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**Nigeria must embrace its roots to flourish in pharmaceuticals – NNMDA DG**

To reposition the Nigerian pharmaceutical industry in the global market and enhance economic empowerment, the nation

must return to its roots and leverage its rich ecological base as a cornerstone of primary healthcare, says Professor

**By Temitope Obayendo**

Martins Emeje, Director General/ CEO of the Nigeria Natural Medicine Development Agency (NNMDA).

*continued on page 8*



L-R: Pharm. Adeshina Opanubi, project catalyst, Pharmalliance Network and convener, The Panel Retail Pharmacy Conference; Mr Gbenga Adesina, lead consultant, AG Turning point Consulting and guest speaker; and Pharm. Grace Ikani, founder/CEO, Cutting Edge Pharmacy and chairman, Pharmalliance Management Committee, at the Panel 16, held at the Citadel, Oregun, Lagos, recently.

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**PHARM (MRS) BUNMI OLUGBEJA**  
Pharm. (Mrs) Bunmi Olugbeja (née Ogunlade) is the founder and CEO of Primeah Pharmacy, a retail pharmacy chain with branches in Lagos, Nigeria.

Born and raised in the Ajegunle-Apapa area of Lagos State, Olugbeja was deeply influenced by her entrepreneurial parents, Mr and Mrs Ogunlade, who served as her business mentors. Her journey into retail business began as far back as 1998, when she managed her family's retail venture.

Olugbeja is a Pharmacy graduate from the University of Lagos, where she also completed her internship at Lagos University Teaching Hospital (LUTH). She gained her first experience in community pharmacy during her National Youth Service Corps (NYSC) placement at a leading retail pharmacy chain in Jos, Plateau State. Olugbeja later returned to her alma mater to earn an MBA.

With approximately 17 years of professional experience, Olugbeja is a seasoned pharmacist with a diverse career spanning hospital practice, roles as a detailing representative for local and multinational companies, and extensive experience in retail (community) pharmacy practice.

After completing her NYSC, Olugbeja joined Zolon, a subsidiary of Emzor Pharmaceutical Industries Limited, as a business development executive responsible for Plateau, Bauchi, and Gombe States. Her role, which began in 2008, was brief but impactful, owing to her tenacity and goal-oriented approach. She successfully launched and promoted products, particularly Ulsakit, which became the preferred treatment for peptic ulcer disease (PUD) among doctors.

However, due to escalating insecurity in the North, Olugbeja returned to Lagos, where she assumed the role of senior medical representative with AstraZeneca Nigeria. She applied the same dedication to her work, successfully introducing the company's gastrointestinal products to new markets and achieving significant sales figures. Despite her success, Olugbeja chose to resign in 2014 to devote herself fully to running her pharmacy.

Primeah Pharmacy was born out of Olugbeja's desire to elevate the standard of retail pharmacy practice in Ajegunle-Apapa, her local community. Her entrepreneurial journey was further bolstered by a World Bank Scholarship, which enabled her to complete the Certificate in Entrepreneurial Management programme at the Enterprise Development Centre of Pan-Atlantic University (Lagos Business School). The insights gained from this programme have inspired her to expand her vision for social impact, taking Primeah Pharmacy to various parts of Lagos.

In addition to her pharmacy career, Olugbeja is a trained speaker and facilitator, having led clinical and business sessions for numerous local and multinational companies, including Chi Pharmaceuticals, Pfizer, Pharmacy Plus, Johnson & Johnson, and Sanofi. She is also an accomplished author, with two books to her name, including *40 African Proverbs Every Entrepreneur Should Read*.

Pharm. Bunmi, as she is fondly known, is happily married to her friend and travel companion, Ayodeji.



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## Inspiration

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Believe in yourself, your abilities and your own potential. Never let self-doubt hold you captive. You are worthy of all that you dream of and hope for." – **Roy T. Bennett**

"Treat yourself as you are, and you will remain as you are. Treat yourself as you could be, and you will become what you should be." – **Ralph Waldo Emerson**

"Without continuous personal development, you are now all that you will ever become." – **Eli Cohen**

"Do not let the memories of your past limit the potential of your future. There are no limits to what you can achieve on your journey through life, except in your mind." – **Roy T. Bennett**

"Always be yourself, express yourself, have faith in yourself, do not go out and look for a successful personality and duplicate it." – **Bruce Lee**

"You are essentially who you create yourself to be and all that occurs in your life is the result of your own making." – **Stephen Richards**

"Be who you are and say what you feel, because those who mind don't matter and those who matter don't mind." – **Dr. Seuss**

"Forgive the past. It is over. Learn from it and let go. People are constantly changing and growing. Do not cling to a limited, disconnected, negative image of a person in the past. See that person now. Your relationship is always alive and changing." – **Brian Weiss**

"Definiteness of purpose is the starting point of all achievement." – **W. Clement Stone**

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The recent global spread of the Mpox virus, formerly known as Monkeypox, has highlighted significant challenges within Nigeria's public health system and underscores the urgent need for a more robust and self-sufficient response to emerging infectious diseases. Traditionally confined to Central and West Africa, with the Democratic Republic of Congo being the epicentre since its first human case in 1970, Mpox has now spread far beyond these regions. Weak surveillance systems in African countries, including Nigeria, have contributed to the virus's rapid global transmission.

Mpox, a viral disease related to smallpox, presents symptoms ranging from mild to severe, including fever, rash, and swollen lymph nodes. Although less deadly than smallpox, Mpox can lead to serious complications, especially in immunocompromised individuals. The World Health Organisation (WHO) recently declared the outbreak a public health emergency due to the virus's potential to overwhelm healthcare systems.

Nigeria's response to the Mpox outbreak has exposed major vulnerabilities in our healthcare infrastructure. Despite having reported 40 confirmed cases of Mpox without any deaths so far, Nigeria remains heavily reliant on external support for managing the outbreak. This dependence was evident in the United States' recent donation of 10,000 vaccine doses. Such reliance on foreign aid highlights a lack of preparedness and self-sufficiency, raising concerns about the country's ability to respond to future health crises.

## Tackling the global Mpox spread in Nigeria

Dr Jide Idris, director general of the Nigeria Centre for Disease Control (NCDC), recently emphasised the gaps in Nigeria's healthcare system that increase its susceptibility to outbreaks. According to him, "Currently, we have 40 confirmed cases out of 830 suspected cases. We need to enhance our laboratory services. All confirmed cases so far were validated using genomic sequencing in two labs — the National Research Lab in Abuja and Lagos. Due to the spread, we need to increase the number of laboratories for testing, including Lagos University Teaching Hospital and the African Centre for Genomics."

To better control the spread of Mpox, Nigeria must significantly enhance its surveillance and detection capabilities. Early identification of cases is crucial to preventing outbreaks from escalating. This requires investing in robust surveillance systems that can rapidly detect and report new cases, even in community health networks where symptoms might first be noticed. Advanced technologies, such as digital health tools and AI-driven analytics, could greatly improve these efforts by identifying patterns and predicting potential hotspots for targeted interventions.

Vaccination remains a key tool in preventing Mpox. However,

relying on international donations is not a sustainable solution. Nigeria needs to prioritise research into local treatments and secure vaccines independently. This will reduce dependency on foreign aid and ensure that the country can respond more effectively to future outbreaks. Developing homegrown solutions is essential to strengthening national resilience and contributing to global efforts against the virus.

Public education is another critical component of controlling Mpox. Awareness campaigns should be designed to inform Nigerians about the symptoms, modes of transmission, and preventive measures associated with the virus. Since Mpox can spread through close contact with infected individuals or contaminated materials, educating the public on hygiene practices and the importance of avoiding contact with potentially infected animals or people is vital. Additionally, addressing misconceptions and reducing the stigma associated with Mpox through these campaigns can support a more effective public health response.

While Mpox is a global issue requiring international collaboration, it is imperative that Nigeria takes greater responsibility for protecting its

citizens. Resources from the WHO and other international health bodies may not suffice, particularly during simultaneous global health crises. Nigeria should therefore allocate special funds in its health budget to fight epidemics and pandemics, as seen during the COVID-19 pandemic, which demonstrated the importance of preparedness and a swift response to emerging threats.

Addressing the spread of Mpox also requires tackling the underlying factors contributing to its emergence. This includes improving environmental conditions, enhancing animal surveillance, and mitigating risks associated with wildlife trade and animal reservoirs. Adopting a One Health approach, which recognises the interconnectedness of human, animal, and environmental health, is essential for preventing and managing zoonotic outbreaks like Mpox. This holistic strategy encourages collaboration across sectors and disciplines, fostering a more comprehensive and effective response to health threats.

The Mpox outbreak calls for a more proactive and self-reliant approach to managing infectious diseases. By investing in surveillance, expanding laboratory capacities, securing access to treatments and vaccines, educating the public, and addressing root causes, the Nigerian government can better protect the citizenry and contribute to global health security. Moving forward, Nigeria must learn from this experience and take decisive steps to strengthen its public health system, ensuring a safer and healthier future for all.

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## The wisdom of hiring and firing

By Sir Ifeanyi Atueyi

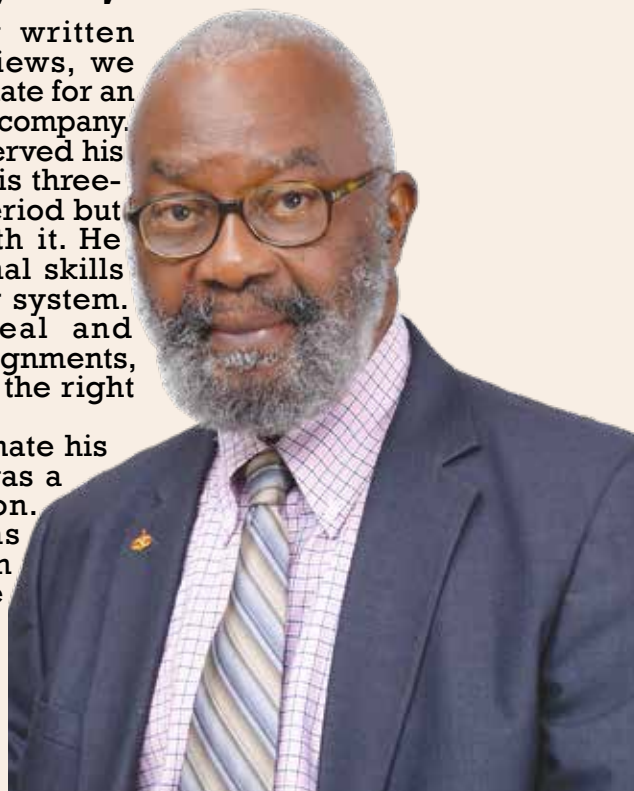
After conducting written and oral interviews, we selected a candidate for an important position in the company. His manager and I observed his performance during his three-month probationary period but were not satisfied with it. He had good interpersonal skills and fit well within our system. He demonstrated zeal and commitment to his assignments, but we felt he was not the right person for the position.

I decided to terminate his appointment, which was a very difficult decision. Our relationship was cordial; I had even introduced him to the Full Gospel Business Men's Fellowship International (FGBMFI), and we attended meetings together. I had no personal issues with him; he just wasn't the right fit for the position. I regretted hiring him.

During a meeting of the FGBMFI with him, I prayed to God for guidance on how to handle his termination. I postponed the action until that Friday. My mind was heavy with the thought of how disappointed he would be, given the good relationship we had established and his rapport with other staff members. I imagined how he would react to the termination letter. Nevertheless, with a heavy heart, I prepared and signed the letter, along with a check in lieu of one month's notice. I kept the letter securely in my drawer, intending to call him to my office just before the close of work.

After lunch, I returned to my office around 4:00 PM. On my desk was a handwritten letter. I assumed it was from a staff member asking for an IOU or loan. To my surprise, it was from the very person I was planning to sack, submitting his resignation letter. I was shocked and confused, wondering what might have happened. I suspected a leak of the confidential letter, but the secretary assured me that no one else had seen it. How, then, did he know of my plan? Only my wife knew, but she couldn't have leaked the secret to him.

I gathered my courage and summoned him. Soon after, he walked into my office, nearly in tears, explaining that it was extremely difficult for him to resign after all the good things I had done for him. His wife had been offered a good job at a university in their state and had already relocated with their two children, so he needed to join them. He was very sorry that his resignation would disrupt the company's operations. He didn't know that I was inwardly thanking God and rejoicing as he spoke.



This incident made me fear God even more. If He had not guided my actions and timing in this situation, it could have been a disaster. If I had given him the termination letter, I would have disappointed him, damaged the good relationships he had with me and the other staff members, and incurred a financial loss of one month's salary.

This person became one of my good friends. A few months later, he visited me with valuable gifts for me and my wife, and we have remained in touch since then.

Many times, employers pray for good staff during recruitment but forget to pray about how the staff will leave the company. Ecclesiastes 7:8 says, "The end of a thing is better than its beginning..." In this context, how and when a staff member leaves the company is more important than the day of employment.

This experience taught me that God is interested in all aspects of our business, including the hiring and firing of workers. Staff are the most valuable resource because a business cannot function without people. Therefore, we need God's wisdom in dealing with employees.

Businesses should not only pray for big turnovers and profits, which accountants focus on, but also for the well-being of the workers whose efforts generate the revenue. A company blessed with hardworking and trustworthy staff is fortunate.

Usually, a resignation is a better option than a termination or dismissal. In a resignation, the staff member decides to leave for their own reasons, while a termination implies that their services are no longer needed or acceptable to the company. Therefore, we need God's guidance in managing the hiring and firing of staff.



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# Be ahead of the competition

By George O. Emetuche, CES

*“Champions do it differently.”* - The Selling Champion

**R**enco Evenepoel from Belgium won the Men's Cycling Road Race at the ongoing 2024 Olympics in France. He completed the 273 km (170 miles) race in 6:19:3. It was not an easy win, as his bike developed a fault, just minutes before the end of the race! It took officials a few seconds, or about a minute, to replace the faulty tire. In such a race, every second is crucial!

**Determine your advantages**

Renco had several advantages: speed, competence, courage, and space. He was significantly ahead of his opponents, so the brief time spent fixing his bike did not affect the final result. He won because he prepared thoroughly and demonstrated excellence throughout the race.

I watched the race with my sons on Saturday, August 3rd. My eldest said, “Daddy, you should use the lessons from this race to write an article to motivate people and emphasize the importance of preparing well for competitions.” That's exactly what I'm doing now!

**Competition is real**

In business, competition is the contest between companies selling similar goods and services, targeting the same market.

To stand out in a market, consider these elements:

**1. Your people:** You need the right team. People determine an organisation's success. Great teams build great organisations, while the wrong team can hinder progress.

**2. Offering:** What are you bringing to the market—your products, services, or experiences? Your offering must be designed to meet customer needs.

**3. Strategy:** This is how you achieve your goals. Your strategy should be superior to your competitors'. Have an edge in people, information, products, services, market access, innovation, and positioning.

**Be ahead of the Competition**

Renco won gold because he had a comfortable lead, running strongly ahead of his opponents. The challenge he faced didn't diminish his advantage.

Strive to stay ahead of your competition daily. Develop a brilliant customer experience that delights your customers.

**Key questions to consider**

**1. How are your people; who is on your team?** The people factor is crucial. Hire the right people, train them, and equip them for the marketplace. Competition is real, and the more you prepare, the more you win.

**2. Are you offering the right products and services that provide the right customer**

**experience?** This keeps customers coming back and ensures repeat business. Continuously improve and discover new ways to delight your customers.

**3. Is your strategy designed to attract, maintain, and expand your customer base?** You need a unique approach to stand out. Agile organizations do things differently. Understand market needs and design products and services accordingly. The business arena is challenging, but well-prepared organizations with the right strategies secure a large market share.

**Define a unique path**

Avoid generic proposals. Recognise that every market has unique needs and tailor your

offerings to fit. Be unique and stand out in the market. Remember, if you don't do the right things, your competitors will capitalize on your mistakes.

Do your best to stay ahead of the competition. Embrace excellence. Strive to move from good to better, and then to best.

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# Inquest

with  
**Patrick Iwelunmor**

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## Negritude: A case for African traditional medicine

emphasis on balance and harmony. In many African cultures, health is perceived as a state of equilibrium among the body, mind, and spirit. Disruptions in this balance, often leading to spiritual disturbances or social issues, are addressed through a combination of herbal remedies, rituals, and counselling. This approach contrasts with the often reductionist perspective of Western medicine, which tends to isolate and treat individual symptoms rather than addressing the person as a whole.

The Negritude movement's influence extended to a re-evaluation of traditional practices in the context of modern healthcare. It encouraged a dialogue between traditional and Western medical systems, leading to a growing recognition of the potential benefits of integrating these approaches. This dialogue has become increasingly relevant in contemporary discussions about healthcare in Africa and beyond.

Modern scientific research has begun to validate many aspects of African traditional medicine. Numerous studies have explored the efficacy of traditional herbal remedies, revealing that many contain bioactive compounds with therapeutic potential. For instance, plants like *Artemisia annua*, used in traditional medicine to treat fevers, have been found to be effective against malaria, leading to the development of the widely used anti-malarial drug, artemisinin. This kind of scientific validation not only supports the value of traditional practices but also highlights the importance

of preserving and understanding traditional knowledge.

The Negritude movement's celebration of African heritage also includes advocating for the protection of traditional knowledge and practices. It is crucial that this knowledge is respected and preserved within its cultural context while being open to collaboration with modern scientific approaches. This integration should be done in a manner that honours the cultural significance of traditional practices and avoids reducing them to mere commodities.

Interestingly, evidence is emerging that validates the effectiveness of age-old traditional African ideas that can be integrated into orthodox medicine to create a paradigm shift from what has been the occidental norm. For instance, renowned Ifa priest, Ifayemi Elebuibon, recently advocated the use of the cost-effective traditional Yoruba method for DNA (paternity) testing.

In conclusion, the Negritude movement's legacy extends beyond cultural and philosophical realms into practical applications, including the realm of healthcare. By recognising and validating the richness of African traditional medicine, we not only honour the past but also pave the way for a more inclusive and effective approach to healthcare that bridges traditional wisdom with contemporary science. The ongoing dialogue and collaboration between traditional and modern practices hold the promise of a more comprehensive understanding of health and healing, benefiting people across cultures and continents.

The Negritude movement, which originated in the 1930s among French-speaking African and Caribbean intellectuals, was a powerful response to colonialism and racism. It celebrated Black identity and cultural heritage, embracing African traditions, languages, and philosophies. This cultural renaissance was not only a reclaiming of African history and aesthetics but also a significant step towards recognising the value of African traditional knowledge systems, including African traditional medicine.

African traditional medicine, with its roots deeply embedded in the continent's diverse cultural landscape, has been a cornerstone of healthcare for centuries. It encompasses a range of practices and beliefs that vary from one region to another but share a common thread: a holistic approach to health and wellness. This approach integrates spiritual, physical, and environmental aspects of healing, which contrasts sharply with the often compartmentalised methods of Western medicine.

The Negritude movement provided a philosophical and political framework that validated African cultural practices and

knowledge systems. By rejecting the colonial narrative that portrayed African traditions as primitive or inferior, Negritude scholars and activists elevated the status of African traditional medicine, emphasising its relevance and efficacy.

African traditional medicine is characterised by its use of natural remedies, including herbal treatments, dietary practices, and ritualistic healing. Healers, often referred to as herbalists, diviners, or shamans, possess extensive knowledge passed down through generations. This knowledge is not only empirical but also deeply intertwined with cultural beliefs and spiritual practices.

The holistic nature of traditional medicine considers the emotional, spiritual, and social dimensions of health, recognising that illness can stem from various factors beyond the physical. For instance, in J.P. Clark's *Song of a Goat*, Zifa's impotence and erectile dysfunction are a result of his violation of his native tradition pertaining to the burial of his father, who died of leprosy. Therefore, the application of medicine to cases like Zifa's would involve a combination of physical herbs and the use of spiritual agencies or mediums, such as incantations or other invocative rituals.

One of the central tenets of African traditional medicine is its

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# FUOYE's pharmacy faculty blazing trails despite unique challenges - PANS President

The 2020/2021 academic session marked a significant milestone for the Federal University Oye-Ekiti (FUOYE), with the establishment of the Faculty of Pharmacy. This move was part of the university's efforts to expand its academic offerings and address the growing demand for professional pharmacists in Nigeria. In this exclusive interview, Ayomide Adeyemo, the 300-level president of the Pharmaceutical Association of Nigeria Students (PANS) at FUOYE, tells Adebayo Oladejo the intricacies of studying at a relatively new school of pharmacy. He also shares his journey into pharmacy, the achievements of his administration, and his expectations for the faculty over the next 10 years. Excerpts:

### The majority of students studying pharmacy today opted for medicine as their first choice. Are you one of them, and why?

While I have a profound appreciation for both pharmacy and medicine, I chose pharmacy because it allows me to directly impact patient care through medication management and therapeutic interventions. The complexities of drug interactions, patient counselling, and the opportunity to innovate within the pharmaceutical sciences captivated me, solidifying my decision to pursue pharmacy. Moreover, the role of a pharmacist as a bridge between doctors and patients, ensuring the safe and effective use of medication, aligns perfectly with my passion for healthcare and patient advocacy.

### Why did you join politics despite studying in a new school of pharmacy?

My involvement in politics stems from a genuine desire to create tangible improvements in the lives of my peers. Solving even the smallest problems gives me immense satisfaction. To me, politics is not just about power but about service and the opportunity to implement changes that can positively influence our academic and social environment. By participating in politics, I am able to address systemic issues, advocate for student rights, and enhance the overall educational experience, ensuring that our voices are heard and our needs met.

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

Balancing the demands of academic excellence and leadership is undoubtedly challenging. However, I draw strength from my faith and the unwavering support of my friends. Their encouragement helps me navigate the complexities of my role. Effective time management, strategic delegation, and staying focused on my priorities are key strategies that have enabled me to cope successfully. Additionally, maintaining a clear vision and setting realistic goals helps me stay motivated and resilient, even during the most demanding times.

