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Nigeria's Leading Health Journal

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PCN tightens regulations, enforcement against medicine vendors

- Begins proceedings for closure of open drug markets

By Temitope Obayendo

Towards curtailing the activities of patent and proprietary medicine vendors who had mostly operated without

consideration for the extant laws guiding the practice, the Pharmacy Council of Nigeria (PCN) says it

has set machineries in motion to arrest illegal operators, shops, as well as licensed vendors that are

continued on page 8



Pharm. Taofik Odukoya, founder and chief executive officer, Vanguard Pharmacy; Mrs Kawthar Odukoya, co-founder and executive director; Rtd Brig Gen Dada Adekola, chief consultant cardiologist and former CMD, 68 Nigerian Army Reference Hospital, Yaba; and Pharm. Adewale Oladigbolu, national chairman, ACPN, at the recent opening of Vanguard Pharmacy's 11th branch in Akobo, Ibadan, Oyo State.

The Biafra run for B.Pharm (1)
page 48

Prisca Adejumo: Inspirational nurse researcher and medical sociologist
page 16

Olufunke Sodipo: Prolific developer of bioactive compounds of pharmacological value
page 36

45 YEARS OF UNINTERRUPTED MONTHLY PUBLICATION (1979-2024)

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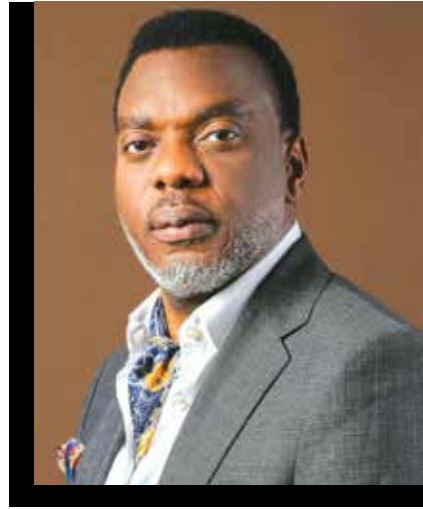
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MR OLUWATOSIN JOLAYEMI
Oluwatosin Jolayemi is the group managing director of Daily-Need Group of Companies, one of Nigeria's leading manufacturers of pharmaceuticals, food and personal care products required to sustain a healthy and vibrant society.



Born over 50 years ago, Jolayemi holds a B.A. (Hons) degree in African Literature from the University of Ilorin, an LL.B. (Hons) from the University of Buckingham, England, United Kingdom, and a Master's degree in Science of Management, from Surrey European Management School, University of Surrey, United Kingdom.

A native of Oro, Kwara State, Jolayemi joined the Daily-Need Group in 1996 and rose through the ranks to the position of group managing director. He is responsible for the formulation of the company's board objectives, business refocusing and development of new businesses.

Due to his astuteness, the customer base, scope of operation and assets of the company have been on an upward increase every year. It is also worthy of note that under him, the company has shown consistent commitment to a high standard of manufacturing, making it one of the indigenous companies that pioneered the production of quality, yet affordable, ethical pharmaceutical products that are readily available.

In 2023, Jolayemi was elected chairman of the Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria (PMG-MAN). PMG-MAN is a sub-sector of the Manufacturers Association of Nigeria (MAN) which represents all the manufacturers of pharmaceuticals and allied products in Nigeria, who collectively play a key role in ensuring that Nigerians have timely access to affordable, safe and high-quality medicines.

He has travelled worldwide and attended various local and international conferences, seminars, workshops and exhibitions, which have broadened his exposure to industrial management.

Jolayemi is married to Olubunmi Jolayemi, and they are blessed with children.

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Inspiration

Many times in life, we are held back from achieving our goals because we do not commit ourselves wholeheartedly. With an escape route in mind, we hold ourselves back from giving our all. — **Idowu koyenikan**

Know who you are, and be it. Know what you want, and go out and get it!
— **Carroll Bryant**

See yourself living in abundance and you will attract it. It always works, it works every time with every person. — **Bob Proctor**

Your purpose explains what you are doing with your life. Your vision explains how you are living your purpose. Your goals enable you to realize your vision. — **Bob Proctor**

If you seek change,

take responsibility. — **Daniel Mangena**

To become the best version of ourselves, we must be willing to unlearn what no longer serves us and embrace new perspectives and possibilities." — **Henry Johnson Jr**

Find a group of people who challenge and inspire you, spend a lot of time with them, and it will change your life. — **Amy Poehler**

Pay attention to the present, you can improve upon it. — **Paulo Coelho**

It's how you deal with failure that determines how you achieve success. — **David Feherty**

Take your victories, whatever they may be, cherish them, use them, but don't settle for them. — **Mia Hamm**

The global community recently commemorated this year's World Health Day on 7 April, 2024, with stakeholders calling for more concerted efforts towards bridging health equity gaps. This, they say, will help to ensure that everyone enjoys access to good health as a right. With the theme, "My Health, My Right," the 2024 anniversary focused on the urgent need to protect the lives of millions who have been increasingly threatened by diseases and disasters which have led to deaths and disabilities.

Established in 1948, by the World Health Organisation (WHO), as a day to draw attention to a specific health topic of concern to people all over the world, the apex health body emphasised that this year's theme was chosen to champion the right of everyone, everywhere to have access to essential health services.

It is noteworthy that the WHO specifically seized the occasion of the 2024 commemoration to reveal the alarming discovery that, of the 140 countries that recognise health as a human right in their constitutions, only a few are implementing the law; with, at least, 4.5 billion people — more than half of the world's population — not fully covered by essential health services in 2021. The implication here is that governments and other relevant stakeholders must do more to invest in healthcare delivery. This has become a particularly urgent imperative in a world that is increasingly grappling with conflicts, hunger, economic downturns, as well as climate crises

Closing health equity gaps in Nigeria

occasioned by harmful practices.

The Nigerian experience is a critical replica of the global scenario, with many movements but limited progress in health equity. Disparities in access to healthcare and health outcomes continue to challenge the well-being of millions of the citizens. The stark differences in health outcomes based on socio-economic status, geographical location, and other determinants highlight the urgent need for concerted efforts to close these gaps and ensure equitable access to healthcare for all Nigerians.

That the Nigerian government itself is aware of these gaps is laudable. In his statement on the World Health Day, the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, noted that "despite progress, persistent obstacles including inadequate infrastructure and healthcare workforce shortages persist, prompting a redoubling of efforts to prioritise primary healthcare services for all Nigerians".

However, beyond ensuring that it fulfils its promise of prioritising primary healthcare services, the government must decisively combat other barriers to equitable access to healthcare. These include massive brain drain, medicine insecurity, limited infrastructure, heavy reliance on drug importation, shortage of raw materials for local pharma manufacturers, scarcity

of essential medicines, and inadequate investment in local drug production, to mention a few.

While the Federal Government's initiatives, such as the Basic Health Care Provision Fund (BHCPF) and the Nigeria Health Sector Renewal and Investment Initiative, are commendable, it is imperative for the health sector leadership to expedite action on the proposed issuance of executive order to reduce escalating prices of drugs. This, we believe, will make quality medicines more accessible and affordable to every Nigerian.

Beyond this, the prevailing harsh economy has further revealed that local pharma companies cannot flourish without the availability of single digit loans, favourable policies and a generally conducive business environment. These are fundamental obligations of the government to local industries, which constitute the major drivers of economic growth and, in this case, citizens' overall wellness.

Equally important in bridging health equity gaps in the country is equipping hospitals with quality infrastructure and personnel capable of professionally addressing the healthcare needs of the citizenry. The absurd doctor-to-patient ratio of 1:10,000 (as against the recommended ratio of 1:600), needs to be urgently reversed for patients to have equitable access to health. Building and equipping

more health facilities, especially in underserved rural areas, and ensuring they have adequate staffing and resources to provide quality care, will tremendously help to strengthen healthcare infrastructure across the country.

It is also important to emphasise that, from all indications, government alone cannot weather the storm of closing health equity gaps. Therefore, fostering and leveraging strategic partnerships with targeted stakeholders will bolster government's limited resources in adequately catering for the healthcare needs of Nigerians. The Nigerian First Lady, Senator Oluremi Tinubu, on the occasion of the World Health Day, reiterated this perspective that all hands must be on deck for universal health coverage to be the reality of every Nigerian. She said, "I use this opportunity to call on all well-meaning Nigerians, organisations and bodies, to help remove all barriers to actualising health for all in Nigeria."

Once more, government and all other stakeholders must realise that, at the heart of health equity lies the fundamental right of every Nigerian to good health. It is a right that should not be dictated by anyone's income, ethnicity, or where they live. Therefore, the prevailing stark contrasts in health outcomes between the affluent and the indigent, between urban centres and rural communities, is not only morally unacceptable but also undermines the overall development and stability of our nation. The time to bridge this divide is now.

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Reference: 1. Diabetes Ther (2020) 11:533–548 <https://doi.org/10.1007/s13300-020-00833-x>

* Remicon MR official dossier

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God works for His glory

By Sir Ifeanyi Atueyi

I am always excited by the story of the man born blind from birth, as narrated in John 9. The disciples of Jesus Christ had assumed that his blindness must have been as a result of sin committed by his parents or himself. But in verse 3, Jesus replies, "Neither this man nor his parents sinned, but that the works of God should be revealed in him."

We know that people suffer for violating spiritual and natural laws. But this case is different. Indeed, some people suffer so that God's work may be more greatly manifested in them. And God must take the glory for His work. A typical case is this blind man. He was born blind for Jesus to open his eyes to demonstrate the work of God.

Recently, I watched the video of a girl born without the two hands. But the two legs were designed to function as hands also. With only two legs, this lady was doing everything by herself. It was fascinating to watch her cook her food, brush her mouth, wear her clothes, use her makeup and live a normal life without hands. No one watching the video would fail to appreciate the work of God in her life. Such cases are for the glory of God.

We cannot attribute the incredible abilities of this lady to whatever man can do. No level of surgical procedure can restore her feet and hands to normal. Interestingly, even those of us with our hands and feet cannot easily perform those activities.

God wants to take the glory for what He has done. In Isaiah 42:8 (NKJV), He says, "I am the LORD, that is My name; And My glory I will not give to another, Nor My praise to carved images." Whenever God does something for you, do not hesitate to give Him glory. Don't give His glory to another person. Take time to reflect on His interventions in your affairs and never fail to give Him glory.

In 1978, God gave me the idea of starting Pharmanews and I have always given Him full credit for that. I do not share the glory which belongs to Him with anybody. But I fully appreciate the instruments He used to realise the great idea.

When it came to the most important factor in realising the idea, God made it in such a way as to confirm that it was His idea and He only could make it work out. I tried all possible ways to raise the money to produce the first edition (May 1979) but did not succeed.

I reached out to the marketing managers of the pharmaceutical companies and some of them supported me with adverts for the maiden edition. Since I didn't have the money for this edition, I appealed to the friendly ones to pay up front but none was prepared to grant my request.

I was determined not to beg or borrow but did not know what else to do. It appeared God wanted me to reach the end of my abilities and contacts before stepping in. This is what actually happened. One afternoon, I remembered seeing the signboard of a pharmaceutical company, E. Merck, along Town Planning Way, Ilupeju. I had never entered the company and did not know anybody there. On arriving there, the receptionist allowed me to see the MD, without foreknowledge or a previous appointment. That notwithstanding, he warmly received me as if we had met before. I presented my service like a trained marketer. I was with him for less than one hour and he took up the page 2 bottom strip for his Cosome cough mixture advert. In addition, he introduced advert spaces for Cosome also on the wrapper for distributing the copies. I had never thought of that. He said he would pay immediately for his adverts from May to December 1979. Then from January 1980 he would pay upfront every year for his adverts until he decided to stop.

That was how God used E. Merck to provide the seed money that has kept us away from begging or borrowing until today. He did it in such a way as to receive the glory for the success of Pharmanews, using E. Merck and the Managing Director, Mr Ufflerbaumer, as His instruments.



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DISEASE OF THE MONTH 2024

MONTH	DISEASE
May	- Asthma
June	- Hypertension
July	- Hepatitis
August	- Heartburns and GERD
September	- Erectile Dysfunction/Infertility

Pharmanews Facts


1. PN is the leading healthcare journal in Nigeria.
2. PN has been published monthly without interruption since 1979.
3. PN is the widest circulating healthcare journal in Nigeria.
4. PN has the highest readership among health journals.
5. PN is available online as mobile App and PDF.
6. PN has over 10 million cumulative monthly website hits.
7. PN is the journal of choice for advertisers.
8. PN is the Winner, 2017, 2018, 2019, 2021, 2022, and 2023 Nigerian Healthcare Media Excellence Awards (NHEA).

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Building a top-notch brand

By George O. Emetuche, CES

"Performance is the best form of branding." - **The Selling Champion**

One of the mistakes often made in the concept of branding is seeing it as being just about logos and symbols. Brand building is beyond that. It is why the business exists. Brand building is the essence of the business but many businesspeople don't pay attention to it.

My concept of business and selling

Business or selling is about genuinely influencing customers and prospects. The more customers you make to smile, the more you smile to the bank.

Entrepreneurs and professionals should be more strategic in positioning their products and services. They should be intentional in brand building. Don't be in business just to make profit. Businesses that are driven by making profit alone without thinking long-term, especially as regards brand building, may not live long enough to tell their stories.

As a sales professional, never be in a hurry to make sales without thinking of how to build a long-lasting professional relationship. This is the difference between transactional and consultative selling. While the former focuses on just closing the sales, the latter pays more attention to giving the customer or prospect more information. He spends more time serving as a solution-provider and going the extra mile to prove that he wants to make a friend, instead of winning a customer. This is my philosophy of selling.

I often counsel sales professionals to spend more time in building professional relationships with their target markets, than trying to close sales. The quality relationships you built over time is what will bring the real sales.

In brand building, your performance is your reality

Profit-making is ideal in business; in fact, it keeps the business going productively. Selling products and services is the goal of businesses. But building a topnotch brand goes beyond closing a deal or making profit. Brand building is about your performance in the industry. It's about the quality of your products and services.

Brand building is a serious business. It is a journey and an attitude. It is the promises you keep. It is about the memories you create. It is the quality of your customer service and how you value your customers.

Brand building is intentional. It is a culture of excellence. You are expected to define your path in the journey. You must know what to do, how to do it, when to do it, where to do it and why you are doing it.

The issues of brand and branding remain important topics in leading organisations. How do you intend to attract real followership to your products and services? How do you want to expand brand equity? If you have choices to make among products, would you truly choose yours? What kind of products and services do you offer? What experiences are you creating with customers and prospects? Are you keeping your promises of giving value? Do your staff represent the best in your industry? You need to provide answers for these questions

before moving on.

Be a long-term thinker

Entrepreneurs and professionals who are not long-term thinkers may not build topnotch brands. You must think in the now and in the future to build a top-class brand. Building a good brand is not a quick fix.

Follow the leaders in your industry and learn from them. Learn why they influence more people than you; learn what has kept them at the top as the market leaders and gradually begin to apply them. This is how to benchmark. You can't just take over from the market leader without following a process.

The marketplace is tough and it's for intentional players. You must be deliberate if you want to stand out in today's business arena. People who

win, plan to win. People who fail to plan often lose. Life is neutral. Success is deliberate. The path to success answers to principles.

Keep getting better

As mentioned earlier, I often recommend benchmarking. It is never a crime to learn how to be better. Try to study the best brands in your industry and adopt what they do better. You can find a way to fine-tune the things you learnt from the market leader to make yours outstanding. Innovation is the way of leading organisations.

I did not become a top sales professional in a day; I gradually paid my dues to learn from professionals who wielded influence in any industry I found myself in. I learnt from top professionals in organisations that I saw as market leaders. I made friends and socialised with successful salesmen locally and internationally. I brainstormed with them. This made me to develop on the job.

The ladder to the top needs continuous climbing to get to your desired destination. Don't stop halfway. Keep climbing.



If you want to win in today's business world, go the extra mile to build your brand. Be consistent in keeping your promises. Tell where you are. Do what you do differently in order to attract more people your way. Build the right team. People matter.

Remember, performance is the best form of branding.

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Nigeria: a season of anomy

pay through your nose or you lose your vehicle. Where is the sanity in such a system? It may sound funny but it is true that LASTMA is one of the risk factors for cardiac

capacity to employ many Nigerian professors and pay them mouth-watering remuneration because the ability to cause chaos and commotion has been monetised in the country.

When society loses its moral values or relegates them to the background, the populace becomes disconnected from ethical reality and embraces strange systems that do not promise any good. This pattern has seen the deterioration of the psyche of many individuals, especially young people.

In Nigeria, there has been a steady bastardisation of morality to the extent that even government does not seem to be bothered about the negative consequences of this sad development. Psychopaths are emerging in their multitudes in Nigeria because values which should have prevented them have been eroded by governmental and parental irresponsibility.

In major cities like Lagos, Abuja, Onitsha, Port Harcourt and so on, extortion has been legitimised, with full government backing. In a place like Lagos, transporters go through the most hellish experience as they are made to part with their hard-earned monies in the name of levies. These levies are usually released under duress. Failure to comply leads to ruthless beating or what is now known as "wotowoto."

No one is willing to answer

the lingering questions. Why is governmental in connivance with street urchins making life difficult for transporters in a place like Lagos? Why are the local government authorities in Lagos looking away while traders encroach on motorways to sell their wares? Who are the individuals collecting levies from these traders at the expense of social order?

Unfortunately, the allure of easy money has created a craze of impunity on Lagos roads from Ikotun to Oshodi. Men who should have channelled their energies into more honourable ventures have decided to live the rest of their lives collecting illegal tolls from motorists and transporters. Many are now abandoning their vocations to join these area boys on the roads.

Worse still, the Lagos State Traffic Management Authority (LASTMA) is almost becoming more of a problem than solution. Some of this agency's officials are the most uncultured human beings you can ever meet on the face of the earth. In their worldview, mistakes are not allowed and there is nothing like a first offender. In fact, they sometimes set traps for motorists and once you fall, it is either you

arrest among Lagos motorists.

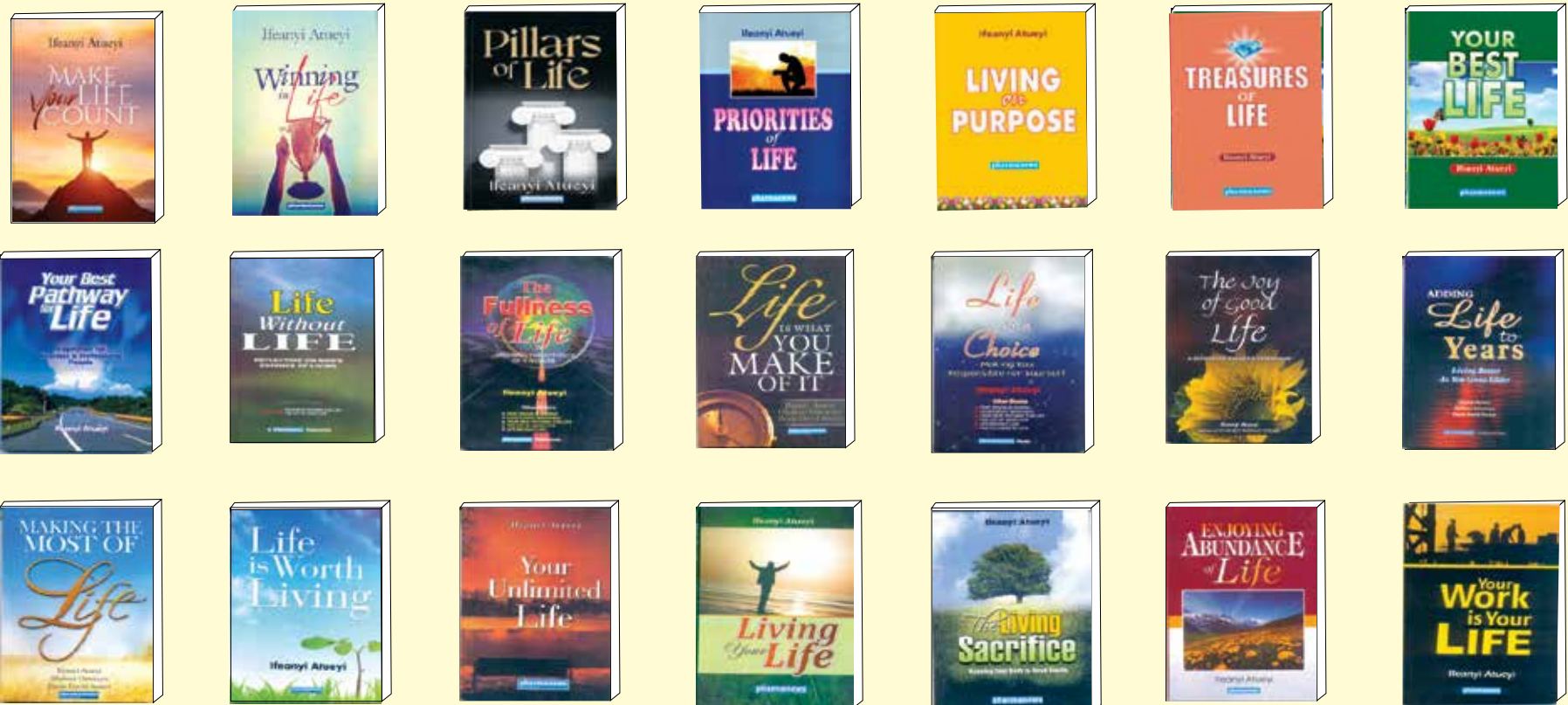
Nigeria, as it stands today, is on the verge of a cataclysmic mental revolution. Besides the rampaging hunger and unemployment, the national psyche is abnormally skewed towards collective nonchalance as every man is minding his business and thinking of what he and his family will eat. This attitude is one of the factors that have birthed the high incidences of drug abuse on many Nigerian streets. Most streets in Lagos have been converted to smoking joints where both the young and the old openly abuse drugs. In fact, in some families, parents and their children indulge in drug abuse together. Who then will serve as a redemptive role model for such a family?

