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ACPN, PCN, others lament exodus of young pharmacists - Task FG on health professionals' welfare

By Adebayo Oladejo

The Lagos State Chapter of the Association of Community Pharmacists of Nigeria (ACPN) has called on the federal

and state governments to invest more in the welfare and security of health professionals, saying such investments will go a long way in

addressing the massive brain drain being experienced in the health sector, especially the

continued on page 16

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L-R: Pharm. (Mrs) Olubamiwo Adeosun, secretary to the State Government (SSG), Oyo State; Pharm. Akinjide Adeosun, chairman St. Racheal's Pharma; Prof. Placid Njoku, deputy governor, Imo State; Mrs Desiree Osunsina, executive director Megamound Investment and Pharm. Jimi Agbaje, managing director, JayKay Pharmacy, at the 5th Anniversary of St. Racheal's Pharma in Lagos, recently.

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CEO of the Month

How Nigeria can boost pharma manufacturing, reduce dependency - CEO, Oakleaf Pharma

Page 34

Wellness with Dr Patrick Ijewere

Page 25

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PHARM. (DR) M.O. PAUL

Pharm. (Dr) Michael Oyebanjo Paul is the founder and chief executive officer of Mopson Pharmaceutical Limited, a leading manufacturer of quality pharmaceutical products, with headquarters in Lagos.

Born on 4 April, 1948, Pharm. M.O Paul, as he is fondly called, is a native of Ijebu in Ogun State but grew up in the ancient city of Ile-Ife, in Osun State, southwest, Nigeria.

A staunch Christian of the Catholic faith, he had his primary education at SS Peter and Paul Primary School, Ile-Ife, from 1953 to 1959. He had his secondary education at St John's Grammar School, also in Ile-Ife, where he was one of the pioneer students of the school. He was also one of the best science students in his set. He further attended Federal School of Science, Lagos, from where he proceeded to teach briefly, while waiting for university admission.

After his A Levels in Lagos, he proceeded to the University of Ife, now Obafemi Awolowo University (OAU), Ile-Ife, where he studied Pharmacy and graduated at the age of 25.

Pharm. Paul is very passionate about pharmaceutical compounding, a passion that deepened during his National Youth Service programme in Port Harcourt, Rivers State, and culminated in his foray into core pharmaceutical manufacturing. Thus, he continues to record giant strides at Mopson Pharmaceutical Limited.

Prior to the establishment of Mopson, the renowned pharmaceutical industrialist and astute administrator, worked with world class pharmaceutical manufacturers, such as Vitabiotics, May and Baker, J L Morrison, SK and F, amongst others.

A senior advocate of improved business environment for local pharmaceutical manufacturers, M. O. Paul believes that improved infrastructures, affordable and available foreign exchange and policy stability are the bedrock for a vibrant pharmaceutical industry in Nigeria. He was part of the Federal Government delegation sent to India and China to study the development and integration of herbal medicine into pharmaceutical production.

A Fellow of the Pharmaceutical Society of Nigeria (PSN) and many other professional and technical groups, Pharm. Paul, who recently celebrated his 75th birthday, is happily married with children.

The entire Pharmanews team joins his numerous admirers, friends and associates in wishing him a very happy birthday and many more years of happiness and service to the pharmaceutical industry and humanity.



Inspiration

"Be not afraid of growing slowly; be afraid only of standing still."—**Chinese Proverb**

"Every day do something that will inch you closer to a better tomorrow."—**Doug Firebaugh**

"Striving for success without hard work is like trying to harvest where you haven't planted."—**David Bly**

"The secret of success is consistency of purpose."—**Benjamin Disraeli**

"In order to be knowledgeable in these changing times, we must pursue a constant program of self-improvement, a never-ending journey into new fields of knowledge and learning."—**Og Mandino**

"Definiteness of purpose is the starting point of all achievement."

— **W. Clement Stone**

"Don't let the fear of the time it will take to accomplish something stand in the way of your doing it. The time will pass anyway."—**Earl Nightingale**

"We are what we repeatedly do. Excellence then, is not an act, but a habit."—**Aristotle**

"We can do anything we want to if we stick to it long enough."—**Helen Keller**

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

"The happiness of your life depends upon the quality of your thoughts"—**Marcus Aurelius**

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

The recent bill sponsored by Hon. Ganiyu Abiodun Johnson, proposing a mandatory five years of work in Nigeria by Nigerian-trained medical practitioners before being given a full practising licence, is, at best, a farce and at worst, a counterproductive misadventure.

According to the sponsor of the bill, which has curiously passed the second reading in the House of Representatives, its purpose is to curb the alarming exodus of health practitioners from Nigeria to other countries in search of better working conditions and facilities. The proponent particularly hinges his argument on the claim that the training fees paid by medical students are “highly subsidised” by the government and therefore the beneficiaries must be compelled to give back to the same society that helped to subsidise their education.

There is no denying that the recent wave of brain drain, especially in the country's health sector, is a major source of concern that requires urgent attention. Indeed stakeholders in the sector have continued to bemoan the situation. For instance, the Pharmacy Council of Nigeria (PCN), at a recent conference organised by the Association of Community Pharmacists of Nigeria (ACPN), Lagos State Chapter, noted that a total of 1,255 letters of good standing were issued to pharmacists who

travelled out of the country in just 2021 and 2022, adding that the figure did not include those who had travelled but were yet to apply for letters of good standing.

However, what the so-called “anti-brain-drain” bill proposes is a knee-jerk reaction that reeks of ostrichism. Even the most passive observer of the country's health system would readily aver that the solution to the brain drain problem goes deeper and requires a more thoughtful and systemic approach than mere threats and forced retention. It is thus not surprising that the bill has continued to attract opprobrium across the country, especially as it violates the “freedom of movement” and “the right to freedom from discrimination” as enshrined in the country's Constitution.

The Nigerian Association of Resident Doctors (NARD), in its reaction, expressed “shock and disappointment at the infuriating attempts by Ganiyu Abiodun Johnson and the House of Representatives to enslave Nigerian-trained medical doctors.” Similarly, Nigerian foreign-based medical practitioners, operating under the aegis of Diaspora Medical Association, sent a letter to the Nigerian Senate, stating that the

bill “will be counterproductive and will not achieve its intended goal.” President of the World Medical Association (WMA) Dr Osahon Enabulele, also observed that the bill was ill-advised, badly researched, outlandish, and totally retrogressive. This is especially so, as the bill says nothing of doctors who were not trained in public universities, and thus not beneficiaries of the exaggerated “education subsidy”.

We agree with these and other well-meaning stakeholders that the cause of brain drain in the country's health sector – as with other sectors of the economy – is not unwillingness of the professionals to serve their country but the fact that the environment of work is not only unconducive but also incapacitating. This, as has been consistently noted, is due to a poorly funded health system that stifles professionalism, growth, innovation and work satisfaction.

With health workers constantly grappling with inadequate facilities and equipment, paltry welfare packages, high level of insecurity, limited opportunities for employment, as well as other socio-political, economic and professional challenges, it is only natural and fundamental for them to seek a better life and

better work environment. Forcing them to stay and work in a state of dissatisfaction and demotivation will neither produce satisfactory outcomes for the patients they are meant to care for, nor for the health system they are being compelled to sustain.

What the lawmakers and, indeed, government at all levels, should be doing is to holistically address the drivers of brain drain, by ensuring improved welfare and security for health professionals, as well as an improved work environment, where they can thrive professionally, without feeling stunted or frustrated.

The fact that the bill focuses only on medical professionals is, as has been noted, not only discriminatory but also shows the gross ignorance of supposed policy makers about how the health system works. All members of the healthcare team – doctors, pharmacists, nurses, lab scientists and the rest – are critical to successful healthcare delivery and building a vibrant healthcare system. Therefore, restricting medical practitioners, while overlooking other members of the healthcare team, is an exercise in absurdity.

We insist that if the government is sincere about retaining healthcare professionals in the country, the solution is not coercion but a conscious and consistent commitment towards making the health system functional, conducive, progressive and generally attractive.

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DOSAGE & ADMINISTRATION: Adults - therapy should be started with two teaspoonsful orally three times a day; for prophylaxis dose of one teaspoonful once or twice daily. Children (5-12 yrs)- one teaspoonful once or twice a day, as directed by the physician.

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Please refer to the product insert for more information.

“Abbreviated Product Information”

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WARNINGS: Caution is recommended from iron overload in patients receiving repeated blood transfusions, accumulation of zinc may occur in renal failure, and has been reported to cause haemolytic anaemia in patients with glucose-6-phosphate dehydrogenase deficiency and ascorbic acid may aggravate the condition in patients having hyperoxaluria.

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God's perfect plans

By Sir Ifeanyi Atueyi

Be assured that God is always with His children, taking care of them, guiding and directing them. He promises in Hebrews 13:5b (NKJV), **"I will never leave you nor forsake you"**. "Never" means under no circumstances. This is a type of promise no human being can make to another person. Even Apostle Peter who was a firebrand for Jesus Christ had to deny Him when things became tough.

God made this assertion because He had already concluded His good plans for us. He says, in Jeremiah 29:11 (NKJV), **"For I know the thoughts that I think toward, says the LORD, thoughts of peace and not of evil, to give you a future and a hope."** God's heart is full of good thoughts for us. Can you imagine continuously thinking of the welfare of your child or loved one? Of course, you can do that but you cannot always make your thoughts or plans come through. But God is omniscient and omnipotent and can make His plans to come through.

As long as God, who knows the future, provides our plans, He goes with us to fulfil His purpose. This does not mean that we will be spared pain, suffering or hardship but God will see us through. Sometimes when we experience challenges, it appears that God's own perfect plan is no longer working out. Do not be discouraged or disappointed because God has His own strategies to execute His good plans for your life.

It does not matter whether some people have conspired to betray you, or how many times you have tried and failed in an endeavor, or even if Satan is against you, my friend, you must overcome and laugh last. If your competitors have devised a means of frustrating you, it will never come to pass because God has a good plan for you. His plans have already taken into consideration all those forces that will militate against you. Hebrews 13:6 (NKJV) says, **"So we may boldly say: The LORD is my helper; I will not fear. What can man do to me?"**

Do not allow Satan to put fear into you. God has not given us the spirit of fear. Your doubts, anxieties and hopelessness are all the works of the evil one. At all times rest

your faith and confidence on the One who is able to do all things according to His own plans, which no one can change.

I love what Job says in Job 23:13-14 **"But He is unchangeable, and who can turn Him? And what He wants to do, that He does. For He performs that which He planned for me, and many of such matters He is mindful."** God knows and He determines the end from the beginning.

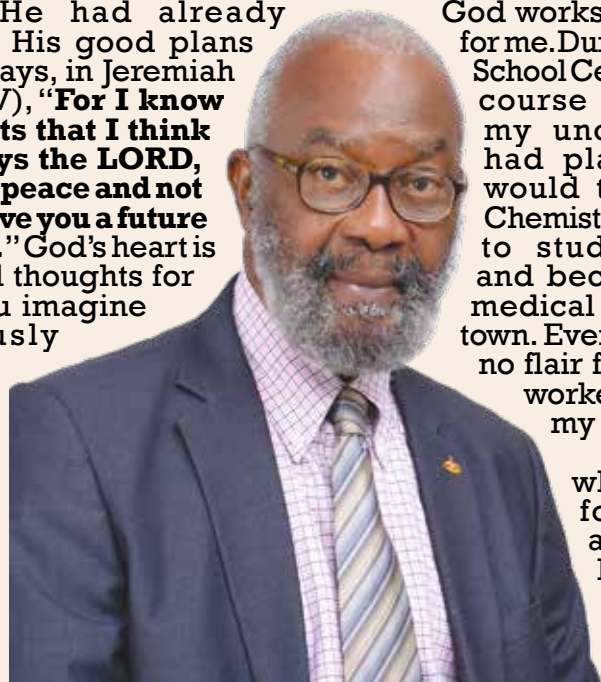
Sometimes, I recall how God works out His plans for me. During my Higher School Certificate (HSC) course (1959-1960), my uncle/guardian had planned that I would take Physics, Chemistry and Zoology to study Medicine and become the first medical doctor in my town. Even though I had no flair for Medicine, I worked hard to pass my subjects well.

However, when applying for university admission in 1961, I avoided my uncle and entered for Chemistry at the then University

College Ibadan (UCI) and Zoology at University of Nigeria Nsukka (UNN). When I heard that the University of Ife was starting B.Pharm degree that year, I also applied. Of course, I was admitted in all the universities. When my uncle realised what I did, he engaged me in serious counselling to choose Medicine for obvious advantages. Eventually, I reluctantly agreed and decided to resume teaching and wait till the next session.

I wrote politely to the Head of Department of Pharmacy, University of Ife, thanking him for the offer of admission but to fill up my place because I did not have enough money to take it up. He replied immediately that Pfizer Products Ltd had offered me a very generous scholarship. Based on this scholarship I had another series of discussions with my uncle. I persuaded him that even though I did not want to practise Medicine or Pharmacy, my ambition was to be one of the first pharmacy graduates in the country. I had no idea what to do with the degree. Eventually, he prayed for me and got me ready for Ibadan Campus of the University of Ife in October.

In 1961 I did not know God's plans for my life. However, from that time He has been taking me through various paths to the direction He had planned for me.



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You are selling two products

By George O. Emetuche

"It's not about having the right opportunities. It's about handling the opportunities right." - Mark Hunter

Do you know you are a product? You could figuratively be likened to a product positioned at a big shopping mall that has a price tag on it. You are a product that requires innovation and marketing, just like the regular product that is sold in the marketplace.

You are selling two products

Pause a while as you read this portion. As a sales professional, what do you have in your hands? Do you truly know your products? Do you know your strengths as an individual? What is your Unique Selling Point? Do you just go to the marketplace without taking personal stock of who you are and what you are selling?

You need to provide answers to these questions. That's the beginning point of success in your salesmanship. You start from the known to the unknown. You cannot sell successfully if you have not discovered that you are selling two products anytime you are in the field of sales.

In personal selling, you sell yourself first

An Igbo parlance says, *'Afu iru ofe, emete kwoo garri'*, which is translated as, "When you see that the soup is delicious, you will likely ask for more *garri*!" *Garri* is the local name for fried cassava flour and the pudding made from it. It is natural that delicious dishes attract more patronage. This scenario applies to the salesperson too. Once the sales professional is able to sell himself to his customer or prospect, a successful sales journey will commence. Sell yourself and your products professionally and see how productive your sales activities will be.

I always tell my audience at each forum I speak as a sales training consultant that whenever they are selling, they are selling two important products. You are selling yourself and the product you have in your hands and the first one to sell is you. When you bear this in mind, then you are on the road to becoming a successful salesman.

When you sell the first product, you, then the prospects become interested to get to the second aspect, which are the products or services you are selling. You may not sell a product in your hands if your personality is not appealing to the prospect. It is easier to sell the product when you have won a piece of the prospect's mind. The prospect translates to a customer when he likes and trusts you. Win the heart of the prospect and close the deal.

In personal selling, selling yourself is one of the challenging aspects of the sales process. It is also the first sequence in your opening. The way you smile or speak to your prospect goes a long way in the process. The way you dress distinguishes you. The way you show confidence and affability, when you greet your prospect, speaks volumes. The first impression you make at your sales presentation adds or subtracts to your total outcome.

Don't go with your worries:

people buy people!

Do you carry over the worries of the previous night to your prospect's or customer's place, or do you brighten the atmosphere whenever you are in the field of sales? Sales process is the transfer of feelings and emotions. It must be logical too. This is where you give people the reason to buy. You must make the prospects or customers feel the same way you feel about the product. You must connect with them in a way that is convincing. You cannot transfer this feeling if you have not sold yourself first to the prospect or customer. It is when you have succeeded in selling yourself to the prospects that they will be interested in looking at the product you are selling.

A lot of salespeople get it wrong at the beginning of the sales process. They are often

preoccupied with the thought of how to sell the product that they forget to attract the prospect's attention. I call this category of salesmen "sales mentality" salesmen. Sales mentality is when you are driven only by your quest to make sales, without doing enough groundwork that will help the selling. Your main goal here is just to make sales and go your way!

Real selling goes beyond this method. Relationship selling is imperative. People buy people. You must connect with the buyer before making an effort to sell. You must also show your prospect the value in what you are selling. People buy benefit all the time.

Beautiful feelings are transferable. When the prospect is happy with you, chances are that he will transfer the feeling to your products and services. When you make your prospect or customer happy, the chances of turning down your offering will likely be slim. You should take notice of this in your sales activities.



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VITABIOTICS



Inquest

with
Patrick Iwelunmor

Tel: 08135439281
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Substance abuse is on the rise in Nigeria, especially among youths who have devised dubious ways of advancing the devolution of clinical drugs into narcotics. What makes substance abuse more alarming than ever is the dynamism that has been created around it by young people. For instance, they can easily, from the comfort of their homes, create intoxicating recipes from almost nothing.

Stuff like lizard excreta, premium motor spirit, methylated spirit, Evo-stik gum, papaya leaves, codeine and tramadol are being abused, even in the face of the dire consequences that result from such.

Before now, drugs like tramadol were purely prescription drugs. Unfortunately, they have been turned to narcotics largely because of their capacity to alter the human mood through sedation. The National Drug Law

One of the major concerns raised by substance abuse all over world is the fact that it interferes with sexual and reproductive health in many ways. It can lead to the destruction of sex cells, like the male sperm and the female ovum. It can also hamper the quality of sex hormones, thereby leading to the inability of both males and females to produce fertile sperms and ova, respectively.

Enforcement Agency (NDLEA) has since listed tramadol as one of the prohibited substances in Nigeria. This prohibition has led to the arrest of many traffickers of the drug.

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Substance abuse and reproductive health

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In men, the use of cocaine and marijuana can lead to reduction in the number and quality of sperm, just as over-consumption of alcohol can lead to low testosterone, which in turn leads to low sex drive and erection problems.

Generally speaking, the abuse of drugs or

and because they are not in absolute control of their senses and emotions, they can become victims of sexual abuse and exploitation, either by ordinary individuals or by their fellow drug users. In such drug users, the drugs reduce the power of inhibitions, thereby making them easily prone to sexual manipulation.

In Nigeria, the incidences of mentally challenged women getting pregnant and giving birth by the roadside should have a connection with the foregoing reality.

Moreover, there are ample examples of teenage girls, young women and even older women who have been put to the family way as a result of illicit drug use. Most of these people end up jeopardising their educational, marital and career aspirations.

It is also important to note that substance abuse is also a gateway to many crimes and irresponsible behaviours, including armed robbery, kidnapping, human trafficking, organ harvesting and prostitution.

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Secret to graceful ageing (3)

By Mrs Chima Ejimofor



Exposure to secondary smoke affects non-smokers negatively, for example – through choking, coughing and feelings of nausea. On a daily basis, it will have a major impact on your health.

Pollution of our food and water

People are exposed to contaminated public water through heavy metals, such as lead, cadmium and aluminum in treatment plants. Refuse dumps and other unregulated chemical dumps mix up with public water supply across the nation.

People have resorted to drinking bottled, filtered and distilled water in unprecedented amounts today. In addition, herbicides, pesticides and fungicides are used in the production of most of our foods. Medical research shows that all these chemicals create increased oxidative stress when consumed. The question is now quantity versus quality and cost to human health.

Ultraviolet sunlight

Before your 20th birthday, you would have received two-thirds of your lifetime sunlight exposure to your skin. The sun's ultraviolet rays produce increased free radicals in the human skin. This in turn has proven to cause damage to the DNA in the cells of our skin, which leads to skin cancer.

UVA and UVB light increase free radical production and thus oxidative stress in the skin. The use of sunscreen is highly recommended for protection from UV rays. Go for products with SPF rating above 60 or greater.

Everyone is encouraged to keep a watchful eye on their skin for any unusual growths or changes in pigmented moles.

Pollution from medications and radiation

Every medication causes increased oxidative stress in our bodies. Patients on chemotherapeutic drugs and radiation therapy always find such drugs so hard to tolerate. They do not just kill the cancer cells, they cause collateral damage to normal cells.

Drugs put a demand on all metabolic pathways in the liver and body as a whole and great effort must go into metabolising and eliminating same.

A lot of people in the 21st century have become so dependent on medications. Drugs have specific benefits and each carries an inherent risk or side effect. Serious adverse drug reactions are now the

third leading cause of death in the world. A medical doctor friend recently reported that his aged father never suffered from any illness until they began giving him "blood tonic".

More than 70 chronic degenerative diseases are the direct result of the "toxic" effects of oxygen. We have, in so many ways, established the fact that oxidative stress is the root cause of the degeneration of the body and can be likened to how rust corrodes even the strongest metal, if left exposed and unprotected.

The great news is that not only do our bodies possess a tremendous antioxidant

defence system, they also possess a remarkable repair system.

God is our true healer.

Balance is key when it comes to oxidative stress. Our body makes

some antioxidants, but they are simply not enough. Our food, especially fruits and vegetables, used to provide all the extra antioxidants our bodies needed. A generation or two ago, people ate more whole, fresh foods that contained significantly more antioxidants than today's diet does.

We therefore need to add high quality nutritional supplements to the balance in order to provide the level of antioxidants our bodies need.

A healthy diet, exercising moderately and taking high quality nutritional supplements will help everyone improve our antioxidant defence system.

The effects of many chronic degenerative diseases can be reversed. We will conclude in our next article by exploring a whole new approach of preventive medicine: **cellular nutrition**.



References

What your Doctor doesn't know about Nutritional Medicine may be killing you - Ray D. Strand, M. D. Google

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

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Adeboye Osunkoya: The consummate authority on pathology

By Ola Aboderin

One of the most brilliant luminaries in the field of Medicine, Professor Adeboye Oluwaseyi Osunkoya is a globally recognised expert in urological and genitourinary pathology. He has a special interest in the diagnosis of bladder, kidney, testicular, and prostate cancers. He currently serves as professor of Pathology and Urology at Emory University School of Medicine, Georgia, USA, where he directs the urologic pathology service and the surgical pathology fellowship programme of the institute. He also serves as senior staff pathologist at the Atlanta Veterans Affairs Medical Centre, also in Georgia.