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

During my tenure, we have successfully stabilised the association, ensuring that every student feels included and valued. This sense of belonging is crucial for our collective growth. We have initiated numerous programmes aimed at professional and social development, creating a holistic environment for our members. The challenges, while inevitable, have been addressed through collaborative efforts and a shared vision for our future. One of our significant achievements is the establishment of mentorship programmes that connect students

with industry professionals, providing valuable insights and career guidance.

### Are there peculiar challenges associated with studying pharmacy at FUOYE?

Every academic journey has its unique challenges, and studying pharmacy at FUOYE is no exception. However, our faculty has been remarkably well-organised and efficient. The primary challenge lies in the rigorous academic workload, but with dedication and hard work, success is attainable. Our seamless operations are a testament to the commitment of both the students and the faculty. Additionally, being part of a relatively new faculty means we have the opportunity to shape our culture and set high standards for future cohorts.

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

The transition to the Pharm. D programme is a progressive step for pharmacy education in Nigeria. FUOYE has been a pioneer in this regard, implementing the Pharm. D programme from the outset. This approach places us at the forefront of patient-centred care, ensuring that our graduates are well-equipped to meet the evolving demands of the healthcare sector. It's a testament to our commitment to excellence and innovation.

The Pharm. D programme's emphasis on clinical practice and patient outcomes reflects our dedication to producing highly skilled pharmacists who can make a significant impact in the healthcare industry.

### Where do you see PANS-FUOYE in the next 10 years?

PANS-FUOYE has made remarkable strides since its inception in 2020. Looking ahead, I envision PANS FUOYE becoming a beacon of excellence in pharmacy education.



In the next decade, we aim to be the preferred destination for aspiring pharmacy students, known for our cutting-edge programmes, vibrant student community, and contributions to the field of pharmacy. Our journey of growth and innovation is just beginning. We plan to expand our partnerships with industry leaders, increase research opportunities, and continuously enhance our curriculum to keep pace with global advancements in pharmacy practice.



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# Nigeria must embrace its roots to flourish in pharmaceuticals – NNMDA DG

continued from front page

In an exclusive interview with *Pharmanews*, Emeje emphasised the need for Nigerian scientists to develop robust, home-grown protocols to validate the country's rich traditional knowledge. He argued that relying on orthodox approaches alone is insufficient to achieve universal healthcare in Africa.

Emeje called for the involvement of all stakeholders—agriculturists, environmentalists, medical researchers, practitioners, regulators, policymakers, religious, and traditional leaders—in research and development efforts to standardise and globalise Nigeria's herbal medicines.

The NNMDA chief also stressed the importance of documenting ancestral knowledge and combining it with modern evidence on safety and effectiveness. He proposed integrating this knowledge into school curricula as the most sustainable way to advance Nigeria's natural medicine sector, aligning with the third vision of the Declaration of Astana.

Below is the full interview:

**Congratulations on your first year in office as the director general/chief executive officer of the Nigeria Natural Medicine Development Agency (NNMDA). Based on your research so far, which natural resources in Nigeria would you identify as the most promising for drug development, and how can these resources be harnessed effectively?**

It is difficult to say which natural resources are the most promising for drug development because, within one year in office, my team and I have identified 115 very potent plant and plant-based resources, from which we have developed four oral solid dosage forms for the treatment and/or management of various diseases. These were launched by the Minister of Innovation, Science, and Technology, Chief Uche Nnaji, on 8 March 2024.

I should note here that it was the first time a solid dosage formulation had ever been developed at NNMDA and the first time any government agency in Nigeria had launched four phytomedicines. The products are now ready for clinical trials. They are designed for the management and/or treatment of upper respiratory infections, anti-ageing, sickle cell disorder, and diabetes mellitus.

Additionally, we have received the NAFDAC assessment report on 18 of our products, with listing approval granted for five. You can see, therefore, that we are unmatched in this space when it comes to performance. Our herbal medicines for treating sickle cell disorder, ageing, immune enhancement, upper respiratory tract infections, hepatitis B, prostate, colon and breast cancers, malaria, erectile dysfunction, vaginal infections, diabetes, and skin infections are ready for uptake by serious pharmaceutical companies. This makes it difficult for me to simply name the most promising natural resource. However, our top three products in terms of demand are those for ageing, erectile dysfunction, and arthritis.



**Professor Martins Emeje,  
DG/CEO NNMDA**

**Researchers often mention several setbacks that prevent the integration of natural medicines into conventional medicine in Nigeria. What do you see as some of these bottlenecks, and how can they be addressed?**

In my view, the problem lies with us as a people; our appetite for foreign products is unbelievable, and I can trace this to our colonial background, which we have unfortunately refused to shake off. It is not only Nigeria that was colonised, but Nigeria is among the few countries that buried its culture with colonialism.

You see, those countries whose natural medicines we now admire were developed by their scientists and professionals working together. In our case, it is even our own scientists and professionals who view our indigenous medicines as unscientific, dirty, and fetish. The irony is that many of those who condemn natural medicines have never seen any serious equipment outside of textbooks.

Thousands of years before the advent of colonialism, our people healed themselves using natural medicines, but today, we have completely surrendered everything about us to foreign medicines. Imagine if the bone-setting technology, which is peculiar to us, existed in the 'oyibo' (foreign) lands—we would be trooping there, not only to repair fractures but to even do PhDs in bone-setting because they would have developed curricula for it. But here we are, even ashamed to talk about it.

The best way to address this is through education, and my agency recently received accreditation from the National Board for Technical Education (NBTE) in that respect. We have also inaugurated a national committee to look into this.

I'm sorry, but I do not support integration; let every sector

develop on its own. Those who don't understand what we are talking about should concentrate on what they know, leaving us to do what we know. So, instead of integration, I propose "co-occurrence". Our colonial mentality and inferiority complex, seeking foreign validation, is currently our greatest bottleneck.

**Much has been said about partnerships to drive the development of medicinal plants, but little is seen on the national scene. How can partnerships between academic institutions, research centres, and the pharmaceutical industry be strengthened to accelerate natural drug development in Nigeria?**

As you probably know, I am the first scientist in Nigeria to have practically bridged the gap between academia and industry. My friend, Pharm. Ignatius Anukwu, and I, as national chairmen of industrial and academic pharmacists respectively, brought academia and industry together through a deliberate and well-designed process that eventually led to the launch of the first herbal medicine jointly owned by industry and academia in Nigeria. So, there is no better model for driving medicinal plant development—or any drug development effort, for that matter—than a partnership between academic institutions and the pharmaceutical industry.

The problem is that most of our pharmaceutical industries don't seem interested in R&D for medicinal plants. The reason is not far-fetched; it is easier and more lucrative to import. Unfortunately, this can never lead to national development, and it exposes everyone to the dangers of medicine insecurity.

**You have been in the research and development industry for years. What strategies can Nigeria adopt to position its natural drugs in the global market, and how can this enhance the country's economic empowerment?**

To position Nigeria's natural drugs in the global market and enhance the country's economic empowerment, we must return to our roots, which undoubtedly have a strong ecological base, so that we can make them the core of our primary healthcare delivery system. Secondly, we must design home-grown yet robust protocols to validate our traditional knowledge, rather than using orthodox approaches that may not be sufficient to support the attainment of universal healthcare in Africa.

Furthermore, we must involve all stakeholders—agriculturists,

environmental activists, medical and health researchers, practitioners, regulators, policymakers, and religious and traditional leaders—in R&D. Another strategy is the documentation of ancestral knowledge of traditions, combined with modern evidence on safety and effectiveness. The best way to achieve this sustainably is to introduce it into school curricula, enabling the country to achieve the third vision of the Declaration of Astana.

**In addition to existing policies, what other plans should the Nigerian government implement to support natural drug development?**

It is very simple: make indigenous health research and development a priority, stop the importation of drugs into this country, and make natural medicine the core of Universal Health Coverage (UHC). One of the most significant advantages of indigenous medicines (herbal and traditional medicines) is their accessibility, affordability, and acceptability. However, as a nation, we have neglected the development of this natural heritage. We must agree to liberate ourselves, decolonise our minds, develop our own medicines, design our own "emergency authorisation" models, and reject our thirst for foreign products and our inferiority complex. Anyone talking about UHC in Africa without making traditional medicine the core of the strategy is either not being sincere, deliberately mischievous, or out of touch with the realities in Africa. The Nigeria Natural Medicine Development Agency (NNMDA) is already implementing its roadmap towards solving this problem, and you will see the results soon.

**How can the development of medicinal plants contribute to the economic empowerment of Nigeria, particularly in terms of job creation, revenue generation, and export potential?**

Our modest in-house estimate shows that with the cultivation and full exploitation of just one medicinal plant for product development, 3.4 million jobs could be created, generating over 100 billion naira in foreign exchange. A brief description of the global herbal trade should help clarify this point, although Nigeria will not benefit from this significant revenue unless we deliberately invest in the development of our medicinal plants.

As I mentioned earlier, today's commercial medications and pharmaceuticals contain active components derived from plants in about 40–60 per cent of cases. People across the globe are becoming more health-conscious, increasingly avoiding synthetic chemical products in favour of natural, organic items in their daily lives.

The acceptance of medicinal plants extends beyond Nigeria. For instance, the Food and Agriculture Organisation estimates that 77 million acres of land are used to produce 330 million tonnes of medicinal plants worldwide. Even developed countries like Japan, the USA, and Europe are major consumers of medicinal plants, while India and China are the most important global suppliers. Over 70 per cent of the global demand for herbal medicines is met by China and India, with India alone exporting raw herbs valued at USD 330.18 million.

The global trade in value-added extracts of medicinal plants and herbal products reached USD 456.12 million in 2017–2018. The most significant suppliers of medicinal plants in Africa are Egypt and Morocco. This market is anticipated to grow at a compound annual growth rate of 6.6 per cent from 2015 to 2025, reaching USD 35.4 billion. According to a World Health Organisation (WHO) forecast, the global herbal market is expected to rise from its current level of USD 62 billion to USD 5 trillion by 2050.

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# Managing diabetes: Role of healthcare providers

By Pharm. (Dr) Onyinye Chiekwe Bridget, PharmD, MPH, ABMP  
pharmbree25@gmail.com

In last month's edition, we explored diabetes—obesity-dependent diabetes. The relationship between diabetes and obesity is deeply intertwined. Type 2 diabetes is caused by insulin resistance and a decline in  $\beta$ -cell insulin secretory function.

The global increase in the prevalence of obesity is likely responsible for the recent rise in type 2 diabetes, as obesity influences both insulin action and  $\beta$ -cell function. Understanding this relationship is essential for effective patient care and for implementing strategies to mitigate the risks associated with diabetes.

Healthcare providers play a crucial role; they are at the forefront of diagnosing, managing, and preventing this dual burden.

## Role of healthcare providers

### Prevention and management strategies

The lifetime risk of diabetes in men over 18 years of age increases from 7 per cent to 70 per cent when BMI rises from less than 18.5 kg/m<sup>2</sup> to more than 35 kg/m<sup>2</sup>. The risk for women shows a similar increase, from 12 per cent to 74 per cent, with the same BMI values. Therefore, diabetic screening is essential for all patients with obesity. Interventions that lead to weight loss are also recommended.

**Early screening and diagnosis:** Early screening for diabetes in obese patients is critical. Healthcare

providers should perform regular blood glucose tests and monitor other risk factors, such as blood pressure and cholesterol levels. Early diagnosis enables timely intervention, which can prevent or delay the onset of diabetes.

**Comprehensive lifestyle modification:** The goal of comprehensive lifestyle modification is to lose at least 5 per cent of body weight. Encouraging patients to adopt a healthy lifestyle is crucial for managing diabetes. Key areas include:

**Diet:** Emphasise a balanced diet rich in whole grains, lean proteins, fruits, and vegetables. Lowering the intake of processed foods, sugary drinks, and high-fat foods can significantly improve blood sugar levels and promote weight loss.

**Physical activity:** Regular physical activity improves insulin sensitivity and promotes weight loss. Patients should aim for at least 150 minutes of moderate-intensity exercise weekly, such as brisk walking, swimming, or cycling.

**Behavioural therapy:** Addressing psychological factors that contribute to overeating and sedentary behaviour is crucial. Cognitive-behavioural therapy (CBT) and other behavioural interventions can help patients develop healthier habits and coping mechanisms. Regular screening for mood disorders and other psychosocial factors related to diabetes and obesity is

recommended. Young and older adults with obesity and diabetes should also be screened for smoking and other tobacco use, as

smoking is associated with increased diabetes risk, possibly by raising insulin resistance. Counselling and appropriate pharmacological interventions for smoking cessation should be offered to smokers.

**Pharmacotherapy:** Lifestyle modifications alone may not be sufficient. Medications can help improve insulin sensitivity and control blood sugar levels. Newer antidiabetic drugs, such as GLP-1 receptor agonists, have been shown to promote weight loss and improve glycaemic control. After initiating pharmacotherapy, patients should be closely monitored for medication efficacy and adverse effects.

**Bariatric surgery:** For severely obese patients with type 2 diabetes, bariatric surgery may be an option. Surgical procedures such as gastric bypass and sleeve gastrectomy can result in significant weight loss and even remission of diabetes in some cases. Healthcare providers should carefully evaluate candidates for bariatric surgery and provide comprehensive pre- and post-operative care.

**Patient self-management education and support:** Patient self-management education ensures a better understanding of these coexisting conditions and promotes awareness of the importance of self-testing and adherence to medical therapy. Healthcare providers should educate patients about the risks associated with obesity and diabetes, and the importance of sticking to treatment plans. Support groups and counselling can provide the encouragement and resources



patients need to make lasting lifestyle changes.

## Conclusion

Focusing on prevention, early intervention, and comprehensive management strategies allows patients to lead healthier and more fulfilling lives. Addressing diabetes requires a collective effort, but with dedication and the right approach, it is possible to turn the tide on this growing health crisis.

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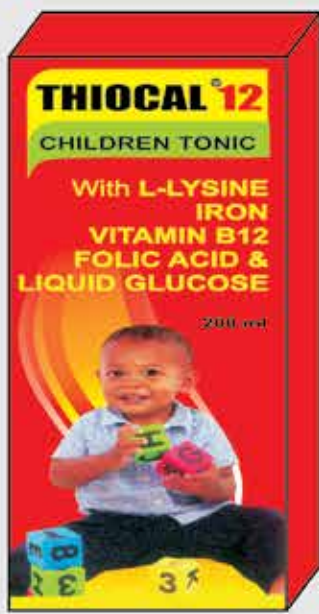
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## Treatment options for erectile dysfunction and infertility

**E**rectile dysfunction (ED) and infertility are intimately linked conditions that significantly impact the quality of life for men and their partners. While both conditions are often discussed separately, they can be interrelated and thus require a holistic approach to management.

### What is erectile dysfunction?

Erectile dysfunction, commonly referred to as ED, is a condition in which a person is unable to achieve or maintain an erection firm enough to engage in satisfactory sexual intercourse. It can be a short-term issue occurring occasionally or a long-term problem in which a person is never able to get an erection.

While it is not uncommon for a man to experience occasional difficulties with erections, ED that is progressive or routinely occurs during sexual activity is not normal and should be treated.

### ED can happen:

- Most often when blood flow to the penis is restricted, or nerves are damaged
- Due to stress or emotional reasons
- As an early warning of a more serious condition, such as atherosclerosis (hardening or blocked arteries), heart disease, high blood pressure, or high blood sugar from diabetes

### How erections work

During sexual arousal, nerves release chemicals that increase blood flow into the penis. Blood flows into two chambers within the penis, composed of spongy muscle tissue (the corpus cavernosum). These chambers are not hollow.

During an erection, the spongy tissues relax and trap blood. The blood pressure within the chambers makes the penis firm, causing an erection. When a man has an orgasm, a second set of nerve signals reaches the penis, causing the muscular tissues in the penis to contract, and the blood is released back into the circulation, resulting in the erection subsiding.

When one is not sexually aroused, the penis remains soft and limp. Men may notice that the size of the penis varies with warmth, cold, or anxiety; this is normal and reflects the balance of blood entering and leaving the penis.

According to Dr David Paddy, a health expert and founder of Paddy Paddy Wellness, over 65 per cent of Nigerian men are at risk of suffering from erectile dysfunction by the age of 40 and above. He attributes this situation to a lack of regular exercise, continuous consumption of processed foods, unhealthy eating and resting patterns, among other habits.

He warns that men who suffer from erectile dysfunction might be at

greater risk of stroke, heart disease, and premature death. He emphasises that men must take action and tackle this issue head-on before it takes a toll on their overall health and well-being.

Dr Paddy stated, "The issue of erectile dysfunction is alarming because, daily, I receive countless questions from people asking how they can overcome the problem. I recently conducted a survey to identify the biggest problem men are currently facing, and among these issues, erectile dysfunction, in the form of low libido, weak erections, and premature ejaculation, was the most prevalent."

### Infertility explained

Infertility, on the other hand, is a disease of the male or female reproductive system, defined by the failure to achieve a pregnancy after 12 months or more of regular, unprotected sexual intercourse. Infertility may occur due to male, female, or unexplained factors. Some causes of infertility are preventable. Treatment often involves in-vitro fertilisation (IVF) and other types of medically assisted reproduction.

### Key facts about infertility

- Infertility affects millions of people worldwide, impacting their families and communities. Estimates suggest that approximately one in every six people of reproductive age experiences infertility at some point in their lives.
- In the male reproductive system, infertility is most commonly caused by problems with semen ejection, absence or low levels of sperm, or abnormal sperm shape (morphology) and movement (motility).
- In the female reproductive system, infertility may

be caused by various abnormalities of the ovaries, uterus, fallopian tubes, and the endocrine system, among others.

- Infertility can be primary or secondary. Primary infertility occurs when a person has never achieved pregnancy, while secondary infertility occurs when at least one prior pregnancy has been achieved.
- Fertility care encompasses the prevention, diagnosis, and treatment of infertility. Equal and equitable access to fertility care remains a challenge in most countries, particularly in low- and middle-income nations. Fertility care is rarely prioritised in national universal health coverage benefit packages.

Discussing the link between ED and infertility, Dr Michael Roizen, Medical Director of Internal Medicine, explained that ED and infertility are distinct terms. He noted that a man may produce perfectly good sperm but have trouble with his erection, which is termed ED. Conversely, a man may have no trouble achieving an erection but may be "shooting blanks," which is considered infertility.

A man's fertility generally depends on the quantity and quality of his sperm. If the number of sperm a man ejaculates is low, or if the sperm is of poor quality, it can be difficult, and sometimes impossible, for him to cause a pregnancy. On the other hand, a woman's fertility can be assessed through various means, such as the regularity of her menstrual cycle.

Dr Franklin Meme, a gynaecologist at the Federal Medical Centre (FMC) in Yenagoa, Bayelsa, explained that the evaluation of

*continued on page 13*

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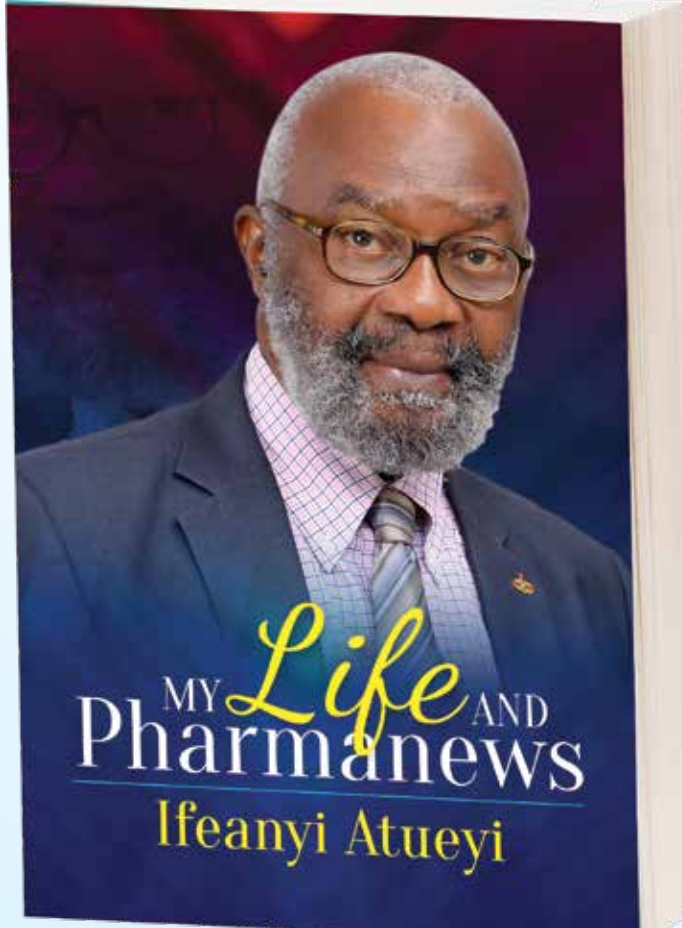
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## THE FORMATIVE YEARS (3)

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

Something indeed was going on because it was in that room that the “mustard seed” of *Pharmanews* – as Professor Bona Obiorah would later call it – was being sown and watered with several hours of reading, writing, typing and planning every day. For the typing aspect of the work, I had a young man, Sonde Ikwuegbu, who was introduced to me by a relative. He volunteered to type for me for free and his services proved quite valuable within that period. While the typing was going on during the day, I would go out to meet with my news sources and prospective advertisers. That, in itself, was another round of strenuous work because, unlike in the present day, communication gadgets were not readily available.



Once I had got enough contents for an edition typed by my assistant, I began the process of

page-planning or page layout, which was much more laborious than it is now, since everything had to be done manually. In planning the pages of the journal, I had to carefully measure spaces, with a ruler and a pencil, to determine where textual and pictorial contents would be. Words in an article had to be counted manually

to be sure that each article had the correct length, in relation to other materials on each page. This counting of words was necessary because I had to be sure that the space created for each story would be appropriate by the time the typesetting would be done on the linotype or typesetting machine.

