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WHO, NAFDAC, others laud progress in local pharma manufacturing

- As 7th Nigeria Pharma Manufacturers' Expo holds in Lagos

By Patrick Iwelunmor

Stakeholders in the international health sector have applauded the pace of growth and innovation in the Nigerian pharmaceutical manufacturing industry. Their

commendations were made during the recent 7th Nigeria Pharma Manufacturers' Expo, *continued on page 8*



L-R: Deputy Governor, Borno State, Alhaji Umar Usman Kadafur; immediate past President of NAPharm, Prince Julius Adelus Adeluyi and immediate past Vice-President, NAPharm, Pharm. (Sir) Ifeanyi Atueyi, at the 10th NAPharm anniversary and investiture of new Fellows, held in Lagos recently.

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PHARM. (DR.) JOSEPH JAMES

Pharm. (Dr.) Joseph Adebayo James is the director of training for the Association of Industrial Pharmacists of Nigeria (NAIP) and editor-in-chief of the *NAIP Business Review*. A native of Ughelli North Local Government Area, Delta State, his professional experience spans Nigeria, the United Kingdom, and other international arenas. He has collaborated with diverse, multicultural teams on various global projects.



James holds a degree in Pharmacy and a Master of Science in Pharmacognosy from the prestigious University of Lagos. His career includes roles at Novartis (Nigeria), Gemini Pharmaceuticals, and Boots Health & Beauty (UK), among others.

James is deeply committed to developmental initiatives and expanding access to medicine. In 2008, while working with CHAN Medi-Pharm, he was part of a 16-member expert team at the U.S. Agency for International Development (USAID) and the Ecumenical Pharmaceutical Network in Moshi, Tanzania. The team developed a Call to Action document addressing the growing threat of antimicrobial resistance in Africa.

In 2012, he made a significant contribution to global environmental sustainability by reviewing a sustainable business model for commercialising electric and hybrid vehicles. This initiative, aimed at reducing greenhouse gas emissions from automobiles, was part of his work while in Wales.

Outside of his professional roles, James is passionate about social causes. He is the President of the Juliana & Susannah Olurike James Foundation, which focuses on women's and children's empowerment. He is also an alumnus of the University of Benin and Aberystwyth University, Wales.

As director of training for NAIP and editor-in-chief of the *NAIP Business Review*, Dr James has led efforts to rebrand the NAIP Business Academy. Together with his team and in collaboration with the Pharmacy Council of Nigeria (PCN), they have trained over 640 marketing and sales professionals from 28 pharmaceutical companies across Nigeria.

He has been recognised with Merit Awards by the Nigeria Association of Foreign Trained Pharmacists (NAFTraPh) and the Pharmaceutical Society of Nigeria (PSN) Lagos. In 2018, he received a Gold Medal from the Commandant's Football Competition, Nigeria Police, Ikeja PTS.

A strong advocate of wellness and healthy living, James is a key member of the Pharmacy Plus team, promoting an improved quality of life through their Reload Multivitamin range.

James is also an avid reader and writer. His favourite books include *The Fortune at the Bottom of the Pyramid*, *Classical Civilization*, and *The Chinese Negotiator*. He is currently working on a book for executives titled *Scandal: Shattered Illusions*—a guide to prevention, cover-ups, and damage control for VIPs.

In his leisure time, he enjoys drawing, painting, listening to harmonious music, and playing the piano.

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Inspiration

“Do the best you can until you know better. Then when you know better, do better.” - **Maya Angelou**

“Be not afraid of growing slowly; be afraid only of standing still.” - **Chinese Proverb**

“Absorb what is useful. Discard what is not. Add what is uniquely your own.” - **Bruce Lee**

“Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.” - **Viktor Frankl**

“Life isn't about finding yourself. Life is about creating yourself.” - **George Bernard Shaw**

“Every day do something that will inch you closer to a better tomorrow.” - **Doug Firebaugh**

“Never walk away from failure. On the contrary, study it carefully and imaginatively for its hidden assets.” - **Michael Korda**

“The men who try to do something and fail are infinitely better than those who try to do nothing and succeed.” - **Lloyd Jones**

“Unless you try to do something beyond what you have already mastered, you will never grow.” - **Ronald Osborn**

“Make a success of living by seeing the goal and aiming for it unswervingly.” - **Cecil B. De Mille**

“The purpose of learning is growth, and our minds, unlike our bodies, can continue growing as we continue to live.” - **Mortimer Adler**

Tell me and I forget. Teach me and I remember. Involve me and I learn.” - **Benjamin Franklin**

“The capacity to learn is a gift; the ability to learn is a skill; the willingness to learn is a choice.” - **Brian Herbert**

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The celebration of this year's World Pharmacists Day on 25 September provided another vital opportunity to not only appreciate the critical contributions of pharmacists to global healthcare but to also explore avenues through which these roles can be enhanced. With the theme, "Pharmacists Meeting Global Health Needs," the event highlights the evolving roles of pharmacists as essential healthcare professionals, far beyond their traditional roles as dispensers of medication. From chronic disease management to public health advocacy and pharmaceutical research, pharmacists have become invaluable in addressing some of the world's most pressing health challenges.

In his speech for the commemoration, President of the International Pharmaceutical Federation (FIP), Pharm. Paul Sinclair, emphasised the growing importance of pharmacists in healthcare delivery. He highlighted how pharmacists are optimising patient care and ensuring medicine security globally. These are not abstract global concepts; they apply directly to our Nigerian context. In a country with a high burden of both infectious and non-communicable diseases, pharmacists play a key role in disease management. From hypertension to diabetes, many Nigerians rely on their local pharmacists for advice on managing these chronic conditions, particularly when visits to the doctor are unaffordable or infrequent.

Beyond the celebration, however, is the vital reminder that more can and must be done to fully

World Pharmacists Day 2024: Beyond celebration to action

utilise the expertise of pharmacists in strengthening our healthcare system. As Sinclair rightly noted, the event is not just an opportunity to appreciate the achievements of pharmacists, "but also to advocate our profession's value and further potential in meeting health needs and addressing health challenges."

For Nigeria, in particular, to move from mere recognition to meaningful action, there are concrete steps that must be taken to ensure the pharmacy profession reaches its full potential in serving the health needs of the nation. To begin with, barriers limiting the capabilities of pharmacists must be addressed. One of the most pressing issues is local drug production. As President of the Pharmaceutical Society of Nigeria (PSN), Professor Cyril Usifoh, noted, government must do more to create an enabling environment for pharmaceutical manufacturers to scale up local drug production. Currently, over 60 of Nigeria's medications are imported, which is unsustainable given fluctuating exchange rates. The government should incentivise local pharmaceutical manufacturing through tax breaks, low-interest loans, and technical support. This will ensure a steady supply of affordable medications and reduce reliance on costly imports.

Affordability is also crucial.

Pharmacists alone cannot lower drug prices—it requires government intervention. Streamlining import duties on raw materials for local manufacturers would allow them to offer competitive prices, making medications more accessible, particularly for low-income Nigerians.

The brain drain in the healthcare sector is another issue the government must urgently tackle. Many pharmacists seek better opportunities abroad due to poor working conditions and low pay. Improving healthcare infrastructure, increasing remuneration, and providing career growth opportunities are essential to retain skilled professionals. Investing in the continuous development of pharmacists will help strengthen local healthcare delivery.

Pharmacists themselves must also take responsibility for advancing the profession. They should embrace continuous learning, particularly in emerging areas like digital health, and expand their roles in preventive healthcare. By educating patients, managing chronic diseases, and offering wellness programs, pharmacists can relieve the burden on Nigeria's overstretched healthcare system.

Pharmacists must also advocate for their role in

healthcare by collaborating with other professionals to demonstrate their value. Through partnerships in areas like antimicrobial stewardship and vaccination campaigns, pharmacists can support broader public health initiatives and improve patient outcomes.

Moreover, as Pharm. Elechi Oyim of AHAPN has observed, Nigerians' perception of pharmacists has to be improved. Pharmacists are more than medication dispensers—they are trusted health advisers who can manage chronic diseases and perform health screenings. Public awareness of these broader roles will foster trust and encourage Nigerians to seek their expertise for more than just prescriptions.

In addition, Nigerians must be orientated to better appreciate the unique roles of pharmacists, who are often the most accessible healthcare professionals in their communities. By seeking pharmacists' advice for disease prevention and health management, Nigerians can benefit from their extensive knowledge and care. Pharmacists themselves must actively engage communities through health seminars and public outreach to raise awareness about their indispensable services.

It is our belief that while pharmacists are uniquely positioned to meet global and national health needs, the focus should not only be on celebrating them but on creating an environment where their contributions can be maximised. With the right policies, continuous innovation, and public engagement, pharmacists will be more empowered to advance the Nigerian healthcare system.

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Becoming your true self

By Sir Ifeanyi Atueyi

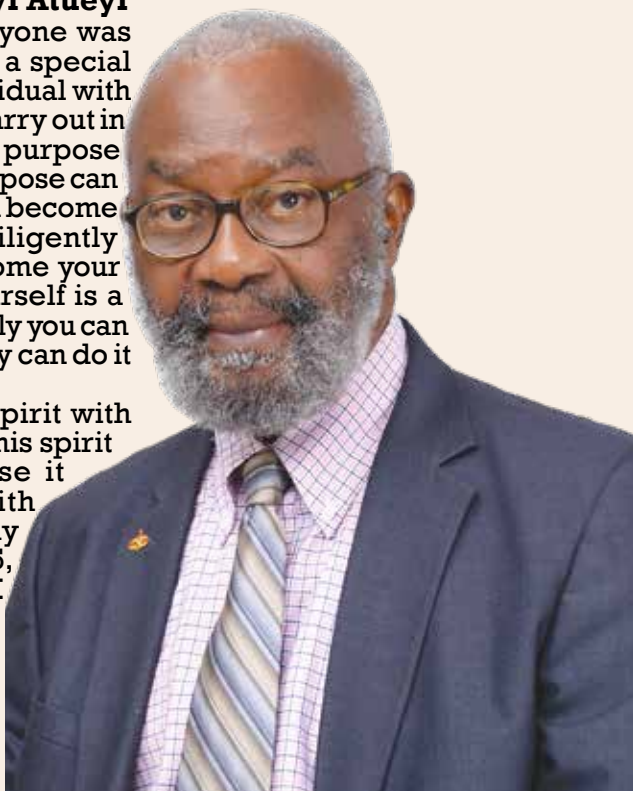
It is a truism that everyone was created by God to be a special person, a unique individual with special assignments to carry out in their lifetime. God has a purpose for your creation. That purpose can only be fulfilled when you become yourself. You have to diligently work on yourself to become your true self. Becoming yourself is a lifetime process which only you can aspire to achieve. Nobody can do it for you.

We are all born as spirit with soul and body. At birth, this spirit of man is dead because it has no relationship with the Father. I love the way David put it in Psalm 51:5, which says, **"Behold, I was brought forth in iniquity, and in sin my mother conceived me."** As long as you remain a natural man, as born by your mother, without a relationship with God, you cannot be your true self.

The great question is how to connect or actually restore a spiritual relationship with God. It is a restoration because this relationship existed with Adam and Eve in the Garden of Eden but was broken when they sinned. The restoration process was effected by the sacrificial death of our Lord and Saviour, Jesus Christ, the Son of God, on the cross of Calvary. His death took away the sins of those who believe in Him. John 3:16 (NKJV) says, **"For God so loved the world that He gave His only begotten Son, that whoever believes in Him should not perish but have everlasting life."** Your decision to receive Jesus Christ assures your salvation. Jesus Himself said in John 3:3 (NKJV), **"Most assuredly, I say to you, unless one is born again, he cannot see the kingdom of God."** This spiritual transformation is the beginning of your new life in Christ.

This new birth or new beginning is a spiritual change, and not a physical or mental one. Your soul and body remain the same. Your soul controls your mind, emotions, and will. Some Christians think that they can run the race of this life just because they are born again. No. You are only a child of God by your belief and confession and this is just the beginning or entry point into your new life, just as you were physically born on a certain day. Your birthday is the beginning of your natural life but your born-again experience is the beginning of your spiritual or Christian life. These two days are noteworthy in a Christian's life.

While our spirit is recreated instantly when we make Jesus our Lord and Saviour, our mind, which is part of the soul, remains the same. Your fears, bad attitude, desires, and thoughts have remained unchanged. Therefore, the mind



must be changed for an effective Christian walk.

In Romans 12:2 (NKJV), St. Paul addressed the Christians in Rome as follows: **"And do not be conformed to this world, but be transformed by the renewing of your mind, that you may prove what is that good and acceptable and perfect will of God."** Renewal of the mind is the key to Christian growth and maturity. Growing spiritually is an ongoing process of renewing your mind to the Word of God. You need to programme your thoughts with the thoughts of God, changing the way you think as a natural man to the way God says you should think.

Even though you are a Christian, you may still be conformed to the world and its negativity, failures, and problems, until your mind is renewed. You may be on your way to heaven but your life here could be unpleasant. Many Christians struggle through life with negative attitudes, sin, divorce, depression, envy, and so on because their minds are not renewed and they are still conformed to the world. When our mind is renewed to the Word of God, we will overcome negative desires and live according to God's perfect will for us.

Struggling with poverty and sickness, having illicit sex, enjoying pornography, stealing, telling lies, engaging in bribery and corruption, maltreating the poor and needy, and setting affection on earthly things are symptoms of a mind not yet renewed.

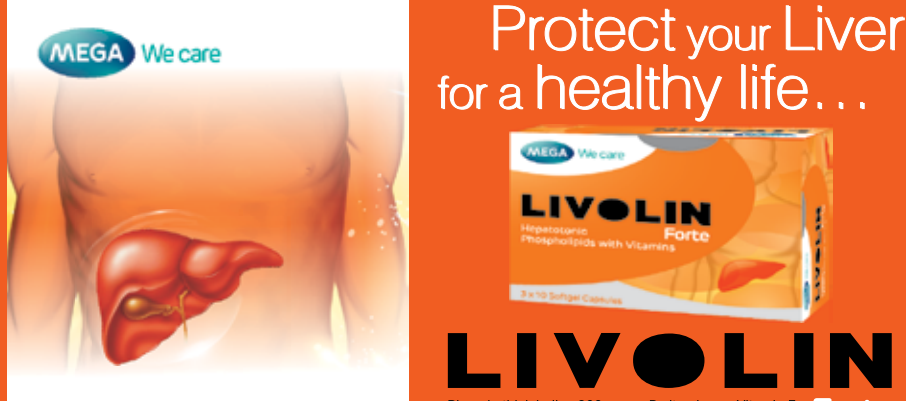
Through renewing our mind, we overcome life's challenges and failures. We walk with God and become an example of His will. When transformed, the Christian will begin to see the fullness of their salvation, enjoy the promises of God, become their true self, and accomplish great things according to God's plans.



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

Time: invest it, don't spend it!

By George O. Emetuche, CES

"Time is your greatest resource." – Brian Tracy

I was recently at a social event where the MC said something quite instructive: "People often say that time is going, but this is wrong—time is not going; you are the one going!" This is true. People often make the mistake of wasting time and spending it, when they should actually be investing it. You invest time when you use it wisely; you waste and spend it when the opposite is the case.

Time is ticking

September marked the end of the third quarter of the year, while October begins the final quarter. This is another opportunity to take stock and ensure you're on the right track. You should know how you've utilised your time, as time is your greatest resource. Time is ticking, and the year is gradually coming to an end. What are you doing with the time you have now? Ask yourself this question and give yourself an honest answer.

I've written extensively about time. In *The 25 Unbreakable Laws of Sales*, the 18th law is, "Time is a major denominator." Success happens within a time frame, and so does failure. Are you investing your time, or are you spending and wasting it? Pause for a moment as you consider your answer.

Life is about time and seasons

Life is about time and seasons, and those on a journey should take charge and determine what happens. Some people, however, struggle because they don't understand the concept of time. This is why we hear about "African time"! But how can anyone talk about African time when there's no African clock?

Productive people understand the value of time. They know that time can't be multiplied, manufactured, borrowed, or transferred. They understand that time is money and that it waits for no one. Time moves steadily forward, not waiting for anyone, and it's up to you to keep pace with it.

For me, I say, Time doesn't care! Time is selfish; it exists in its own world. You just have to respect it and work with it, or it will leave you behind. Time waits for no one. As a salesperson or professional, you should work as if you're constantly losing time! This is the path to success. When you think and act as though time is limited, you are more likely to invest the time you have wisely.

The only time you have is now!

The only time you truly have is now. I call it "the now time". What are you doing right now? Make sure that whatever it is aligns with your goals. Reflecting on the importance of time during these "ember months" will help prepare our minds for great results.

Average people have a different mindset about time. They think time is always waiting for them. These are the people who

won't arrive at meetings on time. You'll hear them say, "Let's get there 30 minutes late—they won't start at 2:00pm!" or "Let's arrive after the opening ceremony—are we the celebrants?" That's poor time etiquette. The right thing to do is to arrive at meetings as scheduled. Arrive a few minutes early, settle down, and be prepared.

Time, process and goal accomplishment

I've done a great deal of work on goal setting. Every year, I teach professionals and entrepreneurs about strategy and goals at the beginning of the year to prepare them for what lies ahead. Two key concepts that consistently stand out in these presentations are time and process. You can't set or achieve

your goals without understanding how time and process work. This understanding is why successful people keep succeeding, while those who remain average stay in their comfort zones without progressing.

Time is life. Those who realise that time is more than just something that ticks often excel in their pursuits. Time is not just a ticking piece of metal; it is a major factor in life. Success is measured in time. People succeed within a given time frame. People fail within a given time frame.

We all have 24 hours in a day. Some people plan their days and take control, while others fail to plan and blame their circumstances or "village people" for the results of their choices. But it doesn't work that way. Time makes all the difference. Invest your time; don't spend it, and don't



waste it. Time is your greatest resource—don't spend it, invest it!

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Bibliotherapy: Literature as medicine

address specific cognitive distortions or behavioural issues, providing readers with strategies to modify unhelpful thought patterns and behaviours.

In educational settings, bibliotherapy can support emotional and social development in students. Schools and libraries

may use bibliotherapy to address issues such as bullying, self-esteem, or family dynamics. By selecting age-appropriate books that tackle these themes, educators can foster discussions that help students navigate their own challenges.

Studies have demonstrated that bibliotherapy can lead to significant improvements in various aspects of mental health, including reduced symptoms of anxiety, depression, and stress. For instance, a study examining the effects of bibliotherapy on individuals with depression found that participants who engaged in structured reading and reflection experienced notable reductions in depressive symptoms.

However, bibliotherapy is not a panacea. Its effectiveness can vary, depending on factors such as the nature of the issues being addressed, the selection of appropriate literature, and the individual's engagement with the process. It is often most effective when combined with other therapeutic modalities and when guided by a skilled practitioner who can tailor the approach to the individual's needs.

Implementing bibliotherapy involves several key steps. Initially, it requires the careful selection of literature that aligns with the individual's needs and therapeutic goals. This selection process can be guided by the individual's interests,

the themes relevant to their situation, and the therapeutic objectives. For instance, someone struggling with self-esteem issues might benefit from reading about characters who overcome personal challenges and develop resilience.

Once appropriate literature is chosen, the process typically involves reading, reflection, and discussion. This might include personal journaling, group discussions, or one-on-one sessions with a therapist. The goal is to encourage readers to draw connections between the literature and their own lives, fostering insight and emotional processing.

In practice, bibliotherapy also involves ongoing evaluation and adjustment. As individuals progress, their needs and interests may evolve, requiring adjustments in the literature and therapeutic approach. This dynamic process ensures that bibliotherapy remains relevant and effective in addressing the individual's evolving needs.

Bibliotherapy represents a compelling and multifaceted approach to mental health and personal development. By leveraging the power of literature to facilitate emotional expression, self-reflection, and personal insight, bibliotherapy offers a unique and enriching therapeutic experience. As research continues to explore its efficacy and potential, bibliotherapy stands as a testament to the enduring and transformative power of literature in the realm of mental health. As we navigate the complexities of modern life, embracing such innovative and integrative approaches can pave the way for deeper understanding and healing, proving that literature, indeed, can serve as medicine for the soul.

In an era where mental health awareness is becoming increasingly paramount, the search for innovative and effective therapeutic approaches is more pressing than ever. One such approach that has gained significant attention is bibliotherapy, a form of therapy that utilises literature to promote emotional and psychological well-being. The term "bibliotherapy" derives from the Greek words *biblion* (book) and *therapeia* (healing), representing a fascinating intersection between literature and mental health. By integrating reading and reflective practices into therapeutic processes, bibliotherapy offers a unique pathway to healing, self-discovery, and personal growth.

The concept of bibliotherapy is not entirely new; its roots can be traced back to ancient civilisations. Historical accounts reveal that literature was used in various ways to address mental and emotional issues. For instance, ancient Greek and Roman societies employed poetry and philosophical texts as tools for moral and emotional guidance. During the 19th century, bibliotherapy gained traction as a formal practice, with practitioners like Samuel Crothers advocating for the therapeutic potential of literature. Crothers suggested that reading, particularly literature that resonates with the reader's own experiences and emotions, could facilitate personal

insight and emotional healing.

Bibliotherapy operates on several psychological mechanisms that contribute to its effectiveness as a therapeutic tool. One key mechanism is the concept of catharsis—the process of releasing and thereby providing relief from strong or repressed emotions. Literature often allows readers to experience a range of emotions and situations vicariously, creating a safe space to explore and process their own feelings. For example, a person grappling with grief might find solace in reading about characters who navigate similar losses, validating their own experiences and offering new perspectives on coping strategies.

Bibliotherapy also encourages reflection and introspection. Through guided discussions or personal journaling, readers are prompted to consider how the themes and characters of a book relate to their own lives. This reflective practice can facilitate self-awareness and personal growth, helping individuals gain insights into their behaviours, emotions, and relationships.

Bibliotherapy can be employed in a variety of settings and for diverse purposes. In clinical settings, mental health professionals may recommend specific books or texts as part of a therapeutic regimen. For example, cognitive-behavioural bibliotherapy uses literature to

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Effects of tight clothing on women's health

By Gloria Obikili

In a previous edition, we explored the effects of tight clothing on men's health, and it is only appropriate that we now address the same issue for women. Many of us have seen or even experienced the discomfort of wearing tight clothes. The struggle to put them on and take them off is all too familiar.

But beyond discomfort, are you aware of the potential health risks of wearing tight clothing, from undergarments to outerwear?

Signs your clothes are too tight:
Pressure marks
Skin irritation
Numbness or tingling
Restricted movement
Difficulty breathing (in extreme cases)

Health issues linked to tight clothing

1. Skin irritation and nerve damage
Tight clothing, especially jeans, can put unnecessary pressure on the skin, leading to irritation, bruising, and even numbness. In one alarming case from Australia, a young woman experienced severe swelling and loss of sensation in her legs after squatting for hours in tight jeans while helping someone move house. Her legs swelled to the point where the nerves were compressed, rendering her unable to move. She was rushed to hospital and spent four days receiving IV fluids before regaining sensation. This incident triggered awareness campaigns about the dangers of wearing excessively tight clothing.