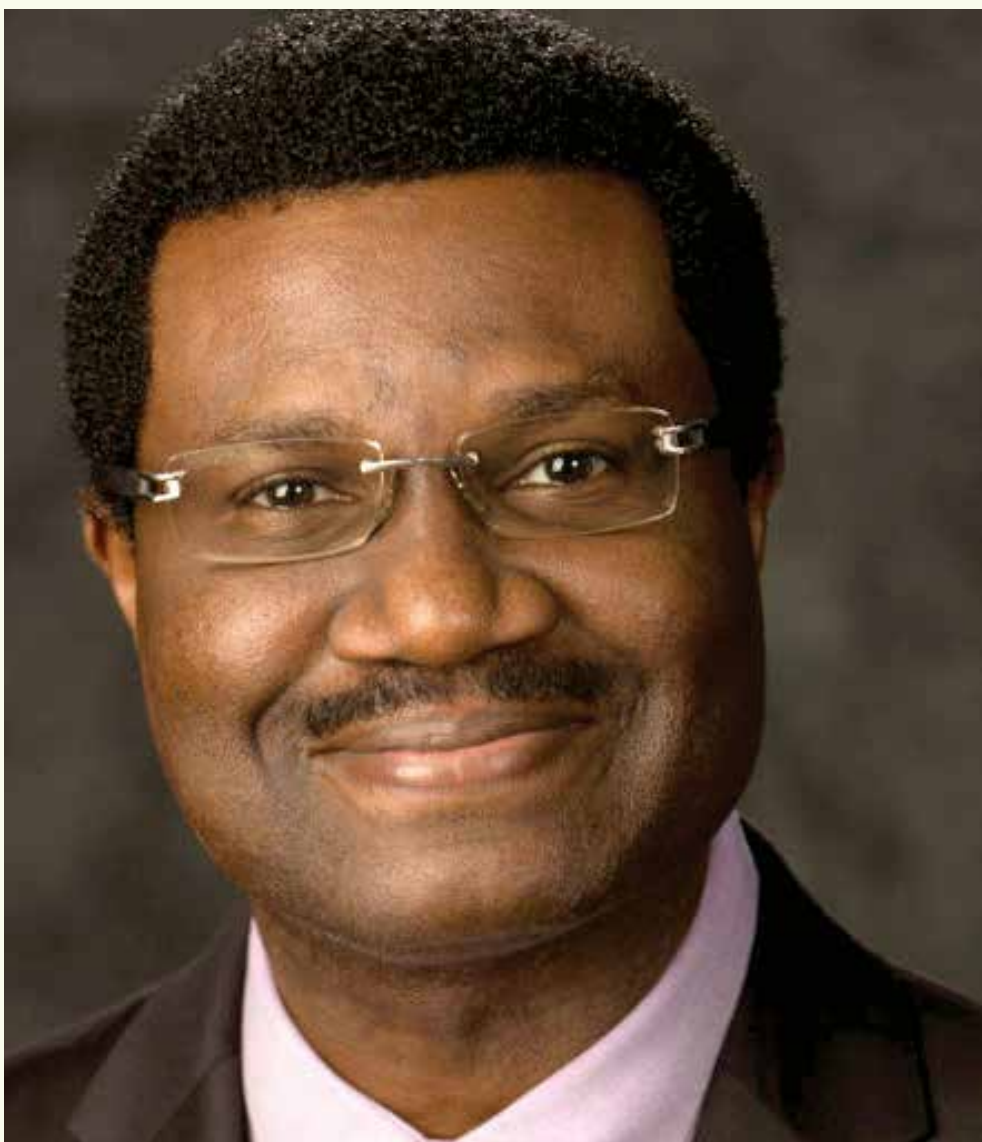
As a testament to his exceptional expertise and erudition, Osunkoya recently emerged president of the United States and Canadian Academy of Pathology (USCAP). Founded in 1906, to create "better pathologists", USCAP is the largest North American organisation of pathologists. It provides advanced continuing medical education and translational research to improve practices and patient outcomes globally.

Osunkoya is the first African to attain such a level of prominence in the history of the 117-year-old prestigious academy. The erstwhile president, Prof. John Hart, while presenting the crystal gavel of the academy to the man he considered a worthy successor on 12 March, 2023, said of Osunkoya: "His exemplary career as a diagnostician, educator and researcher has led to this honour."

Career milestones

Prior to his current engagements, Osunkoya had served in several international leadership roles. He previously served as chairman of the Prize and Awards Committee and member of Council of the Arthur Purdy Stout Society (2019-2023). He was elected first African member of the Board of Directors of the USCAP (2017-2020). He was also director of Urologic Pathology at the USCAP Interactive Microscopy Centre (2018-2020).

Osunkoya equally served as chairman of the Excellence in Urological Pathology Resident/Fellow Research Award Committee of the International Society of Urological Pathology (2013-2018). He was the chairman of the Stephen Vogel Award Committee of the USCAP (2014-2016). He was also a member of the Education Committee of the USCAP (2012-



Professor Adeboye Osunkoya

2016), member of the Stowell-Orbison Award Committee, member of the Abstract Review Committee, in addition to being USCAP ambassador.

The renowned pathologist currently serves on the Editorial Board of prominent journals. These include *Archives of Pathology and Laboratory Medicine* (Section Editor: Urologic Pathology), *Human Pathology*, *International Journal of Clinical and Experimental Pathology* and USCAP's *Open Mind*.

He has presented several lectures at conferences and seminars in several parts of the world, including the International Academy of Pathology, Asia Pacific International Academy of Pathology, and European Congress of Pathology/European Society of Pathology meetings. He has also been a visiting professor/grand rounds speaker at Massachusetts General Hospital/Harvard Medical School and Stanford University School of Medicine.

In addition, he has directed and presented at several Interactive

Microscopy Courses in Palm Springs and Short Courses and Interactive Microscopy Courses at the annual meetings of the USCAP. He has also been an invited speaker at the USCAP Long Course and Practical Pathology Seminars.

Osunkoya has been published over 200 times in a variety of academic journals, including *Modern Pathology*, *Human Pathology*, *American Journal of Surgical Pathology*, *Pathology*, and *Urology*. He has also authored or co-authored 25 book chapters and has a plethora of other publications, including contributions to the 4th and 5th editions of the WHO Classification of Tumours of the Urinary System and Male Genital Organs.

He has recently been named in the MilliPub Club, which recognises current Emory University School of Medicine staff who have published one or more individual papers throughout their careers that have garnered more than 1,000 citations.

Background to prominence

Prof. Adeboye Osunkoya is a son of Prof. B.O. Osunkoya, the celebrated professor of Immunology and Pathology at the University of Ibadan, who made significant contributions to the literature on Burkitt's lymphoma. The younger Osunkoya graduated from the University of Ibadan College of Medicine in 1998.

Following his internship and NYSC programme, he started his pathology residency training at the University College Hospital (UCH), Ibadan in 2000. He later emigrated from Nigeria to the United States and completed his pathology residency at the University of Oklahoma Health Sciences Centre, where he served as chief resident from 2004 to 2006.

Osunkoya proceeded to The Johns Hopkins Hospital for his Urologic Pathology Fellowship. He subsequently joined the distinguished Faculty of the Department of Pathology at Emory University in 2007 as an assistant professor and was promoted to professor of Pathology and Urology in 2016.

Awards and recognitions

In recognition of his mammoth contributions to the field of pathology, Osunkoya has won numerous institutional, national and international awards. These include the Golden Apple Award for Excellence in Resident Education, from the Department of Pathology of Emory University School of Medicine; the Young Investigator Award for Excellence in Clinical Research, from the Department of Pathology of The Johns Hopkins Hospital (2007); the Perry Lambird Award for Outstanding Resident in Clinical Pathology, from the University of Oklahoma Health Sciences Centre; the Parker-Heartland Award for Outstanding Resident in Anatomic Pathology; the Nancy K. Hall Award for Most Outstanding First Year Resident, from the Department of Pathology; and the very prestigious Benjamin Castleman Award for the best paper published in Human Pathology (2010).

In 2015, Osunkoya won the Arthur Purdy Stout Prize, one of the top honours in surgical pathology in North America. The international award recognises significant career achievements in surgical pathology by a surgical pathologist (less than 45 years old) whose publications have had a major impact on diagnostic pathology.

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Selecting a career the “write” way

Who should get the teaching Job?

Attached are the handwriting samples of the two shortlisted candidates for the post of a primary school teacher. Of the two, which would you recommend for the job, assuming the vacancy is specifically for the role as a pre-nursery teacher?

This is a handwriting sample for Lorie. She said my handwriting looks like chicken scratch. I don't think that my handwriting is bad at all. In fact I can always read it. She also knows that I have to wear a brace on my wrist for a while.

As wonderful and important as education within the four walls of any citadel of learning is, there is one big lacuna I have discovered that most schools have in common. This is the fact that they not really admit students based on their core talents. You are simply given admission to study a particular course if you meet or exceed the cut off point. No consideration is particularly given to the intrinsic talent and wiring of the new intake – that is, whether or not the course he or she wants to study is in sync with his or her personality traits.

The pressure from parents does not help matters, either. The resounding admonition on career path in the mind of the average young man or lady, even while asleep, is to choose a profession such as Law, Medicine or Engineering. In those days, this seemed to be the ticket out of poverty but the scenario has changed a bit right now.

Many continue to struggle in various institutions of higher learning because they are studying courses that have no bearing whatsoever with their gifting. Some have had to drop out of school because they could no longer cope with the pressure. For some who barely make it to the final year, they get results that cannot positively get the attention of any organisation regarding employment.

One important advantage of graphology (personality assessment of an individual through the handwriting) is its relevance as a tool in career or vocational guidance. If guidance counselors, parents or tutors really have some understanding of the power of the handwriting, they can

By Dipo MacJob (Dr Write)

*A time there was, in England's
griefs began,
When every root of ground main-
tained its man,
For him light labor spread her
wholesome store,
Just gave what life required, but
gave no more,
His best companions, innocence and
health,
And his best riches, ignorance of
wealth.*

M. Marnie Range
May, 19, 1893.

assist or guide these youngsters in choosing the “write” way.

One reason why there are many frustrated workers out there in the marketplace is

that majority found themselves doing jobs that they had to take out of necessity, survival instinct or desperation. Moreover if key stakeholders in Nigeria had adopted this tool early enough, we just might have lowered crime rate in the country ultimately, either directly or indirectly because many more would found some kind of fulfillment in their jobs than staying idle. Of course, this would not completely solve crime problem in the country.

Without coming across as insensitive, I am not unaware that many found themselves in this life situation against their wish. Notwithstanding, life has a way of navigating us back to our real calling, provided we don't ‘throw in the towel’.

In our next edition, we shall dive into this topic a bit more. Keep



your fingers crossed till you find out the answer in the next edition. Until then, always remember that **“if you must get it right, you must do it the ‘write’ way.”**



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Malaria, according to the World Health Organisation (WHO), is an acute febrile illness caused by Plasmodium parasites, which are spread to people through the bites of infected female Anopheles mosquitoes. Four kinds of malaria parasites infect humans, according to the United States Centre for Disease Control (US CDC). These are Plasmodium falciparum, P. vivax, P. ovale, and P. malariae. In addition, P. knowlesi, a type of malaria that naturally infects macaques in Southeast Asia, also infects humans, causing malaria that is transmitted from animals to humans ("zoonotic" malaria).

P. falciparum is the type of malaria that is most likely to result in severe infections and, if not promptly treated, may lead to death. The agency noted that severe malaria occurs when infections are complicated by serious organ failures or abnormalities in the patient's

blood or metabolism.

While malaria is uncommon in temperate climates, it is still considered to be common in tropical and subtropical countries, especially in Africa, and as a result of this, each year, nearly 290 million people are infected with malaria, and more than 400,000 people die of the disease.

According to WHO, there were an estimated 619 000 malaria deaths globally in 2021, compared to 625,000 in year 2020. In 2019, before the pandemic struck, WHO said the number of deaths stood at 568,000. Malaria cases continued to rise between 2020 and 2021, but at a slower rate than in the period 2019 to 2020. The global tally of malaria cases reached 247 million in 2021, compared to 245 million in 2020 and 232 million in 2019.

Incidentally, according to the WHO, the African region carries the highest share of the global malaria burden. In 2021, for instance, Africa had about 95 per cent of the total world malaria cases and 96 per

cent of total world malaria deaths. It is even sad to note that children under five accounted for about 80 per cent of all malaria deaths in the African region.

Nigeria, Africa's most populous nation, accounts for the highest malaria burden in the region and also contributes to 23 per cent of malaria deaths worldwide. The Nigeria Centre for Disease Control (NCDC) says Malaria is endemic in Nigeria, noting that young children and pregnant women are the most affected groups.

While speaking at the official launch of the National Advocacy, Communication, Strategy and Implementation Guide on malaria in Abuja in November 2022, where the Nigeria Malaria Indicator Survey Report was also unveiled, the Minister of Health, Dr Osagie Ehanire, said malaria accounts for 60 per cent of outpatient visits to health facilities, 30 per cent of childhood deaths, 11 per cent of maternal death (4,500 die yearly), and 25 per cent of deaths in infants.

Ehanire said about 10 persons in Nigeria die every hour due to malaria or malaria-related issues. "Children under five years of age remain the most vulnerable group affected by malaria accounting for 67 per cent of all malaria deaths. It is a major cause of school absenteeism and low productivity," he said.

According to the 2021 World Malaria Report from the WHO, Nigeria contributed 27 per cent to the global malaria burden, which means one out of every four persons in Nigeria is having malaria. Also the report says

Nigeria contributed about 32 per cent to malaria deaths globally, which is about one out of every three deaths.

How people get malaria

According to Dr Ilori, malaria is neither contagious through casual contact nor considered a sexually transmitted disease. She said, "Malaria is not spread from person to person. It is transmitted from mosquitoes to humans. Malaria is transmitted by infected mosquitoes.

"When you get bitten by a mosquito that carries the malaria parasite, the parasite enters your bloodstream where it is carried to the liver. If a mosquito bites you while you have malaria, it will get infected." She however noted a pregnant woman can transmit malaria to her foetus.

Also the US CDC said only Anopheles mosquitoes can transmit malaria and they must have been infected through a previous blood meal taken from an infected person. When a mosquito bites an infected person, a small amount of blood is taken in, which contains microscopic malaria parasites. About one week later, when the mosquito takes its next blood meal, these parasites mix with the mosquito's saliva and are injected into the person being bitten.

"Because the malaria parasite is found in red blood cells of an infected person, malaria can also be transmitted through blood transfusion, organ transplant, or the shared use of needles or syringes contaminated with blood. Malaria may also be

continued on page 13



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There were several other accomplishments that I recorded during my stay at NCS, but let the reader bear in mind that whatever joy or satisfaction I experienced with each of these was merely temporary. That invisible hand of destiny that had been beckoning at me towards the path of **Pharmanews** never stopped pulling me with the strings of inward emptiness and lack of fulfilment. Consequently, despite my successes and the commensurate rewards I received, I was still eagerly yearning to leave NCS.

Historic Call to Service

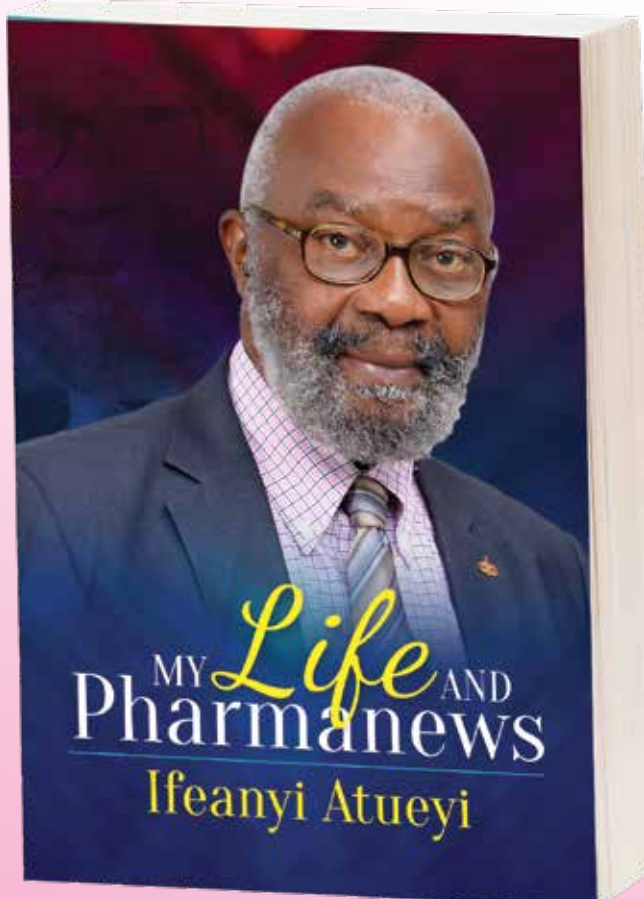
While I contemplated what my next move should be - in response to the disquiet in my mind - I had an encounter which seemed ordinary at the beginning but whose actual significance would only be realised some

years later. This significance had to do with the birth of **Pharmanews**.

Let me put it this way for better understanding. Even though **Pharmanews** was born in 1979, the "birth canal" through which the idea behind it would pass to my mind and eventually into the world, was actually put in place in 1974 (the fourth year of

DESTINY BECKONS (3)

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



my stay at NCS). And I have to say that the circumstances in which this was done were as instructive as they were remarkable.

It was a wonderful day at the annual conference of the Pharmaceutical Society of Nigeria (PSN), held at the Lake Bagauda Hotel, Kano State. (Incidentally, I have attended the annual conferences of the PSN from 1973 to date without a break). After

the conference activities for the day, I joined a few other colleagues to relax with bottles of beer at the bar of the hotel. While there, my friend from the university days, Prince Julius Adelus-Adeluyi, who was the then outgoing national secretary, walked up to me, gave me a pat on the shoulder and said, "Atus, you have to do something for the PSN now." I replied that I was willing to do anything within my capacity for the Society.

That was when he released the bombshell: "I want to submit your name as editor-in-chief of our journal and I want you to accept the nomination because I am sure you can do it."

Well, I describe this request from Juli (as we fondly call him) as a bombshell because I never saw it coming. It was true that the position of editor-in-chief needed someone because the incumbent, Peter Ekwunife, had been ill for some time. Moreover, Juli had, during our university days, noted my interest in reading. In any case, being such a sudden request and considering myself to be inadequate for the task, I answered Juli in the negative.

However, since the power at work was beyond Juli and me, Juli would not take no for an answer. He continued to encourage and persuade me to accept the nomination, stating that it was a good way to serve the Society and that he believed that I could do it well. He also offered to assist me with some aspects of the work if I accepted the position. Because of the respect I had for him, I eventually consented. At the Annual General Meeting, a formal election was conducted and I was elected unopposed.

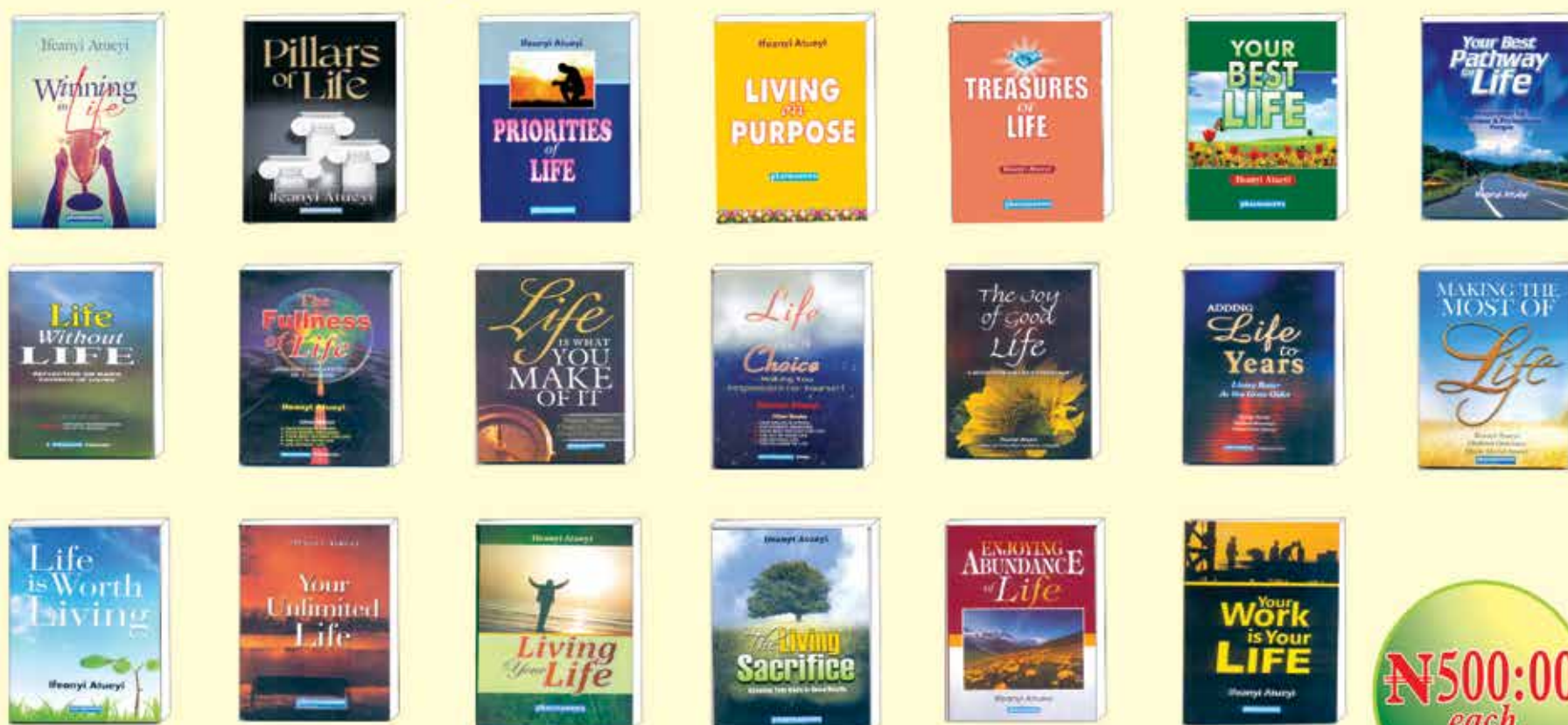
Foretaste of Fulfilment

Now, this is the most interesting and definitely extraordinary aspect of the PSN service that I accepted. As soon as I settled down to it, it was as if that was what I had been waiting to do my whole life. I discovered that, in addition to my natural commitment to excellence in all I do, I received a galvanic surge of energy and motivation from within to make a success of this new assignment.

Of course, my initial reluctance to accept the editorial post was not out of unwillingness to serve the Society but out of the feeling that there was no way I could cope, since I knew next to nothing in journal publishing. Surprisingly, however, following my assumption of the position, I began to receive such ideas and inspirations that I found myself managing the journal like a trained professional.

Continues next edition

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Effective treatments for malaria

continued from page 11

transmitted from a mother to her unborn infant before or during delivery ("congenital" malaria).

Who is at risk of malaria?