The pursuit of filthy lucre has become better priced than the quest for sound education because Nigerian professors earn pittance while area boys parade stupendous wealth. Politicians use the same area boys to carry out electoral malpractices and so they continue to arm them with money and guns, whereas lecturers in Nigerian universities die of hunger. Some celebrity area boys have the

Internet fraud, also known as "Yahoo Yahoo" has been revolutionised. Today, it has a version called "Yahoo Plus", which involves the use of human blood. Many parents do not care how their children make money as long as their unhealthy appetites are gratified. A society where money and other material attractions are prioritised over education will undoubtedly breed a careless and carefree generation of people whose very existence will pose serious threats to learning and scholarship. No wonder the quality of education in Nigeria has continued to wane ever since politicians, instead of reputable academics, have been saddled with the responsibility of managing the education ministry in the country.

Finally, in those days when the pen was truly mightier than the sword or the gun, journalism flourished as the most potent weapon against all forms of societal and governmental excesses. Today, journalists, with the exception of a very few, run after politicians for brown envelopes because their publishers cannot pay their salaries. Indeed, things have fallen apart and the centre can no longer hold!

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

Maintaining a healthy pancreas to avoid diabetes and digestive issues (2)

9. The use of high quality organic nutritional supplements

There are several high-quality organic nutritional supplements available, depending on your specific needs. When choosing supplements, it's essential to look for organic certifications, third-party testing, and transparent sourcing practices to ensure their quality and effectiveness.

Consume any nutritional supplements that contains the mineral chromium, especially chromium picolinate. It is a very important element that intervenes greatly in the metabolism of sugar and insulin. It substantially increases muscle tissue and lowers body fat.

Chromium is needed by insulin to convert the carbohydrates, fats and some proteins into sugar and later energy.

Obese people must lose weight to be able to control their diabetes. The FLP Clean 9 Programme is highly recommended.

Several nutrients are essential for maintaining a healthy pancreas and supporting its function. Here are some key nutrients and recommended nutritional supplements:

1. Antioxidants: Antioxidants such as vitamins A, C, and E, as well as selenium, help protect pancreatic cells from oxidative damage caused by free radicals. Aloe Vera Gel or Berry Nectar. Lycium plus.

2. Omega-3 fatty acids: Omega-3 fatty acids have anti-inflammatory properties and may help reduce the risk of pancreatitis. Good sources include fatty fish (salmon, mackerel, sardines), flaxseeds, chia seeds, and walnuts. FLP Arctic Sea.

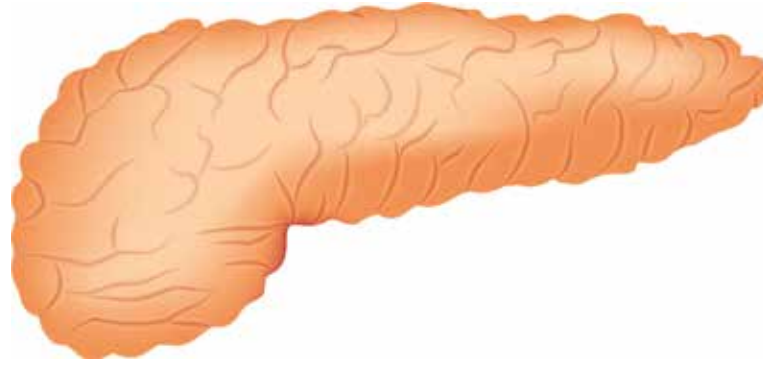
3. Magnesium: Magnesium is involved in insulin secretion and glucose metabolism. It also helps reduce inflammation. Sources include leafy green vegetables, nuts, seeds, whole grains, and legumes. FLP Nature Min, Calcium, Fields of Greens.

4. Vitamin D: Vitamin D plays a role in insulin secretion and sensitivity. It may also help reduce the risk of developing pancreatic cancer. Sources include sunlight exposure (which triggers vitamin D synthesis in the skin), fatty fish, fortified foods, and supplements.

5. B vitamins: B vitamins, including B6, B12, and folate, are important for pancreatic health and metabolism. They help support energy production and DNA synthesis. Sources include meat, fish, poultry, eggs, dairy products, leafy greens, and fortified grains. FLP B12

6. Choline: Choline is important for maintaining healthy cell membranes and supporting

By Mrs Chima Ejimofor



lipid metabolism. Good sources include eggs, liver, meat, fish, nuts, and cruciferous vegetables.

7. Zinc: Zinc is involved in insulin storage and secretion and plays a role in pancreatic enzyme function. Sources include meat, shellfish, legumes, nuts, seeds,

protein such as poultry, fish, tofu, legumes, and low-fat dairy products.

9. Fibre: Dietary fibre supports digestive health and may help reduce the risk of pancreatitis. Choose fibre-rich foods such as fruits, vegetables, whole grains,

and whole grains.

8. Protein: Protein is essential for tissue repair and enzyme production in the pancreas. Opt for lean sources of



nuts, seeds, and legumes.

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

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PCN tightens regulations, enforcement against medicine vendors

continued from front page



**Pharm. Babashehu Ahmed
PCN Registrar**

operating outside the scope of their licence.

The PCN Registrar, Pharm. Babashehu Ahmed, made the disclosure to *Pharmanews* in an exclusive interview, saying that the council, in collaboration with the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, had begun proceedings to shut down open drug markets in Lagos, Anambra, and Abia states.

Ahmed noted that, aside from the disturbing operations of illegal medicine dealers, there are many licensed patent medicine stores who are violating the Pharmacy Act of 2022, which stipulates, among other conditions for the storage and dispensing of ethical drugs, that such must be under the supervision of a pharmacist. This, he said, is a major reason why the renewed enforcement drive is necessary, as it will help to further curtail the excesses of the vendors.

Article 59 of the PCN (Establishment) Act, 2022, states that "(i) Ethical drugs shall not be stored, supplied, sold, offered to be sold or dispensed by any person unless under the direct supervision of a licensed pharmacist. (ii) A person shall not store, supply, sell or dispense dangerous drugs unless — (a) he is a licensed pharmacist; (b) the drug is in a container of the prescribed description; and (c) the container bears a label indicating the prescribed particulars of its contents".

In reference to the stipulations, the PCN registrar said, "As you may

be aware, the PCN is embarking on a reform of the Patent and Proprietary Medicine Vendor License (PPMVL) regulation, as well as enforcement. In this regard, necessary regulatory mechanisms, such as strengthened inspectorate activities, monitoring exercises and well-guided enforcement exercise, have been rolled out to checkmate existence of illegal vendors, shops, as well as licensed vendors that are operating outside the scope of their licence".

On the efforts of the Council in curbing unethical practices among pharmacists, especially dispensing of prescription drugs without a doctor's prescription, the registrar revealed that the Council is mulling the development and implementation of a National Prescription Policy, which, he assured, will address the matter headlong.

He said, "The Federal Ministry of Health, in its strategic vision for the health sector renewal, is desirous of development and full implementation of the National Prescription Policy. To this end, the Hon. Minister of State for Health, Dr Tunji Alausa, has directed the Food and Drug Department of the Ministry to coordinate this activity along with all the relevant stakeholders".

The PCN registrar also informed *Pharmanews* of the progress achieved by the Council in closing down the Kano open drug market, saying over 90 per cent of the traders have been successfully

relocated to the Coordinated Wholesale Centre (CWC). "The centre is now becoming a beehive of activities," he added.

Ahmed specifically disclosed that, during the Kano operation, a total of 1,321 shops were sealed, with the development signalling compliance with the National Drug Distribution Guideline. He commended the security agencies for their support throughout the exercise and even beyond.

He added: "I am pleased to inform you and the general public that following the recent success story in Kano, the Hon. Coordinating Minister of Health and Social Welfare has formally forwarded a letter dated 11 March, 2024, to the Executive Governors of Lagos, Anambra and Abia State to support the expeditious establishment of CWCs in their states.

"Following that, the Pharmacy Council of Nigeria has also forwarded letters to the various chairmen of the Special Purpose Vehicle for the establishment of the CWCs in Lagos, Anambra, and Abia States on 2 April, 2024. The PCN, by the letter, requested the chairmen to provide update on the project at the various locations within two weeks, from the date of the letter, to enable the registrar brief the Hon. Coordinating Minister accordingly for further necessary directives.

"Certainly, the health sector renewal agenda of the current administration reinforces the full implementation of the National Drug Distribution Guideline.

The broader strategic goal of the Federal Ministry of Health and Social Welfare in this is to significantly diminish the presence of falsified, counterfeit, and poor quality pharmaceutical products and other medical consumables along the healthcare value chain through the establishment of CWCs."

Ahmed further revealed that the council is not resting on its oars in tackling sales of fake drugs online, saying the PCN has fully commenced issuance of licence to operators of online platform for sales of medicines. He added that anyone without the licence is not qualified to sell medicines online.

The registrar cited how the Council, through the help of the Interpol, recently arrested the operators of an illegal online platform that was advertising a GSK product.

According to him, "We received a report of an online platform that was advertising the product of GSK. Using the enforcement platform for online registration which is the Interpol, the said online platform operators were invited and handed over to Interpol for further necessary action.

"Let me at this point inform you that PCN has fully commenced issuance of licence to operators of online platform for sales of medicines. The online Pharmacy Regulations of PCN has undergone a review with stakeholders, with support from Salient Advisory, Society for Family Health, PSN Foundation and EPharmacy4FP."

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

Adeyeye, Ahmed, others laud Shalina's Young Talent Award

-As UNILAG Edges UI to Clinch SYTA 2024

By Adebayo Oladejo

Regulatory agencies and prominent pharmaceutical industry stakeholders, including the Director General, National Agency for Food and Drug Administration and Control (NAFDAC), Dr Moji Adeyeye; Registrar, Pharmacy Council of Nigeria (PCN), Pharm. Babashehu Ahmed, and others, have lauded the management of Shalina Healthcare for advancing the course of healthcare in Nigeria, by giving the youths an array of opportunities to express themselves.

Speaking in Lagos recently, at the final edition of the SYTA, a value-adding initiative by Shalina, which is a national-level competition for final-year pharmacy students in Nigerian universities, the stakeholders hailed the company for the impact it is making in uplifting the knowledge of students as well as pharmacists in general.

In her speech at the competition, tagged the "Biggest hunt for the best pharmacy brains in Nigeria", held at the NECA House, Agidingbi, Ikeja, Lagos, Adeyeye said, "Shalina should be commended and appreciated for the platforms they are giving our young people to express themselves as well as grow."

Speaking in the same vein, Pharm. Ahmed, applauded Shalina for its initiative, saying: "The company is making an unprecedented effort in ensuring that young pharmacists are well-trained and are also encouraged to promote quality healthcare delivery in the country."

While declaring the event open, the Managing Director of Shalina Healthcare Nigeria, Opeyemi Akinyele, said the initiative is with the objective of "serving as a platform for the final year students to interact with renowned experts from the field of pharmacy. And also build competitive distinction and self-awareness among young pharmacists."

The competition, which covered all the 24 pharmacy institutions in Nigeria, saw Princess Kamsy Okeke, of the University of Lagos, emerge as the overall winner. Michael Ekweazor of the University of Jos emerged as the first runner-up, while Vivian Ihediuche of Chukwuemeka Odumegwu Ojukwu University, Anambra State, emerged as the second runner up, winning cash prizes of one million naira, 500,000 naira and 300,000 naira respectively.

On the progress made from Season One to Five, the Corporate Marketing Manager of the company, Pharm. Folorunso Alaran said, "The initiative has moved beyond its starting point of five schools and today covered the whole 24 pharmacy institutions in the country.

"This is unprecedented in the quest for the best pharmacy brains in Nigeria and remains the biggest hunt for the best pharmacy brains in the country. We moved around the 24 universities in the country's six geopolitical zones, from November 2023 to February, 2024.

"In all, we had 3000 participants, and we brought the best in each school to this Grand Finale."



SYTA 2024 Winner, Princess Kamsy Okeke, University of Lagos (middle); Second Place winner, Ekweozor Michael Chukwudubeanyi, University of Jos (right), and the Third place winner, Ihediuche Chizoba Vivian, Chukwuemeka Odumegwu Ojukwu University, Anambra State (left), at the Shalina Young Talents Awards (SYTA) Season 5 National Grand Final in Lagos.



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

Modern trends in malaria treatment

Talk of a deadly disease that needs to be eradicated urgently and one that readily comes to the mind is malaria. It is a serious, sometimes fatal, illness caused by parasites deposited into people by infected mosquitoes. The World Health Organisation (WHO) describes malaria as an acute febrile illness caused by Plasmodium parasites, which are spread to people through the bites of infected female Anopheles mosquitoes.

Experts at Malaria for Medicine Venture (MMV), a healthcare foundation in the US, further explain that malaria is caused in humans by five species of single-cell, eukaryotic Plasmodium parasites (mainly Plasmodium falciparum and Plasmodium vivax) that are transmitted by the bite of Anopheles mosquitoes. The experts stated that in humans, malaria parasites grow and multiply first in the liver cells and then exponentially in the red blood cells. It is the blood stage of the parasite life cycle that causes the symptoms of malaria in humans.

The United States Centre for Disease Control (US CDC) has also identified four kinds of malaria

parasites that infect humans. These are *P. falciparum*, *P. vivax*, *P. ovale*, and *P. malariae*. The centre noted that *P. knowlesi*, a type of malaria that naturally infects macaques in Southeast Asia, also infects humans, causing malaria that is transmitted from animal to human ("zoonotic" malaria). Whereas, *P. falciparum*, the centre said, is the type of malaria that is most likely to result in severe infections and if not promptly treated, may lead to death. The centre also noted that severe malaria occurs when infections are complicated by serious organ failures or abnormalities in the patient's blood or metabolism.

A consultant public health physician at Ladoke Akintola University of Technology Teaching Hospital, Dr Oluwatosin Ilori, also confirmed that there are four kinds of malaria parasites that can infect humans. He, however, added that there is also "congenital malaria", which is the type that an infected mother passes to her baby at birth.

Malaria is a major public health problem. The disease, today, is mostly found in tropical countries, with Africa taking the lead. Malaria is preventable and curable and it does not spread from person to person.

How malaria spreads

Malaria transmission requires an intermediate mosquito (anopheles) host, which is found worldwide. Following exposure (an infected mosquito bite) the incubation period varies between one and four weeks in most cases. Depending on the plasmodium species involved, much longer incubation periods are possible.

Once the plasmodia multiply inside the red blood cells, fever and multi-organ disease may ensue, which can be life-threatening when *P. falciparum* is involved. Symptoms are much reduced if the patient is semi-immune by repeated previous infection. Several drugs are available for both treatment and prophylaxis.

Global prevalence of malaria

According to the latest WHO malaria report, released in December 2023, there were 249 million cases of malaria in 2022, compared to 244 million cases in 2021. The estimated number of malaria deaths stood at 608,000 in 2022, compared to 610,000 in 2021. The report identified that the number of global malaria cases in 2022 was significantly higher than before the pandemic in 2019. From 2000 to 2019, the number of global malaria cases fell from 243 million to 233 million. There were an additional 11 million cases in 2020, no change in 2021, and then an increase of five million cases in 2022, for a total of about 249 million cases.

The number of global malaria deaths in 2022 was also higher than in 2019. Since 2000, malaria deaths have declined steadily from 864,000 to 576,000 in 2019. With the onset of the pandemic, the number of deaths increased by 55,000 in 2020, to 631,000. Marginal decreases in the following two years resulted in an estimated 608,000 deaths in 2022 – 32,000 more deaths than before the pandemic.

Eleven countries were initially identified as "High Burden to High Impact" (HBHI). This identification was spearheaded by WHO and the RBM Partnership to End Malaria in 2018, and was designed to support the world's 11 highest malaria burden countries, which are Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ghana, India, Mali, Mozambique, Niger, Nigeria, Uganda and the United Republic of Tanzania. Sudan was added as a 12th country in 2022.

In the South-East Asian Region, nine countries contributed to about 2 per cent of the burden of malaria globally in 2022 which was about 5.2 million cases. Most malaria cases in the Asian Region were concentrated in India, which was 66 per cent. Also, about 94 per cent of deaths were in India and Indonesia.

In the American Region, in 2022, 15 malaria-endemic countries and one territory in the region of the Americas accounted for an estimated 0.2 per cent of global malaria cases. Three countries – Brazil, Colombia and the Bolivarian Republic of

continued on page 13

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WAVE OF RAVES...AND RAGE (2)

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

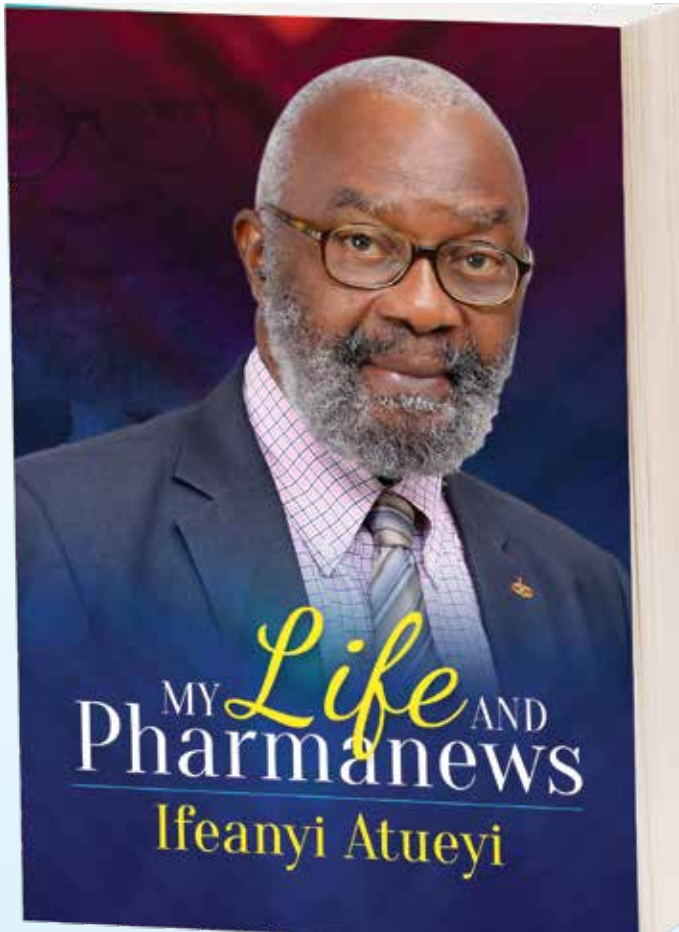
Since I had no paid staff, I enlisted the help of my family members and others around me for processing, packaging and distribution of the copies. Copies were distributed in bulk to the faculties of pharmacy of Obafemi Awolowo University, Ile-Ife; University of Nigeria, Nsukka; Ahmadu Bello University, Zaria; and University of Benin, Benin City. This was done through their liaison offices in Lagos. The other copies were distributed to pharmacists all over the country, whose postal addresses I had obtained through their registration details at the then Pharmacists Board.