2. Gastrointestinal problems
Michelle Rauch, a dietitian and nutritionist, points out that tight clothing, including neckties, can exacerbate gastrointestinal conditions like Irritable Bowel Syndrome (IBS), Crohn's disease, and Gastroesophageal Reflux Disease (GERD). Tight clothes put additional pressure on the stomach, worsening symptoms like heartburn and acid reflux. If acid reflux persists over time, it can lead to esophagitis, a condition that makes swallowing difficult and painful.

3. Impaired workout performance
A 2020 study published in the *Psychonomic Bulletin and Review* revealed that tight workout gear could hamper athletic performance. Researchers found that women aged 18 to 35 who wore tight, form-fitting clothing performed worse in visual-motor tasks and showed less improvement compared to those in loose-fitting workout gear. This suggests that tight clothing can not only restrict movement but also affect focus and performance.

4. Yeast infections
Wearing tight pants, pantyhose, or shapewear can increase the risk of yeast infections, especially in women. Tight clothing reduces breathability, trapping moisture and creating an ideal environment for infections in areas that require good airflow, such as the vulva.

5. Nerve compression (meralgia paresthetica)
According to a study published by the U.S. National Library of Medicine, tight clothing has been linked to a nerve condition known as meralgia paresthetica, which causes tingling, numbness, and pain in the outer thigh. It occurs when tight garments

compress the nerves supplying sensation to the thigh. This condition is particularly common among those who wear shapewear or garments that flatten the stomach and can be worsened by high heels.

6. Circulatory Issues
Tight clothing, particularly around the waist or legs, can restrict blood flow and increase the risk of circulatory problems such as deep vein thrombosis (DVT). Prolonged sitting in tight jeans or trousers can further exacerbate these issues, and excessive pressure on leg veins can contribute to the development of varicose veins.

7. Digestive health
Tight waistbands increase intra-abdominal pressure, which can cause reflux as stomach contents are pushed back into the esophagus. Compression in the abdominal area can also hinder digestion, leading to bloating and discomfort.

8. Poor posture and musculoskeletal problems
Wearing tight tops or bras can strain the muscles and cause back or shoulder pain, contributing to chronic conditions. Restrictive clothing can alter the body's natural movement, impairing flexibility and putting stress on joints and muscles. Tight-fitting bras can also restrict rib expansion during breathing, negatively affecting posture and overall body alignment.

9. Mental and emotional impact
Wearing tight clothing can have an impact on body image, leading to self-consciousness and, in some cases, poor mental health.

Healthier choices

To reduce the risks associated with tight clothing, it's important to make more mindful wardrobe choices:

Choose breathable fabrics:
Opt for natural materials like cotton or linen, which allow better airflow and reduce moisture build-up.

Focus on fit: Avoid overly tight clothing. Choose styles that allow for movement and provide support



without compressing the body.

Take breaks: If you must wear tight clothes, take breaks throughout the day to allow your body to relax and recover.

While fashion trends come and go, your health should always come first. Wearing comfortable, well-fitting clothes can make a world of difference in how you feel, both inside and out.



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WHO, NAFDAC, others, laud progress in local pharma manufacturing

continued from front page

which took place at the Sheraton Hotel, Lagos.

The event, themed “40 Years of Advocacy: Fostering Partnership & Innovation to Unlock the Pharma Manufacturing Value Chain in Nigeria, Central & West Africa”, featured presentations from key industry players, regulators, policymakers, government agencies, and international organisations.

Speakers praised the quality of interventions in the Nigerian local manufacturing space, urging more innovative collaborations to sustain steady improvements in manufacturing and regulatory standards.

In his goodwill message, Dr Walter Mulombo, WHO representative in Nigeria, represented by Dr Ifeoma Okafor, coordinator of the Lagos Office, commended the event organisers for creating a platform to exchange ideas essential for the transformation of the local pharmaceutical sector. He reaffirmed WHO's commitment to supporting member states in raising the standards of local pharmaceutical manufacturing.

“This event aligns with the Nigerian government's agenda on local manufacturing, which is a key pillar in the Health Sector Strategic Blueprint, implemented under Pillar 3 of the Sector-Wide Approach (SWAp).

“World Health Assembly resolutions WHA74.6 and WHA67.20 mandate the WHO Secretariat to continue supporting member states, at their request, in promoting the quality and sustainability of medicine production and other health technologies, while strengthening regulatory systems.

“Member states at the recent 74th session of the WHO Africa Regional Committee meeting in Brazzaville, Republic of Congo, approved the framework for strengthening local production of medicines, vaccines, and other health technologies in the WHO Africa Region,” he said.

Assuring stakeholders of WHO's continued support for Nigeria's pharmaceutical manufacturing sector, Mulombo added that significant measures have been put in place to ensure Nigerian manufacturers excel on the global stage.

“As part of our efforts to help Nigeria improve local production of medicines, vaccines, diagnostics, and other health technologies, WHO is conducting a mission in Nigeria on mRNA and diagnostics technology transfer and is working with government agencies on regulatory approvals.

“WHO prequalification services are ongoing, with more companies showing interest in medicines, syringes, needles, and diagnostics. We congratulate Swiss Pharma Nigeria for achieving the second prequalified medicine in West Africa. WHO will continue collaborating with other UN agencies and development partners to ensure the uptake of such quality products,” he added.

NAFDAC Director-General,



L-R: Chairman, 7th Nigeria Pharma Manufacturers' Expo (NPME), Pharm. Patrick Ajah; CEO, GPE EXPO LTD, Mr Paresh Jhurmarvala; and Executive Secretary, PMGMAN, Pharm. Frank Muonemeh at the event.

Professor Mojisola Adeyeye, expressed her confidence in the ability of local manufacturers to deliver cutting-edge medicines, describing them as patriots who deserve recognition for adhering to NAFDAC's regulatory frameworks. She also lauded Swiss Pharma's recent second WHO prequalification as a testament to the strong partnership between NAFDAC and manufacturers.

“Most importantly, we celebrate our patriots—our local manufacturers. Seven years ago, when I became DG of NAFDAC, we focused on implementation rather than just talking.

“Today, NAFDAC works tirelessly to ensure that local manufacturing accounts for 70 per cent of pharmaceutical products, with importation reduced to 30 per cent. Local manufacturing is crucial as it delivers better-quality medicines.

“We have given manufacturers a six-month roadmap for Good Manufacturing Practice, and we enforce our regulations promptly when necessary. Local manufacturing is about ensuring access to quality medicines.

“We are no longer producing just 30 per cent locally—it is almost 40 per cent, and we will make this official soon. Since 2019, we have maintained our ISO 9001 certification, ensuring continuous quality improvement,” she said.

On his part, Registrar of the Pharmacy Council of Nigeria (PCN), Pharm. Ibrahim Babashehu Ahmed, represented by Dr Amina Shekarau Omar, director of Inspection, Monitoring, and Quality Assurance, urged stakeholders in the local pharmaceutical manufacturing sector to collaborate to improve the sector's overall performance. He reiterated PCN's commitment to enhancing the growth and quality of local manufacturing.

“Players in the pharmaceutical sector must collaborate to create value. We expect this expo to highlight areas for collaboration and innovation. PCN is committed to the growth of the pharmaceutical sector in Nigeria,” he said.

The keynote speaker, Professor Padmashree Geh Sampath, CEO of the African Pharmaceutical Technology Foundation, Kigali, Rwanda, and senior advisor to the President of the African Development Bank (AfDB), Abidjan, Côte d'Ivoire, represented by Dr Olajide Adebola, chair of the National Technical/Mirror Committee on ISOTC 215 – Health Informatics, emphasised the need to strengthen local manufacturing in Nigeria. Despite challenges, he highlighted the positive developments in Nigeria's pharmaceutical manufacturing sector.

“In the past five years, Nigeria's pharmaceutical and vaccine segments have seen notable development, driven by factors such as population growth, disease burden, healthcare infrastructure, government policy, and global health initiatives.

“The country's pharmaceutical production efforts have steadily expanded, reducing drug importation.

“We must ensure we continue progressing. Our domestic manufacturing has increased from 20 per cent a decade ago to over 30 per cent today, and we must strive for 50 per cent.

“The COVID-19 pandemic highlighted the consequences of a lack of domestic manufacturing, and we cannot afford to let history repeat itself. Africa cannot rely on international advisers for medicine security. That is why the African Development Bank launched a \$3 billion pharmaceutical action plan to revamp and support Africa's pharmaceutical industry,” she said.

In his remarks, Comptroller Babatunde Olomu, representing the Comptroller-General of the Nigeria Customs Service, Alhaji Bashir Adewale Adeniyi, described the gathering as an opportunity to shape the future of Nigeria's pharmaceutical manufacturing. He pledged the Customs Service's commitment to reducing drug importation and supporting local production.

“The mandate of the Nigeria Customs Service is not only to facilitate trade but to ensure that goods entering our borders meet the highest standards of quality and safety. We are actively preventing the entry of substandard and counterfeit medicines, which pose significant health risks.

“We understand the complexities of the pharmaceutical sector and are committed to fostering partnerships with stakeholders, government agencies, and international partners to build a regulatory environment that supports innovation and growth,” he said.

Lagos State Commander, CN AM Wali, representing the Chairman and Chief Executive Officer of the National Drug Law Enforcement Agency (NDLEA), pledged the agency's commitment to sustaining Nigeria's fight against the distribution of illicit medicines and tackling drug abuse.

“We are committed to ensuring that medicines in Nigeria are legally produced, distributed, and consumed. We are working to halt the circulation of illicit drugs while supporting the pharmaceutical industry in its fight against drug abuse and trafficking,” he said.

Indian Deputy High Commissioner to Nigeria, Ms Vartika Rawat, described the relationship between India and Nigeria as mutually beneficial. She noted that Indian pharmaceutical companies have made significant contributions to Nigeria's pharma industry.

“Nigeria and India are collaborating to enhance pharmaceutical production and development. India has invested over \$40 billion in Nigeria's pharmaceutical industry,” she said.

Earlier, in his welcome address, Chairman of PMG-MAN and Managing Director of Daily Need Industries Limited, Mr Oluwatosin Jolayemi, Esq, stressed the importance of boosting local production, particularly in the wake of the COVID-19 pandemic. He also commended NAFDAC for upholding high standards in the industry and urged the government to provide more support for local manufacturers.

“We must celebrate the achievements of NAFDAC in ensuring high standards for our laboratories. The agency must be further strengthened to perform its regulatory duties even better,” he said.

Chairman of the 7th Nigeria Pharma Manufacturers' Expo and Managing Director of May & Baker PLC, Pharm. Patrick Ajah, expressed gratitude to the stakeholders who made the event possible.

He said: “Over 55 companies from China and India are represented here today, alongside over 110 PMG-MAN companies. It is time for our local manufacturers to begin exporting their products globally. We urge the government to provide more resources to help the local pharmaceutical industry thrive.”

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The fight against non-communicable diseases: Are we losing?

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

“No great loss.” This phrase is a line from Stephen King’s novel *The Stand*. I read the novel over 12 years ago. Although the details are now fuzzy, the plot featured a pandemic—an influenza-like contagion that ravaged the world, killing people swiftly and indiscriminately, dropping people like flies.

The phrase appeared several times in a chapter introducing certain characters who died immediately after being introduced. These characters, despite being resistant to the contagion and surviving amidst the deaths around them, soon met their demise through other avoidable circumstances. However, some of these characters were not good people or were inconsequential to the main story. Thus, they were no great loss.

Recently, I started reflecting on that phrase when I came across an Instagram post featuring several deceased celebrities. The causes of their deaths ranged from heart attacks to diabetes, kidney failure, and other non-communicable diseases (NCDs).

In the comments section, someone pointed out how we collectively mourn celebrities because they are remarkable people whose deaths shock us, shake Nollywood, and leave fans heartbroken. Their deaths are seen as great losses, consequential and felt nationwide. But what about the thousands of people who die every day from these same diseases, their deaths unnoticed because they were not in the public eye? Losses felt only by their families and other loved ones. No great loss?

There is no such thing as a loss that is not great. The impact of a loss is debilitating on those affected, rippling through families and communities, leaving pain and grief in its wake. What makes it more tragic is that many of these deaths are avoidable, just like those characters in *The Stand* who survived the contagion only to perish through preventable means.

While communicable diseases are also largely preventable—follow the guidelines, and you might avoid getting infected—prevention often depends on external factors beyond one’s control, as it usually takes more than one person to spread such diseases.

In contrast, most non-communicable diseases (NCDs) involve only one participant, making them seem easier to avoid. Yet, this is not the case. According to the World Health Organisation, NCDs account for 74 per cent of all global deaths. It appears we are losing the fight against NCDs. Indeed, it would be one great loss.

The growing burden of NCDs

In recent decades, healthcare has made tremendous strides in combating infectious diseases. However, the tide has shifted towards a new, quieter epidemic: non-communicable diseases (NCDs). These illnesses—including cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases—are not transmitted from person to person. Yet, they have become the leading cause of

mortality worldwide, with devastating impacts on individuals, families, and economies. Each year, the question looms larger: Have we lost the fight against NCDs?

According to the WHO, NCDs account for approximately 41 million deaths globally each year, about 74 per cent of all deaths. Low- and middle-income countries (LMICs) bear the heaviest burden, accounting for more than 85 per cent of these premature deaths.

Cardiovascular diseases, cancers, respiratory diseases, and diabetes are the culprits, wreaking havoc on millions of lives. While these diseases may lack the viral immediacy of communicable diseases, their slow, insidious nature makes them just as dangerous. NCDs often creep up on individuals, offering no clear signs until it is too late.

In Nigeria, for instance, NCDs are responsible for about 29 per cent of all deaths, with cardiovascular diseases alone accounting for 11 per cent of deaths, followed by cancer (4 per cent), respiratory diseases (2 per cent), and diabetes (2 per cent).

The burden of these diseases is multidimensional. It is not just about the mortality rate but also the significant morbidity they cause. The long-term nature of NCDs often results in chronic suffering, disability, and a diminished quality of life. Patients grapple with extended treatments, hospitalisations, and financial strains.

Moreover, NCDs tend to hit working-age populations, creating a double blow to national productivity and increasing the economic load on healthcare systems that are



already stretched thin, particularly in Africa. The economic burden of these illnesses is immense, leading to reduced productivity, higher healthcare costs, and further strain on already fragile healthcare systems.

Conclusion

While the current statistics paint a troubling picture, we must remember that many NCDs are preventable and manageable with the right interventions. In the next edition, we will explore the roles of healthcare providers. Pharmacists, as accessible healthcare professionals, can play a critical role in reducing the burden of NCDs through medication management, health screenings, lifestyle counselling, and advocacy.

No loss is ever no great loss. Every life taken by NCDs is significant, and every preventable death is a failure of the system. But with concerted efforts from healthcare providers, governments, and communities, we can turn the tide in the fight against non-communicable diseases. The battle may be long, but it is a battle we can win.

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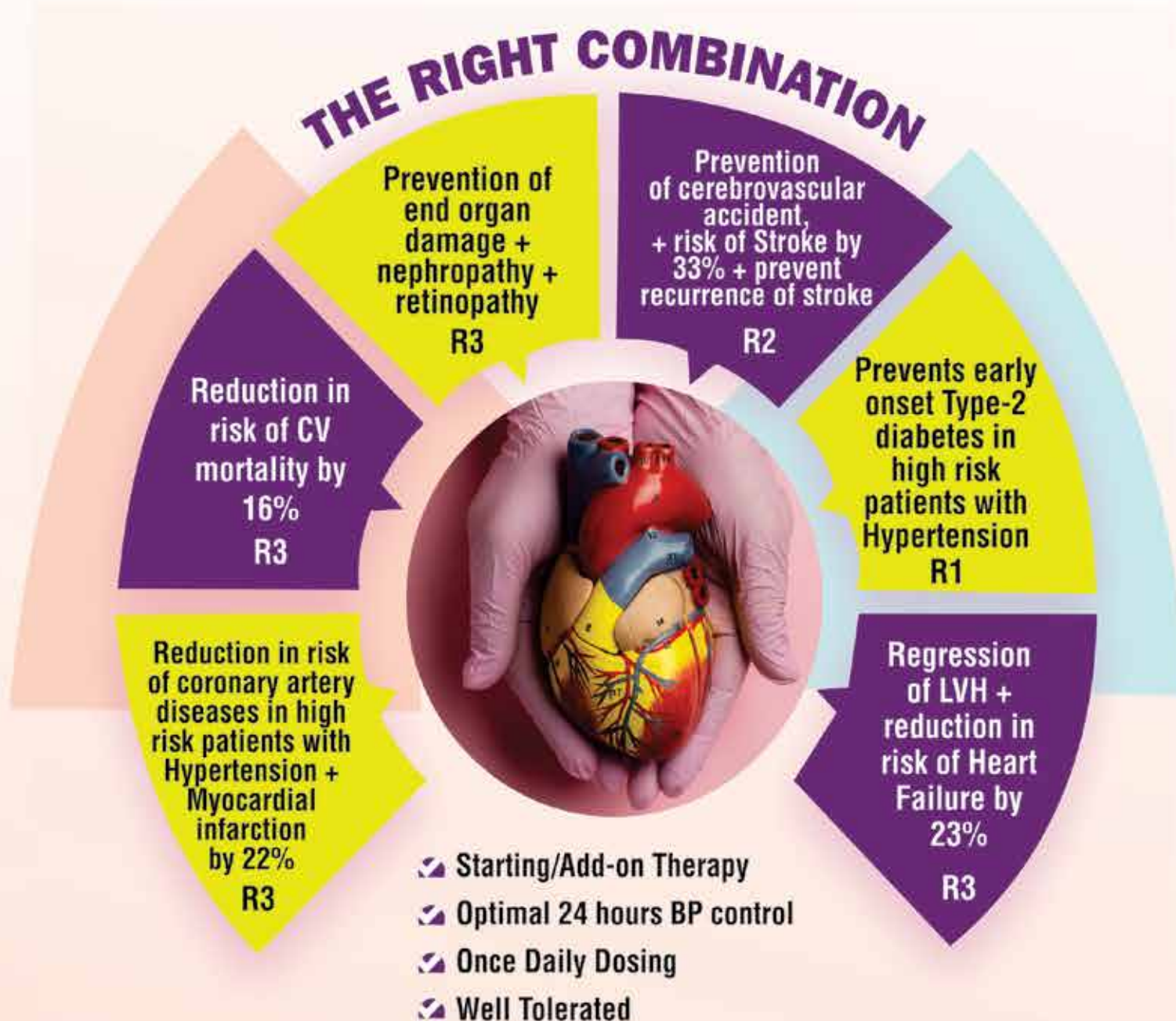
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The eye is one of the five sense organs and plays a crucial role in allowing us to see. It is a complex sensory organ that enables visualisation, light perception, and colour and depth perception. The eyes capture visible light from the surroundings and convert it into signals the brain uses to create vision. Without sensory organs like the eyes, the brain is unable to gather information about the world.

According to the American Academy of Ophthalmology, eye infections occur when bacteria, viruses, fungi, or parasites invade the eye, often due to scratches, injuries, or exposure to contaminated contact lenses. Eye infections can also result from touching surfaces containing germs and then touching the eyes.

In his 2010 report, *Synopsis of Causation of Eye Infections* to the UK Ministry of Defence, Dr Adrian Roberts classifies eye infections by the infectious organism or the part of the eye affected. He notes that

various bacteria, viruses, fungi, and parasites can cause infections, which range from common to rare and from self-limiting conditions to those that threaten sight.

Dr H. Patel, an expert in medical life science, describes the eye as a biological camera made up of multiple components, all of which can be affected by infections. Given the importance of the eye not only to the body but to personal well-being, it is essential to maintain its health, as infections can have serious consequences.

Ophthalmologists, who specialise in eye care, explain that eye infections are contagious and result from microorganisms like bacteria, viruses, or fungi. While some infections can impair vision, many do not, though they can still lead to personal and financial hardship due to treatment costs.

Prevalence of eye infections

Eye infections are a global issue and are quite common. According

to the World Health Organisation (WHO), everyone is likely to experience at least one eye condition in their lifetime. Globally, at least 2.2 billion people suffer from near or distance vision impairment, with nearly 1 billion cases being preventable or untreated.

The leading causes of distance vision impairment or blindness include cataracts (94 million cases), refractive errors (88.4 million), age-related macular degeneration (8 million), glaucoma (7.7 million), and diabetic retinopathy (3.9 million). Presbyopia, affecting 826 million people, is the main cause of near vision impairment.

The prevalence of distance vision impairment is approximately four times higher in low- and middle-income regions than in high-income areas. In sub-Saharan Africa, more than 80 per cent of near vision impairment cases go untreated, whereas in higher-income regions such as North America, Western Europe, and parts of Asia-Pacific, the figure is below 10 per cent.

In Nigeria, estimates from Skipper Eye-Q International Eye Hospital suggest that 4.25 million adults aged 40 and above have moderate to severe eye disease or blindness. Eye examinations and surgical interventions remain scarce, particularly in rural areas. The National Blindness and Visual Impairment Survey has highlighted that over 1 million Nigerians living with blindness urgently need attention. The economic impact of this is significant, with lost income for affected individuals and the burden on caregivers reducing overall productivity.

Components of the eye

Dr Patel emphasises that a healthy pair of eyes is essential for a clear vision, which significantly impacts the quality of life. Professor Xi Chu Tsai from an eye centre in China further explains that humans have binocular vision, where both eyes create a combined image, which is interpreted by the brain. The eye's components work in harmony to provide clear vision.

According to Tsai, the key anatomical components of the eye are:

Cornea: Protects the inner eye and helps bend light as it enters.

Sclera: The white part of the eye that gives shape and structure.

Conjunctiva: A thin, clear layer covering the sclera and lining the inside of the eyelids.

Aqueous humour: Fluid in the anterior chamber that helps maintain the eye's shape.

Iris: Controls the size of the pupil and determines eye colour.

Pupil: The black circle in the iris that adjusts to regulate light entry.

Lens: Focuses light onto the back of the eye.

Vitreous humour: A gel-like fluid between the lens and retina that helps maintain eye shape.

Retina: Converts light into electrical signals with its rods (for low light) and cones (for colour vision).

Macula: Responsible for central vision, fine details, and colour perception.

Optic nerve: Connects the retina to the brain, transmitting visual information.

External muscles: Control eye movement, alignment, and focus.