According to the WHO, nearly half of the world's population is at risk of malaria. In 2020, an estimated 241 million people contracted malaria in 85 countries. That same year, the disease claimed approximately 627,000 lives.

While some people are more susceptible to developing severe malaria than others, the WHO says infants and children under five years of age, pregnant women and patients with HIV/AIDS are at particular risk. Other vulnerable groups, according to the WHO, include people entering areas with intense malaria transmission who have not acquired partial immunity from long exposure to the disease, or who are not taking chemo preventive therapies, such as migrants, mobile populations and travellers.

"Some people in areas where malaria is common will develop partial immunity. While it never provides complete protection, partial immunity reduces the risk that malaria infection will cause severe disease. For this reason, most malaria deaths in Africa occur in young children, whereas in areas with less transmission and low immunity, all age groups are at risk," the WHO says.

Malaria symptoms and diagnosis

According to the US CDC, the manifestations of severe malaria include the cerebral malaria, with abnormal behaviour, impairment of consciousness, seizures, coma, or other neurologic abnormalities. But generally, the symptoms of malaria include fever and flu-like illness, including shaking chills, headache, muscle aches, and tiredness. Nausea, vomiting, and diarrhoea may also occur.

"Malaria may cause anaemia and jaundice (yellow colouring of the skin and eyes) because of the loss of red blood cells. If not promptly treated, the infection can become severe and may cause kidney failure, seizures, mental confusion, coma, and death", the US CDC says.

Malaria is usually classified as asymptomatic, uncomplicated or severe. Asymptomatic malaria can be caused by all Plasmodium species where the patient has circulating parasites but no symptoms. Uncomplicated malaria, on the other hand, can be caused by all Plasmodium species and symptoms generally occur seven to ten days after the initial mosquito bite. Symptoms are non-specific and can include fever, moderate to severe shaking chills, profuse sweating, headache, nausea, vomiting, diarrhoea and anaemia, with no clinical or laboratory findings of severe organ dysfunction.

Severe malaria is usually caused by infection with Plasmodium falciparum. Though less frequently, it can also be caused by Plasmodium vivax or Plasmodium knowlesi. Here, complications will include severe anaemia and end-organ damage, including coma (cerebral malaria), pulmonary



complications (for example, oedema and hyperpnoeic syndrome) and hypoglycaemia or acute kidney injury. Severe malaria is often associated with hyperparasitaemia and is associated with increased mortality.

For most people, malaria

symptoms begin 10 days to 4 weeks after infection, although a person may feel ill as early as seven days or as late as one year later. The CDC notes that two kinds of malaria, P. vivax and P. ovale, can occur again (relapsing malaria). In P. vivax and P. ovale infections, some parasites can

remain dormant in the liver for several months, up to about four years after a person is bitten by an infected mosquito. When these parasites come out of hibernation and begin invading red blood cells ("relapse"), the person will become sick.

Most people, at the beginning of the disease, have fever, sweats, chills, headaches, malaise, muscles aches, nausea, and vomiting. Malaria can very rapidly become a severe and life-threatening disease. The surest way to detect malaria is to have a diagnostic test where a drop of the patient's blood is examined under the microscope for the presence of malaria parasites.

The WHO says the first symptoms of malaria usually begin within 10–15 days after the bite from an infected mosquito. Fever, headache and chills are typically experienced, though these symptoms may be mild and difficult to recognise as malaria. In malaria endemic areas, people

continued on page 15

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Effective treatments for malaria

continued from page 13

who have developed partial immunity may become infected but experience no symptoms (asymptomatic infections).

While speaking on diagnosis for malaria, Dr Ilori said, "Malaria parasites can be identified by examining under the microscope a drop of the patient's blood, spread out as a blood smear on a microscope slide. Prior to the examination, the specimen is stained (most often with the Giemsa stain) to give the parasites a distinctive appearance.

"This technique remains the gold standard for laboratory confirmation of malaria. However, it depends on the quality of the reagents, of the microscope, and on the experience of the laboratorian. It can also be diagnosed by the use of rapid diagnostic testing which is cheaper and faster."

The WHO has recommended prompt diagnosis for anyone with suspected malaria. "If Plasmodium falciparum malaria is not treated within 24 hours, the infection can progress to severe illness and death. Severe malaria can cause multi-organ failure in adults, while children frequently suffer from severe anaemia, respiratory distress or cerebral malaria. Human malaria caused by other Plasmodium species can cause significant illness and occasionally life-threatening disease," it says.

Malaria can be diagnosed using tests that determine the presence of the parasites causing

the disease. According to the WHO, there are two main types of tests, which are the microscopic examination of blood smears, and the rapid diagnostic tests. Diagnostic testing enables health providers to distinguish malarial illnesses, facilitating appropriate treatment.

Treatments for malaria

Although malaria is a dangerous disease, the good thing is that it is curable, and it can be cured with prescription drugs. However, the type of drugs and length of treatment depend on the type of malaria, where the person was infected, their age, whether they are pregnant, and how sick they are at the start of treatment.

"Basically, uncomplicated malaria is treated with the use of Artemisin-based Combination Therapy. Herbs are not effective in treating malaria," Dr Ilori said.



Oral treatment

The WHO also affirms that ACTs are the most effective antimalarial medicines available today and the mainstay of recommended treatment for Plasmodium falciparum malaria, the deadliest malaria parasite globally.

"ACTs combine two active pharmaceuticals with different mechanisms of action, including derivatives of artemisinin extracted from the plant Artemisia annua and a partner drug. The role of the artemisinin compound is to reduce the number of parasites during the first three days of treatment, while the role of the partner drug is to eliminate the remaining parasites," the WHO says.

To preserve the efficacy of ACTs, the WHO has recommended that treatment should only be administered if a person tests positive for malaria.

therapy

According to the US CDC, patients diagnosed with malaria are generally categorised as having either uncomplicated or severe malaria. Patients diagnosed with uncomplicated malaria can be effectively treated with oral antimalarials. However, patients who have one or more of the following clinical criteria—impaired consciousness/coma, severe anaemia (haemoglobin <7 g/dL), acute kidney injury, acute respiratory distress syndrome, circulatory collapse/shock, disseminated intravascular coagulation, acidosis, jaundice (along with at least one other sign of severe malaria)—and/or percent parasitemia of ≥5% are considered to have manifestations of severe disease and should be treated aggressively with intravenous (IV) antimalarial therapy. Meanwhile, the WHO recommends three doses of IV artesunate, administered intravenously over one to two minutes, at 12-hour intervals (0, 12, and 24 hours) is recommended for treatment of severe malaria.

Malaria prevention

Although malaria can be a deadly disease, illness and death from it can usually be prevented. Malaria can often be prevented by the use of antimalarial drugs, that is, medication and use of protection measures against mosquito bites.

Prevention through medications

"When planning to travel to

Intravenous antimalarial

continued on page 17

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 Dosage in Patients >12 years of age (>35 Kg body weight): A 3-day treatment schedule with a total of 3 doses is recommended where: Tablet 1 is to be consumed immediately on diagnosis of uncomplicated P. falciparum malaria, Tablet 2 is to be consumed between 24±4 hours of tablet 1 and Tablet 3 is to be consumed between 24±4 hours of tablet 2 may be taken with or without food. In the event of vomiting within 1 hour of administration, a repeat dose should be taken.

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ACPN, PCN, others lament exodus of young pharmacists

- Task FG on health professionals' welfare

increasing exodus of young pharmacists.

Speaking at the recent 2023 Community Pharmacists Educational Conference, held at the Citadel Conference & Events Centre, Oregun, Lagos, Chairman of the association, Pharm. Lawrence Ekhator, disclosed that many young pharmacists are not interested in staying back in the country, due to lack of basic welfare and adequate security.

"We are currently experiencing a shortage of young pharmacists to employ. Those trained with the view of supporting our operations are leaving for greener pastures. It's tough to blame them because all our appeals to the government are not yielding positive responses. This brain drain, by implication, will continue to worsen the country's health indices."

Ekhator insisted that if the government can fulfil its own constitutional role of providing security and basic welfare, many Nigerians who are migrating will definitely stay back and contribute to the country's development.

While commending pharmacists who continue to contribute to the nation's progress, despite obvious challenges, the ACPN helmsman said government must do more to encourage such.

"A lot of pharmacists are putting measures in place to thrive, but the more they do so, the more government introduces different policies to make things difficult. For instance, the drama surrounding the naira redesign and the implication of it on the economy is massive," he said.

Ekhator, however, encouraged community pharmacists to keep leveraging the benefits of e-commerce, while dutifully playing their role of primary healthcare service providers, as well as transforming the healthcare industry and protecting the lives of the public.

According to the ACPN boss, the Continuing Education Conference, with the theme, "Overcoming brain drain challenges in community pharmacy", was designed to promote professional skills, business strategy skills, and practice skills of community pharmacists, saying it would help community pharmacists to better understand current economic realities, move with the trend, and be better equipped for the coming year.

He added that the programme was conceived to constantly update members on current developments in the profession, adding that eagerness for a more robust engagement and more impactful result necessitated the need to change it to a two-day event.

Also speaking at the event, the Registrar, Pharmacy Council of



Pharm. Deji Osinoiki, chairman, Board of Trustees, ACPN (middle), presenting a commendation plaque to a former Chairman of the Association, Pharm. Jimi Agbaje, while the current Chairman, Pharm. Lawrence Ekhator (right), and Chairman of the event, Pharm. Iyke Ugwu (left) looks in admiration.



A cross-section of participants at the conference

Nigeria (PCN), Pharm. Babashehu Ahmed said that the pharmacy profession has experienced massive loss of human resources in the last few years due to brain drain.

Babashehu, who was represented by Dr Ukamaka Okafor, director, PCN, noted that a total of 1,255 letters of good standing were issued to pharmacists who travelled out of the country in just 2021 and 2022, adding that "this figure does not include those who have travelled but are yet to apply for letters of good standing."

The keynote speaker at the two-day conference, Chief Operating Officer, Pan-Atlantic University, Dr Peter Bamkole, urged ACPN members to encourage students from an early stage to develop interest in studying Pharmacy.

Bamkole said, "I agree that the country is experiencing brain drain across different sectors, but I believe we can do our best by getting more people to take science-related courses."

"As an association, we need to encourage more people to study science-related courses, especially Pharmacy, by enlightening them at the early

stages of JSS 1 and JSS2."

Bamkole, who was represented by the Director and Head of Gender at the Enterprise Development Centre, Pan-Atlantic University, Mrs Nneka Okekearu, also cautioned pharmacists seeking greener pasture to do their findings well before migrating.

"Do not relocate with your family. Don't resign from your job. Take leave of absence and find a way to get an internship in a company abroad. Work there for two to three months and see their way of life."

"There are certain things you enjoy here that are unavailable abroad. After weighing the two options, you can now decide."

Bamkole also urged the Nigerian government to take another look at the current pharmacy school curriculum to make it reflect the new trends and realities of today's world.

"Our curriculum needs to be modified to reflect the current trend; we need to have things like leadership, personal management, financial literacy, and value creation, so that by the time a pharmacist is graduating, he or she is not just coming out as a pharmacist, but coming

out with a more holistic view of the world."

Also speaking, the Chairman of the event, Pharm. Iyke Ugwu, managing director, Pharmacare Support Services, noted that the choice of the theme for the programme was very much in consonance with the reality on ground for Pharmacy, adding that the

negative effect of brain drain on the pharmacy profession outweighs its positive effect.

The high point of the event was the presentation of commendation plaques to all the past chairmen of the association from 1990 under the leadership of Pharm. Jimi Agbaje, to 2021 under Pharm. Olabanji Obideyi.

Other dignitaries at the event include Pharm. Joel Adagadzu, chairman, PSN-BOF, who was represented by Chief (Mrs) Yetunde Morohundiya, vice-chairman, PSN-BOF; Pharm. (Dr) Afusat Adesina, chairman, ALPs, Lagos State; Pharm. Deji Osinoiki, chairman, Board of Trustees, ACPN; Pharm. Ike Onyechi, chief executive officer, Alpha Pharmacy Limited; Pharm. (Mrs) Biola Paul-Ozieh, chairman, HCPAN, Lagos; Pharm. Babayemi Oyekunle, chairman, PSN, Lagos State; Dr Arinola Joda, chairman, NAPA, Lagos State; Pharm. Ernest Okafor, chairman, PWDAN; Pharm. Olabanji Obideyi, **immediate past chairman, Lagos ACPN**; Pharm. Madehin Gafar Olanrewaju, national treasurer, PSN; Pharm. Tony Oyawole, among others.

Effective treatments for malaria

continued from page 15

an area where malaria occurs, one can talk to a doctor well in advance. The doctor can prescribe drugs to prevent malaria for travellers to malarious areas, but travellers from different countries may receive different recommendations, reflecting differences in treatment protocols as well as availability of medicines in different countries. Travelers visiting only cities or rural areas where there is no risk of malaria may not require preventive drugs, but an exact itinerary is necessary to determine what degree of protection may be needed", US CDC said.

The agency said there are several medications recommended for prevention of malaria. Determining which medication is best depends on several factors, such as medical history and the amount of time before the scheduled departure. Strict adherence to the recommended doses and schedules of the antimalarial drug selected is necessary also for effective protection.

Protection from mosquitoes

It is important to know that you are still at risk for malaria even with the use of protection. To avoid mosquito bites, Illori said malaria can be prevented by sleeping under insecticide-treated net, wearing long-sleeve clothes, especially at night, using indoor insecticide spray, clearing bushes around residential areas, etc.

The CDC on its part recommends the following:

Apply insect repellent to exposed skin. The recommended repellent contains 20-35 per cent N,N-Diethyl-meta-toluamide (DEET).

Wear long-sleeved clothing and long pants if you are outdoors at night.

Use a mosquito net over the bed if your bedroom is not air-conditioned or screened.

For additional protection, treat the mosquito net with the insecticide permethrin.

Spray an insecticide or repellent on clothing, as mosquitoes may bite through thin clothing.

Spray pyrethrin or a similar insecticide in your bedroom before going to bed.

According to the NCDC, under the U.S. President's Malaria Initiative (PMI), the US CDC works with national and international partners to implement malaria prevention and control interventions.

For instance, in Nigeria, PMI supports key intervention areas in the national malaria control strategy. The initiative, according to NCDC, prioritises the areas in Nigeria with the highest burden of malaria to achieve significant reduction in death and illness. In view of this, the US CDC assigned a resident advisor to Nigeria to support malaria control efforts, including: Sourcing and distributing long-lasting insecticide-treated bed nets, preventing malaria in pregnancy, improving diagnostics and case management, monitoring and evaluating malaria-related activities, providing support for a routine health information



system in select states and local government areas, strengthening entomological monitoring and insecticidal resistance monitoring capacity at federal and state levels.

"CDC helped provide 22 million doses of malaria prevention medicine to pregnant women, nine million doses to children, and 129 million treatment doses at health facilities and communities in 2020", NCDC said.

Anti-malarial drugs resistance

According to the WHO, over the last decade, parasite resistance to antimalarial medicines has emerged as a threat in the fight against malaria. The WHO has also expressed concern about more recent reports of drug-resistant malaria in Africa. "To date, resistance has been documented in three of the five malaria species known to affect humans: *P. falciparum*, *P. vivax*, and *P. malariae*. However, nearly all patients infected with artemisinin-resistant parasites who are treated with an ACT are fully cured, provided the partner drug is highly efficacious," the WHO says.

A 2021 WHO global report on malaria, which was obtained by *Pharmanews*, shows that (ACTs remain efficacious, and resistance to the ACT partner drugs currently in use has not been confirmed. However, there are some worrying signals that need to be investigated and action must be taken before ACTs start to fail. Against this backdrop, the WHO says, "Given the heavy reliance on ACTs in Africa, the threat of artemisinin partial resistance and partner drug resistance must be monitored and addressed urgently."

To further address antimalarial drugs resistance, in November 2022, The WHO launched the strategy to respond to antimalarial drug resistance in Africa, which aims to provide guidance to key stakeholders in the malaria community. The strategy addresses the threat of antimalarial drug resistance in the WHO African Region through four pillars: which are

Pillar I – Strengthen surveillance of antimalarial drug efficacy and resistance.

Pillar II – Optimise and better regulate the use of diagnostics and therapeutics to limit drug pressure through pre-emptive measures.

Pillar III – React to resistance by limiting the spread of antimalarial drug-resistant parasites.

Pillar IV – Stimulate research and innovation to better leverage existing tools and develop new

tools against resistance.

Vaccine against malaria

The first vaccine against malaria, otherwise known as RTS, S/AS01 with trade name "Mosquirix" was approved by the WHO in October 2021; it provides modest protection against malaria. The WHO

has since recommended that in the context of comprehensive malaria control, the RTS,S/AS01 malaria vaccine should be used for the prevention of *P. falciparum* malaria in children living in regions with moderate to high transmission as defined by WHO. The WHO also recommends that the RTS,S/AS01 malaria vaccine should be provided in a schedule of four doses in children from five months of age for the reduction of malaria disease and burden.

The WHO has since recommended a widespread use of the vaccine, especially among children in sub-Saharan Africa and in other regions with moderate to high *P. falciparum* malaria transmission. The recommendation is based on results from a pilot vaccine implementation programme in Ghana, Kenya and Malawi.

"Using this vaccine on top of existing tools to prevent malaria could save tens of thousands of young lives each year", said WHO Director-General, Dr Tedros Adhanom Ghebreyesus.

The malaria vaccine implementation programme was launched in Ghana in May 2019, in 42 districts, across seven regions; and as at December 2022, according to the WHO, a total of 1.4 million doses of the vaccine had been administered to eligible children with 459,446 children receiving at least one dose and 184,418 children completing all the four doses. The expansion will see the delivery of malaria vaccines to children in 51 additional districts in the seven regions.

The implementation programme is coordinated by WHO and supported by PATH, UNICEF, GlaxoSmithKline (manufacturer of the vaccine) and other stakeholders, with funding provided by GAVI, the Global Fund, and Unitaaid.

While Ghana, Kenya and Malawi are currently undergoing the malaria vaccination programme, no specific date has however been fixed for the vaccination programme in Nigeria. GAVI, the Vaccine Alliance that powers the vaccination programme, has said Nigeria has not applied for the vaccine as of the time of filing this report.

Pharmanews gathered that GAVI opened its first window of applications for support in July 2022, which covered three countries – Kenya, Ghana and Malawi. A second window for applications, open to all other countries, was announced at the end of 2022, with a deadline of 17 January, 2023 but Nigeria did not apply.

GAVI, created in 2000, to improve access to new and underused vaccines, however told the media that a third window of applications for support is currently opened but it closes on 18 April, but Nigeria has not applied as of 4 April, 2023.

Can malaria be eliminated?

According to the WHO report obtained by *Pharmanews*, there are about 42 countries that have already been certified as malaria free as a result of sincere effort to eliminate the disease. Interestingly, some African countries are among the malaria-free countries. They are Algeria and Mauritius. All the countries have since been given Malaria elimination certification. While Mauritius has achieved this feat since 1973, Algeria achieved the feat in 2019.

Also, as of today, there are about 62 countries where malaria never existed or disappeared without specific measures. The interesting thing is that there are two African countries also in this list, which are Lesotho and Seychelles.

Certification of malaria elimination is the official recognition by the WHO of a country's malaria-free status. WHO grants this certification when a country has proven, beyond reasonable doubt, that the chain of local transmission of all human malaria parasites has been interrupted nationwide, for at least, the past three consecutive years, and that a fully functional surveillance and response system that can prevent re-establishment of indigenous transmission is in place. The WHO has also been urging all malaria-endemic countries to accelerate progress towards the goal of elimination.

End Malaria Council and the Way forward for Nigeria on prevalence of Malaria

Following the WHO 2021 report identifying Nigeria as the leading country (32 per cent) among the four African countries responsible for half of the malaria mortality all over the world, Nigerian President, Muhammadu Buhari, on 16 August, 2022, inaugurated the Nigeria End Malaria Council. The Nigeria End Malaria Council is saddled with the responsibility of reducing the malaria burden in the country. It also serves as a platform to solicit funds for promoting malaria elimination in the country and to ensure the good life and wellbeing of the people.

World Malaria Day

World Malaria Day is observed annually on 25 April, to bring global attention to the efforts being made to bring an end to the disease, as well as to encourage action to reduce suffering and death from the disease. The theme for 2023 malaria day is "Time to deliver zero malaria: invest, innovate, implement."

Report compiled by Ranmilowo Ojalumo with additional report from The Punch, Gavi-the vaccine alliance, Johns Hopkins Bloomberg School of Public Health, the WHO, NHS inform, Mayo Clinic, Premium Times, the United State Centre for Disease Control, Nigeria Centre for Disease and Control, Malaria for Medicine Venture and the Federal Ministry of Health.

SARS: History, transmission and treatment

By Patrick Iwelunmor

Severe acute respiratory syndrome (SARS) is a viral respiratory disease, caused by a coronavirus. First identified in February 2002, during an outbreak in China, and later spreading to other countries from late 2002 to late 2003, it caused about 8,000 illnesses and 700 deaths. It spread to 29 countries and then disappeared.

Researchers are still studying and working towards developing vaccines for SARS-CoV. The World Health Organisation (WHO) was at the forefront of ensuring that the disease did not overwhelm the world. It carried out international investigation efforts, with the assistance of the Global Outbreak Alert and Response Network (GORAN), while also collaborating with health authorities in affected countries to provide epidemiological, clinical and logistical support aimed at bringing the outbreak under control.

Transmission

An airborne virus, SARS can be spread through small droplets of saliva akin to the cold and influenza. Historically speaking, it was the first major severe and easily transmissible new disease to emerge in the 21st century, demonstrating a strong capacity to spread along international air travel routes.

Most importantly, SARS is transmitted through close contact with infected persons. In this context, close contact includes but not limited to having cared for or lived with someone with SARS or having direct contact with respiratory secretions or body fluids of a patient with SARS. Examples of close contact include kissing or hugging, sharing eating or drinking utensils, talking to someone within three feet, and touching someone directly. Close contact does not include activities like walking by a person or briefly sitting across a waiting room or office.

There is also the possibility of indirect spread through surfaces that have been touched by someone who is infected with the virus.

Majority of patients infected with SARS were hitherto healthy adults between the ages of 25 and 27. There were few suspected cases that were reported among children under 15 years. The case fatality among persons with the illness meeting the current WHO case definition for probable and suspected cases of SARS is around three per cent.

Symptoms

The incubation period of SARS is usually two to seven days but it may also be as long as ten days. The first symptom of the illness is generally fever, which is often high and sometimes associated with chills and rigors. These may also be followed by other symptoms, such as headache, malaise and muscular pain.