The overall effect that **Pharmanews** had on pharmacists by the time copies got to their hands was, to say the least, phenomenal. In fact, as one of the readers described it, the publication hit the pharmacy world like a "delightful thunderbolt"!

Of course, indications that the idea of **Pharmanews** itself was a revolutionary one had begun to emerge even before that first edition was

printed. Just by sharing my vision with a few trusted colleagues, they readily sent me their goodwill messages, which reflected the delight of the pharmacists and proved that the publication was a timely innovation that adequately crystallised their yearnings.

You can then imagine the reaction when the idea of **Pharmanews**



eventually became a reality – a reality that pharmacists could hold, feel and take with them anywhere. Judging by the congratulatory messages I received, the general feeling was an admixture of exhilaration, pride and gratitude.

The early editions of the publication were filled with congratulatory messages from

pharmacists. Some of them were David Ibitoye, Chief Andrew Egboh, Lt. Col. S. K. Akinyemi, Julius Adeluyi, Ademola Odusote, Dr Bona Obiorah, John Obasi, Godfrey Obiaga, Tola Ayuba, Douglas Egbuonu, Dr Fred Adenika, Nduka Ekeghe, R.A.M. Ozuzu, Nath O. Oso. Others were Bola Salako, Sam Fajaiyeyo, Moses Ajape, Chukwudum Maduneme (a pharmacy student), Chief E. O. Igweze, and Emma Osuorji and so on.

I was overwhelmed by the tremendous amount of encouragement, genuine interest and enthusiasm transparently demonstrated by all towards **Pharmanews**.

I have reproduced below excerpts from some of the goodwill messages.

MAY 1979
"NEW ERA"

Dear colleague, I was highly delighted when you told me few days ago that you were about to publish a pharmaceutical newspaper, **PHARMANNEWS**. As I know you to be a prolific writer, coupled with your sound knowledge of Pharmaceutical Journalism, and the way you have upgraded the standard of Nigerian Journal of Pharmacy, I have no doubt that through the medium of **Pharmanews**, we pharmacists shall meet the ideological aims and objectives in a new era within Pharmaceutical Journalism...It is therefore my greatest pleasure to

send you this message of goodwill and profound congratulation, and wish you and the Editorial Board a huge success.

Yours faithfully,
Andrew A. Egboh, F.P.S

"WORTHWHILE PROJECT"

It was with great pleasure to me personally to receive your circular letter informing of plans to publish **Pharmanews** – a monthly pharmaceutical newspaper. I wish to send you hearty congratulations and also every good wish for the successful take-off of this worthwhile project. I have no doubt whatsoever in my mind that with your wealth of experience in pharmaceutical journalism and the dynamism with which you handled the Nigerian Journal of Pharmacy, **Pharmanews** is already off to a good start with you as the Managing Editor.

There is no doubt that **Pharmanews** will be of great service to pharmacy practitioners in all facets of the profession...

Dr B.A. Obiorah
Ag Head of Department,
Pharmaceutics & Pharmaceutical
Technology, University of Benin

"BOLD MOVE"

The idea of the **Pharmanews** is great and you have my full support. I am hopeful that through this medium, our pharmacists will be kept up to date with all aspects of pharmacy practice. In particular, the clinical pharmacy aspect will be of great interest to all hospital pharmacists, particularly in the teaching hospitals. I congratulate you on this bold move and wish you every success with the publication of **Pharmanews**.

Godfrey O. Obiaga
Chief Pharmacist,
A.B.U Teaching Hospital, Zaria

Continues next edition

YEAR	AWARD	WINNER
2015	Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition	- Faculty of Pharmacy, UNIBEN.
2016	Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition	- Faculty of Pharmacy, UNIBEN.
2017	Sir Ifeanyi Atueyi Essay (SIA) & Debating Competition	- Faculty of Pharmacy, OAU, Ile-Ife.
2018	Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition	- Faculty of Pharmacy, UNIBADAN.
2018	Young Pharmacist Award	- Pharm. Isa Muhammad
2019	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBADAN.
2019	PANSITE Award	- Yusuf Wada (Faculty of Pharmaceutical Sciences, Usman Danfodio University, Sokoto)
2019	Young Pharmacist Award	- Pharm. Frank Eze
2020	PANSITE Award	- Izukanne Emembolu (Faculty of Pharmacy, UNIZIK, Awka)
2020	Outstanding Pharmacist Award	- Pharm. (Mrs) Olubukola George
2020	Young Pharmacist Award	- Pharm. Daniel Uchechukwu Eze
2021	PANSITE Award	- Martin Chukwunonso Nwofia (Chukwuemeka Odumegwu Ojukwu, University, Anambra State)
2021	Pharmanews Interschool Debate Competition	- Faculty of Pharmacy, UNIBEN
2021	Sir Ifeanyi Atueyi (SIA) Essay & Debate Competition	- Faculty of Pharmacy, UNIBADAN
2022	PANSITE Award	Jennifer Ukamak Ekuma (UNIUYO)
2022	Young Pharmacist Award	Pharm. Ozioma Onyedikachukwu Ezeofor
2022	Dean's Award	Prof. Festus B. C. Okoye (UNIZIK)
2022	Pharmanews Interschool Debate Competition	Prof. Dora Akunyili College of Pharmacy, Igbinedon
2023	PANSITE Award	Olasunkanmi Ahmed Ajilaran (UNILAG)
2023	Pharmanews Interschool Debate Competition	Faculty of Pharmacy, Enugu State University
2023	Sir Ifeanyi Atueyi (SIA) Essay & Debate Competition	Faculty of Pharmacy, UNIBADAN
2023	Dean's Award	Prof. Azuka Oparah (UNIBEN)
2023	Young Pharmacist Award	Pharm. Uwem O. Ebong

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

Modern trends in malaria treatment

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Venezuela - accounted for an estimated 73 per cent of all cases region-wide. Between 2000 and 2022, the Region of the Americas made good progress in reducing its malaria burden.

Prevalence of malaria in Africa

According to the WHO 2023 report, the African Region still carries the highest share of the global malaria burden. Globally, in 2022, the region accounted for 94 per cent of all malaria cases (233 million cases), and 95 per cent of all malaria deaths (580,000 deaths). Also, about 78 per cent of all malaria deaths in the region were among children under the age of five.

In 2022, four countries in Africa, namely Nigeria (26.8 per cent), the Democratic Republic of the Congo (12.3 per cent), Uganda (5.1 per cent) and Mozambique (4.2 per cent) accounted for nearly half of all malaria cases globally. Four African countries also accounted for just over half of all malaria deaths globally, with Nigeria alone accounting for 31.1 per cent, the Democratic Republic of the Congo (11.6 per cent), Niger (5.6 per cent) and the United Republic of Tanzania (4.4 per cent).

Nigeria in focus

According to the WHO, malaria is a major public health concern in Nigeria, with an estimated 68 million cases and 194,000 deaths due to the disease in 2021. Nigeria has the highest burden of malaria globally, accounting for nearly 27 per cent of the global malaria burden. The risk of transmission exists throughout the country, all year-round. However, the incidence of malaria is highest in the northern and north-eastern parts of the country. As one of the countries supported under the High Burden to High Impact (HBHI) approach, Nigeria has been a leader in implementing data-informed strategies to tailor interventions sub-nationally. The country has also established an integrated national malaria data repository that is accessible at the local government level. A nationwide training exercise on the use of the repository for routine decision making was also implemented.

As noted earlier, the WHO also reports that the severe form of malaria in Nigeria led to 194,000 deaths in 2021 alone, with about 80 per cent of these in children under the age of five. This accounts for 31 per cent of all malaria deaths globally and 40 per cent in the WHO African Region.

The WHO report said, "Data from household surveys show that malaria prevalence in children, assessed via microscopy and rapid diagnostic test (RDT), dropped from 27 per cent and 45 per cent in 2015, to 22 per cent and 40 per cent in 2021, respectively. From 2010, the year after the first mass campaign was implemented, to 2021, an estimated 166 million malaria cases and 0.85 million malaria deaths were likely averted.

"In 2021, about 37 per cent of children under the age of five years still did not receive care within two weeks of fever onset. Only a quarter of all children with fever got tested, and among those who sought care, only 39 per cent were tested. Despite recent improvements, malaria parasitological diagnosis remains low in Nigeria, leading to inappropriate treatment of patients and irrational use of malaria drugs."

It continued: "In addition to consultation fees at public health facilities, the high use of the private sector highlights that there is a high out-of-pocket expenditure by households on fever, and by extension on malaria care. Among low-income communities, such expenditure could be catastrophic and plunge them deeper into poverty, impairing their ability to seek

further healthcare. The low level of diagnosis also undermines the quality and reliability of malaria data reported through the health system. Direct budgetary support to Nigeria's malaria programme is mostly from external sources, in particular by the Global Fund that supports 13 states and the US President's Malaria Initiative that supports 11 states.

"For many years, the remaining 13 states did not have external donor support, until the recent agreement with the World Bank and Islamic Development Bank to support these states. Of the US\$ 3.84 billion investment in malaria since 2000, it is estimated that 21 per cent (US\$ 0.82 billion) were from domestic sources, excluding out-of-pocket expenditure by households, and the rest were from the Global Fund (40 per cent, US\$ 1.54 billion), US PMI (24 per cent, US\$ 0.92 billion), the World Bank

(9.6 per cent; US\$ 0.37 billion), UK Aid (4 per cent, US\$ 0.15 billion) and the remainder from other sources.

"While Nigeria has been at the forefront of using sub-national data for effective malaria planning and implementation, the increasing budget constraints will require further prioritisation. In addition, considerable increase in domestic funding is required. Synergies with other health programmes through improved integration will likely increase efficiency of implementation. Insecticide resistance, particularly to pyrethroids, threaten the effectiveness of ITNs to prevent malaria. While the country has gradually moved to use of new generation nets, these come at a higher cost. This will affect the ability to sustain the current levels of ITN coverage and reduce the budget for other essential malaria commodities."

continued on page 15

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Modern trends in malaria treatment

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Symptoms of malaria

The most common early symptoms of malaria are fever, headache and chills. Symptoms usually start within 10–15 days of getting bitten by an infected mosquito. Symptoms may be mild for some people, especially for those who have had a malaria infection before. Because some malaria symptoms are not specific, getting tested early is important.

Signs and symptoms of malaria are similar to flu symptoms. They include fever and sweating, chills that shake your whole body, headache and muscle aches, fatigue, chest pain, breathing problems and cough, diarrhoea, nausea and vomiting. Some types of malaria can cause severe illness and death. Infants, children under five years, pregnant women, travellers and people with HIV or AIDS are at a higher risk. Severe symptoms include extreme tiredness and fatigue, impaired consciousness, multiple convulsions, difficulty breathing, dark or bloody urine, jaundice (yellowing of the eyes and skin), abnormal bleeding. Malaria infection during pregnancy can also cause premature delivery or delivery of a baby with low birth weight.

The most severe form of malaria, which may progress to a coma, is known as cerebral malaria. This type represents about 15 per cent of deaths in children and nearly 20 per cent of adult deaths.



Diagnosis for malaria

The surest way to know whether someone has malaria is to have a diagnostic test, where a drop of blood is examined under the microscope for the presence of malaria parasites. If one is sick and there is any suspicion of malaria (for example, if you have recently travelled to a country where malaria transmission occurs), the test should be performed without delay.

Ideally, a healthcare provider will examine you and ask about your symptoms and history. It is important to share information so that your provider can clearly understand your risk. Your provider will take a sample of your blood and send it to a lab to see if you have malaria parasites. The blood test will tell your provider

if you have malaria and will also identify the type of parasite that is causing your symptoms. Your provider will use this information to determine the right treatment.

While speaking on diagnosis for malaria, Dr Ilori adds that, "Prior to the examination, the specimen is stained (most often with the Giemsa stain) to give the parasites a distinctive appearance. This technique remains the gold standard for laboratory confirmation of malaria. However, it depends on the quality of the reagents, of the microscope, and on the experience of the laboratorian. It can also be diagnosed by the use of rapid diagnostic testing, which is cheaper and faster."

The European Centre for Disease Prevention and Control also affirms that the gold standard

for laboratory confirmation of malaria is the identification of malaria parasites in blood films. Alternative methods for laboratory diagnosis include antigen detection, using rapid diagnostic tests. It is a useful alternative in situations where reliable microscopic diagnosis is not available. The second one is through molecular diagnosis, which is more accurate than microscopy but also more expensive and (currently still) requires a specialised laboratory. The third way is serology, using indirect immuno-fluorescence (IFA) or enzyme-linked immunosorbent assay (ELISA). Serology does not detect current infection but rather measures past malaria experience.

Treatment of malaria

Early diagnosis and prompt treatment are the basic elements of malaria control. According to the WHO, early diagnosis and treatment of malaria reduces disease, prevents deaths and contributes to reducing transmission. The organisation therefore recommends that all suspected cases of malaria be confirmed using parasite-based diagnostic testing (through either microscopy or a rapid diagnostic test).

Multiple medicines are used to prevent and treat malaria. Doctors will choose one or more based on: the type of malaria, whether a malaria parasite is resistant to a medicine, the weight or age of the person infected with malaria, and

continued on page 17

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Prisca Adejumo: Inspirational nurse researcher and medical sociologist

By Ola Aboderin

One of the most industrious and illustrious nurse leaders who have worked to advance every aspect of the nursing profession in Nigeria is Professor Prisca Olabisi Adejumo. A consummate professional and motivator, with a chronic aversion to complaining or quitting, Adejumo believes in personally finding solutions to the various challenges facing Nursing and nurses in the country. It was in recognition of her multifarious contributions to the nursing profession that she was, in July 2022, inducted into the International Nurse Researcher Hall of Fame, by the Sigma Theta Tau International Honour Society of Nursing (Sigma).

The International Nurse Researcher Hall of Fame recognises nurse researchers who have achieved significant and sustained national or international recognition for their work and whose research has actively influenced the profession and the people it serves. Among the 32 distinguished nursing professionals, who were inducted during Sigma's 33rd International Nursing Research Congress in Edinburgh, Scotland, Adejumo was the only representative from Africa.

Describing Adejumo and the other inductees, the then Sigma President, Kenneth Dion, said: "These inspiring, world-renowned nurse researchers represent the staggering, collective impact of nursing and nursing research on global healthcare. I congratulate them on their induction into the International Nurse Researcher Hall of Fame, and I look forward to discovering more about their research journeys and experiences."

Research exploits

Adejumo is a professor of nursing at the University of Ibadan. She is both a nurse practitioner and medical sociologist, with expertise in ethnographic and survey research, psychosocial determinants of human behaviour in health, health communication and behaviour modification.

Driven by a profound interest in interprofessional and interdisciplinary practice, education and research, Adejumo's research interests focus on health and professional education, cancer genetics, genetic counselling and risk factors for non-communicable diseases (NCDs). She has led several research and training projects with local and international partnerships. She has also authored and co-authored over 100 books, book chapters and research publications in peer-reviewed journals.

Adejumo is a member of the competencies committee of the Consortium of Universities for Global Health. In 2004, she was selected as the principal investigator/researcher on a multi-site study of assessment and implementation of HIV/AIDS prevention activities by Ford grantee organisations (a project on analysis of community and other responses to HIV/AIDS in Africa). In 2016, her contribution to knowledge on effects of genetic nursing education on nurses' competencies in counselling people with a family history of cancer brought a paradigm shift into oncology nursing, with genetic testing introduced into patient care at UCH, Lagos State University Teaching Hospital (LASUTH) and Lagos University Teaching Hospital (LUTH). The same is being done at other teaching hospitals within and

outside Nigeria.

Adejumo is a multiple principle investigator (MPI) on the current AFREhealth (African Forum for Research and Education in Health) NIH grant. She was recently accepted into the 2021 Foundation for Advancement of International Medical Education and Research Fellowship at the FAIMER Institute.

Adejumo served as WHO consultant and project coordinator on COVID-19 Preparedness among nurses in eight countries. She is a current Global Health Competency Sub-committee member of the Consortium of Universities for Global Health (CUGH). She also served as a mentor to trainees on NIH grant and various programmes, such as leadership training programme for healthcare professionals in Africa.

Wired for impact

Interestingly, as if to foretell the colossal impact she would be having on the nursing profession, Adejumo became a nurse in a rather disruptive manner. Born in 1969, she developed an unquenchable passion for Nursing, having observed the dressing and comportment of a few nurses she encountered. The challenge, however, was that her father wanted her to study Engineering.

According to her, "My father wanted me to be an engineer; he hated nursing with a passion. He felt nurses were not given proper recognition in the society. I did GCE in form 4 and cleared all my papers. What I did for him was to run away from boarding house and apply for school of nursing. When the result of successful candidates was published in the newspaper and he saw my name there, he was surprised. He came to the hostel to look for me but didn't

meet me there because I had gone to pay the acceptance fee. There was fracas between him and the school that I was allowed to leave without his permission. He was surprised I went that far and eventually allowed me to do nursing."

The school of nursing Adejumo got admitted into was at the University of Benin Teaching Hospital (UBTH), where she had a six-month training. She would go on to obtain her Bachelor of Science in Nursing and, later, a Master of Science in Medical Surgical Nursing in 1996 and 1999, respectively from the University of Ibadan. She then obtained a Master of Science degree in Medical Sociology in 2000 and went on to complete a doctoral in Medical Sociology and Genetics in 2011, also at the University of Ibadan.

Adejumo had her pre and post-doctoral specialised certifications in Nursing Classification and Cancer Genetics from the University of Iowa, Iowa and University of Chicago, Illinois, USA. Thereafter, she went on to obtain another doctoral in Nursing in 2016 from the University of Ibadan. She became a professor in February 2016, at the age of 47.

From bedside to academia

Years before her resumption at the Department of Nursing, University of Ibadan, Adejumo had worked as a nurse in various capacities. She served at different hospitals but mostly at the University College Hospital, Ibadan, where she rose to become head nurse in Medical Unit. As a firm believer in the notion that nurses are divinely-appointed "gatekeepers of life", she discharged her duties so dutifully and resourcefully that she won the award of Best Nurse of the Year (1996).

Quite remarkably again, Adejumo's decision to go into academia and ultimately reach the pinnacle of her training as a nurse practitioner and researcher, came under interesting circumstances. It was fuelled by her passion for excellence, driven the determination not to be limited, stagnated or derided. Consequently, even as she had a tremendously impactful and fulfilling career as a nurse practitioner (beginning from 1990), Adejumo kept yearning for something more challenging that would both satisfy her desire to further her education and place her on a higher pedestal of influence. Spurred by her mentors, she decided that being a nurse researcher in academia was exactly what she needed.

According to her, being an academic and nurse researcher "implies that you are not just made for the local context. You have to think like a global citizen. It puts one on a global scale to include bringing solutions to problems, de-emphasising the perception of money as a legal tender, while thinking like a global citizen; using one's knowledge to generate more knowledge; creating opportunities to influence lives, which is a form of wealth; deliberately creating, and leaving other legacies for coming generations. Through research, an academic generates new knowledge which would be required to influence care in the clinical setting, and by extension influence clinical standards of practice."

Over the years, Prof. Adejumo has taught various undergraduate and postgraduate courses at the University of Ibadan. She has also been a sub-dean and head of the Department of Nursing. She has mentored students in different capacities and has watched them thrive in their chosen fields.

Transgenerational influence and legacies

A few years back, Prof. Prisca Adejumo and her multi-disciplinary health professional husband, Prof. Adebayo Adejumo, founded the Focusing on Young Nurses Initiative (FYNI), with the motto: "Raising a generation of empowered nurses." Borne out of the couple's passion to give back to the nursing profession, the initiative is envisioned as a channel for empowering younger nurses and nursing students to navigate the nursing profession in the 21st century and beyond. This is achieved by providing platforms that educate, motivate, mentor and afford young nurses the opportunity to utilise their talents and positively impact their own lives, the lives of the patients and significant others as well as the nursing professionals.