For those who may not be

familiar with this process, let me briefly explain that the linotype was simply the machine that was used to transform what had been typed with the typewriter into a fully justified column-width strip typeset copy that would eventually appear in a publication. Typewriters cannot produce the typesfaces and columns seen in newspapers and journals. Thus, before computers came to revolutionise printing and publishing, it was the linotype that bridged the gap.

However, for the typesetter or “compositor” to be able to prepare the text and columns as they would appear in a publication, they needed an outline of the layout of each story as prepared by the editor. Any mistake made in the length of stories could cause a major upset for the typesetter – unlike

now that the computer could be used to rectify things in a jiffy. This need for precision in page-planning was so serious that sometime in 1993, while in Italy for a conference, I had the dummy with me. And, of course, I was busy with my counting task during my free time.

As soon as I was done with

page planning, I would take the dummy to Mr Awe, a graphic artist in Surulere, who would work on the graphics. He also helped in enlarging the story headlines, using what was then known as Letterset. Typewriters are by default meant to type small characters, which means that they cannot be used for headlines as headlines must be large and bold to command attention. To get such large typefaces, most publications depended on Letterset, which basically consisted of an alphabet of letters screen-printed onto the reverse of a sheet of translucent (usually blue/grey) film and then coated with an adhesive. This film was placed on a sheet of paper and by carefully rubbing on the front of the sheet (with a blunt pencil or ballpoint pen); one could “transfer” a letter to the sheet of paper – like a sticker.

The graphic artist’s work involved manually arranging the different typeset articles, headlines, photos, captions, and ads onto each of the pages that would eventually be taken to the printer. As soon as we were done with the pre-press processes, I headed to King and George Press, where the printing processes were done. Thereafter, as I stated in the previous chapter, I got my family involved in the packaging process. Copies of the journal, now ready for distribution, would be transported in my car - some to the post office and others to the liaison offices of the universities that offered Pharmacy then.

*Continues next edition*

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## Treatment options for erectile dysfunction and infertility

continued from page 11

female infertility could involve blood tests, ultrasound examinations of the ovaries, or an ovulation home test kit.

"An irregular menstrual pattern would make us suspect an ovulation problem, but it is also possible for a woman with regular periods to have an ovulation disorder," he stressed.

He identified conditions such as polyps, adenomyosis, an abnormal uterus, fibroids, and sexually transmitted diseases (STDs) as some of the major causes of infertility in women.

### Types of erectile dysfunction

#### Vascular erectile dysfunction

Blood fills the penis's chambers during an erection, making it firmer. A blockage or damage to the vessels supplying blood to the penis may result in vascular erectile dysfunction, the most common type in older men (over 50 years). Common causes include:

**Blocked blood vessels:** Clogged vessels inhibit blood flow to the penis and can also cause heart attacks. The blockage is often due to high cholesterol and other arterial blockages.

**Chronic illnesses:** Vascular erectile dysfunction can be caused by diabetes and high blood pressure, which affect blood flow.

**Others:** Adverse effects of medication, surgery, and radiation for tumour treatment.

#### Neurogenic erectile dysfunction

Although erections involve the penis, they are initiated by signals originating in the brain and passing through nerves to the penis. If these nerves are damaged or diseased, impotence may result. Common causes include:

Stroke  
Spinal cord trauma  
Diseases like Parkinson's and multiple sclerosis

Tumours affecting the central nervous system (the brain and spinal cord)

Radiation and surgery  
Diabetes  
Liver or kidney failure  
Polyneuropathy (widespread nerve illness).

#### Psychogenic erectile dysfunction

A man's psychological state or "fight or flight" reaction may become overly active due to certain psychological issues, impairing the function of the nerves required for an erection. Individuals suffering from specific psychological challenges like depression are more susceptible to ED. Common causes include:

Fear: Performance anxiety may arise from fear of not satisfying a partner during sex.

Relationship issues  
Cautious or restrained behaviour during sex, not exploring each other enough or having inhibited desires  
Childhood sexual abuse

Fear related to sexually transmitted infections (STIs)

Widower's syndrome: This is the guilt some men feel when they start dating again after their spouse has passed away.

Depression, stress, and anxiety.

#### Hormonal erectile dysfunction

The body's hormones are chemical messengers. The hormone testosterone enhances male physical characteristics and sex drive, and it is also necessary for sustaining an erection. Testosterone is produced in the testicles. Low testosterone levels might reduce a person's interest in sex, leading to erectile dysfunction.

#### Causes of erectile dysfunction

In the past, physicians often attributed erectile dysfunction to psychological issues or, in the case of older men, the ageing process. Although erectile dysfunction is more common in the elderly, younger men can also experience it.

Urologists now believe that

chronic episodes of ED in men over 50 are due to physical problems, not just the ageing process. Age-related erectile dysfunction in men can be caused by two main factors: physiological and psychological.

**Physical causes:** These include high blood pressure, diabetes, atherosclerosis (artery blockage), heart disease, clogged arteries, nerve damage from surgery or diabetes, low testosterone levels, hormonal imbalances, tobacco, alcohol, illicit drugs, and certain medications (such as diuretics, antihypertensives, antihistamines, sedatives, stimulants, antidepressants, and chemotherapeutic agents).

**Psychological causes:** Impotence can be exacerbated by stress, anxiety, depression, interpersonal issues (poor communication), sexual preferences, and performance anxiety. Psychological causes commonly affect younger men.

#### Treatment of erectile dysfunction

In Nigeria, there are several treatment options for ED, depending

on the underlying cause. Urologists are the specialists who diagnose and manage impotence. Treatment options include:

**Lifestyle modifications:** Erectile function can be significantly improved by maintaining a balanced diet, exercising regularly, managing weight, and reducing stress.

**Psychotherapy (counselling):** If your ED is worsened by stress, depression, or relationship problems, talking to a counsellor is recommended.

**Oral medications and injections:** Doctors frequently prescribe oral medications like Cialis or Viagra to increase blood flow to the penis. Testosterone therapy may also be prescribed for those with low testosterone levels. An injection of the drug alprostadil into the penis can also help achieve an erection.

**Vacuum pumps:** These devices help produce an erection by drawing blood into the penis.

**Surgery:** In certain cases, surgical intervention may be required to correct anatomical defects or improve blood flow.

#### Prevention of erectile dysfunction

Chronic conditions such as diabetes, high blood pressure, heart disease, and a few others increase the risk of developing ED. To reduce this risk, proactive lifestyle modifications are necessary, including healthy eating, regular exercise, and routine visits to your doctor.

**Consume a balanced diet:** Men who follow a diet rich in fruits, vegetables, nuts, legumes (beans, peas, and lentils), and fish, while avoiding red and processed meats, have a lower risk of developing erectile dysfunction.

**Maintain a healthy weight:** Research shows that obesity increases the risk of erectile dysfunction, heart disease, diabetes, and other chronic conditions.

**Exercise regularly:** Engaging in regular physical activity may reduce the likelihood of developing vascular changes that could predispose you to erectile dysfunction. Studies have shown that men who exercise regularly are less likely to develop erectile dysfunction.

**Avoid/quit smoking:** Smoking has harmful effects on your vascular

continued on page 15

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2. N. S. Choudhary, A. B. Sharma. Pharmacokinetics and pharmacodynamics. International Journal of Pharmaceutical Sciences. © 2011-2012.

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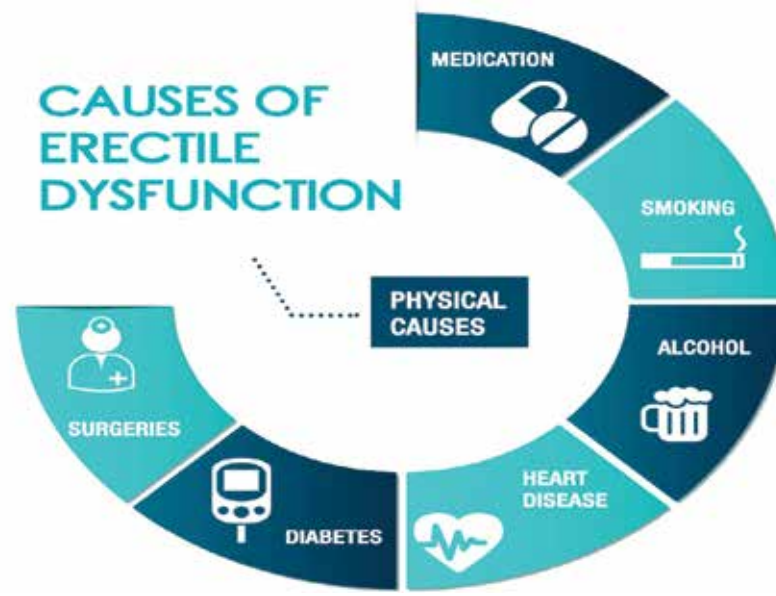


**Treatment options for erectile dysfunction and infertility**

*continued from page 13*

system. Consider quitting smoking to reduce the likelihood of developing erectile dysfunction. If you currently smoke, it is advisable to break the habit.

**Limit alcohol consumption:** While some people find that alcohol helps them relax and become more open to sex, excessive consumption can have the opposite effect. Alcohol is a sedative, and consuming large amounts may make you too tired to perform. It can also impair the transmission of signals from the brain to the spinal cord, leading to clumsiness and erectile dysfunction. Excessive drinking over a prolonged period can also reduce testosterone levels, which are essential for achieving and maintaining an erection.



**Causes of infertility**

**Female infertility**

Female infertility may occur when:

A fertilised egg or embryo does not survive once it attaches to the lining of the womb (uterus).

The fertilised egg does not attach to the lining of the uterus.

The eggs cannot move from the ovaries to the womb.

The ovaries have difficulties producing healthy eggs.

Female infertility may be caused by:

Autoimmune disorders, such as antiphospholipid syndrome (APS)  
Birth defects affecting the reproductive tract

Cancer or tumours  
Clotting disorders  
Diabetes  
Excessive alcohol consumption  
Over-exercising  
Eating disorders or poor nutrition  
Growths (such as fibroids or polyps) in the uterus and cervix  
Medications, such as

chemotherapy drugs

Failure to ovulate  
Being overweight or underweight  
Older age

Ovarian cysts and polycystic ovary syndrome (PCOS)

Pelvic infections resulting in scarring or swelling of the fallopian tubes (hydrosalpinx) or pelvic inflammatory disease (PID)

Scarring from sexually transmitted infections, abdominal surgery, or endometriosis

Smoking

Surgery to prevent pregnancy (tubal ligation) or unsuccessful reversal of tubal ligation (anastomosis)

Thyroid disease

**Male infertility**

Male infertility may be due to:

A decreased number of sperm  
A blockage that prevents the sperm from being released

Defects in the sperm

Male infertility can be caused by:  
Birth defects

Cancer treatments, including chemotherapy and radiation

Prolonged exposure to high heat  
Heavy use of alcohol, marijuana, or cocaine

A benign pituitary tumour (causing high levels of prolactin)

Uncontrolled diabetes

Hypogonadism, leading to low levels of the male hormone testosterone

Impotence

Infection

Medications, such as cimetidine, spironolactone, and nitrofurantoin

Obesity

Older age

Retrograde ejaculation

Scarring from sexually transmitted infections (STIs), injuries, or surgeries

Smoking

Environmental toxins

Vasectomy or unsuccessful vasectomy reversal

A history of testicular infection from mumps

Healthy couples under the age of 30 who have sex regularly have about a 20 per cent chance of getting pregnant each month.

A woman is most fertile in her early 20s. The chance of pregnancy begins to decrease around the age of 35 (and especially after the age of 40). The age at which fertility starts to decline varies from woman to woman.

Infertility problems and miscarriage rates increase significantly after the age of 35. There are now options for early egg retrieval and storage for women in their 20s, which may help ensure a successful pregnancy if childbearing is delayed until after the age of 35. However, this is an expensive option, but it may be worth considering for women who know they will need to delay childbearing.

**Exams and tests**

Deciding when to seek treatment for infertility depends on your age. Healthcare providers suggest that women under 30 try to conceive naturally for one year before being tested for conditions that may cause infertility.

Women over 35 should try to conceive for six months. If pregnancy does not occur within that time, they should consult their healthcare provider.

Infertility testing involves a medical history and physical examination for both partners. Blood and imaging tests are often required. For women, these may include:

Blood tests to check hormone levels, including progesterone and follicle-stimulating hormone (FSH)

Home urine ovulation detection kits

Measurement of body temperature every morning to determine if the ovaries are releasing eggs (ovulating)

FSH and Clomid challenge test

*continued on page 17*

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# Olusimbo Ige: Amazing amazon of public health

By Ola Aboderin

The city of Chicago, one of the most populous in the United States, is currently undergoing an unprecedented transformation to become an equitable, safe, resilient, and healthy haven where everyone can thrive and achieve their optimal health. Leading this charge is Nigeria's Dr Olusimbo Kehinde Ige, whose appointment in November 2023 as Commissioner for the Chicago Department of Public Health makes her the first Black woman to hold this distinguished position.

Announcing the historic appointment, Mayor Brandon Johnson of Chicago declared: "Dr Ige is a tremendous addition to not just our administration, but to the City of Chicago. Dr Ige is someone who understands the balance between hard data and community interaction when assessing public health problems and solutions. With decades of experience in public health, she brings a clear-eyed understanding of both the challenges and the opportunities that the Chicago Department of Public Health and our city face, and how we will collectively overcome them. She will lead with compassion, competency, and collaboration in moving our public health department and our city forward."

## Robust resume

Mayor Johnson's confidence in Ige's competence and suitability for the prestigious role is well-founded. The public health specialist has had a remarkable career spanning nearly two decades. Before her appointment in Chicago, Ige worked with the United States Agency for International Development (USAID) in Nigeria as a capacity building officer. In this role, she provided technical support to the Malaria Control Programme at the Oyo State Ministry of Health, developing operational and training plans aligned with national malaria-control goals and objectives.

Between July 2014 and January 2015, She worked with the United Methodist Committee on Relief (UMCOR) as the senior programmes manager, leading several initiatives linked to the Imagine No Malaria campaign. This anti-malaria initiative, run by the United Methodist Church in partnership with the United Nations Foundation, targeted communities most affected by malaria, providing support for malaria control, prevention, and treatment, as well as revitalising local health facilities. Under her leadership, the programme served over five million mothers and children in nine countries.

From 2015 to 2019, Ige served as the executive director of Global Health at the United Methodist Global Ministries. In this role, she provided strategic direction for the structural, process, and outcome improvements of over



**Dr Olusimbo Kehinde Ige**

300 mission hospitals and clinics globally. She also guided the development and implementation of strategic plans, policies, standards of performance, and metrics for 16 field offices.

Through her work with the United Methodist Church Global Ministries, Ige significantly contributed to the United Nations' "Every Woman Every Child" movement, which seeks to intensify commitments towards keeping the health and well-being of women, children, and adolescents at the heart of development. Ige and her team made a commitment to reach one million children with life-saving interventions and reduce mortality among children under five. The project successfully designed and implemented interventions that ensured vulnerable children had access to essential health services, received full immunisations, and were treated for the most lethal childhood diseases. Statistics show that, between 2015 and 2020, a total of 1,075,732 children—exceeding the one million target—were reached with life-saving interventions, ensuring access to essential health services up to the age of five.

Ige also led the training of country directors and health coordinators in each of the participating countries, 13 of which are in Africa, helping them identify local resources, facilities, and staff, and produce health programmes tailored to local circumstances and barriers. Ultimately, she and her colleagues successfully transitioned leadership to most of the hospitals they worked with

during her tenure.

## Further feats

Ige also previously served as the assistant commissioner at the Bureau of Health Equity Capacity Building at New York City's Department of Health and Mental Hygiene. There, she was instrumental in devising and implementing health programmes aimed at reducing disparities in health outcomes among ethnic minority groups. She ensured that socially disadvantaged communities were not excluded from public health services and support.

As assistant commissioner, Ige also led the Community Engagement Branch of the New York City COVID-19 Emergency Response. She served as a key advisor to the commissioner, COVID-19 Vaccine Command Centre, and other leadership staff in the agency. Between 2020 and 2021, she worked with community health workers to ensure adequate information and access to COVID-19 testing services for over 500,000 New York residents in ethnic minority groups in priority neighbourhoods. The work, which included community engagement and providing links to vital resources, resulted in reduced hospitalisation and death rates within targeted communities.

Ige equally provided leadership for more than 80 staff and oversaw bureau activities in strategic direction, programmatic development and oversight, research, evaluation, monitoring, and budgeting. She further provided guidance and visionary

leadership in developing and articulating strategies to address social determinants of health and social well-being across 33 priority neighbourhoods city-wide. She also implemented place-based strategies to address mental health crises and support community resilience by collaborating with intra- and inter-agency colleagues.

Additionally, Ige served as managing director of Healthcare and Public Health System Transformation at the Robert Wood Johnson Foundation (RWJF), the largest philanthropy in America dedicated solely to health.

Using her academic expertise in epidemiology and public health, she has reviewed and published scores of journal articles for a range of prestigious journals, including the *Journal of Epidemiology and Community Health*, the *International Journal of Health Research*, and the *Greener Journal of Medical Sciences*. As a member of the Epidemiology Society of Nigeria, she was tasked with reviewing submissions for the African Epidemiology Conference of 2019.

## Brilliant background

Like many public health enthusiasts, Dr Ige's passion for medicine and health equity was sparked by witnessing the devastating impact of preventable illnesses in her community. Born and raised in Nigeria between 1979 and 1997, she obtained her Bachelor of Medicine and Bachelor of Surgery (MBBS) degree from the University of Ibadan in 2005. In 2010, she earned an MSc in Epidemiology and Biostatistics from the same institution.

Ige began her medical career as a resident doctor in community medicine at University College Hospital (UCH), Ibadan. She ultimately decided to focus on prevention and public health approaches, believing these would save many more lives than treating individual diseases. According to her, "I also realised that to be an effective public health physician, I had to keep abreast of best practices. I was convinced that if I could get further exposure to global health best practices through a world-renowned university, I would be well placed to succeed in my chosen field."

In 2012, she applied for and was awarded a Commonwealth Scholarship to study for another master's degree in Public Health at the University of Manchester, England. Since then, she has led several interventions focused on providing funds and training to rural hospitals and supporting the provision of integrated child health services worldwide. Her work has contributed to increased access to and improved quality of child health services, ultimately reducing preventable child deaths.

Her dedication to public health has been recognised with various awards and honours.



## Treatment options for erectile dysfunction and infertility

continued from page 15

Anti-Müllerian hormone testing (AMH)

Hysterosalpingography (HSG) to check for blockages in the fallopian tubes

Pelvic ultrasound to assess egg quality and evaluate the uterus

Laparoscopy

Thyroid function tests

Blood tests to detect a prior chlamydia infection (which can cause tubal damage)

Tests for men may include:

Sperm testing

Examination of the testes and penis

Ultrasound of the male genitals (sometimes performed)

Blood tests to check hormone levels

Testicular biopsy (rarely performed)

### Treatment

Treatment depends on the cause of infertility and may involve:

Education and counselling about the condition

Fertility treatments such as medication to induce ovulation, intrauterine insemination (IUI), and in vitro fertilisation (IVF)

Medications to treat infections and clotting disorders

Medications that promote the growth and release of eggs from the ovaries

Couples can increase their chances of conceiving each month by having sex at least every two days before and during ovulation.

Ovulation typically occurs about two weeks before the start of the next menstrual cycle (period). Therefore, if a woman has a 28-day cycle, the couple should have sex at least every two days between the 10th and 18th day after her period begins. Having sex before ovulation occurs is particularly helpful.

Sperm can survive inside a



woman's body for at least two days.

However, a woman's egg can only be fertilised by sperm within 12 to 24 hours after it is released.

Women who are underweight or overweight may increase their chances of becoming pregnant by achieving a healthier weight.

### Management strategies for ED and infertility

Effective management of ED and infertility requires a multidisciplinary approach that addresses both physical and psychological aspects. The following strategies outline a comprehensive treatment plan:

**Medical evaluation and diagnosis:**

**Physical examination:** A thorough physical examination helps identify underlying medical conditions, such as diabetes or vascular disease, that may contribute to ED and infertility.

**Hormonal testing:** Measuring testosterone and other hormone levels is crucial for diagnosing hormonal imbalances.

**Semen analysis:** This test assesses sperm count, motility, and morphology to identify potential

fertility issues.

**Psychological assessment:** Evaluating psychological factors like stress, anxiety, and depression is essential, as these can exacerbate both ED and infertility.

**Pharmacological treatments:**

**Phosphodiesterase Type 5 (PDE5) inhibitors:** Medications like sildenafil (Viagra) and tadalafil (Cialis) are commonly prescribed for ED, as they enhance blood flow to the penis.

**Hormone therapy:** Testosterone replacement therapy (TRT) can be effective for men with low testosterone levels.

**Fertility medications:** Clomiphene citrate and gonadotropins may be prescribed to stimulate sperm production in men with low sperm counts.

**Lifestyle modifications:**

**Diet and exercise:** Adopting a balanced diet rich in fruits, vegetables, and whole grains, combined with regular physical activity, can improve vascular health and enhance sexual function.

**Smoking cessation and alcohol reduction:** Quitting smoking and reducing alcohol intake are critical steps in improving both ED and

fertility.

**Stress management:** Techniques such as mindfulness, yoga, and therapy can help reduce stress and alleviate psychological causes of ED.

**Assisted Reproductive Technologies (ART):**

**Intrauterine Insemination (IUI):** This procedure involves placing sperm directly into the uterus, bypassing potential obstacles in the male reproductive tract.

