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By Ranmilowo Ojalumo
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the immediate past Registrar, Pharmacy Council of Nigeria (PCN), Pharm. Elijah Mohammed, *continued on page 8*



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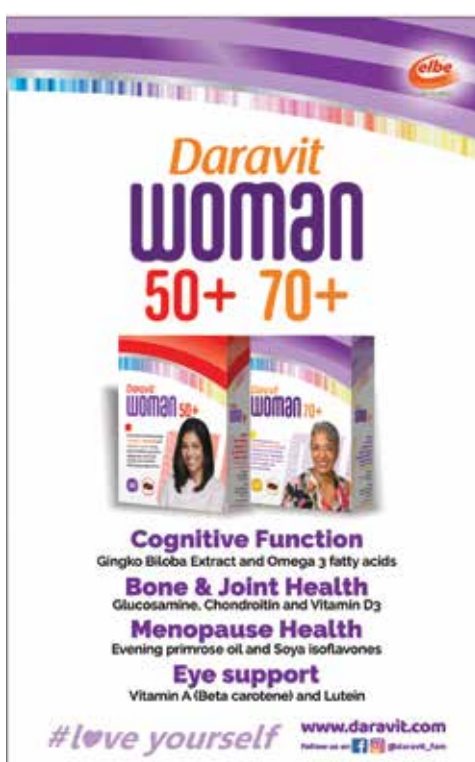
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PHARM. SHAKIRAT ADEOSUN

Pharm (Mrs) Shakirat Adeosun is the director of pharmaceutical services, Lagos State Primary Health Care Board. Born in Lagos on 15 July, 1972, she attended Air Force Primary School, Ikeja; Federal Government Girls' College, Shagamu, Ogun State; and Obafemi Awolowo University, Ile-Ife, Osun State, where she bagged her Bachelor of Pharmacy.

She subsequently proceeded to the University of Lagos, where she obtained a Masters of Clinical Pharmacy degree. Thereafter, she became a Fellow of the West African Postgraduate College of Pharmacists (WAPCP).

Adeosun was employed by the Lagos State Health Service Commission in October 2001. She has worked in various hospitals, including General Hospital, Badagry; Apapa General Hospital; Alimosho General Hospital, Igando; General Hospital, Odan; and General Hospital, Mushin.

A highly-motivated and enterprising team builder, Adeosun has been able to change the face of pharmacy practice with her knowledge and innovations. Her leadership skills and high level of professionalism have enabled her to direct, motivate and train the pharmacists and pharmacy technicians she coordinates to work in line with the vision of the Lagos State Government, to improve pharmaceutical service delivery at the primary level of care. She is a facilitator, master trainer and an advocate of conducive work climate.

Adeosun is a member of many professional bodies, including the Pharmaceutical Society of Nigeria (PSN); Association of Lady Pharmacists (ALPs); Association of Hospital and Administrative Pharmacists (AHAPN); International Pharmaceutical Federation (FIP); Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA); and Muslim Medical Volunteers (MMV).

A certified supply chain expert, who has attended many local and international conferences and workshops, Adeosun is a multiple award winner. She has received Appreciation Award from the Lagos State Primary Health Care Board, Merit Awards from Pharmaceutical Society of Nigeria, Lagos State Branch, as well as awards from the Association of Lady Pharmacists (National and Lagos State Branch).

Adeosun loves reading, mentoring and meeting people.



Celebrating 45 Years of Uninterrupted Monthly Publication

(1979 - 2024)

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Celebrating 45 Years of Uninterrupted Monthly Publication (1979-2024)

The recent pledge by the Federal Government of Nigeria to make innovative contributions towards improving the health sector in the new year portends a new dawn for Nigerians, if the government will truly go beyond the rhetoric. In December 2023, President Bola Ahmed Tinubu, during the unveiling of the Health Sector Renewal Investment Initiative and the signing of the Health Renewal Compact by the federal and state governments in Abuja, said his administration would be prioritising and improving Nigeria's health sector through massive investments and allocation of increased funding to the sector in the 2024 budget.

The government has apparently begun on a positive and reassuring note, judging by a couple of pragmatic presidential decisions made at the first Federal Executive Council meeting of the year towards revitalising the sector. One of such is the executive order to slash the exorbitant prices of essential medicines, promote domestic pharmaceutical manufacturing, and replace retired or departed health personnel. Another is the restoration of funding for 13 health regulators that were initially defunded. Such gestures portray the administration's readiness to bring the health sector back to the front burner.

Also to be lauded is the audacious drive by the Coordinating Minister of Health and Social Welfare, Prof. Ali Pate, towards Nigeria's attainment of Universal Health Coverage by redesigning the Basic Health Care Provision Fund (BHC PF). The move, as

Health sector renewal initiative: Walking the talk

announced, is aimed at drastically increasing the number of functional Primary Health Centres (PHCs) in the country from 8,000 to 17,000 and to channel \$3 billion of pooled and non-pooled financing towards primary healthcare between 2024 and 2026.

While many Nigerians have welcomed the president's promise with cautious optimism, many stakeholders are rightly demanding that the FG must take more decisive steps to demonstrate its commitment towards improving the health sector. Many hinge their reservations on the fact that successive governments in the country had paid lip service to the sector, leaving the average Nigerian to grapple with the devastating consequences of a grossly underfunded and underdeveloped sector.

Quite worryingly, a critical analysis of the total budgetary allocation to health in the 2024 budget shows little or no departure from the previous governments' laxity towards healthcare matters, usually evidenced by non-adherence to the 15 per cent agreement of African Union member states in the Abuja Declaration of 2001. As the Development Research and Projects Centre (dRPC) rightly observed in its latest report, the current N1.38 trillion healthcare budget proposal, which is a

meagre 5.03 per cent of the total N27.5 trillion proposed budget, will require an additional N2.75 trillion to meet the 15 per cent recommended allocation.

To this end, it must be reiterated that for the government's health sector renewal initiative to succeed, the issue of financing must be taken more seriously. This, aside from adequate budgetary allocation, can be achieved by exploring innovative financing mechanisms. Top among this is public-private partnerships. Moreover, other recurrent challenges in the health sector, such as brain drain and perennial industrial actions must be squarely addressed.

The government must also consciously prioritise provision of accessible and affordable healthcare services to the most vulnerable and marginalised members of society. These include rural communities, women, and children. Added to this is the rapid improvement of medical facilities and infrastructure nationwide. This includes the rehabilitation and upgrading of healthcare centres and hospitals across the country. The government must ensure that these facilities are equipped with modern technologies and equipment to improve the quality of healthcare services.

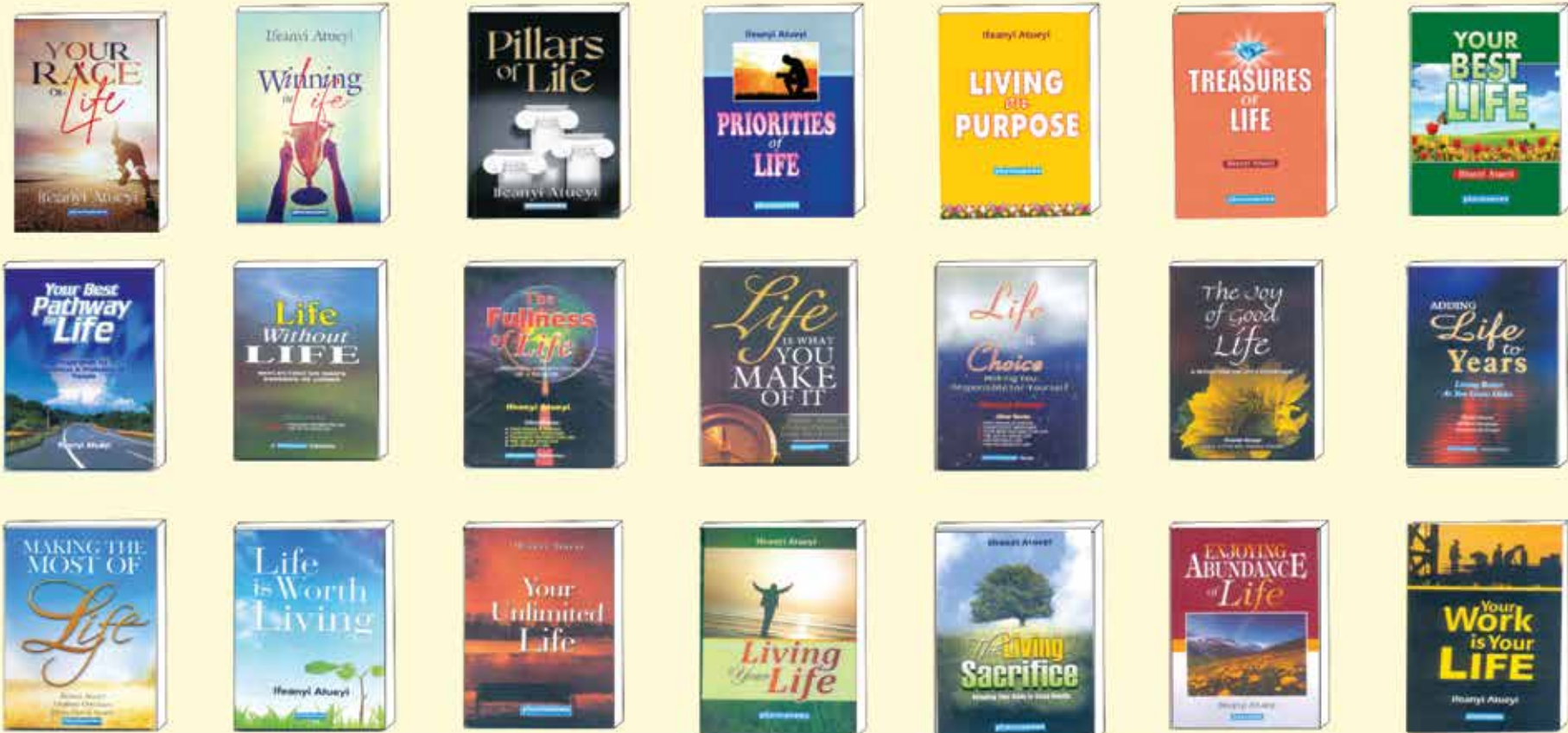
With a rapidly exploding population of over 200 million

people, an oil-rich Nigeria should not be the epicentre of diseases like malaria, which has become an albatross to the country. According to a 2022 report by the World Health Organisation Regional Office for Africa, Nigeria had 68 million cases and 194,000 thousand deaths from the disease in 2021. Globally speaking, Nigeria has the highest malaria burden, accounting for over 27 percent of the global burden. Systematic efforts must be made in the new year to reverse this deplorable situation.

The full implementation of the provisions of the National Health Act, 2014 (NHA) 2014 is another benchmark for affirming the commitment of the Tinubu-led government to prioritising the health sector. With the ambitious promise that has been made to Nigerians by the present government, the onus lies on it to convince Nigerians that all the unsavoury health sector performance indices of the past will remain in the past. This feat is achievable if the government can make the right investments and saddle the right people with the responsibility of turning around the sector for the good of all Nigerians.

It is our expectation that the government will leverage effective public-private partnership models for the implementation of its strategic programmes. Some funding can also be obtained from the government's savings on the recent petrol subsidy removal. In fact, a major chunk of these saved billions should be channelled to critical sectors such as health. Nigeria and Nigerians will be all the better for it.

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Spiritual life and physical health

By Sir Ifeanyi Atueyi

In 1998, I suffered from lumber radiculopathy. This is a low back and leg pain, caused by compression of the roots of the spinal nerves in the hip region of the spine. I could not easily sit or stand because of acute pain. In fact, it was such that I wrongly prayed to God to make it impossible for me to need the toilet because of the debilitating pain around my hip and legs.

Thank God that, through a surgeon at the Orthopaedic Hospital, Igbobi, I was taken to the facility. After the X-rays and diagnostic procedures, some drugs were prescribed for me. But the medical director himself told me that I would be a regular guest of the hospital and might require surgery, if it progressed. He even reminded me of the similar case of Gen. Ibrahim Babangida, our former head of state, who had the surgery in Germany.

This opinion of the medical doctor had a great impact on me and

I was having all sorts of negative ideas about the future of my health. However, God sent one particular pastor to visit me while on my recommended orthopaedic mattress. I showed him the X-rays to justify the doctor's opinion. But he said something that totally changed my life. He convinced me to reject the doctor's opinion, stop focusing on the X-rays and instead have faith in God's promise of healing. "Are you not a child of God?" he asked me.

Instantly, my faith escalated and I cut the X-ray films in pieces with my pair of scissors. Thereafter, I spent time praying, reading the Bible and meditating on the Scriptures in the areas of healing. A few weeks after, the pains disappeared completely. Apart from that particular visit, I have never been to Igbobi Hospital again, except to visit patients. The doctors do not have the explanation for how my hip bones and nerves were restored. It was a divine healing.

Divine healing is bread meant for God's children. In Matthew 15:26 (AMP), Jesus answered a Canaanite woman, "It is not right to take the children's bread and toss it to the dogs." People must repent of their sins and seek God's forgiveness to enjoy this bread. Exodus 23:25 (AMP) says, "You shall serve the Lord your God; He shall bless your bread and water, and I will take sickness from your midst." Here, the conditions for healing include obeying, serving, worshipping and

pleasing God. He does not want His people to be suffering from sicknesses.

Proverbs 18:14 (NKJV) says, "The spirit of a man will sustain him in sickness, but who can bear a broken spirit?" There is no doubt that praying and meditating on the Scriptures can improve your health. You have to think positively and not negatively to recover from sickness. Positive beliefs, comfort, and strength gained from religion, meditation, and prayer can contribute to general wellbeing.

Spiritual practices can help build strength and alleviate the effects of depression or other mental illness, which in turn, affects physical wellbeing. Dealing with a chronic illness, pain, or disability is stressful and often leads to depression.

If you want to be mentally, emotionally, spiritually, and physically healthy don't give place to jealousy or it will consume you. Proverbs 14:30 (NLT) says, "A peaceful heart leads to a healthy body; jealousy is like cancer in the bones". The most miserable people are filled with jealousy. Thinking and being jealous of what other people have which you do not have takes away your joy and leads to resentment.

James 3:6 (KJV) says, "For where envying and strife is, there is confusion and every evil work." The word of God says envy is like cancer, a terrible disease. The body, mind, and spirit are connected. The health of any one of these elements affects the others.

Proverbs 17:22 says, "A joyful heart is a good medicine, but a crushed spirit dries up the bones." Neuroscientists have indicated that a part of the brain responds to prayer and meditation by helping to reduce stress, enhance memory, and increase our capacity for compassion. It helps to ward off age-related brain deterioration.

Prayer and reading of Scriptures also deactivates the area of the brain associated with anger, anxiety, depression and pessimism. We are designed physically and mentally to interact with God through prayer, reading and meditating on God's word. This will assure us of physical health.



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The right people make organisations

By George O. Emetuche, CES

"Companies don't grow, people do. If people grow, the company will grow."

- Jim Schleckser

Firstly, let me wish you a Happy New Year. May you excel beyond expectations in 2024. Amen. Our company, the Selling Champion Consulting Limited, hosted the 5th anniversary of the Nigeria Sales Conference in Lagos, on 2 December, 2023. The conference is the biggest sales conference in Nigeria. Its objective is to build capability in salespeople, professionals and entrepreneurs; and to provide a credible platform for networking of professionals and businesses.

The title of this piece is in line with the objective of the Nigeria Sales Conference, which was a great success in delivery and attendance. People make organisations. The quality of the organisation is a function of the quality of the people in the organisation.

I agree with Jim's thoughts on people and organisations. I have written a lot on the importance of people and teams in organisations. People matter; and the importance of working with the right team in your organisation cannot be overemphasised.

People define the organisation

Whether you are talking about people from the perspective of the owners of the business, or you are referring to the employees of the company, or the suppliers and other stakeholders, the truth is that the right people build organisations and the wrong people wreck organisations.

The quality of the people you attract as a leader will determine the height your organisation will attain. This statement is true anywhere in the world. As a leader in your endeavours, it is your duty to ensure you assemble the right people because this will determine a lot in the business. The business environment is tough. The organisation that fails to gather the right team is planning to fail.

Be an employer of choice

Workers often choose companies that help them to achieve their goals. Because they believe they can grow and develop in such companies, they plan long-term with them.

As a business owner, build the right culture. Build an ideal organisation that is attractive to stakeholders. Find smart ways to encourage excellence.

As a certified training consultant who is a prominent player in the knowledge industry, I know how the right teams lift organisations. I also know what the wrong people do to organisations. Results don't lie.

I know of companies that nurtured their businesses from regular companies when they started, and later rose to leading brands in their industries within ten years. One attribute that is consistent with these successful companies is low employee turnover. These organisations have built cultures that attract and retain the right people.

Agile organisations are intentional in developing their people. They go all the way to prepare productive professionals.

People grow with the business

The more people in your team grow, the more your company excels. If people are growing, the business will grow; if people are not growing, the business may not grow. This is simple logic.

Growth here is encompassing. People should grow in their abilities to get things done. They should grow and develop within. Knowhow is key. This area of discussion is important. An ideal team thinks about the future of the business. People in the team go the extra mile to get results because they want their organisation to succeed.

How is your recruitment process?

You can't talk about the quality of the people in a team without talking about the recruitment and training process. I always emphasise that companies should design the right recruitment process that will bring in the right people in the

organisation.

If the recruitment is done properly - following a professional process that ensures that the right people with the right qualifications and skill sets are hired, then the problems organisation encounter would have been solved reasonably. People matter.

Let me tell you my philosophy in the People Factor. I often recommend as follows:

1. Hire the right people, no sentiments.
2. Hire attitude, train skill.
3. Hire skill and continue to train for enhanced ability.
4. Hire skill and instil the right attitude.
5. Hire people who are trainable.

In my opinion, you won't have to worry if you follow the suggestions.

Choosing the wrong team is a big mistake

I believe that the rating of any company is a function of 95 per cent the quality of the people it assembles. The

remaining 5 per cent is the margin of error.

The right people buy into the vision, mission and culture of the organization. They are team players. They get things done. They are intrapreneurs. They fix stuff.

A mistake in the people element is a great mistake in any organisation. If you see yourself in this type of mistake, find a way out of it urgently. Never try to manage employees who are unproductive and not trainable. The result in this type of scenario is what accountants call "fixed liability". This category of liability can't be converted to an asset! Folks in this category are time bombs waiting to explode!

Team Leaders should encourage high performance in their teams. Show true leadership to team members who may need little push. Try to mentor. Try to coach. Try to show the way. Be strategically patient with team members who are showing signs of making progress.

People management is a great skill. Be a good people manager because people matter.

Once more, I wish you the best of this year.

Move from good to better, then to best.



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VITABIOTICS



Inquest

with
Patrick Iwelunmor

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In a layman's language, semiotics can be defined as the use of symbolic communication through signs, logos, gestures (behavioural) and other linguistic and non-linguistic methods. The term is derived from the Greek word *semeiotikós*, which describes the act of interpreting signs. One of the founders of semiotics, the Swiss linguist, Ferdinand de Saussure, defined the term as the study of "the life of signs within a society."

It is important to note that semiotics plays very significant roles in psychiatry, especially from diagnostic perspectives. Psychiatrists and psychologists can deconstruct and diagnose mental health issues in their patients through semiological analyses. Most importantly, persons who are not trained psychiatrists or psychologists but who are interested in psychoanalytical or psychopathological issues may recognise mental cases by their signs and body language and raise the alarm by reporting such to the appropriate authorities. This is perhaps one of the missing links in contemporary African society where most people treat issues of mental illness with the highest levels of stigma and nonchalance.

