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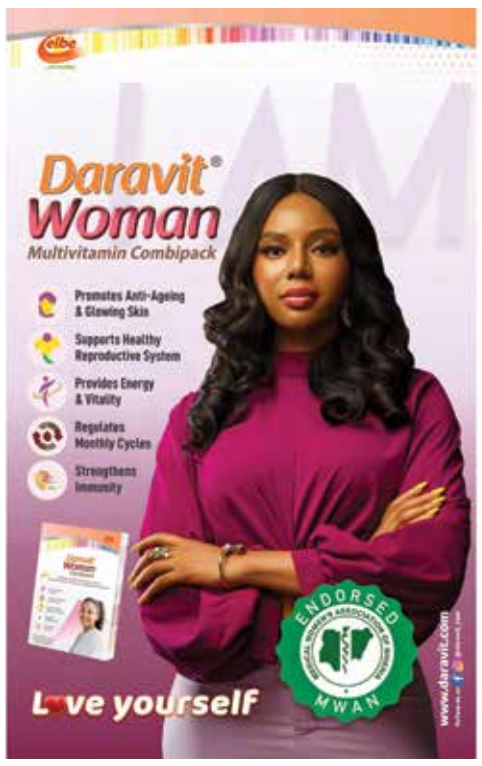












FG backs local pharma firms for WHO prequalification, global competitiveness

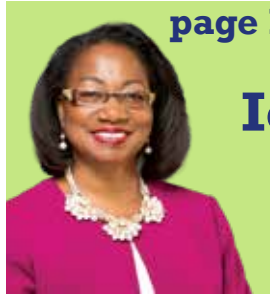
By Temitope Obayendo

In a renewed effort to strengthen medicine security and position local manufacturers for competitiveness in African and global markets, the Federal Government has provided technical support to selected indigenous pharmaceutical companies, bringing them closer to attaining World Health Organisation (WHO) prequalification - a critical

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L-R: Dr Efie Ademokun, head, Veterinary Business and Digital Marketing, Vanguard Pharmacy Limited; Mr Segun Jones, team lead, Management Hub Initiatives, Lagos Business School; Pharm. Taofik Odukoya, founder/ CEO, Vanguard Pharmacy Limited; Prof Louis Nzegwu, H.O.D Operations, Marketing and Information Systems, LBS; Mrs Kawthar Odukoya, co-founder/executive director, Vanguard Pharmacy; and Miss Grace Oyetola, research and teaching associate, LBS, at the unveiling of the Vanguard Pharmacy case study at the Lagos Business School, Ajah, Lagos.



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Sir Ifeanyi Atueyi
Founder
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Dozie Ifeanyi Atueyi
Executive Director
09063305056

Patrick Iwelunmor
Editor
08135439281

Ola Aboderin
Sub-Editor
07033179360

Moses Dike
Business Development Manager
08028396755

Temitope Obayendo
Online Editor
08026748215

Adebayo Oladejo
Senior Reporter
08037648465

Ranmilowo Ojalumo
Reporter
08057700863

Peter Ogbonna
Advert Manager
08137814813

Samuel Dike
Advert Executive
08183570555

Elizabeth Amuneke
Admin. Manager
08057235128

Chinedu Udeanyim
Accountant
07066300374

Gloria Obikili
Subscription Executive
08171029734

Andy Benson-Idima
Graphic Artist
08037151780

CORRESPONDENCE:
All correspondence on editorial matters should be directed to:
The Editor:-08135439281

Enquiries on advertisements should be directed to: The Advert Manager-08137814813
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Pharmanews Limited
8 Akinwunmi Street, Mende,
Maryland, Lagos
P.O.Box 2213, Ikeja
Tel: 08057235128, 08055212962.

E-mail: pharmanews@yahoo.com,
info@pharmanewsonline.com
Website: www.pharmanewsonline.com

PHARM. (MRS) REGINA CHICHI-AGIR



Pharm. (Mrs) Regina Mngohol Chichi-Agir is the director of pharmaceutical services at the Benue State Ministry of Health and Human Services. She is also the national treasurer of the Association of Lady Pharmacists (ALPs). A distinguished public health administrator and pharmacist, she is widely recognised for her leadership in pharmaceutical governance, regulatory affairs, and health policy administration in Nigeria.

Over the years, she has contributed significantly to strengthening pharmaceutical systems, improving medicine quality assurance, and expanding access to essential healthcare services. Her work continues to advance the integration of pharmacy practice into broader public health and policy frameworks.

Born in the 1960s, Chichi-Agir attended the prestigious Queen of the Rosary Secondary School before proceeding to the University of Lagos College of Medicine, Idi-Araba, where she obtained a Bachelor of Pharmacy (B.Pharm.) degree.

She began her career in public health service at the Benue State Ministry of Health as the Logistics Officer in charge of Tuberculosis, Leprosy and Buruli Ulcer programmes. In that capacity, she ensured the consistent availability of medicines and medical commodities across DOTS centres in Benue State, thereby strengthening treatment delivery and disease-control efforts.

Through diligence, competence and commitment to service, Chichi-Agir steadily rose through the ranks, assuming several senior administrative and technical responsibilities within the public health system. Her professional work has focused on pharmaceutical regulation, rational drug use, medicine availability, and compliance with internationally accepted safety and quality standards.

Her advocacy has consistently emphasised the vital role of pharmacists in disease prevention, public health delivery and community health resilience. She has also championed policies aimed at integrating pharmacists more effectively into strategic health planning and healthcare administration.

In recognition of her expertise and leadership, she served on the boards of the Federal Medical Centre, Makurdi, and the Benue State University Teaching Hospital (BSUTH). At FMC Makurdi, she leveraged her experience and influence to facilitate career advancement opportunities for pharmacists, including the promotion of officers who had previously been overlooked, as well as the employment of additional pharmaceutical personnel within the ministry.

Similarly, during her tenure as a board member of BSUTH, she strongly advocated staff welfare and professional recognition, particularly for hardworking pharmacists whose promotions had long been delayed.

A Fellow of the West African Postgraduate College of Pharmacists, specialising in public health pharmacy, Pharm. (Mrs) Regina Mngohol Chichi-Agir is happily married and blessed with children.

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Inspiration

Success is simple. Do what's right, the right way, at the right time. - **Arnold H. Glasow**

The price of success is hard work, dedication to the job at hand, and the determination that whether we win or lose, we have applied the best of ourselves to the task at hand. - **Vince Lombardi**

Desire is the key to motivation, but it is determination and commitment to an unrelenting pursuit of your goal - a commitment to excellence - that will enable you to attain the success you seek. - **Mario Andretti**

Take up one idea. Make that one idea your life - think of it, dream of it, live on that idea. Let the brain, muscles, nerves, every part of your body, be full of that idea, and just leave every other idea alone. This is the way to success. - **Swami Vivekananda**

Think twice before you speak, because your words and influence will plant the seed of either success or failure in the mind of another. - **Napoleon Hill**

A successful man is one who can lay a firm foundation with the bricks others have thrown at him. - **David Brinkley**

Believe in yourself! Have faith in your abilities! Without a humble but reasonable confidence in your own powers you cannot be successful or happy. - **Norman Vincent Peale**

The will to win, the desire to succeed, the urge to reach your full potential... these are the keys that will unlock the door to personal excellence. – **Confucius**

There are two types of people who will tell you that you cannot make a difference in this world: those who are afraid to try and those who are afraid you will succeed. – **Ray Goforth**

Success seems to be connected with action. Successful people keep moving. They make mistakes, but they don't quit. – **Conrad Hilton**





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Tackling the resurgence of Ebola in Africa

The declaration of a fresh Ebola virus outbreak in Central Africa as a Public Health Emergency of International Concern is a call to action that must be taken seriously. The alert, issued by the World Health Organisation at the close of the 79th World Health Assembly, held from 18 to 23 May in Geneva, signals that the world is once again confronting a disease that has repeatedly exposed the fragility of public health systems and the limits of coordinated international response.

The current outbreak, centred in the Democratic Republic of the Congo and extending into Uganda, involves the Bundibugyo strain of the Ebola virus, for which neither an approved vaccine nor a targeted therapeutic regimen currently exists. That fact alone materially raises the stakes. WHO Director-General, Tedros Adhanom Ghebreyesus, has noted that the simultaneous emergence of Ebola alongside other infectious threats indicates a persistent structural vulnerability to rapidly spreading diseases, an observation that is particularly significant for Africa, where health systems remain uneven in capacity, reach and resilience.

The lessons of the 2014 to 2016 West African epidemic must not be forgotten. That outbreak, the deadliest since Ebola was first identified in 1976, infected over 28,000 people and claimed more than 11,000 lives across Guinea, Sierra Leone and Liberia. Beyond the mortality figures lay the compounded burdens of fractured economies, overwhelmed health systems and communities left grappling with grief and stigma. Nigeria recorded between 19 and 20 confirmed cases and seven deaths during that period before achieving a containment that earned international recognition. That precedent must now be actively built upon, not merely cited.

Present indicators are cause for serious concern. Reports from the DRC point to hundreds of suspected infections and a rising death toll, while Uganda has confirmed both cases and fatalities. In a region known for porous borders, dense population movement and limited surveillance infrastructure, outbreaks of this nature rarely remain geographically confined. What begins as a localised health emergency can assume regional and global dimensions with a speed that outpaces unprepared response systems.

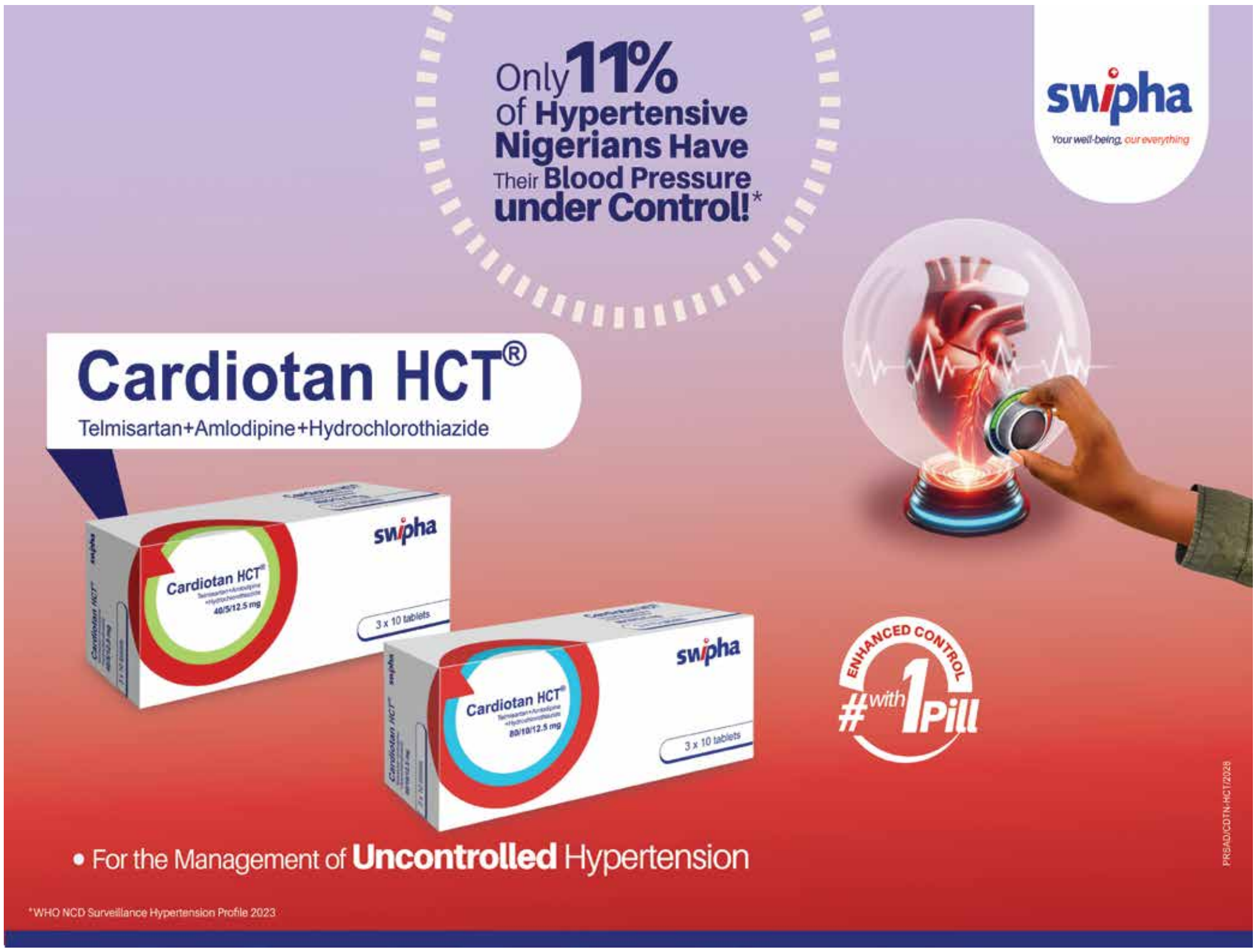
In Nigeria, the activation of emergency preparedness protocols by the Nigeria Centre for Disease Control and Prevention and the heightening of surveillance measures by the Federal Ministry of Health are steps in the right direction. The NCDC's Director-General, Jide Idris, has rightly identified the risk of importation as significant, citing increased cross-border travel and ongoing transmission in affected regions as primary drivers. These assessments must translate without delay into operational action across every relevant agency and institution. Official advisories are necessary; they are not, by themselves, adequate.

Border screening at airports, seaports and land crossings must be reinforced and consistently applied. Diagnostic laboratories must be properly equipped for rapid detection and confirmation. Public communication strategies must be intensified to counter the misinformation that has complicated previous outbreak responses and eroded the community trust upon which effective containment depends. Healthcare workers, who constitute the first and most critical line of defence, must receive continuous training, sufficient protective equipment and the institutional support necessary to fulfil their duties safely and effectively. These are not aspirational standards; they are operational requirements.

The role of professional bodies in this effort equally deserves explicit recognition. The Pharmaceutical Society of Nigeria has issued a timely alert to pharmacists nationwide, urging heightened vigilance across community and institutional settings. As widely accessible healthcare providers, pharmacists occupy a strategic position in early detection, patient education and referral. Their systematic integration into national surveillance frameworks could prove decisive in identifying potential cases before they escalate.

The imperative to depoliticise outbreak response must also be stated without ambiguity. Infectious diseases observe no national boundaries, and treating public health emergencies as matters of sovereign sensitivity rather than collective responsibility has historically proven costly. Transparent reporting, rapid data sharing and coordinated surveillance must form the non-negotiable foundation of Africa's response architecture. Sustained collaboration between national governments, the Africa Centres for Disease Control and Prevention and global partners is not optional; it is indispensable.

The resurgence of Ebola is an unambiguous reminder that infectious diseases remain among the most serious threats to public health security on this continent and beyond. The difference between effective containment and a widening catastrophe will be determined by how decisively and cohesively governments, institutions, professional bodies and communities act in the period immediately ahead. The time for that action is now.

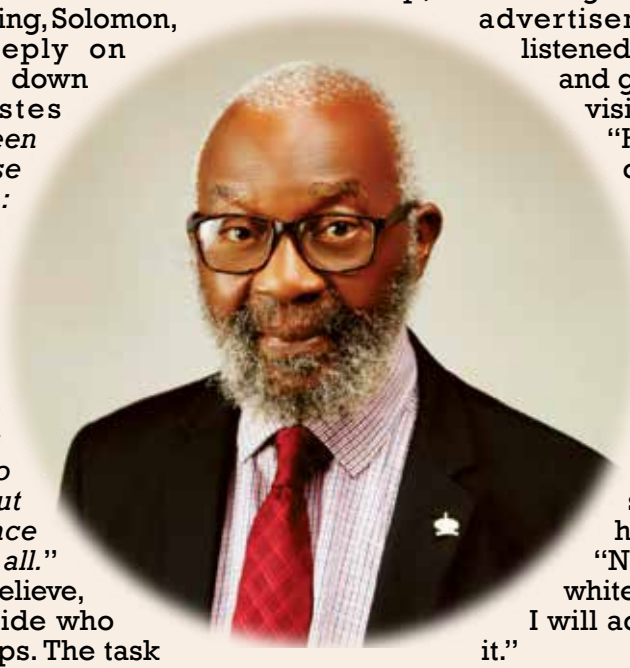


Let God lead you

By Sir Ifeanyi Atueyi
(1939-2025)

In my hometown, when you visit someone and find him eating, it is taken as a sign that you hold him in kindly regard. He will, almost by instinct, invite you to join him, even if no provision was made for an extra guest. Whether you accept is beside the point; what matters is that you arrived at just the right moment to meet the meal.

Have you ever wondered how one arrives somewhere at precisely the right (or wrong) time? One person may walk into an accident and suffer the consequences, while another leaves the same spot moments before and is spared. The difference may be no more than a few minutes. Was the one who left earlier wiser or more intelligent? Hardly. It is a pattern woven into life itself.



The wise king, Solomon, reflected deeply on this and set it down in Ecclesiastes 9:11: "*I have seen something else under the sun: The race is not to the swift or the battle to the strong, nor does food come to the wise or wealth to the brilliant or favour to the learned; but time and chance happen to them all.*"

There is, I believe, an unseen Guide who orders our steps. The task before us is to listen and to act accordingly. At times, the prompting may appear unreasonable, even foolish, to our own judgement; yet it may be precisely what is required. In such moments, it is better to set aside our calculations and respond with the simplicity of trust.

Many of us make careful plans for business, often with the aid of the best consultants. Yet, however sound a plan may seem, its fulfilment lies beyond human foresight. As Proverbs 16:3 counsels, "*Commit to the Lord whatever you do, and your plans will succeed.*" Any plan we devise is, at best, a sketch - something to be submitted for completion. The same chapter reminds us in verse 9: "*In his heart a man plans his course, but the Lord determines his steps.*" The outcome rests with the One who sees the whole.

In 1979, when I began ***Pharmanews***, I was eager to secure advertising support from the pharmaceutical industry to get the venture off the ground. Friends and colleagues offered encouragement and promised future assistance. A few placed initial adverts, but understandably, no company was willing to pay before the first edition appeared. Yet I needed funds to publish that very first issue. I had a vision, but no capital.

One afternoon, I recalled a signboard I had once noticed at Ilupeju, though I had never visited the company and knew no one there. Still, I felt compelled to go. I signed the visitor's register, and my slip was sent to the managing director. To my surprise, I was invited in. The tall German gentleman received me with warmth, as though we were already acquainted, and asked how he might help.

I outlined my idea: a monthly, twelve-page A3 pharmaceutical newspaper to be distributed to pharmacists and doctors across the country. I showed him a mock-up, indicating spaces for advertisements. He listened attentively and grasped the vision at once. "How will you distribute it?" he asked. I explained my plan to wrap copies in brown paper and post them. He shook his head gently. "No. Use good white paper, and I will advertise on it."

He then booked premium advertising spaces on the spot and asked me to send an invoice covering May to December, with payment in advance. He added that he would renew the arrangement each January for as long as he wished to continue. With a cheque covering eight months in hand, ***Pharmanews*** came to life.

As Proverbs 20:24 observes, "*A man's steps are directed by the Lord. How then can anyone understand his own way?*" I still reflect on how I was led to a complete stranger at a critical moment, when neither friends nor relations could provide the needed support. What no bank would have granted as a loan came, unasked, through an unexpected channel.

I have come to believe that when God gives a commission, He also makes provision for it. He seeks out those to entrust with a task and equips them accordingly. The chosen person may not be the most gifted or accomplished by conventional standards, yet time and chance play their part. While people are drawn to outward qualities, He weighs the heart, discerning motives with a precision finer than gold on a scale.



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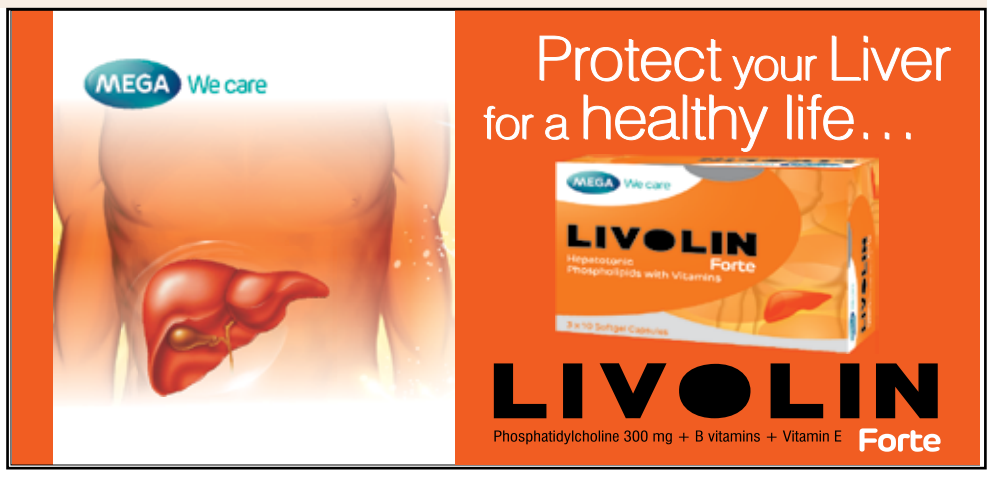
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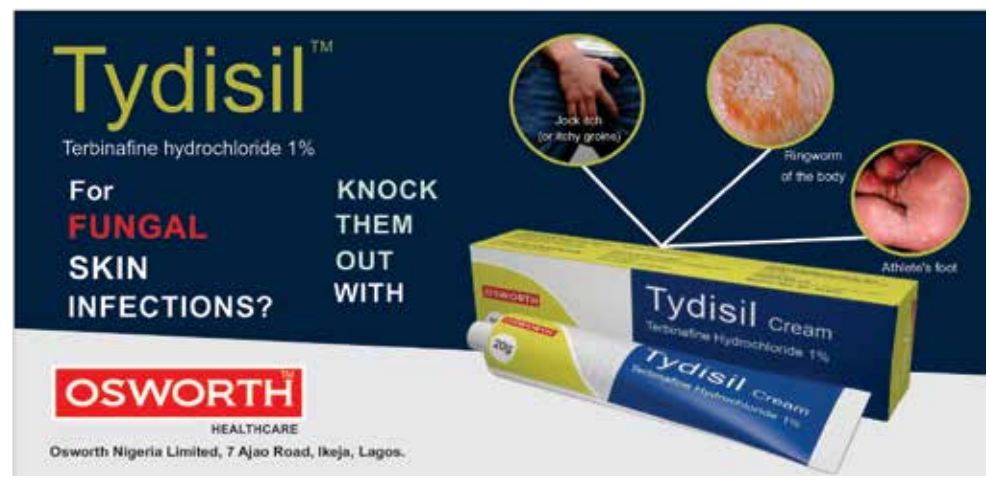
MONTH		DISEASE
July	-	Hepatitis
August	-	Asthma
September	-	Eye Infections

For more information, contact:

Patrick Iwelunmor
Editor
08135439281

Peter Ogbonna
Advert Manager
08137814813





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Talent is not enough

By George O. Emetuche

"Talent is never enough. With few exceptions, the best players are the hardest workers." - **Magic Johnson**

Experts define talent as a natural aptitude or innate ability to perform certain activities with efficiency and ease, often described as a "gift" or superior ability. It represents a recurring pattern of thought or behaviour that, when combined with knowledge and skills, enables individuals to achieve excellence in specific fields. Talent is necessary - but the real question is this: is talent enough?

Talent is limited

Leadership expert John C. Maxwell titled one of his books *Talent Is Never Enough*. The message is simple: talent alone will not take you far. You must go the extra mile. You must learn how to get things done. You must move from good to better, and then to the best in what you do.

Talent is a means to an end, not an end in itself. You need to aspire. You need to define your vision and mission. You need to set goals, determine your strategy, and take action. Most importantly, you must convert your natural abilities into marketable skills and take them to the marketplace.

Train your talent

I started selling in my mother's restaurant in Asata, Enugu, at the age of 12. Selling came naturally to me. No one formally taught me, yet I served professionals, traders, businesspeople and other customers for several years.

But that was not enough. When I began my first job in the hospitality industry as a customer service staff member 29 years ago, I did not rely solely on that early experience. I underwent thorough training and retraining to function as a professional. Talent needed refinement. You need to sharpen the axe.

A talented footballer will remain average until he trains properly and takes the right actions that elevate him to a professional level. That is when international clubs begin to notice him. That is when he earns opportunities that can change his life.

Your talent may prepare you for greatness, but only preparation will take you there.

Keep sharpening the axe

I have a natural gift for writing. I can produce four thousand words in an hour. Yet this gift would become useless - adding no value to me or to society - if I failed to develop and sustain it.

The best way to write is to write. To elevate my writing, I took deliberate steps to improve. I write daily on our online platforms. I have written over 3000 articles, sharing them consistently since 2012. That is how you sharpen the axe. If you do not tend your garden, weeds will grow.

As a sales professional - or in any profession - how do you sharpen your axe? How do you transform talent into advanced skill sets? Think about it, and act.

The fourth principle in Napoleon Hill's *17 Principles of Success* is the habit of going the extra mile: rendering more and better service than expected, with a positive mental attitude. Talent alone is not enough. The field rewards those who are prepared.

Be intentional

Success requires intention. High performers do not rely on talent alone; they do more. They stand out. The best sales professionals go beyond expectations because they aim higher. The best footballers train harder than their peers. Champions prepare more than everyone else.

"To whom much is given, much is expected."

Consider this: with about 20.11 million barrels per day (roughly 20 per cent of global production) the United States remains the world's leading oil producer, yet it is also one of the largest importers of oil. Why? Because production alone is not enough, just as talent alone is not enough. Strategic action sustains the future.

Consumerism leads to poverty. Wise people think about today and tomorrow -and even yesterday - to appreciate how far they have come.

Stay on the right path. Speed is no advantage in the wrong direction. The wrong path leads to the wrong destination. The right time to fix things is always now.

Keep digging because that is where the gold lies. The deeper you dig, the closer you get. Hard work never goes out of style. The harder you work, the luckier you become.

As Robert Kiyosaki puts it: "You get rich because you do things most people will not do. Success requires sacrifice."

Take a decision today to go beyond your talent. Be strategic. Be intentional. Sharpen your skills. Move from good to better—and from better to the best.



Update: The Selling Champion Consulting Limited Annual Sales, Business and High-Performance Masterclass will hold in Enugu on Saturday, 22 August 2026, for South-East and South-South participants, and in Lagos on Saturday, 5 September 2026, for Lagos and South-West participants.

Enquiries: 07060559429 Visit: www.thesellingchampionconsulting.com

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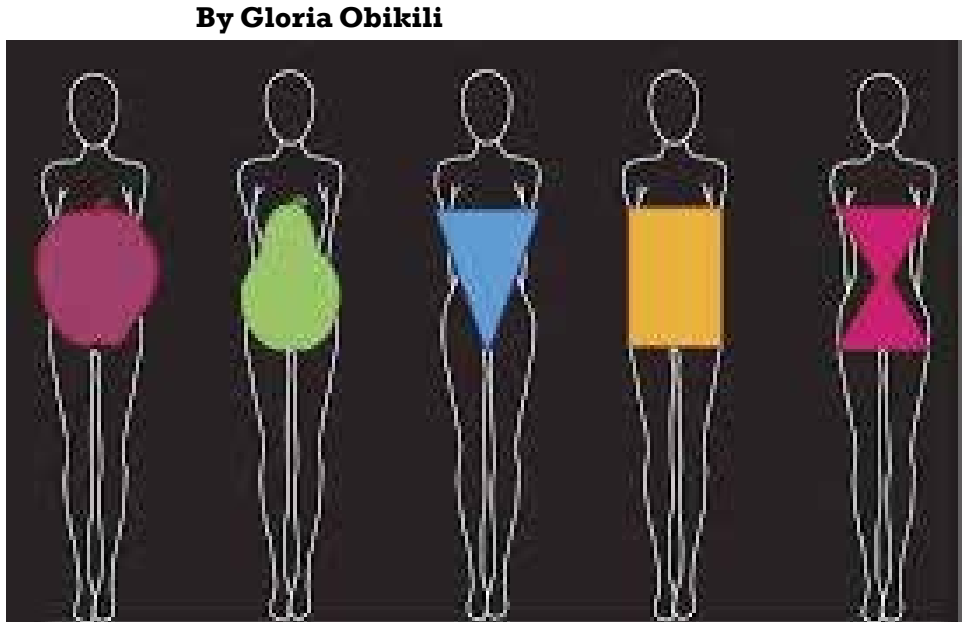
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Health risks of body-shaping wears

By Gloria Obikili



Body-shaping garments are everywhere today. They are all over social media being promoted as quick fixes for a "perfect" figure. But behind the smooth curves and confident poses, there is often a hidden struggle.

Not long ago, I came across a video of a bride on her wedding day, dressed in a tightly fitted corset gown. She looked stunning at first glance, but a closer look told a different story. She struggled to breathe, could not move freely, and seemed more focused on enduring the outfit than enjoying her celebration. It made me ask: at what cost do we chase beauty?

What are body-shaping wears?

Body-shaping wears are clothes designed to gird or support the body. They work by applying pressure, also called compression, to certain areas to create a slimmer or more defined shape. Common examples include corsets, girdles, waist trainers, shapewear, and medical compression wear.

They are usually made from stretchy materials such as spandex, nylon, latex, or polyester blends. These fabrics allow the garments to tighten around the body while still giving some room for movement. Depending on how they are designed, they may also trap heat or allow air to pass through.

It is important to understand that these garments serve two main purposes. Some are made for fashion, while others are designed for health. Fashion shapewear focuses on appearance. It aims to smooth out curves or create a certain silhouette, often for special occasions or daily wear. Medical compression garments, on the other hand, are used under professional guidance. They can help with recovery after surgery, improve blood flow, or support muscles and joints.

The difference lies in intention and safety. Medical garments are carefully designed to support the body without harming it. Fashion garments, however, sometimes push the body beyond its natural limits in the name of appearance.

Hidden risks

When worn too tightly or too often, fashion shapewear can lead to several health problems. One of the most immediate effects is restricted breathing. Tight garments, especially corsets, limit how much the chest can expand. This can make it difficult to take deep breaths and may lead to dizziness or fatigue.

Digestion is another area that can be affected. When the abdomen is compressed, the stomach and intestines do not function as they should. This can cause discomfort, acid reflux, or slow digestion. Over time, it may lead to more serious digestive issues.

