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MAY 2025 Vol. 47 No.5

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Nigeria can become net exporter of natural medicines in 12 months – DG, NNMDA

By Temitope Obayendo

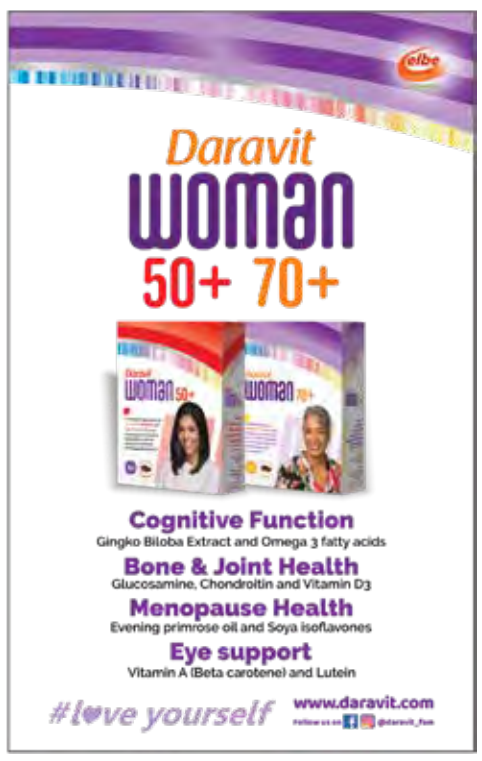
The Director-General of the Nigeria Natural Medicine Development Agency (NNMDA), Prof. Martins Emeje, has expressed the agency's readiness to transform Nigeria into a major exporter of natural medicines within one year. This, he said, is contingent on the agency being equipped with an additional 15,000 staff, to be deployed in groups of 20 to each Local Government Area (LGA), thereby boosting its production capacity for optimal service delivery.

The DG assured the government and the Nigerian public of NNMDA's eagerness

continued on page 8



R-L: Ogbomo Osarume-Sweet, brand manager, Shal'Artem; Mr Chuiba Nwaosu, marketing manager, Shalina Healthcare Ltd; Kunle Emmanuel, captain, Greater Tomorrow FC, Lagos Island (the winning team in the Lagos LGAS category); and Nwakanma Ruth Daberechi, sales coordinator, Shalina Healthcare Ltd, at the 2025 World Malaria Day Celebration. The tournament was part of the celebration powered by Shalina to create health awareness using football organised by Join The Cast Initiative in Lagos, recently.



Funding cuts, climate change deepening Nigeria's malaria burden, experts warn page 48

Oreoluwa Green: West Africa's first female pharmacist page 16



Forex instability, high debt burden threaten Nigeria's drug security – Ezebuilo page 42





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1. Subscription rate for 12 editions is N25,000 including delivery within Nigeria.
2. Single copy costs =N=2,500.00.
3. Payment to be made directly to **Access Bank A/c No 0035976695 or FCMB A/c No 0897622014**.
After payment text, send us your full contact address.
For subscription enquiry, call 08134835525

ISSN 0331-815X

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CHIUBA NWAOSU

Chiuba Standford Nwaosu is the marketing manager, Pharma OTx Portfolio, at Shalina Healthcare Nigeria. A seasoned and award-winning marketing professional, Nwaosu brings over 13 years of high-impact experience across the pharmaceutical and consumer goods sectors.



Renowned for his visionary leadership, strategic innovation, and keen understanding of market dynamics, Nwaosu has been instrumental in elevating brands, unlocking new growth opportunities, and driving sustainable business transformation.

An indigene of Abia State, Nwaosu began his academic journey at the University of Ibadan, where he obtained a Bachelor of Science in Physiology. He later earned a Master of Public Health from the University of Benin and is currently pursuing an MBA at the Rome Business School.

In addition, he holds industry-relevant certifications from Google Digital Skills for Africa and the Chartered Institute of Marketing (CIM)—credentials that have further empowered him to thrive in today's fast-evolving marketing landscape.

Nwaosu's corporate trajectory is marked by a string of remarkable milestones and transformative brand interventions. At Shalina Healthcare, he has played a central role in the company's meteoric rise from 24th position to one of the top 5 pharmaceutical companies in Nigeria within just three years—a feat that speaks volumes of his strategic foresight and execution.

Among his standout achievements is the rebranding of Shaltoux Lozenges, which he repositioned into the top eight pharmaceutical brands nationally. He also spearheaded the revitalisation of Ibucap, securing high-profile endorsements and positioning the brand for global impact. His contributions to the growth of Shal'Artem further solidified Shalina Healthcare's reputation for therapeutic excellence and industry leadership.

In recognition of his exceptional impact and consistency, Nwaosu has received numerous prestigious accolades for marketing excellence, customer focus, and brand innovation. These include the Best Brand Manager Award (2020–2021), the Shalina Global Star Award (2021–2022), the Eppic Award for Persistence (2023–2024), and the Eppic Award for Customer Obsession (2024–2025)—among several others. These honours underscore not only his professional brilliance but also his unwavering dedication to performance excellence and stakeholder value.

Beyond his technical expertise, Nwaosu is a cross-culturally fluent leader who thrives in diverse team settings. His ability to engage with stakeholders across various markets has been pivotal in enhancing brand equity and fostering collaborative growth.

He is also a passionate mentor and a strong advocate for talent development, regularly inspiring younger professionals through his compelling story of resilience, discipline, and purposeful living. A devoted Christian, Nwaosu balances his dynamic career with a deep commitment to his faith, family, and community development.

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Inspiration

"Unless you try to do something beyond what you have already mastered, you will never grow."— **Ronald Osborn**

"Great works are performed not by strength but by perseverance."— **Samuel Johnson**

"Learn as if you will live forever, live like you will die tomorrow." — **Mahatma Gandhi**

"You must do the things you think you cannot do." **Eleanor Roosevelt**

"Life is not easy for any of us. But what of that? We must have perseverance and above all confidence in ourselves. We must believe that we are gifted for something and that this thing must be attained." — **Marie Curie**

"One of the secrets of life is to make stepping stones out of stumbling blocks." — **Jack Penn**

"I can't change the direction of the wind, but I can adjust my sails to always reach my destination." — **Jimmy Dean**

"People often say I have so much energy, that I never stop; but that's what it takes to accomplish your goals." — **Curtis Jackson**

"You can, you should, and if you're brave enough to start, you will." — **Stephen King**

"You can't hit a home run unless you step up to the plate. You can't catch a fish unless you put your line in the water. You can't reach your goals if you don't try." — **Kathy Seligman**

"Obstacles can't stop you. Problems can't stop you. Most of all, other people can't stop you. Only you can stop you." — **Jeffrey Gitomer**

"Winners are losers who got up and gave it one more try." — **Dennis DeYoung**

"You can conquer almost any fear if you will make up your mind to do so. For remember, fear doesn't exist anywhere except in the mind." — **Dale Carnegie**





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Malaria elimination: Turning rhetoric into action

On 25 April 2025, the world commemorated World Malaria Day with renewed urgency and a bold theme: "Malaria Ends With Us: Reinvest, Reimagine, Reignite." The World Health Organisation, along with global health advocates, seized the moment to call for revitalised action at every level—global, national, and local—to finally bring the age-old scourge of malaria to an end. For Nigeria, where malaria remains one of the deadliest diseases and a persistent public health threat, this year's theme struck especially close to home.

The statistics speak for themselves. Despite decades of donor-backed interventions, awareness campaigns, and policy declarations, malaria continues to claim thousands of Nigerian lives each year. The country remains the epicentre of the global malaria crisis, accounting for 27 per cent of all cases and a staggering 31 per cent of malaria-related deaths worldwide. The burden is most lethal for children under five and pregnant women, but no demographic is spared.

Beyond its devastating human cost, malaria extracts a brutal economic toll. Nigerians spend an estimated ₦1.156 trillion annually on treatment, a figure that includes hospital visits, drugs, and productivity losses. Moreover malaria-related absenteeism disrupts schooling for millions of children, while workers in agriculture and the informal sector lose countless days of income.

Recognising the gravity of the situation, the Federal Government has pledged to eliminate malaria by 2030. Minister of State for Health and Social Welfare, Dr Iziaq Adekunle Salako, reaffirmed this commitment, outlining key strategies such as reaching 30 million children with preventive malaria medicines, filling funding gaps left by the freeze in USAID/PMI malaria elimination activities, and ensuring the procurement of essential malaria commodities, including Artemisinin-based Combination Therapies (ACTs), diagnostic kits, and preventive medication for pregnant women.

While international donors like the Global Fund and USAID have played a crucial role in malaria control, Nigeria must increase domestic financing to sustain progress. A greater share of the national budget must be allocated to strengthening primary healthcare centres, expanding the distribution of insecticide-treated bed nets, funding routine malaria testing and treatment, and enhancing training and compensation for community health workers, who serve as the first point of care in rural areas.

The government must embrace cutting-edge solutions to accelerate malaria elimination. Advances in digital health, data analytics, and biotechnology offer powerful tools. Drone technology is now being used to spray larvicides in hard-to-reach swampy regions where mosquitoes breed. Mobile applications support real-time malaria surveillance and prompt treatment. The RTS,S malaria vaccine, already piloted in other African countries, presents new hope. Nigeria must rapidly scale up vaccine deployment, particularly in high-burden regions.

Nigeria has no shortage of well-crafted policies, but implementation gaps have hindered progress. Weak coordination between federal and state health agencies, bureaucratic delays, and poor accountability mechanisms must be urgently addressed. Malaria elimination requires not just political will, but sustained follow-through.

The role of communities cannot be overstated. Malaria is not just a medical problem; it is a social one. Traditional rulers, religious leaders, and grassroots organisations must be engaged as co-owners of the fight. Public health campaigns should move beyond technical jargon to culturally resonant messages that demystify malaria and dismantle fatalism. People must come to see malaria not as an inevitable part of life, but as a solvable public health challenge. When communities are mobilised, and when they trust the systems meant to serve them, uptake of preventive and treatment services improves dramatically.

Routine monitoring and transparent evaluation must also become standard practice. One of thecountry's perennial health sector failures is poor data management. Many interventions are rolled out without clear benchmarks for success, and progress is often measured anecdotally rather than with reliable indicators. Regular reporting on key metrics—such as bed net coverage, diagnostic testing rates, case fatality ratios, and vaccine uptake—will ensure accountability and allow mid-course corrections. Without data, Nigeria is flying blind.

World Malaria Day 2025 should not end with the usual parade of speeches. It must be a turning point. With 160 million people still at risk, and over 80,000 malaria-related deaths annually in Nigeria alone, the time for half-measures is over. The tools exist, the science is clear, and the public desire for change is evident. But unless Nigeria matches rhetoric with results, the vision of a malaria-free country by 2030 will remain just that—a vision.



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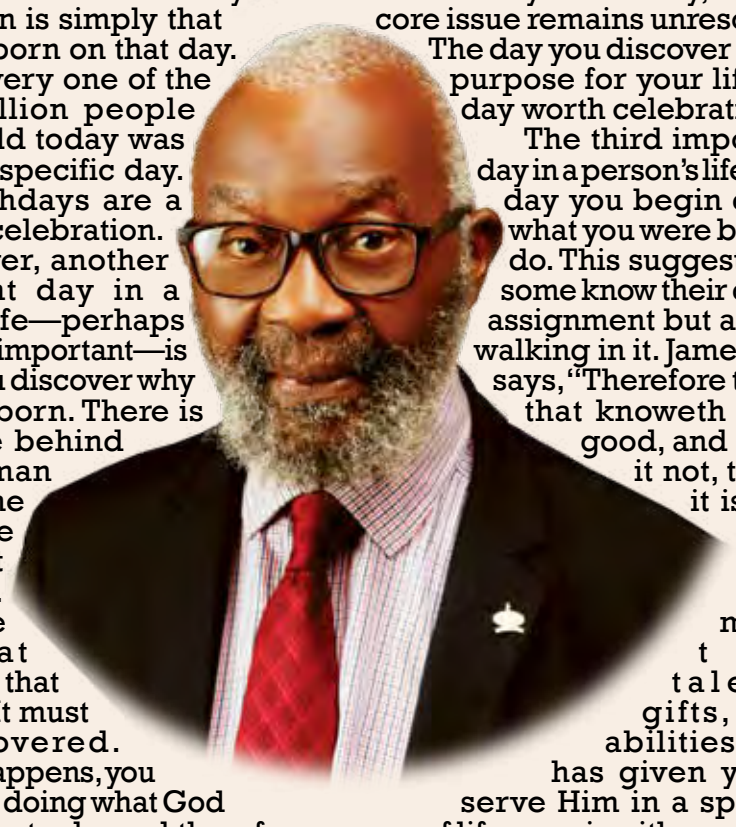
Beyond birthday celebration

By Sir Ifeanyi Atueyi

Birthday celebration is today the most common and widely observed celebration. It is warmly marked by people of all ages. Social media has made it both easy and, in a sense, almost compulsory for everyone to take part. Even if you don't plan anything, your friends, relations, and colleagues on social media platforms will likely celebrate on your behalf with birthday greetings. Everyone enjoys receiving birthday messages and, where available, gifts.

Personally, I have publicly celebrated only two birthdays by inviting friends, relations, and colleagues. The first was on 1 October 2009, and the second on 1 October 2019, when I marked my 70th and 80th birthdays, respectively.

The reason for a birthday celebration is simply that you were born on that day. Indeed, every one of the over 8 billion people in the world today was born on a specific day. Thus, birthdays are a universal celebration.



However, another significant day in a person's life—perhaps even more important—is the day you discover why you were born. There is a purpose behind every human life. No one is here without a reason. Yet, no one knows at birth what that reason is. It must be discovered. Until that happens, you may not be doing what God created you to do, and therefore, you may not fulfil your destiny. Your relationship with your Creator is crucial because He alone can reveal your purpose.

Sometimes, I think about experienced fishermen such as Peter, James, and John, the sons of Zebedee—who was a fisherman himself. Their encounter with Jesus revealed that fishing was not their life's ultimate purpose. Think also of Matthew, a tax collector working as a government administrator, before he was called by Jesus.

I believe it brings God joy when someone discovers the reason for their birth. The person who discovers their true purpose will recognise it—there is a distinct joy in such a discovery. It's like finding a hidden treasure. Until that moment, one remains unsettled, constantly searching.

After graduating in Pharmacy in 1964, I spent the next 15 years searching for God's purpose for my life. I worked in eight organisations, exploring different roles but finding neither joy nor fulfilment in any. I began as a medical representative, then worked as a retail pharmacist, hospital pharmacist, quality control pharmacist, and later a military pharmacist during the war. After the war, I served as a production manager and eventually as a marketing manager. But in all these positions, I did not discover what I was born to do.

Many people who celebrate their birthdays are still on this journey of discovery. They have yet to uncover their divine assignment. As a result, they cannot find true satisfaction or fulfilment. They may move from one city to another or even from country to country, but the core issue remains unresolved.

The day you discover God's purpose for your life is a day worth celebrating.

The third important day in a person's life is the day you begin doing what you were born to do. This suggests that some know their divine assignment but are not walking in it. James 4:17 says, "Therefore to him that knoweth to do good, and doeth it not, to him it is sin." This means the talents, gifts, and abilities God has given you to serve Him in a specific area of life remain either unused or misused.

I believe your service to God truly begins when you start fulfilling the purpose for which you were created. Moses was 80 years old when he stood before Pharaoh to carry out the assignment God gave him.

I always give glory to God for revealing my own assignment—publishing ***Pharmanews***—in December 1978. But my greatest joy came in May 1979, when the first edition of ***Pharmanews*** was published.

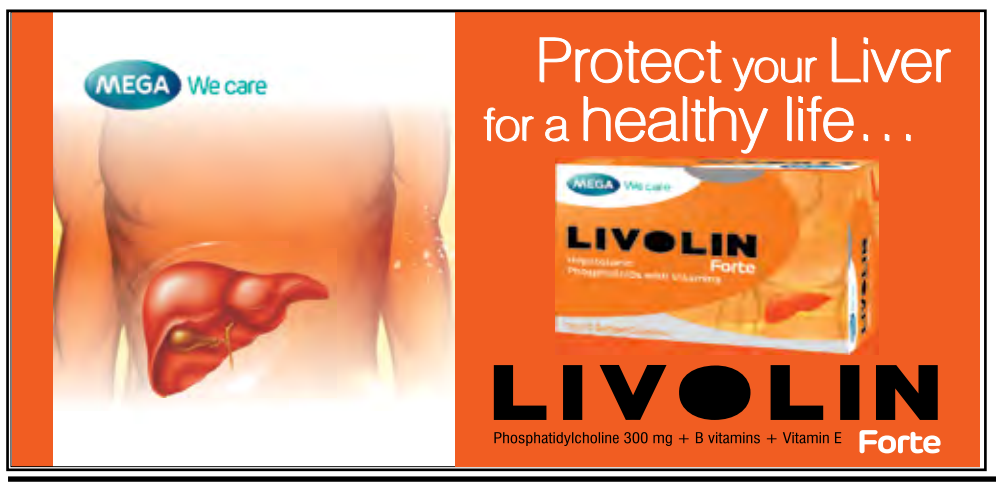
It is not difficult to discern whether your work is a divine assignment. When it is, you experience joy and fulfilment. You enjoy God's guidance and direction, and He provides for your needs as you continue in His service. Your divine assignment brings fulfilment—it becomes part of your very life.



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The thin line between poverty and abundance



By George O. Emetuche

Success and failure, wealth and poverty—these are topics we discuss in various contexts. In this article, I want to explore the thin line between poverty and abundance.

I believe poverty is a great teacher. For the wise, the fear of poverty becomes a powerful motivator to work hard in order to escape it.

One of life's greatest teachers is an empty wallet. In Igbo local parlance, it is said, *"Owu saa gi, imara ihe"*, which means "being broke begets wisdom." That isn't far from the truth.

The prodigal son in the Bible came to his senses only when he was broke. He shouldn't have found himself in that state of lack in the first place—if not for impatience and a desire for immediate gratification.

Lack should be a motivation

The state of lack should motivate the individual to work hard. I speak with many people from humble beginnings like mine. I do my best to equip them with the right knowledge. I often tell them to work both hard and smart in order to escape poverty.

My mentor, Brian Tracy, once told us that whenever he remembers he'll be broke if he doesn't work hard, he gets up and gets to work!

I believe there's a thin line between poverty and abundance. A wise man or woman from a financially disadvantaged background will declare war on poverty to change the narrative. Such a person will follow the right path to rewrite the story. I've seen many examples of this.

Dr Cosmas Maduka, CON, founder of the Coscharis Group, has often shared how he turned ₦300 into billions through hard work and a firm decision to change his story.

My noble friend, Prof. Poly Emenike, MON, chairman/CEO of NEROS Pharma Group, also told his grass-to-grace story in an interview. He started his business with just $2 in 1975—his earnings from two years of working as an office boy in his uncle's law firm. Later, on a trip to Vietnam, *en route* to China, with only $150 in his pocket, he discovered artesunate, an anti-malaria drug that became the flagship of his company.

We all know the success story of NEROS Pharma. Prof Poly Emenike's rise as both a successful entrepreneur and academic is another inspiring journey. I recommend you read his books to hear the story in his own words.

We have many grass-to-grace stories. Brian Tracy once washed dishes in a restaurant and did various menial jobs to survive. Today, he's a global phenomenon!

Fight the good fight

Whenever I remember poverty, I work harder! When I remember my dreams—and the bills that arrive daily without mercy—I increase my capacity to think smart and work hard. The fear of poverty motivates me to think strategically and act decisively. Truly, the fear of poverty is the beginning of wisdom.

In today's economy, you no longer need to convince anyone to be wise. God, who gives wisdom, gives it freely. Those who seek wisdom will find it—and in time, reap the rewards of their labour. On the other hand, those who resist wisdom will remain stuck and continue to blame everyone around them. Yet *wisdom is profitable to direct*.

Say this with me: "I refuse to be poor. I will think smart, work hard, and pray to change my story. I refuse to be poor!"

Don't complain—take action!

"Action is eloquence," said Shakespeare. A man from a humble background shouldn't resent his environment—he should take the right steps to change his story. This is my philosophy. Strive to be the best in your career. Strive to excel in whatever you do. This is how you take action. Don't sit and complain—take action! Complaining only fuels worry; action leads to change.

Let me speak a bitter truth: nobody owes anyone anything. This is a mindset that strengthens you from within. This belief fuels the courage to fight your battles.

When you know and accept that no one owes you anything, you take responsibility, do what needs to be done, and thank God for the outcome. If help comes along the way, be grateful. That's how to overcome an entitlement mentality. Work hard and work smart to conquer poverty—both of the mind and of the pocket.

Do the right things

What you do matters. Your circle matters. Follow the right path. Find a mentor. Engage in personal development. Learn a skill, learn a trade, or pursue a good education. You can even work and study at the same time, if necessary. Many successful people have taken this route.

Get involved in the right ventures. God blesses the man in the field. Decide today to become a person of value.

Planning is key. Be visionary. Be humble. Stay focused. These are powerful traits on the path to success. Humility is a virtue that attracts both God and man.

Coming from a humble background is no one's fault. But blaming your environment or your family, without taking action to change the story, is a wrong approach.

Change is the result of a firm decision. Declare in your spirit that things must change for the better. Take action now. When you say "Yes" to yourself, all the forces of nature will rise to say "Yes" with you.

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Inquest

with

Patrick Iwelunmor

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Insecurity and the fading promise of a nation

The recent spate of wanton killings in Nigeria paints a gory picture of a nation gradually degenerating into a Hobbesian state where life is short and brutish. Despite Nigeria's vast human and material resources, the country has become an international laughingstock in the comity of nations. Crippling insecurity has reared its ugly head in states like Plateau, Benue, Zamfara, and Katsina, among others. Daredevil bandits and herdsmen are daily unleashing terror on communities, destroying lives and livelihoods, and forcing farmers to abandon their farms. These heinous activities have led to rising hunger and food insecurity—developments that severely impact the mental and nutritional well-being of affected communities.

In Plateau State, for instance, the recent killings in Bokkos and Bassa Local Government Areas are unacceptable and must not be swept under the carpet. Over a hundred lives were lost in these attacks, which also involved the destruction of property, including homes. Unfortunately, the Plateau State government appears almost helpless, looking to the federal government for the much-needed support on security.

With barely 400,000 police officers for a population of over 200 million, Nigeria is in the throes of a security crisis. The available number of officers is hardly sufficient, especially as they are largely assigned to protect the political elite. Governors, ministers, senators, and other political officeholders enjoy the luxury of police protection at the expense of ordinary citizens.

The current state of security in Nigeria is particularly embarrassing, given the country's once-esteemed military and policing pedigree. Some experts have called for a complete overhaul of Nigeria's security architecture. Others have pointed fingers at political and religious extremists accused of deliberately pushing the country towards chaos. One such voice is Navy Commodore Kunle Olawunmi (retd.), who insists that certain elements are determined to Islamise Nigeria and are sponsoring the carnage in several parts of the country. The seasoned security expert attributes many of the lapses in the country's security apparatus to lopsided appointments into top military positions. He also criticised the ethno-religious bias of the Buhari administration, which he claims "northernised" the Nigerian military structure.

It is on record that the Buhari regime reintegrated captured Boko Haram commanders into the Nigerian Army—a move that was widely criticised. Stakeholders questioned the rationale behind such a policy, especially given that the insurgency in Nigeria has been linked to sponsors pushing an Islamist agenda. Many of the decisions taken during that regime continue to haunt Nigeria today. Former Boko Haram fighters have reportedly rebranded themselves as bandits and kidnappers, terrorising residents in the northeast and northwest. For the first time in Nigeria's history, farmers are now forced to pay taxes to terrorists before they can farm.

Even the Nigerian Army has been compromised, as soldiers no longer command the respect they once did. In August 2021, gunmen suspected to be terrorists invaded the Nigerian Defence Academy in Kaduna, killed two officers, and abducted another.

"There are some hardliners in the Buhari government who are sponsoring these narratives," Olawunmi observed in 2021. "They just want to show that they can Islamise this country. They think about the Taliban and the Mujahideen and want to replicate that here. They don't care…"

Returning to the recent killings in Plateau State, Governor Caleb Mutfwang, in a statewide broadcast, called on citizens to rise up and defend themselves whenever they are attacked. This call amounts to an acknowledgment of the people's vulnerability due to the government's failure to protect lives and property. Truth be told, Nigeria is drifting towards a failed state where the blood of the innocent cries out from the ground daily. The horrifying images of children and mothers hacked to death in their sleep would move any conscience-stricken person to tears.

These killings raise serious questions about the "One Nigeria" project for which General Yakubu Gowon fought during the Biafran War. Many argue that the unity mantra is unsustainable amid the incessant killings often perpetrated by members of a particular ethnic group. Nigeria belongs to all Nigerians. No ethnic group is superior or more entitled than the others. Those who claim that Nigeria was handed over to them by the British must abandon such divisive narratives, as they only serve to deepen unrest and fuel anarchy.

I want to use this opportunity to commend the Plateau State government for taking proactive steps towards addressing the incessant killing of its indigenes by criminals who are bent on forcefully claiming their land. The youths of Plateau State must rise to the occasion by forming themselves into vigilante groups, while the government should procure licensed arms for them to protect their land from foreign aggressors.



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Hidden hazards of hair extensions

By Gloria Obikili



Hair extensions, which include wigs, braiding hair, and similar products, are often made from synthetic fibres like polyester, nylon, acrylic, or a mix of these materials. These are treated much like fabrics used in clothing.

These days, many women feel uncomfortable or less confident without hair extensions. They spend a lot of time and money styling their hair with them, often without thinking about—or even knowing—the possible health risks.

Hair extensions are usually either natural or synthetic. Sadly, many women remain unaware or uninterested in the health problems linked to these products. Their main concern tends to be the stylish look and confidence the extensions give. Some even dislike showing their natural hair.

However, synthetic fibres such as polyethylene terephthalate (PET), polyvinyl chloride (PVC), kanekalon, and toyokalon are chemically treated to look like real hair. These chemicals can be absorbed through the scalp and enter the body, where they may cause harm.

Common health issues from hair extensions

Using hair extensions regularly or without proper care has led to a rise in health complaints such as:

- Scalp irritation and allergic reactions, caused by synthetic fibres and glues;
- Traction alopecia, a form of hair loss due to constant pulling on the scalp;
- Folliculitis and scalp infections, often from poor hygiene practices;
- Headaches and migraines, especially from heavy or tightly braided extensions;
- Inhalation of toxic fumes during heat-styling or bonding.

Early this year, *Consumer Reports* tested ten popular brands of synthetic hair extensions. The results were alarming: all the samples contained harmful chemicals like benzene and methylene chloride. Even worse, 90 per cent had lead levels far above safe limits. Heating the hair released dangerous fumes, including volatile organic compounds (VOCs) like acetone and toluene.

Formaldehyde, a chemical sometimes found in these products, was classified as a known cancer-causing agent (Group 1 carcinogen) by the International Agency for Research on Cancer (IARC) in 2004.

Environmental impact

Synthetic hair extensions are made from materials that do not break down naturally. This means they contribute to environmental pollution. They can take hundreds of years to decompose, filling up landfills and polluting the oceans.

The chemicals and dyes used in making synthetic hair can also contaminate waterways during production. Washing these extensions at home releases microplastics into the water system—another growing concern.

Natural hair: A safer, healthier option

While natural hair used to be considered difficult to manage, today more women are proudly wearing and styling their natural hair. This shift is both a cultural and health-conscious decision. I strongly support embracing and caring for your natural hair.

Women can:

- Explore creative styles using their natural hair,
- Eat healthily to support hair growth,
- Reduce their use of synthetic products and harsh chemicals.

Healthcare workers should also consider hair extensions as a possible cause when patients complain of headaches, skin irritation, or scalp pain. In many cases, symptoms disappear once the extensions are removed. Some women even choose to cut their hair short just to feel relief again.

Also, the unpleasant smell from hair extensions that are worn too long or not cleaned properly is a problem that is often ignored.

Conclusion

Like clothing, hair extensions are in direct contact with our bodies and can affect our health. By raising awareness, making informed choices, and educating the public, we can reduce the health risks linked to hair extensions and encourage safer, more sustainable beauty habits.



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Nigeria can become net exporter of natural medicines in 12 months – DG, NNMDA

continued from front page



Chairman, House of Representatives Committee on Legislative Compliance, Alhaji Yusuf Ahmed-Badau (middle), Director General, NNMDA, Prof. Martins Emeje, (2nd from right); Best Intern Award Winner, Pharm. Barakat Murtala; and other members of the representative entourage during the visit.

to drive significant development through the advancement of natural medicine practice to a standard comparable to that of countries such as India, China, and Japan—if granted the necessary human and financial resources.