Most of the mentally challenged men and women you see roaming the

streets could have been managed successfully, if people around them had shown more concern by carefully studying and trying to decode their strange behaviours and mannerisms early enough before their conditions worsened. As illustrated by William Shakespeare in *Macbeth*, Lady Macbeth's somnambulism (sleepwalking malady) was a sign of some mental breakdown emanating from her feeling of guilt and psychological disorientation as one of the masterminds of the murder of King Duncan.

There are many Lady Macbeths in real life who are roaming the streets talking gibberish and living in an entirely different mental frequency from the rest of us. Such cases may not be products of substance abuse. Some of them may be victims of severe existential tragedies or partakers in grievous guilt-laden crimes for which they have lost their minds. For such people, the intervention of the community through critical observation can help in the healing process.

Conversely, trained and experienced psychiatrists and psychologists depend on the semiological interpretations of the signs and symptoms presented by mentally challenged persons in arriving at the appropriate diagnostic

How semiotics can help in psychiatry

and prescription activities. While orthodox medicine does not believe in the myths and superstitions that populate spirituality, it is still important that mental cases, which society often ascribes to supernatural causes, are evaluated by trained psychiatrists or psychologists who have a deeper understanding of medical semiotics and their impact in the management of psychopathological issues.

Whether or not a mental case is caused by spiritual forces, the truth remains that any disease of the mind requires the attention of a mental health expert while prayer and other spiritual rituals can be used as complements. Indeed, there have been many cases of people who were said to have had spiritual problems which manifested in the form of insanity. The case of a popular Nigerian musician who was said to have read the Sixth and Seventh Books of Moses comes to mind.

While the late musician kept pointing fingers at some spiritual misadventure as the main cause of his insanity, some people who were close to him revealed that his mental health issue emanated from his reckless abuse of alcohol and some cheap narcotics in the United States. These substances led to the deterioration of his mental health condition before he was eventually taken into many unsuccessful rehabilitation programmes, both in the US and Nigeria. Until his death in 2020, his case remained a puzzling

reality shrouded in the anarchical juxtaposition of spirituality and drug abuse.

Rather than basking in the euphoria of some speculative spiritualism, as embedded in religions such as Christianity, Islam, African traditional religion and other theistic doctrines to arrive at the cause of a particular mental illness, trained psychiatrists and psychologists look out for certain codes in human behaviour to ascertain the needed course of action.

Interestingly religious delusions have been observed as some of the major signs of schizophrenia. People who nurse such delusions often see themselves as God or prophets sent to fight evil. Such people also have the tendency to resort to suicidal thoughts or actions, if not properly managed by mental health experts. A typical example is the case of the famous English artist, Richard Dadd, who at the age of 26 in 1843, killed his father, believing that his father was the devil and that he had been sent by God to fight the forces of evil.

Today, there are many religious persons who share the same traits with Dadd. While some are drug addicts trying to find solace in religion, others are "addicts of unknown addictions." You will always find them in societies where economic depression, poverty and penury reign supreme. You can actually save a soul by alerting the appropriate authorities when you notice such abnormal messianic dissolutions in any individual.



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UNIOSUN VC, PCN, laud Vanguard Pharmacy's 10th branch unveiling

- As CEO says multiple taxation, forex policy hampering business growth

By Adebayo Oladejo

The Vice-Chancellor, Osun State University (UNIOSUN), Prof. Odunayo Clement Adebooye, has lauded the commitment of Vanguard Pharmacy's management in launching a new branch in the heart of Osogbo, the Osun State capital, amidst acute brain drain in the country.

Speaking at the opening ceremony of the new branch, the second in Osun State and tenth nationwide, held last December at the popular Powerline area, Osogbo, Adebooye, a professor of Plant Physiology and Food Chemistry, commended the joint owners, Pharm. Taofik Odukoya and Mrs Kawthar Odukoya, the CEO and executive director respectively, for believing in Nigeria, despite the present economic downturn.

The VC remarked that one of the ways to address the challenge of youth unemployment in Nigeria is to equip them with industry-oriented skills, in line with international standards. He added that when the first pharmacy was established, and the couple started making profit, they could have lavished it all on extravagant living, stressing that what kills many businesses today is early stage celebration.

He said: "I want to appreciate the couple for this enterprise. I do say at a time that the university is a place for the introduction of propagation of knowledge. What an entrepreneur is taught in school is how to produce people who will be managers in the business. The Odukoyas have seen the good side of this business and they saw where people make progress in it."

Corroborating the university don, the duo of Pharm. Kamordeen Bankole, chairman of the Association of Community Pharmacists of Nigeria (ACPN), Osun State branch, and Pharm. Kayode Joseph Atere, a state officer of the Pharmacy Council of Nigeria (PCN), praised the founders of Vanguard Pharmacy for setting up the business and keeping to the expected standard.

According to Atere, the mission of PCN is to ensure that pharmaceutical premises are well-regulated and sanitised and to ensure that the drugs that members of the public purchase are of good quality and not adulterated.

Expressing confidence in the capacity of Vanguard Pharmacy to deliver, he said: "As a regulator, we carry out regular monitoring exercises to ensure that the premises comply with the guidelines, as we encourage good pharmacy practice. We have 100 per cent assurance because Vanguard is a big brand and we know over the years that they have maintained that integrity, even when they started from Ibadan and I can guarantee you that whatever you get from this outlet is of good quality."

Speaking earlier, Pharm. Odukoya said the opening of the second pharmacy store in Osogbo, and the 10th nationwide marks not only the expansion of the company's footprint but is also a testament to its unwavering commitment to providing exceptional healthcare services to the people of Osun and Nigeria as a whole.

He said: "We are committed to fostering a culture of intrapreneurship and empowering our people to contribute to the economic growth of our nation."

Identifying multiple tax regimes and unpredictable forex policy as inimical to the growth of micro, small and medium enterprises (MSMEs), in Nigeria, he sought government's intervention in tackling the challenges.

"To our esteemed government officials, we recognise the complexities and challenges of leadership. We humbly seek your

support in implementing policies that foster entrepreneurship and business growth.

"We urge you to address the micro and macro-economic factors that hinder progress, such as exchange rate fluctuations, high interest rates, and multiple taxation regimes", he said.

In the same vein, Mrs Odukoya, the co-founder and executive director of Vanguard Pharmacy, expressed happiness over the success recorded so far, adding that the Vanguard brand is living up to the expectations of the founders.

She expressed gratitude to God, as well as the entire management, staff, key partners and customers of the company for their contributions and unflinching support towards its growth. She added that Vanguard Pharmacy Limited remains committed to its mission to "create smart health benefits for people to succeed and thrive".



Prof. Odunayo Clement Adebooye, vice-chancellor, Osun State University; Pharm. Taofik Odukoya, founder and chief executive officer, Vanguard Pharmacy, and Mrs Kawthar Odukoya, co-founder and executive director, Vanguard Pharmacy, at the opening of the 10th branch in Osogbo, Osun State.

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Appoint special adviser on pharmaceuticals, eminent pharmacists urge Tinubu

have called on President Bola Ahmed Tinubu to appoint a special adviser that will work directly with him on pharmaceutical matters.

Speaking during one of the plenary sessions at the recent Annual National Conference of the PSN, held at the International Conference Centre, Gombe State, Uwaga noted that medicine security is as important as food security in every nation, stressing that Nigeria must vigorously strive to achieve it.

According to Uwaga, the experience of the COVID-19 lockdown has particularly made it paramount for Nigeria to work towards self-reliance on drug production.

In his words, "There is a need to pursue medicine security, just as we are pursuing food security. We need someone in the presidency who will have the president's ear and discuss issues revolving around the development of the pharmaceutical industry. The president should appoint a special adviser on pharmaceuticals."

The former PSN president also highlighted the need to curb multiple taxation of the pharmaceutical industry, saying the trend is making drugs to be more expensive, as every tax is



Pharm. U.N.O. Uwaga

pushed to the consumer in form of an increase in price of drugs.

He said, "As a country, we must look at the role of taxation in the price of drugs, especially the duty/tax imposed by customs. The taxes are worrisome and that is why drugs are expensive in Nigeria. The president must look into this."



Pharm. Elijah Mohammed

Corroborating Uwaga's observations, Pharm. Mohammed said the appointment of a special adviser on pharmaceuticals was long overdue in the country.

Mohammed, in an exclusive interview with *Pharmanews*, said: "There is a need to draw the attention of the president to the urgent need for a special adviser on pharmaceuticals. I

have been expecting that he will appoint someone who will be putting him in the know on the situation of pharmaceuticals in this country.

"The earlier the president appoints the special adviser on pharmaceuticals, the better for the country because we must take medicine security seriously now than ever before."

Uwaga and Mohammed's calls echo those of many other stakeholders in the pharma industry, who, in recent years, have lamented that the Nigerian pharmaceutical sector is faced with several challenges that require the urgent intervention of the

government.

Top among the challenges, according to concerned players, include forex scarcity, inadequate capital to prosecute capital projects and high-interest rates.

Other identified challenges include lack of electricity, multiple taxation, and lack of government patronage.

Cancer-killing properties of *Vernonia amygdalina* (bitter leaf / extracts)

By Prof. Ernest B. Izevbie

Bitter leaves are derived from the *Vernonia amygdalina* (VA) plant, which belongs to the Asteraceae family. It is a small shrub that grows in the tropical Africa, and commonly called "bitter leaf" because of its bitter taste.

The VA leaves may be consumed either as a vegetable (macarated leaves in soups) or aqueous extracts, as tonics for the treatment of various illnesses. In the wild, Chimpanzees have been observed to instinctively ingest the VA plant leaves when suffering from parasitic infections^[1]. Many herbalists and naturopathic doctors recommend aqueous VA for their patients as treatment for emesis, nausea, diabetes, loss of appetite-induced abrosia, dysentery and other gastrointestinal (GI) tract problems.

Until the last decade or so, there were only anecdotal reports and claims to support the health benefits of VA. The anecdotal reports are now being supported by convincing scientific evidence that VA regimen or consumption (as dietary supplements) may provide multiple health benefits the following areas:

1. **Cancer treatment:** Cancers are a group of diseases that cause cells in the body to change and grow out of control. Most types of cancerous cells eventually form a lump or mass called a tumour and named after the part of the body where the tumour originates^[2]. The evidence is that VA extracts may help suppress, delay, or kill cancerous cell in many ways such as:

■ **Induction of apoptosis** as determined in cell culture and animal studies^[3-4]. Apoptosis is the orchestrated cellular events characterised by membrane depolarisation, cell shrinkage, chromatin condensation and fragmentation, and engulfment of dead cells by neighbouring cells. In other words, apoptosis is a programmed cell death designed to maintain cellular balance.

■ **Enhanced chemotherapy sensitivity** - VA extracts may render cancerous cells to be more sensitive to chemotherapies (drug treatments)^[5].

■ Inhibition of the growth or growth signals of cancerous cells^[6-8].

■ Suppression of metastasis or "spreading" of cancerous cells in the

body by the inhibition of NF-κB is an anti-apoptotic transcription factors as demonstrated in animal studies^[4].

■ Reduction of oestrogen level in the body by the suppression of Aromatase activity^[9]. The involvement of blood oestrogen level in the aetiology of oestrogen receptor (ER) positive breast cancer has been widely reported^[10]. Additional source of oestrogen production in humans besides the ovary and adrenal gland is the conversion of testosterone to oestrogen in a reaction catalysed by Aromatase. Many studies have shown positive correlations between blood oestrogen levels and breast cancer risks^[10]. Therefore, compounds that inhibit Aromatase activity are used for the treatment of breast cancer.

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Nurturing good health in challenging times

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

In times of adversity, preserving good health is not just a necessity; it becomes an anchor to guide through turbulent times. The essence of maintaining wellbeing - both physical and mental - forms the bedrock of resilience during difficult periods.

Life often tests us with unexpected (and sometimes, expected) challenges, but maintaining good health helps to navigate uncertainties. In these moments, prioritising your health becomes not just an act of self-preservation but a lifesaver (pun fully intended).

Navigating physical health

Your state of physical wellbeing often mirrors the state of your environment. In difficult times, sustaining good physical health takes a blend of mindful choices and adaptive measures.

Nutrition

You become what you eat. The foundation of good health starts from what goes into your system, and in the case of nutrition, what goes into your mouth. Amidst uncertainty, ensuring a balanced and nutritious diet becomes critical.

Opt for a colorful array of fruits and vegetables, lean proteins, and whole grains, rather than pastries and other unwholesome diets. Embrace the power of wholesome meals as a shield against stress and vulnerability.

Movement in stillness

Physical movement, no matter how minimal, breathes life into weary bones. Adopt simple exercises, yoga, or mindful walks. These rejuvenate not just your body but also your spirit. Simple stretches or brief walks, if incorporated consistently, will invigorate your physical being and strengthen resilience.

Sleep

In challenging times, adequate rest is the unsung hero. Prioritise sleep and relaxation as the restorative elixir that they are. Aim for a consistent sleep schedule, granting your body the rest it craves to confront each day with vitality. Also, create time to relax and simply refresh.

Navigating mental well-being just as our bodies demand care, so do our minds. Positive mental health is a pillar to successfully pull through difficult times.

Mindfulness: A path to calm

Practice mindfulness—be present in the moment. Engage in activities that ground you, whether it is meditation, journaling, or simply relishing the beauty of nature. These practices nurture emotional resilience and provide solace.

Staying connected: A lifeline in isolation

Despite physical distance, social connection remains vital. Use technology to bridge the gap and foster deep connections with



loved ones and friends. These bonds, though virtual, serve as support, reinforcing emotional wellbeing.

Limiting media exposure

Stay informed but avoid overexposure to distressing news. Consuming a constant stream of negative information can weigh heavily on mental health. Set boundaries and seek reliable sources to stay informed without becoming overwhelmed.

Listen to your body

Above all, master the art of self-care. Pay attention to your body and the signs it whispers to you. Know when to take a break and when to shut down, calling it a day. Also, know when you need to seek professional help and waste no time in doing so.

Conclusion: Nurturing resilience

In trying times, maintaining



good health becomes not merely a choice but a commitment to resilience—a testament to our capacity to thrive amidst adversity. By prioritizing physical health and nurturing mental wellbeing, we pave the way for a healthier, more robust tomorrow, one mindful step at a time.



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Treatment options for skin infections

A skin infection is an infection of the skin in humans and other animals that can also affect the associated soft tissues, such as loose connective tissue and mucous membranes. They comprise a category of infections termed skin and skin structure infections (SSSIs), skin and soft tissue infections (SSTIs), and acute bacterial SSSIs (ABSSSIs). They are distinguished from dermatitis (inflammation of the skin), although skin infections can result in skin inflammation.

A skin infection occurs when parasites, fungi, or germs such as bacteria penetrate the skin and spread. When this happens, it can cause pain, swelling, and skin colour changes.

Skin infections are different from rashes. A rash is an area of swollen or irritated skin. While rashes can be symptoms of some skin infections, a person with a rash does not necessarily have an infection.

There are four types of skin infections:

- bacterial
- viral
- fungal
- parasitic

Thus, the symptoms, treatment, and outlook will depend on the cause.

Infections can vary from mild to serious. Most skin infections are

highly treatable. However, an infection can become more serious if it goes deeper into the skin or spreads across much of the body.

People with a weakened immune system have a higher risk of skin infections and complications from skin infections. This could be due to: a health condition, such as HIV, diabetes, poor circulation, or malnutrition

a side effect of medication, such as chemotherapy or biologic drug use being older or very young have skin folds due to obesity

Over-the-counter medications and home remedies can often treat mild infections, but other infections may need medical attention.

Types of skin infections

1. Bacterial skin infections

Bacterial skin infections occur when bacteria enter the skin, either from an outside source or because they are present on the skin. They can enter the skin through a hair follicle or after a wound.

Anthrax is one type of bacterium that can enter the environment. Staphylococcus and Streptococcus are bacteria that are commonly present on the skin and only cause a problem in certain circumstances. Lyme disease is a tick-borne infection that causes

skin symptoms.

Bacterial infections can be systemic or local. Systemic infections can cause symptoms throughout the whole body, such as a fever, while local infections only affect a specific area. Some bacterial infections can begin in one area and spread throughout the body.

Some bacterial skin infections, such as impetigo, can spread between people through direct skin contact or with bodily fluids, contaminated food or water, or by touching surfaces where bacteria are present. Others, such as cellulitis, are not contagious.

Different types of bacterial skin infections include:

- cellulitis
- impetigo
- boils
- Hansen's disease (leprosy)

Systemic infections that can cause skin rashes include:

- syphilis
- tuberculosis
- leptospirosis

Some bacterial infections are mild and easy to treat with topical antibiotics, but other infections require an oral antibiotic or other medical treatment.

2. Viral skin infections

Viruses can cause different types of infections that have skin symptoms, such as:

- shingles (herpes zoster)
- chickenpox
- Molluscum contagiosum
- warts
- measles
- hand, foot, and mouth disease

These viruses are often contagious, and most are systemic.

3. Fungal skin infections

These types of skin infections are caused by a fungus and are most likely to develop in moist areas of the body where surfaces meet, such as the feet, armpit, or where there are skin folds.

In some cases, an allergy to the fungus causes symptoms in other areas that are not directly affected. For instance, a person with a fungal infection on the foot might develop a rash on their fingers. It does not happen because the person touched their foot.

Different types of fungal infections:

- athlete's foot
- yeast infection
- ringworm
- nail fungus
- oral thrush
- diaper rash

4. Parasitic skin infection

These types of skin infections are caused by a parasite. These infections can spread beyond the skin to the bloodstream and organs. A parasitic infection is not life-threatening but can be uncomfortable.

Different types of parasitic skin infections include:

- lice
- bedbugs
- scabies
- cutaneous larva migrans

Symptoms of a skin infection

The symptoms of a skin infection will depend on:

- the type of infection
- the cause
- individual factors, such as

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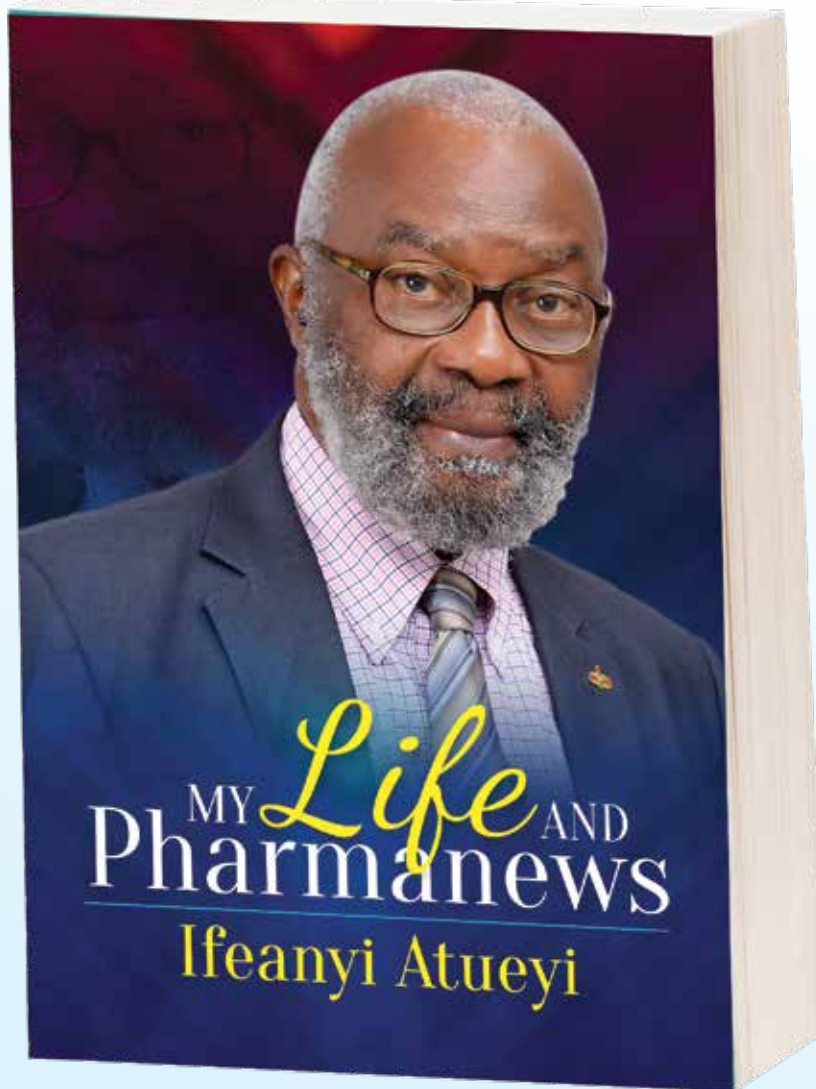
(Excerpts from **MY LIFE AND PHARMANEWS** by Sir Ifeanyi Atueyi)

Now that I had all the time in the world that I needed, I began to work in earnest towards getting the first edition of **Pharmanews** published as soon as I could. My apartment at 45 Sunmola Street, Mende, Maryland, had three bedrooms, and a children's play room. I converted this play room to my editorial office. The time spent on driving to Apapa early in the morning I used in reading, writing articles, proofreading and editing.