There is also the effect on muscles. The body is designed to support itself, but when external garments constantly hold everything in place, the muscles may become weaker. This can lead to poor posture and long-term discomfort.

Beyond the physical effects, there is a psychological side that is often ignored. Some people begin to feel dependent on these garments. They may lose confidence in their natural body shape and feel uncomfortable without the added support. Over time, this can affect self-esteem and body image in subtle but lasting ways.



A balanced approach

Body-shaping garments are not entirely harmful. When used correctly and for short periods, they can serve their purpose without causing damage. The key is moderation and awareness.

It is wise to avoid wearing very tight garments for long hours, especially daily. Listen to your body. If there is pain, discomfort, difficulty breathing, or unusual symptoms, it is a sign to stop. Comfort should never be sacrificed completely for appearance.

For those who need compression for medical reasons, it is always best to seek advice from a qualified health professional. Proper guidance ensures that the garment supports rather than harms the body.



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FG backs local pharma firms towards WHO prequalification, global competitiveness

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benchmark for international quality standards and access to wider markets.

The milestone was recorded under a special project led by the National Institute of Pharmaceutical Research and Development (NIPRD) in collaboration with the National Malaria Elimination Programme, with support from the World Bank. The programme, themed *"Meeting to Consolidate Technical Support/ Capacity Building to the Pharma Industry; Ensuring Medicine Quality – Advanced Insights into WHO Prequalification,"* was held recently at the Amber Residence, GRA, Ikeja, Lagos.

Speaking at the event, the Director-General of NIPRD, Obi P. Adigwe, described the outcome as "transformational", noting that local manufacturers have moved from uncertainty to a firm commitment to meet WHO prequalification standards. Represented by Director Mboma Iheanyi, Adigwe observed that for years Nigeria's pharmaceutical sector had been excluded from global procurement opportunities due to stringent WHO benchmarks, but expressed optimism that the tide is turning.

"Medicine security is not just a health metric; it is the bedrock of national sovereignty," he said, stressing that reliance on imported medicines poses risks to equity, national security and economic stability. He noted that the project aligns with the Federal Government's broader drive to strengthen the health sector value chain.

Adigwe explained that the intervention followed a four-phase structure, from mindset reorientation to final implementation, aimed at strengthening local manufacturing capacity. According to him, technical understanding among participating companies improved significantly, rising from 33.3 per cent to 86.7 per cent, while 13 out of 19 critical gaps identified at baseline have been addressed.

He emphasised that the achievement goes beyond compliance, representing a deliberate alignment of technical systems to deliver measurable outcomes.

Also speaking, NIPRD Lead for the IMPACT Project, Mr Okefu Oyale Okoko, said the progress marks a turning point for Nigeria's pharmaceutical sector. He explained that companies are at varying levels of readiness but are steadily advancing towards WHO prequalification.

According to him, attaining WHO certification for artemether/ lumefantrine-based antimalarial medicines, which is yet to be achieved by any African manufacturer for such products, would be a landmark breakthrough. It would not only strengthen medicine security in Nigeria but also enable local firms to compete globally for supply contracts, positioning the country as a key player in Africa's pharmaceutical landscape.

The project's Lead Consultant, Pharm. Desola Arowolo, attributed the progress to a critical shift in mindset among participating companies. She noted that initial scepticism about achieving WHO prequalification gave way to confidence and commitment following technical support and gap analyses.

She explained that the process revealed many companies were already implementing sound practices but needed to refine and align them with global standards. This culminated in the co-creation of Common Technical Document (CTD) dossiers for antimalarial medicines, a key requirement for WHO prequalification.

Arowolo said the gains extend beyond technical readiness, pointing to improved access to quality medicines, reduced dependence on imports, and increased opportunities for economic growth and job creation. However, she identified funding as a major challenge, noting that scaling up production and meeting global standards require substantial investment and sustained support.

While the project began with a larger number of companies, it concluded with a smaller group that successfully completed this phase. Arowolo said future expansion would depend on the outcome of the project and stakeholder decisions.

With the current phase completed, the companies are expected to proceed independently towards full WHO prequalification, with expectations that several will ultimately succeed and compete effectively in the international market.

Representatives of the participating companies, including Mecure, Drugfield Pharmaceuticals Ltd, Evans Baroque Ltd, and Neimeth International Pharmaceuticals Ltd, commended the Federal Government and NIPRD for the support, while calling for additional assistance, particularly funding, to upgrade facilities and meet global benchmarks.



L-R: Pharm. Oluwatoyin Karimu, team member, NMEP-IMPACT Project; Mboma Iheanyi, representative of the Director-General, NIPRD, Dr Obi Adigwe; Okefu Oyale Okoko, project manager, NMEP-IMPACT; Pharm. Desola Arowolo, NIPRD lead consultant; Charles Balogun, technical adviser to DG NIPRD, and Tolu Ayinde, consultant to NIPRD, at the programme.



Participants and facilitators at the programme.



Pharmanews Facts

1. PN is the leading healthcare journal in Nigeria.
2. PN has been published monthly without interruption since 1979.
3. PN is the widest circulating healthcare journal in Nigeria.
4. PN has the highest readership among health journals.
5. PN is available online as mobile App and PDF.
6. PN has over 18 million cumulative monthly website hits.
7. PN is the journal of choice for advertisers.
8. PN is the Winner, 2017, 2018, 2019, 2021, 2022, 2023 and 2025 Nigerian Healthcare Media Excellence Awards (NHEA).

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Inquest

with

Patrick Iwelunmor

Tel:08135439281
Email: iwelunmorpatrick@yahoo.com

Mental health in marriage

It is often said that loneliness is hardest to bear when experienced beside another person. Few places reveal this more painfully than marriage. Behind many smiling anniversary photographs and carefully managed public appearances are couples silently carrying emotional burdens they no longer know how to explain. They share homes, routines, responsibilities and even beds, yet remain emotionally distant from one another. To outsiders, everything appears stable. Inside the relationship, however, something essential may already have faded.

As Mental Health Awareness Week 2026 drew attention to emotional wellbeing, anxiety and depression, there is a need to discuss one of the quieter sources of psychological distress: emotionally unhealthy marriages. Society still presents marriage as proof of fulfilment and stability. Married people are often viewed as settled and successful, while unmarried people are subtly made to feel incomplete. What receives far less attention is the reality that marriage itself can sometimes become a source of emotional suffering for both women and men.

This suffering does not always arrive through dramatic conflict or abuse. Sometimes it emerges quietly through emotional neglect, poor communication, silence and the gradual disappearance of intimacy. Couples begin to function more like co-managers of daily life than emotional companions. Conversations become practical rather than meaningful. Affection becomes irregular. Over time, two people may continue living together while slowly becoming strangers emotionally. The tragedy is that this emotional distance often develops gradually enough for both people to normalise it. What once felt temporary slowly becomes routine, until silence itself becomes the language of the relationship.

For many women, this emotional strain appears in the burden of constantly caring for others while neglecting themselves. Some feel responsible for holding the home together emotionally, even when they themselves feel unsupported and unseen. Men experience emotional distress differently but just as deeply. Many are raised to believe vulnerability is weakness, so instead of expressing emotional pain, they withdraw into silence, work or routine. Some begin spending longer hours away from home, not because of ambition, but because emotional disconnection at home becomes difficult to face.

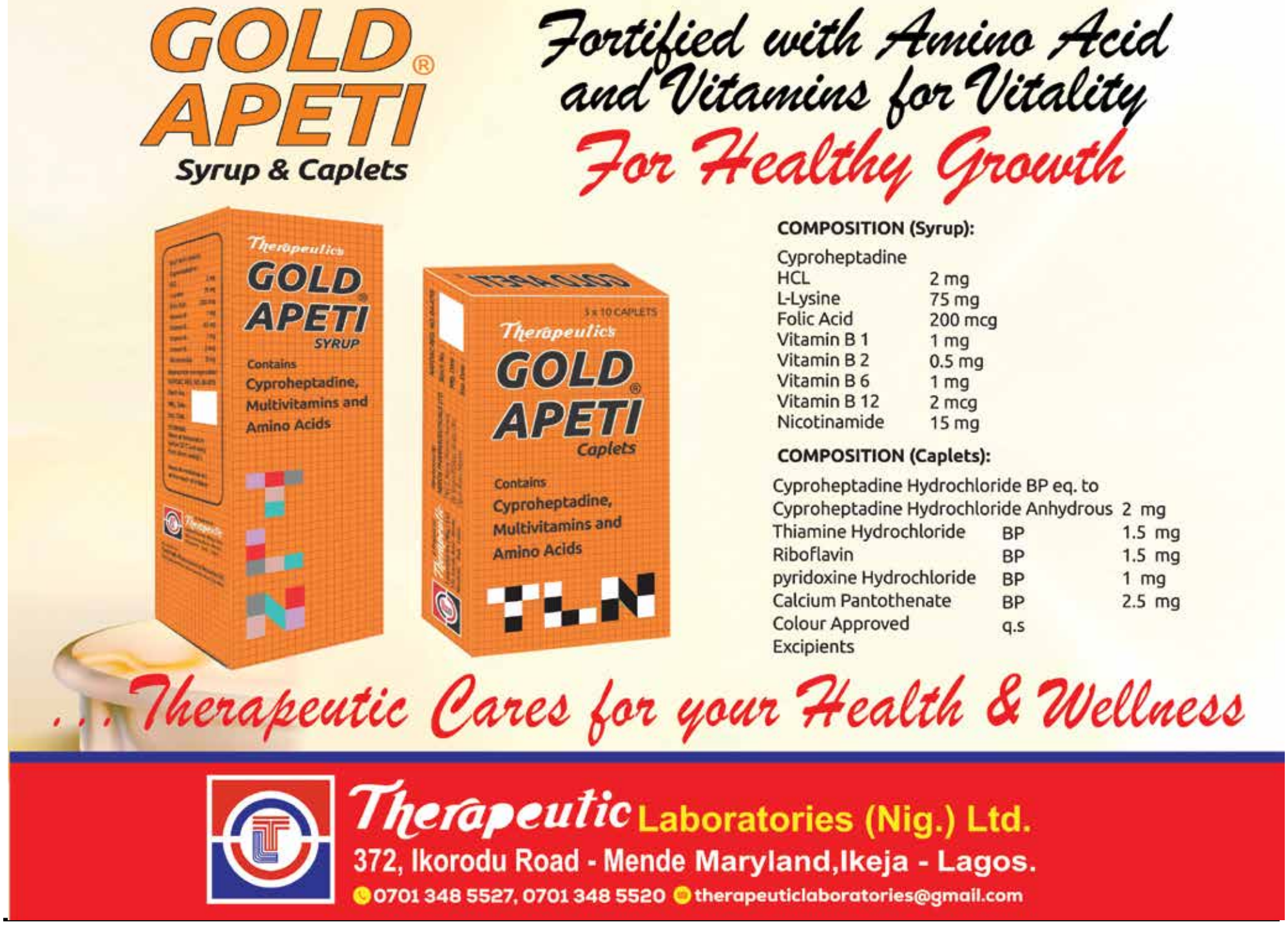
One of the most troubling aspects of emotionally unhealthy marriages is that the suffering often survives behind stable appearances. Couples still attend social events together, smile for photographs and fulfil public expectations of married life. From the outside, the relationship appears intact. Internally, however, both partners may feel emotionally isolated. The marriage continues structurally, but the emotional bond weakens until habit, obligation or fear of judgement become the main forces holding it together.

Over time, this emotional neglect begins to affect mental health. Anxiety, emotional numbness, irritability, insomnia and depression can quietly develop within relationships where emotional needs remain unmet for years. Some people cope through overwork or emotional withdrawal. Others simply stop expecting happiness from the relationship altogether. Emotional pain that remains unspoken for too long often finds other ways to express itself, sometimes through anger, bitterness, exhaustion or complete emotional detachment.

Cultural expectations often worsen the problem. Women are frequently encouraged to endure emotional hardship in order to preserve the marriage, while men are expected to remain strong, provide financially and avoid emotional openness. As a result, many couples never develop honest conversations about loneliness, disappointment or emotional disconnection. They learn instead to perform stability while privately struggling.

It is important to acknowledge that not all marriages are unhealthy. Many relationships remain loving, emotionally supportive and deeply fulfilling. But meaningful conversations about mental health must also create room for people whose marital experiences are emotionally difficult and quietly painful. Toxicity in marriage is not always loud. Sometimes it appears through years of unresolved resentment, emotional neglect or constant feelings of invisibility. A person may remain married and still feel profoundly alone.

Mental health conversations, therefore, need to move beyond hospitals and therapy rooms into ordinary spaces like homes and relationships, where emotional suffering is often hidden behind routine smiles and carefully managed appearances. There is a difference between staying married and feeling emotionally connected within a marriage. There is also a difference between endurance and emotional well-being.



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Advances in hypertension management



Hypertension, commonly known as high blood pressure, is a condition in which the pressure within the blood vessels becomes dangerously elevated. According to the World Health Organisation (WHO), normal blood pressure is 120/80 mmHg, whilst hypertension is generally defined as a reading of 140/90 mmHg or higher.

Blood pressure is measured using two figures. The first, known as systolic blood pressure, measures the pressure in the arteries when the heart beats. The second, diastolic blood pressure, measures the pressure when the heart rests between beats. A reading of 120 systolic and 80 diastolic is expressed as "120 over 80," or written as 120/80 mmHg - the accepted norm for healthy adults. It is worth noting, however, that blood pressure fluctuates throughout the day depending on activity levels.

According to Dr Kingsley Akinroye, executive director of the Nigeria Heart Foundation and consultant cardiologist, the ideal blood pressure is 120/80 mmHg, though in Nigeria the clinical threshold for hypertension is set at 140/90 mmHg. "Any figure higher than 140 mmHg for systolic blood pressure or 90 mmHg for diastolic blood pressure is regarded as hypertension," he stated. The higher one's blood pressure, the greater the risk of serious complications such as heart disease, heart attack, and stroke.

Global burden

Hypertension is a disease that has claimed countless lives and continues to do so. The disease is widely regarded as the leading cause of premature death across the globe. The WHO has estimated that it caused more than 7.5 million deaths — approximately 12.8 per cent of all deaths worldwide - in 2022.

According to the WHO 2025 Global Report on Hypertension, an estimated 1.4 billion adults aged 30–79 years worldwide had hypertension in 2024, representing 33 per cent of the population in that age range. Two-thirds of adults aged 30–79 years living with hypertension reside in low- and middle-income countries.

Unfortunately, an estimated 600 million adults with hypertension (44 per cent) are unaware that they have the condition. Approximately 630 million adults (44 per cent) are diagnosed and receiving treatment, whilst about 320 million (23 per cent) have it under control. The WHO has noted that hypertension is a major cause of premature death worldwide.

A study considered the most comprehensive of its kind as of 2021, conducted by the Castleman Disease Collaborative Network - a global network of physicians and researchers — covering the period 1990 to 2019, found that there was little change in the overall global rate of hypertension during that period, but that the burden shifted from wealthy nations to low- and middle-income countries.

The study analysed blood pressure measurement and treatment data from over 100 million people aged 30–79 years in 184 countries, together covering 99 per cent of the global population.

The researchers found that Canada, Peru, and Switzerland had among the lowest prevalence of hypertension in the world in 2019, whilst some of the highest rates were recorded in the Dominican Republic, Jamaica, and Paraguay (among women), and in Hungary, Paraguay, and Poland (overall). The study also revealed that African countries recorded the lowest hypertension treatment rates in 2019.

Hypertension burden in Nigeria

A study conducted by six Nigerian researchers - Nwankwo, Makena et al. (March 2026) - titled "Prevalence of Hypertension Among Adults in Nigeria: A Systematic Review and Meta-Analysis," found that hypertension affects approximately one in three adults in Nigeria, confirming a substantial and widespread public health burden.

A WHO report from 2022 stated that 76.2 million Nigerians are living with hypertension, which represents the highest cardiovascular disease burden in the country. Dr Akinroye also stated that the prevalence of hypertension in Nigeria is estimated at between 30 and 40 per cent of the country's population of over 200 million, equating to between 60 and 80 million Nigerians. He specifically noted that almost one in three adults in Nigeria suffers from hypertension, whilst only about one-third of those affected - approximately 26.7 million Nigerians - are currently on treatment.

The Managing Director of May & Baker Nigeria PLC, Pharm. Patrick Ajah, said in an interview with ***Pharmanews*** that hypertension is a silent killer claiming the lives of many Nigerians, noting that many people are going about their daily lives entirely unaware of their health status.

According to the State of Health of the Nation Report 2025, released in Abuja by the Federal Ministry of Health and Social Welfare, hypertension remains one of the most pressing public health concerns in Nigeria, affecting an estimated 35 to 40 per cent of adults in 2025. The report noted that whilst the prevalence of high blood pressure remains alarmingly high, public awareness of hypertension and cardiovascular diseases improved in 2025 compared with 2024.

Causes of hypertension

According to experts, hypertension usually develops over time and can also arise as a result of unhealthy lifestyle choices, such as a lack of regular physical activity. Certain health conditions, such as diabetes and obesity, can also increase the risk of developing high blood pressure. High blood pressure can also occur during pregnancy.

Whilst many experts have been unable to identify the exact cause of hypertension in every case, the NHS (UK) has identified numerous contributing factors, including kidney disease, diabetes, long-term kidney infections, sleep apnoea - a condition in which the walls of the throat relax and narrow during sleep, interrupting normal breathing - glomerulonephritis (damage to the tiny filters inside the kidneys), and narrowing of the arteries supplying the kidneys.

Other contributing factors include hormonal problems such as an underactive thyroid, an overactive thyroid, Cushing's syndrome, acromegaly, increased levels of the hormone aldosterone (hyperaldosteronism), and

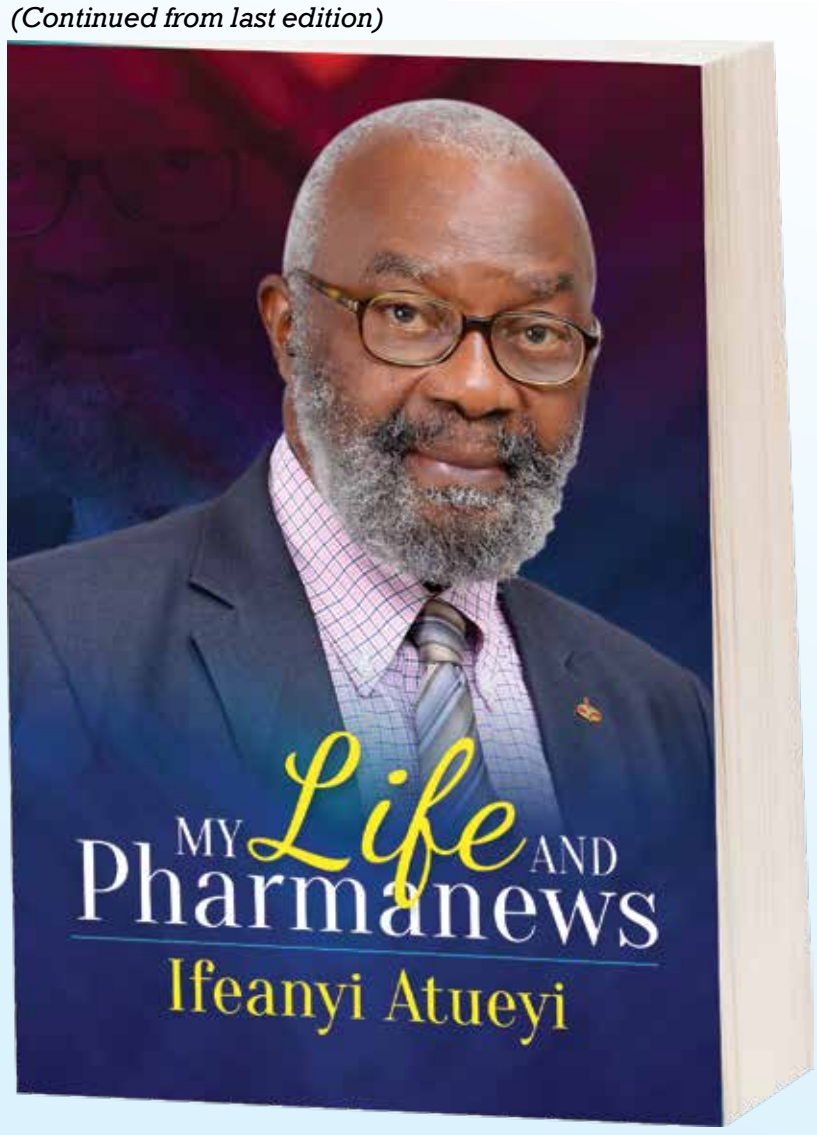
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TESTIMONIALS OF ACCOMPLISHMENT

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

(Continued from last edition)

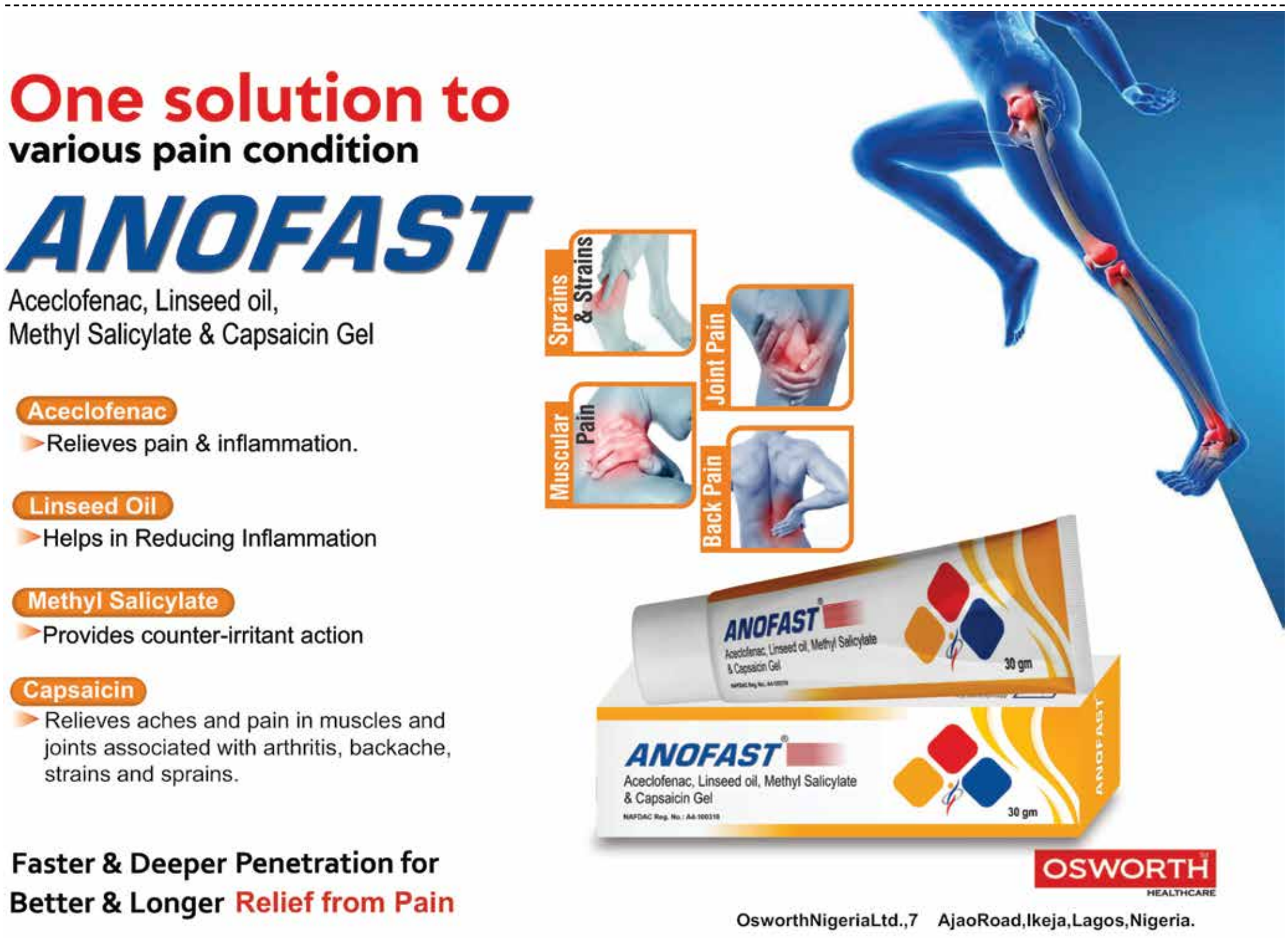


As I wrap up this account of the journey of my life and ***Pharmanews*** so far, I must say that I'm filled with a profound feeling of gratitude to the almighty God for His mercies and grace that have made it all possible. I thank Him for sustaining my life and ***Pharmanews*** for these many decades. The journey has been quite eventful, with lots of incidents that neither memory nor space would allow me to immediately recall or document. But God's grace has been all-encompassing and all-sufficient.

In addition to my feeling of gratitude to God and to the various individuals He has used to bless my life and ensure the continued success of ***Pharmanews***, I also feel a deep sense of accomplishment. This comes from two sources. The first is the understanding that I am doing what I was born to do and, in essence, spending every day of my life justifying the essence of my existence.

You see, I know quite well that there are many ventures that one could dabble into in life and even as a pharmacist, but I am equally aware that not all of such things are for me. I derive my own happiness and fulfilment from committing myself to the vision and mission of ***Pharmanews***. And the success we have recorded so far has confirmed to me that, in life, one can still make a name, leave a mark, and immensely influence others by doing seemingly "little things" in a great way. As Martin Luther King Jr rightly said, "If a man is called to be a street sweeper, he should sweep streets even as Michaelangelo painted, or Beethoven composed music or Shakespeare wrote poetry. He should sweep streets so well that all the hosts of heaven and earth will pause to say, 'Here lived a great street sweeper who did his job well!'"

The second and perhaps the more important reason why I feel fulfilled is the manifold impact that I have been able to make upon people's lives with the work that God has given me to do. This impact, though beginning with Pharmacy and pharmacists, has over the years, extended to all categories of individuals and organisations in all strata of the Nigerian society and beyond. Evidence of this abounds in the numerous recognitions and awards that have come my way and the way of ***Pharmanews*** from a myriad of sources within and outside the pharmaceutical industry.



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Advances in hypertension management

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phaeochromocytoma. Lupus - a condition in which the immune system attacks parts of the body such as the skin, joints, and organs - and scleroderma, a condition that causes thickening of the skin and sometimes affects organs and blood vessels, may also be implicated.

The NHS further noted that certain medications can cause or worsen hypertension. These include the contraceptive pill, steroids, non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, aspirin, and naproxen, some pharmacy cough and cold remedies, certain herbal remedies - particularly those containing liquorice - some recreational drugs such as cocaine and amphetamines, and some selective serotonin-noradrenaline reuptake inhibitor (SSNRI) antidepressants such as venlafaxine. Blood pressure may return to normal once the medication in question is discontinued.

The WHO additionally identified other probable causes of hypertension, including overweight or obesity, physical inactivity, excessive salt in the diet, excessive alcohol consumption (more than one to two drinks per day), stress, older age, genetics, and a family history of high blood pressure. Lifestyle changes, such as eating a healthier diet, quitting tobacco, and becoming more physically active, can help lower blood pressure.

Symptoms of hypertension

The State of Health of the Nation Report 2025 explained that many people living with hypertension are unaware of their condition because the disease often develops without noticeable symptoms. The American CDC similarly noted that hypertension usually has no warning signs or symptoms, and that the only way to know whether one has it is to have a blood pressure check.

The National Heart, Lung and Blood Institute of America stated that symptoms from high blood pressure typically do not appear until it has caused serious health problems. "About one in three US adults with high blood pressure are not even aware they have it and are not being treated to control their blood pressure. That is why it is important to have your blood pressure checked at least once a year," the Institute noted.

Whilst most people with hypertension experience no symptoms at all, very high blood pressure can cause headaches, blurred vision, chest pain, and other symptoms. The WHO specifically noted that people with very high blood pressure may experience severe headaches, chest pain, dizziness, difficulty breathing, nausea, vomiting, blurred vision or other visual changes, anxiety, confusion, buzzing in the ears, nosebleeds, and an abnormal heart rhythm.

The WHO urges anyone experiencing any of these symptoms to seek medical care promptly. "The only way to detect hypertension is to have a health professional measure blood pressure. Having blood pressure measured is quick and painless. Although individuals can measure their own blood pressure using automated devices, an evaluation by a health professional is important for the assessment of risk and associated conditions," the WHO stated.

Diagnosis of hypertension

Anyone experiencing symptoms associated with hypertension should see a physician for a clinical examination. The doctor will take a medical history, ask about any symptoms, and listen to the patient's heart using a stethoscope. Blood pressure is measured using a cuff,



usually placed around the arm. It is important that the cuff fits correctly, as an ill-fitting cuff - whether too large or too small - can affect the accuracy of readings. The cuff is inflated using either a small hand pump or a machine.

Experts advise that on the first occasion, blood pressure should be measured in both arms to check for any difference between the two. Subsequent readings should use the arm that produced the higher result. Hypertension is measured in millimetres of mercury (mmHg). As previously noted, a blood pressure reading comprises two numbers: the top number, or systolic pressure, measures arterial pressure when the heart beats; the bottom number, or diastolic pressure, measures arterial pressure between heartbeats.

Hypertension is diagnosed when the blood pressure reading is equal to or greater than 130/80 mmHg, based on the average of two or more readings taken on separate occasions. Blood pressure is categorised by severity, a process known as staging, which helps to guide treatment decisions.

Stages of hypertension

Stage 1 hypertension: The top number is between 130 and 139 mmHg, or the bottom number is between 80 and 89 mmHg.

Stage 2 hypertension: The top number is 140 mmHg or higher, or the bottom number is 90 mmHg or higher.

In some cases, the diastolic reading is normal (below 80 mmHg) whilst the systolic reading is elevated. This is known as isolated systolic hypertension and is the most common form of high blood pressure in people over the age of 65.

Special tests for hypertension

Following a diagnosis of hypertension, a healthcare provider may recommend further tests to identify an underlying cause. These may include:

Ambulatory monitoring: A prolonged blood pressure monitoring test that records readings at regular intervals over six or 24 hours. The main limitation of this test, as experts have noted, is that the required devices are not widely available in many medical centres.

