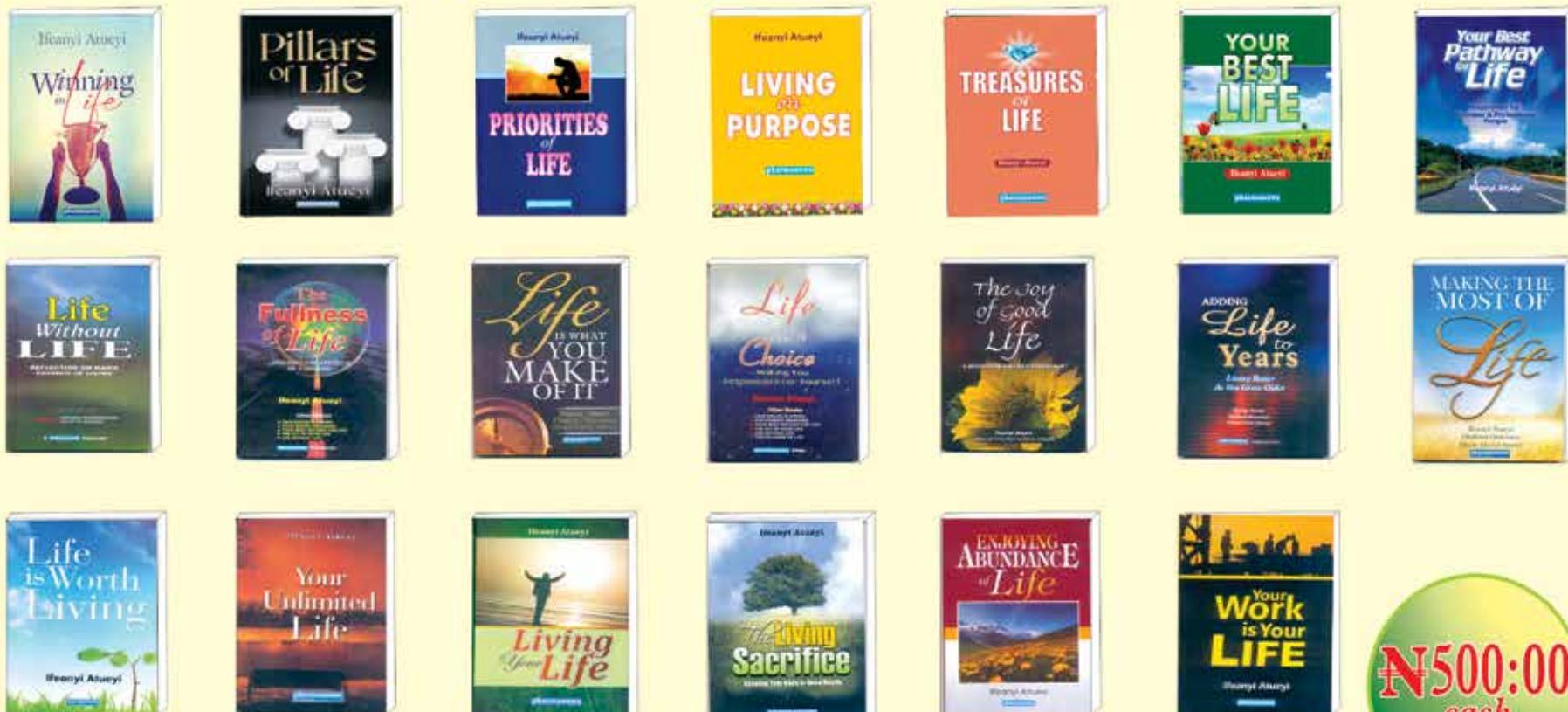
held at St. John's School hall, Modebe Avenue. Very many people attended because it was one of the early marriages after the war.

In the course of the years following our wedding, we have been blessed with five children - Mrs Uche Dibor, Barr. Dozie Atueyi, Mrs (Pharm.) Nzube Obireke (based in Dublin, Ireland), Mrs (Barr.) Nkechi Asekome (based in Calgary, Canada) and Engr Obi Atueyi (based in Boston, USA). As at the time of writing this book, God has also blessed us with 12 grandchildren.

Each time I reflect on my marriage, I cannot but agree with the declaration of Adam (in Genesis 2:23) that "This is now bone of my bones and flesh of my flesh..." Having Joan to be my wife was undoubtedly God's perfect plan for me. In fact, I believe her coming into my life at such a critical time as during the war was in a way symbolic and prophetic because she has, over the years, been a dependable and comforting companion in all of my concerns.

*Continues next edition*

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## Treatments for ear, nose and throat infections

*continued from page 11*

are often caused by the same kinds of bacteria and viruses. However, the symptoms can be different depending on where the infection is located:

- Ear infections can cause earache, wax or discharge, hearing loss and balance problems.

- Nose infections are likely to cause a runny or blocked nose and sneezing. Infections that reach areas such as the sinuses can also cause other symptoms such as headaches.

- Throat infections can cause a sore or scratchy throat and pain or difficulty swallowing. There may also be a feeling of swollen glands in the neck.

All types of infections can also cause more general symptoms of infection, such as a fever, and it is common for infections to spread between these areas. For example, an infection that starts with a sore throat might start to cause other symptoms such as earache when it spreads from the throat to the ear.

### About ENT specialists

Otolaryngologists are physicians trained in the medical and surgical management and treatment of patients with diseases and disorders of ENT, and related structures of the head and neck. They are commonly referred to as ENT physicians.

Their special skills include diagnosing and managing diseases of the sinuses, larynx (voice box), oral cavity, and upper pharynx (mouth and throat), as well as structures of the neck and face. Otolaryngologists diagnose, treat, and manage specialty-specific disorders, as well as many primary care problems in both children and adults.

What do otolaryngologists treat?

**Ears:** The unique domain of otolaryngologists is the treatment of ear disorders. They are trained in the medical and surgical treatment of hearing, ear infections, balance disorders, ear noise (tinnitus), nerve pain, and facial and cranial nerve disorders. Otolaryngologists also manage congenital (birth) disorders of the outer and inner ear.

**The nose:** Care of the nasal cavity and sinuses is one of the primary skills of otolaryngologists. Management of the nasal area includes allergies and sense of smell. Breathing through, and the appearance of, the nose are also part of otolaryngologists' expertise.

**The throat:** Communicating (speech and singing) and eating a meal all involve this vital area. Also specific to otolaryngologists is expertise in managing diseases of the larynx (voice box) and the upper aero-digestive tract or oesophagus, including voice and swallowing disorders.

**The head and neck:** This centre of the body includes the important nerves that control sight, smell, hearing, and the face. In the head and neck area, otolaryngologists are trained to treat infectious diseases, both benign and malignant (cancerous) tumours, facial trauma, and deformities of the face. They perform both cosmetic plastic and reconstructive surgery.



### Diagnosis of ENT disorders

Many tests are used to diagnose ENT disorders. However, regardless of the particular ailment, there is specific information that a doctor may ask:

- \* What are your symptoms and when did they start?

- \* Have you been taking any medications (over-the-counter,

including vitamin and herbal supplements or prescription)? If so, your doctor will want to know the dosage.

- \* Are you allergic to any medications? If so, what are they and what kind of reaction did you have?

- \* Do you have a previous history of ENT disorders?

- \* Do you have a family history of ENT disorders?

- \* Do you have any other medical conditions?

- \* Have you been running a fever?

### Here are additional questions if the patient is a small child:

- \* Has the child had nausea and vomiting? If so, has the child

continued to have wet diapers?

- \* Has the child been abnormally fussy or lethargic?

- \* Has the child had balance problems?

- \* Has the child's eating and drinking habits changed?

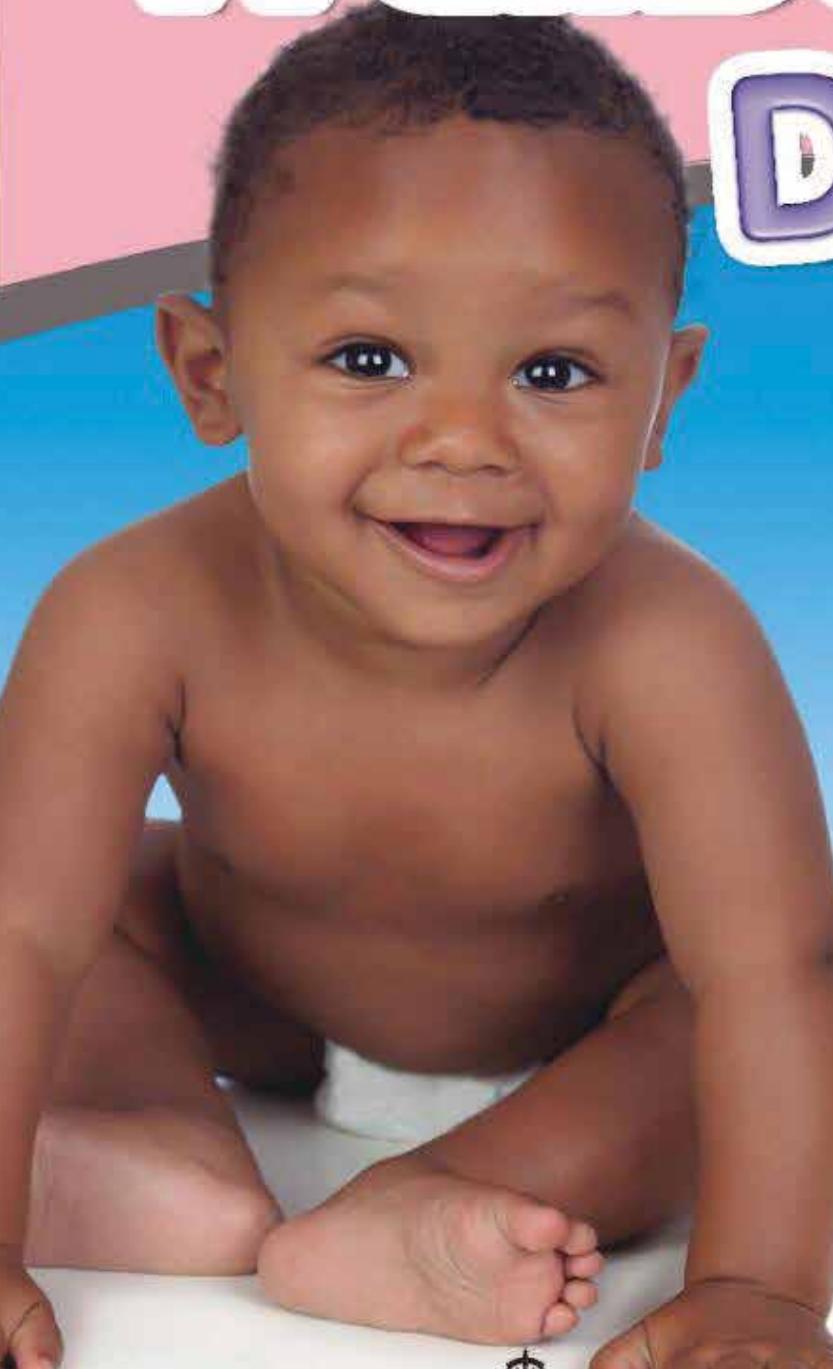
- \* Has the child shown signs of decreased hearing, such as not responding to their name immediately or not startling by loud noises?

### Diagnosis of ear infections

If there are signs and symptoms of an ear infection, the doctor will use an otoscope to visualise the outer ear and eardrum. If an infection is present, the ear may appear red and swollen. There may also be a fluid discharge. Unlike other infections, the same bacterium that is responsible cannot always be determined. As such, doctors choose antibiotics that will cover the most likely organisms when they suspect a bacterial source. This is because it can be difficult to obtain a

*continued on page 15*

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## Kebbi first lady, UNILAG, ABUAD VCs, others bag EWAH awards in healthcare

- As LWI boss, Bisi Bright bags chieftaincy title

By Adebayo Oladejo

**I**t was a moment of glitz and glamour at the 2022 Extraordinary Women Advancing Healthcare Awards, tagged #EWAHAFRO2022, when 10 outstanding Nigerian women were honoured for their various contributions to healthcare and other spheres of life.

The colourful event, held at Wheatbaker Hotel, Ikoyi, Lagos, was graced by eminent personalities from all walks of life, including the Commissioner for Education, Lagos State, Mrs Sade Adefisayo; Prof. Cyril Usifoh, president, Pharmaceutical Society of Nigeria (PSN); Mrs Bimbo Okoya; Dr Ronke Sodeinde, president, MWAN; Mr Yinka Subair, chief executive officer, Pfizer, among others.

Speaking at the event, Pharm. (Mrs) Bisi Bright, the CEO of LiveWell Initiative and regional representative for EWAH Awards Africa, said the awards are meant to raise national and international recognition for the emerging, dynamic healthcare leaders who are women, adding that the ultimate purpose is to celebrate and appreciate the power of women to change the world.

According to Bright, the event which, is the first of its kind in Nigeria and Africa, aims to give visibility to the work of these leaders, to help them continue to build invaluable cross-sector networks and partnerships; to encourage them to achieve even further impact and innovation; and to inspire others in the healthcare system.

She added, "We have come to celebrate women who defied all odds to contribute to the advancement of healthcare in Nigeria. Although the healthcare system has more women than men working in it, the top roles and recognitions are dominated by men. EWAH aims to help bring greater parity in such leadership. So, through EWAH Awards, we want to get more women to the top, across all sectors of healthcare, and to help them build important cross-sector networks that will be even more impactful in the future."

Also speaking, Mrs Clare Omatseye, chairperson of EWAH's Advisory Board and CEO of JNCI Limited stated that the story of the 10 amazing awardees would be an inspiration for other women out there.

Omatseye, who doubles as the vice president of the African Healthcare Federation, added that #EWAHAFRO2022 is the premier award across Africa to recognise and bring awareness at a broader level to 10 amazing emerging women healthcare leaders.

In his speech, former President of the British Business Group, Sir Stanley Evans MBE, stated that the EWAH Awards differ from most conventional awards, as the awardees do not necessarily need to be healthcare professionals themselves.

He added that the 2022 edition it was for 10 women who were impactful, across diverse sectors of health care, from public health and policy, to community health education and leadership;



**Prof. Folasade Ogunsonla, vice-chancellor, UNILAG (middle), receiving her award plaque and certificate from Pharm. (Mrs) Bisi Bright, CEO, LiveWell Initiative and regional representative EWAH Awards Africa, and Sir Stanley Evans, former President of the British Business Group, at the event.**

and from academia and research to healthcare industry manufacturing and distribution.

According to him, "For example, we have among the winners a low literacy community health leader, two university vice-chancellors, a low-income healthcare worker from northern Nigeria, a Nigerian CEO of a multinational pharmaceutical corporation, and a first lady, who is a paediatrician, with interest in oncology."

In her speech which was done virtually, the EWAH Africa Matron of Honour and Chair of the EWAH Steering Committee in the USA, Barri Blauvelt, said she was pleased that the first EWAH event outside of the USA, which was done in collaboration with

LiveWell Initiative in Nigeria, was a huge success.

A total of 10 amazing emerging women healthcare leaders were honoured at the event. They were Chief (Mrs) Grace Ebun Delano, a seasoned administrator, nurse, and reproductive health advocate, who co-founded the leading NGO in Nigeria, the Association of Reproductive and Family Health (ARFH), in Ibadan; Dr Zainab Shinkafi Bagudu, the first lady of Kebbi State, a philanthropist and paediatrician, who currently sits on the Board of the Union for International Cancer Control (UICC); Prof. Elisabeta Smaranda Olarinde, a professor of law and the vice-chancellor of Afe Babalola University, Ado-Ekiti, who is a founding member of the

first Nigerian Interdisciplinary Research Network on Social Sciences and Reproductive Health (SSRHIN).

Others were the first female and 13th vice-chancellor of the 60-year-old University of Lagos (UNILAG), Prof. Folasade Ogunsonla, a professor of clinical microbiology, who has contributed significantly to raising awareness of infection control in Nigeria; Mrs Nkechi Ukwaiwe, chief executive officer, Janssen, Johnson and Johnson, who is the first lady to hold the number one position at the multinational conglomerate Johnson & Johnson and its Pharmaceutical Division, Janssen; Cima Sholotan, an empathetic and purpose-driven sustainability professional, with over 15 years of experience in Sub-Saharan Africa, who has also worked with business leaders in the banking, financial regulatory, and telecommunication industries.

Also awarded were Dr Adaeze Oreh, a consultant family physician, senior health policy advisor and director at Federal Ministry of Health, Abuja, Nigeria, who has almost 20 years cognate experience in the vast field of medicines and public health; Pharm. Folasade Lawal, a community pharmacist with over 35 years of experience, passionate about the provision of cutting-edge pharmaceutical and preventive care services.

Among the awardees were also Chief (Mrs) Christiana Adeyemi, the first Iyalode of Sogunro Community, Makoko/Iwaya Waterfront, a low-income community in Lagos State, where she has impacted lives through services to the community and got certified along with members of the community as Women in Hepatitis Africa Champion; and Mrs Ajiya Agwom Agyer, a diligent, focused community health worker with the ability to develop strong connection within a targeted population to maximize outreach and services, who has also developed an STD outreach programme in her Local Government Area, Barkin Ladi LGA, Plateau State.

The high point of the event was the conferment of the traditional title of 'Yeye Mayegun' of Iwaya/



**A cross-section of participants at the event.**

Makoko Waterfront, on Pharm. Bisi Bright, the convener of the event, by the Baale of Sogunro Iwaya Kingdom, Chief Yusuf Sagra Kumayon.

Commissioner for Education, Lagos State, Mrs Sade Adefisayo (Right), presenting an award plaque to one of the awardees, Chief (Mrs) Christiana Adeyemi, the first Iyalode of Sogunro Community, Makoko/Iwaya Waterfront, while Baale of Sogunro Iwaya Kingdom, Chief Yusuf Sagra Kumayon, and Pharm. Bisi Bright, the convener of the event watches in admiration.

## Treatments for ear, nose and throat infections

*continued from page 13*

sample from the ear for a culture. Antibiotics will not cure a viral infection, and it can take as long as three weeks for your body to fight off the virus.