I got myself an Olympia typewriter to start typing my work, having acquired some basic typing experience from the typing school I attended in Enugu, in 1962, during my first long vacation.

As soon as I was through with a draft of the dummy for the first edition, the next task was to get companies to advertise in it. But more importantly, I was hoping some of the advertisers would pay in advance so I could have money for the printing. As revealed in the plan I wrote for **Pharmanews** above, I already had in mind some big companies I wanted to discuss adverts with since I had some of my friends and colleagues working

there. Somehow, however, my efforts at getting adverts from the companies I listed weren't yielding the expected results. Some of my friends actually booked advert



spaces but none was willing to pay until the first edition was published.

Mission Accomplished

I continued for some time in my search for a company to give me the money with which to publish the maiden edition of the journal but without success. I actually needed a capital of about N2,000 to take off. Nevertheless, I was determined not to borrow because, as the reader is already aware, I had developed an aversion for borrowing since my childhood days. Consequently, the challenge of finance posed a dilemma to me for a while.

However, in what would serve as a proof of God's hand in the establishment of **Pharmanews**, as well as the beginning of the wonders that would characterise the survival of the publication for many years to come, I received a

leading that ended my search for the start-up capital. One afternoon, I remembered that I had seen the signboard of a pharmaceutical

company on Town Planning Way, Ilupeju. Prior to this, I did not know of the existence of the company, and had no contact there. However, something inspired me to go there. And so, I went to the company (which I later discovered to be E. Merck) with the dummy of **Pharmanews**. When I told the receptionist that I wanted to see the managing director, she asked if I had an appointment and, of course, I said no. Then she offered me a seat while I waited.

When I finally met the MD, one Mr Ufflabauer, I discovered him to be a huge German. He received me warmly and this encouraged me to clearly share my vision and explain the essence of my visit to his company. I showed him the dummy, with spaces for adverts. Quite surprisingly, the man immediately caught the vision and seemed quite impressed and optimistic about it. He immediately asked me how I intended to send the copies to my target readers (pharmacists and doctors) and I replied that I would wrap the copies in brown paper, label and distribute them through the post office. Right away, he told me not to use brown paper but rather get very good white paper which would carry his adverts. He assured me that placing adverts on the white paper would generate money for me. After that, he went through the dummy and selected page 2 bottom strip advert spaces and asked me to calculate the cost from May to December; the payment for which he said would be made in advance. Not only that, he promised to retain the spaces and to continue to pay upfront every January till he decided to stop. His product was Cosome Cough Syrup.

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Treatment options for skin infections

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whether the person has a weakened immune system

Common symptoms of skin infections include:

- redness on pale skin, or purple or darker areas of skin if you have a darker skin tone
- lesions that may be flat or raised, bumpy, wart-like, and so on
- itching
- pain and tenderness

In some cases, a person may also have other symptoms, such as a fever.

Signs of a severe infection include:

- pus
- blisters
- skin sloughing, breakdown
- dark areas that can indicate necrosis or tissue death
- pain and discoloration
- widespread swelling

Causes and risk factors for a skin infection

Some types of pathogens — notably bacteria and fungi — are typically present on the skin, but if they become too numerous, the immune system can no longer manage them.

In this case, an infection can result.

The cause of a skin infection depends on the pathogen involved.

Bacterial skin infection

These infections occur when bacteria enter the body through a break in the skin, such as a cut or a scratch.

Not all cuts or scratches lead to a skin infection, but there is a higher risk if you:

- have a weakened immune system
- do not keep the wound clean
- are exposed to certain bacteria, for example, when working outside

Viral skin infection

The most common viruses come from one of three groups of viruses: poxviruses:

- molluscum contagiosum
- smallpox
- Mpox
- Human papillomavirus (HPV), responsible for genital warts

herpes viruses, which can lead to herpes simplex viruses (HSV) varicella-zoster virus, which causes chickenpox and shingles Epstein-Barr virus (EBV) which can lead to mononucleosis cytomegalovirus (CMV)

Experts still do not know how prevalent viruses are on the skin, unlike bacteria and fungi.

Fungal infection

Body chemistry and lifestyle factors can increase the risk of a fungal infection. Fungi often grow in warm, moist environments.

Some risk factors for a fungal infection are:

- having sweaty feet or wearing closed footwear
- wearing sweaty or wet clothes
- having skin folds due to excess body fat
- bathing in contaminated water
- sharing personal items with other people who carry a fungus or have an infection

A break or cut in the skin may

allow pathogens to get into the deeper layers of the skin.

Parasitic skin infection

Tiny insects or organisms burrowing underneath your skin and laying eggs can cause a parasitic skin infection.

Examples include:

- **Scabies:** An infestation of mites, which causes itching, a rash of small pimples, lines on the skin surface, and scaling or crusty skin.
- **Pediculosis:** This is an

infection caused by lice. It can cause itching, and lice and nits — their eggs — may be visible.

- **Creeping eruption:** Caused by hookworms, this can cause a winding, snake-like rash.

Diagnosis

Often, doctors can identify the type of skin infection based on their appearance and location.

The doctor may:

- ask about symptoms
- examine any bumps, rashes,

or lesions

- take a sample of skin cells for testing in a laboratory

When to see a doctor

See a doctor if you have:

- pus-filled blisters
- severe or widespread swelling or inflammation
- a skin infection that doesn't improve or gets progressively worse
- a high fever or other symptoms
- frequent or recurring rashes or infections

Skin infections can spread beyond the skin and into tissues under the skin or the bloodstream, especially in people with a compromised immune system.

When this happens it can lead to sepsis, a potentially life-threatening condition.

Treatment

Treatment depends on the cause of the infection and the severity.

Some infections will go away on their own or respond to over-the-

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Treatment options for skin infections

continued from page 13

counter creams.

If an infection is severe, the person is at risk of complications, or the infection is contagious, a doctor may prescribe medication such as:

- antibiotics
- antivirals
- antifungals
- antiparasitics

The form of the medication will partially depend on the severity of the infection or the risk of complications. A person with a severe infection may need to spend time in the hospital.

Home care and alternative treatments

Home care for a skin infection works to reduce symptoms.

Here are some tips:

- Apply cold compresses to your skin several times a day to reduce itching and inflammation.
- Take over-the-counter antihistamines to decrease itching.
- Use topical creams and ointment to reduce itching and discomfort.

Outlook for a skin infection



The outlook will depend on the cause, type, and severity of the infection.

Many skin infections respond well to medication. However, some conditions, such as methicillin-resistant *Staphylococcus aureus* (MRSA), are resistant to common

antibiotics and harder to treat.

Skin infection prevention

Ways of reducing the risk of a skin infection or rash include:

- washing regularly
- drying the body to remove all moisture

- avoiding sharing personal items with other people
- checking the skin regularly for changes and seeking advice as soon as signs of infection appear
- having the recommended vaccinations to prevent diseases such as chickenpox

Takeaway

Skin infections can result from bacterial, viral, fungal, and parasitic causes. The way they affect the body will depend on the specific pathogen. Some cause skin symptoms as part of a wider infection, while others cause local symptoms only.

Skin infections are often highly treatable, but severe symptoms and complications can arise if a person has a weakened immune system.

Some infections are contagious, such as scabies, and people need to take care not to pass them on before or during treatment.

Report compiled by **Adebayo Oladejo** with additional from Science Direct, Medical News, The Centers for Disease Control and Prevention (CDC), Cleveland Clinic, Mayo Clinic, Healthline, Medscape, and Pharmanews.

News

Pala lauds Atueyi's strides in Pharmacy —As Pharmanews team visits WWCVL

By Adebayo Oladejo

The Managing Director of World Wide Commercial Ventures Limited (WWCVL), Mr Naveen Pala, has lauded the Publisher of **Pharmanews**, Pharm. (Sir) Ifeanyi Atueyi, for his commitment towards the advancement of the pharmacy profession in the country.

Pala gave the commendation during a media tour of WWCVL facility by the Pharmanews trio of Sir Atueyi, Mr Patrick Iwelunmor, editor, and Mr Adebayo Oladejo, senior reporter, which took place last December. The tour was in response to an invitation earlier sent by WWCVL to Pharmanews.

Pala described Atueyi as a legend, mentor, leader and rare gem, saying the company was very delighted to receive the octogenarian.

In his words: "Publishing for 44 years without interruption is something anyone in this sector should be proud of. Your effort at ensuring that the younger ones are properly mentored and encouraged is also well appreciated. You always lead by example and your dedication to this sector is unquantifiable."

He continued: "We have also discovered that you are one of the few pharmacists alive who have attended the most PSN conferences, for 50 years uninterruptedly. This is quite unprecedented and historic, as well as your presence at virtually all major pharmacy-related gatherings."

The WWCVL boss said he was particularly glad that the doyen of pharmaceutical journalism in Nigeria indeed honoured his invitation, after previous attempts had failed due to his busy schedule. He added that the invitation was to show Atueyi around the ultra-modern edifice, that boasts world-class equipment, as well as to receive his blessings.

Speaking further, Pala, who replaced Santosh Kumar as managing director, noted that the core business of WWCVL is to engage in the distribution and marketing of healthcare products, ethical and generic pharmaceutical products, vaccines, medical equipment and



Sir Ifeanyi Atueyi, Pharmanews publisher, receiving a gift from Mr Naveen Pala, managing director of World Wide Commercial Ventures Limited (WWCVL) during the facility tour

consumables, over-the-counter products (OTC), and nutritional supplements, in wholesale and retail, to companies, hospitals and institutions.

Speaking on the journey of WWCVL from 2002, when the company was established in the country, Pala said it now has depots and warehouses in several major

cities across Nigeria, including Aba, Abuja, Benin, Enugu, Ibadan, Kaduna, Kano, Jos, Lagos, Onitsha, and Port Harcourt. He disclosed however, that the company had had to suspend operations in about two places due to insecurity.

"We have about 1000 employees, and as a gender-balanced organisation, about 35 to 40 per cent

of them are females. We also have about 40 companies dealing with us across the country," he disclosed.

When asked whether WWCVL would take over pharma companies and render them useless, as was being insinuated in some quarters, Pala said: "Warehousing and transportation are big problems for many pharma companies in the country. We create solutions to these and many more so that they focus more on the marketing aspect."

"While they create the demand, we fulfil the demand. It's just like a husband and wife relationship, where one needs the other to do well."

While taking the Pharmanews delegation through the WWCVL warehouse, storage centres, cold rooms, and controlled drugs sections, Pharm. Lucky Ubokor, the superintendent pharmacist of the company, disclosed that the facilities have biometric control and are built according to Good Manufacturing Practice (GMP) standards.

In his remarks, Atueyi applauded WWCVL for setting a good standard in the logistics and distribution sub-sector of the pharmaceutical industry, stressing that the pharma industry would thrive better, if some the bottlenecks that WWCVL is providing solutions to are resolved.

Speaking further, Atueyi said that he was highly impressed with the world-class warehouses, cold rooms and other facilities he saw on display and hinted at a mutually beneficial collaboration between Pharmanews and WWCVL.

Other top officials of WWCVL at the event were Venkatesan Krishnaswamy, sales director; Ananth Sigadapu, strategic initiative and business development manager; Pharm. Lucky Ubokor, superintendent pharmacist and head of regulatory; Pharm. Victor Adekanye, trade marketing manager; Pharm. Uduak Nwachukwu, quality assurance manager; and Pharm. Ekome Anwuli, senior regulatory affairs manager.

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Stevia, the sweetener

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



Stevia rebaudiana

Stevia is a sweet sugar substitute, extracted from the leaves of the plant species *Stevia rebaudiana* (Fam. Asteraceae). *Stevia rebaudiana* Bertoni is a branched bushy shrub, a perennial herb that grows in Brazil and Paraguay. It is often referred to as sweet herb, honey leaf, honey yerba and candy leaf.

Constituents

The active compounds are steviol diterpene glycosides (mainly

stevioside and rebaudioside), which have about 50 to 300 times the sweetness of sugar. Stevia leaves also contain proteins, carbohydrates, lipids, dietary fibres, oils, vitamins, and phenolic compounds.

The dry extract from the leaves of stevia contains flavonoids, alkaloids, water-soluble chlorophylls and xanthophylls, hydroxycinnamic acids (caffeine, chlorogenic, etc.), potassium, calcium, magnesium, and sodium, folic acid, niacin, vitamins B1, B2, B6, C.

Preparations

Stevia is used in different forms, such as fresh and dried Stevia leaves, Stevia leaf powder, extracts, granules, tablets and liquid concentrates. Stevia is used for sweetening creamy desserts, drinks, fruit, salad dressings, yogurt and tea.

Pharmacological actions and medicinal uses

The human body does not

metabolise the glycosides in stevia; so it contains zero calories as a non-nutritive sweetener. Its taste has a slower onset and longer duration than that of sugar, and, at high concentrations, some of its extracts may have an aftertaste described as licorice-like or bitter.

Stevia leaves have been reported to be used traditionally in Paraguay as a women's contraceptive. Studies further reveal that Stevia leaves contain many biologically active substances, which have anti-diabetic, antihypertensive, antitumor, anti-cariogenic, anti-inflammatory and bactericidal effects.

Studies have also shown the protective effects of Stevia on the digestive system and skin disorders, as well as on common complications associated with metabolic syndrome. Stevia contains caffeic acid, flavonoids, kaempferol, quercetin, tannins and triterpenes that enable the body to fight free radicals that can damage cells and contribute to cancer, heart disease and other health concerns.

Studies have shown that stevia significantly lowered insulin and glucose levels. Some evidence suggest that stevia may help fight or prevent some types of cancer by boosting cancer cell death and decreasing some mitochondrial pathways that help cancer grow.

Stevia does not have the neurological or renal side effects that other artificial sweeteners have. Stevia possesses anti-fungal and antibacterial properties. Mild stevia leaf tea offers excellent relief for an upset stomach.

Adverse effects

There is concern that raw stevia herb may harm the kidneys, as well as the reproductive and the

cardiovascular systems. It may cause blood pressure to drop too low or interact with medications that lower blood sugar.

There have also been warnings that steviol at high dosages may have weak mutagenic activity. In some people, stevia products made with sugar alcohols may cause digestive problems, such as bloating and diarrhoea.

Economic uses and potentials: Stevia is useful in the pharmaceutical, food and beverage industries. Stevia sweeteners are used in a wide range of food and beverage applications including soft drinks, candies, chocolate, chewing gum, ice cream, yogurt, jam, pudding, and table-top sweeteners. Stevia costs about N3,000 naira per pack of 10 seeds, N1,000 per seedling, N10,000 per 100g refined powder. Global demand for stevia is estimated at N13 trillion/year. Stevia has the potential to create jobs for Nigerians in through cultivation, processing, manufacturing, research, distribution, sales and exportation.

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News

Pharmacists tasked to play active roles in immunisation, vaccine administration

By Ranmilowo Ojalumo

A vaccine consultant, Pharm. Abdulrahman Kelani, has charged pharmacists in Nigeria to be actively involved in immunisation supply chain, logistics and vaccine administration in the country. This, according to him, will help to fill a major gap in the healthcare system, as well as enhancing quality healthcare delivery.

Kelani gave the charge at one of the plenary sessions of the 96th Annual National Conference of the Pharmaceutical Society of Nigeria (PSN), recently held in Gombe State. He presented the topic, "Immunisation Supply Chain Logistics and Vaccines Administration: The Role of the Pharmacist."

The vaccine consultant pointed out that immunisation supply chain is critical to ensuring the availability, accessibility, and effectiveness of vaccines, stressing that pharmacists must take up active roles in this area of specialty.

He further explained that vaccine administration encompasses the processes, systems, and resources involved in the procurement, storage, distribution, and management



of vaccines. He added that, with immunisation saving millions of lives annually, a well-functioning supply chain is essential for the success of immunisation programmes.

The specialist disclosed that immunisation supply chain ensures that vaccines are safely transported, stored, and delivered to the right place, at the right time, and in the right condition, adding that effective supply chains help reach geographically remote areas, marginalised populations, and vulnerable communities.

This, he said, is vital to achieving universal health coverage.

He also averred that immunisation supply chain and vaccine administration have various components in which pharmacists can effectively function. He listed these to include planning, forecasting, procurement, storage, distribution, managing cold chain logistics, and managing collaboration among partners.

Kelani emphasised that pharmacists must play active roles in estimating vaccine needs,

based on agreed parameters, ensuring proper budgeting for vaccine procurement and warehousing, cold chain distribution and eventual administration. He also mentioned proper storage and inventory management of vaccines at the national primary cold store, as well as all supply chain levels, to safeguarding their integrity and quality.

In his words, "In recent years, pharmacists in Nigeria have been authorised to administer vaccines, including routine immunisations and travel vaccines. This helps increase access to immunisation services and improves community immunity.

"Pharmacists ensure the availability of essential medications, vaccines and supplies within the healthcare system. They work to prevent drug shortages and manage inventory efficiently."

Kelani, however, charged pharmacists to acquire more knowledge on the new areas to enable them function effectively and efficiently.

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Concurrently, Dana Pharmaceuticals marks the 27th year for its flagship

paracetamol brand, Paradana®; a cornerstone in the company's pharmaceutical lineup that has played a pivotal role in shaping the healthcare landscape. The celebration, held at the same venue, pays homage to the enduring success of Paradana® Paracetamol, reaffirming Dana Pharmaceuticals' unwavering commitment to healthcare. In addition, Dana Pharmaceuticals showcases its dedication to innovation with the relaunch of Ferrodan Plus Capsules, a blood enhancer, featuring a bright packaging. The redesigned packaging reflects Dana Pharmaceuticals responsiveness to customer feedback and industry requirements, providing innovative and reliable pharmaceutical solutions and options. As Dana Pharmaceuticals marks these milestones, the company extends its gratitude to the millions of Nigerians who have consistently chosen Paradana® as their preferred analgesic painkiller. The company also expresses appreciation to patrons, medical professionals, distributors, and partners for their unwavering support in the value chain of healthcare delivery. The triple celebration stands as a testament to Dana Pharmaceuticals' commitment to advancing pharmaceutical care, pushing the boundaries of innovation, and maintaining uncompromising quality standards over the past decades.