During the onset of illness, some cases present mild respiratory symptoms. Symptoms like rash, neurological and gastrointestinal findings are usually absent, even though some patients have reported diarrhoea during the early febrile stage.

Following three to seven days, the beginning of a lower respiratory phase is heralded by the onset of a dry and non-productive cough or dyspnoea (shortness of breath) that is either accompanied by or progresses to hypoxemia (low blood oxygen levels). Often, intubation and mechanical ventilation is required in ten to 20 per cent of cases with severe respiratory illness.

Chest radiographs may be normal throughout the course of illness, though not for all patients. There is a depletion of the white blood cell count in the early stage of the disease, with many people having low platelet counts at the peak of the disease.

Treatment/Prevention

While there is no cure or vaccine for SARS, WHO has advised that treatment should be supportive and based on the patient's symptoms. To this end therefore, controlling outbreaks relies on containment measures such as prompt detection of cases through good surveillance networks, including an early warning system, isolation of suspected or probable cases, tracing to identify both the source of the infection and contacts of those who are sick and may be at risk of contracting the virus and quarantine of suspected contacts for 10 days.

Others are exit screening for outgoing passengers from areas with recent local transmission by asking questions and temperature measurement and disinfection of aircraft and cruise vessels having SARS cases on board using WHO guidelines.

Personal preventive measures to prevent spread of the virus include frequent hand washing, using soap or alcohol-based disinfectants. For those with a high risk of contracting the disease, such as healthcare workers, use of personal protective equipment, including a mask, goggles and an apron is mandatory. Whenever possible, household contacts should also wear a mask.

After its disappearance in July 2003, SARS has not resurfaced like other recurring viral infections, especially Ebola. However, scientists have called for vigilance and epidemic preparedness because the question is not if but when the next outbreak will occur. It, therefore, becomes expedient for governments all over the world to make adequate investments in their public health systems, especially in the drug research and development aspects, to ensure that the world is not overrun by the emergencies that accompany the outbreak of any epidemic.

University News

CCMAS: Pharmacy faculties mull implementation modalities

- As deans say curriculum requires further review

By Ranmilowo Ojalumo

Deans of accredited faculties/schools of pharmacy in the country say they have started discussing modalities for implementing the Core Curriculum and Minimum Academic Standard (CCMAS) document.

The new curriculum dispensation was recently introduced across the nation's universities by the National Universities Commission (NUC), to "reflect 21st-century realities".

Speaking at the unveiling in Abuja, in December 2022, the Executive Secretary, NUC, Professor Abubakar Rasheed, said the development of the CCMAS was part of the commission's efforts to fulfil its mandate of making university education in Nigeria more responsive to the needs of society.

Rasheed added that the process leading to the new document had begun in 2018, with the overhauling of the Benchmark Minimum Academic Standards (BMAS). This, he said, involved reexamination of existing disciplines and programmes in the Nigerian university system and introducing new ones.

The CCMAS document is structured to provide for 70 per cent of core courses for each programme, while allowing individual institutions to utilise the remaining 30 per cent for other innovative courses in their

particular areas of interest.

The NUC has mandated all faculties in all the universities across the country to comply with the new curriculum.

Speaking with *Pharmanews* on the new curriculum, the Chairman, Committee of Deans of accredited schools/faculties of pharmacy, Professor Olubunmi Afolabi said the committee is already in touch with the NUC regarding the modalities for implementing the stipulations of the CCMAS.

According to Afolabi, going by the CCMAS, the NUC has given 70 per cent content, totalling 198 units, for the B.Pharm. programme, which will run for five years. This is an increase from the previous 150 units.

She also explained that for PharmD, a six-year programme that the Pharmacy Council of Nigeria (PCN) has mandated all accredited schools/faculties of pharmacy to run, the 70 per cent content that the NUC provided stands at 232 units, an increase from the previous 180.

According to Afolabi, "The NUC has also said we cannot remove anything from what they have given us because it is the minimum. The problem we now have and what we are saying is that the 198 units for B.Pharm. and 232 units for PharmD are already an overload for the students. To

now add 30 per cent to it again will be something else."

On the way forward, the committee chairman said, "At our last meeting, my committee deliberated extensively on the curriculum and wrote out our positions. On PharmD, we are asking the NUC to make what they have given us to be the 100 per cent of what we should be teaching the students and not 70 per cent as they are recommending. Because if what they have given us is made to be 70 per cent, it means our students will be carrying a heavy load of about 331 units, which will be too heavy for a six-year programme.

"It means the students will be carrying about 26 units per semester; whereas, the pharmacy programme is already loaded for now. We have written a letter and sent it to NUC. The new curriculum is more of an imbroglio now, not just in pharmacy courses, but also in other courses and we are currently held up."

Afolabi however said the NUC had not responded to the committee's letter, as of the time of writing this report.

She said, "They have not responded as of today but we have started pulling strings, because like I said earlier, Pharmacy is not the only course affected; it also affects Engineering, Medicine,



Professor Olubunmi Afolabi

among others.

"NUC are saying what they have given us is sacrosanct; we on the other hand are saying, if what you are giving us is sacrosanct, then don't ask us to add anything. So we did not just send the letter to the NUC, but we asked all deans of schools/faculties of pharmacy to take the letter to the vice-chancellor of their various universities and tell them that the letter contains our position as the deans; so each university is also meeting

Afolabi however stressed that the committee is not in any way working against the NUC on the new curriculum.

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Pharmacists charged to brace for imminent challenges

By Ranmilowo Ojalumo



L-R: Pharm. (Dr) Lolu Ojo; Pharm. Wale Oyenuga; Chairman of the occasion, Pharm. Uche Nwana; Chairman, BoT of NAIP, Prof. Lere Baale; Chairman, Fidson Healthcare PLC, Dr Fidelis Ayebae; Lead discussant, Pharm. Ade Popoola; NAIP Chairman, Pharm. Ken Onuegbu; ED Emzor Pharmaceutical Industries Ltd, Pharm. Uzoma Ezeoke; PSN president, Prof. Cyril Usifoh; Secretary, IPMIN, Mr Thiagarajan. V. Subramanian; MD/CEO, Katchey Laboratory, Mrs Kate Isa; Chairman, Planning Committee, Pharm. (Chief) Kunle Ademola and Director, PCN Lagos office, Pharm. (Dr) Ukamaka Okafor, at the NAIP 2023 Economic Outlook and CEOs Forum in Lagos. 2023.

With the first quarter of 2023 ended, players in the Nigerian pharmaceutical industry have been advised to steel themselves mentally and strategically, as the coming months in the year have been projected to come with various challenges that could adversely affect pharma businesses.

The advice was given at the 2023 Economic Outlook and CEOs' Forum, organised by the association

of Industrial Pharmacists of Nigeria (NAIP) with the theme "Economic Outlook for 2023: Trends, Challenges and Opportunity for the pharma sector".

The event afforded the association, through its resource persons, to employ various economic indices in examining and identifying the trends, challenges and opportunities before the pharmaceutical sector for year 2023.

Speakers at the event, held at Providence Hotel, Lagos, specifically disclosed that the imminent removal of fuel subsidy by the Federal Government will trigger inflation, which will affect pharmaceutical companies through increase in cost of production and reduction in purchasing power of consumers. Ultimately, profit margins will shrink, they said.

They further projected that pharmaceutical importers will inevitably import inflation that is already expected to worsen in other countries, which they say will equally reduce the profit margin, as consumers will not bear the burden alone.

The keynote speaker, Mr Oluwale Abegunde, group managing director and CEO, Meristem Group, a financial services provider, noted that with Nigeria being heavily dependent on importation for the materials and machinery for pharma manufacturing, more challenging times are bound to come.

In his words, "There is inflation in every country of the world where we buy raw materials and products, so we are importing their inflation. This will have impact on pharma products. The cost price of products will go up. Unfortunately, all the cost will be too much to pass across to consumer. So it will affect profit margin. That means the company owners should prepare to compromise part of their profit margin."

Speaking in the same vein, Mr Damilare Ojo, also an expert from Meristem explained that there is inflation in Nigeria already which is already affecting the pharma sector, and showing no signs of abating. He also pointed out that the meagre budgetary allocation to the health sector is not helping matters, either.

Ojo added that, aside from the anticipated subsidy removal, other factors that could make the rest of the year challenging for the pharma sector include lack of foreign exchange, low government spending for the industry, as well as lack of access to funding.

He also noted that the rate of forex will likely increase but with less volatility. He added that government borrowing may also increase. All these, he said, will pose unusual

challenges before pharmaceutical companies' operation in the remaining part of 2023.

He however said there are many opportunities that company owners and the industry as a whole can explore, one of which is the African Continental Free Trade Area (AfCFTA) agreement.

"AfCFTA will provide a large market for pharmaceutical products. But that is not all; the market will also provide a large population", Ojo said.

He further said that there are several opportunities in the coming new Lagos City, situated at the Lekki axis, noting that it is expected to have a new airport, refinery as well as Free Trade Zone.

He charged pharma companies to take advantage of the opportunity, saying one of the ways of doing so is by collaborating and sharing cost.

Ojo also said that the coming new regime in electricity regulation, which allows states, companies and individuals to generate electricity, is also an opportunity that pharma company owners should explore.

He said, "Pharma companies and the sector as a whole can make moves to generate electricity to power their factories. This will reduce the cost of diesel, which is a big burden to manufacturing plants."

The president, Pharmaceutical Society of Nigeria (PSN), Prof. Cyril Usifoh, described the NAIP 2023 Economic Outlook and CEOs Forum as a productive event.

"It is the coming together of people of like minds. People spoke well and a lot of lessons have been learnt. I personally learnt a lot of things and I am happy because if we are able to implement the discussions, it will help us to plan towards the future."

"It has become clearer that pharmacists cannot fold their hands till policies are made; rather, pharmacists are becoming proactive and visionary."

The chairman of the association, Pharm. Ken Onuegbu said the association is conscious of certain challenges that may come up in the year 2023, hence it decided to take a proactive measure to sensitise and equip its members ahead of them.

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INDICATION:
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INDICATIONS:
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 • Effective in
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INDICATIONS: Osteoarthritis & Rheumatoid Arthritis
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"WHO recommends treatment of adults and children with severe malaria including infants with the use of intravenous or intramuscular Artesunate Injection for at least 24 hours until they can tolerate oral medication"¹



Step 1

Step 2

"...Based on significantly lower proportion of children with recurrent infections after initial clearance of asexual parasitemia, DHP is more efficacious than AA and AL"²



"Severe Anaemia
Contributes to 53%
of Malaria-Related
Deaths"³

In Malaria Treatment

Reference

1. WHO Guidelines for treatment of Malaria - 3rd Edition, WHO 2015.
2. Ebenebe C.A, et al. Efficacy of Artemisinin-Based Combination Treatment of Uncomplicated Falciparum Malaria in Under-Five Year-Old Nigerian Children Ten Years following Adoption as First-Line Antimalarials. *Am. J. Trop. Med. Hyg.*, 99(3), 2018, pp.649-664.
3. Breman JG, Atilio MS, White NJ et al. Defining and Defeating the intolerable Burden of Malaria 111: Progress and Perspective. *Am.J.Trop.Med. Hyg.*, 77(6), 2007.

* DHP: Dihydroartemisinin-Piperaquine Phosphate combination.
AA: Artesunate-Amodiaquine combination.
AL: Artemether-Lumefantrine combination.

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Wellness

with

Dr Patrick Ijewere

Tel: 0809 771 4455
Email: thenutritionhospital@gmail.com

Carib Health, over the years, has been divinely inspired to see health from a wellness perspective. In this edition of the column, we define wellness, explain the concept, how it differs from health, and we introduce the wellness tree; all of which has been truly divine inspiration and revelation.

Wellness is a perspective on our health that gives reverence to the source of our being. What does this mean? It means creation and our Creator has a hand in our wellness.

Wellness is our gift. It is our gift from our Father in heaven; it is our starting point. The Bible teaches us that we are created in the image, likeness and perfection of God.

Wellness implies that there is already an existing system in man. A perfect system created by God that does what is right and at the right time. We could say there is already a programming in man, a divine programming in place.

To help understand this concept further, here are a few examples:

1. We go to bed at night, we wake up in the morning and all night our heart keeps beating. Who keeps your heart beating while you're fast asleep?
2. In the morning, we wake up and we have the urge to move our bowels. Who was processing that food? Likewise, in the morning we wake up and have the urge to urinate. Who processes the blood through the kidney that created the urine and stored it in the urinary bladder?
3. A woman is pregnant, and at some point contractions start to gradually eject the baby. Who starts the oxytocin?
4. As the sun sets and the moon rises, your body starts to increase melatonin. Who switches on the system in the Circadian rhythm?
5. Likewise, we put a seed in

the soil, pour some water to it, and when we come back in a few weeks, it has germinated into a small plant and later on grows into a big tree with fruits and leaves.

Just look all around us; there is an amazement that we take for granted. This is already a programme, a perfect programme. It is perfection! It is God's gift to us, His children. That is wellness. The human body is designed with a system to keep it in wellness. So, wellness is truly our starting point. It is the body's default position, and our body systems are always trying to stay in wellness or move from illness to wellness. Unfortunately, too often, we humans, His children, get in the way.

The Webster's Dictionary defines health as the condition of being sound in body, mind, or spirit. The Oxford Dictionary defines health as the state of being free from illness and injury.

According to the World Health

Organisation, "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"

Compare these definitions to our Carib Health's definition of wellness.

In summary, wellness is an acknowledgement that there is already a system, a programme in place that works for our health. Thus, the healthcare approach is to be in alignment with the system; understand it first and any alteration be in accordance.

God put us in "ease" but we, His children, got in the way and put "dis" ahead of the "ease" leading to "dis-ease". This now creates a question and a reorientation to how we see illness and disease.

What is disease? It is simply the body asking for a reset. The body, in its perfect design sends little signals when we start to drift away from our wellness. Often, we miss these signals till it gets so loud and the disease shows up. Disease is an opportunity to reset the body.

Well, if we are birthed into a perfect wellness system and world, from where does illness come? We'll see that in the next edition.

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Bioasth

Salbutamol syrup



- During asthmatic attacks
- Bronchia spasma
- Reversible airway obstruction

Basafen

Ibuprofen



- Head ache
- Pain relief
- Feverish conditions
- Muscular skeletal pain

Pleasantly flavored

Bioferex

Blood tonic



- Aneamia due to deficiency in iron & vitamins
- As nutritional supplementation
- Tonic & stomach loss of appetite
- For general family healthcare use

Biobabe



- Restlessness
- Feverish conditions
- Pain in children during babes teething

Paracetamol Syrup



- Fever
- Headache
- Body pain

Biogyl

Metronidazole suspension



- Antiprotozoa
- Anaerobic bacteria
- Trichomonas Vaginalis
- Entamoeba histolytica
- Giardia lamblia

Biothazine

Promethazine syrup



- Runny nose
- Nasal congestion
- Nausea & vomiting
- Also good in motion sickness in susceptible individuals

Flexron

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- Iron deficiency anaemia
- Supplement in malaria & antibiotics therapy
- In Pregnancy & breast feeding mothers
- Patients recovering from illness

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Suspension



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Cough syrup



- Cough
- Nasal congestion in infants

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- Supportive therapy during convalescence
- Cold & catarrh
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- Cough
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Chloroquine Syrup



- Hepatic Amoebiasis
- Juvenile Arthritis
- Malaria

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- Symptomatic treatment of hypersensitivity reactions
- Rhinitis (itchy & runny nose)
- Conjunctivitis (redness, itchy & bloodshot eyes)
- Urticaria
- Insect bites & or stings

Bradvite-M

Multivitamin syrup



- Treatment of Vitamin deficiency state due to illness
- General nutrition
- An adjunct in antibiotics & antimalaria therapy

Paraton Syrup



- Hyper prexia (high temperature)
- Headaches
- Influenza
- Pain associated with common cold
- Relieves itchy & watery eyes

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- ➔ Darrows' Half Strength
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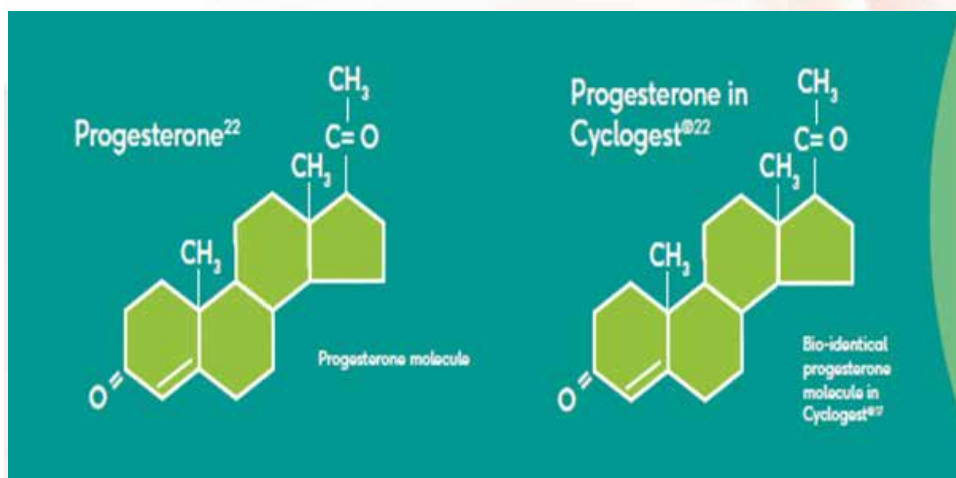
Cyclogest is a micronized vaginal progesterone pessaries. It contains natural and bio-identical progesterone. Consequently, Cyclogest mirrors the binding affinity of endogenous progesterone.

Origin

It is basically a natural progesterone made from wild yam (*Dioscarea villosa*) extracts.

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The Structure Of Progesterone



Natural Progesterone and Synthetic progestins

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| Cyclogest | Synthetic Progestins |
|---|--------------------------------------|
| No risk of interference with unborn foetus. | Associated with neural tube defects. |
| No Virilization. | Associated with Virilization |
| No significant risk of breast cancer. | High risk of breast cancer. |

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The Cyclogest Advantage

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Due to the vaginal route of administration, Cyclogest is not affected by hepatic 1st pass metabolism, unlike the oral dosage forms. This prevents the formation of psycho-active metabolites such as allopregnanolone, which elicits CNS effects.

High Endometrial Concentration.

The vaginal route of administration in synergy with Micronization enhances the delivery of Cyclogest at the target endometrium. This averts the uterine 1st pass effect and results in optimum endometrial progesterone concentrations necessary for successful implantation and pregnancy.

No Risk Of Interference With Unborn Foetus

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Vaginal or rectal insertion of Cyclogest makes it flexible and convenient for patients, in cases of Vaginal bleeding or irritations.

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Cyclogest pessaries are self-lubricating and consequently painless and non-messy during insertion.

Cyclogest is used for

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✓ **Get Vaccinated**

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Emechebe, G.O, et al (2009). Hepatitis B Virus Infection in Nigeria-A review. Niger Med J 2009,50: 18-22.

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*Ajuwon et al. BMC Infectious Diseases (2021) 21:1120

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How to make your money work for you

By Pharm. Sesan Kareem

Developing financial management know-how, skills and discipline will certainly affect the quality of life we enjoy. It determines the quality of education and care we give our spouses and children, as well as how well we can care for our parents, in-laws, and others around us. It also influences how well we can give help or support good causes in our community.

Below are practical steps to make, manage and multiply money.

1. Multiple sources of income: The first step towards wealth creation is to have multiple sources of income. This requires developing different skills, and the capacity to solve problems and create value. I have found out that highly successful individuals, organisations, and nations often have multiple sources of income - earned, passive, and portfolio incomes.

Passive income can come from rentals, dividends, royalties, or capital gains. We must keep asking the questions, *how can I increase my income? What skills do I need to possess to improve my income? What capacity must I gain to earn more?* The advantage of having many taps where money flows into your account is numerous. But the obvious one is that in case life happens to your major source of income, your other sources of income can help you survive with your family. Our expenses

are multifaceted, as we grow older, family responsibility keeps growing. Having a multiple sources of income mindset and taking practical steps on this idea can help your income increase as your expenses increase.

2. Saving for investment: Based on personal experience, it seems immediately our income increases, our expenses find a way to increase. So, we must be intentional in saving for investment. It is easy to improve our taste, standard and lifestyle as we make more money, and difficult to save more to invest in long-term returns, rather than focusing on instant gratification. But developing the habit of saving for investment is a must, if we want to achieve financial freedom and create enduring wealth. The discipline must be implemented, regardless of our income.

I always tell young people to pay themselves first every month before they pay others. It is a must for us to pay others for transportation, housing, healthcare, food, communication, entertainment, and other necessities. However, we must learn to pay ourselves first. You can also make it automatic saving through various arrangements that suit you.

3. Invest in your future: The guaranteed way to multiply money and make your money work for you is to invest it in assets. If I want to use one word to represent financial freedom, that word will be

“ownership”. Wealthy people and families own assets that take care of their expenses and pay for their lifestyles. To achieve financial success, we must invest in real estate, businesses, commodities, or paper. We must develop a portfolio that has different forms of assets.

Buy lands, build flats for rent, flip houses, start a successful business, and invest in a promising start-up. Buy shares, and government bonds, and invest in gold or oil. It is also important to invest in yourself regularly. Read voraciously, learn practically, and act fearlessly. Your personal development will influence your financial decisions that will shape your financial success.

4. Lead a simple lifestyle: I strongly believe we can all live within our means. Our noble prophet Mohammed led a simple lifestyle. Islam frowns at wastage, exuberance, and show-off, but it promotes probity, discipline, and moderation. The essence of wealth creation is the freedom that comes from having the means to live a life based on our terms and our ability to support a worthy cause.

One of the most common financial mistakes many people make is to waste resources to impress people who do not really care about them and their families. I believe the essence



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

of wealth creation is to give, grow and show gratitude to people who have supported us in the journey of life.

Building and sustaining wealth is not a day job, it is a long-term effort. It is also not easy; otherwise, everyone would have achieved financial freedom. It requires financial insights, planning, and discipline. It calls for short-term sacrifices, long-term thinking, and grit to desire fervently, believe correctly, and expect consistently. It is first an inner job of mental shift, followed by hard work and commitment.

ACTION PLAN: Have multiple sources of income. Save for investment. Invest for the future and lead a simple lifestyle.

AFFIRMATION: Every day, in every way, I am getting better and better. I am blessed and highly favoured.