**In Vitro Fertilisation (IVF):** IVF involves combining eggs and sperm outside the body, with the resulting embryo being implanted into the uterus. This is often used in cases of severe male infertility.

**Intracytoplasmic Sperm Injection (ICSI):** A single sperm is injected directly into an egg, making it a viable option for men with very low sperm counts or poor sperm motility.

Psychological and couples therapy:

**Cognitive Behavioural Therapy (CBT):** CBT can be effective in addressing performance anxiety and other psychological barriers to sexual function.

**Sex therapy:** Working with a sex therapist can help couples improve communication and intimacy, reducing the pressure associated with ED and infertility.

**Couples counselling:** Infertility can strain relationships, so counselling can provide emotional support and strengthen the partnership during the treatment process.

**Report compiled by Adebayo Oladejo with additional information from WHO, Healthline, MedScope, Wellahealth, Fertility Answer, Urology Care Foundation, Punch, National Library of Medicine, Federal Ministry of Health, Knowledge Hub, and Pharmanews.**

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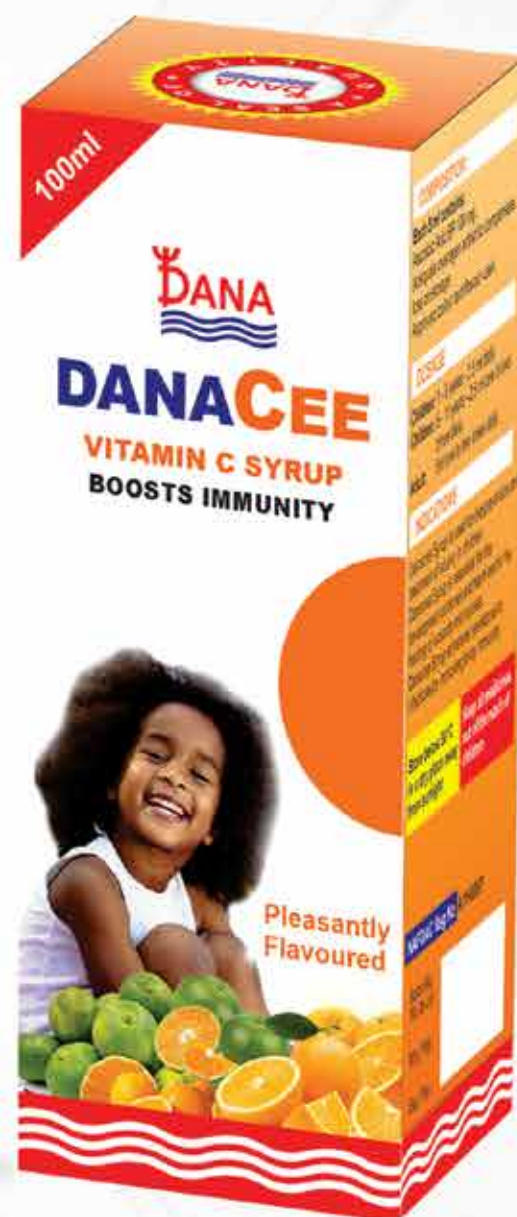
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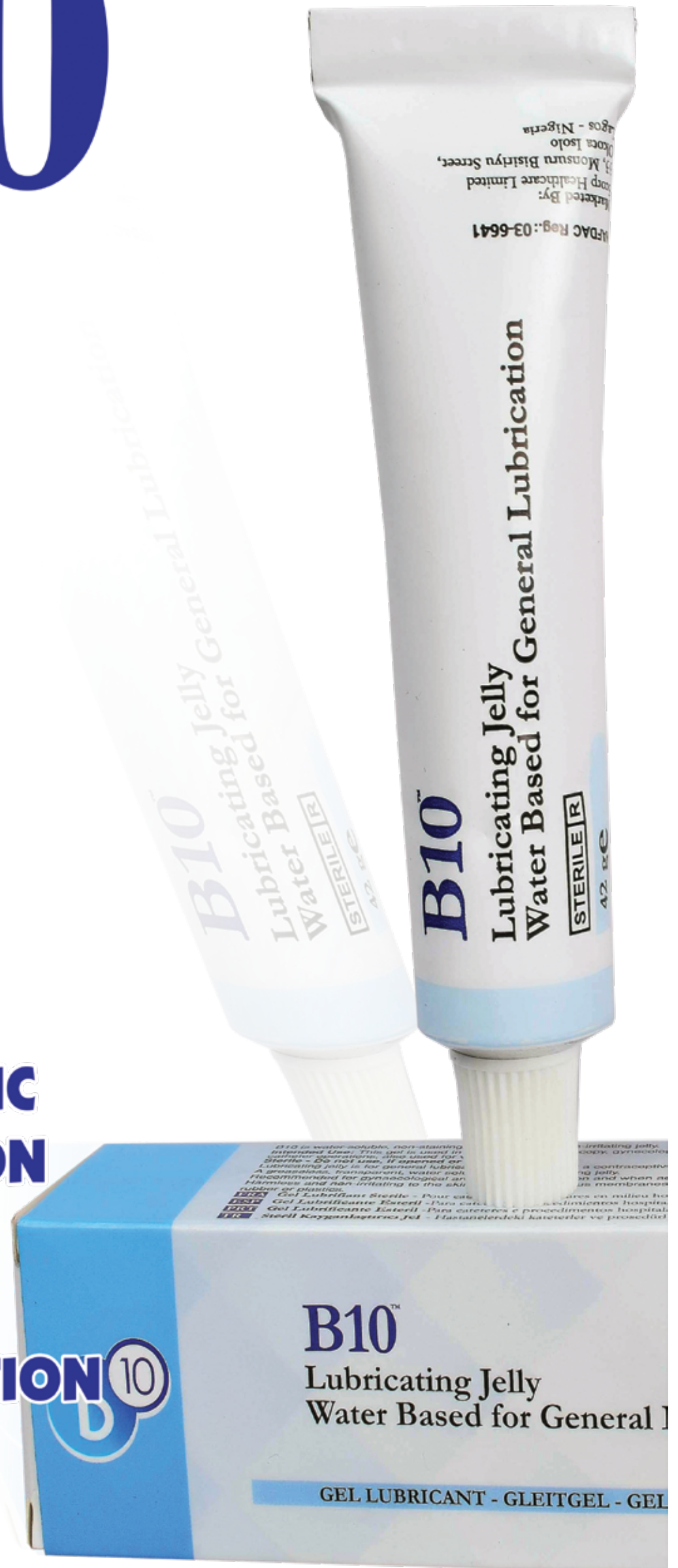
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# DEANS' PROF. NDIDI NGWULUKA Corner

**P**rof. Ndidi Ngwuluka is the dean of the Faculty of Pharmaceutical Sciences, University of Jos (UNIJOS). A professor of Naturapolyceutics/Pharmaceutical Quality, she is a health systems strengthening and quality assurance expert, who employs research to advance access to safe, effective, and quality-assured medical products.

A pharmaceutical scientist by training and an educator by profession, Ngwuluka has 19 years of experience in ensuring quality in pharmacy practice, as well as pharmaceutical research and development. After her primary and secondary education, she studied Pharmacy at the University of Nigeria, Nsukka, from 1991 to 1996, obtaining a Bachelor of Pharmacy. She completed her internship at the National Institute for Pharmaceutical Research and Development in Abuja in 1997 and completed her National Youth Service at General Hospital, Azare, Bauchi, in 1998. In 2001, she earned a master's degree in Pharmaceutics from the University of Ibadan.

Prof. Ngwuluka furthered her studies in South Africa, obtaining a PhD from the University of Witwatersrand, Johannesburg, in 2012. Additionally, she undertook courses at the West African Postgraduate College of Pharmacists, Lagos, in 2003 and became a Fellow of the college in 2006. In 2019, she

became a Fellow of the Institute of Management Consultants (IMC) Nigeria, earning the title of certified management consultant.

Before entering academia, she worked as superintendent pharmacist at BestBuy Pharmacy, Lagos, from November 2000 to February 2002, and as a market development executive at May & Baker Plc, from March 2002 to September 2004. She began her academic career in October 2004, joining the Department of Pharmaceutics at the University of Jos, where she has risen to the rank of professor.

Prior to her appointment as dean in 2023, Ngwuluka had served in various roles within the department, faculty, and university. These include departmental registration officer (2006), faculty registration officer (2007), course coordinator (2012 to 2014), faculty examination officer (2013 to 2014), and departmental postgraduate coordinator (2013 to 2015).

She was also the deputy dean of the Faculty of Pharmaceutical Sciences (2015-2018), head of the Department of Pharmaceutics (2018 to 2023), and head of the Production Unit, Pharmaceutics (2020 to 2023). She has equally been a member of the Faculty Administrative Committee since 2015, the Faculty Board of Examiners since 2004, and the University Senate Council, since 2015.

Prof. Ngwuluka is the recipient

of numerous awards, grants, scholarships, and fellowships. She has been a principal investigator for the TetFund National Research Fund (NRF) since 2020 and the TetFund Institutional Based Research (IBR) since 2018. She has also received grants from the Support of Training and Mentoring in Nigeria for Academics (STAMINA) - United States National



Institutes of Health (NIH) and the Swedish Foundation for Strategic Environmental Research (MistraPharma), in collaboration with Umeå University, Sweden.

Her accolades include an Award of Outstanding Performance, presented by the Faculty of Pharmaceutical Sciences, University of Jos, at the 42nd Pharmacy Induction Ceremony in 2018, and the Most Motherly Lecturer Award, presented by the Pharmacy Graduating Class of 2016/2017. She also received the Award of Excellence as the Erudite Scholar of the Year from the Pharmaceutical Association of Nigeria Students (PANS), Jos Chapter, in 2018, among others.

A dedicated scholar, Ngwuluka has over 60 publications in peer-reviewed journals and books.

She has supervised numerous undergraduate and postgraduate students and continues to do so. She has also attended numerous national and international conferences and seminars.

Prof. Ngwuluka is a member of several professional bodies, including the Nigerian Association of Pharmacists in Academia (NAPA), the Pharmaceutical Society of Nigeria (PSN), the American Chemical Society (ACS), the American Association of Pharmaceutical Scientists (AAPS), and the Organisation for Women in Science for the Developing World (formerly the Third World Organisation for Women in Science), among others. She enjoys writing, reading, teaching, and travelling.

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or back pain tablets. She drank different local herbal preparations and ate locally prepared meals and fresh leaves. In the evenings, she would sit with us and play the African game "ayo" or Ludo. She loved interacting with the great-grandchildren and the grandchildren and many others who were in the compound.

By the time I first encountered her, she was about 110 years of age and lived for many more years. We estimated that when she finally passed on, she was likely over 120. She rarely ate any of the food we brought from Lagos, whether it was canned goods or boxed cereals. She was aged and in good health.

### Lessons from Dr Price's book

Dr Weston Price, a dentist, and his wife, a dental researcher, travelled the world seeking healthy people. He travelled to over 14 countries on all continents. Early in his book, he is very clear that to find healthy people, you had to find those who had yet to be influenced by Western culture and nutrition!

Here is an excerpt from the book: "Dr. Price travelled to hundreds of cities in a total of 14 different countries in his search to find healthy people. He investigated some of the most remote areas of the world. He observed perfect dental arches, minimal tooth decay, and high immunity to tuberculosis in those groups of people who ate their indigenous foods. He found that when these people were introduced to modernised foods, such as white flour, white sugar, refined vegetable oils, and canned goods, signs of degeneration quickly became quite evident... dental caries, deformed jaw structures, crooked teeth, arthritis, and a low immunity to tuberculosis became rampant amongst them."

Price documented this ancestral wisdom, including hundreds of photos, in his book *Nutrition and Physical Degeneration*. On page one of his book, in the introduction, he writes: "A critical examination of these groups revealed high immunity to many of our serious afflictions so long as they were sufficiently isolated from our modern civilisation and living in accordance with nutritional programmes which were directed by the accumulated wisdom of the group."

He investigated primitive racial stocks, including isolated and modernised groups. These groups included the Swiss of Switzerland, the Gaelics in the Outer and Inner Hebrides, the Eskimos of Alaska, the Indians of the Far North, West, and Central Canada, the Indians of the Western United States and Florida, the Melanesians and Polynesians on eight archipelagos of the South Pacific, tribes in Eastern and Central Africa, the Aborigines of Australia, Malay tribes on islands north of Australia, the Maori of New Zealand, the ancient civilisations and their descendants in Peru, both along the coast and in the Sierras, and in the Amazon Basin. Where available, the modernised whites in these communities were also studied.

Though his primary focus was to evaluate tooth decay, it became rapidly apparent that dental health was directly related to other degenerative events in the body. Here is another quotation from the book: "...the chain of disturbances developed in these various primitive racial stocks, starting even in the first generation after the adoption of the modernised diet and rapidly increasing in severity, with expressions quite constantly like the characteristic degenerative processes."

Dr Price makes a very interesting and powerful statement: "Much of what we have interpreted as being due to heredity is really the result of intercepted heredity."

About 90 per cent of my clients at Carib Health Wellness Centre recall stories of their grandparents and even some of their great-grandparents whom they met while they were still alive. These elders were aged yet active: strong, walking long distances, farming, attending meetings, social gatherings, and even going to the market.

Most clients remember them as being intellectually engaged, while others have an impressive knowledge of herbs and preparing herbal mixes. Many recall their grandparents talking to the younger ones and even playing games with them. Numerous clients who come to our wellness centre share these stories, and every time I am in awe. I am impressed, and I keep asking, what is going on today?

These clients often share that their grandparents or great-grandparents lived to be 90, 100, or 110, and a few even surpassed 120. Most of them lived consistently between 90 and 120 years. Some say they were so old that they didn't know their exact birth date, but they were definitely over 100.

So, as you read this, ponder your own ancestry. Reflect on your genealogy, your parents, your grandparents, your great-grandparents, and your great-great-grandparents, if you're fortunate enough to have met them. Please, share and document your interactions and

### My ancestral story

I was privileged to meet both my grandmothers and my maternal grandfather, but the most remarkable was meeting and knowing my great-grandmother, my father's maternal grandmother. As a young boy who travelled to the village and encountered this old lady, I remember her being so active. Every morning, she would get up early, likely the first person to wake up in the compound.

By the time I woke up, she would be sweeping the front yard, either by herself or with others. She would not let anyone take the broom from her. She only used the African broom. To use this broom, you would bend over to sweep. I don't recall her complaining of back pain or taking paracetamol.

After sweeping, you'd see her pick up firewood to start a fire for cooking. As others joined her, she would eventually go indoors, clean up, take a bath, and come back out to enjoy breakfast. She would be dressed, often wearing a very simple buba and wrapper. She would pack her basket with items and announce that she was off to the market.

In the marketplace, she had her peers and her mates, people who were equally as old as she was, with whom she laughed and shared many stories. I don't recall her taking any anti-malaria medicine, cough medicine, headache medicine,

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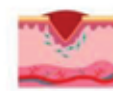


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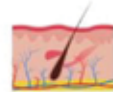
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# Salmonellosis: History, treatment, and prevention

By Patrick Iwelunmor

Salmonellosis is a significant public health concern caused by infection with bacteria of the genus *Salmonella*. This illness, which primarily affects the gastrointestinal system, has a long history, evolving treatment methods, and well-established prevention strategies. Understanding its past, present, and future can help mitigate its impact and improve public health outcomes.

## Historical context

The story of salmonellosis began in the late 19th century. The genus *Salmonella* was named after Theobald Smith, a researcher who first identified the bacterium in 1885. Smith, working in the laboratory of Daniel Elmer Salmon, isolated the bacteria from a pig suffering from a disease now known as hog cholera. Although Smith did not initially recognize the full significance of his discovery, *Salmonella* bacteria would later be recognized as a major cause of foodborne illness.

Over the decades, scientists identified multiple *Salmonella* serotypes, which are different strains of the bacteria with distinct surface antigens. One of the most well-known serotypes is *Salmonella enterica* serotype Typhimurium, which is often associated with outbreaks of foodborne illness. By the early 20th century, the connection between contaminated food and salmonellosis was well established, leading to an increased focus on food safety.

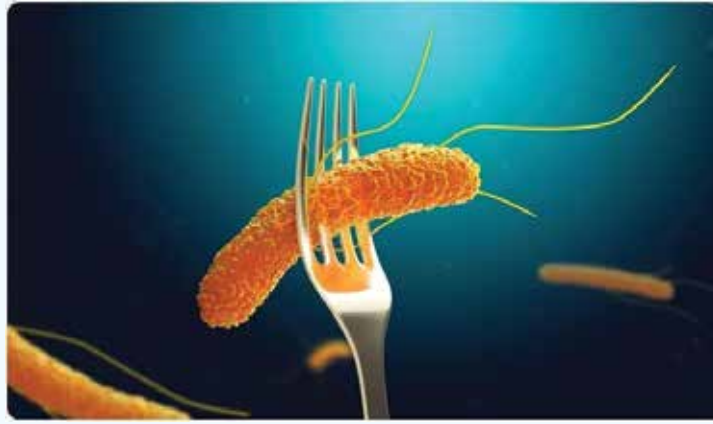
## Clinical manifestations and diagnosis

Salmonellosis typically manifests as an acute gastrointestinal illness with symptoms including diarrhoea, abdominal cramps, nausea, vomiting, and fever. Symptoms usually begin six hours to six days after exposure to the bacteria and can last between four to seven days. In some cases, especially in young children, the elderly, and immunocompromised individuals, the illness can become more severe and lead to complications such as dehydration or septicemia.

Diagnosis of salmonellosis involves stool culture, where a sample of the patient's stool is tested to identify the presence of *Salmonella* bacteria. Molecular methods such as polymerase chain reaction (PCR) are also used for rapid and accurate identification. In certain cases, blood cultures may be needed if the infection has spread beyond the gastrointestinal tract.

## Treatment

In cases where salmonellosis leads to severe illness or complications, antibiotic treatment may be necessary. The choice of antibiotics is guided by the specific strain of *Salmonella* and its susceptibility profile. Commonly used antibiotics include ciprofloxacin and azithromycin. However, the rise of antibiotic-resistant *Salmonella* strains poses a challenge, making the



careful use of antibiotics and the development of new treatments an ongoing area of research.

## Prevention

Preventing salmonellosis requires a multifaceted approach that addresses various points of contamination. Key strategies for reducing the risk of infection include:

**Food safety practices:** Ensuring proper food handling, cooking, and storage is essential. Foods, especially meat, should be cooked to the appropriate internal temperature to kill harmful bacteria. The USDA recommends cooking poultry to an internal temperature of 165°F (74°C) and ground meats to 160°F (71°C). Additionally, it is crucial to avoid cross-

contamination by using separate cutting boards and utensils for raw meats and other foods.

**Personal hygiene:** Washing hands thoroughly with soap and water before handling food, after using the bathroom, and after touching raw meats can significantly reduce the risk of spreading *Salmonella* bacteria. Handwashing should last at least 20 seconds and include all parts of the hands.

**Safe water supply:** Ensuring access to clean, safe drinking water is vital in preventing salmonellosis. Contaminated water can be a source of *Salmonella* infection, so proper treatment and sanitation of water sources are important.

**Food industry practices:** Monitoring and regulating food processing and handling practices can prevent contamination. This includes regular inspections of food production facilities and adherence to safety standards.

**Education and awareness:** Public education campaigns can raise awareness about the importance of food safety and hygiene practices. Educating consumers on the risks of undercooked foods and the importance of proper food storage can help prevent outbreaks.

## Conclusion

Salmonellosis remains a significant public health issue due to its potential to cause widespread illness and its ability to adapt and resist treatment. The historical development of our understanding of *Salmonella* bacteria has paved the way for improved diagnostic methods and treatment options. However, prevention remains the cornerstone of controlling salmonellosis. By adhering to proper food handling practices, maintaining personal hygiene, and ensuring safe water sources, individuals can reduce their risk of infection. Ongoing research and public health initiatives are essential to continue addressing this pervasive issue and safeguarding public health.

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## Textile effluents and health

By Gloria Obikili

During my Student Industrial Work Experience Scheme (SIWES) in a textile factory, I witnessed a troubling reality that many people may not be aware of. I saw large amounts of untreated wastewater, full of dyes, chemicals, and toxic substances, flowing freely from the factory outlets. These textile effluents, which are the by-products of processes like dyeing, bleaching, and printing, are often released into nearby ponds, rivers, and other water bodies.

This disturbing sight left a lasting impression on me and raised many questions. The once-vibrant water bodies were now contaminated, posing a serious threat to the environment and our health. This eye-opening experience sparked my desire to understand the deep impacts of textile effluent on our health and the environment.

### Understanding textile effluents

Textile effluent is made up of various synthetic dyes and toxic chemicals, including acids, heavy metals, sulphur, and alkalis, which are often released directly into water bodies. This wastewater, filled with numerous pollutants, can contaminate drinking water, making it unsafe for human consumption. Cotton mills, which use large amounts of water in their wet processing stages, produce effluents that are heavily contaminated, especially in the dyeing and printing processes, due

to the presence of dyes and toxic chemicals that are not easily broken down by conventional treatment methods.

### Health impacts

The discharge of wastewater from textile industries has become a growing global concern due to its negative impacts on health and the environment. Research has shown that textile dyes can enter the food chain, build up in organisms, and disrupt photosynthesis. They also have the potential to cause toxic, mutagenic, and cancerous effects if the wastewater is not treated before being released into water bodies. Because of these risks, managing toxic textile dye wastewater is an urgent need.

The wastewater discharged from the textile industry is often dark in colour and has a high pH, biological oxygen demand (BOD), chemical oxygen demand (COD), total organic carbon (TOC), total suspended solids (TSS), and total nitrogen (TN). This type of wastewater has a harmful effect on water bodies because it reduces sunlight penetration, which decreases the dissolved oxygen levels in the water. This, in turn, affects the aquatic environment and disrupts the ecosystem.

