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Sir Ifeanyi Atueyi Memorial Lecture debuts with call for integrity, ethical leadership

- Memorial Trust unveiled for humanitarian initiatives

By Adebayo Oladejo

Nigeria's healthcare and pharmaceutical leaders have renewed calls for integrity, purposeful leadership and selfless service as the foundational pillars of professional excellence, as stakeholders gathered to honour the late pharmacist, publisher and founder of ***Pharmanews***, Sir Ifeanyi Atueyi.

continued on page 8



(Miraflash Board members) L-R: Mr Afinju Taiwo FCA; Pharm. Dr Moses Olurotimi Oluwalade (MD/CEO); Dr Tope Smart, former managing director and current chairman, NEM Insurance (Board chairman); Mrs Alaba Fagun, group managing director of Berger Paints Nigeria PLC; and Pharm. Yinka Subair, former managing director of Pfizer products, during the recent Miraflash Nigeria Board inauguration.





Dr Ndidiamaka Okpareke: Champion of modern pharmaceutical compounding page 16

Breastfeeding is good - but why are we so bad at it? page 27

FG reaffirms commitment to quality healthcare as NHEA honours top performers page 48





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NURSE OLUSOLA AKETI



Mrs Olusola Aketi is the director of nursing services (DNS) at the Lagos State Ministry of Health, Alausa, Ikeja. A seasoned nursing administrator and healthcare leader, she has distinguished herself through her commitment to strengthening nursing practice, advancing professional standards, and supporting healthcare reforms aimed at improving patient outcomes across Lagos State.

With extensive experience in nursing administration and health policy development, Aketi has played a pivotal role in shaping policies and programmes that align nursing practice with national standards and international best practices. Her leadership has contributed significantly to improving the quality of nursing education, professional practice, and workforce development within the state's healthcare system.

As DNS, she provides strategic leadership for the planning, coordination, and supervision of nursing services across public health institutions in Lagos State. She works closely with government agencies, healthcare institutions, regulatory bodies, and professional associations to promote safe, ethical, and patient-centred care while ensuring that nursing services remain responsive to the evolving healthcare needs of the population.

A passionate advocate for the nursing profession, Aketi has championed initiatives that promote continuous professional development, capacity building, mentorship, and regulatory compliance. She has also supported the integration of modern technologies and innovative approaches into nursing practice, helping to enhance service delivery and improve patient care. Her emphasis on lifelong learning and workforce development has empowered many nurses to broaden their competencies and deliver care with greater confidence and professionalism.

Driven by a vision of a resilient and efficient healthcare system, Aketi continues to champion policies and innovations that strengthen nursing services and contribute to improved healthcare delivery across Lagos State.

In recognition of her outstanding contributions to nursing and healthcare, she has received several honours and professional distinctions. She is a Fellow of the West African Postgraduate College of Nurses and Midwives (WAPCNM), a Sigma Fellow, a recipient of the Nigerian Healthcare Excellence Award (NHEA), and a recipient of the Zenith Global Award, among other accolades.

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Inspiration

"If you want to make a permanent change, stop focusing on the size of your problems and start focusing on the size of you!" - **T. Harv Eker**

"Knowledge is being aware of what you can do. Wisdom is knowing when not to do it." - **Anonymous**

"You measure the size of the accomplishment by the obstacles you had to overcome to reach your goals." - **Booker T. Washington**

"If you want to achieve excellence, you can get there today. As of this second, quit doing less-than-excellent work." - **Thomas J. Watson**

"Even if you are on the right track, you'll get run over if you just sit there."
- **Will Rogers**

"Perfection is not attainable, but if we chase perfection we can catch excellence."
- **Vince Lombardi**

"Start by doing what's necessary; then do what's possible; and suddenly you are doing the impossible."
- **Francis of Assisi**

"As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them."
- **John F. Kennedy**

"The best preparation for tomorrow is doing your best today." - **H. Jackson Brown, Jr.**

"Courage is the most important of all the virtues because without courage, you can't practice any other virtue consistently."
- **Maya Angelou**

"Our wounds are often the openings into the best and most beautiful part of us." - **David Richo**

"So many of our dreams at first seem impossible, then they seem improbable, and then, when we summon the will, they soon become inevitable."- **Christopher Reeve**





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Breaking down hepatitis begins with political will

On 28 July, Nigeria joined the global community in marking World Hepatitis Day, an annual event dedicated to raising awareness about one of the most persistent public health challenges of our time. The theme for this year, "Hepatitis – Let's Break It Down," highlighted the urgency of dismantling barriers to prevention, diagnosis, and treatment. Across the world, country specific activities were held, ranging from free screening to treatment programmes. In Nigeria, however, the day was marked by mixed feelings among stakeholders, who questioned the nation's preparedness to confront the scale of the hepatitis crisis.