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



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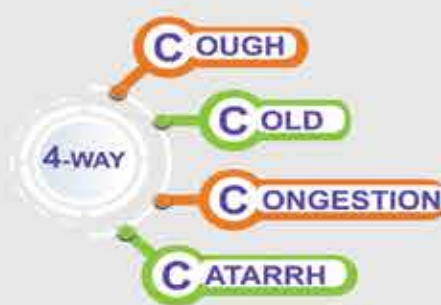
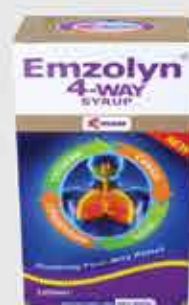
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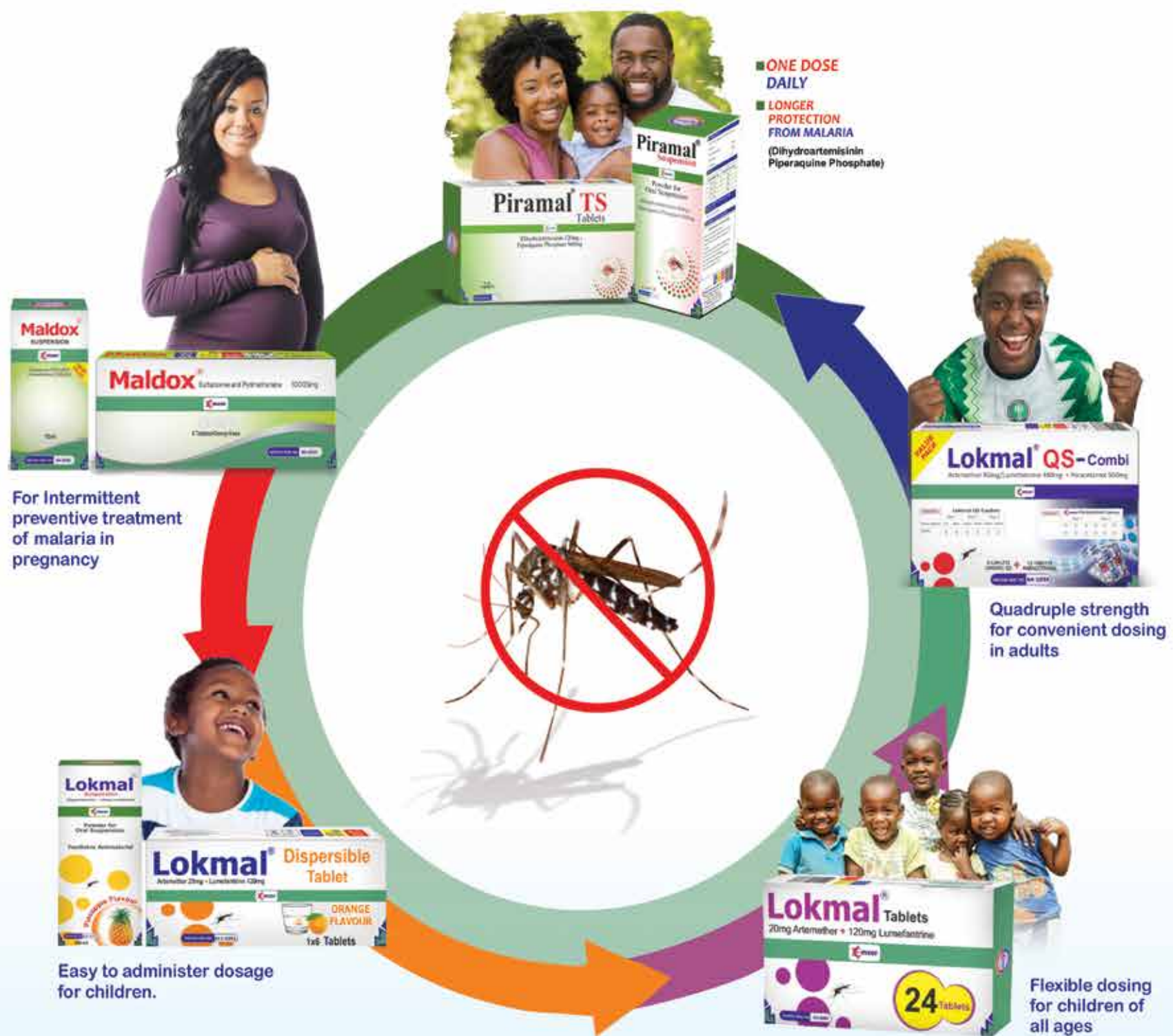
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World Malaria Day 2023

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How Nigeria can boost pharma manufacturing, reduce dependency – CEO, Oakleaf Pharma

Oakleaf Pharmaceuticals Limited is one of the few emerging pharma companies, driven by the need to bring about better outcomes in the Nigerian health sector. Its strategy has been innovativeness and an unflinching commitment towards quality patient care. In this exclusive interview with **PATRICK IWELUNMOR**, the Chief Executive Officer of the company, Pharm. Dipo Adetuyi, examines key issues affecting the Nigerian pharma business landscape, while outlining the values his organisation brings to the industry. **EXCERPTS:**

What inspired the establishment of Oakleaf Pharma?

At Oakleaf, we believe that healthcare is a fundamental human right and that everyone deserves access to quality healthcare. Our company was founded with the purpose of delivering value in healthcare to all stakeholders - patients, healthcare providers, payers, and the broader community.

We recognised that there was a need for a new kind of pharmaceutical company that puts the needs of patients and healthcare providers at the centre of everything we do. Our vision was to create a company that would be a true partner to healthcare providers, working collaboratively with them to improve patient outcomes and enhance the quality of care.

We were inspired by the idea that we could make a real difference in people's lives by developing and delivering innovative solutions that address unmet medical needs. We wanted to bring new therapies to the market that could help patients live healthier, more fulfilling lives.

At Oakleaf, we are committed to being a responsible corporate citizen and to making a positive impact on society. We believe that by doing well, we can also do good; and we are proud to support a variety of initiatives that promote health and wellness, education, and environmental sustainability.

In summary, Oakleaf was founded with the purpose of delivering value in healthcare to all stakeholders, driven by our commitment to improving patient outcomes, partnering with healthcare providers, and making a positive impact in society.

What is the vision driving your operations as a company?

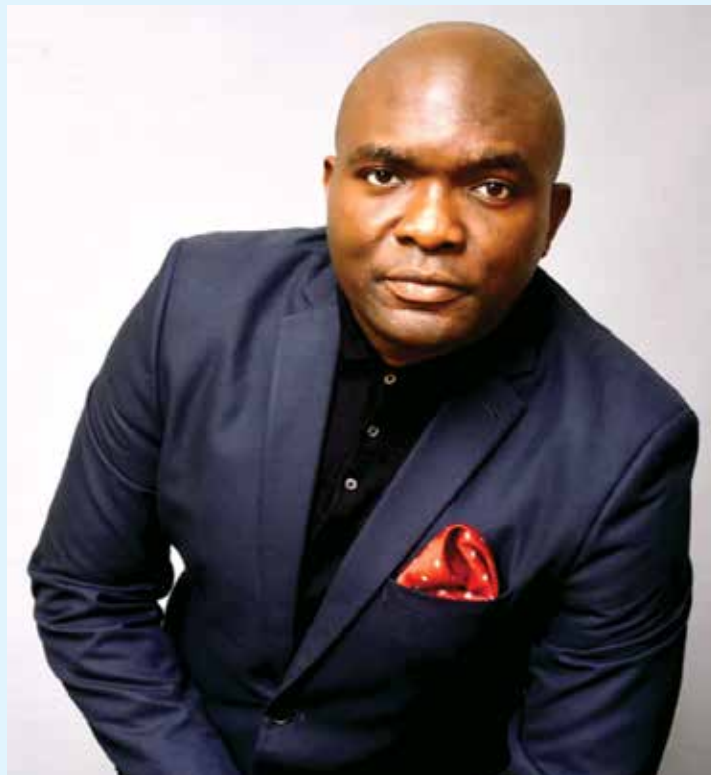
Our vision is to continually consolidate our position as a value-driven healthcare company, which focuses on the mission of reducing the incidence of non-communicable disease, thereby assisting people to live a better quality of life.

How would you describe the pharmaceutical business climate in Nigeria?

I can say that the pharmaceutical business climate in Nigeria is faced with several challenges, but there is still cause for optimism and encouragement. One of the challenges we face is the bureaucratic regulatory processes, which can be slow and time-consuming, making it difficult to get new products to the market quickly. Additionally, there is little focus on research and development in the pharmaceutical industry, which limits innovation and progress.

Another challenge is the high dependence on importation of pharmaceutical products, as opposed to local manufacturing. This dependence on imports can be costly and can also impact the availability and affordability of medications.

Access to low-interest rate financing is also a challenge for the pharmaceutical industry in Nigeria. This can make it difficult for businesses to invest in research and development or expand operations. In addition, the credit-based sales model for business



Pharm. Dipo Adetuyi

can be a challenge, with some customers experiencing difficulties meeting payment obligations. This can impact cash flow and limit growth opportunities.

There is also the issue of the current brain drain of capable hands, as many skilled professionals in the pharmaceutical industry are leaving the country for better opportunities abroad. Low purchasing power is another challenge, with many people struggling to afford essential medications and healthcare services.

Despite these challenges, there are still reasons to be optimistic and encouraged about the pharmaceutical business climate in Nigeria. The government has made efforts to improve the regulatory environment, and there is growing recognition of the need for research and development in the industry.

Furthermore, there is a growing focus on local manufacturing, which presents opportunities for businesses to develop and expand operations. Additionally, initiatives such as the Central Bank of Nigeria's intervention funds for the healthcare sector can provide much-needed financing for businesses in the industry.

At Oakleaf Pharmaceuticals, we are committed to addressing the challenges facing the industry and exploring innovative ways to improve access to quality healthcare products and services. We believe that with a collaborative approach and a commitment to excellence, we can make a positive impact on the healthcare sector in Nigeria.

In summary, while the pharmaceutical business climate in Nigeria faces several challenges, there is still reason to be optimistic and encouraged. By working together to address these challenges, we can create a more robust and sustainable healthcare industry in Nigeria.

What are your ultimate aspirations in terms of growth and expansion?

As someone with a passion for the Nigerian pharmaceutical industry, my ultimate aspiration in terms of growth and expansion for an indigenous pharmaceutical company in Nigeria is to become a leading manufacturer of both active pharmaceutical ingredients (APIs) and finished goods in the country.

To achieve this goal, we would need to invest heavily in research and development to create innovative, high-quality products that meet the needs of the Nigerian market. We would also need to focus on developing local manufacturing capabilities to ensure self-sufficiency and reduce our dependence on imported products.

Additionally, we would aim to leverage on the opportunities to export pharmaceutical products outside the country. This would require us

to adhere to international quality standards, expand our distribution network, and establish strategic partnerships with other companies in the industry.

To achieve sustainable growth and expansion, we would also need to focus on building a strong brand, improving operational efficiencies, and attracting and retaining top talents in the industry. This would involve investing in employee training and development, creating a positive and inclusive workplace culture, and providing competitive compensation and benefits packages.

Ultimately, my goal is to create a successful, sustainable, and socially responsible pharmaceutical company that delivers value to all stakeholders, including patients, healthcare providers, payers, and the broader community. With a focus on local manufacturing, innovation, and international competitiveness, we can make a real difference in the Nigerian pharmaceutical industry and contribute to the growth and development of the country as a whole.

Are your products locally produced or imported?

Our products are currently imported; however we intend to reduce the dependence on importation in a few years.

What do you think Nigeria should do to stop the dependence on India and China for pharmaceutical raw materials?

For Nigeria to reduce its dependence on India and China for pharmaceutical raw materials, we need to encourage local production. The Nigerian government can encourage local production of pharmaceutical raw materials by providing incentives and support for local manufacturers. This can include tax breaks, subsidies, and funding for research and development.

Nigeria should strengthen the regulatory environment to ensure that local manufacturers can compete with imports. This can include implementing quality standards, increasing transparency, and ensuring that local manufacturers have access to financing and other

resources.

Nigeria needs to develop local supply chains for pharmaceutical raw materials. This can include working with local farmers to cultivate raw materials, establishing partnerships with local suppliers, and creating incentives for local companies to invest in the production of raw materials.

Nigeria can invest in research and development to create new, innovative raw materials that are specific to the country's needs. This can include partnerships with universities, research institutions, and private companies.

Nigeria should foster collaboration among local manufacturers, research institutions, and international partners. This can include sharing knowledge, expertise, and resources to develop new products and improve the quality of existing ones.

Nigeria should create an enabling environment for businesses to thrive. This can include reducing bureaucracy and streamlining processes, creating a level playing field for local manufacturers, and reducing the cost of doing business in the country.

By taking these steps, Nigeria can reduce its dependence on India and China for pharmaceutical raw materials and become a more self-sufficient and competitive player in the global pharmaceutical industry.

What's your advice to pharmacists who may wish to set up their own pharma companies?

As a pharmacist who wishes to set up his own pharmaceutical company, here is my advice. One, gain experience. Before starting your own company, it is important to gain experience in the pharmaceutical industry. This can include working for a pharmaceutical company, hospital, or research institution. This will give you a solid foundation in the industry and help you understand the challenges and opportunities that exist.

Two, identify a need. It is important to identify a need and fill it. This can include developing innovative products that address unmet medical needs, improving the quality or availability of existing products, or focusing on a specific market segment.

Three, understand the core concepts of leadership which will help you build a team. Building a strong team is essential to the success of any company. This can include hiring employees with complementary skills and expertise, as well as partnering with other companies or organizations that can provide resources and support.

Four, invest in research and development. Research and development is critical to developing innovative products that meet the needs of patients and healthcare providers. To succeed in the pharmaceutical industry, it is important to invest in research and development and stay abreast of the latest trends and technologies.

Five, understand sales and marketing. Understanding sales is critical for starting up a pharmaceutical company. It helps generate revenue, conduct market research, acquire customers, gain a competitive advantage, and forecast sales for future growth and expansion. By focusing on sales and developing effective sales strategies, a pharmaceutical company can improve its chances of success and build a sustainable business.

Six, be patient and persistent. Starting a pharmaceutical company can be a long and challenging process, so it is important to be patient and persistent. Success may not come overnight, but with hard work, dedication, and a commitment to quality and innovation, you can build a successful and sustainable pharmaceutical company.

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ACPN-Ikeja aiming to become most outstanding zone - Ibeh



Pharm. (Mrs) Vivian Obiageli Ibeh

Pharm. (Mrs) Vivian Obiageli Ibeh, a Fellow of the West African Postgraduate College of Pharmacists (WAPCP), with research interests in diabetes and internal medicine, is the zonal coordinator of the Association of Community Pharmacists of Nigeria (ACPN) Ikeja. In this interview with ADEBAYO OLADEJO, she highlights the peculiarities and challenges facing pharmacy practice in the zone. Ibeh, who is the executive director of Medshop Healthcare Limited, Opebi, Lagos, and current secretary of the Community Pharmacy Department of WAPCP, also outlines her goals and achievements as ACPN zonal coordinator. Excerpts:

Tell us about your pharmacy, its philosophy and growth projections

Medshop Pharmacy started operations in 2010, with the vision to change the dynamics of pharmacy practice, by adopting a holistic approach to pharmaceutical care as a driving impetus in our practice philosophy, while at the same time implementing a collaborative approach to healthcare delivery within our community.

This philosophical principle has endeared the practice to the community and in the process made Medshop Pharmacy a veritable stakeholder in the community. At the same time, it has created a platform for various healthcare practitioners in the community to continue to engage as a team.

For us, at Medshop Pharmacy, we intend to disrupt the industry with technology while at the same time remaining as a practice platform at the cutting edge of pharmaceutical care, by adopting new strategies of pharmacy informatics in providing solutions to our teeming patients within the community and around the city.

What is your relationship with the community and what is the most common health conditions that bring them to the pharmacy?

The prevalence of minor ailments in Lagos and Ikeja in particular will continue to be referenced as common health conditions defining the community pharmacy space. Our practice is not in isolation in Opebi. However, we have developed practice capacity and experience in managing these minor health conditions and proffer solutions to our customers and patience.

How lucrative is community pharmacy in Ikeja Zone?

Community Pharmacy Practice is a business where you have to get your pricing dynamics right. The era of blanket margins is over in the

industry. Today, margins should be determined by feasible realities within the community of operations. The beauty of Ikeja Zone is the fact that it is stratified into affluent, middle class and base of the pyramid market segments.

A community pharmacy will have to properly define its market space to be profitable in the short, medium and long term. Yes, pharmacy practice is lucrative in Ikeja but every professional practitioner has to properly segment their market of operation and adopt appropriate pricing mechanisms to remain competitive and relevant for a sustained period of time.

At what point did you decide to be actively involved in ACPN and pharmacy activities generally and what prompted that decision?

During my internship programme at the Neuropsychiatric Hospital, in Yaba, I did locum with about four community pharmacies in Ikeja and Ikoyi. In the process, I reckoned what needed to be done in the industry and how I could be relevant in the needed transformations in community pharmacy practice.

Subsequently, during my time at Pfizer and Eli Lilly, as I engaged with community pharmacies across Lagos State, placed side-by-side with my experience of what pharmacy practice is supposed to be in various engagements outside the country, I realised that there's a need to actively sensitise, inspire and impact these pharmacies to achieve a quantum leap in their operations, margins and capacity within their sphere of operation.

This was my driving impetus to be part of ACPN and to undertake activities within and amongst my colleagues professionally and help in catalysing that quantum leap in the way and manner pharmacy practice is viewed in Lagos and Nigeria as a whole.

As zonal coordinator, ACPN,

Ikeja Zone, and teacher with WAPCP, how would you describe your experience so far?

Before emerging as the ACPN coordinator for Ikeja, I had spent over 10 years within ACPN in the zone, first as assistant secretary, assistant coordinator and now the substantive coordinator. It has been a journey of focused collaboration, collegiate commitment, hard work and strategic patience.

The goal of ACPN Ikeja is to make the zone the most strategic, relevant and vibrant, in ACPN Lagos. Our programmes have been epoch-making and our interventions have raised the bar. The World Pharmacy Day programme in 2021 comes to mind easily, as Ikeja Zone placed pharmacy issues in the front burner in Nigeria for a couple of days in the traditional and online media.

The experience has been exciting and I greatly appreciate the unique set of individuals who make up the executives and all the active members of the zone for their impact and commitment to achieving everything we set out to achieve.

As a Fellow of WAPCP, and a lifelong researcher, my interest in the development of knowledge in Pharmacy and the promotion of correct ethical standards in the profession has not waned. My assignment in WAPCP is to raise the next generation of pharmacists, imbued with the capacity and competence to drive change in their respective communities and areas of practice and to be a shining light in the country.

I'm thankful to God Almighty for the grace to combine all these roles and be a catalyst in the industry in my own little way.

What would you say are the peculiar challenges facing

community pharmacy practice in Ikeja Zone?

Every zone has its peculiar challenges and Ikeja Zone is not exempt from the challenges besetting pharmacy practice in Nigeria. However, in Ikeja, the challenge of space constraints, rental costs, location adaptation and the long-existing patent medicine vendors in the pharma market inevitably create a price war that ordinarily shouldn't exist.

As an association, we are constantly rethinking our approach and processes to enable us to support our members to surmount challenges in our respective practices.

You had some goals set for yourself at the inception of your administration. How many of these goals have you been able to achieve and what are the rest?

As I said earlier, the goal of ACPN Ikeja was to make Ikeja Zone the most strategic, most relevant and most vibrant zone in ACPN Lagos State. I decided to make sure that our programmes create the needed impact in the community, the excitement amongst colleagues and drive changes in the community pharmacy space in Ikeja.

So far, we have impacted the community positively and The World Pharmacy Day programmes in 2021 and 2022 come easily to mind. Beyond the awards, we received during my administration, our reach towards colleagues and the creation of learning platforms are goals we intended from the beginning.

We aren't relenting; and as a group, we are still focused on becoming the ACPN zone of choice not only in Lagos but in Nigeria. I am excited that I work with the best team and their commitment to achieving this goal is never in doubt.



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Achi, powerhouse of nutrients

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



Brachystegia eurycoma.

Achi, botanically known as *Brachystegia eurycoma* (PROTA) belongs to the Leguminosiae family, subfamily *Caesalpiniaceae*. The seed is dry, flat, round in shape and is a popular soup thickener in many parts of Nigeria and Cameroon. *B. eurycoma* is called *akpakpa* or *taura* in Hausa, *achi* in Igbo, *ekalado* or *eku* in Yoruba, *okweri* in Edo, *apaupan* in Ijaw, and *odukpa* in Ibibio.

Constituents

Phytochemical analysis shows the presence of alkaloids, tannins, saponins and flavonoids. Flavonoids, such as catechin, rutin, quercitrin, quercetin and kaempferol; and phenolic acids, such as gallic acid, caffeic, chlorogenic and ellagic acid are abundant in *achi* seeds. *Achi* contains carbohydrates and proteins. Vitamins A, B1, B2, B6, C and niacin, as well as minerals like magnesium, potassium, calcium and iron, are also present.

Preparations

Achi is available as the unhulled seeds, dehulled seeds and powder of the dried dehulled seed. The powder is used as a thickener in *oha*, *onugbu*, *egusi*, *nsala* and *achi* soups.

Pharmacological actions and medicinal uses

Achi is said to have cholesterol-lowering, blood glucose-lowering, cancer-preventing, wound-healing, antibacterial, antifungal, anti-inflammatory, antispasmodic and analgesic properties. The high fibre content makes bulky stool easier to pass, decreasing chances of constipation. With loose, watery stools, fibre may help to solidify the stool by absorbing the water and adding weight to the stool. It also supports healthy digestion by controlling the stomach's acidity levels.

Studies show that the flavonoids and phenolic acids in *achi* decreased the levels of fasting blood glucose in diabetic rats; hence, *achi* seeds can be helpful in people with diabetes. *Achi* seed has been shown to inhibit cancer cells and tumour growth in laboratory studies. It means that there is potential that *achi* seeds can help fight cancer.

A study suggested that both dietary fibre and polyphenol/flavonoids in *achi* seeds contribute to its potential preventive effect

in colon carcinogenesis. Cancer prevention may be achieved by limiting oxidative stress and preventing or delaying the onset of cancer-forming processes.

Being a good source of protein, fibre, iron, and calcium, *achi* seeds are said to be an effective

remedy against sores, ulcers, and boils, when mixed with snail mucin and honey. Natural *achi* seed extracts have been shown to inhibit bacterial growth and reduce inflammatory responses that lead to disease progression.

The anti-inflammatory and antispasmodic properties of *achi* are responsible for its analgesic effect as reported in many studies. Moreover, the potassium and magnesium content will help with muscle relaxation and nerve function. The seed will help one to sleep better at night due to the increase in melatonin production.