Professor Tsai stresses the importance of taking care of each component, as an infection in one

continued on page 13




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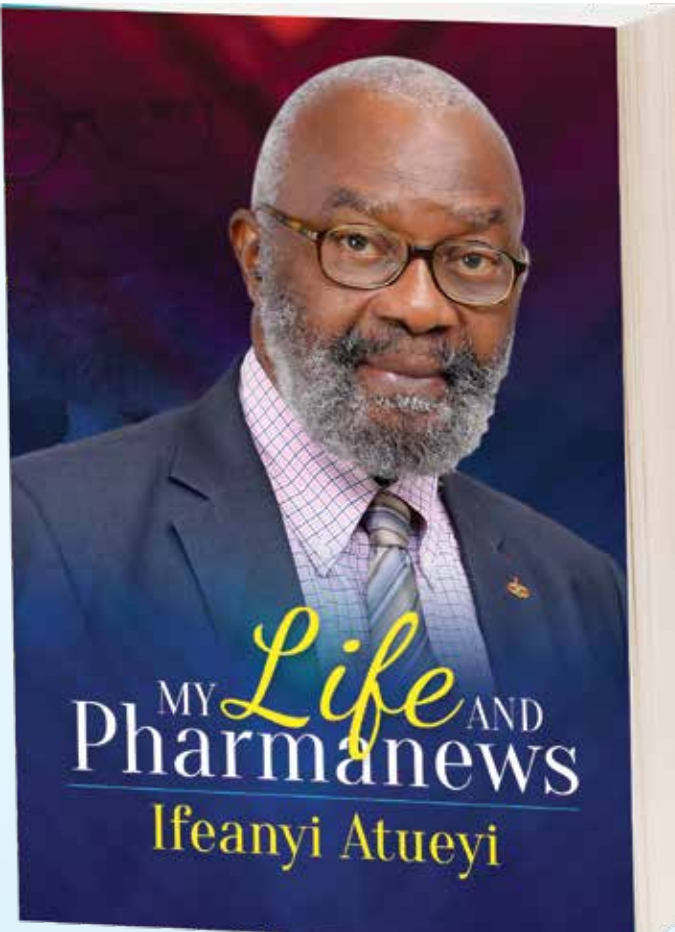
THE FORMATIVE YEARS (4)

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

It was in working this way that the business of **Pharmanews** was sustained for the first few editions. And, as anyone can guess, to do the work as I have described above, required investing a great deal of my time and imagination. I can, in fact, say that about eighty per cent of my waking hours during that period were spent on strategising on how to manage the business. **Pharmanews** so dominated my being that, at one time, one of my daughters, Nkechi, had to ask me why I was always talking about **Pharmanews**. I believe that one of the reasons that **Pharmanews** survived those early years was because of the intensity of my focus and concentration.

Baptism of Fire

Soon after the maiden edition of **Pharmanews** in May 1979, I had an unforgettable experience that I believe, in hindsight, was deliberately allowed by God to give me a critical lesson on the foundation upon which He expected me to build **Pharmanews** if the business was to excel and withstand the test of time. I have already revealed how, like most entrepreneurs, and perhaps much more, I was determined to make my new business grow and prosper. Consequently, God allowed this experience to prepare me for the



challenges ahead in the business world.

It happened that I was approached by the manager of one of the multinational pharmaceutical companies for a deal. The man advised me that I could make a lot of money with **Pharmanews** if I would be smart enough. His suggestion was that I should inflate the advert bill for his company. According to

him, he was the person to approve the bill, so there was no reason for me to be afraid. Basically, what he was seeking was to use **Pharmanews** to defraud his company and compensate me for abetting his fraud.

Unfortunately, while I was reluctant to be the man's accomplice – considering the kind of training I had received in my younger years and the moral principles I had developed myself – my naivety and lack of spiritual backbone got the better of me. In fact, I was so naive that I never even bothered to ask the man what my share of the booty would be.

Taking advantage of my naivety, the man went ahead to dangle a bait before me. He asked me if I would like to attend the FIP congress in Brighton, UK, that September and I told him that I was already preparing for it. He simply asked that question to make me imagine the prospect of getting money to fund the trip from the deal he was proposing to me. And his trick seemed to work because I fell into his snare

and agreed to do what he requested.

About two weeks after the deal, I received a phone call from the man's company to come for a meeting. Instantly, alarm bells started to ring in my head. *What could the meeting be for? Had the deal been exposed? Was the manager no longer in control of the situation?* On and on the questions went, as I scrambled to get myself to that company as fast as I could.

When I arrived at the reception, I was directed to a committee room. Seated in the room were the expatriate managing director, my "partner-in-crime" and another gentleman. At that time, I knew the game was up. But the MD, perhaps sensing my apprehension, decided to make me loosen up a bit. He cheerfully welcomed me and congratulated me on the brilliant idea of starting **Pharmanews** and even commended the quality of the reproduction of their adverts.

Thereafter, the man dropped the bombshell: "Mr, Atueyi, I have discovered that the amount you billed us for adverts is higher than your published advert rates. Why?" Well, since I hadn't been at rest from the moment I agreed to the deal, I didn't make any attempt to cover up. I simply pointed at the manager and tried to narrate how he came to me and asked me to use those figures on the invoice. But before I could say much, the man shouted at me and denied ever coming to me or striking any deal with me. As he did so, he rained abuses on me.

No words can describe how shocked, embarrassed and intimidated I was. In fact, so great was my disorientation that I couldn't utter anything else to defend myself. I started to sweat in the air-conditioned office. I felt like I had fallen into a den of hungry lions and only expected the worst to happen to me.

God, in His mercies, however, caused the MD to sense that the manager actually initiated the deal. He obviously knew what the man was capable of doing. So, he simply calmed him down and told me that the company would only pay me at the actual rates for the adverts and nothing more. I felt so ashamed and mortified that even if the MD had said he would pay me nothing, I would have been happy to just walk away quietly from that environment.

Continues next edition

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Modern trends in managing eye infections

continued from page 11

part of the eye can affect the entire visual system.

Symptoms of eye infection

According to the American Academy of Ophthalmology, infections can develop in any part of the eye, including the cornea, conjunctiva, or inside the eyeball. The symptoms of an eye infection vary depending on the underlying cause. Some common symptoms include eye pain, redness, sensitivity to light, blurry vision, itchy or burning eyes, watery or thick discharge, and swelling or redness of the eyelids. The academy advises anyone experiencing these symptoms to contact a doctor immediately.

Adam Debrowski, an expert at All About Vision Centre in Dallas, Texas, also emphasised that the symptoms of eye infections can vary, with typical signs including red eyes, eye pain, discharge, watery eyes, dry eyes, light sensitivity, swelling around the eyes, itching, and blurry vision.

In more serious cases, symptoms may include an inability to open the eye due to swelling, fever, intense pain, large amounts of discharge, continuous tearing, and a burning sensation. Experts at Baptists Health noted that these symptoms can occur either individually or in combination.

Debrowski also advised, "Anytime you suspect an eye infection, you should always visit an eye doctor. Trying to self-diagnose your condition can delay treatment and, in rare cases, even threaten your vision. If you wear contact lenses, remove them and switch to glasses until a doctor can diagnose your condition."

Causes of eye infection

Eye infections are caused by bacteria, viruses, or fungi present elsewhere in the body or picked up from an infected person. As they can be highly contagious, it is important to take precautions to avoid contracting them.

According to Northwestern Medicine, certain factors can increase susceptibility to eye infections, including wearing contact lenses, scratching or injuring the cornea, having had eye surgery, working with chemicals without proper eye protection, experiencing irritation from allergies or other substances, and having a sexually transmitted disease.

Diagnosing eye infections

Eye infections are typically diagnosed through a simple eye examination, where an ophthalmologist uses a lighted device to examine the cornea and retina. If discharge is present, a sample may be tested to identify the infection. For accurate diagnosis and prompt treatment, anyone with eye discomfort should see an eye doctor. Diagnostic tests may include:

Visual acuity test: A standard eye chart test that measures vision ability at various distances using different lenses.

Pupil dilation: Eye drops widen the pupil to allow a close examination of the eye's lens and retina.

Lab tests: In some cases, eye discharge can be cultured to determine the exact cause of the infection.

Types of eye infections

Dr Samar K Basak, an Indian ophthalmologist at Disha Eye Hospitals in Kolkata and consultant in Medicine and Medical Sciences,

India, identified 12 major types of eye infections, including keratitis, acanthamoeba keratitis, blepharitis, conjunctivitis, cellulitis, ocular herpes, endophthalmitis, chlamydia trachomatis, orbital cellulitis, dacryostenosis, corneal ulcers, and sty.

Blepharitis: This is the inflammation of the eyelids, often caused by clogged oil glands inside the eyelids. It can lead to redness, swelling, and scaling of the lids, usually affecting both eyes. Blepharitis is often associated with skin conditions or infections, and symptoms include swollen or greasy eyelids, red or irritated eyes, crusting around the eyelashes, dry eyes, and light sensitivity.

Cellulitis: Cellulitis is a bacterial infection of the skin and underlying tissues, often affecting the lower body but also impacting the eyes. Symptoms include pain, tenderness, swelling, warmth, and discoloration. Cellulitis around the eyes may result from a bacterial sinus infection or

injury, and treatment typically includes antibiotics and applying warm, damp towels to the affected area.

Orbital Cellulitis: This is an infection of the soft tissues of the eye socket and can result from a bacterial infection spreading from the paranasal sinuses. Prompt treatment of respiratory or sinus infections can prevent the spread of the infection to the eye. Orbital cellulitis requires antibiotics, and in some cases, surgery may be necessary.

Conjunctivitis: Commonly known as pink eye, conjunctivitis is highly contagious and frequently affects children in schools. It can be viral or bacterial and usually resolves on its own, although treatments can speed up recovery. Viral conjunctivitis has no specific treatment, but soothing measures such as applying a wet cloth to the eyes can help. Bacterial conjunctivitis can be treated with antibiotic eye drops, while allergy-related cases may require antihistamines.

In all cases, practising good hygiene, such as frequent handwashing and avoiding eye-touching, is crucial in preventing the spread of infection.

Keratitis: Keratitis refers to inflammation of the cornea, which may be ulcerative or non-ulcerative. It is characterised by infiltrates or opacities in the cornea. Keratoconjunctivitis, on the other hand, denotes inflammation of both the cornea and conjunctiva. Dr Roberts explained that keratitis can arise from a wide range of causes, both infectious and, less commonly, non-infectious, such as collagen vascular diseases. He further clarified that keratitis is generally a more serious, sight-threatening condition than conjunctivitis, although the severity varies considerably. In cases of epithelial keratitis, the infection is confined to the superficial layer of the cornea. Stromal keratitis, which affects deeper layers of the cornea, is more severe, with a higher risk

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Modern trends in managing eye infections

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of scarring. Corneal ulcers begin with an epithelial defect, which leads to the breakdown of the corneal stroma. These ulcers always result in scarring and can lead to permanent vision impairment or even perforation of the eye. Keratitis can be caused by infections, including bacterial, viral, fungal, or parasitic. Doctors affirm that depending on the infection, it can be treated with antibacterial, antifungal, or antiviral eye drops or medications.

Acanthamoeba Keratitis: This rare condition occurs when amoebae invade the cornea. Doctors warn that contact lens users should adhere to safety precautions, including avoiding swimming with lenses, to minimise risk. The amoeba can cause an infection that may lead to visual impairment or even blindness.

Uveitis: Uveitis is an infection of the uvea, commonly caused by immune system disorders, viral infections, or eye injuries. The uvea, the middle layer of the eyeball, supplies blood to the retina, which is crucial for vision. Therefore, it is essential to maintain the health of the uvea. According to Optometrists Network, uveitis affects approximately 1 in 4,500 people, most commonly between the ages of 20 and 60. In Western countries, anterior uveitis accounts for up to 90 per cent of cases. Symptoms of uveitis may include redness, pain, blurry vision, light sensitivity, and "floaters." It is treatable, typically with eye drops or injections to relieve pain and inflammation. In more severe cases,

oral antibiotics or medications to suppress the immune system may be necessary. After a few days of treatment, normal vision often returns.

Ocular Herpes: Ocular herpes, or eye herpes, is caused by the herpes simplex virus (HSV-1) and is a common, recurring viral infection that can inflame the eye. Without treatment, it can lead to permanent corneal scarring. Highly contagious, eye herpes can spread through contact with an infected person or contamination from a cold sore. The National Eye Institute (NEI) of America reports that 400,000 Americans have had some form of eye herpes, with 50,000 new and recurring cases annually. According to Optometrists

Network, eye herpes can range from mild to sight-threatening, depending on the type:

Herpes keratitis: The most common form, affecting the top layer of the cornea, usually heals without scarring.

Stromal keratitis: A deeper infection that can cause scarring and vision loss.

Iridocyclitis: A severe form affecting the iris and surrounding tissues. Symptoms of ocular herpes include eye sores, redness, swelling, irritation, tearing, light sensitivity, and blurred vision. Although there is no cure, antiviral treatments, eye drops, or corticosteroids can control the infection and prevent complications.

In rare cases of corneal scarring, a corneal transplant may be required.

Endophthalmitis: Endophthalmitis is a severe, internal eye inflammation caused by bacterial or fungal infection. It can occur following eye trauma or surgery, particularly cataract surgery. Candida fungal infections are the most common cause. Symptoms include redness, swelling, pain, discharge, and blurry vision. Treatment involves immediate medical intervention. Antibiotic injections, often combined with corticosteroids, are used to treat the infection. Left untreated, endophthalmitis can lead to blindness.

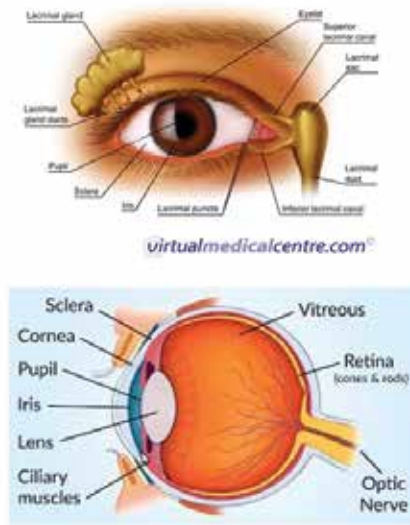
Chlamydia Trachomatis: Chlamydia Trachomatis bacteria can infect the eye, leading to trachoma, a condition prevalent in unsanitary environments. The World Health Organisation (WHO) reports that trachoma, caused by Chlamydia Trachomatis, typically infects the inner eyelid and is transmitted by direct or indirect contact with eye or nose discharges from infected individuals. This can eventually cause corneal scarring and blindness. The infection is treatable with antibiotics and is responsible for the blindness or visual impairment of 1.9 million people globally.

Stye
A stye is a painful red bump on the eyelid, similar to a pimple, caused by a bacterial infection in the oil-producing gland of the eyelash follicle or eyelid skin. The medical term for a stye is "hordeolum." There are two types:

External stye: The more common

What Parts of the Eye Can Get Infected?

- Essentially any tissue, fluid, or space
- Eyelid (Bleph-)
- Conjunctiva
- Cornea
- Aqueous or vitreous fluid



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continued on page 17

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Vincent Idemyor: Global champion of healthcare and pharmacy practice

By Ola Aboderin



Professor Vincent T. Idemyor

In December 2023, at the American Society of Health-System Pharmacists (ASHP) meeting in Anaheim, California, Nigerian-born Professor Vincent Tsaro. Idemyor made history as the recipient of the prestigious Donald E. Francke Award. This honour, reserved for individuals who have made significant international contributions to advancing pharmacy practice, placed Idemyor in the global spotlight.

The ASHP, which is the largest association of pharmacy professionals in the United States, celebrated Idemyor as “a well-respected leader in global pharmacy with sustained contributions to international pharmacy practice, particularly in improving HIV/AIDS.” Indeed, over the course of a distinguished career that spans decades and continents, Idemyor has demonstrated an unwavering commitment to the underserved, bridging the gap between cutting-edge scientific research and practical healthcare solutions for populations in need.

Path to global influence

A native of Ogoni, Rivers State, Idemyor's path to becoming an international leader in pharmaceutical sciences began with a strong foundation in education. After completing secondary school, he moved to the United States to further his education, earning both a Bachelor of Science in Pharmacy and a Doctor of Pharmacy (PharmD) from the University of Minnesota College of Pharmacy (1981-1986).

For over 20 years, Professor Idemyor built a formidable career in the United States, holding academic and clinical roles at leading institutions. His work in Chicago, where he held various management positions at major teaching hospitals, such as Mercy Hospital and Medical Centre (now Insight Hospital and Medical Centre), was particularly

significant. There, he not only oversaw clinical programmes but also mentored pharmacy students and residents, helping to develop the next generation of healthcare professionals.

Idemyor's research and practice centred around medication management, safety protocols, and the development of disease management strategies. He also held academic positions at the University of Illinois Chicago (UIC) College of Medicine, where he became a professor in 2005. On the whole, his sojourn in the United States was adorned with excellence in academia, hospital practice, and the pharmaceutical industry. He is widely recognised for his expertise in infectious diseases pharmacotherapy, the development and implementation of disease management strategies, and healthcare administration.

Building healthcare capacity

Upon returning to Nigeria in the new millennium, Idemyor brought with him decades of experience and a wealth of knowledge. His return marked a homecoming with a mission: to improve Nigeria's healthcare system and contribute to the growth of pharmaceutical sciences in the country.

The pharmaceutical luminary took on the role of distinguished visiting scholar and professor in the Faculty of Pharmaceutical Sciences, University of Port Harcourt. He played a pivotal role in establishing the faculty, a monumental achievement that has had a lasting impact on pharmacy education in Nigeria. His efforts not only provided future pharmacists with access to world-class education but also helped to advance the practice of pharmacy in the country. His dedication to scholarship and research led to his appointment as a John D. and Catherine T. MacArthur Visiting Fellow at the University of Port Harcourt in 2009.

Idemyor helped to secure over

\$5 million in funding for educational programmes and research projects, both nationally and internationally. These funds were instrumental in supporting initiatives aimed at addressing public health challenges in Nigeria, particularly in the areas of HIV/AIDS, tuberculosis, and malaria. His leadership in these projects helped improve healthcare access for underserved populations and provided valuable resources for medical research in Nigeria.

Idemyor's influence extends beyond the university environment. He was, in 2006, engaged by the United Nations Development Programme (UNDP) to evaluate healthcare providers across

Nigeria as part of a nationwide programme addressing HIV/AIDS, tuberculosis, and malaria. His work with the UNDP exemplified his ability to apply his expertise on a national scale, impacting the lives of millions and shaping healthcare policy in the region.

Global Perspective on HIV/AIDS research

Idemyor is globally acclaimed as a leading voice in HIV/AIDS research, contributing extensively to scientific literature. His publications consistently rank in the top percentile, and his work has been featured in numerous peer-reviewed journals, establishing him as a key figure in the global fight against HIV/AIDS.

His co-editorship of the third edition of *Drug Discovery and Development* (CRC, 2020) further underscores his leadership in pharmaceutical sciences. The book has become an essential reference for pharmacists, researchers, and healthcare providers, solidifying Idemyor's status as a thought leader in pharmaceutical research.

His expertise in HIV/AIDS has benefited healthcare systems not only in Nigeria and the U.S. but also across Africa and beyond. By focusing on disease management, medication protocols, and patient outcomes, Idemyor has contributed to the development of more effective treatments and care strategies for individuals living with HIV/AIDS, improving the quality of life for countless patients.

Shaping the next generation of pharmacists

Throughout his career, Professor Idemyor has emphasised education and mentorship. Whether as a professor, dean, or clinical instructor, he has remained committed to shaping the next generation of pharmacists and healthcare professionals. His dedication to mentorship extends beyond the classroom, as he has consistently advocated for the

integration of pharmacists into multidisciplinary healthcare teams, recognising their critical role in patient care and medication management.

His efforts to enhance pharmacy education are evident in the curricula he has helped develop, both in the U.S. and Nigeria. His vision for pharmacy education prepares students not only for the technical aspects of the profession but also for the complex challenges of modern healthcare, including the need for collaborative practice and patient-centred care.

By fostering an environment of learning and innovation, Idemyor has ensured his influence will continue for generations to come. His former students, now successful healthcare professionals, are a testament to his legacy of excellence in education and mentorship.

Current engagements and ongoing impact

Professor Idemyor continues to serve as a distinguished visiting scholar at the University of Port Harcourt, where he remains actively involved in research, education, and healthcare initiatives. His current interests focus on professional practice development, clinical faculty advancement, and translational research—bridging the gap between scientific discoveries and their practical application in healthcare settings.

Idemyor's work with the UNDP, his research contributions, and his leadership in establishing the Faculty of Pharmaceutical Sciences at the University of Port Harcourt all highlight a career that is far from over. He continues to be a driving force in global healthcare, advocating for improved healthcare systems and more accessible treatments for vulnerable populations.

His influence extends beyond academia and clinical practice; he is also a respected figure in global health policy discussions. Through partnerships with international organisations, Idemyor has contributed to shaping policies that address critical healthcare issues in low- and middle-income countries, ensuring advancements in pharmaceutical sciences are accessible to those who need them most.

A legacy of awards and recognitions

Professor Idemyor's remarkable career has not gone unnoticed. His contributions to healthcare have earned him numerous accolades. Aside from the Donald E. Francke Medal, one of the highest honours in Pharmacy, he has also received the 2001 Association of Black Health-System Pharmacists Research and Publications Achievement Award, the 2003 Illinois Department of Public Health Red Ribbon Award, the 2004 Outstanding Achievement Award from the Chicago Commission on Human Relations Advisory Council on Immigrant and Refugee Affairs, and the 2007 Medical Award of the Year from the National Technical Association.

Modern trends in managing eye infections

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type, forming on the outer part of the upper or lower eyelid.

Internal stye: Forms inside the eyelid and is more common in adults due to thicker oil production in their glands, making them more prone to blockage. Symptoms include swelling, discharge, light sensitivity, and soreness. Most styes heal on their own in 1-2 weeks. In more persistent cases, medical intervention may be required to drain the stye or prescribe antibiotics.

Dacryostenosis: Dacryostenosis refers to the narrowing of the nasolacrimal duct, which drains tears from the eye. This condition can be either congenital (present from birth) or acquired (developing after birth). It may lead to excessive tearing or an infection of the tear sac (dacryocystitis), caused by a blockage in the tear duct. Dacryostenosis results from nasolacrimal duct obstruction and causes epiphora (watery eyes). The term is derived from the Greek words *dákryon* ("tear") and *stenósis* ("narrowing").

This infection, however, can be treated. Researchers have reported that nearly 90 per cent of infants with symptoms related to blocked tear ducts recover through conservative methods, such as gentle massage of the lacrimal duct area, before they reach 12 months of age. If symptoms persist beyond six to 10 months, referral to an ophthalmologist for a comprehensive eye examination is advised. Should signs of infection arise, antibiotics specifically developed for eye use may also be prescribed.



Corneal ulcers: This eye condition involves inflammation of the outermost layer of the eye, causing pain. It may result from direct injury or bacterial, fungal, or viral infections. Symptoms include redness, pain, excessive tearing, a sensation of a foreign body in the eye, and worsening or blurred vision. Corneal ulcers can be treated with antibiotics, antifungal or antiviral medication if infection-related, and in non-infectious cases, treatment may involve the use of an eye patch.