### Diagnosis of swimmer's ear

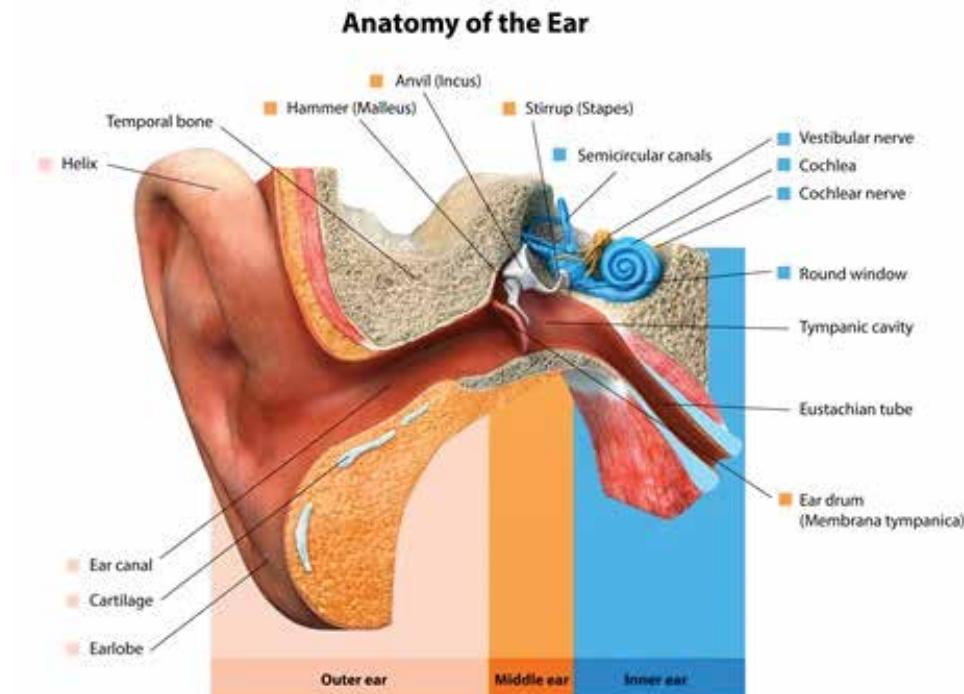
With a swimmer's ear, the outer ear and ear canal may be red. Upon examination, the doctor may notice pus in the ear canal, and the skin may be scaly or shedding. The doctor may be able to obtain a fluid sample for culture.

### Diagnosis of sinus infections

If a sinus infection is suspected, an endoscope may be used to go up the nose, visualise the opening into the sinus cavity, and take a direct sinus culture. Nasal swabs are not useful due to false positive results that do not reflect the sinus pathogen. By endoscope, the doctor will be looking for inflammation and/or discharge. Four-view x-rays or a CT scan may be indicated if other tests are inconclusive.

### Diagnosis of strep throat

Strep throat causes enlarged reddened tonsils that sometimes have white patches on them; however, many viral infections can cause this as well. If strep throat is suspected, a throat culture will be taken and sent to the lab. This test is quick and easy to perform with only mild discomfort as it may cause a gagging sensation. A cotton swab is brushed against the back of the throat and then sent to the lab to test for streptococcal



bacteria, the cause of strep throat. The standard test can take one to two days; however, a rapid strep test can also be performed, which only takes a few minutes.

If the rapid strep test is positive, antibiotics will be started. If the rapid strep test is negative, patient will be sent home and the standard culture will still be performed. About 20 per cent of negative rapid strep tests will become positive after a day or two in the laboratory. Sometimes the doctor may make the diagnosis based on classic symptoms and signs to treat the patient presumptively even without a swab.

### Diagnosis of sleep apnoea

Sleep apnoea is a disorder causing one to stop breathing for brief periods of time while sleeping. In the first visit, the doctor will begin by obtaining a comprehensive medical history. Before ordering a sleep study, he or she will likely ask some of these questions:

- \* Have you ever been told that you snore?
- \* Have you ever been told that you have stopped breathing while asleep?
- \* Do you awake refreshed in the morning or do you suffer from daytime drowsiness?
- \* Do you suffer from mood swings or depression?

\* Do you wake up frequently in the middle of the night?

The doctor will look inside the mouth for evidence of enlarged tonsils, uvula (a bell-like piece of tissue that hangs down from the roof of the mouth toward the back of the throat) or other structures that may be blocking the airway. The uvula contains some glands and affects vocal resonance.

If the doctor suspects sleep apnoea, they may order a sleep study. Sleep studies are usually conducted at a sleep centre. After patient falls asleep, a monitor, which measures the oxygen concentration in the blood, will be placed on their finger. Normal oxygen saturation during sleep in otherwise healthy men and women is 95 per cent to 100 per cent. If patient stops breathing while asleep, this number will drop.

Another sleep study used to diagnose sleep apnoea is called a "polysomnogram." It measures not only the amount of oxygen in the blood but brain activity, eye movement and muscle activity, as well as your breathing and heart rate.

Based on the patient's present symptoms, the doctor may choose to use a combination of these tests to diagnose the specific disorder. He will then use this information to create an effective treatment plan.

### What ENT treatments are available?

The best ENT treatment will vary according to what type of problems or symptoms the patient is having. In the early stages of a

*continued on page 17*

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# Embrace ongoing industrial revolution, Adelusi-Adeluyi tasks healthcare professionals

continued from page 1



R-L: Registrar, Pharmacy Council of Nigeria (PCN), Pharm. Babashehu Ahmed; Senator Sadiq Umar; President, Pharmaceutical Society of Nigeria (PSN), Prof. Cyril Usifoh; NAPharm President, Prince Julius Adelusi-Adeluyi; NAPharm Vice - President and Publisher of Pharmanews, Pharm. (Sir) Ifeanyi Atueyi; Pharm. (Hon.) Gboluga Dele Ikengboli and Professor Lere Baale, at the NAPharm investiture programme, held recently in Lagos.

expensive and more productive. He stressed that, with AI, better, safer and more affordable medicines can be created within a much shorter time frame.

According to the NAPharm president, "There is a clear imperative for pharmacists, pharmaceutical scientists and medical professionals in the field of research and development in developing countries like Nigeria to increasingly tap into this world of big data, artificial intelligence and machine learning, and partake of the revolution that is happening in our very eyes."

The former health minister stated that, just as it is being witnessed in the financial technology (fintech) space, there is considerable potential for artificial intelligence in the pharmaceutical space. Such potential, he said, is not limited to the relief of pain and suffering from disease but also includes economic growth and development.

Accordingly, Adelusi-Adeluyi, added, AI penetration must deepen and broaden, especially among pharmacists and pharmaceutical scientists in the areas of research and development.

He also emphasised the need to collaborate with scientists globally, saying: "In a world that has become intricately networked, there is no excuse for our researchers to work in silos anymore.

"Pharmaceutical researchers need to digitise their work, in

order to facilitate access by other scientists to such work-in-progress and in so doing facilitating the possibility of collaboration with fellow scientists, both within and outside the country."

He added: "Pharmacists, pharmaceutical scientists and medical professionals of all hues in the developing world must refuse to be left behind in a world that is being formidably impacted by the forces of big data, artificial intelligence and machine learning. We must make a deliberate effort to stake a claim to this global revolution."

Adelusi-Adeluyi further argued that, while knowledge and experience in artificial intelligence appear to be currently low in Nigeria, policymakers and other stakeholders can begin to work towards incorporating these and other elements of data management in the training curriculum of pharmacists at both undergraduate and postgraduate levels.

"This way, pharmacists can begin to imbibe the digital mindset and relate more empirically with the manifold possibilities of deploying digital solutions to solving real world problems, including drug discovery," he enthused.

The NAPharm boss further observed that funding appears to follow good and profitable causes, saying if stakeholders in the Nigerian pharmaceutical sector are able to demonstrably prove

that they are capable of harvesting the possibility of AI and machine learning in contributing to the emergence of new and better drugs, they will attract the interest of venture capital firms and angel investors from around the world.

He therefore called on all concerned stakeholders to dedicate themselves to tapping into the new digital phenomena that are changing the world, while tasking the government to create the right environment that will make meaningful research possible.

"In addition to helping to ensure that basic facilities, including clean water and electricity are available, government policy direction must also be such that deliberately enables artificial intelligence to take root and grow.

"For instance, government can help to create a level playing ground for all by providing free and open access to big data. It could also help to deliberately, through incentive and subsidies, attract technology incubators in the artificial intelligence space," Adelusi-Adeluyi said.

Reflecting on the impact of COVID-19 in Nigeria, the former health minister stated that the pandemic has taught Nigeria the imperativeness of medicines security, particularly as it relates to local drug manufacturing.

He pointed out that with the abundance of hydrocarbon in the country, Nigeria needs to be committed to the production of active pharmaceutical ingredients

(APIs), rather than relying on importation.

He stressed the need for pharmacists to enlighten the country's political leadership, including the current presidential aspirants, on the subject, and interrogate them on their plan for utilising Nigeria's oil and gas deposit.

In his words, "The political leadership needs to better appreciate why a petrochemical industry is critical to Nigeria and pharmacists have a role not only to continue to drive this enlightenment but also participate actively in the electoral process.

"It is in the light of the value that a functional petrochemical industry will translate to for Nigeria that NAPharm has continued to look forward to the commencement of the Dangote refinery and its associated petrochemical plant with elation."

Adelusi-Adeluyi noted that the academy had been informed that the initial focus of the petrochemical plant of the Dangote refinery would be polypropylene, saying this will be a boost to the nation's industrialisation efforts.

He added that the academy seeks to engage Dangote refinery to discuss the possibility of including the production of aromatic hydrocarbons in the second phase, noting that aromatic hydrocarbon will be of critical value to the pharmaceutical industry and the quest to produce APIs.

## Treatments for ear, nose and throat infections

*continued from page 15*

disorder, surgical procedures may not be warranted, as in tonsillitis, for example. Early treatments will also depend on whether or not the disorder is related to an infection. If an infection is suspected, tests may be performed to determine whether the cause is bacterial or viral. Viral infections will not respond to antibiotics.

If surgical procedures are indicated, the doctor or nurse will give the patient instructions to follow before the surgery, including when they need to stop eating solid foods, when to stop drinking clear liquids and whether or not they will need to start or stop any medications before the surgery.

### Are there other specialists I need to see for my ENT treatment?

In some cases, an ENT specialist may diagnose the problem, but ultimately send the patient to another specialist for treatment. For example, many ENT doctors will diagnose cancer of the head and neck. They may surgically remove tumours and then send the patient to an oncologist for radiation or chemotherapy.

Likewise, some children with chronic ear infections may have delayed speech development. In these cases, the ENT specialist and a speech pathologist may work together, as a team, to treat the child. The ENT doctor can assist in seeking out other medical specialists.

Of course, prevention is the best treatment for any disease, but if you find yourself battling an ENT disorder, remember that information is powerful. Make sure you find a physician who lets you become involved in the treatment of your own disorder. You are your best advocate.

### 8 reasons to visit an ENT specialist

#### 1. Chronic ear infections

This condition is an infection in the air-filled space behind the eardrum. Some people are more prone to getting ear infections. Kids six months to two years are most susceptible to infections because of the size and shape of their middle ears and Eustachian tubes.

Often ear infections are a result of another illness that causes congestion and swelling, such as a cold, flu or allergies. Ear infections can be painful, and cause impaired hearing, fever, headache and loss of balance.

If your child develops multiple ear infections, it may be time to talk with an ENT provider. Ear infections can affect their ability to hear clearly, so recurrent infections could result in speech, social and developmental delays.

Ear tubes are a common treatment for chronic ear infections. During this procedure, an ENT surgeon creates a tiny hole in the eardrum to suction out fluid from the middle ear. Then a tiny tube is placed in the opening to ventilate the ear and prevent the buildup of fluid in the future. Usually, tubes remain in place for four to 18 months and will fall out on their own.

#### 2. Hearing loss

If you find yourself turning up the volume on your devices



or feel like voices are too soft or mumbling, it may be time to talk with an ENT provider about your hearing. ENT providers work together with audiologists to discover the cause of hearing loss, ranging from an ear infection and a buildup of earwax to ruptured eardrums or damage to inner ear.

Also, suppose you notice rapid hearing loss all at once or over a few days. In that case, you should be evaluated by an ENT provider and audiologist within a few days to a week after noticing the hearing loss. This may be related to what is called "sudden sensorineural hearing loss."

#### 3. Dizziness or vertigo

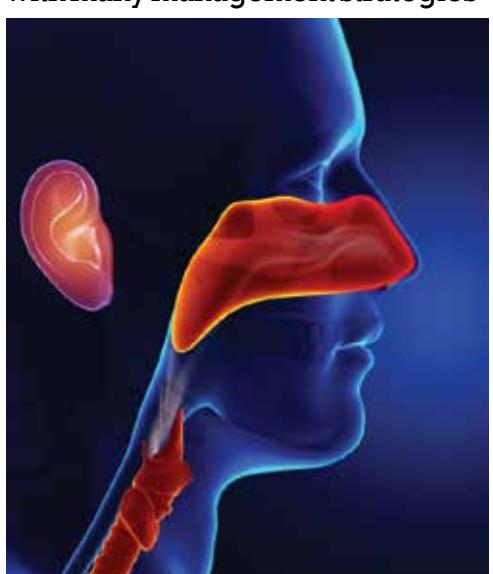
Many body systems, including your inner ear, must work together to maintain balance. About 30 per cent of people experience dizziness or vertigo at some point in their lives. It could be a short-term concern, such as after standing up too quickly, when taking medication or during a migraine.

The most common cause of vertigo is when calcium crystals in your inner ear become dislodged from their normal position. This is called "benign paroxysmal positional vertigo." People often experience symptoms with changes in head position, such as bending over, looking up or rolling over in bed. An ENT provider can help develop a treatment plan to steady your footing and ease your symptoms.

#### 4. Ringing in the ears

Tinnitus is commonly referred to as ringing in the ears. This is a recurrent ear or head noise, with no external source, that lasts longer than five minutes and happens more than once per week.

For some people, tinnitus can be extremely bothersome and negatively affect the quality of their lives. While there is no cure for tinnitus, an ENT provider can help with many management strategies



to decrease the perception of the ringing sound.

#### 5. Chronic stuffy nose

Sinusitis occurs when your sinuses become swollen and inflamed. This swelling interferes with the way mucus normally drains and makes your nose stuffy. You may find it difficult to breathe through your nose, have discoloured discharge from your nose or feel tender around the eyes.

Long-lasting sinusitis, also called "chronic sinusitis," is classified by a history of sinus infections that do not respond to treatment or symptoms that last longer than three months.

Common causes of chronic sinusitis include nasal polyps, deviated nasal septum, repeated respiratory infections, allergies or complications of other conditions. An ENT provider can help determine the best treatment option to help ease your symptoms including medications, antibiotics or surgery.

#### 6. Chronic sore throat or tonsillitis

Tonsillitis is inflammation of the tonsils, two oval-shaped pads of tissue at the back of the throat. Symptoms include swollen tonsils, sore throat, difficulty swallowing and tender lymph nodes on the sides of the neck.

Because appropriate treatment for tonsillitis depends on the cause, it is important to get a prompt and accurate diagnosis. Surgery to remove tonsils, once a common procedure to treat tonsillitis, is usually performed only when tonsillitis occurs frequently, does not respond to other treatments or causes serious complications.

#### 7. Lumps in the neck/ enlarged lymph nodes

Your lymph nodes, also called lymph glands, play a vital role in your body's ability to fight off infections. You have many lymph nodes in your head and neck. They can become swollen or feel tender, usually due to an infection from bacteria or viruses.

Most swollen lymph nodes get better on their own within a few weeks, but you should talk with an ENT provider if the lumps get bigger; are present for more than two weeks; feel hard or rubbery; appear for no apparent reason; are associated with chronic sore throat or voice changes; or you are experiencing a fever, night sweats or unexplained weight loss.

#### 8. Sleep apnoea

Sleep apnoea is a serious

condition where you repeatedly stop breathing or breathe shallowly while sleeping. When this happens, you may snore loudly or make choking noises as you try to breathe. Your brain and body become oxygen-deprived, and you may wake up.

An ENT provider may request that you complete a sleep study to measure how well you sleep and how your body responds to sleep problems. This test can help your healthcare team find out if you have a sleep disorder, how severe it is and the best treatment option for you.

#### Summary

A large number of issues and conditions may affect the ear, nose, and throat. The areas share connections, which means a problem in one part of the system may cause symptoms in another part of the system.

General practitioners can often treat ENT problems. However, for more complicated conditions or an accurate diagnosis, a doctor may refer a patient to an otolaryngologist with specialised training, tools, and experience to handle ENT problems.

#### Ear, nose diseases on the rise in Nigeria, experts warn

As published by *The Guardian* in 2016, specialists in Nigeria raised alarm over growing ENT complaints among Nigerians, adding that wrong lifestyles and practices were a major cause.

Speaking with *The Guardian* in an exclusive interview, Dr Vincent Adekoya stated that conversing over the phone for at least 20 minutes consecutively every day could create hearing problems, adding that noise pollution from social gatherings, generators and bakery outfits have contributed to the high number of Nigerians coming down with E.N.T problems.

"People's habits can make them have ear problems. You can see people wearing ear sets to listen to music, exposing themselves to generator noise and noise from social gatherings. These produce hazards and pollutions that can actually damage the ear," Adekoya added.

Corroborating Adekoya's position, an ENT surgeon with the Military Hospital, Yaba, Lagos, Dr Johnson Ukeje, stated that "when you do screening for most Nigerians, you will notice ear problems."

Ukeje explained that the "common factor responsible for hearing loss in our environment is noise pollution", adding that "although we are living in a noisy environment", there are no checks to control it.

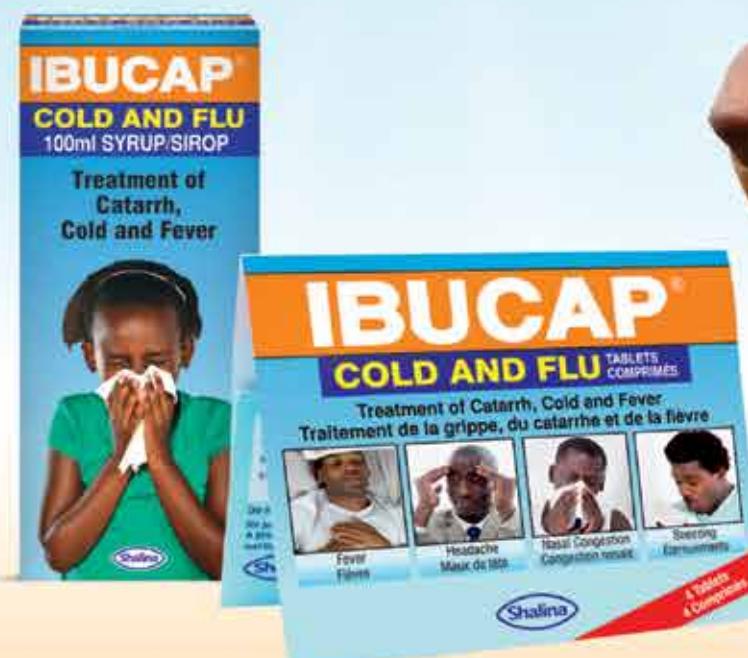
"Moreover, we see a lot of people using cotton buds to clean out the dirt in their ears. But when you use a cotton bud to clean your ear, you cause more problems than you tend to solve because cotton bud is contra-indicated for the ear; you are not supposed to clean the ear since the ear cleans itself."