According to the World Health Organisation, Nigeria carries the third highest hepatitis burden worldwide, with more than 20 million chronic hepatitis B and C infections. Data from the Federal Ministry of Health and Social Welfare reveal that 18.2 million Nigerians live with hepatitis B, while 2.5 million live with hepatitis C. These figures highlight the enormity of the challenge and the need for urgent, coordinated action.

In 2025, the Federal Ministry of Health and Social Welfare launched Project 365, a nationwide hepatitis elimination campaign aimed at achieving eradication by 2030. While the initiative is commendable, structural gaps remain. Chief among these is inadequate investment in the health sector. Despite the Abuja Declaration of 2001, which required African countries to allocate 15 per cent of their national budgets to health, Nigeria has yet to meet this target. The shortfall in funding has made it increasingly difficult to contain infectious diseases such as hepatitis, tuberculosis, and HIV.

Ahead of this year's World Hepatitis Day, WHO Regional Director for Africa, Mohamed Janabi, noted that viral hepatitis remains a major public health challenge across the continent. Although new hepatitis B infections declined by 25 per cent between 2015 and 2024, the disease continues to devastate populations. His remarks emphasised the need to address structural weaknesses that hinder elimination efforts.

Similarly, Dr Teresa Kasaeva, Director of the WHO Department for HIV, TB, Hepatitis and STIs, stressed the importance of stronger political commitment and greater investment. She urged governments to accelerate the implementation of proven policies and interventions, reminding stakeholders that effective vaccines, reliable diagnostics, curative treatments for hepatitis C, and lifelong therapy for hepatitis B already exist. The challenge lies not in the absence of tools but in the lack of political will and resources to deploy them effectively.

Kasaeva outlined five areas requiring urgent attention. The first is turning evidence into action by using existing tools to change the course of hepatitis. The second is putting people and communities at the centre of the response by engaging those with lived experience and civil society organisations in policy and service delivery. The third is closing the gap in access to services, ensuring prevention, testing, and treatment reach all populations regardless of location or resources. The fourth is integrating hepatitis services into primary healthcare and universal health coverage frameworks. The fifth is investing in innovation to develop new solutions that complement existing tools and sustain progress.

As Africa's most populous nation, Nigeria has a responsibility to set the pace for others. The Federal Ministry of Health and Social Welfare must prioritise making diagnosis, early treatment, and prevention services accessible to all citizens. Collaboration with international donor agencies will be crucial in mobilising funds for the procurement of vaccines, diagnostics, and medicines. By strengthening partnerships and scaling up interventions, Nigeria can demonstrate leadership in the continental fight against hepatitis.

Ultimately, the elimination of hepatitis in Nigeria depends on political will. Increased budgetary allocation to health, in line with the Abuja Declaration, would provide the resources needed to expand services and sustain elimination efforts. More importantly, it would signal the government's determination to protect the health of its citizens. Without such commitment, the goal of eliminating hepatitis by 2030 will remain elusive.

World Hepatitis Day 2026 has once again highlighted the scale of Nigeria's hepatitis burden and the urgent need for decisive action. While initiatives such as Project 365 are laudable, they must be backed by adequate funding, strong political will, and meaningful community engagement. Nigeria has the tools to break down hepatitis, but success will depend on whether the government and stakeholders can muster the resolve to act. That is where breaking down hepatitis truly begins.