General treatment considerations for eye infections

Treating an eye infection is a specialist's responsibility. According to Dr Basak, while bacterial infections can be treated with antibiotic eye drops, ointments, and compresses, and viral infections often clear up on their own, antiviral eye drops can sometimes be beneficial. It is crucial for anyone suffering from an eye ailment to promptly consult a doctor

for proper guidance and treatment.

Caution and need for proper eye care

Some eye infections can lead to blindness. Doctors have confirmed that many cases of blindness begin with eye infections. Therefore, early treatment is essential to prevent progression.

In its 2019 "World Report on Vision," the WHO revealed that at least 2.2 billion people globally have vision impairment or blindness. This figure includes those with near vision impairment due to presbyopia (1.8 billion), moderate to severe distance vision impairment or blindness due to uncorrected refractive error (123.7 million, e.g., myopia or hypermetropia), cataracts (65.2 million), age-related macular degeneration (10.4 million), glaucoma (6.9 million), corneal opacities (4.2 million), diabetic retinopathy (3 million), trachoma (2 million), and other causes (37.1

million). Additionally, 188.5 million people suffer from mild vision impairment, with unknown causes.

Given the importance of eye care, the United States National Centre for Disease Control and Prevention (CDC) has outlined nine preventive measures to manage eye diseases, injuries, and vision loss. These include regular comprehensive dilated eye examinations, knowing one's family history of eye health (as some issues are hereditary), and eating a diet rich in dark leafy greens such as spinach, kale, or collard greens, along with omega-3-rich fish such as salmon, tuna, trout, and halibut.

Other preventive measures include maintaining a healthy weight, wearing protective eyewear when playing sports or engaging in home activities, avoiding smoking, and using sunglasses that block at least 99 per cent of UVA and UVB radiation. Additionally, it is important to wash hands before handling contact lenses, clean them properly to avoid infections, and practise workplace eye safety.

Report compiled by Ranmilowo Ojalumo with additional contributions from Cleveland Clinic, the World Health Organisation, Investigative Ophthalmology and Visual Science (iOVS), News Medical, Baptist Health, the American National Institutes of Health (NIH), National Eye Institute, the American CDC, the American Academy of Ophthalmology, the Ministry of Defence UK, the Nigerian Optometric Association, Healthline, Medical News Today, All About Vision, Disha Eye Hospitals, Optometrists Network, and Skipper Eye-Q International Eye Hospital.

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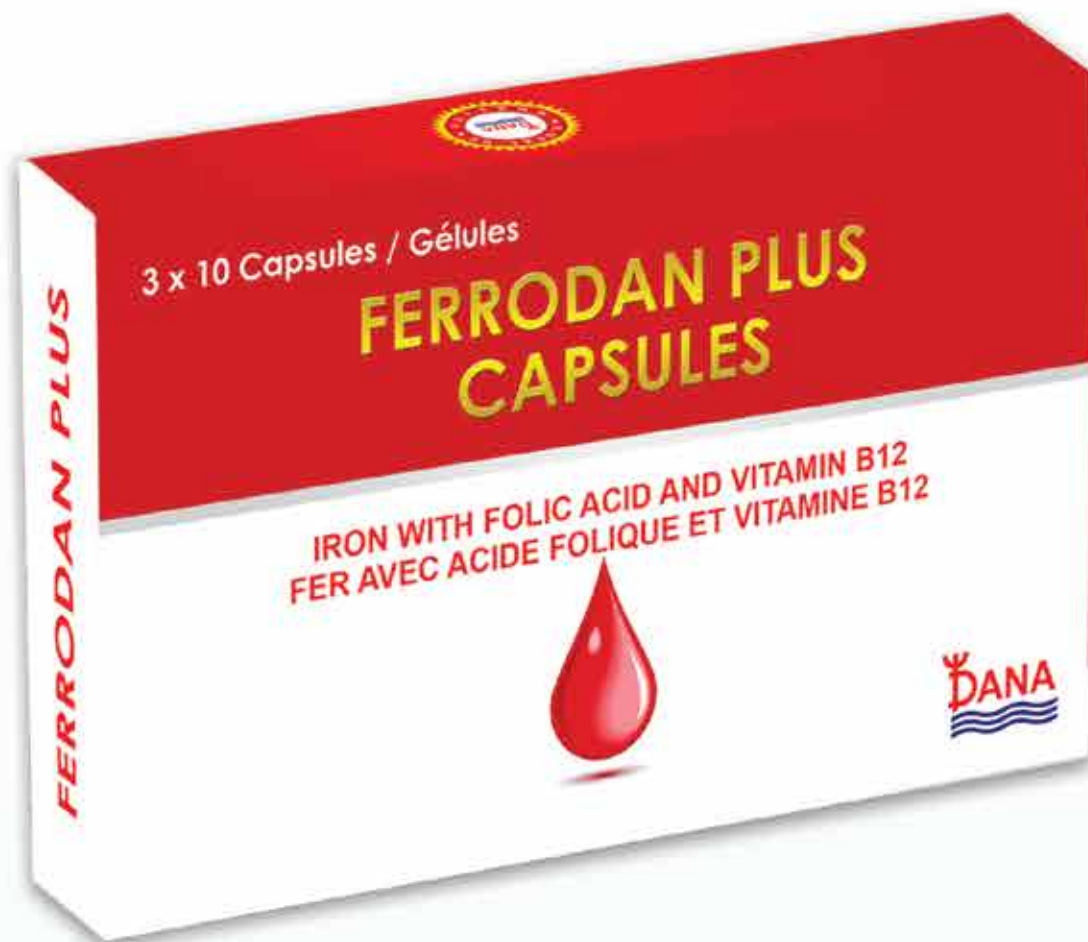
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Why hospital malnutrition needs urgent attention in Africa - WASPEN

By Temitope Obayendo

For change to occur in the narrative of hospitalised patients in developing countries—where longer hospital stays, higher medical bills, and increased mortality are common—African governments must address hospital malnutrition as an emergency, says the West African Society of Parenteral and Enteral Nutrition (WASPEN).

Founder and President of WASPEN, Dr Teresa Isichie Pounds, lamented the surge in malnutrition-related deaths over the past five years, describing it as unbearable. She urged governments to prioritise the growing concerns surrounding malnutrition in hospital settings.

Identifying the most common types of malnutrition in developing countries as protein-energy malnutrition and micronutrient deficiencies, commonly known as marasmus and kwashiorkor, Pounds asserted that an estimated 20-50 per cent of adult hospitalised patients suffer from malnutrition, either upon admission or during their stay.

Speaking with *Pharmanews* in an exclusive interview during Malnutrition Awareness Week, organised by WASPEN in September, Pounds stated that one in three hospitalised patients in African countries is affected by malnutrition. With nations such as South Africa, Kenya, and Ghana showing a prevalence of 61 per cent at-risk populations, she also decried the lack of malnutrition data in Nigeria, which she says requires urgent attention to prevent further mortality and morbidity.

The consultant in metabolic support, based in the diaspora, emphasised the need for government intervention to tackle clinical malnutrition in Nigeria and across Africa. She recommended the establishment of multidisciplinary nutrition support committees in all hospitals and strategies for the early detection of malnutrition as a solution.

Among her recommendations were the “development of multidisciplinary nutrition support steering committees for the management of hospital malnutrition within institutions, with responsibilities including identifying patients’ nutritional status, timely intervention, patient monitoring, and prioritising nutrition-related research.”

Citing the World Health Organisation’s definition of malnutrition, Pounds highlighted gaps in current hospital care, where many facilities lack sufficient dietitians or structured systems to evaluate patients’ nutritional status.

“There’s a system gap,” she remarked. “Most hospitals don’t have enough trained nutritionists to assess and treat malnutrition. Governments need to step up, providing the necessary resources and policy support to ensure that hospital patients undergo proper nutrition screening.”

The nutrition support committees, Pounds added, should be led by physicians and should include pharmacists, nurses, dietitians, and social workers. These committees would be responsible for educating hospital staff, assessing patients’ nutritional status, and providing appropriate nutritional interventions.

She outlined the major symptoms of patients at risk of malnutrition, including weight gain or loss of 20 per cent of ideal body weight, not eating for more than five days, high metabolic demands, trauma, sepsis, burns, and immunocompromised conditions.

Pounds further emphasised the importance of timely intervention in malnutrition, which has the potential to reverse its far-reaching impacts on patients’ health, such as weight loss, low energy, increased risk of falls,



Dr Teresa Isichie Pounds
President, WASPEN

reduced independence, fractures, muscle wasting, confusion, infections, reduced mobility, low mood, and more.

Speaking on WASPEN’s Malnutrition Awareness Week, themed “Educate, Empower, and Eliminate,” Pounds revealed that the initiative had educated healthcare workers and elevated the conversation around the need for better nutritional care in hospitals.

According to her, events for the week took place concurrently in four institutions across the country, including Lagos University Teaching Hospital (LUTH), Niger Delta University Teaching Hospital (NDUTH), Anambra State Primary Health Care Development Agency, and Ahmadu Bello University Teaching Hospital (ABUTH).

Top activities during the week included nutrition screenings and interventions, awareness and education campaigns, clinical webinars on malnutrition in healthcare, strategies for early detection and comprehensive management, and panel discussions aimed at educating, empowering,

and eliminating malnutrition. Additionally, the week featured two webinars with roundtable discussions on advancing nutritional care for neonatal, maternal, and adult hospitalised patients.

Some of the panellists for the week included Dr Felix Alakaloko, consultant neonatal and paediatric urology surgeon, Nutrition Steering Committee at Lagos University Teaching Hospital (LUTH); Prof. Aminu Muhammad Balarabe, consultant cardiothoracic surgeon and chairman of the medical advisory committee at Ahmadu Bello University Teaching Hospital (ABUTH), Zaria; Pharm. (Mrs) Chisom F. Uchem, consultant social and administrative pharmacist, executive secretary/CEO, Anambra State Primary Healthcare Development Agency; Prof. Johnbull Jumbo, consultant pulmonologist and chairman of the medical advisory committee (CMAC) at Niger Delta University Teaching Hospital (NDUTH), Bayelsa; Prof. Christopher Sabo Yilgwan, chief medical director (CMD) of Plateau State Specialist Hospital, Jos; and Prof. Azuka Oparah, dean of the Faculty of Pharmacy, University of Benin, among others.

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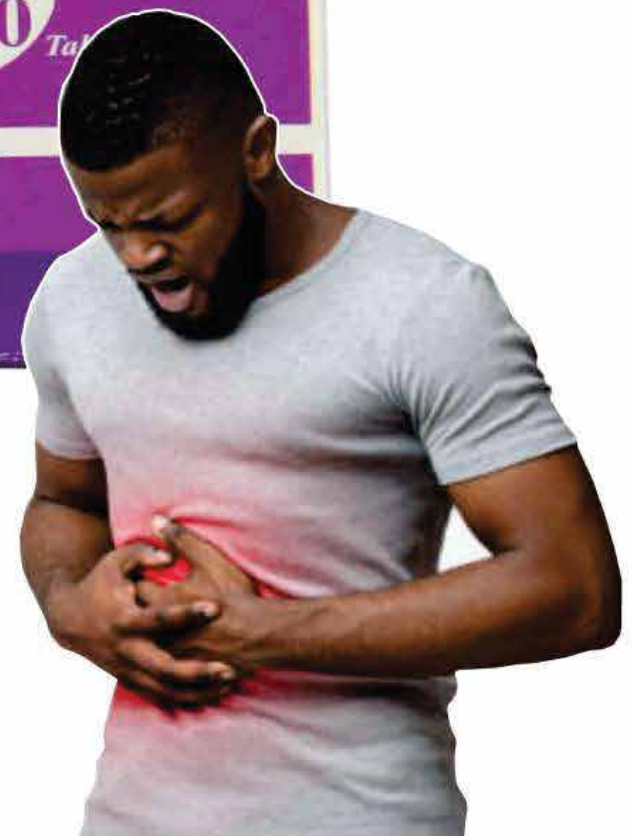
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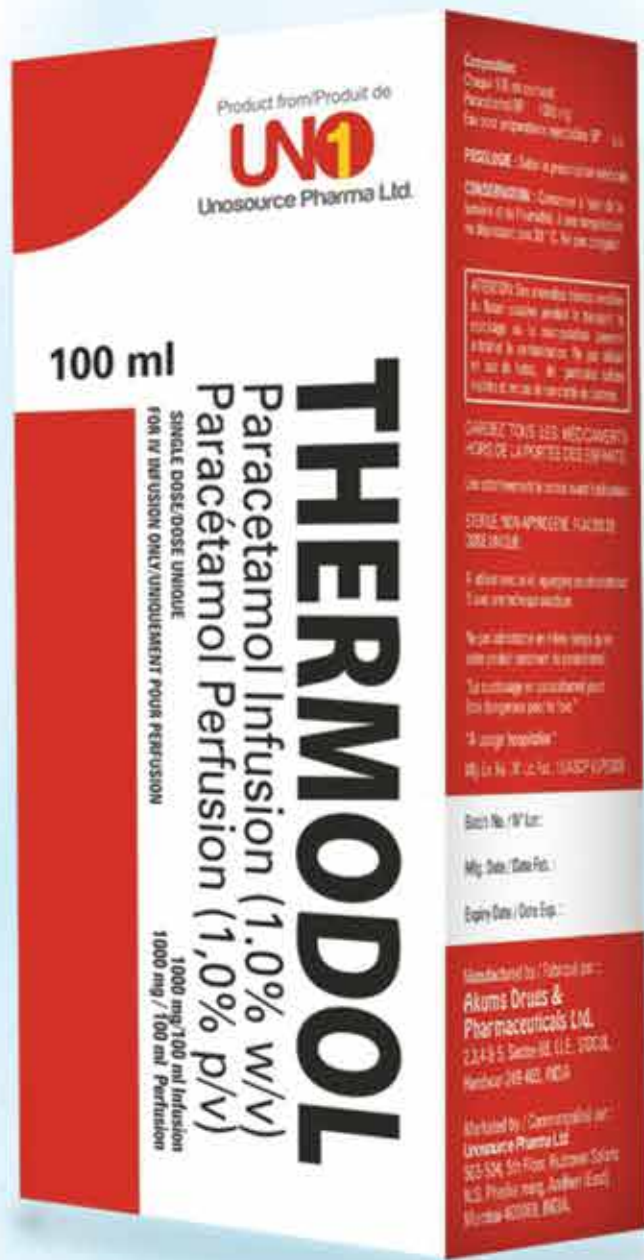


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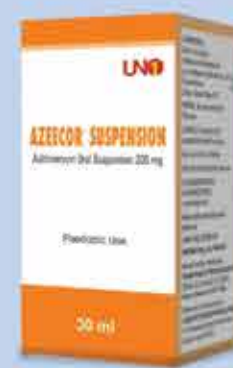
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Mpox: History, treatment, and prevention

By Patrick Iwelunmor

Mpox, previously known as Monkeypox, is a viral disease that has emerged as a significant public health concern in recent years. Despite its historical roots and relatively recent resurgence, Mpox presents challenges that necessitate a thorough understanding of its history, treatment, and prevention strategies. This article explores the evolution of Mpox, its current treatment options, and the measures required to prevent its spread effectively.

Historical overview of Mpox

Mpox is caused by the Mpox virus, a member of the Orthopoxvirus genus, which also includes the variola virus responsible for smallpox. The Mpox virus was first identified in 1958 when it was discovered in laboratory monkeys, hence the name "Monkeypox." The first human case was reported in the Democratic Republic of the Congo (DRC) in 1970, marking the beginning of our understanding of Mpox as a zoonotic disease—one that can be transmitted from animals to humans.

Historically, Mpox was largely confined to Central and West African regions, where it was endemic in certain animal populations, particularly rodents. The disease was relatively rare but notable for causing localised outbreaks. Its symptoms are similar to those of smallpox, though typically less severe. Mpox gained international attention in the 2000s when outbreaks began to occur outside Africa, particularly in the United States and the United Kingdom.

The global spread of Mpox in recent years has been influenced by various factors, including increased international travel and changes in animal-human interactions. This resurgence highlights the need for enhanced surveillance, better treatment options, and more effective preventive measures.

Treatment options for Mpox

Currently, there is no specific antiviral treatment approved solely for Mpox. Management of the disease primarily focuses on supportive care, which involves addressing symptoms and complications. However, several treatment strategies and therapeutic options are available:

Supportive care: Most Mpox cases are mild and self-limiting. Supportive care includes hydration, fever management, and pain relief. Patients are advised to rest and maintain proper nutrition to support their recovery.

Antiviral medications: In severe cases, antiviral medications used for treating smallpox, such as tecovirimat (TPOXX) and brincidofovir, may be considered. These drugs have been shown to be effective against other orthopoxviruses and are available under expanded access provisions or for use in clinical trials.

Vaccination: The smallpox vaccine provides cross-protection against Mpox. Vaccination is particularly important for individuals at high risk of exposure, such as healthcare workers, close contacts of infected individuals, and residents of areas with ongoing outbreaks. In some countries, health authorities may



recommend vaccination during outbreaks to help control the spread.

Experimental treatments: Research is ongoing to develop specific treatments for Mpox, including new antiviral drugs and monoclonal antibodies that target the virus directly. Clinical trials are essential for assessing the safety and efficacy of these potential treatments.

Symptomatic relief: Patients are often given medications to alleviate specific symptoms, such as antihistamines for itching and antibiotics if secondary bacterial infections occur.

Preventive measures for Mpox

Effective prevention of Mpox involves a

combination of vaccination, public health measures, and individual practices. Key strategies include:

Vaccination: The smallpox vaccine is the most effective preventive measure against Mpox. Post-exposure vaccination can also help prevent the onset of disease if administered within a few days of exposure. Countries with a higher risk of Mpox outbreaks often have vaccination programmes targeting at-risk populations.

Surveillance and early detection: Enhanced surveillance systems are crucial for the early detection of Mpox cases. Health authorities should monitor for signs of Mpox in both humans and animals and report any suspected cases promptly. Early identification helps in isolating cases and preventing further spread.

Public education: Raising awareness about Mpox, its symptoms, and transmission routes is essential. Public health campaigns should educate people about avoiding contact with potentially infected animals, practising good hygiene, and seeking medical attention if symptoms develop.

Animal control: Since Mpox is zoonotic, controlling the disease in animal populations is critical. This involves monitoring and managing wildlife and domestic animals that may carry the virus. Infected animals should be isolated or euthanised to prevent transmission to humans.

Infection control practices: Healthcare workers and caregivers should follow stringent infection control measures, including using personal protective equipment (PPE) when handling infected patients. Proper disinfection and sanitation practices are necessary to prevent the spread of the virus in healthcare settings and the community.

International collaboration: Given the global nature of disease transmission, international collaboration is vital. Countries should share information, resources, and expertise to respond effectively to Mpox outbreaks. Collaborative efforts can help manage cross-border spread and ensure that preventive measures are implemented uniformly.

Travel advisories: During outbreaks, travel advisories may be issued to inform travellers of the risks and recommend preventive measures. Travellers to areas with reported Mpox cases should be vigilant about their health and adhere to recommended precautions.

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Eskimos and American Indians

Earlier, we mentioned Dr Weston Price, who said in his book, *Nutrition and Physical Degeneration*, that he travelled the world in search of healthy people. He found a stark contrast between native peoples who adhered to their ancestral or traditional diets and those who had adopted the modern Western diet.

In this edition, we will explore some of the native peoples through excerpts from the book. Among the isolated Swiss people, their nutrition largely consisted of whole rye bread and a large piece of summer-made cheese, eaten with fresh milk from goats or cows. Meat was consumed about once a week.

He noted, "The sturdiness of these children permits them to play and frolic bare-headed and barefooted, even in water running down from the glacier in the late evening chilly breeze. While in such weather, my team and I wear overcoats, gloves, and button our collars. Of all the children in the valley still using the primitive diet of whole rye and dairy products, the average number of cavities was 0.3 per cent per person."

What does 0.3 per cent mean? If you examine one in three children between the ages of 7 and 16, you would find one minimal defective tooth in three individuals. Now contrast this with the modernised Swiss: Among children aged 8 to 15, 29.8 per cent of their teeth had already been attacked by dental caries.

Next, amongst the Eskimos in Northern Canada and Alaska, he stated that the Eskimo thrived as long as he was not affected by the touch of modern civilisation. He mentioned that with the arrival of white settlers, the Eskimos and Indians quickly declined in both numbers and physical excellence due to diseases brought by the settlers. In one subgroup of Eskimos, out of 12 individuals studied, 10 had lived entirely on their native food, or practically so, and only one tooth had ever been attacked by tooth decay—a mere 0.3 per cent.

Similar findings were observed among North American Indians. Dr Price went further to examine skulls from burial sites dating back to prehistoric periods. He noted that the teeth were splendidly formed and entirely free from caries. The arches were very symmetrical, and the teeth were in their normal, regular positions.

In a 'westernised' settlement at Sitka, a group of Indians of various ages were studied. It was found that 36 per cent of all their teeth had already been attacked by dental caries. Dr Price also found a well-preserved native Indian, aged 70, who had come to town from another district. His diet consisted mostly of fish, fish eggs, seaweed, and deer. His teeth were in excellent condition.

Polynesians and the Maasais

Next, among the Polynesians, some

From ancestral health excellence to modern health mediocrity (3)

early navigators were so impressed with the beauty and health of these people that they reported the Marquesas Islands as a Garden of Eden. In the capital of Tahiti, where there was significant French influence and the natives consumed trade foods such as white flour,

sugar, and canned goods, 1.9 per cent of their teeth were found to be affected by dental caries.

Dr Price also travelled to Africa. In Kenya, he visited at least 30 different tribes. He was impressed by the level of immunity in several districts and was told that practically every living native had had typhus fever and was immune.

Among the Maasai people, he noted that they were extremely physically strong and sturdy. Even among their animals, they judged the value of a cow by how quickly it stood up and ran after birth. This usually happened within a few minutes, whereas calves of modern high-production cows in civilised countries were often unable to stand for many hours, sometimes up to 24 hours. This experience reminded him of the Alaskan Eskimos, where he was told that a reindeer calf could be dropped in a foot of snow and almost immediately run fast enough to evade predators like wolves.

Among the Kikuyu tribe in Kenya, the diet mainly consisted of sweet potatoes, corn, beans, bananas, millet, and a few other foods. The women used special diets during pregnancy and lactation. Girls in this tribe were placed on a special diet for six months before marriage. They nursed their children for three harvests and followed each pregnancy with a special diet.

In a study of 33 individuals, with a total of 1,041 teeth, only 57 teeth had caries—just 5.5 per cent. Among the Maasai tribe, Dr Price noted that the men were tall and strong, usually six feet and

above. He recorded some of their brilliant accumulated wisdom. For over 200 years, they had known that the malaria parasite was carried by mosquitoes. They also practised exposing members of the tribe infected with syphilis (by Arab traders) to malaria parasites, which helped prevent serious injuries from syphilitic spirochete infection. Dr Price added that modern medicine did not yet know about this great principle of using malaria to prevent or relieve syphilitic infections.