**Report compiled by Adebayo Oladejo with additional from Science Direct, Medical News, ENT Centre, Cleveland Clinic, Asthma and Immunology; National Heart, Lung and Blood Institute and National Institute on Deafness and Other Communication Disorders, Ear, Nose and Throat Clinic, Pharmanews, Guardian.**

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## State News

NAIP Kwara  
elects new executives

In line with its commitment to improving the lot of industrial pharmacists in the state in particular and Nigeria, in general, the Association of Industrial Pharmacists of Nigeria (NAIP) Kwara at its Annual General Meeting (AGM) in December, 2022, held elections into the various positions in the State Exco. Promising to contribute their quota towards adding value to the association, the following members were elected as the new members and have since resumed office: Pharm. Isaac Onimisi Salami (Chairman), Pharm. Mrs. Okpodu Ekemena (Deputy Chairman), Pharm. Olabode O. (Secretary) and Pharm. Ahmed Abdulkadri (Ass. Secretary). Others are: Pharm. Mrs. Adetutu Kolawole (Treasurer/Fin Sec), Pharm. Faremi Oluwole O. (Publicity Secretary) and Pharm. Bambe Gbenga (Immediate Past Chairman).

## Remove the boat from the anchor

By George O. Emetuche

**A**n interesting story is told about three men who decided to go for a party one evening to enjoy themselves. They went sailing to their destination, and it took them an hour to get there. The men got in, danced, ate, and drank more than required. So, they felt it was time to go.

They got into their boat and began to paddle. They paddled and paddled for seven hours but didn't get home! What could have made them to remain in the boat for seven hours? Remember, it took them only one hour to get there, but they had paddled for seven hours without getting home!

## Discover where you are, to determine where you are headed

Soon, it was dawn, and people could see the three men. It was at this time that one of them splashed water on his face, which helped him to regain sanity. By this time, the effect of the alcohol had left him and he found out they hadn't moved an inch!

What was this? The answer is simple: They didn't remove the boat from the anchor! This means that they had wasted their efforts for over seven hours. They had simply been involved in what is

called motionless movement.

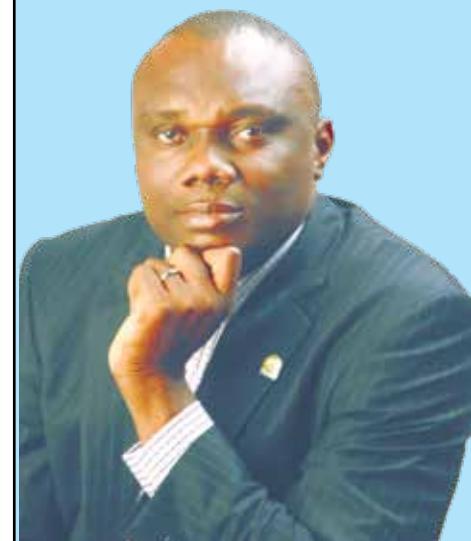
## What is keeping your boat from moving?

There's no how a boat will move if it isn't removed from the anchor. To make a move in your sail, you must remove the boat from the anchor. An anchor is an object that holds a boat in a particular place. The boat can't move when it is hung on the anchor.

There are many anchors in life endeavours. An anchor can be an unforgiving spirit that holds people down. It may come in form of an envious or a jealous heart. It could be wickedness of the heart. It may come in form of a negative attitude.

## Take a decision to sail forward

Many are paddling boats that are tied to anchors. A lot of folks are involved in motionless movements. Boats held on an anchor can be seen in our business and personal lives. Not letting go of the wrong path is the simplest definition of a boat on an anchor. No, the anchor must be removed to have a beautiful sail. There must be a paradigm shift. There must be a new way of doing things. The old way gets



the old result.

Life is neutral. Life is not partial. I have written a lot in this area. I have consistently maintained that life will give you what you gave to it. The more you give to life, the more you receive from life. If you want more from life, be ready to invest more in life. It's that simple.

Free yourself and fly. A bird won't fly until it spreads its wings. Break free from the anchor and enjoy your sail.

There's an Igbo name that I'd like to use to close my thoughts here, and that name is Osita Di Mma, Odi Ka Odibara Gboo: "When you get it right today, it would seem as if it was right from the beginning." Simply put, the time is always right to do the right thing.

Check if your boat is still held on the anchor.

**Keep moving forward!**



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## Snooker: Proven tonic for mental wellbeing, cognitive development

By Ranmilowo Ojalumo

**S**nooker enthusiasts now have a lot more to be happy about, aside from the pleasurable fun they get from playing their beloved game. This is as recent researches have established that playing snooker can immeasurably boost mental health and enhance cognitive functions.

Specifically, a research by Anglia Ruskin University in the UK has posited that playing snooker can improve mental health, knowledge, focus and concentration, as well as enhancing smooth cardiovascular functioning. It comes as no surprise therefore that the global governing body of the sport – the World Professional Billiards and Snooker Association (WPBSA) – has disclosed that snooker is being played in over 100 countries across the globe and watched by over 500 million.

### The game

Snooker is a cue sport, played on a rectangular table covered with a green cloth called baize, with six pockets; one at each corner and one in the middle of each long side. The game is played with 22 balls, comprising a white cue ball, 15 red balls, and six other balls, which are yellow, green, brown, blue, pink, and black, collectively called the colours.

Using a cue stick, the individual players or teams take turns to strike the white cue ball to pot other balls in a predefined sequence, accumulating points for each successful pot and for each time the opposing player or team commits a foul. An individual frame of snooker is won by the player who has scored the most points. A snooker match ends when a player reaches a predetermined number

of frames.

Snooker and other cue sports governing bodies had made a call that the games should be part of the 2020 and 2024 Olympic Games but the bids are yet to be granted. A former snooker world champion, Shaun Murphy, called for the sport to be included in the Paris 2024 Olympic games but as of the time of this report, it cannot be confirmed if snooker will be part of the 2024 Olympic games. This is because the International Olympic Committee has not taken a decision on it.

### Origin

According to WPBSA, snooker was first played by British army officers stationed in India in the second half of the 19th century. The sport, however, gained its identity in 1875 when army officer, Sir Neville Chamberlain, stationed in Ootacamund, Madras, and Jabalpur, devised a set of rules that combined black pool and pyramids.

In the early 20th century, snooker was predominantly played in the United Kingdom, where it was considered a "gentleman's sport" until the early 1960s, before growing in popularity as a national pastime and eventually spreading overseas. Today, about 60 million people have estimated to be playing snooker in China alone, which shows the extent to which people have embraced the game.

### Advances

The first World Snooker Championship took place in 1927. Today when talking about snooker, some of the professional names that readily come to mind will include Ronnie O'Sullivan, Joe Davis, Steve Davis, Ray Reardon, and Stephen



Hendry among others. Moreover, aside from the players, the viewer base of the game has continued to increase. For instance, the Snooker World Championship in 2021 had a peak live viewership of 4.1 million people in England, which was much higher than the number in 2020.

Many renowned professionals that compete in regular snooker tournaments around the world are earning millions of pounds. For instance, **Pharmanews** can confirm that the winner of the 2022 Snooker World Championship took home a cash prize of £500,000. The full breakdown of the prize money for the 2022 World Snooker Championship, according to the governing body showed that the winner got £500,000; runner-up, £200,000; semi-finalists, £100,000; quarter-finalists, £50,000.

In fact, all 130 professional snooker players on the World Snooker Tour for the 2022/23 season, which started in June 2022, are guaranteed minimum earnings of £20,000 in a major £2.6m cash boost. According to the governing body, an initial payment of £10,000 was paid to the players in September and another £10,000 will be paid to the tour members in January, 2023.

### Health benefits

Aside from the pecuniary gains for the professionals, snooker players across the globe are enjoying immense health benefits. According to the Anglia Ruskin University study, titled "exploring aspects of cognitive development and mental health awareness as part of health promotional goal in snooker", snooker plays a huge role in enhancing mental wellbeing. The study, which was coordinated by Dr Sagoo Rohit, was aimed at ascertaining whether playing snooker sustains development of mental cognition from acquiring and developing knowledge of the game.

A total of 1,352 participants took part in the study. The study investigated some of the theoretical concepts of cognitive development, mental concentration and other underpinning aspects of mental health in sport, with a view to looking specifically through the lens of the "everyday snooker player".

At the conclusion of the study, it was found that snooker is a health-promoting activity, which can also help to develop knowledge, concentration and focus. The game was also found to be used as an encouraging and supportive activity that can potentially benefit an individual's mental health and well-being.

Another focus of the study by Sagoo, who is a senior lecturer

at Anglia Ruskin University, was to investigate the benefits of participating in snooker by older people. The results indicated an improvement in older people's well-being over the course of the snooker activity. "This signifies that playing snooker can indeed be made an important factor in developing social integration and improving older people's well-being," the Sagoo said.

In another segment of the study, which is a survey completed by more than 1,000 casual snooker players, 257 people out of 492 said they felt their mental health had benefited from playing the game. This compared to 111 who thought it helped improved their social health, and 14 who said their physical health benefited. Participants further said they found it easier to relax and stay agile both physically and mentally. More than half of the players (662) said they felt playing snooker had a positive impact on their day-to-day lives, including honing concentration, the ability to assess and manage risk, and patience.

Besides the finding from the studies, other health benefits of playing snooker, according to health experts, include helping to improve balance and the reflexes. "Snooker is a sport that requires high levels of concentration and mental agility. As you play snooker, your brain becomes more active and alert, which can help relieve stress and keep you sharp as you grow older," a health enthusiast Collins Nwokolo, said.

Building stronger relationship is also one of the social health benefits of playing snooker. "Having a snooker table at home serves as a good spot to relax with family members. You can be playing and talking and laughing. It can be highly therapeutic. Also, it can serve as a relaxation spot for family members. Snooker is a low-impact game that does not require much energy, so even the older ones in the family can join," Nwokolo added.

Snooker can be played by two friends to ease boredom and entertain themselves. More importantly, snooker can be played indoors with friends or relatives and this is considered to be the best part of snooker, because one does not have to step outside to enjoy the benefits of playing it. Also, it is not expensive to set up a game of snooker. All one needs is to get a snooker table, get some balls, and snooker sticks and one is good to go.

Snooker can be played by anyone, regardless of age, gender or ability. Professional players and coaches have also said the game is easier to learn than anybody can think.

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# Expert advocates lifestyle modification, healthy nutrition for disease prevention

- As ACPN-Ikeja visits Carib Wellness Hospital

By Adebayo Oladejo

**W**ith the increasing rate of non-communicable diseases in the country, a medical expert, Dr Patrick Ijewere, has called on Nigerians to abstain from lifestyles that predispose them to health challenges, adding that most of the medical problems currently affecting the citizenry are linked to lifestyle, nutrition, mindset, environment and lack of spirituality.

Ijewere gave the charge during the recent courtesy visit of the Association of Community Pharmacists of Nigeria (ACPN), Ikeja Zone, to Carib Wellness Hospital, of which he is the co-founder and chief executive officer.

Noting that wellness is a divine gift that must be properly maintained, the health specialist disclosed that when illness occurs, people must ask themselves what they have done to drift away from the divine gift.

He added that little wellness steps, such as losing a small amount of weight, engaging in physical exercise, quitting smoking, as well as eating more nuts, fruits and vegetables are capable of keeping diseases at bay.

In his words: "As humans, we need a perfectly working system, but in cases where we see the system not working perfectly, we have to look at the five killers of wellness, which are lack of



A cross-section of members of ACPN, Ikeja Zone, in a group photograph with Dr Patrick Ijewere, during their courtesy visit to the Carib Wellness Hospital, Ikoyi, recently.

spirituality, mindset, nutrition, lifestyle and the environment. The essence of this presentation is to look at wellness as our birthright. When ailment shows up, we need to look at where we have deviated from the norm; it could be wrong food, bad environment, malnutrition, negative mindset, poor lifestyle and others.

"There is always a price to pay for health and wellness; either you pay it upfront, with healthier choices

and wellness behaviour or pay it later, when the disease shows up or it worsens. Guess which costs a lot more? Also, the further one strays away from Mother Nature, the sooner she says, 'return to the sender'."

In her speech, Pharm. (Mrs) Vivian Ibeh, zonal coordinator, Ikeja Zone of ACPN, thanked the management team of Carib Wellness Hospital, for honouring the request to pay a courtesy call on

the hospital and for the very warm reception accorded the delegation.

She explained that the team visited the facility, the only nutritional hospital in Nigeria, so as to tap from the wealth of knowledge of Ijewere on some alternative routes to managing the human body and ensuring consistent wellness.

Ibeh said: "We have been

exposed to wellness and how we can support our health through nutrition and other mechanisms that were used by our forefathers to attain wellness. We have been exposed to some health tips, and essentially we understand better what it means to embrace nature and wellness. We, community pharmacists, should be at the forefront of information, knowledge and trends.

"As members of the healthcare team, we have been exposed to how we

could take advantage of wellness through nutrition and other means of detoxifying the body. Going back to nature helps us to understand why it was possible for our forefathers to live so long, without all these medicines and illnesses. They didn't need medicines; they were not even ill and they lived longer and stronger, well into old age. We needed to explore this option of treatments or option of wellbeing."

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## Staphylococcus aureus: Separating facts from fiction

By Patrick Iwelunmor

**S**taphylococcus aureus is a gram-positive bacterium that causes a wide-range of clinical diseases. The bacterium is one of the five most common causes of disease after injury or surgery. Usually abbreviated as S. aureus or Staph aureus, it was first discovered in Aberdeen, Scotland, in 1880, by a surgeon, Sir Alexander Ogston in pus from surgical abscesses.

Belonging to the family Staphylococcaceae, staphylococcus affects humans and all known mammalian species. It must be noted that due to its ability to affect a wide range of species, staphylococcus can be transmitted between humans and animals.

Staphylococcus aureus is transmitted through air droplets or aerosol. When infected persons cough or sneeze, they release numerous small droplets of saliva that remain in the air. It is from these saliva droplets that people get infected. It can also be transmitted through objects that are contaminated with the bacteria or through bites from infected animals.

Approximately 30 per cent of healthy persons carry the bacteria in places such as their noses, back of the throat and on their skin. It is also estimated that around one third of healthy persons carry the bacteria in their noses, pharynx and on their skin. In healthy persons with a strong immune system, the colonisation of their intestinal tracts or nasopharynx does not lead to any symptoms of the disease.

S. aureus usually invades wounds, boils and abscesses and this is one reason it is particularly considered to be an opportunistic bacterium which can cause life-threatening harm to persons with a compromised immune system. In humans and animals that are immunodeficient, it may lead to pyogenic infections of the skin, eyes and genital tracts.

Some of the diseases caused by S. aureus include minor skin infections such as pimples and impetigo. It may also cause boils (furuncles) cellulitis folliculitis and carbuncles. Others are scalded skin syndrome, abscesses, lung infections, pneumonia, brain infections, meningitis, bone infections, osteomyelitis, heart infections, endocarditis, blood infections, bacteraemia, septicaemia and toxic shock syndrome (TSS).

A strain of the bacteria, known as Methicillin-resistant staphylococcus aureus, commonly known as MRSA, is a form of contagious bacterial infection. It is widely regarded as a superbug



largely because it is resistant to many antibiotics. Based on this resistance, it has proved to be very difficult to treat.

In healthy people, MRSA may not lead to serious infections but the same cannot be said of older people or people with a weak immune system. MRSA were first discovered in 1961, one year after the introduction of the anti-biotic methicillin for the treatment of S. aureus.

The first antimicrobial resistance report (AMR) by the World Health Organisation reported an MRSA prevalence of 50 per cent in five of the

six WHO regions. According to the report, some strains have emerged infection sources in healthy individuals, a clear contrast from their association with healthcare settings with high-risk populations. The continuous resistance of MRSA, coupled with the steady reduction in the pipeline of new anti-microbial and the absence of an effective anti-staphylococcal vaccine, calls for an urgent AMR surveillance, drug and vaccine discovery.

In Nigeria, many people have been made to believe that Staphylococcus aureus is a sexually-transmitted disease. Worse still, this misinformation is mostly spread by charlatans who call themselves herbal medicine practitioners. They are almost everywhere, including motor parks and markets, claiming to have cures for the bacterium. Many unsuspecting Nigerians and those who have willingly allowed themselves to be hoodwinked fall victim to these charlatans. The biggest threat here is that they are made to drink all sorts of concoctions in the name of treating Staphylococcus aureus. The Nigerian government, through the Ministry of Health, has to take decisive actions against these charlatans who are jeopardising the health of Nigerians.

A professor at the Department of Microbiology, University of Ibadan, Oluwaseun Garuba, refutes the general belief that staphylococcus is a sexually-transmitted disease. According to him, "The common myth is that staph infection is sexually transmitted. There are some traditional people that would be advertising that they have a super concoction that would even cure staph aureus. Staph infection is not a sexually-transmitted disease. However, due to the fact that it is on the surface of the skin, it can be passed across but it is not a sexually transmitted disease."

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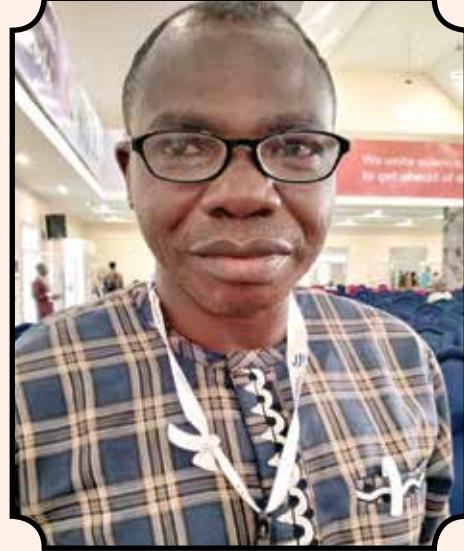
## Tin City 2022: Pharmacists react

The recently concluded 95<sup>th</sup> edition of the annual conference of the Pharmaceutical Society of Nigeria (PSN), tagged Tin City 2022, was held at Chrispan Suites and Events Centre, Rayfield, Jos, Plateau State. Thousands of pharmacists from across Nigeria attended the event, which had the theme: "Medicine Security in an Unstable Economy". Our reporter, Adebayo Oladejo, who was at the conference, spoke with some of the delegates on their assessment of the event. Their views, as prepared by Idara Inyang, are presented below:

### Superb, except for feeding

The conference was one of the best conferences I had ever attended. The location was very strategic; the security was also very good. The arrangement, even from the registration point was great. So I give them a pass mark. The only issue is that the lunch didn't come on time. The food was coming very late and as a result of that, many people often left the hall before the food was served. I feel that was not good enough.