The mission and vision of FYNI sum up the legacy that Prof. Adejumo wants to leave behind, as she consolidates her decades of exceptional contributions to the nursing profession: "To reproduce a critical mass of focused younger nursing professionals who will be well poised to take the future in their hands and be mentored by experienced experts in the various fields of nursing endeavours." And "To be the leading and trusted career-driven professional organisation in Nigeria notable for attending solely to the personal, academic and professional development of young nurses and nursing professionals."



Professor Prisca Olabisi Adejumo

Modern trends in malaria treatment

continued from page 15

whether the person is pregnant.

Malaria treatment can be oral or intravenous antimalarial therapy. It is however pertinent to state that there is no universal treatment scheme. To this end, the WHO recommends Artemisinin-based combination therapy medicines as the most effective treatment for *P. falciparum* malaria. Whereas, chloroquine is recommended for treatment of infection with the *P. vivax* parasite only in places where it is still sensitive to this medicine. The global health body said primaquine should be added to the main treatment to prevent relapses of infection with the *P. vivax* and *P. ovale* parasites.

In all, the drugs currently available for malaria treatment include chloroquine, amodiaquine, primaquine sulfadoxine-pyrimethamine, mefloquine, atovaquone-proguanil, quinine, doxycycline, and artemisinin derivatives, often used in combination therapy. While most medicines used in treating malaria are in pill form, some people may need to go to a health centre or hospital for injectable medicines.

According to the US CDC, patients diagnosed with uncomplicated malaria can be effectively treated with oral antimalarials. However, patients who have one or more of the following clinical criteria—impaired consciousness/coma, severe anaemia (haemoglobin <7 g/dL), acute kidney injury, acute respiratory distress syndrome, circulatory collapse/shock, disseminated intravascular coagulation, acidosis, jaundice (along with at least one other sign of severe malaria)—and/or percent parasitemia of $\geq 5\%$ are considered to have manifestations of severe disease and should be treated aggressively with intravenous (IV) antimalarial therapy.

Meanwhile, the WHO recommended 3 doses of IV artesunate, administered intravenously over 1–2 minutes, at 12-hour intervals (0, 12, and 24 hours) is recommended for treatment of severe malaria.

Antimalarial drug resistance

Over the last decade, partial artemisinin resistance has emerged as a threat to global malaria control efforts in the Greater Mekong sub region of Southeast Asia. The WHO says it is very concerned about reports of partial artemisinin resistance in Africa, confirmed in Eritrea, Rwanda, Uganda and, most recently, Tanzania. Regular monitoring of antimalarial drug efficacy is needed to inform treatment policies in malaria-endemic countries, and to ensure early detection of, and response to, drug resistance.

Although the WHO report on global malaria has shown that Artemisinin-based combination therapies (ACTs) remain efficacious, resistance to the ACT partner drugs currently in use has not been confirmed, but there are some worrying signals that need to be investigated and action must be taken before ACTs start to fail.



Against this backdrop, the WHO says, “Given the heavy reliance on ACTs in Africa, the threat of artemisinin partial resistance and partner drug resistance must be monitored and addressed urgently.”

Malaria prevention

Malaria can be prevented through the use of antimalarial drugs, that is, medication and use of protection measures against mosquito bites. Treatments can also stop mild cases from getting worse.

Prevention through medications

When planning to travel to an area where malaria occurs, one can talk to a doctor well in advance. The doctor can prescribe drugs to prevent malaria for travellers to malarious areas; but travellers from different countries may receive different recommendations, reflecting differences in treatment protocols, as well as availability of medicines in different countries.

Travellers visiting only cities or rural areas where there is no risk of malaria may not require preventive drugs, but an exact itinerary is necessary to determine what degree of protection may be needed, US CDC said.

The centre further said there are several medications recommended for prevention of malaria. Determining which medication is best depends on several factors, such as medical history and the amount of time before the scheduled departure. Strict adherence to

the recommended doses and schedules of the antimalarial drug selected is necessary also for effective protection.

Protection from mosquitoes

According to Dr Ilori, it is important to know that one is still at risk for malaria, even with the use of protection. The doctor says malaria can be prevented by sleeping under insecticide-treated net, wearing long-sleeved clothes (especially at night), using indoor insecticide spray, clearing bushes around residential areas, etc.

The US CDC also recommends application of insect repellent to exposed skin. It adds: “Wear long-sleeved clothing and long pants if you are outdoors at night. Use a mosquito net over the bed if your bedroom is not air-conditioned or screened. For additional protection, treat the mosquito net with the insecticide, permethrin. Spray an insecticide or repellent on clothing, as mosquitoes may bite through thin clothing. Spray pyrethrin or a similar insecticide in your bedroom before going to bed.”

What is Nigeria doing?

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

The NCDC notes: “In Nigeria, the President’s Malaria Initiative supports key intervention areas in the national malaria control strategy. The initiative prioritises the areas in Nigeria with the highest burden of malaria to achieve significant reduction in death and illness.

“In view of this, the US CDC assigned a resident advisor to Nigeria to support malaria control efforts, including sourcing and distributing long-lasting insecticide-treated bed nets; preventing malaria in pregnancy; improving diagnostics and case management; monitoring and evaluating malaria-related activities; providing support for a routine health information system in select states and local government areas; strengthening entomological monitoring and insecticidal resistance monitoring capacity at federal and state levels.

“CDC helped provide 22 million doses of malaria prevention medicine to pregnant women,

nine million doses to children, and 129 million treatment doses at health facilities and communities in 2020.”

Malaria elimination

Malaria elimination is defined as the interruption of local transmission of a specified malaria parasite species in a defined geographical area, as a result of deliberate activities. Continued measures to prevent re-establishment of transmission are required.

As of 28 March, 2024, data obtained from the WHO shows that there are no malaria cases in about 105 countries globally. Out of these 105 countries, 61 of them never had any record of malaria or malaria just disappeared without specific measures.

The remaining 44 countries were certified malaria-free by the WHO. Some of the countries include Sri Lanka (2016), Kyrgyzstan (2016), Paraguay (2018), Uzbekistan (2018), Argentina (2019), Algeria (2019), China (2021), El Salvador (2021), Azerbaijan (2023), Tajikistan (2023), Belize (2023) and Cabo Verde (2024).

WHO response

The WHO Global Technical Strategy for Malaria, 2016–2030 (updated in 2021), provides a technical framework for all malaria-endemic countries. It is intended to guide and support regional and country programmes as they work towards malaria control and elimination.

The strategy sets ambitious but achievable global targets which include reducing malaria case incidence by, at least, 90 per cent by 2030; reducing malaria mortality rates by at least 90 per cent by 2030; eliminating malaria in, at least, 35 countries by 2030; and preventing a resurgence of malaria in all countries that are malaria-free.

World Malaria Day

In view of the deadly nature of malaria and its global prevalence, 25 April is set aside every year as World Malaria Day. This global health observance provides a unique opportunity to unite worldwide against the deadly disease and galvanise action toward a malaria-free future on this special day in April.

By staying informed, taking action, donating, and supporting prevention and treatment efforts on this specific date, people and organisations can help end deaths from malaria and contribute to better health globally. The fight against this disease unites all and sundry on this special day.

Report compiled by Ranmilowo Ojalumo, with additional report from the WHO, the European Centre for Disease Prevention and Control, American Centre for Disease Control & Prevention, Nigeria Centre for Disease and Control, The Punch, Gavi- the vaccine alliance, Johns Hopkins Bloomberg School of Public Health, NHS Inform, Mayo Clinic, Premium Times, Malaria for Medicine Venture, the Cleveland Clinic, Management Sciences for Health, and the Federal Ministry of Health.



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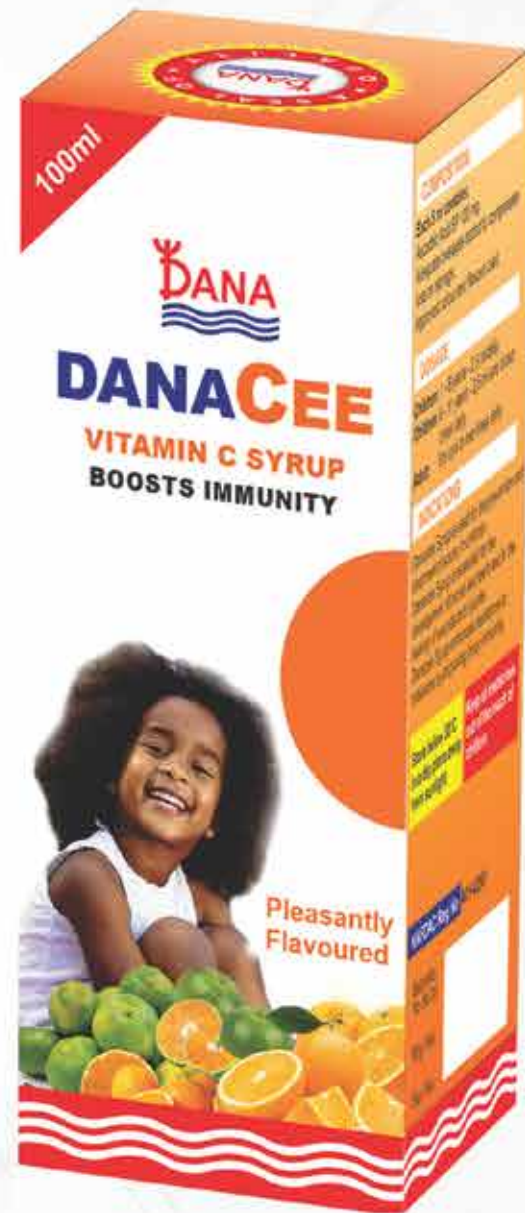
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In Malaria Treatment

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

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1. J Clin Gynecol Obstet. 2015;4(2):217-225



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

NAIP commends Katchey Lab on essential services to Nigerians

By Ranmilowo Ojalumo

The Association of Industrial Pharmacists of Nigeria (NAIP) has commended the management of Katchey Laboratory Limited for what it described as the company's crucial services towards the pharmaceutical industry, as well as in ensuring that what Nigerians consume is safe.

The National Chairman of NAIP, Pharm. Ken Onuegbu, gave the commendation recently, when he led some executive members of the association, including a former national chairman, Pharm. Gbenga Falabi, on a tour of the Katchey laboratory facility.

The association also used the tour to present an Excellent Quality Award to the company, in recognition of its exceptional services to the pharma industry and the country at large.

In his remarks, Onuegbu noted that, aside from the National Agency for Food and Drug Administration and Control (NAFDAC) that represents the government, Katchey Laboratory is about the only laboratory in the country that is rendering such essential service. The NAIP chairman stated that the association considers Katchey as its operating partner, adding that the association is proud to be identified with the company.

"Katchey Laboratory has been doing a wonderful work, not just for the pharma industry but for Nigeria as a whole. The name has been ringing a bell. The company has been a symbol of encouragement.

"Outside the government, it is Katchey Laboratory that has been doing the wonderful job to ensure that Nigerians do not consume poisonous food or drug. NAIP is proud to be associated with Katchey Laboratory," Onuegbu said.

While commending NAIP for the big role it has been playing towards the advancement of the nation's pharmaceutical industry and the health sector as a whole, the Founder and CEO, Katchey Laboratory Limited, Mrs Kate Isa, urged the association to continue on the path of excellence.

"On behalf of Katchey Laboratory, I am delighted to receive the award. Katchey Laboratory is delighted to be part of the NAIP family. This award is a motivation for us and we will continue to do what we are doing and keep raising the bar in quality and quantity for our country to advance. We can't go anywhere without science, research and development, engineering, among others. Science is the engine of development. So, we will not relent," Isa said.

Katchey Laboratories is an independent analytical laboratory complex that provides testing, certification and inspections services to customers, from raw materials testing, through research and

development and product development phases, to finished products, presented for quality assurance and certification before release to the public.

The organisation serves industries which include agricultural and agrobusiness, food and beverage, forensic, government, medical diagnostic, oil and gas, pharmaceutical, research, among others.



L-R: NAIP National Secretary, Pharm. Joy Adesina; NAIP Chairman, Pharm. Ken Onuegbu; CEO, Katchey Laboratory, Mrs Kate Isa; former National Chairman of NAIP, Pharm. Gbenga Falabi and Pharm. Sola Adeniola during NAIP tour of the Katchey Laboratory facility in Lagos.

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NOMEPRAMAL TABLETS: Dihydroartemisinin and Piperaquine Phosphate Tablets. **COMPOSITION:** Each film coated tablet contains: Dihydroartemisinin.....40 mg, Piperaquine Phosphate.....320 mg, Excipients. **THERAPEUTIC CLASS:** Antimalaria **PHARMACOLOGY:** Dihydroartemisinin: Dihydroartemisinin mainly interfere with the membrane structures of trophozoites (erythrocytic asexual forms). In addition, biochemical depression of protein synthesis and nucleic acid synthesis are exhibited. Upon oral administration Dihydroartemisinin is rapidly absorbed and maximum blood concentration attained 1 hour afterwards, with a half-life of about 4 hours. It is widely distributed in the liver, kidneys and bile. Approximately 80% is excreted through the urine and feces within 24 hrs after administration. It is metabolized to two inactive metabolites. **PIPERAQUINE PHOSPHATE:** Experimental results shows that PQP interferes with physiological function of the food vacuole membrane of the trophozoites leading to autophagocytosis of the parasites. Upon oral administration about 80 - 90% is absorbed within 24hrs. It is widely distributed in the body mainly in the liver, kidney, lungs and spleen. About 25% of the total dose is partitioned in the liver within 8 hrs of intake. Elimination is very slow with the half life of about 9.4 days. It is excreted through bile by hepatointestinal circulation. **INDICATIONS:** NOMEPRAMAL TABLET is indicated for the treatment of uncomplicated Plasmodium falciparum malaria.

DOSAGE:

Weight (Age group)	5 - 9.9kg (6 months - 1 Year)	10 - 19.9kg (≥ 2 - 9 Years)	20 - 39.9kg (≥ 10 - 14 Years)	> 40 kg (≥ 15 Years)
Day 1	0.5 Tablet	1 Tablet	2 Tablets	3 Tablets
Day 2	0.5 Tablet	1 Tablet	2 Tablets	3 Tablets
Day 2	0.5 Tablet	1 Tablet	2 Tablets	3 Tablets
Total	1.5 Tablets	3 Tablets	6 Tablets	9 Tablets

METHOD OF ADMINISTRATION: NOMEPRAMAL TABLETS should be taken orally with water and without food. Each dose should be taken no less than 3 hours after the last food intake & no food should be taken within 3 hours after each dose. For patient unable to swallow tablets, such as infants and young children, NOMEPRAMAL TABLETS may be crushed and mixed with water. The mixture should be used immediately after

preparation. **CONTRAINDICATION:** Hypersensitivity to any of the active substances or to any of the excipients. Severe malaria according to WHO definition. Family history of sudden death or of congenital prolongation of the QT interval. **WARNINGS & PRECAUTIONS:** NOMEPRAMAL TABLETS should not be used to treat severe falciparum malaria and, due to insufficient data, should not be used to treat malaria due to Plasmodium vivax, Plasmodium malariae or Plasmodium oval. The long half-life of piperaquine (about 22 days) should be kept in mind in the event that another anti-malaria is started due to treatment failure or a new malaria infection. NOMEPRAMAL TABLETS should not be used during pregnancy in situation where other suitable and effective anti-malarials are available. Women taking NOMEPRAMAL TABLETS should not breast feed during their treatment. In absence of carcinogenicity study data, and due to lack of clinical experience with repeated courses of treatment of humans, no more than two courses of NOMEPRAMAL TABLETS should be given in a 12-month period. **SIDE EFFECT:** Most common side effect observed: Headache, prolonged Qtc, P falciparum infection, Anaemia, Tachycardia, Asthenia, Pyrexia. **OVERDOSE:** In cases of suspected overdose, symptomatic and supportive therapy should be giving as appropriate, including ECG monitoring because of the possibility of Qtc interval prolongation. **STORAGE CONDITION:** Store below 30°C, in a dry place. Protect from light. Keep medicine out of reach of children. **PRESENTATION:** Blister Pack of 9 Tablets.

References:

1. Clin Infect. Dis. 2001 April 15, 44 (8);1067 - 74
2. Medecine Et. Sante Tropicales, 2016.26;45 - 50



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

Inter-professional collaboration should begin at undergraduate level – President, PANS-UI

By Adebayo Oladejo

In this exclusive interview, Ibrahim Adeshina Akinpelu, president of the Pharmaceutical Association of Nigeria Students (PANS), University of Ibadan (UI), Ibadan, Oyo State, lends his voice to the call for better collaboration among Nigerian healthcare professionals. The 500-Level scholar also speaks on his foray into PANS politics, the achievements and the challenges of his administration, as well as the positive impacts of Pharm D on pharmacy education in Nigeria. Excerpts:

What do you think is the reason many students who settle for Pharmacy often opt first for Medicine?

Medicine has always been painted and preached to us as the “holy grail”. The prestige, the white garment, the money, the stability, the respect for intelligence, and many others, were a few reasons many of us considered Medicine.

Why did you join PANS politics in school?

This question always makes me remember a symposium I attended in 200 level, when Pharm. Jimi Agbaje, the former Lagos State governorship aspirant came to our school. He said, “The decision we make, for good or for bad, at the political table, affects all lives. If you want to effect change, be at the decision table.” That first spurred me on.

I have always wanted to have a good impact on a large scale and be in charge of matters that affect lives, mine included, as well as a passion to serve.

What specific things should PANS be doing to contribute to pharmacy education in Nigeria?

There should be more interdisciplinary collaboration in healthcare, even for undergraduates. Let us solidify our rapport with other healthcare students - medical students, dental students, nursing students, and others. So that, when we get out into real practice, our collaboration for patient care is smooth.

There should also be secondary school awareness programmes, to enlighten aspiring students of Pharmacy on what to know and the benefits of the profession.

It can be tough combining studies with active involvement in other activities. How have you been coping as PANS president?

Time management has always been key for me. I have been an active member of PANS activities since entering pharmacy school. However, the presidential position demands a lot. I regularly de-stress and take time for recreation. I also have an amazing team of executives.

What achievements have you recorded and what challenges have you encountered so far?

We have recorded notable milestones. We were able to hold the Sir Ifeanyi Atueyi Competition, an annual event that had not been held in three years prior. We solidified our participation in PANS national events. We were able to incorporate clubs for research, mental health, scholarships and grants for students.

Majorly, we always face challenges of sponsorship, especially with the present economic situation. Then, there are sometimes roadblocks to our ideas.

Are there peculiar challenges associated with studying Pharmacy at UI?

The calendar is a rigorous one. Our conformity with the university calendar makes it almost daunting and tiresome. I will advocate for pharmacy school, and UI, pushing for a different calendar from the



Ibrahim Adeshina Akinpelu normal university schedule.

Many schools of pharmacy in the country are upgrading to PharmD. How would you react to this development?

It is a great development. The set after me is also the pioneer set running the PharmD curriculum. Their curriculum is well-spaced and versed in clinical knowledge right from the onset.

Where do you see PANS- UI in the next five years?

Still the best pharmacy school in the west. A lot will be incorporated as we transition into the PharmD curriculum positively. It should be the leading student association and still the defending champions of the Sir Ifeanyi Atueyi Debate Competition

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Lassa fever: Important facts

By Patrick Iwelunmor

Lassa fever is an acute viral haemorrhagic disease that is endemic in some countries of West Africa, like the Republic of Benin, Ghana, Guinea, Liberia, Mali, Sierra Leone, and Nigeria. West Africa accounts for 100,000 to 300,000 cases, with approximately 5,000 deaths every year. The fatality ratio of the illness has negatively impacted on the population of this region as it is reported that 10 to 16 per cent of patients admitted to hospital in the region have Lassa fever.

The disease was first described in the 1950s and the viral particle was identified in 1969 by three missionary nurses who died in Lassa, Nigeria, after caring for an infected obstetrical patient. Lassa fever is one of the haemorrhagic fever viruses, occurring in West African sub-regions in similar areas as the Ebola virus. Surrounding regions are also at risk because the rodents that transmit the virus are very common throughout West through East Africa.

Tourists to West Africa living in homes or areas of poor sanitation or crowding, as well as healthcare and laboratory professionals serving in healthcare facilities in West Africa, are most at risk. Infection prevention methods are crucial to reducing infection of healthcare workers and spread within health facilities.