Other ethnic groups

He visited several other ethnic groups, from the Mohima in Uganda, the Watusi in the Belgian Congo, to groups in Ethiopia, Sudan, and Cairo in Egypt. His findings were consistent across these regions. Groups that remained close to their ancestral diet, which was based on accumulated wisdom, were physically healthier, stronger, more resilient, with higher immunity, and rarely fell ill. They had knowledge of how to use their environment to their best advantage. Dental caries were minimal to non-existent in such groups. However, when they switched to the Westernised diet of sugar, flour, canned goods, and other processed foods, health degeneration became evident, with dental caries, low immunity to ailments, and degenerative conditions like malaria and tuberculosis becoming common.

In summary, I ask all my readers: first, share with us the stories of your ancestors—your great-grandparents, grandparents, and parents.

Then, take time to ponder what I've written here. If possible, get this book and read it, along with more books written in the early 1900s or late 1800s by early travellers and missionaries.

Please, we would like to compile stories of our ancestors.

What do you remember about them? Their activities?

Their resilience in health?

Thank you.

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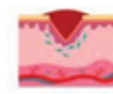


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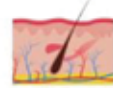
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How retail pharmacies can thrive in economic turmoil

By Pharm. Sesan Kareem

Nigeria, like many developing nations, is grappling with a complex economic landscape characterised by high inflation, fluctuating currency values, and rising costs of essential goods and services. Retail pharmacies, a vital component of the healthcare sector, are not immune to these challenges. In this edition, I will explore the strategies that retail pharmacies can adopt to weather the economic storm, sustain their operations, and thrive in the future.

Cost management and efficiency

Energy efficiency: Invest in energy-efficient equipment and renewable energy sources like solar panels and inverters to reduce electricity consumption and lower operational costs.

Negotiate with suppliers: Leverage your buying power to negotiate favourable terms with suppliers, including discounts and extended payment periods.

Streamline operations: Identify and eliminate non-essential expenses to improve operational efficiency and maintain profitability.

Diversification and value-added services

Expand product offerings: Explore opportunities to diversify your product range beyond traditional pharmaceuticals, including over-the-counter (OTC) products, medical devices, and healthcare accessories.

Offer value-added services: Provide additional services such as health screenings, vaccinations,

and patient counselling to attract customers and generate additional revenue.

Partner with healthcare providers: Collaborate with hospitals, clinics, and health insurance companies to offer integrated healthcare services.

Home delivery: Introduce home delivery services to enhance customer convenience and attract a broader clientele.

Technology adoption

Embrace digital solutions: Implement electronic health records (EHRs) to improve patient data management, enhance operational efficiency, and reduce errors.

Leverage e-commerce: Explore online platforms to reach a wider customer base and offer convenient services such as home delivery and online consultations.

Utilise mobile technology: Utilise mobile apps and SMS services to engage with customers, provide health information, and promote loyalty programmes.

Customer engagement and loyalty

Personalised service: Provide personalised customer service to build trust and loyalty.

Loyalty programmes: Implement customer loyalty programmes to reward repeat business and encourage referrals.

Community engagement: Participate in community health initiatives and events to strengthen relationships with local residents.

Patient education: Offer patient

education programmes to empower customers to manage their health effectively.

Financial management and risk mitigation

Financial planning: Develop a robust financial plan to manage cash flow, monitor profitability, and anticipate future challenges.

Risk management: Implement risk management strategies, such as insurance coverage and contingency planning, to mitigate potential risks.

Access to financing: Explore financing options, including loans, grants, and partnerships, to support business growth and expansion.

Collaboration and networking
Industry associations: Actively participate in industry associations to share best practices, advocate for the sector, and stay updated on regulatory changes.

Partnerships: Collaborate with other healthcare providers, such as doctors and clinics, to create referral networks and expand market reach.

Adapt to changing market dynamics

Consumer trends: Stay abreast of consumer trends and preferences to adjust product offerings and marketing strategies accordingly.

Regulatory changes: Monitor regulatory changes and ensure compliance to avoid penalties and maintain operational integrity.

Economic fluctuations: Develop contingency plans to mitigate the impact of economic downturns and capitalise on opportunities during



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

periods of growth.

Optimise inventory management

Just-in-time inventory: Implement a just-in-time inventory system to minimise stockouts and reduce holding costs.

Supplier relationships: Cultivate strong relationships with suppliers to negotiate favourable terms and ensure a reliable supply of products.

Demand forecasting: Utilise data analytics to accurately forecast demand and optimise inventory levels.

ACTION PLAN: Manage costs efficiently, focus on customer satisfaction, and manage your finances effectively.

AFFIRMATION: I am action-oriented. I am a goal-getter. I am blessed and highly favoured.

Sesan Kareem is the visionary Founder of HubPharmAfrica, a patient-centric digital pharmacy, www.hubpharmafrica.com, and Principal Consultant at the Sesan Kareem Institute, www.sesankareem.com.ng. To engage SK for your training and speaking engagements, send an email to sesankareem2@gmail.com.

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Healthcare skills, experience obtained in Nigeria valued globally - Anyamene

Pharm. (Mrs) Ifesinachi Anyamene is the founder and director of Fieldway Pharmacy, Croydon, United Kingdom. A highly respected independent pharmacist prescriber, she has earned her qualifications from Robert Gordon University in Scotland and recently achieved certification as a designated prescribing practitioner (DPP). Born in London and raised in Nigeria, Anyamene's upbringing was steeped in academia, with her parents playing key roles in education. Her dedication to community pharmacy in the UK has garnered her numerous accolades, including the 2022 Prince Charles 100 Frontline Pharmacists Award, recognition in the Royal Pharmaceutical Society's Stars for Black History Month, a spot on The Pharmaceutical Journal's prestigious '2023 Women to Watch' list, and a Fellowship of the Royal Pharmaceutical Society.

In this special Diaspora edition, Anyamene speaks with **Temitope Obayendo** about her inspiring journey as a woman from a Black, Asian, and Minority Ethnic (BAME) background who defied the odds to establish her own pharmacy. She shares how determination, coupled with a patient-centred approach to pharmaceutical care, helped her overcome numerous challenges. Anyamene offers valuable advice for Nigerian pharmacists aspiring to follow in her footsteps, emphasizing the importance of leveraging their education and experience. She also provides insight into the evolving landscape of pharmacy practice in the UK. Read on for her compelling story.

Tell us about yourself, your family background, and your educational qualifications.

I was born in London, England, but my formative years were spent in Nigeria, where my upbringing was deeply influenced by academia. My father, a university professor, taught at the University of Nigeria, Nsukka, while my mother was a primary school teacher at the university's primary school. This early exposure to education instilled in me a profound respect for learning and community service.

After attending the prestigious Federal Government College in Enugu, Nigeria, I pursued my passion for pharmacy at the University of Nigeria Pharmacy School. Following my National Youth Service Corps (NYSC) programme in Nigeria, I decided to launch my career in the UK, where I now live with my supportive husband and our children.

In the UK, I've established myself as a respected pharmacy contractor, as well as an independent prescriber, having earned my qualifications from Robert Gordon University in Scotland. Recently, I also achieved certification as a designated prescribing practitioner (DPP) in pharmacy, expanding my capability to deliver comprehensive care to my patients and other healthcare providers.

My diverse background has not only shaped my career but also fuels my dedication to making a meaningful impact in healthcare. I am deeply committed to improving patient outcomes and addressing healthcare disparities through innovative pharmacy practices. It is a privilege to contribute to both the Nigerian and British communities, which have profoundly influenced my personal and professional journey.

I am also a pioneer leader among African Independent Pharmacy Contractors, advocating for excellence and innovation in pharmacy practice. My goal is to continue pushing boundaries, enhancing patient care, and inspiring future generations of pharmacists to make a difference.

What informed your choice of Pharmacy as a course? Why not Medicine?

My decision to pursue Pharmacy as a career was shaped by several factors. While I have a deep respect for and interest in the medical field, I discovered early on that my strengths and passion lie in direct patient interaction and communication. Pharmacy offered me the opportunity to engage closely with patients, providing vital healthcare advice

and ensuring medication safety and efficacy.

Unlike Medicine, Pharmacy allowed me to contribute to patient care without directly engaging in medical procedures. The role of a pharmacist is crucial in managing medications, providing healthcare advice, and collaborating with other healthcare professionals to optimise treatment outcomes. With the NHS's Pharmacy First service, pharmacists now have the opportunity to prescribe treatments for minor ailments, further expanding our role in patient care.

My career choice reflects not only my academic strengths but also my commitment to delivering compassionate and effective healthcare services within the community. It is immensely fulfilling to play a pivotal role in patient well-being and contribute positively to healthcare outcomes through pharmacy practice.

You cut your teeth in Pharmacy before you left the shores of Nigeria. Can you share your work experience before leaving the country?

Indeed, my journey in Pharmacy began in Nigeria, where I gained invaluable experience that laid the foundation for my career. Following my university education, I completed my internship at the National Orthopaedic Hospital, Igbobi, where I immersed myself in the complexities of pharmaceutical care in a hospital setting. Subsequently, during my National Youth Service at Trinity Chemist, I discovered my passion for community pharmacy.

Before establishing your pharmacy, it's certain you worked with other pharmacies. What gaps did you identify that led to the founding of your own pharmacy?

Before establishing my own pharmacy, I gained valuable insights while working as a locum/relief pharmacist in various settings within the healthcare field. Throughout my career, I identified several critical gaps that inspired me to embark on the journey of founding my own pharmacy.

Firstly, my unwavering dedication to patient care drove me to seek a more personalised approach to healthcare delivery. I wanted to create a more patient-centred approach where patients feel truly cared for and supported, beyond just dispensing medications.

Secondly, I observed the immense value of collaboration with other healthcare professionals. Establishing strong networks and partnerships is essential for holistic

patient care, and I saw an opportunity to enhance these connections in my own practice. Additionally, I noticed the frustration caused by long queues and the limited advanced services available in the community. I envisioned a pharmacy that could offer efficient service with a wide range of specialised healthcare services, meeting the diverse needs of our community effectively.

Lastly, recognising the challenges faced by residents in our area, I was driven to establish a pharmacy that serves as a beacon of health and support. I wanted to bridge the gap in healthcare access and ensure that everyone in our community has access to high-quality, comprehensive pharmacy services. These observations and aspirations propelled me to establish my own pharmacy, where I am dedicated to making a meaningful impact on the health and well-being of our community.

Undoubtedly, you must have encountered some challenges. Could you share them and how you overcame them?

As a Black female pharmacist who immigrated and trained in a foreign country, my journey to becoming a business owner has been uniquely challenging yet deeply rewarding. Balancing the demands of launching and running a pharmacy business while managing personal and family responsibilities has been a constant juggling act. The initial navigation of a new healthcare system, coupled with the complexities of overcoming biases and stereotypes associated with being a woman and a person of colour, added significant layers of difficulty.

Accessing capital and resources to start my business was another hurdle, compounded by the realisation that, as a woman from a BAME (Black, Asian and Minority Ethnic) background, I often had to work twice as hard to prove my capability in a field where representation is lacking. Despite these obstacles, my unwavering determination to create a business that not only serves my community but also supports my family has been a powerful motivator.

Every challenge I've faced has strengthened my resolve and deepened my commitment to providing exceptional healthcare services. I am proud to contribute positively to the healthcare landscape and to inspire other

women and individuals from diverse backgrounds to pursue their entrepreneurial dreams despite the odds.

With the japa syndrome on the rise, how would you advise aspiring young Nigerian pharmacists who want to migrate to the UK?

Firstly, I empathise with the aspirations of young Nigerian pharmacists seeking opportunities abroad, including in the UK. It's crucial to approach this journey with thorough research and preparation. Understand the regulatory requirements and licensure processes specific to practising pharmacy in the UK, which differ significantly from those in Nigeria.

Secondly, leverage your education and experience gained in Nigeria as valuable assets. Many skills and insights acquired in Nigerian healthcare settings are transferable and highly respected internationally. Highlighting these strengths can enhance your competitiveness and appeal to prospective employers or regulatory bodies.

Additionally, seek mentorship and guidance from experienced professionals who have navigated similar paths. Networking within the Nigerian diaspora community and professional associations in the UK can provide invaluable support and insights into career opportunities and professional development.

Lastly, remain resilient and adaptable. Relocating to a new country involves adjusting to cultural, professional, and regulatory differences. Embrace continuous learning and professional growth opportunities to stay abreast of advancements in pharmacy practice and healthcare delivery.

Ultimately, pursuing your career aspirations abroad can be a rewarding journey, but it requires careful planning, determination, and a commitment to upholding the highest standards of pharmacy practice wherever you go.

How would you compare retail pharmacy in Nigeria to what operates in the UK?

Retail pharmacy in Nigeria and the UK differs significantly in terms of regulation, accessibility, services offered, and the overall healthcare environment.

In the UK, retail pharmacies are highly regulated by organisations



Pharm. (Mrs) Ifesinachi Anyamene

Continues on page 34



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We're targeting 90 per cent local manufacturing – MD, SAM Pharmaceuticals

Mr Amit Bhojwani is the Chairman/CEO of SAM Pharmaceuticals Limited. In this exclusive interview with **Patrick Iwelunmor**, he shares his thoughts on various issues concerning the Nigerian pharmaceutical industry, particularly the growing demand for increased local medicine manufacturing. Excerpts:



Mr Amit Bhojwani

What has been the vision driving the operations of SAM Pharmaceuticals, especially now that the company is becoming more visible in the Nigerian pharmaceutical space?

I appreciate this question and take it personally. As you've rightly noted, there's been a new breath of life at SAM. Since I took over as MD, we've been working hard to continue the legacy passed down to us. This is more than just business; it's personal. We are building upon what we inherited, and what you are witnessing is just the beginning. Many more great things are on the way.

As a key player in the Nigerian pharmaceutical industry, what would you say are the major challenges that require urgent attention?

The primary challenges, I'd say, are the menace of substandard drugs and supply chain gaps. However, we are confident that with the Renewed Hope agenda, things are moving in the right direction. We are excited to be part of this vision and look forward to contributing to its actualization.

There has been a growing outcry against drug importation. In fact, one of the focal points of the 7th Nigeria Pharma Expo is boosting local pharmaceutical manufacturing. What is SAM Pharmaceuticals doing to contribute to this vision?

We are proud to announce that we are constructing a brand-new state-of-the-art facility in Otta, Ogun State. It will be ready by the first quarter of next year and will increase our current output fivefold. This facility will significantly reduce reliance on imported products. Some of the pharmaceuticals we currently import

under our brand names will soon be produced locally. By 2025, we aim to manufacture at least 90 percent of our products locally.

In terms of niche, can you tell us about your most successful product based on patronage?

The product that is very close to our hearts and has taken a significant market share is Acipep. It's now, unofficially or officially, the number one antacid in the country. It's known by the catchphrase "Omo, cool down" because when you take it, it cools you down. We're very proud of it, and you can expect more innovative products from us soon.

How would you assess the performance of the Bola Tinubu-led federal government in healthcare delivery?

We are optimistic and happy with the government's support for local pharmaceutical manufacturing, especially the tariff and import duty reductions. We're just waiting for these policies to be successfully implemented. We know the green light has been given from the top, and now we're eager to see the relevant officers put it into action.

How have you been coping with the unstable forex market in Nigeria?

Honestly, it has been quite challenging. It's something we revisit every week, and it might be our biggest challenge. I probably speak with our chief financial officer more often than I speak with my wife, constantly evaluating how price fluctuations affect our finished products. However, we are hopeful that a solution will emerge soon.

What advice would you give to the Nigerian pharmaceutical

sector?

Quality first. Forget about profit at the beginning. Focus on improving the Nigerian healthcare sector. It's about creating something you'd be proud to give to your own children. That's the principle we follow at SAM Pharmaceuticals.

How long has SAM Pharmaceuticals been doing business in Nigeria, and what are some achievements you can point to?

SAM Pharmaceuticals was incorporated in 1971, and we're proud to have served the Nigerian health sector for over five decades. As we complete our new mega factory by the first quarter of 2025, we're positioning ourselves for even more growth over the next 50 years. Our greatest achievement is being a trusted brand for leading institutions and hospitals across the country. We now look forward to building our brand across West Africa and the entire African continent.

Do you agree with those clamoring for Nigeria's independence from drug importation? Why?

Yes, the last pandemic showed us how challenging and costly it can be to rely on international supply chains for essential health needs. With a strong local regulator like

NAFDAC, Nigerian-made products are of the highest standards. In fact, we're now looking to reverse the trend of importation by exporting to other African countries.

Do you think Nigeria has what it takes to be self-sufficient in drug production, considering the unstable power and energy situation?

While Nigeria has its fair share of challenges, we're confident that the country has the local capacity and skillset to be self-sufficient. There are already initiatives to produce APIs locally, and I have no doubt that more inputs, including some excipients, will also be manufactured locally soon. With continued government support to address economic and infrastructural challenges, more people will be willing to invest in local production.

What is your take on the recent Executive Order on pharmaceuticals signed into law by President Tinubu? Do you think it will have a significant impact on the country's access to affordable medicines?

The Executive Order is encouraging for local manufacturers, and we hope all government agencies involved in its implementation provide full support, as it benefits the common man by driving prices down. Duty waivers on machinery and factory inputs will reduce capital requirements for increasing local capacity, which will attract more investors to the sector.

Diaspora

Healthcare skills, insights obtained in Nigeria valued globally - Anyaneme

Continues from page 32

like the General Pharmaceutical Council (GPhC) and must adhere to strict standards regarding the sale of medications, patient safety, and professional conduct. Pharmacists are required to have extensive training and qualifications. In Nigeria, while there are regulatory bodies like the Pharmacy Council of Nigeria (PCN) that oversee the practice, enforcement of regulations can be inconsistent. Unlicensed drug shops, known as "patent medicine chemists," are common, and they sometimes sell prescription medications without proper oversight.

In the UK, the environment within retail pharmacies is highly standardised, focusing on patient privacy and safety. Pharmacies are often equipped with consultation rooms where patients can speak privately with the pharmacist. In Nigeria, the retail pharmacy environment can vary widely. In some places, pharmacies operate more like general stores, with medications displayed openly and little privacy for consultations. However, I am aware that there are more modern pharmacies in urban areas that are adopting international standards, with better facilities and private consultation areas.

In the UK, retail pharmacies are an integral part of the healthcare system, working closely with doctors and other healthcare professionals to ensure continuity of care. They are involved in national public health initiatives and play a key

role in preventive health. Whereas in Nigeria, while pharmacies are crucial for providing access to medications, their role in the broader healthcare system is less formalised. Collaboration with other healthcare providers is less structured, and public health initiatives are less commonly run through pharmacies.

Overall, while both countries recognise the importance of retail pharmacies in healthcare, the systems in place, the services offered, and the level of regulation and accessibility differ significantly between Nigeria and the UK.

What would you describe as your most fulfilling moment in practice?

The most fulfilling part of being a pharmacist is helping patients improve their health and well-being by providing them with the right medications and personalised advice. Building trusting relationships with patients and being a reliable source of support during their health journeys is incredibly rewarding. Additionally, the opportunity to make a positive impact on the community through health education and preventive care is deeply satisfying.

This year, I felt particularly fulfilled as three young ladies of African descent, whom I had the opportunity to mentor since they finished secondary school, graduated from university this summer. I was especially proud that two of them graduated from pharmacy.

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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.

Adelusi-Adeluyi, Sesay highlight WAPCP's significance to health sector

- As college breaks ground for secretariat building construction

By Ranmilowo Ojalumo

In a significant step toward advancing pharmaceutical education and practice in West Africa, the West African Postgraduate College of Pharmacists (WAPCP) held a groundbreaking ceremony for the construction of its ultra-modern secretariat building in Lagos, on 20 September 2024.

The WAPCP President, Alhaji Murtada M. Sesay, presided over the ceremony, joined by key stakeholders from the pharmaceutical and healthcare sectors. He highlighted that the state-of-the-art building will house vital facilities such as an e-library, a regional drug information centre, conference halls, meeting rooms, and administrative offices, positioning the college to better serve the region's healthcare needs.

WAPCP is one of the constituent colleges of the West African Health Organisation (WAHO), an agency of the Economic Community of West African States (ECOWAS), with its headquarters in Lagos, Nigeria.

According to the college president, the building is designed to be a five-storey edifice, with an estimated cost of N3.8 billion and a completion timeline of 24 months, subject to the availability of funds. Alhaji Sesay urged stakeholders in the pharmaceutical industry, as well as those dedicated to the advancement of the health sector across member nations, to support the college financially in order to meet the projected timeline.

"I appeal to you all, as we will soon be approaching you for financial support to ensure the completion of the edifice in record time. Let me reassure you that the college, under my leadership, will consider dedicating parts of the building to major donors," said Sesay.



Prince Julius Adelusi-Adeluyi, conducting the groundbreaking ceremony alongside other executives of WAPCP, as Sir Ifeanyi Atueyi, and others observe keenly.

Emphasising the importance of the secretariat building to the college's objectives and the advancement of the health sector across member nations, he noted that timely completion of the project would help the college achieve its goals and contribute to healthcare delivery in West Africa.

"The key objectives of our college are to promote the harmonisation of pharmacy education and practice within the region, foster research in pharmacy, and advance pharmaceutical practice in specialised disciplines. We are at the forefront of promoting the harmonisation of pharmaceutical legislation and the development of national drug policies across the region.

"We also support the integration of traditional health systems in member countries, and we collaborate with other healthcare professionals, scientists, and organisations to maintain high standards of pharmaceutical practice and healthcare delivery. WAPCP is more

than just a college; we apply what we teach, scanning the environment to identify issues and propose solutions," he said.

Speaking at the ceremony, former Minister of Health, Prince Julius Adelusi-Adeluyi, who was the guest of honour, expressed his delight at the groundbreaking for the college secretariat building. He remarked that the college was conceived during his tenure and that he had served as the pioneer secretary of the organisation that later evolved into the college.

He encouraged the current leadership of WAPCP to ensure that the project has positive visibility, making it an initiative that people will want to support. He also emphasised the need for a well-structured programme to ensure the college's continued relevance.

Pharm. (Sir) Ifeanyi Atueyi, publisher of *Pharmanews* and a pioneer secretary of the Nigerian Chapter of

the college who served for 14 years, described the secretariat building as a legacy for future generations. He called on stakeholders in all member nations to support the project.

The former President of the Pharmaceutical Society of Nigeria (PSN), Sir Anthony Akhimien, who chairs the college's property committee, highlighted that the groundbreaking signified that the government alone cannot develop the health sector. He added that the college is committed to working alongside the government to advance the sector.

"The secretariat will serve as a hub for reviewing policies on healthcare delivery across the West African region. It will become a focal point for member countries to align with the college's objectives and ensure standardisation across all nations," said Akhimien.