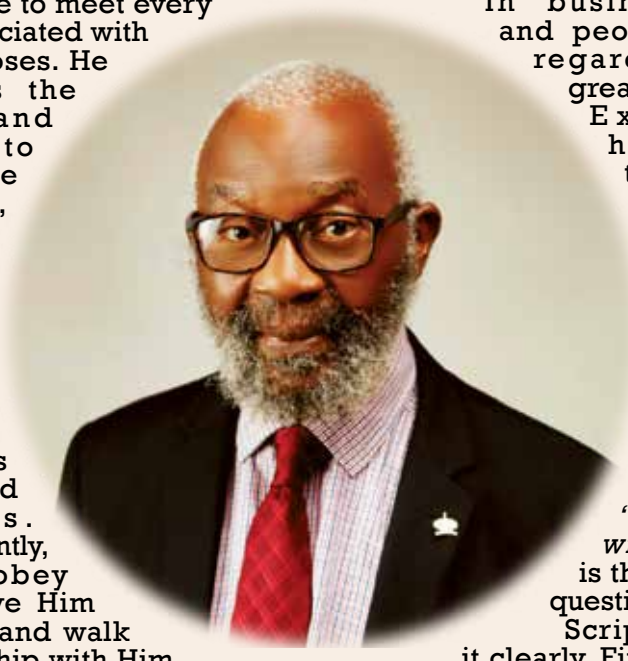
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Our sufficiency is in God

By Sir Ifeanyi Atueyi
(1939-2025)

God does not have a resource problem. He owns the earth and everything in it: humanity, animals, plants, the seas, the air, light, gold and every other created thing. They are all His handiwork and remain under His sovereign control. Therefore, whenever God purposes to accomplish something, He never lacks the resources to do so. As Psalm 24:1 (NLT) declares, ***"The earth is the Lord's, and everything in it. The world and all its people belong to him."***

God supplies from His limitless storehouse to meet every need associated with His purposes. He gives us the grace and ability to access the spiritual, physical, emotional and material resources required to fulfil the destiny He has prepared for us. Consequently, as we obey Him, serve Him faithfully and walk in fellowship with Him, we need not live in perpetual lack. This does not mean life will be free of challenges, but our journey should not be characterised by constant struggle as we pursue His calling.



At times, we fail to distinguish between our wants and our genuine needs. God has not promised to satisfy every desire, but He has promised to provide all our needs. Those needs may take many forms: a fresh idea, rest, financial provision, trustworthy colleagues, good health, patience, wisdom, faith or divine favour. Some are tangible, while others are not. As 2 Corinthians 9:8 (NLT) reminds us, ***"And God will generously provide all you need. Then you will always have everything you need and plenty left over to share with others."*** This promise is given particularly to those who are willing to share generously with others.

When you are living out God's purpose for your life, you draw upon the resources of heaven. That is why it is important to embark only on the assignments God has given you, because every divine assignment carries divine backing. When you are engaged in the business, profession or ministry to which God has called you, you can depend on Him to supply what you need. However, if you pursue your own agenda apart from His will, you may find yourself labouring without His provision.

Consider the example of ambassadors. They are not sustained by the resources of the countries in which they serve but by the governments that sent them. Their welfare does not depend on the economic fortunes of their host nation. Even during times of recession, their home country remains responsible for their upkeep.

Likewise, as ambassadors of Christ, our ultimate source is not the world's economy but God's inexhaustible provision. As we remain faithful to Him and fulfil His purpose for our lives, we can trust Him to supply every resource required. He is faithful to His promises and will not fail those who rely upon Him.

In business, money and people are often regarded as the greatest resources. Experience, however, has taught me that the God-factor must come first. The most important question is not, *"Do I have enough money?"* or *"Do I have the right people?"* but rather, *"Am I working with God?"* This is the foundational question.

Scripture answers it clearly. First Corinthians 3:9 (NKJV) declares, ***"For we are God's fellow workers."*** Likewise, Ephesians 2:10 (NKJV) states, ***"For we are His workmanship, created in Christ Jesus for good works, which God prepared beforehand that we should walk in them."***

Anyone who works with God can confidently expect His provision because God supplies whatever is necessary to accomplish His purposes. Indeed, our prosperity brings Him pleasure. Psalm 35:27 (NKJV) says, ***"...Let the Lord be magnified, who has pleasure in the prosperity of His servant."***

God's work never suffers from a shortage of resources, nor does it ultimately fail. By contrast, ventures pursued independently of Him are often burdened with uncertainty and problems that human wisdom alone cannot resolve. Jesus said in John 15:5 (NKJV), ***"I am the vine, you are the branches. He who abides in Me, and I in him, bears much fruit; for without Me you can do nothing."*** As God's fellow workers, we are called to trust in Him with all our hearts, not to lean on our own understanding, but to acknowledge Him in all our ways, knowing that He will direct our paths.