The incubation period of Lassa fever ranges from two to 21 days. It is spread to humans through contact with items (food or household) contaminated with infected rodent urine or faeces. Person-to-person transmission may happen after exposure to virus in the blood, tissue, secretions, or excretions of a Lassa virus-infected individual. In hospitals lacking adequate infection control measures, person-to-person infections is possible. Case fatality rate among hospitalised patients with severe cases of Lassa fever is 15 per cent.

With the disease already confirmed in 32 states of the Nigerian federation, health experts are calling for expedited preventive action from all stakeholders towards ensuring that another epidemic and the loss of lives are not allowed. As at week 11 of 2024, 35 new cases had been confirmed in Bauchi, Taraba, Edo, Ondo, Plateau, Benue, Cross River and Ebonyi States.

The Lassa fever outbreak in Nigeria has been on the upward swing, with a cumulative 4,726 cases from week one to 11 of 2024. Unfortunately, 142 deaths have been recorded, with 31 health workers affected in 27 states, including the Federal Capital Territory. The states most affected are Bauchi, Taraba, Edo, Ondo, Plateau, Benue, Cross River, Rivers, Anambra, and Ebonyi States, with 123 Local Government Areas.

Though endemic in Nigeria, a case fertility rate (CFR) of 18.5 per cent



has been disturbing and has raised so much concern regarding issues, such as late diagnosis and reporting, which have escalated fatality. Statistically speaking, the number of suspected cases in 2024 has progressively increased (4,726), compared to that reported for the same period in 2023, which was 3,361.

The signs and symptoms of Lassa fever are generally gradual. They start with fever, general weakness, and malaise.

After a few days, headache, sore throat, muscle pain, chest pain, nausea, vomiting, diarrhoea, cough, and abdominal pain may set in. In severe cases, facial swelling, fluid in the lung cavity, bleeding from the mouth, nose, vagina or gastrointestinal tract and low blood pressure may develop. Deafness

occurs in 25 per cent of patients who survive the disease. In half of these cases, hearing returns partially after one to three months. Death usually occurs within 14 days of onset in terminal cases. About 80 per cent of people who become infected with Lassa virus have no symptoms.

Without laboratory tests, Lassa fever is difficult to differentiate from other infections common to West Africa. However, specialised laboratories and precautions are required for handling specimens. Laboratory tests include enzyme-linked immunosorbent serologic assays (ELISA) for Lassa IgM and IgG antibodies and Lassa antigen. For definitive testing, the virus can be grown in culture, in seven to 10 days; a reverse transcriptase polymerase chain reaction (RT-PCR) assay is also available but often limited to research. Immunohistochemistry stains performed on tissue specimens can also be used to make a postmortem diagnosis.

One treatment option that has shown great success is the use of Ribavirin, an antiviral drug. It has been used with success in Lassa fever patients. Patients should also receive early supportive care with rehydration and symptomatic treatment.

Primary transmission of the Lassa virus from its host to humans can be prevented by avoiding contact with Mastomys rodents. Similarly, putting food away in rodent-proof containers and keeping the home clean can also help to prevent rodents from entering homes. When caring for patients with Lassa fever, further transmission of the disease through person-to-person contact or nosocomial routes can be avoided by taking preventive precautions against contact with patient's secretions.

DEANS' CORNER

PROF. GARBA U. SADIQ

Professor Garba Uthman Sadiq is dean, Faculty of Pharmacy, University of Maiduguri (UNIMAID). The professor of neuro-pharmacology and toxicology is also the current chairman of the Deans Committee of the Pharmacy Council of Nigeria (PCN).

Sadiq obtained his O'Level G.C.E./West African Examination Council Certificate from Science Secondary School, Dawakin Kudu, Kano State, in 1984. He later obtained his A Level/G.C.E./West African Examination Council Certificate in 1985, from the School of Basic Studies, Ahmadu Bello University (ABU), Zaria.

In 1991, he obtained a Bachelor of Pharmacy (B.Pharm.) from the Faculty of Pharmaceutical Sciences, Ahmadu Bello University, Zaria. In 1996, he obtained a Master in Health Planning and Management (MHPM) from UNIMAID and later an M.Sc in Pharmacology in 2004, from ABU.

Sadiq became a Fellow of the West African Postgraduate College of Pharmacists in 2007, after graduating from the Department of Clinical Pharmacy of the college. He eventually bagged his PhD in Pharmacology from ABU, in 2011.

The dean, along with four

others, initiated the establishment of the Faculty of Pharmacy at UNIMAD in 2005. Thereafter, he became the head of the Department of Ethno-Pharmacy and Drug Development. After that, he became head of the Department of Pharmacology and Toxicology. He was also elected the sub-dean of the Faculty of Pharmacy before he eventually became the dean.

Sadiq is so committed to the advancement of academic excellence, such that, he introduced two master degree programmes at UNIMAID. These include Master of Science in Neuroscience, which is adjudged to be the first in the West African sub region; and Master of Science in Drug Supply Chain and Logistics, which is adjudged to be the second in Nigeria.

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Aside from the Fellowship of the West African Postgraduate College of Pharmacists, Sadiq is also a Fellow of the African Institute of Public Health Professionals (AIPHP). He was an adjunct research fellow at the Nigerian Institute of Medical Research (NIMR). He is an honorary pharmacist at the teaching hospital of UNIMAID (UMTH), as well as being a member of the Senate of the university.

Prof. Sadiq has been a director of several non-governmental health organisations, including the Network for Health Equity and Development (NHED), Nigerian Partners for Health and Development (NPHD), Drug-free

Youth Enlightenment and Empowerment Centre (DEE CENTRE), Girl Child Concern (GCC) and a host of others.

The dean was the pioneer chairman of the Caretaker Committee and, later, Executive Council member of the National Association of Hospital and Administrative Pharmacists, University of Maiduguri Teaching Hospital Chapter.

A professional to the core, Prof. Sadiq was a member of the Executive Council of the Pharmaceutical

Society of Nigeria (PSN), Borno State Chapter, where he has served in various capacities.

The dean has been a reviewer of several local and international journals. He has also been a grant reviewer of the Tertiary Education Trust Fund (TETFund). He has more than 50 academic publications and a couple of books to his credit. He has supervised many students' projects at undergraduate and postgraduate levels.

The professor of neuro-pharmacology and toxicology has attended many international and local conferences, as well as scientific workshops and seminars.

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Driving universal health coverage in Africa: Key insights from Pharma West Africa 2024

By Pharm. Sesan Kareem

The inaugural Pharma West Africa conference, orchestrated by Jamie Hill and Pharm. Ahmed Yakasai, *mni*, *FPSN*, proved to be a milestone event, showcasing excellence and fostering intellectual exchange. This high-calibre gathering not only demonstrated the capacity of West Africa to host international-standard conferences but also provided invaluable insights for driving universal health coverage (UHC) across the continent.

As a member of the planning committee and a leader in the healthcare sector, I found the experience to be enriching. Here, I share my five key takeaways from this ground-breaking event:

- **Leveraging new frontiers in pharma for UHC**

Pharma West Africa placed a spotlight on the importance of harnessing advancements in technology, data analytics, healthcare ecosystems, regulatory frameworks, financing mechanisms, and innovative business models to propel the UHC agenda forward. These "new frontiers" offer promising solutions for overcoming barriers to healthcare access and delivery in West Africa and beyond.

- **Building a robust network**

The conference served as an invaluable platform for connecting with esteemed professionals in the West African pharmaceutical sector. It facilitated the rekindling of old friendships and the cultivation

of new business and professional relationships. The power of networking cannot be overstated, and this conference exemplified its ability to foster collaboration and drive collective progress.

Pharma West Africa placed a spotlight on the importance of harnessing advancements in technology, data analytics, healthcare ecosystems, regulatory frameworks, financing mechanisms, and innovative business models to propel the UHC agenda forward. These "new frontiers" offer promising solutions for overcoming barriers to healthcare access and delivery in West Africa and beyond.

- **Exploring lucrative business opportunities**

Pharma West Africa opened doors to collaborations that have the potential to significantly advance the vision of HubCare Health and HubPharm Africa in Africa. Whether it was securing meetings with potential partners or reconnecting with esteemed mentors, such as Oghenechuko Omaruaye, Lere Baale, and Badejoko Ayodimeji, the event underscored the vast array of opportunities for forging impactful partnerships in advancing UHC efforts across Nigeria and beyond.

- **Reflection and validation**

Engaging with industry leaders and subject matter experts at Pharma West Africa provided a

rare opportunity to reflect on the work of HubCare Health and HubPharm Africa. The discussions held during the conference served to reaffirm that our vision, mission, and strategic approach are aligned with industry best practices, instilling confidence in our ability to achieve our objectives as a healthcare start-up.

- **The transformative power of goodwill**

The exemplary leadership and character exhibited by the conference chairman, Alhaji Ahmed I. Yakasai, left an indelible impression on attendees. His past contributions to the industry garnered widespread respect and admiration, evident in the remarkable turnout at the event, with participants travelling from across the region and beyond. This reaffirms the profound impact that a leader who genuinely cares for people can have on inspiring collective action and driving positive change.



For questions or comments, mail or text sesankareem2@gmail.com or [08072983163](tel:08072983163)

In conclusion, as we eagerly anticipate Pharma West Africa 2025, slated for 18-20 March, I am committed to:

A. Implementing the valuable insights garnered from the conference to drive meaningful impact in our work.

B. Maximising the potential of the newfound professional relationships forged during the event.

C. Witnessing the continued growth and success of HubCare Health and HubPharm Africa.

D. Contributing actively to the realisation of UHC in Nigeria and beyond by leveraging the emerging frontiers of the African pharmaceutical landscape.

AFFIRMATION: I contribute my quota to UHC in Nigeria. I am blessed and highly favoured.

Sesan Kareem is the founder of HubPharm Africa, a digital pharmacy that provides medicine delivery and extraordinary care, www.hubpharmfrica.com, and the principal consultant of SK Institute, www.sesankareem.com.ng.

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Eminent pharmacists, well-wishers celebrate 'Fola Tayo at 80

- As Baale calls for digital transformation of education

By Ranmilowo Ojalumo

It was celebration galore for Professor 'Fola Tayo, who clocked 80 years on 29 February, as pharmacists, friends and family members converged at the University of Lagos, Akoka, to celebrate him.

While showering encomium on the celebrant, some of the guests at the birthday celebration, described Prof. Tayo as a risk-taker, who is not only bold but also uncompromisingly blunt in defending the truth.

Speaking at the event, Chairman of the occasion, Prince Julius Adelus-Adelusi, described Prof. Tayo as an unusual person, who has obtained special grace from God.

The former minister of health and president, Nigeria Academy of Pharmacy (NAPharm), said: "We are happy that in the days of superficiality, we still have people who work hard and are full of integrity. The Nigeria issue is very germane to him, but Prof. Tayo has no doubt fulfilled purpose, because life is about fulfilling your purpose."

The wife of the celebrant, Mrs Mojisola Foluke Tayo described Fola Tayo as not just her husband, but also her brother, friend and confidant.

She said: "A bold and uncompromisingly blunt personality in defending the truth, Fola is a very loving, caring, kind, compassionate and adorable father and a most wonderful husband."

A former President of the Pharmaceutical Society of Nigeria, Pharm. Olumide Akintayo, in his tribute, commended Fola Tayo for his impact in the pharma space in Nigeria, saying the professor had etched his footprints on the sands of pharmaceutical times in Nigeria and globally.

The Provost, College of Pharmacy, Afe Babalola University, Prof. (Mrs) Mbang Femi-Oyewo, described Prof. Tayo, in her tribute, as a man of God, with absolute faith in God Almighty, and with so much boldness and audacity.

While welcoming Tayo to the club of octogenarians, the Publisher of *Pharmanews* and Vice-President of NAPharm, Pharm. (Sir) Ifeanyi Atueyi, described him as someone who is always frank and expresses his views and beliefs without fear.

"When Fola does not believe in a cause, he leaves you in no doubt about his opinion. I know him as someone who uses strong words to condemn what he does not believe in. In relating with Fola, I realised that his no is no, his yes is yes; that makes him a person of integrity," Atueyi said.

The Dean, Faculty of Pharmacy, University of Benin and former Secretary, West African Postgraduate College of Pharmacists, Professor Azuka Oparah, described the celebrant as an undisputed mentor to several successful persons in the health, management and spiritual spaces.

"Professor Tayo is a great teacher. If he teaches you and you don't understand, you don't have the intention to learn. He



Prof. Fola Tayo and wife, Foluke, flanked by industry stakeholders, while cutting his 80th birthday cake.



The celebrant, family members and well-wishers at church thanksgiving service during his 80th birthday celebration

harbours no primordial interests; he is not tribalised. He focuses on issues rather than sentiments. He has a deep feeling of resentment for inept and corrupt leaders occupying spaces in the country", Oparah said.

While reacting to the outpouring of tributes, Prof. Tayo, who could not hide his gratitude burst into a praise session, as he prayed for Nigeria and every participant at the occasion.

Meanwhile, the keynote speaker at the event and Chief Executive of Business School Netherlands International, Nigeria, Prof. Lere Baale, has stated that there is an urgent need for digital transformation of education, not just in Nigeria but across Africa. This, he said, will help to bridge educational gaps and build a solid future for the continent.

Baale, who spoke on "Digital Transformation of Education in Africa: Bridging the Gaps and Building the Future", stated that it is imperative to come up with ideas that will enhance digitisation of education in the country. This, he said, will make people to have access to educational information and instructions, without necessarily

going into any physical classroom, while also allowing instant feedback.

The keynote speaker said it is time to dream and move from the lecture room to the e-space, adding that there is need to move from physical books to tablets and from brick and mortar school building to digital dormitories. He added, however, that there is still need to have a lecture hall to tell a story to the coming generation.

The Business School Netherlands chief executive explained that digitisation expands access to education, enhances education and bridges the skill gap. He called on stakeholders in the Nigerian education sector and across the Africa continent to embrace technology and innovation, saying is the only way to achieve the aspirations of Sustainable Development Goal 4 on education and advancing the global agenda for sustainable development.

According to the professor, by embracing digital technologies, leveraging innovation, and cultivating a culture of lifelong

learning, educational stakeholders can catalyse positive change, foster inclusive and equitable educational opportunities, as well as empower individuals to navigate the complexities of the modern world with confidence, competence, and resilience.

"Through strategic investments, collaborative partnerships, and visionary leadership, digital transformation can pave the way for a brighter future where education catalyses personal growth, social progress, and sustainable development for future generations," Baale said.

The high points of the event were launch of the celebrant's book, titled, "His Wondrous Grace" and the announcement of Prof. Fola Tayo Legacy Award of N100,000 for the overall best graduating student in Pharmacy and best graduating student in Clinical Pharmacy in four universities. These include Faculty of Pharmacy, University of Lagos; Faculty of Pharmacy, University of Ibadan; Olu Akinkugbe Faculty of Pharmacy, University of Medical Sciences, Ondo City, and one other university.

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Olufunke Sodipo: Prolific developer of bioactive compounds of pharmacological value

By Temitope Obayendo

If the investigation is about phytochemistry or the pharmacological and biological study of ethanol or methanol extracts of any plant in Nigeria, the name of Professor Olufunke Adebola Sodipo, of the University of Maiduguri, will certainly show up. A serial investigator of hundreds of phytochemicals of pharmacological and economical value, she has conducted and published over 125 research works on screening, separation, purification, isolation and identification of bioactive compounds for the benefit of mankind.

An ardent tutor, she has significantly contributed to the training of over 4,000 healthcare professionals, including pharmacists, providing valuable insights into the practical applications of pharmaceutical knowledge in bridging the gap between laboratory discovery and clinical practices

Passion for Pharmacy

Born on 25 August, 1958, to the family of late Elder Jacob Adekunle and Mrs Folashade Ajoke Sholola of Abeokuta, Ewekoro LGA, Ogun State, Prof. Sodipo had her elementary and secondary education at Reagan Memorial Baptist Primary School, Lagos, and Our Lady of Apostles' Secondary School, Lagos, respectively. She then proceeded for Higher School Certificate (HSC) education at Queens College, Yaba, Lagos, where she fell in love with Chemistry, courtesy of her Chemistry teacher's encouragement.

Beyond her love for Chemistry, her curiosity to know the cause and medications for hypertension, which was ailing her mother then, propelled her into studying Pharmacy. "I was admitted into the prestigious University of Ife [now Obafemi Awolowo University (OAU)], Ile-Ife, where I bagged Bachelor of Pharmacy in 1980. I was motivated to study Pharmacy among other courses because of the passion to know more about hypertension my mother was suffering from and to know about the drugs to alleviate this chronic disease," she recalled.

She later obtained M.Sc. from the same university in 1983, followed by a PhD in Medicinal Chemistry-Ethnopharmacology Research from University of Maiduguri in 2010.

"I was privileged to be taught by many foremost pharmacists, including Professor Festus Adio Ogunlana, Prof. Ebenezer Olarenwaju Ogunlana, Prof. Ajibola Olaniyi and the late Prof. Victor Oluwafemi Marquis. I started my pharmaceutical career as an intern pharmacist/graduate assistant at Faculty of Pharmacy, OAU, from 1980 to 1984. Afterwards, I worked as hospital and community pharmacist for

over two years and 15 years respectively, ensuring safe and effective use of medicines," she recalled.

Positive leadership at UNIMAID

Sodipo joined the University of Maiduguri as an assistant lecturer in 2010. Thereafter, she diligently worked her to the top, till she was elevated to the position of professor of pharmacology in 2017. She has contributed immensely to academia at large by publishing over 125 research papers, attended over 200 conferences, graduated five PhD, 14 masters' and several undergraduate pharmacy students. She has taught and is still teaching several courses at both undergraduate and postgraduate levels.

Aside from her teaching and supervisory roles, Sodipo has served in several other positions at the University of Maiduguri, including head of department, Pharmacology College of Medical Sciences; supervisor/resource person, West African Postgraduate College of Pharmacists (2012 to date); chairman, Committee of Association of Lady Pharmacists (ALPs) to collaborate with the Medical Women Association of Nigeria (MWAN) and ALPs to mark 16 days of activism declared by the UN/UNICEF, beginning 23 November to 10 December, 2020; chairman, International Day of the Girl Child (IDGC), 2020; resource person and facilitator at the Mandatory Continuing Professional Development (MCPD) for recertification of pharmacists, organised by the Pharmacy Council of Nigeria (PCN), modules 10, 11 & 12 (PCN/M10/1-3, PCN/M11/1-4, PCN/M12/1-3) and delivered by the Faculty of Pharmacy, University of Maiduguri; vice-chairman (zonal coordinator) Northeast Zone, Association of Lady Pharmacists (ALPs); vice-chairman I, Pharmaceutical Society of Nigeria (PSN), Borno State Branch, among others.

While her 24 years of active research at UNIMAID and four years at OAU have been quite challenging, they have equally been very fruitful. She has been in the forefront of series of screening, separation,

purification, isolation and identification of several bioactive compounds of pharmacological and economic value. She has also engaged in extensive discussions and advocacy related to drug policy, safety regulations, and ethical considerations, influencing decision-making at institutional and governmental levels.

Milestone achievements

In recognition of her meritorious contributions and relentless services to humanity, Sodipo has been

decorated with different laurels, including Award of Exemplary Leadership, by members of staff of the Department of Clinical Pharmacology and Therapeutics, College of Medical Sciences, University of Maiduguri; Certificate of Honour, by the Pharmaceutical Society of Nigeria (PSN) Borno State Chapter, for academic excellence and achievement; Best Lecturer Award in the Faculty of Pharmacy, University of Maiduguri, by the Pharmaceutical Association of Nigeria Students (PANS); Certificate of Honour by the Pharmaceutical Association of Nigerian Students (PANS), Maiduguri Chapter; Certificate of Appreciation by Association of Lady Pharmacists (ALPs), Borno State Branch; TETFUND Institutional Board Research (IBR) sponsored project; TETFUND 2021 National Research Fund, in 2021; PARI Programme 2021; ECOWAS Research Innovation and Support Programme Fund; African Institute of Public Health Professionals (FAIPH); as well as the University of Maiduguri Research Grant for her PhD programme.

Prof. Sodipo also won the fellowship of many reputable professional associations. These include the Chemical Society of Nigeria, (FCSN); the Pharmaceutical Society of

Nigeria (FPSN); the Institute of Chartered Chemists of Nigeria (FICCON); and the Institute of Professional Entrepreneurs and Strategic Administrators (FIPESA).