**Pharm. Olusanya Aluko  
Osun State**



### Well-organised and interesting

The conference was well-organised; the venue was accessible, spacious and conducive, not choky at all. Also, the topics discussed were very timely and relevant. Overall, the conference was well-planned, and even the gala night was well packaged and interesting. The only challenge I can say was the availability of flights to get to the location but aside from that, the whole environment was very serene and a lot of people came out this time around.

**Pharm. (Mrs) Modupe Bakare  
Lagos**



### All-in-one conference venue

The organiser tried. I was very much impressed, especially with the conference venue. It had everything in one. Even at the gala night, the meal I ate was very nice. I really appreciate their efforts. I was not explicitly expecting so much from the host state because of the situation of the country, as regards economy, security and others; but to my surprise, nothing was missing.

**Pharm. Tariah Kuma,  
Rivers State**



### Expectations fully met

In my view, it was one of the best conferences, in terms of packaging. I was not disappointed in my expectations coming to Jos. In fact, the choice of venue had this welcoming ambience which made it so comfortable and made one feel secure.

**Pharm. Sandra Dandysan  
Bayelsa State**



### Better than previous, with few lapses

Generally, I will applaud them for doing a good job. Looking back at past conferences, there was a significant improvement in this one. Delegates were given their conference materials on time and even when there was any need for assistance, they were very free to assist. Sadly, however, the quality of the distributed materials depreciated, even before the end of the conference. Also, the aspect of feeding should be improved. Food shouldn't come at a time when people are already hungry and wish to engage further in the programme but can't because they're tired and hungry. It will defeat the whole purpose of the programme.



**Pharm. Joshua Obamoyelu  
Osun State**

### Kudos to the organisers

Sincerely, the conference was awesome. The ambience was fantastic, the organisation was just superb, and the atmosphere was as though I was in a developed country. They did a good job. The only thing I advise is that they should get more people involved in their organisation because if you compare this edition to the previous ones, they stood out. Again, the theme of this year's conference was very relevant, even getting politicians involved meant a lot. They really tried.

**Pharm. (Mrs) Mosunmola  
Dosumu  
Lagos**



### Excellent, though not 100 per cent



I give this year's conference a pass mark but not 100 per cent, compared to ACPN conferences. In view of what's happening in the Nigerian economy, I would give them 80 per cent for the accommodation, environment, and orderliness. In past conferences, there had always been a problem with transportation and logistics, but this particular conference took care of that. Also, the audio-visual display was well enhanced, such that, wherever you were, you could get it clearly.

**Pharm. Eugene Duru  
Adamawa State**

### Exceptional, with negligible drawbacks

The conference was well-organised, well-planned, and well-attended. Of course, in all human efforts, there is a tendency for lapses; but, on the whole, you would agree with me that it was a conference like no other. In terms of lapses, I think we didn't get it right in the aspect of feeding and online registration, but the errors were not significant enough to affect the success of the whole event.

**Pharm. Victor Ojeh,  
Jos, Plateau State**



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As we plan for 2023, improving the emotional intelligence of our field force is required, not just necessary, to achieve your business goals and objectives for 2023. To create short and long-term sales success, CEOs must deliberately invest in improving the self-awareness, self-management, and social skills of their employees, especially sales professionals.

### Why emotional intelligence?

A relationship between the sales professional and the customer is the bedrock of sales. At our emotional intelligence training, I often reiterate to

By Pharm. Sesan Kareem

**What is fascinating about emotions is that we're observing the world around us every day. We are noticing our customers' body language, voices, vocal tones, and facial expressions. What studies have shown us is that individuals who display a lot of unpleasant emotions are sending signals not to engage.**

participants that emotions act as signals to engage or disengage. This occurs for our own experience of emotion.

There are days you wake up and feel, "I want to meet everybody I can talk to today." Other days, you wake up and feel frustrated or stressed and you're like, "I don't like to talk to anyone today." However, as a sales professional, you must not allow your feelings to dictate your actions.

What is fascinating about emotions is that we're observing the world around us every day. We are noticing our customers' body language, voices, vocal tones, and facial expressions. What studies have shown us is that individuals who display a lot of unpleasant emotions are sending signals not to engage. On the flip side, those

who display pleasant emotions are sending positive signals for people to engage them. As a sales professional, you must send the right signal for people to engage with you.

When it comes to our customers, they may be displaying a lot of unpleasant emotions because of the tough times the world has been in. They may feel anxious, stressed, frustrated, or act inappropriately. I hope that, in this case, you will see that as a signal to engage - because what is beneath that behaviour is a need that is not met. To get the best out of your prospect, you must engage them even at their lowest point.

As someone who has worked in the field as a sales manager, I strongly believe that for sales managers to get the best from their team, they also need the skill to identify, understand and manage their sales representatives' emotions regularly. Working as a salesperson in the field can drain people emotionally, due to rejection, disappointment and attitude sales people face on a daily basis in seeking business relationship and maintaining existing business relationships. In addition, the key to a successful relationship between a sales leader and his or her team is emotional intelligence.

In conclusion, I would like



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to offer you a simple exercise. Over the next few days, take a moment and just think about the different customers that you serve. Write their names down, and just jot down the first feeling that comes to mind around that person. Ask yourself, does that feeling influence the way I approach that person, the way I engage that person, the way I greet that person, the way I listen to that person?

What this exercise can do is improve your self-awareness about the quality of your relationships.

**ACTION PLAN:** Strive to intentionally slow down to be more conscious about how you feel each moment. Also, be conscious of the signals your customers are sending to you when they disengage or engage.

**AFFIRMATION:** I am in charge of my emotions. I am blessed and highly favoured.

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- Heals symptomatic GERD in adolescents ≥ 12 years in 8 weeks<sup>3</sup>
- Maintains Healing of Erosive or Ulcerative GERD in 12 months<sup>3</sup>
- Heals Duodenal Ulcer in 4 weeks<sup>3</sup>

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**Effective Management of Peptic Ulcer Disease**

Effective Eradication of H.pylori-Induced Peptic Ulcer, Management of Hyperacidity and GERD Related Diseases

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# How I excelled as first female BOF-PSN Chairman- Prof. Femi-Oyewo

**P**harm.(Prof.) Mbang Nyong Femi-Oyewo is an outstanding pharmacy educationist and administrator, with a long list of achievements and a number of firsts. She is one woman who has consistently shown the capacity to succeed, even in the most challenging situations. She is the first and only female to have chaired the Board of Fellows of the Pharmaceutical Society of Nigeria (PSN) in the history of the 95-year-old Society. The professor of pharmaceutics and pharmaceutical is also the pioneer dean of the Faculty of Pharmacy, Olabisi Onabanjo University (OOU). Ogun state. In this interview with MOSES DIKE, the ageless achiever, who recently marked her 70<sup>th</sup> birthday, recounts her personal and professional journeys, while also constructively examining a number of issues affecting pharmacy practice and education in the country. Excerpts:



**Pharm.(Prof.) Mbang Nyong Femi-Oyewo**

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

I am Professor Mbang Nyong Femi-Oyewo, MFR, FPSN, FPCPharm, FNAPharm, FIMC. I was born as Mbang Nyong Ekefre some decades ago in the ancient city of Benin, Edo State, to the family of late Elder (Chief) Nyong Udo Ekefre and late Elder (Mrs) Mary Mbuk Ekefre of Henshaw Town, Calabar. I am the third born among five of us - of three males and two females - and I have a twin brother.

I had an amazing childhood, really amazing. I started my early education in Benin, then Abeokuta. My mother was a teacher of Home Economics/Flour Confectionery, so there were always delicacies at home. I love cooking and entertainment and our house was always a rallying point for our friends, which was expected.

My father was an educationist, an administrator and a disciplinarian. So you can see where I got these from. He worked with the then Western Region, which afforded us the opportunity to live in so many places - Benin, Ibadan, Abeokuta, Ilaro, Ondo, Lagos. He was like a sole administrator. He later retired voluntarily and went into teaching. Our base was actually Abeokuta, where my mother was based, then going on holidays to all the other places. It was an exciting experience.

I attended Queen's College, Lagos; did A Levels at Abeokuta Grammar School, and Federal School of Science, Lagos; and got admitted, through Direct Entry, to

the University of Ife (now Obafemi Awolowo University, Ile-Ife). My father believed I needed the exposure in a mixed school. I was in the drama group, sports, literary and debating society, and so forth. And these exposures, combined with strong discipline and my childhood experiences, really helped to shape my life and helped to make me who I am - strong, bold, adventurous, ready to take up responsibilities and face challenges easily, believing in myself, and with the required leadership skills, even at various levels.

**How did you come about Pharmacy as a course of study? Did you have any role models who guided you to make the choice?**

Amazing. As I previously mentioned, I attended the then University of Ife. I was admitted through Direct Entry with my A Levels to study Biological Sciences, with a determination to change to Pharmacy.

Why Pharmacy? My father had a friend who was a pharmacist in Lagos. He was always in immaculate white overalls or lab coats in his community pharmacy. I just fell in love with his job, the set up, his service to the community, paying attention to each patient; he was like a friend to all. My Dad also wanted me to study Pharmacy. I was his favourite.

After the sessional examination, I had very good results and only four of the female students passed outright in my department. Many students had resits and about a third were asked to withdraw. Those

were the days of the almighty June examinations!

A few of us were allowed to transfer to the Pharmacy degree programme, to the glory of God.

**If you were not a pharmacist, what else would you have loved to become?**

I would have loved to be a journalist or an editor. I am very good at editing. I would have also loved to be a school proprietress. This, to some extent, we have achieved by God's grace through the Trinity Group. We have established the Trinity Schools - Trinity International College (TRICOL) and Trinity Foundation School (TRIFOS) Ofada and the Trinity University (TU), Yaba Lagos.

**You settled for pharmacy education at a time when some of your peers were settling for careers in the industry. What informed your choice and several years down the line, do you feel fulfilled to have toed this line?**

Remember that I come from a home of teachers, educationists and administrators. Teaching is in my blood. I had good lecturers and I always knew I would further my education like them.

I had my internship and National Youth Service (NYSC) in the hospital setting and decided I want to be in academics, to be a teacher/lecturer par excellence. I love my students passionately. I believe that teaching is a calling, and that God is using me to build lives; to be a moulder and builder of achievers, an amazing formulator from zero to hero, from raw materials (students) to quality finished products (pharmacists). So I dispense knowledge with an aura of inspiration, and unwavering commitment and dedication to nation-building.

You can see I am into academic "industry" or "manufacturing" - building lives; while those in the pharmaceutical industry are manufacturing products. This explains why I am still in pharmacy education, several years down the line. It is very enriching and rewarding. I feel fulfilled to have toed this line.

**Tell us about the high point of your teaching career. What would you consider as the most memorable events of your career?**

The high point of my teaching career was when I became a professor of Pharmaceutics and Pharmaceutical Technology in June 1996, in Ogun State University (OSU) now Olabisi Onabanjo University (OOU) and subsequently became the pioneer dean of the Faculty of Pharmacy. a

I will give three most memorable events of my career. One was the first Induction Ceremony for our first graduating set in Year 2000 at Olabisi Onabanjo University. The second was the day I took over as the deputy vice-chancellor of the university (OOU) on 1 August, 2010.

The third was when we got the college status in my present institution Afe Babalola University Ado-Ekiti (ABUAD) and I became the provost of the College of Pharmacy, to the glory of God, a great achievement for the profession.

**What are your thoughts about**

**pharmacy education in Nigeria and what areas of pharmacy education and practice do you think require urgent review or intervention?**

Pharmacy education has come a long way. Both the Doctor of Pharmacy and the Bachelor of Pharmacy curricula have recently been reviewed by the NUC, using experts (professors) in pharmacy education. I was the Chairman of the Pharmacy Curriculum Review Committee.

Pharmacy has evolved from a product-oriented practice to a patient-oriented practice. The Doctor of Pharmacy Curriculum has therefore been reviewed to include more clinical skills (especially in the last two years) with better understanding of pathophysiology of diseases, pharmacogenomics, and pharmaceutical care, to optimise patient care outcomes.

As the pharmacist is expected to always ensure the continued availability of quality drugs, supply chain management and logistics of health commodities have been given more prominence and also Public Health, Primary Health Care and Community Pharmacy, while Emergency Preparedness and Clinical Pharmacognosy (rational use of Herbal medicines) have been included.

There is need to have some integrated courses domiciled in the most relevant departments and delivered by multiple departments to avoid overloading, overlapping or repetition of courses. The objectives of the programme have been expanded to accommodate all areas of Pharmacy - pharmaceutical sciences and clinical. Thus the Programme will lead to the development of PharmD graduates, with the 21st century skills, such as learning, literacy and life skills; and key competencies like teamwork, problem-solving, sense of responsibility, ethics and so on - thereby producing pharmacists with clinical, industrial, academic, leadership and entrepreneurial skills, and critical thinking for practice anywhere in the world.

The formal and full emergence of Doctor of Pharmacy (PharmD) and the consultancy cadre in the pharmacy practice landscape will enhance pharmaceutical care and advance the knowledge, experience and expertise on drugs management which will give the patients the option needed for the best care. The patients who are at the centre of healthcare must not and should never be denied this option of medication therapy management, with cost effectiveness, by the clinical pharmacists. It is their right.

In my opinion, areas of concern in pharmacy education and practice that require urgent review and intervention include: having residency programme for pharmacy graduates; creating access to hospital patients for pharmacy students, for effective and efficient clerkship programmes, irrespective of the institutions; improving access to hospital pharmacists for ward rounds; training of all pharmacy lecturers on active teaching and learning; having improved Mandatory Continuing Professional Development (MCPD) Programme for pharmacists; and implementation of the consultancy cadre for pharmacists in the country.

**You are one of the few women who have continued to play active roles in pharmacy practice, having served as chairperson of the PSN Board of Fellows. Can you tell us**

**continued on page 44**

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## Why govt needs to invest more in nurses - NANNM Chairman

**C**omrade Olurotimi Awojide is the chairman, National Association of Nigerian Nurses and Midwives (NANNM) Lagos State Chapter. In this exclusive interview with **Temitope Obayendo**, he highlighted reasons government at all levels must invest more in empowering, recognising and providing better working conditions for nurses. He also outlined avenues for nurses to seek capacity development for themselves, while condemning what he described as the lopsided structure of healthcare system administration in the country. Excerpts below:



**Comrade Olurotimi Awojide**  
Chairman, NANNM, Lagos State Chapter.

**Congratulations on your recently concluded annual national scientific conference. Kindly tell us about the theme of the programme.**

The theme of the scientific conference was: "Nurses: A voice to lead, invest in nursing and respect the rights to secure global health". Nurses as a voice to lead means recognising our strategic position in the health sector and the need for us to be the mouthpiece for positive changes. We are the engine room of the health system. It also means active involvement in policy development and implementation.

What this implies is that, firstly, for the health sector to be where it ought to be, nurses must be actively involved. Their voices must be heard, and they must ensure that they put their efforts to impact the health sector positively. In the area of advocacy, in the area of healthcare training, they must be at the forefront, because we are the largest in the health sector and the first contact when the patients come to the hospital. So we have important roles to play in ensuring that patients get value for their money, and their health is taken care of.

Also, we know that for nurses to do what is expected of them, there must be adequate investment in the area of continuous training of nurses, for them to be at par with

their colleagues all over the world. Government should be able to sponsor them for international trainings.

We are also calling on nurses to invest in themselves; they should not always wait for the government. They should invest in themselves, because it is through personal efforts they can invest in themselves.

Investing in nurses and midwives is good value for money. The report of the UN High-Level Commission on Health Employment and Economic Growth concluded that investments in education and job creation in the health and social sectors result in a triple return of improved health outcome, global health security and inclusive economic growth.

**In the past couple of years, there has been a mass exodus of health practitioners from the**

and midwives for improved healthcare delivery.

**How would you advise the government on stemming the massive brain drain, especially among nurses?**

Well, there are ways we can work on this and turn it to our gain in Nigeria. We can partner with other countries that are interested in our nurses. Let them bring their money, let us train nurses for them. Instead of depleting our nurses, they can send money and we can train for them.

Since they are interested in us, they can invest in the training of nurses. By so doing, we will know that we are producing so and so number; out of this number, some will be going to the UK, Canada and the US, as an exchange. That will go a long way in helping us. Again, the remuneration and working conditions attracting our nurses to go abroad should be

**Lack of adequate investment in nurses in Nigeria is seriously leading to migration. Nurses are usually overworked, undervalued, and underpaid and thus the reason many of our colleagues are leaving the country in their hundreds. Between 2019 and mid-2022, at least 4,460 nurses migrated from Nigeria to the United Kingdom (UK). Indeed, there was an increase of 68.4 per cent - from 2,790 in March 2017, to 7,256 in March 2022.**

looked into by the government.

Measures - such as incentives to become a nurse and remain in the profession; continuous and specialised training; low interest loans for housing; tax incentives; as well proper placement of nurses, especially with GLIO as entry point as approved by the National Council on Establishment - will be of help.

**What can you say concerning Nigeria's current record on infant and maternal health in Africa?**

Nigeria has a worse infant mortality rate, compared with neighbouring West African countries; in addition to inadequate or lack of skilled birth attendants. Maternal mortality and under-5 mortality is still very high. This Day newspaper quoted the Hon. Minister of Health as saying that the maternal mortality rate of about 512 per 100,000 births is about the worst in the world.

UNICEF, in the report on the situation of women and children in Nigeria, reported that while the country represents 2.4 per cent of the world's population, it currently contributes 10 per cent of global deaths for pregnant mothers.

The Federal Ministry of Health therefore needs to review some of the policies that are impeding progress in the health sector.

**In your own opinion, is the health sector favourably disposed to nursing as a profession?**

Investing in nursing involves getting appropriate tools for them to work. The environment they work must also be conducive, and they have to be treated as expected. Presently, there is lopsidedness in the health sector; one profession getting attention more than the others. This should be a thing of the past.

We must know that in order to move the health sector forward, we must work as a team - meaning that it must be a cyclical structure, a form of roundtable discussion, with the patient at the centre. That is, everybody - doctors, pharmacists, nurses, lab scientists, radiographers - on a round table discussion for the best treatment for patients. But, presently, what we have in Nigeria is a hierarchical structure, somebody staying at the top and others at the bottom. That is part of the problem we are having in Nigeria; we are not seeing others as equal partners in the health sector.