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Mr. Bharat Vaswani, the Country Head, Dana Pharmaceuticals Ltd(Middle) leading the cutting of the Paradana Cake together with Management Staff and Distributors of Dana Pharmaceuticals Ltd



L-R: Mr. Suraj Vaswani, National Sales Manager, Dana Pharmaceuticals Ltd; Mr Bharat Vaswani, Country Head Dana Pharmaceuticals Ltd; Dr. Paul Chukwujekwu Ezenwuba MD Arimans Pharmacy; and Mr. Ernest Onuoha, Deputy General Manager(Sales) East Dana Pharmaceuticals Ltd.



L-R: Pharm. Martin Okereke, Regional Sales Manager East Dana Pharmaceuticals Ltd; Chief Okonkwo Collins MD Austin Ola Pharmacy; Mr. Keitan Shetty, Deputy General Manager (Sales) North; Mr. Daniel and Mr. Razaki both Dana Pharmaceuticals Ltd Staff and Mr. Ernest Onuoha, Deputy General Manager(Sales) East, Dana Pharmaceuticals Ltd



Dana Pharmaceuticals Sales team led by National Sales Manager Mr Suraj K.Vaswani felicitating Mr Francis Obi, MD TOKS Pharmacy at end of year Distributors meet in the Celebrations of 27th year of Paradana at the launch of DanaCee Vitamin C Syrup & Ferrodan Plus capsules at Onitsha over the weekend



L-R: Mr. Keitan Shetty, Deputy General Manager (Sales) North, Dana Pharmaceuticals Ltd; Mr. Daniel & Mr. Razaki, Dana Pharmaceuticals Ltd; Mr Emmanuel Emerem, MD Megon Pharma. Ltd

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Celebrating 45 Years of Uninterrupted Monthly Publication (1979-2024)

PCN inducts 89 UNILORIN pharmacy graduands

- As Rhoda Olatuyi emerges best graduating student

By Ranmilowo Ojalumo

The Pharmacy Council of Nigeria (PCN) recently inducted 89 graduands of the Faculty of Pharmacy, University of Ilorin (UNILORIN), following the successful completion of their programme at the university.

PCN Registrar, Babashehu Ahmed, who was represented by Pharm. Emmanuel Bayode, led the 89 graduands in an oath-taking session. The 89 inductees had graduated from the faculty during the 2021/2022 session, with Rhoda Oluwadamilola Olatuyi emerging as the overall best graduating student.

Speaking shortly before leading the graduands on the oath-taking session, Ahmed urged them to always uphold the ethics of the pharmacy profession and aspire to be good leaders.

The PCN boss further assured the inductees that they would excel, as long as they remain diligent in what they do, urging them to keep improving themselves.

He said, "PCN frowns at professional misconduct, so I urge you to refrain from it. I also urge you to refrain from all forms of dishonesty, while you also explore the research aspect of pharmacy practice."

Earlier in his remarks, the Vice-Chancellor of the university, Professor Wahab Olasupo Egbewole (SAN), who was also the chairman of the occasion averred that pharmacy profession is indispensable to healthcare delivery. According to him, there is nothing done in healthcare delivery that does not involve Pharmacy.

Egbewole, who was represented by the Deputy Vice-Chancellor, Prof. Sulaimon Folorunsho Ambali, therefore urged the inductees to be good ambassadors of the pharmacy profession.

The Acting Dean of the Faculty of Pharmaceutical Sciences of the University of Ilorin, Dr Sa'ad Toyin Abdullahi, in his opening remarks, noted that pharmacists and the pharmacy profession exist to serve humanity. He informed the inductees that the oath they took is their promise as pharmacists, urging them never to act contrary to their declaration.

Abdullahi also urged the inductees to always remember why they chose pharmacy and the sacrifice they had made to become pharmacists. He urged them to serve their community, seeking to improve the quality of life and health of the members of the populace, with compassion, honesty and integrity.

The keynote speaker, Professor Olubunmi Afolabi, charged the newly inducted pharmacists and other young pharmacists across the country to prioritise integrity, insisting that every pharmacist that wants to succeed must build and uphold his or her integrity.

Speaking on "Professional Values in Pharmacy Practice", Afolabi, who is the immediate past dean of the Faculty of Pharmacy, Obafemi Awolowo University (OAU), Ile-Ife, explained that pharmacists play vital roles in ensuring optimal health outcomes, saying they have the moral and professional obligation to maintain the trust reposed in them by the society.

The keynote speaker stressed that Pharmacy is not merely about dispensing drugs but a comprehensive science and practice of discovering, producing, preparing, dispensing, reviewing, and monitoring medications. According to her, Pharmacy ensures



L-R: Keynote Speaker, Prof. Margaret Olubunmi Afolabi; representative of the PCN Registrar, Pharm. Bayode Emmanuel; Overall Best Graduating Student, Pharm. Rhoda Oluwadamiola Olatuyi; representative of the Vice-Chancellor, Prof. Olubunmi Abayomi Omotesho and the Ag. Dean, faculty of pharmaceutical Sciences, Unilorin, Dr Sa'ad Toyin Abdullahi at the induction/oath taking ceremony.



A cross-section of the graduands

safe, effective, and affordable distribution and use of medicines and at the same time intersecting health sciences with pharmaceutical sciences, behavioural and natural sciences.

Afolabi, who defined professionals as a disciplined group of individuals with special knowledge and skills, adhering to ethical standards for the greater good, stated that professional values are the guiding beliefs that influence behaviour of members in the pursuit of professional responsibilities.

She noted that professional values are shared beliefs defining a framework for attitudes and work standards, saying that professional values support better work ethics and are essential for a competitive edge.

In her words, "Integrity helps to build a brand which is the unique value in every facet of pharmacy

practice".

Afolabi identified what she termed "general professional values" to include appropriate dressing, politeness, punctuality, respect for others, confidentiality, responsibility and honesty. She added, however, that for the pharmacy profession professional values include integrity, code of ethics, covenant of trust, expertise and personal development.

The chairperson of the planning committee of the induction/oath-taking ceremony, who is also the sub-dean of the faculty, Dr Bilqis Abiola Lawal, expressed appreciation to the VC and other dignitaries that graced the occasion, while urging the new inductees to uphold the ethics of the pharmacy profession.

The overall best graduating students Rhoda Oluwadamilola Olatuyi, in her remarks, commended the lecturers and staff of the university who contributed to her success, even

as she urged her colleagues to go all out to rule their world.

The high point of the event was the presentation of various awards and prizes to the overall best graduating student, among which were the PCN Award for the Overall Best Graduating Student, the Prof. A. Agunu Memorial Award, the PSN Kwara Award, the Fellow Christopher Okpaleke Award, the Bioraj Pharmaceutical Award, and the Keyhelt Pharma Award, among others.

Other awards/prizes won by other students included the Megalife Science Award for Best Graduating Male Student, which was won by Shedrack Peter; Megalife Science Award for Best Graduating Female Student, won by Olatuyi; PSN Kwara Chairman's Award for the Best All Rounder Graduating Student, won by Yusuf Olalekan Babatunde, and many others.

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Celebrating 45 Years of Uninterrupted Monthly Publication (1979-2024)

Medicine security and the state of emergency imperative

By Pharm. Sesan Kareem

The rising cost of medicines in Nigeria has reached a crisis point, threatening the health and well-being of millions. For far too long, Nigerians have faced exorbitant prices for essential medications, forcing many to choose between food and healthcare. This situation demands immediate action, and the time has come for President Tinubu to declare a state of emergency for medicines security in Nigeria.

Recent reports paint a bleak picture of the current situation. According to a study published in the Nigerian Journal of Pharmacy, the average price of essential medicines increased by 35 per cent between 2022 and 2023. This increase outpaces inflation, making it increasingly difficult for ordinary Nigerians to afford the medications they need. In addition, data from the National Bureau of Statistics showed that the country's inflation rose to 27.33 per cent, year on year, in October 2023 - from 26.72 per cent in September 2023; its highest in about 18 years.

Nigeria has been described as Africa's largest medicines market, with over 70 per cent of medicines used in the country imported from India, China, and other countries. Experts also say over 70 per cent of payment for healthcare services in Nigeria is done from out-of-pocket expenditure, meaning that people pay most of their healthcare bills from their little income.

The consequences of this crisis are far-reaching. Many Nigerians are forced to skip doses or ration their medications, which can lead to serious health complications.

Others are forced to choose between essential medications and other necessities, leading to malnutrition, poverty, and even death. This is a tragedy that we cannot afford to continue.

The Nigerian governments could mitigate healthcare costs, particularly in purchasing medications, through strategies like boosting local pharmaceutical production, stabilising currency rates, implementing subsidies or price controls, expanding health insurance coverage, promoting generic medicines, fostering public-private partnerships, and enhancing health education and awareness. Hence, the need for President Tinubu to declare a state of emergency.

Declaring a state of emergency

Declaring a state of emergency for medicines security would signify a commitment by the government to address this critical issue with urgency and seriousness. It would trigger several important actions, including:

Increased funding: The government must allocate significant resources towards strengthening the pharmaceutical sector, including investment in local production, research and development, and supply chain infrastructure.

Regulatory reforms: The regulatory framework governing the pharmaceutical sector must be strengthened to ensure the quality, safety, and efficacy of medicines available in the market.

Public awareness

campaigns: The government must implement awareness campaigns to educate the public about the risks of counterfeit drugs and the importance of proper medication use.

International collaboration: The government should seek international cooperation to access essential medicines and technologies, share best practices, and build capacity in the pharmaceutical sector.

Addressing this crisis requires a multi-pronged approach. President Tinubu must declare a state of emergency for medicines security and implement a comprehensive plan to tackle the root causes of the problem. This plan should include:

Increased investment in local drug production: The government must incentivise the growth of the domestic pharmaceutical industry through tax breaks, grants, and other forms of support. This will reduce our dependence on imported drugs and lower prices for consumers.

Strengthening the regulatory framework: The government must strengthen the National Agency for Food and Drug Administration and Control (NAFDAC) to ensure the quality and affordability of medicines on the market. This includes cracking down on counterfeit and substandard drugs and increasing transparency in the pricing of medicines.

Improving distribution networks: The government must invest in infrastructure and logistics to improve the efficiency of the drug distribution system. This will reduce transportation costs and ensure that medicines reach all parts of the



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country.

Providing subsidies for essential medicines: The government should provide subsidies for essential medicines to make them more affordable for low-income Nigerians. This could be achieved through a voucher system or direct financial assistance to pharmacies.

Promoting generic drugs: The government should encourage the use of generic drugs, which are typically much cheaper than brand-name medications. This could be achieved through public awareness campaigns and price controls.

The rising cost of medicines is not just a health issue; it is a social and economic crisis. By declaring a state of emergency and implementing a comprehensive plan, President Tinubu can help ensure that all Nigerians have access to the affordable, quality medicines they need to live healthy and productive lives. The state of medicine security in Nigeria is a ticking bomb, and the time to act is now.

Sesan Kareem is a board member of Safe Medicines Foundation and the Founder/CEO of HubCare Health. He writes from Lagos.

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Adetunji Toriola: Outstanding pathfinder in breast cancer research

By Ola Aboderin

In November 2022, the American Association for Cancer Research (AACR) announced that the world had just taken a massive leap forward in the battle against breast cancer. This followed the landmark discovery that premenopausal women could benefit from RANKL inhibition to help prevent breast cancer. Credit for this discovery was given to Professor Adetunji Toriola of the Division of Public Health Sciences, Washington University School of Medicine, in St. Louis, Missouri.

To put this in context, RANKL (Receptor Activator of Nuclear Factor Kappa B Ligand) is a protein that plays a major role in bone remodelling and immune function. It controls the activation and differentiation of osteoclasts, which are cells that break down bone tissue during bone remodelling. Specifically for breast cancer, the RANKL signalling pathway has been shown to stimulate breast cancer stem cells, which are believed to be responsible for tumour initiation, and to promote the formation of metastases in bone tissue. Thus, inhibition of this protein (which certain drugs, such as denosumab, now help to achieve) slows down tumour growth and reduce the risk of bone metastasis.

According to the AACR, Toriola was the first researcher to report a positive association between the receptor activator of nuclear factor- κ B (RANK) pathway gene expression and mammographic breast density in premenopausal women. He demonstrated the potential utility of targeting the RANK pathway for primary breast cancer prevention in this patient population. Toriola demonstrated that plasma levels of RANK-pathway proteins could be used as biomarkers of mammographic breast density in premenopausal women, and that RANK ligand (RANKL) signalling is associated with mammographic breast density among such women with elevated progesterone levels.

Toriola is also acclaimed for establishing a leading research programme at the Siteman Cancer Centre, in Missouri, with the goal of identifying additional targetable determinants of mammographic density, especially in premenopausal women. He also established a platform to rapidly translate preclinical and clinical research findings into chemoprevention clinical trials in high-risk premenopausal women.

In recognition of these accomplishments, the AACR – the first and largest cancer research organisation with more than 58,000 members in 138 countries and territories – gave Toriola the 2022 “Outstanding Investigator Award for Breast Cancer Research”. According to the association, the award celebrates an investigator “whose novel and significant work has had or may have a far-reaching impact on the aetiology, detection, diagnosis, treatment, or prevention of breast cancer.”

Professor Carlos L. Arteaga, a former president of AACR, remarked that Toriola’s ground-breaking research is “an exceptional

example of the progress we have accomplished in breast cancer, as well as a roadmap for next steps to continue to improve cure rates for patients with breast cancer and those who are at risk of developing this disease.”

Unparalleled devotion

Toriola is a professor of Surgery at Washington University School of Medicine, Missouri, United States. His research focuses on applying various omics approaches – metabolomics, transcriptomics, genomics, proteomics – to identify novel targetable markers and pathways that are associated with mammographic breast density and breast cancer

development, especially in premenopausal women.

He is currently the principal investigator on two National Institutes of Health (NIH) funded researches on mammographic breast density and breast cancer prevention. One of these is aimed at understanding the molecular basis of breast density and the mechanisms by which dense breasts increase the risk of breast cancer; the other, a Merit Award, supports a phase 2 clinical trial evaluating whether targeting a signalling pathway can reduce breast density and levels of biomarkers known to increase breast cancer risk.

Toriola also performs molecular epidemiologic studies on colorectal and pancreatic cancers, evaluating the utility of biomarkers to investigate the associations of energetics, and inflammation with risk/mortality. He is a principal investigator on the ColoCare Study, a large multicentre cohort of colorectal cancer (CRC) patients for interdisciplinary studies of CRC prognosis and outcomes.

Toriola has authored and co-authored multiple peer-reviewed scientific papers. He has also made innovative presentations at many national and international conferences, including the seminal lecture he presented at the AACR on “Breast cancer prevention in premenopausal women: Accelerating transition from discoveries to clinical translation.” His contributions have received recognitions from leading experts from around the world.

Profound background and education

Three of the key factors that have continued to drive Toriola’s phenomenal career success are his robust background and upbringing, his uncommon passion for preventative and translational care, as well as his multidisciplinary medical



Prof. Adetunji Toriola

training. According to him, “Most of my experiences from my childhood, within my home and school environment, prepared me and opened up my eyes to what I do now and why I do what I do... Initially, I desired to be a physician, but in the later part of my career, I streamlined my focus on research that impacts people individually.”

Toriola was born in the 70’s in Ibadan, Oyo State, and was raised by a university registrar father and a nurse mother, both of whom he says greatly influenced different aspects of his life. He attended Government College, Ibadan (GCI), which, according to him, “also shaped how I looked at the world. We were exposed to several wonderful achievers in school that made us believe we could achieve anything.” Thereafter, he studied Medicine at Obafemi Awolowo University, Ile-Ife, and graduated in 1998.

After his housemanship and NYSC programme, Toriola started his residency training in Anaesthesia at the University College Hospital (UCH), Ibadan. Within the five years he spent there, he made some poignant and career-defining observations. “We would have recorded a reduced number of patients if our preventive services were top-notch. That sparked the desire in me to undergo more training and increase my expertise in prevention,” he said.

Toriola proceeded to the University of Eastern Finland, in Kuopio, Finland, where he obtained a master’s degree in Public Health. He subsequently obtained a PhD in Health and Epidemiology from the University of Tampere, Tampere, Finland, in 2011. Thereafter, he conducted postdoctoral studies at the German Cancer Research Centre (DKFZ), Heidelberg, Germany, between 2011 and 2012.

It was while at Heidelberg that he got a job opportunity at Washington University for a faculty position as an assistant

lecturer. He became an associate professor of surgery in 2019 and a full professor in 2022.

Awards and recognitions

Aside from the “Outstanding Investigator Award for Breast Cancer Research” from AACR, Toriola has received many other prestigious honours and recognitions. Earlier in 2022, he was named a William H. Danforth Washington University Physician Scholar, the second physician-researcher named as part of the School of Medicine’s new Physician-Scientist Investigators Initiative. The initiative supports pioneering physician-scientists whose work already has transformed their fields.

Prof. Timothy J. Eberlein, MD, director of Siteman Cancer Centre at Barnes-Jewish Hospital and Washington University School of Medicine, said of the award: “Dr Toriola’s research fulfils a critical unmet need in premenopausal breast cancer prevention, given the limited number of chemoprevention options available. His research represents cutting-edge precision prevention research.” Also reacting, Prof. Wayne M. Yokoyama, associate dean, Division of Physician-Scientists, Washington University School of Medicine, said: “Dr Toriola is part of a bustling community of physician-scientists who are excelling and poised to advance their fields in innovative and profound ways. It is an exciting time to be a physician-scientist on the Washington University Medical Campus.”

Toriola has also received the Susan G. Komen Career Catalyst Award, which, among other objectives, “supports basic, translational and clinical research that has unlocked new knowledge about breast cancer and helped advance patient care, improve patient outcomes and save the lives of those impacted by breast cancer.”

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Usifoh, Ajayi, others tout The Advantage to tackle drugs inaccessibility, expiry issues

By Temitope Obayendo



President, Pharmaceutical Society of Nigeria, Prof. Cyril Usifoh (4th from left) President, Healthcare Federation of Nigeria, Dr Pamela Ajayi, (5th from left); CEO, Advantage Health Africa, Pharm. (Mrs) Abimbola Adebakin (2nd from left); and other dignitaries and panellists at the occasion.

Leaders in the healthcare industry have attested to the transformative change The Advantage will bring into retail pharmacy operations, with an innovative technological system designed to eradicate the issues of drugs expiry and inaccessibility in the Nigerian health ecosystem.

They also averred that the new operating system will, to a great extent, resolve the issue of medicines scarcity, saying it will enhance better interactions among retail pharmacies owners, thereby enabling efficient coordination of needed medicines from one pharmacy to another

where it is needed.

The industry experts, including the President, Healthcare Federation of Nigeria, Dr Pamela Ajayi; President, Pharmaceutical Society of Nigeria (PSN) Professor Cyril Usifoh; Registrar, Pharmacy Council of Nigeria (PCN), Pharm. Babashehu Ahmed; National Chairman, Association of Community Pharmacists of Nigeria (ACPN), Pharm. Adewale Oladigbolu, as well as leading community pharmacists, spoke at the launch of The Advantage, a new retail pharmacy operating system, designed by Advantage Health

Africa (AHA).

In his remarks at the programme, Prof. Usifoh commended the management of AHA for such a revolutionary initiative, aimed at alleviating medicines scarcity through effective management of drugs in pharmacies across Nigeria.

He said, "It should actually alleviate issues around medicine scarcity, but most importantly, it will help coordinate the medicines retail

pharmacies have in stock. This is how it works, if you have a pharmacy and people don't need the drugs you have in stock, and the medicines are needed in my own pharmacy, they can help send the drugs to me. The idea is to eradicate the issue of drug expiry, as well as make availability of medicines easy."