Professional women admonition

The professor of pharmacology, who is an ardent advocate of excellence by professional women, had a remarkable personal experience with her three daughters graduating in Medicine and Surgery, Law and Mass Communication, respectively, during her PhD convocation in 2010.

Admitting the painstaking efforts in overcoming the challenges of combining academic work with family life, she posited that husbands can be of great assistance to their career wives, affirming that her husband, Sir Prof. 'Wole Sodipo, has been very supportive and understanding. She further counselled young female pharmacists and other professional women to pursue continuous learning, stay updated pharmaceutically, on both academic and industry trends and actively engage in professional networks.

"They should embrace challenges with faith in God, seek mentorship diligently from experienced pharmacists and prioritise work-life balance for a fulfilling career," she advised.

With an orientation that leadership qualities are not gender-specific, and individuals should be voted for based on their qualifications and ability, Sodipo shares the view that having a female PSN president can bring about diverse perspectives and contribute to a more inclusive decision-making process that reflects the diversity within the pharmacy profession.



Professor Olufunke Sodipo

An ardent tutor, she has significantly contributed to the training of over 4,000 healthcare professionals, including pharmacists, providing valuable insights into the practical applications of pharmaceutical knowledge in bridging the gap between laboratory discovery and clinical practices

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Stakeholders task pharmacists on value creation, innovation, to achieve UHC

- As Lagos ACPN holds 2024 Continuing Education Conference

By Adebayo Oladejo

Key stakeholders in the health sector have said that Nigerian pharmacists must lead the charge in innovation and value creation to unlock new opportunities and make universal health coverage (UHC) a reality in the country. They emphasised stressing that pharmacy practice is critical to achieving a healthy nation.

The personages, who included Dr Kemi Ogunyemi, special adviser to the Lagos State Governor on health, Prof. Cyril Usifoh, president, Pharmaceutical Society of Nigeria (PSN), and Pharm. Wale Oladigbolu, national chairman, Association of Community Pharmacists of Nigeria (ACPN), gave the charge at the 2024 Continuing Education Conference of the ACPN, Lagos State Chapter, held recently at the Balmoral Convention Centre, Ikeja, Lagos.

Dr Ogunyemi, in her address, disclosed that the state governor, Babajide Sanwoolu, values every member of the healthcare team, adding that his utmost expectation from everyone is value creation and usefulness.

According to her, "The onus is on us as members of the healthcare team to make ourselves relevant and valuable in the scheme of things, as far as the state healthcare project is concerned. We want ACPN to partner with us; likewise, other bodies who before now have the feeling that healthcare is all about the medical doctors. Let us have a change of mindset and join the progressive train of Lagos."

She continued: "Pharmacists are major players in the healthcare set-up of the state and you are valued. We cannot do it alone. Let us come together, work as one, create value, make ourselves relevant, embrace innovations and do away with the mindset of 'we are not needed'."

In the same vein, Prof. Usifoh noted that pharmacists are not in the country to compete with any other health professional but to ensure that the average Nigerian benefits from healthcare services, while also contributing their quota in the realisation of the UHC. He assured that the drug custodians are ready to work with the state government in its effort towards healthcare delivery in the state.

Usifoh further noted that pharmacists are ever ready to ensure that the average Nigerian gets the health benefit that they deserve, adding that the fact that community pharmacists are already positioned and strengthened to function well at the primary healthcare level makes them indispensable partners in the healthcare team.

In his speech, Pharm. Oladigbolu lamented that Nigeria has the highest out-of-pocket spending on healthcare in the world, with citizens being responsible for more than half of their healthcare costs. He observed that UHC in Nigeria faces the challenge of a fragmented healthcare system that is costly, broken, and disconnected.

He however assured that the solution to bridging the gaps in healthcare in Nigeria and achieving universal healthcare lies with the pharmacy profession.

According to him, "Community pharmacy services can make up for the shortage of healthcare personnel, resulting in effective healthcare coverage in the country."

Speaking earlier, Pharm. Tolu



A cross-section of dignitaries and participants at the 2024 Lagos ACPN Continuous Education Conference, held at Balmoral Convention Centre, Ikeja, Lagos.

Ajayi, chairman of ACPN Lagos, said the conference was designed to ensure members of the association were not left out in the scheme of things, as the world keeps developing daily.

"What we call excellence in life is simply continuous improvement. So we thought of how community pharmacists could continue to get better and become excellent at what we do. We stand on two legs - we are professionals on one leg, and we are also into business on the other leg. So, what we aim to do is to look at how to improve our practice, and strengthen the members for UHC," Ajayi said.

The ACPN boss disclosed that the Continuous Education Conference programme in Lagos had been held consistently over the years because of the importance that the Lagos ACPN places on knowledge and effective service delivery.

The keynote speaker at the two-day conference, Chief Executive Officer and Co-Founder of Drugstoc Limited, Dr Chibuzo Opara, noted that to achieve UHC, there is need for expansion of community pharmacists into health management and insurance, accurate projection of community medication's need, vaccination and chronic disease care.

Speaking on the theme of the conference, "Strengthening Community Pharmacy Practice for Universal Health Coverage", Opara further called on community pharmacists to tap into technology and innovation, to drive UHC, adding that if the professionals fail to do it, the quacks would do it for them.

Also, in her lecture, titled, "Innovative Business Models for Community Pharmacies in a High Inflation Economy", Pharm. Abimbola Adebakin, founder and chief executive officer of Advantage Health Africa, noted that innovation is the lifeblood of every successful business, adding that the "white space strategy", which involves identifying gaps and highlighting potential areas of consumer spending that are not yet acquired is key.

Adebakin said, "We are in the digital knowledge economy. As a business owner or professional, taking your knowledge and

expertise for granted is tempting. Your expertise is a skill honed by years of immersion and practice, and regardless of what field you're in, that expertise has value. And you can sell it. Such knowledge may be clinical or non-clinical.

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to explore an uncharted territory. Many persons are reluctant to enter any white space because of fear of the unknown. This often leads to people not wanting to take risks and instinctively retreat to their comfort zone. Step into the growth zone by embracing learning, exploring curiosity and taking risks. Stay innovative."

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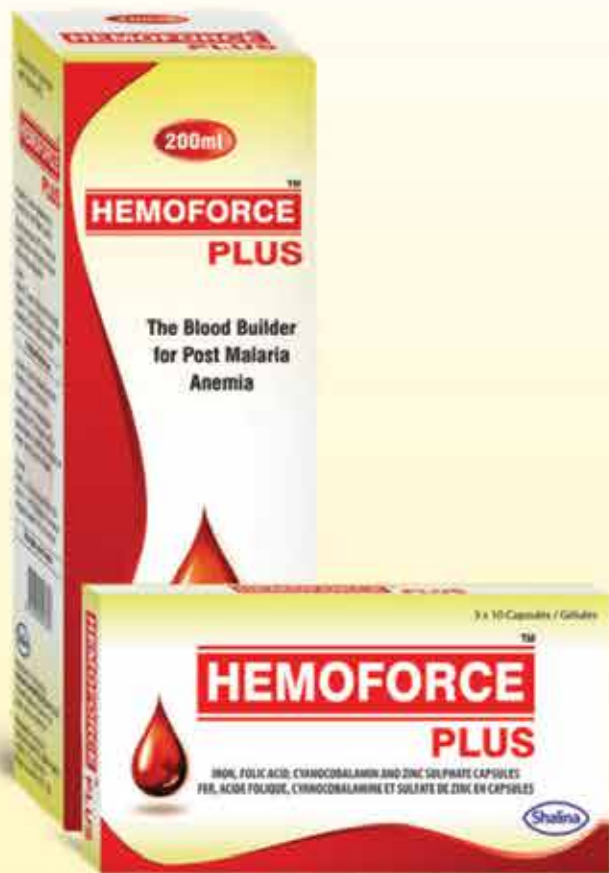
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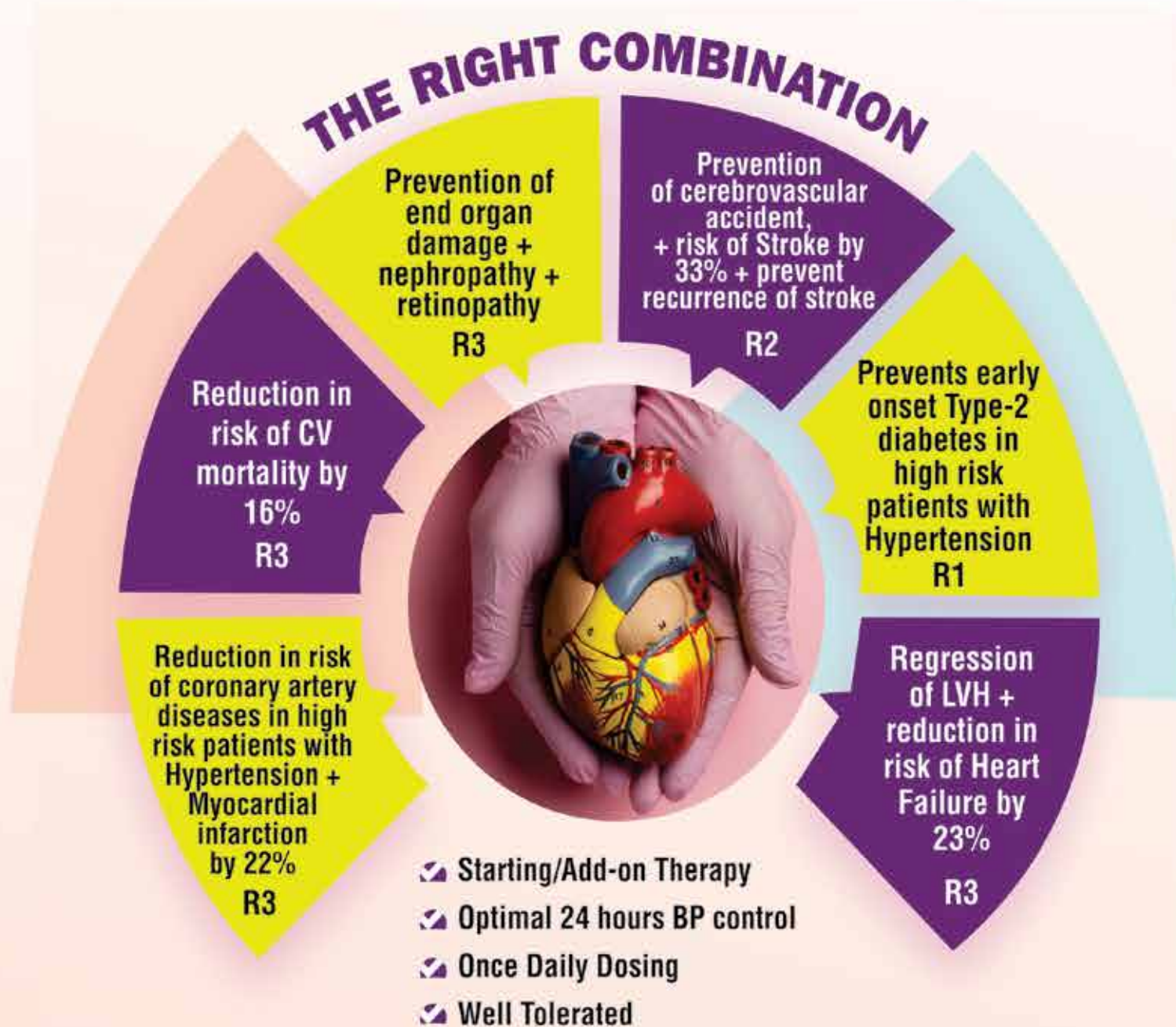
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The Biafra run for B.Pharm (1)

By Moses Azuike

Editor's note: At the onset of the Biafra war in July, 1967, a group of Igbo pharmacy students at the University of Ife (now Obafemi Awolowo University, Ile-Ife), found themselves in a conundrum – should they run for their lives or risk taking their exams and obtaining their much-anticipated degree? The intricacies and intrigues involved in their ultimate decision are not only interesting but very inspiring. Their individual narratives are presented in this and the next few editions.

The year 1967 was eventful in the history of Nigeria and, perhaps, more so for me, as a person. I had obtained a Diploma in Pharmacy, from the University of Ife (Ibadan Campus), in May 1964 and started working as a pharmacist at the General Hospital Lagos in June. In September 1966, I and some of my classmates (Ifeyanyi Atueyi, Bona Obiorah, Eugene Okonkwo, Dennis Okolo, Lambert Eradiri, Pius Ogwueleka, Tola Ayuba, Ademola Odusote and others), returned to the university, having taken advantage of the concession granted to us by the university to upgrade our qualification to B.Pharm status after a session of study and success at the final B.Pharm degree examination.

I recall that the tension in the country had been very high since the January coup of 1966. In the first week of January, the following year (1967) the then Head of State, Col. Yakubu Gowon, and the Military Administrator of the Eastern Region, Col. Odumegwu-Ojukwu, signed the Aburi Accord in Ghana. This doused the tension for a while. However, when Gowon reneged the Accord and declared the 12 states in Nigeria on 27 May 1967, Ojukwu responded by declaring Biafra on 30 May. The peace accord totally broke down and tension in the country reached the highest level.

For us at the University of Ife, it was very depressing for both students and staff. It was expectedly more so for those of us of Igbo extraction in the 1st, 2nd and final years of the B.Pharm programme. Apart from those of us who had returned for the final year programme, there were the 1967 final year pharmacy students like Felix Agwaniru, Felix Anazodo, Edward Akagha, and Sam Chukwukere.

With the unbearable tension, we approached the head of the Department of Pharmacy, Dr Ayodele Tella, to let him know our dilemma and offer any advice or help because most of us had decided to leave for Biafra the following day as we were not sure of our safety. He showed much understanding of the situation but did not know how our safety could be guaranteed. He however helped us reach the Vice-Chancellor, Prof. Oluwasanmi.

The VC was very much saddened by the situation but had no idea of how our safety in the campus could be guaranteed. However, later in the evening on 31st, we were informed that following the VC's consultation with the regional police command, there was no assurance of our safety from the police. They rather agreed to provide police escort for us while the university provided two luxury buses to take us to Asaba.

Mixed feelings

With this, we became a bit relaxed but deeply saddened

that we were not going to achieve the goal for which some of us had returned to the university and studied for an academic session. Our dream of the much expected B.Pharm degree was being aborted a day before the final exams.

We converged that evening, and got ready to depart on the following day, 1 June. However, among us, there were some who made up their minds to stay back and risk the consequences. These were mainly the third year students who were the actual final year students in 1967 (the programme ran for three years then). They included Sam Chukwukere, George Ezenwa, Edward Akagha and Peter Ekwunife. Their argument was that those of us from the 1964 set were already registered pharmacists (as we had our diploma) and would be treated as such in Biafra. However, the entire first and second year students opted to leave. The few of them I remember now included Dick Nwoke, Evans Chidomere, John Obasi, Justina Ofodile, David Ifudu, and Ignatius Onaga.

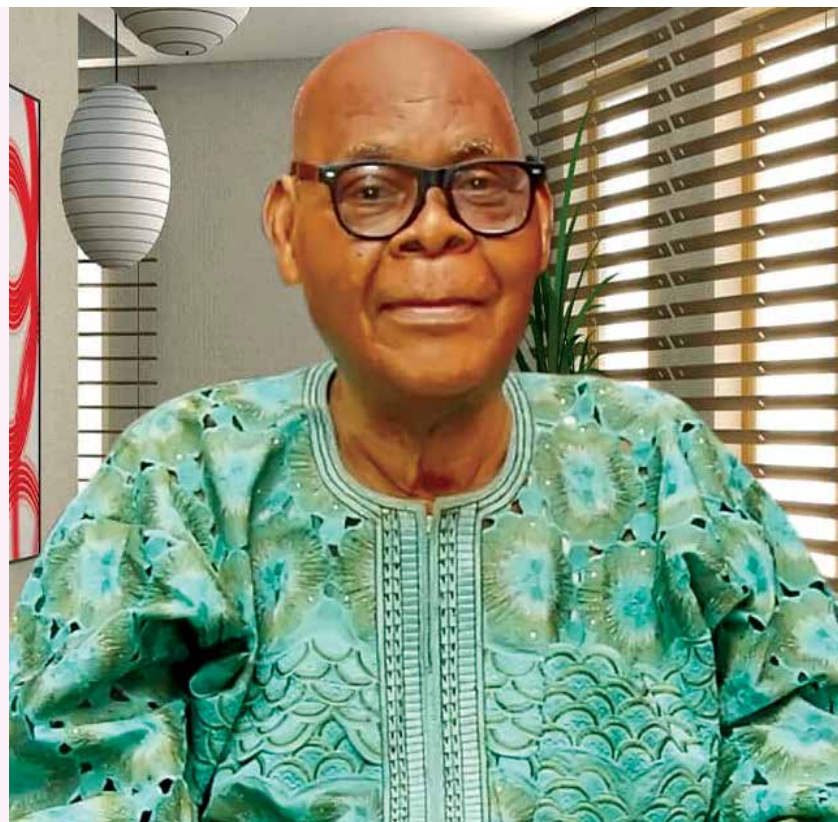
In the morning of 1 June (Thursday), all of us who opted to leave assembled at the Potter's Lodge to await the arrival of the bus and the police escorts, as arranged by the VC. Bona Obiorah, Eugene Okonkwo and I were also out there in our cars, ready to drive in a convoy with the bus. I had Ifeyanyi Atueyi and Dick Nwoke in my car, while Bona and Eugene Okonkwo had Pius Ogwueleka and Dennis Okolo and a few others in their cars.

Our departure

The bus arrived the campus in the morning and the students boarded, while Dr Tella was there to bid us farewell and ensure that everything went well. We drove off from the campus and on our way stopped at the police headquarters in Agodi, Ibadan, for the police escorts to do the necessary clearance.

Thereafter, we proceeded from Ibadan through Ile-Ife, Ilesha and Owo, with occasional stops at popular travellers' joints along the route, such as Agbanikaka, where maize and bush meat were available at cheap rates. It was at one of these stops that someone whose name I cannot now recollect came over to my car to inform us that someone had brought up the idea that those of us in the final year should consider returning to Ibadan to write the exams, starting the next morning. Atueyi and I began to ponder the suggestion as we continued the journey.

On arrival in Benin the police escorts took us to the Mid-West regional police headquarters and handed us over to them. While there, all of us in final year gathered to discuss the proposed return to Ibadan. We agreed to give the matter some serious thought as we continued the journey towards Asaba. We continued the journey from Benin with another set of



Pharm. Moses Azuike

escorts and arrived in Asaba at about 7.00 pm.

Our return

All of us in final year had a meeting during which we agreed to return to Ibadan that night in order to join in the examination starting by 9.00 am the next day. We found some food to eat and thereafter went to the garage to negotiate for a vehicle to take us back.

As for our cars, it happened that Obiorah had a townsman of his who owned a fuel station there. He approached him and the man agreed that we could leave our cars in his station until the time we would come back to pick them up.

After successful negotiations with the driver of a Peugeot 404 Station Wagon, we boarded the vehicle, with instructions to the driver to ensure he took us safely to the university campus in Ibadan by daybreak before the start of the exams. In the car were Obiorah, Okonkwo, Ogwueleka, Okolo, Atueyi and I.

We took off from Asaba at about 9.00 pm and had a smooth journey, until we got to the outskirts of Benin, where we observed a very long stretch of vehicles. It turned out that the military and the police had blocked the road to prevent entry of any vehicle into the city throughout the night. We felt depressed and even frightened by the development. We couldn't do anything but to wait with sleepy eyes in the car.

Early in the morning, we summoned courage to go to the soldiers on guard. To our surprise, we met a friendly officer to whom we introduced ourselves and explained our mission. He showed understanding and even wished we had come to him in the night. He cleared the way for us to meander through the long stretch of vehicles, until we entered the town and were able to drive out to continue our journey.

The driver drove carefully but fast and brought us in front of the pharmacy department building at about 10.00 am, one hour after the exams had started. When Dr Tella and the invigilators saw us, they were filled with joy. We were ushered into the examination hall. Our colleagues who had chosen to stay back and those who had turned back midway were busy with their papers.

Mission accomplished

After taking our seats, we were given the question paper. The course was Pharmaceutical Chemistry and duration was two hours. We were assured that we would be allowed the time we had lost.

After the exams that morning, we reported at the Potter's Lodge, where we collected the keys to our rooms and settled down for the remaining papers and the viva, in defence of our respective dissertations. The entire examination period lasted for about eight days, after which we took public transport back to Asaba, where we had parked our cars.