This is a big problem we must address, because every time I check on the pages of the papers or online news, I still see issues like Nigeria leading in infant mortality and maternal mortality in the world. What are we doing wrong? Why are we not getting it right? If a particular profession has been at the helm of affairs and you are not getting results, get others involved. I believe if we get to that level, things will improve in Nigeria.

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## Emzor unveils six new products

### - As Okoli reveals secret behind company's success

By Ranmilow Ojalumo



**Former Governor of Ogun State, Gbenga Daniel (right) leading the process for cutting of the cake during the Emzor 18th Annual Thanksgiving Dinner at Muson Centre, in Lagos.**

**A**s part of its vision to promote wellness through provision of essential and affordable medicines, leading pharmaceutical manufacturer, Emzor Pharmaceutical Industries Limited, has unveiled six new products to expand its products portfolio.

The products, which include Para 1000, Mutil Stop, Emzorphage 500, Azithromycin 500, Emzor Fluconazole, and Emzor Hydrochlorothiazide Tablet, were unveiled at the company's 18th Annual Thanksgiving Dinner, on 18 December, 2022.

Held at the Muson Centre, Lagos, the event had the theme, "Enter His Gate with Thanksgiving and His Court with Praise".

Speaking at the unveiling, the Managing Director, Emzor Group, Dr Stella Okoli, revealed the secret of the company's exceptional accomplishments in the industry, saying it is all about being sold out for God.

According to her, "The reason we are doing well is not because we are smarter than others, it is because we are completely sold out for God. We will continue to thank God. God destined that there should be Emzor and that is why there is Emzor. This is why we are entering His gate with thanksgiving and His court with praise."

Okoli, who disclosed that the company already has five manufacturing plants and still counting, averred that Emzor is the first company in Nigeria to establish an active pharmaceutical

ingredient (API) plant.

She added that the company currently has over 200 over-the-counter products (OTC) and about 248 products in all.

Also speaking, Chairman of the event, Mazi Sam Ohuabunwa commended the Emzor Group for its impactful role in the pharmaceutical industry. He added that the company's culture of expressing gratitude to God is worth emulating.

Said he: "It has become a culture for Emzor to give thanks to God. Learn from the Okoli family. They gather people two to three times every year to thank God. They have a heart of gratitude and nobody can do that without having a close relationship

with God."

The wife of the Ogun State Governor, Mrs Bamidele Abiodun, in her remarks at the event, commended Emzor for its consistent contributions to the growth of the country's pharmaceutical industry. While urging the public to learn to cultivate the habit of giving thanks to God, Abiodun also stressed the need to remember the less-privileged in society.

In his ministration, the guest minister, who is the Continental Overseer of the Redeemed Christian Church of God, Continental 1 (South East Regions, South-South Regions, Lagos Regions 2, 37 Shomolu & North Africa 1), Pastor Kalu Ndukwe

Kalu, noted that Emzor has every reason to thank God.

According to him, one of the reasons to thank God is because thanksgiving is a very powerful key in reaching God. He further revealed that thanksgiving is a command from God. He therefore challenged everyone to obey God in living a life of gratitude.

The management of Emzor also used the occasion to present long-service awards to staff who had meritoriously served the company for 10, 15, 20 and 25 years, saying the recognised

individuals had contributed immensely in helping the company to accomplish its mission of making quality healthcare available and affordable to all.

The Executive Director, General Duties, Human Resources and Finance of the company, Mrs Uzoma Ezeoke, further urged the honoured staff not to relent in ensuring excellent and optimum performance at all times.

Other guests at the event were former Governor of Ogun State, Otunba Gbenga Daniel; wife of the Deputy Governor of Lagos State, Mrs Oluremi Hamzat; and the Acting Director General, National Agency for Food and Drug Administration and Control (NAFDAC), Dr Monica Eimunjeze, among others.

## Experts task pharma distributors on surviving economic depression

- As Nemitt organises Customers' Forum

By Adebayo Oladejo



**L-R: Mrs Uche Okafor, finance director, Nemitt Pharmaceuticals Limited; Pharm. Ernest Okafor, managing director; Prof. Lere Baale, chief executive officer, Business School Netherlands, Nigeria; Pharm. (Dr) NAE Mohammed, immediate past registrar, Pharmacy Council of Nigeria (PCN); and Mr Amit Singh Rajjuvanshy, representative of Megalife Sciences at the Nemitt's Customers Forum 2.0, held at Sheraton Hotel, Ikeja, Lagos.**

increased inventories; and increased crime, among others, adding that the duration is determined by its quick identification and putting immediate control measure in place so that businesses can survive.

"To survive in a depressed economy, individuals have to make lifestyle changes, cut down expenses, cut down costs, save more, and develop other sources of income. Businesses must also do the same, as it is a time to re-strategise and re-position to ensure they survive the depressing environment they operate in," he said.

Earlier in his speech, Prof. Baale, who was the chairman of the forum, commended Nemitt for organising the

event, adding that the company is trying to build relationships and consolidate on the established ones.

"Customers are significant; without them, the business can't grow," Baale stated.

The Business School Netherlands CEO, who said he had registered more than 18 businesses between the time he left Pfizer and now, stressed that money, staff welfare, pricing, collaboration and Information Technology are indispensable to the growth and success of a business.

He said: "Just make your staff happy. Your internal customers are your staff; if you make them happy,

they will make their customers happy. Staff welfare is key. Money is crucial to any business. Be ready to adjust your prices; if not, you may have money without knowing that policies or market situations have reduced the purchasing power of the capital."

Also speaking in a separate interview, Pharm. Ernest Okafor, managing director, Nemitt Pharmaceuticals, explained that the theme of the forum was aimed at proffering solutions for the survival of pharmaceutical businesses in the wake of inflation, recession and harsh government policies, which affect the economy, adding that the first edition of the event had the theme, "Building to Last", to ensure that those who go into the business fully understand what it entails before doing so.

Okafor said: "In the first Customers' Forum, we had a theme, 'Building to Last'. You discover that most people enter the pharmacy business without knowing what they are going into. It really impacted people. Pharmacy is both a business and a practice, and in doing that you must have business knowledge; you must have financial intelligence. This year, we looked at several challenges, ranging from inflation to bad government policies, and saw the need to educate them on how to keep their business afloat, despite the challenges."

The Nemitt boss also appreciated the company's customers and clients across the nation and beyond, saying the event was a way of driving home the company's core values which include resilience, focus, relationship, and commitment.

The high point of the event was the launch of the Nemitt e-commerce platform, to enhance seamless access to the Nemitt inventory as well as the presentation of different prizes to the customers which were sponsored in partnership with Mega Life Sciences.



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## NOW IN PHARMACIES PAN-NIGERIA

## Cocoyam, the plant with the elephant ear

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



**Colocasia esculenta**

**C**ocoyams (*Colocasia esculenta* (L.) Schott) are herbaceous perennial plants belonging to the family Araceae and are grown primarily for their edible roots, although all parts of the plant are edible. It is called *gwaza*, in Hausa; *ede*, in Igbo; and *koko*, in Yoruba. Common names are *Taro* or "elephant ear".

It is regarded as one of the most important staple crops in the Pacific Islands, Asia and Africa. Cocoyam in Nigeria refers to two edible aroid species. They are: *Colocasia esculenta* (L.) Schott Taro) and *Xanthosoma mafaffa* (Tania).

### Constituents

The root tuber, stem and leaves of cocoyam contain **carbohydrate, dietary fibre, fat, protein**, vitamins A, B1, B6, C, D, E, Omega 3, potassium, threonine, arginine, folate, manganese, copper, potassium, calcium and iron.

Phytochemicals found in cocoyam include flavonoids, tannins, saponins and polyphenols. Also present are phytates, oxalates, β-sitosterol and steroids.

### Preparations

Cocoyam corm may be boiled, fried, roasted, grated, dried and ground to powder, or prepared as porridge. It is pounded and taken as *fufu*, or into paste, and used in soups as thickener.

The leaves and stems can be steamed, boiled or used to prepare some food, with spices. Each part of the plant has to be properly cooked before eating. It can also be steeped in water overnight before cooking, to further reduce the amount of oxalates.

### Pharmacological actions and medicinal uses

Cocoyam is known since ancient times for its curative properties and has been utilised for the treatment of various ailments, such as asthma, arthritis, internal haemorrhage, neurological disorders, and skin disorders.

Cocoyam is also reported to be useful in digestive health, blood sugar control, cancer prevention, muscle cramps, fatigue, blood pressure, heart health, metabolism and nutrient absorption, vision health, boosting immune system, mental health, hair health and bone health.

The fibre content of cocoyam makes it useful for weight loss, regulating bowel health, lowering cholesterol levels and controlling blood sugar levels. The root has a Low Glycemic Index.

*Colocasia esculenta* leaves prevent macular degeneration,

associated with age and can also help in delaying the onset of cataract. Threonine, found in cocoyam, helps in formation of elastin and collagen, prevent skin from wrinkling and helps rejuvenate skin. Arginine helps

increase sperm production.

The stem (mixed with vinegar) is used in treating diarrhoea, dysentery, muscle and joint pain. Sap from the stem is used to treat boil, inflammation and pain, if not sensitive. The tubers are used for treating inflammation of the kidney.

### Adverse effects

Eating cocoyam can lead to kidney stones and gout, as well as other health complications, if it is not prepared properly by boiling for the recommended amount of time. Touching the stems or leaves can cause skin irritation and possibly a rash and itching. Eating the leaves, stems, or sap can cause a burning sensation in the mouth and throat and lead to swelling.

### Economic uses and potentials

Studies state that cocoyam

starch could be modified and used industrially as binding, emulsifying, thickening, and smoothing agent for tablets, creams, suspensions, and other colloidal food preparations, and for baby foods.

It is also useful for the production of plastics. A 4-litre bucket of cocoyam corms costs about N4000; 1kg of cocoyam flour costs about N1,600.

Statistics show that Nigeria is the leading global producer of cocoyam, with about 5.49 million metric tonnes annually, amounting to 45.9 per cent of the world output and 72.2 per cent of West African output. There are potentials for cocoyam in commerce, agriculture, food, cosmetics and pharmaceutical industries.

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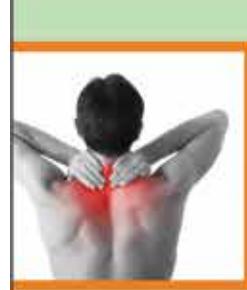
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## Shalina advocates talent discovery, as winners emerge in Shal'artem dance challenge

The management of Shalina Healthcare has stressed the significance of talent discovery in securing the future of Nigeria, adding that contrary to the conservativeness for which the pharma sector is known, the company is breaking new grounds and thinking out of the box by encouraging the new talents and rewarding them.

Speaking at the unveiling and prize presentation programme for the winners of the second edition of Shal'Artem #3StepDance Challenge, recently held at the corporate head office of the company, the Chief Commercial Officer, Pharma Business West Africa, Arun Raj, noted that the contest is a social initiative primarily organised to raise awareness about malaria.

"The challenge is not just about giving prizes but driving the purpose of ensuring talents are discovered and well rewarded. Ordinarily, as a pharmaceutical company, we shouldn't have anything to do with an idea like this, but we are raising the bar in corporate social responsibility," he said.

Speaking further, Raj said, "Malaria is one of the deadliest diseases in the world. According to statistics, millions of people died of malaria in the world annually and 96 per cent of the death is in Africa. We are using this avenue to raise awareness and communicate to people on a better way to treat the disease using a three-day dosage regimen of Shal'Artem, our brand of antimalarial."

Speaking on the process of the challenge while unveiling the winners, the Brand Manager, Analgesic and Anti-Malaria, Chiuba Nwaosu, said the four-week long challenge witnessed tons of entry every week where ten winners emerged every week for four weeks making a total of forty winners before they were streamlined into top ten.



L-R: Brand Manager, Shal'Artem, Chiuba Nwaosu; Brand Ambassador, Shal'Artem, Animashaun Perry, (Broda Shaggi); Members of the Grand Prize winners, Solomon Randy, and Daniel Owoicho, and Chief Commercial Officer, Pharma Business West Africa, Shalina Healthcare Nigeria, Arun Raj, at the presentation of prizes to the winners in the 2022 Shal'Artem #3StepDanceChallenge in Lagos.

According to him, "Last year, we thought we had done it all, but this year, it is phenomenal. Entries were three times more than what we had in the previous year. In fact, we had a difficult job of picking the weekly winners as the country is blessed with a lot of talent. The final winners emerged after a series of online voting following the week 5 dance, with an online poll contributing 50 per cent of the vote and Judges accounting for the other 50 per cent.

"The winners were: A seven-man dancing team, known as @reflex studio, who emerged the grand prize winner and went home with a sum of one million naira, while @Prisca.ancient and @Blessing Essien emerged the first and second runners up with a sum of five hundred thousand naira and two hundred thousand naira respectively."

Beaming with smiles, a member of @reflex studio team, Daniel Owoicho said, "It is a dream come true. I appreciate the organisers for providing the opportunity. I am very grateful to Shalina and feel privileged to have won the competition out of the different talents that participated. It's not easy to emerge a winner."

In his speech, the brand ambassador of Shal'Artem, popular comedian and skit maker, Samuel Animashaun Perry, popularly known as Broda Shaggi, said; "Shalina deserves the commendation of all and sundry for creating a great opportunity for the teeming Nigerian youths to showcase their talents. It is also good to note that the company is doing it in a spectacular way by creating awareness about a disease like malaria, which is generally taken for granted, but very deadly."

In another development, the company has unveiled a Nigerian entertainer, music producer, songwriter and the 1st runner up in the Nigerian Idol season 7, Zadok Aghalegbé, popularly known as (Preacher of Love), as the new host of the online music contest, the Shaltou Lozenges' 'My Voice, My Identity' Season 2 in Lagos recently.

Speaking at the event, Raj said the success of the Season 1 informed the continuation of the contest, adding that the last edition created unprecedented opportunities for a good number of Nigerian youths to showcase their talents and win fantastic prizes. "So today, we are signing one of the best Nigerian entertainers to drive the unique digital contest through his online platforms in order to connect millions of music-loving Nigerians to the amazing benefits that Shaltou Lozenges is bringing to the marketplace."

Speaking on the reason behind the contest, Oluwabusayo John, consumer brand manager, said "We were thinking of the best way to connect the product to the consumers, it is noted that everybody's identity is tied in a way to his or her voice. In light of the fact that the entertainment industry is one of the fastest growing industries in the country, we intend to use the MyVoice My Identify platform to bring into the limelight some of the great talents of Nigerian youths. Last year's edition was phenomenal and unprecedented. We are bringing in Zadok to take it to the next level by championing the second season."

While speaking, the new contest host, Zadok, said he was happy with the partnership, adding that becoming a member of the Shalina family was a great development in his life. According to the Edo State-born entertainer and graduate of the University of Benin, he will do great justice to the opportunity given to him.

## Pharmacy leaders eulogise Kayhelt boss' exemplary leadership

- As company hosts conference delegates to gala night

By Adebayo Oladejo



Pharm. (Sir) Bankole Ezebuilo, managing director, Kayhelt Pharma, and other guests at the Kayhelt Gala Night, held at Elliel Event Centre, Jos, Plateau State.

The story of the recent 95th Annual National Conference of the Pharmaceutical Society of Nigeria tagged "Tin City 2022", held in Jos, Plateau State, will be incomplete, without the mention of the historic dinner, tagged "Kayhelt Gala Night", sponsored by Kayhelt Pharma, at Elliel Event Centre, Gold/Base, Jos, Plateau State, as hundreds of pharmacists trooped to the venue and were treated to a grand entertainment.

The event, graced by over 1000 delegates, witnessed an avalanche of encomium over the excellent strides of Pharm. (Sir) Bankole Ezebuilo, the managing director, Kayhelt Pharma, first as a notable pharmacist who has contributed immensely to the pharmacy profession and as an entrepreneur and employer of labour, whose contributions to the socio-economic space remain phenomenal.

Speaking at the event, the Chairman of the occasion, and former President of PSN, Pharm. (Alh) Yaro Budah, extolled the virtues and exemplary leadership qualities of Ezebuilo, adding that he had never witnessed a gala night of such magnificent quality.

Budah recalled how Kayhelt boss, Ezebuilo, as the Conference Planning Committee (CPC), chairman for Kaduna 2019 national conference, organised one of the best PSN conferences in the history of the 95-year-old body, adding that his trait of exceptional leadership quality was put to bear and he discharged

his responsibility to the fullest.

He added, "While the CPC and LOC committees were doing their planning towards a successful conference this year as well, the MD of Kayhelt Pharma, on his part was doing his homework too to give us a befitting gala night, and tonight, he has proven again to be a fantastic planner and great executor. Jos has

been a fantastic town with a lovely weather, and Kayhelt has given us a wonderful gala night that will linger in our memory."

In his speech, the President of PSN, Prof. Cyril Usifoh, appreciated the Kayhelt's boss for his thoughtfulness in organising the event, saying he was not expecting it to be so huge and adding that he had never seen such in the history of the PSN.

Expressing his profound gratitude on behalf of PSN to the management of Kayhelt, Usifoh noted that aside from the opening ceremony which was well attended and adjudged as arguably the best so far, the gala night was also a night

like never before.

"I want to thank the management of Kayhelt, and specifically the MD, for his large and accommodating heart and on behalf of Plateau State PSN, and PSN, national, we are grateful," he said.

While responding, Ezebuilo appreciated the leadership of PSN, and all the pharmacists present,

saying he never saw the massive attendance and commendations coming.

"I feel good doing this, and apart from doing it for humanity's sake and for the love of the profession, Jos, Plateau State, is also the first home of Kayhelt Pharmaceuticals, and I also schooled here, so I feel happy and fulfilled doing it."

"I am happy with the array of great personalities here tonight, especially all the past presidents present, as well as the oldest pharmacist at this year's conference, Sir Ifeanyi Atueyi, publisher of *Pharmanews*, and other captains of industry."

"At Kayhelt Pharma, whatever we do, we do it well. This is one of our core values, as we believe that whatever is worth doing is worth doing well. I want to say that we are happy and fulfilled for giving back to the pharmacy profession," he said

Other dignitaries who graced the event included former PSN presidents, Pharm. Azubike Okwor; Pharm. Anthony Akhimien; Pharm. Olumide Akintayo; Pharm. Ahmed Yakasai; Pharm. Mazi Sam Ohuabunwa; Sir Ike Onyechi, chief executive officer, Alpha Pharmacy & Stores; Former chairman, BOF, Prof. Femi Mbang-Oyewo; Chairman, BOF, Pharm. Joel Adagadzu; Director of Registration and Regulation, NAFDAC, Dr Monica Eimunjeze; Director of Pharmacovigilance, NAFDAC, Dr Ramatu Momodu; Managing Director, Neimeth Int'l Plc, Pharm. Mathew Azoji, among others.