Emeje gave this assurance during a recent working visit by the Chairman of the House of Representatives Committee on Legislative Compliance, Alhaji Yusuf Ahmed-Badau, and his entourage, to the agency's headquarters in Lagos.

The natural medicine expert, who warmly received the delegation, expressed gratitude to the Federal Government for its support, presenting pictorial evidence of projects and outreach programmes implemented with funds allocated to the agency.

"I need at least 15,000 additional staff to turn this country around—and no one will need to rely on oil revenue. If this is granted, within 12 months, Nigeria will become a net exporter of medicinal plants and natural medicines—in raw, processed, standardised, and finished medical product forms," Emeje said.

He further asserted: "This development will ensure that people enjoy 100 per cent access to medicines and universal health coverage, using our own natural remedies."

The professor of drug delivery and nanomedicine passionately highlighted the potential of natural medicine, explaining that NNMDA's focus extends beyond plant-based products to include therapeutic livestock management. He revealed the agency's readiness to collaborate with the Ministry of Livestock in promoting locally made animal-based medicinal products.

Earlier, Emeje had expressed delight at the committee's visit, which he described as an opportunity for them to gain firsthand insight into the agency's achievements since he assumed office.

"We are excited and feel deeply fulfilled to have the chairman of the House Committee on Legislative Compliance with us today. With this visit, Nigerians are finally on the path to liberation from colonial dependency and the overreliance on imported medicines—products based on other nations' indigenous knowledge and innovation, while ours remains untapped," he said.

He added: "The committee's presence here indicates that the House resolution is taking effect. The next step is to breathe life into that resolution—by providing the two key supports we have requested: financial and human resources."

In his response, Alhaji Ahmed-Badau expressed satisfaction with the agency's achievements and acknowledged its potential as a major source of foreign exchange if properly supported. He voiced strong support for the DG's proposals and promised to present them to the House for approval and implementation.

Speaking to journalists after touring the facility, Ahmed-Badau said: "I am highly impressed and delighted with what I've seen here, and I hope to support this great institution further.

"My vision is for the agency to have an office and hospital in every ward and local government area in Nigeria, providing job opportunities for our teeming youth population and affordable treatments for tropical diseases. This would also make essential medicines more accessible and affordable for all Nigerians."

Ahmed-Badau further stressed the economic potential of expanding the agency's reach to every state and LGA, to harness local medicinal plants and transform them into standardised herbal remedies. He argued that this would significantly lower drug costs and reduce Nigeria's dependence on imported pharmaceuticals.

The high point of the event was the decoration of Alhaji Yusuf Ahmed-Badau as a *Natural Medicine Ambassador*, and the presentation of the *Best Intern Award* to Pharm. Barakat Murtala, in recognition of her exceptional performance in the agency's pharmaceutical division.



PCN News

PCN charts course for enhanced pharmacy technician training

By Ifeoluwa D. Afolayan

The Pharmacy Council of Nigeria (PCN) recently concluded a pivotal two-day Interactive Forum and Workshop, held on 3-4 April 2025, with provosts, principals, and heads of departments (HODs) from over 100 PCN-approved pharmacy technician training institutions, colleges/schools of health technology across Nigeria. Themed "Advancing the Training and Practice of Pharmacy Technicians in Nigeria: Regulatory Perspective," the event, held in Abuja, underscored the PCN's proactive role in advancing pharmacy practice in Nigeria.

In attendance at the forum and workshop were the Director, Food and Drug Services, Federal Ministry of Health (FMOH), represented by Pharm. Yakubu Bulama; Pharm. Azubike Okwor, *FPSN*, chairman of the occasion; the Chairperson, PCN Governing Council, Pharm. (Hajiya) Wosilat O. Giwa, *FPSN*; the President, Pharmaceutical Society of Nigeria (PSN), Pharm. Ayuba Tanko, FPSN; the Registrar, PCN, Pharm Ibrahim Babashehu Ahmed, FPSN; the immediate past Registrar, PCN, Dr N.A.E Mohammed, *FPSN*; Prof. Umar Usman Pateh, the keynote speaker; the retired Director of Pharmaceutical Services (DPS), Niger State, Pharm. Mohammed Alfa Isah; the DPS, Ondo State, Pharm. Oluwole Gbenga Lasekan; the ACPN National Chairman, Pharm. Ambrose Ezeh; the PSN Abuja Chairman, Pharm. Salamatu Orakwelu; the National President, Reformed Forum for Pharmacy Technicians in Nigeria (RFPTN), Pharm. Tech. Shagba Humphrey; and many more.

The forum served as a crucial platform for robust discussions and strategic planning aimed at elevating the standards of pharmacy technician education and addressing challenges associated with the sub-cadre training in Nigeria.

Noting the national issues that pertain to the training of pharmacy technicians in Nigeria, key discussion points during the interactive session included the Memorandum of Understanding (MOU) with the National Board for Technical Education (NBTE), midwifed by the Federal Ministry of Education (FMoE), to abolish the training of pharmaceutical technologists and streamline pharmacy technicians' training - covering its details and implications, direct entry pathways and requirements for further education for graduates of colleges/schools of health technology; the indexing of students to improve quality assurance in the programme; and the criteria and impact of performance-based assessments for rating schools and determining admission quotas.

Participants and stakeholders at the event unanimously emphasised the urgent need for improved training facilities and to facilitate effective implementation of the curriculum for pharmacy technicians training.

The PCN reiterated its dedication to strengthening the regulatory framework for the training of pharmacy technicians. The Council highlighted its commitment to working collaboratively with relevant agencies and the training institutions to ensure adherence to quality standards and best practices. This commitment is seen as vital in producing graduates who can effectively support pharmacists in various healthcare settings, ultimately contributing to better patient care.

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Confronting the tobacco industry's war against global health

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

For decades, tobacco use has remained one of the most persistent public health threats globally, claiming over 8 million lives each year, according to the World Health Organization (WHO). Despite this grim statistic, the battle to eradicate tobacco use continues to face formidable resistance—not from users, but from the well-financed tobacco industry itself. It is time we openly discuss the opposing forces in this long-standing war: the tobacco industry versus global health.

The dual narrative: Profit vs protection

On one side lies the tobacco industry, a conglomerate of corporations driven by profit, employing marketing tactics, political lobbying, and public relations campaigns to keep tobacco products accessible and attractive. On the other side are public health advocates and organisations desperately trying to save lives through education, policy enforcement, and community interventions.

The tobacco industry's influence is deep-rooted. According to the WHO, tobacco companies continue to use various tactics to derail health policies and normalise tobacco use. From targeting young people through flavoured products to funding front groups and lobbying against tobacco control laws, these strategies are designed to undermine public health efforts at every level.

In countries like Vietnam, as highlighted by the WHO, tobacco companies are actively challenging national tobacco control strategies under the guise of protecting consumer choice and economic contribution.

Despite clear evidence of harm, tobacco products remain widely available—often cheaper than essential medications. Public health organisations have not been silent. Initiatives such as the WHO's Framework Convention on Tobacco Control (FCTC) and annual World No Tobacco Day campaigns aim to educate and mobilise stakeholders against tobacco. However, the effectiveness of these initiatives is increasingly being called into question.

World No Tobacco Day, observed each year on 31 May, serves as a rallying point for tobacco control. Yet once the banners are folded and the hashtags fade, the momentum often dissipates. Tobacco use, on the other hand, continues daily, fuelled by billion-dollar advertising and distribution networks.

Public health messaging, though well-intentioned, struggles to compete with the strategic marketing and political power of the tobacco giants.

The real cost of inaction

The human cost of tobacco is devastating. From heart disease and cancers to chronic obstructive pulmonary disease (COPD) and stroke, the health consequences are far-reaching. Economically, tobacco-related illnesses burden healthcare systems, reduce productivity, and increase poverty—particularly in low- and middle-income countries.

Moreover, the environmental toll of tobacco is gaining attention. Tobacco farming leads to deforestation, soil degradation, and water contamination. Cigarette butts—the most littered item globally—contribute to environmental pollution on an enormous scale.

Time for a public health reboot

The current strategy—occasional campaigns, sporadic policy enforcement, and mild educational content—is no match for a well-coordinated industry machine. It's time for public health organisations to rethink and restrategise. Here's what needs to change:

Year-round advocacy: Tobacco control efforts must be sustained throughout the year, not just on No Tobacco Day. Continuous community engagement, school-based interventions, and media campaigns should form the core of our approach.

Unified messaging: Global public health institutions need to speak with one voice. Fragmented efforts dilute impact. A cohesive communication strategy—featuring real stories, emotional appeal, and solid facts—can shift public perception.

Digital counter-marketing: Public health must embrace digital tools. Just as tobacco companies leverage influencers and viral content, so too must health campaigns engage audiences via TikTok, YouTube, and Instagram with creative, youth-centred messaging.

Policy enforcement and transparency: Governments must be held accountable. Health professionals and civil society should monitor and report industry interference and demand transparency in policymaking.

Protect youth at all costs: School curricula must include tobacco education. Policies should restrict marketing near schools and ban child-appealing tobacco variants.

Empower healthcare providers: As trusted sources of information, healthcare providers must receive training and resources to counsel patients effectively on tobacco cessation and become vocal advocates for stronger tobacco control laws.

Final thoughts: The fight must intensify

Public health can no longer afford to be reactive. While the tobacco



industry continues to evolve, so must our strategies. As healthcare providers and advocates, we must challenge the normalisation of tobacco use, hold complicit stakeholders accountable, and most importantly, protect the public—especially our youth—from preventable harm.

Let us replace *awareness days* with *awareness months*, temporary tweets with permanent reforms, and soft messaging with bold action. The war against tobacco is far from over—but with coordinated, creative, and courageous efforts, public health can still win.

The time to intensify our fight is now—because while we delay, the tobacco industry advances.

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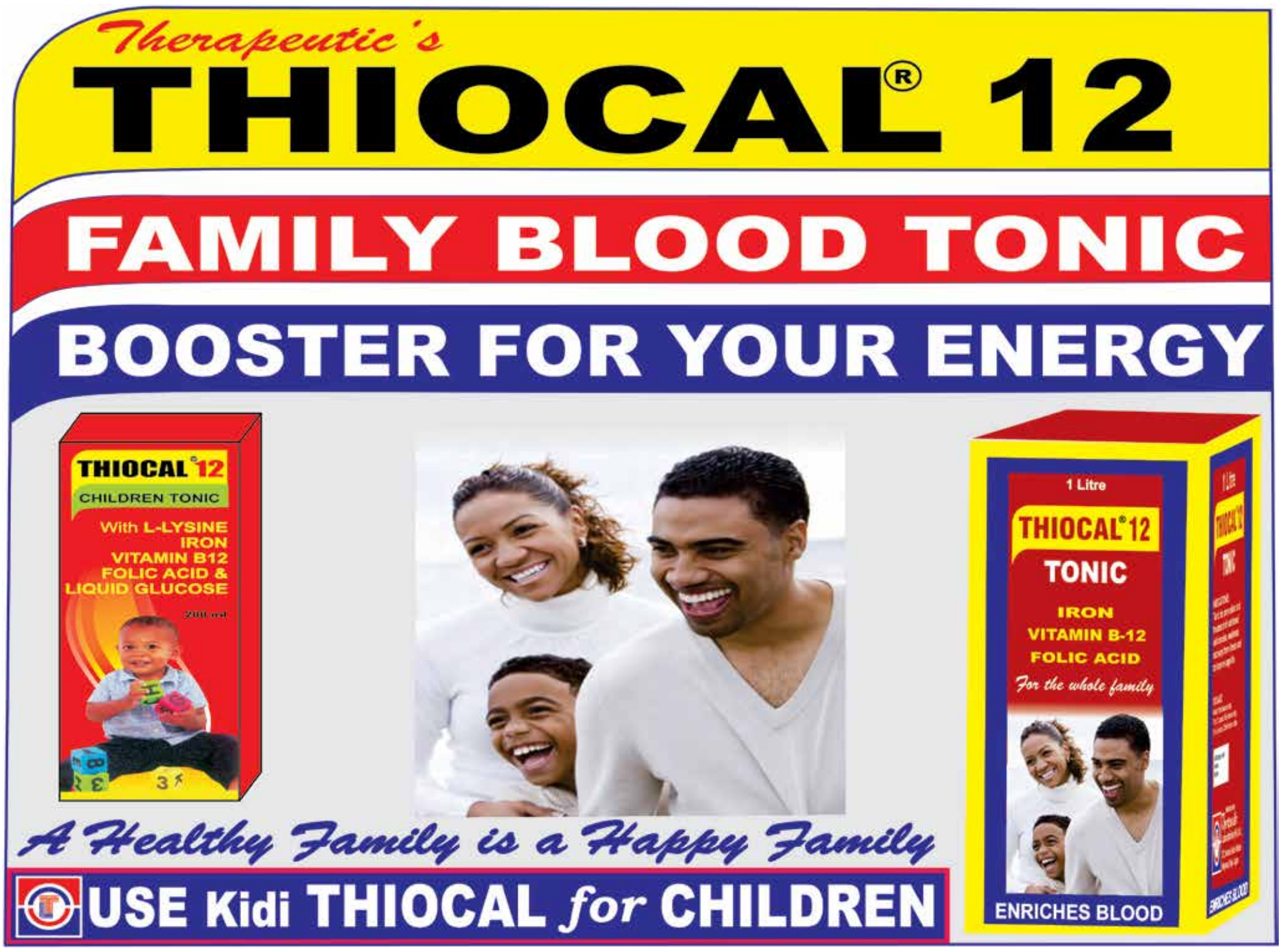
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Innovative therapies in asthma management

Asthma is a chronic respiratory disease marked by inflammation and constriction of the airways. It is characterised by recurrent episodes of wheezing, breathlessness, chest tightness, and coughing, often in response to environmental allergens or irritants.

The term "asthma" comes from the Greek word *ásthma*, meaning "panting." During an asthma flare-up, the bronchial tubes become inflamed, muscles around them tighten, and excess mucus is produced, severely narrowing the airways and restricting airflow.

What is an asthma attack?

An asthma attack is a sudden worsening of symptoms due to acute bronchoconstriction and inflammation. The airway lining swells, surrounding muscles contract, and excessive mucus blocks the passage of air. While some attacks are mild and self-limiting, others can be severe and potentially fatal without prompt intervention.

- Symptoms include:
- Persistent coughing
- Wheezing
- Chest tightness

Shortness of breath

Even mild symptoms should prompt medical consultation to avoid long-term complications.

The global and local impact

Asthma is often overlooked in low- and middle-income countries, where diagnosis and treatment infrastructure are lacking. Poorly managed asthma can lead to:

- Interrupted sleep and daytime fatigue
- Missed school or work
- Emergency hospital visits
- In severe cases, premature death

The broader economic implications also affect families and the national healthcare system.

Symptoms and triggers

Symptoms vary widely, and may worsen during exercise, at night, or with seasonal changes. Common triggers include:

- Dust, smoke, or chemical fumes
- Animal dander, pollen, and mold
- Cold air or sudden temperature changes
- Respiratory infections
- Emotional stress and physical exertion

Asthma may resemble other respiratory conditions. Accurate diagnosis is essential.

Causes and risk factors

While the precise cause remains unclear, several factors increase asthma risk:

- Family history of asthma or allergies
- Coexisting allergic conditions like eczema and hay fever
- Urbanisation and exposure to air pollution
- Low birth weight or premature birth
- Obesity
- Early exposure to tobacco smoke or respiratory viruses

Environmental allergens and occupational irritants also contribute.

Diagnosis and early detection

Diagnosing asthma typically involves:

- Medical history evaluation
- Lung function tests like spirometry
- Allergy testing to identify specific triggers

Early detection is critical. Uncontrolled asthma can lead to airway remodeling, making the condition harder to manage and increasing the risk of permanent lung damage.

Treatment and management

Asthma cannot be cured, but it is manageable with proper treatment. The cornerstone of treatment is the use of inhalers:

Types of inhalers

- *Bronchodilators* (e.g., salbutamol) quickly relieve symptoms by relaxing airway muscles.
- *Inhaled corticosteroids* (e.g., beclometasone) reduce inflammation and lower the risk of severe attacks.

Spacer devices

Spacers make inhalers easier to use, especially for children. A homemade spacer using a five hundred millilitre plastic bottle can be as effective as commercial models.

Access to medication

In 2021, only half of low- and lower-middle-income countries had bronchodilators available in public health facilities, and just one third stocked steroid inhalers. Community education and public awareness are also vital in combating stigma and misinformation.

Self-care and asthma action plans

Self-care plays a pivotal role in asthma control. Patients and caregivers should be educated about:

- Recognising and avoiding triggers
- Adjusting medications based on symptoms
- Using inhalers correctly
- Following an asthma action plan provided by healthcare professionals

WHO response and global strategy

Asthma is a priority under the WHO Global Action Plan for NCDs and the United Nations 2030 Agenda for Sustainable

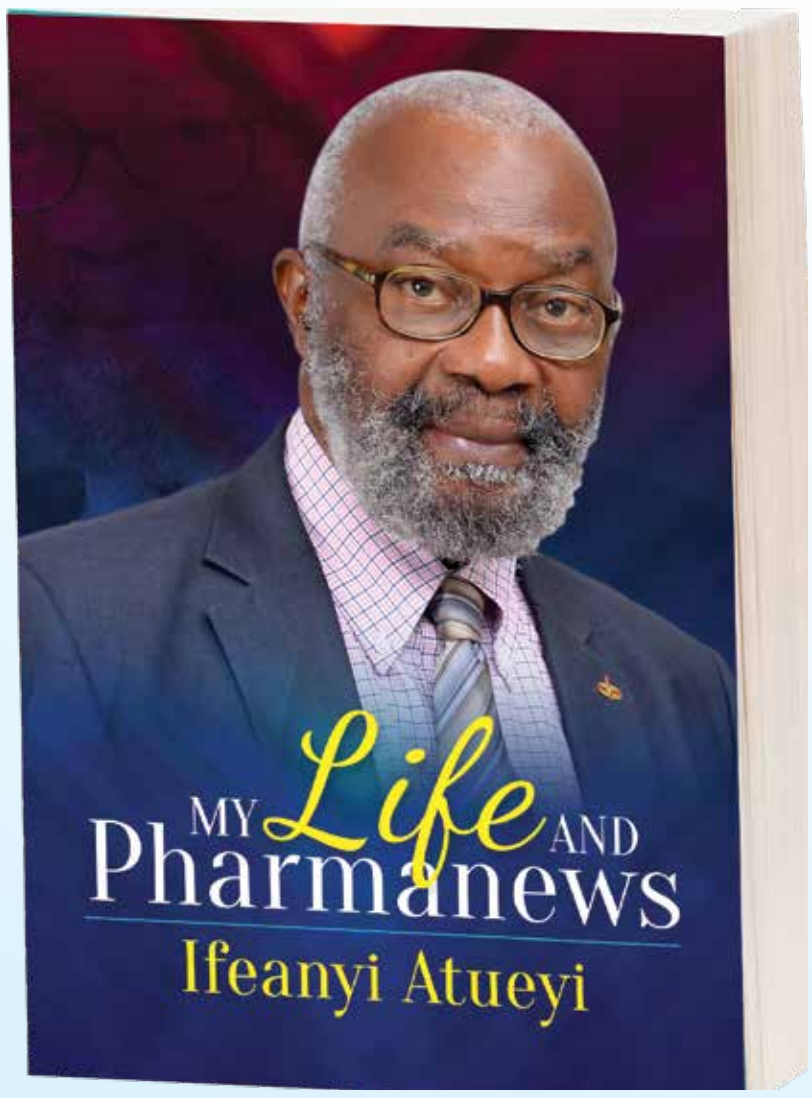
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REBIRTH AND REPOSITIONING (6)

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



Prior to the awakenings that I had in the spiritual aspect of my life, I had been guided to undertake some training in line with my work as an editor and publisher. I used the word "guided" here because until the prompting came, I had not thought that I might need some specialised training – considering the level of success I had recorded with Pharmanews so far. But then, it was as if God – even though I had not developed a sound relationship with Him by then – had decided that it was time for me to not only advance in my management of the journal but to also explore new horizons and break new frontiers. Accordingly, He paved the way for me to begin to have some relevant exposures.

And so it was that, in 1984, I received an invitation from the World Health Organisation (WHO) to a workshop for health editors in Copenhagen, Denmark. I attended that training and it proved to be a hugely enriching and eye-opening event for me. I got exposed to editors across the globe. I met renowned editors of international and national biomedical journals. That experience further made me to understand the importance and seriousness of the work I was doing.

Following the exposure at the WHO training, I joined the European Association of Science Editors (EASE) which was formed in 1982 in France. Shortly after, I started receiving their materials and attending their training meetings in European countries. One of such meetings – the one held in 1988 in the premises of Roche in Basle, Switzerland – has remained particularly indelible on my mind. That meeting was peculiar because I was the only black man among about one hundred delegates and I felt really proud of myself as I became the cynosure of all eyes.

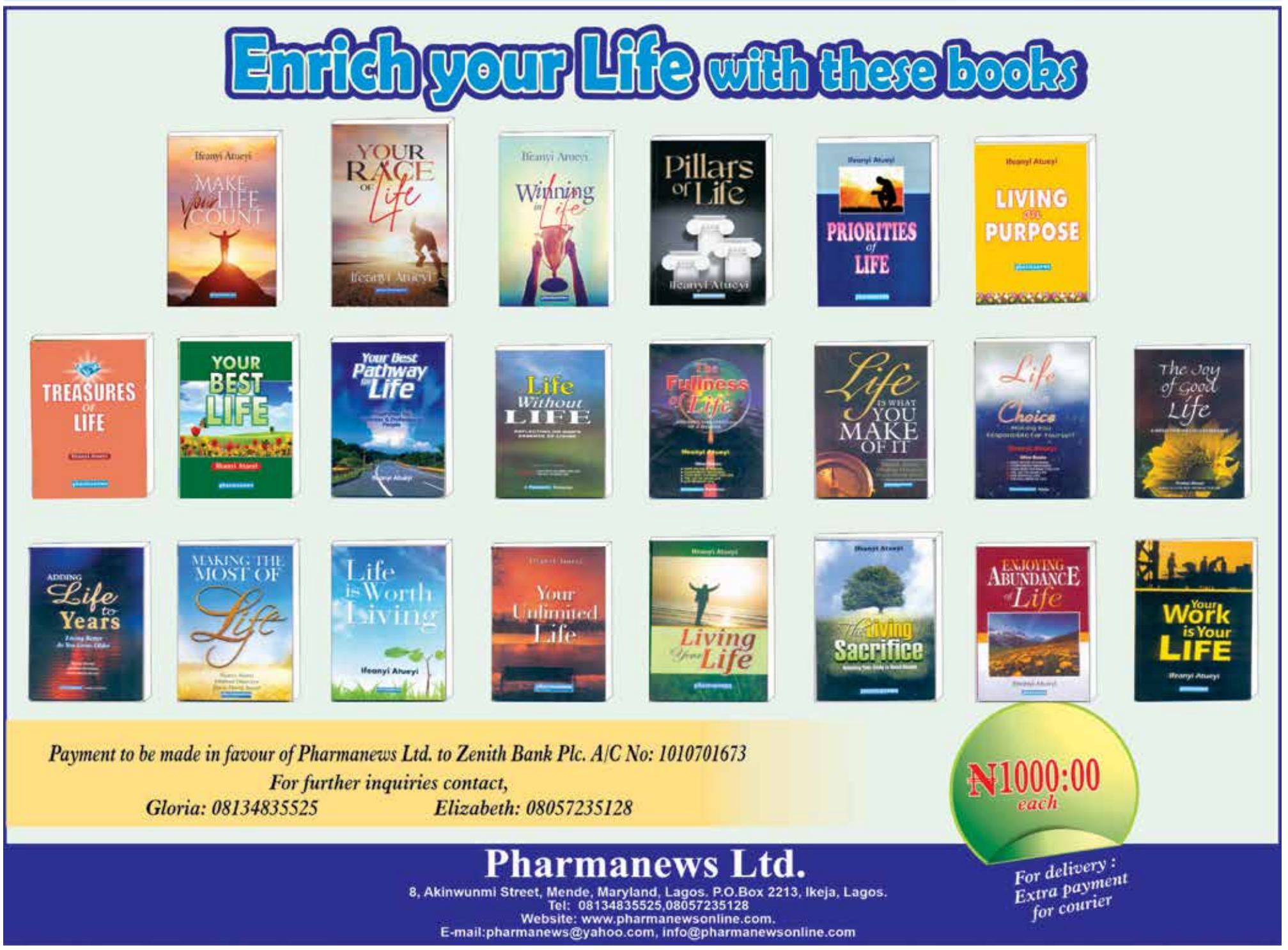
Two factors further heightened the attention that I got at that conference. One was that, while preparing for the trip, my wife had advised me to sew a white agbada in order to be distinctive. I took that advice and the effect of my appearance on the other participants was, indeed, enthralling. Ironically, though, I don't remember wearing that agbada, for one or two times after that, since I've never been used to wearing "balloons". The second factor was that I presented a main paper at the opening session.

In 1991, I was at another EASE conference at the premises of the Oxford University, United Kingdom. This one attracted some editors from Africa. African editors in EASE were encouraged to form African Association of Science Editors (AASE). This was followed up and in 1998 AASE was launched in Addis Ababa, Ethiopia. Another AASE conference was held in Kenya, Nairobi and at the International Institute for Tropical Agriculture, Ibadan in 1991. At this conference, Prof. Anthony Youdeowei of University of Ibadan took over the presidency from the Ethiopian president.

Another science editing organisation I came across was International Federation of Science Editors (IFSE) with headquarters in Milan, Italy. I attended their conference in Hamburg, Germany, in 1987 and another in Santa Maria Imbaro, Italy, in 1993 where I presented a paper.

God provided these conferences and seminars which were not available in Nigeria to enhance my proficiency in science editing and pharmaceutical journalism. Obviously, they had major impacts on the way I edited and managed Pharmanews, and other journals, as well as in training. I will be delving into details of these in the next chapter.

(Continues next edition)



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Innovative therapies in asthma management

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Development. Key WHO initiatives include:

- **PEN (Package of Essential Noncommunicable Disease Interventions)** for improving diagnosis and management in primary care
- **Framework Convention on Tobacco Control**, **MPOWER**, and **mTobacco Cessation** for reducing exposure to tobacco smoke
- **Global Alliance against Chronic Respiratory Diseases (GARD)**, which supports coordinated action to reduce the global burden of asthma
- Training modules for healthcare workers on managing environmental risks, including air pollution

Special considerations

Asthma in children

Children may exhibit fatigue, irritability, or feeding issues. Pediatric care must be tailored to age and symptom pattern.

Asthma in pregnancy

Roughly one in three pregnant women may experience asthma exacerbation, especially in the third trimester. Poor control can result in low birth weight or preterm delivery. Pregnant women should:

- Monitor symptoms
- Follow personalised action plans
- Adhere to prescribed treatment

Exercise and asthma

Exercise-induced symptoms can be mitigated with warm-ups, medication before activity, and choosing low-trigger activities like swimming.

Innovative approaches and new therapies

Recent advances include:

- **Biologic therapies** such as omalizumab (Xolair), mepolizumab (Nucala), and dupilumab (Dupixent), especially for severe, treatment-resistant asthma
- **Digital health tools**: Smart inhalers and apps that track usage and symptoms in real-time
- **Research breakthroughs**: Emerging studies on immune cell pathways are paving the way for future targeted therapies
- **Personalised asthma care**: Customised treatment plans based on asthma phenotypes and patient-specific triggers

Burden of asthma: A growing public health concern

Asthma is not only a medical condition but also a significant public health issue with social, economic, and psychological consequences. In many low- and middle-income countries like Nigeria, asthma is under-recognised and under-reported. Stigma, poor access to healthcare, and low health literacy hinder diagnosis and treatment.



Globally, the Global Initiative for Asthma (GINA) reports that asthma prevalence has increased by fifty per cent over the past two decades, largely due to urbanisation, industrialisation, and rising air pollution. With over 260 million affected individuals globally, asthma contributes to a high burden of outpatient visits, emergency care, and absenteeism from work and school.

Psychosocial Impact of Asthma

Living with asthma goes beyond physical symptoms. Children may feel excluded from play or sports, adults may experience workplace discrimination, and many suffer from anxiety due to fear of unpredictable attacks. In some cultures, asthma is erroneously associated with weakness, making it harder for patients to seek help.

Support systems, counselling, and awareness campaigns can help address the psychological toll of asthma. Schools and workplaces should also adopt inclusive policies that consider the needs of individuals with asthma.

Environmental and climate considerations

Climate change is emerging as a major factor in asthma exacerbation. Rising temperatures increase ground-level ozone and airborne pollen, both of which are potent asthma triggers. Flooding and humidity promote mold growth, while desertification increases dust in the atmosphere.