Laboratory tests: Blood and urine tests to check for conditions that may cause or worsen high blood

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pressure — for example, cholesterol levels, blood sugar, and kidney, liver, and thyroid function.

Electrocardiogram (ECG or EKG): A quick and painless test that measures the electrical activity of the heart and can indicate whether it is beating too fast, too slowly, or irregularly. Sensors called electrodes are attached to the chest, and sometimes to the arms or legs, and connected by wires to a machine that prints or displays the results.

Echocardiogram: A non-invasive examination that uses sound waves to produce detailed images of the beating heart, showing how blood moves through the heart and its valves.

Treatment of hypertension

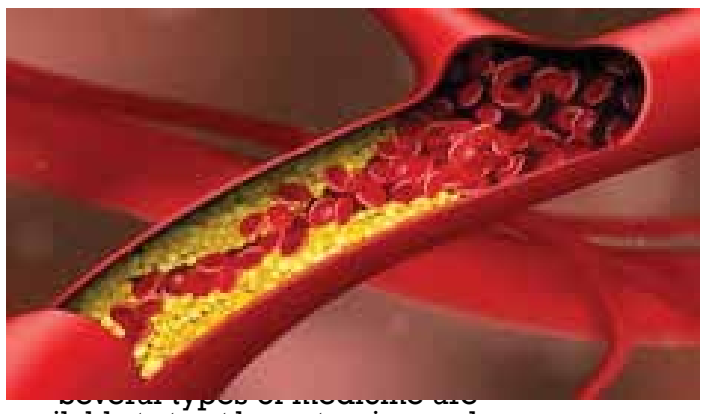
Although hypertension is one of the leading causes of premature death worldwide, it is a treatable condition.

Lifestyle changes

Lifestyle modifications can substantially lower high blood pressure and are beneficial for all patients. Such changes include eating a healthy, low-salt diet, losing excess weight, increasing physical activity, and quitting tobacco use.

Where lifestyle changes alone are insufficient, a doctor may prescribe one or more medicines. The recommended blood pressure target will depend on the patient's overall health profile. The WHO specifically recommends a target of below 130/80 mmHg for patients with cardiovascular disease, diabetes, chronic kidney disease, or a high cardiovascular risk. For most other people, the goal is a blood pressure of below 140/90 mmHg.

Medicines for hypertension



several types of medicine are available to treat hypertension, and many patients require a combination of more than one. According to the NHS, patients under 55 years of age, or those of any age with type 2 diabetes, will usually be offered an ACE inhibitor or an angiotensin-2 receptor blocker (ARB). Patients aged 55 or older, or those of any age who are of African or Caribbean origin and do not have type 2 diabetes, will typically be offered a calcium channel blocker.

Patients may need to take blood pressure medication for life, though a doctor may consider reducing or stopping treatment if blood pressure remains well controlled over several years. Whilst side effects are possible, most patients do not experience them. Any side effects should be discussed with a doctor rather than prompting the patient to stop taking the medicine unilaterally.

The main classes of antihypertensive medicines are as follows:

Angiotensin-converting enzyme (ACE) inhibitors: ACE inhibitors lower blood pressure by relaxing the blood vessels. Common examples include enalapril, lisinopril, perindopril, and ramipril. The most common side effect is a persistent dry cough; other possible side effects include headaches, dizziness, and a rash.

Angiotensin-2 receptor blockers (ARBs): ARBs work in a similar way to ACE inhibitors and are often recommended when ACE inhibitors cause troublesome side effects. Common examples include candesartan, irbesartan, losartan, valsartan, and olmesartan. Possible side effects include dizziness, headaches, and cold or flu-like symptoms. Due to the risk of serious complications, including stroke, aliskiren should not be taken in combination with ACE inhibitors or ARBs.

Calcium channel blockers: These reduce blood pressure by widening the blood vessels. Common examples include amlodipine, felodipine, and nifedipine, as well as diltiazem and verapamil. Possible side effects include headaches, swollen ankles, and constipation. Consuming grapefruit juice whilst taking some calcium channel blockers may increase the risk of side effects.

Diuretics: Sometimes referred to as water tablets, diuretics work by flushing excess water and salt from the body through the urine. They are often used when calcium channel blockers cause troublesome side effects or when there are signs of heart failure. Common examples include indapamide and bendroflumethiazide. Possible side effects include dizziness upon standing, increased thirst, and frequent urination. Long-term use may result in low potassium or low sodium levels, which are monitored through regular blood tests.

Beta-blockers: Beta-blockers reduce blood pressure by slowing the heart rate and reducing the force of each beat. Whilst once a first-line treatment, they are now generally reserved for cases where other medicines have not been effective, as they are considered less effective overall. Common examples include atenolol and bisoprolol. Possible side effects include dizziness, headaches, fatigue, and cold hands and feet. Beta-blockers are not usually prescribed as the sole antihypertensive agent and tend to work best in combination with other medicines.

Alpha-blockers: These medicines reduce nerve signals to the blood vessels, diminishing the effect of natural chemicals that cause narrowing. Examples include doxazosin (Cardura) and prazosin (Minipress).

Alpha-beta blockers: These block nerve signals to blood vessels whilst also slowing the heart rate, thereby reducing the volume of blood that the heart must pump. Examples include carvedilol (Coreg) and labetalol (Trandate).

Aldosterone antagonists: These are typically used to treat resistant hypertension. They block the effects of a natural chemical that causes salt and fluid retention. Examples include spironolactone (Aldactone) and eplerenone (Inspra).

Renin inhibitors: Aliskiren (Tekturna) slows the production of renin, an enzyme produced by the kidneys that initiates a chain of chemical reactions leading to elevated blood pressure.

Vasodilators: These medicines prevent the muscles in the artery walls from contracting, thereby keeping the arteries open. Examples include hydralazine and minoxidil.

Central-acting agents: These

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Henrietta Ukwu: Iconic physician, pharmaceutical leader and regulatory titan

By Ola Aboderin



Prof. Henrietta Ukwu

Since 1899, *Marquis Who's Who in America* has celebrated individuals and innovators ranked as the most accomplished in every significant field of endeavour. Among the 2026 honourees, the name of Prof. Henrietta Ngozi Ukwu stands out, not just because she is a Nigerian but because of the remarkable immensity and global impact of her contributions to healthcare. Her profile is distinguished by a career that has consistently influenced how critical medicines reach populations worldwide. From formulating regulatory frameworks to enabling access to therapies that have altered the course of major diseases, her work has touched millions of lives across continents, leaving an imprint that is both far-reaching and indelible.

An infectious diseases physician turned pharmaceutical executive, Ukwu has spent more than three decades working within the complex systems that govern drug development and approval. Over that period, she has led regulatory efforts that have culminated in more than 30 original product approvals worldwide. These include vaccines and therapies that have redefined treatment paradigms and expanded access to essential care across diverse populations.

Ukwu's influence is perhaps most evident in her contributions to two defining health crises of recent history. At Merck, she played a pivotal role in advancing regulatory approval for Crixivan, a breakthrough HIV protease inhibitor that helped change HIV/AIDS from a terminal illness to a chronic, manageable condition. Years later, at Novavax, she again stood at the centre of a global emergency, guiding the regulatory strategy for a COVID-19 vaccine amid unprecedented scientific urgency and evolving regulatory expectations. In both instances, her work ensured that critical interventions moved efficiently through complex approval processes to reach patients worldwide.

Presently serving as executive vice president and chief regulatory officer at Novavax Inc., a biotechnology company headquartered in the United States, Ukwu continues to transform global health outcomes from a position of strategic influence. Her role involves not only overseeing regulatory and quality frameworks, but also fostering collaboration with international agencies to ensure that innovation is translated into safe, effective, and accessible treatments.

Laying the foundations

Prof. Ukwu was born and raised in Enugu State, Nigeria. A native of Amokwe, in the Udi Local Government Area, she attended Queen's School, an elite all-girls school in Enugu, known for producing high-achieving women. She subsequently obtained her Bachelor of Medicine and Bachelor of Surgery from the University of Jos in 1982.

Soon after, she moved to the United States, where she completed an internal medicine internship at Meharry Medical College's Hubbard Hospital in Nashville, followed by a residency at Baptist Hospital affiliated with the University of Tennessee. She later undertook a fellowship in infectious diseases at Vanderbilt University School of Medicine, completing her specialist training in 1991.

It was during this period that her interest in the pharmaceutical industry began to form. While clinical practice offered the opportunity to impact individual lives, she recognised that pharmaceutical medicine provided a platform for wider influence. "I believed the work we do has a broad and far-reaching impact on humanity," she recalls. "This has borne out as true."

Her decision to enter the pharmaceutical industry in 1992 would prove critical, setting the stage for a career defined by global reach and sustained impact.

Career excellence

Prior to her current role at Novavax, Ukwu held senior executive positions at Otsuka Pharmaceutical Companies, where she served as senior vice president and global head of regulatory affairs and global quality. In this capacity, she led efforts to ensure compliance excellence, inspection readiness, and effective engagement with global regulatory authorities.

Her earlier tenure at PPD as senior vice president and head of global regulatory affairs further strengthened her expertise in regulatory strategy across diverse product portfolios and geographical regions.

At Pfizer, where she served as vice president of global regulatory affairs from 2004 to 2010, she oversaw regulatory strategies spanning vaccines, biologics, and pharmaceuticals. Her work required navigating complex international frameworks while ensuring timely approvals for critical therapies.

However, it was at Merck, where she began her pharmaceutical career in 1992, that she laid the foundation for her lasting legacy. There, she led regulatory efforts for major products including Varivax, the chickenpox vaccine, and Crixivan, the HIV protease inhibitor. These early successes established her reputation as a leader capable of guiding high-impact therapies through demanding regulatory processes.

Across these roles, Ukwu has consistently demonstrated an ability to align scientific innovation with regulatory requirements, ensuring that promising therapies are translated into accessible treatments.

Thought leadership and mentorship

Beyond her executive roles, Prof. Ukwu has made significant contributions to the intellectual and professional development of regulatory science.

She is the author of the landmark textbook, *Global Regulatory Systems: A Strategic Primer for Biopharmaceutical Product Development and Registration*, which is widely regarded as the quintessential guidebook for professionals navigating global regulatory frameworks.

Her second book, *ABCs of Leadership: Leadership Guiding Principles*, demonstrates her commitment to cultivating effective leadership within and beyond the pharmaceutical industry. She has equally written numerous articles and spoken widely global regulatory systems, pharmaceutical development and health systems transformation.

Equally noteworthy is her role as a mentor. Over the years, she has guided numerous professionals who have gone on to occupy senior leadership positions within the industry. Her emphasis on developing others reflects a broader philosophy that leadership is most effective when it multiplies itself.

She has also contributed academically as a pioneer professor in Temple University's Quality Assurance and Regulatory Affairs graduate programme, further extending her influence to the next generation of professionals.

Giving back to homeland

Despite her global career, Prof. Ukwu has maintained a strong connection to Nigeria. She has consistently sought opportunities to contribute to the development of the country's healthcare system, offering insights through lectures, advisory roles, and public engagement. She was most recently the keynote speaker at the 29th Annual National Conference and Training Programme of the Association of Industrial Pharmacists of Nigeria (NAIP), held from 3 to 8 May, where she spoke on "Nigeria's Pharmaceutical Industry as a Pillar of National Health, Wealth, and Security,"

Her commitment extends beyond professional contributions to tangible community development initiatives. She runs a monthly charity outreach programme dedicated to the poor and less privileged in her hometown and the environs. Through this initiative, she extends food, support, and encouragement to the underprivileged.

Also, in collaboration with her family, she has supported projects aimed at improving living conditions in her village, including the provision of a reliable water supply, road infrastructure, and solar lighting.

She has also expressed a desire to contribute more directly to Nigeria's public health system in the future, bringing her extensive international experience to bear on local challenges.

Awards and recognitions

Prof. Ukwu's illustrious career has been adorned with numerous prestigious awards and honours. In addition to her inclusion in *Marquis Who's Who in America* (2026), she is a two-time recipient of the PharmaVoice 100 award, recognised first as an Inspirational Leader in 2011 and later as a Legacy Leader in 2023.

She was ranked in Top 100 Most Important Blacks in Technology in USA in 2006 and named Scientist of the Year by BEYA Stem Minorities in Research Science in 2010. She equally received the TOPRA award for inspirational leadership in 2012 and was named among the Top Blacks in Healthcare in the United States in 2019.

She is also a Fellow of both the American College of Physicians and the Regulatory Affairs Professionals Society, as well as being a pioneer professor of Temple University's Quality Assurance/Regulatory Affairs graduate programme.

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Advances in hypertension management

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medicines prevent the brain from signalling the nervous system to increase the heart rate or constrict the blood vessels. Examples include clonidine (Catapres, Kapvay), guanfacine (Intuniv), and methyldopa.

Hypertension in pregnancy

According to the American Centres for Disease Control and Prevention (CDC), hypertensive disorders affect between 5 and 10 per cent of pregnancies - a prevalence that has increased by 25 per cent over the past two decades. The CDC noted that whilst high blood pressure in pregnancy has become more common, good blood pressure control significantly improves outcomes for both mother and baby.

Pregnant women are advised to attend all prenatal appointments, discuss any medicines they are taking with their doctor, and avoid starting or stopping any medication, including over-the-counter preparations, without medical guidance. Home blood pressure monitoring is also recommended, and any readings higher than usual, or any symptoms of preeclampsia, should be reported to a healthcare provider promptly.

Stages of hypertension in pregnancy

According to the CDC, the main hypertensive conditions in pregnancy are as follows:

High blood pressure during pregnancy: A reading of 140/90 mmHg or higher on two occasions at least four hours apart.

Severe high blood pressure during pregnancy: A reading of 160/110 mmHg or above on two or more occasions.



Chronic hypertension during pregnancy: Pre-existing high blood pressure diagnosed in the first 20 weeks of pregnancy, or high blood pressure that persists for more than 12 weeks after delivery.

Gestational hypertension: High blood pressure that develops during pregnancy in a woman who previously had normal blood pressure.

Preeclampsia: The sudden development of high blood pressure after 20 weeks of pregnancy, accompanied by protein in the urine or other complications. Women with chronic hypertension may also develop preeclampsia.

Eclampsia: A medical emergency in which a woman with preeclampsia develops seizures that have no other identifiable cause.

Healthcare professionals may recommend low-dose aspirin for some pregnant women at higher risk of preeclampsia. When taken at the appropriate time, low-dose aspirin has been shown to reduce this risk.

Preeclampsia and eclampsia

The CDC stated that preeclampsia is one of the leading causes of pregnancy-related death and occurs in approximately 2 to 8 per cent of all pregnancies. Some women with preeclampsia may go on to develop seizures, a condition known as eclampsia, which constitutes a medical emergency.

Hypertension in Old Age

The target blood pressure for adults over 80 is below 150/90 mmHg when measured in a clinical setting, and below 145/85 mmHg for home readings. Whilst the benefits of antihypertensive treatment are well established for those under 80, the evidence is less clear for those aged over 80.

The NHS advises that patients who reach the age of 80 whilst already on blood pressure medication may continue treatment, provided it remains effective and is well tolerated. For those newly diagnosed with hypertension over the age of 80, a doctor will consider the patient's overall health and risk factors before recommending treatment.

Hypertension is preventable

Whilst hypertension can be life-threatening, it is largely preventable. Lifestyle changes can help lower high blood pressure, and are beneficial for anyone with the condition, though some individuals will still require medication in addition. Preventive measures include eating more vegetables and fruits, reducing sedentary behaviour, and being more physically active through activities such as walking, running, swimming, dancing, or strength-building exercises such as weight training.

Experts specifically recommend at least 150 minutes of moderate-intensity aerobic activity, or 75 minutes of vigorous aerobic activity, per week. Strength training on two or more days per week is also advised, along with achieving and maintaining a healthy weight, taking prescribed medicines as directed, and attending regular healthcare appointments.

To keep blood pressure at a healthy level, doctors advise avoiding excessive salt in the diet (aiming to stay under 2 grams per day), limiting foods high in saturated or trans fats, not smoking or using tobacco products, restricting alcohol intake (no more than one drink per day for women and two for men), and never skipping or sharing medication.

Additional preventive measures include managing stress effectively, having blood pressure checked regularly, seeking treatment promptly when high blood pressure is detected, and keeping other medical conditions well managed.

Report compiled by Ranmilowo Ojalumo, with additional reports from the American National Health Service, the American National Centre for Chronic Disease Prevention and Health Promotion, the World Health Organisation, The Guardian, WebMD, the Nigeria Heart Foundation, the European Heart Journal, The Punch, Primmum Times, the Nigerian Federal Ministry of Health, the National Heart, Lung and Blood Institute of America, the Castleman Disease Collaborative Network, and the Nigerian Heart Foundation.



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Is it legal for hospitals to demand deposits before emergency treatment?

Question: *Can a hospital lawfully refuse or delay emergency treatment because a patient or family member has not paid a deposit? What legal risks do hospitals and healthcare professio-nals face under Nigerian law in such situations?*

Case scenario

A man involved in a serious road accident is rushed to a private hospital in Abuja. Upon arrival, the hospital requests an upfront deposit before treatment begins. The patient's relatives are unable to pay immediately.

As discussions continue, treatment is delayed. The patient's condition worsens before emergency intervention begins. The family later alleges that the delay contributed to permanent complications and threatens legal action against the hospital.

Legal perspective

Under Nigerian law, emergency medical care occupies a special legal and ethical position. While hospitals are entitled to charge for services, refusal or delay of emergency treatment because of inability to pay may expose healthcare providers and institutions to serious legal consequences.

Duty to provide emergency care – Healthcare providers are expected to render emergency medical assistance where life or serious health risks are involved.

National Health Act implications – The National Health Act prohibits refusal of emergency treatment for any reason, including inability to make advance payment.

Professional misconduct exposure – Doctors, nurses, and administrators involved in denying urgent care may face disciplinary proceedings.

Negligence and civil liability – Where delayed treatment leads to injury, disability, or death, hospitals may face negligence claims.

Human rights concerns – In severe cases, refusal of emergency care may raise constitutional and human rights issues relating to the right to life and dignity.

Hospitals must therefore balance financial realities with their legal obligation to preserve life during emergencies.

Determining liability

- **Nature of the emergency:** Whether the patient required urgent or life-saving intervention.
- **Extent of delay:** How long treatment was postponed because of payment issues.
- **Hospital policies:** Whether procedures improperly prioritized payment over care.
- **Available personnel and facilities:** Whether treatment could reasonably have started immediately.
- **Causation:** Whether the delay contributed to the patient's deterioration or harm.
- **Actions of staff:** Whether emergency care was attempted despite administrative delays.

Liability becomes more likely where financial demands directly interfered with urgent medical treatment.

LEGAL ANGLE with Dozie Ifeanyi Atueyi

legalangle@pharmanewsonline.com



Defences available to hospitals and healthcare providers

No true emergency existed: The patient's condition was not medically urgent.

Treatment was not refused: Emergency stabilisation was provided while payment discussions continued.

Lack of causation: The injury or death would likely have occurred regardless of any delay.

Insufficient capacity: The hospital lacked the facilities or specialists required for the emergency.

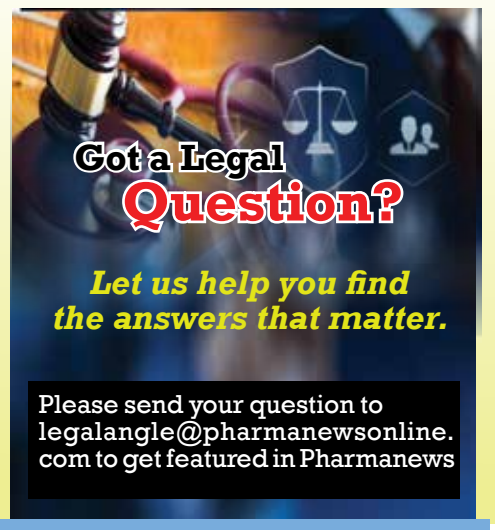
Compliance with professional standards: Staff acted reasonably and followed accepted medical protocols.

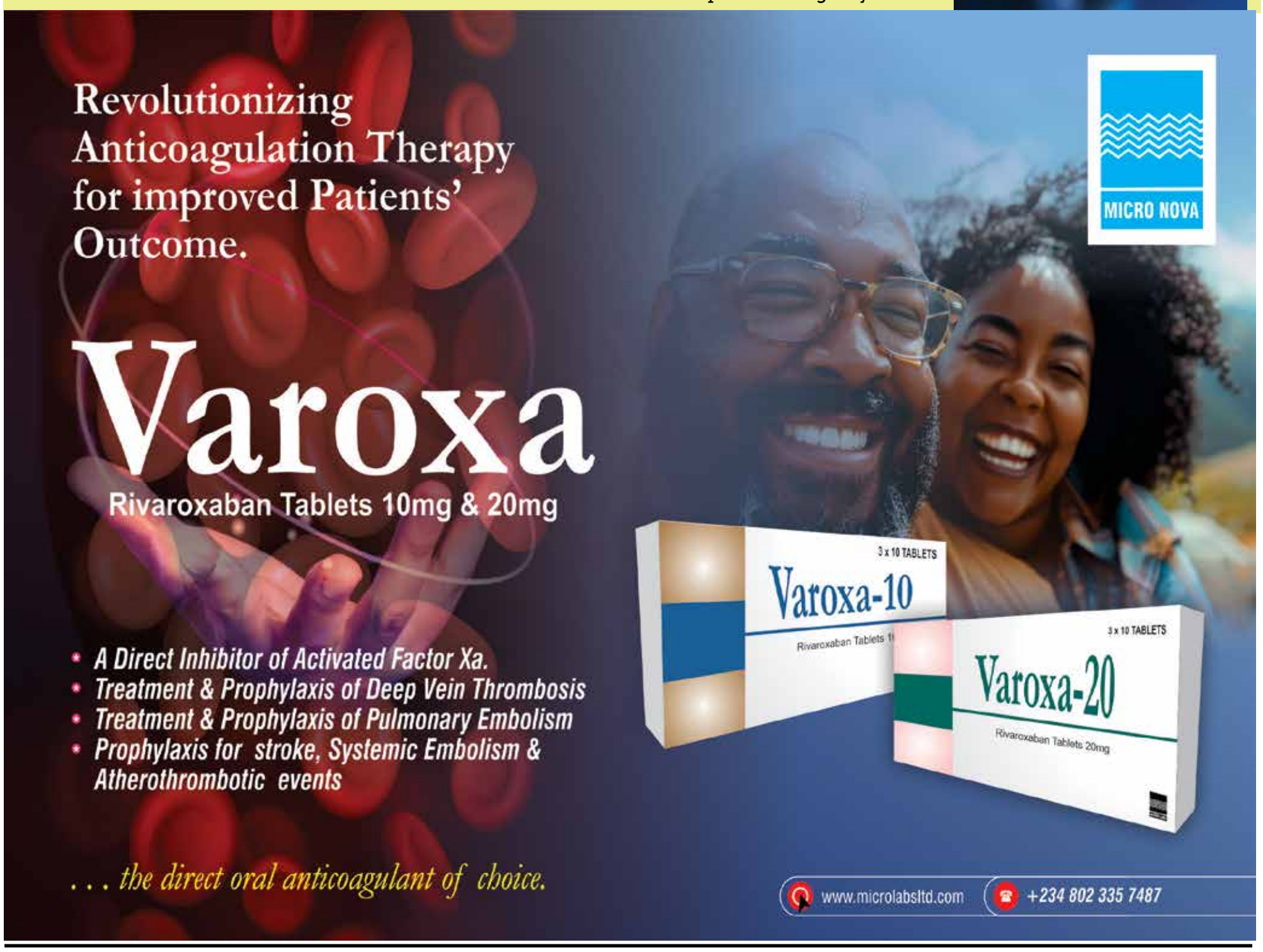
Practical advice

- Establish clear emergency treatment protocols.
- Avoid policies requiring payment before emergency stabilisation.
- Train administrative staff on emergency care obligations.
- Ensure rapid escalation procedures for critical cases.
- Document emergency interventions and timelines carefully.
- Separate emergency clinical decisions from billing processes where possible.

Closing insight

While hospitals are entitled to recover medical costs, Nigerian law places significant importance on preserving life during emergencies. Delaying urgent treatment because of inability to pay may expose hospitals and healthcare professionals to regulatory sanctions, negligence claims, and reputational damage. Strong emergency response systems and compliant policies are essential to protect both patients and healthcare institutions.





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Judith Udeh Bows Out of Geneith, launches JunGlobal to deepen healthcare market access

By Adebayo Oladejo

Pharm. Judith Ngozi Udeh, principal manager (Marketing) and head of Hospital and Institutional Business at Geneith Pharmaceuticals Limited, has concluded her five-year tenure at the company, as colleagues gathered to honour her at a surprise farewell ceremony organised in her honour.

The event, attended by members of the Sales and Marketing Department and other staff, celebrated her contributions to institutional market development and her broader impact on the organisation.

The ceremony was marked by emotional moments, heartfelt tributes, and the presentation of gifts, as colleagues expressed deep appreciation for her leadership, mentorship, and personal support over the years. Many speakers took turns to share accolades, reflecting both her professional excellence and the strong personal connections she built within the organisation.

Speaking at the event, Udeh said she enjoyed her work at Geneith which was focused on advancing institutional market access through the development and implementation of structured Hospital and Institutional Business (HIB) framework

She explained that the models created organised pathways for engagement with healthcare institutions by aligning pharmaceutical supply with procurement systems, clinical demand, and utilisation patterns, contributing to improved product visibility, stronger stakeholder relationships, enhanced supply chain coordination, and more structured portfolio management.

She noted that Nigeria's pharmaceutical landscape operates within a complex ecosystem shaped by fragmented supply chains, evolving regulatory dynamics, and varying levels of institutional capacity, stressing the need for more integrated, systems-driven approaches.

"Institutional business frameworks are critical to improving healthcare access. They go beyond sales—they ensure that products align with real clinical needs, procurement systems, and healthcare realities," she said.

In his remarks, Pharm. Simeon Okechukwu, assistant general manager (Sales), described her as an exceptional negotiator and strategic thinker whose contributions significantly expanded institutional engagement for the company.

He recalled her role in facilitating key partnerships and Memoranda of Understanding at a time when business opportunities were limited, noting that her efforts opened new frontiers for growth.

Also speaking, the Head of Human Resources and Administration, Mrs Ada Cosmas, said Udeh demonstrated integrity and innovation throughout her time in the organisation, consistently transforming ideas into tangible results, while also highlighting her supportive and people-focused nature.

In a similar vein, Pharm. Abimbola Bowoto, assistant general manager (Sales and Marketing), commended her dedication, professionalism, and commitment to excellence, stating that she set a high standard within the organisation.

While acknowledging that her presence will be greatly missed, Mr Rex Abode, senior medical representative, expressed confidence that she is moving on to greater opportunities.

Following her exit, Udeh announced the launch of JunGlobal Healthcare Solutions Ltd, a healthcare, pharmaceutical, and business development consultancy positioned to support organisations seeking to enter or scale within the Nigerian and African markets.

"JunGlobal was established to bridge the gap between healthcare innovation and market success. Our focus is to ensure that regulatory approval translates into real access, institutional adoption, and sustainable growth," she said.



A cross-section of Geneith's management staff at the farewell ceremony organised in Pharm. Judith Udeh's honour at the Geneith corporate head office in Lagos.

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Nutritional support for men's vitality, prostate health, and metabolic strength

By Chima Ejimofor
(Wellness coach and nutrition advocate)

Men's health is increasingly challenged by modern lifestyle factors, including poor nutrition, chronic stress, sedentary habits, and environmental influences. These factors contribute to declining energy levels, reduced hormonal balance, increased cardiovascular risk, and prostate-related concerns.

While pharmaceutical treatments play a role in managing diagnosed conditions, *there is growing interest in* ***organic nutritional supplementation as*** *a preventive and supportive approach.* By providing essential nutrients and plant-based compounds, these supplements help maintain vitality, metabolic strength, and long-term wellness.

Understanding men's health needs

Men's physiological health is closely linked to testosterone balance, metabolic efficiency, cardiovascular integrity, and prostate function. As men age, natural hormonal shifts may lead to:

- Reduced energy and stamina
- Loss of muscle mass
- Increased abdominal fat
- Reduced libido
- Prostate enlargement
- Cardiovascular strain

Nutritional support can help address these changes by enhancing cellular function and supporting endocrine balance.

Key nutritional components for men's vitality

1. Plant sterols and prostate health

Plant sterols and phytochemicals play a significant role in supporting prostate function. Botanical extracts derived from plants such as saw palmetto and other phytonutrient-rich sources have been widely studied for their ability to support urinary flow and prostate comfort.

These compounds work by helping regulate hormonal activity within prostate tissue and reducing inflammation, contributing to improved urinary health and overall comfort.

2. Zinc and selenium for hormonal balance

Zinc is a critical mineral for testosterone production and immune function. Adequate zinc levels are associated with improved reproductive health, enhanced immunity, and better wound healing.

Selenium, a powerful antioxidant mineral, supports cellular protection and prostate health by reducing oxidative stress. Together, these minerals contribute to maintaining hormonal balance and overall vitality.

3. Essential fatty acids for heart and brain health

Omega-3 fatty acids are essential for cardiovascular function, reducing inflammation, and supporting brain health. These healthy fats help maintain healthy cholesterol levels, improve circulation, and support cognitive performance.

For men, cardiovascular health is especially important, as heart disease remains one of the leading health concerns globally. Nutritional support with omega-3 fatty acids helps protect vascular integrity and supports long-term heart function.

4. Amino acids and protein for muscle and metabolic strength

Protein and amino acids are fundamental for maintaining muscle mass, supporting metabolism, and enhancing recovery. As men age, maintaining lean muscle becomes critical for metabolic health and energy balance.

Nutritional supplementation that provides bioavailable protein and amino acids supports:

- Muscle repair and growth
- Improved metabolism
- Sustained energy levels

This contributes to overall strength, endurance, and physical performance.

5. Antioxidants for cellular protection

Oxidative stress plays a significant role in aging and chronic disease development. Antioxidants such as vitamins C and E, along with plant polyphenols, help neutralize free radicals and protect cells from damage.

This is particularly important for prostate health, cardiovascular function, and immune resilience.