He explained that the construction of the secretariat building is vital for the college and its member nations, enabling all faculties within the college to focus and function more effectively.

Akhimien specifically noted that the Faculty of Drug Production and Quality Assurance is responsible for research and the development of the manpower and skills required for pharmaceutical innovation. This faculty is expected to study and develop new molecules, which can then be passed on to the industry for large-scale production. The new building will allow the faculty to function optimally, benefiting all member nations.

Akhimien also pointed out that with nearly 70 per cent of the region's drugs currently being imported, the college's secretariat will serve as a research and development hub, working towards drug self-sufficiency – a goal shared by all member governments.

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Low level of public awareness affecting hypertension management in Nigeria – Consultant cardiologist

Dr Folashade Alli is a board-certified consultant cardiologist, with over 30 years of experience. Her career is devoted to the diagnosis and treatment of heart, vascular, and thoracic diseases through early detection, education, and prevention in Nigeria. She is also passionate about leveraging responsible technology to advance healthcare. In this exclusive interview with **Patrick Iwelunmor**, she shares her thoughts on the prevalence and management of hypertension (high blood pressure) in Nigeria. Excerpts:

Can you provide an overview of the current prevalence of high blood pressure in Nigeria, and how it compares to global statistics?

The prevalence of hypertension in Nigeria has increased significantly, rising from an estimated 8.2 per cent in 1990 to 32.5 per cent by 2020. This trend aligns with the findings of the 2017 REMAH study, which revealed that 38 per cent of Nigerians are affected by hypertension. This poses a major health challenge for Nigeria, particularly as it is Africa's most populous nation.

Globally, high blood pressure affects approximately 1.13 billion people, with two-thirds of this burden concentrated in low- and middle-income countries (LMICs). The World Health Organisation (WHO) identifies the African region as having the highest global incidence of hypertension, at 27 per cent, with Nigeria's growing rates contributing significantly to this regional statistic.

What are the primary risk factors contributing to the high rates of hypertension and cardiac arrests in Nigeria?

Several sociodemographic and lifestyle factors contribute to the high rates of hypertension. Age is a significant factor, with the risk of high blood pressure increasing as people get older.

Education and lifestyle choices also play a role. Interestingly, higher education levels in Nigeria are associated with a greater likelihood of developing hypertension, potentially due to lifestyle changes linked to higher socioeconomic status, such as increased consumption of processed foods. Physical inactivity, exacerbated by urbanisation and a sedentary lifestyle, is another major risk factor. Alcohol consumption also contributes to the risk, highlighting the need for effective policies to manage alcohol use.

Additionally, familial traits, drug use (particularly psychedelics among young people), and intercurrent infections affecting the kidneys (such as glomerulonephritis) also contribute to the development of hypertension. Increasing air pollution and the use of various substances (such as shisha) among young people are further risks for high blood pressure and sudden cardiac arrests. These factors, along with poor healthcare provision, late presentation, a lack of public awareness, and a shortage of qualified medical personnel, contribute to delays in diagnosis and intervention, leading to a large number of hypertension patients dying from sudden cardiac arrest and related complications. This outcome is largely preventable if all these contributing factors are continuously addressed.

Promoting physical activities such as walking, cycling, and the use of non-motorised transport is crucial, but Nigeria's inadequate infrastructure, which lacks safe areas for pedestrians and cyclists, hampers such efforts. Dietary habits also play a significant role; the consumption of processed foods,



Dr Folashade Alli

often linked to urban lifestyles, increases the risk of hypertension. Promoting healthier dietary choices is essential in addressing this issue.

Increased consumption of processed foods leads to a higher inflammatory state in the body, contributing to atherosclerosis (arterial stress and stiffening), high levels of bad cholesterol, and increased blood pressure. Physical activity helps lower inflammation and improve vascular health, while a sedentary lifestyle exacerbates inflammation and poor circulation. A poor diet combined with inactivity leads to higher blood pressure, and if left unchecked, this significantly raises the likelihood of heart disease and sudden cardiac arrest.

Can you discuss any specific regional or demographic differences in the prevalence of high blood pressure and cardiac arrests within Nigeria?

Hypertension is more common among urban residents than those in rural areas, and its prevalence varies across Nigeria's geopolitical zones. Research shows that hypertension is more prevalent in southern Nigeria than in the northern regions. For instance, the southeast region has a significantly higher occurrence, with an odds ratio of 4.26 compared to the north-central region, indicating geographical differences in hypertension risk.

Demographic trends also show

that males are slightly more affected than females pre-menopause, but after menopause, the prevalence is the same in both genders. The prevalence of hypertension increases with age, and although it was previously reported to occur in middle age, it is now being diagnosed in much younger age groups. This shift may be multifactorial, including changing definitions of normal blood pressure and other factors mentioned earlier.

How can public awareness and education be improved to better address hypertension and prevent cardiac arrests in Nigeria?

Enhancing public awareness and education about hypertension is critical for its prevention and management. Effective counselling and health education, particularly targeting modifiable risk factors such as lifestyle choices, are essential. Engaging nurses and community health workers in these efforts, in line with task-sharing strategies, can broaden their reach and impact.

Additionally, religious institutions can be leveraged to raise awareness and provide health education about hypertension. Both state and local governments must be involved in community awareness campaigns and advocacy for improving the cardiovascular health of the population. Non-governmental organisations must also collaborate with the government and the World

Heart Federation to address the growing concerns surrounding hypertension and cardiovascular diseases, which often lead to cardiac arrest.

How does the healthcare infrastructure in Nigeria impact the diagnosis and management of high blood pressure and related cardiovascular conditions?

Nigeria's healthcare infrastructure significantly affects the diagnosis and management of hypertension and cardiovascular conditions. Access to healthcare services is often limited, especially in rural areas, where facilities may lack essential diagnostic tools and equipment for effective hypertension management. Inadequate training and inconsistent adherence to treatment protocols among healthcare providers further exacerbate these issues.

Additionally, the high cost of medications and diagnostic tests poses a substantial barrier to effective treatment for many Nigerians. These challenges underscore the urgent need for improvements in healthcare access and infrastructure to better manage hypertension and cardiovascular diseases.

What are the most common challenges faced in the treatment and management of hypertension in Nigeria?

The treatment and management of hypertension in Nigeria are fraught with challenges. One major issue is the low level of public awareness about hypertension, which hinders early diagnosis and effective prevention. Economic constraints, such as the high cost of medications and diagnostic services, also limit access to necessary care. Additionally, systemic problems such as inadequate funding, inefficiencies, and corruption within the healthcare system compound these challenges. These factors collectively impede effective hypertension management and highlight the need for targeted interventions to address these obstacles.

Are there any recent initiatives or programmes in Nigeria aimed at reducing the incidence of high blood pressure and improving cardiovascular health? If so, what have been the results?

Yes, the Hypertension Treatment in Nigeria (HTN) programme is a recent initiative aimed at reducing the incidence of high blood pressure and improving cardiovascular health in Nigeria. This programme seeks to address gaps in hypertension assessment and management by adapting, implementing, and evaluating the World Health Organisation's (WHO) HEARTS technical package across 60 primary healthcare facilities in the Federal Capital Territory.

The HTN programme recognises that stronger primary healthcare services for hypertension can reduce the burden on secondary and tertiary care facilities, where such services have historically been provided in Nigeria. The programme has shown promising results, achieving over 90 per cent treatment rate and a 50 per cent hypertension control rate among 21,000 registered patients between January 2020 and December 2023.

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Winning mindset: Foundation for staying ahead in pharmaceutical sales

In the competitive landscape of pharmaceutical sales in Nigeria, the right mindset can be the difference between success and stagnation. Sales managers, in particular, must cultivate a winning attitude, prioritise their health, and maintain persistence to navigate the challenges of their roles effectively. This article explores these essential components of a winning mindset and how they contribute to sustained success in the field.

Adopt a winning attitude

A winning attitude is characterised by positivity, resilience, and an unwavering belief in one's abilities. For sales managers, this mindset is crucial not only for personal success but also for inspiring their teams. A positive outlook can transform challenges into opportunities, enabling managers to approach problems with creativity and determination.

Strategies for cultivating a winning attitude

Practice gratitude: Regularly reflect on achievements and express gratitude for the support of colleagues and clients. This practice can shift focus from obstacles to opportunities.

Visualise success: Spend time visualising successful outcomes for sales pitches or team meetings. This mental rehearsal can boost confidence and prepare managers for real-life scenarios.

Embrace challenges: View challenges as opportunities for growth rather than threats. This shift in perspective encourages a proactive approach to problem-solving.

Prioritise health as your greatest asset

Health is often referred to as wealth, and for good reason. A sales manager's physical and mental well-being directly impacts their performance and productivity. When managers prioritize their health, they are better equipped to handle the demands of their roles, maintain high energy levels, and make sound decisions.

Tips for Maintaining Health
Regular exercise: Incorporate physical activity into daily routines. Whether through gym sessions, walking, or sports, regular exercise

The power of a winning mindset cannot be overstated in the pharmaceutical sales industry. By adopting a positive attitude, prioritising health, and maintaining persistence, sales managers can navigate the complexities of their roles with confidence and effectiveness. These foundational elements not only contribute to personal success but also foster a culture of resilience and motivation within their teams.

boosts energy and reduces stress.

Balanced nutrition: Fuelling the body with nutritious foods enhances cognitive function and stamina. Sales managers should prioritise meals that support sustained energy levels throughout the day.

Mindfulness and stress management: Engage in mindfulness practices such as meditation or deep-breathing exercises to manage stress effectively. These practices can improve focus and emotional resilience.

Maintain momentum through persistence

Persistence is a hallmark of successful sales managers. The ability to keep going in the face of rejection or setbacks is essential in the sales environment, where challenges are inevitable. A persistent attitude not only helps managers achieve their goals but also sets a powerful example for their teams.

Cultivating persistence. Set realistic expectations: Understand that not every interaction will lead to a sale. Setting realistic expectations allows managers to remain motivated and focused on long-term goals.

- **Learn from rejection:** Instead of viewing rejection as a failure, see it as a learning opportunity. Analyse what went wrong and adjust strategies accordingly.
- **Celebrate small wins:** Acknowledge and celebrate small victories along the way. Recognising progress, no matter how minor, can boost morale and motivate continued effort.

The power of a winning mindset cannot be overstated in the pharmaceutical sales

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The many sides of fennel

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



Foeniculum vulgare

Fennel, botanically known as *Foeniculum vulgare* (Fam. Apiaceae), is a flowering plant in the carrot family. It is a hardy, perennial herb with yellow flowers and feathery leaves, indigenous to the Mediterranean but has become widely naturalised in many parts of the world, especially on dry soils near the sea coast and on riverbanks. It is also called bitter fennel, sweet fennel, common fennel, and wild fennel.

Constituents

Fennel contains protein, carbohydrates, fibre, saturated and unsaturated fatty acids, essential and non-essential amino acids, and minerals like calcium, iron, magnesium, phosphorus, potassium, sodium, zinc, copper, and manganese. Also present are Vitamins A, C, B1, B6, and Niacin. Essential oil containing

volatile compounds like the polyphenol antioxidants rosmarinic acid, chlorogenic acid, quercetin, and apigenin have been identified in fennel. Other compounds identified include anethole, fenchone, methyl chavicol, limonene, and estragole.

Preparations

Fennel may be used as the raw bulb, stem, and feathery leaves. The seeds may be used raw, dried, toasted, powdered, infused, or encapsulated. Raw fennel bulb may be incorporated into salads; the seeds may be used to flavour soups, broths, baked goods, and fish dishes. Fennel may be added to dishes and batter for baking.

Pharmacological actions and medicinal uses

In many parts of the world, it is

common to eat a little bit of fennel after a meal to aid with digestion and relieve gassiness, period cramps, and colic. Fennel is a rich source of antioxidants. Its appetite suppressant, anti-inflammatory,

and anti-cancer properties may make it useful in weight management, pain relief, and reduction in the risk of chronic diseases. The strong anti-spasmodic and carminative effects of fennel seeds help in treating flatulence, heartburn, indigestion, bloating, and conditions like irritable bowel syndrome (IBS). The relaxing effect of fennel on the intestinal muscles can help relieve constipation.

A review revealed that components naturally available in fennel plants, including the seeds, have antibacterial, antifungal, and anti-inflammatory properties. This may help get rid of bacteria that can cause gassiness in cases of food poisoning or an upset stomach. Anethole is the main component that gives fennel seeds these beneficial effects, including relief of symptoms of colic in infants. Animal and test-tube studies note that the organic compound anethole has anticancer, antimicrobial, antiviral, and anti-inflammatory properties. Fennel may be useful in arthritis management.

Studies suggest that people who follow diets rich in these antioxidants have a lower risk of chronic conditions like heart disease, obesity, cancer, neurological diseases, and type 2 diabetes. One test-tube study showed that anethole suppressed cell growth and induced apoptosis, or programmed cell death, in human breast cancer cells. The plant compound limonene helps combat free radicals and has been shown to protect rat cells from damage caused by certain chronic diseases.

Fennel has been shown to have galactogenic properties; it may increase milk secretion by increasing blood levels of prolactin. A review noted that fennel may improve sexual function and satisfaction in menopausal women, as well as relieve hot flushes, vaginal itching, dryness, pain during sex, and sleep disturbances. This may be due to its content of an ingredient like oestrogen. Fennel may relieve menstrual cramps by reducing the production of oxytocin and prostaglandin. Some people have also used fennel to encourage urination, treat hypertension, improve eyesight, prevent glaucoma, clear mucus from the airways, and detoxify the body.

Adverse effects

Due to its oestrogen-like activity, the fennel plant may be potentially teratogenic; it has the potential to disturb foetal growth and development because high doses may have toxic effects on foetal cells. There is a possibility of allergic reaction to fennel.

Economic uses and potentials

Dried fennel seeds cost between ₦1,500 and ₦10,000 per 100g. The oil cost between ₦5,000 and ₦11,500 per 250ml. Global fennel seeds market reached a value of \$68b in 2023, with projections to reach \$128.19b by 2031. Opportunities exist for fennel in cultivation, processing, pharmaceutical, cosmetics, beverages, transport and distribution industries.

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House of Reps committee visits Shalina, calls for partnership

By Adebayo Oladejo

As part of its mission to strengthen healthcare delivery in Nigeria through collaboration with key stakeholders, the House of Representatives Committee on HIV/AIDS, Tuberculosis, and Malaria (ATM) paid a courtesy visit to Shalina Healthcare's state-of-the-art factory at OPIC, Lagos-Ibadan Expressway, on 9 September.

The delegation, led by the Deputy Chairman of the House Committee, Hon. Abubakar Babazango, who represented the Committee Chairman, Hon. Amobi Godwin Ogah, was warmly received by Shalina Healthcare Nigeria's Managing Director, Opeyemi Akinyele, alongside other senior company officials.

During the visit, committee members were given a guided tour of the facility, where they were briefed on Shalina's operations, product lines, and unwavering commitment to quality and safety in pharmaceutical production.

The tour provided the committee with insights into how Shalina's products, particularly its over-the-counter medications and prescription drugs, are developed, manufactured, and distributed across the country and beyond. The company's investment in state-of-the-art technology and adherence to global best practices in pharmaceutical manufacturing were highlighted as pivotal to its success in the Nigerian market.

Speaking after the tour, Hon. Babazango praised Shalina Healthcare for its valuable contributions to Nigeria's healthcare sector. He encouraged the company to maintain its high standards and expressed the need for stronger public-private partnerships to enhance healthcare delivery in the country.

"Partnerships between the House of Representatives Committee on HIV/AIDS, Tuberculosis, and Malaria and private sector entities like Shalina Healthcare are essential for achieving improved healthcare outcomes in Nigeria," said Babazango, who represents Yola North/Yola South/Girei Federal Constituency in the 10th House of Representatives.

In her remarks, Managing Director, Shalina Healthcare, Nigeria, Opeyemi Akinyele expressed appreciation for the committee's visit, reaffirming Shalina's dedication to supporting government initiatives aimed at enhancing healthcare delivery.

Shalina boss highlighted the company's ongoing investments in healthcare infrastructure, innovative product development, and community outreach programmes.

The House of Representatives Committee delegation included Hon. Abubakar Babazango, Deputy Chairman of the House Committee on HIV/AIDS, Tuberculosis, and Malaria; Hon. Olusola Steve Fatoba; and Ms. Aneke Nnenna Gladysmary, National Assembly Clerk of the Committee.

On the Shalina Healthcare side, the delegation was joined by Bharat Pahuja, Head of

Finance, West Africa; Pharm. (Chief) Emeka Adimoha, Pharma Director and Regulatory Head; Pharm. Sandeep Sahu, Head of Sales, Nigeria Pharma Trade; and Pharm. Shakiru Makinde, Head of Plant Operations.

The visit occurred two months after the House Committee advocated for the allocation of 1 percent of the Consolidated Revenue of the Federal Government to combat HIV/AIDS and other public health diseases, underscoring the committee's focus on ensuring sufficient resources for critical

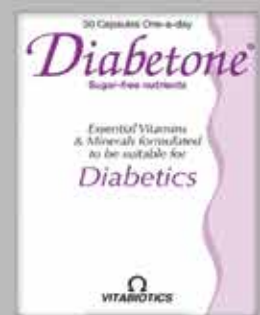


L-R: Sandeep Sahu, head, Sales (Pharma Trade), Shalina Nigeria; Shakiru Makinde, head, Plant Operations; Opeyemi Akinyele, managing director, Shalina Nigeria; Hon Abubakar Baba Zango, deputy chairman, Federal House of Representatives, House Committee on HIV/AIDS, Tuberculosis and Malaria, (ATM); Pharm. (Chief) Emeka Adimoha, pharma director and regulatory head, Shalina Nigeria; and Hon OLusola Fatoba member of the House Committee, during an oversight visit of the committee to the Shalina factory at OPIC, Lagos-Ibadan Expressway.

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Should DNA tests be mandated by law for babies?

As paternity fraud becomes a more prevalent issue in Nigeria, there have been increasing calls for DNA tests to be made obligatory for babies. In this edition of Viewpoint, our reporter, **Nneoma Kalu**, sought the views of some Nigerians on the matter. Their responses are captured below:

“Trust, not DNA, should be the foundation of family”

I firmly believe that DNA testing should not be made compulsory for families, despite the growing concern over paternity fraud. In my opinion, DNA testing should be recommended for couples in specific situations where it's necessary, but not enforced by law. For me, love transcends biological ties. As long as I love the child, it doesn't matter if we share the same DNA. Parenthood is about emotional bonding and the commitment to raising a child, not just biology. Making DNA tests compulsory would undermine this emotional connection, reducing family relationships to mere biology.



- Dr Jide-Uche Ajunam (Ikorodu, Lagos)

“DNA testing should remain a personal choice”

No, DNA testing shouldn't be a mandatory procedure. It's a sensitive issue, and not every couple will find it necessary. Every family is different, and some couples feel confident in their relationship without needing a DNA test. Imposing this requirement on all couples ignores these differences. DNA testing should be an option for those who want it, but it shouldn't be forced on everyone. It's like imposing birth control measures—it's intrusive and unnecessary. Couples should be able to decide for themselves whether or not they want a DNA test, based on their unique circumstances.



- Felix Ibrahim (Ibafo, Ogun State)

“A deterrent to infidelity”



Yes, I wholeheartedly support making DNA tests compulsory for all couples. The rate of paternity fraud in Nigeria is alarming, and it's unfair to men who unknowingly raise children that aren't biologically theirs. In today's challenging economic climate, men shouldn't be burdened with the responsibility of raising children that aren't their own. Personally, I wouldn't want to raise a child if I wasn't the biological father. Making DNA tests mandatory would prevent such situations and act as a deterrent for women considering infidelity. This law would restore accountability and fairness in relationships, ensuring that

men know the truth about their fatherhood.

- Yusuf Oriyomi Mustapha (Magboro, Ogun State)

“High cost makes it unrealistic”



I don't think DNA testing should be made compulsory, and one of the main reasons is the cost. DNA tests are expensive, and many Nigerians can't afford them. Trust is essential in marriage. If you don't trust your partner, why are you in the relationship? Making DNA tests mandatory would create financial strain and unnecessary turbulence in relationships. In most cases, couples don't need a DNA test, and forcing it on them would lead to conflict. We should be cautious about stirring up problems where there aren't any.

- Francisca Afolayan (Ilesha, Osun State)

“Family matters should stay private”

I strongly believe that DNA testing should never be made compulsory by law. The government has no right to intervene in the deeply personal matters of family life. Building a family is a private affair, and just as family planning isn't mandated by law, neither should DNA testing be. The government should focus on broader societal issues, like healthcare and education, rather than meddling in the intimate relationships between couples. Families should have the freedom to make their own decisions without government interference, and DNA tests should remain a personal choice for those who feel the need for it.



- Olabanji Ayodele (Ogudu, Lagos)

“It'll protect men from deception”

I completely agree with the idea of making DNA testing compulsory for all couples. Men deserve to know whether they're raising their biological children, and compulsory testing would protect them from deception. I wouldn't want my brothers to unknowingly raise children that aren't theirs. It's a matter of fairness. Every day we see stories of paternity fraud on social media, and it's clear that too many men are being deceived. This law would ensure men know the truth and prevent such situations. DNA testing would bring more transparency and accountability to relationships.



- Tijani Nafisat (Oshogbo, Osun State)

“A safeguard for men's mental health”



I am a strong advocate for making DNA testing compulsory. Paternity fraud is rampant, and without mandatory testing, many men unknowingly raise children that aren't theirs, which can lead to devastating consequences. Imagine a man finding out after years of commitment that the child he thought was his isn't his—such a revelation can cause immense mental and emotional distress. Marriage is supposed to be built on trust, but DNA testing would help verify that trust and prevent deception. While it may not be welcomed by everyone, I believe making it compulsory is necessary to protect men from paternity fraud.

- Chukwuemeka Sunday Kalu (Magboro, Ogun State)

“Expensive and unnecessary”



I don't think DNA testing should be mandatory. First of all, DNA tests are expensive, and not everyone can afford them. Unless the government is willing to make these tests free, it wouldn't be fair to enforce this on couples. Beyond the financial aspect, couples know each other better than anyone else, and they should be able to resolve issues without external interference. The government has no business making such a personal decision for families. If couples feel the need for a DNA test, they should be able to decide for themselves.

- Blessing John (Aba, Abia State)

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Stakeholders emphasise wellness and self-care to attain universal health coverage

By Temitope Obayendo

To advance the attainment of universal health coverage (UHC) in Nigeria, leading experts in the healthcare sector have emphasised the importance of self-care awareness in maintaining individuals' mental health, nutrition, physical exercise, and social and emotional balance within any socio-economic milieu. They advocated that wellness and self-care are personal responsibilities, regardless of economic challenges.

The eminent stakeholders, who recently converged at the inaugural D'Bio Wellness & Self-Care Summit held in Lagos, highlighted the importance of preventive care. They urged participants to understand their genetic predispositions to diseases, which can guide them in avoiding any risk factors they may be prone to.