Dr Ajayi, who was the keynote speaker, emphasised the need for healthcare practitioners to leverage access to resources and technology to build an inclusive healthcare ecosystem. She identified the key elements of an inclusive healthcare platform

to include comprehensive private public partnership and an innovative technological platform.

She highlighted the various means technology can be used to bridge the gap in the healthcare ecosystem, such as usage of wearable devices as diagnostic tools, generation of public health data, electronic payment methods, acceleration of drug discovery with AI, engagement with communities, among others.

In his contribution, the PCN Registrar, who was represented at the event by Pharm. Anthony Idoko, expressed the support of the regulatory agency for the newly launched platform, saying it is a system that was developed to reduce medicine scarcity in the country.

The ACPN National Chairman, Pharm. Oladigbolu, also assured of the association's support for The Advantage, noting that the initiative will go a long way in ameliorating most bottlenecks pharmacists usually encounter in retail practice. He said this will be achieved by giving them access to market and business intelligence, support for patient and business success, opening them to opportunities and resources, while enabling collaboration with health innovators for improved patient care.

Plaudit, as Robakeye Pharmacy unveils ultra-modern outlet in Ibadan

By Adebayo Oladejo

In its quest to meet the healthcare needs of Ologuneru residents and others in Ibadan, Robakeye Pharmacy, one of the fastest growing retail outlets in Oyo State, has opened a new branch in the interior part of the state capital.

Located along Ologuneru-Eruwa Road, Ibadan, the official unveiling of the ultra-modern outlet, held in December 2023, was well attended by pharmacists, especially those under the Association of Community Pharmacists of Nigeria (ACPN), Oyo State Branch, as well as other stakeholders in the pharmaceutical industry in the state.

Speaking at the event, Pharm. Adebayo Gbadamosi, managing director of Robakeye Pharmacy, remarked that the commissioning of the ultra-modern outlet, which came to reality after about eight years of his leaving the industry to be an industrial pharmacist, was a reward for perseverance, dedication, vision and commitment, adding that the pharmacy was a dream come true for him because he had always wanted to work for himself.

Reminiscing on the beginnings, Gbadamosi, who is also the chairman of ACPN, Oyo State, said: "It has always been my dream to build a community pharmacy where the needs of our people would be met medically and in every other aspect. So, we started small in Omi-Adio area in Ibadan about eight years ago.

"Although it was not a developed area, our concept was to project what



The Managing Director, Robakeye Pharmacy and Chairman, ACPN, Oyo State, Pharm. Adebayo Gbadamosi and wife, (middle), flanked by some stakeholders and pharmacist colleagues in the state, cutting the unveiling cake.

the community pharmacy is all about - to the unreached and give them opportunity to access healthcare easily - before we later moved to Odo-Ona, then later to Ologuneru where we are today."

He continued: "I resigned as the national sales manager at Global Healthcare, having previously worked as the national sales manager for Maydon Pharmaceuticals, before I resigned and decided to face the community practice squarely. So, Ologuneru is our third outlet in Ibadan and the biggest.

"Robakeye is building a family of

care, where we satisfy our immediate environment with their daily needs, both pharmaceutically and in other aspects. And, with the speed, with which we are going, God on our side, we want to move from Ibadan to other southwest states and from there to the rest of the country, Africa and to the world."

Performing the official commissioning of the ultra-modern outlet, the Deputy State Pastor of Living Faith Church, Pastor Michael Jaiyeoba, congratulated Gbadamosi, who is also a deacon in the church for erecting the edifice to provide

quality medicines for the people of the community, adding that if the vision is sustained and nurtured, it will give birth to another.

The Chairman, Pharmaceutical Society of Nigeria (PSN), Oyo State Branch, Pharm. Adegboyega Oguntayo, also lauded the efforts of Gbadamosi in establishing a standard retail facility in the interior part of the state, noting that with the presence of the outlet and others around, the people of Ologuneru and its environs should rest assured of better services in terms of pharmaceuticals and every other aspect.

He said: "This is a commendable development and it will no doubt bring positive impact to healthcare practice generally in the state because community pharmacy practice is gradually moving towards primary healthcare provision, whereby the people in each community will have access to quality drugs, quality pharmaceutical services, quality drug information, and quality health-related programmes."

In his remarks at the event, Pharm. Abiodun Ajibade, former chairman, of PSN, Oyo State, noted that a facility that has brought every human need together has done well.

"People are getting convinced about the organised retail system and with what young professionals in the class of Robakeye Pharmacy and Vanguard Pharmacy are doing, we are meeting the yearnings of people and others should begin to look into this direction and it will be better for us," he said.

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Usifoh, Akintayo, others task Oyo pharmacists on unity

- As Oladigbolu, Omotosho, over 60 others bag awards

By Adebayo Oladejo

President of the Pharmaceutical Society of Nigeria (PSN), Prof. Cyril Usifoh and former President, Pharm. Olumide Akintayo, have led other notable pharmacy leaders to charge pharmacists in Oyo State to set aside their differences and embrace unity. This, they say, will boost efforts aimed at tackling the myriads of challenges facing pharmacy practice of in the state.

Usifoh, who was the guest of honour at the Oyo State PSN Luncheon and Awards Ceremony, held at Jogor Centre in Ibadan, noted that, with Oyo State having so many PSN Fellows, second only to Lagos, the state should be able to produce a PSN president soon.

Speaking further, the PSN leader said pharmacists in the state must learn to know when to forget their differences and work together.

Speaking in the same vein, Pharm. Akintayo, who was the chairman of the event, challenged the state members to be more vibrant in organised pharmacy activities, noting that despite having 33 Fellows of PSN, with sensible and outspoken leaders, Oyo has not been able to produce a PSN president.

"Look at a state like Edo, apart from boasting of having the current president, Prof. Cyril Usifoh, it has produced three other past presidents. So it is time to take far-reaching decisions, to end this perambulation in the wilderness of retrogression, so that some of your very best will reach the pinnacle of the profession", he said.

Akintayo however commended the PSN leadership in the state for organising the programme, adding that it was in tandem with the tradition of the Society to give honour to whom it is due. He commended the state chairman, Pharm. Adegboyega Oguntoye, for his initiative in working tirelessly to ensure that Oyo PSN excels in all areas.

Speaking earlier, Pharm. Oguntoye, disclosed that the Society was using the occasion to celebrate some of their late heroes who had served the pharmacy profession in different capacities during their lifetimes. He added that it was also meant to celebrate living heroes, who are defenders and promoters of good pharmaceutical services to humanity in the state.

Speaking during the award presentation ceremony, Pharm. Adewale Oladigbolu, national chairman of ACPN, noted that the primary purpose of recognising and rewarding members who have contributed to the efficient and quality healthcare delivery is to foster excellence and sustain quality healthcare for patients.

In the category of Living Legend Awards for 2023, the quintet of Chief Adebawale Omotosho, chairman of Bond Group; Chief Emmanuel Ajagbe; Pharm. (Chief) Olu Olayinka; Prof Kolawole Jaiyeoba, former vice-chancellor, Ajayi Crowther University, Oyo; and Pharm. (Chief) Adetunji Amole, were presented with plaques to a rousing applause from the audience.



Pharm. Wale Oladigbolu, national chairman, ACPN, and Pharm. Adegboyega Oguntoye, chairman, PSN, Oyo State (middle), presenting a plaque to Pharm. Adebayo Gbadamosi, chairman, ACPN, Oyo State, at the Oyo State PSN Luncheon and Awards Ceremony, held at Jogor Centre, Ibadan.



A cross-section of delegates and other personalities from Lagos State in a group photograph with Pharm. Wale Oladigbolu, national chairman, ACPN; Pharm. Adegboyega Oguntoye, chairman, PSN, Oyo State; Prof Cyril Usifoh, president, PSN; and Pharm. Olumide Akintayo, chairman of the occasion, at the Oyo State PSN Luncheon and Awards Ceremony, held at Jogor Centre, Ibadan.

Also, Posthumous Awards were presented to Late Pharm. (Alh) Musibaudeen Adejare Gbadamosi; Late Pharm. Rasheed Ayinde; Late Pharm. Modupeola Kazim; and Late Pharm. Olubusola Oluyemi Igbaro.

In the category of Special Recognition Awards, Pharm. Bose Ademola; Pharm. Emmanuel Akinlolu; Pharm. Adeyanju Rasaq Adewale; Pharm. Olubunmi Ajaguna; Pharm. Adewale Durowaiye; Pharm. Omotola Adegoke; Pharm. Babatunde Olayiwola; Pharm. Adekunle Omole; Pharm. Isioma Emmanuel Ogunwale; Pharm. Kayode Ogunesan; Pharm. Adefoyeke Adewumi; Pharm. Karounwi Ogunjobi; Pharm. Mrs Olusola Porter; Pharm. Adebayo Gbadamosi; Pharm. Clement Adeboye; Pharm. Omosolape Dupe Oshin; Pharm. Olubukola Ayinde; Pharm. Hamidat Atere-Akeukere; Pharm. Adedayo Akala; Pharm. Jude Ogunsakin;

Pharm. Olayinka Adeyemi; Pharm. Monsurat Oyedare Quadri, and Pharm. Olufemi Oyebanji Femi-Adeoye were awarded.

Friends of Pharmacists Awards were given to Deaconess Mary Farodolu; Mrs Esther Abosede Kazeem; and Dr Muideen Babatunde Olatunji. Also, while Leadership Award was given to Hon. Dawood Olalere, member, Oyo State House of Assembly, representing Ibadan North-West Constituency, the Ambassador of Pharmacy Award was given to Pharm. Oladigbolu, national chairman, ACPN.

The Oyo State PSN Merit Awards went to Pharm. (Col) Victor Ajanaku; Pharm. Azeez Gbolagade; Pharm. (Mrs) T.B Sopeju; Pharm. Adediran Oluyedun; Pharm. Lanre Tiamiyu; Pharm. Ajao Olufemi; Pharm. Olukemi Akinbami; Pharm. Lukman Akinwande; Pharm. Taofik Odukoya; Pharm. Joseph Obajimi; Pharm. Moradeke Oyewo; Pharm. Abolade Fawunmi;

Pharm. Yetunde Olufunke Adeoye; Pharm. Taiwo Onasile; Pharm. Olubukola Olatokunbo Olumide; Pharm. Aderonke Anifowoshe; and Pharm. Omobolanle Ajao.

Others in the category of Merit Awards were Pharm. Olabisi Asaolu; Pharm. Olubukola Abiola Peller; Pharm. Faderemi Adekunle; Pharm. Adegboyega Oguntoye, chairman, PSN, Oyo State; Pharm. Ganiyu Adedayo; Pharm. Rahamon Amidu Oyewole; Pharm. Femi Olawuyi; Pharm. (Dr) Oladapo Adewale Adetunji; Pharm. Obeki Paulson Obeki, and Pharm. Abiodun Gbadamosi.

Earlier, Appreciation Awards were presented to Prof. Usifoh, and Pharm. Akintayo; while Queens College, Ibadan, Celestial Church of Christ School, and Our Lady of Apostle Secondary School, Ibadan, came first, second and third respectively, in the quiz competition organised by PSN for secondary schools in Ibadan. They were also presented awards.

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How Nigerian healthcare system wastes human lives (2)

By Ola Aboderin



Journey to the slaughter slab

At about 7:45 pm, the expected “team” eventually arrived, encased in the body of a young female doctor, who asked questions similar to what the first doctor had asked. She also did a few examinations on him and left afterwards. This was followed by another round of waiting.

When we ventured to inquire of the nurse that we had earlier seen, she said a “comprehensive report” was being written on the patient, which would be transferred to the stroke unit. About an hour later, another female specialist came to examine the patient, and a few minutes after, we were led to the stroke unit by a nurse bearing the file containing information about the patient.

We got to the stroke unit shortly before 9 pm. To convey the patient from the vehicle to the ward, we requested a rolling stretcher but were told the unit did not have one. We were given a wheelchair, instead. We told them that the patient was semi-conscious, and they said we had to use the stretcher that came with the ambulance. Already impatient to leave, the ambulance guys were rough in conveying Ajuwon. In fact, in their haste, they forgot that a catheter was attached to him. We had to remind them of the dangling device.

The nurses stood by as the boys took Ajuwon in. When they got to the bed assigned to him, they wanted to simply flip the stretcher to get rid of the patient, as quickly as possible. A nurse saw them and exclaimed that they should not do so. This should have alerted the nurse that the boys were charlatans but she did nothing as the visibly frustrated boys continue to fiddle with the patient. Soon, his trousers were halfway down and his diaper was on full display. As they made one last attempt to forcibly pull off the stretcher from under him, one of the sides twisted and hooked the patient's diaper, nearly yanking it off. Their attention had to be quickly brought to this. It could have been his flesh that got hooked.

Shameful shenanigans

As I stood by the ambulance boys to lend a helping hand where necessary, the nurses at the reception had cornered my sister with a long list of sanitary items to be bought in “caring” for the patient. She was directed to a store, whose proprietor we later realised to be a trusted accomplice of the nurses.

Immediately the ambulance boys left, I flopped on a chair in the corridor, waiting for my sister to arrive. Just then, a woman met me and said she had been assigned to be the carer for Ajuwon for the days he would be spending there. For the initial 10 days, we were to pay her N20,000 that night. Thereafter, should the patient stay any day extra, we would pay N2000 for each day.

Of course, we had been informed - when I went to make the initial enquiry - that the stroke unit had carers who had the exclusive right to be employed to care for any patient. According to them, no relative was allowed to care for their patient. The carer gave me her account number and I transferred the N20,000 to her.

Soon, I was able to locate the store where my sister had been sent shopping. It was then I understood why she had delayed - what the nurses asked her to buy for the patient to use in 10 days was enough for any family to use for months! Nearly everything had to be the biggest size or in a bumper pack - jars of bleach, disinfectants, soaps, wipes, name it. Curiously, even some things we already brought with us, the store woman said the exact variant or brand that was listed must be bought - else, the nurses would reject them. Then, when we were done, we asked the woman to return the paper containing the listed items, so we could use it to confirm that all the items had been bought. She refused, saying the nurses had forbidden her from returning such a list to the customer.

Back in the ward, we presented the items to the nurses, together with the bag containing the medications we had bought at the emergency unit and other items. This was almost 10 pm and we observed that no attention of any sort was being given to

the patient, despite his critical state. Famished, fagged out and thinking we had done our best to commit Ajuwon to the best hands, as we had been assured, we announced to the nurses that we needed to retire for the day and return the next day. But the worst was yet to come. (To be

Countdown to calamity

At about 6:45 the next morning, I received a call from the stroke unit. The nurse in charge complained that we had not purchased necessary medications for the patient, and consequently delaying his treatment.

This got me bewildered - first, because we had bought and presented the medications prescribed at the emergency unit and nobody had said anything about buying other ones; and, second, because that alarm raised by the nurse just that morning meant that Ajuwon, whose stroke was ischemic, had spent about 36 hours without any major treatment.

When I insisted that we had left some medications the previous night, the nurse got upset and said she did not see any, and the patient would remain untreated. Fortunately, my sister was already on her way and I assured the nurse that she would soon be there to sort things out.

It was when my sister arrived and repeated what I said that the nurse clarified that those medications were not the ones recommended by the specialists that had come to examine the patient earlier. When the examination was done and how we were expected to know the new prescriptions remained a mystery. Besides, we reasoned that if all the time spent concocting the exploitative list of sanitary items had been spent ensuring that the patient had the right drugs, we would have bought them before leaving the ward that night.

Death potion

In any case, my sister immediately began to make arrangements for the new drugs, as well as a few more tests that were required. She seized the

opportunity to check on her husband and found that nothing had changed about his condition. Strangely, however, a nurse she met in the ward told her that Ajuwon was starting to show signs of recovery. “He has even eaten before you came,” she eagerly said, to corroborate her claim. The wife was surprised, considering the state he was since he was brought. “What did he eat?” she asked. “Pap and *moin-moin* (bean pudding)”.

This triggered alarm bells for us because, even for many healthy people, any meal containing beans is a problem, due to indigestion and heartburn. How much more someone that was semi-conscious! When we later discussed this with a doctor elsewhere, he exclaimed in horror and wondered how the nurses could expect Ajuwon's swallowing reflex and immune system to cope with both the feeding method and the food content at that critical stage. However, since we were dealing with people who, against global best practice, had forbidden us from being part of the decision-making process in caring for our loved one, we had to “let them do their job”.

By the way, we had every reason to believe that this forced oral feeding continued until Thursday afternoon when his condition had badly deteriorated. It was then that my sister was sent to get a feeding tube. We did not know what informed this sudden decision to get a feeding tube - which standard practice dictates should have been the first resort for a patient in Ajuwon's case - until the next day. Meanwhile, every effort made to know the patient's condition was rebuffed. Even when enquiries were made as to the details of the new test results and what to expect, not a bit of information was shared, despite repeated pleading.

Expected bombshell

It was around 8 am on Friday, when it was clear that the patient's health had been hopelessly compromised and the farcical frenzy to “save” his life had begun, that one of the doctors sent for my sister. He informed her that Ajuwon's brain had become swollen and that he had contracted a chest infection, which was aggravating his condition. He added that considering how severe his condition had become, only the ICU could save him, as he was already having to breathe through an oxygen mask.

Worried by this unexpected turn of events, the patient's wife demanded to know why the idea of taking him to the ICU was still being contemplated when it was the only option left. The doctor replied that a team from the ICU would still have to come to assess him before making a decision. Still reeling with shock and disbelief, the wife demanded to know how her husband had contracted a chest infection in the same place that we had been assured would provide the best of care. It was then the doctor confirmed what we had feared all along - the infection had been introduced in the process of the oral feeding.

That piece of news dealt a devastating blow to the hopes of the wife, who, until that moment,

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Formal education validated my ancestral wisdom. In secondary school, St Gregory's College, Obalende, Lagos, I fell in love with Chemistry. My teacher encouraged me. Mr Odedele, our chemistry teacher did everything possible to encourage me and nurture my interest. After school, I would help out in the lab, as well as help set up for the next day. He would do experiments while I was around. Eventually, I went ahead to university in the USA and accomplished my first degree in chemistry - a Bachelor of Science degree.

While an undergraduate at George Washington University, I learnt about Organic, Analytical, and Industrial Chemistry. I met a PhD chemist who did analysis on African grains and more. I worked with Professor Folahan Ayorinde for a summer and learnt high-tech practical analysis, using machines like GC/MS, gas chromatography and mass spectrophotometry machines.

After Chemistry, I proceeded for another bachelor's degree in pharmacy at Howard University. Pharmacy is the herbal medicine of the 21st century but has been misguided by big pharma. I met two Indians doing research on African bitter leaf - a native doctor's dream herb that exemplifies the unity of food and medicine. I learnt of the hypoglycaemic and fertility benefits of the vegetable/herb, and lots more. Darn, we Africans are blessed with earth and knowledge. This is likely a reason we historically rarely got malaria and were very fertile.

I later proceeded for a medical doctorate degree, MD,

mindset and build scientific roots.

I went further to specialise in internal medicine at Johns Hopkins University, in Baltimore, Maryland. There, I met professors and doctors who encourage me to look at ancestral knowledge. I recall Dr Williams, who would ask, "What do you do in Africa to treat diabetes and asthma? He was unknowingly planting seeds to reconnect me to my ancestors' knowledge of healing. After this, I joined a group of doctors in Lakeland, Florida. While I was there, I got inspired to do my MBA, which I did at the University of South Florida, in Tampa.

I must put this in context. God had a chessboard for me. I was

The native doctor who trained in America (2)

a pawn on his chessboard, but I am still playing the chessboard. I don't fully understand how it's unfolding, but I appreciate the bit I understand thus far.