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## Nigerians must vote leaders who can improve healthcare, other sectors – HPAN President

**A** family physician with great bias for health insurance advocacy and constructive activism, Dr Adeyeye Arigbabuwo, is the National President of the Healthcare Providers Association of Nigeria (HPAN). He has also served as consultant to many multinational pharmaceutical companies. A member of the World Organisation of Family Doctors (WONCA) and the American Academy of Family Physicians (AAFP), Arigbabuwo has invested over three decades of innovative practice towards the improvement of public health in Nigeria. In this exclusive interview with **PATRICK IWELUNMOR**, he shares his views on salient issues bordering on government policies and the practice of medicine in Nigeria. Excerpts:



**Dr Adeyeye Arigbabuwo**

**As President of the Healthcare Providers Association of Nigeria, what has your association been doing to promote access to quality healthcare in the country?**

We have been operating as a tripod: HIS, HMO and Providers. From the onset of health insurance in Nigeria, inaugurated 6 June, 2005, by President Olusegun Obasanjo, we have had bilateral, tripartite and quadruped meetings, wherein we brought in the organised private sector, such as NECA.

Our advocacy has been for us to start planning and working towards universal health coverage. We have been able to mobilise the organised private sector, the civil society and the media to work with us. We have had seminars and workshops. We have also made advocacies, visits and we are involved in study tours to various countries like Ghana, the US, and Rwanda, just to compare the health insurance systems in those climes with what we have here in Nigeria.

Our target has been to cover many countries including the United Kingdom. Our cardinal objective is to ensure that Nigerians have access to quality health, without catastrophic consequences on their financial base. We don't want Nigerians to experience any financial risks in accessing quality healthcare. We notice that out-of-pocket payment could pose a problem and so, we are working as a team to achieve universal health coverage.

**The rate at which Nigerian doctors are leaving the country**

**in search of better working conditions abroad is alarming. What do you think we can do as a nation to curb this trend?**

It doesn't even look as if the brain drain is for medical doctors alone. There are many other professionals that are leaving the country. As I am talking to you now, artisans and even journalists are leaving.

People are leaving in droves. And what is causing them to leave? When what they are seeing on ground cannot sustain them. When you have infrastructural decay, no good roads, no energy, and when indeed security is a risk, with people kidnapping anybody they can lay their hands on, you don't blame those leaving.

Even the youths, after going through the rigours of school life, come out to find no jobs. I am not saying the situation is good. Everybody is trying to change environment. The minimum the individual Nigerian expects from government is responsibility and security, with job provision. They are not asking for too much. Just give them good roads, security and energy supply.

Nigerians are very innovative and intelligent people. When we are thinking of solutions, we must not limit the problem to doctors or health workers alone. What we should begin to do is to put leaders who have the political will to change things in place, so that they can improve the country. It is not about just voting for people who buy votes with food and money. This

time around, we should think deep before we cast our votes. If we don't get it right this time, then it means something is wrong with all of us.

**Public hospitals in Nigeria are usually overcrowded due to shortage of medical personnel. Why do you think government has not been able to find a permanent solution to this problem?**

The problems persist because there is no policy barring public office holders from going abroad for medical tourism. If there is such a law barring public officers from travelling abroad for medical treatment, they will make sure what we have in the country works. As long as they can use taxpayers' money to travel to India, China, America and the United Kingdom to go and check their health, with nobody challenging them, the trend will continue.

If the poor man can die cheaply and the rich man continues to use his money as he likes, where then is the egalitarian society? Where is equity? Until the oppressed confront and challenge the oppressors, the imbalance will continue.

**Based on your experience as a medical doctor, what branch of Medicine do you think thrives most in Nigeria, especially in terms of the demand for specialists in that field?**

Family medicine is much sought after. In family medicine, you sit in your consulting room and attend to patients with different ailments, ranging from malaria to cancer to fractured bone and to a psychiatric issue. It is more global being a family physician than to begin to narrow it down to a particular field.

Of course, there are scenarios where specialists in cardiology, nephrology and endocrinology will be required. And to talk of thriving, it is relative. The economic landscape in the country will still affect whatever goes on with the medical doctor in Nigeria as long as he or she is being paid in the same naira that has been witnessing a free fall recently.

I do not believe that any branch of Medicine thrives more than the other in Nigeria but I do believe that some are busier than others, based on global applicability.

**You participated in the 9th edition of the AfriHealth Expo. How would you rate the event, in terms of attendance and response from all stakeholders, especially those who add value to the medical profession?**

Don't forget that health workers are the most difficult to mobilise, especially in this season of survival of the fittest, where every hour wasted amounts to a huge loss. I don't blame the organisers, if the attendance was not good enough. I also don't blame them, if it was deliberate. I also would not blame anybody if attendance was affected because the advert was not strong enough.

What was important was that things were done as a group. In going it alone, one can go very fast but not very far. But going it as a group may be slow in the beginning but ends up going fast and far because everybody becomes a stakeholder. But again, the man that organised it meant so well for the country. He didn't charge participants a dime. It was free. Everything was made free for them. If you could not leave your practice to come and attend, it means that the usual syndrome of being too busy is still ravaging many of us who are busy doing nothing.

Yes, there are people who are busy doing nothing. Those who attended were a quality presence at the expo. They were people who came to add value to the healthcare delivery system in Nigeria. The contributions of stakeholders who were in attendance was very impactful. The issues we discussed were crucial. Health insurance, cardio-pulmonary resuscitation, basic life support system and the various options in healthcare financing in Nigeria were given prominence. It was a rich gathering full of initiatives.

**In spite of the existence and acclaimed vigilance of the Medical and Dental Council of Nigeria, many charlatans still operate in places like Lagos and Abuja. What really is the problem?**

The problem is a mix of quackery and the insensitive attitude of our security operatives. When these charlatans are arrested for prosecution, some security officers could go to the extent of revealing the identities of the whistle-blowers. Of course, they would always come back to threaten or kill the whistle-blower.

With no insurance cover, nobody wants to die for nothing. As long as there is corruption in the country, the charlatans will continue to thrive. Once we can get it right in the fight against corruption, quackery will stop.

**How would you rate the performance of the NMA in terms of protecting the rights and privileges of medical doctors, especially those under the employ of the state and federal governments?**

The Nigerian Medical Association (NMA) has been very effective, going by their level of advocacy and how they have been carrying along other affiliate bodies in fighting for their rights. They also engage in strategic discussion with stakeholders to ensure that good welfare packages are secured for their members. They also defend and protect the standard of hospitals and clinics, ensuring that the right equipment is put in place to enhance work. They protest whenever there is a breach in welfare agreement and embark on industrial actions to press home their demands.

With the many years I have served in many national NMA committees, the goal has been to champion causes that will protect the structure and integrity of the healthcare delivery system in Nigeria.

# Medsaf partners Nasarawa govt, deploys technology to strengthen pharma supplies

By Temitope Obayendo



L-R: Sterling Bank team members (first two from left); Managing Director, Medbury Medical Services, Dr Itunu Akinware; Commissioner for Health, Nasarawa State, Pharm. Ahmed Baba Yahaya; Founder/CEO, Medsaf, Vivian Nwakah; General Manager, Nasarawa State Drugs and Supply Management Agency, Pharm. Haruna Wakili, at the event.

Towards improving pharmaceutical supplies through the use of technology, the Nasarawa State Government has signed a Memorandum of Understanding (MOU) with Medsaf, an end-to-end pharmaceutical platform, for the distribution of quality medications in the country.

The historic event, which took place at a breakfast meeting organised by ARC\_ESM, was attended by key stakeholders from the Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria (PMG-MAN), seven states commissioners for health, supply chain experts, as well as industry experts, who brainstormed on the various levels of partnership needed in order to achieve Universal Health Coverage in Nigeria.

Some of the dignitaries that graced the high-powered meeting were Commissioner for Health, Niger State, Dr Makusidi Muhammad; Commissioner for Health, Kaduna State, Dr Amina Mohammed Baloni; Commissioner for Health, Yobe State, Dr Muhammad Lawan Gana; Commissioner for Health, Nasarawa State, Pharm. Ahmed Baba Yahaya; Commissioner for Health, Sokoto State, Dr Muhammad Ali Inname; Commissioner for Health, Ekiti State and Chairperson, Nigeria Health Commissioners Forum, Dr Oyebanji Filani; Commissioner for Health, Gombe State, Dr Habu Dahiru; Acting Director General, National Agency for Food and Drug Administration and Control (NAFDAC), Dr Monica Eimunjeze; CEO/MD, Fidson Healthcare Plc and Chairman PMG-MAN, Dr Fidelis Ayebae and Founder/CEO, Medsaf, Vivian Nwakah.

Shortly after signing the three-year MoU, the Commissioner for Health, Nasarawa State, Pharm. Yahaya, described the partnership as a marriage that will be sustainable for many years to come. He assured Medsaf that the state government will provide the

company with available database and support to guarantee the success of the agreement.

"We have our gap needs, and we see that Medsaf has quite several coverages that will close the gaps. The more satisfactory our demands are met, the better for the state. With Medsaf's direction, we believe we have gotten to near satisfactory point of our needs, as we look up to getting saturated in Nasarawa with consumables and drugs coverage, which will in turn

bring optimal service delivery," Yahaya said.

Speaking on Medsaf's application of technology in pharmaceutical distribution, the commissioner applauded the vision of the company to revolutionise pharmaceutical supply chain in Nigeria.

He also confirmed that Nasarawa State is open to deploying technology to add value to what it presently has. "We need to employ ICT into every

aspect of our healthcare system in order to monitor and ensure all our activities are tracked, to enable us maximise the service delivery of healthcare in Nasarawa State", he declared.

Fielding questions from newsmen at the event, the Founder/CEO, Medsaf, Vivian Nwakah, expressed deep appreciation for the recognition accorded the company as the only pharmaceutical technology platform that is aggregating all pharmaceutical products from local manufacturers to ensure clients satisfaction.

"Being here today not only affirms how Medsaf is perfectly aligned to be great for Nasarawa State, but we can actually scale this across to other states that might also need to digitalise their entire pharmaceutical supply chain" Nwakah explained.

According to her, the partnership with Nasarawa State government has proven that everything Medsaf has done in the private sector can also support the public sector to improve capacity for providing better patient care at statewide level.

"More importantly, we need to have the right financing partners to ensure that we can not only meet the credit needs of our various stakeholders, but also that we have support to invest in the medications relevant to the country. I believe that all these things are possible, but we need a mindset change around how we use technology within our pharmaceutical procurement and that is the key in order to reach better patients' outcome", she pleaded.

## Ranbaxy-Sun Pharma screens school children, pregnant women for anaemia - States commitment rid Africa of anaemia

By Ranmilowo Ojalumo

As part of its vision to eradicate iron-deficiency anaemia in Nigeria and Africa as a whole, Ranbaxy Nigeria, a Sun Pharma company, recently offered free screening on anaemia for some pregnant women and school children of Ogijo Community, in Sagamu Local Government Area of Ogun State.

The screening took place at Imoro Community Primary School, Moro Ogijo; Local Government Primary School, Eriyo Ogijo, and Ogijo Primary Healthcare Centre. The company also offered free treatment to the pupils and pregnant women who were anaemic, using Ranferon 12, one of its yearlong hematinic products.

Ranferon 12 has been in existence in Nigeria for the past 30 years and being used for the treatment of iron-deficiency anaemia.

According to the Technical Manager, Drug and Toxicology Consult Limited, Professor Olufunsho Awodele, who was the project consultant, the exercise was part of Ranbaxy Nigeria-Sun Pharma's corporate social responsibility, tagged "Anaemia



Technical Manager, Drug and Toxicology Consult Limited and Project Consultant, 'Anaemia Free Africa', Professor Olufunsho Awodele (6th from left), Headmistress, Imoro Ogijo Community Primary School, Ogijo, Mrs Christana Adereti O (7th from left), Group Product Manager, Ranbaxy Nigeria-Sun Pharma Company sponsor of 'Anaemia Free Africa', Dr Ifeanyi Offor (8th from left) and staff of Imoro Ogijo Community Primary School, Ogijo during the free screening on anaemia of Imoro Ogijo Community Primary School pupils at the school premises recently.

Free Africa".

While speaking to **Pharmanews** during the screening exercise at Imoro Primary school, Awodele said, "The intention of Ranbaxy is to see an Africa that is free from anaemia. We identified people that were anaemic, based on

haematological findings and the physician's assessment, and administered Ranferon 12 to treat the condition and then do a post-treatment assessment to see the impact of the product on anaemia.

Anaemia, according to Awodele, **continued on page 51**

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## Curbing anaemia in Nigerian women through multiple micronutrients supplements

**By Temitope Obayendo**

"I am married to a farmer, so I do not rest. We work, all day on the farm and walk long distances."

"I worry about a few things about my pregnancy now. The first is my health. And second is fulfilling everything that is needed for the baby."

"When food is served, I am happy if my family eats before me. If I am hungry, I keep it to myself, because I run the house," said six-month pregnant Aisha from Kano State.

Like Aisha, many pregnant women in low-income countries, including Nigeria, are poorly fed and work under harsh weather conditions, which usually predispose them to anaemia. They believe in the primitive saying that "the woman can eat the leftovers. If there are no leftovers, she can survive that too."

The World Health Organisation (WHO) Global Anaemia Report for 2021 shows that 29.9 per cent of women of child-bearing age (15 to 49) were anaemic in 2019, while 38.8 per cent of children aged 6 to 59 months suffered anaemia, with 60.2 per cent prevalence among children aged 6 to 59 months in the African region.

Anaemia remains a major public health concern, particularly, in sub-Saharan Africa (SSA), where it is one of the causes of maternal death. The most common cause of maternal anaemia is iron deficiency or malnutrition. According to the 2018 Nigerian Demographic Health Survey, the prevalence of anaemia was high among pregnant women. It was pegged at 61.8 per cent, with 62.6 per cent underweight women; whereas, the risk of anaemia was found to be 2 per cent less likely among women who took minimum adequate diet, compared to those who did not.

It has also been established by experts that inadequate nutrition can lead to critical health risks to the infant, such as low birth weight, pre-term delivery, being born small for gestational age. Poor nutrition can also lead to serious maternal health outcomes and even to the death of the mother or her baby.

Analysing the impacts of malnutrition on mothers and infants, UNICEF recently affirmed that poor diets and poor care services aggravate women's risk of illness, death and poor pregnancy outcomes. The agency added that poor diets also put babies at risk of undernutrition in early childhood (including wasting, stunting and micronutrient deficiencies) with long-term negative consequences for school readiness, enrolment and learning performance

### MMS as benchmark

Experts have emphasised the importance of micronutrients for pregnant women and infants, in order to curb the incidence of malnutrition and iron folic acid (IFA) deficiency. Accordingly, due to the increased need for various vitamins and minerals during pregnancy, WHO has stated that IFA formulations may also include other vitamins and minerals in Multiple Micronutrients Supplements (MMS). This has since established MMS as the gold standard for micronutrient supplements, although compliance rate is still very low.

Multiple Micronutrient Supplement (MMS) is a formulation of multivitamins designed to help pregnant women to enjoy better nutrition that will benefit them and their babies. Micronutrients, often referred to as vitamins and minerals,

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are vital to healthy development, disease prevention, and wellbeing, especially of pregnant women and their babies. According to WHO, there is evidence suggesting that, with MMS, there may be a decreased risk of low birth weight and small-for-gestational-age in comparison to IFA supplementation alone.

Also, in an exclusive chat with a Consultant Public Health Physician, Dr Francis Ohanyido, he rated the benefits of MMS over IFA. According to him, beyond the fact that MMS contains 15 micronutrients in comparison to the mere two in IFA, evidence-based findings have shown that it can adequately nourish pregnant women and drastically reduce mortality from postpartum haemorrhage. Essentially, it sufficiently beefs up women's nutritional needs in pregnancy.

#### Matchless benefits

Ohanyido mentioned some of the advantages of MMS over IFA to include reduction of stillbirth and reduction of small for gestational age, as well as other advantages for the child in terms of good health, for the first 1000 days of life.

According to him, "MMS helps reduce the issues around infection because if the mother is doing well, it also passes to the child, in terms of quality outcomes of the child. MMS also helps give supplementation in terms of the nutrient level for the mother that has gone through pregnancy.

"It has been observed that a lot of women going through pregnancy in Nigeria, especially in sub-communities, are malnourished. So it's very important that we introduce MMS and pull it out in a way that is accessible to pregnant woman in any community in Nigeria."

Ohanyido, who is also the country director of Vitamin Angels, an NGO involved in micronutrients advocacy, in partnership with states and federal governments, emphasised the need for government to prioritise the health of its citizens by investing in the procurement of MMS. He noted that MMS has been proven to have better outcomes on maternal and infants health, particularly decreasing mortality rate, compared to the existing IFA in most antenatal and post natal facilities.

He also commended the Federal Ministry of Health for launching the MMS policy in 2021, along with that of the micronutrient powder. He, however, lamented the slow implementation of the policy, which he described as hanging between the decision of stakeholders and government.

Ohanyido said, "The first part of

the intervention is that there is a policy; now, what is left is for stakeholders and government to begin to chart a common course in terms of making sure the MMS is available. MMS will gradually replace IFA, but the speed will be dependent on how much government is willing, how much partners are willing to put into that to make sure that it's accessible to pregnant women in Nigeria. It's something that is a no-brainer; that is the direction we should be going - although we are not saying 'stop giving IFA' because it is a lifesaver."

**Successful implementation**  
Expressing optimism over the timely and gradual implementation of MMS in Nigeria, Ohanyido remarked that countries like Indonesia and Haiti are already enjoying the dividends of the intervention. He urged stakeholders and governments to urgently tap into the invaluable resources of MMS for the huge health benefits it promises for the populace. He also noted that its production cost is at parity with IFA, stressing that the nation will procure at a larger scale, which makes it an economical intervention,

"Transition from IFA to MMS shouldn't be something that we should break sweat over, because it's something that can be done. I know that resources are lean, but I think, as a country, we need to prioritise where we put our money. The lives of women and children should be top priority. And if we're going to achieve the demographic dividend, it is those places we should be putting the money because those are the future of the country.

"Our primary healthcare, for example, is almost comatose. Our health system is making people pay everything from out of pocket. If anybody is challenged health-wise, most Nigerians use money from their pockets and if the money they are asking is so high, the only thing left is for the person to go and die. This shows why most Nigerians are looking for solutions because they know they cannot afford hospital bills", he said.