The role of organic nutritional supplementation

Organic nutritional supplements provide a natural and supportive approach to men's health. Unlike pharmaceutical interventions that target specific symptoms, these supplements work by:



Nourishing the body at the cellular level

- Supporting hormonal balance
- Enhancing metabolic efficiency
- Reducing inflammation and oxidative stress

When combined with healthy lifestyle habits—such as regular exercise, balanced nutrition, and stress management—these supplements contribute to sustained vitality and long-term wellness.

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Mrs Chima Ejimofor is the lead partner of Infinite Health Consult, and is available for the purchase of Forever Living products, health talks and wellness seminars. She is based in Lagos, Nigeria. Telephone/WhatsApp: 07033179632,

email: infinitehealthconsult@gmail.com







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Hantavirus: History, causes and treatment

By Patrick Iwelunmor

Hantavirus is a rare but dangerous disease caused by a group of viruses mainly carried by rodents such as rats and mice. Although it is not as common as some infectious diseases, hantavirus can lead to severe health complications and death if urgent medical attention is not received. The disease has become an important public health concern because of its strong connection to poor sanitation, environmental conditions, and human contact with infected rodents. Medical experts continue to study the virus because of its high fatality rate and the speed with which symptoms can worsen.

The history of hantavirus became widely known during the Korean War in the early 1950s, when many soldiers developed a mysterious illness marked by fever, internal bleeding, and kidney failure. Scientists later traced the disease to rodents living around the Hantan River in South Korea, from which the virus derived its name.



Decades later, hantavirus attracted global attention again during a major outbreak in the United States in 1993, particularly in the Four Corners region where Arizona, Colorado, New Mexico, and Utah meet. Several young and healthy people suddenly developed serious breathing difficulties and died within a short period. Investigations eventually linked the outbreak to deer mice carrying the virus.

Since then, different strains of hantavirus have been identified across Europe, Asia, and the Americas. In Europe and Asia, the virus often affects the kidneys and causes a condition known as Haemorrhagic Fever with Renal Syndrome, while in North and South America it mainly attacks the lungs and is called Hantavirus Pulmonary Syndrome.

Cause and transmission

The main cause of hantavirus infection is exposure to infected rodents or their waste products. Humans usually become infected when they inhale dust contaminated with rodent urine, saliva, or droppings. This commonly happens while cleaning abandoned houses, dusty storage areas, barns, or poorly ventilated spaces where rodents have lived for a long time.

Infection may also occur when a person touches contaminated surfaces and later touches the mouth or nose. In rare situations, rodent bites may spread the virus. Unlike diseases such as COVID-19, hantavirus generally does not spread easily from person to person, although a few rare strains in South America have shown limited human transmission. The disease is therefore mainly considered a zoonotic infection, meaning it passes from animals to humans.

Common symptoms

The symptoms of hantavirus often begin like ordinary flu, which makes early diagnosis difficult. Patients may experience fever, headache, muscle pain, chills, tiredness, nausea, vomiting, and abdominal discomfort. After a few days, the illness can suddenly become more severe as fluid begins to build up in the lungs, causing serious breathing problems. In some cases, the kidneys may also fail, while blood pressure can fall dangerously low.

Doctors sometimes struggle to identify the disease early because its symptoms resemble malaria, influenza, or other common infections. This delay can increase the risk of death, making early medical attention extremely important, especially for people who have recently been exposed to rodents or unsanitary environments.

Management and prevention

At present, there is no specific cure approved for hantavirus infection. Treatment mainly focuses on supportive medical care while the body fights the virus. Patients with severe breathing difficulties may require oxygen therapy or admission into intensive care units where doctors can closely monitor heart and lung function. In some cases, antiviral medicines such as Ribavirin have shown limited success, especially when administered early in certain forms of the disease. However, prevention remains the most effective weapon against hantavirus. Proper sanitation, rodent control, and environmental hygiene are essential in reducing the spread of the disease. Homes and workplaces should be kept clean, food properly stored, and rubbish disposed of safely. Holes and cracks that allow rodents into buildings should be sealed quickly.

People cleaning rodent-infested places should wear gloves and face masks to reduce exposure to contaminated dust. Health authorities also advise against sweeping dry rodent waste because this can release infected particles into the air. Instead, contaminated surfaces should first be sprayed with disinfectant before cleaning begins.

Hantavirus also highlights the close relationship between environmental conditions and public health. Flooding, poor waste management, overcrowded housing, and climate changes can increase rodent populations and raise the risk of outbreaks. Governments and health organisations therefore have an important responsibility to educate communities about prevention and environmental safety.



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Experts laud Vanguard Pharmacy case study launch at LBS

By Adebayo Oladejo



A cross-section of participants and dignitaries at the unveiling of the Vanguard Pharmacy case study at the Lagos Business School, Ajah, Lagos.

Stakeholders in Nigeria's healthcare, business and academic sectors have commended the unveiling of the Vanguard Pharmacy case study at the Lagos Business School (LBS), even as they warned that persistent trust deficits and fragmentation continue to undermine the country's community pharmacy and broader healthcare system.

The event brought together academics, healthcare professionals, pharmaceutical leaders and industry stakeholders to examine the growth journey, operational model and strategic evolution of Vanguard Pharmacy as a case study for healthcare management and business education in Africa.

In his opening speech, the Dean of LBS, Prof Yinka David-West, who was represented by Prof. Okechukwu Amah, reaffirmed the institution's commitment to developing Africa-centred case studies that reflect local realities and strengthen management education across the continent. He noted that the school deliberately prioritises Nigerian and African business stories in order to reduce over-reliance on foreign case materials.

He commended Vanguard Pharmacy for allowing its operations, decisions and challenges to be documented transparently for academic study, noting that the willingness of organisations to share real-life business experiences strengthens knowledge creation.

Also delivering the opening remarks and official case presentation, Prof. Louis Nzegwu, professor of marketing, LBS, described the Vanguard Pharmacy story as one defined by vision, resilience, disciplined execution and strategic adaptation within a fragmented healthcare environment.

He said the case demonstrates that innovation in healthcare is driven not only by technology, but also by trust, people-centred design and deep understanding of local market realities. According to him, the case raises critical strategic questions around expansion, capital allocation, digital transformation and long-term sustainability.

He added that the case is designed for MBA, entrepreneurship and healthcare management programmes, and will contribute significantly to global discussions on emerging market healthcare systems.

In his presentation, the Founder and Chief Executive Officer of Vanguard Pharmacy, Pharm. Taofik Odukoya, traced the company's evolution from a 29.5-square-metre pharmacy outlet established in 2006 to a structured healthcare and retail ecosystem operating across multiple communities.

He explained that the business remained at a single location for about nine years before expansion began, stressing that its foundation was driven not only by commercial intent but by a mission to rebuild trust in Nigeria's healthcare system. He noted that the sector is highly fragmented, with weak regulation, low public confidence, poor health literacy and inconsistent service standards.

Odukoya said Vanguard Pharmacy adopted a community-based, patient-centred model anchored on accessibility, continuity of care and professional consistency. He added that he and his wife, Pharm. Kawthar Odukoya, executive director, Vanguard Pharmacy, invested significantly in leadership development and executive education, including programmes at LBS, which strengthened the organisation's growth trajectory.

He further explained that Vanguard Pharmacy operates an integrated "one-stop" model combining pharmacy services with grocery retail, vaccination, veterinary care and other health-related services within community settings, designed to improve access and bring healthcare closer to residents.

Odukoya disclosed that the company now records over two million customer visits annually, driven by trust, relationship-based care and service consistency, while identifying healthcare data as a key future opportunity for building a data-driven healthcare organisation.

He also highlighted sector challenges including high out-of-pocket spending, weak insurance penetration, pharmacist migration and declining interest in community pharmacy practice among younger professionals.

Despite these issues, he maintained that community pharmacies remain a critical first point of care, stressing that trust continues to define patient choices. "When the system fails, Nigerians turn to the pharmacy or pharmacist they trust," he said.

SKG Pharma unveils two new products, rewards partners at 2026 conference

By Ranmilowo Ojalumo

SKG Pharma, one of Nigeria's leading pharmaceutical manufacturing companies, has expanded its product portfolio with the launch of two new pain relief brands, Novadex and Novadex Night, while also recognising outstanding trade partners for their contributions to the company's growth.

The product launch and awards ceremony took place during the company's 2026 Partners' Conference, held in Lagos on 14 May, with the theme: "Growth, Scaling Up and Sustainability in Business."

Speaking at the event, Head of Marketing at SKG Pharma, Victoria Okon, described Novadex as a fast-acting pain relief product, while Novadex Night was specifically formulated for the rapid relief of rheumatic and muscular pain. According to her, the product also has a calming effect that aids sleep without causing dependency.

With the launch of Novadex and Novadex Night, and renewed commitments to partner development, SKG Pharma said it remains focused on strengthening its market presence while supporting the growth and sustainability of its distribution network across Nigeria.

In his welcome address, the Managing Director and Chief Executive Officer of SKG Pharma, Dr Okey Akpa, said the event was organised primarily to express heartfelt appreciation to the company's trade partners for their support over the years.

"We are here simply to say thank you from our hearts," Akpa said. "You have done so much for us, not just in the last 12 months, but over many years. We cannot thank you enough."

He said SKG's relationship with its distributors goes beyond ordinary business transactions, stressing that the company sees its partners as an integral part of its value chain. "We are different. Our relationship with you is unique and uncommon. It is forever together. We put relationships first and business follows. We are who we are because of who you are," he stated.



MD, SKG, Dr Okey Akpa (3rd right) with the company's trade partners displaying the new brands of Novadex during the company's trade partners conference, recently.

Akpa noted that the company is committed to helping its partners grow because their success directly impacts SKG's own performance. "When you grow, we grow. That is why we work towards your growth through the products we present, the way we serve you and the support we provide," he said.

He explained that the choice of the conference theme was informed by a shared desire to help partners strengthen and scale their businesses while ensuring long-term sustainability, noting that many of the company's distributors are family-owned businesses gradually transitioning to second-generation leadership.

The SKG chief also highlighted the need for partners to remain proactive in responding to regulatory and market changes in the pharmaceutical sector. He disclosed that significant reforms are underway in Nigeria's pharmaceutical distribution system and stressed the need for trade partners to prepare ahead.

"Drug distribution is changing. Facilities are being built across the country, and we do not want our partners to be caught unaware. We want to work together and stay ahead of these changes," he said.

Delivering the keynote address, the Deputy Vice-Chancellor (Administration) of Pan-Atlantic University, Dr Peter Bamkole, challenged business owners to build structures that would enable their enterprises to thrive even in their absence.

Bamkole, a renowned entrepreneurship expert and former director of the Enterprise Development Centre of the university, said one of the key indicators of business maturity is the ability of a company to operate effectively without the owner's constant supervision.

He emphasised that growth often comes with the fear of losing control, noting that well-designed systems and processes can help entrepreneurs expand while maintaining oversight. "When you are not in your office or shop for 30 days, what will happen? If your business cannot run without you, then you need to put proper structures in place. The best thing you can do is to build systems. Put structures in place so that everyone knows exactly what they are expected to do," he said.

The DVC advised participants to document standard operating procedures (SOPs) for procurement, inventory management, sales, credit administration and customer service. According to him, once procedures are clearly documented, businesses become more consistent, efficient and easier to scale.

He also stressed the importance of corporate governance, succession planning and delegating responsibilities to trusted individuals who share the owner's values. "Whether you are there or not, anyone should be able to pick up the SOP manual and know what to do. You are not going to be in charge forever. Some people must take over and keep the business going," Bamkole said.

The entrepreneurship expert further encouraged business owners to build credibility and trustworthiness, noting that these qualities can improve access to credit and strategic partnerships. "For you to be creditworthy, you have to be trustworthy," he said.

The high point of the event was the presentation of awards to outstanding distributors and partners in various categories, in recognition of their exceptional performance and contributions to the company's growth.

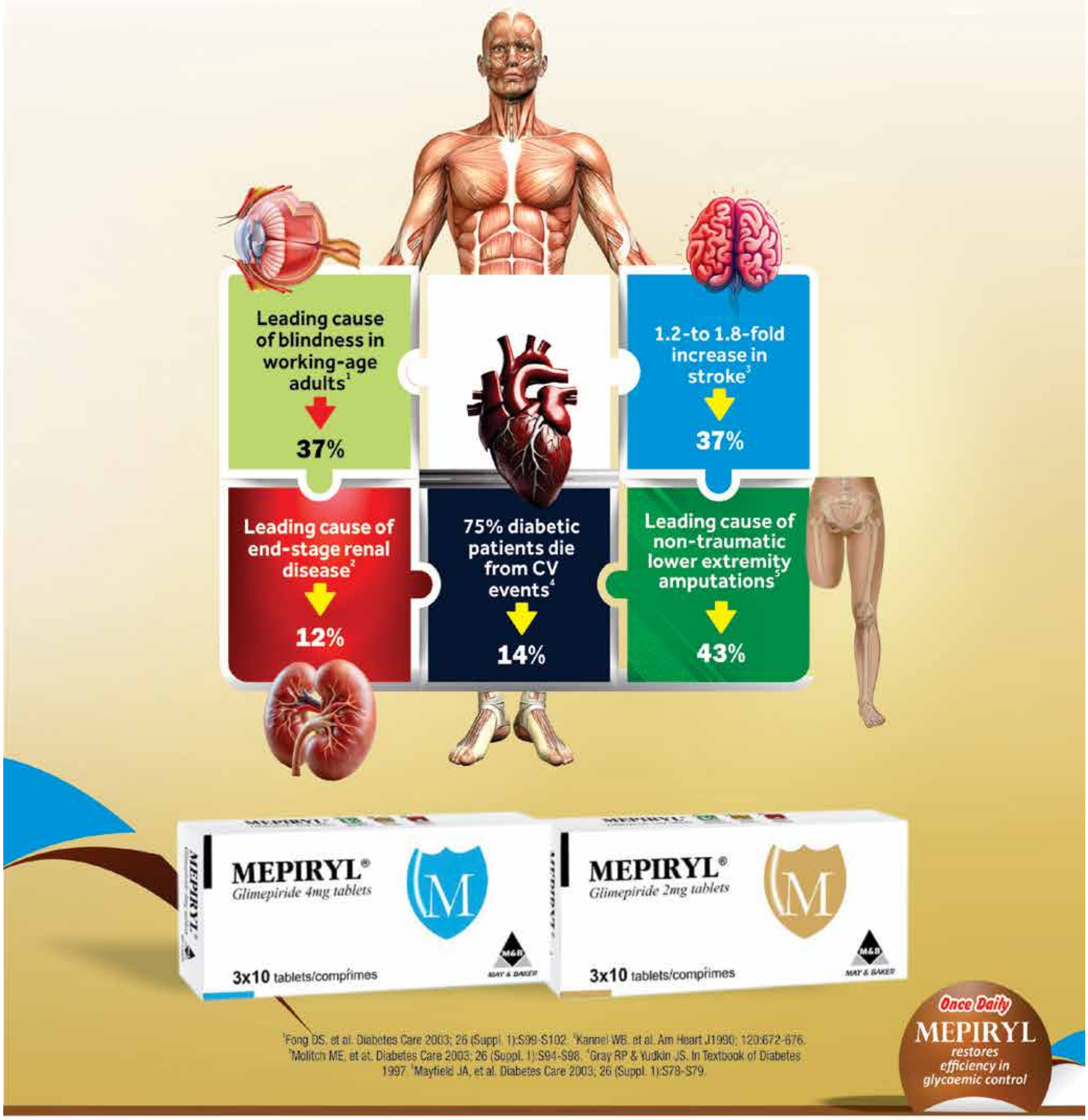
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Preventive Health, partners lead immunisation walk, seek policy shift

By Temitope Obayendo

In a bid to deepen public awareness on the value of immunisation, Preventive Health Nigeria Advocacy Operations Ltd. in collaboration with Save the Children International Nigeria, and Fidson Healthcare Plc, convened a two-day advocacy drive featuring an Immunisation Walk and the Vaccines Virtual Summit 2026.

The initiative, held in Surulere, Lagos, sought to sensitise residents on the importance of vaccination for children and adults, while pushing for national policies that will boost vaccine uptake and rebuild public trust in the healthcare system.

The events formed part of activities marking World Immunisation Week 2026, an annual global campaign led by the World Health Organisation (WHO) to promote the life-saving benefits of vaccines. With the theme, "For every generation, vaccines still work," participants commenced the awareness walk from the Lagos University Teaching Hospital (LUTH), Idi-Araba, to the Ishaga axis, distributing educational materials and engaging community members on vaccine-preventable diseases.

At the summit, which convened leading health experts, policymakers and practitioners, stakeholders were unanimous in their position that Nigeria's challenge is not vaccine availability, but vaccination uptake. They called for stronger collective action to drive acceptance, particularly in underserved regions.

Pharm. Adekola Wojuola, the convener of the walk and summit, noted that the walk was designed to "disabuse minds from misinformation and reinforce the importance of vaccination." He added, "From the theme, it is clear that public trust in vaccines must be regained if the past gains of immunisation are not to be eroded. Our walk is to educate the public and improve awareness of vaccine-preventable diseases."



A cross-section of participants and organisers of the immunisation walk.

Wojuola, who is also the CEO of Preventive Health Nigeria Advocacy Operations Ltd, attributed growing apathy to widespread misinformation, noting that the core objectives of this year's campaign are to highlight the value of vaccines and rebuild confidence. According to him, "Mistrust is being fuelled by negative narratives on social media and comments from influential voices. Many adverse events attributed to vaccines are unfounded, and with people relying on unverified sources, credible organisations must provide balanced, accurate information through initiatives like this."

Tomiwa Dire-Arimoro of Save the Children International Nigeria, emphasised that while government provision of vaccines, facilities and trained personnel is critical, it is not sufficient. He pointed to a significant awareness gap, noting that many Nigerians are still unaware of available vaccines, especially those required at birth. He stressed that sustained advocacy and sensitisation are key to improving uptake.

Experts also raised concerns about Nigeria's immunisation indicators, noting that the country accounts for an estimated two million zero-dose children, about 15 per cent of the global burden, and that roughly 41 per cent of childhood deaths are linked to vaccine-preventable diseases.

Prof. Richard Adegbola highlighted gaps in coverage, stating, "None of our antigens is meeting WHO recommendations in terms of vaccination coverage. There is significant room for improvement—we can do much better." He warned against complacency, adding, "Complacency can lead to resurgence, and this is no longer theoretical. It is already happening in some Western countries where diseases like measles had been nearly eliminated."

To drive progress, speakers including Prof. Adegbola, Pharm. Rahman Kelani, Mrs. Maureen Uwechia and Dr Olakunle Oladehinde proposed key strategies such as digitalising immunisation data, integrating community pharmacies, strengthening community engagement and adopting proactive risk communication.

They advocated a transition from paper-based systems to real-time electronic medical records using ICD-10 standards, alongside automated recall systems to track missed vaccinations and improve coverage.

They also emphasised the need to shift from top-down messaging to participatory engagement by leveraging trusted community voices such as religious and traditional leaders, while ensuring healthcare professionals communicate both benefits and potential side effects transparently.

Earlier during the walk, Oluwatoyosi Wojuola, a director at Preventive Health Nigeria Advocacy Operations Ltd, noted that vaccination has delivered measurable gains across generations, several decades down the line, especially among those who benefited from routine immunisation. She cited milestones such as polio eradication and progress in tackling cervical cancer, while cautioning that misinformation continues to threaten these gains.

Similarly, Matilda Paul, a radiography student of the University of Lagos, observed that community-based outreach enables deeper engagement, noting that such initiatives encourage mothers to come out with their children for more meaningful interactions and better understanding of immunisation.

Collectively, stakeholders at the events underscored that bridging the gap between vaccine availability and acceptance remains critical to securing Nigeria's public health future.



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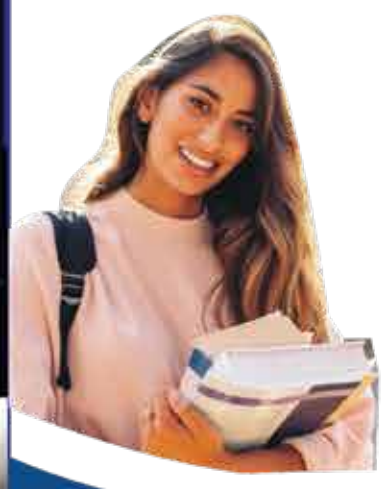
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EWAH, stakeholders renew advocacy for women's leadership in healthcare

- Launches Alumni Network

By Adebayo Oladejo

Stakeholders in Nigeria's health sector have renewed calls for increased inclusion of women in leadership and decision-making roles, as the Extraordinary Women Advancing Healthcare (EWAH), a programme of The Commonwealth Institute Programme (TCI), formally launched its alumni network in Lagos.

The launch, held recently at The Wheatbaker Hotel, Ikoyi, Lagos brought together women previously honoured under the EWAH Awards platform, forming a collaborative body aimed at sustaining impact, strengthening partnerships and advancing healthcare outcomes within and beyond Nigeria.

Speaking at the event, the Regional Representative for EWAH Awards Africa and Chief Executive Officer of LiveWell Initiative, Pharm. Bisi Bright, said the alumni platform was created to ensure continuity beyond the awards and to foster long-term collaboration among honourees.

According to her, the EWAH programme, a Commonwealth-backed initiative, recognises women who have made transformational contributions to healthcare and seeks to amplify their voices and impact across systems.

"We are bringing together 20 women of substance who have been recognised over two award cycles to form a platform where they can continue to advance healthcare," she said.

Bright noted that while women constitute over 70 per cent of the global healthcare workforce, they remain underrepresented at top leadership and boardroom levels, stressing the need for deliberate efforts to close the gap.

"We want to see more women at the table where decisions are made, more women on boards, and more visibility for the critical roles women play across the healthcare system," she added.

She further disclosed that the initiative is expanding across Africa, with plans to establish similar platforms in Ghana, Zimbabwe, Mauritius and Egypt, enabling cross-border collaboration among women healthcare leaders.

Also speaking, Dr Favour Adeola Ilori, who represented the Permanent Secretary of the Lagos State Health Management Agency, Dr Emmanuella Zamba, described the EWAH initiative as a valuable platform for networking and knowledge exchange among women in diverse areas of healthcare.

She acknowledged that although progress has been made in recognising women's contributions, more work remains to be done.

In her remarks, Pharm. Nkechi Ukaiwe said the EWAH platform reflects the wide spectrum of women's impact across healthcare, from grassroots service delivery to global pharmaceutical leadership.

Ukaiwe, who is the director of operation at the Pharma Symbiosis noted that bringing together professionals from different levels of the health system under one platform is essential for sustaining collaboration, mentorship and long-term system improvement.

Earlier organisers noted that over its two editions, the EWAH Awards have honoured 20 women whose contributions cut across healthcare delivery, policy, academia, advocacy, industry leadership and community development.

The honourees include Dr Zainab Shinkafi Bagudu, Prof Elisabeta Smaranda Olarinde, Prof Folasade Ogunsola, Pharm. Mrs Nkechi Ukaiwe, Mrs Cima Sholotan, and Dr Adaeze Oreh.

Others are Pharm. Folasade Lawal, Chief (Mrs) Christiana Adeyemi, and Mrs Ajiya Agwom Agyer.

Also honoured in the two editions are Dr Stella Okoli, Dr Hadiza Sabuwa Balarabe, Mrs Fola Laoye, Dr Ajoritsedere Awosika, Dr Temitope Ilori, Pharm. Zainab Ujudud Shariff, Dr Emmanuella Zamba, Mrs Nkeiruka Obi, Mrs Lois Auta, and Mrs Edidiong Okon Asanga.

Earlier, organisers disclosed that the third edition of the EWAH Awards is scheduled to hold on June 21, 2026, at The Wheatbaker Hotel, where another set of 10 women will be honoured for their contributions to advancing healthcare.

A member of the board officers of EWAH, Dr Victory Emmanuel, said the awards remain focused on recognising impact across all levels, noting that inclusion, equity and diversity remain central to the selection process.

"We do not just recognise those at the top; we also celebrate those at the grassroots who are making meaningful impact in their communities. The goal is to motivate more women to do more within the healthcare system," she said.



A cross-section of board members for EWAH, and some past award recipients of EWAH in a group photograph with Dr Bisi Bright and Senator Dr Daisy Danjuma (middle), at the launch of the Alumni Body, held in Lagos.



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Ukpo, the medicinal food thickener

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



Mucuna flagellipes

Mucuna flagellipes is a tropical rainforest vine belonging to the legume family (Fabaceae), well known across Nigeria for its edible seeds, which are commonly processed into a traditional soup thickener. Its common names include ox-eye bean, hamburger seed, hamburger bean, sea bean, donkey eye, and velvet bean. Locally, it is called *kararra* or *karangiwa* by the Hausas, *ukpo* or *agbara* by the Igbos, and *yerepe* or *agbarin* by the Yorubas.

Constituents

Mucuna flagellipes contains complex carbohydrates, proteins, and fatty acids; phytochemicals such as alkaloids, flavonoids, saponins, terpenes and tannins; vitamins including thiamine, riboflavin and niacin; and minerals such as magnesium, calcium, potassium, sodium, phosphorus, zinc, copper and iron. Other constituents include oxalate, phenol, phytate, L-dopa, phenolics, haemagglutinins, trypsin and chymotrypsin inhibitors, cyanogenic compounds, and mucunain.

Preparations

The plant is available as raw or dried seeds, or in powdered form. The seeds can be roasted, fried, cooked, boiled, dehulled and ground. The leaves are used in decoctions.

Pharmacological actions and medicinal uses

Ukpo seeds possess antibacterial, anticancer, anti-constipation, anti-inflammatory, anti-cholesterol, blood sugar-lowering, immune-boosting and bone development properties. A study revealed that *M. flagellipes* inhibited alpha-amylase and pancreatic lipase activities due to the presence of two major compounds—hexadecanoic acid and 9,12-octadecadienoic acid.

The anti-obesity and antihyperlipidaemic properties of *M. flagellipes* have been demonstrated in *in vivo* studies, where the n-hexane fraction significantly reduced total triglycerides, total cholesterol and low-density lipoprotein cholesterol compared with hyperlipidaemic control rats. Another study suggested that *Mucuna flagellipes* possesses significant antihypertensive effects, although not as potent as amlodipine.

Reports indicate that decoctions of leafy twigs are used as a beverage or bath to treat children with rickets. It is also taken as an emmenagogue and for the treatment of diarrhoea. The powdered fruits are applied against lice. The hairs on the fruit, though intensely irritating to the skin, are used medicinally to expel tapeworms.

A study reported that *Mucuna flagellipes*, with a fair degree of accuracy, improves learning and memory and may be useful in the management and treatment of retrograde amnesia. Another study revealed that ice cream produced from *M. flagellipes* gum has strong potential in addressing protein and vitamin deficiencies prevalent in developing countries.

Adverse effects

Consuming raw or improperly processed *Mucuna flagellipes* can cause severe adverse effects, including dizziness, stomach discomfort, nausea, vomiting, diarrhoea, heartburn, involuntary muscle movements (dyskinesia), psychological disturbances and severe dermatitis. Contact of the fruit hairs with the eyes can cause severe conjunctivitis and, in extreme cases, blindness.

Economic uses and potential

A black or blue-black dye can be obtained from the stems and leaves of *Mucuna flagellipes*, often in combination with the fruits of *Alchornea cordifolia*. This dye is used for colouring vegetable fibres, cloth, leather, wooden objects and pottery. The stems, branches and flower stalks provide a coarse fibre used in rope-making, while the seeds are used in traditional games.

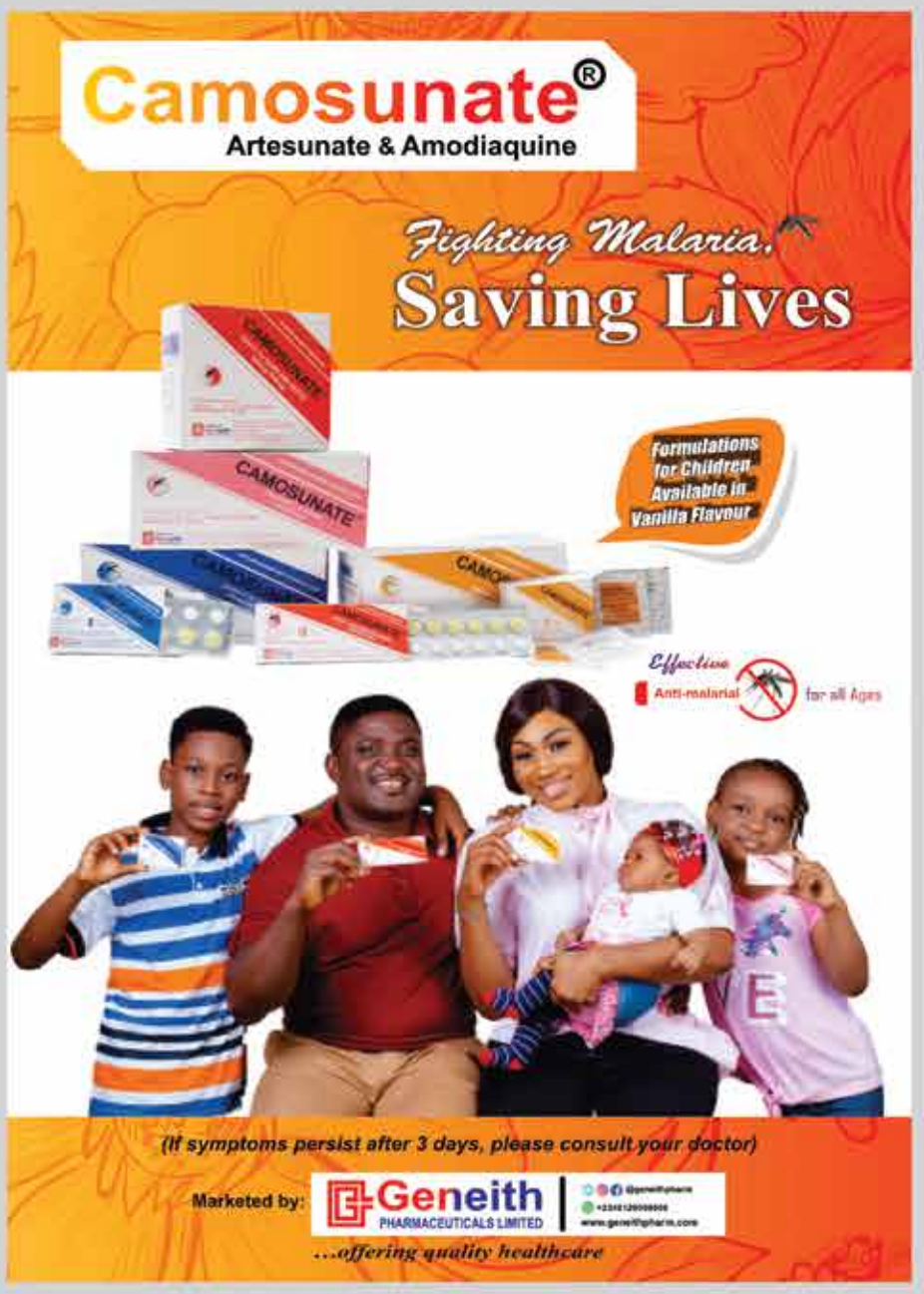
The gum present in the seeds functions as an emulsifying and suspending agent, making it useful in baking and in the manufacture of medicines. The raw or dried seeds cost approximately N5,000 to N8,000 per kilogram, depending on volume, while the powdered form costs about N7,000 to N9,000 per kilogram due to processing and milling.