We were unhappy to observe that the Niger Bridge had been closed for traffic. We had no option but to abandon the cars there and cross over in a boat to Onitsha. From Onitsha I moved to Enugu to report for duty at the University of Biafra Teaching Hospital where I had been offered employment a few months back, while the hospital was still the University of Nigeria Teaching Hospital.

Retrieving my car

Just before the end of the month, I received information that Obiorah had gone to Asaba and brought his car to Enugu. The following day, I took permission from my boss and travelled to Asaba. On getting there, I noticed that the Niger Bridge was still not open to traffic. On inquiry, I was informed that cars were being ferried from Asaba to Onitsha by means of wooden boats.

I went to the petrol station where my car was parked. I met the owner, who helped me to start the car, after which I drove straight to the riverbank. There, I met some other car owners who were returning to Biafra.

I observed that some strong young men had organised themselves in groups of six. Their job was to deck an engine-powered wooden boat with strong sheets of plank, after which they would lift a car to the top of the planks and get it firmly tied to the boat on all sides. The car owner, with one or two of the young men would then board the boat and be ferried across to Onitsha. There, the men, with the help of their partners at the Onitsha end, would untie the car and bring it down from the wooden boat.

That was how I retrieved my car and drove it to Enugu.

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Events in Pictures



L-R: Prof. Oliver Ezechi, NIMR, co-investigator, Mega Designation 2024; Prof. Babatunde Lawal Salako, NIMR DG; Dr Juliet Iwelunmor, Washington State University, lead investigator, Mega Designation 2024; and Dr Joseph Tucker, UNC, co-investigator, at a media briefing on Mega Designation 2024, held at NIMR, Yaba, Lagos, recently.



R-L: Pharm.(Mrs) Bukky George, founder, HealthPlus Pharmacy; Dr Chinyere Almona, DG, Lagos Chamber of Commerce & Industry (LCCI); Pharm. Adebayo Afon, MD, Afonchies Pharmacy; Pharm. Akinjide Adeosun, chairman/CEO, St. Racheal's Pharma & his wife, Pharm.(Mrs) Olubamiwo Adeosun; Pharm. Adewale Oladigbolu, national chairman, Association of Community Pharmacists of Nigeria (ACPN); and Miss Adaeze Karnley, supervisor, Afonchies Pharmacy, at the media event commemorating St Racheal's Pharma @ 6, recently in Lagos, Nigeria.



A cross-section of guests and participants at Pharma West Africa Conference.



L-R: President, HFN, Dr Pamela Ajayi; PSN President, Prof. Cyril Usifoh; DG NAFDAC, Prof. Mojisola Adeyeye; Chairman, Conference Planning Committee, Pharma West Africa Expo, Pharm. Ahmed I. Yakasai; Lagos State Commissioner for Health, Prof. Akin Abayomi; PCN Registrar, Pharm. Babashehu Ahmed; DG, Lanacome Cameroon, Dr Rose Ngonu; Head of Pharmacy Board of Sierra Leone, James Kommeh; Country Director, Pharma Access Foundation, Njide Ndili and MD, Bloom Public Health, Prof. Chimeze Ayankora, at the opening ceremony of the Pharma West Africa Expo in Lagos recently.

Coming Events

36th Annual Scientific Conference of WAPCP

Date: 15th – 18th April

Venue: Sir Dawda Jawara International Conference Centre
Banjul, The Gambia

Phone: 08027280584

2nd International Scientific Conference of CPAN

Date: 23rd -27th April

Venue: Lagos

Phone: 08033367881

2024 International Nurses Week and Midwives Celebration

Date: 5th to 14th May

Venue: NANNM Secretariat, Abuja.

16th Biennial National Conference of ALPs

Date: 14th - 18th May

Venue: Uyi Grand Event Centre, Benin City, Edo State

Phone 08033083042

WASPEN 2024 Clinical Nutrition Conference

Date: 3rd -7th June

Venue: Lagos University Teaching Hospital (LUTH) Hall 36

Phone: 08106907691

27th Annual National Conference of NAIP

Date: 4th to 8th June

Venue: Venue: Signature Towers Hotel, Ibadan, Oyo State

ANPA 30th Annual Scientific Convention

Date: 19th to 23rd June

Venue: J.W Marriott, 1775 S Clementine St, ANAHEIM, CA, 92802

Phone: 910-302-8994

82nd FIP World Congress

Date: 1st - 4th September

Venue: Cape Town, South Africa

2024 NAPPSA Annual Scientific Conference & Exposition

Date: 28th -29th September

Venue: Marriott San Antonio Airport Hotel, San Antonio, Texas

PSN National Conference

Date: 4th - 9th November

Venue: Uyo, Akwa Ibom State.



L-R: Managing Director/CEO Alpha Pharmacy & Stores, Ike Onyechi; CEO, Merit Healthcare Limited, Dr Lolu Ojo; PSN President, Prof. Cyril Usifoh and CEO Business School Netherlands International, Nigeria, Prof. Lere Baale at Prof. Fola Tayo's 80th birthday celebration, held recently.

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Digital transformation of health

By Prof. 'Lere Baale, *FPSN, FPCPharm, FNAPharm, FNIM*
(Business School Netherlands)

The Federal Government of Nigeria is keen to pursue digital transformation in the healthcare sector. Still, we recommend the adoption of Electronic Health Records (EHR) over Electronic Medical Record (EMR) systems. The distinction between EMR and EHR lies in the scope and functionality of each system.

Electronic Medical Records (EMR) primarily focus on patient health data from a single healthcare provider or facility. EMRs are digital versions of paper charts containing information such as medical history, diagnoses, treatments, medications, and test results. They are designed to streamline processes within a specific practice or clinic and are valuable to healthcare providers for tracking patient information and improving care within their facility. EMR is limited in scope and addresses digitalisation.

On the other hand, Electronic Health Records (EHR) offer a more comprehensive view of a patient's health information by integrating data from multiple healthcare providers across different systems. EHRs go beyond just the clinical data in EMRs; they include a broader range of health-related information, such as patient demographics, medical history, allergies, laboratory results, imaging reports, medications, etc.

EHRs facilitate information sharing among healthcare providers, promote interoperability, enrich collaboration, and enhance communication and care coordination between healthcare professionals and settings. EHR is broader in scope and enhances digital transformation.

In the context of digital transformation in the Nigerian healthcare system, prioritising the implementation of EHR systems is crucial for ensuring seamless information exchange, improving healthcare coordination and quality, reducing medical errors, and enhancing patient outcomes. By adopting EHRs, healthcare providers in Nigeria can harness the benefits of comprehensive patient data, interoperability, and integrated care delivery to drive efficiency, effectiveness, and innovation in healthcare service delivery.

The digital transformation of healthcare plays a crucial role in advancing the goals set by the United Nations Sustainable Development Goal (SDG) on health, which aims to ensure healthy lives and promote well-being for all at all ages. By harnessing digital technologies and data-driven innovations, countries can improve healthcare delivery, enhance health outcomes, strengthen health systems, and address global health challenges more effectively.

UN SDG on health

The UN SDG on health calls for universal health coverage, access to quality healthcare services, disease prevention, health promotion, and reducing morbidity and mortality rates. Digital transformation in health can support these objectives by enabling healthcare providers to deliver more efficient, accessible, and patient-centred care, while empowering individuals to take control of their health and well-being through digital tools and resources.

Challenges

Despite the potential benefits

of digital transformation in health, several challenges must be addressed to maximise its impact. These challenges include data privacy and security concerns, interoperability issues between different health systems and technologies, resistance to change among healthcare providers, disparities in digital access and literacy, regulatory barriers, and sustainable funding and infrastructure investments to support digital health initiatives.

Digital tools

A wide range of digital tools are available to support the digital transformation of health, including electronic health records (EHRs), telemedicine platforms, mobile health apps, wearable devices, health information systems, data analytics tools, and artificial intelligence applications. These tools enable remote consultations, real-time monitoring, personalised care, predictive analytics, and seamless care coordination across different healthcare settings.

E-Health initiatives

E-health initiatives encompass digital health programs and policies to leverage technology to improve healthcare delivery, access, and outcomes. These initiatives include telehealth services, remote patient monitoring, health information exchange platforms, electronic prescribing systems, digital health education resources, and virtual care models designed to enhance the efficiency and effectiveness of healthcare services.

Benefits

The digital transformation of health offers numerous benefits, including improved access to healthcare services, enhanced patient engagement and empowerment, better care coordination and continuity, personalised treatment options, data-driven decision-making, cost savings, reduced medical errors, and increased efficiency and productivity in healthcare delivery.

By leveraging digital technologies, healthcare providers can deliver more efficient, accessible, and patient-centred care, while empowering individuals to take control of their health and well-being through digital tools and resources.

Digital literacy

Digital literacy is essential for individuals to navigate the digital health landscape, access reliable health information, engage with digital tools, and make informed decisions about their health and well-being. Promoting digital literacy programmes and resources can empower patients to actively participate in their care, communicate effectively with healthcare providers, and utilise digital health tools to manage chronic conditions, prevent diseases, and adopt healthy lifestyles.

Role of government policy

Government policies play a critical role in driving the digital transformation of health by providing regulatory frameworks, funding support, incentives for innovation, and standards for interoperability and data exchange. Policies focusing on digital health infrastructure, cybersecurity measures, data

privacy protections, telemedicine regulations, and workforce training can help facilitate the adoption of digital technologies in healthcare settings and promote the delivery of high-quality, safe, and equitable healthcare services for all.

Partnerships and collaborations

Partnerships and collaborations between government, healthcare providers, technology companies, research institutions, non-profit organisations, and other stakeholders are essential for advancing the digital transformation of health. By working together and sharing resources, expertise, and best practices, stakeholders can address common challenges, leverage complementary strengths, and drive innovation in healthcare delivery, data analytics, telemedicine, and public health initiatives.

Future trends

The future of healthcare will likely be increasingly digital, with trends such as telemedicine expansion, remote patient monitoring, wearable health technologies, personalised medicine, virtual care models, artificial intelligence in healthcare, precision health analytics and blockchain applications gaining prominence. These trends are expected to revolutionise how

healthcare is delivered, accessed, and experienced, leading to more personalised, preventive, and participatory models of care.

Framework

A comprehensive framework for digital transformation in health should encompass stakeholder engagement, capacity building, technology adoption, data security and privacy safeguards, regulatory compliance, monitoring and evaluation mechanisms, and continuous quality improvement processes. The framework should be aligned with national health priorities, global health agendas, and technological advancements while ensuring equity, ethics, and transparency in digital health solutions.

continues next edition



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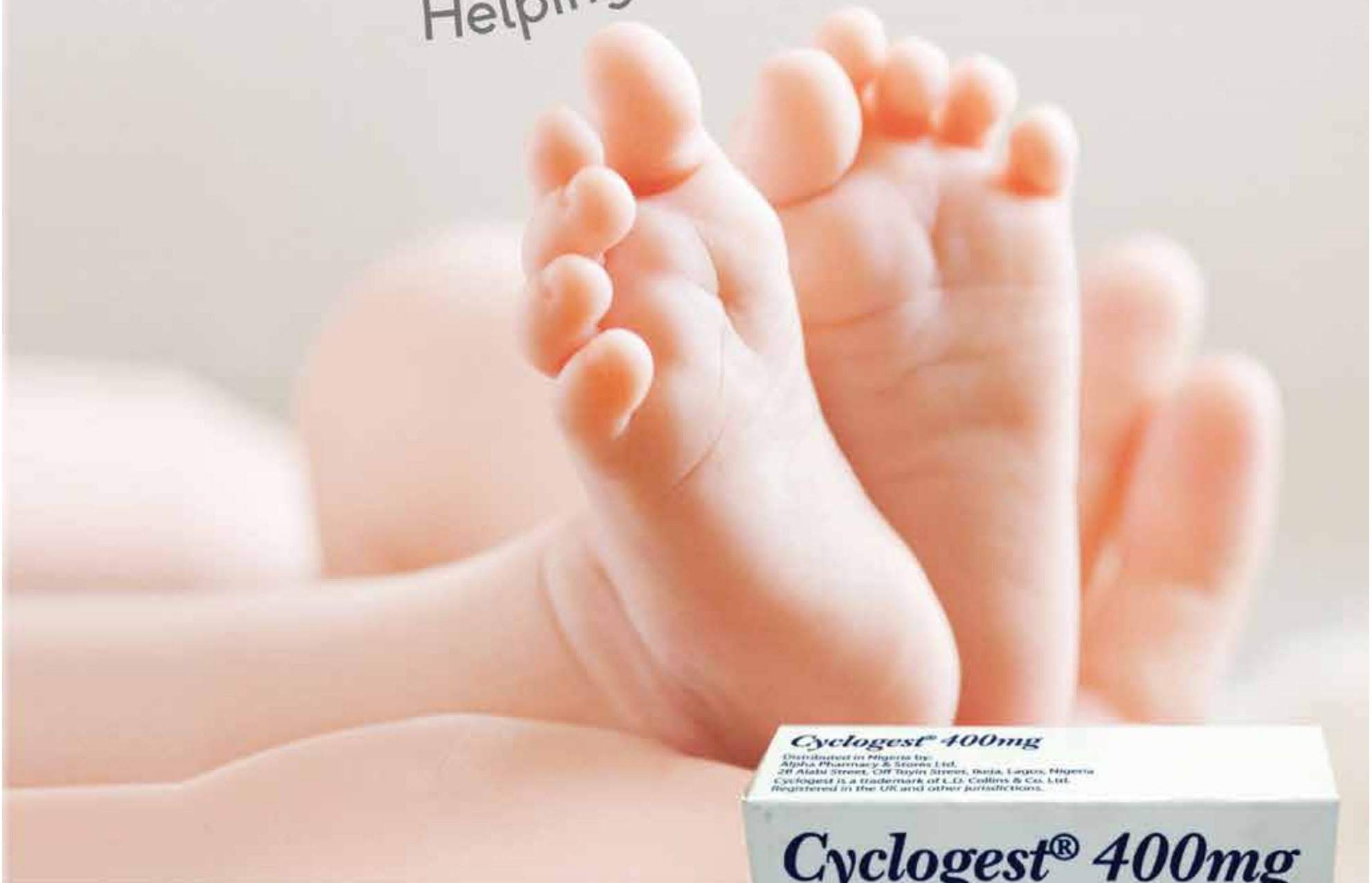
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Understanding Africa's diverse pharmaceutical regulatory frameworks

By Olusiji Nelson Benjamin

In the intricate fabric of global public health, the regulations surrounding pharmaceuticals hold a pivotal role, delicately balancing access to life-saving medicines with safeguarding against potential risks. This equilibrium is particularly critical in the expansive and diverse continent of Africa, where pharmaceutical regulations navigate a myriad of complexities, echoing a global symphony. Against the backdrop of historical pharmaceutical tragedies like the thalidomide disaster, the call for robust regulatory frameworks in Africa resonates with urgency.

Africa's pharmaceutical regulatory landscape stands at a crossroads, grappling with the imperative to ensure access to safe, effective, and affordable medicines while navigating systemic challenges. Although the historical echoes of pharmaceutical crises vary, they underscore the universal necessity for stringent testing and control. As we explore Africa's regulatory narrative, the global context serves as both a mirror and a compass, guiding us through the intricate challenges and promising opportunities.

Despite the undeniable significance of the pharmaceutical sector, the regulatory landscape governing it reflects a diversity that mirrors the unique challenges and opportunities within each African nation. Unlike more homogenous regions like the European Union, Africa is a mosaic of countries, with distinct healthcare needs, economic capabilities, and regulatory capacities. This diversity poses both challenges and opportunities for pharmaceutical companies operating on the continent.

African nations exhibit variations in their regulatory infrastructure, ranging from well-established bodies to those facing capacity limitations. Some countries boast robust mechanisms ensuring the safety and efficacy of pharmaceutical products, while others struggle with resource constraints, hindering effective oversight. This divergence can impact the speed and efficiency of drug approval processes, contributing to disparities in healthcare access among nations.

The issue of regulatory harmonisation presents a significant hurdle for the pharmaceutical industry in Africa. The absence of standardised regulations across countries can result in delays in drug approvals and market access. This lack of harmonisation not only complicates manufacturing and distribution processes but also inhibits the potential for economies of scale that could make pharmaceuticals more affordable and accessible across the continent.

Pharmaceutical regulation in Africa: X-raying regional disparities

The African continent, celebrated for its cultural richness and diverse landscapes, manifests pronounced regional disparities in pharmaceutical regulations, each nuanced by historical, economic, and infrastructural factors. These differences create a regulatory tapestry profoundly influencing pharmaceutical development and distribution. Examining specific instances from various African countries sheds light on the complex challenges faced.

In East Africa, countries like Kenya and Ethiopia have made significant strides in strengthening their regulatory bodies, fostering an environment conducive to pharmaceutical innovation. These nations have invested in robust frameworks, enabling more efficient drug approval processes and contributing to a vibrant local pharmaceutical industry.

Conversely, West African countries like Nigeria and Ghana encounter regulatory challenges, including resource constraints and limited expertise. These limitations impede oversight effectiveness, resulting in prolonged approval timelines and, subsequently, delays in essential medication availability.

Online surveys conducted across the continent further highlight disparities. A South African survey revealed that 75 per cent of respondents expressed confidence in the safety and efficacy of locally manufactured pharmaceuticals, citing stringent regulatory measures. In contrast, surveys in countries like Chad and Niger indicated lower confidence levels, reflecting concerns about regulatory capacity to ensure product quality.

The impact of regulatory variations extends beyond development to distribution. In North Africa, Egypt's well-established regulatory body facilitates efficient pharmaceutical distribution, ensuring a steady supply to meet the healthcare needs of its population. In contrast, regulatory challenges in Libya and Sudan contribute to disruptions in the pharmaceutical supply chain, affecting medication availability.

Harmonising regulations proves particularly challenging. While East African countries, part of the East African Community, have made strides in regulatory alignment, the lack of harmonisation is evident when comparing their systems to those in West Africa, reflecting the broader continent-wide struggle.

To address these disparities, a collaborative effort is imperative. Initiatives like the African Medicines Regulatory Harmonisation programme, endorsed by the African Union, aim to synchronise regulatory efforts across nations. Investing in capacity building, as exemplified by the South African Health Products Regulatory Authority (SAHPRA), showcases the positive impact that a well-equipped regulatory body can have on the pharmaceutical landscape.

Key regulatory challenges in African pharmaceutical regulation

Inadequate regulatory bodies remain the Achilles's heels of African health systems. A cornerstone of effective pharmaceutical regulation is the strength of regulatory bodies overseeing drug approval and safety. However, across various African countries, limited regulatory infrastructure poses a significant challenge to ensuring the safety and efficacy of pharmaceutical products.

Weak regulatory systems in some African countries have led to massive prevalence of counterfeit drugs with several implications. The scourge of counterfeit drugs poses a significant threat to public health in Africa. Weak

regulatory frameworks contribute to the proliferation of substandard and falsified pharmaceuticals, jeopardising patients' well-being.

Case in point: Nigeria

Nigeria, a populous African nation, grapples with regulatory challenges exemplified by the National Agency for Food and Drug Administration and Control (NAFDAC). Despite its efforts, NAFDAC faces resource constraints, leading to difficulties in conducting thorough inspections and timely approvals. This not only hinders pharmaceutical innovation but also raises concerns about the safety of drugs entering the market.

Survey data from a recent online poll in Nigeria underscores these concerns, with 60 per cent of respondents expressing reservations about the safety of locally produced pharmaceuticals. This scepticism can be traced back to perceived inadequacies in regulatory oversight.

Challenges of harmonising regulations across diverse nations

The diverse nature of African nations, each with its unique socio-economic and healthcare landscape, poses a formidable challenge to regulatory harmonisation. While regional economic communities aim for alignment, achieving a unified regulatory framework remains an uphill battle.

Case study: East African Community (EAC)

The East African Community, comprising Kenya, Tanzania, Uganda, Rwanda, and Burundi, has made strides in regulatory harmonisation. However, disparities persist, affecting pharmaceutical trade and distribution. For instance, delays in product registrations across member states hinder the timely availability of medications, reflecting the challenges of synchronising regulations even within a regional bloc.

Survey findings from a cross-border study in the EAC reveal that 70 per cent of pharmaceutical manufacturers face obstacles in navigating varying regulatory requirements. This not only prolongs time-to-market but also increases operational costs, creating a ripple effect on drug accessibility.