Achi seed is an immune booster that has been used in traditional medicine for centuries to treat common colds, coughs, and other respiratory illnesses.

Adverse effects

Side effects that could be experienced with *achi* include nausea, dizziness, headache and upset stomach. There could be allergic reaction resulting in difficulty in breathing. Study in rats show that *Brachystegia eurycoma* may possess nephrotoxic and hepatotoxic potentials at a very high dose.

Economic uses and potentials

Seeds and powder from dried de-hulled seeds sell for about for about N500 per cup. *Achi* is useful in the food and pharmaceutical industries. There are potentials in the sales, distribution, processing, research and development of *achi* seeds.

References

Nwokolo C. (2021). 9 Health Benefits of Achi Seeds (*Brachystegia eurycoma*). Available at: <https://healthguide.ng/achi-seeds-brachystegia-eurycoma/>

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Events in Pictures



L-R: PCN Registrar, Pharm. Babashehu Ahmed; Chairman, PCN, Alhaji A.T Mora; UNIBEN Vice-Chancellor, Prof. (Mrs) Lilian Salami; Dean, Faculty of Pharmacy, UNIBEN, Prof. Azuka Oparah; Best Graduating Student, Ifeoma Nwafor, Faculty of Pharmacy, UNIBEN, and PSN President, Prof. Cyril Usifoh, at the 46th induction ceremony of the Faculty of Pharmacy, UNIBEN, recently.



L-R: Representative of the Second Runner-up, Dr Fawale Abiola Musliudeen; Dr Elizabeth Folashade Taiwo the grand prize winner and Dr Joy Oluchukwu Ugwuanyi, the first runner-up, at the Grand Finale and Presentation of Prizes for Shalina Rising Stars Award, Season 2 in Lagos recently.



L-R : Pharm. Chief Paul Enebeli receiving a present from the Association of Lady Pharmacists (ALPS) national corner coordinator, Pharm Chief (Mrs) Yemi Adewole-Ijatuyi during an occasion to mark Enebeli's 70th anniversary.



L- R : The celebrant Pharm. (Chief) Paul Enebeli receiving a gift from the chairman, Association of Community Pharmacists of Nigeria (ACPN) Delta State Pharm Freeborn Okpegua during his 70th birthday anniversary.

Coming Events

1st CPAN Scientific Conference holds in Akwa Ibom, 16 -20 May

The Clinical Pharmacists Association of Nigeria (CPAN) has scheduled its first Annual Scientific Conference for 16 to 20 May, in Akwa Ibom State. Tagged "CPAN Ibom2023", the Conference Planning Committee says the conference is an opportunity to present abstracts in all areas of clinical pharmacy that are practice-based, but not limited to pharmacy practice, community pharmacy, pharmacy administration and interdisciplinary areas related to clinical pharmacy.

With the theme "Healthcare in the 21st century: Prospects of clinical pharmacy practice in Nigeria", the conference will feature prominent clinicians with insightful presentations.

AfriHealth Expo 2023 holds in Port Harcourt, 18 to 21 May

AfriHealth Expo 2023 is set to hold in Port Harcourt, Rivers State, at the Hotel Presidential, from May 18 to 21, 2023. According to the organisers, the event is designed for healthcare providers and entrepreneurs to enjoy interesting masterclasses, panelist discussions, free training workshops on ultrasound scan use, basic life support, and free cancer screening and free medical checks.

The expo will feature exhibitions by hospitals and diagnostic centres, as well as pharmaceutical, medical and laboratory equipment companies. Other exhibitors are wellness and alternative medicine enterprises, HMOs, NGOs, healthcare and financial institutions.

81st FIP World Congress to hold in Australia, 24 -28 Sept

The International Pharmaceutical Federation (FIP)'s World Congress of Pharmacy and Pharmaceutical Sciences will be held in Brisbane, Australia, from 24-28 September.

Themed, "Pharmacy building a sustainable future for healthcare — aligning the goals to 2030", the congress sets out long-term goals and principles, as well as short-term actions, to transform the role and contribution of Pharmacy. It holds that transformation is required to maximise the health gain that healthcare systems derive from their interactions with the pharmacy profession. These goals present the profession with the direction for advancement and transformation and establishing its place within the healthcare system.

17th NAPPSA Scientific Conference to hold in Hilton Columbus, 21-24 Sept

The National Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA) is set to hold its 17th Annual Scientific Conference and Exposition, at the Hilton Columbus/Polaris Hotel, Ohio, from 21 to 24 September, 2023.

In preparation for the conference, the association is calling for the submission of abstracts for the poster session at the event. Deadline for submission is 31 August.

Pharma West Africa Expo 2023 holds in Lagos, 4 to 6 Oct

The inaugural conference of Pharma West Africa Expo, Nigeria's new international trade event for medicines, will hold from 4 to 6 October 2023 in Lagos. Pharm. Ahmed Yakasai, a former president and Fellow of the Pharmaceutical Society of Nigeria (PSN), will head the team developing the conference alongside the Pharma West Africa Exhibition.

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Atueyi, Adebakin, others share success strategies with pharmacy students

- As PANS-OOU marks PANS Week, gives excellence awards

By Adebayo Oladejo

The Publisher of **Pharmanews**, Sir Ifeanyi Atueyi, and other notable personalities in the pharmacy profession in the country recently gave pharmacy students valuable tips on attaining personal and career excellence, using their life and professional experiences.

The personages spoke at the opening ceremony of the recent PANS Week celebration by the Pharmaceutical Association of Nigeria Students, Olabisi Onabanjo University (OOU), Sagamu Campus, in Ogun State.

Speaking at the event, themed "Showcasing the unknown potentials of pharmacy profession right from the undergraduate level" and held at the Main Auditorium, College of Health Sciences, Olabisi Onabanjo University Teaching Hospital, Sagamu, Atueyi told the undergraduates that attaining success in life begins with following

divine guidance in the choices they make.

Atueyi, who was represented by **Pharmanews** Editor, Mr Patrick Iwelunmor, noted that the topic assigned to him - Divine guidance: Pathway to a successful career - was very apt, as it allowed him to share his life experiences and testimonies at 83 years of age with the young scholars.

The octogenarian stressed that a successful career is not the one that provides one with a lot of money, material possession, prestige and power, but one that is in alignment with God's purpose for one's life.

Quoting Blake Mycoskie, a successful entrepreneur, Atueyi said: "I believe each of us has a mission in life, and that one cannot truly be living their most fulfilled life until they recognise this mission and dedicate

their life to pursuing it."

Advising the students of the importance of seeking and sticking to divine guidance in career choice, the **Pharmanews** publisher admitted that his attainment in Pharmacy today is mainly as a result of following God's plan for his life, albeit unknowingly.

He revealed that the desire to be among the first graduates of B.Pharm in Nigeria made him to enroll for Pharmacy at the then University of Ife, now Obafemi Awolowo University, Ile-Ife, Osun State, not knowing that God was leading him to something significant.

He said, "After graduation, I spent the first 15 years of my working life doing things that did not give me joy, but in each employment, I tried to do my best, even though I did not know the direction I was going.

"You must pray to God for

guidance, and ask Him to reveal His plans for your life. Today, I am a pharmaceutical journalist, applying all the experiences acquired in my employment. You need God's guidance because if you miss it, you may not end up well."

Atueyi, who is well-known for his special interest in PANS activities, further admonished the students to prepare themselves for life ahead, work hard, develop good character, seek the opportunity to be of value to others, learn to serve others, trust and depend on God, carefully consider the decisions they make, do what they love to do, and be the original version of themselves, rather than imitating others.

Also speaking at the event, the Managing Director, Miraflash Pharmaceutical Limited, Pharm. Moses Oluwalade, called on pharmacy students to embrace challenges and welcome difficulties, adding that there is no profession without its challenges, but the ability to withstand them makes one a champion.

Speaking on the topic, "Patience, hard work, courage and perseverance, a work tool to achieve greatness in one's career", Oluwalade noted that while getting a good degree is a great starting point, what one does after graduation is what ultimately determines how far such a person will go in life. He added that anyone intending to be a successful pharmacist must not sheepishly go along with the multitude, as this may lead to getting lost in the crowd.

In their addresses, the duo of Pharm. Adetutu Afolabi, chief executive officer, Wellness HMO, and Pharm. Olaide Soetan of NHC Pharma, who were products of the faculty over 20 years ago, charged the students to carve a niche for themselves and be ready to stand out among the multitude, adding that what stands an individual out is the ability to be unique and to face obstacles.

According to Afolabi, who was a PANS president during her time, the school certificate is not the end, but a means to an end. She added that while the university degree is a passport to becoming great in life, the individual's approach to life will determine the eventual result.

Stressing the importance of getting a good mentor, Afolabi said: "I was initially discouraged about Pharmacy because of the testimonies from some of my senior colleagues, but fortunately for me, I was able to get proper mentoring from some specific people and that was what shaped my life."

Also speaking, Pharm. Adedipo Adetuyi, managing director, Oakleaf Pharma, who delivered the topic, "Merits and Demerits of a Marketing Career", tasked the students on innovation, saying it is the only way to break through, considering the level of competition that exists in the pharmaceutical space.

Meanwhile, in recognition of their contributions towards the development of Pharmacy education at the Olabisi Onabanjo University (OOU), Ogun State, Pharm. (Sir) Atueyi, and five others, including Pharm. Oluwalade; Pharm. (Mrs) Afolabi; Pharm. Adebakin; Pharm. Adetuyi, and Pharm. Soetan, were presented with the OOU PANS

continued on page 44

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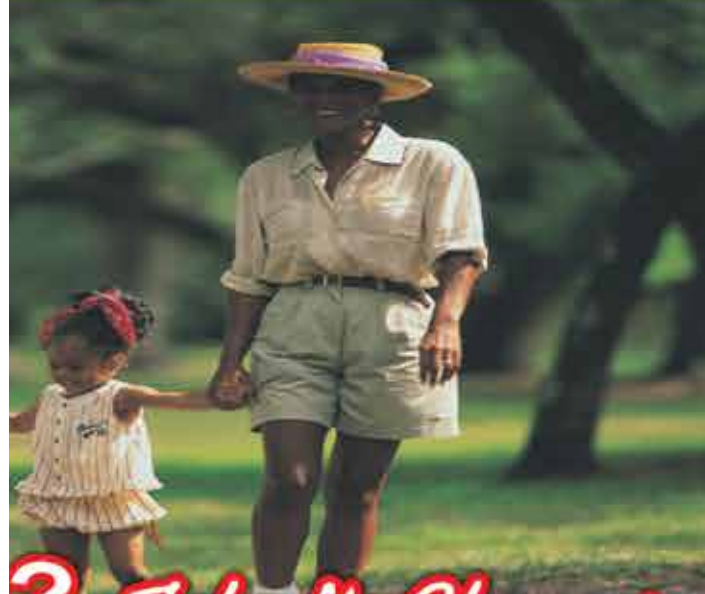
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Atueyi, Adebakin, others share success strategies with pharmacy students

continued from page 42



L-R: Pharm. Adedipo Adetuyi, managing director, Oakleaf Pharma; Mr Patrick Iwelunmor, editor, Pharmanews Limited; Prof. L.S. Kasim, dean, Faculty of Pharmacy, OOU, and Pharm. Moses Oluwalade, chief executive officer, Mirafish Pharma, at the PANS, OOU Pharmacy Week, held at the Main Auditorium, College of Health Sciences, Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State.

Awards of Excellence.

Other personalities at the event were Pharm. Adekunle Adenuga, chairman, PSN Ogun State; Pharm. Olumide Obube, vice-chairman, PSN, Ogun State; Prof. L. S. Kasim, dean, Faculty of Pharmacy, OOU; Dr Olatunde Olaitan, sub-dean; Dr Oluyemisi Bamiro, HOD, Pharmaceuticals; Dr Taiwo Adewole, chairman, Alumni Association; Chukwuemeka Victor Francis, national president, PANS, Ayo Olusegun Ade-Adekunle, president, PANS, OOU, among others.

Obituary



Pharm. (Mrs) Caroline Ogbe Urevbu FPSN, former ACPN National Chairman

Date of Birth: April 20, 1949

Date of Death: March 5, 2023

Burial: April 1, 2023 at Baptist Chapel, 1 Botswana Road, Barnawa, Kaduna State.



Prof. Nicholas Chinedu Obitte, former HOD, Department of Pharmaceutical Technology and Industrial Pharmacy, UNN

Date of Birth: 1968

Date of Death: 2023

Burial: April 22, 2023 at Eziana, Lokpaukwu, Umuonnechi LGA, Enugu State.



Pharm. Amoni Pepple, former Chief Pharmacist of Rivers State

Date of Birth: September 26, 1931

Date of Death: March 29, 2023



Pharm. Mohammed Nasir Yunusa, Ex-Chief of Staff to former Kogi State Governor

Date of Birth: January 19, 1963

Date of Death: March 26, 2023



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- Special Recognition Award

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- Dental Service Provider of the Year
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Email: nigeriahealthcareawards@gmail.com
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List of nominated individuals and organizations would be compiled by an independent group.

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Shalina Young Talents Award

Shalina Healthcare is a leading multinational Pharmaceutical company that specializes in the manufacture of quality medicines that are affordable and readily available.

Snippets from her recently held Grand Finale of the Shalina Young Talents Award Season 4, a national level competition for final year pharmacy students.



Mr Arun Raj – CCO West Africa Shalina Healthcare, Pharm Folorunso Alaran – Head of Corporate Marketing & Key Accounts, Pharm Sandeep Sahu – Head of Brand Marketing and Dr Kiran Prakash – Head of Demand Generation at Shalina Healthcare



Pharm Sandeep Sahu – Head of Brand Marketing, Mr Chiuba Nwaosu – Brand Manager and Pharm Gbenga Obaparusi – Brand Manager at Shalina Healthcare



Pharm (Dr) Oluwole Gabriel, Pharm Ojuoko Samuel and Pharm Bisi Okewole at the event.



Prof Aliyu Muhammed Musa – Dean of Pharmacy, ABU Zaria and Dr Ezekiel Oluigbenga Akinkunmi – National Chairman of the Nigeria Association of Pharmacists in Academia.



The SYTA Zonal Champions from various pharmacy schools competed at the Grand Finale event, Healthcare.



Mr Arun Raj – CCO West Africa Shalina Healthcare declaring the contest open.



Pharm Moses Awolola representing the Director of Pharmaceutical Services of the Lagos Ministry of Health and Pharm Ayo Akinsola – Training Manager, West Africa at Shalina Healthcare.



Prof Ikechukwu Vegil Onyishi – Dean of Pharmacy, UNN Nsukka and Pharm Emeka Adimoha – Head of Regulatory Affairs at Shalina Healthcare.



Pharm Moses Awolola, Pharm Modupe Bakare, Pharm Adeola Owoyele and Dr Modupe Oyawole at the event.



Pharm Bisi Okewole, Pharm Nafisat Akindele and Pharm Olubunmi Talabi at the event.



Pharm Adeyemi Tosin, Prof Aderonke Adepoju-Bello, Temitope Ogunsekan – 2nd Place Winner from Unilag, Pharm Funmi Fagboro and Pharm Moses Awolola.



Pharm Saheed Sofoluwe and Pharm Funmi Fagboro



Dr Emmanuel Attih – Dean of Pharmacy, University of Uyo, while Prof Aliyu looks on.



Pharm Folorunso Alaran, Ms Priscilla Akinsola, Pharm Olamide Soetan – CEO at NHC Pharmacy Ltd and Pharm Emeka Adimoha.



Pharm Gbenga Obaparusi and Pharm Theresa Okonji CEO at Chater Pharmacy Ltd.



Ms Victoria Okoh, a finalist from Zaria during her debate session.



Pharm Ogudu representing Lagos State ALPS Chairman.



Pharm Adeosun Olajide of the Pharmacy Department, LUTH.



Pharm Nafisat Akindele representing the Director of Pharmaceutical Services at the Lagos State Primary Healthcare Board.



Pharm Adeyemi Tosin representing the Lagos State PSN Chairman.



Pharm Ugbor Mary-Jane representing the PSN -YPG.



Prof Aliyu Muhammed Musa – Dean of Pharmacy, ABU Zaria, Prof Sunday Olakunle Idowu – Dean of Pharmacy, UI Ibadan, and Prof Aderonke Adepoju-Bello – Dean of Pharmacy Unilag.



Pharmacy students attended the event.



Dr Modupe Oyawole, Pharm Modupe Bakare, Ms Adebimpe Ebunoluwa – 3rd Place Winner from the UI, Ibadan and Pharm (Dr) Oluwole Gabriel.



Mr Chiuba Nwaosu, Pharm Sandeep Sahu, Mr Arun Raj, Damilola Peace Abiona – Grand Winner from UI, Ibadan, Dr Ezekiel Oluigbenga Akinkunmi, Prof Sunday Olakunle Idowu, Pharm Folorunso Alaran and Pharm Emeka Adimoha, Fagboro and Pharm Moses Awolola.



Back row: Dr Emmanuel Attih, Prof Ikoni Ogaji – Dean of Pharmacy Unilag, Prof Aderonke Adepoju-Bello, Pharm Abiodun Adekoya, Dr Ayodapo Jegede, Prof Ikechukwu Onyishi, Mr Arun Raj, Damilola Peace Abiona, Prof Aliyu Muhammed Musa, Dr Ezekiel Oluigbenga Akinkunmi, Prof Sunday Olakunle Idowu, Pharm Gbenga Obaparusi, Pharm Emeka Adimoha, Mrs Tolulope Niyi-Moses, Mrs Oluolade Akinlawon. Front Row: Pharm Folorunso Alaran, Chiuba Nwaosu, Sandeep Sahu, Dr Kiran Prakash and Pharm Ayo Akinsola.



Quality
Affordable
Availability

M.O. Paul at 75 seeks special FX window for pharma manufacturers

- Says herbal pharmacopoeia needed for herbal medicine integration

By Moses Dike and Peter Ogbonna

Eminent Pharmaceutical industrialist and managing director of Mopson Pharmaceutical Limited, Pharm. (Dr) Michael Oyeбанjo Paul, has advocated a review of the current foreign exchange (FX) policy to allow local industries, especially pharmaceutical manufacturers, have access to foreign exchange at an affordable rate.

Pharm. Paul, who recently marked his 75th birthday anniversary, made this appeal during an exclusive chat with **Pharmanews** at his company's head office, in Lagos.

He noted that the operating environment of local industries would be a lot more conducive if foreign exchange could be readily available to manufacturers and businesses at an affordable rate. This, he said, will not only lead to improved capacity but also reduction in production cost, as well as improvements in the quality, affordability and competitiveness of locally-made products.

The Mopson boss praised the efforts of Nigerian pharmaceutical manufacturers, whom he said have continue to produce top quality pharmaceutical products, some of which are dominating the West African market, despite the difficult operating environment.

He stressed that the industry indeed has the capacity to achieve more, if issues around the foreign exchange policy and others affecting the operating environment are adequately addressed.

Paul, who has been in the business of pharmaceutical production for over 50 years, also made a case for the integration of Nigerian herbal medicine into core pharmaceutical production, as done by countries like China and India.

As a member of the Federal Government delegation - under the Olusegun Obasanjo administration - that went to India and China to study and replicate their advancements in herbal medicine locally, he observed that the absence of a comprehensive herbal pharmacopoeia remains a major hindrance to this integration.

The respected pharmacist revealed that the committee came up with vital recommendations which are yet to be implemented. Below is the full text of the interview.

Permit us to begin by congratulating you on your 75th birthday. How do you feel at 75 and how have you been able to navigate the vicissitudes of life over the years?

Thank you. First, let me appreciate God for His grace upon my life. Let me also say that the first 15 to 20 years in the life of a 75-year-old man are not really part of his productive life because learning, tutelage and education are his major preoccupation.

After 20 years, you now begin to cope with life. You learn to be on your own. You understand life itself more deeply. So, in my life, Pharmacy has taken more of my life than any other thing. I started making things happen when I graduated at the age of 25. So, I can only talk about what has happened since I graduated, because Pharmacy is my reference point.

I thank God that when I started, there were very few people having manufacturing companies. A large number of people manufacturing were foreigners. We had May and Baker, we had Wellcome, and a few others. So, the facilities were not many, but we tried to take what we had to achieve what we needed. In those days, there were not even plastic bottles or the kind of packaging that we have now.

We had to go from one hospital to



Pharm. (Dr) Michael Oyeбанjo Paul

the other and be picking Winchester bottles, which were used to bring things into the country. We had to go around the hospitals picking plastic bottles and be washing them so that we could produce something for the local people. This was the situation.

Presently, when you look at Nigeria, we are making all types of plastic or glass bottles of any size or shape. Now you can even specialise or customise your own bottles or plastics. So packaging was the initial problem.

Now the second problem was the active components. All the actives were coming from abroad. To date, we still import our raw materials. Then the last one was treatment of the water we were using. You understood the BPC itself. It was even written, cooled and boiled here. That was what was in the BPC then. But now you have to produce harrow water in a special way to produce your products. And the environment has changed - where you have HVAC, instead of AC. Now things are improving.

We are moving close to ideal production that can guarantee the quality of our products and make them more exportable. Nigeria imports a lot of products. If Nigeria can fulfil all these conditions, as set out by NAFDAC, Nigeria will produce enough for the rest of Africa. So we are still coming up but we have not yet even met half of our local needs as a people in this country. People still import.

Over the years, many people have advocated integration of our herbal medicine into core pharmacy practice, as is being done in countries like India and China. Given your experience in this industry, why do you think we have had problems advancing in this area?

Well, when you look at it, there was a time the government led by Chief Olusegun Obasanjo tried to move in this direction. Obasanjo tried his best. I think among the government that ever came up in Nigeria, Obasanjo tried in this regard. He instituted a committee to study this. The

committee went to India and China to study their herbal system. Some progress was made. I was part of the committee. We went to India. We went to China. We went to some other countries.

Many of these countries have advanced so much, especially India and China. You know, in India, they have developed a compendium on their own and formed a pharmacopoeia for their herbal drugs. China even is more elaborate and one of the things you see in the Chinese model is the incorporation of acupuncture, where you can anaesthetise somebody for hours with a needle. It started in China. It is not a magic. It is something that you can repeat.

You can do acupuncture, even in this place, which means it is a science; it is not a myth.

Nigeria started it and the reports were given. We formed a database. A professor led the group to develop a database. Everything was done. The reports are still in the Ministry of Health, but nothing is being done about it.

But what is herbal medicine itself? Herbal medicine is medicine originating from the human beings that live in a community in a certain biological environment. They developed treatments for their local ailments.