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Innovative therapies in asthma management

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In Nigeria, seasonal Harmattan winds, open waste burning, and reliance on biomass for cooking significantly worsen air quality, especially in peri-urban and rural communities.

Air quality monitoring is still scarce, and there is an urgent need for environmental health policies that prioritise clean energy, urban green spaces, and safe transport systems to reduce pollution and asthma incidence.

Recent research breakthroughs

Several new research findings are changing how asthma is understood and managed:

- **Microbiome research**: Studies show that gut and airway microbiota influence immune responses and asthma severity. Probiotics and dietary interventions may become part of future asthma therapies.
- **Genetic markers**: Scientists have identified specific genes linked to asthma susceptibility and response to treatment, paving the way for precision medicine approaches.
- **Wearable tech**: Devices like smart peak flow meters and wristbands now monitor breathing patterns and air quality in real time, alerting patients of potential flare-ups before symptoms occur.



- **Immunotherapy**: Allergen immunotherapy (also called desensitisation) is being explored more aggressively in moderate-to-severe allergic asthma, especially in developed countries.

These developments could soon change the landscape of asthma treatment, moving it from symptom control to disease modification.

- **Community and school-based interventions**
- In resource-limited settings, community-driven solutions are proving effective. Examples include:
- **Asthma clubs in schools**, where peer educators are trained to identify symptoms and support classmates with asthma.
- **Mobile health clinics** that reach underserved areas for screening and education.
- **Faith-based collaborations**, using churches and mosques to dispel myths and promote awareness.

Integrating asthma education into school health programs and religious gatherings can help reach more people with culturally appropriate messaging.

Asthma and the COVID-19 pandemic

During the COVID-19 pandemic, people with asthma faced heightened challenges due to overlapping respiratory symptoms and reduced access to health facilities. However, global data showed that asthma patients who adhered to their medications, especially inhaled corticosteroids, had no increased risk of severe COVID-19 outcomes.

This highlighted the importance of medication adherence and telemedicine, which allowed many patients to consult remotely and avoid hospital visits.

In Nigeria, a few tertiary centres implemented phone-based consultations and home delivery of medications, marking a significant step forward in digital health adoption.

Asthma in Nigeria: A rising challenge

Asthma is increasingly prevalent in Nigeria, especially in urban centres. Studies by Professor Olufemi Olumuyiwa Desalu show rates above ten per cent among adolescents and adults.

A national review across 68 tertiary hospitals revealed alarming gaps:

- Only about 38 per cent had peak flow meters
- Less than 30 per cent had spirometers
- Just under 15 per cent had facilities for skin allergy testing

Other diagnostic tools like FeNO and IgE testing remain largely unavailable.

Cultural myths and alternative remedies

In many Nigerian communities, asthma is misunderstood:

- Some believe it is a spiritual curse
- Others fear inhaler dependency
- Herbal treatments are often used, sometimes with hidden steroids or bronchodilators

These beliefs hinder timely diagnosis, discourage medication adherence, and may

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Oreoluwa Green: West Africa's first female pharmacist

By Ola Aboderin

Long before African girls were encouraged to pursue careers in science, and decades before women became a dominant force in Nigeria's pharmacy profession, there was Oreoluwa (Olaore) Green—a trailblazer who took up the mortar and pestle, not for cooking, but for compounding medicine with precision and expertise.

At a time when societal expectations confined women to domestic roles, Green defied convention, stepping boldly into a field believed to be reserved for men. She became West Africa's first female pharmacist, leaving an indelible mark on healthcare and public health in Nigeria and beyond.

While contemporary Nigerians may be more familiar with such iconic female pharmaceutical scientists as Dr Dora Akunyili, Prof. Mojisola Adeyeye, Prof. Ijeoma Uchegbu, Dr Stella Okoli, Prof. Chinedum Babalola, Prof. Cecelia Igwilo, Prof. Toyin Tofade, and Dr Teresa Pounds—it was Green who first breached the professional frontier. She did not just shatter the glass ceiling; she built the very foundation upon which future generations would stand.



Oreoluwa (Olaore) Green

Privileged background

Born in 1885 in Lagos, then a burgeoning colonial outpost of British Nigeria, Green hailed from an influential and educated family. Her father, Francis Colley Green, served as superintendent of the Lagos Detective Force, and her family connections included notable figures such as Benjamin Bankole Daniel, a major political player in colonial Lagos.

This privileged background enabled Green to access high-quality education at a time when such opportunities were rare for women. She attended CMS Girls Seminary and St Mary's Convent School in Lagos—two of the most prestigious schools for girls at the time—and also received private tutoring from Reverend W.B. Euba, a distinguished educator. Under his tutelage, she excelled in subjects considered exceptional for women of her era, including Mathematics, Latin, Greek, and Geometry. It was evident early on that Green was destined for more than society's expectations of women.

Interestingly, Green's intellectual pursuits were not limited to the sciences. A linguist fluent in English, French and Latin, she also had a flair for the arts. In 1911, at the age of 26, she played Portia in a Lagos stage production of Shakespeare's *The Merchant of Venice*, a performance that won her the admiration of many and revealed a woman not only of intellectual might but of cultural grace.

Education and certification

In May 1912, Green travelled to London to broaden her academic horizons. There, she accumulated a string of qualifications that would set her apart not only in Nigeria but across all of West Africa. She initially earned a First Class Certificate in the Theory of Music from the London College of Music—but her focus soon shifted to healthcare. She obtained a Certificate of the Central Midwives Board and an Honours Certificate from the Clapham School of Midwifery and Clapham Maternity Hospital. She also trained in invalid cookery, earning a distinction in this field from Buckingham Palace Road School of Cookery.

However, Green's most revolutionary achievement came in 1916, when she obtained the Apothecaries Certificate from the Pharmaceutical Society of London and successfully passed her qualifying exams at Westminster College of Chemistry, Pharmacy, and Botany. With these, she became the first West African woman to hold a formal pharmaceutical qualification—a momentous milestone in African healthcare history.

A return to serve

After her years in Britain, Green returned to Lagos in 1917. Her first professional engagement was as a midwife and dispenser at the hospital of Dr Richard Akinwande Savage, one of the era's most respected medical practitioners. It was a fitting collaboration—two pioneering minds working in tandem for public health advancement.

After 18 months of service, Green struck out on her own, establishing a private practice at 71 Campbell Street in Lagos. There, she worked both as a nurse and a pharmacist, offering services at a time when access to competent, female-led healthcare was practically unheard of in West Africa.

To the many who knew her, she became "Nurse Green"—a name that, while accurate, fails to capture the full breadth of her pioneering contributions. She was not just a caregiver; she was an innovator, a barrier-breaker, and a beacon for women in the healthcare professions.

Later life and legacy

While little is known about Green's later life. it is established that by the 1920s, she was still living and actively contributing to Lagosian society. So much was her influence that the *Red Book of West Africa* (1920) dubbed her the "Lagos Talented Lady"—a rare and significant honour that highlights her societal impact.

Sadly, most people today—including pharmacy students, healthcare professionals, even historians—know nothing about this. Her name is absent from plaques, school buildings, and civic honours.

Indeed Oreoluwa Green deserves more than a footnote in the annals of African healthcare history. Her story is not simply one of personal success but of generational impact. She stood at the crossroads of tradition and transformation, using her intellect, determination and education to dismantle barriers and redefine what was possible for women in healthcare.

As Nigeria continues to celebrate its growing cadre of female pharmacists, researchers, and pharmaceutical entrepreneurs, it is essential to honour the foundation upon which all their achievements are built. In recognising Green's contributions, we do more than recover a forgotten figure—we reclaim a heritage of excellence.

Today's health institutions, pharmacy schools, and professional associations would do well to celebrate her legacy through dedicated scholarships, research grants, or educational exhibits. Telling her story in classrooms and conferences would inspire a new generation of women to lead with courage, curiosity, and conviction.

Green was, in every sense, a hero of healthcare—and it is high time her name took its rightful place among the greats. She was the originator of a legacy that is still unfolding through every Nigerian girl who dreams of donning a pharmacist's coat, leading a healthcare enterprise, or researching the next medical breakthrough.

Indeed Oreoluwa Green deserves more than a footnote in the annals of African healthcare history. Her story is not simply one of personal success but of generational impact. She stood at the crossroads of tradition and transformation, using her intellect, determination and education to dismantle barriers and redefine what was possible for women in healthcare.

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Innovative therapies in asthma management

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lead to complications. Health professionals continue to promote culturally sensitive education.

Policy and institutional response in Nigeria

Although overshadowed by infectious diseases, asthma has been included in the national Essential Medicines List, with drugs like salbutamol and beclomethasone prioritized for public distribution.

Additional steps include:

- Provider training in asthma management
- Asthma modules in NPHCDA programmes
- Clinical guidelines from the Nigerian Thoracic Society

However, inhaled corticosteroids remain unaffordable or inaccessible in many facilities. A comprehensive national asthma control programme is still lacking.

Recommendations on health system gaps

Despite progress, Nigeria still lags behind in implementing comprehensive asthma care strategies. Major gaps include:

- Inadequate data on national asthma prevalence and mortality
- Shortage of trained respiratory specialists, especially in rural areas
- Limited availability and affordability of essential asthma medicines



- Lack of routine asthma screening in primary care settings
- To bridge these gaps, experts recommend:
- Establishing national asthma registries
- Including asthma in primary healthcare policies
- Subsidising inhalers through National Health Insurance Authority (NHIA) packages
- Supporting continuing professional development (CPD) for healthcare workers in asthma diagnosis and management.

Pharmacists' role in asthma management

Community pharmacists are often the first point of contact for many Nigerians. Their role includes:

- Educating patients on proper inhaler use
- Counselling on trigger avoidance and medication adherence
- Identifying uncontrolled asthma and referring patients for specialist care

Through initiatives like "Asthma Friendly Pharmacies", pharmacists can contribute to early detection, better outcomes, and fewer hospital admissions.

Call to action: What more can be done?

To tackle the asthma burden, a multi-sectoral approach is needed. Key steps include:

- Developing a national asthma control programme with dedicated funding
- Increasing access to diagnostics and biologic treatments
- Conducting nationwide asthma awareness campaigns, particularly in rural areas
- Promoting research into local asthma triggers, treatment response, and cultural perceptions
- Integrating asthma care into universal health coverage (UHC) goals

Public advocacy and awareness: World Asthma Day

World Asthma Day, observed annually on the first Tuesday of May, is a platform for:

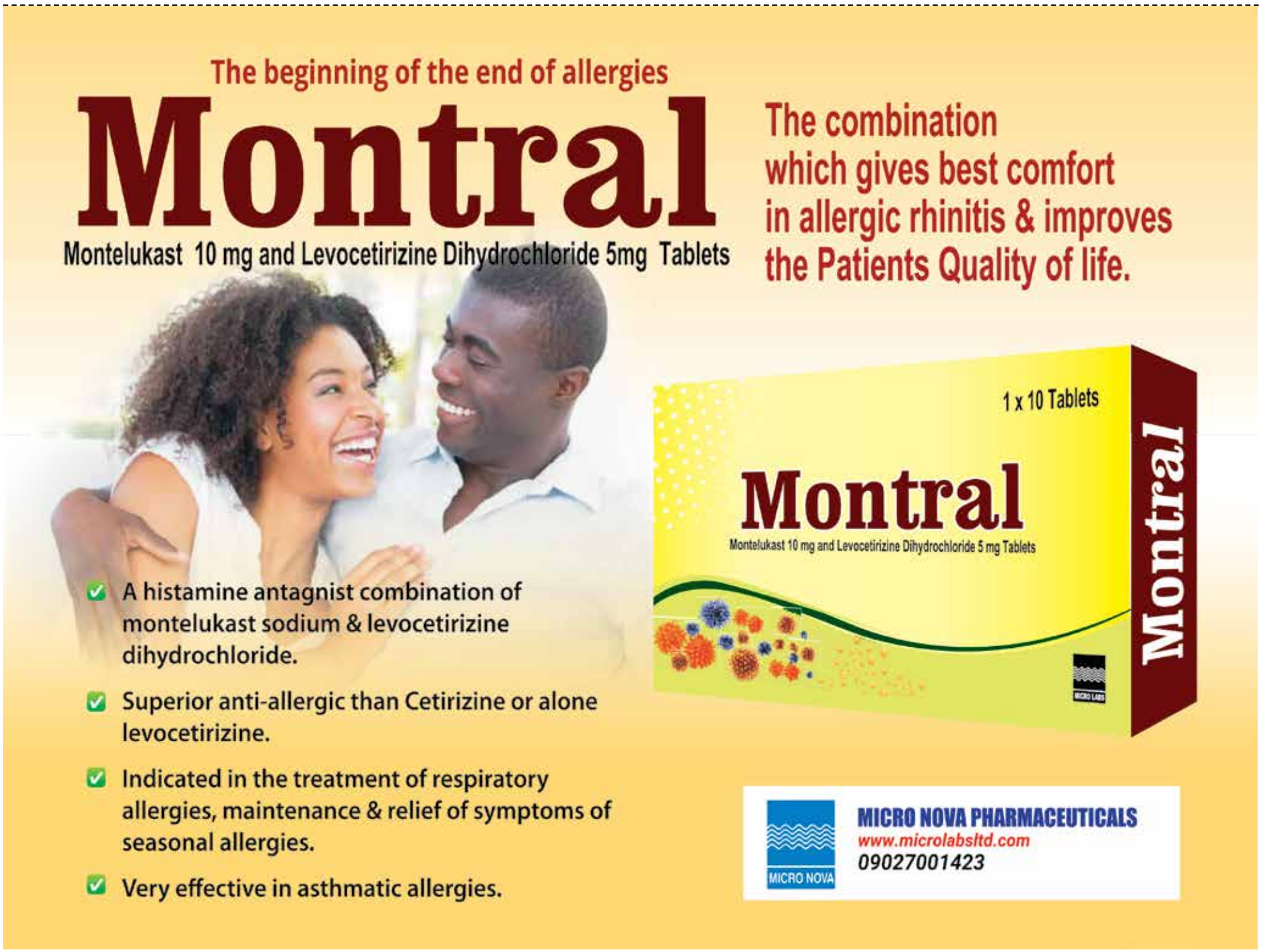
- Free screening and lung function tests
- Inhaler use demonstrations
- Media awareness campaigns
- Community health talks

While impactful, these efforts are mostly urban-centric, leaving rural communities underserved.

Conclusion

Effective asthma management in Nigeria and globally demands a multi-pronged strategy: public education, early detection, consistent treatment, access to diagnostics, and integration into national health policies. With new biologic therapies, digital innovations, and better-informed health systems, people living with asthma can enjoy significantly improved quality of life and outcomes.

Report compiled by Adebayo Oladejo with additional materials from the Nigerian Journal of Clinical Practice; Pan African Medical Journal; Nigerian Thoracic Society; Federal Ministry of Health; African Health Sciences Journal; United States National Library of Medicine; American Academy of Allergy Asthma & Immunology; and the Asthma Initiative of Michigan (AIM).



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Lassa fever in Nigeria: Economic and political imperatives

By Patrick Iwelunmor



Lassa fever, a viral hemorrhagic illness endemic to Nigeria and parts of West Africa, continues to pose a serious public health threat. Despite being preventable and treatable when detected early, the disease resurfaces annually with devastating consequences. The recent spike in infections and fatalities underscores the need for Nigeria to reassess not only its healthcare priorities but also the economic and political frameworks that exacerbate the impact of such diseases. Beyond the obvious medical implications, Lassa fever is a litmus test of the country's institutional resilience and political will.

The virus, which is primarily spread by contact with food or household items contaminated by the urine or faeces of infected Mastomys rats, thrives in environments of poor sanitation, overcrowding, and weak healthcare infrastructure. These conditions are alarmingly prevalent across many Nigerian communities. As of early 2025, Nigeria has recorded hundreds of confirmed cases and dozens of deaths, with states like Ondo, Edo, and Bauchi consistently bearing the highest burden.

Yet, Lassa fever is not just a health issue—it is a symptom of deeper economic and political dysfunction. Economically, the recurring outbreaks are a drain on an already overstretched public health system. The costs associated with outbreak management, including emergency response, surveillance, isolation, treatment, and public sensitization campaigns, place significant strain on government budgets. In rural communities where subsistence farming dominates, the disease also disrupts agricultural productivity. Infected individuals, caregivers, and even healthcare workers often become incapacitated, reducing the local labor force and compounding poverty cycles.

Moreover, the burden of the disease disproportionately affects the poor, who live in rodent-infested areas and lack access to clean water, proper waste disposal, or quality healthcare. For these citizens, early symptoms—fever, headache, vomiting—are often mistaken for malaria or typhoid. Delayed diagnosis not only worsens outcomes for patients but also increases the risk of community spread. In many cases, by the time a diagnosis is confirmed, it is already too late. The economic implication of these delayed responses is catastrophic: families are forced to sell property to pay for hospital bills, children drop out of school, and breadwinners are lost to a preventable disease.

On the political front, the response to Lassa fever is often reactive rather than proactive. Knee-jerk responses, limited funding, and poor coordination among relevant agencies frequently characterise government interventions. Nigeria's Centre for Disease Control (NCDC), despite notable efforts, remains underfunded relative to the magnitude of public health threats in the country. Many state governments have failed to prioritise public health in their budgets and often lack the infrastructure to manage outbreaks effectively. This lack of preparedness reflects a broader political culture where health policy is viewed through a short-term lens, shaped more by the political cycle than by long-term development goals.

Politicians are quick to set up committees, release statements, and allocate emergency funds only when the crisis garners media attention. However, once the news cycle shifts, the urgency dissipates and structural reforms are shelved. There is an urgent need for a more sustainable and institutionalised approach to public health governance—one that treats recurrent diseases like Lassa fever with the seriousness they deserve, not just as public relations crises but as national security issues.

At the core of the political imperative is accountability. There is a dire need for transparency in how public health funds are allocated and spent. Corruption in the health sector continues to sabotage efforts to combat epidemics. From inflated procurement contracts to diversion of medical supplies, the mismanagement of resources undermines public trust and weakens the country's capacity to fight not only Lassa fever but future pandemics.

There is also a need for stronger political advocacy around environmental sanitation and public health education. Lassa fever thrives in unsanitary environments, yet waste management in Nigerian cities and rural areas is abysmal. The failure to invest in public hygiene infrastructure, community sensitisation, and rodent control measures points to a lack of political will. Lawmakers and executives must go beyond rhetoric and implement policies that address the root causes of the disease—poverty, ignorance, and poor environmental planning.

From an economic perspective, Nigeria must understand that investing in health is not just a moral obligation but a strategic imperative. Every naira spent on preventing and controlling diseases like Lassa fever yields exponential returns by protecting the workforce, improving productivity, and safeguarding national development goals. As Africa's most populous nation, Nigeria cannot afford to have its growth story continually undermined by preventable diseases.

In conclusion, Lassa fever in Nigeria is more than a public health challenge—it is an indictment of systemic governance failures. The solutions lie not just in medical interventions but in economic planning and political courage. The country must build a resilient health infrastructure, strengthen disease surveillance, and invest in public awareness. More importantly, it must treat healthcare as a cornerstone of national development, not an afterthought. Only then can the country break free from the annual cycle of preventable epidemics and move towards a healthier, more secure future.



ACPN-Lagos urges stronger community action against malaria

By Adebayo Oladej and Samuel Dike

The Association of Community Pharmacists of Nigeria (ACPN), Lagos State Branch, has called for urgent and stronger community-driven action against malaria, warning that the disease must no longer be treated with levity.

Speaking during a statewide health outreach recently, ACPN Lagos Chairman, Pharm. Tolu Ajayi, said community pharmacists are strategically positioned to lead malaria prevention and control efforts, beyond dispensing medicines.

"Malaria is not a simple fever to be taken lightly. If untreated properly, it can lead to life-threatening complications. Community pharmacists must be seen as frontline healthcare providers driving the fight against malaria," Ajayi said.

Ajayi revealed that the 2025 malaria campaign, held in line with this year's World Malaria Day theme, "Malaria Ends With Us: Reinvest, Reimagine and Reignite," spanned across about 10 locations in Lagos, with pharmacists offering free health sensitisation, while others engaged the public through webinars, distribution of educational flyers, and social media campaigns. The activities, sponsored by Fidson Healthcare, Greenlife Pharmaceuticals, and Codix Pharma, culminated with a concluding webinar.

He emphasised the need for sustained vector control measures such as the eradication of mosquitoes, consistent use of long-lasting insecticide-treated nets, protective clothing in exposed environments, and clearing of drains and bushes around residential areas.

Ajayi further stressed the importance of effective diagnosis, noting that not all fevers are malaria. "The proper sequence must be prevention, effective diagnosis to confirm malaria, and then effective treatment with quality-assured antimalarial medicines," he said.

Highlighting systemic issues, Ajayi also called on the government to intensify efforts toward eradicating open drug markets, which he described as hubs for fake and substandard medicines. He warned that the continued existence of such markets poses a serious threat to malaria control and public health at large.

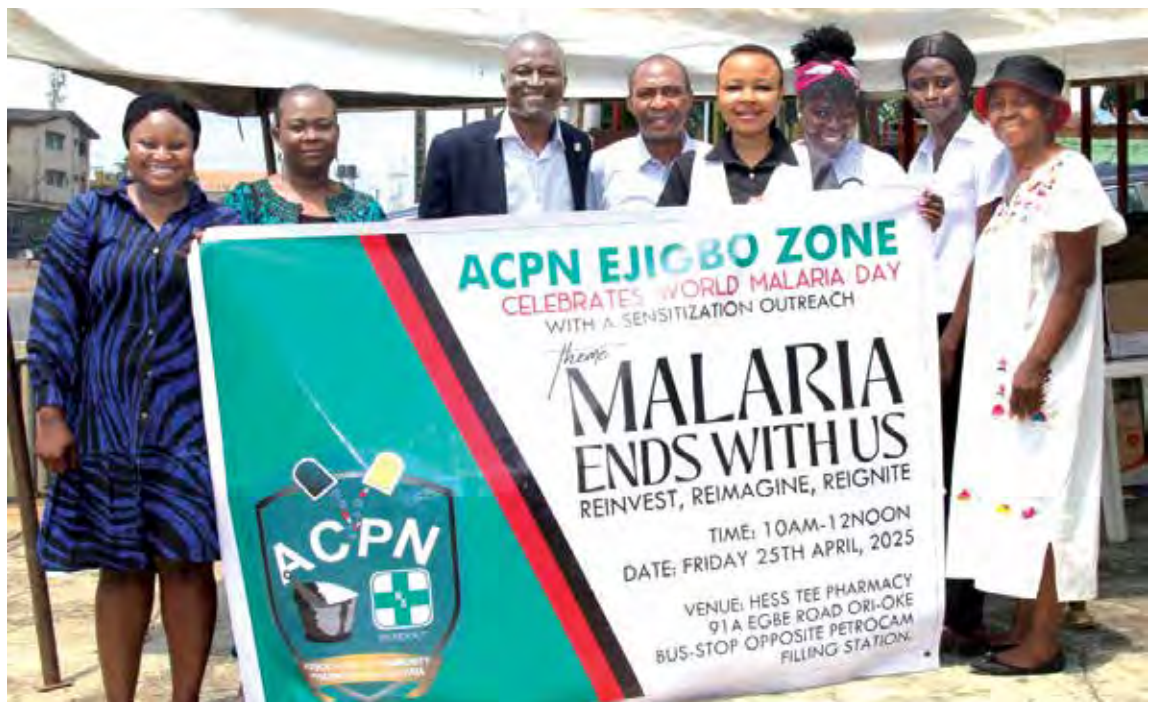
He identified the high cost of Rapid Diagnostic Test (RDT) kits as another major setback to malaria control, noting that many patients prefer self-medicating rather than paying for tests. "We urgently need government and donor support to make malaria testing affordable or free. Otherwise, we will continue battling avoidable deaths and drug resistance," he warned.

Ajayi disclosed that ACPN Lagos is collaborating with the World Health Organisation (WHO), University of Manitoba, PACS, the Federal Ministry of Health, and the Lagos State Ministry of Health on a new malaria elimination project focused on public education and responsible treatment practices.

At the Ejigbo outreach centre, Zonal Coordinator of the ACPN Ejigbo Zone, Pharm. Chioma Omatha, emphasised that community pharmacies are committed to quality control and ethical practice. "We insist on malaria testing before dispensing anti-malarials. It's not about selling drugs; it's about saving lives," she said.

Also speaking, Zonal Coordinator of the EIKOT Zone, Pharm. Rachel Fafore, highlighted the persistent challenge of self-medication in the fight against malaria. She said their outreach efforts particularly targeted pregnant women and young mothers, stressing the use of insecticide-treated nets and the importance of environmental hygiene.

Across all zones, community pharmacists reaffirmed that sustained education, preventive care, early testing, and responsible medication use are essential strategies to reduce malaria cases and achieve elimination targets.



A cross-section of pharmacists from the Ejigbo Zone in a group photograph with Pharm. Tolu Ajayi, chairman, Lagos (middle).



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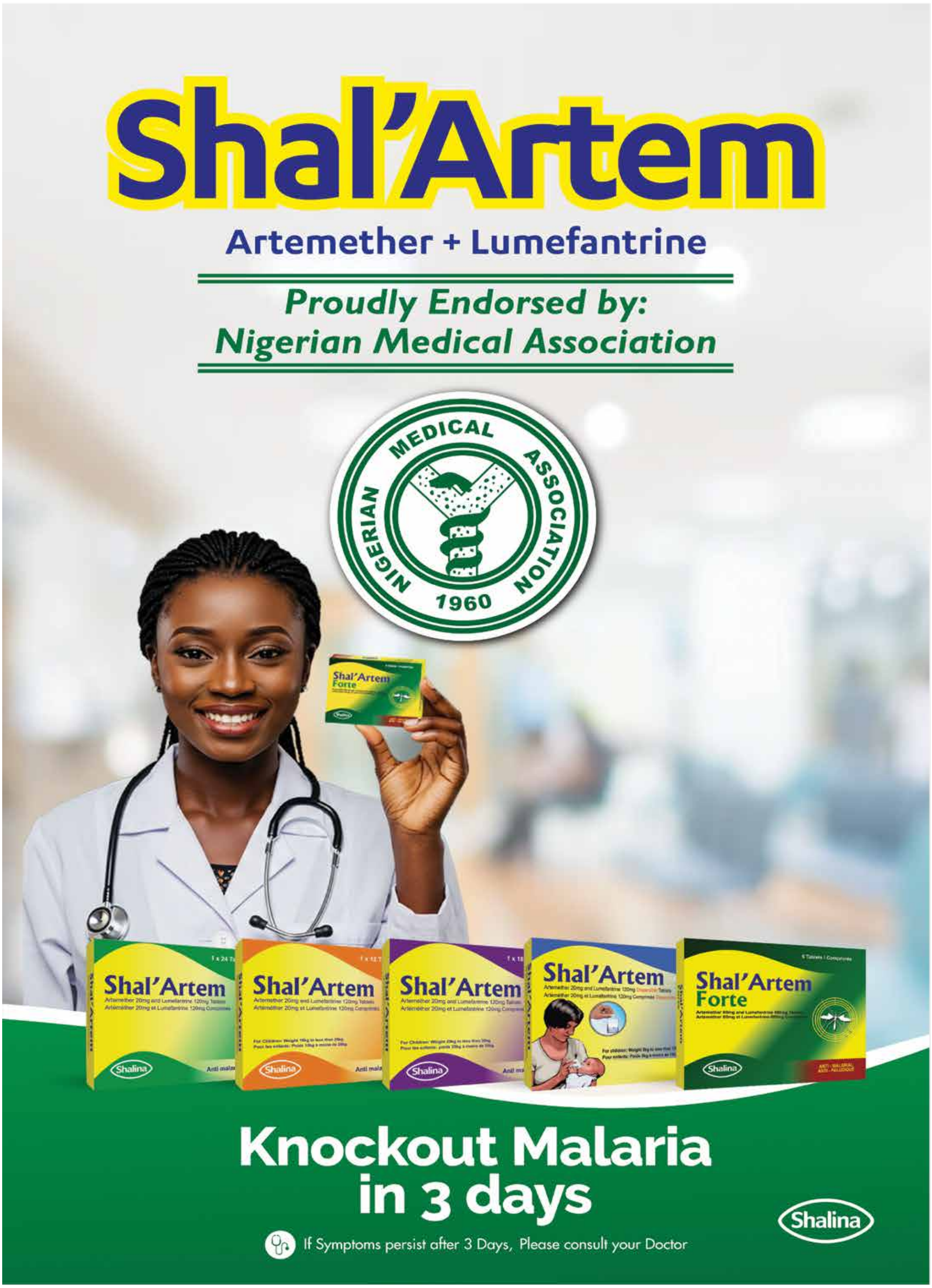
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CBEX crash: The silent health crisis behind the ₦1.3 trillion financial scam

By Adebayo Oladejo

CBEX, a name variously interpreted as CryptoBridge Exchange or CryptoBank Exchange, was introduced to the Nigerian public in July 2024 with little fanfare but immense ambition. Within months, it gained massive traction among Nigerians desperate for financial relief, promising outrageous returns of 100 percent within 30 days. It did not take long before social media was flooded with testimonies, referral codes, and images of people celebrating newfound wealth, many claiming to have doubled or tripled their investments.