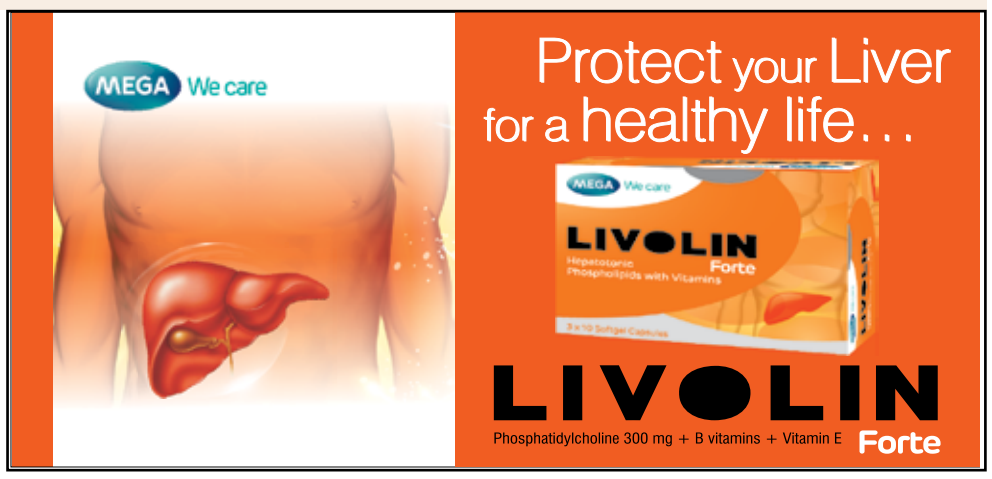
God delights in surrounding His children with His blessing, guidance and provision. The One who knows the number of hairs on your head, clothes the lilies of the field and causes the grass to grow will certainly provide everything you truly need.



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What selling is, and what it is not

By George O. Emetuche

"Sales is the lifeblood of business." — The Selling Champion

It is no longer news that sales is the lifeblood of business. Robert Kiyosaki once said, *"If you don't know how to sell, don't think of doing business."* I totally agree with the author of *Rich Dad Poor Dad*.

Drawing from my experience in sales and marketing, I have developed what I call *what selling is, and what it is not*. Many salespeople make mistakes in the way they sell because they do not fully understand the essence of selling.

Let us look at what selling is.

1. Transfer of feeling and emotion

Your duty as a sales professional is to make the buyer feel the way you feel about your products and services. You achieve this through your sales presentation and by convincing the buyer to choose your products or services. You are expected to show the customer or prospect why they should buy from you. A sales presentation is a demonstration of what your product or service can do for the buyer.

2. Transfer of value

Simply put, selling value means ensuring that your offering meets or exceeds the buyer's expectations. You must communicate the value in your products and services. Buyers purchase the solutions your product provides because they perceive them as valuable.

3. Providing a solution to a need

As mentioned above, people buy solutions, not merely products. Before deciding what to sell, you must first discover what your target market needs. This is where data collection and information gathering become winning sales strategies.

4. Mutual benefit

Sales is a mutually beneficial transaction. The art of selling should not be one-sided; it is relational. It is a win-win situation. In advanced selling strategies, everyone wins.

5. Exchange of products or services for value

Yes, every sale involves a product or service and a selling price. A salesperson is not Father Christmas, giving away products free of charge. Selling is about delivering value through your offering and receiving value in return through payment. Nothing more, nothing less.

What selling is not

Now let us consider what selling is not.

1. It is not desperation

You cannot afford to be desperate to make a sale. People often take advantage of desperation. Selling is about moving the customer or prospect from where they are to where you want them to be. It is about demonstrating that you have a solution and genuinely want to help the buyer. This cannot be achieved through desperation. It is accomplished by presenting your value professionally and confidently.

2. It is not a one-off transaction

Selling is about encouraging repeat purchases. You make the sale, then inspire the customer to buy again. The next stage is to earn referrals by motivating satisfied customers to recommend your products or services to others. Until you reach this stage, you have not fully mastered selling.

3. It is not one-sided

Selling is based on exchange. You give value in order to receive value. Every party contributes something and receives something in return. No one comes to the table empty-handed.