According to the World Bank, around 17-20 per cent of wastewater from dyeing to finishing processes is discharged into the environment. Textile dyes have significantly degraded the quality of water bodies, with large amounts of unfixed dyes being dumped into

nearby water sources as untreated effluent. Most factories discharge this wastewater directly into canals that lead to lagoons and rivers, contaminating water, soil, and air, which results in higher disease rates and ultimately reduces life expectancy.

Exposure to these pollutants has been linked to various health problems in humans, including allergies, dermatitis, skin irritations, blurred vision, cancers, and genetic mutations. The chemicals can evaporate into the air we breathe or be absorbed through our skin, causing allergic reactions and potentially harming children even before birth. Heavy metals in textile industry effluents are not biodegradable, meaning they accumulate in the body's primary organs and, over time, can lead to various diseases. For example, chromium, a heavy metal, can cause asthma, rhinitis, laryngitis, pulmonary fibrosis, severe gastrointestinal pain, liver and kidney damage, necrotic diarrhoea, nausea, lung cancer, prostate cancer, urinary system cancer, and bone cancer. These heavy metals build up in living organisms, causing severe negative impacts.

### Recycling as a solution

Textile effluent can be recycled, and in recent times, various technologies have been developed to address this issue. Recycling this waste, which poses a threat to our health and environment, has many benefits. It helps conserve water, which is a scarce resource heavily



needed in the industry, minimises environmental pollution, and reduces health risks. Instead of allowing wastewater to become a nuisance, this essential but scarce resource can be recycled.

Recycling textile effluent is challenging because it requires advanced treatment to remove contaminants and dissolved salts, making the treated effluent suitable for reuse. Recycling and reusing water is an effective way to make use of water and reduce the dangers posed by textile effluent. This effort aims to use the fully treated wastewater for industrial use again or for less critical uses. This strategy will help reduce water pollution, save water, conserve nutrients, and prevent the overuse of water resources.

In recent years, there has been a significant focus on removing dyes from wastewater due to their hazardous properties. Efforts in treating effluents will have a positive impact on both human health and the environment.

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# EKSU set to launch pharmacy programme

## - Appoints Akanmu pioneer faculty dean

By Ranmilowo Ojalumo

Ekiti State University (EKSU) is making significant strides towards launching its pharmacy programme, with plans to commence in the upcoming academic session, barring any unforeseen circumstances.

At the time of this report, the establishment of the Faculty of Pharmacy at the university is underway. Professor Olu Akanmu, a former dean of the Faculty of Pharmacy at Obafemi Awolowo University (OAU), Ile-Ife, has been appointed to spearhead the initiative. Akanmu, who began his tenure as the faculty's inaugural dean on 2 July 2024, is tasked with overseeing the faculty's setup.

In an exclusive interview with *Pharmanews*, Akanmu confirmed his appointment and his role in establishing the faculty. He also stated that he has officially assumed his duties as dean.

The initiative of creating a Faculty of Pharmacy at EKSU was first proposed in April 2024, during the university's 28th convocation, where former Minister of Health and President of the Nigeria Academy of Pharmacy (NAPharm), Prince Julius Adelus-Adeluyi, was awarded a Doctor of Laws (Honoris Causa). During the event, Adelus-Adeluyi publicly called for the establishment of a Faculty of Pharmacy at the university.

He specifically urged the then vice-chancellor, Prof. Edward



Professor Olu Akanmu

Olanipekun, to ensure the faculty's establishment before the end of his tenure, which concluded on 19 August 2024. In response, the VC asked Adelus-Adeluyi to be a key facilitator of the project.

The university subsequently initiated the process of establishing

the faculty less than a month after the request.

Akanmu, speaking with *Pharmanews*, explained that "setting up a Faculty of Pharmacy involves numerous processes, including obtaining approval from the Pharmacy Council of Nigeria (PCN) and the National Universities Commission (NUC)."

He continued, "In May 2024, the university management contacted me, and I was subsequently appointed as the pioneer dean of the faculty. I began my duties on 2 July 2024, as the inaugural dean of the Faculty of Pharmacy at Ekiti State University.

"This means I have the responsibility to oversee the commencement of the programme. The goal is to start the programmes this year, with the new academic session, develop the curriculum, and set the pace."

Akanmu noted that the

existence of the Faculty of Science at the university facilitates the launch of the Faculty of Pharmacy, as students will begin their first year in the Faculty of Science.

According to the dean, the PCN visited the university on 14 August 2024 to conduct an assessment that will lead to the approval of the programmes to be offered by the faculty. He added that the university is now awaiting a formal response from the council.

"The university has also submitted the necessary documentation to the NUC, and we are hoping they will visit by September. Once they provide their approval, we will advertise for student admissions for the upcoming session," Prof. Akanmu said.

Although Prof. Olanipekun's tenure as vice-chancellor ended on 19 August 2024, and the new vice-chancellor, Professor Joseph Babatola Ayodele, assumed office on 20 August 2024, the transition has been smooth.


Ayodele, who was the deputy vice-chancellor (Academic) prior to his appointment on 12 August 2024, was actively involved in the faculty's establishment from the outset.

Akanmu highlighted that the involvement of the new VC in the planning stages has been beneficial, ensuring continuity from where his predecessor left off. He pledged to do his utmost to ensure a solid foundation is laid for the faculty.


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# Benefits of sustainable energy for pharmacies

By Pharm. Sesan Kareem

In today's world, where environmental concerns are at the forefront of global discussions, businesses are increasingly being called upon to adopt sustainable practices. The benefits of sustainable energy, particularly solar power, are becoming increasingly evident for businesses operating in regions with unreliable or expensive grid electricity, such as Nigeria. Such benefits include:

**Reduced utility costs:** One of the most immediate and tangible benefits of adopting sustainable energy for retail pharmacies is a reduction in utility costs. In Nigeria, where businesses often rely heavily on generators to supplement the erratic grid power supply, the costs associated with fuel and maintenance can be substantial. By investing in solar power and inverter systems, pharmacies can significantly reduce their dependence on generators, leading to substantial savings on fuel and maintenance expenses.

**Enhanced energy security:** Sustainable energy solutions, such as solar power, provide businesses with greater energy security. By generating their own electricity, pharmacies can become less reliant on the grid and are less vulnerable to power outages or fluctuations. This is particularly important for pharmacies, as an uninterrupted power supply is essential for storing and dispensing medications.

**Environmental benefits:** Adopting sustainable energy

practices also has significant environmental benefits. Solar power, in particular, is a clean and renewable energy source that produces no harmful emissions. By reducing their reliance on fossil fuels, pharmacies can contribute to a cleaner and healthier environment.

**Improved business reputation:** In today's world, consumers are increasingly conscious of environmental issues and are more likely to support businesses that are committed to sustainability. By investing in sustainable energy solutions, pharmacies can enhance their reputation as environmentally responsible businesses. This can attract customers who are looking for products and services that align with their values.

**Potential for energy independence:** In the long term, the adoption of sustainable energy solutions can enable businesses to become more energy independent. As solar technology continues to advance and become more affordable, pharmacies may be able to generate enough electricity to meet all or most of their energy needs. This can provide businesses with greater control over their energy costs and reduce their vulnerability to fluctuations in energy prices.

As the world continues to grapple with the challenges of climate change, it is essential for businesses to take action to reduce their carbon footprint. HubPharm, a full-service digital pharmacy, is

leading the charge by pioneering a greener approach to healthcare delivery. We are committed to minimising our environmental impact while providing exceptional healthcare services to our customers.

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Sesan Kareem is the visionary Founder of HubPharm Africa, a patient-centric digital pharmacy, [www.hubpharmfrica.com](http://www.hubpharmfrica.com), and principal consultant at the Sesan Kareem Institute, [www.sesankareem.com.ng](http://www.sesankareem.com.ng). To engage SK for your training and speaking engagements, send an email to [sesankareem2@gmail.com](mailto:sesankareem2@gmail.com).

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# How I became Nigeria's youngest pharmacy professor at 35 - Adikwu

**P**rofessor Michael Umale Adikwu is a distinguished pharmaceutical scientist, researcher, and former vice-chancellor of the University of Abuja. Renowned for his pioneering work in pharmaceutical sciences, including the innovative use of snail mucin in wound healing, he has become a beacon of excellence in Nigeria's academic landscape and beyond. In this exclusive interview with **Ola Aboderin**, the award-winning scientist shares the highlights of his remarkable career, his tenure as vice-chancellor, and his unwavering commitment to advancing pharmaceutical education and research in Nigeria. Excerpts:



**Professor Michael Umale Adikwu**

## Kindly tell us about your background and academic journey.

I was born on 19 April 1963. I attended St. Paul's Roman Catholic Primary School, Benue State, from 1969 to 1975. Following this, I gained admission to Federal Government College, Jos, in 1976. I completed secondary school in 1981 and gained admission to the University of Nigeria, Nsukka, the same year.

I graduated from the Faculty of Pharmaceutical Sciences at the University of Nigeria, Nsukka, in 1986. After graduation, I worked as a hospital pharmacist from 1986 to 1990, including my internship and National Youth Service Corps (NYSC) programme. In 1990, I joined the University of Nigeria's service and rose to the rank of professor in 1998. I teach and research various aspects of pharmaceutical education, particularly in raw materials utilisation and sustainability, as well as health sector reforms and public health.

Eight of my postgraduate students are currently professors of Pharmacy in various universities, and one of them has just completed a tenure as vice-chancellor at Nnamdi Azikiwe University, Awka, Anambra State.

## What motivated you to study Pharmacy?

As a young student, I had friends who were keen on studying Medicine. However, I was more interested in studying economics. My primary concern was the financial aspect of education, and I sought a course that would conclude in a few years, which economics offered. Eventually, I decided to study pharmacy, believing it would allow me to advance quickly in the field. Fortunately, I received a Federal Merit Award and was granted a scholarship from my second year onward.

Growing up in a village, I was very playful and observed how certain plants and roots could be used as medicine. My mother often sent me to the forest to dig up roots of *Alchormenea deformis*, which she would boil to treat my younger siblings who had malaria and other ailments. These early experiences inspired me to pursue a career in pharmacy, reinforcing the idea that childhood experiences can shape one's future.

## Tell us about your career path since graduating from pharmacy school to date.

My career path has been quite interesting. After graduating, I attended interviews at two places and was offered positions at both, but the first offer, from my state of Benue, came through first. I had told my undergraduate project supervisor, an Indian, that I wanted to return to academia. I had done a review on the use of genetic engineering, which sparked my interest in research. My work included issues about lymphocyte hybridoma. When the interview results came out in my state, I started my internship at the General Hospital Makurdi. Later, when the results from my university in Nsukka were released, I resigned and returned there.

The Faculty of Pharmacy had just started taking people for internships, which allowed interns to stay at the faculty for some time and attend practical sessions with students before gaining experience at the University Medical Centre. During this period, I bought postgraduate forms and was admitted. I chose the Indian supervisor and began my master's degree work on taste-masking chloroquine through microencapsulation. I spent almost all my time in the laboratory, and by the time I finished my internship, I had completed my practical work.

However, I was not allowed to graduate because I had not completed my National Youth Service. So, I left for my Youth Service programme in Kwara State in 1987/1988.

When I finished, I returned to my state as a hospital pharmacist. Benue is adjacent to Enugu State, so I took permission one day and went to Nsukka. I was informed that my supervisor had left, but my head of department said he would read my work. I had to wait since a master's degree on a part-time basis was 18 months. I didn't do any coursework because, in that era, if you graduated with a first-class or second-class upper, you could be exempted from coursework if you wished. By July 1989, I defended my master's degree. By September 1989, I resigned from the Health Management Board of Benue State and went to the University of Jos in Plateau State.

The university appointed me as an assistant lecturer, but I was unhappy with that position and argued that I should be placed as a lecturer II. They refused, so I resigned after teaching there for just five months and returned to my alma mater, Nsukka. I had gone to Jos earlier because I did my secondary education at the Federal Government College, Jos, so it was painful for me to leave. At Nsukka, I quickly settled into academia.

One man approached me and asked if I could work locum in his shop. Another pharmacist had registered but was not actually working there, so I agreed to fill the gap. At the time, my salary was only about 714 Naira, and the man was willing to pay me 500 Naira. During this period (1991), the Federal Ministry of Health had just promulgated a decree on the Essential Drugs List (1989). Under that decree, fixed-ratio combination drugs were discouraged except where a drug would lose its activity, such as with some antimicrobials and antimalarials. Pain relievers, like Panadol, were banned from containing aspirin, paracetamol, and caffeine. However, Panadol was still marketed as containing only paracetamol. I decided to document the number of people requesting generic and branded products and wrote an article which I sent to *The Lancet*. *The Lancet* asked me to reduce it to 1,000 words and one table, which I reluctantly did.

After about three years (two years and eight months), I applied for promotion to lecturer I. The professor in charge of promotions in the faculty called me and said that publishing in *The Lancet* was a significant achievement, so he would recommend me for senior lecturer. That was how I became a senior lecturer in less than three years, promoted ahead of my seniors.

After another three years, I applied for the position of professor with 41 research papers. I was denied because the university was in turmoil at the time. The internal reviewer had given me 53 out of 65 points, not knowing the rules. I only needed 50 points. The authorities stated that any publication outside the United Kingdom and the United States would not be accepted. As a result, my score was reduced to 36.5, which meant I didn't get the promotion. Some of our lecturers left the university because

the disputes were intense. I had to apply again in 1998 with 61 papers. This time, I scored 50, not the 53 I had achieved with 41 papers. Fortunately, despite all the delays, I was promoted with that submission.

In 1999, I went for an Alexander von Humboldt Fellowship at the University of Dusseldorf (Heinrich Heine University) in Germany. In 2002, I went to Kyoto Pharmaceutical University in Japan as a Matsumae Fellow. In 2006, I was a Royal Society Fellow at the University of Manchester, but this was interrupted after I won a Nigerian fellowship, which I had applied for before leaving the country. This was still part of the research I went to do in Germany. Unfortunately, I could not return as I was called to coordinate a World Bank-assisted project at the Federal Ministry of Education in Abuja. After coordinating the World Bank-assisted project, I became vice-chancellor at the University of Abuja, Nigeria.

## You became a professor at the unprecedented age of 35. How did this happen?

As I mentioned earlier, if not for the conflicts that arose at the University during my early academic years, I might have become a professor even sooner. Part of the story has already been told. During that time, promotions typically occurred every three years at the University of Nigeria, Nsukka. Another factor that contributed to my early promotion was that I was a very curious village boy who turned the objects I played with into research materials.

While conducting my research, I consistently submitted my work for publication. When I was advised to begin my PhD, I had to find materials for my research. I quickly thought of an African latex from a plant called *Landolphia dulcis*. As a child, I would add lime juice to it, making it very sticky. I used this sticky substance, smeared on a broomstick, to catch birds by attracting termites. When birds came to pick the termites, they would get stuck to the latex.

I later read in the literature that such latexes could be converted into pseudolatex, becoming creamy or milky when mixed with benzene or dioxane. I began experimenting with that, and at each stage, I submitted my work for publication to guide my next steps. The feedback from reviewers helped me strengthen my research and produce more publications.

After a year, my supervisor suggested that I change my research focus, as using a new rubbery material for a PhD could be challenging, particularly when it came to determining the molecular weight. I quickly returned home and looked for another gummy material. Our mothers used a substance from an African plant called *Prosopis africana*. The seeds of this plant are boiled, and the seed coat, which consists of a tegmen and a hard outer layer, is removed. I collected the tegmen, mashed it, and soaked it for 24 hours. After dissolving it in water and precipitating it with alcohol, I could easily determine its molecular weight.

Initially, I intended to prepare a bacteriological medium similar to agar, but I realised that would take too long. Instead, I decided to use this mucilaginous material for various pharmaceutical formulations. As I applied it in different formulations,

*continued on page 40*



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## How I became Nigeria's youngest pharmacy professor at 35 - Adikwu

continued from page 38

from suspensions to disintegrants, I continued to submit each paper to journals outside Nigeria.

By the time each promotion period came around, I had more than enough publications. Thus, becoming a professor at the age of 35 was not particularly difficult or a big deal for me.

**Could you share other significant highlights of your career with us?**

In 2007, I was appointed the National Coordinator of Science and Technology Education Post Basic (STEP-B), a project aimed at improving the post-basic and higher education system in Nigeria through the World Bank IDA system. Under this project, eleven Centres of Excellence emerged, each addressing various national needs.

As previously mentioned, I have gained both local and international

experience in the pharmaceutical field, particularly in education and research. I have had the opportunity to visit overseas laboratories three times: as an Alexander von Humboldt Fellow in Germany (1999–2000), a Matsumae Fellow in Japan (2002), and a Royal Society Fellow in Manchester, United Kingdom (2006). In terms of international grants, I have secured research funding from the Royal Society of Chemistry of Great Britain (2002); the Third World Academy of Sciences, Italy (2004); and the International Foundation for Science, Sweden (2004). Locally, I have been awarded grants from the National Institute for Pharmaceutical Research and Development (NIPRD), Abuja, and the Wellcome Nigeria Trust, Lagos.

I have also received training at the World Bank Institute in Washington, USA; the Harvard Graduate School of Education in Boston, USA; and the Hebrew University in Israel on Innovations in Higher Education. Additionally, I have undergone

training at the Galilee Management Institute in Israel, the Third World Academy of Sciences (now The World Academy of Sciences) in Trieste, Italy, on Bioinformatics and Drug Development, and on Entrepreneurship at the E4Impact Foundation at the Catholic University of the Sacred Heart in Milan, Italy, as well as at the University of the West of Scotland in Britain.

I am a Fellow of the Nigerian Academy of Science (FAS), the Pharmaceutical Society of Nigeria (FPSN), and the Science Association of Nigeria (FSAN). I am also an Honorary Fellow of the Science Teachers' Association of Nigeria (FSTAN) and the Entomological Society of Nigeria (FESN). Additionally, I am a Member of the Institute of Public Analysts of Nigeria (MIPAN), a Fellow of the African Scientific Institute (FASI), the Chartered Institute of Leadership and Governance (FCILG, USA), the Institute of Oil and Gas Research (FIOGR), and the International

Society of Comparative Education, Science and Technology (FISCEST). I am also the founding President of the Nanomedicine Society of Nigeria. I served as the Vice Chancellor of the University of Abuja, Nigeria, from June 2014 to June 2019.

I was awarded Fellowship of the Nigerian Academy of Pharmacy and Fellowship of the Institute of Public Analysts of Nigeria but did not attend the investiture ceremonies.

**In 2006, you won the NLNG Nigeria Prize for Science with your work on "Wound Healing Devices (Formulations) Containing Snail Mucins." Can you tell us more about the work? What did this award mean to you?**

In 1999–2000, I was an Alexander von Humboldt Fellow in Germany. During the onset of spring in April, while heading to the computer laboratory, I was surprised to see numerous slugs on the ground. At that time, I was focused on molecular modelling work, using computer algorithms for my postdoctoral fellowship. The sight of slugs in such a cold environment was astonishing to me. How could these shell-less creatures survive in such harsh conditions? While snails might have managed with their shells, slugs seemed miraculous in the temperate climate of Germany.

When I returned to Nigeria, I searched for slugs but couldn't find any, so I decided to study snails instead. Both snails and slugs are mollusks belonging to the Gastropoda family. The results of my research on snails were fascinating. Beyond their wound-healing properties, snail mucins possess antibacterial, antifungal, and antiviral characteristics. They also exhibit promising drug delivery properties. My current focus has shifted to slug mucin, as slugs were the organisms I initially intended to study. It's also important to note that data from snails and slugs can inform environmental policies. In the past, when snails were abundant, other organisms like mushrooms thrived in the forests. However, with the decline of snails due to bush burning and deforestation, mushrooms have also disappeared. These mushrooms were once a key culinary resource for villagers.

Winning the NLNG Nigeria Prize for Science was a significant milestone for me. It was this award that led to my invitation to coordinate a World Bank-assisted project. Beyond the monetary value, the award opened doors for me, exposing me to places and people I never would have encountered otherwise. I am deeply grateful to God for this achievement.

**What other major awards and recognitions have you received since the beginning of your career, and which would you consider most fulfilling so far?**

In addition to winning the Nigerian Prize for Science (2006), I was honoured with the May & Baker Prize for Excellence in the Practice of Pharmacy (2009). In 2019, I received The World Academy of Science Prize for Development of Materials for Use in Science and Technology. During my secondary school years, I won the Federal Merit Award (scholarship) for being one of the top three students in my class. Later, at university, I was again awarded the Federal Merit Award (scholarship) as one of the top 20 first-year students at the University of Nigeria, Nsukka.