The next consequential milestone in my journey was my getting married to a nutritionist. The plot could only sweeten and thicken - nutrition plus traditional doctor plus orthodox training. Wow!

Along with my journey, I encountered Father, Adodo, a monk and herbalist, here, in Nigeria. He founded Pax Herbals. There is, indeed, knowledge and wisdom in those ancient cultures. Gradually, the seeds were planted in me. All these have influenced my practice today. I have a healthy respect for traditional knowledge, knowledge of herbs and their utility, as well as knowledge of nutrition and its central role in our health. You know, illness or wellness?

These are all the influences that have come together to work on God's chessboard, for the native doctor who went to America to study and returned home to Nigeria. There is ongoing work to realign and apply all these skills and work into a reincarnation and blend of Western Waha

Thank you.

There is, indeed, knowledge and wisdom in those ancient cultures. Gradually, the seeds were planted in me. All these have influenced my practice today. I have a healthy respect for traditional knowledge, knowledge of herbs and their utility, as well as knowledge of nutrition and its central role in our health.



DEANS' Corner Prof. Francis Abiodun Oladimeji

Professor Francis Abiodun Oladimeji is the current dean of the Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Osun State. A professor of Pharmaceutics and Pharmaceutical Technology, Oladimeji hails from Akure, Ondo State.

He attended Sacred Heart Primary School, Akure and the famous St. Thomas Aquinas College, Akure. He later gained admission to study Pharmacy at University of Ife (now Obafemi Awolowo University, Ile-Ife) and graduated in 1983 with a Bachelor of Pharmacy (Hons).

Oladimeji did the mandatory one-year internship programme in the Department of Pharmaceutics, Faculty of Pharmacy, OAU, Ile-Ife, during which he also enrolled for a master's degree in Pharmaceutics. He was posted to Aba (now in Abia State) for the National Youth Service Corps (NYSC) programme and had his primary assignment at School of Hygiene, Aba, from 1984 to 1985. He returned to the Department of Pharmaceutics, OAU, immediately after the Youth Service to complete the master's

programme in 1986.

Oladimeji started his teaching and research career in the Department of Pharmaceutics, Faculty of Pharmacy, OAU in 1985, as a demonstrator. He was on secondment to The Gambia as a hospital pharmacist at Bansang Hospital, Bansang, The Gambia, from 1991 to 1993, through the Nigerian Technical Aid Corps programme.

Oladimeji bagged his PhD in Pharmaceutics in 2003 and rose through the ranks to become a full professor in October 2017 in the same department at OAU. His major areas of research are dosage form design and evaluation (with bias to disperse, semi-solid systems and medicinal herbal products) and evaluation of quality and bioavailability of drug products.

The dean has supervised several undergraduate and postgraduate students. He has published over 40 papers, comprising peer-reviewed journal articles, book chapters, and abstracts in international and local journals. He was at the College of Pharmacy, Afe Babalola University, Ado-Ekiti (ABUAD) on leave as professor and head of department of Pharmaceutics

and Pharmaceutical Technology, from November 2021 to March, 2023.

Oladimeji has served as head of department, vice-dean, hall master, and member of Senate and various committees and organisations at both faculty and university levels, leading to letters of commendation from various vice chancellors of the university.

He has served as external examiner and assessor to universities within and outside the country. He is a

reviewer for some national and international journals. He is currently the external examiner for the College of Medicine and Allied Health Sciences, University of Sierra Leone.

Oladimeji is an active member of Pharmaceutical Society of Nigeria (PSN), Osun State Branch. He has served the Society and its various organs in different capacities, culminating in the award of Merit Award Winner (MAW), in 2010. He was the national vice-chairman, Nigerian Association of Pharmacists in Academia (NAPA), from 2006 to 2008.



Prof. Oladimeji who is proud to be a classmate and the class governor of the current PSN President, Professor Cyril Usifoh, FPSN, was a former editor of the African Journal of Traditional, Complementary and Alternative Medicine.

Professor Oladimeji is a jolly good fellow, and he goes by the pet name "Mr Lad" among his students, colleagues and friends within and outside the university community. His hobbies are farming and travelling. He is happily married and blessed with five children, among whom is a qualified pharmacist.



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Formulation of prescription law by PCN crucial for improved healthcare - Abuh

Dr Yahaya F. Abuh is the president and CEO, Webb's Square Pharmacy LLC, United States - a family independent pharmacy; with his wife, Bridget J. Abuh, as managing member and accountant. A graduate of School of Pharmacy, Ahmadu Bello University (Zaria), he bagged his master's degree in Pharmacology from the same institution, and soon began his lecturing career there. Thereafter, he gained admission into the University of Toledo, Ohio, United States for his PhD, and subsequently transitioned to community practice.

In this insightful interview with **Temitope Obayendo**, Abuh emphasises the necessity of having a prescription law in Nigeria, saying this will reduce cases of prescription errors in the country. He also speaks on other burning issues in the healthcare system, such as the roles of pharmacists in health insurance, vaccine administration, disease outbreaks, and more. Excerpts:



Dr Yahaya F. Abuh

What informed your decision to study Pharmacy?

My studying Pharmacy was almost an accident, as I had no idea of what the profession was all about, while going through secondary and post-secondary schools in Nigeria. Everyone in my class then doing science subjects like Biology, Chemistry and Physics all had their eyes on Medicine. However, I always had a phobia for blood and other sights of human anatomy, coupled with the length of time required to be in school, considering my poor family background, although I had the qualifying entry grades.

Looking back now I can attribute my journey into Pharmacy as God's destiny for me, with no regrets. Without blowing my own trumpet, I can proudly say that I could have excelled in any area of pharmacy practice, including academics. It is worth noting that I could have remained in academics if I had returned to Nigeria after my PhD degree in 1994.

So, why did you abandon lecturing for community practice after obtaining your PhD?

My decision to venture into community pharmacy practice was shaped by my financial

background, which I mentioned earlier. I came from a poor family and I needed to do something to alleviate the sufferings of my people, being the fifth of six children and the only one privileged to be educated to any level.

Aside from my financial disadvantage, my wife and two children were denied visas to join me in the States for the four-year period within which I went to school. The community pharmacy practice was the quickest way for me to get my family to join me.

With your experience of community practice in the US, what are the gaps you have observed in the Nigerian practice system?

In the United States of America, community pharmacy is practised in either the chain or an independent store setting. For so many years, I had the opportunity to practise in both settings. The chain stores operate at sub-regional, regional and national levels; while the independents are individually owned, with some operating in more than one location.

In Nigeria, the concept of chain store model is gradually being embraced by some individuals, especially in big cities like Lagos and Abuja; while independent

store ownership is still the main focus for community pharmacy practice.

The major gap in the practice of pharmacy generally and community pharmacy in particular in the United States compared to those in Nigeria is the use of prescription dispensing computer software. Prescription dispensing computer software is a mandatory component of a pharmacy department in any setting - be it community, hospital outpatient, inpatient or nursing homes. Numerous prescription software abound but the principle is the same: input and output of data, with respect to prescription orders, dispensing of medications and counselling of patients along with inventory and overall pharmacy business management.

In Nigeria today, with the exception of few pharmacies owned by pharmacists that were trained or are practising abroad who are trying against all odds to introduce similar operating systems, the vast majority of the local pharmacy owners do not see the need for such investment. From my understating, computers in Nigerian community pharmacies are meant for inventory management and point-of-sale services only.

That the use of computers in pharmacy prescription dispensing and management is non-existent in Nigeria today is disappointing. The advent of computer dispensing software dates as far back as early 1980s, when Prof. Isa Odidi displayed the computer software and its pharmaceutical dispensing capabilities at a PSN conference. It was the most exciting display at the PSN conference that year. The memory lingered in my head until I had the opportunity to make use of the concept years later. I am sure the fate of that system died a natural death due to lack of foresight in our regulatory system then.

Unlike Nigeria, where the regulation of pharmacy practice is centrally controlled by the Pharmacy Council of Nigeria (PCN), every state in the United States controls or regulates the practice of pharmacy and other professional practices within its jurisdiction, such that what is legally obtainable in one state may or may not necessarily apply in another. However, the principle of professional practice is similar across the various boards of pharmacy or other professions.

It is the responsibility of each state board to make rules regarding various aspects of Pharmacy or any professional practice in general, which will then be passed as bills by the state legislatures. And upon signing of the bills by the governor of the state, such become laws regulating the profession. Only certain issues affecting a given profession nationally are dealt with by the United States congress.

That there are no mandatory laws with respect to handling of prescriptions, both at state and national levels, in Nigeria is a huge gap, when the pharmacy practice in the two countries are compared. Here, in America, a prescription

has "legal" definition and so, a lot of requirements abound as to its control and regulation. Simply put, a typical prescription must contain certain minimum information to make it legal.

Similarly, a prescription must be written by a legally qualified "practitioner"; hence must contain traceable information to locate such a practitioner by way of name, address, phone number and personal national identification numbers and signature - together with the date the prescription is written - to be valid by law. Also important is the name of the patient for whom the prescription is meant, the date of birth (to determine whether adult or paediatric) and other personal identification information like address and or phone number.

Then at the core of the prescription is the drug(s) prescribed in its dosage form, directions for use, duration and the total quantity, commensurate with the intended duration of use. There is the emphasis by law that all these details must be legibly written. This emphasis is to prevent errors in interpretation and hence dispensing errors, which is a big deal in the American healthcare system.

When the prescription is tendered in the community pharmacy for instance, the pharmacy is guided by law to handle it professionally, from reception to data entry, assembly, packaging and dispensing to the patient at the final point of sale, including counselling offer. The prescription then is filed and preserved in storage for a given number of years, depending on the state requirement.

The above illustration is to directly contrast the situation as obtained in the Nigerian pharmacy practice, be it in the hospital or at the community level. When I visited retail community pharmacies in Nigeria owned by some of my friends, I observed that a typical prescription sometimes is written on scrap paper and handed to a patient to take to the pharmacy to buy the medications. Usually, several of such prescriptions are scribbled on the same paper.

When this happens, the pharmacist or mostly the assistants or sales associates, will assemble the drugs, cost, bag them and hand to the patient, with directions of usage as single strokes, separated by hyphens to indicate the number of times to take in a day. The scrap paper is then either given back to the patient or is thrown into the dustbin. This practice is allowed because there is no law that dictates that a prescription should be handled in a certain manner as described above.

My personal experience in trying to set up a standard practice, as obtained in the US, was met with stiff resistance by various pharmacists I have engaged in the last seven years that I opened the community retail pharmacy in Anyigba, Kogi State of Nigeria. In collaboration with a pharmacist colleague and a

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PSN conference 2023: Pharmacists rate performance

The 96th PSN Conference, tagged "Jewel City 2023", was held from 30 October to 4, November 2023, at the Gombe International Conference Centre, Gombe State. Thousands of pharmacists from across Nigeria attended the event, which had the theme: "Pharmacy Practice: A Pivot to Universal Health Coverage in Nigeria". Our reporters, **Adebayo Oladejo** and **Ranmilowo Ojalumo**, who were at the conference, spoke with some of the delegates on their assessment of the event. Their views are presented below:

Superb conference and keynote speaker - Oloniyo

The conference was more organised and far better, compared to the previous ones that I had attended. The choice of the deputy governor of Gombe was weird to me initially, but after the presentation, I was convinced. And, come to think of it, as a medical sociologist, his choice was not a bad one - even though I would have preferred a core health professional.

I wouldn't know if I should say this a shortcoming, considering the environment. I realised that most of the hotels booked for accommodation at the conference were quite far from the venue of the conference. I guess they chose the venue for the conference because of the capacity.

Pharm. Abidemi Mercy



Oloniyo,
Kwara State

I give it 90 per cent - Ogunfowora

If I were to give it a rating, it would score up to 90 per cent from me. The choice of the venue was a wonderful one. I have attended some conferences where the main hall could not contain half of the delegates; so this was a wonderful one, with the state-of-art facilities.

Also, talking about the choice of Gombe deputy governor as the keynote speaker, that was meaningful. Having someone in the political arena coming to speak to us is a blessing in disguise. It will bring those in government closer to us and help us in getting favourable policies.

Pharm. Florence Ogunfowora,
Oyo State



All-round success, except hotel distance - Ayinde



The packaging, the setting, and the entertainment were beautiful. I think the only thing that made it not totally perfect was that we did not have

much attendance. I guess that was because Gombe is in the far north and there are many people with security concerns.

The venue of the conference was beautiful and spacious, just like we had in Jos. My only reservation is that our hotels were a bit far from the venue. So, once you arrived in the morning, you might be forced to stay until the end of the day. But apart from that, I like the serving of food, the feeding. There was no rushing. I think they had sufficiency of everything.

The government's presence was felt. The deputy governor, despite being a career politician, did well as the keynote speaker. He handled the topic as a knowledgeable medical sociologist. His choice added glamour to the opening ceremony.

Pharm. Bukola Ayinde,
Ibadan, Oyo State

Matchless venue, mediocre registration - Ukwu

The conference venue for Gombe was the best I have seen in recent times - very serene, accommodating and comfortable. The venue was not only conducive for the delegates, it was also very conducive for the pharma exhibitors. So, I give it a 100 per cent pass mark.

The opening ceremony and the keynote speech were also top-notch. The choice of speaker was a wise decision. Inviting politicians who are stakeholders in making policies to talk to us was a wise decision because we could have been in the dark.

However, I think they should improve on the way they handle delegates' registration. The way pharmacists gathered, trying to sort out their tags and bags was not encouraging in this age. I remember the ACPN national conference that was held in Asaba. Once you appeared, they would show your number tag, without



stress. I think PSN has to set new rules in the way they carry out their registration. It will be easy for everyone when things are done in a more civilised way.

Pharm. Obiageri Ukwu,
Lagos State

Gombe set an enviable record - Ogedengbe



I think Gombe has done very well. In terms of organisation, feeding, logistics, materials, (particularly the bag), I give it to them. I'm sure they must have learnt from the past conferences.

So they built on the shortcomings and made sure that this one was quite organised. In fact, for me, Gombe conference was the best.

However, a major shortcoming was the distribution of the t-shirts for the "Health Walk". To me, it was wrongly organised. I believe they should have done it in a way that every delegate would have a t-shirt and a cap kept in their bag. So as you register, all the things would have been in the bag already. This was not done. We transported ourselves to the venue and in the course of the distribution, we were treated like children.

On the aspect of the keynote speaker, I did not gain much. Subsequently, let us make use of our experts; I am sure they would have done better.

Pharm. Samson Zion Ogedengbe,
Idah, Kogi State

A package of surprises - Sumonu

Gombe 2023 was filled with many surprises. You know the pressure for most of us, especially those from the south, was the fear of insecurity in the north. But Gombe gave a surprise by turning out to be one of the most peaceful states in the north. Of course, if we want to be fair to our northern brothers, we cannot continue to tell them to travel down south or limit conferences to the north central. So the choice of Gombe was a good one.

Talking about the choice of the Gombe deputy governor as the keynote speaker, it goes a long way to show the willingness of the government to be part of the conference. He gave a very good account of himself by every standard. Let us ask ourselves, in the last 10 years, how many PSN conferences have we attended that we had both the deputy governor and the governor attending? Even the speaker was there and some of them came with their wives. I think



we should say thank you to them.

To cap it all, anything close to the ultra-modern conference centre that we used for the conference should gulp nothing less than 50 million, if it were in the southwest. So, I think Gombe has given a very good account of itself.

Pharm. Ismail Kola Sumonu,
Lagos State

NIPRD charts progress path on local vaccines research, production



Cross-section of dignitaries at the high-level meeting

Towards accelerating the process of commencing sustainable production of local vaccines in Nigeria, the National Institute for Pharmaceutical Research and Development (NIPRD), in collaboration with experts from the European Union (EU) and the Bulgarian Government, has holistically reviewed and validated a Draft National Plan for vaccines R&D and manufacturing in the country.

The experts' review and validation of the draft roadmap was done at a high-powered meeting, convened by the Director General, NIPRD, Dr Obi Adigwe, in Abuja, recently.

Graced by Africa's and Nigeria's leading experts in various interdisciplinary areas across the vaccine value chain, the conference featured specialist deliberations on the nation's first initiator-led plan for local vaccine production, which had been synthesised from intensive cross-sectional and qualitative research methodologies, underpinned by cogent scientific philosophies.

Addressing delegates at the meeting, Dr Adigwe said Africa is no longer interested in tokenistic interventions such as fill-finish products, but has become interested in building dependable, equitable, and veracious partnerships that will enable the continent to undertake full R&D for the production of vaccines.

He disclosed that the specialists' convergence will serve as the final step of the one-year intensive engagement for formulating a comprehensive plan to



Dr Obi Adigwe
Director General/Chief Executive Officer, NIPRD

expedite the continent's interest in sustainably developing vaccines.

According to him, "This is just the first step to unlock the health value chain plan, which will not only save lives, but at the same time, address critical socio-economic indices such as job creation, capacity building, revenue generation and technology transfer.

"The meeting was the first of its kind of interventions that will lead to peer-reviewed publications and serve as a bottom-up empirical approach to benefit Nigeria and ultimately, the entire African system."

He continued, "We have presented the work which started close to a year ago to the Coordinating Minister of Health and Social Welfare, Professor Ali Pate. And, given that NIPRD has been appointed the lead for a national drive to develop local vaccines ecosystem in Nigeria, the meeting that here today fits very nicely into the plan of this administration. And you would also notice that the conference is Pan-African, which we have just secured approval from the minister to champion."

In his remarks, the Bulgarian Ambassador to Nigeria, His Excellency, Yanko Yordanov, revealed that the gathering, which had stemmed from a series of intensive engagements and activities over the last one year, sought to complement the efforts of the Federal Government of Nigeria to enhance healthcare in the country.

He noted that the support of the Bulgarian Government in this area had been targeted at increasing equitable access to safe, effective, quality and affordable essential vaccines, medicines and health technologies for all Nigerians.

"The success of the project is a testimonial to the remarkable activities of NIPRD which had taken very seriously the objectives of the partnership between Bulgaria and Nigeria", the Ambassador said.

He also commended the minister of health and the Nigerian government for putting forward the initiative, while assuring of continuous support and extensive length of partnership between both countries to advance the health sector.

The Head of the European Union (EU) delegation to Nigeria, who was represented by Dr Anthony Ayeke, expressed his appreciation to NIPRD for initiating the partnership with the EU and the Bulgarian government towards the development of the draft national plan for local vaccines development in the country.

He explained that the high-level meeting served as a foundation to drive the robust implementation of the plan in the subsequent years.

Ayeke noted that, as one of the EU flagship programmes, the Biovaccines entity has been positioned to have vaccine hubs across the three Nigerian states of Kano, Lagos and Abuja, to serve and preserve vaccines and other health equipment for three geo-political zones in the country.

In his contribution, the Minister of State for Health, Dr Tunji Alausa, represented by Dr David



L-R: Dr Anthony Ayeke, European Union in Nigeria; Botswana High Commissioner to Nigeria; H.E. Dr Yanko Yordanov, Bulgaria Ambassador to Nigeria.

Atuwo, acknowledged the visionary leadership of NIPRD in implementing critical interventions to catalyse the country's health system in the thematic area of vaccines research and development.

Alausa, who highlighted the activities of the Federal Ministry of Health in the development of the National Vaccine Policy, stressed the necessity of review and validation of the draft roadmap to ensure the vaccine policy objectives are achieved.

Given NIPRD's position as the lead agency for the thematic development of Nigeria's local vaccine ecosystem, he emphasised that the deliberations at the conference aptly fitted into the plan of the current administration. He added that the discussions would enable stakeholders and policy-makers to address critical healthcare issues, as well as enhance entry of the pharma sector into the larger African market.