4. It is not taking advantage of the buyer

Successful businesspeople think not only about today but also about the future of their businesses. Successful entrepreneurs and sales professionals do not take advantage of their customers; instead, they focus on building relationships that last a lifetime.

5. It is not just about closing a deal

Some salespeople simply want to issue invoices. Their only objective is to close sales, even if the prospect or customer is not fully satisfied. The danger of making closing the sale your sole focus is that you will neglect the enduring principles of relationship building and value delivery in favour of quick fixes. That approach is short-sighted. As Patricia Fripp wisely said, *"You don't close a sale; you open a relationship."* You cannot go wrong if you follow this principle.

UPDATE

Join Prof. Vincent Onodugo, FCAI, FNIM, FIIA; Prof. Chuka Ifediora, FIAS, of the UNN Business School; and George O. Emetuche, CES, Managing Director of The Selling Champion Consulting Ltd, at Toscana Hotels, Enugu, on 22 August 2026 for the South East/South South Sales, Marketing, Strategy and Performance Efficiency Annual Masterclass.

Also join us at Dover Hotels, Ikeja, Lagos, on 5 September 2026 for the Lagos/South West Edition of the Annual Masterclass, where Chidi Okoro, Founder of Drugs & Medicaments and Senior Fellow at LBS; Prof. Ayodele Oniku, FNIMN, Coordinator, UNILAG Business School; Charles Iloegbunam, FNIMN, Managing Director, Masters Energy Aviation; and George O. Emetuche will deliver insightful presentations.

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Underwear hygiene and men's health

By Gloria Obikili

Most men today pay much attention to their outerwear but neglect the hygiene of their underwear, particularly their boxers, which have direct and prolonged contact with the skin. Some men wear the same boxers for two or three days, seeing no reason to change or wash it more frequently. It may interest such men to know that caring for their boxers is, in fact, of far greater necessity than caring for an outer garment, given its considerable contribution to overall health and well-being.

Wearing dirty boxers can contribute significantly to the discomfort many men experience without quite knowing why. It can cause skin irritation, fungal infections, bacterial infections, rashes, chafing and general discomfort, among other conditions. The care of boxers, therefore, should never be taken for granted.

More frequently these days, one observes men, especially young boys, sagging their trousers or shorts in a manner that exposes their underwear. Their outer garments may appear neat and well kept, but the exposed boxers beneath tell a very different, mostly unpleasant story. Siometimes, one also notices men unconsciously scratching their genitals in public, a habit that may well be the result of accumulated dirt and germs trapped in unwashed underwear. Proper hygiene should never be compromised for the sake of convenience or habit.



What dermatologists say

Dermatologists have repeatedly cautioned men against wearing boxers for days on end without washing them, warning that dirty underwear can cause skin infections and persistent body odour. They have also emphasised that it is unhygienic for a man to wear the same boxers from morning to night at work and then wear same again the following day. The recommendation is that men should wear a clean pair of boxers daily, and old, worn-out or overstretched boxers should be replaced every six months to a year, depending on their condition and how frequently they are worn. Dirty boxers create the warm, moist environment in which fungi and bacteria thrive, making regular washing non-negotiable rather than optional.

The type of boxer matters as much as its cleanliness. Boxers made of natural fibres such as cotton are recommended because they absorb moisture, keep the genital area dry, and improve comfort. They also support sperm production and reduce itching. Colour fastness is another important factor. Boxers should not bleed colour during washing, as this can cause skin irritation and damage other clothes. Men should also avoid wearing tight boxers. Tight underwear can reduce sperm production, affect sperm quality, and cause discomfort. Loose, breathable boxers are healthier and more comfortable for daily wear. The truth about "quantum energy" boxers

Caution against false claims

In recent years, some underwear products have been marketed with claims that they contain "quantum energy" or possess the ability to treat conditions such as prostate disease, infertility or infections.

These claims are not supported by credible scientific or clinical evidence. No reputable medical authority has established that so-called quantum boxers can prevent or cure prostate disorders, bacterial infections or other medical conditions.

Men experiencing persistent itching, pain, swelling, urinary symptoms or reproductive health concerns should consult a qualified healthcare professional rather than rely on unverified products.



The problem with tight boxers

Men should also avoid wearing excessively tight boxers, as there are genuine negative effects associated with them. Tight-fitting underwear can reduce sperm production and adversely affect sperm quality, largely because it raises the temperature around the testes beyond what is optimal for healthy reproductive function.