They noted that understanding genetic risks enables individuals to make informed decisions about nutrition and its effects on non-communicable diseases such as hypertension, diabetes, and cancer. The two-day conference, which explored the intersection of technology and wellness, also witnessed the launch of an innovative platform designed to enhance and expand the digital footprint within the sector.

Speaking on the summit's theme, "Advancing Wellness & Self-Care: Prospects and Perspectives," the keynote speaker, Dr Leo Egbujiobi, who joined virtually, drew participants' attention to lifestyle management within the socio-economic milieu, stating that individuals' longevity and health are products of their actions and inactions.

He explained the reasons for the frequent cases of stroke and heart attacks in Nigeria and other African countries, noting that these are often the result of untreated hypertension and diabetes, as many Nigerians struggle to adhere to their medications due to the high cost of drugs caused by the hike in foreign exchange.



A cross-section of participants at the summit.

Egbujiobi, however, asserted that wellness and self-care are individual responsibilities, urging everyone to pay particular attention to their wellbeing at all times, ensuring they eat more organic foods than processed ones, exercise regularly, consume less salt, maintain emotional balance, steer clear of toxic environments, bond more with family and friends, and keep fit.

The Founder of D'Bio Wellness & Self-Care, Dr Eimunjeze, stressed the importance of self-care awareness, particularly within the digital space, where countless people are at risk of depression and trauma from social media, leading some to suicidal thoughts and premature deaths.

She urged participants to create time for themselves, deliberately giving themselves the nourishment and care needed to flourish while leveraging the digital space for effective brand exposure and marketing.

"Self-care refers to general wellness, mental health, nutrition, physical exercise, and rational use of products or services. These are all components of self-care. Being aware of how these factors affect you gives you a heightened sense of self-care," she stated.

"Health literacy and awareness

are also key. As we drive this agenda and engage more people, we must consider the digital realm and the impact of technology as we push forward the wellness and self-care movement. The times will always be the times, but we must embrace good behaviours, lifestyles, and actions that bring us closer to what we need to achieve."

Highlighting the role of good sleep and adequate nutrition in self-care, President of the Pharmaceutical Society of Nigeria, Prof. Cyril Usifoh, during a panel discussion, shared his lifestyle management regime since assuming leadership of the profession.

He said, "One of the things I did when I became president was to set my phone to go off at 10:30 PM. Between that time and 6:30 AM, no one can reach me except my wife. This journey is personal; you need to take your health into your own hands."

"I grew up with my grandmother, and we would often walk home from the farm, which is a form of exercise, good for the gut. We also used bitter leaf as a chewing stick, which has anti-cancer properties. Our traditional soups, like ogbono, have anti-diabetic properties. These are cultural practices that are beneficial

and should be embraced. Nowadays, we sit in one place and do very little physical activity. A programme like this is welcome, and we should be able to formulate policies and present them to industry authorities. With proper education, we could reduce mortality and morbidity."

Most importantly, he discouraged drug abuse, stating that people should not take medication unless necessary, as drugs are not a solution to everything.

Pharm. Abayomi Onasanya, Beatrice Eneh (CEO of Nectar Beauty Hub), and Lanre Iyanda also contributed to the panel discussion, moderated by Pharm. (Mrs) Omatseye. They provided insights into the importance of digital platforms in promoting health education and self-care. Technology, they agreed, has the potential to break the barrier of loneliness by creating communities where individuals can interact and promote emotional, mental, and physical health.

Iyanda challenged healthcare professionals to lead by example by undergoing regular health check-ups, while Onasanya emphasised the optimisation of artificial intelligence in the medical and pharmaceutical industries, urging stakeholders to leverage the digital space for effective health and brand promotions. He also noted that ethical corporations could use these platforms for corporate social responsibility (CSR) and health education.

"When it comes to diseases like diabetes and high blood pressure, it's expected that individuals aged 35 to 40 should have a blood pressure monitor at home. If someone is pre-diabetic or has a family history, there's nothing wrong with having that equipment at home," he explained.

"The benefits of using e-commerce, digital marketing, and SEO are immense. However, I see many non-ethical practitioners operating in that space, spreading misinformation and negatively impacting those who need proper education," he warned.

Codix Pharma subsidiary, Colexa, launches first IVD factory in Sub-Saharan Africa - Unveils blood glucose meter

By Moses Dike

Colexa Biosensor Limited, a subsidiary of Codix Pharma, has officially opened the first In-Vitro Diagnostics (IVD) factory in Sub-Saharan Africa.

According to a press statement made available to **Pharmanews** and signed by the company's Brand Communications Manager, Tolulope Ettu, the commissioning of the factory in Lagos, Nigeria, marks a significant milestone in African healthcare, with a focus on locally-produced medical devices.

At the launch, Colexa also introduced the OnPoint blood glucose meter and strips, designed to support millions of people living with diabetes in Africa. The products, approved by the National Agency for Food and Drugs Administration and Control (NAFDAC), are aimed at improving diabetes management across the continent.

With an annual production capacity of 3.6 million packs, scalable to 10.8 million, the factory is set to meet both local and export demands, reducing reliance on imported medical products.

Colexa's Chairman, Mr Sammy Ogunjimi, emphasised the company's goal to reduce imports and increase Nigeria's exports in healthcare products. He also highlighted that over 700 jobs



A cross-section of dignitaries at the event

would be created, both directly and indirectly.

Speaking further, he said, "We aim to localise and integrate backward to reduce our dependence on imports, and this factory is the first step towards achieving that goal. As a testament to our utmost desire to ensure consistent product and service quality, we are pleased to announce that this factory has received two Quality Management System certifications — first, the ISO 13485:2016 (IVD) Certificate, and the ISO 9001:2015 (process) Certificate.

"We have also successfully completed an independent comparative evaluation of the OnPoint blood glucose meter with the market gold standard, through the Medical Laboratory Science Council of Nigeria (MLSCN). Colexa Biosensor Limited will provide direct employment for over 700 staff, with several more jobs created indirectly."

Professor Muhammad Ali Pate, Nigeria's coordinating minister of health, praised the initiative, noting that the government would prioritise locally manufactured products to reduce the country's reliance on

imports, particularly in the medical sector.

Prince Julius Adelus-Adeluyi, former minister of health, called for government support to ensure the sustainability of local manufacturers, including the removal of import duties on pharmaceutical manufacturing equipment. He urged the government to create an environment that enables companies like Colexa Biosensor to thrive and remain sustainable.

Some of the ways he proposed the government could support these companies include the patronage of local products and the total removal of import duties on pharmaceutical manufacturing equipment, raw materials, and accessories, rather than requiring manufacturers to apply for an Import Duty Exemption Certificate (IDEC) each time, which sometimes takes up to two years.

In her goodwill message, the Director General of NAFDAC, Professor (Mrs) Mojisola Adeyeye, spoke about the agency's attainment of Maturity Level 3 as a major opportunity that would ensure quality products from Nigeria are accessible and acceptable to other African countries. She commended Sammy Ogunjimi and Lekan Asuni for their vision of ensuring that Nigeria can meet its local demand for IVD products.

The launch marks a bold step forward in Nigeria's healthcare sector, bringing much-needed innovation and local production to tackle widespread health challenges like diabetes.

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Atueyi, Akanmu, others canvass writing culture among pharmacists

– As former ACPN scribe, Olatunji-Koolchap, launches two books

By Adebayo Oladejo

For individuals to sustain growth, enhance their relevance, bless future generations, and leave behind a lasting legacy, they must embrace and nurture a strong writing culture.

This was the assertion of Pharm. (Sir) Ifeanyi Atueyi, vice-president of the Nigeria Academy of Pharmacy (NAPharm) and publisher of *Pharmanews*, at the launch of two legacy books: *History of Pharmacy Development in Nigeria* and *The Essentials in Pharmaceutical Practice*, both written by Pharm. Algreen Olatunji-Koolchap, a former national secretary of the Association of Community Pharmacists of Nigeria (ACPN). The launch was held at Hall 36, Lagos University Teaching Hospital, Idi-Araba, Lagos.

Atueyi, an octogenarian publisher who also chaired the event, commended Olatunji-Koolchap for dedicating his time to writing the books. He remarked that authors do not write for themselves but for others, and that future generations will greatly benefit from their work, even long after the authors have passed away.

“Through writing, you provide something valuable for others. The Bible says it is more blessed to give than to receive. This is exactly what happens when you write books. When you write, you add value to people’s lives,” Atueyi said.

He continued, “I am here today because of the books written by others, which I have read and learned from. As Benjamin Franklin once said: ‘Either write something worth



A cross-section of dignitaries at the launch of legacy books.

reading or do something worth writing about.’ It’s a legacy you leave behind. I started writing 20 years ago and have since published 23 motivational books. They bring me joy. When someone tells me they enjoyed my work, I say, ‘Thank you very much.’ So, I congratulate Olatunji-Koolchap for joining our league.”

The book reviewer, Professor Moses Akanmu, of Pharmacology, at Obafemi Awolowo University, Ile-Ife, and pioneer dean of the Faculty of Pharmacy at Ekiti State University,

Ado Ekiti, described the first book, *The Essentials in Pharmaceutical Practice*, as comprehensive. He noted that it is divided into several sections, each covering various aspects of pharmacy practice, including industrial pharmacy, public health, herbal medicine, complementary and alternative medicine, and consulting.


He explained that the 537-page book is aptly titled as it encompasses all aspects of pharmacy practice, from community, industrial, academic, and hospital pharmacy to drug

distribution guidelines and drug information services related to the Federal Ministry of Health. Akanmu urged everyone to acquire a copy, highlighting that both students and lecturers would greatly benefit from the knowledge contained in the book.

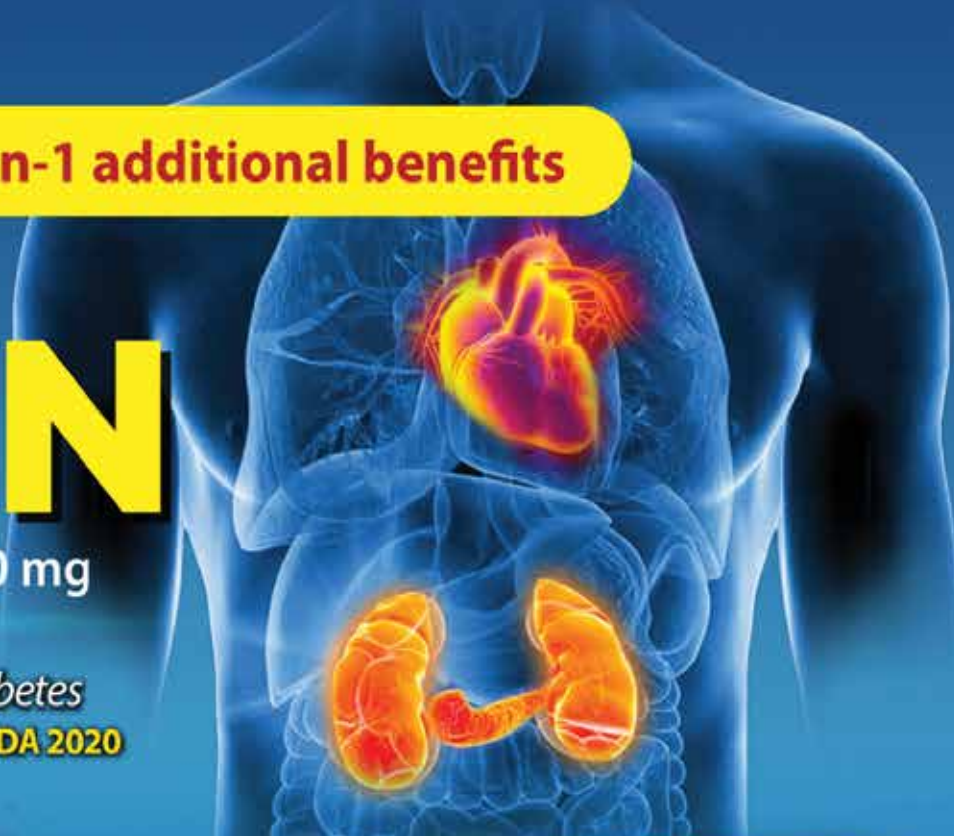
Speaking on the second book, *History of Pharmacy Development in Nigeria*, the pharmacology professor emphasised that it is not just for pharmacists or pharmacy students, stressing that non-pharmacists should also be interested in learning

continued on page 49

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Atueyi, Akanmu, others canvass writing culture among pharmacists

continued from page 48

how the pharmacy profession began in Nigeria.

"The pharmacy profession in Nigeria is over 97 years old, having been established in 1927. I believe you would want to know how it all started and what happened in 1922 in relation to pharmacy," he said. "The book provides information about the pioneer dispensers who started the practice before pharmacists came into the picture. It also contains essential life quotes that enrich the reader."

Speaking on the topic, "The Power of Purposefulness," Professor Udoma Mendie, of the Faculty of Pharmacy at the University of Lagos, underscored the significance of writing. As a teacher and author, he shared his extensive experience, revealing that he has over 3,000 books in his library and never goes a night without reading.

He encouraged the audience to live purposefully, stressing that integrity is the driving force behind purpose. "Integrity is the ability to do the right thing even when no one is watching," he added. "It is a fundamental value that fosters trust, respect, and accountability."

"We are here today to launch these insightful books by Olatunji-Koolchap, whose passion for writing is evident. Although he is a pharmacist, he continues to pursue other skills to expand his knowledge and share it with others," Mendie said. "Writing a book in Nigeria is an act of philanthropy. However, when you do good for others and impart knowledge, you become richer in your own endeavours."

The author, Olatunji-Koolchap, currently the pharmacy director at Biomedical Limited, Ilorin, Kwara State, expressed in his remarks that he was able to write the books by God's grace and through resilience, having compiled the manuscripts over 15 years.

He expressed gratitude to the dignitaries who graced the occasion and explained that he had been jotting down scripts from his past publications, articles, and both published and unpublished works for over 15 years. The books themselves began to take shape in 2019, just before the COVID-19 pandemic.

"It was initially meant to be one book, but the then Registrar of the Pharmacy Council of Nigeria advised me to split it into two. That's why you have two books today," he said.

In his brief remarks before launching the books, Hon. Idowu Obasa, chairman and chief executive officer of Biomedical Limited, commended the author for his accomplishment in publishing the books, attributing it to his tenacity of purpose and passion for adding value to people's lives.

Obasa also lamented the declining reading and writing culture and the removal of History from school curricula, describing it as a grave disaster and tragedy. "They robbed our children of a lot when they removed History from the curriculum. Hopefully, sanity will return to our country one day," he said.

Other notable personalities at the event included Dr Margaret Ilomuanya of the Faculty of Pharmacy, University of Lagos, who doubled as the anchor of the event; Otunba (Dr) Bode Tawak, Director at Biomedical Limited, Ilorin, Kwara State; Pastor Adebayo Olatunji Kelvin, MFM Mega Region, Lagos; Pastor (Mrs) Grace Ajibola, MFM, Mowe Branch; and others.

Savante Consulting secures ISO 9001:2015 certification in regulatory affairs

By Adebayo Oladejo

Savante Consulting Limited, a leading firm in regulatory affairs and clinical research based in Lagos, has achieved the highly esteemed ISO 9001:2015 certification.

Pharm. Sola Solarin, managing partner of Savante Consulting and a distinguished Fellow of the International Pharmaceutical Federation (FIP), highlighted the significance of this milestone in a press release, describing it as a testament to the company's relentless commitment to excellence in regulatory services across Africa and its global client base.

Expressing gratitude to stakeholders, Solarin acknowledged their unwavering support and high expectations. He stated, "The ISO 9001:2015 certification reflects Savante Consulting's rigorous adherence to international quality standards. Bureau Veritas, a leading certification authority, conducted an extensive audit of our

operations, focusing on key service areas such as product registration, pharmacovigilance, and clinical trials within the pharmaceutical and medical device sectors."

Notably, Savante Consulting is now the sole provider in Africa to achieve this certification for these specialised services.

"This certification reaffirms our commitment to consistently engaging with clients to ensure their satisfaction, while continuously seeking opportunities for improvement. We aim not only to meet ISO 9001:2015 standards but to exceed them wherever possible," Solarin added.

The ISO 9001:2015 certification further cements Savante Consulting's leadership position in the industry, underscoring its dedication to maintaining the highest standards of quality and service delivery.

With over 12 years of experience,

Savante Consulting has expertly navigated complex regulatory landscapes, building strong relationships with key regulatory bodies such as NAFDAC in Nigeria, the Ghana



Pharm. Sola Solarin

FDA, SAHPRA in South Africa, and PPB in Kenya.

Pharm. Solarin, a former president of the Industrial Pharmacy Section (IPS) of the FIP, also served as the vice-president of the body for seven years and is a past national chairman of the Nigerian Association of Industrial Pharmacists (NAIP).

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Events in Pictures



L-R: Pharm. Gafar Madehin, national secretary, PSN; Pharm. Babayemi Oyekunle, chairman, Lagos State PSN; Pharm. Adekunle Torreti, president elect, NAPPSA; and Dr Toni Adeyemi, senior special assistant to the Lagos State Governor on health, at the 2024 Scientific Week of the Lagos State Chapter of PSN.



L-R: Pharm. (Sir) Anthony Akhimien, new recipient of FIP Fellowship; Mr Paul Sinclair, FIP president; and Mrs Evelyn Ifeyinwa Akhimien, at the 82nd Congress of FIP, in Cape Town, South Africa.



L-R: Pharm. Abiola Anibaba, director of Pharmacy, Onikan General Hospital; Pharm. (Mrs) Oyebisi Omolambe, director of Pharmaceutical Service, Lagos State Ministry of Health; and Pharm. Segun Onakoya, director of Pharmaceutical Services, Lagos State Health Service Commission, at the Lagos PSN Scientific Week, held recently.



MD, Pharm. Patrick Ajah (3rd left) and other staff of May & Baker with community leaders of Egusi Otta, Ogun State during the commissioning of borehole constructed for the community by May & Baker as part of CSR to mark its 80th anniversary in September

Coming Events

PSN National Conference

Date: 4th - 9th November, 2024
 Venue: Uyo, Akwa Ibom State.



L-R: Pharm. Gbenga Falabi; Pharm. (Dr) Lolu Ojo, programme director; Pharm. (Sir) Ifeanyi Atueyi, vice-president, NAPharm; Pharm. (Dr) Folashade Lawal; and Prof. Udoma Mendie, at the press briefing organised ahead of the 10th anniversary and investiture of new NAPharm Fellows, in Lagos.



L-R: Pharm. Olumide Akintayo, former president, PSN; Pharm. Victor Afolabi, managing director, Wellness HMO; Pharm. (Mrs) Adetutu Afolabi; and Pharm. Babayemi Oyekunle, chairman, Lagos State PSN, at the 2024 Scientific Week of the Lagos State Chapter of PSN.



President, WAPCP, Alhaji Murtada M. Sesay (right) exchanging pleasantries with former Minister of Health, Prince Julius Adelusideluyi as Pharmanews publisher, Pharm. (Sir) Ifeanyi Atueyi looks on, during the groundbreaking ceremony of WAPCP secretariat building on September 20, 2024.

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Unlocking your transformative leadership potential (2)

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

This article aims to help leaders in all fields unlock their full potential—not by adhering to specific personality traits or leadership characteristics, but by discovering and determining their unique leadership pathway. Readers from all walks of life—whether potential or existing leaders, mentors, educators, students, researchers, or leadership enthusiasts—will find this insightful and comprehensive article invaluable. It offers practical and thought-provoking strategies, making it a vital resource for anyone seeking to enhance their leadership abilities, foster growth, drive innovation, and create positive change in their respective fields.

By exploring the multifaceted dimensions of leadership, the article presents diverse perspectives that empower individuals to embrace their unique strengths, adapt to dynamic environments, and cultivate a compelling vision that inspires others. As readers immerse themselves in the knowledge and practical advice within these pages, they will gain clarity, confidence, and motivation to embark on their leadership journey. Through case studies, interactive exercises, and relatable anecdotes, the article provides a comprehensive framework to help readers develop self-awareness, harness their strengths, and navigate the complexities of leadership with purpose and authenticity.

Drawing upon years of research, wisdom from renowned leaders, and the author's experiences, this remarkable article offers a holistic understanding of leadership, emphasising the importance of continuous learning, collaboration, and personal growth. Its engaging storytelling and actionable insights invite readers to embark on a journey of self-discovery and transformation, unlocking their hidden potential and igniting a commitment to becoming the best leader they can be.

One effective strategy to begin this journey is to document a detailed account of cherished memories, life-shaping experiences, significant relationships, diverse work endeavours, and distinctive skills that only the individual can claim. Within the expansive content of this article lies a wealth of reflective assessments, gradually increasing in complexity, all intricately tied to the concept of leadership. After engaging with this piece, readers will have a profound understanding of their personal stories of strength and adversity, shaping them into the remarkable individuals they are today.

Moreover, their preferred leadership pathways will be vividly illuminated, revealing the extraordinary journey each must take to become an influential and impactful leader. With newfound clarity, readers can outline a leadership development plan grounded in their personal and professional experiences. On a broader scale, it is essential for leaders to appreciate their unique leadership stories, for it is through this understanding that they can lead with a transformative impact, inspiring those who follow in their footsteps.

May this exploration into the essence of leadership ignite a spark within each reader, propelling them to unlock their potential and take their rightful place at the helm of their own

leadership stories. The expanded clarity and insight gained from this article will help individuals navigate the complexities of leadership with grace and purpose, fostering a culture of innovation, collaboration, and positive change. This enhanced text version serves as a guiding light, encouraging leaders to embrace their strengths and transform their lives, both personally and professionally.

Through real stories, interactive exercises, and relatable anecdotes, readers will deepen their understanding of leadership and open themselves to new perspectives. This expanded text urges self-reflection and growth, inviting readers to embrace the challenges and opportunities that come with leadership.

Furthermore, this article underscores the importance of continuous learning and growth in leadership. It encourages readers to pursue personal development and seek new knowledge and experiences to enhance their leadership skills. By expanding their understanding of leadership and embracing diverse perspectives, individuals can build a comprehensive skill set, enabling them to navigate the ever-changing leadership landscape with confidence and resilience.

In conclusion, this expanded version of the article provides a deeper exploration of leadership, equipping readers with the tools, knowledge, and mindset needed to unlock their full potential as exceptional leaders. Whether you are a seasoned leader or just beginning your leadership journey, this article will inspire, enlighten, and transform your approach to leadership, guiding you towards becoming the most exceptional leader you can be.

Understanding leadership

At its core, leadership is a complex and dynamic process through which a leader, by virtue of their exceptional attributes and abilities, profoundly influences their followers, inspiring them to pursue essential goals with unwavering determination. These goals are vital for the continued success, progress, and advancement of both organisations and society, regardless of their size or challenges.