Behind the glossy façade, however, was a classic Ponzi scheme, hidden in the fast-evolving landscape of crypto trading. With no regulatory backing, opaque operations, and unrealistic profit guarantees, CBEX was always destined to collapse. But by the time it did in April 2025, the damage had already been done. An estimated ₦1.3 trillion vanished with the platform, leaving behind a trail of financial and emotional ruin.



Dr Oluwatoyin Ajayi-Osakwe



Pharm. Oyinmidamola Omoniyi



Pharm. Jonah Okotie

The gamble

Many Nigerians who joined the scheme sold cars, land, jewelry, or took loans in the hope of multiplying their funds. The promise of quick returns during a period of economic hardship proved irresistible, especially with word-of-mouth referrals from friends, family, and even celebrities. But once the platform began experiencing withdrawal issues and administrators disappeared, panic set in. Social media turned from celebration to chaos as videos of victims weeping, screaming outside CBEX offices in Lagos and Ibadan, and carrying placards demanding justice painted a painful portrait of national despair.

According to cryptocurrency analyst Taiwo Owolabi, CBEX operated with sophisticated laundering methods that gave the illusion of legitimacy. He explained that user funds were converted to stablecoins like USDT and then funneled through TRX wallets to offshore locations. What investors saw on their dashboards, he said, were mere numbers, unbacked by real liquidity. "It was a digital illusion," he said during a recent X Space discussion. "Once new deposits couldn't meet the withdrawal demands, the platform imploded."

Health toll

The consequences have gone far beyond the loss of money. Across various Nigerian communities, the emotional and psychological toll is becoming disturbingly apparent. Many victims now suffer in silence, battling insomnia, panic attacks, and hypertension. Some have slipped into severe depression. Reports have emerged of suicides, hospital admissions, and nervous breakdowns. These are not isolated cases—they point to a growing but overlooked health crisis tied directly to the scam.

Pharm. Oyinmidamola Omoniyi, a Lagos-based community pharmacist, has seen this firsthand. "Some victims are hospitalised, some are in pain, some are depressed—especially those who borrowed to invest. And sadly, some have even committed suicide. May the Lord ease our affairs," she said.

She also narrated the story of a thrift collector who invested his customers' contributions into CBEX. "Imagine the ripple effect—entire households and small businesses now affected because of one person's desperate gamble."

Pharm. Jonah Okotie also expressed dismay over the scam and its aftermath. "My first reaction to the CBEX issue is, why again? It's disheartening that our people continue to fall victim to these get-rich-quick schemes. The desperation to survive makes people vulnerable to anything that promises financial relief," he said. He believes the fallout will be both psychological and physiological.

"Many victims are likely to suffer from high blood pressure and other stress-related illnesses. Some will experience total health breakdowns. This situation will place additional pressure on our already overstretched healthcare system. We should expect to see a rise in mental health conditions like depression, mania, schizophrenia, and suicidal tendencies. In some cases, people might even develop conversion disorders, where emotional distress presents as physical illness."

He noted that the worst effects may not be immediately visible. "The recent announcement by the EFCC that they'll work to recover victims' funds might be giving some people hope, delaying an immediate breakdown. But once the reality sinks in, we may see more cases emerge."

All-round devastation

The health concerns have even reached medical facilities. Dr Toyin Ajayi-Osakwe, Medical Director at Shelters Hospital and CEO of the Foundation for Family Reformation, noted a rise in psychological distress among patients.

"There's a kind of quiet devastation—people are slipping into depression, developing anxiety disorders. Some have already been hospitalised for stress-induced complications. The brain interprets the loss as danger, triggering cortisol spikes that can worsen chronic conditions or lead to new ones. Financial trauma is real."

The scam spared no one—not even celebrities. Popular Fuji musician Alhaji Taye Adebisi, also known as Taye Currency, disclosed during a live performance that he lost ₦10 million to the fraudulent scheme. He lamented how he had just withdrawn his savings and invested on 1 April, only for the platform to crash days later.

In the video, he bitterly cursed those who introduced him to CBEX, naming individuals he believed misled him. "I wasn't a money doubler or greedy. They brought me into it, and now my savings are gone," he said, clearly distressed.

For some victims, it wasn't just the money—it was their future, their families' stability, and their mental peace that vanished. Seun Olubode, a victim from Ibadan, said, "I didn't just lose two million naira. I lost my peace of mind. I've lost sleep. My children are asking questions I cannot answer."

Despite the Securities and Exchange Commission (SEC) classifying CBEX as illegal under the Investment and Securities Act of 2025, and the law now prescribing up to 10 years imprisonment and ₦40 million in fines for operators of such scams, justice still feels distant to many. The victims aren't just seeking restitution—they're seeking healing.

As Nigeria counts the financial cost of CBEX, the deeper question remains: who will count the hidden cost—the anxiety, the broken families, the sleepless nights, and the lives lost not to crypto volatility, but to the psychological trauma of misplaced trust? The collapse of CBEX may fade from headlines, but the scars it leaves on individuals, households, and the healthcare system may linger for years to come.

Many Nigerians who joined the scheme sold cars, land, jewelry, or took loans in the hope of multiplying their funds. The promise of quick returns during a period of economic hardship proved irresistible, especially with word-of-mouth referrals from friends, family, and even celebrities. But once the platform began experiencing withdrawal issues and administrators disappeared, panic set in. Social media turned from celebration to chaos as videos of victims weeping, screaming outside CBEX offices in Lagos and Ibadan, and carrying placards demanding justice painted a painful portrait of national despair.

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WSCIJ equips 12 female journalists with leadership, investigative skills

By Temitope Obayendo



Facilitators and participants at the programme.

The Wole Soyinka Centre for Investigative Journalism (WSCIJ) has trained 12 female journalists in newsroom leadership and investigative reporting skills through its *2025 ReportWomen! Female Reporters' Leadership Programme* (FRLP) fellowship. The three-day residential training, held from 2–4 April at the L'eola Hotel, Ikeja, groomed participants in various aspects of newsroom operations and leadership.

The Chief Executive Officer of WSCIJ, Mrs Motunrayo Alaka, while welcoming the participants to the landmark "Champion Building" edition—the sixth in the series—explained that the training focused on strengthening their ability to improve accountability journalism in Nigeria's newsrooms, as leadership roles become more equitably shared between men and women.

She noted that more female experts were engaged as resource persons for this edition of the workshop, urging the participants to be intentional in honing their investigative reporting skills to tackle the pressing issues affecting society.

Recalling WSCIJ's strides in accountability journalism over the years, Alaka highlighted the centre's commitment to promoting equity between men and women in both the newsroom and the news itself.

"Our 2024 report, *Who Leads the Newsrooms and the News*, examined the board and management composition of 111 media organisations in Nigeria across four media platforms. It revealed that women occupied only 25.7 per cent of leadership positions, while men dominated with 74.3 per cent," she said.

Alaka urged the Fellows to take full advantage of the opportunity to acquire the skills and influence necessary to shift this narrative.

The shortlisted Fellows include: Temitope Obayendo, online editor, ***Pharmanews***; Melony Ishola, head of programmes, Video Unit, *PUNCH*; Aisha Gambo, senior correspondent, *News Agency of Nigeria (NAN)*; Jemilat Nasiru, staff writer, *TheCable*; Juliet Buna, reporter and editor, *Crest 91.1FM*; Bilkis Lawal, reporter and editor, *Federal Radio Corporation of Nigeria (Bond FM)*; Rasheedat Iliyas, manager, News and Current Affairs, *Radio Nigeria Harmony FM*; Mary Agidi, features and opinion writer, *The Hope*; Dana Zagi, gender lead, *Media Trust Group*; Chigozie Victor, senior editor, *Zikoko Citizen*, *Big Cabal Media*; Christiana Alabi-Akande, managing editor, *Development Reporting Service*; and Gloria Attah, news anchor and reporter, *Clearview Television*.

Launched in 2014, the *Report Women!* programme was created to improve both the quality and quantity of reportage on issues of abuse and access concerning girls and women. In 2017, the initiative expanded to include research and engagement with the executive leadership of media organisations.

According to Alaka, *Report Women!* has trained 86 fellows across five cohorts, many of whom have risen to become managers, editors, heads of investigative desks, and even board members. This year's fellowship, supported by the Bill & Melinda Gates Foundation, has assembled a team of seasoned resource persons and mentors in investigative journalism, law, leadership, civil society, and media development. Their goal is to train, guide, and mentor the participants through leadership and storytelling projects, as well as personalised mentorship—helping them become confident, influential leaders in their fields.

Among the experts and mentors engaged for the fellowship were Stella Din-Jacob, director of news, *TVC Communications*, Lagos; Mr Idris Akinbajo, editor-in-chief, *Premium Times;* Mrs Motunrayo Alaka; Prof. Ayodele Atsenuwa, immediate past Deputy vice-chancellor, University of Lagos; Mrs Bimbo Oloyede, CEO, *Strictly Speaking Academy;* and Ms Juliana Francis, publisher, *Security Alert.*



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PSN-YPG champions public health advocacy at Pharma West Africa Conference 2025



A cross-section of YPG executives at the conference.

The Pharmaceutical Society of Nigeria–Young Pharmacists Group (PSN-YPG) made a notable and strategic appearance at the 2025 edition of the Pharma West Africa Conference, held from 8 to 10 April, at the Landmark Event Centre in Lagos. The international gathering brought together pharmaceutical leaders, policymakers, and healthcare stakeholders from across the continent and beyond, with PSN-YPG firmly establishing its position as a key force in public health advocacy and pharmaceutical innovation.

During a compelling panel session titled *"The Role of PSN-YPG in Public Health Advocacy"*, Pharm. Tekena George, national chairman of PSN-YPG, underscored the group's growing influence within public health spaces. He outlined their evolving advocacy initiatives and shared a forward-thinking vision that centres on the active involvement of young pharmacists in shaping Nigeria's health development agenda.

A major highlight of the session was the announcement of the revival of the NAFDAC–Youth Against Drug Abuse (YADA) campaign. Originally launched in 2018, the campaign had made a significant impact across six states through drug abuse sensitisation efforts. Pharm. George revealed that following renewed collaboration with Prof. Mojisola Adeyeye, director general of NAFDAC, the campaign is set to return with an expanded scope and stronger grassroots engagement.

"At PSN-YPG, we believe that empowering young pharmacists to lead public health advocacy is not just strategic—it's essential for a healthier Nigeria. YADA's revival marks a new chapter in our commitment to this cause," said George.

Alongside the national chairman, the PSN-YPG delegation included the National Vice Chairman, Pharm. Rapha Tachio; the Assistant National Secretary, Pharm. Esther Ariwodo; and an energetic network of young pharmacists from across the country who actively participated in the conference sessions and networking engagements.

The conference itself addressed several pressing themes within the healthcare landscape, ranging from access to care and pharmaceutical manufacturing, to digital health innovation and universal health coverage. Throughout the three-day event, delegates witnessed landmark announcements of financial commitments from international development institutions. These included a $1 billion investment from Afrexim Bank, aimed at strengthening pharmaceutical production, a €1 billion pledge from the European Investment Bank to support health sector expansion, a $250 million facility from the African Development Bank for local drug manufacturing, and a €40 million contribution from PharmAccess targeted at healthcare financing.

Dr Abdu Mukhtar, national coordinator of the Presidential Initiatives on Unlocking the Healthcare Value Chain, delivered the keynote address, setting the tone for a forward-looking and reform-centred dialogue. PSN President, Ayuba Tanko Ibrahim, *FPSN*, also reaffirmed the indispensable role of pharmacists in safeguarding public health, achieving medicine security, and steering regulatory progress.

Prominent contributions came from regulatory and professional leaders, including Prof. Mojisola Adeyeye, who spoke on drug safety and regulation; Pharm. Babashehu Ibrahim Ahmed, registrar of the Pharmacy Council of Nigeria, who addressed reform in pharmacy practice; and representatives from Sierra Leone, Benin, Cameroon, Gambia, and Ghana, who all advocated for deeper regulatory collaboration across West Africa.

As the conference drew to a close, a consensus emerged around key priorities for the future: bolstering local drug production, accelerating the adoption of digital health solutions, expanding universal health coverage through creative financing models, and working towards harmonised regional regulations.

In his concluding remarks, Pharm. George expressed heartfelt gratitude to the Chairman of the Conference, Ahmed Ibrahim Yakasai, *FPSN*, whose mentorship and unwavering support for youth inclusion were widely acknowledged.

"The energy, insights, and ideas that Young Pharmacists bring to the table are invaluable. PSN-YPG remains committed to contributing meaningfully to Africa's pharmaceutical growth story," George stated.

PHARMANEWS AWARDS

YEAR	AWARD		WINNER
2015	Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition	-	Faculty of Pharmacy, UNIBEN.
2016	Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition	-	Faculty of Pharmacy, UNIBEN.
2017	Sir Ifeanyi Atueyi Essay (SIA) & Debating Competition	-	Faculty of Pharmacy, OAU, Ile-Ife.
2018	Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition	-	Faculty of Pharmacy, UNIBADAN.
2018	Young Pharmacist Award	-	Pharm. Isa Muhammad
2019	Ifeanyi Atueyi Essay & Debating Competition	-	Faculty of Pharmacy, UNIBADAN.
2019	PANSITE Award	-	Yusuf Wada (Faculty of Pharmaceutical Sciences, Usman Danfodio University, Sokoto)
2019	Young Pharmacist Award	-	Pharm. Frank Eze
2020	PANSITE Award	-	Izukanne Emembolu (Faculty of Pharmacy, UNIZIK, Awka)
2020	Outstanding Pharmacist Award	-	Pharm. (Mrs) Olubukola George
2020	Young Pharmacist Award	-	Pharm. Daniel Uchechukwu Eze
2021	PANSITE Award	-	Martin Chukwunonso Nwofia (Chukwuemeka Odumegwu Ojukwu, University, Anambra State)
2021	Pharmanews Interschool Debate Competition	-	Faculty of Pharmacy, UNIBEN
2021	Sir Ifeanyi Atueyi (SIA) Essay & Debate Competition	-	Faculty of Pharmacy, UNIBADAN
2022	PANSITE Award	-	Jennifer Ukamak Ekuma (UNIUYO)
2022	Young Pharmacist Award	-	Pharm. Ozioma Onyedikachukwu Ezeofor
2022	Deans' Award	-	Prof. Festus B. C. Okoye (UNIZIK)
2022	Pharmanews Interschool Debate Competition		Prof. Dora Akunyili College of Pharmacy, Igbinedon
2023	PANSITE Award		Olasunkanmi Ahmed Ajilaran (UNILAG)
2023	Pharmanews Interschool Debate Competition	-	Faculty of Pharmacy, Enugu State University
2023	Sir Ifeanyi Atueyi (SIA) Essay & Debate Competition	-	Faculty of Pharmacy, UNIBADAN
2023	Dean's Award	-	Prof. Azuka Oparah (UNIBEN)
2023	Young Pharmacist Award	-	Pharm. Uwem. O. Ebong
2024	Pharmanews Interschool Debate Competition	-	Faculty of Pharmacy, (UNILAG)
2024	PANSITE Award	-	Jumbo Victor Nengi (UNIUYO)
2024	Deans' Award	-	Prof. Ibrahim Adamu Yakasai (BUK)
2024	Young Pharmacist Award	-	Pharm Aminu Hashidu Danjuma
2025	PANSITE Award	-	Sobur Shinaola Muhammad (UNILORIN

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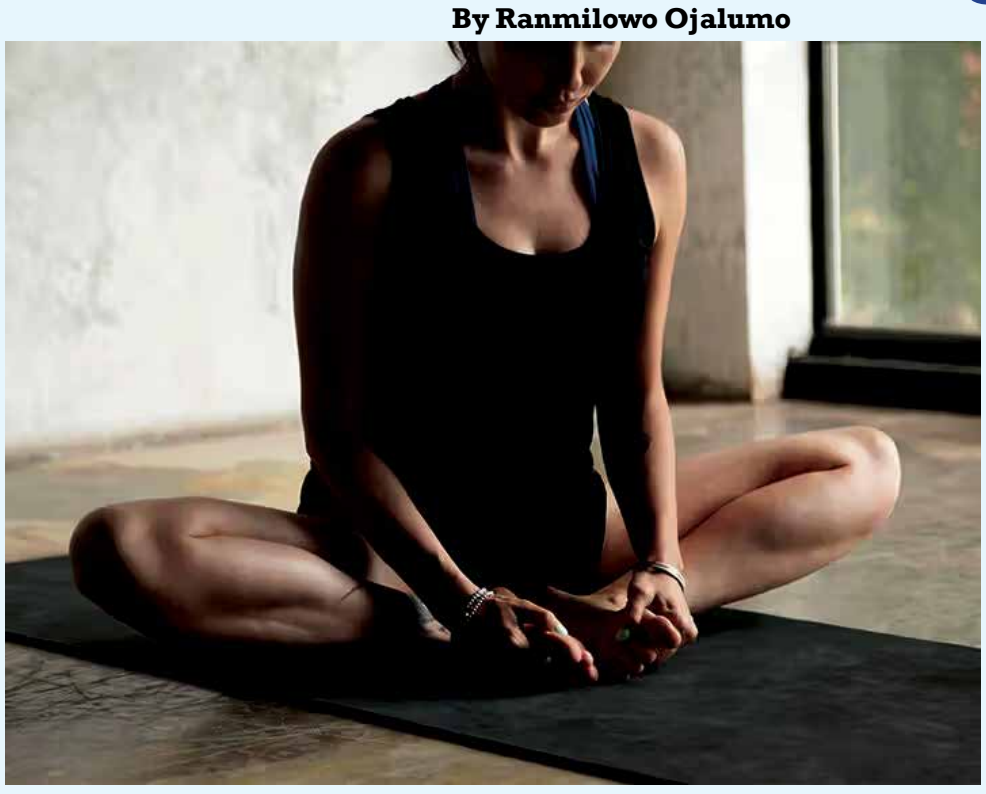
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Try yoga for youthfulness, chronic disease management

By Ranmilowo Ojalumo



It is no longer a secret that chronic diseases are increasingly prevalent in the modern world. More concerning, however, is the rising cost and inaccessibility of conventional medical treatment. To make matters worse, some medications prescribed for long-term management of these conditions come with adverse side effects. In contrast, scientific and empirical studies have consistently shown that *yoga* offers a range of health benefits without such risks.

Yoga's role in health and wellbeing

Several studies reviewed by ***Pharmanews*** indicate that yoga helps reduce stress, enhance mental health, and improve flexibility and strength. Beyond general wellness, research suggests that yoga may aid in the management of chronic conditions such as lower back pain, arthritis, and hypertension. From lowering blood pressure to regulating blood sugar and alleviating chronic pain, yoga is proving to be more than a lifestyle trend—it is emerging as a versatile and accessible healthcare tool.

Though rooted in ancient Indian philosophy, yoga has evolved into a widely accepted mind-body practice. It combines movement, breathing techniques, and meditation to promote physical health, mental clarity, and emotional balance. While it retains spiritual significance for some, yoga in modern usage transcends religious boundaries and is embraced by people across cultures as a means of achieving holistic wellness.

The scientific community is increasingly interested in yoga not only for general fitness but also for its potential to manage serious health conditions such as type 2 diabetes, hypertension, and chronic stress. Among the various forms of yoga, **Hatha Yoga** is often considered the most accessible, offering a gentle introduction to basic postures and breathing exercises. Meanwhile, **hot yoga**—a more intensive practice involving a set sequence of 26 postures performed in a heated room—has gained attention for its ability to increase flexibility and detoxify the body.

Hot yoga and hypertension

One study, presented at the American Heart Association's *Hypertension 2019 Scientific Sessions*, explored the effects of hot yoga on blood pressure. Led by Stacy Hunter, assistant professor and lab director at the Cardiovascular Physiology Lab, Texas State University, the study involved ten sedentary adults aged 20 to 65 with elevated or stage 1 hypertension. Participants were divided into two groups—one practising hot yoga and the other not engaging in any physical exercise.

After 12 weeks of attending three 60-minute hot yoga sessions per week in a 40°C (105°F) humid studio, the yoga group showed significant health improvements. Average systolic blood pressure fell from 126 to 121 mmHg, and diastolic pressure dropped from 82 to 79 mmHg. Participants also reported reduced stress levels, while the control group experienced no notable changes.

"Our study opens the conversation that hot yoga may be a viable non-pharmacological option for managing blood pressure," said Hunter, who also stressed the importance of hydration, caution against overexertion, and consultation with healthcare providers before beginning any new fitness routine.

A follow-up study titled *Hot Yoga and Hypertension: Exploration of a Novel Lifestyle Intervention* further supported these findings. Using additional markers such as the augmentation index (AIx) and 24-hour ambulatory blood pressure monitoring, the researchers observed significant reductions in both blood pressure and perceived stress, without adverse effects or changes in body mass.

Yoga for diabetes management

Yoga has also shown promise as a complementary therapy for managing type 2 diabetes mellitus (T2DM). A 2024 study by Chirag Andhariya and colleagues focused on rural Indian women aged 35 to 45. Forty participants were randomly assigned to either a control group or an experimental group that practised yoga five days a week over 12 weeks.

Researchers measured participants' HbA1c levels—a key indicator of blood glucose regulation—before and after the intervention. The results were statistically significant ($p<0.05$) in the experimental group, confirming that regular yoga practice substantially reduced blood sugar levels. "Yoga therapy is effective in lowering glucose levels in patients with T2DM and can serve as an integrative therapy," the authors concluded. This finding is particularly valuable in underserved communities where medical resources are limited, making yoga an affordable and sustainable adjunct to conventional treatment.

Supporting this, a 2019 study by Taekyoon Kim of Hongik University, South Korea, examined the effects of yoga on subjective wellbeing in individuals with type 2 diabetes. The experimental group, which practised yoga over six months, saw their wellbeing scores improve from 143.73 to 185.84, while the control group showed no notable change. This suggests that yoga can enhance not only physical health but also emotional resilience and mental wellbeing in those living with chronic illnesses.

Yoga's impact on stress and pain management

Stress—often dubbed a silent contributor to chronic disease—is another area where yoga has demonstrated efficacy. A 2016 study by Kishore Kumar Katuri and colleagues examined the impact of yoga on patients with chronic periodontitis. Using the Hamilton Anxiety Rating Scale (HAM-A) and Zung Self-rating Depression Scale (ZSDS), the study measured cortisol levels and mental health. Participants who practised yoga had significantly lower stress hormone levels and anxiety scores. Additionally, they showed improved oral health, particularly in plaque reduction and clinical attachment.

Yoga has also been shown to be effective in managing chronic non-specific low back pain. A 2022 update to a major review published by L. Susan Wieland and colleagues in the *Cochrane Database* analysed 21 randomised controlled trials involving 2,223 participants. The review found low- to moderate-certainty evidence that yoga led to small but clinically meaningful improvements in pain and back-specific function when compared to no exercise. While yoga may not significantly outperform other physical activities, it remains a valuable option. The review did note a slight increase in mild adverse events—typically minor back pain—underscoring the importance of professional guidance and proper technique.

Considering its wide-ranging health benefits—from stress reduction to the management of chronic illness—yoga offers a low-cost, low-barrier means for individuals to take charge of their health. For those already dealing with conditions like hypertension or diabetes, it can serve as a complementary therapy. For the healthy, it's a proactive measure for maintaining balance in both body and mind. After all, prevention is always better than cure.



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World Malaria Day 2025: Chemiron canvasses effective antimalarial use, public awareness

- Says L'Artchem is solution to Nigeria's malaria fight

By Adebayo Oladejo

As the global community marks World Malaria Day 2025, Chemiron Care Limited, one of Nigeria's foremost pharmaceutical companies, has called on Nigerians to intensify the fight against malaria through timely diagnosis, effective treatment, and increased public awareness. It emphasised that the use of trusted antimalarial medications, such as its flagship brand L'Artchem, remains vital to achieving a malaria-free Nigeria.

The company made the call on 25 April, the day recognised by the United Nations (UN), to raise awareness of malaria at the national and international levels, through a press release signed by its Chief Executive Officer, Suraj Jobanputra, and made available to ***Pharmanews***.

This year's theme, "Malaria Ends With Us: Reinvest, Reimagine, Reignite," underscores the urgent need to reinvigorate global, national, and local responses to one of the world's oldest and deadliest diseases.

World Malaria Day offers a sobering reminder of the disease's turbulent history. In the 1960s, global eradication efforts were making headway until they were abruptly paused in 1969—resulting in millions of preventable deaths. It was not until the late 1990s that the world recommitted to malaria control, preventing an estimated 2.2 billion cases and 12.7 million deaths since then. However, progress has since stalled, and malaria continues to claim a life nearly every minute—mostly in the WHO African Region.



Suraj Jobanputra
CEO, Chemiron Care Limited

In 2023 alone, more than 260 million malaria cases were recorded worldwide, with Africa accounting for 95 per cent. Nigeria remains the epicentre of the crisis, bearing the world's highest malaria mortality rate, particularly among children under five. Factors such as climate change, conflicts, humanitarian emergencies, and economic instability are severely disrupting malaria interventions and placing millions at greater risk.

According to the Chemiron CEO, amid these challenges, the company has remained a dependable force in Nigeria's health sector. "For decades, the company has delivered quality, accessible, and effective pharmaceutical products. At the forefront of its malaria response is L'Artchem, a high-performance antimalarial therapy trusted by healthcare providers and patients alike.

"Formulated through rigorous scientific research, L'Artchem is known for its fast-acting and long-lasting relief. It provides up to three times faster parasite clearance compared to many alternatives and maintains a consistent 95 percent cure rate. Its gentle formulation reduces the risk of side effects, making it suitable for children, adults, and the elderly. It also offers broad protection against multiple malaria strains and ensures post-treatment coverage, reducing the chances of recurrence," Jobanputra said.

The statement further stressed that the fight against malaria requires more than institutional intervention. "Personal responsibility is essential, and the public is urged to ensure that confirmed malaria cases are treated with reliable drugs like L'Artchem, especially in high-endemic areas where prompt and complete treatment can save lives and prevent transmission."

This year, the World Health Organisation and the RBM Partnership to End Malaria are urging stakeholders across the globe to rethink their strategies, reinvest in proven interventions, and reignite commitment at every level.

"Chemiron aligns fully with this vision and reaffirms its dedication to delivering dependable pharmaceutical solutions and advocating for a healthier, malaria-free Nigeria.

"The fight against malaria is far from over, but with sustained efforts from government, healthcare professionals, pharmaceutical companies, and individuals, eliminating the disease is possible. Chemiron Care Ltd. remains proud to contribute to this vital mission—because malaria ends with all of us," said Jobanputra.

Stakeholders endorse Greenlife's P-Alaxin DS

By Adebayo Oladejo



Pharm. Gafar Madehin, national secretary, PSN, unveiling the P-Alaxin DS 80/640, at the 2025 Lagos ACPN continuing Education Conference, held at Yard 158, Oregun, Lagos.

Greenlife Pharmaceutical Limited, a leading pharmaceutical company in Nigeria, has officially unveiled its latest innovation, P-Alaxin DS 80/640, at the 2025 ACPN Continuous Education Conference, held at Yard 158, Oregun, Lagos. The event attracted key stakeholders in the pharmaceutical industry, who hailed the launch as a major milestone in malaria treatment.

Speaking at the unveiling, Pharm. Derick Osondu, general manager, Sales and Marketing, Greenlife Pharmaceutical Limited, highlighted that P-Alaxin DS is part of the company's broader mission to combat malaria in Nigeria and across Africa, ensuring access to high-quality, reliable antimalarial medications.

He added that Greenlife's P-Alaxin TS complements this innovation by offering another effective treatment option. "With formulations aligned with international best practices, both P-Alaxin DS and P-Alaxin TS serve as reliable solutions for malaria treatment and prevention.

"By addressing these challenges, Greenlife Pharmaceutical Limited reinforces its dedication to the fight against malaria and the overall improvement of healthcare in Nigeria. With this latest innovation, Greenlife continues to strengthen its position as a leader in the pharmaceutical industry, committed to delivering quality and impactful medical solutions," he said.

Speaking in the same vein, Pharm. Henry Okolo, Greenlife's brand development manager, said P-Alaxin DS 80/640 is a cutting-edge antimalarial medication formulated to combat malaria effectively as it contains dihydroartemisinin and piperaquine phosphate, a combination recommended by the World Health Organisation (WHO) for its high efficacy and ability to prevent recurrence.