## How I excelled as first female BOF-PSN Chairman- Prof. Femi-Oyewo

*continued from page 30*

### about your participations in PSN activities?

First of all, I thank God for the grace and enablement to play active roles in pharmacy practice. I have participated in so many PSN activities. I have attended many national conferences (about 35) and technical/interest groups programmes. I was a PSN Council member (12 years). In 2002, I was group chairman of Pharmacy Summits, held in Kaduna; and in Lagos, in 2012. I was the keynote address speaker at NAHAP national conference in 2007; and at ACPN national conference in 2014. I was also the sub theme speaker (NAIP 2007, NAPA 2015, 2021) etc.

I served as member of PSN Council's Education Committee for six years. I served as member, Deans Forum; member, Annual Conference Planning Committee (2001-2003); chairperson, National Association of Academic Pharmacists (now NAPA, 2000-2003); secretary and treasurer PSN BOF; chairman, Research Grant Committee, BOF; first chairman, BASF West Africa Young Female Pharmacist Award Committee (2018); chairman, PSNFIP Distinguished Practice Award Committee; and PSN FIP Host Madsen Award Selection Committee (2021); as well as chairman, Board of Fellows, PSN (2018-2021).

### Which of the roles or positions did you find particularly interesting and why?

I would like to talk about my roles as the chairman, Board of Fellows, PSN (2018-2021) and chairman NAPA (2000-2003). Let me start with my tenure as Chairman BOF, PSN. This is a distinguished and esteemed position. A position of honour and respect. I had a manifesto, titled, "A Tenure of PEARLS" with P-Prestige, E-Excellence, A-Achievements/Activities, R-Relevance/Respect, L-Leadership and S-Services. My vision was to have a BOF of PEARLS.

This became particularly interesting because I was the first

female chairman of BOF. Therefore, I knew I had to perform. I could not afford to disappoint God, my family, BOF, ALPS and the entire PSN. With great determination and outstanding NEC members who also bought into my vision, I ended my tenure not only with a beautiful success story with splendour but achieving my manifesto, despite the COVID-19 pandemic.

The remarkable changes in BOF investments and achievements have been published online by Pharmanews (April 19, 2022). These include N10 million Debenture in PSN Pharmacy Tower, Innoson 15-seater new bus, a 3-bedroom apartment at Yaba Lagos, Fellows Insurance Scheme, BOF publications, BOF research grant of N1 million, and a functional website, for BOF visibility. To God alone be the glory for the great things He has done. I am grateful to all the Fellows for the opportunity to serve.

Another position that was very interesting to me was my chairmanship of the Nigerian Association of Pharmacists in Academic (NAPA). When I took over as the first female chairman of NAPA the association was almost not visible, and not in a position of reckoning. I had to intentionally work with my exco to put NAPA on PSN radar by building a strong association that could not be ignored, attended all meetings making positive impacts, held annual conferences in Sagamu (Ogun State University, now OOU), and revived our journal - Nigerian Journal of Pharmaceutical Research.

I attended national conferences with members and participated in all the group dynamics. I handed over a strong and visible association which has grown in leaps and bounds from glory to glory and still counting. Kudos to all our successive NAPA chairmen for the good work. Keep soaring higher.

(Continues next edition)

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## THE JOURNEY OF AGILE ORGANISATION

### Providing inspiring leadership across generations(3)

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

**H**ere are some ways to address the generation gap in the workplace, help leaders look past the stereotypes, and effectively provide inspiring Leadership across generations.

#### 1. Let each generation learn from the other.

Older workers often have great assets of significant experiences that cannot be learnt in school, and younger team members usually appreciate it when that wisdom is shared. However, being told that something needs to be done a particular way just because it is "how things are done around here" will open the door to pushback.

Those who have been in the workforce for a long time should recognise that just because that is how things have been done in the past does not mean it is the best way for the future.

There is a stereotype that younger workers think they should be exempted from tedious work. Older team members may remember "paying their dues" earlier in their careers and have no sympathy. However, what if, working together, you could devise alternatives to doing repetitive work or at least find ways to reduce it considerably?

Younger employees, many of them digital natives, may have ideas or technology options that have not been explored, and more experienced employees have the knowledge and expertise to make new processes work.

This is why some organisations, recognising the need to bridge the generation gap in the workplace, are beginning to pair their older and younger team members in formal or informal reverse mentoring arrangements, and equipping everyone to work together on virtual teams effectively.

#### 2. Flex the hours.

Want to keep your organisation competitive in retaining employees of all generations? Take steps to promote work-life balance. Workers of all generations report that they are more likely to stay with their organisations if flexible schedules are allowed and telecommuting is supported.

Moreover, employees of all ages are willing to work long hours but want a life outside work. Whether raising families, preparing for retirement, caring for elderly parents or pursuing personal interests, employees often feel that their organisations forget that they have lives outside work.

Leading across generations involves helping everyone on the team manage the work-life juggle, balance priorities, and fight burnout. Teams that feel overburdened can work together to find a solution so that everyone

is not working all the time.

Perhaps one team member would be happy to start work early, while another wants to work late. Alternatively, you could balance out off-hours coverage so that not everyone has to be responsive 24/7.

#### 3. Share values and show respect.

We often hear that younger people disrespect older employees and people in authority. We also hear that more senior people show no respect for younger talents and ideas.

Many people think that older and younger people value vastly different things. However, research has proven that different generations have pretty similar values. For example, "family" is the value chosen most frequently by people of all ages. Other shared values include the following:

- integrity
- achievement
- love
- competence
- happiness
- self-respect
- wisdom
- balance
- responsibility

The reality is that everyone wants the same thing, which is for their organisations to cultivate a culture of respect - they do not define it the same way. Some would argue that this is the secret to teamwork and leading across generations.

Get practical advice for managing, leading, and working with millennials to improve teamwork, increase productivity, strengthen organisational culture, and build a robust talent pipeline.

#### 4. Be a trustworthy leader.

By and large, people of all generations and at all levels trust the people they work with directly—such as bosses, peers, and direct reports—more than they trust their organisations. Moreover, people trust their organisation more than they trust upper management.

What do different generations expect from their leaders? Conventional wisdom says older generations want a command-and-control type of leader and that younger generations want leaders who include them more in decision-making. However, our research says effective leadership is less about style and substance. People of all ages wish for credible and trustworthy

leaders above all else.

#### 5. Address office politics.

Office politics are an issue, regardless of age. Everyone is concerned about the effects of organisational politics on their careers. Employees know that political skills are crucial to being able to move up and be effective at higher levels of management. Recognise your team for their work and ensure

they have access to the resources they need to do their jobs well.

#### 6. Communicate change.

The stereotype is that older people hate change, and younger generations thrive off of it, but these are inaccurate assumptions. People from all eras are generally uncomfortable with change and can experience change fatigue. Resistance to change has nothing to do with age; it is all about how much someone has to gain or lose with the change.

Communicating is the best way to manage change and be a successful change leader. Send out memos, host meetings, or implement an open-door policy that embraces communication. Make your team feel comfortable with asking questions or voicing concerns.

#### 7. Understand the context of loyalty.

Loyalty depends on the context, not on the generation. Studies show that younger generations are no more likely to job-hop than older generations. The perception that older people are more loyal is associated with context, not age.

For example, people closer to retirement are more likely to stay with the same organisation for the rest of their working life, and people higher in an organisation work more hours than those lower.

#### 8. Do the right things to retain talent.

It is as easy to retain a young person, as to maintain an older one — if you do the right things. Just about everyone feels overworked and underpaid. People of all generations have the same ideas about what their organisation can do to retain them. Employees want the room to advance; respect and recognition; a better quality of



life; and fair compensation.

#### 9. Create a learning environment.

Everyone wants to learn — more than just about anything else. Learning and development were among the issues most frequently mentioned by study participants of all the generations surveyed.

Everyone wants to have the training to do their current job well. Create a working environment that enables team members to understand and get interested in what they need to learn to advance to the next level. Build the core leadership skills required for every role and career stage to boost employee motivation.

#### 10. Build coaching skills.

Almost everyone wants a coach. We have heard that younger people constantly ask for feedback and cannot get enough of it. We have also heard that older people do not want feedback.

According to our research, everyone wants to know how they are doing and learn how to do better. Feedback can come in many forms, and people of all generations appreciate receiving it. Equipping everyone to hold coaching conversations can help create a more robust organisational culture for workers of all generations.

In summary, our research shows that people want the same things, no matter what generation they represent. The so-called generation gap in the workplace is primarily the result of miscommunication and misunderstanding, fuelled by common insecurities and the desire for clout.

Successfully leading across generations is pretty straightforward. So, let go of your assumptions about generational differences at work and spend more time developing your leaders of all generations.

#### References

- The Centre for Creative Leadership
- Leading across generations – Steve Covey

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# Turbo-charging your career in 2023

Let me welcome you to a sparkling new AD 2023. Like most people, you have hopes and expectations for the year. This is in order. May all your dreams come true and all your prayers be answered.

If you are in employment, it is safe to say your hopes for this year have significant aspects that have to do with your job and career. It is natural that you want to grow and make progress. Now, whether your dreams come to pass or not is to a very large extent in your hands; after the prayers, you need to roll up your sleeves to do some strategic analysis and take some decisions and actions.

The reality is that the corporate world is a very competitive place; so it can take some time to climb the corporate ladder and gain recognition for your hard work. You need to have patience and trust that your hard work will eventually pay off. However, note that

1. hard work is not enough

2. this doesn't mean there aren't things you can do to accelerate the growth of your career. It doesn't mean "passive waiting" or "doing nothing".

As a matter of fact, what you must realise and accept, *ab initio*, is that no one owes you a career. Therefore, you should be in the driver's seat as far as managing and running your career are concerned. Period.

First things first. What do you want out of your career? When and how do you want it? You need a career development plan. This is a personalised strategy that takes you from where you are today to what you envision as your career's ideal peak.

By the way, it is important to remind you that career growth is a marathon, not a sprint. Accepting this fact as early as possible will make it easier for you to accept the bumps along the road to a successful career.

There are three elements of a basic career development plan:

**First things first. What do you want out of your career? When and how do you want it? You need a career development plan. This is a personalised strategy that takes you from where you are today to what you envision as your career's ideal peak.**

you want to be in the future. For starters, you need to understand how wide that gap is—a process called "gap analysis"—which begins with more detail about where you are today, in terms of skills, capabilities, experience, and achievements.

**2. The future state:** this is where you want to be, as well as when you want to get there. It's the unique way you define career success, whether that's a specific role, working for a specific company, attaining a specific salary, or something else that's important to you.

**3. The journey: How you're going to get there:** This stage requires you to identify the skills, knowledge, education and experience for the ideal peak of your career. If, for instance, you aspire to become the national sales manager for a first tier pharmaceutical company within eight to ten years, you should ask:

- What skills are required to be a national sales manager?
- How much relevant experience should a national sales manager have?
- What achievements should a national sales manager have?

Find answers to these

## 3 BASIC ELEMENTS OF A CAREER DEVELOPMENT PLAN



### #1 THE STARTING STATE:

Where you are today including your job, skills, and career accomplishments



### #2 THE FUTURE STATE:

Where you want to be (and when you want to be there) including the skills and experience required



### #3 THE JOURNEY:

What you'll do to reach the Future State with both short-term and long-term SMART goals

PRAXIS

Let's take a look at each.

**1. Where you are today:** This includes, but not limited to, stating where or what you are now. It is not enough to say "I am a medical sales representative". Doing this is just only one piece of the full puzzle. Except you've reached the pinnacle of your career, obviously there's a gap between where you are today and where

questions. Look at job postings for the positions you want. What skills, certifications, technical abilities, or demonstrated career achievements are employers looking for? Talk to current holders of such position that you know.

Your career development plan is a roadmap for your next 10-plus years; so be detailed and

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cut everything into manageable chunks. If you want to become an NSM in the next eight to ten years, you'll need to begin your mid-level management position in the next three to five years to stay on track. In fact, your next milestone shouldn't be four years in the future; instead, make it three to six months. Thus, in setting your goals, you need to be asking:

- What work project will add to my list of achievements?
- What skill can I learn over the next three to six months to advance my career and close the gap?
- What networks do I need to develop? What relationships do I need to invest in?

Don't forget that effective goals must be SMART – Specific, Measurable, Achievable, Relevant and Time-bound.

As you proceed with your career journey to the top, here is a list of strategies and tactics you can employ:

- Know yourself;
- Keep a record of your

- achievements;
- Build your personal career capacity and competence;
- Adopt a continuous self-development and improvement philosophy;
- Create a personal brand of value;
- Understand that work is a daily competition;
- Develop industry and workplace networks;
- Be visible, online and offline;
- Don't be afraid to job-hop;
- Watch your personal habits and presentation;
- See the big picture;
- Seek for feedback.

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

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### MICRODOSE ASPIRIN

Microdose aspirin is the current therapeutic practice of administering aspirin in low doses of between 71-85mg, up to 150mg to patients who in the opinion of healthcare practitioners require the antiplatelet benefits of aspirin.

### WHY MICRODOSE ASPIRIN?

It is no longer news that low dose aspirin is useful in a whole range of cardiovascular ailments like;

1. Lowering/preventing the incidence of ischemic heart attacks and strokes.
2. Prevention of first attacks in patients with unstable angina.
3. Reducing the risk of death among those who have had a heart attack or stroke but whose condition has stabilized.
4. Prevention of recurrent myocardial infarction and mini strokes.
5. Decreasing the incidence of mortality in post myocardial infarction patients.
6. Reducing the risk of post-operative Deep-vein thrombosis.

### OTHER USES OF MICROPIRIN

1. Diabetes - Analysis of Data from thromboxane screening of diabetics,

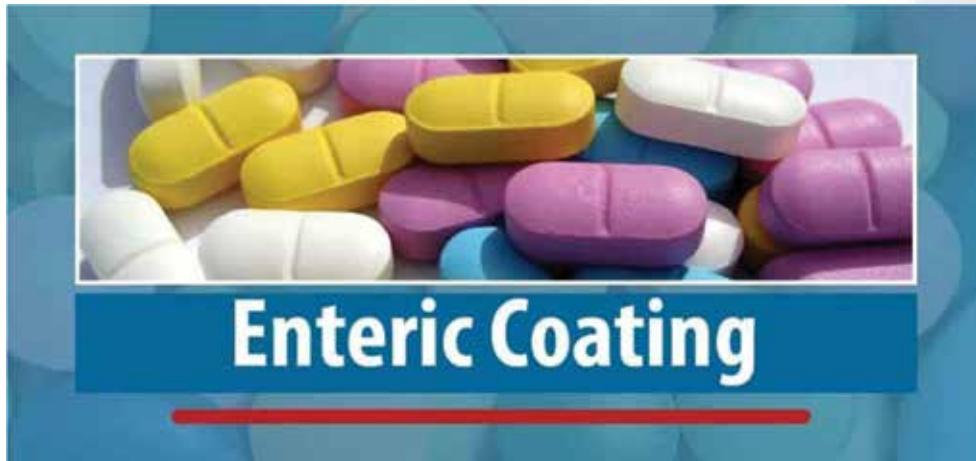
showed that Diabetics produced 2 – 4 times higher levels of thromboxane than non-diabetics.

- Thromboxane encourages platelet aggregation.
- But aspirin blocks thromboxane synthesis.
- 2. Alzheimer's Disease - Inflammation in the brain is a factor... Anti-inflammatory drugs (aspirin) decrease inflammation and help suppress Alzheimer's disease.
- 3. Anti-biotic induced hearing loss -amino-glycoside anti-biotics combine with Iron in the body to form free radicals which damage cells found in the inner ear. Salicylates prevent the formation of these free radicals and so can be administered along with amino-glycosides to minimize that side effect.
- 4. Prostate - Researchers in Mayo clinic in the U.S. have found that aspirin [Micropirin] and indeed other NSAIDS may prevent or delay benign prostatic hyperplasia- a condition of enlarged prostate which may cause urinary symptoms in men as they age. e.g., frequent urination, trouble starting urination, awakening frequently at night to urinate, weak urine stream and urgent need to urinate.
- 5. Respiratory system - Medscape medical news in Jan. 2007 published that men taking low dose aspirin every other day have a 22% lower risk of receiving an initial asthma diagnosis. Ref. Am.J.Resp./ critical care med. This means that Micropirin may have a role in the reduction of development of asthma in adult males.
- 6. Gynaecology - Aspirin has been shown to lower the risk of pre-eclampsia in pregnant women. Ref. ACOG Journal.

### WHY IS MICROPIRIN ENTERIC COATED?

Studies have shown that aspirin of strength as low as 10mg is a trigger element in ulceration if not coated. This may have been a factor in the development of ulcer in patients that have been on low dose aspirin without insisting on enteric coated brands.

This is where **MICROPIRIN** comes in.



**MICROPIRIN** has been carefully formulated and coated with gastro-resistant enteric-coating materials to protect the stomach walls from the corrosive effects of aspirin, using patented chemical processes and compounds. This is referred to as ENTERIC COATING

The definite advantage of enteric coated aspirin [MICROPIRIN] is her pin-point delivery at the small intestine where its effects as an acid will have little or no effect.

### MECHANISM OF ACTION

In the simplest terms, **MICROPIRIN** works by preventing the clumping together of platelets circulating in the blood. This is achieved by inhibiting the chemical signals that promote aggregation especially thromboxane A2. **MICROPIRIN** decreases the conversion of cyclic endoperoxide to thromboxane A2 by inhibiting the enzyme

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### BIO-EQUIVALENCE STUDIES

The release profile of **MICROPIRIN** has been demonstrated in a comprehensive bio-equivalent studies, to be at par with Bayer Aspirin in cross over design.

### POSOLOGY

The standard dose of low dose aspirin [**MICROPIRIN**] is usually between 75mg to 150mg daily. This means that 75mg is the lowest dose that can initiate anti-platelet activity while doses above 150mg confers no additional anti-platelet activity. So, for some people, it is 1 tablet daily while for others, it is 2 tablets daily.

### ADVERSE REACTION / CONTRA-INDICATIONS

The adverse reactions of high dose aspirin like; tinnitus, dizziness, loss of hearing, nausea, vomiting, dyspepsia, G.I. disturbances etc. have been either minimized or completely eliminated in **MICROPIRIN** firstly because of its low dose, and more importantly by the Technology of enteric coating. The idea is to make **MICROPIRIN** as near perfect as possible. However, there is need for caution in established cases of allergy to aspirin, asthma and stomach bleeding.

Aspirin is generally not recommended for children below the age of 12 years because of the incidence of Reyes syndrome.