Ukpo (*Mucuna flagellipes*) has significant potential in the food, cosmetics and pharmaceutical industries.

Reference

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LASHMA to enforce healthcare providers' compliance with Ilera Eko

By Temitope Obayendo

The Lagos State Health Management Agency (LASHMA) says it is set to enforce compliance among healthcare providers with the State Social Health Insurance Scheme, also known as Ilera Eko.

The agency noted that the enforcement drive forms part of its commitment to achieving Universal Health Coverage (UHC) in the state.

LASHMA's Chief Executive Officer, Dr Emmanuella Zamba, disclosed this while addressing journalists at the 2026 first-quarter media parley held at the LCCI, Olowopopo, CBD, Alausa, Ikeja. She highlighted the agency's achievements in the first quarter of the year, as well as planned activities for the months ahead.

Among the key milestones recorded during the period under review, Zamba identified an increase in enrolment among public servants, driven by intensified enforcement efforts across Ministries, Departments and Agencies (MDAs).

"Today, I am pleased to inform you that the agency has completed its first compliance assessment of MDAs. Agencies with public interfaces can now seamlessly verify residents' enrolment status through their portals," she said.

She also announced the completion of training for healthcare providers on the mandatory social health insurance scheme, noting that the next phase will focus on enforcing compliance.



L-R: Mrs Onatunde Morenike, chief education officer, representing the Permanent Secretary, Ministry of Basic and Secondary Education; Mrs Kemi Salau, deputy director, Student Support Service, Ministry of Tertiary Education representing the Permanent Secretary; Mr Olanrewaju Bajulaiye, permanent secretary, Ministry of Information and Strategy, Lagos State; Dr Emmanuella Zamba, permanent secretary, Lagos State Health Management Agency (LASHMA) and Dr Lukman Salami, associate professor, Lagos State University (LASU) representing the Vice-Chancellor at the LASHMA Y2026 Q1 Media parley, held recently.

"Healthcare providers have been trained in line with the Executive Order, and the next phase of enforcement will focus on provider compliance. While we have made significant progress, our commitment to achieving Universal Health Coverage (UHC) in Lagos State remains steadfast," she added.

To cushion the impact of current economic realities on residents, Zamba disclosed the introduction of Ilera Eko EasyPay, a wallet-based payment platform that enables residents to make incremental contributions towards their health insurance premiums.

She explained that the initiative is designed to reduce financial barriers and expand access, particularly for low- and middle-income earners, as well as those in the informal sector.

According to her, Ilera Eko EasyPay is an offshoot of the agency's "Pay-Small-Small" initiative, aimed at making health insurance more affordable and accessible to all Lagos residents.

Zamba further revealed that within the first quarter, the agency trained 72 journalists in two batches, in collaboration with ISMPH, on social health insurance. She noted that the initiative underscores the critical role of health writers in amplifying the Ilera Eko message, while commending their professionalism and continued partnership.

In addition, as part of its commitment to youth engagement and sustainability, the agency collaborated with the education sector to organise the Ilera Eko Essay Competition across public schools. The competition attracted 731 entries, of which 500 met the required criteria and were assessed.

From this pool, 12 outstanding winners emerged across four categories and were celebrated alongside their parents and teachers.

Zamba said the initiative reflects growing awareness among young people and reinforces the agency's vision of nurturing a generation that values health insurance and personal well-being.

The winners were formally decorated as Ilera Eko Advocates at the media parley, in recognition of their role in promoting health insurance awareness and championing a culture of wellness among their peers and communities.

The LASHMA CEO urged the young champions to serve as ambassadors of Ilera Eko within their communities



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THE NEW PHARMACIST SERIES

The Pharmacy we knew is dying

By Sesan Kareem

Recently, a colleague who has run a community pharmacy in Lagos for 19 years told me he is shutting it down. His landlord doubled the rent. The supermarket two doors away now sells antimalarials. His best customer, a hypertensive widow in her 60s, switched to the PPMV down the street because her son said it was cheaper. He counted everything he had built, looked at the math, and decided to walk away.

He is not alone. I have heard versions of this story from pharmacists in Ibadan, Abuja, Port Harcourt and Enugu. Margins are squeezed. Rent is up. Online pharmacies are eating the easy prescriptions. Unregistered medicine sellers are eating the rest. The PCN keeps shutting them down. They keep reopening under new names.

If you are a community pharmacist reading this, you already know the numbers don't work the way they used to. The retail model - buy at one price, mark up, sell, repeat - is dying. And I want to say something that will sound strange coming from a pharmacist: I think that is the best thing that has happened to our profession in a generation.

Here is why. For too long, we have measured ourselves by what we dispense. Boxes counted. Prescriptions filled. Sachets sold. But the patient walks out the door and disappears. We don't know if she takes the medicine. We don't know if it works. We don't know if she lives or dies. We have built an entire profession around a single transaction, and that transaction is now a commodity. Anyone with a shelf and a willingness to break the law can do it. We cannot win that race. We should not try.

The real issue

The real work of Pharmacy was never in the dispensing. It was in the outcomes.

Think about the patients you serve. The man with type-2 diabetes who has been on metformin for eight years and still does not understand why his sugar swings. The young woman with sickle cell who shows up in crisis every three months because no one is managing her hydroxyurea between episodes. The mother whose child has been on the wrong antibiotic for ten days because the GP rushed the consultation. The hepatitis-C patient who finished her first cycle and disappeared because she did not know what cycle two was for.

These are not dispensing problems. They are coordination problems. And they are the problems patients are actually dying from.

At HubPharm, we serve over 5,100 patients with chronic conditions. When we measured what changed once a pharmacist was actively coordinating their care, not just dispensing but checking in, adjusting, escalating, educating, adherence improved by 42 per cent. Satisfaction climbed to 92 per cent. These are not marketing numbers. They are the difference between a patient who lives and a patient who quietly stops her therapy because no one called.

Facing the truth

What we are watching, in Nigeria and across the continent, is the slow death of the pharmacist as merchant and the slow birth of the pharmacist as clinician. This is not a threat. This is a homecoming. It is what we trained for. It is what the framers of our profession had in mind when they fought for the B.Pharm to be a six-year degree and for the pharmacy councils to set ethical standards. We were never meant to be shopkeepers in white coats.

I know this is uncomfortable. I know rent is due at the end of the month. I know the old model paid the school fees and built the house in the village. I am not asking anyone to romanticise this. I am saying that the model we are mourning was always a stopgap. The real model, pharmacist as care coordinator, pharmacy as clinical infrastructure, is what comes next. And the pharmacists who see it first will own the next decade.



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

In the next two parts of this series, I will walk through exactly what the coordinated care model looks like in practice, and how any pharmacist, community, hospital or entrepreneur, can begin the shift. We will use real cases from sickle cell, hepatitis C and oncology programmes. We will look at the new revenue models that make this work economically. And we will talk frankly about what each of us must do differently.

The old Pharmacy is dying. Good. Let us build the one our patients actually need.

Sesan Kareem is the founder and president of HubPharm Africa, a speciality pharmacy and coordinated care platform based in Lagos. He writes on health access, health systems, and the business of chronic care.



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Why our pharma health expo is Nigeria-focused — MD, Plough Events

At the recently concluded Nigeria Pharma Health Expo 2026, held at the Balmoral Hall of Sheraton Lagos Hotel from 12 to 13 May, healthcare and pharmaceutical stakeholders from across Nigeria and beyond gathered to explore new opportunities for collaboration, innovation and industry growth. At the centre of the successful hosting of the high-level event was Joseph Chukwu, managing director of Plough Events Limited, a company recognised for organising impactful business-to-business events across various industries and countries. Armed with a background in Biochemistry and years of experience in corporate event management, Chukwu has built a reputation for creating strategic platforms that connect businesses, stimulate partnerships and drive conversations around industry advancement. In this exclusive interview with ***Patrick Iwelunmor****, he reflects on the vision behind the Expo, the evolving future of healthcare exhibitions in Africa, and the role of collaborative engagement in strengthening Nigeria's healthcare and pharmaceutical ecosystem. Excerpts:*



Joseph Chukwu

You are the organiser of the Nigeria Pharma Health Expo. Tell us more about your organisation.

Plough Events Ltd is a Nigerian B2B events company established to promote Nigerian-owned businesses while linking them with global opportunities. Our core focus is on creating platforms that enable local enterprises to showcase their products, innovations and capacities to both local and international stakeholders. We believe Nigeria has enormous potential across different sectors, especially in healthcare and pharmaceuticals, but many indigenous companies still struggle with visibility, partnerships and market access.

Through strategic exhibitions, conferences and networking events, we aim to bridge that gap by connecting Nigerian businesses with investors, policymakers, manufacturers, distributors and development partners from across Africa and beyond. Our vision is not just to organise events, but to create ecosystems where businesses can grow, collaborate and compete favourably on the global stage. The Nigeria Pharma Health Expo is part of that broader mission to strengthen local industries and promote economic development through enterprise.

What gap is the Nigeria Pharma Health Expo trying to bridge?

Currently, close to 70 per cent of pharmaceutical products used in Nigeria are imported. This heavy dependence on imports places enormous pressure on the economy and weakens the value of the naira. It also exposes the country to supply chain disruptions and foreign exchange instability. The Nigeria Pharma Health Expo was created to help address this imbalance by promoting Nigerian pharmaceutical and healthcare brands while also drawing attention to the major challenges limiting local production.

We want to create conversations that move beyond complaints to practical solutions. The idea is to bring manufacturers, regulators, policymakers, investors and other stakeholders to one table so that issues such as infrastructure, access to finance, energy costs, logistics and regulatory bottlenecks can be openly discussed. Our long-term goal is to help strengthen Nigeria's production capacity to the point where local companies can not only meet domestic demand but also compete strongly within the African market, especially under the African Continental Free Trade Area framework.

That is why more than 65 per cent of our exhibitors are Nigerian brands. We intentionally designed the expo to shine a spotlight on indigenous capacity because we believe Nigerian companies deserve stronger visibility and support.

There are so many pharma and health expos today in Nigeria. What difference is the Nigeria Pharma Health Expo aiming to make in the saturated Nigerian market?

What makes our expo different is that it is deliberately Nigeria-centric. While many pharmaceutical and healthcare exhibitions in the country are heavily dominated by foreign companies, our focus is on promoting Nigerian businesses and indigenous innovation. We are not against international participation, because partnerships are important, but we strongly believe local companies must not be overshadowed in their own market.

Nigeria has brilliant pharmaceutical manufacturers, healthcare entrepreneurs, researchers and innovators who are doing impressive work despite difficult operating conditions. Unfortunately, many of them do not receive the kind of visibility they deserve. Our platform is therefore designed to give Nigerian companies a stronger voice and a more prominent place in industry conversations.

Beyond exhibitions, we are also focused on creating policy conversations that directly affect local players. We want discussions at the expo to translate into action that can improve the operating environment for Nigerian healthcare businesses. In that sense, the event is not just commercial; it is also developmental. We see it as part of a larger national conversation about economic self-reliance, healthcare sustainability and industrial growth.

What can you say about Nigeria's drive for self-sufficiency in local drug manufacturing?

That is clearly the way to go, and I believe all stakeholders must be involved if Nigeria is serious about achieving meaningful self-sufficiency in local drug manufacturing. No single sector can solve the problem alone. Government, private investors, academia, manufacturers, regulators and supply chain experts all have important roles to play.

Nigeria cannot continue to rely so heavily on imported medicines if we truly want a resilient healthcare system. Local manufacturing is important not only for economic reasons but also for national health security. The COVID-19 pandemic showed many countries the dangers of overdependence on foreign supplies during global emergencies.

That is one of the reasons we partnered with the Africa Centre of Excellence in Supply Chain Management. Through that collaboration, we are creating opportunities to discuss some of the key challenges facing Nigeria's medical supply chain, including distribution inefficiencies, storage limitations, transportation challenges and raw material sourcing. If we strengthen these systems, local manufacturers will be in a much better position to thrive.

We also need stronger policy consistency, better infrastructure and easier access to financing for manufacturers. Once these issues are addressed, Nigerian pharmaceutical companies can significantly increase production capacity and reduce the nation's dependence on imports.

How would you rate the participation of Nigerian pharma companies in your expo this year?

The participation was excellent. We reached out to Nigerian pharmaceutical companies and many of them responded positively because they understand the importance of having a platform dedicated to indigenous brands. Their presence and enthusiasm have been very encouraging for us as organisers.

What is even more exciting is that several companies that could not fully participate this year have already expressed interest in becoming more actively involved in subsequent editions. That shows there is growing confidence in the vision behind the expo.

We are particularly encouraged by the willingness of local companies to collaborate, network and engage in discussions around the future of the healthcare industry. It demonstrates that Nigerian businesses are ready to play a greater role in shaping the sector if given the right support and visibility.

Did you consult the PSN while planning this event, being the umbrella body for all Nigerian pharmacists?

Yes, we did communicate with the Pharmaceutical Society of Nigeria (PSN) during the planning process because we recognise the important role they play as the umbrella body for pharmacists in Nigeria. However, due to time constraints and some logistical challenges, we were unable to follow up adequately to secure their full participation at this year's edition.

That said, we value the role of professional bodies and we hope to build stronger engagement with them in future editions. The success of the healthcare and pharmaceutical industry depends greatly on collaboration among professional associations, regulators, manufacturers and event organisers. We believe the PSN and similar organisations remain critical stakeholders in the broader conversation about improving healthcare delivery and pharmaceutical practice in Nigeria.

If there's one advice you ever have to give to the Nigerian government concerning the health sector, what would it be?

My strongest advice would be for the government to intensify the coverage of health insurance across the country. Nigeria cannot sustainably fund healthcare through out-of-pocket payments. Too many citizens are still forced to pay directly for medical services, and this creates serious financial hardship for families, especially during emergencies or chronic illnesses.

Health insurance should become mandatory and accessible for every Nigerian, regardless of social class or location. A stronger insurance system would improve access to healthcare, reduce preventable deaths and encourage more people to seek medical attention early instead of waiting until conditions become severe.

Beyond benefiting patients, wider insurance coverage would also strengthen hospitals, pharmaceutical companies and healthcare providers because there would be a more structured financing system within the sector. Healthcare should not be treated as a privilege for a few people; it should be seen as a national investment. A healthy population is essential for economic productivity and national development.

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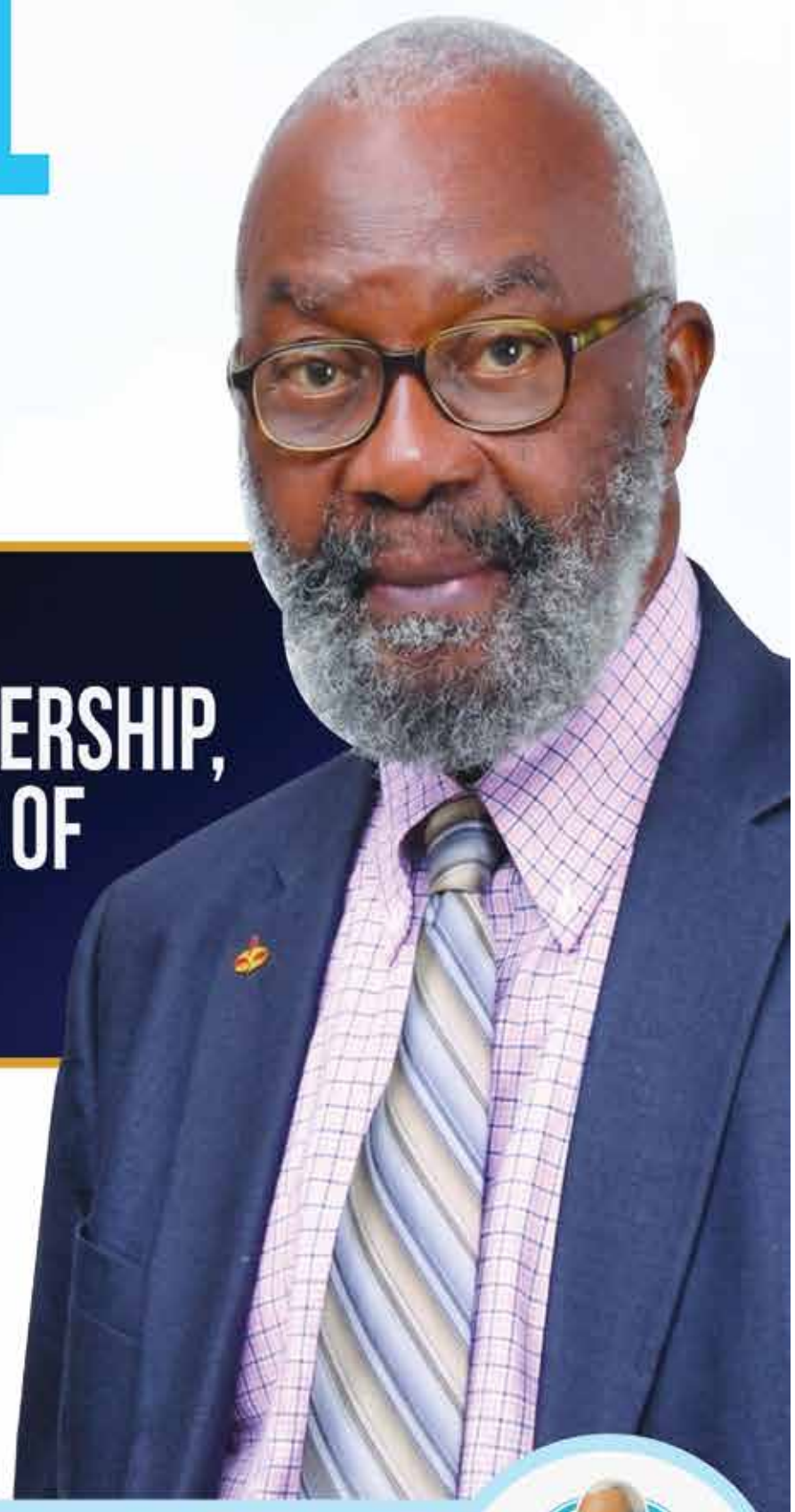
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THEME

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CHAIRMAN OF THE OCCASION

Prince Julius Adelusi-Adeluyi
Former Minister of Health and Chairman of Juli Plc

GUEST SPEAKER

Professor Lere Baale
President of the Nigeria Academy of Pharmacy

SPECIAL GUEST PANELISTS

Dr. Lolu Ojo
MD/CEO of Merit Healthcare Ltd & Director of Programmes, NAPharm

Dr. Teresa Pounds
President & Founder of WASPEN

Barr. Wole Olufon
Legal Practitioner and Principal Partner, Wole Olufon and co.

Pharm. Ahmed Yakasai
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The risen Christ, you and the nation

By Pharm. (Dr) Lolu Ojo, BPharm, MBA, PharmD, FPCPharm, FPSN, FNAPharm

Nigeria today is a nation of paradoxes - deeply spiritual yet structurally broken; richly endowed yet painfully deprived; hopeful in rhetoric yet burdened by reality. It is within this contradiction that the story of the death and resurrection of Jesus Christ must be revisited, not as a religious ritual, but as a framework for understanding failure, responsibility, sacrifice, and the possibility of renewal.

The story of Christ is not only about redemption from sin; it is about the consequences of betrayal, the cost of injustice, and the triumph of truth over systems that appear too powerful to challenge. It is, in many ways, a mirror held up to nations, and Nigeria must be left behind.

A nation under the weight of its own cross

The crucifixion of Christ was not just a spiritual event; it was also a failure of governance. An innocent man stood before a political authority that knew the truth but lacked the courage to uphold it. Power bowed to pressure. Justice was sacrificed for convenience. The system failed.

That same pattern is distressingly familiar in Nigeria today.

We are confronted with a nation where:

- Public resources are routinely diverted or mismanaged
- Institutions designed for accountability have been weakened
- Leadership often prioritises survival over service

The consequences are not abstract, they are measurable. It is important to note here that this narrative is not about any Government alone, it is about the people called NIGERIANS. We have all sinned and fallen short of our responsibilities to build a great nation.

Nigeria's public debt has risen dramatically from about N12.12 trillion in 2015 to over N149 trillion by 2025, reflecting a growing fiscal burden without corresponding development outcomes. Many of the projects financed by this debt - railways, power systems, and other infrastructures - are plagued by cost overruns, corruption, and weak oversight, limiting their impact on real economic growth.

At the same time, inefficiency and corruption continue to undermine government expenditure, leading to misallocation, inflated contracts, and poor implementation of public projects.

The result is a nation that is borrowing heavily but building slowly.

The economy of mismanagement

Consider the structure of Nigeria's recent budgets. A significant portion - often around 65 per cent - is consumed by debt servicing, salaries, and overheads, leaving limited space for meaningful capital investment. In the proposed 2026 budget, N15.52 trillion is allocated to debt servicing alone, nearly rivalling total capital expenditure.

Even more troubling is how budgets are distorted in the process of implementation. In 2025 alone:

- Over 11,122 projects worth N6.93 trillion were inserted into the budget, many lacking proper planning or oversight.
- Unexecuted capital projects accumulated to over N17 trillion, reflecting systemic failure in translating plans into reality.

This is not merely inefficiency; it is a structural crisis.

Projects are conceived without intention to complete them and decked with ulterior motives. Funds are allocated without accountability. Development becomes a façade.

The phenomenon of "ghost projects" - that is, projects that exist only on paper or remain perpetually abandoned - has become emblematic of governance failure, often driven by corruption, political expediency, and lack of continuity.

The human cost of systemic failure

Behind every statistic is a human story. Nigeria is currently facing severe socio-economic strain:

- Up to 33 million Nigerians are projected to face severe hunger in 2026.
- The healthcare system is stretched, with a doctor-to-patient ratio of about 1:9,000.
- Health sector funding remains critically low at about 5.2 per cent of the national budget, far below the 15 per cent African Union benchmark.

At the same time, corruption continues to drain national resources.

Nigeria ranks 140th out of 180 countries on the Corruption Perceptions Index, reflecting deep institutional challenges (Wikipedia). Surveys indicate that:

- Over 70 per cent of Nigerians believe public procurement processes are routinely compromised
- A majority expect diversion of public funds by officials

These are not just governance issues; they are moral failures.

> **"The story of Christ is not only about redemption from sin; it is about the consequences of betrayal, the cost of injustice, and the triumph of truth over systems that appear too powerful to challenge. It is, in many ways, a mirror held up to nations, and Nigeria must be left behind."**

The cross and the cost of transformation

The cross represents cost. Christ's suffering reminds us that true transformation is never convenient. It demands sacrifice, accountability, and courage. Nigeria's challenge is not merely economic; it is ethical.

We desire:

- Infrastructure without discipline
- Growth without accountability
- Leadership without sacrifice

But no nation rises without paying the price of:

- Institutional integrity
- Personal responsibility
- Collective discipline

The tragedy is that we want the resurrection but resist the cross.

The resurrection: a national possibility

Yet, the story does not end at the cross.

The resurrection is a powerful declaration that:

- Failure is not final
- Decay is not irreversible
- Systems, however broken, can be renewed

This is the message Nigeria must embrace.

Despite decades of mismanagement:

- Reform initiatives such as digital financial systems and public financial management reforms are being introduced to improve transparency and reduce corruption.
- Efforts in sectors like oil and gas are beginning to attract renewed investment, showing that recovery is possible when systems are corrected.

But systems do not reform themselves. People reform systems.

The crisis of belief and the failure of character

Nigeria is not short of religion. But it is dangerously short of transformation.

We have:

- Churches filled to capacity
- Religious language in public discourse
- Yet persistent corruption in private and public life

This disconnect is the central tragedy.

Because if the message of the resurrection is truly understood:

- Integrity would not be negotiable
- Public office would be a sacred trust
- National resources would be treated as collective inheritance

Instead, what we see is a nation where faith is professed—but rarely practiced in governance.

The risen Christ, you and national rebirth

The resurrection is not merely an event to celebrate; it is a standard to live by.

It calls for:

- A new kind of citizen
- A new kind of leader
- A new kind of nation

The question is no longer theological.

It is practical.

- Have we risen above greed?
- Have we risen above indifference?
- Have we risen above the normalisation of dysfunction?

Nigeria's future will not be determined by policies alone; but by people who choose to live differently.

Conclusion: From symbol to responsibility

The empty tomb is not just a symbol of divine power; it is a call to human responsibility.

It challenges nations and individuals alike:

- To confront truth
- To embrace sacrifice
- To pursue renewal

Nigeria does not merely need economic reform. It needs moral resurrection. And moral resurrection does not begin in government. It begins with you.

If the nation must rise, its people must rise. And if we must rise, the question is simple: What will you do differently?



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SCOAN wellness programme promotes preventive healthcare

By Patrick Iwelunmor



R-L: Pastor Evelyn Joshua, leader of The SCOAN, inspecting drug supplies, as Mr Afolabi Jimoh, upline director, Neolife Group, looks on.

The second edition of the Women of Grace Wellness Programme of The Synagogue, Church Of All Nations commenced on Wednesday, May 13, 2026, at the Faith Resort, drawing participants into a structured three-day experience focused on preventive healthcare, disease awareness and practical guidance for healthier living.

Mrs Joy Opute, a coordinator of the Women of Grace group, explained that the initiative is designed to promote routine health checks such as blood pressure and blood sugar monitoring, while also encouraging participants to maintain a balance between spiritual conviction and medical responsibility, anchored on the belief that "doctors treat, but God heals." She noted that the aim is not to replace faith, but to ensure that health-seeking behaviour becomes part of everyday life rather than an emergency response.

The opening day featured interactive sessions on nutrition, kidney health, osteoarthritis and general preventive care. Pharmaceutical Technologist Afolabi Amos of the NeoLife Group emphasised that good health remains the most valuable asset in human life, urging participants to prioritise wellbeing over material accumulation. He stressed that without health, productivity, wealth and comfort lose their meaning, reinforcing the importance of lifestyle discipline.

Nurse Garba Nonye of The Synagogue, Church Of All Nations Medical Department delivered a detailed session on kidney health, explaining the kidneys' critical function in filtering waste and maintaining bodily balance. She identified hypertension, diabetes, smoking, alcohol abuse and unregulated use of pain medications as major contributors to kidney failure, and encouraged participants to adopt preventive habits such as adequate hydration, moderation in substance use and regular medical screening.

Also speaking on the opening day, Nurse Adebomi Deborah of the same Medical Department addressed osteoarthritis, describing it as a degenerative joint condition caused by the gradual loss of synovial fluid, leading to painful bone-on-bone friction. She explained that although the condition is more common among older adults, it can affect different age groups depending on lifestyle and health history. Participants were advised to maintain healthy body weight, engage in moderate exercise and seek early medical intervention to manage symptoms and slow progression.

Following the health talks, participants underwent medical screenings conducted by healthcare professionals, with many receiving medications tailored to their conditions and further guidance on managing identified risks. The outreach segment proved to be one of the most impactful aspects of the day, as participants were able to receive direct, personalised health feedback. A drama presentation on healthy living added a cultural and relatable dimension to the programme, reinforcing key messages on nutrition, hygiene and preventive care in a simplified format that resonated with attendees.

The wellness initiative reflects the broader emphasis on holistic healthcare under the leadership of Pastor Evelyn Joshua, who has continued to expand humanitarian and community-focused programmes since assuming leadership following the passing of Prophet T.B. Joshua in 2021. Her leadership has maintained a consistent focus on integrating spiritual support with practical social interventions, particularly in health and welfare.

Day Two of the programme shifted attention from general wellness to more specific disease education. Matron Temidayo Ogunmakinju-Oluwaseyi, a Registered Nurse and Midwife, delivered an in-depth session on cervical cancer and screening. She began by explaining the cervix, its anatomical position and biological role, before moving into a clear discussion of cervical cancer as one of the most preventable yet still prevalent cancers affecting women.

She outlined key causes, particularly persistent infection with high-risk human papillomavirus (HPV), alongside contributing factors such as early sexual activity, multiple sexual partners, weakened immune systems and inadequate screening practices. The session further explored the types of cervical cancer and highlighted common warning signs, including abnormal vaginal bleeding, pelvic pain and unusual vaginal discharge.

The importance of prevention and early detection was strongly emphasised, with recommendations including HPV vaccination, regular Pap smear tests, safe sexual practices and timely medical consultation. The facilitator repeatedly stressed that cervical cancer is highly treatable when detected early but often fatal when discovered late due to delayed screening and diagnosis.

The second presentation on Day Two was delivered by Nurse Taiwo Ololade, who focused on rheumatism, a chronic inflammatory condition affecting joints, muscles and connective tissues. She explained that rheumatism often presents as persistent pain, stiffness, swelling and reduced mobility, which can significantly affect quality of life if left unmanaged.

Causes discussed included autoimmune responses, genetic predisposition, prolonged infections and age-related degeneration. Participants were encouraged to recognise early symptoms such as joint stiffness, fatigue and swelling, and to avoid self-medication, which often worsens long-term outcomes. Management strategies such as physiotherapy, prescribed medication, exercise and lifestyle adjustment were highlighted as essential for improving quality of life, even where a complete cure may not be possible.

By the end of Day Two, the atmosphere among participants had shifted significantly. What began as general wellness awareness had evolved into deeper health literacy, with participants actively engaging, asking questions and relating the information to personal and family experiences. Health conditions that once felt abstract were now understood in practical, relatable terms.