Health practitioners and experts strongly emphasise that wearing clean, properly fitted boxers is vital to preventing bacterial infections, severe body odour and skin irritation. Because the groin naturally traps heat and moisture, doctors recommend changing into fresh, breathable underwear daily as a simple but essential habit for maintaining optimal hygiene and long-term reproductive health.



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Sir Ifeanyi Atueyi Memorial Lecture debuts with call for integrity, ethical leadership

continued from front page



L-R: Dr Lolu Ojo, lead panellist; Prof. Lere Baale, keynote speaker; Lady Joan Atueyi; Prince Julius Adelusi-Adeluyi, chairman of the occasion; Pharm. Regina Ngozi Ezenwa, panellist; Pharm. Ahmed Yakasai, panelist; and Ven. Dr Emmanuel Adekoya, vicar of St. Jude's Anglican Church, Mende, at the maiden Sir Ifeanyi Atueyi Memorial Lecture held in Lagos on July 16, 2026.

The call was made at the inaugural Sir Ifeanyi Atueyi Memorial Lecture, held at the Old Great Hall, College of Medicine, University of Lagos, Idi-Araba, Lagos. Themed "Legacy Beyond Life: Leadership, Integrity and the Power of Enduring Impact", the event attracted leading figures from the pharmacy profession, healthcare sector, academia, the legal profession and the media, who paid glowing tributes to Sir Ifeanyi's immense contributions to pharmaceutical journalism, healthcare communication, professional development and institution-building.

A major highlight of the occasion was the launch of the Sir Ifeanyi Atueyi Memorial Trust, established to preserve and advance the ideals of the late publisher through initiatives in education, healthcare, leadership development, humanitarian services, community empowerment, research, entrepreneurship and the recognition of outstanding contributions to society.

Chairman of the occasion and former Minister of Health, Prince Julius Adelusi-Adeluyi, described the memorial lecture as a fitting tribute to a man whose impact on pharmacy and healthcare journalism continues to resonate across the profession.

He said Sir Atueyi was not only an accomplished pharmacist but also a man of exceptional character whose dedication to excellence, discipline, integrity and service earned him widespread respect across professional and social circles.

Adelusi-Adeluyi commended the Atueyi family for sustaining his legacy through ***Pharmanews*** and for instituting the memorial lecture, describing it as a worthy platform for preserving the values and principles that defined Sir Ifeanyi's life.

In his welcome address, the Executive Director of Pharmanews Limited, Barr. Dozie Atueyi, said the memorial lecture was established not merely to remember his father but to continue the work and ideals to which he devoted his life.

He described Sir Atueyi as a visionary leader, mentor, publisher and institution-builder whose commitment to healthcare communication transformed ***Pharmanews*** into a respected platform for healthcare advocacy, professional education and industry development.

According to him, the late publisher's enduring values of integrity, humility, excellence and service remain relevant lessons for present and future generations of professionals.

Barr. Atueyi added that the Sir Ifeanyi Atueyi Memorial Trust was created to ensure that his father's passion for developing people, strengthening institutions and making meaningful contributions to society continues beyond his lifetime.

He said the Trust would support initiatives aimed at advancing education, healthcare, leadership development, humanitarian interventions, research, entrepreneurship and community empowerment.

Delivering the inaugural memorial lecture, the President of the Nigeria Academy of Pharmacy (NAPharm), Prof. Lere Baale, challenged healthcare professionals and leaders to embrace integrity, purposeful leadership and service as the foundation for creating lasting impact.

Baale described it as a great honour to deliver the maiden lecture in honour of Sir Atueyi, whom he portrayed as a pioneer whose contributions to pharmaceutical communication and healthcare advocacy continue to influence generations.

He noted that Sir Atueyi occupied several landmark positions within the pharmacy profession, including serving as the first vice-president of NAPharm and becoming the first Fellow of the Academy to be honoured with a valedictory session.

According to Baale, Sir Atueyi's greatest achievement was not simply the establishment of ***Pharmanews***, but the creation of an enduring institution that gave healthcare professionals a credible voice, promoted innovation and documented important developments within the healthcare sector.

The NAPharm president urged professionals to distinguish between success and significance, noting that while success is often measured by personal accomplishments, legacy is defined by the impact individuals make on others and the institutions they leave behind.