Case study: Ghana

Ghana has been proactive in addressing the issue of counterfeit drugs through its Food and Drugs Authority (FDA). Despite these efforts, the influx of counterfeit medications remains a challenge. In a recent study conducted in Ghana, it was revealed that approximately 15 per cent of pharmaceutical products in circulation were either substandard or counterfeit. This not only endangers patients but also undermines the credibility of the pharmaceutical industry.

Survey data from healthcare professionals in Ghana indicates that 80 per cent have encountered patients experiencing adverse effects due to counterfeit drugs. This underscores the urgent need for strengthened regulatory measures to curb the infiltration of substandard pharmaceuticals into the market.

Way forward for African pharmaceutical regulations

African countries need to invest massively in technology, in order to overcome their regulatory challenges. It is an era of artificial intelligence and this must be strongly capitalised on. Both South Africa and Morocco showcase the importance of leveraging technology for efficient regulatory processes. Automated systems not only expedite approvals but also contribute to transparency.

African countries can also leverage international collaboration. Actively engaging with international organisations, as seen in South Africa, enhances the credibility of local pharmaceutical products. This facilitates international market access and fosters a positive perception of the national regulatory framework.

Regulatory harmonisation is another key strategy African countries can leverage. Morocco's success in harmonising regulations regionally underscores the importance of aligning standards with neighbouring countries. This not only facilitates trade but also contributes to a more integrated and efficient pharmaceutical market.

The EU's success in harmonising pharmaceutical regulations across member states provides valuable lessons for Africa. The centralised approach of the EMA ensures consistent standards and expedites the approval process for pharmaceuticals.

While the African context may differ, the principles of collaboration, common standards, and centralised oversight offer insights into effective regulatory harmonisation. A comparative analysis between EU countries and African nations adopting harmonisation strategies indicates a 30 per cent reduction in drug approval times in regions with collaborative regulatory frameworks.

In conclusion, opportunities for improvement in African pharmaceutical regulation lie in the strategic investment in regulatory infrastructure and the promotion of harmonisation. Real-world examples from Ghana's FDA transformation and lessons learnt from the EU's success underscore the tangible benefits of these approaches.

As African nations continue to strengthen their regulatory frameworks, these opportunities present a pathway to a more efficient, transparent, and harmonised pharmaceutical landscape.

Olusiji Nelson Benjamin writes from University of Michigan, Ann Arbor, Michigan, United States

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Jatropha tanjorensis

J*Jatropha tanjorensis* Ellis & Saroja (Fam – Euphorbiaceae) is a leafy vegetable native to Mexico that is now commonly grown in the southern part of Nigeria. It is extensively grown in West Africa, where it forms an integral part of their traditional medicine. In Nigeria, it is called *efo lyana Ipaja* or *ewe lapalapa* in Yoruba and *ugu oyibo* in Igbo.

Common names of the plant include Catholic vegetable, reverend father vegetable, blood of Jesus, *ogwu obara*, *chaya leaf*, *Jatropha*, *miracle leaf*, *tree spinach*, *God's gift*, and "hospital too far".

Constituents

Proximate analysis show the presence of carbohydrate, fat, protein, fibre. Phytomedicals like alkaloids, flavonoids, tannins,

cardiac glycosides, anthraquinones and saponins are present in the plant, as well as vitamins B₁, B₂, B₃, C and E. Also present are minerals alike magnesium, calcium, sodium, potassium, phosphorus, iron zinc and selenium.

Other constituents are phytate, hydrogen cyanide, jathrophin, Friedelin, β-amyrin, stigmasterol and R(+)-4-hydroxypyrrolidinone

Preparations

Leaves may be chewed raw, boiled or used to prepare soup, stew or other meals. *J. tanjorensis* may be available as the stems, dry leaves or dry leaf powder. It may also be used as infusions.

Pharmacological actions and medicinal uses

Pharmacological studies

revealed that the plant showed some wide range of biological activities, such as antihypertensive, antioxidant, antimicrobial, antimalarial, antiparasitic, antioxidant, hypoglycaemic, hypolipidemic and hematological activities. Iron helps in the formation of red blood cells; vitamin C aids the absorption of iron; while dietary fibre aids in the reduction of plasma cholesterol levels.

It is believed that *hospital too far* improves blood flow by promoting dilatation and relaxation of arteries. It contains potassium, a mineral that also assists in regulation of a normal blood pressure. Similarly, *hospital too far* contains reasonable amounts of flavonoid, an antioxidant known for maintenance of arteries and veins to improve blood circulation.

It is said that *hospital too far* can effectively reduce colon and rectal cancer because of the dietary fibre it contains. *Hospital too far* leaf may help to eliminate factors causing muscular degeneration and symptoms attributed to eye defect because it contains essential amount of vitamins A, C and B complex, as well as bioactive compounds. The anti-inflammatory properties enable it to mitigate pains in the body.

Jatropha is said to be beneficial to dental health. The twigs may be effective against toothaches, while the bark paste can be used to treat gum swelling. Chewing the leaves can help alleviate pyorrhea. Chewing the leaves uncooked would accelerate digestion, making waste elimination simpler, thus its usefulness in constipation.

A study revealed that intake of *J. tanjorensis* was effective in

boosting female reproductive health, pregnancy health and outcome in virgin female *Wistar* rats.

Ethnobotanical survey in Mubu, Adamawa State, showed that, *J. tanjorensis* was used as a remedy to diseases such as: measles, scabies, malaria, high blood pressure, stomach ache, diabetes mellitus, eczema and anaemia with majority of the respondents mentioning leaves as part mostly used.

Adverse effects

Consumption of *J. tanjorensis* may lead to disruption of protein metabolism function of the liver and also negative interference with the filtration capacity of the kidney, which might result in renal and hepatic dysfunction.

Economic uses and potentials

Many useful products come from the plant, especially the seed, from which oil can be extracted. This oil can be used as a feed stock and biodiesel. The extracted oil is useful in making soap, glue, dye, among others. The leaves of *J. tanjorensis* can be used as a growth promoter in poultry feeds. There are potentials in the cultivation, processing and distribution of *J. tanjorensis* in the agricultural, pharmaceutical and cosmetics industries.

References

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Adeyeye, Abayomi, Usifoh, others charge stakeholders on pharma industry development

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pharmaceutical industry can only be achieved through collective effort of all stakeholders.

"We have to do what others are doing in the global territory. We want to trade with the world and if we must trade with the world, we must use international standard. Leveraging new frontier is based on quality, whether it is medicine, medical device or vaccines, it is based on quality," the NAFDAC DG said.

In his remarks, Prof. Abayomi said one of the focus of the Lagos State Ministry of Health is to ensure that Lagosians get the right pharma products at the right time, in the right context, in correct formulation and quality, at the right time, by the right person, and at the time that it will have a meaningful impact.

He added that, to achieve this, the government is working towards the advancement of the pharmaceutical industry by creating an enabling environment for pharmaceutical companies to operate, so as to reduce the import-to-manufacturing ratio of medicines in the country.

Abayomi maintained that the pharmaceutical economy is very important to the state; hence the state government is ready to partner with stakeholders in the industry.

The commissioner said, "The medical economy and the pharmaceutical economy of this state are extremely important to us. We know the data, we know we are importing 70 per cent to 80 per cent of our pharmaceuticals in Africa. Therefore, Lagos is committed

to creating an environment for big pharmaceutical companies, for local indigenous companies and any start-ups to find the environment where we can ensure that we reverse the ratio of drug manufacturing to import.

"As a government, we are engaging with the industry. We are talking to the private sector. We are about to make available a medical free-trade zone. We are about to make available medical, industrial and innovation parks, where our citizens, partners and private sectors can come to the government and talk of how the enabling environment can help them to become a powerhouse of pharmaceutical development in Lagos State."

He continued, "Our partners in pharma industry are very important to us. For instance, we can't do anything without the Pharmacy Council of Nigeria (PCN). And so, we need to work with the Council and other stakeholders to create the safe and enabling environment that will enhance the advancement of the pharma industry in Lagos State".

On his part, Prof. Usifoh expressed gratitude to the Lagos State Government for its desire to partner with other stakeholders to advance the pharma sector.

He said, "When the state government partners with pharma industry and pharmacists, it will be a game-changer, not just for Lagos but the entire country and Africa as a whole."

The PSN president pointed out that the industry will move forward if stakeholders can cooperate.

"If we work together, we can stamp out the issue of fake and substandard medicines in West Africa and in Nigeria. I want to charge the over 37,000 pharmacists in this country to support Lagos State that is ready to partner with us and to let the state know that we are major stakeholders.

"Pharmacists, on the other hand, should do only what is right concerning the oath they swore to. This will enhance the advancement of the industry."

Usifoh however urge the Federal Government to quickly reconstitute the Board of PCN so that the Council can get into real business. "If there is any erring member, we are ready to discipline them. We don't want any problem for our industry but advancement", he said.

The Chairman of Pharma West Africa Conference Planning Committee and Founder/CEO, Pharmaplus Nigeria Ltd, Pharm. Ahmed IYakasai, noted that the theme for the conference, "Leveraging New Frontiers in Pharma to Drive Universal Health Coverage," underscores the critical role that the pharmaceutical sector plays in advancing healthcare accessibility and quality for all.

He said, "In today's ever-evolving landscape, through insightful discussions, engaging sessions, and interactive exhibitions, we aim to foster dialogue, inspire creativity, and catalyse positive change within the pharmaceutical landscape. Together, we can address challenges, leverage emerging technologies, and harness the power of collaboration to enhance

access to quality healthcare for all".

While commending the organisers of the event, the President, Healthcare Federation of Nigeria, Dr Pamela Ajayi, said Nigeria and the entire West African region needed the expo.

"I am glad the expo is taking place especially now that Nigeria has a government that recognises the importance of healthcare and the vital role that pharmaceuticals are playing in unlocking the value chain. We also have people in dire need of affordable medication in Nigeria and the entire West African region. We must work together to advance the sector", Ajayi said.

The Head of Pharmacy Board of Sierra Leone, James Komme, while commending the organisers, noted that his country was happy to be part of the show. He noted that COVID-19 had taught the African region hard lessons; hence stakeholders in the region must come together to enhance the advancement of its pharma sector.

Also speaking at the event, the Director General, Lanacome Cameroun, Princess Dr. Ngono Rose, commended the Nigerian government for its commitment to the health sector, noting that Nigeria is pioneering the growth of pharma sector and the health sector as a whole in the region.

She however noted that the West African region must embrace disruptive technology to boost the pharma sector.

She said, "We must invest in local content. I urge all stakeholders in the pharma and health sector as a whole to embrace the spirit of collaboration, so as to move the industry to an enviable level."

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Improve business environment for pharma manufacturers, LCCI DG tasks FG

continued from back page

of drug security in Nigeria, as it is evident from the recent exit of some multinational pharmaceuticals from the country. She added that a number of local players are also closing shops due to financial incapacitation, fueled by skyrocketing inflation and economic hardship.

She cited the recent \$240 million investment, secured by the Federal Government from a Brazilian pharmaceutical firm for manufacturing of generic pharmaceuticals, as an example of funds that could be leased out to local manufacturers on long-term basis in boosting their operations. She urged the government to make the disbursement of such funds open to stakeholders as they are interested in the criteria for the allocation of the loan, whether favourable or not.

The LCCI DG also emphasised the need for a holistic review of existing policies, laws and regulations to ensure a conducive regulatory framework for pharma businesses. She equally urged practitioners to leverage technology in enhancing efficiency and competitiveness, citing examples from other countries as models for emulation.

She further averred that tax reforms feature prominently in discussions surrounding sectoral rejuvenation, adding that efforts to streamline taxation processes and reduce the tax burden on businesses are underway, spearheaded by the Presidential Committee on Tax Reform.

"However, challenges persist, with the need for simplification and uniformity across states," she said.

The challenges notwithstanding, Almona noted that there exists a sense of optimism regarding the sector's potential. She affirmed that, with concerted efforts from both the public and private sectors, the Nigerian pharmaceutical manufacturing landscape could undergo a transformative resurgence in order to drive economic growth, job creation, and sustainable



R-L: Pharm. (Mrs) Bukky George, founder, HealthPlus Pharmacy; Pharm. Adewale Oladigbolu, national chairman, Association of Community Pharmacists of Nigeria, (ACPN); Dr Chinyere Almona, DG, Lagos Chamber of Commerce & Industry (LCCI); Pharm. Akinjide Adeosun, chairman/CEO, St. Racheal's Pharma & his Wife, Pharm. (Mrs) Olubamiwo Adeosun @ the Media Event commemorating St. Racheal's Pharma @ 6, recently in Lagos, Nigeria.

development.

Pharm. Akinjide Adeosun, CEO of St. Racheal's, in his address, shared insights and perspectives on the intricate dynamics of the Nigerian pharmaceutical industry. He recounted challenges encountered over the years, including regulatory hurdles, supply chain disruptions, and economic uncertainties. Amidst these challenges, he said, there was a shared sense of optimism and determination to overcome and drive positive change.

Going forward, he underscored the importance of collective action and collaboration in addressing pressing issues facing the manufacturing subsector, particularly in the realm of drug security, stressing the need for the provision of manufacturing grants to boost the production capacity of local producers.

"We need grants for not just the large companies. Small, medium, and large organisations will need to have

access to grants. I'm not talking about loans; I mean grants. Then, by the time those drugs are produced, buy off.

"So if the government gives one billion to a company, and it is going to stimulate demand, it can get one billion back on drugs, and send to UCH, groups, state government, and others,

"I think that should be an idea that the fiscal authorities - the Ministry of Finance, and the Ministry of Trade and Industry - should consider in ensuring drug security in the country", he stated.

Adeosun seized the opportunity of the event to celebrate achievements and milestones within the pharmaceutical sector. He acknowledged the strides made in advancing cooperative excellence and fostering a culture of innovation and collaboration.

In their contributions, the duo of Pharm. Adebayo Afon, founder, Afon Chains, and Pharm. (Mrs) Bukky

George, CEO of HealthPlus Pharmacy, spoke on wholesale and retail pharmacy perceptives, highlighting the need for African countries to break free from historical patterns of reliance on raw material exports. Instead, they called for a transition towards value-added manufacturing processes, akin to the trajectories observed in India, the United States, China, and Taiwan.

They underscored the importance of creating a conducive environment for local manufacturing businesses to thrive, including addressing regulatory bottlenecks and providing support for capacity-building initiatives.

Scarcity of resources, according to them, has forced practitioners to navigate cumbersome supply chains, leading to increased stress and logistic challenges in accessing medicines.

Adeyeye, Abayomi, Usifoh, others charge stakeholders on pharma industry development

continued from back page

Speaking at the event, Prof. Adeyeye averred that advancing the pharma industry requires a good regulatory system, a good distribution practice system, good manufacturing practice and ultimately good quality of products, with special focus on the patient.

The NAFDAC DG disclosed that the agency never had good distribution practice for 25 years, until she came on board and worked with other staff of the agency to put things right. She added that the agency is now thinking quality, stressing that if the pharmaceutical industry must advance, attention must be shifted to quality and the patient.

According to her, "Without quality, we will all be joking around. Without quality we are wasting our time. We have to think about the patient. Today, we have attained maturity level 3; only 30 per cent of countries in the world have attained maturity level 3. Nigeria is making waves because we are thinking quality, and we are thinking customers.

"We have to think quality, we

have to think customers to improve the healthcare system and improve universal health coverage. Without quality, there can never be universal health coverage that is why the role of the pharma industry is extremely important."

As part of effort to achieve maximum quality and advance the pharma industry, the NAFDAC DG disclosed that the agency is increasing its attention to clinical trial. "By January 2025, it will become mandatory for pharma companies to submit bioequivalence data; that is part of the steps to reduce substandard falsified medicine. We want to play in the global arena; so we have to use standard," Adeyeye said.

She emphasised that the advancement of the



(Front row) L-R: DG NAFDAC, Prof. Mojisola Adeyeye; PSN President, Prof. Cyril Usifoh and other participants at Pharma West Africa Conference.

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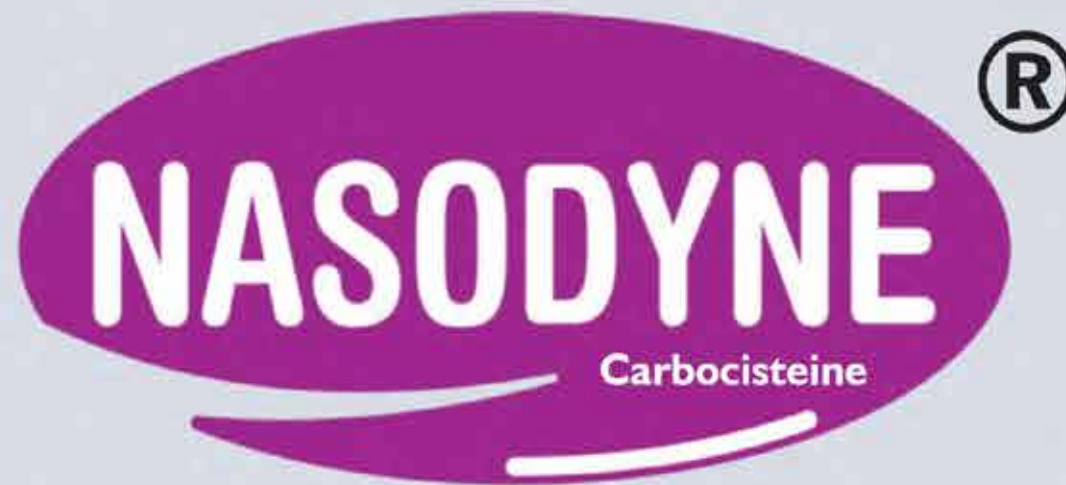
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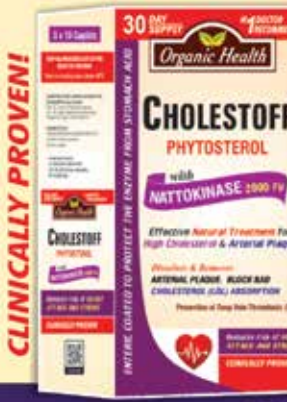
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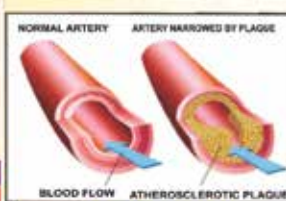
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Improve business environment for pharma manufacturers, LCCI DG tasks FG

By Temitope Obayendo

For the pharmaceutical manufacturing industry in Nigeria to reassert its dominance in West Africa and beyond, it is incumbent on the Federal Government to expand its investment in the subsector by ensuring availability and affordability of long-term single-digit concessionary credit facilities for local manufacturers.

This was among the recommendations given by the Director General, Lagos Chamber of Commerce and Industry (LCCI), Dr Chinyere Almona, at the recent 6th Anniversary of St. Racheal's Pharma.

Speaking on the theme: "Manufacturing renaissance: The panacea for drug security in Nigeria", the LCCI DG x-rayed the factors impeding the attainment of drug security in Nigeria, while suggesting proven panacea to the issues.

Almona maintained that accessibility of long-term single-digit loans for pharma manufacturers is one of the major determinants *continued on page 60*



L-R: CEO, Shalina Pharma, Debajeet Mukherjee; Shalina Best Business Partner of the Year, Mr Tochukwu Agu; CEO, Shalina Consumer, Nirmal Jain and the Chief Operating Officer, Shalina Pharma, Mr Arun Raj at the company's partners conference in Lagos.

Adeyeye, Abayomi, Usifoh, others charge stakeholders on pharma industry development

- As Pharma West Africa Expo debuts in Lagos


By Ranmilowo Ojalumo

Prominent leaders in the health sector have charged stakeholders in pharmaceutical industry to innovate strategies for advancing the industry in Nigeria and the West African region.

The leaders, who included the Director General of the National Agency for Food and Drug Administration and Control (NAFDAC), Prof. Mojisola Adeyeye;

the Lagos State Commissioner of Health, Prof. Akin Abayomi; and President of the Pharmaceutical Society of Nigeria (PSN), Prof. Cyril Usifoh, made the call at the maiden edition of the Pharma West Africa Expo, held in Lagos from 20 to 22 March, 2024. The theme was "Leveraging New Frontiers in Pharma to Drive Universal Health Coverage".

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