Day Three continued this progression with a focused session on prostate cancer delivered by Registered Midwife Ekwemudo Cynthia. She explained the prostate gland, its location beneath the bladder in men and its role in reproductive health, before discussing how abnormal cell growth leads to cancer development.

She outlined risk factors such as age—particularly men over 50—family history, hormonal influences and lifestyle factors such as diet and inactivity. The discussion also covered symptoms including difficulty in urination, frequent urination at night, weak urine flow and blood in urine, which often appear in more advanced stages of the disease.

The importance of early detection was strongly reinforced through explanations of PSA testing and digital rectal examination as effective screening tools. Participants were reminded that prostate cancer is highly treatable when detected early, but becomes dangerous when diagnosis is delayed. Preventive measures such as regular medical check-ups, healthy diet choices, physical activity and reduced consumption of processed foods and alcohol were also emphasised.

Although prostate cancer primarily affects men, the facilitator highlighted the important role women play in family health decisions, particularly in encouraging husbands, fathers and sons to undergo regular medical screening and seek timely care. This family-centred approach underscored the broader objective of the programme, which is to extend health awareness beyond individual participants into households and communities.

Across the three days, the programme demonstrated a clear progression from awareness to understanding and finally to applied health literacy. Participants were not only informed but engaged in ways that made medical knowledge accessible and relevant to everyday life. The sessions bridged the gap between clinical terminology and lived experience, transforming how participants perceive common but often overlooked health conditions.

Ultimately, the programme reinforced a growing culture of preventive healthcare, where early detection, informed choices and consistent health-seeking behaviour are increasingly viewed not as optional habits but as essential tools for survival and wellbeing in everyday Nigerian life.



Participants receiving free medications at the event.



Mrs Joy Opute
one of the Coordinators of the Women of Grace Group, making a presenation.

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SKG PHARMA EVENT IN PICTURES, DURING THE UNVEILING OF 'NEW NOVADEX & NOVADEX NIGHT' AND TRADE PARTNERS CONFERENCE, RECENTLY HELD IN LAGOS



MD/CEO SKG Pharma Limited, Dr Okey Akpa giving his welcome Address at the Trade Partners Forum.



L-R:Pharm Chime Emeka, DSM SKG Pharma Limited;Mr Obi Okwudili, Desanthos Pharmacy; and Pharm Lewachi Onwueyi, Head Regulatory and New Product Development, SKG Pharma Limited



L-R: Pharm Chime Emeka, DSM SKG Pharma Ltd; Mr Odoh Onyekachi, Uche Success Pharma Ltd; and Pharm Lewachi Onwueyi, Head Regulatory and New Product Development, SKG Pharma Limited



L-R:Mr Mark Ugwu, RFSM; Mr Nwaezema Chibueze, Danzona Pharmacy Ltd and Mr Ugochukwu Orji, GM Finance, SKG Pharma Limited



L-R: Pharm Emeka Okpara, DSM SKG Pharma Ltd; Dr. Tobi Nwachukwu, Audion Pharmacy; and Mrs Augustina Nnoaham, Head Supply Chain, SKG Pharma Ltd.



Pharm. Emmanuel Edokpa, ASM, SKG Pharma. Ltd; Pharm Halima Tali Faran, Lamed Pharmacy; and Mr Francis Obayemi, Head HR & Environment SKG Pharma Ltd



L-R: Mr Mark Ugwu RFSM, SKG Pharma Ltd, Mr Steve Ozioko, New Health Pharmacy Ltd, and Mr Ugochukwu Orji, GM Finance SKG Pharma Limited



L-R: Mr Mark Ugwu, RFSM, SKG Pharma Ltd; Alh. Abdullahi Ibrahim Alhassan, Kuka Pharmacy Ltd; and Pharm Inieke Umoh, GM Production, SKG Pharma Limited



Dr Okey Akpa, MD/CEO SKG Pharma Ltd Flanked by the Top 3 Distributors of the year at the Trade Partners Conference and Pharm Ephraim Ezeh; GM Sales & Customer Care;



L-R: Mr Anthony Asogwa, SKG Pharma Ltd; Mr Uche Ogor, SKG Pharma Ltd; Pharm. Mrs Olukemi Adeyeye, Boluke Pharmacy; Pharm. Victor Kalu, SKG Pharma Ltd and Mr Uche Chinagoro, SKG Pharma Ltd



L-R: Pharm. Chime John, DSM, SKG Pharma Ltd; Pharm. Ogbuagu Chinedu, Ogbuagu Pharmacy Limited;Pharm Lewachi Onwueyi of SKG Pharma Ltd.



L-R:Pharm. Emmanuel Edokpa, ASM SKG Pharma Ltd; Mr Nweke Onyeka Jaywonder Pharmacy Ltd; and Mr Francis Obayemi, SKG Pharma Limited



L-R: Pharm Frank Ndukwu, ASM, SKG Pharma Ltd; Mr Onuachu Chijioke, Jaymorr Pharmacy; and Mr Emeka Igwebuike, Head Quality Assurance, SKG Pharma Ltd



Dr Okey Akpa, MD/CEO, SKG Pharma Limited flanked by Trade Partners at the Product Launch



A Cross section of Trade Partners during the Lecture by Dr Peter Bamkole, Deputy Vice Chancellor (Admin) at Pan-Atlantic University, Lagos, Nigeria. at the event

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SKG PHARMA EVENT IN PICTURES, DURING THE UNVEILING OF 'NEW NOVADEX & NOVADEX NIGHT' AND TRADE PARTNERS CONFERENCE, RECENTLY HELD IN LAGOS



Dr Okey Akpa MD/CEO, SKG Pharma Ltd and Dr Peter Bamkole, the Deputy Vice Chancellor (Admin), Pan-Atlantic University, Lagos, Nigeria, at the SKG Pharma Trade Partners Conference



Mr Mark Ugwu, RFSM, representing Ifeanyi Health Pharmacy, as the National Best Trade Partner and Dr Okey Akpa, MD/CEO, SKG Pharma Limited



Pharm. Victoria Okon, Head, Marketing, SKG Pharma Limited, during her presentation at the event



Dr Okey Akpa, MD/CEO SKG Pharma Limited, 5th from left and some of the participants at the launch of Novadex Caplets & Novadex Night at the Trade Partners Conference.



Dr Okey Akpa, MD/CEO SKG Pharma Limited Flanked by the Top 3 Distributors of the year at the Trade Partners Conference



L-R: Pharm Ephraim Ezeh; GM Sales; Pharm Okon, Victoria Head, Marketing; Pharm Edith Nwachukwu, Audion Nigeria Ltd;Dr Okey Akpa, MD/CEO SKG Pharma Ltd & Mr Steve Ozioko, New Health, at the Launch of Novadex Caplets and Novadex Night at the Trade Partners Conference



L-R: Pharm Frank Ndukwu, ASM SKG Pharma Ltd; Mr Anuludu Daniel, Summerhill Pharmacy and Mr Emeka Igwebuike Head Quality Assurance SKG Pharma Limited



L-R: Mr Mark Ugwu, SKG Pharma Ltd, Mr Emerenakam Ikechukwu, Gozeb Pharmacy; and Pharm Inieke Umoh, GM Production SKG Pharma Ltd



L-R: Mr Mark Ugwu, RFSM, SKG Pharma Ltd; Mr Ezeh Stanley Chukwuemeka, Klen Pharmacy Ltd; and Mr Ugochukwu Orji, GM Finance, SKG Pharma Ltd



Unveiling of Novadex by the MD/CEO SKG Pharma Limited, Dr Okey Akpa and SKG Pharma Trade Partners



L-R: Pharm. Chime Emeka, DSM, SKG Pharma Ltd, Mr Moses Okpare, Onomere Pharmacy Ltd; and Mrs Lewachi Onwueyi, Head Regulatory and New Product Development, SKG Pharma Ltd



L-R: Mr Mark Ugwu, SKG Pharma Ltd; Alh. Antana Sayyidi, Latnas Pharma Ltd; and Pharm Inieke Umoh, GM Production, SKG Pharma. Ltd



Unveiling of Novadex by the MD/CEO SKG Pharma Limited, Dr Okey Akpa and SKG Pharma Trade Partners



MD/CEO SKG Pharma Ltd, Dr Okey Akpa flanked by the awardees at the Trade Partners event

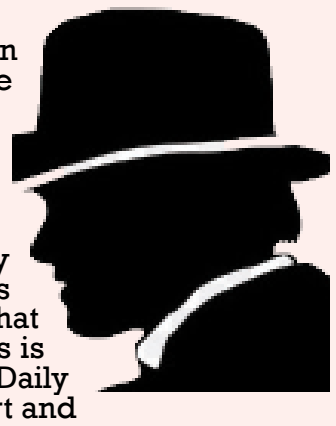


Dr Okey Akpa, MD/CEO, SKG Pharma Limited flanked by Trade Partners at the Product Launch

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Salt, hypertension and heart health

By Ola Aboderin



As we grow older, health concerns often become more visible. However, while changes in mobility, eyesight, or physical strength are easier to notice, some of the most serious threats to healthy ageing develop with little or no warning. High blood pressure is one of them.

Hypertension has become increasingly common among older Nigerians, and its effects can be devastating when left unmanaged. What makes the condition particularly dangerous is that many people feel perfectly well for years. Daily activities continue as normal, while the heart and blood vessels gradually come under increasing strain.

This is why hypertension is often described as a silent killer. In many cases, the first clear sign appears only after serious complications such as stroke, heart failure, kidney disease, or impaired vision have developed.

The salt factor

One of the major factors linked to high blood pressure is excessive salt consumption. This is not always obvious, because salt is deeply embedded in our everyday eating habits. It is found not only in table salt, but also in seasoning cubes, processed foods, preserved meats, snacks, and many prepared meals.

In many homes, richly seasoned food is often associated with satisfaction, hospitality, and care. Meals that contain less salt may initially seem lacking in flavour. Over time, however, the body becomes accustomed to high levels of sodium intake, often without people realising how much they consume daily.

As the body ages, this becomes more concerning. Excess salt encourages fluid retention, which increases pressure within the blood vessels and forces the heart to work harder. Since blood vessels naturally lose some flexibility with age, the long-term effect can place significant strain on the cardiovascular system.

Taking precautions

Protecting heart health does not require extreme diets or expensive lifestyle changes. In many cases, modest but consistent adjustments are enough to produce meaningful benefits.

Reducing the amount of salt and seasoning used during cooking is an important first step. Greater use of natural flavourings such as onions, garlic, ginger, scent leaves, curry, thyme, and other spices can help maintain taste without excessive sodium.

Cutting back on heavily processed foods also matters. Instant noodles, salty snacks, processed meats, and certain packaged foods often contain large amounts of hidden salt. Preparing meals with fresh ingredients allows for better control over what is consumed.

Fruits, vegetables, beans, and other fibre-rich foods support heart health and help maintain a healthier balance within the body. Adequate water intake is equally important, particularly for older adults who may not always feel thirsty even when the body requires hydration.

Beyond food and medication

Heart health is influenced by more than diet alone. Physical activity remains important well into later life. Simple activities such as walking, stretching, or light exercise can improve circulation and help manage blood pressure when done regularly.

Routine medical checks are also essential. Many people avoid checking their blood pressure because they feel healthy, but hypertension often develops without obvious symptoms. Early detection allows for better management and reduces the likelihood of severe complications later on.

Stress is another factor that deserves attention. Financial pressures, family responsibilities, isolation, and emotional strain can all affect blood pressure. Rest, meaningful relationships, spiritual life, and emotional support therefore remain important aspects of healthy ageing.

In all, many of the risks associated with cardiovascular illness can be reduced through awareness, moderation, and consistent care. Often, the most effective changes are also the simplest ones, including healthier food choices, regular movement, and timely medical attention.

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1. PN is the leading healthcare journal in Nigeria.
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3. PN is the widest circulating healthcare journal in Nigeria.
4. PN has the highest readership among health journals.
5. PN is available online as mobile App and PDF.
6. PN has over 18 million cumulative monthly website hits.
7. PN is the journal of choice for advertisers.
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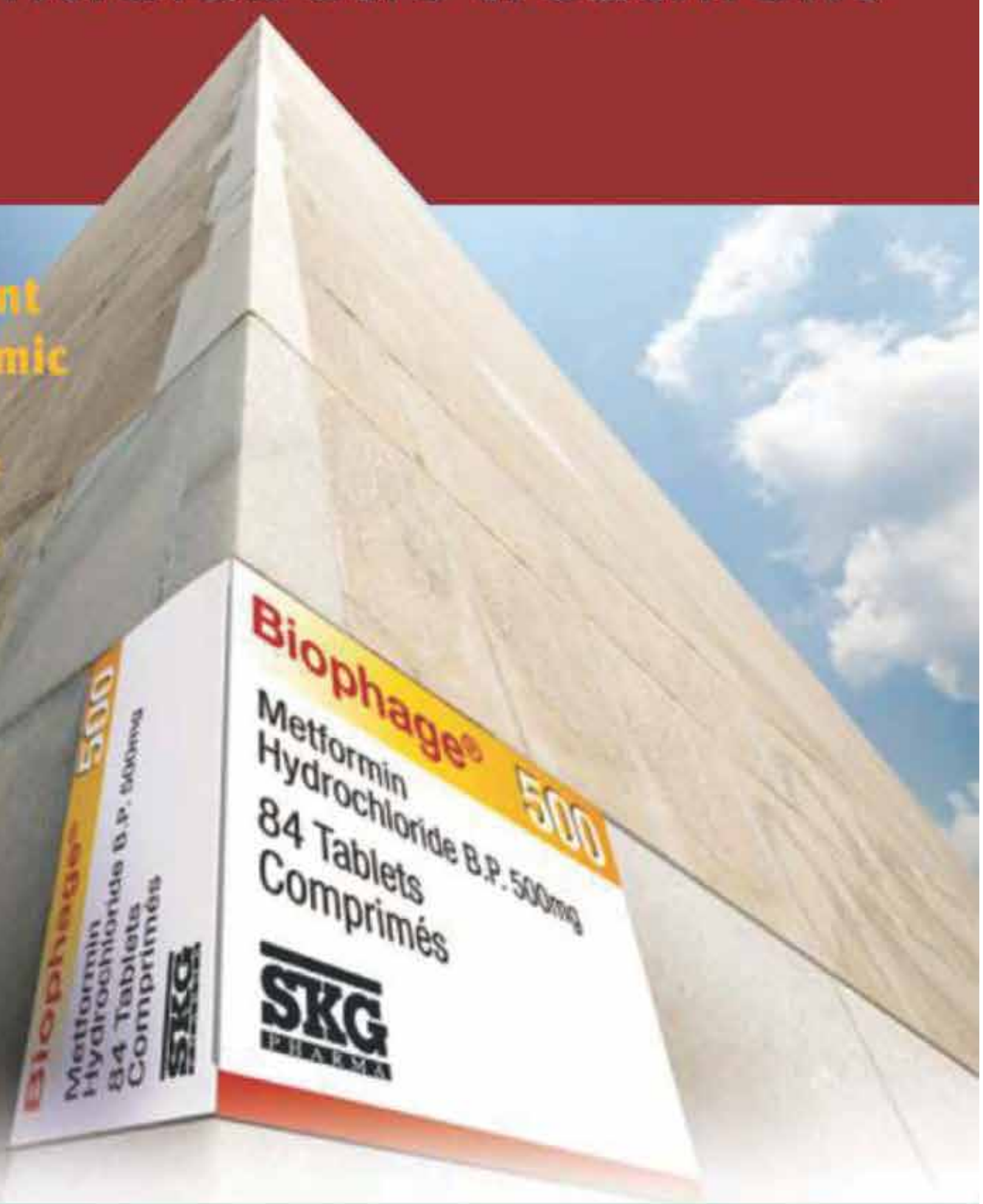
PHARMACY ELDERS (above 80, work-in-progress)

	NAME	DATE OF BIRTH	STATE
1.	Onuigbo Dick Obichereihe	31/12/24	Abia
2.	Uwakwe Charles	20/10/26	Imo
3.	Ezegbo Albert	30/03/30	Anambra
4.	Nwabunike Emmanuel S. C.	23/11/30	Anambra
5.	Atasie Michael Chijioke (Sir, Dr)	12/05/31	Abia
6.	Anyafulu Lawrence Okwu	30/06/31	Anambra
7.	Emelifonwu Christopher	1/12/31	Delta
8.	Nwoke Dick	15/11/33	Abia
9.	Akubue Paul Iwegbunam (Prof.)	25/02/34	Anambra
10.	Okolo Dennis	13/03/34	Anambra
11.	Osisioma Ngozi Dorah (Mrs)	15/03/34	Anambra
12.	Unigwe Felix (Dr)	19/05/34	Anambra
13.	Ekpo Benjamin (Dr)	28/08/34	Akwa Ibom
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17.	Makinde Bayo (Chief)	14/01/35	Oyo
18.	Osuide Gabriel Ediale (Prof.)	5/03/35	Edo
19.	Ayoade Joko (Chief, Mrs)	3/10/35	Oyo
20.	Chugbo Cyril Okwudi	22/12/35	Anambra
21.	Emafo Philip Onagwele OFR (Dr)	15/03/36	Edo
22.	Osadolor E. A. (Sir)	8/07/36	Edo
23.	Omotosho Adebowale (Dr, Sir)	29/07/36	Oyo
24.	Hunponu-Wusu Babatunde (Chief)	11/03/37	Lagos
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28.	Agbakwuru Evans O. P. (Prof.)	27/08/37	Imo
29.	Obianwu Hope (Prof.)	6/10/37	Anambra
30.	Yusuf Mufuatu	12/12/37	Ogun
31.	Lawal Oladele Karim	26/04/38	Kwara
32.	Oluremekun Ezekiel Adeyinka	23/07/38	Ogun
33.	Okoye Ebenezer Ifeanyi	21/11/38	Anambra
34.	Adegoke Ayoola (Mrs)	7/01/39	Ondo
35.	Egbuonu Douglas	30/01/39	Anambra
36.	Okonkwo Eugene	20/03/39	Anambra
37.	Okunoren Patience (Dame)	21/06/39	Ogun
38.	Talabi Abimbola	4/07/39	Ogun
39.	Hugbo Peter Gbewa (Prof.)	15/09/39	Delta
40.	Nwankwo Bruno Nnaemeka	15/09/39	Anambra
41.	Obasi John	15/09/39	Abia
42.	Olurinola Philip (Prof.)	6/10/39	Kwara
43.	Adetona Samuel Olalekan	20/01/40	Oyo
44.	Jackson SDP	12/05/40	Bayelsa
45.	Osundeko Olaide	5/06/40	Ogun
46.	Daromosu Abdul Yekini (Alh.)	10/06/40	Kaduna
47.	Ogundare Jacob Bamidele	23/07/40	Kwara
48.	Adelusi-Adeluyi Julius (Prince,Sir,Dr) OFR	2/08/40	Ekiti
49.	Olaniyi A. A. (Prof.)	25/08/40	Ekiti
50.	Okeke Cornelius	17/09/40	Imo
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52.	Williams Alao Olaleye	25/12/40	Ogun
53.	Obiorah Bona (Prof.)	21/02/41	Anambra
54.	Adebowale Adekunle	28/02/41	Lagos
55.	Osinoiki Deji (Sir)	6/03/41	Ogun
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58.	Bassey Sebastian	25/06/41	Akwa Ibom
59.	Yisa Barnabas	2/07/41	Niger
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61.	Olawoye Babatunde	27/11/41	Ondo
62.	Omokpo William	12/12/41	Edo
63.	Oyedele Yetunde (Mrs)	3/04/42	?
64.	Enemmuo Ralph	29/04/42	Anambra
65.	Amanerimi Alfred	11/05/42	Plateau
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92.	Adimekwe Cyprian	20/04/44	Imo
93.	Ajisegiri Michael	23/04/44	Ondo
94.	Ezugwu Raymond Obinwanne	30/06/44	Enugu
95.	Olawore Josiah Olafaju	8/07/44	Oyo
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97.	Aina Obafunmi Claudius	26/07/44	Ogun
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99.	Ayeni Aderemilekun (Mrs)	19/08/44	Ogun
100.	Olukunle Bola G.	23/08/44	Ogun
101.	Ogundana Olu Oluropo (Mrs)	27/10/44	Ekiti
102.	Ogunbona Festus Adio (Prof.)	30/10/44	Ogun
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104.	Ifudu Dave (Prof.)	13/12/44	Enugu
105.	Onabanjo Bolanle Afolake (Mrs)	6/01/45	Ogun
106.	Osinoiki Abayomi Olayinka (Mrs)	13/01/45	Ogun
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It is reasonable to assume that you want to succeed. Most sales managers in Nigeria's pharmaceutical industry began their careers as medical or sales representatives—competitive, ambitious, and results-driven individuals. However, the transition from individual contributor to team leader introduces a different performance equation.

In competitive environments, the margin between average and exceptional performance is often very narrow. Yet, in today's Nigerian business climate—characterised by economic pressure, rising operating costs, increasing competition, etc. —the expectations from sales managers have become significantly higher. Delivering routine results is no longer sufficient. The emphasis has shifted to **consistent, scalable, and sustainable performance**.

The question then becomes: *What differentiates a high-performing Sales Manager from the rest?* What constitutes a practical "sales management excellence dashboard" in today's reality?

Below are five critical drivers.

1. Leadership as influence, not position

A managerial title does not automatically confer leadership. Leadership is fundamentally about influence—the ability to align people, inspire action, and sustain performance towards defined business objectives.

In the Nigerian pharmaceutical environment, where field teams operate with a high degree of autonomy, influence becomes even more critical. A sales manager who cannot influence behaviour—call discipline, customer prioritisation, reporting accuracy, and ethical conduct—will struggle to deliver consistent results.

Effective leaders communicate clearly, reinforce expectations regularly, and connect daily activities to broader organisational goals. For example, rather than merely instructing representatives to "increase calls," strong leaders explain *why* certain customer segments or therapy areas require deeper engagement, linking this directly to growth objectives.

Leadership also requires emotional intelligence. Understanding what motivates each team member—financial incentives, recognition, career growth—enables more targeted and effective management.

2. People first: driving results through team effectiveness

The moment you become a sales manager, performance is no longer about you—it is about your team. Your success is directly proportional to the capability, discipline, and engagement of your representatives.

High-performing sales managers invest deliberately in removing operational barriers that hinder field productivity. In practical terms, this may involve resolving issues such as delayed expense reimbursements, vehicle maintenance challenges, stock availability concerns, or unclear territory allocations. These "small" issues, if ignored, often translate into significant productivity loss.

Equally important is continuous capability development. Managers must ensure that representatives are not just active, but effective—making quality calls, delivering compelling product messages, building relationships, and managing their territories as business units.

In Nigeria's current environment, where targets are rising despite economic constraints, improving **call quality and conversion efficiency** often delivers more value than simply increasing activity volume.

3. Strategic networking and cross-functional alignment

One of the least discussed but most impactful competencies of successful sales managers is their ability to build strong internal and external networks. Performance challenges in pharmaceutical sales are rarely isolated within the sales function. Delayed product supply, pricing inconsistencies, credit approvals, or promotional material shortages often originate from other departments. A sales manager who operates in isolation will frequently encounter avoidable setbacks.

> **"High-performing sales managers invest deliberately in removing operational barriers that hinder field productivity. In practical terms, this may involve resolving issues such as delayed expense reimbursements, vehicle maintenance challenges, stock availability concerns, or unclear territory allocations. These "small" issues, if ignored, often translate into significant productivity loss."**

Strong managers proactively build relationships with key stakeholders across logistics, finance, regulatory, HR, and marketing functions. For example, maintaining close alignment with supply chain teams can help anticipate stock shortages and manage customer expectations proactively rather than reactively.

Externally, relationship strength with distributors, key opinion leaders, and institutional customers also enhances market intelligence, improves product availability, and accelerates collections.

In practical terms, career progression and sustained performance in sales management depend significantly—often up to 70–80 per cent—on interpersonal effectiveness and communication capability.

4. Balancing character and competence

Sustainable success in sales management requires a balance between **character** and **competence**.

Competence refers to your technical and managerial ability—understanding the market, managing performance, executing strategies, and delivering results. Character, on the other hand, reflects integrity, maturity, reliability, and professional conduct.

In Nigeria's pharmaceutical sector, where credit transactions, distributor relationships, and ethical considerations are critical, character is not optional. A Sales Manager perceived as unreliable, inconsistent, or lacking integrity will struggle to build trust internally and externally, regardless of short-term results.

Conversely, a well-intentioned but underperforming manager who lacks commercial or leadership competence will also face limitations.

The most effective sales managers combine both—delivering results while maintaining credibility and trust. This balance strengthens long-term career growth and organisational impact.

5. Ownership mindset and commercial judgment

One of the most powerful shifts a sales manager can make is to begin thinking and acting like a business owner. Every decision—whether related to pricing, customer selection, credit extension, or promotional investment—has financial implications.

In today's Nigerian pharmaceutical market, where credit risk and cash flow management are major concerns, this mindset is particularly important. For example, pushing large product volumes to a distributor without assessing repayment capacity may help achieve short-term sales targets but could create long-term financial exposure.

An ownership mindset requires asking a simple but powerful question in decision-making moments: **"What would I do if this were my business?"**

This perspective improves judgment, encourages accountability, and aligns decisions with long-term organisational sustainability rather than short-term gains.

Managers who consistently demonstrate this mindset often earn the trust of senior leadership and position themselves for broader responsibilities.

Conclusion

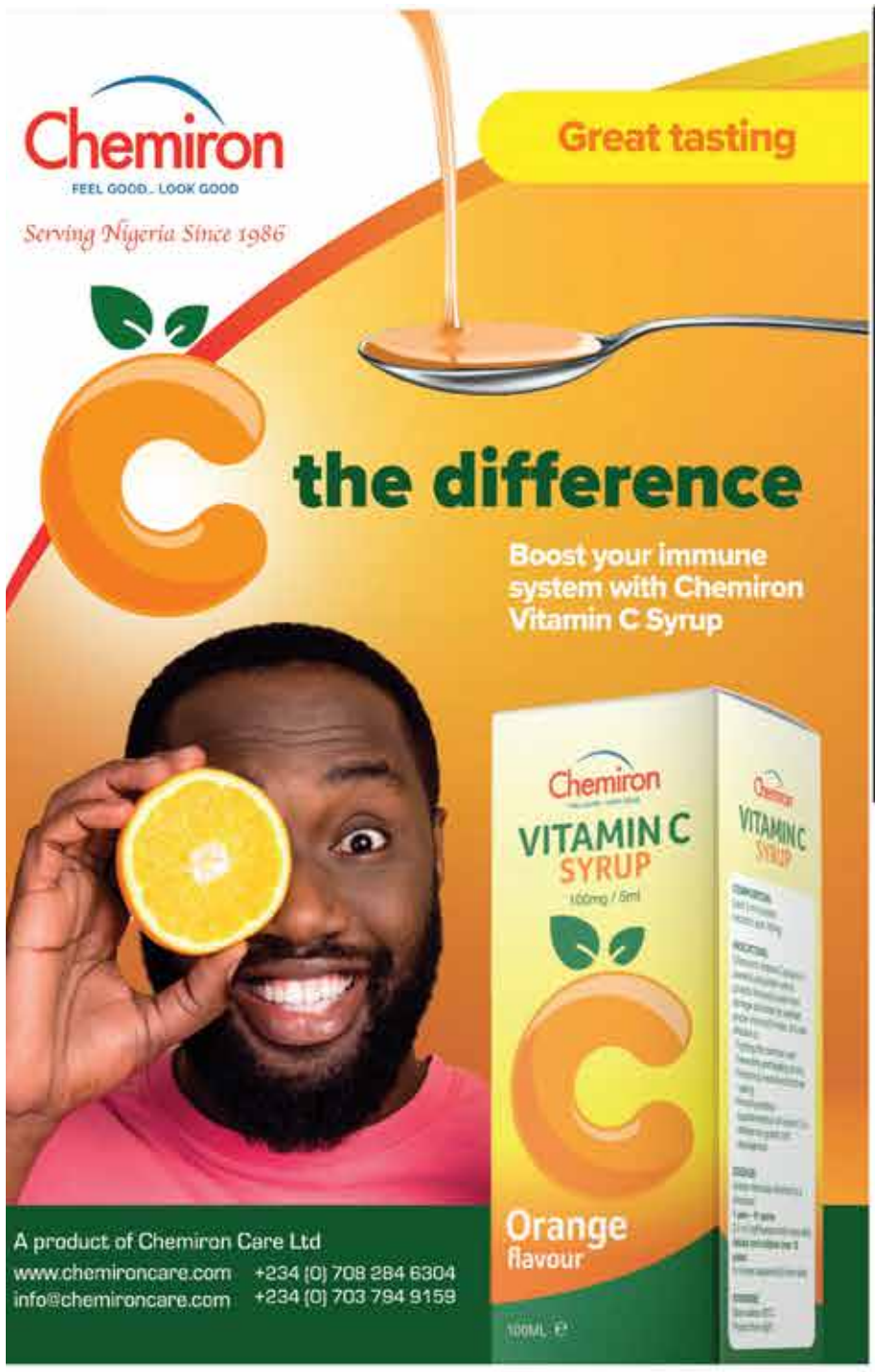
Sales management excellence in today's Nigerian pharmaceutical sector goes beyond achieving targets. It requires a combination of leadership influence, people development, cross-functional collaboration, integrity, and strong commercial thinking.

The operating environment will continue to evolve—economic pressures may persist, competition will intensify, and expectations will rise. However, Sales Managers who deliberately build these capabilities will not only deliver consistent results but also create resilient teams and sustainable business growth.

In my professional view, the difference between average and exceptional Sales Managers is not effort alone—it is **clarity of focus on the few critical drivers that truly influence performance**.