He said Sir Atueyi transcended personal success by creating opportunities, strengthening professional institutions and inspiring generations of healthcare professionals.

Baale warned that visibility without credibility is fragile, while influence without integrity can become dangerous. He urged leaders to focus on building institutions and developing people rather than pursuing personal recognition.

He further challenged professionals to assess their lives beyond titles and achievements by considering how many people they have helped, the opportunities they have created and the institutions they have strengthened.

A panel discussion, moderated by the Founder and Chief Executive Officer of Merit Healthcare Limited, Dr Lolu Ojo, further explored the themes of leadership, integrity and legacy through the life and example of Sir Ifeanyi Atueyi.

Ojo observed that true legacy is measured not only by what people leave behind but also by the positive influence they exert throughout their lifetime.

Former President of the Pharmaceutical Society of Nigeria (PSN), Pharm. Ahmed Yakasai, described Sir Atueyi as a man of humility, compassion and courage whose leadership was rooted in character rather than position.

He urged professionals to distinguish between charisma and character, stressing that enduring leadership must be built on integrity and the ability to inspire trust.

Managing Director of Rozec Pharmacy Limited and Founder of The Roses Ministry, Pharm. Regina Ngozi Ezenwa, described leadership as stewardship rather than authority, saying effective leaders empower others and create lasting value.

Founder and President of the West African Society for Parenteral and Enteral Nutrition (WASPEN), Dr Theresa Pounds, emphasised the importance of integrity and transparency in rebuilding public confidence in healthcare institutions.

She encouraged professionals to uphold ethical standards and support individuals who demonstrate honesty, accountability and principled leadership.

Founding President of the Christian Lawyers Fellowship of Nigeria, Barr. Wale Olufon, urged participants to remain steadfast in upholding integrity, even when doing so demands personal sacrifice, noting that trust is built through consistency and accountability.

The event concluded with renewed commitments by stakeholders to uphold the ideals championed by Sir Ifeanyi Atueyi through ethical leadership, mentorship, healthcare advocacy and professional excellence.

Sir Ifeanyi Atueyi, who passed away on 15 July 2025, is widely regarded as the father of pharmaceutical journalism in Nigeria, having founded ***Pharmanews*** and published it uninterruptedly from May 1979 until his death.



Pharmanews August 2026.indd 8 7/30/2026 8:13:07 AM



Inquest

with

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The economics of preventive healthcare

Nigeria continues to spend enormous sums treating conditions that could have been prevented. This reality stares us all in the face and places a heavy burden on households and the national economy. It is further compounded by structural challenges within the healthcare system, including inadequate health facilities, the shortage of healthcare professionals resulting from the brain drain, and limited access to essential medicines, particularly in rural communities. Against this backdrop, preventive healthcare is not merely a health strategy; it is an economic imperative that can help Nigeria navigate many of the uncertainties surrounding its healthcare system.

Countries with strong healthcare systems recognise that it is far more cost-effective to prevent disease than to treat it after it has developed. Nigeria must embrace a culture of preventive healthcare through simple but highly effective measures such as regular physical exercise, healthy nutrition, routine medical screening and the avoidance of harmful habits such as smoking, excessive alcohol consumption and sedentary living. At the same time, relevant authorities, particularly the Federal Ministry of Health, should intensify public enlightenment campaigns to educate citizens on the principles and benefits of preventive healthcare. Such sustained health education would encourage Nigerians to take greater responsibility for safeguarding their health and adopting healthier lifestyles.

Unfortunately, the attitude of many Nigerians towards preventive health practices remains discouraging. Routine exercise and regular medical check-ups are often neglected, as many people assume they are healthy without ever verifying their health status. It is common for every episode of fever to be self-diagnosed as malaria or typhoid, leading to self-medication rather than proper medical consultation. Yet a fever may be an early symptom of a more serious underlying condition that requires professional evaluation. Self-medication has contributed to avoidable complications and, in many cases, preventable deaths arising from misdiagnosis and delayed treatment.

A closer look at exercise habits among Nigerians reveals an equally worrying trend. Only a relatively small proportion of the population engages in regular physical activity. Excuses ranging from lack of time to lack of interest are commonplace. However, there is overwhelming medical evidence that regular exercise contributes significantly to good health, disease prevention and longevity. Simple activities such as walking, jogging, swimming and cycling can reduce the risk of numerous chronic diseases. My own experience reinforces this point. As someone living with diabetes, I have observed a significant reduction in my blood sugar levels since joining a gym. Looking back, I cannot help but wonder whether adopting a more active lifestyle much earlier might have delayed or even prevented the onset of the condition. Although I am managing it successfully today, the experience has strengthened my conviction that prevention is always preferable to treatment.