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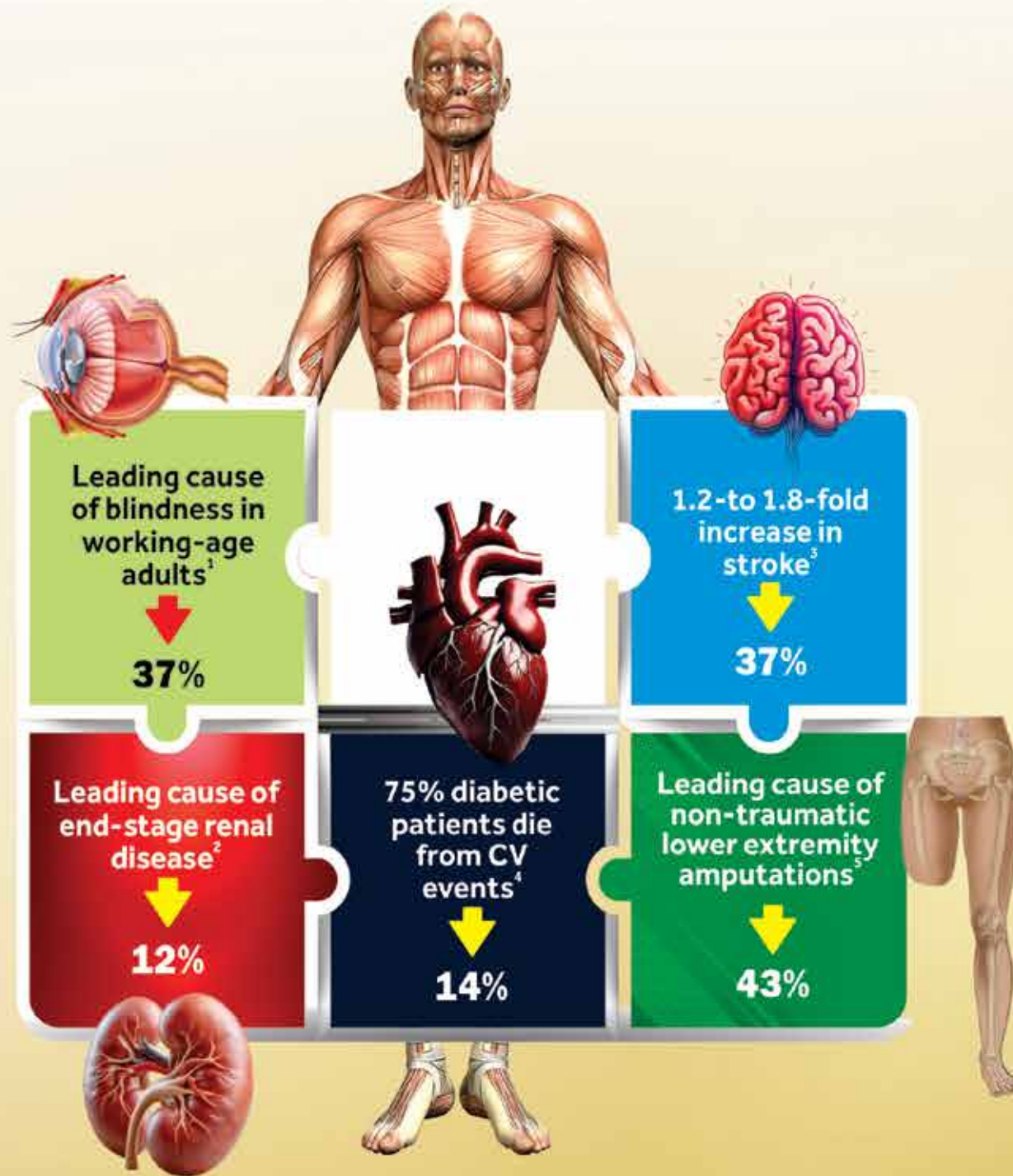
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<sup>1</sup>Fong DS, et al. Diabetes Care 2003; 26 (Suppl. 1):S99-S102. <sup>2</sup>Kaonel WB, et al. Am Heart J1990; 120:672-676. <sup>3</sup>Mollitch ME, et al. Diabetes Care 2003; 26 (Suppl. 1):S94-S98. <sup>4</sup>Gray RP & Yudkin JS. In Textbook of Diabetes 1997. <sup>5</sup>Mayfield JA, et al. Diabetes Care 2003; 26 (Suppl. 1):S78-S79.

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# Community pharmacists, backbone of Nigeria's healthcare system - NAFDAC DG

By Adebayo Oladejo

The Director General of the National Agency for Food and Drug Administration and Control (NAFDAC), Professor Mojisola Adeyeye, has commended community pharmacists for their crucial role in maintaining Nigeria's healthcare delivery system. She highlighted their unwavering commitment to advancing patient care and pharmacy services as essential in preventing the collapse of the system.

Speaking at the opening ceremony of the 43rd Annual International Conference of the Association of Community Pharmacists of Nigeria (ACPN), held at the International Conference Centre, University of Ibadan, Oyo State, Professor Adeyeye emphasised the vital role that community pharmacists play, particularly in a country with a limited number of medical doctors. She noted that community pharmacists consistently step in to provide essential services within their communities.

As the chairperson of the occasion, Adeyeye pointed out that community pharmacists are the third-largest group of healthcare professionals globally, following physicians and nurses. She explained that in Nigeria, they are often the first point of contact for primary healthcare needs for nearly half of the population.

"With all that I have mentioned, it is clear that the health of our



Prof. Moji Adeyeye, DG, NAFDAC

nation heavily depends on pharmacists," she said. "Through their vital practices, pharmacists play a critical role in ensuring medication safety, patient understanding, and the continuum of healthcare. They are essential in monitoring and reporting adverse events, which are key components of their responsibilities."

The NAFDAC chief acknowledged the significant role of community pharmacies throughout the life cycle of medical products, from early development to product launch. However, she emphasised the

importance of collaboration between pharmacists and regulatory agencies to safeguard public health and promote the safe and effective use of medications.

"This continuous monitoring contributes significantly to maintaining the safety and effectiveness of medicines," Adeyeye added. "Pharmacists are diligent in reporting adverse events and medication errors to the appropriate authorities."

She continued, "We are working to strengthen this process. By serving as accessible healthcare providers,

community pharmacists ensure that individuals receive the best possible care and guidance related to their medications, leading to better healthcare outcomes."

She, therefore, called for stronger collaboration between NAFDAC and community pharmacists, stressing the need to ensure the availability of safe and effective medications, promote regulatory compliance, and enhance patient education and awareness.

Adeyeye also highlighted the conference, tagged "Oluyole 2024", as an opportunity to exchange knowledge, chart the future course for community pharmacy practice, and foster global collaboration. She said that the theme of the conference, "Advancing Community Pharmacy Practice Through Innovation and Collaboration," was timely, adding that it underscores the need for leveraging technology to improve patient care, expanding roles in chronic disease management, and advocating for policy changes that support the pharmacy profession.

Adeyeye further urged the ACPN to continue building robust partnerships between the nation's regulatory agencies and community pharmacists, stressing that such synergistic relationships are vital for ensuring that regulatory oversight aligns with frontline healthcare delivery, ultimately benefiting the entire nation.

In her words, "Community pharmacies are a crucial link between patients, healthcare providers, and the pharmaceutical industry, contributing significantly to improved healthcare outcomes."

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## SWIPHA *Receives* another WHO pre-qualification

### Swipha Bags WHO Pre-qualification for Sulfadoxine Plus Pyrimethamine Tablet to Combat Malaria in Pregnancy

Lagos, Nigeria. Wednesday, 21 August 2024. Swiss Pharma Nigeria Limited (Swipha), a leading pharmaceutical company in Nigeria, has recorded another historic first and a significant milestone in its commitment to improving maternal health and combating malaria in Nigeria and beyond with the accomplishment of the World Health Organization (WHO) prequalification for its **Sulfadoxine Plus Pyrimethamine (SP) 500/25mg Tablet** for the prevention of malaria in pregnancy.

Malaria remains a significant public health challenge in many parts of the world, particularly in sub-Saharan Africa, where pregnant women and children under five years of age are most vulnerable. Malaria in pregnancy poses severe risks to both the mother and the unborn child, including an increased risk of maternal anaemia, low birth weight, preterm birth, and maternal death. Preventive measures, including using **SP** during antenatal care visits, are essential in reducing these risks and improving maternal and child health outcomes.

Speaking on the milestone, the Managing Director of Swiss Pharma Nigeria Limited, Frederic Lieutaud, disclosed that the achievement of WHO Prequalification for **Swipha's SP 500/25mg Tablet** underscores the company's commitment to providing high-quality, life-saving medicines that meet international standards of safety, efficacy, and quality assurance. He noted that the prequalification also represents a significant step forward in the fight against malaria in pregnancy in Nigeria and across Africa.


"We are immensely proud to have received WHO Prequalification for our **Sulfadoxine Plus Pyrimethamine Tablet** for preventing malaria in pregnancy. This achievement demonstrates our unwavering commitment to improving maternal health and combating malaria, two critical public health challenges in Nigeria and beyond. We believe every woman deserves access to safe and effective preventive measures during pregnancy, and we are dedicated to making this a reality," said Lieutaud.

Also speaking on the milestone, Swipha's Business Development & Licensing Director Abbas Sambo stated that the achievement highlights Swipha's belief in providing safe and effective medicines for all, particularly maternal and child health. "This certification enables us to offer the **SP Tablet** to organizations and governments worldwide, contributing to improved maternal and child health outcomes. We are actively seeking partnerships with global entities such as the Global Fund and USAID to tackle critical health challenges like Malaria," Sambo added. Sambo further stressed the importance of collaboration in addressing these health issues, reiterating Swipha's commitment to working with global organizations, governments, and other stakeholders to ensure essential medicines are accessible to all.

"This achievement emphasizes the incredible teamwork and support from its valued partners and supporters. Servier Generic Group, NAFDAC, Unitaid, Medicines for Malaria Venture (MMV), the World Health Organization (WHO), USAID, United States Pharmacopoeia (USP), and the USP-PQM+ program all played a crucial role in making this milestone possible. Their expertise and dedication were instrumental in this success, reflecting a shared commitment to improving health outcomes and increasing access to essential medicines. We appreciate all these partners for their vital contributions to this achievement and remain committed to innovation and excellence in pharmaceutical manufacturing, and will continue to pursue initiatives to improve public health in Nigeria and beyond", he said.

In light of this significant achievement, the National Agency for Food and Drug Administration and Control (NAFDAC) commended **Swipha** for its efforts and commitment to the highest standards in pharmaceutical manufacturing. The WHO prequalification shows the company's adherence to stringent quality control measures and compliance with Good Manufacturing Practice (GMP) standards. This accomplishment serves as a beacon of excellence for other local drug manufacturers, encouraging them to pursue similar certifications and enhance the overall quality of pharmaceuticals available in Nigeria and the region.

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BP: Blood pressure.

1. Cardiovasc J Afr. 2010 Feb; 21(1): 61-62.; 2. Drugs. 2006;66(1):51-83.; 3. Expert Opinion on Pharmacotherapy 2011;12(17):2719-2735

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CVD: Cardiovascular disease | LDL-C: Low-density lipoprotein cholesterol

1. Clin Med Insights Cardiol. 2012; 6: 17-33.; 2. JAMA 2007 Mar 28;297(12):1344-53.; 3. Journal of the American College of Cardiology 2017;69(22).; 4. ACC/AHA CLINICAL PRACTICE GUIDELINE; Circulation 2019; 140(11): e596-e646.



# I was the only Southern Nigerian pharmacist in 1988 Constituent Assembly – Madueke

**P**harm. Tony Madueke, an octogenarian pharmacist and former national secretary of the Nigerian Association of General Practice Pharmacists (NAGPP), now known as the Association of Community Pharmacists of Nigeria (ACPN), has had a distinguished career in both pharmacy and public service. In this interview with **Moses Dike**, Madueke, who also served as commissioner for finance in Anambra State and was the only pharmacist from Southern Nigeria in the 1988 Constituent Assembly, shares his wealth of experience and offers valuable advice to the younger generation of pharmacists. Excerpts:

**Welcome to our senior citizen's column. Could you please share a bit about yourself? What were your childhood experiences like, and how did your education and early life events shape who you are today?**

My childhood experiences were quite unique. I was only six months old when my father died, so I never knew him. Consequently, I was raised by my mother, who was a very hardworking woman and a disciplinarian. These qualities were instilled in me, and they have been invaluable in my adult life.

I was eager for education and earned my First School Leaving Certificate with distinction. I went on to pass my WAEC examination in Division One, and finally, I obtained my bachelor's degree in pharmacy in June 1974. It became clear to me that one would fulfil their destiny if they trust in God and strive to do the right thing.

**What inspired you to pursue a career in Pharmacy? Were there any role models or specific influences that guided you in making the decision?**

My decision to study Pharmacy was driven by my desire to help solve people's health problems. I believed that I could reach more people with medical issues than a doctor, especially as Nigeria is still a developing country. I was not influenced by any particular role model in the profession.

**Can you tell us about your experience in pharmacy practice generally, and are there areas where you would like to see improvements in Nigerian pharmacy practice?**

I have had varied experiences in the profession. I started as an intern at the University of Nigeria Teaching Hospital, Enugu. I worked as a medical representative, then as a pharmaceutical sales manager, and eventually set up my own company, which became a strong player in the profession, particularly in the importation of drugs and chemicals. I was also heavily involved in community practice. From 1984 to 1985, I served as national secretary of NAGPP (National Association of General Practice Pharmacists).

During my practice, I observed that pharmacists were not adequately protected in the profession. It seemed that the government was giving more support to patent medicine dealers. Unfortunately, the then Pharmacists Council of Nigeria did not appear to offer enough protection to pharmacists. The profession was being overtaken by patent medicine dealers and other charlatans.

Drugs are still being sold in open markets, which is concerning. I sincerely hope the PCN will be able to stop this and prevent pharmacists from being pushed into the labour market.

**Are there other remarkable experiences or services outside pharmacy practice that you would like to share with us?**

Outside the practice of the profession, I ventured into politics. I was elected to the Constituent Assembly in 1988, representing Onitsha Federal Constituency. I had the privilege of being the assemblyman with the highest

number of private member motions incorporated into the constitution. It is worth mentioning that I was the only pharmacist in the Assembly from the whole of Southern Nigeria.

After the Assembly, I was elected state chairman of the Liberal Convention political party of old Anambra State (present-day Anambra, Enugu, and Ebonyi States). I was later appointed commissioner for finance in Anambra State, in 1992. To the glory of God, I served my tenure meritoriously.

**Tell us about your family. Did any of your children follow in your footsteps to study Pharmacy or other health-related professions?**

None of my children pursued Pharmacy, but they are successful

in their various undertakings. I am grateful to God for the successes I have achieved in my life, and I am a happy man. To be an octogenarian is a gift from God, and I will always praise His name.

**Given your wealth of experience, what advice would you like to give to the younger generation of pharmacists on how to make the best use of their calling as healthcare professionals to impact humanity positively?**

My advice to young pharmacists is to have a broad outlook on life. They should not limit themselves to Pharmacy alone. You never know if you might find a better opportunity elsewhere. They should be truthful in all their undertakings and have

abiding faith and trust in God. With God on their side, they will never fail.



Pharm. Tony Madueke

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## Events in Pictures



A cross-section of personalities at the press briefing to commemorate this year's PSN Scientific Week, held at Lagos PSN secretariat, Ogudu, Lagos.



L-R: Pharm. Ejoro Foyibo, former vice-president, PSN, South, presenting an award plaque to former Super Eagles player, Mutiu Adepoju, in the presence of Pharm. Wale Oladigbolu, immediate past national chairman, ACPN, and Pharm. Taofik Odukoya, founder, Vanguard Pharmacy, and LOC chairman, Oluyole 2024 ACPN Conference, at the Closing Banquet of the ACPN International Scientific Conference, in Ibadan.



L-R: Dr Olaide Oredehin, medical officer of health, Yaba Local Government Area; Pharm. (Dr) Afusat Adesina, chairman, Lagos State ALPs; and Pharm. (Mrs) Taiwo Alliu, MD/CEO, Santos Pharmacy Ltd, at the ALPs Day health outreach of the Lagos Pharmacy Week, held at Aiyetoro Primary Healthcare Centre, Makoko, Yaba, Lagos.



Dignitaries at the ALPs Day Outreach to pregnant women and nursing mothers, at Aiyetoro Primary Health Centre, Makoko, Yaba, Lagos.

## Coming Events

### 82<sup>nd</sup> FIP World Congress

Date: 1<sup>st</sup> - 4<sup>th</sup> September, 2024  
Venue: Cape Town, South Africa

### 7<sup>th</sup> Nigerian Pharma Manufacturers' Expo

Date: 4<sup>th</sup> - 5<sup>th</sup> September, 2024  
Venue: Balmoral Convention Centre, Sheraton Hotel Ikeja, Lagos, Nigeria.

### 2024 Annual WASPEN Malnutrition Awareness Week

Date: 16<sup>th</sup> - 20<sup>th</sup> September, 2024  
Venue: LUTH, NDUTH, ABUTH and Anambra State Primary Healthcare Development Agency.

### AfriHealth Conferences and Exhibitions

Date: 18<sup>th</sup> September, 2024  
Venue: Nikon Luxury Hotel, Abuja, Nigeria.

### NAPharm Annual General Meeting & Investiture of New Fellows

Date: 18<sup>th</sup> & 19<sup>th</sup> September, 2024  
Venue: University of Lagos, Akoka

### 2024 Pharma Marketing And Sales Awards

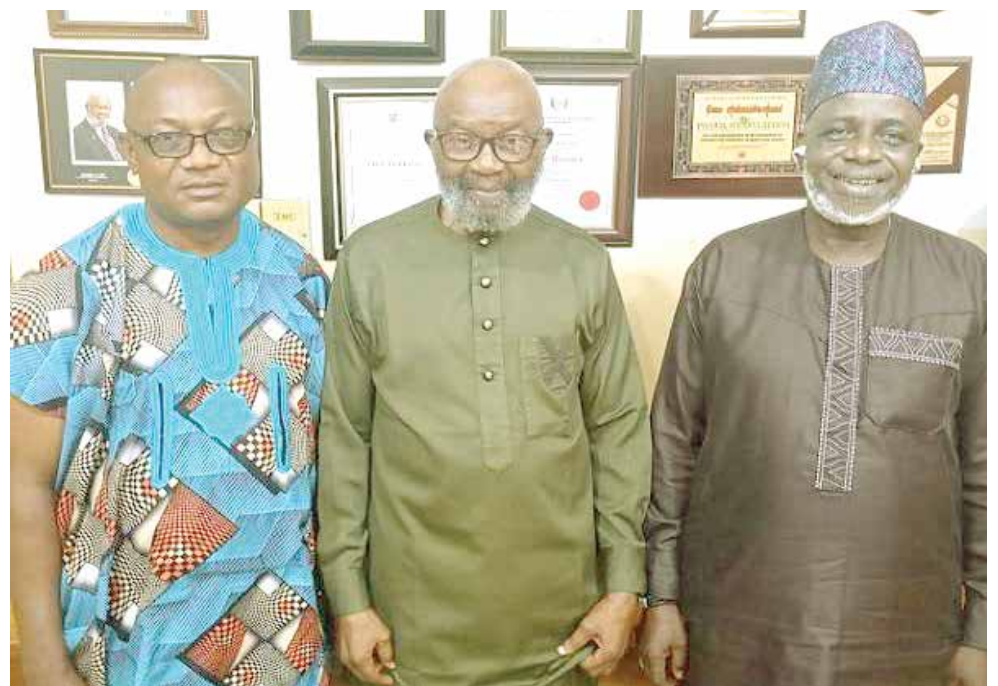
Date: 26<sup>th</sup> September, 2024.  
Date: Time: 5:30 pm  
Venue: NANNM Event Centre, 19 Amaraolu Street, Off Agidingbi Road, Ikeja CBD, Ikeja, Lagos.

### 2024 NAPPSA Annual Scientific Conference & Exposition

Date: 28<sup>th</sup> - 29<sup>th</sup> September, 2024  
Venue: Marriott San Antonio Airport Hotel, San Antonio, Texas

### PSN National Conference

Date: 4<sup>th</sup> - 9<sup>th</sup> November, 2024  
Venue: Uyo, Akwa Ibom State.



L-R: Dr David Ehikhuemen, ex-office, SPSMN; Pharm. Tunde Oyeniran, president, Society for Pharmaceutical Sales and Marketing of Nigeria (SPSMN); and Pharm. (Sir) Ifeanyi Atueyi, managing director/publisher, Pharmanews, during the visit of the SPSMN duo to Pharmanews.



A cross-section of personalities displaying the launched books at the Legacy book launch, held at Hall 36, LUTH, Idi- Araba, Lagos.





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# Technology shaping future of community pharmacy – Adeseun

By Adebayo Oladejo

A prominent Nigerian pharmacist and business development expert, Pharm. Remi Adeseun, has asserted that the global healthcare landscape is rapidly evolving, with technological advancements and sociodemographic changes driving the shift towards community-based care.

Adeseun, who is the global director at Salient Advisory, a digital health consulting firm, said this while delivering his keynote address on the topic "Advancing Community Pharmacy Practice Through Innovation and Collaboration." during the opening ceremony of the 43rd Annual International Conference of the Association of Community Pharmacists of Nigeria (ACPN), held at the International Conference Centre, University of Ibadan, Oyo State.

According to Adeseun, technology is a game-changer for enhancing the functionality of community pharmacies, improving access to medicines, and facilitating clinical decision support, inventory management systems, online pharmacies, and payment solutions.

He identified five key trends impacting healthcare delivery globally in 2024: a focus on holistic, patient-centred care; technological transformation; concerns over cost and affordability; shortfalls in the health workforce; and equity in healthcare.

The eminent pharmacist elaborated on how digital health innovations are making community-based care more patient-centred and effective. He noted that the adoption of artificial intelligence in pharmacy practice enables more precise medication management and adherence monitoring, ensuring that patients receive the right treatment at the right time.

"In some countries, such as France and the UK, pharmacists play a crucial role in primary healthcare by providing advice and initiating or modifying treatment for certain chronic conditions without the need for a physician's involvement," Adeseun said.

"This reduces physician workloads and addresses shortages in the healthcare workforce. In Nigeria and South Africa, task-sharing and shifting policies empower pharmacists to manage essential health services, such as contraceptive administration."

Adeseun also discussed the rise of e-pharmacies, mentioning that established brick-and-mortar pharmacies like HealthPlus and MedPlus are adding online channels to better serve customers who seek convenience and privacy.

"The regulatory aspect of this shift is also evolving, with companies like Remedia Health and Drugstock, which are run by pharmacists with deep IT expertise, leading the charge in digitized distribution," he added. "Our ACPN chairman has also been working diligently to develop many of these systems."

According to Adeseun, the low pharmacy-to-population ratio in Nigeria, coupled with the need for equity in healthcare, underscores the importance of innovation and collaboration in community pharmacy practice. He emphasized the need for better collaboration with other healthcare professionals, such as doctors and

patent-proprietary medicine vendors, to improve access to quality medicines for Nigerians.