He emphasised the significance of P-Alaxin DS in improving patient adherence and treatment outcomes, adding that medication adherence remains a significant challenge in malaria treatment, and P-Alaxin DS is designed to address this issue through its innovative formulation.

"The drug enhances patient compliance while maintaining the highest efficacy standards, reaffirming Greenlife's commitment to providing top-quality pharmaceutical solutions that positively impact lives," he said.

Okolo also underscored Greenlife's relentless fight against drug counterfeiting and its dedication to a malaria-free environment for over two decades. He noted that the company has been marketing P-Alaxin Tablets in Nigeria for over 16 years and remains steadfast in upholding the quality of its products.

During the unveiling, Pharm. Gafar Madehin, national secretary of the Pharmaceutical Society of Nigeria (PSN), described P-Alaxin DS as a groundbreaking innovation poised to revolutionise malaria treatment in Nigeria.

He praised the drug's ability to reduce pill burden, which enhances compliance and ultimately improves treatment outcomes. He affirmed that the medication would significantly contribute to the fight against malaria in the country.

Similarly, Pharm. Tolu Ajayi, chairman of the Association of Community Pharmacists of Nigeria (ACPN), Lagos Chapter, lauded Greenlife for its unwavering commitment to innovation and quality. He commended the company for being an outstanding partner of the conference and expressed pride in ACPN's association with Greenlife.

Ajayi further emphasised the importance of adherence in medication use, noting that patient convenience is crucial and efficacy is non-negotiable. He praised Greenlife for consistently maintaining high-quality standards, highlighting its long-standing reputation in the pharmaceutical industry as a formidable force.

"The unveiling of P-Alaxin DS marks a significant advancement in malaria management. The two tablets once-daily dosing regimen is designed to address concerns of pill burden and non-compliance, ensuring better adherence and treatment success," Ajayi stated.

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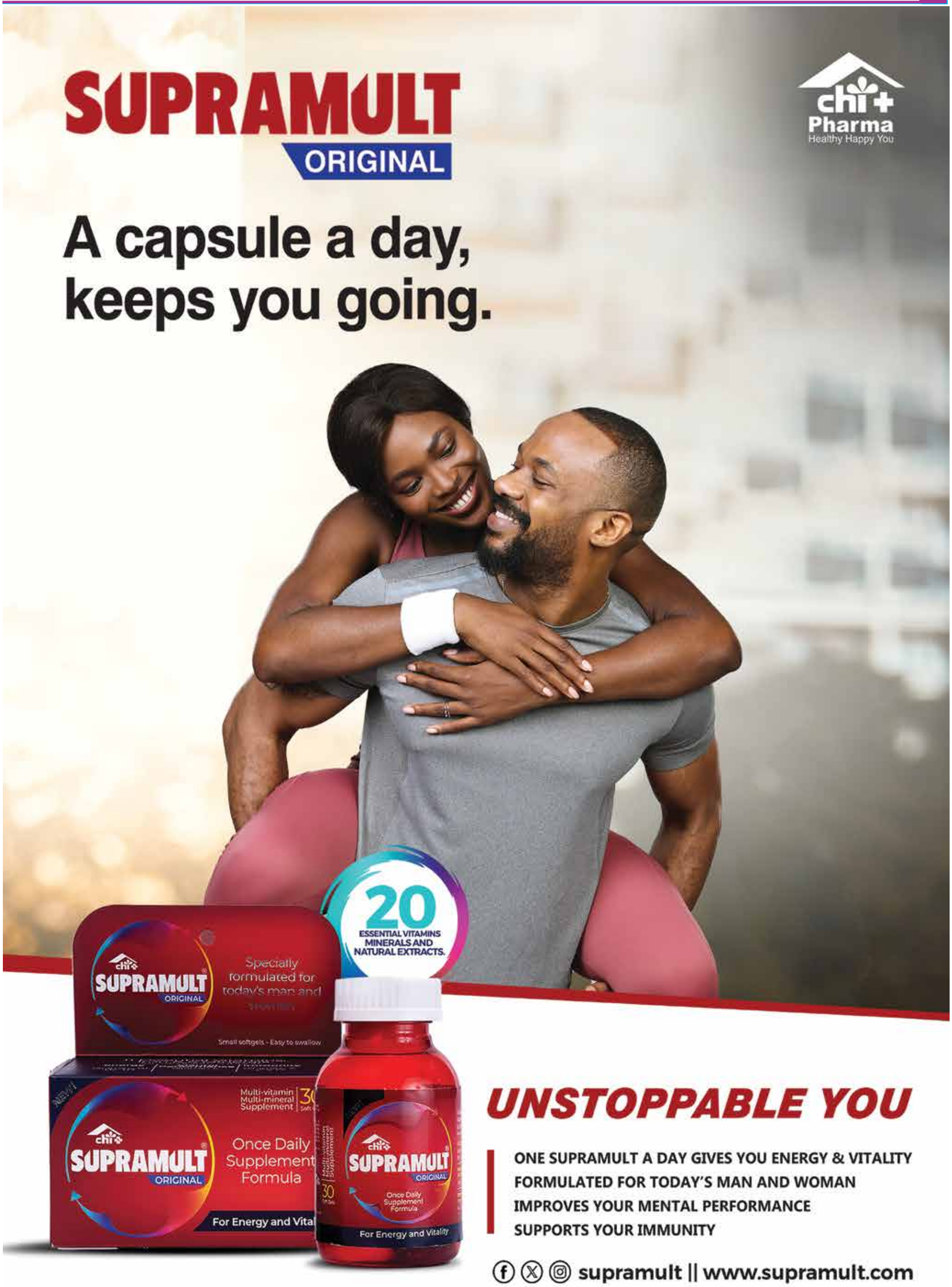








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Technology and the future of retail pharmacy in Nigeria

By Pharm. Sesan Kareem

The retail pharmacy landscape in Nigeria is undergoing a significant transformation, driven by a confluence of factors including increasing urbanisation, a rising prevalence of chronic diseases, growing internet and mobile phone penetration, and a burgeoning demand for quality healthcare services. As the nation's population expands and its healthcare needs become more complex, the traditional model of retail pharmacy is being challenged to evolve and adapt. This article explores the key trends shaping the future of retail pharmacy in Nigeria and examines how technology is at the forefront of this evolution.

Key trends shaping the future of retail pharmacy in Nigeria

1. **Digitalisation and E-commerce:** The increasing penetration of the internet and mobile phones is fuelling the growth of e-commerce across various sectors, and the pharmaceutical industry is no exception. Online pharmacies are emerging, offering convenience, accessibility, and a wider range of products to consumers.
2. **Focus on patient-centred care:** There is a growing emphasis on patient-centred care, with consumers demanding more personalised and holistic healthcare experiences. Technology facilitates this through digital platforms that allow for personalised consultations, health monitoring, and tailored interventions.
3. **Rise of chronic diseases:** Retail pharmacies are playing an increasingly important role in supporting patients with chronic conditions, providing medication adherence support, and offering disease management programmes. Technology aids in tracking patient progress, providing reminders, and facilitating communication between patients and healthcare providers.
4. **Counterfeit medicines and supply chain challenges:** Consumers are increasingly concerned about the authenticity and quality of the medications they purchase. This has led to a demand for greater transparency and accountability in the pharmaceutical supply chain. Technology, such as blockchain and track-and-trace systems, is being deployed to enhance supply chain integrity and ensure the authenticity of drugs.

How technology is shaping the future of retail pharmacy

Technology is no longer just a supporting tool but a fundamental driver of change in the retail pharmacy sector in Nigeria. Here are some key ways technology is shaping the future:

• **Telepharmacy**: Technology enables pharmacists to provide remote consultations, medication management, and other services to patients in underserved areas or those with mobility issues. This expands access to pharmaceutical care beyond the confines of traditional brick-and-mortar pharmacies.

• **Digital health records**: Electronic health records (EHRs) and personal health records (PHRs) allow for the seamless sharing of patient information between pharmacists, physicians, and other healthcare providers. This improves care coordination, reduces medication errors, and enhances patient safety.

• **Medication adherence tools**: Mobile apps, wearable devices, and smart packaging are being used to remind patients to take their medications as prescribed, track adherence, and provide feedback to healthcare providers. This is particularly important for patients with chronic conditions who require long-term medication therapy.

• **Data analytics and artificial intelligence (AI)**: Technology enables pharmacies to collect and analyse vast amounts of data on patient demographics, medication usage, and health outcomes. This data can be used to personalise care, identify trends, and improve operational efficiency. AI can also be used to automate tasks such as prescription processing and drug interaction checks, freeing up pharmacists to focus on patient counselling.

• **Supply chain management technologies**: Blockchain, track-and-trace systems, and other technologies are being implemented to improve the transparency and security of the pharmaceutical supply chain. This helps to combat the problem of counterfeit drugs, ensure the quality of medications, and improve inventory management.

• **E-commerce platforms**: Online platforms are transforming how patients access medications and other healthcare products. These platforms offer convenience, wider selection, and often more competitive pricing.



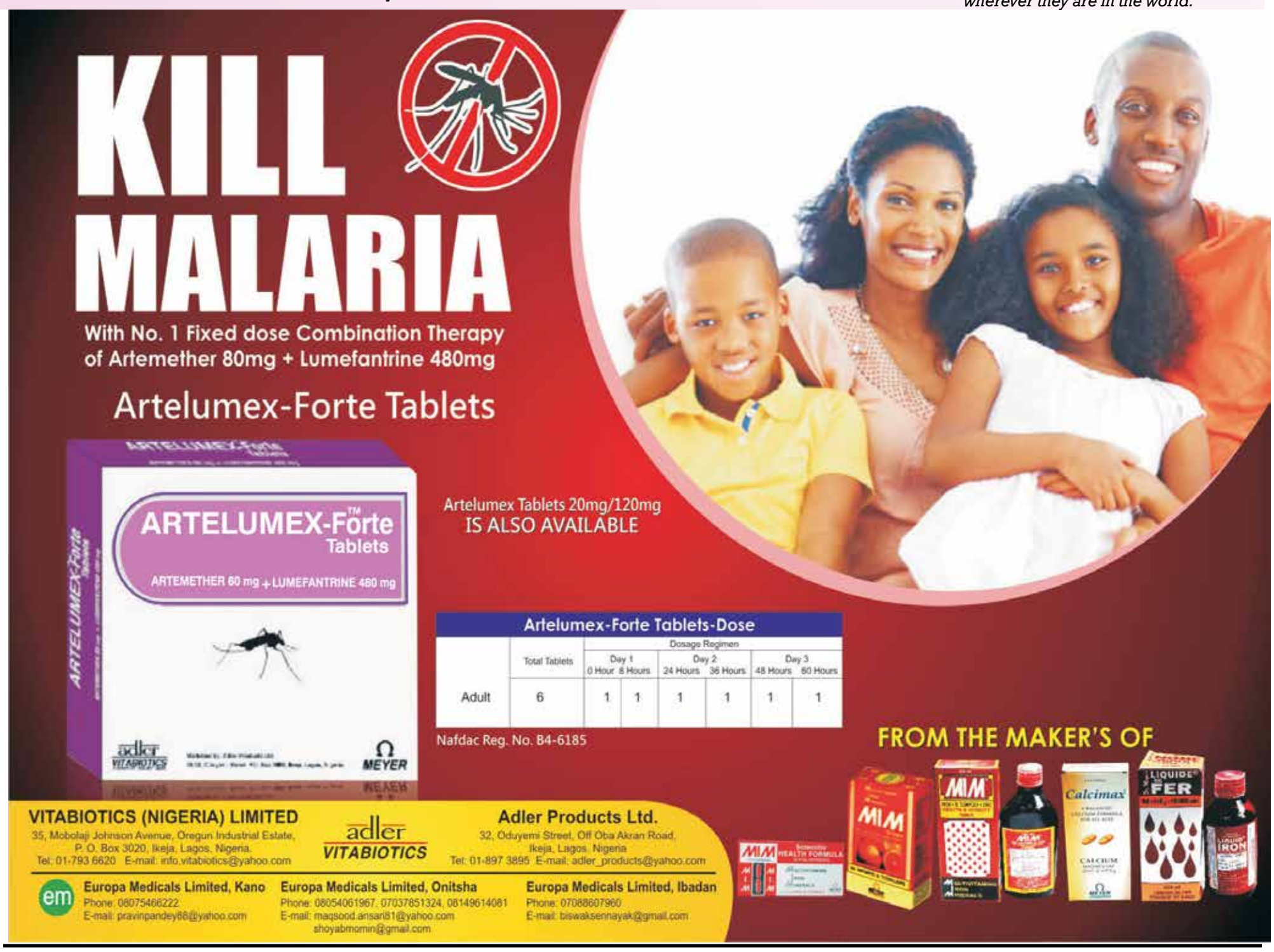
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Conclusion

The future of retail pharmacy in Nigeria is inextricably linked to technology. Digitalisation, patient-centred care, and a focus on quality are driving innovation and transformation. Start-ups like HubPharm Africa, Pharmarun, Famasi Africa, and Purelife Pharmacy are leveraging technology and innovative business models in the retail pharmacy segment to enhance access to genuine, affordable medicines for patients in Nigeria. Established brands like Medplus, Alpha Pharmacy, and Nett Pharmacy are also not left out in using technology to serve their customers.

Technology is empowering pharmacists to provide more comprehensive care, improve medication adherence, enhance patient safety, and streamline operations. As technology continues to advance and become more accessible, it will play an even greater role in shaping the future of healthcare and ensuring that all Nigerians have access to the medications and pharmaceutical services they need to live healthy lives.

***Sesan Kareem** is the founder of HubPharm Africa (www.hubpharmafrica.com), a pioneering digital pharmacy platform that enhances access to genuine, affordable medicines and promotes a healthy lifestyle to help Africans thrive wherever they are in the world.*



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Why Codix is consistently leading innovations in Nigeria's healthcare – Ogunjimi, GCEO

Until recently, local manufacturing of rapid diagnostic test kits was virtually nonexistent, with nearly 100 per cent of the rapid diagnostic test kits used in Nigeria and Africa imported from other regions of the world. This was largely due to the high barriers to entry, including strict quality requirements, expertise gaps, and the prohibitive costs of obtaining WHO Prequalification (WHO PQ), a process which can take several years. This situation persisted until Codix Group, through one of its subsidiaries, Colexa Biosensor Ltd, successfully achieved Change Notification (CN) approval from WHO to package prequalified rapid diagnostic test kits at its factory in Nigeria.

*In this exclusive interview with **Moses Dike**, pharmaceutical industrialist and Group Managing Director of Codix Group, Mr Sammy Ogunjimi sheds more light on this landmark achievement while also revealing ambitious plans to advance the fields of biosensors and nanotechnology in Nigeria through multilevel collaborations. Excerpts:*



Mr Sammy Ogunjimi

Can you briefly introduce yourself and describe your role within Codix Group?

My name is Sammy Ogunjimi, and I am the founder and CEO of Codix Pharma Limited. My journey in the pharmaceutical industry began with extensive training abroad, followed by a career at Merck Pharmaceuticals (the German Merck), where I served as a senior regional business manager in London.

Driven by a vision to make a lasting impact on healthcare in Africa, I established Codix Pharma Limited. Over the years, we have expanded our presence across multiple countries and evolved into Codix Group, which now comprises several subsidiaries. Our mission remains focused on delivering innovative healthcare solutions that improve patient outcomes across the continent.

Tell us more about Codix Group and its subsidiaries, including some of your major products and their uses.

Codix Group started as an importation, distribution, and marketing company, initially representing multinational brands and later developing its own branded products under private labels (BL) and original equipment manufacturing (OEM) models. From the outset, our focus was on cardiometabolic care—diabetes, hypertension, and heart disease—reflecting my background and expertise in the UK. We began with pharmaceutical drugs but soon identified a critical gap in effective diagnostics in Nigeria. This realisation led us to expand into medical diagnostics, initially for cardiometabolic diseases and subsequently for communicable diseases.

Today, Codix Group is widely recognised in Nigeria more for our medical devices—particularly in vitro diagnostic (IVD) test kits and rapid diagnostic test kits—than for pharmaceuticals. However, our long-term vision has always been backward integration: to localise production and reduce dependence on imports. This vision spurred the establishment of our manufacturing subsidiaries, beginning with Colexa Biosensor and now the upcoming Codix Bio, which we will be commissioning soon. This is just the beginning, as we plan to establish three to four more manufacturing subsidiaries within the group to further expand our local production capabilities.

Beyond Nigeria, we have always envisioned Codix as a pan-African company. Africa is a vast and interconnected market with similar healthcare needs across countries. Recognising this, we strategically expanded into multiple African nations, starting with English-speaking West Africa. We established branches in Ghana, Sierra Leone, and Liberia, and have since grown our footprint to 12 countries across sub-Saharan Africa. This expansion aligns with the African Continental Free Trade Agreement (AfCFTA), which presents enormous opportunities for regional trade.

A key part of our expansion strategy is ensuring that our manufacturing efforts in Nigeria can efficiently supply the broader African market. Rather than relying solely on third-party distributors, we have opted to establish local branches and partnerships in these countries. This approach grants us direct market insights, ensures better quality control, and allows seamless integration into local healthcare ecosystems. For instance, in countries like Ghana, we work closely with local health authorities to ensure our diagnostic products are included in national testing algorithms, thereby enhancing accessibility and adoption.

Our success in these markets is built on strong local partnerships while maintaining the Codix name for consistency and quality assurance. Our teams provide technical expertise, training, and product support to ensure that healthcare professionals using our products receive the necessary knowledge and guidance. Since entering Ghana in 2013–2014, Sierra Leone in 2017–2018, and The Gambia more recently, our presence has grown steadily, proving the effectiveness of this model.

As we continue to expand, we are now venturing into Francophone Africa, which presents both new opportunities and challenges. However, with our deep understanding of market entry strategies and healthcare system integration, we are confident in replicating our success across the region.

Ultimately, while Nigeria remains our primary market, Africa is our broader focus. Our goal is to build a strong, sustainable healthcare ecosystem that not only improves access to quality medical solutions but also strengthens the continent's self-reliance in healthcare manufacturing and distribution.

Codix recently received a successful Change Notification Approval (CNA) from WHO to locally package its prequalified HIV rapid diagnostic test kit. What is the significance of this milestone for Nigeria's healthcare sector, and what motivated you to pursue this approval?

This milestone is a major breakthrough for us at Codix and for Nigeria's healthcare sector as a whole. Until now, nearly 100 per cent of the rapid diagnostic test kits used in Africa were imported from regions such as Europe, North America, and Asia. Local manufacturing was virtually nonexistent, primarily due to high barriers to entry, including strict quality requirements, expertise gaps, and the prohibitive costs associated with obtaining WHO Prequalification (WHO PQ), a process that can take several years.

Historically, African companies have struggled to meet these requirements, making it difficult for locally made products to qualify for procurement by global organisations such as the Global Fund, PEPFAR, and USAID. However, after the COVID-19 pandemic exposed Africa's vulnerability in securing test kits and vaccines, there was a renewed global push to strengthen local production capacity across the continent. Major stakeholders, including WHO, PEPFAR, and the Global Fund, identified key challenges—technology transfer, financing, and product uptake—and committed to supporting manufacturers who could demonstrate quality compliance.

One of the most critical commitments was the pledge to purchase at least 15 million HIV test kits from African manufacturers by 2025, provided they met WHO PQ standards. However, given the lengthy certification timeline for new manufacturing facilities, an interim solution was introduced: local packaging and assembly of already WHO-prequalified products.

At Codix, we recognised this as a unique opportunity and leveraged our existing partnership with SD Biosensor, whose Standard Q HIV test kits were already WHO-prequalified. Since our manufacturing facility was already ISO 13485-certified, we pursued WHO's Change Notification Approval (CNA) to package these test kits locally.

The process was rigorous, but we successfully secured Africa's first-ever WHO CNA for a rapid diagnostic test kit in 2024. Previously, SD Biosensor had only obtained CNA in India—making our achievement a landmark moment for Nigeria and for the entire continent. This approval establishes Nigeria as a key player in the global supply chain for diagnostic kits. It demonstrates that local companies can meet the highest international standards, paving the way for greater investment in local manufacturing.

However, after we achieved CNA, USAID unexpectedly withdrew from its commitment to procure the 15 million test kits. This created uncertainty, but the Nigerian Federal Ministry of Health is actively working to bridge this gap, ensuring that locally packaged, WHO-prequalified test kits are procured and integrated into national healthcare programmes.

Codix has consistently led innovation in Nigeria's healthcare landscape. We were the first to launch a WHO-prequalified malaria test kit in Nigeria; first to facilitate the establishment of national diabetes management guidelines in Nigeria; first to introduce HbA1c standardisation for diabetes management in Nigeria; first in Sub-Saharan Africa to assemble blood glucose meters and manufacture test strips (second only to Algeria on the continent); and first in Africa to secure WHO CNA for locally packaged rapid diagnostic test kits. Right now, we are on track to be the first in Nigeria to manufacture a WHO-prequalified HIV test kit (*Haraka Q*) by 2026.

Our CNA approval is a significant step towards achieving full-scale local production. While *Haraka Q*, our fully manufactured HIV test kit, is still undergoing WHO PQ processes and is expected to be ready by 2026, this milestone brings us closer to realising our vision: a Nigeria that is not merely a consumer, but also a producer of world-class medical diagnostics for Africa and beyond.

With the CAN secured, what are the next steps in strengthening Codix Group's position in the Nigerian healthcare space?

The Change Notification Approval (CNA) was a strategic stopgap measure, utilising the Colexa factory, but Codix Group is now advancing its long-term vision with the establishment of a larger,

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Events in Pictures



Chairman, House of Representatives Committee on Legislative Compliance, Alhaji Yusuf Ahmed-Badau, in the company of the Director General, NNMDA, Prof. Martins Emeje, presenting a laptop and a certificate to the Best Intern Award winner, Pharm. Barakat Murtala, during the working visit of the committee chairman to the agency, recently.



R-L:The Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, receiving copies of "Herbal Spices: Local Foods as Medicines from the author, Chukwuma Muanya, in Abuja, recently.



L-R: Mr Gunakesh Kumar, country head – operations, Ranbaxy Nig. Ltd; Mr Bernard Okolie, COO, Bicon Pharm. Ltd. Lagos; High Chief (Dr). John Michael Afaoku, MD, Safeline Pharm. Ltd. Lagos; Mr Hanwant Arora, MD, Ranbaxy Nig. Ltd; and Mr K.C. Badri, vice president, emerging markets, Sun Pharma; at the Ranbaxy Nig. Ltd Annual Distributors Award Ceremony, 2025, held at the Radisson Blu Hotel, Ikeja, Lagos, recently.



The 12 selected female journalists for the programme 6th Female Reporters Leadership Programme (FRLP), organised by the Wole Soyinka Centre for Investigative Journalism (WSCIJ), held in Lagos, recently.

Coming Events

WHX Lagos & WHX Labs Conference
Date: 2nd - 4th June, 2025
Venue: Landmark Centre, Lagos, Nigeria

2025 WASPEN Clinical Nutrition Conference
Date: 17th -19th June, 2025
Venue: Trauma Centre, National Hospital Abuja

2025 Annual NAIP Conference
Date: 23rd -27th June, 2025.
Venue: The Citadel, Oregun, Ikeja, Lagos

11th Edition of NHEA
Date: 27th June, 2025
Venue: The Convention Centre, Eko Hotel & Suites, Victoria Island, Lagos, Nigeria

Board of Fellows (BOF) Mid-Year meeting
Date: 2nd 3rd June, 2025
Venue: Festival Hotel, (former Golden Tulip) FESTAC Town, Lagos, Nigeria

83rd FIP World Congress
Date: 31st August-3rd September, 2025
Venue: Copenhagen, Denmark

19th NAPPSA Conference and Exposition
Date: 25th -28th September, 2025
Venue: Sheraton Suites Chicago O'Hare

7th Annual NAFTraph Conference
Date: 9th to 11th, October, 2025
Venue: Watercress Hotel, Ikeja

PSN Conference
Date: 3rd - 8th November, 2025
Venue: Kano



A cross-section of dignitaries and Greenlife staff after the unveiling of P-Alaxin DS 80/640, at the 2025 Lagos ACPN Continuing Education Conference, held at Yard 158, Oregun, Lagos.



A cross-section of community pharmacists from the EIKOT Zone in a group photograph with Pharm. Tolu Ajayi, chairman, Lagos ACPN (middle), during the commemoration of this year's World Malaria Day.

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Forex instability, high debt burden threaten Nigeria's drug security – Ezebuilo

Pharm. Bankole Aminu Ezebuilo, MD/CEO of Kayhelt Pharma and national vice chairman of the Association of Industrial Pharmacists of Nigeria (NAIP), is a seasoned industrial pharmacist and Fellow of the Pharmaceutical Society of Nigeria. In this exclusive interview with ***Patrick Iwelunmor*** *and* ***Adebayo Oladejo****, Ezebuilo speaks on the pressing issues confronting Nigeria's pharmaceutical sector — from forex volatility and institutional debt to overregulation and the future of local drug manufacturing. He also discusses the strategic outlook for pharma clusters, the Kayhelt story, and what it will take to make the industry thrive. Excerpts:*

Can you give us a brief background on your professional journey?

I have been actively involved in the Pharmaceutical Society of Nigeria (PSN) over the years, serving on several committees and notably chairing the 2019 National Conference in Kaduna. Outside Pharmacy, I'm a Catholic Knight of St. John International. I work closely with my wife, Engr Uzoamaka Ezebuilo, who is also my business partner. Together, we are blessed with four wonderful children.

As NAIP vice chairman, how would you assess the current state of Nigeria's pharmaceutical industry?

The industry is going through a challenging phase. Like many other sectors, we are grappling with extreme forex volatility, which complicates planning, budgeting, and forecasting. This uncertainty has severely affected the availability and production of essential medicines.

Additionally, the high Monetary Policy Rate (MPR) — with lending rates between 35 and 40 per cent — is unsustainable for pharmaceutical companies. We are also burdened by rising energy costs, communication tariffs, and what I describe as excessive overregulation. Rather than being a safeguard, overregulation has become a roadblock to innovation and operational efficiency.

In what subtle yet significant ways does the pharmaceutical industry contribute to public health that people may overlook?

Many don't realise that without the pharmaceutical industry, hospitals — whether public or private — simply cannot function. The competence of healthcare providers is largely dependent on the availability and quality of medicines. The pharma industry ensures the ethical distribution, availability, and accessibility of medications, which are the lifeblood of healthcare delivery.

Nigeria still relies heavily on imports. What must be done to attain self-sufficiency in drug production?

At present, Nigeria imports around 70 per cent of its finished pharmaceutical products and produces just 30 per cent locally. Our active pharmaceutical ingredients (APIs), machinery, and even technical expertise are mostly sourced from abroad. To reverse this, we need deliberate government intervention.

This includes providing subsidised forex, granting single-digit interest loans with long moratoriums, and investing in technical schools to build a skilled workforce. We must also review and adapt our regulatory policies to better suit local realities, rather than copy models from more advanced economies.

Additionally, reviving the Drug Revolving Fund (DRF) laws at both federal and state levels will help hospitals become more accountable for drug procurement. One of the biggest drags on local pharma growth is the massive debt owed by public health institutions — this needs urgent attention.



Pharm. Bankole Aminu Ezebuilo

Despite market saturation, Kayhelt Pharma has remained competitive. What strategies have kept the business afloat?

The first is the God factor. Beyond that, it's about staying true to our vision and operating by our core values: passion, commitment, accountability, quality, and perseverance. These values guide everything we do — from product development to customer service.

You've held several leadership roles. What inspires your continued professional service?

I'm deeply passionate about Pharmacy and the role it plays in national development. Pharmacists have a crucial role not just in health outcomes but also in economic growth. Our industry needs visionary leadership to set high standards and build systems that can outlive individual players. Leadership, to me, is service — and service is legacy.

What specific challenges do you face running a healthcare-focused company in Nigeria?

One major challenge is the financial risk we bear. We often supply hospitals and pharmacies on credit, and when payments are delayed or defaulted, it puts serious pressure on our cash flow.

We've learned to be very strategic about whom we extend credit to. Another issue is managing our sales and marketing workforce — especially in a society where many young people are drawn to quick wealth. Pharma requires patience, discipline, and long-term thinking, which can be difficult to instill.

Then there's the "Japa" syndrome — the brain-drain. Skilled workers leaving the country is a real concern. To cope, we've embraced IT systems to improve our operations and ensure proper monitoring and evaluation. Once you own your vision, you'll always find the strength to navigate the obstacles.

What future trends do you see shaping industrial pharmacy in Nigeria?

One of the most promising developments is the growth of pharmaceutical clusters or parks, which are now emerging in places like Ebonyi, Anambra, Enugu, Ilorin, and Gombe. Previously, these clusters were mostly limited to Lagos and Ogun States.