Tunde Oyeniran, B Pharm. MBA, FSPMN, a sales/marketing strategist, selling/sales management trainer and personal sales coach is the lead consultant, Ekini White Tulip Consulting Limited (eWTC), Lagos. eWTC provides training, recruitment, online cme/medico-marketing and field force management solutions services. Feedback Channels: 080-2960-6103 (SMS/WhatsApp) /ekiniwhitetuliptraining@gmail.com or check out https://fb.me/EkiniWhiteTulipConsulting

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Elimination:	Half-life is 5-7days



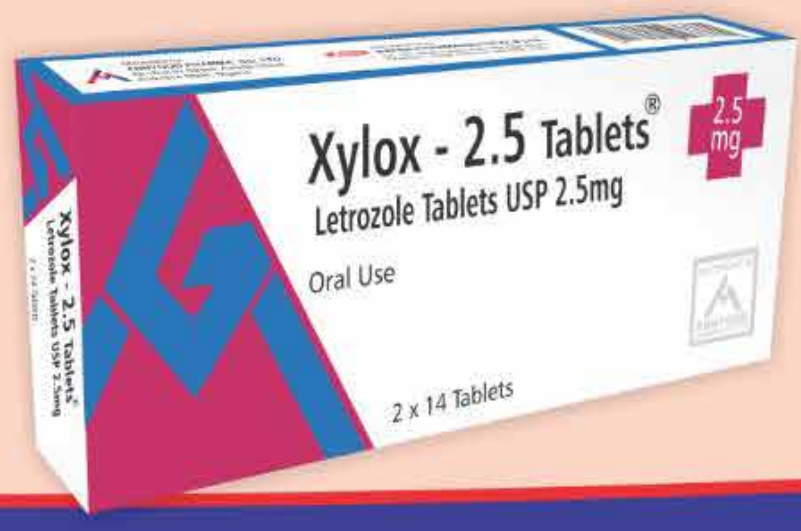
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The Inner Architecture of Leadership

Your thoughts become your life

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

"The soul becomes dyed with the colour of its thoughts." — *Marcus Aurelius*

"For as he thinks in his heart, so is he." - — *Proverbs 23:7 (AMP)*

Life follows the patterns the mind repeatedly rehearses. Thoughts form attitudes, attitudes guide actions, and actions shape outcomes. Long before behaviour becomes visible, it is incubated in the mind. Marcus Aurelius recognised that inner narratives quietly determine external realities.

Scripture affirms this sequence with clarity. The heart and mind are not neutral spaces; they are formative environments. What is consistently entertained internally eventually expresses itself externally.

Mental discipline as leadership work

Leadership demands more than strategic competence; it requires mental stewardship. Leaders who neglect their thought life often find themselves reactive, anxious, or inconsistent under pressure. Scripture calls for intentional curation of the mind, not passive exposure to whatever captures attention.

"Whatever is true, whatever is honourable and worthy of respect, whatever is right and confirmed by God's word, whatever is pure and wholesome, whatever is lovely and brings peace, whatever is admirable and of good repute—if there is any excellence, if there is anything worthy of praise, think continually on these things." — *Philippians 4:8 (AMP).* What the mind dwells on, the life moves toward.

Breaking destructive thought patterns

Unexamined thoughts can quietly sabotage progress. Fear, resentment, cynicism, and self-doubt—when rehearsed—become self-fulfilling patterns. Scripture invites leaders to renew the mind, replacing destructive narratives with truth-aligned thinking.

"Create in me a clean heart, O God, and renew a right and steadfast spirit within me." — *Psalm 51:10 (AMP).* Renewal is not a one-time event; it is a disciplined practice.

You must die to ego to truly live

"It never ceases to amaze me: we all love ourselves more than other people, but care more about their opinions than our own." — *Marcus Aurelius*

"He must increase, but I must decrease." — *John 3:30 (AMP)*

Ego is subtle and persuasive. It thrives on recognition, demands validation, and resists correction. Left unchecked, it distorts judgment and limits growth. Marcus Aurelius observed the contradiction of human behaviour: while people claim independence of thought, they are often enslaved by the opinions of others.

Scripture addresses this inner conflict directly, presenting humility not as weakness but as clarity. Ego narrows perspective; humility widens it. Where ego insists on being seen, humility focuses on becoming.

The cost of self-centred living

Ego-driven living carries hidden costs. It breeds comparison, fuels insecurity, and fosters defensiveness. Leaders dominated by ego struggle to listen, learn, or adapt. Over time, relationships suffer, and credibility erodes.

Scripture warns that pride invites resistance, not growth. "God opposes the proud and gives grace to the humble." — *James 4:6 (AMP).* Grace flows where ego loosens its grip.

Freedom through humility

To "die to ego" is not to diminish one's worth, but to release the need for constant affirmation. Scripture teaches that true life emerges when self-importance gives way to purpose beyond the self.

Jesus framed this paradox with clarity: losing the self-centred life is the pathway to discovering a meaningful one. "For whoever wants to save his life will lose it, but whoever loses his life for My sake will find it." — *Matthew 16:25 (AMP).*

Humility creates space for growth, learning, and authentic influence.

You suffer more in imagination than in reality

"We suffer more often in imagination than in reality." — *Seneca*

"Do not be anxious or worried about anything." — *Philippians 4:6 (AMP)*

Much of human suffering never actually occurs. It is imagined, rehearsed, and amplified in the mind. Fear projects worst-case scenarios into the future and convinces the heart to experience pain in advance. Seneca observed that anxiety often inflicts deeper wounds than reality itself.

Scripture addresses this tendency directly, warning against anxiety not because challenges are unreal, but because fear magnifies them beyond proportion. The mind, when left undisciplined, becomes a factory of distress.

When fear outruns facts

Anticipated suffering drains energy needed for present responsibility. Leaders who live in imagined futures struggle to lead effectively in the present. Decisions become cautious, creativity shrinks, and courage erodes.

Scripture reframes anxiety as misplaced focus and invites a deliberate redirection of attention. "Cast all your cares [all your anxieties, all your worries, and all your concerns, once and for all] on Him, for He cares about you." — *1 Peter 5:7 (AMP)*

Fear multiplies when carried alone; it diminishes when surrendered.

Returning to the present

Most challenges are manageable when faced in real time. Imagined versions, however, feel overwhelming. Scripture consistently calls people back to the present moment, where strength is supplied, and guidance is available.

"Therefore do not worry about tomorrow, for tomorrow will worry about itself." — *Matthew 6:34 (AMP)*

Leadership clarity is restored when attention returns from imagined futures to present responsibilities.

Choosing reality over rumination

Seneca warned that imagination can become a silent tormentor. Scripture offers the antidote: trust anchored in the present. Peace is not found by predicting the future, but by engaging today with faith and discipline.

Anxiety fades when imagination is restrained, and trust is restored.

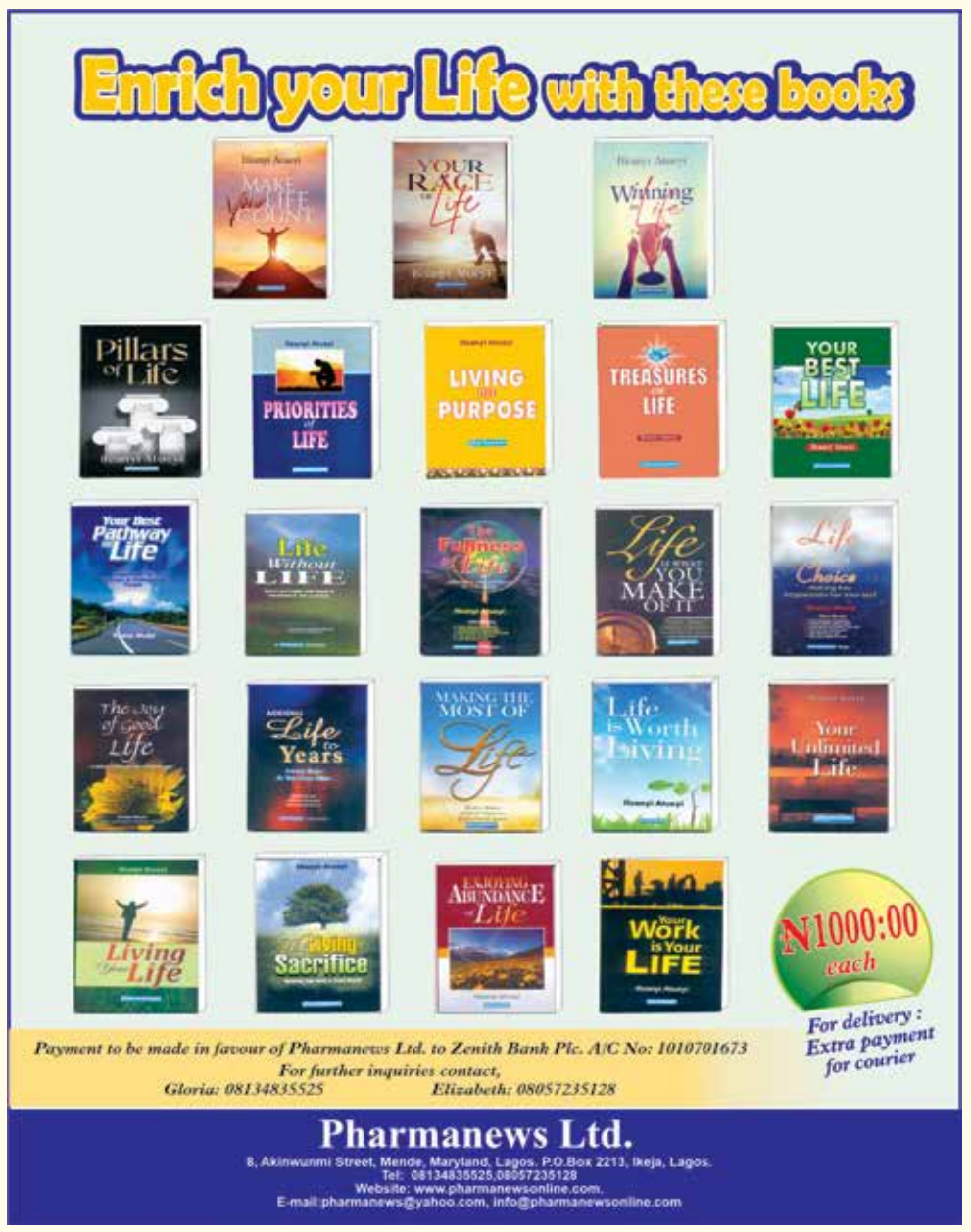


Reflection questions

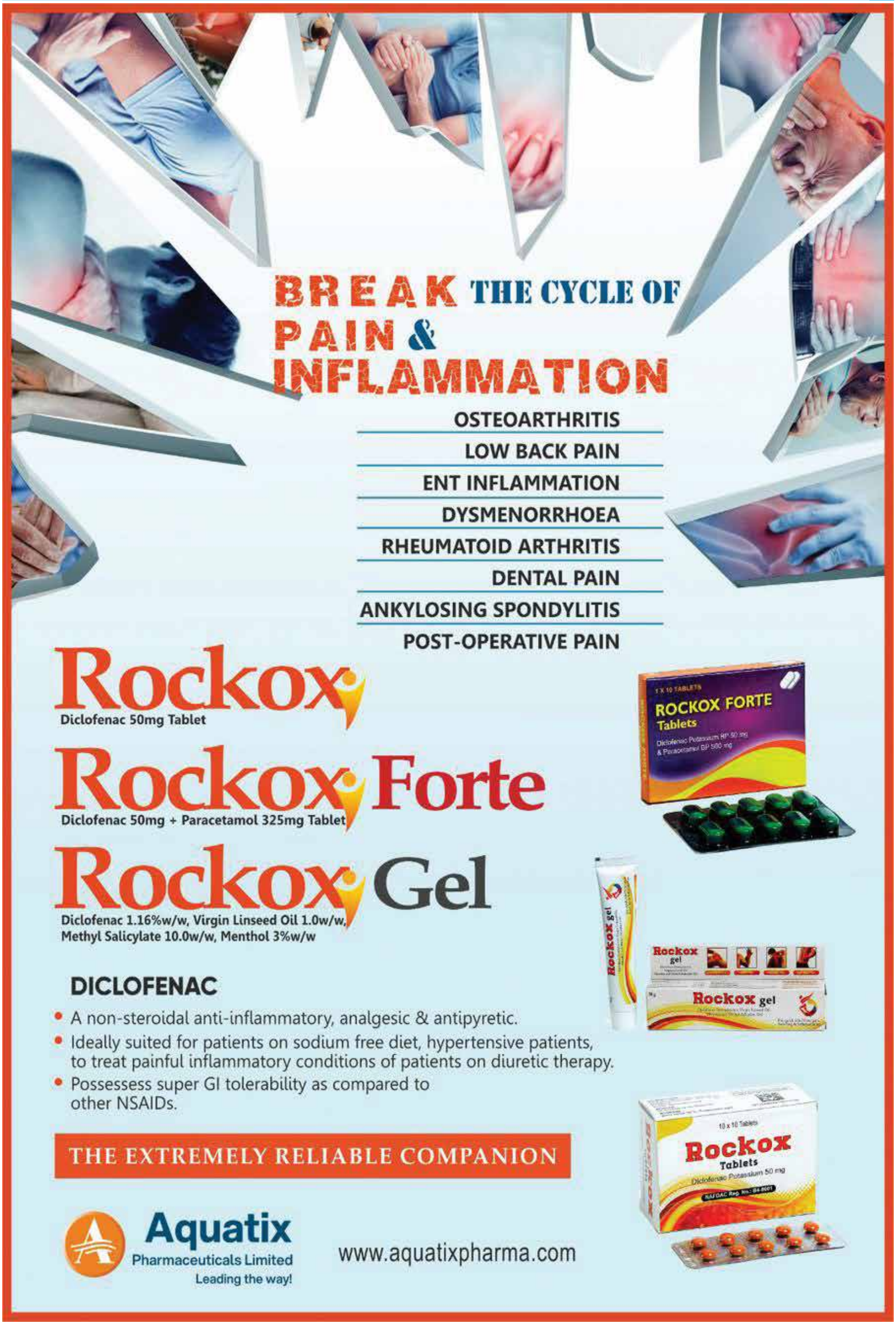
- What recurring thought pattern may be shaping your current reality more than you realise?
- Where might ego be limiting your growth, relationships, or effectiveness?
- What fear are you repeatedly rehearsing that has not yet happened?

Action point

- This month, identify one negative recurring thought and deliberately replace it with a constructive, truth-aligned alternative.
- This month, intentionally practice one act of humility—listening without defending, serving without recognition, or learning without asserting superiority.
- This month, interrupt one anxious thought pattern by deliberately returning your focus to the present task or responsibility before you.



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NACA, experts raise alarm over rising HIV cases among youths

- Advocate youth-led innovation in combating virus spread in Africa

By Temitope Obayendo



L-R: Prof. Elvin Geng of Washington University in St. Louis School of Medicine; Prof. Juliet Iwelunmor of the Washington University in St. Louis School of Medicine; Dr Folakemi Animashaun, chief executive officer of the Lagos State AIDS Control Agency; Prof. Joseph Tucker of the University of North Carolina (UNC) Chapel Hill, at the programme.

The Director-General of the National Agency for the Control of AIDS (NACA), Dr Temitope Ilori, has raised concerns over the rising incidence of HIV among young people in Nigeria, attributing the trend partly to cuts in funding from the United States. She noted that the reduction in support has left many African countries, including Nigeria, with limited access to preventive drugs, thereby increasing vulnerability among youths.

While acknowledging that the Nigerian government has stepped up domestic funding to support people living with HIV, she emphasised that engaging young people in prevention campaigns would significantly help to curb the spread of the virus.

Ilori made these remarks alongside other HIV/AIDS experts in separate interviews at the Inspire/Patch-In programme, an initiative designed to sensitise young people to the latest advances in HIV prevention and encourage them to serve as advocates.

The experts warned that the vision of an AIDS-free generation in Africa may remain elusive if young people do not take on a central role in leading prevention efforts through innovative, evidence-based approaches tailored to their realities.

"We want to catch them young," she said, noting that since funding cuts from the United States, there has been a noticeable spike in HIV cases, particularly among young people.

Participants at the event included Prof. Juliet Iwelunmor of Washington University in St Louis School of Medicine; Prof. Joseph Tucker of the University of North Carolina (UNC), Chapel Hill; Prof. Elvin Geng of Washington University in St Louis; Dr Folakemi Animashaun, chief executive officer of the Lagos State AIDS Control Agency; and Prof. Oliver Ezechi of the Nigerian Institute of Medical Research, among others. They convened at the Marriott Hotel, Ikeja, to chart a roadmap for strengthening youth engagement in the fight against HIV/AIDS in Africa.

According to data from the United Nations Children's Fund (UNICEF), sub-Saharan Africa accounts for over 26 per cent of children living with HIV globally, with four in every ten new infections among children occurring in the region. Experts noted that recent funding constraints have contributed to a resurgence in infections among adolescents.

In an interview, Prof. Iwelunmor emphasised the importance of involving young people in every stage of HIV prevention efforts - from ideation and design to implementation and policy development - to ensure relevance and acceptance.

"We want to avoid situations where interventions are developed in isolation without input from young people. They cannot do it alone, and neither can researchers," she said.

She stressed that young people must be given a platform to share their lived experiences and perspectives on what works best for them.

"They cannot be voiceless. This meeting provides an opportunity to bring together young people, researchers and policymakers to ensure that the goal of an AIDS-free generation becomes achievable - not just in Nigeria, but across Africa."

Iwelunmor also highlighted low awareness of key interventions such as HIV self-testing and youth-friendly services that provide access to preventive treatments like pre-exposure prophylaxis (PrEP) and lenacapavir. She noted that access to newer options such as lenacapavir remains limited, further excluding young people from shaping conversations and policies around their availability.

"What we are saying is that interventions should be done with young people, not for them. That is how we ensure inclusivity and effectiveness," she added.

Dr Ilori reiterated NACA's commitment to youth-focused strategies, describing the initiative as aligned with the agency's approach of early engagement.

"It is a good initiative that allows young people to lend their voices to HIV response efforts. They can work with researchers to develop solutions that are meaningful and effective, not only in Nigeria, but across Africa," she said.

Prof. Elvin Geng described the programme as a collaborative, multi-country initiative aimed at improving HIV prevention and treatment outcomes among young people. He explained that young people are disproportionately affected due to factors such as limited autonomy, relationship pressures, low awareness and competing priorities during a transitional stage of life.

Rather than attributing the problem to carelessness, he said the programme recognises these challenges as part of normal youth development and seeks to harness young people's insights in designing solutions. Through peer support, social media engagement and youth-led initiatives, the programme aims to deliver more relatable and effective interventions.

He also highlighted a new injectable HIV prevention drug, lenacapavir, which provides protection for up to six months. Efforts are underway to improve awareness, accessibility and acceptance of such innovations, particularly through community-based and peer-driven approaches.

Dr Folakemi Animashaun emphasised that young people must remain central to HIV response strategies, given their significant representation among those living with the virus. She clarified that the concern lies not only in new infections but also in the sustained prevalence of HIV within this demographic.

She noted that the Lagos State AIDS Control Agency engages young people through outreach programmes across universities, polytechnics, technical institutions and secondary schools. The state also supports people living with HIV through partnerships that provide capacity-building, empowerment and engagement initiatives.

She further disclosed that the Lagos State Government has approved the procurement of antiretroviral drugs, with distribution expected to commence in 2026.

On prevention, she urged the public to adopt safe practices, including consistent condom use and regular HIV testing, noting that symptoms can often resemble common illnesses such as fever, cough or rash.

"Knowing your HIV status through testing at health facilities is essential," she said.

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PCNNews

PCN seals 397 premises in Oyo, targets illegal medicine outlets in four-day sweep

By Ifeoluwa D. Afolayan

The Pharmacy Council of Nigeria has concluded a four-day enforcement operation across Oyo State, resulting in the sealing of 397 premises found to be operating in violation of applicable pharmaceutical laws and regulations. The exercise, which held from 18 to 22 May 2026, was part of the Council's sustained nationwide drive to cleanse the medicine distribution system of non-professional actors.

Addressing journalists at a press conference held at the PCN Zonal Office in Ibadan on 21 May, the Head of Department, Enforcement, Dr Suleiman S. Chiroma, disclosed that the operation spanned 13 Local Government Areas, namely: Ona-Ara, Oluyole, Ibadan North, Akinyele, Lagelu, Egbeda, Ido, Ogbomoso South, Iseyin, Afijio, Ogbomoso North, Oyo West, and Oyo East.

A total of 590 premises were inspected during the exercise, comprising 164 pharmacies, 170 patent medicine stores, and 256 illegal outlets. Of these, 397 were sealed — including 60 pharmacies, 81 patent medicine stores, and the entirety of the 256 illegal outlets identified. Five compliance directives were additionally issued to operators found to be in partial breach of regulatory requirements.

The statistics from the exercise reveal a troubling picture of pharmaceutical non-compliance in the state. Illegal premises accounted for 42 per cent of all facilities visited and 64 per cent of all premises sealed. Chiroma noted that this high prevalence of illegal outlets demands urgent and stringent intervention. Equally concerning, only 36 per cent of pharmacies inspected were found to be in good standing, with a significant number having failed to complete their registration despite payment of statutory fees.

Documented violations recorded during the exercise include: failure to produce valid licences or evidence of registration upon lawful demand; engagement in unauthorised clinical practice; overstocking beyond the approved list for Patent and Proprietary Medicines Vendors (PPMVs); operation of illegal premises; sale of medicinal products from prohibited metal or wooden containers; and wilful obstruction of duly authorised pharmaceutical inspectors in the discharge of their duties.

Speaking on the legal basis for the exercise, Chiroma reaffirmed that PCN is mandated under the PCN (Establishment) Act No. 31 of 2022 to regulate and control pharmacy education, training, and practice in all its aspects, including the activities of pharmacy technicians and PPMVs. The Council equally bears statutory responsibility for enforcing the National Drug Distribution Guidelines, which require that all medicines be distributed exclusively through approved channels — from the point of manufacture or importation through to the end user — with appropriate standards of storage and handling maintained at every stage of the supply chain.

"The enforcement initiative is progressively removing non-professional actors from the pharmaceutical supply chain and addressing inadequate storage infrastructure," Chiroma stated. "This intervention is central to eradicating substandard and falsified medicinal products and underscores the Council's unwavering commitment to public safety."

The Registrar/Chief Executive Officer of PCN, Pharm. Ibrahim Babashehu Ahmed, through the statement issued at the press conference, reaffirmed the Council's firm commitment to advancing key health sector reforms in support of Universal Health Coverage for Nigerians, stressing that access to safe and quality medicines remains fundamental to effective healthcare delivery.

The Council used the occasion to appeal to members of the public to purchase medicines exclusively from approved and licensed premises, advising citizens to verify compliance by confirming the display of a valid PCN licence at any premise before making a purchase.

PCN expressed appreciation to the people of Oyo State for the cooperation and support extended to its enforcement team throughout the operation, noting that such civic engagement is vital to the broader goal of ensuring that only safe, quality-assured medicines reach all Nigerians.

The Council reiterated that it will not relent in the application of its full regulatory authority against any violator, and that every premises involved in the handling of medicines will remain subject to continuous and thorough regulatory oversight.

PHARMANEWS AWARDS

YEAR	AWARD	WINNER
2015	Sir Ifeanyi Atueyi Essay (SIA) & Debating Competition	Faculty of Pharmacy, UNIBEN
2016	Sir Ifeanyi Atueyi Essay (SIA) & 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	Sir Ifeanyi Atueyi (SIA) 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 UNIZIK
2020	Outstanding Pharmacist Award	Pharm. (Mrs) Olubukunola George
2020	Young Pharmacist Award	Pharm. Daniel Uchechukwu Eze
2021	PANSITE Award	Martin C. Nwofia, COOU
2021	Pharmanews Interschool Debate Competition	Faculty of Pharmacy, UNIBEN
2021	Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition	Faculty of Pharmacy, UNIBADAN
2022	PANSITE Award	Jennifer Ukamak Ekuma, UNIUYO
2022	Young Pharmacist Award	Pharm. Ozioma Onyedikachukwu Ezeofor
2022	Dean's Award	Prof.. Festus B. C. Okoye, UNIZIK
2022	Pharmanews Interschool Debate Competition	Prof. Dora Akunyili College of Pharmacy, Igbinedon
2023	PANSITE Award	Olasunkanmi Ahmed Ajilaran, UNILAG
2023	Pharmanews Interschool Debate Competition	Faculty of Pharmacy, Enugu State University
2023	Sir Ifeanyi Atueyi (SIA) Essay & Debating 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	Dean's Award	Prof. Ibrahim Adamu Yakasai BUK
2024	Young Pharmacist Award	Pharm. Aminu Hashidu Danjuma
2025	PANSITE Award	Sobur Shinaola Muhammad, UNILORIN
2025	Young Pharmacist Award	Pharm. Abdullahi Tama Haruna

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FG, Ogun commission Sam Pharma CGMP factory in Ota, harp on local drug manufacturing

By Ranmilowo Ojalumo

In a move seen as reaffirming commitment to strengthening local drug manufacturing, the Deputy Governor of Ogun State, Engineer Noimot Salako-Oyedele, recently led a Federal Government delegation to commission a state-of-the-art Current Good Manufacturing Practice (CGMP) pharmaceutical factory built by Sam Pharmaceutical Limited in Ota.

Salako-Oyedele, who performed the ribbon-cutting ceremony, described the project as a major milestone for industrial development, healthcare delivery and job creation in the state, as well as a boost to the Nigerian economy.

"This event is not just the commissioning of a pharmaceutical factory, but a celebration of innovation, industrial growth, job creation and healthcare advancement," the deputy governor said.



Left -Right: Chairman, Sam Pharma, Mr Amit Bhojwani; DG NAFDAC, Prof. Mojisola Adeyeye; Ogun State Deputy Governor, Engr. Noimot Salako-Oyedele; Minister of State for Health, Dr Iziak Salako and Ogun State Commissioner for Health, Dr Tomi Coker, at the Sam Pharma factory launch in Ota, Ogun State, recently.

She noted that the investment underscores Ogun State's position as Nigeria's industrial hub and a preferred destination for pharmaceutical and healthcare investments, adding that the government would continue to provide an enabling environment through improved infrastructure, favourable policies and strategic partnerships.

Salako-Oyedele added that the facility would boost access to quality medicines, create employment opportunities and stimulate economic activities within the Ota axis and beyond.

Also speaking, the Minister of State for Health and Social Welfare, Dr Iziak Adekunle Salako, said the project aligns with the Federal Government's drive to expand domestic pharmaceutical production under President Bola Ahmed Tinubu.

He described the factory as a critical step towards achieving medicine security, noting that global disruptions, including the COVID-19 pandemic, had exposed the risks of over-reliance on imported drugs.

"The importance of today's event cannot be overemphasised, especially at this time of our renewed commitment to unlock the healthcare value chain and ensure medicine sovereignty," he said.

According to him, government initiatives such as the Presidential Initiative to Unlock the Healthcare Value Chain (PVAC) and executive orders on the pharmaceutical sector are already incentivising local manufacturing, with dozens of companies benefiting from the policy support.

"Let me once again appreciate Sam Pharmaceutical and the Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMG-MAN) for the collaboration and for rising to the challenge of Mr President to increase our local pharmaceutical production. Let us remember that the average Nigerian patient must be at the centre of all the progress we make. We must therefore ensure that government waivers and exemptions translate into pricing relief for the people," Salako said.

Earlier, in his opening remarks, the Chairman of Sam Pharmaceutical, Mr Amit Bhojwani, said the new facility reflects the company's commitment to quality, innovation and global standards. He noted that the CGMP plant has been built to the most rigorous international specifications, stressing that the company spared no expense because Nigerians deserve nothing but the best.



L-R: Ogun State Commissioner for Health, Dr. Tomi Coker; Minister of State for Health, Dr Iziak Salako; Chairman, Sam Pharma, Mr Amit Bhojwani with his wife; Ogun State Deputy Governor, Engr. Noimot Salako-Oyedele; Olota of Ota, Oba (Prof.) Abdulkabir Adeyemi Obalanlege; ; DG NAFDAC, Prof. Mojisola Adeyeye; former President, Pharmaceutical Society of Nigeria, Pharm. Ibrahim Yakasai and other top dignitaries at the Sam factorty launch in Ota Ogun State, recently.

He disclosed that the plant has an installed capacity of over 400 million tablets, 50 million capsules, two million bottles and one million pouches monthly, describing it as the first phase of a broader expansion drive.

"Our new facility places us among the top tier of the pharmaceutical sector and positions us as a major manufacturer in the branded generic space. With an installed capacity of over 400 million tablets, 50 million capsules, two million bottles and one million pouches per month, this is only Phase 1 of our Ota project. Expansion lines are already well underway. We are not just growing; we are scaling at pace. Sam Pharmaceutical is not just a corporate body; it is truly a family," Bhojwani said.

He added that the company, which is celebrating 55 years of operations, is poised to scale up production and contribute significantly to Nigeria's pharmaceutical manufacturing ecosystem. He also commended the President Bola Tinubu-led administration for supporting the healthcare sector through programmes such as the Presidential Executive Order and the PVAC initiative.

In her remarks, the Director-General of the National Agency for Food and Drug Administration and Control (NAFDAC), Professor Mojisola Adeyeye, said ongoing reforms have improved standards and boosted confidence in locally manufactured medicines.

She noted that policies such as the "5+5" directive have encouraged a shift from importation to local production, leading to increased capacity utilisation and reduced dependence on foreign drugs.

"Without medicine security, you cannot have health security," she said, adding that Nigeria is advancing towards higher global regulatory ratings that would enable locally produced medicines to compete internationally.

Also speaking, the National Coordinator of the Presidential Initiative for Unlocking the Healthcare Value Chain, Abdu Mukhtar, said the commissioning reflects growing momentum in the sector, driven by deliberate policies and private-sector investment.

He disclosed that several pharmaceutical manufacturing projects are underway nationwide, supported by funding initiatives, procurement reforms and incentives aimed at lowering costs and improving access.

Industry stakeholders who attended the event also commended Sam Pharmaceutical for the achievement. The Chairman of Fidson Healthcare Plc, Dr Fidelis Ayebae, said recent policy reforms have significantly expanded the pharmaceutical sector, with local production accounting for an increasing share of national demand.

Similarly, the President of the Pharmaceutical Society of Nigeria, Pharm. Ayuba Tanko, praised the company's consistency and contributions to the industry, describing its 55-year journey as a testament to resilience and quality.

The Registrar of the Pharmacy Council of Nigeria, Pharm. Ibrahim Babashehu Ahmed, confirmed that the Sam Pharmaceutical factory had been duly inspected, certified and licensed, noting that the company has maintained regulatory compliance over the years.

In his remarks, the Consul General of India in Lagos, Kannan Chokalingam, described the project as a symbol of deepening collaboration between India and Nigeria in pharmaceutical manufacturing, stating that India will continue to work with Nigeria to achieve a robust pharmaceutical industry.