Alausa also assured of his ministry support for NIPRD's activities, especially the production of vaccines in the country.



L-R (front row): Dr Obi Adigwe, DG NIPRD; Dr David Atuwo, representative of the Hon. Minister of State for Health and Social Welfare; and Prof. Chimezie Anyakora, CEO Bloom Public Health.

How Nigerian healthcare system wastes human lives (2)

Continues from page 34

had believed that everything was under control. She became even more alarmed when she peeked into the ward, moments later and saw that a privacy screen had appeared at her husband's bedside. She immediately began to call family members to ask for prayers.

I was on my way to work when her call came in and it hit me like a thunderbolt. Like my sister, I had imagined that the reason the medical personnel were not communicating was because they had the situation under control. How did we get to start talking of breathing support just after only three days of admission into a "special-treatment" ward that was supposed to provide care for a minimum of 10 days? What specialised care gives a person a chest infection that aggravates their condition? In what specific ways did the overpriced "care" in the stroke unit different from what Ajuwon would have received in the emergency ward?

In any case, I assured my sister that I would be with her shortly.

Final blow

Shockingly, while the patient's wife restlessly paced the premises of the stroke unit, beseeching God that her husband would not die, one of the nurses, who had the face of an angel but the heart of something unprintable, decided that it was the best time for her to "cash out". She approached my sister and said that the oxygen mask on her husband had to be paid for because it was taken from another patient. She added that my sister would also need to pay for a "blood sugar test" conducted on her husband earlier that morning. Altogether, she demanded for N6,500. The disoriented wife could neither ask questions nor argue. She simply handed N7000 cash to the nurse, who never bothered to return her change.

Sadly, about 30 minutes after my sister's first call that morning, she called back that her husband was no more. I was soon at the hospital to comfort her, even though everything still seemed unreal to me. I tried to demand answers from the medical personnel but could not get anything meaningful. They were either trying to gaslight us into believing that there was nothing unusual about Ajuwon's case or telling blatant lies.

For instance, when I demanded from the nurse who was asking for instant payment while the patient was dying, as to why the semi-conscious patient was being fed orally, she denied it. Reacting to the disclosure that my doctor friend had forewarned me that the patient was being exposed to a grave risk by the way he was being fed, the nurse said I did wrong to have "misinformed" my friend. According to her, "From the way you said it, your friend must have thought that we were feeding him orally in his semi-conscious state. No professional would do that. We ensure that proper tests are done to establish that a patient

can tolerate oral feeding before introducing it."

Since that information contradicted my sister's version, I rushed to where she was to know whether she was the one mixing things up. When she repeated that she was sure of what she had told me, I took her to the nurse to confront her. Apparently, with the few minutes that I had left the nurse, her colleagues had confirmed that our version of event was true. Thus, by the time I returned with my sister, she had changed her tune. When I confronted her with my sister's claim, she said she had not denied that the patient had been fed orally; she had only insisted that tests must have been conducted to determine that he was fit to be fed that way.

But that was one of the several antics employed by the stroke unit personnel to bamboozle us into accepting that they had not murdered Ajuwon. In fact, some days after, following my threat to expose the deadly scam perpetrated in the unit, we received a call from one of the nurses that we must give consent to the hospital to conduct an autopsy on the deceased. According to the nurse, without the consent, the corpse would not be released to the family. My sister became jittery on hearing this but I assured her that it was all a ploy to cover up their tracks and we would not succumb to such intimidation.

And, of course, we stood our ground when we went to receive Ajuwon's body for burial, on 29 September.

Who will stop this plague?

It is common knowledge that while Nigerian government hospitals parade the best of experts, they are also plagued by the worst assemblage of personnel with ethical and attitudinal deficiencies. Almost on a daily basis, there are reports of nurses, who swore to be like Nightingale, manifesting as nightmares to patients; and of physicians, who vowed to be like Hippocrates, proving to be hypocrites. Same applies to other personnel in these hospitals.

Whether those in authority will take necessary steps to address this perennial calamity or continue to turn a blind eye is a matter of conjecture. In fact, while planning to pen this piece, a few persons had cynically asked me what I hoped to achieve, since this is not the first time that damning reports have been written about gross misconduct from health personnel, leading to needless deaths and injuries.

Besides, I also know that all who were involved in Ajuwon's case would try to cover their tracks by altering the reports and records of what transpired in the course of the sham treatment given to the deceased. An insider actually told me that a common specialty of most government hospitals, especially LASUTH and LUTH (Lagos University Teaching Hospital), is doctoring patients' reports, with such mastery that no disciplinary panel can find them culpable of any wrongdoing.

Still, I felt obligated to do my professional duty, and to forewarn that the interesting thing about life is that what goes around always finds a way of coming around.

Indeed, while trying to console her daughter, despite being inconsolable herself, my literary-inclined sister had made a poignant reference to J.P. Clark's poem, "The Casualties". In my pensive state, I heard her recite and explain the first two lines, "*The casualties are not only those who are dead; they are well out of it. This means that the dead are better off because they don't feel anything anymore. The casualties are those of us left behind to deal with not just the traumatising memories of*

watching our loved ones wasted by those who swore to care for them but also with the fear that we may someday be their very next victim."

Let me add to this by saying that if this ill wind of pervasive misconduct that is particularly common to public hospitals in the country continues to blow unchecked, let nobody feel immune to its ravages. Note even the CMDs of these slaughterhouses should consider themselves and their families cocooned from the cannibalistic culture being created under their watch. That next victim that Mrs Ajuwon was referring to could be anybody. And I mean, anybody.

Diaspora Formulation of prescription law by PCN crucial for improved healthcare - Abuh

Continues from page 38

prescription software producer, we set up and trained the first set of pharmacists and technicians. To my greatest surprise, it was the pharmacist that resisted the programme, letting me know it was "too much work" to type a prescription, count pills or place a label on the medication package before selling to customers.

I practised with the staff for about a week, which was the time I had before returning to the States. Behold, as soon as I left, the pharmacist packed up the computer and refused to use the programme. Needless to discuss the cost implications here, but the fact is that the pharmacist was able to resist the venture simply because there is no law that requires her to go that length in doing something different in her professional practice.

The bottom line here is that the PCN is the right body to initiate the rules, which they can channel through the National House of Assembly to make the necessary laws to regulate this aspect of pharmacy practice. If the law mandates a prescription to be legibly written on a letterhead format, carrying specific information, with defined roles to be played by physicians and pharmacists, healthcare delivery will take a turn in the right direction.

The role of pharmacists in health insurance is paramount, but it appears the Nigerian government has not got this right. What is your take on this, sir?

The role of pharmacists in health insurance can only be appreciated when pharmacists can present government with relevant data as regards their patient management. This still boils down to the use of prescription dispensing software, as previously discussed.

With the software, data can be generated for the number of patients seen, or prescriptions filled, medications dispensed and the costs; and all these can be electronically sent to the insurance scheme for reimbursement. This is where there is a government centralised system; unlike in the USA, where insurance is a private affair, with government having limited regulatory roles.

Aside from vaccination, what other new roles are appropriate for Nigerian community pharmacists in the face of disease outbreaks?

Nigerian pharmacists are currently impacting a lot in healthcare delivery, particularly in the less urban settings where they are involved in the management of symptoms of common illnesses. Rendering vaccine services in a community pharmacy setting can be very challenging because of the sophisticated nature of handling vaccines. Information dissemination for public awareness by pharmacists can play major roles in alleviating fears, in cases of disease outbreaks and how to prevent spread.

In what ways can the Nigerian government assist pharmacists in the community to make more impact?

As discussed previously, government's role is very vital in ensuring passage of laws that will set the practice of community pharmacy at par with the rest of the world, particularly in the way prescriptions are handled. There is also the case of drug distribution, which is a huge problem, with the open market sale of pharmaceuticals. Governmental regulation of the distribution industry can go a long way in enhancing community pharmacy practice in Nigeria.

Communiqué Of The 21st National Scientific Conference of the Nigeria Association of Pharmacists in Academia (NAPA) held at the University of Ilorin, Ilorin and tagged 'Harmony 2023' from 14th August through 18th August, 2023

General

The NAPA Conference this year was a blended one having both virtual and physical components. It was anchored by the University of Ilorin branch of NAPA. This was the first ever NAPA conference to be hosted by the branch. The Conference has come and gone and we are left with good memories of it. The Local Organizing Committee was headed by Dr Mrs Bilqis Owokunle-Lawal, the Sub-Dean of the Faculty who was ably supported by the Branch Chairman, Dr Murtala Salawu. The Conference commenced on Monday, 14th August 2023 with the arrival of participants and dignitaries. The Opening Ceremony was chaired by His Excellency, Pharm (Alhaji) Ahmed Yakasai *FPSN*, *FNAPharm*, a past President of the Pharmaceutical Society of Nigeria and distinguished member of the Kano Emirate Council. The Chief Host was Professor Wahab Egbewole SAN (Vice-Chancellor, University of Ilorin) who was ably represented by Prof Omotosho (Deputy Vice-Chancellor, Academic) at the Opening Ceremony. The Conference was co-Chief-Hosted by the President, Pharmaceutical Society of Nigeria, (PSN), Pharmacist Professor Cyril Usifoh *FPSN*, *FNAPharm*, *FPCPharm*. The Host of the Conference was Pharmacist Dr Ezekiel Olugbenga Akinkunmi (National Chairman, NAPA) while the co-hosts were Pharmacist Dr Sa'ad Abdullahi (Acting Dean, Faculty of Pharmacy, University of Ilorin) and Pharmacist Juwon Otelaja (Chairman PSN, Kwara State). In attendance were notable dignitaries, most especially our Chief Guest, the Registrar, Pharmacy Council of Nigeria, (PCN), Pharmacist Ibrahim Babashehu Ahmed *FPSN*, *FNAPharm* and Pharmacist Professor Olukemi Abiodun Odukoya, *FAS*, *FPSN*, *FNAPharm* (Faculty of Pharmacy, University of Lagos), the Keynote Address Speaker, Pharm Gbenga Falabi *FPSN*, *FNAPharm* (National Secretary, PSN), Pharm Ken Onuegbu *FPSN* (National Chairman, Industrial Pharmacists Association of Nigeria, NAIP), Pharm Olabode Ogunjemiyo *FPSN* (National Chairman, Association of Hospital and Administrative Pharmacists of Nigeria, AHAPN), Pharm Adewale Oladigbolu *FPSN* (National Chairman, Association of Community Pharmacists of Nigeria, ACPN), Members of the National Executive and Council of NAPA, Deans of Faculties of Pharmacy, other notable Professors and academics as well as Fellows of the PSN, to mention but a few.

ii. Theme of the Conference:

The Gown-Town Approach: Nigerian Pharmacists Working as a Team

iii. Awards

a. Award of Professional Excellence:

Academic Pharmacy Practice: Professor Jennifer Audu-Peter (Faculty of Pharmaceutical Sciences, University of Jos)

Community Pharmacy Practice: Pharm Adewale Oladigbolu, *FPSN* (National Chairman, ACPN)

Hospital and Administrative Pharmacy Practice: Pharm Olabode Ogunjemiyo, *FPSN* (National Chairman, AHAPN)

Industrial Pharmacy Practice: Pharm Kenneth Onuegbu, *FPSN* (National Chairman, NAIP)

b. NAPA Man of the Year Award: Prof Michael Odeniyi (Editor-in-Chief, Nigeria Journal of Pharmaceutical Research).

iv. Plenary Sessions

a. First Plenary Sub-theme: Raising the Seven-Star Pharmacists: the concepts, the barriers, and the prospects. **Lead Speaker:** Pharmacist Kenneth Onuegbu *FPSN*

b. Second Plenary Sub-theme: Collaborative and Translational Researches: the gateway to medicine security in Nigeria. **Lead Speaker:** Professor Yemisi Kunle.

c. Third Plenary Sub-theme: Overview of the NUC-CCMAS and the Future of Pharmacy Education. **Lead Speaker:** Pharmacist Professor Garba Sadiq.

v. Annual General Meeting (AGM)

Certain key decisions were taken at the Annual General Meeting (AGM) of the NAPA 2022 Conference. Some of these decisions are presented in this communiqué.

vi. Resolutions/Key Recommendations

After reviewing the events that took place during the conference, it was considered that the 21st Annual Scientific Conference tagged Harmony 2023" was a huge success. The University of Ilorin Chapter, Local Organizing Committee (LOC), Dean Faculty of Pharmaceutical Sciences were commended for their hospitality and for organizing a very engaging conference. It was noted that the subsequent editions of the annual conference should get better and bigger.

The Conference presented the opportunity for participants to engage in meaningful discussions, exchange of ideas, and collaborations in initiatives that would drive the pharmacy profession in particular and healthcare provisions in general, forward.

The theme of the Conference holds significant importance as all stakeholders in Pharmacy collectively strive to bridge the gap between academia and practical pharmacy applications.

The Gown-Town Approach signifies the synergy between academic pursuits of pharmacists

in academia and the pragmatic challenges faced by pharmacists in the field.

Appeals goes to the Federal government and University Authorities to look into the payment of professional allowances for all pharmacists in academia, improved infrastructures and current equipment for teaching and research, create internship spaces in more pharmacy schools to be able to retain brilliant graduates in academics to train yet future professionals for the benefit of the nation.

Government should increase number of recruitment as most schools have barely 50 percent academic positions because more young lecturers are leaving either to other areas of pharmacy practice or leaving the country (brain drain) and more and more old lecturers are retiring.

Research and Development (R & D) is one of the most important sectors of the pharmaceutical industry. The collaboration between the Nigeria Association of Pharmacists in Academia (NAPA) and the Nigeria Association of Industrial Pharmacists (NAIP) is laudable and should be sustained.

The continuous efforts of NAPA to collaborate with other stakeholders in the pharmaceutical value chain should also be intensified and sustained towards speedy materialization.

Government funding of research laboratories is key. The Government and Proprietors of Pharmacy Schools should build and provide support for pilot plants in laboratories of the different Schools of Pharmacy in Nigeria for the pilot manufacture of drugs.

NAPA is bent on ensuring that Pharmacy journals domiciled in Nigerian universities are reliable and credible. Efforts are ongoing to ensure that the Nigerian Journal of Pharmaceutical Research is in the league of top journals.

NAPA seek to support members towards ensuring quality publications of our researches in top-tier journals and outlets.

NAPA has to identify incubators and accelerators that can develop more programs that her members and students can key into.

NAPA should develop a collation of all research groups in the association.

There is need for a Research Translational Desk that brings together, at regular intervals, the academia, the industry, entrepreneurs, investors, and policy makers. The aim is to uncover needs, set strategic goals, provide resources and turn research findings to commercially viable goods and services.

Following the release of the Core Curriculum Minimum Academic Standard (CCMAS) by the National University Commission (NUC), NAPA has communicated her recommendations on the curriculum to the appropriate

quarters through the approved channels. We hope the NUC will respond appropriately to the concerns of NAPA as contained in those recommendations.

There should be incentives for the processes that convert knowledge to solution. Researchers should be adequately rewarded as this would spur them to do more.

NAPA seeks to encourage pharmacy students through the presentation of the NAPA Award for Outstanding Pharmacy Students (NAOPS) both at the branch level during the professional induction program and at the National level during the annual national Conference of the Association.

NAPA noted the paucity of textbook for all areas of Pharmacy Practice and training, and decides to continue in her textbook writing project. This will allow students and practitioners alike to have access to quality textbooks written by experts in Nigeria and hence much more contextually suitable for use. The textbook project would cover every subject area in Pharmacy and Pharmaceutical value chain.

NAPA has approved a new revised BYE-LAWS for the Association in tandem with the Pharmaceutical Society of Nigeria constitution.

xv. National Officers

Pharm Dr Ezekiel Olugbenga Akinkunmi (National Chairman)

Pharm Dr Adebajo Jonathan Adegbola (National Secretary)

Pharm Dr Idris Oyemitan (National Financial Secretary)

Pharm Dr Awodayo Adepiti (National Treasurer)

Pharm Ayo Oluwa Stephen Olusa (National PRO)

Pharm Professor Michael O. Odeniyi (University of Ibadan) (Editor-in-Chief)

Pharm Dr Ibrahim Eniayewu (University of Ilorin) (National Assistant Secretary)

Pharm Professor Emmanuel C. Ibezim *FPSN*, *FNAPharm* (University of Nigeria) (Ex Officio and Immediate Past National Chairman).

xvi. Conclusion

The 21st National Scientific Conference of the Nigeria Association of Pharmacists in Academia came to a close on Friday, 18th August 2022. It was truly a gathering of men of honour.

Pharm Ezekiel O. Akinkunmi PhD (National Chairman)

Pharm Dr. Adebajo J. Adegbola (National Secretary)

May & Baker records gains despite harsh economy

- Announces plans for new products in 2024

By Patrick Iwelunmor

In spite of the many economic challenges that have led to the exit of many businesses from the Nigerian market, the management of May & Baker PLC has declared a positive end of year result, while promising to continue to sustain the momentum of success which has underlined the company's operational philosophy since its establishment.

Speaking at the company's corporate headquarters in Lagos, during the end of year media parley, in December 2023, the Managing Director of the pharmaceutical giant, Pharm. Patrick Ajah, said the ingenuity of his management team played a pivotal role in ensuring that the company weathered the storm of the harsh economic climate in the country to retain its leadership position in the market.

Bemoaning the liquidity crisis that resulted from repeated policy summersaults, especially in the banking and oil and gas sectors of the Nigerian economy, Ajah observed that the forex crisis and the fluctuation of the naira led to many unsavoury operational outcomes for businesses in the country, with some pharmaceutical companies closing shop.

According to him: "Suffice to say that 2023 has been one of the most challenging years in our operational history as a country. The Central Bank of Nigeria (CBN)'s naira redesign policy and cash withdrawal limit created interruptions in economic operations and widespread hardship in the first two months of 2023.

"The policy created a liquidity crisis and coupled with the uncertainties surrounding the elections, economic activities were almost grounded to a halt. So, just as companies were trying to recover from the impacts of COVID-19 and adjusting to

the instabilities created by the Russian-Ukraine war, we now had to deal with the impact of the cash crunch and an election with uncertain outcomes etc."

He continued: "It is no longer news that GlaxoSmithKline (GSK) has decided to close ongoing operations in Nigeria, highlighting the difficult and unfavourable operating environment of the nation's economic sector. Another multinational pharmaceutical company and one of our contract manufacturing partners, Sanofi Aventis, have also announced their exit from direct operations in Nigeria by February.

"There have also been widespread reports of the likes of P&G 'dissolving' their operations

in Nigeria and some other companies adjusting the scale of operations in Nigeria, citing the difficulty in doing business."

The aforementioned challenges notwithstanding, Ajah declared that May & Baker did well by exceeding its target for the outgone year.

"Despite the challenges highlighted above, I am glad to report that our revenue grew from N10.5b (January to September 2022) to N14.3b (January to September 2023) which represents a 38% cumulative growth on the topline. This also represents 111% achievement against the budget of N12.9b.

"On the bottom line, our PBT (Profit Before Tax) grew in comparison from N919m in 2022 to N1.7b at the end of September 2023, representing a 147% achievement against the budget of N1.1b," he added.

On product development, Ajah reiterated his company's commitment towards driving organic growth with the launch of at least seven new products in

2024.

"We are on track to launch, at least, seven new products next year, with several more in the pipeline, at different stages of registration or development.

"The herbal plant, our state-of-the-art facility dedicated to the manufacture of herbal products, got a boost with the completion of NAFDAC registration of our bitter-leaf capsule product - Roveda. Two new SKUs of the product, Roveda 600mg and Roveda 750mg, will be added to our bouquet of Naturecare products early in Q1, 2024," he said.