Pharma clusters lower production costs, foster collaboration, and encourage infrastructure sharing. For instance, companies can jointly procure APIs in bulk to reduce costs. This not only improves efficiency but also drives innovation and healthy competition.

Other trends include local manufacturing of APIs and vaccines, as well as increased contract manufacturing opportunities. These are the areas we need to invest in to secure our pharmaceutical future.

What can be done to reduce the rising cost of medicines in Nigeria?

The price of medicines is directly linked to several factors — forex instability, high interest rates, multiple regulatory fees, and general inflationary pressures. If we don't address these issues as a whole, any attempt to reduce drug prices will be short-lived. A holistic, systems-based approach is required.

The new Presidential Executive Order on pharmaceuticals has generated excitement. What's your take?

The new Presidential Executive Order is a welcome and timely intervention, especially at a point when the pharmaceutical industry was nearing the brink of collapse. I commend the president for this bold step, as it also reflects that we have a Minister of Health who is responsive and attentive to the industry's challenges.

However, whether the order alone will significantly reduce the cost of medications remains to be seen.

The industry is going through a challenging phase. Like many other sectors, we are grappling with extreme forex volatility, which complicates planning, budgeting, and forecasting. This uncertainty has severely affected the availability and production of essential medicines.

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Ngu, the palm bunch ash

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



Ngu

Ngu, also known as oil palm ash, palm ash, or palm bunch ash (PBA), is a natural substance derived from the burnt remains of palm fruit stalks or other biomass waste of oil palm trees (*Elaeis guineensis*). It is used in some traditional and herbal medicine practices, particularly in parts of Africa and Asia.

Constituents

Ngu contains potassium carbonate, calcium oxide, magnesium, phosphates, sodium oxide, iron, silica, and zinc.

Preparations

Available in powder or liquid form (a filtrate of the powder), it is also used as a cooking ingredient—particularly for softening foods like breadfruit and beans.

Pharmacological actions and medicinal uses

Palm bunch ash is a good source of potassium and magnesium, both of which are vital for muscle and nerve function, and for maintaining proper blood pressure. Magnesium is also essential for blood sugar control.

As an alkalising agent due to its high potassium and calcium content, Ngu is used to neutralise acidity in the body or in herbal mixtures. It supports bone health, muscle function, and electrolyte balance, owing to its rich mineral content, including potassium carbonate, calcium, and magnesium.

In traditional medicine, *Ngu* is often used to relieve indigestion or reduce stomach acidity. A mixture of the ash and vinegar is sometimes rubbed on the body as a general remedy for swelling.

Due to its antiseptic and drying properties, some cultures apply it to the skin to treat wounds, rashes, or fungal infections. It is also an ingredient in natural soap-making, prized for its exfoliating properties. It helps with acne and evens out skin tone by gently removing dead skin cells, leading to smoother, more radiant skin. It may help reduce skin inflammation and redness, potentially soothing irritated or sensitive skin.

Additionally, it may help combat acne-causing bacteria and contribute to clearer skin. The potassium content supports skin hydration and elasticity, while also helping to cleanse pores and maintain a healthy skin pH balance.

Adverse effects

Excessive internal use of *Ngu* may lead to alkalosis (a condition in which the blood becomes too alkaline), with symptoms such as nausea, muscle twitching, confusion, tingling sensations, and hand tremors. Large doses may also cause gastrointestinal irritation, including nausea, vomiting, diarrhoea, bloating, or stomach discomfort.

If not properly prepared, it may contain heavy metals like arsenic or harmful chemicals from the burnt waste materials.

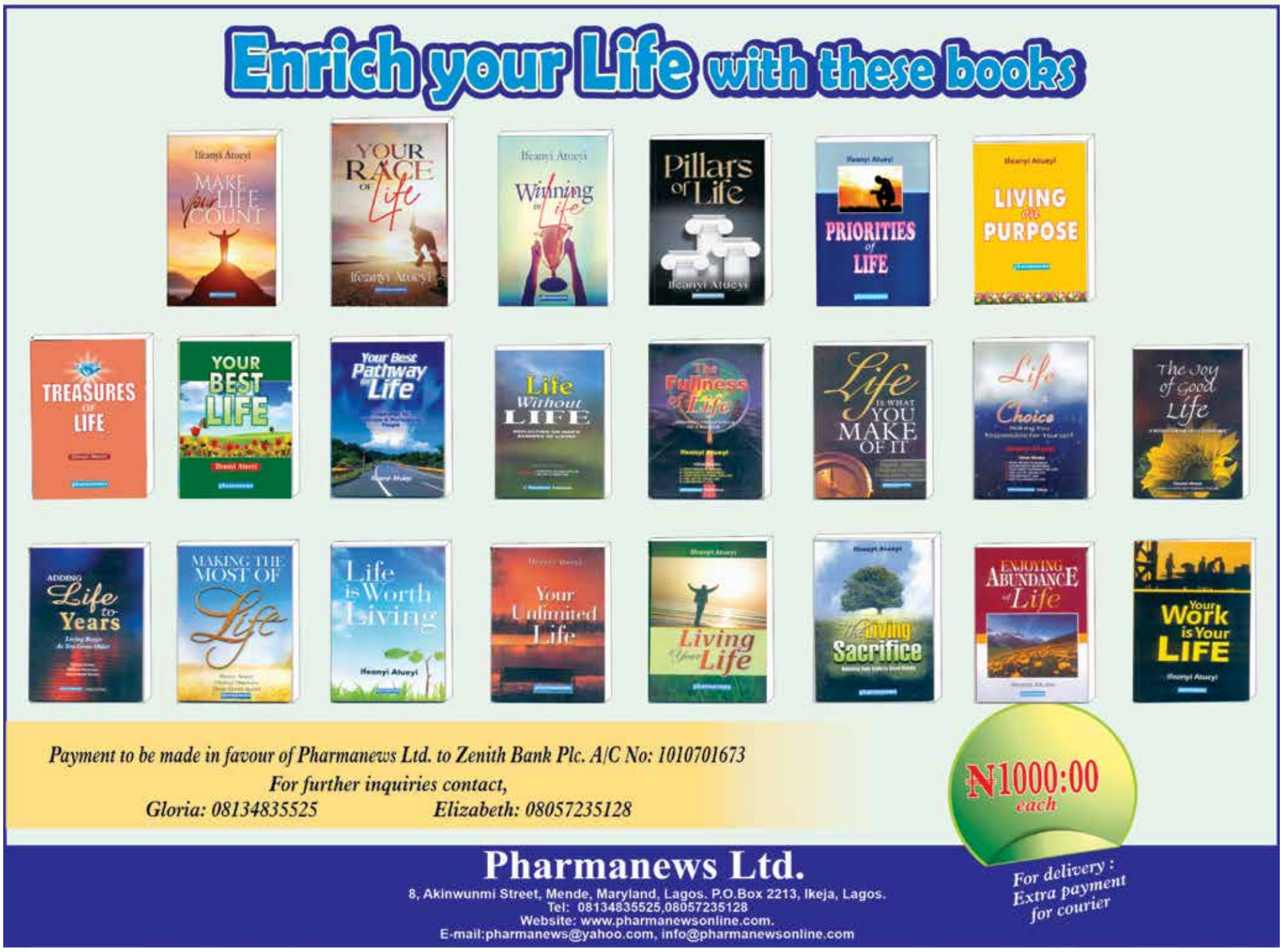
On the skin, it may cause burning, redness, or peeling if not properly diluted or mixed with other substances.

Ngu should be avoided by pregnant or breastfeeding women, children, individuals with kidney or heart conditions, and anyone taking diuretics, potassium-sparing drugs, or antacids.

Economic uses and potentials

Palm bunch ash (PBA), a biomass waste from the palm oil industry, is widely regarded as an alternative source of fertiliser, capable of improving soil health, plant growth, and yield. It is valued as a scouring agent in the production of African black soap. PBA has potential applications in the agricultural, pharmaceutical, and cosmetic industries—as an organic fertiliser, a formulation ingredient for medicines, and a natural cosmetic additive, respectively.

Market prices range from approximately $5.38 for 50g to $145–395 per tonne (1,000kg).



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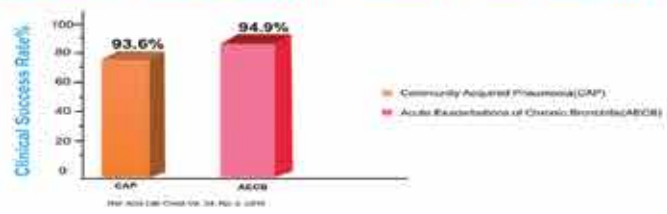
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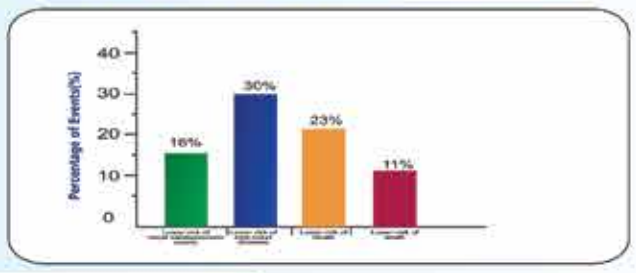
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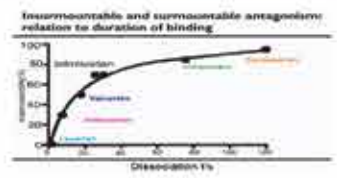


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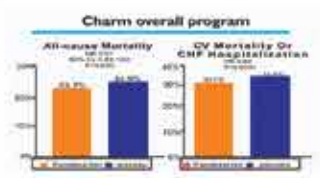
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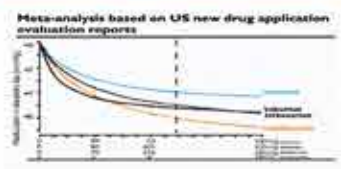
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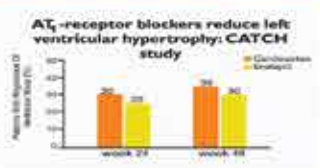
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When ignorance proves very costly

Eberechi Paul-Ojimadu

It's strange how everything can be so calm, so peaceful, that you begin to wonder if all the chaos was just a dream. A peace so complete, it makes you question your own memory. You almost forget. Almost. But I can never forget. I can never forget how I lost my dear Uncle Chuka.

You see, growing up, Uncle Chuka was my mother's youngest brother—the baby of her family. My mother used to joke that if he had been a girl, his nickname would have been Oriaku—"the one who came to enjoy." She always said he was born after the hard times, when fortune had finally smiled on their father's business. As the last child and only son, he was naturally everyone's darling. That, my mother believed, was why he turned out spoilt.

But to me, Uncle Chuka was anything but spoilt—certainly not in the way stale, sour milk is spoilt. Uncle Chuka was fresh. He was my favourite uncle in the whole wide world. He was cool. He bought me my first pair of sunglasses—and even got a matching one for Nnamdi. Nnamdi is my younger brother, born two years after me. Still, he will always be my baby brother, even when he turns thirty. Age, after all, is just a number.

Uncle Chuka bought us everything we asked for: Ben 10 wristwatches, chocolates, you name it. He taught us how to talk to girls (from as early as primary school!). We were the coolest kids around. He also taught us the value of saving before spending, and how to sweet-talk our mum into letting us go play. He introduced us to Igbo highlife music—and to fresh palm wine. He called it "nature's finest drink." Nnamdi and I were more than happy to sneak sips whenever Mum wasn't watching.

Mum, however, thought Uncle Chuka was making us grow up too fast. She didn't like it one bit. "Who gives palm wine to thirteen and fifteen-year-olds?" she often fumed.

I remember clearly the day Uncle Chuka brought us our very first bottle of palm wine. It was small—just enough to finish in one sitting, he said. He had found it particularly fresh and delicious, and couldn't wait to share it with us. He made sure to bring it while Mum was still at work. But unfortunately for us, Mum came home earlier than expected, right after we had taken our first sips. We quickly shoved the bottle under the bed.

And then we forgot about it—until the next day.

It was a fast-paced day, until I noticed Nnamdi rushing to the toilet for the fourth time. Yes, I was counting. He had eaten some leftover beans from the morning without reheating it. Mum, hearing about it, didn't even bother to check on her "darling Nnamdi." She'd warned us often enough not to eat food straight from the fridge. She simply told me to get a tablet of Flagyl from her handbag and give it to him.

I still remember it like yesterday. I handed him the drug, and he pleaded weakly, "Please give me water nau, you know I can't stand up." I hissed. "Who told you to eat cold beans? If anything happens now, people will say Mummy Nnamdi wants to kill her sons. Sha, me too, I don't have the strength to get you water." I felt a little bad, but Nnamdi had to grow up.

Then my eyes caught the bottle of palm wine Uncle Chuka had given us. Perfect.

"Oya, drink and take your medicine. Before you'll say I didn't give you water." I handed him the bottle. He grimaced but drank it. I soon dozed off beside him.

About twenty minutes later, I heard a scream. It sounded like it was coming from my dream—until it got louder. Then came the shaking, like a small earthquake. I woke up to find Nnamdi squirming.

"My tummy! Mama! I'm dying ooo! Where are you? My head! My chest is doing kikum-kikum! Oh God! Forgive me all my sins. Please let me make heaven!"

It wasn't a dream. I ran to get my mother, who was talking to a neighbour. As soon as I explained, she bolted into the house. By then, Nnamdi had vomited all over the bed. He was still convulsing, screaming, and his skin had changed colour. I thought he was dying. Maybe the same spirit of death that snatched our father years ago had come back for my brother.

My mother sprang into action. "Jesus! Abba Father! I shall not lose my son! Eh! What did he eat? Is it that beans? But he took Flagyl now!"

"Uncle Chuka!" Nnamdi screamed, pointing at the small bottle of palm wine.

I expected my mum to turn on me, but instead she screamed, "Chuka! So it's not enough that you're a bad influence—now you want to kill my children? Chuka! God ooo!" She kept shouting, as if Uncle Chuka were right there.

Nnamdi was getting worse. Then it occurred to my mother—rush him to the hospital! Neighbours came to help. He was bundled into a neighbour's car, and off we went. Thankfully, the doctors knew what to do. Within a short while, Nnamdi was calm again.

The next morning, he was discharged. But my mother wasn't done. She was convinced Uncle Chuka had tried to poison us. She banned him from the house.

"Consider me no longer your sister," she spat at him. I will never forget the look in Uncle Chuka's eyes as he walked away. Mum wouldn't let him explain. She never wanted to see him again.

Five years later, I'm studying Pharmacy. Yesterday, in class, we learnt that palm wine ferments rapidly and has a shelf life of just one day. If taken with drugs like Flagyl, it can cause a Disulfiram-like effect—vomiting, headache, dizziness, rapid heartbeat, low blood pressure. It's because the body can't properly break down the alcohol, and toxic substances build up.

That's exactly what had happened.

I had given my baby brother a bottle of day-old palm wine to wash down his Flagyl because I was too tired to fetch water. I remember my mother's screams. I remember Uncle Chuka walking away—with tears in his eyes. And now, it all makes sense.

We blamed the wrong person. For years, we nursed a hurt that was born of misunderstanding. A tear slides down my right cheek. I wish it was all a dream.

Why Codix is consistently leading innovations in Nigeria's healthcare – Ogunjimi, GCEO

continued from page 38

state-of-the-art manufacturing facility in Ogun State. This new facility will have significantly greater capacity.

A key aspect of this expansion is a full technology transfer partnership with SD Biosensor, aimed at enhancing local expertise in diagnostic manufacturing. Beyond production, Codix Group is working to create a self-sustaining ecosystem by localising the production of accessories currently imported from Asia. This initiative will not only lower production costs but also reduce the overall cost of diagnostic testing, making healthcare more affordable for Nigerians.

Additionally, this move will generate substantial direct and indirect employment opportunities, while also providing hands-on industrial training for students and professionals. It aligns with Codix Group's commitment to capacity building, exemplified by its collaboration with Olabisi Onabanjo University (OOU) to introduce courses in Biosensors and Nanotechnology. The new facility will offer a practical learning environment for aspiring scientists in these fields.

Looking ahead, Codix Group plans to establish an in-house R&D laboratory within the factory to accelerate innovation in diagnostic solutions. This will enable the company to gradually reduce reliance on imported components and move towards full end-to-end manufacturing in Africa. In the event of future pandemics, Nigeria—and the broader African region—will be better equipped to respond swiftly, manufacturing test kits locally rather than depending solely on imported finished products. By achieving full-scale local production, Codix Group is not merely strengthening Nigeria's healthcare sector but also positioning Africa as a key player in global diagnostic manufacturing.

How would you assess the current state of healthcare development in Nigeria? What key measures should the government and stakeholders take to curb brain drain and improve healthcare infrastructure?

The state of healthcare development in Nigeria has declined significantly over the years, with challenges such as brain drain, outdated technology, and inadequate infrastructure. While these issues did not originate with the current administration, this government has taken a more strategic approach by prioritising the localisation of pharmaceutical products. In addition, it has introduced several positive initiatives, such as the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC), the Sector-Wide Approach (SWAp), and the Presidential Executive Order exempting specified pharmaceutical machinery, equipment, goods, and accessories from tariffs and excise duties.

The over-reliance on imported medical products has stifled industrial growth, reducing Nigeria to a trading economy rather than a manufacturing hub. Encouraging local production is critical, not only for building technical expertise but also for retaining skilled professionals. When healthcare and life sciences graduates see practical applications for their knowledge within Nigeria, they are more likely to remain and contribute to the country's development. The commitment of both the government and the private sector to supporting local manufacturing through initiatives such as local content policies is a step in the right direction. However, beyond policy, the real impact lies in implementation—ensuring that locally produced medical goods are actually procured and paid for promptly.

One of the major barriers to healthcare manufacturing in Nigeria is financing. The high cost of borrowing makes it nearly impossible for local manufacturers to remain competitive. Commercial loans come with interest rates as high as 34%, while even government-backed loans, such as those from the Bank of Industry (BOI), range between 9% and 11%. Often, banks require a blend of BOI and commercial loans, pushing the effective interest rate to between 15% and 20%, rendering local production unsustainable. In contrast, global competitors access funding at significantly lower rates—between 1% and 5%—giving them an unfair advantage.

To truly support local manufacturers, the government must introduce innovative financial structures, including single-digit interest loans, longer repayment periods, and risk-mitigation measures such as government-backed guarantees. Additionally, many aspiring manufacturers lack substantial collateral, making it difficult to secure funding. A structured financing mechanism tailored to healthcare manufacturers would not only stimulate industrial growth but also strengthen Nigeria's healthcare sector, reduce dependence on imports, and create sustainable employment opportunities.

By addressing these key issues—finance, local production, and guaranteed market access—Nigeria can reverse brain drain, improve healthcare infrastructure, and position itself as a leader in medical manufacturing across Africa.

Considering your strategic alliances and partnerships, where do you envision Codix Group in the next few years?



Mr Sammy Ogunjimi

Codix Group is already gaining recognition beyond Nigeria, establishing itself as a key player in the African healthcare landscape. In the coming years, we envision ourselves as a leading force in healthcare across the continent—not merely as a pharmaceutical company but as a comprehensive health solutions provider.

The intersection of technology and medicine is reshaping the industry, and Codix is at the forefront of this transformation. Our approach extends beyond pharmaceuticals; we are leveraging digital platforms to drive awareness, accessibility, and innovation in diagnostics and healthcare delivery.

Our ambition is clear: to become the number one diagnostic company in Africa. Given that Nigeria is one of the largest and most complex healthcare markets on the continent, achieving leadership here would bring us significantly closer to continental dominance. We recognise the trailblazers who have laid the foundation, and we are committed to pushing boundaries, breaking barriers, and redefining what is possible in African healthcare.

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Funding cuts, climate change deepening Nigeria's malaria burden, experts warn

By Temitope Obayendo



Dr Olajide Sodeinde



Pharma (Mrs) Lizzette Njideka Ezeinkwe



Dr Oziegbe Oghide

Chinasa Kalu, a mother of three, recounts her harrowing experience battling a resistant strain of malaria for weeks without relief. "As soon as I developed symptoms," she said, "I started preparing herbal concoctions; they're affordable. But after three days, there was no improvement."

Kalu wasn't alone. Her one-year-old daughter, Kate, was also battling malaria. In a desperate move for affordable treatment, her husband, a petty trader, unknowingly purchased a substandard artemisinin-lumefantrine combination, which failed to produce any recovery. Eventually, Kalu had to visit the community health centre for treatment. "I thought malaria treatment for children under five was supposed to be free or heavily subsidised," she lamented. "To my shock, I was given a bill of N15,000 for my baby."

The case for renewed investment in malaria

Malaria, an endemic disease in the African region, is preventable and curable but can be deadly without prompt diagnosis and treatment. Cases abound of preventable malaria deaths, as the disease claimed nearly 600,000 lives in 2023 alone, with an estimated 95 per cent of these deaths occurring in the WHO African Region. Pregnant women and children under five years of age constitute the vulnerable group, necessitating investment and reinvestment in malaria prevention programmes to safeguard the future of Africa.

World Malaria Day, commemorated every 25 April, is an initiative of the World Health Organisation (WHO), championed by member states in 2007 to raise awareness about the fight against malaria and encourage action to minimise its impacts on vulnerable populations like Kalu's family. For this year's celebration, the WHO joins the RBM Partnership to End Malaria and other partners in promoting the theme, "Malaria Ends With Us: Reinvest, Reimagine, Reignite," a grassroots campaign that aims to re-energise efforts at all levels — from global policy to community action — to accelerate progress towards malaria elimination.

Public health experts are urging the Nigerian government to prioritise malaria funding, especially in light of significant aid reductions. Top among these is the impact of U.S. aid cuts under the Trump administration, compounded by economic downturns and climate change.

According to the WHO, previous commitment to malaria prevention in the late 1990s yielded significant results, averting an estimated 2.2 billion cases and nearly 13 million deaths over more than two decades. However, after years of steady decline, progress has stalled, and efforts to control and eliminate malaria are now in jeopardy as communities and programmes face the fallout of recent funding cuts.

Nigeria faces the worst hit

Nigeria, with the highest global burden of malaria — accounting for an estimated 30 per cent of all malaria cases worldwide — has been a major recipient of U.S. foreign aid, receiving $1.02 billion in 2023, much of it through agencies like USAID. While the Nigerian government is said to be making plans to bridge the funding gap, stakeholders are calling for accelerated implementation to safeguard the at-risk population.

Expressing his concerns, Consultant Family Physician and Certified Healthcare Manager, Dr Oziegbe Oghide, acknowledged the huge impact of U.S. funding on the Nigerian health sector over the years — the cessation of which, he warned, will adversely affect malaria intervention programmes unless there are urgent interventions from the government.

"The USAID funding to Nigeria has primarily supported the health sector over the years and, shockingly, according to data, constitutes about 51.7 per cent of Nigeria's total expenditure on health from 2020–2024. This simply means that the effect is going to be felt by the Nigerian populace, especially in the area of malaria prevention and control. The prices of common antimalarial therapies have tripled; this, coupled with the harsh economic realities, could lead to a possible epidemic if something drastic is not done."

"The effect is far-reaching," he added, "from the retailers of these medications, who may resort to cheaper and fake drugs to maximise profits, to the final consumers, who may venture into unorthodox and less effective means of treatment. In the long run, there is likely to be more morbidity and mortality."

Also speaking exclusively with ***Pharmanewsonline***, the Medical Director of HGJ-Victory Medical Centre, Ikorodu, Dr Olujide Joshua Sodeinde, expressed fears about how the abrupt USAID funding freeze could badly hit vulnerable groups, thereby frustrating progress made in previous years. "It surely will be felt in the areas of malaria prevention, especially in the distribution of insecticide-treated nets. These usually help with malaria prevention in vulnerable groups like pregnant women and children under five.

"Also, free drugs given to pregnant women for intermittent preventive treatment using sulphadoxine and pyrimethamine preparations may no longer be accessible. The effects may not be immediate, but if the Federal Ministry of Health does not act quickly to close this gap, we may begin to see an increase in malaria burdens, particularly in under-five and maternal morbidity and mortality, along with malaria-related abortions, stillbirths, and low birth weight newborns."

Climate change fueling mosquito transmission

In her contribution, climatologist and lecturer at the Department of Geography and Meteorology, Nnamdi Azikiwe University, Awka, Mrs Lizzette Njideka Ezenekwe, emphasised the impact of climate change on the transmission of Anopheles mosquitoes in tropical areas like Nigeria, calling for climate-smart strategies and tools to mitigate the spread.

Ezenekwe, who also serves as a clinical pharmacist and national publicity secretary of the Pharmaceutical Society of Nigeria, highlighted how extreme heat accelerates the incubation period of Anopheles mosquitoes, the primary vector of malaria.

"Temperature has an inverse relationship with the extrinsic incubation period of malaria parasite development," she asserted. "In other words, increasing temperature shortens the time it takes for the parasites to mature. This increases the infection rate of mosquitoes.

"Land-use changes influence microclimatic conditions like evapotranspiration and temperature, thereby making mosquitoes more abundant. It means that in habitats or urban environments that are treeless, the environment tends to be warmer, which affects indoor temperature and shortens the gonotrophic cycle of female *Anopheles gambiae*. The implication is increased infection rates," the climatologist explained.

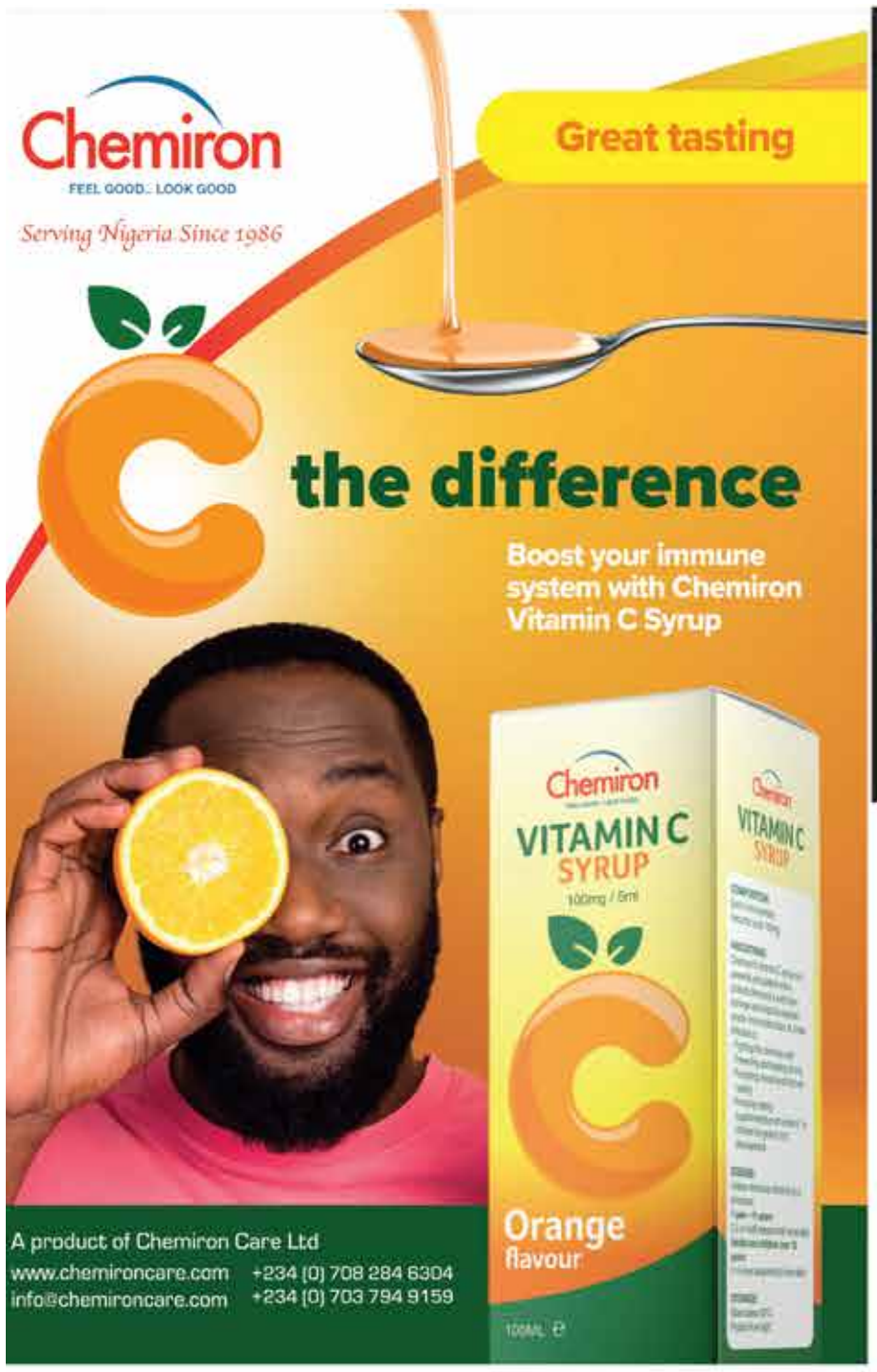
A call to action

Despite the challenges, the experts did not leave Nigerians hopeless. For Dr Oghide, a fundamental change in Nigeria's healthcare financing model is imperative. "The way out is for the government to increase funding for health; as a sovereign nation, we should not always depend on other nations and foreign aid," he quipped.