Now, when you look at it, you will discover that all the herbs we have in Nigeria today have three sources. Number one is those that are inspirational. This is the scenario where you see somebody just going into the forest and is inspired to identify what plant can cure what. That is the origin of herbal drugs. It is inspirational. It is spiritual.

Thereafter, the second source or stage includes those that are inherited. The third source or stage involves those being developed and modernised. That is the stage we are now. So the first thing is inspiration, then followed by heritage, and now by development. But, till now, the development of herbal medicine in Nigeria is not impressive. So many pharmaceutical industries are gearing themselves towards orthodox medicine for curing health issues that have been identified by the orthodox system. So many industries are probably not interested in herbal medicine. They may become interested in the future but as at now they are not interested because there is lack of strong policy framework and support. So the few you see are those who are bold.

Dosage is another thing. You drink and take herbal medicine without specified dosage. It is only when scientists are involved that we can then say we can make it into tablets. Some have been made into tablets. But the most serious handicap of herbal medicine is the dosage. And it will take pharmacologists to

achieve and standardise this.

Who are pharmacologists? They are scientists and specialists who are very knowledgeable about the effect of drugs on living tissue. They look at the effect of the drug on the heart, on the skin, on the stomach and so on. These are the people who will investigate and then tell us this is the dose and this is the effect. As long as this has not been done, the orthodox machines cannot be made to produce them. Though some people are trying but the greatest problem is that the drug study has not been conclusive.

I hope I have been able to clarify why pharmaceutical companies are not going into its production yet. This is because there is no compendium, no pharmacopoeia. If Nigeria can produce pharmacopoeia of local herbs or a Nigerian Herbal Pharmacopoeia, then we can start to produce.

As a follow up to the last question, we are in a transition programme and a new government is coming in. As an experienced stakeholder, if you are to advise or draw up a policy on this, where do you think we can begin from, so as to be able attain the level where countries like India and China are?

There is a laboratory which the government set up one time for research only. I don't know what the situation of that laboratory is right now. Nevertheless, it is a good step in the right direction.

Everything we are doing is trade. The greatest problem Nigeria has is the unsteady dollar. You can start up something good and then the unsteady nature of our foreign exchange market will frustrate you. Getting the dollar at an affordable rate can be a serious challenge. I don't know why the government finds it difficult to stabilise the naira.

And one thing you will find out is that there are more people who are agents of the CBN who are selling more money than the CBN itself is selling to the industry. If the government can control that, naira should not be more than 360 naira to a dollar.

When you look at it, most of the increase in exchange rate is caused by agents. These agents are buying from the CBN while industries are buying from the black market. Why black market? In Nigeria, the difference between the black market and the government market is unimaginable. It has brought down the capitalisation of many industries.

So if the government can stabilise the dollar reasonably, then anybody - especially industries - can go to the bank and access foreign exchange. They can do it sectorally, especially food and drug.

What are some of the landmark achievements of Mopson Pharmaceuticals over the years that have affected the people positively, and what do you want to leave as a legacy to the younger generation?

What happened was that when we started, we were the first to produce chewable vitamins. If anybody wants to dispute it, let him come. We were the first to produce chewable vitamin C. We were the first to produce stable vitamin C syrup that is adjudged more stable than the Rosa. The Rosa was the most popular in the industry. But our vitamin C has been tested and found to be not less than 95 per cent stable in a ten-year stability study.

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continued on page 50

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How attaining 70 years has affected my priorities - Enebeli

Pharm (Chief) Paul Osogbe Enebeli is an eminent pharmacist, who has contributed immensely to the development of virtually every facet of Pharmacy in Nigeria. Enebeli, who turned 70, on 2 April this year, is a Fellow of many professional bodies, including the Pharmaceutical Society of Nigeria (PSN), where he was the chairman of the Society's Board of Fellows (PSN-BOF). Among many prominent roles and interventions in Nigerian pharmacy, Enebeli is noted to have moved the historic motion for the adoption of Clinical Pharmacy by universities offering Pharmacy in Nigeria. In this interview with MOSES DIKE, the septuagenarian recounts his early life and career path, his services to Pharmacy, as well as his experience in Nigerian politics. He also offers valuable advice to the younger generation of pharmacists on how to maximise their talents and trainings to affect humanity positively. Excerpts

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

My name is Paul Osogbe Enebeli. I am the last child of the late (HRM) John Enebeli Aka, the Okpala Uku of Afor in Ndokwa East LGA of Delta State. I was born in Kaduna, capital of the old Northern Region on 2 April, 1953. I attended St Joseph's Primary School, Kaduna and, later, St Gregory's Primary School, where I completed my primary education in 1965.

I was admitted into the prestigious Government College, Ughelli, in the old Midwest Region, for my secondary education, in 1966. As a result of the civil war, I had to move to Agbor to further my education at St. Columbus Secondary School, Agbor, from 1968 to 1970.

I subsequently got admitted into the Midwest Institute of Technology (now University of Benin), Benin City, in 1971, to pursue my tertiary education. I graduated in 1976 with a B.Pharm (Honours) degree in Pharmacy. My entire life has been influenced by my late father, my Catholic faith and by the strict discipline instilled in me during my early days at Government College, Ughelli.

I did my internship at the General Hospital, in Warri, and the Specialist Hospital, Benin City, from 1976 to 1977. My National Youth Service was at the General Hospital, Okene, in the old Kwara State. I started my professional career as a medical representative for Schering Africa Nig. Ltd., in 1978, rising to the position of product manager in 1980 and resigning to establish Elpha Pharma Ltd., in 1982.

Congratulations on your recent 70th birthday anniversary. How do you feel attaining this new age and how has it affected your perception of life and engagements?

My perception of life has really not changed. Attaining 70 has only reinforced the values that have brought me this far - contentment, humility, tolerance, honesty and love/service of God and humanity.

As for engagements, I have become more discreet with regard to where I go and what I do. I give preference to godly issues and issues that will give me peace of mind as well as add value to society.

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

I chose Pharmacy by accident. I was very good in the sciences and mathematics. My elder brother, who was then in the UK, wanted me to study Medicine, while my



Pharm. (Chief) Paul Osogbe Enebeli

other siblings wanted me to study Accountancy. However, after my Foundation year at the University of Benin, I was offered Pharmacy or Engineering. Accountancy was not offered at UNIBEN at that time.

If I was not a pharmacist, I would have loved to be an engineer, because of my proficiency in Mathematics.

Aside from the many other positions you have held in the service of Pharmacy, we know you rose to become the chairman of PSN Board of Fellows at some point. Generally speaking, tell us more about your participations in PSN activities and the roles you have played. Which of the roles did you find particularly interesting and why is this so?

I have played several pivotal roles in the PSN, in addition to my transformational role as chairman, Board of Fellows. I was vice chairman of the PSN, Lagos State Branch, under the able leadership of Fellow E.A Adeleke. Although I was vice chairman, Fellow Adeleke was accommodative of my very radical views on issues inimical to the progress of Pharmacy. I wish to use this medium to thank him for tolerating me and giving me so much room to express and execute these views.

We fought several battles on behalf of the PSN during our tenure. I remember vividly the famous rantings of the Commissioner for Health in the old Kwara State, who described the appointment of a pharmacist as Minister of Health as "a square peg in a round hole". As a

branch we took the commissioner to task and laid the issue to rest.

As chairman of an *ad hoc* committee of the PSN on the crisis in the National Association of General Practice Pharmacists (NAGPP) now known as ACPN (Association of Community Pharmacists of Nigeria) in 1999, my committee helped to resolve the leadership challenge faced by the association after its national conference in Ibadan.

Also, as sole administrator, Nigerian Association of Hospital Pharmacists (now Association of Hospital and Administrative Pharmacists of Nigeria, AHAPN), from 1988 to 1989, I singlehandedly revamped, reorganised and supervised the election of a new executive committee, which laid the foundation for the now buoyant and forward-looking AHAPN.

It is noteworthy that it was during my tour of duty as sole administrator that I came in contact with Lady Eme Ekaette. She was then manager, Medicals, NNPC, Lagos. I found her trustworthy and diligent. I subsequently nominated her to be national treasurer. The rest is history, as she went on to become the first female president of the PSN at a hotly contested election which took place at Airport Hotel, Lagos. The tenure of Fellow Eme Ekaette was without doubt a huge success.

It is noteworthy that it was during her tenure that I moved the motion in Council for the adoption of Clinical Pharmacy by universities offering Pharmacy in Nigeria. Today, Clinical Pharmacy has revolutionised the practice of Pharmacy in Nigeria,

expanding its roles and enhancing its dignity and relevance.

Over time, we have had calls for pharmacists to go into politics and aspire for important positions, so as to be able to influence policies to the benefit of the profession and healthcare generally. You are one of the few that have heeded this call. Tell us about your roles and experience in politics and how your training as a pharmacist has helped you to cope with the challenges.

The call for Pharmacists to go into politics is gratifying. Same should be said for other professionals. After all, the great Osagyefo, Kwame Nkrumah, the first President of independent Ghana, was quoted as saying, "Seek ye first the political Kingdom and everything will be added on to you."

The tragedy of Nigerian politics, however, is that a large number of our politicians have had little or no leadership experience; they have no other business or profession and so see politics as a "do-or-die affair" or as a zero-sum game. For most of them too, it is the Machiavellian principle of "end justifies the means".

Many have attributed this development to the hangover of the military intervention in Nigeria politics over the years, while others have posited that the juicy nature of politics in Nigeria is the cause. Whatever the reasons it must be emphasised that the political evolution of every country is unique and that no two polities are the same. It keeps evolving with twists and turns; sometimes salutary, others progressive, and in few cases, tragic. As it's commonly said, the beat goes on and on.

For pharmacists to perform well in politics, we must purge ourselves of what I call the "titre mentality" - that is the desire of wanting to always say things the way they are. We are trained to be exact always, courtesy of Pharmaceutical Chemistry, Pharmaceutics, Pharmacology and all the "pharmas". We are consequently wired to always say the truth, not compromising, and may be lacking in diplomacy. Our situation is further compounded by our society's motto "As men of honour we join hands." Over the years, I have come to realise that it appears to be that there's little or no honour in politicians the world over. Similarly, I am yet to see a living saint.

From the foregoing, you can see why most pharmacists are unable to survive the murky waters of politics in Nigeria. Yes, once in a while, you see a "nerve action potential" but it is usually too feeble to produce subliminal response for a sustainable pharmacological (political) impact.

What are your thoughts about pharmacy practice in Nigeria and what areas of pharmacy education and practice do you think require urgent review or intervention?

Pharmacy practice has evolved over the years. It has gained sufficient traction and recognition with its practitioners visible in virtually every sector of the socio-political and economic spheres of the country. Our roles have expanded geometrically, especially with the introduction of Clinical Pharmacy, which I had the singular honour to move the motion for its introduction in Council.

continued on page 56

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PANS-UNILAG conducts medical outreach, offers free drugs



Across-section of UNILAG PANS executives at the outreach

As a means of giving back to the society, the Pharmaceutical Association of Nigeria Students (PANS), University of Lagos (UNILAG) Chapter, recently held an extensive medical outreach for over 300 residents of Shogunro Community, in Lagos State.

The event, which was held at Isale Ajoke Waterfront, Iwaya, Lagos, featured health talks and free screening, as well as distribution of free drugs to the participants, based on the results of their screening.

PANS-UNILAG President, Opeyemi Salami, remarked that one of the major goals of their annual Health Week is to bring medical assistance to people at the grassroots.

He said: "Healthcare, especially with regards to chronic diseases, is a fundamental right of every human being. But not everyone has access

to the necessary medical services, tests and treatments. Our goal here is to reach the most vulnerable people and make healthcare accessible to them.

"With this in mind, we came here to check their blood pressure (BP), HIV status, body mass index (BMI), blood sugar, and to also educate them on the way they take drugs."

Salami added that promoting good health goes beyond treatments and drugs but also taking preventive measures.

Reacting to the health outreach, the Operations Manager for Live Well Initiative, Miss Tosin Adeosun, commended the PANS-UNILAG leadership for the initiative, stressing that other health stakeholders need to emulate them.

According to her, the outreach would go a long way to help residents of the community to know their health

M.O. Paul at 75 seeks special FX window for pharma manufacturers

continued from page 46

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At 75, what lessons do you think you can pass on to the younger generation, especially as it has to do with management of talent, as well as management of the body and mind, so that they can be healthy in old age?

I am very grateful to God for

the privilege to attain this age. My message to the younger one is to be disciplined, focused and ambitious. If you have a focus, no matter how old you are, your focus drives you. You must be focused. I started at about the age of 25 and this means that I have been in pharmaceutical production for about 50 years. I graduated in 1973 and this is 2023.

Your ambition continues to drive you and your ambition continues to keep you on. If you are ambitious, you will set goals for yourself and you want to attain them. A man without ambition has no goal. You have to keep your head straight and remain focused to be able to achieve your goal.

If you are a producer, you are a giver. As a producer, you see what others are doing and that propels you to do more. In fact, at some point you are not doing it for your generation alone but for generations to come.

status.

"We've been working with this community for over five years now, and we've been offering a lot of medical outreaches. Partnering with PANS-UNILAG will enable them have access to the people for healthcare," she said.

Adeosun assured that the Live Well Initiative would continue to support all programmes and activities geared towards improving the quality of lives and health outcomes of all residents of Shogunro Community and beyond.

In his address, the Head of the

PANS-UNILAG Blood Pressure Check Committee commented that many residents of the community had been mainly focused on getting their daily bread, without much consideration for their health status. This, he said, made the medical outreach necessary, as it would significantly improve the people's lives.

Some of the basic over the counter drugs given for free at the event were Paracetamol Syrup, Mirapain, Panzole-200, Loxagyl, Artelum Combo, Ibuprofen, Malact, Orphesic, and many more.

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Leadership: Yesterday, today and the future (2)

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

What makes leaders stand out?

Leadership is a critical ingredient in any successful organisation or endeavour. While there are many different types of leaders, and no single formula for effective leadership, certain qualities and behaviours tend to make leaders stand out. Let us explore critical characteristics that help leaders set themselves apart from the pack.

One of the essential qualities of a standout leader is a **clear and compelling vision**. A leader articulating a clear, inspiring, and achievable vision can inspire followers to believe in a shared purpose and work towards a common goal.

An idea should be specific enough to provide direction and flexible enough to allow for adaptation as circumstances change. A leader with a strong vision can motivate and guide their team through challenging times and help them stay focused on what matters.

Another quality that sets leaders apart is the ability to **communicate effectively**. This includes speaking clearly and persuasively and listening attentively and empathetically.

Good communicators can build trust and rapport with their followers and create an environment where people feel comfortable sharing their ideas and concerns. Effective communication also involves tailoring your message to different audiences, including your team, customers, or stakeholders.

A standout leader is also someone who **leads by example**. This means setting the tone for the rest of the team by modelling the behaviours and attitudes you expect from them. You must embody those qualities, if you wish your team to work hard, be accountable, and take responsibility for their actions. This also means being willing to roll up your sleeves and work alongside your team when necessary, rather than simply delegating tasks.

Another quality that sets leaders apart is **building and maintaining solid relationships**. This involves fostering positive relationships with your team and other stakeholders, such as customers, suppliers, and investors.

Leaders skilled at building relationships can create a network of allies and supporters to help them achieve their goals. This requires understanding and empathising with different perspectives, being responsive to the needs of others, and being willing to compromise when necessary.

Finally, a standout leader is **willing to take risks and make bold decisions**. This does not mean being reckless or impulsive but being ready to take calculated risks and make tough decisions when the situation demands it. This requires having a certain degree of courage, confidence in your judgment, and a willingness to learn from your mistakes.

In essence, while there are many different types of leaders, those who stand out tend to possess qualities that include a clear vision, effective communication, leading by example, relationship building, and a willingness to take risks. These qualities can help leaders inspire and motivate their teams, build strong partnerships, and navigate

challenging times. While there is no one-size-fits-all formula for effective leadership, those exhibiting these traits will likely stand out and make a lasting impact.

Importance of clear and compelling vision for Leadership

A clear and compelling vision is an essential component of effective leadership. A picture is a statement of what an organisation aspires to be or to achieve in the future. It is a guiding star that helps leaders and their teams to stay focused on the right direction, make strategic decisions, and inspire action. Let us explore the importance of a clear and compelling vision in leadership.

First and foremost, a clear and compelling vision **provides direction and purpose**. It helps leaders articulate a shared understanding of what the organisation strives to achieve and why it matters. By setting a clear destination, leaders can create a sense of purpose and alignment among their teams, inspiring them to work together towards a common goal.

Second, a clear and compelling vision **enables leaders to make strategic decisions**. With a clear understanding of where the organisation is heading, leaders can make informed decisions about the path forward, prioritising initiatives and allocating resources to align with the vision. This enables leaders to steer the organisation towards the desired outcome while avoiding distractions and missteps.

Third, a clear and compelling vision **inspires action**. People with a sense of purpose and direction are more motivated to take action and achieve their goals. By communicating a compelling vision, leaders can inspire their teams to take ownership of the organisation's mission and work towards realising it. This can create a culture of passion, commitment, and innovation, enabling the organisation to achieve its goals more effectively.

Fourth, a clear and compelling vision can **attract and retain talent**. When people share a sense of purpose and direction, they are likelier to feel a sense of belonging and engagement. By communicating a clear and compelling vision, leaders can create a sense of community and engagement, attracting and retaining the best talent to help drive the organisation towards success.

Essentially, the importance of a clear and compelling vision to leadership must be considered. By providing direction and purpose, enabling strategic decisions, inspiring action, and attracting and retaining talent, a clear and compelling vision is an essential component of effective leadership.

Leaders who articulate a clear and convincing vision for their organisation can create a shared understanding of the mission and inspire their teams to work towards a common goal, driving success and creating a brighter future for all.

Importance of effective communication to leadership

Effective communication is a cornerstone of successful leadership. The glue binds together the various elements of leadership, including vision, strategy, execution, and feedback. Effective communication allows leaders to build relationships, inspire action, and drive results. Let us explore the importance of effective leadership communication.

First, effective communication is essential for building relationships. Leaders must be able to connect with their teams, stakeholders, and partners, building trust and rapport. Leaders can establish a sense of shared understanding, empathy, and respect by communicating effectively. They can also make sense of community, fostering a culture of collaboration and inclusivity.

Second, effective communication is critical for inspiring action. Leaders

must communicate a clear vision, goals, and strategies that motivate their teams and stakeholders to take action. Leaders can inspire commitment and drive results by speaking in a way that resonates with their audience. Effective communication enables leaders to engage and influence others, creating a shared sense of purpose and a willingness to take action.

Third, effective communication is essential for driving results. Leaders must be able to communicate expectations, provide feedback, and hold people accountable for their performance. By communicating effectively, leaders can create a culture of accountability and continuous improvement. They can also create a feedback loop that enables them to make adjustments and course-correct as needed, driving success over time.

Fourth, effective communication is critical for navigating challenges and crises. Leaders must communicate effectively with their teams, stakeholders, and the public when unexpected events occur. By communicating with transparency, empathy, and clarity, leaders can instil confidence, minimise fear and anxiety, and chart a path forward.

In conclusion, the importance of effective leadership communication must be considered. Effective communication is essential for building relationships, inspiring action, driving results, and navigating challenges. Leaders who can communicate effectively can build trust, establish a shared sense of purpose, and drive results. By mastering the art of effective communication, leaders can transform their organisations and communities, creating a brighter future for all.



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Chinedum Babalola: First Nigerian lady pharmacist to emerge vice-chancellor

By Temitope Obayendo

The annals of Nigerian academia are short of female vice-chancellors, except for the few exceptional women who have distinguished themselves against all odds to attain the topmost position. There was the popular Prof. Grace Alele-Williams of University of Benin (UNIBEN), who emerged the first female vice-chancellor of a Nigerian university, in 1985. There was Prof. Lillian Salami, also of UNIBEN. There was Prof. Florence Obi, of University of Calabar (UNICAL). There was Prof. Nnenna Oti, of Federal University of Technology, Owerri (FUTO). There was Prof. Ibiyemi Bello, of Lagos State University (LASU). There is Prof. Folasade Ogunsola, of University of Lagos (UNILAG). And, most notably, there is Prof. Chinedum Peace Babalola, of Christland University, Abeokuta, Ogun State - the first lady pharmacist to attain such an enviable record.

Babalola's case is particularly remarkable because she has also blazed many other trails on her career path - such that she is known as "the woman of many firsts". Having become a registered pharmacist in 1984, she was one of the first few women to become a professor of pharmacy in Nigeria. Indeed, she was the first female professor of pharmacy at the University of Ibadan. She was the first female dean of the Faculty of Pharmacy, University of Ibadan. She was the first female director of studies for the University of Ibadan. She was the first female pharmacist inducted as Fellow, Nigerian Academy of Science - the highest scientific award in Nigeria. She was also the first female Nigerian inducted as Fellow, African Academy of Sciences.

Motivation to study Pharmacy

Born into the family of Sir (Dr) Isaac Ebere and the late Lady Adeline Anyabuike, who hailed from Imo State, Prof. Babalola got the basic push for a science-oriented path from her parents. Asked why she chose Pharmacy, in particular, she reminisced: "My parents believed in education. My mum was a disciplinarian to the core. She gave me a strong mathematics foundation that I needed for science, while I was in secondary school. I became a science student and then fell in love with Pharmacy."

She continued: "I obtained a Bachelor of Pharmacy from Obafemi Awolowo University, Ile-Ife, in 1983. I later obtained a master's in Pharmaceutical Chemistry in 1987 and a doctorate in Pharmaceutical Chemistry in 1997 at the same institution. I embarked on a postdoctoral fellowship at the University of British Columbia, Vancouver, Canada, in 1995."

In 2012, Babalola completed her postgraduate diploma in Advanced Industrial Pharmacy Training (IPAT), jointly from Kilimanjaro School of Pharmacy, Tanzania; and Purdue University, USA.

Milestone achievements in academia, healthcare

Prof. Babalola began her lecturing and research career as a junior trainee Fellow, at the Department of Pharmaceutical Chemistry, OAU, in 1985. She joined the University of Ibadan in 1998, as a senior lecturer, a year after she received her PhD from OAU.

In 2003, Babalola became an associate professor, after which

she was promoted to full professor in 2006. She served as the head of department of Pharmaceutical Chemistry and director of General Studies Programme, where she introduced a new course module - Drugs and Mankind - for all the undergraduate students of Pharmacy.

In 2015, UCH Ibadan appointed Babalola as a specialist/consultant, making her the first pharmacist to be so appointed by any tertiary hospital in Nigeria alongside being an adjunct professor at the College of Medicine, UI. Serving two terms as the seventh dean of Faculty of Pharmacy between 2013 and 2017, Babalola achieved two main agendas, among others. These were the undergraduate curriculum review and the building of a sophisticated laboratory complex for the Faculty.