In the area of Corporate Social Responsibility, Ajah added that May & Baker will continue to support meaningful causes in the health, education, environment and social welfare segments. Notable among these CSR initiatives are the Walk for Life event; the May & Baker Professional Service Award in Pharmacy; and the Environmental Care Partnership with Lagos Waste Management Authority (LAWMA).



R-L: Mr Silver Ajalaye, head, pharma plants operations; Mrs Emem Essien, head, human capital development; Mr Patrick Ajah, managing director/CEO May & Baker Nigeria Plc; Mr Obinna S. Emeribe, head, Pharma Sales & Marketing; Mr Ayodeji Aboderin executive director, Finance; Mr Godwin. O. Obiakor, head, Internal Control & Compliance, at the media parley.

Wannang, Odeku, Oreagba endorse Pharmanews Dean of the Year Award

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been, as a colleague, and also as a family friend."

Speaking in the same vein, Prof. Oreagba described the award recipient as a good man, a good husband, and a great father to his children, saying his closeness to him had endeared him to the family. He emphasised that Oparah is not just good to his academic children, but is also a good father man.

Speaking further, the university don described the Dean of the Year Award initiative by Pharmanews as a welcome development, adding that the organisation has become a household name in the pharmacy profession in the country, while also continuing to project the good image of Pharmacy to the outside world.

In her remarks, Prof. Odeku described Sir Atueyi's effort at uplifting Pharmacy as unprecedented. She described him as a true icon of Pharmacy, who has refused to be deterred by detractors but has continued to pursue the goal of protecting the profession's image.

According to her, "The problem that is rampant in academia is that we don't celebrate ourselves. We

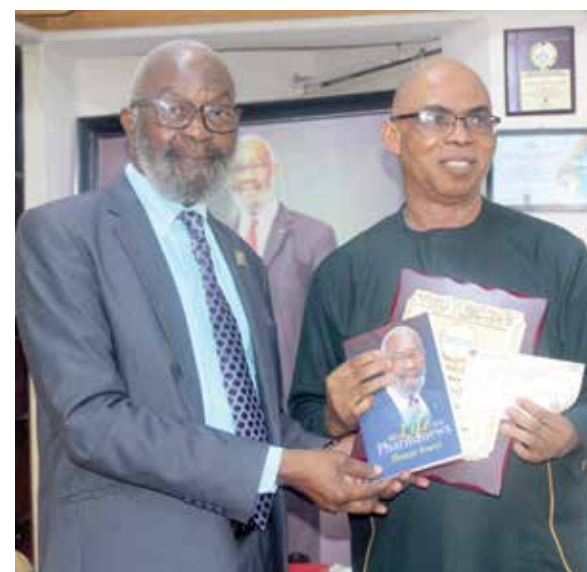
don't blow our own trumpet, but now that we see someone ready to showcase what we are doing, some are complaining.

"As for Prof. Oparah, I find it a great motivation for you to receive this recognition because honestly, being a dean is a thankless job. I was

a dean for four years, and the only motivation I had was that I impacted lives positively, so this is a good development."



L-R: Prof. Ibrahim Oreagba; secretary general, WAPCP; Prof. Oluwatoyin Odeku, former dean, UI; Sir Ifeanyi Atueyi, publisher, Pharmanews; Prof. Azukah Oparah, winner, Dean of the Year 2023; Prof. Noel Wannang, former secretary general, WAPCP; Temitope Obayendo, online editor, Pharmanews; and Moses Dike, business development manager, Pharmanews, at the award presentation programme.



Sir Ifeanyi Atueyi, publisher, Pharmanews, presenting award plaque, cheque and his autobiography to the winner, Dean of the Year 2023, Prof. Azuka Oparah.

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Navigating 2024: Survival strategies for pharma sales and marketing leaders in Nigeria

Par Excellence

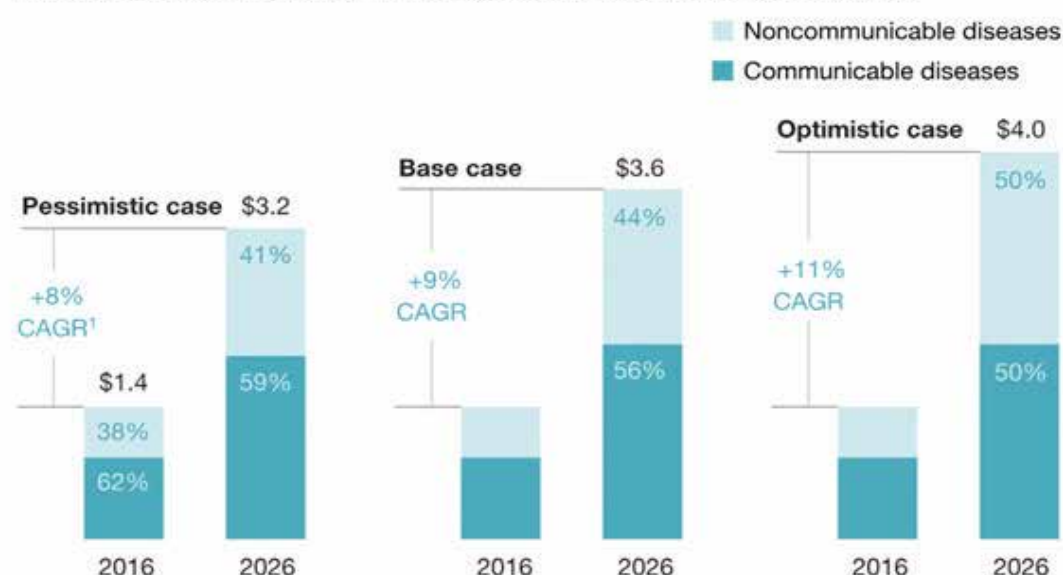
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Value of the Nigerian pharma market by disease type, \$ billion total, % share



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While it is expected to be better than 2023, the year 2024 will be a no-less challenging one for businesses, including pharma businesses, in Nigeria. A multitude of economic obstacles abounds, creating a landscape that demands unparalleled resilience and ingenuity. Senior sales and marketing leaders in the pharmaceutical sector find themselves at the forefront of this dynamic environment, requiring immediate strategies, tactics, and tips to navigate the complexities that extend beyond the previously outlined challenges.

This article explores a set of business and economic considerations - factoring in the recent surge in fuel prices that has led to a significant increase all other costs, the critical focus on healthcare professionals, and the substantial devaluation of incomes, due to ever-surging inflation. The following is my list of imperatives for survival and positioning for significant growth thereafter.

1. Manage/optimize your cost. The imperative to manage and optimize is both urgent and important if the firm will survive these times. The surge of 250 per cent in fuel prices significantly inflates transportation and logistics costs, causing a ripple effect across all operational facets. This necessitates a meticulous reassessment of every cost element.

Identifying and reducing non-essential expenses, negotiating short-term cost relief with suppliers, insisting on value from everyone, including salespeople and implementing lean operational practices become not only financial imperatives but necessary survival strategies in a

landscape where the cost of doing business is rapidly escalating.

Directly, I will suggest that a company adopt a vehicle-ownership scheme for the field force, or at least monetise fuel, oil and repair costs for salespeople who own personal vehicles.

2. Adopt responsive pricing adjustments and trade promotions. Adapting pricing strategies takes on a new dimension as inflation devalues our currency by 40-60 per cent. Pharmaceutical leaders must navigate this reality by implementing highly responsive pricing adjustments. Additionally, short-term promotions should not only stimulate demand but must do so strategically to lessen the impact of increased costs of distribution and logistics.

3. Resist the urge to cut off marketing investments. Or at least do as much as possible. Environments like this reduce effective demand, translating to shrinking market size and intense competition for the smaller market. Firms in the market shrink rather at a slower rate, if at all.

The first instinct is to cut off marketing expenses. This is counter-productive and leaves the company weak for a resurgence/rebound when the situation gets better - that

Identifying and reducing non-essential expenses, negotiating short-term cost relief with suppliers, insisting on value from everyone, including salespeople and implementing lean operational practices become not only financial imperatives but necessary survival strategies in a landscape where the cost of doing business is rapidly escalating.

is, if it does not get crowded out during these lean days. Your eyes should be firmly kept on value-for-investment, effectiveness, sound strategy and frequent evaluation of result versus investment.

For every requested marketing investment, the question should be asked, "What are we gaining by investing here?" "Is this the best way to invest for the same outcome?" "Are there cheaper but equi-effective alternatives?"

4. Rapidly deploy digital options. The surge affects all operational costs, especially physical logistics, but makes a good case for the importance of a rapid adoption of the rather cheap digital deployment. Leveraging social media platforms for outreach and engagement, especially with healthcare professionals, ensures a continued presence in an environment where physical interactions may be restricted or, as in this case, its cost has sky rocketed so much.

So, direct outreach to healthcare professionals through technology should not be seen as a convenience but as an operational necessity. Virtual conferences, webinars, and targeted digital campaigns become vital tools for developing, maintaining and strengthening relationships in the face of economic challenges.

5. Drive field force for effectiveness and efficiency. Identifying and prioritising key short-term skills for sales and marketing teams should consider the changing dynamics, not only in the market but in the costs associated with field operations. Streamlining teams must not compromise effectiveness; instead, it should enhance the adaptive capacity of the workforce to the new economic realities.

Increased supervision becomes a critical component in a dispersed and dynamically changing sector.

6. Align reward system with relevant and important performance metrics. A reward and sanctions system, now more than ever, should be closely aligned with performance metrics, ensuring that every effort contributes not just to sales targets but also to operational efficiency and cost-effectiveness. Adoption of CRM software is becoming a necessity to ensure the each and every member of the field force deliver on their KPIs on daily basis. This presumes a clear identification of KPAs/KPIs for all and every sales and marketing role.

7. Institute cost-efficient, customer-engagement strategies. Personalised and targeted communication with healthcare professionals should be a cornerstone of the pharmaceutical marketing strategy. As we know, these professionals are not just intermediaries; they are critical stakeholders in the healthcare ecosystem. Addressing their needs, providing valuable information, and fostering collaborative partnerships will be essential components of effective customer engagement.

Before we go:

a) The emphasis on immediate adaptability and agility becomes not just a response to challenges but a blueprint for survival and success.

b) Cost management takes on heightened significance, effectively to manage the escalating costs.

c) Rapid digital deployment becomes more than a strategic choice but also a necessary adaptation to a changing environment.

d) Tactical field force optimization demands not just efficiency but also effectiveness

e) Cost-efficient customer engagement strategies are no longer optional but pivotal in a landscape where the devaluation of incomes requires a recalibration of loyalty programmes and feedback mechanisms.

Success in 2024 demands a nuanced and multi-faceted approach. By promptly implementing these strategies, I believe pharmaceutical leaders will not only weather the storm but emerge as resilient, adaptive, and thriving entities in Nigeria's ever-evolving business landscape.

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Wannang, Odeku, Oreagba endorse Pharmanews Dean of the Year Award

continued from back page

by Pharmanews Ltd, as part of its corporate social responsibility to the pharmaceutical sector.

The other awards are the Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition, which started in 2015; the Young Pharmacist Award, established in 2018; the PANSite Award, introduced in 2019; the Outstanding Pharmacist Award (2020); and the Pharmanews Interschool Debate Competition (2021).

Speaking at the award presentation programme, Pharm. (Sir) Ifeanyi Atueyi, publisher of **Pharmanews**, noted that the maiden edition of the Dean of the Year Award was won by the Dean, Faculty of Pharmacy, Nnamdi Azikiwe University (UNIZIK), Professor Festus B.C. Okoye, adding that the idea of the award came up because of the need to appreciate the great work the deans are doing in schools of pharmacy across the country.

According to him, "We realise that the general performance of a faculty has a lot to do with the leadership, administrative and management ability of the dean. A

dean who has good public relations will relate well, not only with the students but also with fellow lecturers, the university authorities, and even external organisations or institutions. Students always remember their deans by their performance."

Speaking further, the octogenarian called on deans to be conscious that people are observing their performance while in office, saying they must endeavour to perform well and leave good records behind them.

"In addition to the Deans' Award, we started the Deans' Corner in **Pharmanews** this year. This column is designed to make the deans known outside their faculties. I am happy that the deans are responding to our invitation to be featured in this column," he said.

While congratulating the winner, Prof. Oparah, Atueyi recalled that the Sir Ifeanyi Atueyi Debate & Essay Competition was started in the Faculty of Pharmacy, University of Benin, in 2015, adding that the same faculty produced the current PSN president, Prof. Cyril Usifoh, whom he said is the first professor in the university to serve as PSN President.

In his speech, Oparah, noted that

his relationship with Pharmanews, and by extension, Sir Atueyi, dated back to close to 40 years, precisely in 1986, when he was the national president of the Pharmaceutical Association of Nigerian Students (PANS), adding that he was a regular visitor to Atueyi's office to either solicit for financial support or to invite him to PANS' programmes.

The elated Oparah further disclosed that he initially did not think much of his winning the award, until it went viral and he started receiving phone calls from people across the country and beyond, adding that it changed his status from being a shy person who loved to achieve things silently.

"The kind of awareness this award has created about me was unprecedented, to the extent that people were calling me from all over the country, even outside the country. In my school, it became great news, to the extent that when we go to the Senate, people were addressing me as "Dean of the Year". It has brought a lot of publicity for me, within pharmacy as a profession, and especially in my institution," he said.

While appreciating his students across the country, the university don

promised not to disappoint the trust reposed in him by his voters, while also pledging to work harder to ensure that whatever qualities they see in him never diminish, but keep increasing.

"People have asked me on several occasions why I don't behave like a dean. They say access to me from students is too porous, as I pick up their calls anytime they call. I tell them that I enjoy doing it and I won't stop. Now, I have become like an ambassador and torch-bearer to Pharmanews and I promise not to disappoint", he assured.

In his remarks, Prof. Wannang, said the award was not for Prof. Oparah only, but also for his friends and close associates. He that Pharmanews' gestures, as regards the award and monetary benefit, would not be taken for granted but etched in the minds of all lovers of the pharmacy profession.

He said, "I must be quick to add that man gives awards, but God gives the reward. So I am not surprised today because I know how resourceful our award recipient has

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Prioritise primary healthcare, replace lost workforce, Salako urges FG

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cannot cater for the needs of the country's teeming population.

The NIMR DG, who passed a vote of confidence on the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, and the Minister of State for Health and Social Welfare, Dr Tunji Alausa, based on their promise to reduce catastrophic spending for Nigerians, said: "Disease control is important because these are the areas where we receive a lot of morbidity and mortality. Our ministers should develop primary care to be able to take care of pregnancy-related issues, so that our children and mothers are not dying from preventable reasons. General awareness should be created more for some of these diseases that are ravaging our people.

"The first step is to replace lost health workforce. Government is not spending additional money through this exercise, because they are only keeping the number of people they already have. And that will improve the services within the country as it is now. Of course they must focus on primary healthcare, in the areas of immunisation."

He added, "I believe that with the duo that we have currently at the federal ministry, and what we have heard them say, and if they are able to walk the talk, we should see an improvement in our health system in the new year."

Speaking on the supervisory activities of the Federal Government over the institute, Salako said he understood the standard practice of supervision of the institute as a government

parastatal. He, however, frowned at the idea of having too many supervisors coming to the agency at very close intervals, saying it is overburdening the management of the institute.

He particularly pleaded with the government to streamline the number of auditors frequenting the institute, in order to conserve energy from repetitive processes.

He said: "Auditing is an oversight function, so they don't have too many, as we do have now. Most CEOs of many agencies are just keeping quiet; I think they are tired of many of these things. And I believe that they have to be streamlined.

"We are not saying that our work should not be supervised or reviewed. What we are saying is that let this not become overburdening to us. It is indeed

overburdening us. On the long run, it's not providing the benefit that it should provide. Rather, it's providing more negative energy around the agency."

Salako, who is winding up his tenure at the institute, also highlighted the milestone he has recorded within his eight-year tenure. These, according to him, include: promotion of academic staff, according to the university standard; creation of new units for the institution; establishment of NIMR Foundation; obtainment of research grants for work all over the world with funding institutions within Africa and outside Africa; appointment of the institute's researchers by universities as adjunct researchers and professors, among others.

He specifically appreciated all staff of the institution for their

support and commitment to the development of the institute, while urging them not to rest on their oars as there are still many grounds to cover.

Salako specially thanked members of the Board of Trustees of NIMR Foundation, including the 14th Emir of Kano, Sanusi Lamido Sanusi; Former Governor of Lagos State, Babatunde Raji Fashola; Prof. Oni Idigbe; Mrs Moji Makanjuola; and Professor Oyewusi Gureje, for their immense support to the foundation.

The high point of the retreat was the launch of hepatitis B testing kit, developed by a staff of the institute and the unveiling of NIMR Gender Equality Policy. Barrister Kenechukwu Agwu also took the staff on an exciting lecture on "Open communication at the workplace".



Prof. Babatunde Lawal Salako, 4th from right, commenting on the newly launched Hepatitis B testing kit, in the company of either management staff of the NIMR.



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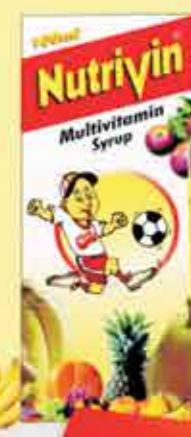
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Prioritise primary healthcare, replace lost workforce, Salako urges FG

By Temitope Obayendo

For the Nigerian health sector to effectively deliver quality healthcare to the citizenry in the new year, the Federal Government, through the Federal Ministry of Health, must focus on primary healthcare. This, among others benefits, will help in curbing infant and maternal morbidity and mortality, as well as preventing the spread of infectious diseases across the country.

The Director General, Nigerian Institute of Medical Research (NIMR), Prof. Babatunde Lawal Salako, gave this charge during an exclusive interview with *Pharmanews*, at the recent Annual Retreat of the institute.

Salako also drew the attention of the government to the need to bridge the gaps in healthcare service provision as caused by brain drain in the healthcare workforce, stating that this is very crucial for any improvement to take place in the sector. He noted that the presently lean workforce



L-R: Medical Director, National Orthopaedic Hospital, Igbobi, Lagos, Dr Mustapha Alimi; Medical Director, FMC Abeokuta, Prof. Abdus Musa; Minister of State for Health & Social Welfare, Dr Tunji Alausa; Medical Director, FMC Ebute-Metta, Lagos, Dr Adedamola Dada; Chief Medical Director, LUTH, Prof. Wasiu Adeyemi; and Medical Director, Neuro-Psychiatric Hospital, Aro, Dr Paul Agboola, at the official commissioning of the new Clinical Building of FMC Ebute-Metta, Lagos, recently.

Wannang, Odeku, Oreagba endorse Pharmanews Dean of the Year Award

- As 2023 winner, Oparah, receives plaque, cheque

By Adebayo Oladejo

It was a gathering of academic giants at the Pharmanews head office in Lagos, as the likes of Prof. Ibrahim Oreagba, secretary general, West African Postgraduate College of Pharmacists (WAPCP); Prof. Noel Wannang, former secretary general, WAPCP, and Prof. (Mrs) Oluwatoyin Odeku, former dean, Faculty of Pharmacy, University of Ibadan, were present to celebrate

Prof. Azuka Oparah, dean, Faculty of Pharmacy, University of Benin, for winning the Pharmanews Dean of the Year Award 2023.

Oparah emerged winner of the intensely contested award, having garnered a total of 1539 votes from the online poll, which ended on 7 August, 2023.

Initiated in 2022, Dean of the Year is the sixth annual award sponsored

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