Mrs Ezenekwe stressed that climate change must be addressed as a major public health threat. "Leveraging satellite data and AI for robust weather and environmental monitoring, with a community-centred approach, is essential to prevent malaria resurgence and protect the most vulnerable populations."

As Nigeria continues its search for sustainable solutions to malaria, experts agree that the time is now to end malaria with us. They recommended investment in climate-resilient infrastructure and expanded access to healthcare at the grassroots level, including the provision of insecticide-treated nets, reliable diagnostic kits, and effective treatment, to bring about a significant reduction in malaria morbidity and mortality.

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Oxidative stress and your body

By Christopher Job



Oxidative stress is an imbalance between free radicals and antioxidants in the body, which can lead to cellular and tissue damage. Free radicals are molecules with one or more unpaired electrons. Examples include superoxide, hydroxyl radicals, and nitric oxide radicals. External substances—such as cigarette smoke, pesticides, and ozone—can also contribute to the formation of free radicals in the body.

Antioxidants are substances that neutralise or remove free radicals by donating an electron. This neutralising effect helps protect the body against oxidative stress. Examples of antioxidants include vitamins A, C, and E.

Source of oxidative stress

Oxidative stress occurs naturally and plays a role in both the ageing process and the development of various diseases. Studies have shown that long-term oxidative stress contributes to several chronic conditions, such as cancer, diabetes, and heart disease.

Many lifestyle factors can influence oxidative stress. The body's cells naturally produce free radicals during normal metabolic processes. At the same time, cells also generate antioxidants to counteract them. In general, the body strives to maintain a balance between free radicals and antioxidants. However, certain factors can disrupt this balance and lead to oxidative stress. These include poor diet, unhealthy lifestyle choices, and environmental exposures such as pollution and radiation.

Like free radicals, antioxidants have multiple sources. While the body produces antioxidants such as glutathione, diet also plays a crucial role. Fruits and vegetables provide many essential antioxidants in the form of vitamins and minerals that the body cannot synthesise on its own.

Physical exercise increases free radical formation, which can cause temporary oxidative stress in the muscles. However, these free radicals also play regulatory roles—stimulating tissue growth and prompting the production of endogenous antioxidants. Mild oxidative stress can, in fact, support the immune system and protect the body from infections. Nevertheless, prolonged oxidative stress damages cells, proteins, and DNA. Over time, this contributes to ageing and is implicated in the development of various diseases.

Common complications

Oxidative stress is also linked to chronic inflammation. Infections and injuries activate the body's immune response, producing free radicals that, in excess, can harm healthy cells and trigger inflammation. Furthermore, oxidative stress can itself initiate inflammatory responses, creating a cycle in which inflammation generates more free radicals and vice versa. This chronic inflammation has been associated with conditions such as diabetes, cardiovascular disease, and arthritis.

The brain is particularly vulnerable to oxidative stress. It consumes approximately 20 per cent of the body's oxygen to sustain high metabolic activity in brain cells—processes which naturally generate free radicals. These radicals play roles in cell growth, neuroplasticity, and cognitive functioning. However, during oxidative stress, excess free radicals can damage cellular structures in the brain and lead to cell death. This may increase the risk of neurodegenerative diseases such as Alzheimer's and Parkinson's.

In fact, oxidative stress has been linked to a wide range of conditions, including cancer, Alzheimer's disease, Parkinson's disease, diabetes, cardiovascular diseases (such as hypertension, atherosclerosis, and stroke), inflammatory disorders, chronic fatigue syndrome, asthma, and male infertility.

Risk factors and prevention

Environmental pollution is a significant contributor to long-term oxidative stress. Other risk factors include obesity, diets high in fat, sugar, and processed foods, exposure to radiation, cigarette or tobacco smoking, alcohol consumption, certain medications, and exposure to pesticides or industrial chemicals.

It is important to note that the body requires both free radicals and antioxidants to function optimally. An excess or deficiency of either can lead to health issues.

Lifestyle and dietary changes can help reduce oxidative stress. These include:

- Eating a balanced, nutrient-rich diet with plenty of fruits and vegetables
- Limiting consumption of processed foods, especially those high in sugar and unhealthy fats
- Engaging in regular physical activity
- Quitting smoking
- Reducing stress
- Avoiding or limiting exposure to pollution and harsh chemicals

Maintaining a healthy body weight is also beneficial. Excess fat cells release inflammatory substances that can increase both inflammation and free radical production in the body's immune cells.



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2.Uwakwe Charles	20/10/26	Imo
3.Akinkugbe Oludolapo Ibukun,CFR,CON	5/12/28	Ondo
4.Ezegbo Albert	30/03/30	Anambra
5.Nwabunike Emmanuel S. C.	23/11/30	Anambra
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7.Anyafulu Lawrence Okwu	30/06/31	Anambra
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19.Makinde Bayo (Chief)	14/01/35	Oyo
20.Falabi Olatunde (HRM)	20/01/35	Osun
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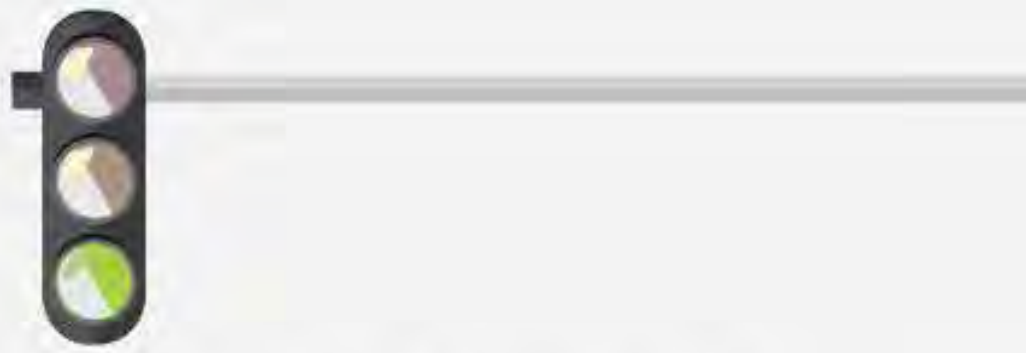
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Current pharmacy curriculum still below modern standards – President, PANS-NDU

Pharmacy education in Nigeria is undergoing significant transformation, yet students continue to grapple with persistent challenges - from inadequate infrastructure to insufficient modern learning resources. In this exclusive interview, President of the Pharmaceutical Association of Nigerian Students (PANS) at Niger Delta University, Darlington A. Dovieme tells ***Adebayo Oladejo*** *about his journey from an aspiring medical student to pharmacy leadership, highlighting the struggles and reforms, as well as the future of pharmacy education in Nigeria. The 500-level scholar, who is an indigene of Ofoni community in Sagbama Local Government Area of Bayelsa West Senatorial District, also offers advice to youths aspiring to take up leadership roles in the future. Exceprts:*



Darlington A. Dovieme

Tell us briefly about your academic background.

I had my primary and secondary education in Bayelsa State. Initially, I applied for Medicine at NDU but was admitted into Human Physiology. However, out of curiosity, I later transferred to Pharmacy.

What inspired you to take up the role of PANS president, and how has the experience been so far?

Initially, I had no particular inspiration to run, but I decided to contest alongside a close friend for the position of PANS vice president. After serving in that role, I realised the need for advocacy within the student community and how PANS could be instrumental in student development and well-being. That realisation motivated me to run for president.

As a student, I have always believed that the first step to a healthier society starts with leadership, and effective leadership is necessary for implementing change. PANS has been a fertile ground for grooming and nurturing future leaders. The experience has been worthwhile, though not without challenges. My tenure as PANS president at NDU has been memorable and has provided numerous networking opportunities, not only for me but also for the student community.

One of the most challenging experiences I have faced was leading a delegation of 25 students from PANS-NDU and PANS-DELSU to the 49th PANS National Convention. Our bus broke down at night due to taking the wrong route from Bayelsa to Kwara State, forcing us to sleep on the road. Though it was a difficult experience, overcoming it made me appreciate the journey and our participation at the convention even more.

Pharmacy education in Nigeria has faced several challenges. From your perspective, what are the major issues affecting pharmacy students today?

The current pharmacy school curriculum does not meet the standards of modern pharmacy practice. Additionally, pharmacy schools should have their own separate academic calendars due to the rigorous and extensive nature of the programme. Another major issue is the inadequate provision of practical experiences. Many students graduate without the necessary hands-on exposure to thrive as professionals, creating a gap between academia and industry.

What specific challenges do pharmacy students at NDU face, and how is PANS working to address them?

At NDU, pharmacy students face several challenges, including understaffing, lack of infrastructure, and inadequate laboratory equipment. The faculty is split between two campuses, with the administrative block at the new site and laboratories at the College of Health Sciences. This setup requires students to shuttle between campuses daily, making transportation a major issue.

Final-year students struggle with research due to poorly equipped laboratories, often having to send samples to other institutions for analysis. The quality of practical sessions has also declined significantly. Additionally, the faculty has only one barely functional Coaster bus, which cannot accommodate even half of a class, affecting clerkship and industrial field trips.

To address these challenges, PANS-NDU has formally requested two additional buses from the Ministry of Health and plans to follow up with the deputy governor's office. We have also arranged for buses to transport students between campuses during exams to ease mobility challenges.

The transition to the Doctor of Pharmacy (PharmD) programme has been a major shift in pharmacy education. How has this affected students at NDU, and what challenges or benefits have you observed?

The transition to PharmD has been beneficial, as students are more excited and committed to their academic pursuits. The curriculum has expanded to cover more areas of modern pharmacy practice. However, the workload has also increased significantly. Despite this challenge, students have become more invested in their studies to earn this newly accredited degree.

Beyond academics, pharmacy students often struggle with internship placements, industrial training, and career development. What do you think can be done to improve these aspects?

A centralised internship application system should be implemented, allowing students to apply to multiple institutions using a single set of application materials rather than submitting separate applications to each institution. Industrial training should be restructured to include periodic postings to pharmaceutical industries instead of requiring students to secure placements on their own.

Career development should be prioritised by encouraging students to identify mentors who can guide them in their professional journeys. Sensitisation programmes on career development, as well as initiatives like PIH and MCN, should be integrated into PANS activities and supported by the faculties of pharmacy.

What steps do you think the government, universities, and professional bodies should take to improve pharmacy education in Nigeria?

Government should increase funding for institutions and teaching hospitals and enforce stringent regulations for pharmaceuticals and pharmacy practice. Universities should invest in industry-standard manufacturing facilities within pharmacy faculties to provide hands-on experience for students. They should also increase faculty staff capacity and improve laboratory structures with high-quality equipment.

What advice do you have for pharmacy students aspiring to take up leadership roles?

Leadership is challenging, but you can improve your effectiveness by listening more, reading widely, and understanding people's traits. Things may not always go as planned, and your ability to navigate challenges and make critical decisions defines your leadership strength.

Moreover, leadership thrives on unity. Always make time to engage with your followers, showing them you are accessible and available to address their concerns. Identify your leadership style and refine it. Leading people is more complex than it seems, so learn to manage your emotions.

Lastly, what makes a leader stand out is the ability to propose solutions in times of uncertainty—so never stop learning and acquiring knowledge.

The current pharmacy school curriculum does not meet the standards of modern pharmacy practice. Additionally, pharmacy schools should have their own separate academic calendars due to the rigorous and extensive nature of the programme. Another major issue is the inadequate provision of practical experiences. Many students graduate without the necessary hands-on exposure to thrive as professionals, creating a gap between academia and industry.

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Unlocking your transformative leadership potential (8)

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

Building ethical cultures

Although the term *ethical leadership* implies that, for an organisation to be considered ethical, its leaders must consistently act in accordance with ethical precepts (thus establishing a clear link between ethical leaders and organisational ethics), this argument can be extended further. The responsibility of ethical leaders goes beyond personal conduct—they play a crucial role in cultivating and fostering ethical cultures within their organisations. It is not enough for leaders to embody ethical principles; they must actively work to embed these principles into the very fabric of the organisation.

By adhering to the five mandates of ethical leadership, individuals become active participants in relational systems that transcend cultural, racial, and religious boundaries. In essence, those who embody the qualities of ethical leaders think and behave in alignment with the Five "S". Therefore, for an organisation to truly embrace ethics, executives and managers must engage individuals in both formal and informal systems that reflect these values.

Leading ethically encompasses living by a system of ethics and meeting the expectations set by various markets. Moral leadership, therefore, unifies ethical practices with organisational identity, as argued in *Pride and Paper*. An organisation made up of individuals who consistently act with awareness and commitment to moral values becomes inherently attractive from an ethical standpoint. In other words, organisational citizenship entails behaving in a manner that consistently upholds and respects moral values within a systemic framework.

Viewed holistically, it becomes evident that leading—and building commitment to—a relational system is integral to ethical leadership. Living within a specific culture implies the acceptance of a social contract, and leaders must nurture and exemplify the attitudes, beliefs, habits, understandings, ideologies, and spiritual dispositions that underpin both relational and instrumental behaviours. These, in turn, promote the harmonious coexistence and progression of individuals within the organisational context.

Innovation and creative thinking

In a time of rapid change, innovation and creativity have become essential tools for identifying value drivers and seizing growth opportunities. These capabilities are now core competencies for leaders and managers striving to develop, transform, and guide organisations effectively. Leading an innovative organisation—whether public or private—is a formidable challenge in today's complex and fast-paced world. Innovation is vital not only for establishing a unique competitive advantage but also for ensuring sustainable success.

Creative thinking involves using a range of thinking styles to solve problems and generate new ideas. People exhibit creativity in diverse ways—whether adaptive, functional, innovative, or combinative. For leaders, the ability to think creatively and integrate this into their practice is crucial. Leadership involves anticipating future needs, recognising both short- and long-term organisational demands, and enabling development, growth, and positive change. Success in leading and evolving organisations hinges on creative, strategic vision and the ability to solve critical issues in sustainable ways.

Innovation must be championed proactively by top and middle managers and then cascaded down through lower managerial levels. As organisational leaders, we must address these pivotal concerns by steering our institutions into a positive developmental trajectory that fosters innovation and secures long-term success.

In today's rapidly evolving world, the pace of change has accelerated beyond imagination. This exponential transformation makes innovation and creativity indispensable for identifying value drivers and unlocking growth. Traditional methods alone are no longer sufficient. Instead, innovation and creative thinking have become vital competencies that define effective leadership and management in this dynamic landscape.

Leading an innovative organisation in such times is no small feat. Beyond gaining a competitive edge, innovation is now the cornerstone of long-term viability. Crucially, creative thinking is not a monolithic concept—it is a multifaceted process through which individuals draw upon diverse thinking styles to create novel solutions. Creativity reveals itself in adaptive, functional, innovative, and combinative ways. Thus, it must become central to leadership thinking and practice.

A forward-thinking leader must remain ahead of the curve, anticipating trends and responding to shifting organisational needs. They must serve as catalysts for growth and change, fostering environments where innovation thrives. The key to organisational development lies in the ability to think creatively, envision strategically, and resolve complex issues with ingenuity and sustainability in mind.

Top and middle managers must take the lead in promoting innovation, ensuring it reaches all organisational levels. As leaders, we are called not just to acknowledge these challenges but to deliberately guide our organisations along a purposeful path of innovation and growth.

Fostering innovation as a framework

1. Model the way

Strategic leaders must set the tone by nurturing a culture of innovation within their organisations. They should consistently encourage and showcase innovative ideas, processes, and outcomes.

2. Inspire a shared vision

Leaders should communicate a compelling and future-oriented vision, highlighting the value of innovation. Inspiring team members to embrace this vision helps foster a shared sense of purpose and excitement.

3. Challenge the process

Leaders must question the status quo and encourage critical and creative thinking among team members. Empowering employees to experiment, take risks, and explore new approaches is essential to driving innovation.

4. Enable others to act

Strategic leaders should provide the necessary resources,



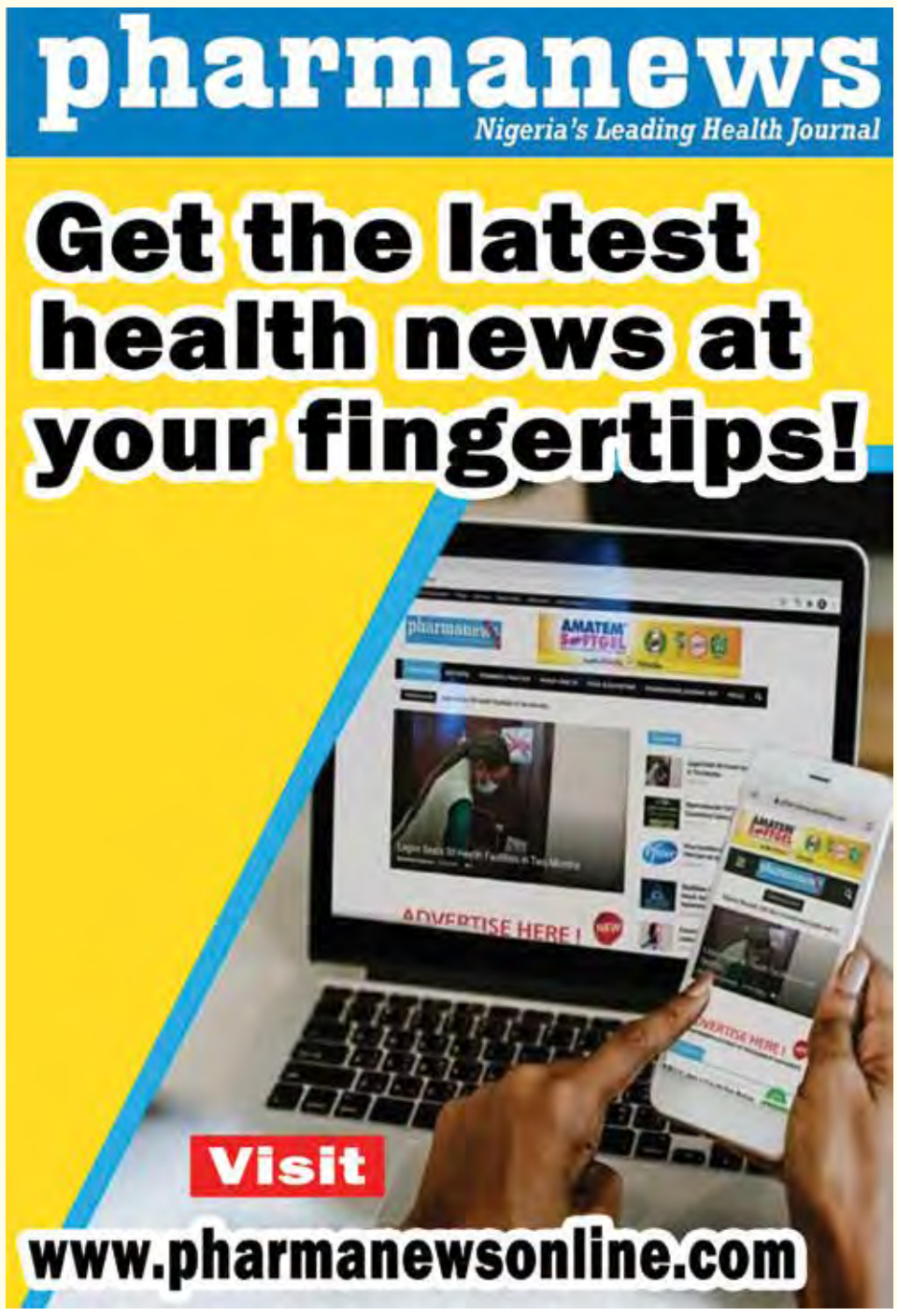
support, and autonomy for teams to pursue innovative ideas. A safe, inclusive, and empowering environment allows everyone to contribute meaningfully to innovation.

5. Encourage the heart

Leaders should recognise and celebrate the contributions of their teams in advancing innovation. Positive feedback, rewards, and meaningful recognition serve to inspire continued creative effort.

By embracing these practices, strategic leaders can cultivate a culture of innovation that fuels loyalty, enhances performance, and drives sustainable growth. In a world defined by rapid transformation, such a culture enables organisations to adapt, seize new opportunities, and maintain a competitive edge. Let us, therefore, adopt the principles of exemplary leadership and commit to nurturing innovation in order to thrive within the ever-evolving business landscape.

continues next edition



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Consultant cadre: We won't tolerate NMA'S tyrannical tendencies anymore, says PSN

By Temitope Obayendo



Pharm.Babayemi Oyekunle



Dr Saheed Babajide

Pharmacists under the aegis of the Pharmaceutical Society of Nigeria (PSN) have voiced their concerns over the ongoing controversy stirred by the Nigerian Medical Association (NMA) regarding the recent promotion of some pharmacists to the consultant cadre. They have resolved to put a stop to the perceived excesses of the medical profession over other healthcare workers, particularly as the promotions represent the direct implementation of a Federal Ministry of Health (FMoH) policy.

The leadership of the NMA, Lagos State Chapter, in a letter signed by its Chairman, Dr Saheed Babajide, recently objected to the actions of the Medical Directors of the Federal Medical Centre (FMC), Ebute-Metta, and the Federal Neuro-Psychiatric Hospital (FNPH), Yaba, who appointed 15 pharmacists as consultants in accordance with the directives of the FMoH. The NMA argued that the policy poses a grave danger to patient safety and professional harmony within the healthcare system.

In an exclusive interview, the Chairman of Lagos State PSN, Pharm. Babayemi Oyekunle, described the NMA's outburst as baseless and unfounded, exposing what he characterised as the NMA's habitual self-serving, vengeful, and oppressive tendency to unilaterally dictate professional ceilings for non-physician healthcare workers—while disregarding the fact that every cadre within the civil service health workforce is an equal employee of the government.

Oyekunle outrightly condemned the NMA's statement, which he claimed lacked professionalism. He stated that the PSN is prepared to resist such intimidation with all tools at its disposal, in the interest of patients. He further asserted that the appointments follow directly from circulars issued by the Office of the Head of the Civil Service of the Federation (OHCSF) and the Federal Ministry of Health (FMoH).

"We vehemently condemn their myopic perspective and must emphasise that while Medicine is undeniably a noble profession globally, our local champions within the NMA consistently deviate from any semblance of normative professional courtesy in their pronouncements. Therefore, we respectfully notify all relevant stakeholders, including our strategic alliance partners, to be fully prepared to confront the NMA's inevitable and tiresome charade," he said.

Continuing, he said: "We will no longer indulge the childish and frankly ridiculous theatrics of the NMA with any semblance of leniency. The recognition of consultant pharmacists is a long-overdue acknowledgement of the advanced training, specialised skills, and crucial contributions of pharmacists to optimal patient care.

"The PSN, Lagos State, actively encourages and promotes open dialogue and genuine collaboration among all healthcare professionals to ensure the seamless integration and full realisation of the immense potential of this progressive initiative, as well as other forward-thinking ideals."

Oyekunle further justified the appointments as timely interventions needed to improve patient outcomes and elevate service delivery in hospitals. These highly skilled consultant pharmacists, he noted, possess advanced clinical knowledge and competencies that significantly enhance medication management, enforce strict patient safety protocols, and optimise therapeutic effectiveness.

Dismissing the NMA's objection, he insisted: "The preposterous assertion that this cadre lacks a patient-centred care model and proper legal framework is not only inaccurate; it is a deliberate falsehood. The establishment of the consultant pharmacist cadre is a progressive and essential step towards embedding highly specialised pharmaceutical expertise within multidisciplinary healthcare teams.

"For the record, the OHCSF conducted thorough personnel evaluations across all Federal Health Institutions (FHIs) before directing them to include budgetary provisions for the consultant pharmacist cadre nationwide. The NMA Lagos State's histrionic outburst reeks of its usual self-serving and oppressive attempts to define professional ceilings for non-physician healthcare workers—completely ignoring that all civil service health workers are equal government employees."

Pharm. Oyekunle also commended the two medical directors—Dr Adedamola Dada of FMC, Ebute-Metta, and Dr Olugbenga Owoeye of FNPH, Yaba—for their courage, professionalism, and humane approach in implementing the policy. He assured them of the PSN's full support, alongside that of other health workers in Lagos and across Nigeria. He affirmed that history would remember them as trailblazers who embraced progress and upheld global best practices in healthcare delivery, to the ultimate benefit of patients.

The Lagos PSN chairman further emphasised the critical importance of consultant pharmacists in health systems, explaining that their specialised knowledge in medication management, pharmacokinetics, pharmacodynamics, and precise therapeutic drug monitoring would significantly boost patient safety, optimise treatments, and drastically reduce medication errors. Their contributions would also lead to cost-effectiveness through evidence-based drug selection and rigorous utilisation reviews.

Additionally, Oyekunle stated that genuine collaboration between highly skilled consultant pharmacists, committed medical doctors, and other key health professionals would foster a truly holistic model of patient care. In a system rooted in mutual respect, shared expertise, and joint decision-making, all professionals could contribute meaningfully to delivering the highest quality of care.

He concluded: "The NMA Lagos State's baseless and frankly ludicrous claim that this policy threatens professional harmony, patient safety, and the sanctity of healthcare delivery is sheer blackmail and nonsense. On the contrary, it strengthens the system by entrusting medication-related aspects of patient care to the most qualified hands. Genuine collaborative practice—where each professional offers their unique expertise—ultimately and unequivocally benefits the patient. This is the standard in the very countries that physicians here selectively quote as examples of 'global best practices.'

"Consultant pharmacists understand that their credibility lies in expertise, not popularity. They are committed to maintaining professional decorum. Effective communication and mutual respect among all healthcare professionals are not optional—they are essential, and we will continue to uphold them."

"We will no longer indulge the childish and frankly ridiculous theatrics of the NMA with any semblance of leniency. The recognition of consultant pharmacists is a long-overdue acknowledgement of the advanced training, specialised skills, and crucial contributions of pharmacists to optimal patient care…"

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Ranbaxy Nigeria Limited

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at

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Below are the pictures taken at the event.



Mr. Hanwant Arora, Managing Director, Ranbaxy Nig. Ltd, giving his opening remarks.



Dr. Onyeaboh Ekwe, Country Head - Sales & Marketing, Ranbaxy Nig. Ltd making a presentation.



L-R: Mr. Onyebuchi Achebe, MD, **Softland** Pharmaceutical Nig. Ltd, Onitsha with Mr. K. C. Badri, Vice President, Emerging Markets, Sun Pharma and Mr. Hanwant Arora, MD, Ranbaxy Nig. Ltd



L-R Mr. K. C. Badri, Vice President, Emerging Markets, Sun Pharma; Mr. Abdullahi Ibrahim Alhassan, Mgr, **Kuka** Medicals Ltd, Kano; and Mr. Hanwant Arora, MD, Ranbaxy Nig. Ltd.



L-R: Mr. K. C. Badri, Vice President, Emerging Markets, Sun Pharma and Mr. Hanwant Arora, MD, Ranbaxy Nigeria Ltd; with Chief Anthony Ogbuagu, MD, **Ogbuagu** Pharm. Co. Ltd, Onitsha



L-R: Mr. K. C. Badri, Vice President, Emerging Markets, Sun Pharma; Chief Matthew Dimudu, MD, **Dimatts** Pharmacy Ltd, Onitsha; and Mr. Hanwant Arora, MD, Ranbaxy Nig. Ltd



L-R: Dr. Onyeaboh Ekwe, Country Head - Sales & Marketing, Ranbaxy Nig. Ltd; Alhaji Auwalu Ibrahim Sani, MD, **Premium Plus** Pharm. Nig. Ltd, Kano; and Mr. Gunakesh Kumar, Country Head - Operations, Ranbaxy Nig. Ltd.



L-R: Dr. Onyeaboh Ekwe, Country Head - Sales & Marketing, Ranbaxy Nigeria Ltd; Mr. Steve Ozioko, MD, **New Health** Pharmaceutical Ltd, Abuja; and Mr. Gunakesh Kumar, Country Head - Operations, Ranbaxy Nig. Ltd.



L-R: Dr. Onyeaboh Ekwe, Country Head - Sales & Marketing, Ranbaxy Nig. Ltd; Mr. Uchenna Peter Obi, MD, **Uche Success** Pharm. Ltd, Onitsha; and Mr. Gunakesh Kumar, Country Head - Operations, Ranbaxy Nig. Ltd.