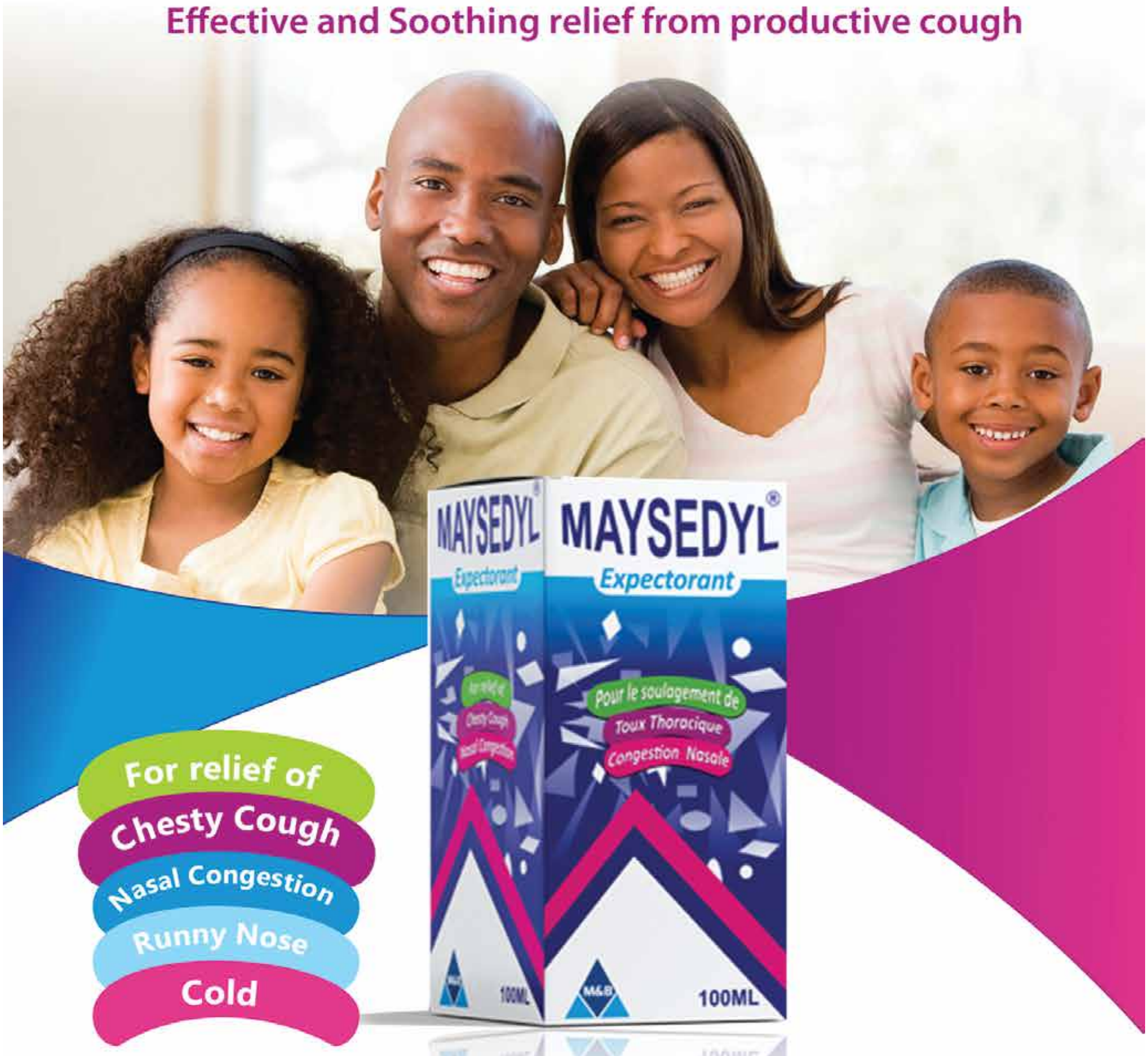
Other notable personalities at the event included the Olota of Ota, His Majesty Oba Professor Adeyemi Abdukabir Obalanlege; former Governor of Ekiti State and former Minister of Industry, Trade and Investment, Otunba Adeniyi Adebayo; Commissioners for Health from Ogun and Oyo States; a member of the House of Representatives representing Ado-Odo/Ota Federal Constituency, Hon. Akinosi Olatunji Akanni; Chief Medical Directors of several hospitals; and other dignitaries.

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Maiden Sir Ifeanyi Atueyi Memorial Lecture to hold in Lagos

By Patrick Iwelunmor

The maiden edition of the Sir Ifeanyi Atueyi Memorial Lecture is scheduled to hold on Thursday, July 16, 2026, at the Old Great Hall, College of Medicine, University of Lagos, Idi-Araba, Lagos, beginning at 10:00 a.m.

A statement signed by the Organising Committee says the lecture, themed *"Legacy Beyond Life: Leadership, Integrity, and the Power of Enduring Impact,"* is conceived as a platform to honour the enduring ideals, visionary leadership, and ethical contributions of the late Sir Ifeanyi Atueyi, whose life and work left a profound imprint on the pharmaceutical and healthcare landscape in Nigeria.

Sir Atueyi died on 15 July 2025, after leading the uninterrupted monthly publication of ***Pharmanews*** for 47 years.

The memorial event is expected to convene distinguished personalities from the healthcare, pharmaceutical, academic, business, and public sectors to reflect on the enduring values of purposeful leadership, integrity in public and professional life, and the importance of building legacies that transcend individual existence.

The keynote address will be delivered by the President of the Nigeria Academy of Pharmacy (NAPharm), Prof. Lere Baale, a respected pharmacist, administrator, and thought leader whose contributions to healthcare leadership and pharmaceutical development continue to shape national discourse.

The lecture will be chaired by Prince Julius Adelusi-Adeluyi, one of Nigeria's foremost healthcare statesmen and elder voices in the pharmaceutical sector.

The organisers noted that the memorial lecture seeks not only to preserve the memory of Sir Ifeanyi Atueyi, but also to inspire a new generation of leaders across sectors to embrace values of integrity, courage, excellence, and service to humanity.

The event is further expected to provide an opportunity for robust reflection on leadership in contemporary Nigeria and the responsibilities of institutions and individuals in building sustainable national and professional legacies.

The public, healthcare professionals, academics, students, corporate leaders, and members of the pharmaceutical community are warmly invited to attend.

Coming Events

45th ACPN Int'l Scientific Conference

Date: 27th July – 1st August, 2026
Venue: Bola Ahmed Tinubu Int'l Conference Centre, Abuja, FCT

84th FIP World Congress of Pharmacy

Date: 30th August - 2nd September, 2026
Venue: Montreal, Canada.

20th NAPPSA Conference and Exposition

Date: 17th-20th September, 2026
Venue: Hyatt Regency Aurora-Denver Conference Centre



Dr Okey Akpa, MD/CEO, SKG Pharma Ltd, flanked by the top 3 distributors of the year at the Trade Partners Conference; and Pharm Ephraim Ezeh, GM Sales & Customer Care.

Events in Pictures



Dr Okey Akpa, MD/CEO SKG Pharma Ltd and some of the awardees at the Trade Partners Conference, recently held in Lagos.



L-R: Pharm. Ijeoma Okwesileze, national chairman, OPPAN; Pharm. Ahmed Yakasai, former PSN president, displaying his Award of Honour, as the chairman, Board of Trustees, OPPAN; and Pharm. Ramatu Alabewele, immediate past national chairman, OPPAN, at the maiden edition of the OPPAN Biennial Scientific Conference, held at the Newton Park Hotel in Abuja, recently.



L-R: Pharm. (Chief) Olaitan Ogunlade, chairman, Pharmaceutical Society of Nigeria (PSN), Lagos State Chapter; Engr Ademola Adetifa, CEO Joas Integrated Services Ltd and chairman of the occasion; and Mr Olaolu Akinluyi, former manager, NLNG, and chief launcher, at the Annual Luncheon of the Lagos State PSN, held recently at the Sheraton Hotels & Suites, Ikeja, Lagos.



Pharm. Ahmed Yakasai, chairman, Board of Trustees, OPPAN, and chairman of the occasion, unveiling the Harmonised Oncology Pharmacy Practice Manual, with other dignitaries, at the maiden edition of the OPPAN Biennial Scientific Conference, held at the Newton Park Hotel, Abuja, recently.

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References:
1 Diabetes care , volume 29, number 12, December 2006 2 Nauck M, Meininger G, Sheng D, et al for 024 Study Group. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor, Sitagliptin, compared to the sulfonylurea, glipizide, in patients with type 2 diabetes inadequately controlled on metformin alone: a randomized, double-blind, non-inferiority trial. Diabetes Obes Metab. 2007;9: 194-205 3. Diabetes Care. 2007; 30 : 1979-1987

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Nigeria's collapsing health infrastructure requires urgent action - ALPs

continued from back page

healthcare centres, which leave citizens exposed to preventable and often ruinous out-of-pocket medical expenditure. Whilst the country has over 34,000 primary healthcare (PHC) centres, data from BMJ Global Health reveals that an estimated 80 per cent are non-operational, with only about 20 per cent functioning effectively to serve the public.

In separate interviews, three national leaders of the ALPs - Pharm. (Mrs) Scholastica Lan, national chairman; Pharm. (Mrs) Regina Chichi-Agir, director of pharmaceutical services, Benue State, and national treasurer of the ALPs; and Pharm. Titilayo Onedo, director of pharmaceutical services at the National Orthopaedic Hospital, Igbobi - all lamented the dilapidated state of the country's healthcare infrastructure and called on the Federal Government to urgently intensify its efforts to upgrade the system in the interest of improved patient outcomes.



L-R: Pharm.(Dr) Titilayo Onedo, planning committee chairman, ALPs 17th Biennial National Conference, Coal City, 2026; Pharm. (Mrs) Scholastica Lan, national chairman; Pharm.(Mrs) Ngozi Eboh, national financial secretary, and Pharm.(Mrs) Regina M. Chichi-Agir, national treasurer, at the pre-conference press briefing recently.

Pharm.Lan cited a scenario all too common in public hospitals across the country, where practitioners are without even the most basic medical consumables -disposable gloves, cotton wool, syringes, drip stands - making it impossible to properly care for patients. She argued that without the requisite tools, healthcare workers cannot be expected to perform miracles. "You have the people to work for you, but they don't have the tools to work with. There's no miracle any healthcare personnel can perform when there is no equipment," she stated.

She attributed the growing migration of healthcare workers to poor working conditions and inadequate infrastructure, describing the situation as having created a significant gap in the nation's healthcare workforce. She urged the government to invest in improving healthcare facilities as a matter of urgency, both to ensure better patient outcomes and to stem the rising tide of the so-called "Japa" syndrome — the mass emigration of professionals in search of better opportunities abroad.

"Why are our professionals leaving Nigeria? America has just opened its doors to medical personnel, and I can tell you there will be serious migration. Why? Because there are proper systems and working conditions over there," she explained.

The ALPs national chairman further underscored her point by highlighting the prevalence of medical tourism among government officials - a clear indication, she argued, of their lack of confidence in the country's own healthcare delivery system, whilst ordinary Nigerians are left to make do with what little the system offers.

"Virtually none of our government officials patronise any government hospital in Nigeria. Why is that? It means that standards need to be raised considerably. If you look at private hospitals, why do patients recover more quickly? It is because there has been genuine investment in infrastructure. Such well-equipped private hospitals exist in different parts of the country. Our Vice President, during the late President Buhari's tenure, had a knee surgery at one such facility and recovered without difficulty. The question is: how many ordinary citizens can afford that? Government needs to raise the standard of care in public hospitals," she said.

Lan maintained that Nigeria possesses highly trained healthcare professionals - including oncology pharmacists, critical care pharmacists, and nephrology pharmacists, among other specialists - but lamented that many are unable to function to their full potential owing to poor infrastructure and an absence of adequate equipment.

Pharm. (Mrs) Chichi-Agir similarly described the state of the country's healthcare system as dismally poor. Drawing on her observations in rural communities, she noted that many residents resort to various herbal concoctions in the absence of accessible orthodox healthcare, a trend she linked to the rising incidence of cancer in the country. She expressed deep concern about the absence of qualified healthcare practitioners, pharmacists included, in remote areas, noting that this creates fertile ground for drug abuse and misuse of all kinds.

The Benue State Director of Pharmaceutical Services disclosed that her inspection visits across the state had given her direct, first-hand exposure to the scale of the gaps in the system, with a chronic shortage of healthcare practitioners creating room for numerous irregular practices, even within hospital settings. She implored the government to act without delay.

"When we visit those remote villages, we see unqualified individuals selling all manner of drugs and doing whatever they please with their clients in the name of healthcare. It is only by providence that we are not in an even worse state. And I am not surprised that we are seeing so many different kinds of cancer, given some of what is going on," she said.

"If I were to rate Nigerian healthcare services," she added, "I would have to say they are poor."

Pharm. Onedo, acknowledged and commended the Federal Government for the modest investments it has made - citing, for instance, the approval of the consultant pharmacist cadre in some states - but urged the government to do considerably more in terms of infrastructural investment, expressing hope that this would bring about a marked improvement in the overall state of the healthcare system.

Onedo noted in particular that upgraded facilities would boost staff morale and motivate healthcare workers to deliver better services. She also argued that improved working conditions would go a long way towards discouraging the mass emigration of professionals, stressing that most of those who leave do not do so out of preference, but out of necessity.

"I want to say that not many people genuinely want to emigrate and become, in a sense, second-class citizens elsewhere. They want to stay here. But when you remain and the things you reasonably expect do not materialise, it becomes deeply discouraging. The gaps are real, and the government must find urgent solutions to them," she said.

40 years on, family celebrates legacy of Safco founder, Afon

By Adebayo Oladejo

Forty years after his passing, the family of the late Pharm. Solomon Adegboyega Afon, founder of Safco Chemist Limited, Benin City, Edo State, has reflected on his enduring contributions to community pharmacy practice and pharmaceutical distribution in Nigeria.

Established in 1976, Safco Chemist Limited operated across retail, wholesale and pharmaceutical distribution at a time when structured drug supply systems were still evolving in the country. Under the leadership of its founder, the company became known for its professionalism and reliability.

Afon, a 1973 graduate of the then University of Ife (now Obafemi Awolowo University), Ile-Ife, was widely regarded as a visionary pharmacist committed to improving access to quality medicines within his community.

Following his death in 1986, the business was sustained by his son, Pharm. Adebayo Afon, a graduate of the University of Benin, who led the company for nearly two decades before its eventual liquidation in 2004.

Despite the closure of Safco Chemist Limited, the founder's ideals have continued to influence the professional paths of his children, many of whom remain active in the pharmaceutical sector.

Speaking on behalf of the family, the Managing Director/ Chief Executive Officer of Afonchies Pharmacy and Safco Mega Solutions, Pharm. Bayo Afon, said their father's legacy remains a guiding force.

"Our father built more than a business; he built a legacy anchored on service, discipline and integrity," he said. "Forty years after his passing, those values still define our personal and professional pursuits."

He explained that Afonchies Pharmacy was established as a continuation of the patient-centred vision of Safco Chemist Limited, while Safco Mega Solutions focuses on wholesale pharmaceutical distribution to meet evolving healthcare demands.

"Though Safco Chemist is no longer in existence, its spirit lives on through what we are building today. We see ourselves as continuing a journey that began in 1976," he added.



Late Pharm. Solomon Adegboyega Afon

An industry observer and associate of the late Safco founder, who preferred not to be named, noted that the story of Safco Chemist Limited reflects both the progress and the challenges of indigenous pharmaceutical enterprises in Nigeria, highlighting the importance of legacy, resilience and continuity within the profession.

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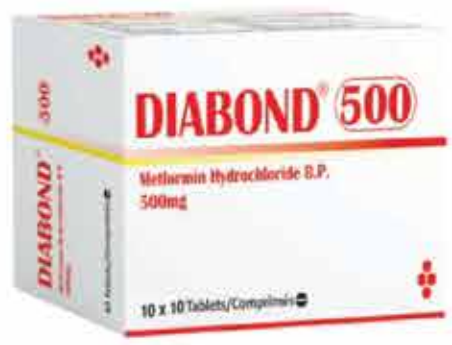
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Stakeholders demand immediate NDDG, Medipool implementation to curb fake drugs

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Pharm. Ifeanyi G. Anukwu
NAIP former chairman



Pharm. Tanko Ayuba
PSN president



Pharm. Ochuko Omaruaye
PWDAN chairman

losses.

According to him, discussions at the session underscored the urgent need for stronger collaboration among regulators, manufacturers, distributors, healthcare professionals and policymakers to build a more resilient and transparent pharmaceutical supply chain.

Yakasai, a former president of the Pharmaceutical Society of Nigeria, said the NDDG and Medipool Nigeria represent practical and strategic interventions capable of transforming medicine distribution in the country if fully implemented. He stressed that a well-structured distribution system would not only curb the influx of fake medicines but also improve access to affordable, quality-assured drugs and stimulate local pharmaceutical manufacturing.

He added that Pharma West Africa would continue to serve as a platform for dialogue, innovation and partnerships aimed at strengthening healthcare systems and advancing pharmaceutical excellence across Nigeria and the wider African continent.

In his welcome address, Chairman of PWDAN, Pharm. Ogheneochuko Omaruaye, described substandard and falsified medicines as a major public health threat that undermines healthcare delivery, weakens economic stability and erodes public confidence in the health system, noting that the crisis remains widespread and deadly.

Citing data from the World Health Organisation, Omaruaye said at least one in every ten medicines circulating in low- and middle-income countries is either substandard or falsified, with global economic losses estimated at more than $30.5 billion annually. He added that a major review published in *JAMA Network Open* found an even higher average prevalence of 13.6 per cent, rising to 19.1 per cent for antimalarial medicines and 12.4 per cent for antibiotics. This, he noted, is even more troubling in Africa, where a 2024 systematic review estimated the prevalence of poor-quality medicines at 22.6 per cent.

"These are not just numbers. They represent treatment failures, avoidable deaths, and lives cut short. They represent mothers who cannot trust the medicines they give their children, families pushed into poverty by ineffective therapy, and communities losing faith in the health system meant to protect them," he said.

Omaruaye added that Nigeria has not been spared, recalling that the National Agency for Food and Drug Administration and Control (NAFDAC) had previously estimated national prevalence at 16.7 per cent. He stressed that fake and substandard medicines contribute significantly to antimicrobial resistance, prolonged hospital stays, increased healthcare costs and preventable deaths. He warned that the withdrawal of major multinational pharmaceutical companies from Nigeria, alongside rising medicine prices, has worsened the problem by pushing consumers towards cheaper and often falsified alternatives.

"This is why today matters. This is why PWDAN matters," he said.

While reaffirming PWDAN's commitment to regulatory compliance, product traceability and structured distribution, he stressed that the association cannot tackle the challenge alone. He therefore called for urgent support in four key areas: policy support to eliminate unregulated distribution channels; technological support to expand authentication and digital monitoring systems; financial support to modernise warehouses and logistics infrastructure; and collaborative support to enhance information-sharing among manufacturers, regulators, distributors and healthcare providers.

"Strengthening the pharma supply chain is not only a technical exercise; it is a moral imperative. Every safe medicine delivered to a patient is an act of service. Every falsified medicine prevented is a life protected," he said.

Speaking on the topic "NDDG – The Panacea to Combat Substandard and Falsified Medicines," a former Chairman of the Nigerian Association of Industrial Pharmacists (NAIP), Pharm. Ifeanyi G. Anukwu, traced the origin of the NDDG to efforts to address the chaotic and uncoordinated drug distribution system that characterised Nigeria's pharmaceutical market towards the end of the 20th century.

Anukwu, who is the chief operating officer of Alpha Pharmacy and Stores Limited, explained that the Presidential Committee on Pharmaceutical Sector Reform, established in 2003, developed the NDDG in 2010. The first revised edition was published in 2012 following a review in 2011, with the overarching goal of establishing a well-ordered drug distribution system in Nigeria.

According to him, the objectives include ensuring efficient and effective drug supply management in both the public and private sectors, guaranteeing that all medicines are safe, efficacious, affordable and of good quality, and expanding access to quality medicines at all levels of healthcare. He noted that the guidelines provide for the establishment of State Drug Distribution Centres (SDDCs), also known as Public Distribution Centres (PDCs) or Drug Management Agencies (DMAs), to be owned and supervised by state governments.

The private sector, he added, is expected to establish Mega Drug Distribution Centres (MDDCs), also referred to as Mega Wholesale Centres (MWCs), as well as Coordinated Wholesale Centres (CWCs), wholesale outlets and community pharmacies.

He listed the approved drug distribution channels under the NDDG as manufacturers and importers; SDDCs/PDCs/DMAs; MDDCs/MWCs; Coordinated Wholesale Centres; retail community pharmacies; public health facilities; primary healthcare centres; private hospitals; Patent and Proprietary Medicine Vendors (PPMVs); and consumers.

According to the former NAIP chairman, under the framework, manufacturers and importers must be registered with the Pharmacists Council of Nigeria (PCN), ensure all products are registered with NAFDAC, comply with good storage practices, and maintain proper transaction documentation for monitoring and tracking.

State Drug Distribution Centres, he added, are to be registered by PCN and directly supervised by the pharmaceutical services department of each state ministry of health. They are expected to follow the complete drug supply chain process, including selection, procurement, storage, distribution, transportation, documentation, tracking and recall.

On Mega Drug Distribution Centres, Anukwu said they are private-sector initiatives that must be registered by PCN and strategically located across states or geopolitical zones. Each centre is to be supervised by a superintendent pharmacist with at least ten years' experience, while quality assurance and distribution managers must also be pharmacists.

Drug procurement at these centres, he explained, should be done directly from registered manufacturers and importers, based on consumption patterns and supported by quality assessment systems. Payments to suppliers are expected within 14 days, with all transactions fully documented.

Coordinated Wholesale Centres, according to him, are multiple wholesale outlets co-located within a comprehensive facility. They are permitted to supply community pharmacies, public and private health facilities, and PPMVs with approved products, but are prohibited from retailing directly to consumers or displaying medicines openly. Community pharmacies, he added, must be owned by registered pharmacists and licensed by PCN.

He further stated that public and private healthcare facilities are expected to have PCN-registered pharmacy departments staffed by pharmacists and to procure medicines only from authorised wholesalers or community pharmacies.

Anukwu stressed that the NDDG expressly prohibits medicine hawking in markets, motor parks, bus stops and kiosks, noting that non-compliance attracts sanctions under PCN and NAFDAC laws. He clarified the distinction between legislation and guidelines, explaining that while legislation is compulsory and rigid, guidelines provide specific, actionable direction and are more flexible and easier to update.

He also explained the mechanism of Medipool Nigeria, a government-endorsed group purchasing organisation (GPO) established in May 2025 to overhaul the country's pharmaceutical supply chain. According to him, Medipool aggregates demand to reduce costs, improve medicine availability and support local manufacturing.

Structured as a public-private partnership and special purpose vehicle, Medipool is designed to strengthen health system resilience. Its key features include bulk purchasing to reduce costs and improve access, end-to-end procurement management from sourcing to last-mile delivery, support for local manufacturers, and collaboration with the Federal Ministry of Health and other partners.

Anukwu noted that the platform focuses on essential medicines, promotes transparency and accountability, and aligns with institutional frameworks such as the Basic Healthcare Provision Fund.

He said implementing the NDDG and Medipool would transform the drug distribution landscape and significantly curb the circulation of fake medicines. He also highlighted the strategic role of PWDAN within the distribution ecosystem, alongside manufacturers, wholesalers, community pharmacies, healthcare institutions, PPMVs, NAIP, the Association of Community Pharmacists of Nigeria (ACPN), and the National Association of Patent and Proprietary Medicine Dealers (NAPPMED).

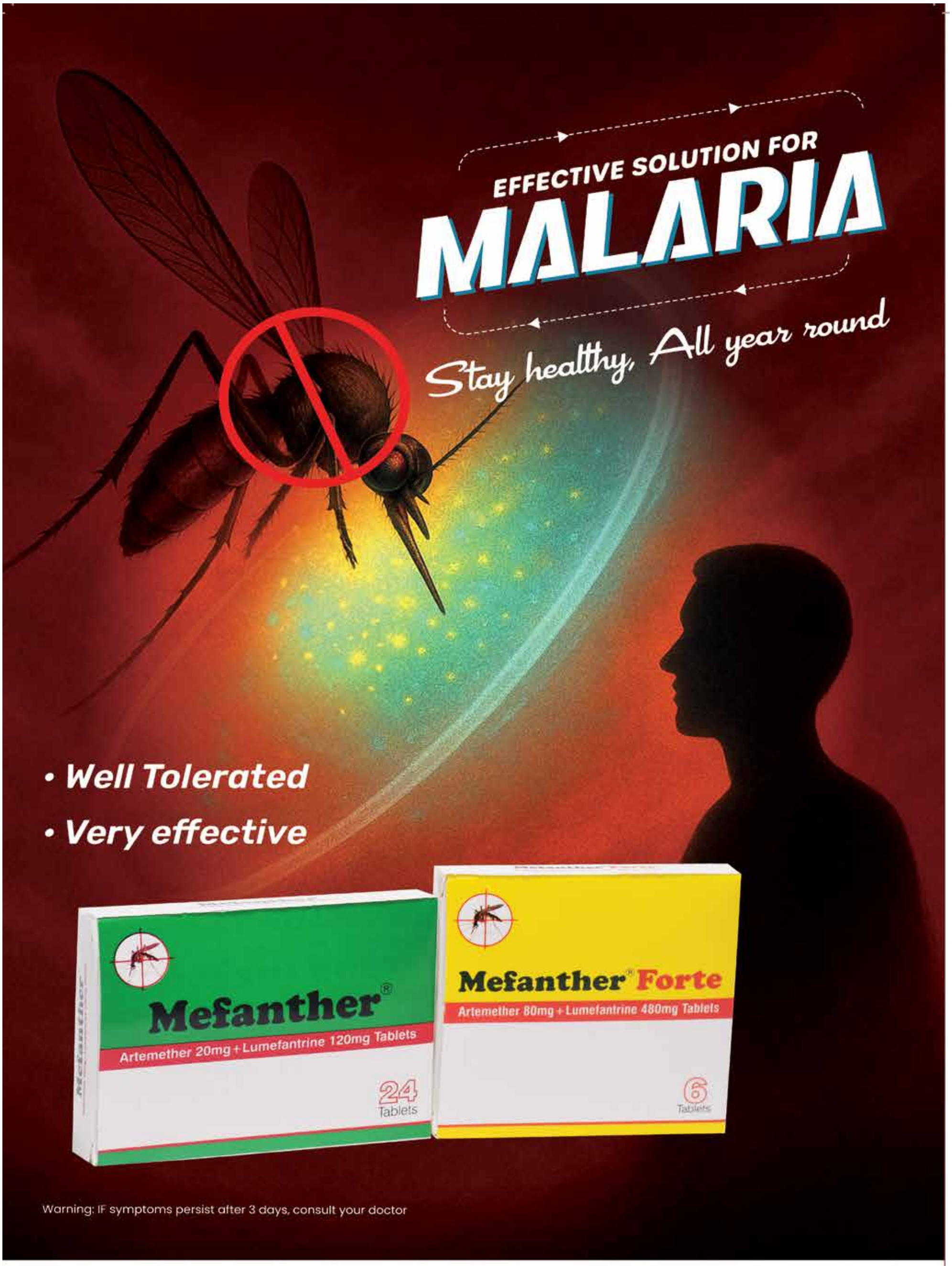
To deepen collaboration, he proposed a NAIP–PWDAN Business Summit aimed at fostering a network of legitimate players, establishing a legal framework, designing payment and delivery systems, developing logistics and reverse logistics structures, engaging financial institutions, and building a digital framework for the sector.

Anukwu also presented a pilot proof-of-concept model involving manufacturers, financial institution partners, accredited PCN-registered retail players and distributors operating within a framework defined by exclusivity, accountability, transparency and full documentation.

The session also featured a panel discussion in which stakeholders reiterated that tackling substandard and falsified medicines requires a coordinated and disciplined distribution system anchored on regulatory compliance, technology, financing and strong collaboration.

The panellists maintained that with effective implementation of the NDDG and the operationalisation of Medipool Nigeria, the country can significantly reduce the circulation of fake medicines and restore confidence in the pharmaceutical supply chain.

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Stakeholders demand immediate NDDG, Medipool implementation to curb fake drugs

By Ranmilowo Ojalumo

Stakeholders in the pharmaceutical sector have identified the full implementation of the National Drug Distribution Guidelines (NDDG) and the strategic deployment of Medipool Nigeria as the most effective pathway to eliminating substandard and falsified medicines in Nigeria, calling for immediate action.

The call was made during the 2026 edition of Pharma West Africa, held in Lagos recently, where the Pharmaceutical Wholesalers and Distributors Association of Nigeria (PWDAN) hosted a special conference session on the theme, "Strengthening the Pharma Supply Chain to Curb Substandard and Falsified Medicines."

The Chairman of Pharma West Africa, Pharm. Ibrahim Yakasai, who was present at the session, noted that the persistent circulation of substandard and falsified medicines remains one of the most serious threats to public health, undermining treatment outcomes, eroding public confidence in healthcare systems and causing significant economic

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L-R: Pharm. Ephraim Ezeh, GM, Sales, SKG Pharma Ltd; Pharm. Okon Victoria, head, Marketing, SKG Pharma Ltd; Pharm. Edith Nwachukwu, Audion Nigeria Ltd; Dr Okey Akpa, MD/CEO, SKG Pharma Ltd; and Mr Steve Ozioko of New Health, at the Launch of Novadex Caplets and Novadex Night, during the SKG Trade Partners Conference, held recently in Lagos.

Nigeria's collapsing health infrastructure requires urgent action - ALPs

By Temitope Obayendo

The leadership of the Association of Lady Pharmacists (ALPs) has called on the Federal Government and state governments to take immediate action to address the deteriorating state of Nigeria's public healthcare infrastructure, warning that the system is on the verge of total collapse.

The call comes as the World Health Organisation (WHO) ranked Nigeria 187th out of 191 countries in its global assessment of health systems performance, with experts describing the rating as a reflection of the critical challenges facing the sector, including inadequate infrastructure, a shortage of healthcare professionals, and weak health systems that continue to hinder progress towards universal health coverage by 2030.

A particularly glaring gap is the vast number of non-functional

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