Babalola's research interest focuses majorly on pharmacokinetics/pharmacodynamics, pharmaceutical analysis, pharmacogenetics and bioethics as tools for studying drug disposition in Nigerians, in order to guide therapeutic optimisation in Africans. Her research has revealed significant drug-drug interactions between antimalarials and antibiotics, with significant reduction in antibiotic levels, which calls for dose adjustment. She and co-authors reported the first pharmacogenetic study in Nigerians (healthy and sickle cell patients). She co-conducted one of the largest pharmacogenetic/pharmacovigilance studies on sulpha drugs in over 1,000 healthy and HIV/AIDS infected Nigerians.

Concerning her most remarkable contribution to healthcare in Africa and as the woman leading pharmacogenetics in Nigeria, Babalola said, "As a principal investigator, we won a MacArthur Foundation US\$1 million grant to set up a Centre of Excellence - Centre for Drug Discovery Development and Production (CDDDP) in 2012. CDDDP was set up to empower Africans to make and regulate their medicines. The centre has built capacity in Nigeria and has up to six new pharmaceutical products

awaiting approval.

"The main thing we have done is to bridge the gap between academic institutions, medicine, and drug development. Today, we have three anti-COVID products."

During her tenure in UI, not only did she introduce a course component, but she was known as an agent of change. Her innovative acumen propelled her to introduce a number of initiatives, including the malpractice-free processing of examination, which the school adopted as post-UTME screening process till date.

Medals of recognition for impactful leadership

In attestation to her meritorious contributions to healthcare and academia leadership, Babalola has bagged over 25 fellowships, awards, and grants across the globe. In 2016, she was selected as one of 10 most influential female scientists in Nigeria. She was also selected as the only African member, Strategy Working Group (SWG), joint Committee of International Council for Science (ICSU) and International Social Science Council (ISSC) in France.

In 2018, she emerged winner of the May & Baker Professional Service Award in Pharmacy. In 2019, as she won the prestigious African Union Kwame Nkrumah Regional Awards for Scientific Excellence Programme. She has also bagged several grants, including the German Academic Exchange Service, as well as the World Bank and MacArthur Grant.

Since she became a professor, she has supervised hundreds of undergraduate students and over 50 postgraduate students (PGD, MSC, M. Phil & PhD). She has published over 120 scholarly articles in reputable academic journals as well as books, book chapters, conference abstracts and monographs.

Message to aspiring professional women

How attaining 70 years has affected my priorities - Enebeli

continued from page 48

I will however caution that we should not lose sight of our major strength within the healthcare team, which is medicines production from raw materials to finished products. This will, apart from enhancing the status of pharmacists, help to improve the economic power of pharmacists, with all the advantages therein.

Furthermore, medicines security is becoming a major concern all over the world, especially after the advent of COVID-19. I will suggest that each university offering Pharmacy should be made to specialise in one or more dosage forms - almost like centres of excellence for the production of creams and ointments, liquid and syrups, injectables and vaccines etc. Government can be approached to fund this initiative and save our country from importing almost all its drug needs.

There's also an urgent need for certification in special areas of Pharmacy by the PCN, so as

to enhance professionalism and proficiency.

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

I enjoy travelling by road or by rail. Travelling by road from Asaba to Lagos used to be a sort of excursion for my wife and me. However, since I was kidnapped on my way to Benin City about four years ago, I have developed a phobia for road travels. When I am out of the country I enjoy travelling by rail.

I eat twice a day, starting with a cup or two of tea after an early morning exercise. I endeavour to take a minimum of an hour walk equivalent to about 6,000 steps a day.

I take my next and last meal of the day at about 5pm. I also enjoy listening to good music - soul, rhythm and blues, reggae, afro music. I take time within the day to watch television with politics, football, athletics and tennis from my favourite channels. I

also host a number of meetings and receive visitors from far and near in my residence at Asaba.

I participate in church activities as a Council member and patron of some organisations. I sleep well and do my health checks regularly.

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

I will advise the younger generation to strive to excel in any field of Pharmacy they find themselves. They should be willing to serve God and humanity in any place where they domicile, either by joining any of the many non-governmental organisations (NGOs) or establish one themselves.

Finally, young pharmacists must seize any opportunity for self-enhancement in the field of Pharmacy so that they can remain contemporary and relevant.



Prof. Chinedum Peace Babalola

An accomplished Babalola, who is happily married to Venerable Collins Olufemi Babalola, of Ibadan Anglican Diocese, urges young lady pharmacists and other professional women, aspiring to reach the zenith of their career, to be undaunted and persevering in the face of challenges. According to her, only women with a resolute mindset and determination can break through the barriers to get to the top.

She also emphasised the place of a supportive spouse for a promising professional woman, saying there is no substitute for this, if she would excel in her chosen field. She said: "I have been mentoring several female professionals. I encourage them to persevere in the face of adversity to succeed. If you intend to marry, take your time and choose a man who will support you. If I did not have a supportive husband, I would not be able to achieve these things."

"I encourage young women to collaborate with those better than themselves in research to learn from them how to apply for grants. Go ahead and apply for grants. Don't give up, if you fail. With determination and God on your side, you will make it."

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Provide policies, infrastructure to boost pharma industry, experts charge FG

By Temitope Obayendo

Without favourable government policies and the enabling environment for local drug manufacturers, achieving medicines security in the country will remain a mirage, experts in the pharmaceutical industry have said.

Speaking at the recent fifth anniversary celebration of St. Racheal's Pharma and launch of its brand of Azithromycin in Lagos, the thought leaders lamented that despite having a large pharmaceutical subsector that boasts over 100 manufacturing companies, Nigeria still depends on importation for 70 per cent of its drug needs. This, according to them, has continued to expose the country to various fake and substandard medicines.

Also at the event, which had the theme, "Manufacturing renaissance: A must for prosperity in Nigeria", the public and private sector professionals described the state of local manufacturing in the country as appalling, as manufacturers continue to grapple with myriads of challenges.

Some of these challenges, according to them, include poor power and water supply, huge interest rates, harsh regulations, lack of infrastructures, extortion of pharma companies by government agencies, as well as multiple taxations.

They added that except government urgently intervenes to address the issues, there may not be much improvement in local drug production in the nearest future.

While berating the whopping N800 billion spent on the importation of malaria drugs, antibiotics and vaccines annually, the experts noted that aside from the needless spending, the gross dependence also put the country's over 200 million population at the mercy of any disease outbreak.

The keynote speaker, Pharm. Patrick Ajah, managing director/ chief executive officer of May & Baker Nigeria, further highlighted the challenges of local manufacturing in the country, by citing his company as an example. He disclosed that May & Baker spends over 250 million monthly on power generation alone, aside from other mandatory expenses. He wondered how manufacturers can make profits in such a situation, without fixing exorbitant prices on their drugs.

"About 80 to 90 per cent of APIs are imported, and these are things



Pharm. Akinjide Adeosun, chairman St. Racheal's Pharma (4th from left); Prof. Placid Njoku, deputy governor, Imo State (4th from right); Pharm. (Mrs) Olubamiwo Adeosun, secretary to the State Government (SSG), Oyo State, (3rd from right); with other speakers at the event, cutting the 5th Anniversary Cake of St. Racheal's Pharma, recently.

we shouldn't really be doing. But if you were to compare with India, there are about 3000 registered pharma companies in India and over 10,500 manufacturing sites. In fact, if you visit some of the companies where some of us are buying things from, you will be ashamed for this country, because there are at least four Nigerian pharma companies with WHO prequalification, which places them in a higher position than some foreign pharma companies; but they lack the conducive environment to thrive.

"Policy sometimes is what is going to drive this manufacturing renaissance. The five plus five of NAFDAC is one of those policies, and I think it is going to encourage most pharma companies. The government also has a cardinal policy to take care of about 70 per cent of the drug needs. If they can make good on that, it is going to encourage many other companies to flourish," he stated.

Ajah also harped on the need for Nigeria to actively participate in the global economy, especially as the country has signed the Africa Continental Free Trade Agreement (AfCFTA). He noted that a vibrant local pharma manufacturing will

help the vulnerable population gain access to quality medicines at affordable rates.

The May & Baker boss further charged government to channel the huge funds spent on importation of vaccines annually into the development of a local vaccine production facility, saying this will go a long way in improving the nation's pharmaceutical sector.

"The money we spend on the vaccines we import every year is enough to build the state-of-the-art manufacturing facility. So why are we not doing it?" he queried.

Also speaking at the event, the Deputy Governor of Imo State, Prof. Placid Njoku, acknowledged the rich natural resources of Nigeria, noting that, while the nation has a fertile environment for drug manufacturing, it must seek to surmount the challenges making the goal difficult to achieve. He also called for backward integration of medicinal plants to boost the drug needs of Nigerians.

According to Njoku, "We cannot continue to afford being dependent on other countries for our pharmaceutical needs. There is a need for Nigeria to start

something internally. Nigeria has a fertile environment for drug manufacturing."

On his part, frontline pharmacist and former gubernatorial candidate of the Peoples' Democratic Party (PDP), Pharm. Jimi Agbaje, noted that government must ensure the provision of favourable policies and facilities, not only for pharmaceutical sector but also for the other sectors of the economy to thrive and prosper.

He recalled his foray into micro-scale manufacturing of cough syrups over four decades ago, said that the harsh regulatory policies of NAFDAC would eventually push him out of Lagos to secure a large facility in Ogun State before he could continue in business.

Agbaje, who regretted ever venturing into the business, narrated how prolonged power outage for over a year eventually crippled the manufacturing outfit, as he lacked funds to continuously power the manufacturing plant with diesel.

He concurred that it is very difficult for manufacturers of any products in Nigeria to make profit, identifying poor electricity supply as one of the huge problems.

Nigerian, Canadian scientists partner to end Mpox

continued from back page

health system contexts. These are Mpox transmission, Mpox treatment, and Mpox vaccines.

The Co-Principal Investigator of the study in Nigeria, Prof. Rosemary Audu, who is the director of research and head of Microbiology Department at NIMR, said the paradigm shift in the epidemiological pattern of Mpox, from the initial sporadic reports from endemic countries, including Nigeria, to the sudden surge in non-endemic regions, such as Canada, calls for more scientific studies on the absent, unclear and misconstrued aspects of the disease.

"This grant will provide the necessary support for enhanced diagnosis and surveillance, using a collaborative approach for collection and cascading of responses in both countries to help mitigate the impact of this emerging and re-emerging disease globally", she asserted.

While there is no drug that has been directly tested and shown to be effective against Mpox in humans, Audu said by using the same design and measuring the same outcomes as similar trials in both Canada and



Director General, Nigerian Institute of Medical Research (NIMR) Prof. Babatunde Salako (3rd from right); Prof. Rosemary Audu, co-principal investigator, CAMP project, and other researchers, at the launch of the CAMP project recently

Nigeria, this trial will contribute to global data on the efficacy of tecovirimat (TPOXX).

Prof. Audu further stated that the CAMP project brings a team of multidisciplinary researchers in a consortium of five institutions, which include NIMR, Institute of Human Virology Nigeria (IHVN), University of Ilorin (UNILORIN), Slum and Rural

Health Initiative Network (SRHIN) and Maryland Global Initiatives Corporation (MGIC), in collaboration with other national partners.

The international research, according to her, will have three sub-projects and will utilise mentor-mentee model, which will give room for capacity building of Nigerian

researchers by the Canadian team.

"In the first sub-project, the Mpox Prospective Observational Cohort Study, CAMP researchers are working to understand transmission from multiple angles. These will include looking at how the virus is spread between humans, including those who are asymptomatic or pre-symptomatic, between humans and animals, and from contaminated surfaces.

"For the second sub-project, the team is conducting a randomised controlled trial to assess the safety and effectiveness of the smallpox drug tecovirimat as a treatment for Mpox

"The last sub-project focuses on evaluating the role of the Imvamune vaccine to prevent Mpox infection in humans. The team is using observational data to determine the vaccine's safety and effectiveness, including how the effectiveness changes based on the number and timing of doses, amount of time since vaccination and patient subgroup", she stated.

Similar to the lack of human efficacy data on Mpox treatments, she asserted that there is also a need for high quality data on the safety and effectiveness of the smallpox

continued on page 60

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Pharma leaders canvass collaboration, contract manufacturing for industry growth

continued from back page

pharmaceutical companies to get to maximise their capacity and outputs.

He explained contract manufacturing as a situation in which a company enters into an agreement with another to produce certain product components or a complete product(s) over a specific time frame.

"It is a business agreement where one company pays another to provide the necessary components to assemble finished goods, or even manufacture the product in its entirety," he said.

Speaking further, Ayebae, who is also chairman, Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMG-MAN), noted that setting up a manufacturing plant is capital intensive, involving nothing less than five million dollars.

He therefore stressed that rather than looking for such a huge amount to build factory, a company can start with contract manufacturing and invest some of the start-up in building its brand, instead.

Ayebae also berated calls for contract manufacturing legislation, saying that is unnecessary for something so "simple".

According to him, "Contract manufacturing has been in existence in Nigeria for over 50 years. It is a simple contract between two willing people; nobody can force anybody into it. I have heard people talking about legislating on it, whereas, it is a simple thing. We don't need to legislate on it, but it is the way to go for the industry to grow. Let's start from there and the earlier we begin the journey, the better for the industry and the country as a whole."

The Fidson chairman equally explained that there are two types of contract manufacturing – namely, the "100 per cent contract", in which the manufacturing plant owner carries out all the procurements and processes for the manufacturing of the product; and the "toll manufacturing", in which the product owner provides all the input, including the active pharmaceutical Ingredients (API), while the manufacturing plant owner uses the supplied input to manufacture the product.

"The product owner in this second case pays the factory owner what is known as toll price/fee," Ayebae said, adding that it is the more advisable option, as it allows the product owner to monitor the production process.

Speaking in his capacity, as chairman of PG-MAN, Ayebae said, "We recognise the need to help those who want to manufacture their



Discussants during panel discussion at the NAIP 2023 Economic Outlook and CEOs Forum in Lagos on Wednesday April 5, 2023.

products. It will not be free but at a reasonable price; we will collect toll price."

He added: "Capacity to produce what we consume is what will transform our country. Nation-building is about delaying gratification. As a pharma company, when you start making money, don't start buying big cars. Instead, invest the money first and then the gratification will come later."

Urging stakeholders not to belabour contract manufacturing beyond necessary, Ayebae said it remains the easiest route to the top for pharmaceutical companies, noting that it was one of the strategies that helped Fidson at inception. He assured that, with as little as N1 million, a product owner can start contract manufacturing.

The lead discussant at the plenary session, Pharm. Ade Popoola, highlighted some of the challenges facing contract manufacturing in the country, saying enforcement of contract term is almost non-existent, adding that conflict of interest usually comes up between the contractor who owns the factory and the product owner.

Popoola, who is the managing director of Reals Pharmaceutical Limited, with over 20 years of contract manufacturing experience, said, "Sometimes, you are at the mercy of the contractor. There is also capacity problem when the factory owner begins to have many customers. There is constant price review. There is also the challenge of raw materials as well as logistics problems."

While admitting that contract manufacturing is evolving in Nigeria and has not attained full maturity, Ayebae however maintained that every challenge facing contract

manufacturing in Nigeria is surmountable, once each party involved keeps to the contract term and abide by it.

According to him, "Some people are going into contract manufacturing because they want to make money, without knowing that there are responsibilities to fulfil."

"Conflict of interest usually occurs as a result of the greediness of the factory owner. This is why anyone going into contract manufacturing needs to carry out findings before choosing a partner. Examine the pedigree of the person you are dealing with. Endeavour to have detailed information about the factory owner before signing any contract."

In his remarks at the session, the Chairman, Board of Trustees of NAIP, Prof. Lere Baale, stressed that the most important thing that the Nigeria pharmaceutical industry needs now is collaboration. He charged local companies manufacturing overseas to start patronising local manufacturers, saying that is the only way the sector can grow.

"Cost of production will reduce through contract manufacturing, compared to when you travel abroad to manufacture. There is need for more collaboration. It is what the industry needs now. Product owners should patronise local manufacturers. Collaboration is what will enhance the growth of the industry."

"The manufacturers in Nigeria should also begin to look beyond Nigeria to other African countries. I believe the future is bright for the pharmaceutical industry in Nigeria and the entire African continent," Baale said.

In her presentation, titled,

"Collaboration and engagement of laboratory, investigative and complementary services as a model for growth", the Managing Director/CEO, Katchey Laboratory, Mrs Kate Isa urged stakeholders in the pharma industry to stop waiting for the government before taking necessary actions towards the advancement of the industry. Noting that one of such actions is going into collaborations, she stated that such arrangements will take the industry to greater heights.

Also speaking, the Executive Director, Emzor Pharmaceutical Industries Limited, Pharm. Uzoma Ezeoke emphasised the importance of contract manufacturing, noting that it is the surest route to developing the Nigerian pharmaceutical industry. She however advised those going into contract manufacturing to choose their partners wisely.

In his address at the event, Chairman of NAIP, Pharm. Ken Onuegbu, stated that the association's intention is to reverse the narrative of the Nigerian pharma industry from 70 per cent importation and mere 30 per cent local production to 65-70 per cent local production and 35-30 per cent importation.

In Onuegbu's words, "We intend to shift the paradigm, and the only way we can do that is to encourage local production of essential pharmaceutical products, either directly or through contract manufacturing, and to also do something about the production of active pharmaceutical ingredients (APIs). The good thing is that we are getting there. The more we talk about it, the more we draw attention to it and the more we get close to the target."

The NAIP chairman added that, with the state of things in the forex market in the last three years, it is much more advisable to manufacture through contract manufacturing in Nigeria now.

He said, "I must be frank on this issue. Based on our experience in the country in the past two or three years, and with the madness in forex market, if you get a good manufacturer with good quality, it is better to manufacture locally than to import. This is so because before you can import, you have to go through a lot of encumbrances - sourcing for forex and many other processes; but with local contract manufacturing, you are not going through any processes and encumbrances."

"All you need to do is to get a good manufacturer with good quality record and then manufacture your product locally. But, of course, I must also say that there are some products that require higher capacity that cannot be handled locally. Those ones have to be manufactured from abroad."

Onuegbu also noted that most of the challenges facing local contract manufacturing in Nigeria can be amicably resolved.

According to him, "Life is full of challenges and as a serious minded person, you can't run away from challenges; you must confront them squarely. What we need to do is to identify the challenges facing contract manufacturing in the country and provide solutions to them."

"There is no challenge without a solution. Some of the challenges have been identified already. What we need to do now is to sit down as stakeholders and look at the challenges, discuss them and find solutions. This is why engagement and collaboration are the key things. I believe it is doable."

Nigerian, Canadian scientists partner to end Mpox

continued from page 58

vaccine Imvamune that is currently being offered to individuals at high-risk to protect against Mpox.

In kick-starting the multidisciplinary research, the management of NIMR organised a stakeholders meeting to intimate members of the public on the rationale for the investigation, as well as to create an avenue for sharing of ideas and concerns that can be addressed through the project's objectives.

Speaking at the event, the Director General, NIMR, Professor Babatunde Salako, said the meeting was necessary because, from previous experience, saying after completing a research, more often than none, people find it difficult to accept the results or interventions

from the project.

He added that NIMR therefore resolved to bring stakeholders on board from the onset of the research, so that they can easily accept and use the resultant intervention.

Salako further disclosed that the investigation brings together 68 researchers, with multidisciplinary expertise from Canada, Nigeria, the US and the UK, adding that it is co-led by Prof. Audu, and Dr Darrell Tan, an associate professor in Temerty Faculty of Medicine and infectious disease physician at St. Michael's Hospital, Ontario, Canada.

Underscoring the importance of the CAMP project, Prof. Richard A. Adegbola, consultant and researcher, Department of Microbiology, NIMR, said the investigation will provide insights into resolving the epidemic

of Mpox in Africa and across the globe.

According to him: "If you want to solve a problem, you study it, because if you don't know what the problem is all about, how can you solve it? So what is there for Nigerians is that we want to understand this problem, so that we can know how to trace the virus movement and how to break the transmission chain."

Importantly for the community, Adegbola who serves as the advisor to the research team, said the researchers will also seek to know why people with Mpox are stigmatised, and how common the infection is. He said they will also need to know how many people it affects, stressing that this will enhance the development of an accurate remedy to the viral infection.



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Nigerian, Canadian scientists partner to end Mpox

By Temitope Obayendo

There appears to be an end in sight to the prolonged epidemic of monkeypox (Mpox) ravaging Africa and other parts of the world, as Nigerian and Canadian scientists have embarked on a novel research to unravel currently unknown details about the viral infection.

So far, Mpox has killed 112 persons, with over 86,000 laboratory-confirmed cases from 110 countries across the globe, according to statistics from the World Health Organisation (WHO)

This comes as researchers from the Nigerian Institute of Medical Research (NIMR) recently won a \$3 million grant from the Canadian Institute of Health Research (CIHR) and the International Development Research Centre (IDRC) to conduct an international study that will help to drive the clinical and public health response to the viral infection.

The unprecedented project, tagged Canada-Africa Mpox Partnership (CAMP), will focus on three main topics across diverse epidemiological, geo-social, and



L-R: Arun Raj, chief operating officer, West Africa (Pharma) Business Operations, Shalina Healthcare; Ms Damilola Peace Abiona, overall winner, Shalina Young Talents Award (SYTA); Dr Ezekiel Akunkunmi, national chairman, Nigeria Association of Pharmacists in Academia (NAPA), and Pharm. Folorunso Alaran, head, Corporate Marketing and Key Accounts, at the Grand Finale and Presentation of Prizes for Shalina Young Talents Awards (SYTA) Season 4 in Lagos.

continued on page 58

Pharma leaders canvass collaboration, contract manufacturing for industry growth

- As NAIP holds 2023 CEOs Forum

By Ranmilowo Ojalumo

Stakeholders in the Nigerian pharmaceutical industry have been charged to collaborate and embrace contract manufacturing, in order to move the industry from import-dependence to self-sufficiency, and ultimately helping to attain national drug security.

This was the major thrust of the plenary session of the 2023 Economic Outlook and CEOs Forum of the

Association of Industrial Pharmacists of Nigeria (NAIP), held in Lagos, on 5 April.

Speaking on a sub-theme of the forum, "Contract manufacturing in Nigeria: Collaboration for increased capacity utilisation and drug security", Chairman of Fidson Healthcare Plc., Dr Fidelis Ayebae, noted that contract manufacturing is the guaranteed way for Nigerian

continued on page 60

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