Also, **MICROPIRIN** should be used with caution on those taking anti-coagulants and on hemophiliacs. Use during the last months of pregnancy should be monitored.

### INTERACTIONS

1. Use with steroids, pyrazolones derivatives like phenylbutazone or alcohol or NSAIDS may increase the risk of G.I. ulceration.
2. Also use with NSAIDS may lower the plasma concentration and therefore the effectiveness of NSAIDS.
3. Micropirin may increase the hypoglycemic action of sulphonylureas when they are used together.
4. It may also increase the uricosuric activity of probenecid and sulphydrylurea.
5. Use with anti-coagulants may lead to increased anti-coagulant effects by displacing the anti-coagulants from binding sites.
6. With methotrexate will increase the toxic effects of methotrexate.

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Store in a cool dry place, at a temperature not exceeding 25°C. All medicines should be kept away from children. Shelf life: 3 years.

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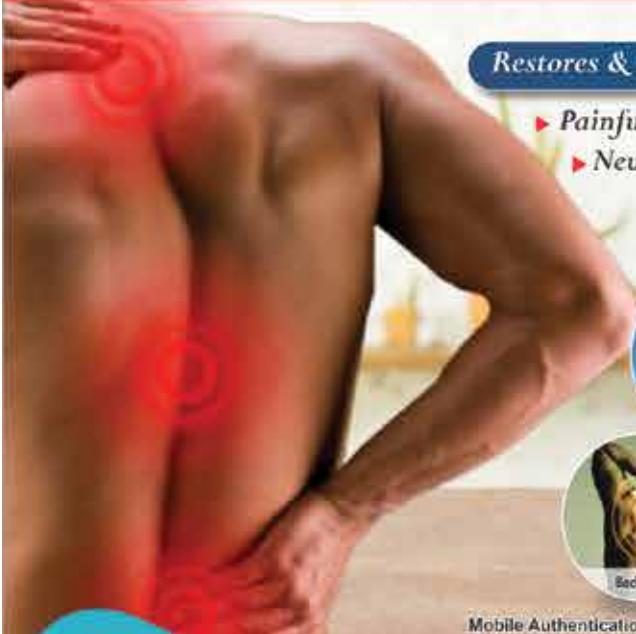
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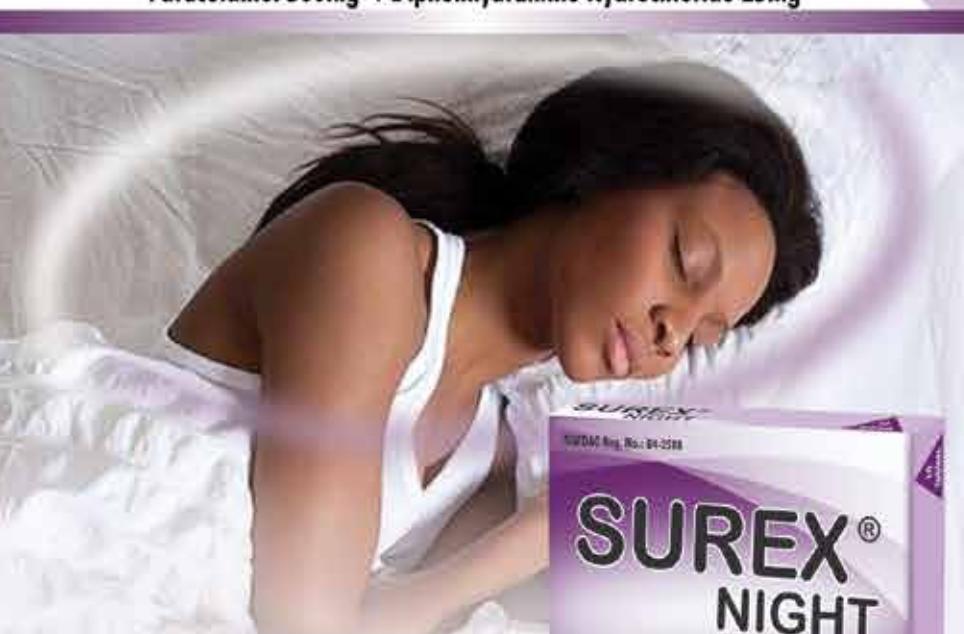
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# Stakeholders proffer technology as panacea to drug distribution challenge

*continued from back page*

(Alh.) Ahmed Yakasai, spoke at the "Open Day", recently organised by the manufacturers of DrugStoc, a cloud-based platform that makes quality medicines easily accessible to healthcare providers.

They stressed that giving more recognition to the digital pharmaceutical space will significantly help in curtailing the activities of middlemen, who hinder hospitals and pharmacies from accessing genuine, quality medicines in due time.

Prof. Usifoh, while addressing participants at the event, held at DrugStoc's new facility in Ojota, Lagos, expressed optimism in the Nigerian healthcare delivery system with the likes of the online distribution company springing up.

Usifoh, who was represented by National Secretary, PSN, Pharm. Gbenga Falabi, said, "When the initiative came, I knew that was the way to go because falsifying medicines is a global problem which must be tackled headlong.

"The e-healthcare platform is the future of the industry, which is already taking root now. This explains why PCN has already gazetted online pharmacy regulation, to enhance the smooth operation of digital drug distribution in the country."

The PCN Registrar, Ahmed, who was represented by the Lagos State Zonal Coordinator, Dr Uka Makaka Okafor, described DrugStoc as a huge innovation, which has several functions for the pharma sector that are yet to be known by many industry players.

Lauding the platform's managers for giant strides in the past five years of its operation, Ahmed urged them to create more awareness about the platform's potentials, as well as mentoring younger pharmacists, who wish to emulate them.

According to the registrar, "We are pleased with what DrugStoc is doing, but they need to create more awareness. It is obvious they have a lot of value to add to the pharmaceutical sector which many people don't know. There are some people that have the money to do what they are doing in the country but they don't have the facts and the knowledge; they don't have the exposure."

"What concerns us the most in what they are doing is not profit, but access to safe medicines for the populace and I feel that is also part of their goals."

Also speaking, Pharm. (Alh.) Yakasai, commended the co-founders of DrugStoc, Chibuzo Opara and Adham Yehia, for their efforts towards the provision of safe, accessible and affordable medicines. He asserted that while partnership is tough in Nigeria, the two are getting it right.

"Good governance is key; none of you should short-change the other," he advised, adding, "I know they are people of quality; that is why they are offering quality service".

In an exclusive interview with the founders, Opara and Yehia, shortly after the programme, they



L-R: Mr Jacob Kurian; Varkey Verghese, managing director, Jawa International Ltd; Former President, PSN and Managing Director, PharmaPlus Nigeria Ltd, Pharm. (Alh.) Ahmed I. Yakasai; Co-Founders of DrugStoc, Chibuzo Opara and Adham Yehia, at the event recently.

expressed profound gratitude to the over 200 stakeholders they had been doing business with for the past five years, describing it as an interesting journey. They also acknowledged the support of regulators in midwifing the digital distribution platform.

The partners also narrated how they had enhanced the growth of many pharmacies through the provision of digital tools, inventory assistance, supply chain management and flexible

payment options to enable them to stock more products for patients' best outcomes.

According to them "One of the things that digital inclusion has achieved over the last five years that we've seen is obviously moving the quality standards to a different level, improving the track and trace in the industry, improving the business for a lot of pharmaceuticals. We've seen a lot of people join us, who had one pharmacy, and then within a

couple of years, they were able to open two, three, four pharmacies.

"It became very simple for them because when they work with us; we support their businesses, support their supply chain management, give them tools to help them manage their businesses, as well as help them with the inventory. Much more, we give them financial support, as we offer them flexible payment options to boost their businesses."

## Ranbaxy-Sun Pharma screens school children, pregnant women for anaemia

*continued from page 42*

a professor of Pharmacology, is a condition in which there is a low level of haemoglobin—that is, below the World Health Organisation's recommended level. He added that the company's aim of embarking on the project was to give back to the society.

"The first thing we did before the commencement of the project was to get ethical approval. We applied officially to the Ogun State Ministry of Health and the Ministry of Education to grant ethical permission to carry out the project, which was eventually approved. It was based on the permission that we were allowed to have access to the school children in the primary schools and the pregnant women in the health centre. The pregnant women gave individual consent; while the school's Parent-Teacher Association also gave consent before we started the screening," Awodele explained.

The project consultant further called on parents to give their children a healthy diet, while urging pregnant women to also eat healthy.

"Anaemia is prevalent in Africa and this is due to the level of poverty in the continent," he said. "Anaemia is closely linked to diet. So there is a need to improve our diet."

Also speaking with

**Pharmanews** on the project, the Group Product Manager for Ranbaxy Nigeria-Sun Pharma, Dr Ifeanyi Offor explained that "Anaemia-Free Africa" is a corporate social responsibility of Sun Pharma. He pointed out that the objective of the initiative is basically to eradicate iron deficiency anaemia in Africa, adding that the project does not have any commercial intent.

According to Offor, "We are screening the beneficiaries free for anaemia and anybody identified with iron-deficiency anaemia will be treated free, as well. The two target population at the moment are the primary school pupils and pregnant women. We chose these two groups of people because we discovered they have the highest risk of having anaemia. We also have all the ethical approvals before we started the screening and treatment."

On the treatment of anaemia with Ranferon 12, Offor said, "Ranferon 12 is a well-known hematinic. It has been in Nigeria for over 30 years. The product comes in capsule for adults. It also comes in liquid for children and adults. It has the highest elemental iron content when it comes to hematinic. Ranferon 12 also has vitamin B12 and zinc. The capsule also has vitamin C and both the capsule and syrup have

adequate amount of folic acid, which all help to rapidly boost the red blood cell and hemoglobin level".

According to Offor, the project kicked off in the year 2020, and it had been impactful and appreciated by the beneficiaries. He stated that the initiative is in line with the company's mission of reaching people and touching lives globally.

In his words, "We started this project in Nigeria in year 2020 with the first one in Magboro Community, in Obafemi-Owoode Local Government Area of Ogun State, where we have our manufacturing plant. We only moved this year's project to Ogijo, still in Ogun State. It is a capital-intensive project but the company has the interest of the Nigerian people at heart."

Offor also charged parents and Nigerians, in general, to strive to prevent iron-deficiency anaemia, by eating healthy.

"Anaemia is preventable but one can only prevent the disease when one eats food that are rich in iron; foods like fresh vegetables, egg, meat and beans. These are foods that children should be eating. When children eat healthy, they will not have stunted growth; they will develop mentally and will not have anaemia," Offor said.

## ACPN canvasses NHIA reform to halt pharmacists' exodus

*continued from back page*

community pharmacists in prescription services under the National Health Insurance System, the health insurance has missed it and is on the path of failure.

Stressing the critical role of community pharmacists as the closest to the people among healthcare professionals, Oladigbo said they are ideally the heart of primary healthcare services, as the country currently has about 7000 community pharmacists.

"We are focusing on the new act of health insurance," he said at the gathering. "If we get it right, the future of community pharmacy in Nigeria is bright; if not, we can as well pass a death sentence to community pharmacy in Nigeria."

He added: "My members are leaving the country in thousands, and as the national chairman of community pharmacists in Nigeria, I am pleading that my colleagues should remain in the country. If the National Health Insurance misses it this time around, practically 90 per cent of my members will leave this country. In other countries where they get it right, you would see that the health insurance system is what we can call the backbone of the healthcare system in general, both in terms of quality of service to the people and accessibility of care, especially for the common man."

Oladigbo earlier disclosed that the aim of the summit was to assure the general public as well as fellow healthcare providers that the association has a great interest in universal health coverage as well as equal access to health for everybody.

"As private providers, we want to partner with the government to make sure that this becomes a reality," he said.

Also speaking at the event, which was attended by leaders and representatives of all the interest groups of the PSN as well as ACPN chairmen and secretaries across the country, the PSN President, Prof. Cyril Usifoh, said the summit was timely as it came at a time a decision had to be taken concerning meeting up with the Universal Health Coverage.

"Whatever the resolution made here today will form part of our advocacy tools for us to use in discussing with the stakeholders towards solving the challenges that are facing the practice and that are hampering their delivery to the populace," Usifoh declared.

The PSN boss who was represented by the Chairman, PSN-Lagos, Pharm. Iyiola Gbolagade, said while the new health insurance act seems largely favourable, the real gladdening development is the signing into law of the Pharmacy Bill, which has become an act of the parliament.

In his address to participants at the summit, the chairman of the occasion, Pharm. Anthony Akhimien, a former PSN president, commended the ACPN leadership for coming up with the "laudable" programme, saying the challenges



L-R: Pharm. Omokhafé Ashore, national treasurer; Pharm. Wale Oladigbo, national chairman; Pharm. (Mrs) Stella Aribéana, director, Food and Drugs, FMOH; Pharm. Anthony Akhimien, former president, PSN, and Pharm. Ambrose Ezech, national secretary, at the ACPN national summit held in Lagos recently.



A cross-section of participants at the summit.

bedeviling community pharmacy practice today were born out of a lack of ideas and innovations.

He added that the programme was very apt as it had to do with a review of the National Health Insurance Authority, coming under Universal Health Coverage.

Akhimien said: "As you are aware, the UHC focuses on equitable healthcare distribution and bringing healthcare to the doorstep of every Nigerian and the target is 2030. We once had a target of 2000, but it became a mirage, but with 2030 staring us in the face, we feel the only way to achieve that is by bringing everybody together, including the stakeholders, to dialogue on the way forward.

"The best way to go is to

collaborate, and we have started it. As they say, the journey of 100 years begins with a step. So what you have seen here today is pointing to collaboration as all stakeholders here today are here for the same cause. Others should replicate this; let us dialogue and make the consensus work, all for the patient's benefit."

Also speaking, the duo of Dr Ibrahim Akinwunmi Mustafa, permanent secretary, Lagos State Ministry of Health, and Pharm. Stella Aribéana, director, Food and Drugs, Federal Ministry of Health, noted that to achieve Universal Health Coverage, collaboration is critical, adding that the agenda of the government to improve healthcare delivery cannot be done in isolation hence the need

for carrying other healthcare professionals along.

The summit, which had the theme: "Strengthening Private Sector Engagement For Universal Health Coverage: National Health Insurance System and the Future of Community Pharmacy Practice in Nigeria", had in attendance, other eminent personalities in the pharmaceutical industry.

They included Dr Ernest Okafor, chairman, PWDAN; Pharm. Abiola Paul-Ozieh, chairman, HCPAN, Lagos State; Dr Abiola Idowu, executive secretary, HEFAMA; Pharm. Adeosun Sakirat, DPS, Lagos State Primary Healthcare Board; Pharm. Gafar Madehin, Pharm. Anthony Bola Oyawole; Pharm. Ambrose Ezech; among others.



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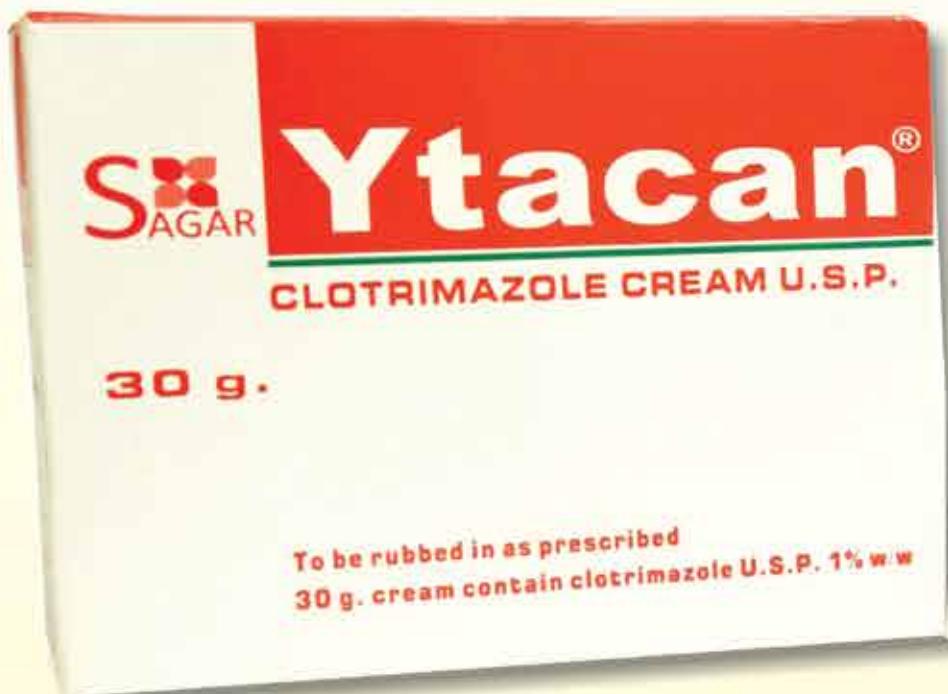
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## Stakeholders proffer technology as panacea to drug distribution challenge

By Temitope Obayendo

Notable leaders in the pharmaceutical industry have advocated the digital technology space as a reliable avenue for drug distribution, saying the channel is more insulated to the menace of fake and substandard medicines currently rattling the country.

While expressing confidence that the new National Drug Distribution Guidelines, being championed by the Pharmacy Council of Nigeria (PCN), will successfully tackle the challenge of open drug markets, the personages touted digital technology adoption as an innovative means of curbing unwholesome drugs distribution in the country.

The leaders, who included President, Pharmaceutical Society of Nigeria (PSN), Prof. Cyril Usifoh; Registrar, Pharmacy Council of Nigeria (PCN) Pharm. Bababshehu Ahmed; and former President, PSN, Pharm.

continued on page 51



Pharm. Ahmed Yakasai, managing director, Pharmaplus Nigeria Limited and former president, PSN (Middle), flanked by Pharm. (Sir) Bankole Aminu Ezebuilo, managing director, Kayhelt Pharma, and Prof Edith Okeke, a foremost gastroenterologist, during the unveiling of anti hepatitis range from Kayhelt Pharma at the Elliel Event Centre, Jos Plateau State.

## ACPN canvasses NHIA reform to halt pharmacists' exodus

By Adebayo Oladejo

The Association of Community Pharmacists of Nigeria (ACPN) has tasked the Federal Government, through the Federal Ministry of Health, to rejig the new National Health Insurance Authority, saying this will help to curtail the ongoing mass emigration of its members from the country.

The association added that unless community pharmacists' right of place is protected in the NHIA Act, Nigerians may not be

able to get the holistic care that they deserve.

The calls were made at the recent National Summit on Universal Health Coverage in Nigeria, organised by the ACPN, and held at Amber Residence, GRA, Lagos.

Speaking at the event, National Chairman of the association, Pharm. Wale Oladigbo, noted that without the inclusion of

continued on page 52

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