"There are functional delineations that allow PPMVs to serve patients effectively, and pharmacists can enhance these services by providing professional guidance," he said. "We should think of collaboration in this context."

He further noted that in advanced countries, it is rare for a doctor to both prescribe and dispense medication, saying the collaboration between healthcare providers is so strong that doctors often have arrangements with community pharmacies to fulfil their prescriptions.

He however called for a reciprocal approach from community pharmacists, urging them to respect the roles of other



Pharm. Remi Adeseun, keynote speaker

"If this is institutionalized through clear policies and laws, we can achieve a better collaborative approach for value-based care."

Adeseun also highlighted examples from the UK and Canada, where pharmacists support doctors and nurses in managing chronic

healthcare professionals. "When other professionals acknowledge our role, we should respect their boundaries and avoid overstepping into areas beyond our training," he said.

conditions through follow-up consultations and medication schemes. In France, pharmacists are even setting up teleconsulting cabins to provide patients with easy access to specialists.

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# ACPN Urges NHIA to simplify payment system, recommends Lagos model

By Adebayo Oladejo

Amidst ongoing debates about the payment structure for professional services under the National Health Insurance Authority (NHIA), the Lagos Chapter of the Association of Community Pharmacists of Nigeria (ACPN) has voiced its concerns over the current system. The group is urging the NHIA to adopt a model similar to the one used by the Lagos State Health Insurance Management Agency (LASHIMA), which separates payments for professional services from capitation payments for other primary care services.

Speaking at a press conference held at its corporate office in Ogudu, Lagos, to commemorate this year's PSN Scientific Week, the ACPN Chairman, Pharm. Tolu Ajayi, argued that the payment system must be simplified to move Nigeria closer to achieving the Sustainable Development Goal (SDG) of Universal Health Coverage. He emphasised that the scheme must avoid complicating its payment system if it is to remain sustainable and effective.

Ajayi stressed that direct payments to community pharmacy practitioners, as practised in Lagos, promote greater transparency and accountability, which are essential for the scheme's efficiency and sustainability. He advocated for this model to be implemented nationwide, arguing that it would eliminate delays and ensure that pharmacists receive timely payments for their services.

"The fees for services rendered by pharmacists should be paid directly to them. When payments are



Pharm. Tolu Ajayi, chairman, Lagos ACPN (centre), flanked by Pharm. Oyekunle Babayemi, chairman, Lagos PSN, and Pharm. (Mrs) Mosun Dosumu, secretary, Lagos ACPN, at the press briefing.

routed through Health Maintenance Organisations (HMOs), pharmacists are left at the mercy of HMOs, who may delay payments," Ajayi stated. "Financial delays can demoralise service providers, hinder their operations, and prevent them from replenishing their stocks. The solution is for all states and the national scheme to adopt the direct payment model used in Lagos."

Ajayi also highlighted the need for an improved drug distribution system and called on state governors to replicate the Coordinated Wholesale Centre model established in Kano to combat the distribution of fake drugs. He urged governors to collaborate with practitioners, investors, regulators, and other stakeholders to establish similar

centres across Nigeria. "This initiative would ensure that medications within our patient care value chain are of high standard and quality, leading to better treatment outcomes," he said.

On collaboration, Ajayi stressed the importance of a strong relationship between professional bodies and the government. "Where we see policies that don't suit us, we will voice our concerns to the government. This is not out of malice, but out of a passion for improving the system," he added. "Currently, 322 community pharmacists are on board with the Ilera Eko Scheme, and I am confident that LASHIMA will soon allow more community pharmacists to join."

Speaking on this year's PSN Pharmacy Scientific Week with the

theme "The Imperative of the March Towards Achieving Universal Health Coverage in Nigeria: The Unique Place of Community Pharmacists," Ajayi said it is an annual event celebrated by pharmacists and pharmacy students to raise awareness about the role of pharmacists in the healthcare sector and promote the profession.

Also speaking, Pharm. Anthony Bola Oyawole, a former presidential aspirant of the Pharmaceutical Society of Nigeria (PSN), called for greater recognition of community pharmacists, saying pharmacists are the closest healthcare providers to the public and are used judiciously in advanced countries. "During the COVID-19 pandemic, community pharmacies remained open, providing essential medication even when the rest of the nation was on lockdown. We continue to complement the efforts of the government and hope for stronger partnerships with community pharmacies."

The ACPN Day of the PSN Scientific Week featured free health screenings, preventive health talks, free drug samples, health insurance updates, and a lecture on the significance of vaccination. These activities were held concurrently at seven locations across the state, including Sabo Market, Ikorodu; Ajah Market; Iyana Ipaja Market; Ipodo Market; Ikeja; Tejuosho Market, Yaba; Iyana Iba Market, Iba; and New Market, Ajara, Badagry.

Other dignitaries present at the press conference included Pharm. Mrs Bolanle Adeniran, former chairman of Lagos PSN; Pharm. Oyekunle Babayemi, chairman of Lagos PSN; Pharm. Taiwo Fakolujo; and Pharm. Mrs Mosun Dosumu, secretary of Lagos ACPN, among others.

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# Unlocking your transformative leadership potential

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

Leadership is deeply personal and profoundly impactful. The invaluable insights and transformative principles contained in this article serve as a powerful testament to the author's relentless dedication and unwavering commitment. Crafted over countless years of immersive experiences as both an observer and a participant in various domains where exemplary leadership is indispensable, the wisdom shared within these pages resonates with an authenticity that cannot be replicated.

Indeed, the dire need for exceptional leaders has never been more paramount than in our current era. Drawing inspiration from this remarkable article's multifaceted narratives and enlightened teachings, we will initiate an awe-inspiring paradigm shift within leadership. Together, we shall craft a future where influential leaders emerge from every corner, ushering in an era of unparalleled progress, unrivalled innovation, and unwavering inspiration.

The world hungers for leaders who possess the profound ability to create a ripple effect of positive change—leaders whose impact knows no bounds, whose vision transcends the ordinary, and whose legacy reverberates through the annals of history. Now, more than ever, humanity yearns for those who will rise above adversity, illuminate the path for others, and unlock the untapped potential within every soul they encounter. Let us collectively embark upon this transformative expedition, shattering the shackles that have limited our leadership potential for far too long. Together, let us forge a future where exceptional leadership becomes the rule, not the exception, fostering an environment brimming with innovation, collaboration, and boundless growth. It is time to unleash the potent leader within us and awaken a glorious dawn of leadership excellence that will forever illuminate our world.

This article is structured in a chapter format, which starts as close to the root of leadership as possible and then builds value after value, insight after insight, up through seeing leadership as a deeply personal and transformative journey—one not merely of management or administration, but rather, a profound state of being. The article is eloquently written so that when someone puts it down, momentarily immersing themselves in the wisdom within each chapter, a tremendous grasp begins to develop and morph into the solid foundation upon which their unique and authentic leadership style can be firmly constructed. The astoundingly profound insights and meticulously projected habits, thoughtfully and carefully curated in this extraordinary literary masterpiece, are indeed the indispensable values and attitudes that every remarkable and accomplished leader must

deeply internalise and embrace, not just to thrive but to effortlessly soar on the path to unwavering personal and professional effectiveness, consistently surpassing expectations and leaving an indelible legacy of greatness in their wake.

## 1.1. Importance of leadership

Many people across various industries and sectors consider leadership the quintessential and paramount aspect of being a manager or supervisor within an organisation. The importance of great leaders cannot be overstated, as they possess many invaluable qualities and capabilities that distinguish them from the rest. One critical attribute of exceptional leaders is their profound ability to inspire individuals and ignite a sense of motivation, ultimately fostering heightened productivity and achievement.

A significant facet of effective leadership lies in the leader's aptitude to communicate a clear and compelling vision to their team. By effectively articulating their vision, leaders empower their subordinates to align their efforts with the organisation's goals, allowing them to work cohesively towards a common objective. This alignment and cohesiveness are crucial in environments where teamwork and collaboration are integral to achieving optimal results.

Engaging individuals' hearts and minds has become increasingly vital for leaders in today's rapidly evolving world. Leaders can foster genuine commitment and dedication by effectively striking a chord with their team members on an emotional level. This emotional connection enhances not only employee satisfaction but also their overall engagement, which, in turn, positively impacts their performance and productivity.

When leaders succeed in energising individuals and inspiring them to commit to their vision, a powerful synergy is unleashed within the organisation. This synergy catalyses remarkable achievements, propelling the team's efforts towards outstanding results. By cultivating an environment where people are re-energised, committed, and motivated, great leaders amplify the likelihood of achieving unparalleled success.

It is crucial to note that leadership is not inherently synonymous with managerial roles. Not all managers possess the qualities and traits of a leader, making the presence of great leaders within an organisation indispensable. Regardless of the industry or sector, the need for exceptional leaders capable of guiding and inspiring their teams remains an imperative aspect of organisational success. The cultivation and development of effective leadership should be a top priority for any organisation

aspiring to thrive in a competitive landscape.

Influential leaders are critical in guiding individuals, teams, and organisations toward accomplishing a desired mission. Leaders take care of the necessary vision-setting, people-development, and goal-setting activities so that management can implement plans to achieve them. Leadership is essential in the personal, organisational, and societal domains



because it helps accomplish goals, works with people, creates confidence in jobs, and manages and copes with change.

Leadership is crucial in the personal, organisational, and societal domains. It dramatically influences people's lives, such as choosing their goals and jobs and managing their relationships. It also focuses on achieving goals, understanding, and working with others. Leadership develops confidence, sets goals, and manages change and subsequent initiatives. It manages relationships and provides for the exchange of information.

In an organisation, leadership has created better change management, set the vision, strategy, and systems, and

facilitated communication that moves information, opinion, and action. It is the capability to change individual behaviour and its relationship with the organisation. Leadership also entails the capacity to develop and articulate a vision or guide plans, guiding people and their responses to new visions, plans, and actions towards success.

All said above, the key is the leadership that works to save distressed individuals or groups. The policy of leadership that moves power from organisations to individuals and creates change resistance starts with the "me". It works with the same tasks identified for all managers, redefining "leading" as creating a new vision.

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# We have given a voice to pharma sales and marketing professionals – President, SPSMN

**P**harm. Tunde Oyeniran is an astute marketing and sales professional who has continued to make bold strides in the pharmaceutical sales and marketing sector of the Nigerian economy. As the current president of the Society for Pharmaceutical Sales and Marketing of Nigeria (SPSMN), he is steadily raising a new generation of sales and marketing experts within the Nigerian pharmaceutical industry. In this exclusive interview with **Patrick Iwelunmor**, he discusses the value his society is bringing to the pharmacy landscape in Nigeria, along with other pertinent issues. Excerpts:

**The Society for Pharmaceutical Sales and Marketing of Nigeria (SPSMN) has come to stay. What would you say has been the impact so far?**

We have provided those of us practising marketing in the pharmaceutical sector with direction, a voice, and a community that didn't truly exist before. We have raised the standards and self-esteem of junior marketers, such as medical and sales representatives.

Additionally, we have enhanced competence and knowledge across various cadres through our monthly/bimonthly SPSMN Round-Table Discussion (RTD) webinar series, where we bring in excellent practitioners and even experts from outside our industry to discuss relevant sales and marketing issues. We have even brought in expats—professionals from beyond our shores—to share current best practices in pharmaceutical sales, selling, sales management, and marketing/strategy during some editions of the RTD.

At the beginning of 2024, we also hosted the "2024 Economic and Business Environment Forecast and Analysis," featuring a pharmacist and former pharmaceutical sales practitioner with over 15 years of banking experience as the guest speaker. The aim was to discuss, project, enlighten, and guide members and non-members on the current national economic environment and to empower them with strategies to navigate the challenges and opportunities, and to minimise the negative consequences of the current economic climate.

**Do you think the Nigerian pharmaceutical industry is really benefitting from the Society's programmes?**

With all due respect to stakeholders in Nigeria's pharmaceutical sector, the fact remains that only the sales and marketing functions generate revenue for enterprises. Therefore, anything that improves the competence, sense of self-worth and well-being, and capability of these professionals will certainly have a positive impact on the results and output of the industry.

We have specifically focused on programmes and interventions that inform members and non-members about best practices, keep them up to date on current issues affecting their work/results, and improve their competence and ethics. All of these efforts undoubtedly contribute positively to the Nigerian pharmaceutical industry.

**In an era of dwindling revenues amid inflationary trends, what magic wand is your Society offering to pharmaceutical businesses to sustain their operations?**

There is no magic wand in these complicated, volatile, uncertain, ambiguous, and complex business environments created by the recent, albeit necessary, economic policies of the government. These policies have not only negatively impacted revenue but have also caused the costs of selling and marketing to skyrocket. For us, this situation has diverted resources away from sales and marketing at a time when competition has become extremely fierce due to reduced disposable income, especially for healthcare spending. It has made our work more tedious and difficult. However, we know that we cannot afford to give up.

We need to double our efforts,

be more efficient in managing the obviously inadequate resources provided by our companies and employers, build stronger relationships with healthcare professionals and commercial channel partners, and leverage technology to reach these individuals and establish the necessary connections. What needs to be done requires a reset for all of us—sales and marketing employees and our bosses—in terms of policies, processes, objectives, rationalisation of product lists, coverage, focus, incentives, and a relentless drive for efficiency. We suggest cost management, a focus on brand-building, intense relationship marketing, and local production where possible.

**How would you rate your**

**membership strength? Are companies showing interest?**

We held our first Induction Ceremony and Investiture of Fellows in June 2023, and the next one is scheduled for 26 September this year. We expect our membership strength to increase by at least 100 per cent. We receive applications almost every day, and we are just beginning to build momentum and critical mass. SPSMN is an idea whose time has come. It can only grow from strength to strength, judging by the sectorial acceptance and the value it adds to members and the industry.

**To what extent have you collaborated with the Pharmaceutical Society of Nigeria to assist in your membership drive?**

Although I am a pharmacist,



**Pharm. Tunde Oyeniran  
President, SPSMN**

*continued on page 66*

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## Baobab, the tree of life

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



*Adansonia digitata*

**A** *Adansonia digitata* L. (Malvaceae) is a versatile tree native to the savannas of Africa, highly regarded for its medicinal and nutritional value. Locally, it is known as *kuka* in Hausa, *yiri mango* or *igiose* in Igbo, and *ose* in Yoruba. Commonly referred to as the baobab, monkey bread tree, upside down tree, cream of tartar tree, boob, bottle tree, and kremetart tree, *Adansonia digitata* thrives in the arid, semi-arid, and dry sub-humid regions of Nigeria. Remarkably, it is the only fruit in the world that naturally dries on the branch.

### Constituents

Phytochemical analysis has revealed the presence of flavonoids and phytosterols. Additionally, it contains carbohydrates, crude

protein, moisture, fibre, ash, and micronutrients such as calcium, iron, potassium, phosphorus, magnesium, thiamine, riboflavin, as well as vitamins A, E, and omega fatty acids. The plant is also rich in mucilage, pectins, tartaric acid, free tartaric acids, vitamin C, linoleic acid, oleic acid, and palmitic acid.

### Preparations

Baobab is available in various forms, including seeds, pulp, leaves, and roots, either dried or fresh; these can be boiled or roasted. It is also offered as oil, powder, fruit, bark, porridge, sweets, and juice. Due to its high pectin content, the pulp has traditionally been used as a thickening agent for sauces and jams.

### Pharmacological actions and medicinal uses:

The leaves, fruit, bark, and seeds of the baobab have numerous biological properties, including antimicrobial, antiviral, antioxidant, and anti-inflammatory activities. These properties make it useful in treating ailments such as diarrhoea, malaria, anaemia, asthma, and microbial infections. It can alleviate irritation from common skin conditions, reducing redness, itchiness, and dryness, both when applied topically and when ingested. Eating baobab may help regulate blood sugar levels. It is also used as a mosquito repellent, although there is no substantial scientific evidence to support this use. The leaves can be used to preserve cow's milk and add nutritional value. The fibrous white powder is traditionally used as an analgesic to treat fever, measles, and intestinal parasites, to assist labour, and to improve lactation. Baobab stem bark contains astringent compounds like tannins and tragacanth-gum, which have antimicrobial properties that disinfect skin wounds and ulcers, promoting healing.

Researchers have demonstrated the positive inotropic effect of an ethanolic bark extract on isolated atrial muscles of rats, corroborating its use as a cardiostimulant. Later studies found that baobab fruit extract, when added to white bread, had the potential to reduce the amount of insulin needed to manage blood glucose response, suggesting that baobab may have beneficial

attributes for those with diabetes or insulin sensitivity.

Baobab oil contains vitamin E, which moisturises the skin, antioxidants that help preserve collagen and keep skin strong and glowing, strengthens nails, heals chapped lips, soothes irritation and eczema, fights free radicals, reduces damage from UV rays, and protects from air pollution.

### Adverse effects

Baobab has no known side effects. However, as it is a good source of vitamin C, consuming too much may cause stomach pains, diarrhoea, or flatulence if tolerance levels are exceeded.

### Economic uses and potentials

Baobab fruit powder costs approximately 4,100 per 200g in the Nigerian market. A 2008 report by the UK-based Natural Resources Institute estimated that trade in baobab fruit could be worth up to \$961 million per year for African producers; it is currently valued at \$11 million. The global market for baobab powder is expected to grow to \$10 billion by 2027. African producers reportedly export approximately 20 tons of baobab each year. This growing industry is providing financial benefits to local people who harvest and process the fruit. The baobab plant has the potential to supply much-needed indigenous raw materials for the medicinal, cosmetics, and food industries.

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## The Biafra Run for B.Pharm (6)

By Pharm. Dick Nwoke

**Editor's note:** This concluding part of the series is the account of another Igbo pharmacy student of the then UNIFE (now OAU), Ibadan Campus, who did not return to school with others because he was not in his final year.

I was the vice-president the Students' Union Government during the 1964/65 academic session. In the course of my duties as VP, I had interactions with the registrar and the vice-chancellor, Prof. Hezekiah Oluwasanmi. I recall that before the declaration of Biafra, Prof. Oluwasanmi had come to UNIFE's Ibadan campus to advise Igbos and other Eastern Region students to concentrate on their studies and not panic. He explained that Col. Ojukwu had made adequate arrangements to protect Western Nigerian students returning from the University of Nigeria, Nsukka. "If any danger is ahead regarding your safety, I will likely know about it in advance and will make every arrangement to ensure your safety and return to your home, just like Ojukwu did for Western Nigerian students," he assured.

True to his word, our highly respected Prof. Oluwasanmi was at UNIFE's Ibadan Campus on the morning of 1 June. He provided two big luxury buses and armed police escorts, which took the Eastern Nigerian students from Ibadan to Asaba that day. I recall that before we left Ibadan, two ladies in my class, who liked me, came to my room and asked me to stay back, saying, "You're a good man. We'll protect you."

### Mass departure

I did not travel in the luxury buses provided by the university. My good friend, Moses Azuikwe, who owned a

car, had invited me to ride with him in his posh saloon car. Also in the car was Ifeanyi Atueyi.

We drove all the way from Ibadan to Asaba, led by the two luxury buses and police escorts. On our arrival at Asaba, something remarkable happened. Moses and his other mates, who had graduated as diploma certificate pharmacists and had come back for the B.Pharm degree programme, decided to return to Ibadan to participate in the final degree exams scheduled for the next day, 2 June.

All those students in the final year class who returned from Asaba to the Ibadan Campus will tell how they managed; but for me and others in Part II, we made our way into Onitsha. From there, I found my way to Umuahia, my hometown. The final year students who returned to Ibadan from Asaba with Azuikwe were Ifeanyi Atueyi, Bona Obiorah, Eugene Okonkwo, Pius Ogwueleka, and Dennis Okolo.

### War exploits

At Onitsha, I noticed the Biafran soldiers coming out of their trenches, fully armed with guns and drenched with water from the trenches. What came to my mind was, "I'm sorry for Nigeria. Our Biafran soldiers will deal with them." Inexperienced about wars, I didn't know that bombs could land from the air and damage human beings and property.

At Umuahia, during the war, I was attached to the pharmacy department of Queen Elizabeth Hospital (QEH), Umuahia. While there, from 1967

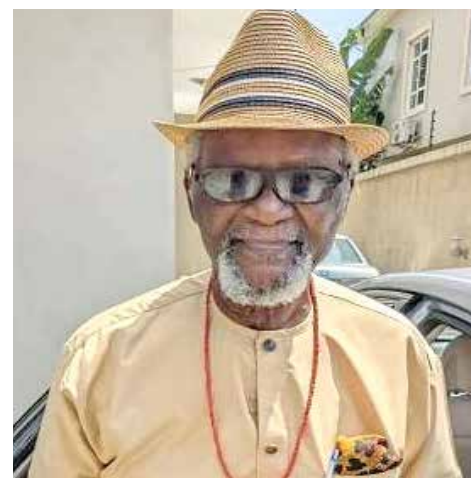
to 1969, doctors, pharmacists, and nurses were on standing instructions to report at the hospital after every air raid because of the casualties from the bombing. The pharmacy department received drugs and food items from charitable organisations such as CARITAS and the Red Cross Society. These items, which included egg yolk powder and stockfish, were distributed to patients, mainly from the pharmacy department of the hospital. Understandably, pharmacists became benefactors as a result.

As expected, many other staff in the hospital naturally wanted to keep our friendship to benefit from the relief materials from the Red Cross Society and CARITAS.

It took one Miss North, a Canadian, who was then the chief matron of QEH, to plead with my boss, Pharm. Wilson O. Uwadi, to release me to teach pharmacology and posology to final-year student nurses. I enjoyed teaching pharmacology.

For the three years of the Nigeria-Biafra war, I had a certificate that exempted me from compulsory conscription into the army.