Over time, leadership has evolved into an embodiment of excellence, encompassing qualities such as visionary and strategic management, unparalleled effectiveness, and the ability to create transformative impacts that resonate throughout every facet of life.

Furthermore, it is essential to emphasise that leadership encompasses more than merely the art of utilising power and influence in human interactions. It goes far beyond that. It is a profound and intricate facilitation of the collective pursuit of diverse goals, aspirations, and agendas. The vertical dimensions of leadership focus specifically on unveiling and elucidating the intrinsic significance attached to holding a prestigious position of power, authority, and influence, or more precisely, the formal processes that grant an individual the esteemed title and responsibility of a "leader."

This acknowledgement of the weighty responsibilities that come with such authority and status is a

testament to the vital role leaders play in guiding and steering their followers towards the pinnacle of achievement, regardless of the magnitude or complexity of the endeavours. Embracing the vertical dimensions of leadership affirms the unwavering commitment leaders possess in ensuring that the aspirations of their followers are fulfilled, leading to progress, prosperity, and greatness for all involved.

On the other hand, the horizontal dimensions of leadership delve into the intricacies of esteem, character, and competence, as perceived by the followers. It reflects society's inclination to entrust loyalty and devotion to exceptional individuals who possess qualities that inspire us to follow their visionary path, striving to reach the heights of success and prosperity they advocate.

The horizontal dimensions also highlight the practices, strategies, and approaches implemented by leaders deemed worthy of the responsibility to lead. This demonstrates their commitment to upholding excellence and their determination in the pursuit of collective success and achievement.

Beyond theoretical debates, leadership is intrinsically linked to practicality. It serves as both a reputable field of research and an indispensable skill set necessary for individuals, organisations, and



society to lead, influence, and inspire others towards progress and growth.

This comprehensive understanding of leadership requires a thorough examination of its basic principles. By exploring leadership in depth, one can uncover the mechanisms and strategies that enable exceptional leaders to guide others towards unparalleled triumph and achievement.

In conclusion, the ability to lead, provide guidance, and offer direction in the workplace is a crucial requirement for employees striving to exceed goals and expectations. By embodying the true spirit of leadership, individuals can foster a transformative organisational culture where collective goals are achieved with clarity and success, leaving a lasting legacy and shaping the future trajectory of the organisation's growth and prosperity.

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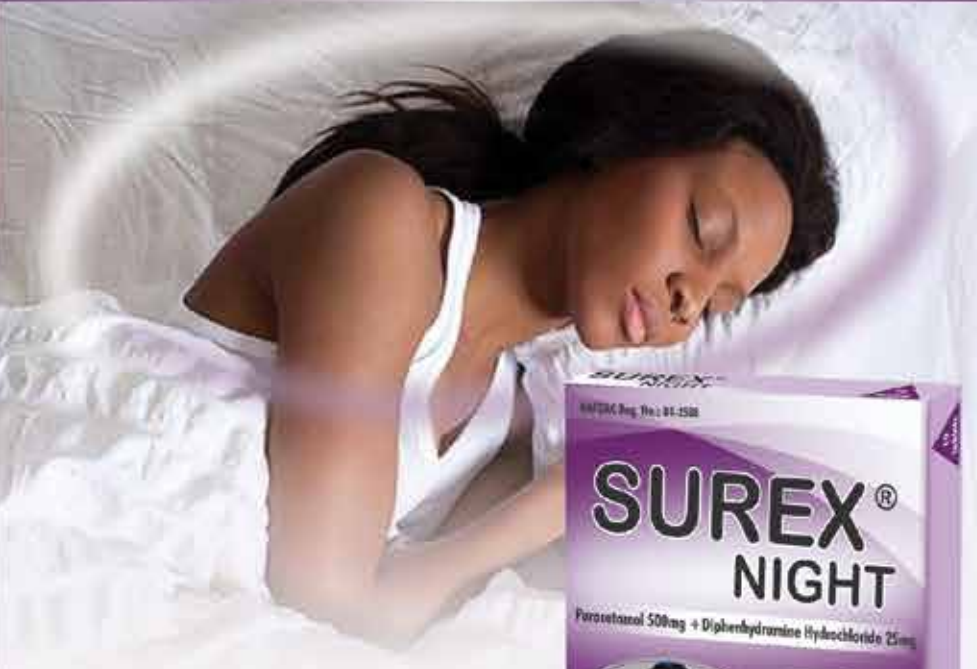
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Experts warn against looming prevalence of kidney failure in Nigeria

continued from back page

becomes difficult unless a person is placed on dialysis or undergoes a kidney transplant. He urged Nigerians to prioritise the health of their kidneys, noting that no effort or sacrifice is too great for maintaining a healthy, functional kidney.

While it is possible for an individual to survive with one kidney, provided it is healthy and functional, Avar emphasised that everyone requires a healthy kidney to maintain overall well-being. He advised individuals to adopt a healthy diet, stressing that a nutritious dietary pattern is associated with a lower risk of chronic kidney disease.

"What you eat has a direct impact on your kidney health. If you are obese, that is a risk factor for kidney disease," Avar explained. He further noted that processed meat, processed foods, alcohol, sodas, energy drinks, canned foods, and fish high in mercury can all increase the risk of kidney disease.

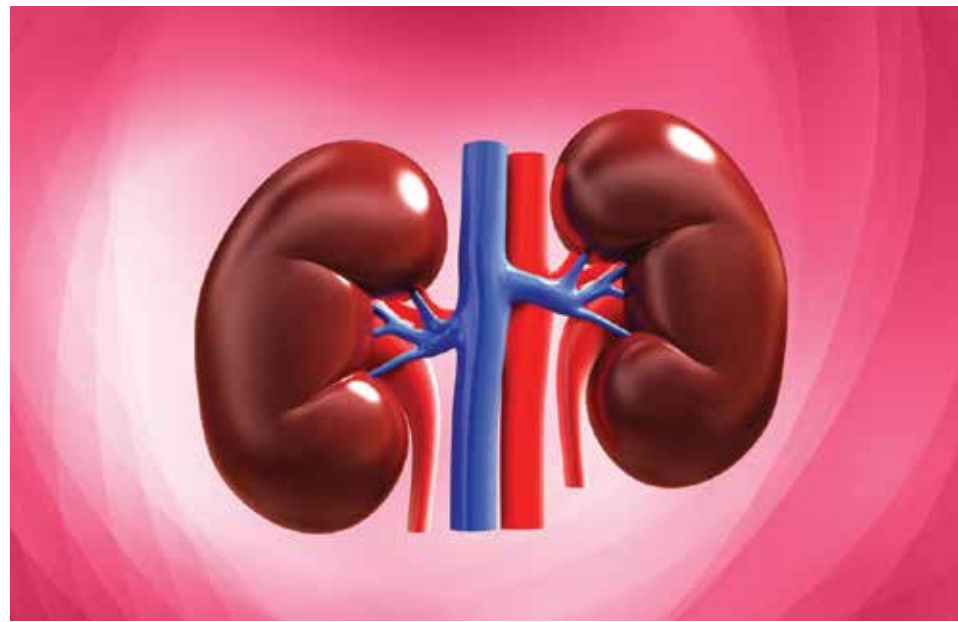
The doctor also advised those aiming for healthy kidneys to stay hydrated, stating that urine should be light yellow in colour if one is properly hydrated, unless certain medications are altering its colour. He recommended that men drink three to four litres of water daily, while women should consume two to three litres, but emphasised that water intake should be spread throughout the day.

According to the revered physician, kidney disease prevention can be approached on three levels: primary, secondary, and tertiary prevention. These measures include proper hydration, adequate sleep and rest, avoiding alcohol, limiting salt intake, avoiding sodas and energy drinks, managing stress, and controlling obesity, blood sugar, and blood pressure.

At the secondary and tertiary prevention levels, Avar emphasised the importance of early detection, regular screening, reducing the burden of disease, and preventing progression and complications. He also warned against the use of bleaching creams and holding urine for too long. More critically, he urged Nigerians, especially young people, to avoid drug abuse, which he described as becoming endemic across the country, warning that drug abuse predisposes individuals to chronic kidney disease and kidney failure.

Adding his insights during the webinar, consultant physician and nephrologist, Dr Aderemi Adelaja, explained that many people may lose up to 90 per cent of their kidney function before experiencing any symptoms of kidney failure, emphasising that the best way to detect kidney failure is through testing.

Adelaja noted that kidney problems affect over 850 million people globally and that maintaining healthy, functional kidneys is essential for overall well-being. He pointed out that kidney failure was the sixth fastest-growing cause of death between 2010 and 2017 and is projected to become the fifth



fastest cause of death by 2040.

He warned that alcohol, drugs, and smoking are significant risk factors for kidney failure and chronic kidney disease, advising Nigerians to abstain from these habits to protect their kidney health.

Adelaja also explained that there are two types of kidney failure: acute and chronic. He noted that new therapeutic interventions now offer prevention and delay of these conditions.

The nephrologist explained that Africans are more prone to

kidney disease due to factors such as poverty, ignorance, and the rising prevalence of non-communicable diseases like hypertension, diabetes, and obesity, among others.

He classified the causes of kidney failure into non-modifiable and modifiable factors. Non-modifiable factors include race, ethnicity, genetics, gender, and age, while modifiable factors include diabetes, hypertension, and obesity.

To slow the progression of chronic kidney disease, Adelaja called for strict blood pressure control, a low-protein diet, lifestyle adjustments, and the management of diabetes, cholesterol, and lipid levels.

"The golden rule to reduce the risk of kidney failure and chronic kidney disease is to stay fit and active, monitor blood sugar levels, keep blood pressure in check, avoid smoking, refrain from regular use of over-the-counter pills, eat a healthy diet, and reduce salt and processed food intake," Adelaja advised.

NAPharm names Baale as new president, inducts new Fellows

- As Gov. Zulum gets honorary fellowship



A cross-section of new Fellow at the event.

The Nigeria Academy of Pharmacy (NAPharm) has named Professor Lere Baale as its new president during its 10th anniversary celebration, which also featured the investiture of new Fellows. The event took place on 19 September 2024, at the J.F. Ade Ajayi Hall, University of Lagos.

The ceremony was attended by key stakeholders in Nigeria's pharmaceutical industry, alongside representatives from other professional bodies, such as the Nigerian Academy of Letters, the Nigerian Society of Engineers, and the Nigerian Bar Association.

In his welcoming address, the outgoing Vice-President of NAPharm, Pharm. (Sir) Ifeanyi Atueyi, expressed appreciation to the attendees, acknowledging the presence of the Deputy Governor of Borno State, Alhaji Umar Usman Kadafur, who represented Governor Babagana Umara Zulum, despite the ongoing flooding crisis affecting Maiduguri and its environs.

Atueyi also commended the planning committee for their months of hard work in ensuring the success of the event.

The outgoing NAPharm President, Pharm. Julius Adelusi-Adeluyi, also extended his gratitude to Governor Zulum, describing him as a trailblazer who understands the significance of the academy's invitation. He highlighted that the NAPharm honorary fellowship is one of the academy's most

prestigious awards, given only to Nigerians who have excelled in their respective fields.

Zulum was honoured with the NAPharm honorary fellowship for his remarkable contributions as a public servant. In his speech on the anniversary theme, "Healthcare Transformation for National Development," he emphasised the crucial role of quality healthcare in driving economic growth and national development. He urged stakeholders to explore innovative strategies to sustain excellence in the sector, stating, "Healthcare is one of the most critical pillars of any society, serving as a foundation for individuals' wellbeing and economic growth."

Thirteen new Fellows were inducted into the academy, including four from 2023: Pharm. Bunmi Aribeana, Dr Obi Adigwe, Professor Martins Emeje, and Pharm. Ernest Okafor. The nine Fellows for 2024 were Professor Olusola Aremu, Pharm. Rahman Jimoh Bioku, Pharm. Olubukola Adewunmi (Bukky George), Pharm. Adeyinka Adebawale Ishola, Pharm. Rametu Momodu, Pharm. Dr Modupe Oyawole, Pharm. Professor Rebecca Soremekun, Pharm. Professor Chinwe Victoria Ukwé, and Pharm. Aliyu Zakari.

The highlight of the event was the unveiling of the Nigeria Academy of Pharmacy Innovation Centre (NAPIC), conducted by the Deputy Governor of Borno State, the outgoing NAPharm President, and other academy executives. This was followed by the inauguration of the new executive committee, with Professor Lere Baale taking the helm as president.



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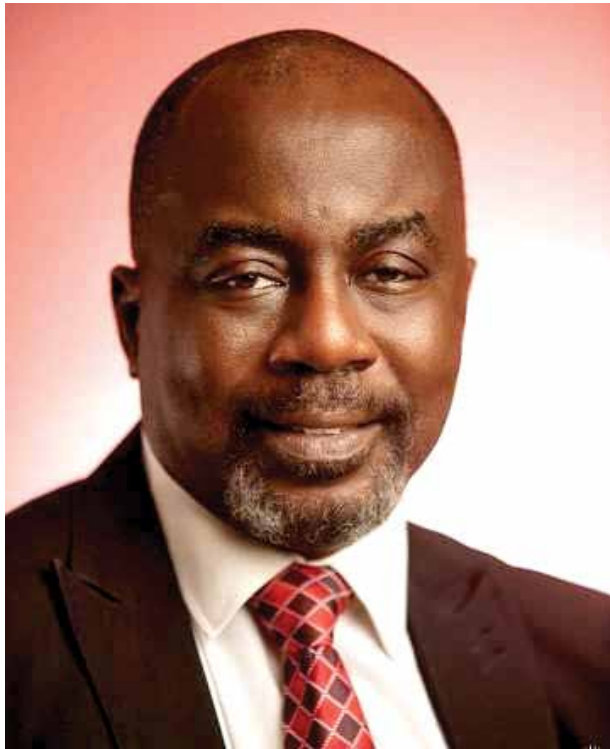


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PSN, NAIP decry FG's unsettled debt to pharma manufacturers

continued from back page



Prof. Cyril Usifoh
PSN President



Pharm. Ken Onuegbu
NAIP Chairman



Dr Lolu Ojo
Merit Healthcare

with the Federal Government over the prolonged debt crisis, which they say is having a detrimental impact on manufacturers and patients alike.

According to them, while suppliers struggle with a lack of capital to produce essential drugs, patients are left without healthy alternatives, leading to a healthcare system on the brink of collapse.

While condemning the situation, Onuegbu stated that although some of the debt had been paid, a substantial portion of the N30 billion remains outstanding. He added that many companies are still grappling with the financial burden, which has significantly hampered their operations.

The NAIP chairman called on the government to revisit the issue, sanitise federal health institutions, impose appropriate sanctions on culpable hospital administrators, and ensure the debt is fully paid.

"It is difficult for me to say exactly how much has been paid and what is left," Onuegbu explained. "This is because companies have been following up on an individual basis, and there is no platform to track success or failure in this regard. But the fact remains that a substantial portion of the debt is still unpaid, and many companies are frustrated.

"It is quite unfortunate that the Chief Medical Directors (CMDs) of most federal and state hospitals in Nigeria have chosen to overlook the sacrifices made by pharmaceutical companies, focusing instead on what they deem more important. Patients have been relegated to the backseat. It's a very unfortunate situation we find ourselves in.

"Our government needs to wake up. These teaching hospitals' staff are government employees, and the government should compel hospital administrators to act responsibly, sparing drug suppliers from the risk of business

collapse. I am, however, glad to note that some actions are being taken to address the situation."

Prof. Usifoh, in his remarks, sympathised with the affected companies and urged the government to review the progress of the debt recovery committee to determine how much of the debt has been resolved. He also emphasised the importance of boosting local patronage and promoting the export of locally-produced goods as a means of revenue generation to offset government debt.

"It may sound strange," he noted, "but I believe that when we learn to consume what we produce locally and export more, we will accumulate funds to pay off our debts. Currently, the naira is working against us, but if we export more, it could be to our advantage.

"We would earn more money to service our debt. If you promote exports, you generate more revenue and can pay off your debt. But if you rely on imports, you sink further into debt," Usifoh added.

Dr Lolu Ojo, one of the suppliers still awaiting payment from the government, described the ordeal he and his colleagues have endured. He pointed out that even if the debt is settled now, its value has significantly depreciated compared to what it would have been worth had they been paid promptly. He acknowledged that the debt, which runs into billions, has crippled many pharmaceutical companies, while others have had to be more strategic about which government agencies to supply.

The Merit Healthcare boss also criticised the government's insensitivity to industry players, describing the prolonged debt as unjustifiable. He questioned why the government, which does not tolerate delays in tax payments from manufacturers, should owe suppliers for extended periods beyond the terms of their contracts.

"My money is still hanging there, and that's a fact," Ojo lamented. "It's in the billions, and it's practically useless now. When I supplied the products, the dollar was N400, but if they pay me today, I won't be able to use it to bring in anything. I know which agencies still owe me.

"When they want to collect taxes, they don't give you a minute

to think about it. Your only option is to pay immediately or have your premises sealed. But when we sell to government agencies, it takes forever to get paid. This is an unfriendly business practice.

"Like I said, many of us have decided which agencies are good to supply and which ones, the bad debtors, we'll avoid altogether," he concluded.

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CONTRA-INDICATIONS:
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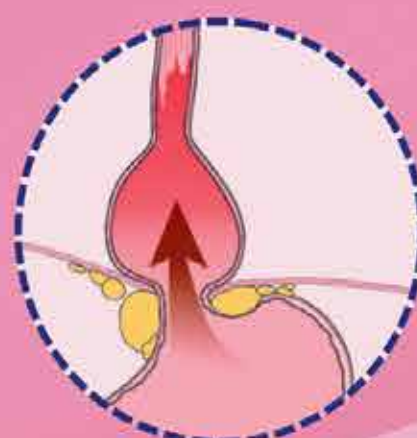
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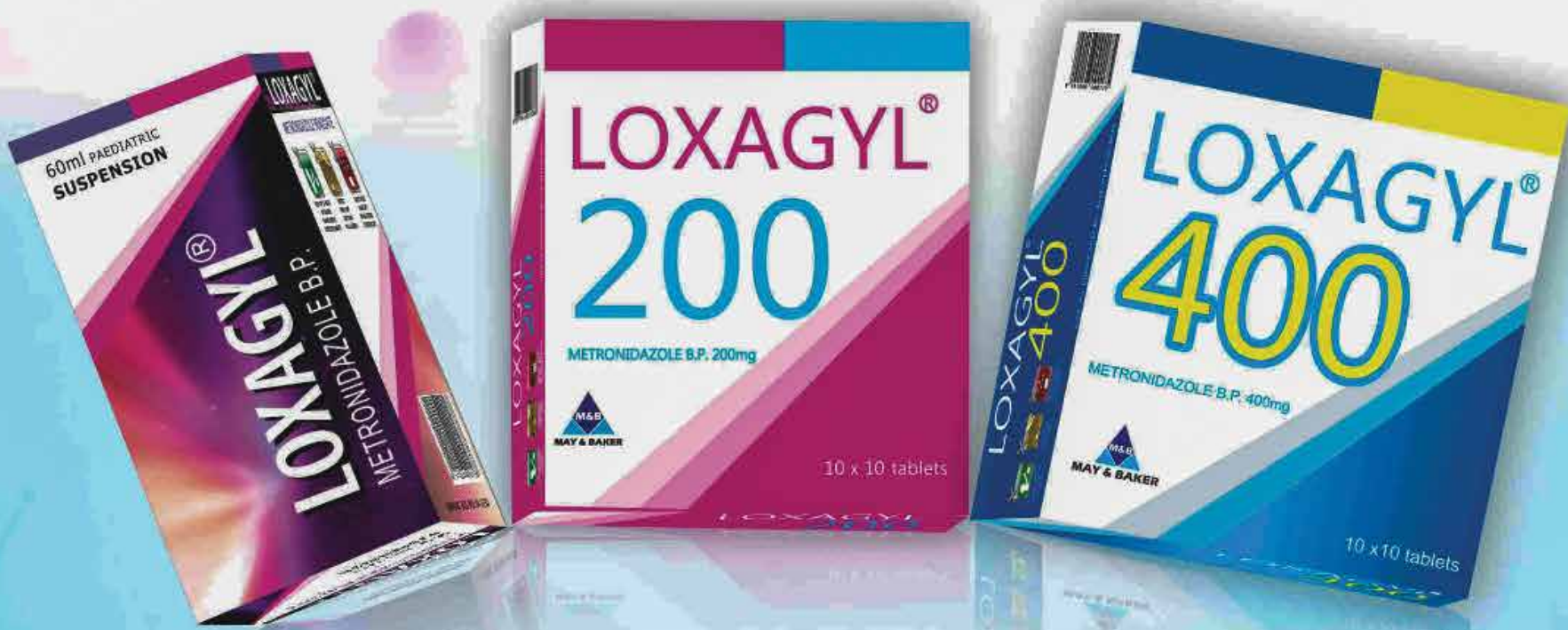
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PSN, NAIP decry FG's unsettled debt to pharma manufacturers

By Temitope Obayendo

The last has yet to be heard of the substantial debt allegedly owed by federal health institutions to pharmaceutical companies, as the Pharmaceutical Society of Nigeria (PSN) and the Association of Industrial Pharmacists of Nigeria (NAIP) have expressed concerns over the ripple effects on the health sector.

The pharmaceutical bodies, which acknowledged that the debt burden stood at a staggering N30 billion in 2023, noted that a committee was established to resolve the issue. However, little progress has been made, and industry players remain mired in the challenges created by the unresolved debt.

In separate interviews, PSN President, Prof. Cyril Usifoh; NAIP Chairman, Pharm. Ken Onuegbu; and Managing Director of Merit Healthcare Limited, Pharm. (Dr) Lolu Ojo, voiced their frustrations

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L-R: Pharm. Abayomi Onasanya, head of corporate strategy and capacity building, Sylken Ltd (Nature's field); Prof. Cyril Usifoh, president, PSN; Pharm. (Dr) Monica Hemben Eimunjeze, founder/CEO, D'Bio Wellness & Self-care Summit; Lanre Iyanda, director designate, business development, Upcountry & Agencies; and Pharm. (Mrs) Clare Omatseye, CEO, JNC International, at the inaugural D'Bio Wellness & Self-care Summit, held recently in Lagos.

Experts warn against looming prevalence of kidney failure in Nigeria

By Ranmilowo Ojalumo

In light of the increasing rate of drug abuse in the country, especially among the youth, experts have warned that Nigeria may face a surge in cases of kidney failure and chronic kidney disease in the near future unless the issue of drug abuse is urgently addressed.

The experts issued this warning during their presentations at a recent webinar organised by Synlab Nigeria. The theme of the webinar was "Maintaining Functional Kidneys for a Healthier

Life." Speaking at the event, award-winning medical doctor, Dr Damian Avar, popularly known as "Sabi Doctor", highlighted drug abuse, alcoholism, and smoking as major risk factors for kidney failure and chronic kidney disease. He described this as a concerning trend, particularly among young people in Nigeria.

Avar stressed the importance of the kidneys as vital organs, without which human survival

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