L-R: Dr. Onyeaboh Ekwe, Country Head - Sales & Marketing, Ranbaxy Nigeria Ltd; Mr. Aliyu Adam Yusuf, representing **Latnas** Pharm. Nig. Ltd, Kano; and Mr. Gunakesh Kumar, Country Head - Operations, Ranbaxy Nig. Ltd.



L-R: Mr. Eze Stanley Chukwuemeka, MD, **Klen** Pharmaceutical Ltd, Abuja; Mr. Mathew Philip, Plant Head, Ranbaxy Nig. Ltd; and Pharm. Lawal Gbadebo, Production Pharmacist, Ranbaxy Nig. Ltd.



L-R: Mrs. Ezeobi, of Arinzeson Pharm. Co. Ltd, Lagos; Mr. Mathew Philip, Plant Head; Ranbaxy Nig. Ltd, Mr. Arinze Ezeobi, MD, **Arinzeson** Pharm. Co. Ltd; and Pharm. Lawal Gbadebo, Production Pharmacist, Ranbaxy Nig. Ltd.



L-R: Mr. Mathew Philip, Plant Head, Ranbaxy Nig. Ltd, Mr. Onyekachi Nwaulo, MD, **Prodave** Pharmacy Ltd, Onitsha and Pharm. Lawal Gbadebo, Production Pharmacist, Ranbaxy Nig. Ltd.



L-R: Mrs. Bukie Apata, Head, Human Resources, Ranbaxy Nig. Ltd; Mrs. Linda Okey Dike of **Skob Global** Pharmacy Ltd, Lagos and Pharm. Rosanna Iwuala, Regulatory Affairs Manager, Ranbaxy Nig. Ltd.



Mrs. Bukie Apata, Head, Human Resources, Ranbaxy Nigeria Ltd; Mr. Ikechukwu Emerenakem, MD, **Gozeb Pharm.** Nig. Ltd, Kano; and Pharm. Rosanna Iwuala, Regulatory Affairs Manager, Ranbaxy Nig. Ltd.

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Ranbaxy Nigeria Limited

Below are the pictures taken at the event.



L-R: Mrs. Bukie Apata, Head, Human Resources, Ranbaxy Nigeria Ltd, Mr. Bernard Okolie, COO, **Bicon** Pharm. Ltd, Lagos and Pharm. Rosanna Iwuala, Regulatory Affairs Manager, Ranbaxy Nig. Ltd.



L-R: Mr. Prince Neburagho, Supply Chain Manager, Ranbaxy Nig. Ltd; Mr. Kingsley Ndugba, MD, **Benpat Eleben** Pharmacy Ltd; and Pharm. Samuel Upama, Country Manager, Ethical Business, Ranbaxy Nig. Ltd.



L-R: Mr. Prince Neburagho, Supply Chain Manager, Ranbaxy Nig. Ltd; Lolo (Mrs). Clementina Emenalo, Dir, **Warmeck** Pharmacy Ltd, Aba; and Pharm. Samuel Upama, Country Manager, Ethical Business, Ranbaxy Nig. Ltd.



L-R: Mr. Prince Neburagho, Supply Chain Manager, Ranbaxy Nig. Ltd; Mrs. Olatundun Oyedemi, Mgr., **Kunle-Ara** Pharmacy Ltd, Ibadan; and Pharm. Samuel Upama, Country Manager, Ethical Business, Ranbaxy Nig. Ltd.



L-R: Mr. Prince Neburagho, Supply Chain Manager, Ranbaxy Nig. Ltd; Mr. Chijioke Onuachi, COO, **Jaymorr** Pharmacy Ltd, Aba; and Pharm. Samuel Upama, Country Manager, Ethical Business, Ranbaxy Nig. Ltd.



L-R: Mr. Prince Neburagho, Supply Chain Manager, Ranbaxy Nig. Ltd; Mr. James Ebiri, MD, **Jay-Ebisco World** Pharm. Ltd, Benin; and Pharm. Samuel Upama, Country Manager, Ethical Business, Ranbaxy Nig. Ltd.



L-R: Mr. Bimal Kanti Misra, Finance Mgr., Ranbaxy Nig. Ltd; Mr. Adeleke Adebayo, Mgr., **Steam** Pharmacy Ltd, Lagos; and Mr. Bineet Jaiswal, Quality Head, Ranbaxy Nig. Ltd.



L-R: Mr. Bimal Kanti Misra, Finance Mgr., Ranbaxy Nig. Ltd; High Chief (Dr). John Michael Afaoku, MD, **Safeline** Pharm. Ltd, Lagos; and Mr. Bineet Jaiswal, Quality Head, Ranbaxy Nig. Ltd.



Mr. Bimal Kanti Misra, Finance Mgr., Ranbaxy Nig. Ltd; Pharm. Lateef Aremu, MD, **Aromokeye** Pharmacy Ltd, Ilorin; and Mr. Bineet Jaiswal, Quality Head, Ranbaxy Nig. Ltd.



L-R: Mr. Bimal Kanti Misra, Finance Mgr., Ranbaxy Nig. Ltd; Mr. Michael Moses, representing **Alba** Chemicals & Pharma. Ltd, Kaduna; and Mr. Bineet Jaiswal, Quality Head, Ranbaxy Nig. Ltd.



L-R: Mr. Bimal Kanti Misra, Finance Mgr., Ranbaxy Nig. Ltd; Mrs. Chioma Ugwuoke, Dir., **Odycare** Pharm. Ltd, Port Harcourt; and Mr. Bineet Jaiswal, Quality Head, Ranbaxy Nig. Ltd.



L-R: Mr. Sandeep Gadade, Maintenance Manager, Ranbaxy Nig. Ltd; Mr. Sabastine O. Ugwuodo, MD, **Sabheik** Pharm. Ltd, Port Harcourt; and Mr. Sameep Kapoor, Business. Dev. Mgr, (Lagos & North), Ranbaxy Nig. Ltd.



A cross section of customers and staff at the distributors' Forum



A cross section of staff and some distributors during the distributors' Forum.



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Ayuba commissions NAIP House as stakeholders commend association leadership

continued from back page

influence, operational efficiency, and sustained growth. Reminiscing, he said: "Despite its pivotal role, NAIP operated for 47 years without a permanent base of operations—a limitation that did not dampen our impact but underscored the need for a more stable and symbolic base.

"Our new national secretariat in Lagos is not just a structure; it is a legacy. It is a testament to the perseverance of our past and present leaders. It gives us the foundation to expand our impact and better serve our members and the broader healthcare system. It also provides a platform for the association to host industry-specific training, strategic and collaborative forums; enhance administrative efficiency and continuity in leadership transitions; and foster a stronger identity and sense of belonging among members. Furthermore, it will attract partnerships and funding for pharmaceutical innovation and advocacy."

Onuegbu added that NAIP House features a specialised library dedicated to pharmaceutical technology, a showroom for displaying research output from member companies, and a research centre to foster collaboration between NAIP and other technical groups.

"With this acquisition, NAIP is poised to amplify its voice in national health discourse and pharmaceutical policy," he said. "The association's leadership has reaffirmed its commitment to driving local pharmaceutical production, regulatory compliance, and innovation."

The commissioning of the NAIP secretariat has elicited unreserved commendations from notable stakeholders in the pharmaceutical industry. Attendees at the event commended Pharm. Onuegbu for his relentless effort and determination to complete the project before the expiration of his tenure in June.

In his remarks, Pharm. Ayuba lauded the NAIP chairman for his uncommon dedication, stating that his name had been "written in gold" in the annals of the association's history. "Those who came before Ken Onuegbu did their part. Ken Onuegbu has come and done his part. Those coming after him should not merely use him as a benchmark—they should strive to surpass him," Ayuba said.

The immediate past President of PSN, Prof. Cyril Usifoh, noted that industrial pharmacists have always been the backbone of pharmacy practice and PSN activities. While commending Onuegbu for conceiving and executing the project, he urged pharmacists to dream big. "Dare to dream big. Don't worry about how you will achieve it. If you have people you can reason with, they will help you bring your dream to life. We must be ready to do the impossible. Even if you face opposition, do what you believe you can do."

Similarly, the Chief Executive Officer of Alpha Pharmacy, Sir Ike Onyechi, emphasised that hard work and visionary leadership enabled Onuegbu to build upon the foundation laid by his predecessors to accomplish the NAIP House.

The Chairman of the occasion, Pharm. Ibrahim Yakasai, also commended Onuegbu and past chairmen of NAIP for their efforts in securing a permanent secretariat for the association. He urged pharmacists to be their brothers' keeper and to lift one another up when necessary.



L-R: NAIP Chairman, Ken Onuegbu; Former PSN President, Pharm. Azubike Okwor: PSN President, Pharm. Tanko Ayuba; Immediate Past PSN President, Prof. Cyril Usifoh; Past Chairman of NAIP, Pharm Samson Yomi Osewa ; Pharmanews Publisher, Pharm. (Sir) Ifeanyi Atueyi; and MD, Alpha Pharmacy and Stores, Pharm. (Sir) IKe Onyechi, at the commissioning of NAIP House.



A cross-section of dignitaries at the occasion.

Reflecting on the early history of NAIP, the Publisher of ***Pharmanews***, Pharm. (Sir) Ifeanyi Atueyi, disclosed that Pharm. A. O. Odusina, then marketing manager at ICI, Apapa, was the driving force behind the formation of the association, drawing on his experience with the Association of British Pharmaceutical Industry (ABPI).

According to Atueyi, Odusina hosted several organisational meetings in his office at ICI, Commercial Road, Apapa, with Pharm. H. B. K. Bob-Manuel (marketing manager, Glaxo Nigeria Ltd, Creek Road, Apapa), Pharm. Nath Akobundu (marketing manager, Roche Nigeria Ltd, Town Planning Way, Ilupeju), and himself (Pharm. Ifeanyi Atueyi, then marketing manager, RT Briscoe, Creek Road, Apapa, and editor-in-chief of the *Nigerian Journal of Pharmacy*.

He further explained that following a few meetings, the first set of officers was appointed: Pharm. A. O. Odusina as chairman (the title "president" was rejected by PSN), Pharm. H. B. K. Bob-Manuel as treasurer/financial secretary, and Pharm. Nath Akobundu as secretary.

According to the nonagenarian, the association was officially inaugurated on 5 May 1977 at the PSN Secretariat, 52A Ikorodu Road, Fadeyi, Yaba, during the presidency of Chief (Sir) Chris Efobi (1974–1977), making NAIP the first technical section of the PSN.

He recalled that Akobundu resigned as secretary after one year in office, submitting his resignation on 21 September 1978. During the same meeting, Pharm. Atueyi was elected as secretary, with Pharm. Miss R. O. Britto elected as assistant secretary. However, his own tenure was also short-lived, as he resigned after about a year to focus on ***Pharmanews***, which began publication in May 1979. He had earlier resigned his position at RT Briscoe Pharmaceuticals in January 1979.

Since then, Atueyi noted, the relationship between *Pharmanews* and NAIP—and his personal involvement—has only grown stronger.

Pharm. Atueyi commended the leadership of the association from its inception to the present day, congratulating the current chairman, Onuegbu, on achieving the milestone of securing NAIP House during his tenure.

Also present at the occasion were former PSN Presidents, Mazi Sam Ohuabunwa, Pharm. Olumide Akintayo, and Pharm. Azubike Okwor. Others included the Chairman of NAIP's Board of Trustees, Prof. Lere Baale; past chairmen of NAIP; the Lagos PSN Chairman, Pharm. Babayemi; the ACPN national chairman (ably represented); NAPA chairman; and chairmen of other technical arms of the PSN. All commended the association for the remarkable achievement.

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- Offers up to 10years of pregnancy prevention.
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Eloira is a hormonal intrauterine system (IUS) that contains 52 mg of Levonorgestrel released at an approximate rate of 20 mcg per day. It is used to treat a range of gynaecological conditions that cause heavy menstrual bleeding. It also prevents pregnancy for up to 5 years.

Eloira IUS is inserted into the uterus (womb) ONLY by a trained healthcare provider.

Benefits:

- No daily action is required by the user.
- Insertion and removal can be done at anytime within the menstrual cycle.
- ocal release of the hormone ensures milder side effects
- Does not require regular visits to the clinic
- Quick return to fertility after removal
- Safe for breast feeding mothers from six weeks after delivery
- 99.8% effective in preventing pregnancy for up to 5 years



Progesta

Medroxyprogesterone Acetate 150mg/ml

Progesta is a contraceptive injection containing progestin (150 mg Medroxyprogesterone acetate). A hormone similar to the one produced naturally by the ovaries. It is injected into the muscle (usually the upper arm or buttocks) every 3 months by a health professional. It is also known as DMPA-IM.

Benefits:

- Very effective in preventing pregnancy.
- Does not interfere with sex.
- No pregnancy worries for 3 months.
- Total privacy - no one can tell you are on Progesta.
- Good hormonal option for those who cannot take estrogen.



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2 x 75 mg Levonorgestrel

LEVOPLANT is a high quality, WHO prequalified 2-rod contraceptive implant that is 99.9% effective in preventing pregnancy for up to 3 years. Each rod contains 75 mg of Levonorgestrel (150 mg total) which is released slowly in the body. It is inserted under the skin of the upper arm ONLY by a trained healthcare provider

Benefits:

- It can be used at any time in the menstrual cycle and removed whenever a pregnancy is desired.
- Total privacy, no one can tell you have it and it does not interfere with sex.
- No daily or monthly regimen required.
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Embrace AI to enhance your practice, experts urge pharmacists

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transforming pharmaceutical workflows globally. "AI enables pharmacies to optimise inventory, reduce dispensing errors, and support clinical decision-making through data-driven insights," she stated.

One of the key areas highlighted was inventory management. AI algorithms can forecast medication demand by analysing historical sales data, local epidemiological trends, seasonal patterns, and external factors such as weather and disease outbreaks. "This allows for more accurate procurement planning, minimising stockouts and reducing wastage due to expired medications," she explained.

Yinka-Banjo also highlighted how AI is enhancing the reliability of Automated Dispensing Systems (ADS). These systems, powered by machine learning, continuously refine their processes by learning from past dispensing errors, thereby improving precision. "By integrating AI into ADS, pharmacies can significantly reduce human error and enhance patient safety," she added.

She went on to discuss the growing use of AI in patient-centred pharmaceutical care. AI tools, she said, are now being used to analyse patient profiles—including medication history, genetic markers, and comorbidities—to inform personalised medication therapy management (MTM). This trend, she noted, has implications for improving adherence, managing polypharmacy, and identifying potential adverse drug events (ADEs).

The computer scientist further mentioned the role of AI-driven virtual assistants in supporting pharmacists through remote patient monitoring, medication counselling, and chronic disease education—particularly in underserved communities.

However, she stressed the need for ethical implementation. "Pharmacists must remain vigilant about data privacy, algorithmic bias, and the risk of over-reliance on automation. It is essential to balance technological innovation with professional judgment and patient-centred care," she said.

She called on pharmacy schools, professional bodies, and regulatory agencies in Nigeria to begin integrating AI literacy into curricula and continuing professional development. "AI is not replacing the pharmacist," she concluded. "Rather, it is reshaping the pharmacist's role to be more analytical, clinical, and tech-savvy."

Also speaking at the workshop, Director of the Centre for Artificial Intelligence Development at the University of Benin, Professor Omokhoa Adeleye, highlighted the transformative potential of AI in the pharmaceutical sector. He urged local stakeholders to explore AI-driven solutions in drug development, inventory control, and patient safety.

"Nigeria must not be left behind in the global AI revolution. All advocacy must be compelling, and every step must reflect ethical seriousness," he stated.

Speaking with ***Pharmanews***, Dr Ojo emphasised the importance of continuous learning and adapting to the evolving healthcare and technology landscape. "This is what we do—to assist our colleagues in broadening their knowledge. When you have knowledge and you apply it, that is what we call wisdom," he said.



Keynote speaker, Associate Professor of Computer Science, University of Lagos, Dr Chika Yinka-Banjo; convener, Pharma Career Advancement Group, Dr Lolu Ojo and chairman of the event, Dr Theresa Pounds at the workshop.

According to Ojo, since 2021, the group has organised a series of workshops focusing on practical skills for pharmacists, including digital marketing and finance. The introduction of AI, he explained, is in response to the growing impact of intelligent technologies on healthcare delivery and business management.

"Even within pharmacy, you need associated knowledge to thrive. Artificial intelligence is already reshaping how things are done. Pharmacists must be intentional about learning and leveraging these tools," he said.

He encouraged pharmacists to stay "ahead of their environment," warning that those who fail to adapt may be overwhelmed by rapidly changing economic and technological conditions.

In her closing remarks, the chair of the event, Pharmacist Theresa Pounds, commended the speakers for their insightful presentations and lamented what she described as inadequate collaboration among healthcare professionals.

"Now, I'll tell you—AI is going to force all of us to collaborate. For those who are ready to do it well and do it right—and have a roadmap—AI will drive that collaboration," Pounds said.

University News

NAIP launches academic excellence award for best graduating pharmacy students

By Ranmilowo Ojalumo

In a significant move to bolster academic achievement and strengthen ties between academia and industry, the Association of Industrial Pharmacists of Nigeria (NAIP) has announced the launch of its Academic Excellence Award for the best graduating student in Pharmaceutics and Pharmaceutical Technology.

The annual award, which includes a cash prize of ₦200,000, will be presented to one outstanding graduating student from each of five selected universities across the country.

The chosen institutions, selected to ensure broad geographical representation, are the University of Nigeria, Nsukka (UNN); the University of Ilorin (UNILORIN); Igbinedion University, Okada, Edo State (IUO); Ahmadu Bello University, Zaria (ABU); and Obafemi Awolowo University, Ile-Ife (OAU).

According to NAIP, the initiative is designed to recognise and reward exceptional academic performance in industrial pharmacy disciplines, particularly Pharmaceutics and Pharmaceutical Technology. It also aims to inspire excellence among pharmacy students and foster closer collaboration between academia and the pharmaceutical industry. This, NAIP believes, will strengthen industry-academic synergy in developing the next generation of pharmaceutical professionals.

In a statement jointly signed by NAIP National Chairman, Pharm. Ken Onuegbu, and National Secretary, Pharm. Dr Joy Eniye Adeshina, the association stated: "We are proud to celebrate the achievements of our brightest minds. This award reflects our shared vision for innovation and excellence in pharmaceutical sciences."

While briefing notable stakeholders about the award at the recent commissioning of the NAIP House in Lagos, Onuegbu affirmed the association's full commitment to the initiative. "We pray that there is not going to be any stop to that," he said. He also expressed optimism that the number of beneficiary institutions would increase over time.

"As time goes on, we expect that the five universities will grow to 10 or 20, as the case may be," Onuegbu added.

He further noted that the award underscores NAIP's commitment to nurturing the next generation of pharmaceutical professionals and supporting educational institutions in their pursuit of academic excellence.

The immediate past National Chairman of the Nigeria Association of Pharmacists in Academia (NAPA), Professor Gbenga Akinkunmi, in a chat with ***Pharmanews***, commended NAIP for the initiative, describing it as a welcome development that will encourage academic excellence among students.

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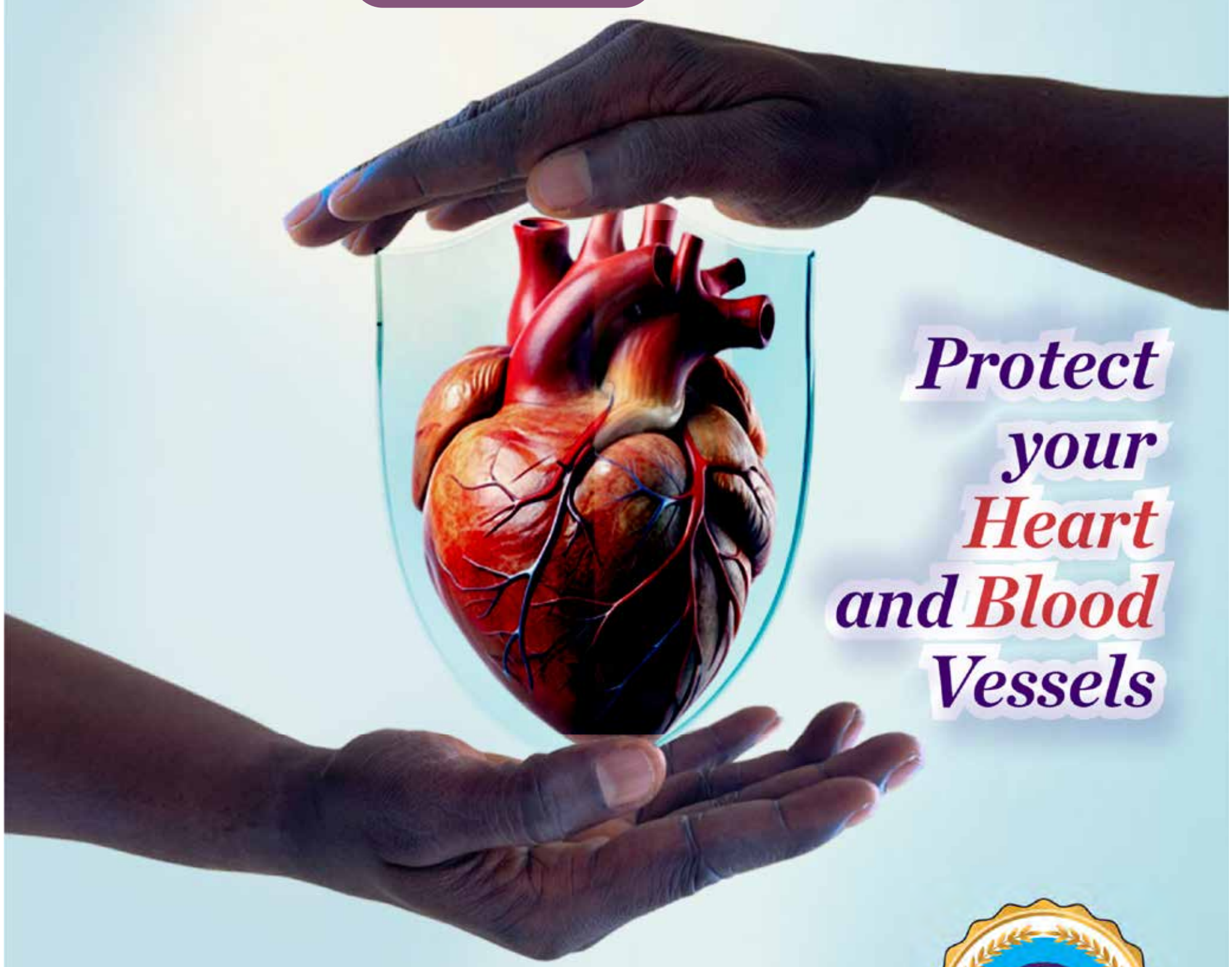
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Ayuba commissions NAIP House, as stakeholders commend association leadership

By Ranmilowo Ojalumo

The President of the Pharmaceutical Society of Nigeria (PSN), Pharm. Tanko Ayuba, recently commissioned the long-anticipated national secretariat of the Association of Industrial Pharmacists of Nigeria (NAIP), otherwise known as "NAIP House", in Lagos.

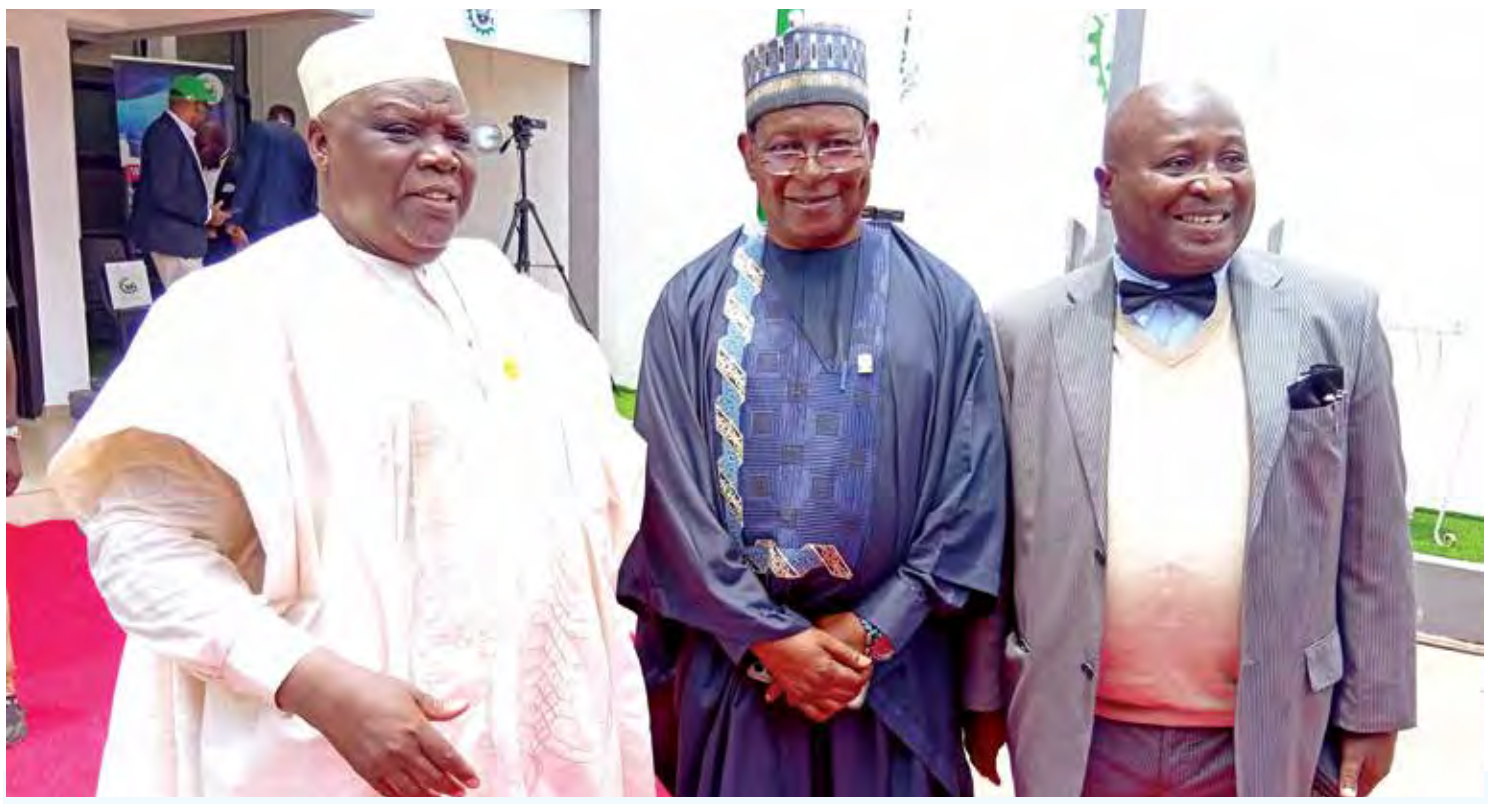
NAIP House is located on Ike God Street, Ajao Estate, Oshodi-Isolo Local Government Area of Lagos State.

Speaking shortly before the official commissioning of the building, the National Chairman of NAIP, Pharm. Ken Onuegbu, described the national secretariat as a *legacy project*, noting that it is the first property owned by the association.

NAIP, it should be noted, has been in existence for 47 years, and operated all that time from rented premises.

Onuegbu described the national secretariat as a turning point for the association, saying it would provide a solid foundation for expanded

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Former PSN President and Honorary Consul-General of Pakistan in Nigeria, Pharm Ahmed Yakasai; PSN President, Tanko Ayuba and former PSN President, Pharm. Olumide Akintayo at the commissioning of NAIP House in Lagos recently.

Embrace AI to enhance your practice, experts urge pharmacists

By Ranmilowo Ojalumo

As technology continues to shape industries across the globe, pharmacists in Nigeria have been urged to embrace artificial intelligence (AI) in their operations to enhance business performance and patient outcomes.

This call was made recently during a one-day capacity-building workshop organised by the Pharma Career Advancement Group. The theme of the workshop, *"Principles and Applications of Artificial Intelligence,"* was, according to the convener, Dr Lolu Ojo, aimed at expanding pharmacists' knowledge beyond traditional clinical boundaries.

Speaking at the event, Associate Professor of Computer Science at the University of Lagos, Dr Chika Yinka-Banjo, noted that AI is ushering in a new era of pharmacy practice with the potential to significantly improve supply chain efficiency, dispensing accuracy, and personalised patient care.

Yinka-Banjo emphasised that AI technologies are no longer futuristic concepts but real-world tools already

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Published by **PHARMANEWS LIMITED,** 8, Akinwunmi Street, Mende, Maryland, P.O. Box 2213, Ikeja, Lagos State. Tel: 08033015991, 08057235128
E-mail:pharmanews@yahoo.com, info@pharmanewsonline.com. Website: www.pharmanewsonline.com. **Editor :Patrick Iwelunmor** -08135439281
Printed by: Fine Print Limited, Tel: 08023036852.

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