When Umuahia fell, I was residing at Gov. Mbakwe's village, Avutu Obowu. From nowhere, my Oyibo head of QEH, Dr Ritchie, sent for me to go and head the pharmacy department at the newly established hospital in Nworuibi, in Mbaitoli LGA in Owerri. As a big man, the hospital built a parking garage for my Honda 90 motorcycle. At Nworuibi Hospital, I worked under Prof. O.K. Ogan, who was the head of the hospital.



Pharm. Dick Nwoke

It was another wonderful working experience for me.

### Ultimate triumph

The war ended in 1970, and I returned to QEH, Umuahia, with some other old staff. Eventually, I returned to UNIFE's Ibadan Campus for my pharmacy degree, graduating in June 1972.

I remember Pharm. John Obasi and Isaac Onyedum as two young men who, with me, weathered the storm of academic upheaval in the Department of Pharmacy, University of Ife. I must add that John Obasi was with me at the graveside when my late mother was buried in 1969 in my village. Thank you, John Obasi, for your timeless companionship, which neither rusts nor suffers decay.

Thank you, Ifeanyi Atueyi, for providing this rare opportunity for us to recap our Biafran run experiences, and thank God for the pharmacists who first manufactured the "SUFFERMYCIN Capsules," which we all took and which guaranteed us the patience and long-suffering that have kept us going strong. It is well with you all—AMEN!

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# Scientist decries burden of malaria and dengue misdiagnosis in Africa

- Canvasses malaria diagnosis by RDTs before administering antimalarials

By Temitope Obayendo

A public health physician, Dr Charles Guissou, has raised concerns over the high prevalence of malaria and dengue misdiagnoses in Africa, saying this has significantly contributed to antimicrobial misuse and the emergence of antimalarial resistance in the region. He expressed particular concern about the mismanagement of patients by healthcare workers, warning that more patients could suffer if this trend is not addressed.

Guissou, a co-principal investigator for Target Malaria Burkina Faso (Institut de Recherche en Sciences de la Santé), emphasised the importance of adhering to the World Health Organisation's (WHO) recommended standards for malaria diagnosis, either by microscopy or rapid diagnostic tests (RDTs), before prescribing antimalarial drugs to patients. He believes this approach would significantly reduce cases of malaria and dengue misdiagnosis in Africa.

Citing findings from a recent study titled "Increasing Prevalence of Malaria and Acute Dengue Virus Coinfection in Africa," he noted that 22,803 patients with acute undifferentiated febrile illnesses from 10 African countries were sampled. The study showed a pooled prevalence of malaria and dengue coinfection of 4.2 per cent, with Central Africa having the highest rate at 4.7 per cent, followed by East Africa at 2.7 per cent and West Africa at 1.6 per cent.

Speaking to *Pharmanews* in an online interview, the scientist attributed the major cause of misdiagnosis to the similarities in the pathogens causing the two diseases—Anopheles mosquitoes for malaria and Aedes mosquitoes for dengue. He noted, however, that they are two distinct diseases, often confused by both medical personnel and the general public. To mitigate this misdiagnosis, which has exacerbated morbidity and mortality in the region, he advocated strict adherence to clinical diagnostic protocols for all cases of fever.

"Both malaria and dengue are transmitted by female mosquitoes and cause severe illness in humans. Due to some similarities between the two diseases and the mosquito species, they are often confused by patients and medical personnel.

"Clinical misdiagnosis often leads to the overuse or misuse of antimicrobials, which can accelerate the emergence and spread of antimicrobial drug resistance. It also results in

mismanagement of patients and dengue outbreaks.

"At Target Malaria, we are committed to contributing to a malaria-free Africa. We also aim to educate as many people as possible about the differences between the Anopheles mosquito, which transmits malaria, and the Aedes mosquito, which carries the dengue virus. Malaria and dengue should be distinguished from each other so that adequate prevention and treatment measures can be implemented," he stated.

Beyond the similarities in the causative agents of the

two infections, the malaria researcher highlighted other factors contributing to the misdiagnosis of malaria and dengue. These include the institutionalisation of malaria as the primary febrile illness in the region by international development organisations and national malaria control programmes, limited access to medical care and laboratory diagnostic facilities, a lack of awareness among healthcare workers regarding non-malarial febrile illnesses,

continued on page 68



Dr Charles Guissou

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# Experts advocate expiry management, VAS, others for pharmacies to survive hardship

continued from back page

operators to enhance their services through value-added offerings and effective staff management.

Adeshina emphasised the importance of prioritising revenue generation within the business, criticising the tendency of some pharmaceutical start-ups to seek bank loans rather than maximising profits from existing stock. He asserted that all employees must be educated on the significance of revenue to the organisation and should contribute to generating adequate funds through their daily activities.

The retail pharmacy auditor, who has assisted numerous community pharmacists in successfully managing their organisations, also advocated for the use of a first-expiry model to reduce losses. He stressed the need to arrange products by their expiry dates, allowing staff to sell those with shorter shelf lives first, thereby preserving longer-lasting items for future sales.

“Many pharmacy CEOs make the mistake of seeking external funding, which is where the problem lies. If they don’t begin to internalise financial matters within their businesses and ensure that everyone in the organisation understands the importance of money to the pharmacy, they risk collapse. The staff are responsible for the figures the organisation records, and their actions will reflect in the sales. Moreover, the CEO must ensure there’s no intellectual constipation at the top and intellectual kwashiorkor below. If the management team knows a lot but that knowledge isn’t passed down to junior staff, the business may suffer due to a lack of information to improve operations.

“Every community pharmacy should consciously practice a first-expiry, first-out policy. Ensure that products on your shelves are arranged by expiry date. By working with this model, you can avoid surprises with expired or damaged stock,” Adeshina advised.

Pharm. Opanubi highlighted the need for retail pharmacy managers to go the extra mile in meeting their clients’ needs to survive the economic downturn. He noted that this was the primary focus of Panel 16, which aimed to encourage community pharmacists to think creatively about the extra value they can offer customers for a fee. He argued that for retail pharmacy operators to thrive, they must go beyond simply selling medicines to ensure clients adhere to prescriptions, find medications affordable, and receive effective follow-ups.

He provided an example of



Mr Gbenga Adeshina

how pharmacists can help clients navigate tough times by bending the rules on breaking bulk purchases, thereby fostering convenience at the lowest price and encouraging clients to stick to their therapy.

“No matter how hard things are, money always follows value delivery. The mantra is, ‘What value can I add to my customers?’ We need to move beyond selling medicines. What else can we do to endear customers to us? This comes with value-added services.

“How do we ensure that, beyond selling medicines, clients adhere to their treatments? If they can’t afford their usual brands for economic reasons, how can we help them stay on therapy by possibly switching to other brands? We need to guide them through this challenging period, ensuring they know their pharmacies were there for them when times were tough.

“And in situations where customers are at rock bottom, how can we still help them? For instance, a pharmacy might need to bend its rules, perhaps by selling in smaller quantities to ensure affordability without breaking therapy. This ensures the flow continues,” Opanubi explained.

Continuing his recommendations for managing a retail pharmacy successfully, Adeshina proposed assigning staff to specific sections of the premises to enhance accountability. Each staff member responsible for a section would be accountable for everything within that area, whether right or wrong. He added that if a staff member fails to maintain stock accuracy, the inventory expert is bound by the business terms and conditions to take appropriate remedial action.

He also urged pharmacy CEOs to adopt the practice of unpacking products to check for content accuracy. He emphasised the importance of this practice

in all cases, except where unpacking is impractical, such as with gadgets and machines

like blood sugar monitors and blood pressure devices.

“Everything else can be unpacked. You unpack and literally count all these items for accuracy,” he stressed.

The inventory expert also provided additional guidelines for pharmacy owners: “Don’t allow your staff to come in with bags or anything handy. Ensure that search procedures are conducted at the beginning, end, and during the business day.

“Staff should always account for the money they bring in. Let them sign in. Often, staff may trade your products while on duty. By tracking their finances from the start of the business day and monitoring how they spend it, you can determine how much they should go home with. A staff member shouldn’t come in with N1,000 and leave with N3,000,” Adeshina concluded.

## Interview

### We have given a voice to pharma sales and marketing professionals – President, SPSMN

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a significant number of our members, understandably, are not pharmacists. Therefore, we cannot rightly claim affiliation with the PSN. However, we recognise and deeply acknowledge the overarching role of the PSN as the chief stakeholder in the pharmaceutical space in this country. Whenever called upon, we will cooperate and collaborate with the PSN to enhance pharmacy practice. We also acknowledge that the patient is at the centre of healthcare service delivery, even for those of us operating at the periphery of healthcare service. In the same vein, one of our objectives is to cooperate and collaborate with regulators in this space, especially the PCN, as may be necessary and desirable in the best interests of patients and the industry.

#### What major plans do you have for the industry this year?

We will continue with our flagship programme, the bimonthly Round Table Discussion. Additionally, we will do more to improve the skills and competence of our members. We will offer a free “Basics of Pharmaceutical Sales Representation” course in the third quarter of 2024 for sales representatives.

Moreover, our next Induction and Investiture of Fellows, along with the maiden edition of the Pharma-Marketing Awards, is slated for 26th September 2024. This event will officially admit new members and formally install Fellows of the Society, including Honorary Fellows. Representatives, managers, leaders, and organisations that have excelled will receive awards for their performances. We will also recognise practitioners, stakeholders, and veterans who have made positive contributions to the pharma marketing space.

**Many pharmaceutical companies have their funds trapped in Nigeria due to the inability of their customers, especially government bodies, to make timely payments. Is your Society doing anything to help**

#### secure the release of these funds?

We are aware of the efforts of the PSN in this regard, and we understand that these efforts are yielding results. On our end, we have focused on improving our competence to prevent debts and better manage them when they occur. We have implemented tactics and strategies designed to ensure that our employers’ funds are recovered in a timely manner. I recall that one of our RTDs was devoted to this topic.

#### Any advice for sales and marketing professionals in the pharmaceutical industry?

As the president of the SPSMN, my advice to pharmaceutical sales and marketing practitioners is to stay agile and adaptable in these challenging times. Misdirected anger, complaints, despondency, and fear will be of no help whatsoever. Keep moving forward. Focus on optimising costs by identifying and eliminating non-essential expenses.

With the recent 250 per cent increase in fuel prices, efficient resource management is crucial. Sales representatives should quickly adapt by leveraging digital tools to maintain and build relationships with healthcare professionals. Sales managers should streamline their teams’ activities to improve efficiency, emphasising key skills and increasing supervision to ensure productivity. The Pareto principle should be fully deployed by identifying the vital few and serving them with intensity, using 60-80 per cent of your resources.

Marketing strategists need to drive aggressive demand generation, awareness creation, shelf presence, and access, among other things. Communicate the value of your products clearly and empathetically, ensuring that healthcare professionals—and in the case of OTC products, end consumers—understand their importance. This is also a time for creativity and guerrilla marketing strategies and tactics. Together, by focusing on these controllable aspects, we can successfully navigate these challenging times.



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# Oladigbolu bows out, as Ezeh emerges new ACPN chairman

continued from back page

a community pharmacist based in Lagos, narrowly defeated Otite, the former chairman of ACPN, Edo State, and Otote, the immediate past national vice-chairman. He was subsequently declared the winner and presented with the certificate of office.

The election for the position of vice-president was also hotly contested, with Pharm. Adegboyega Oguntoye from Oyo State and Pharm. Jonah Okotie from Lagos vying for the role. Oguntoye, a former chairman of PSN, Oyo State, won the race with 482 votes, overcoming Okotie, a former secretary of Lagos ACPN, who scored 297.

The electoral committee also announced that the remaining seven positions—national secretary, national assistant secretary, national treasurer, national financial secretary, national internal auditor, and national editor-in-chief—were uncontested. The following individuals were elected: Pharm. (Mrs) Omokhafa Mary Ashore as secretary, Samuel Iyen as assistant national secretary, Babatunde Samuel as treasurer, Obiageri Ikwu as financial secretary, Luke Bokinyan as internal auditor, Hajiya Samira as editor-in-chief, Hanniel Chukwudi as national publicity secretary, and Pharm.



The newly elected national chairman, Pharm. Ambrose Ezeh, in a warm embrace with his opponent and immediate past national vice-chairman, Pharm. Mrs Bridget Otote, immediately the results were announced, at the Closing Banquet of Oluyole 2024 ACPN Conference, in Ibadan.

Adewale Oladigbolu as IPNC.

In his acceptance speech, the newly elected national chairman, Ezeh, expressed his gratitude to God for his victory in the election. He urged all members of the association to set aside any pre-election differences and come together as a united body, emphasising that there were no winners or losers in the election since everyone was focused on the betterment of the association.

During his address, he said: "Today, we will advocate for policies that enhance our practice, ensure the highest standard of

care for our patients, and elevate the role of community pharmacies in Nigeria's healthcare system. I extend my heartfelt gratitude to my predecessors for their invaluable contributions and to all of you for your support. Let us move forward united, innovative, and committed to excellence."

"To my co-contestants, I extend my heartfelt appreciation for demonstrating exceptional sportsmanship throughout the election process. Your commitment, integrity, and professionalism have been truly inspiring. This journey has been

a testament to our shared dedication to advancing the pharmacy profession and serving our communities.

"Regardless of the outcome, I am confident that our collective efforts will continue to drive positive change within our association. Thank you for your spirit of fair competition. It has been an honour to stand alongside such esteemed colleagues."

The highlight of the event was the presentation

of certificates and the swearing-in of the new executive, conducted by Pharm. Bunmi Ogundiran, Permanent Secretary, Ministry of Justice, Oyo State, with assistance from Pharm. Oladigbolu, the immediate past national chairman.

The newly elected national chairman, Pharm. Ambrose Ezeh, shared a warm embrace with his opponent and immediate past national vice-chairman, Pharm. Mrs Bridget Otote, following the announcement of the results.

The new ACPN leadership was officially sworn in after the declaration of the election results.

## Scientist decries burden of malaria and dengue misdiagnosis in Africa

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and the overlap of signs and symptoms between dengue and malaria.

He therefore advocated further training for medical personnel on the distinctions between the two conditions, noting that this would enhance their ability to consider both malaria and dengue when faced with a clinical presentation of fever.

The public health physician identified malaria, dengue, and yellow fever as the major mosquito-borne diseases. He noted that the global community records 200 million malaria cases and 600,000 deaths annually, with African children and pregnant women accounting for most of these fatalities. Meanwhile, dengue fever has seen a dramatic rise, with cases increasing by six million from 2000 to 2023, exacerbated by the effects of climate change on public health.

To assist health workers in distinguishing between the two infections, he explained that dengue is caused by four closely related viruses—DEN-1, DEN-2, DEN-3, and DEN-4. In contrast, malaria is caused by five Plasmodium parasite

species, with *P. falciparum* and *P. vivax* posing the greatest threat. He emphasised that *P. falciparum* is the deadliest malaria parasite and the most prevalent in Africa.

Guissou listed the symptoms of dengue fever as high fever, headache, body aches, nausea, and rash, affecting infants, young children, and adults. He stressed that dengue often requires hospitalisation, with recovery typically taking one to two weeks. In contrast, malaria symptoms begin within 10–15 days of being bitten by an infected mosquito, ranging from mild to life-threatening, including fever, chills, headache, fatigue, confusion, seizures, and difficulty breathing.

For treatment, Dr Guissou noted that while there is no specific treatment for dengue, appropriate medical care can frequently save the lives of patients with severe dengue. Early detection and proper medical care can reduce fatality rates to below one per cent. In contrast, malaria has treatment options, with antimalarial drugs being administered after confirmation of the disease through WHO-recommended parasite-based diagnostic testing.

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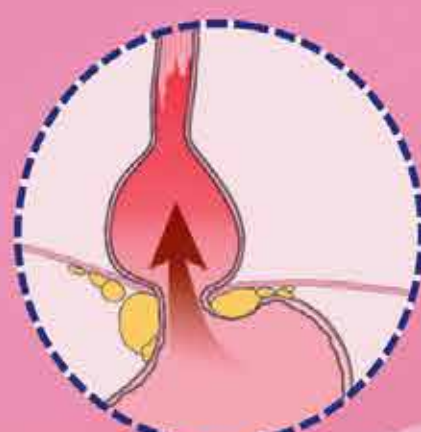
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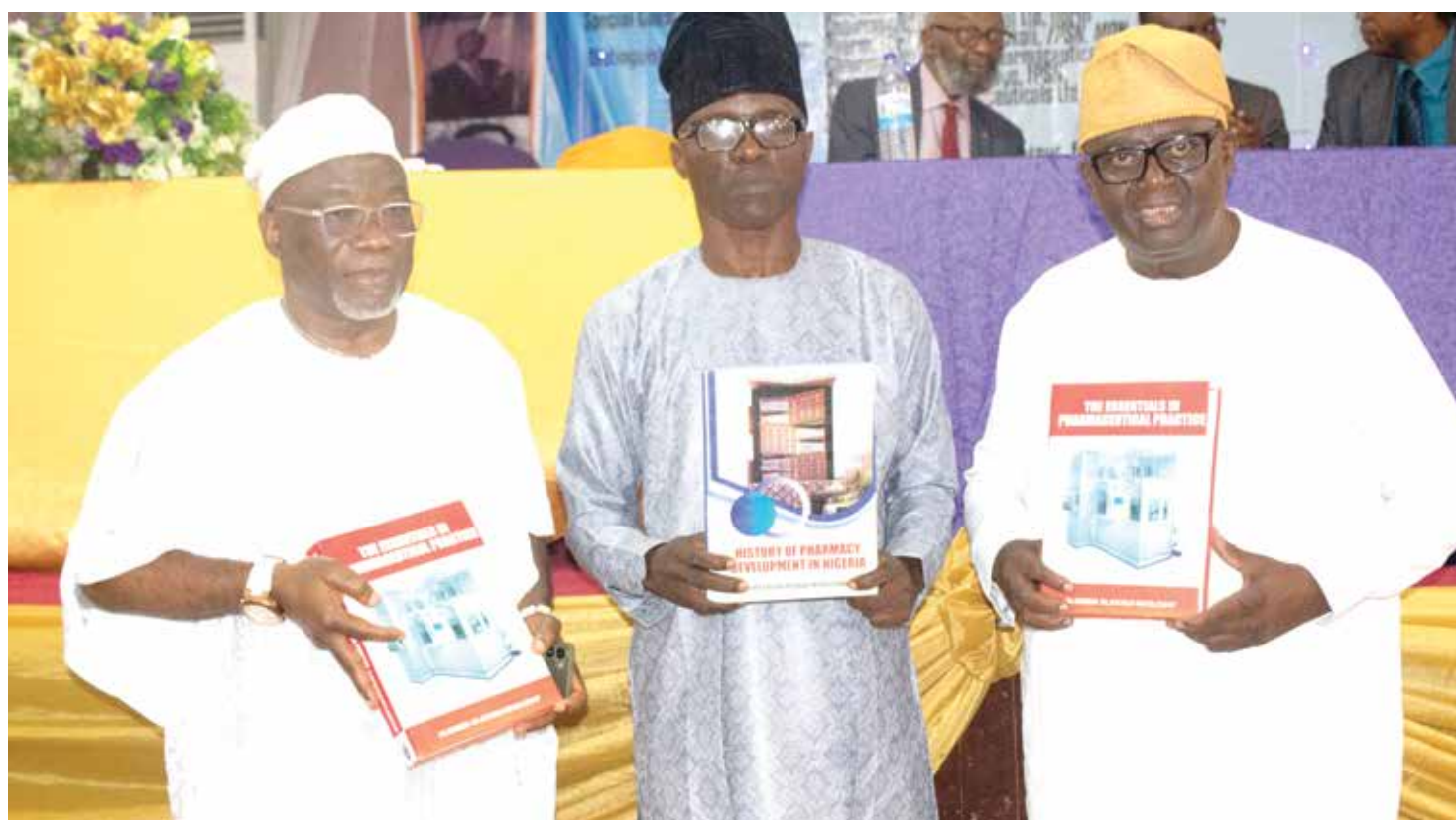
## Experts advocate expiry management, VAS, others for pharmacies to survive hardship

By **Temitope Obayendo & Nneoma Kalu**

Amid the ongoing economic challenges in Nigeria, which have taken a toll on numerous businesses, including pharmacies, experts in retail pharmacy operations have outlined crucial strategies for pharmacies to stay afloat. They emphasised the need for robust expiry management practices and the introduction of value-added services (VAS) to enhance customer satisfaction, while also recommending staff-related policies to curb internal theft, which accounts for 42.7 per cent of stock losses in retail pharmacies.

In separate interviews with Gbenga Adeshina, lead consultant at AG Consulting, and Pharm. Adeshina Opanubi, project catalyst at Pharmalliance Consulting Ltd, during the recently concluded Panel 16, the experts urged pharmacy

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L-R: Otunba (Dr) Bode Tawak, director at Biomedical Limited; Pharm. (Engr) Algreen Olatunji-Koolchop, author of the launched books; and Hon. Idowu Obasa, CEO Biomedical Limited and chief launcher at the Legacy book launch, held at Hall 36, LUTH, Idi-Araba, Lagos.

## Oladigbolu bows out, as Ezeh emerges new ACPN chairman

By **Adebayo Oladejo**

It was a night of glamour and emotion as Pharm. Adewale Oladigbolu stepped down from office, paving the way for Pharm. Ambrose Igwekanma Ezeh, who emerged victorious in the recent ACPN national chairmanship election.

The election, which took place during the association's Annual General Meeting at the International Conference Centre, University of Ibadan, Oyo State, saw Ezeh, managing director

of Rosemus Pharmacy, Lagos, secure 312 votes. He triumphed over his opponents, Pharm. Duke Otite, who garnered 273 votes, and Pharm. Bridget Otote, who received 196 votes.

The results, announced by the Chairman of the ACPN Electoral Committee, Pharm. Shina Olayiwola from Kwara State, showed that a total of 787 delegates were accredited and participated in the election. Ezeh,

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