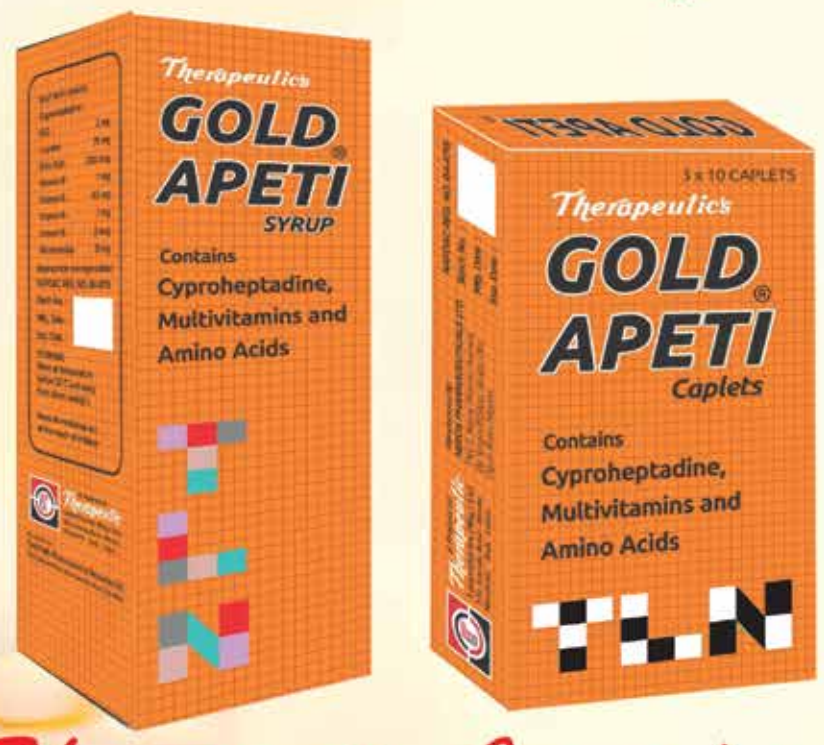
Diet is another critical pillar of preventive healthcare. What we eat or fail to eat can either protect us from disease or increase our vulnerability to it. A balanced diet, adequate sleep and regular physical activity are universally recognised as essential ingredients of good health. Admittedly, many Nigerian families face financial constraints that make healthy eating difficult. Nevertheless, affordable alternatives can still provide nutritional value. For instance, where animal proteins such as fish, meat or eggs are beyond reach, vegetables and other plant based foods can serve as valuable sources of vitamins, minerals and antioxidants.

Personal hygiene and environmental sanitation also deserve greater attention. The saying that cleanliness is next to godliness is more than a moral maxim; it is a public health principle. Many Nigerians pay insufficient attention to personal hygiene or the cleanliness of their surroundings. Yet poor sanitation creates breeding grounds for disease causing organisms, increasing the risk of preventable illnesses. Even seemingly minor habits, such as neglecting oral hygiene, can lead to dental infections and expensive treatment. Likewise, homes infested with rodents expose occupants to diseases such as Lassa fever. As Lassa fever continues to pose a public health threat in Nigeria, many infections and deaths can be prevented through simple measures such as proper sanitation, effective waste disposal and regular fumigation.

Equally concerning is the country's poor vaccination culture. Despite the availability of free immunisation programmes, some Nigerians still decline vaccination because of misinformation and conspiracy theories. During previous vaccination campaigns, many people rejected vaccines out of fear that they were designed to cause harm rather than prevent disease. Such misconceptions demonstrate the damaging effects of misinformation on public health. This is precisely why health education must become a national priority. Government should institutionalise sustained health education not only in schools but also in markets, places of worship, motor parks and other public spaces. When properly designed and consistently implemented, health education can transform public attitudes, improve health seeking behaviour and foster a culture of prevention across the country.

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Modern approaches to asthma care

Asthma is a major noncommunicable disease affecting both children and adults, and remains the most common chronic disease among children. It is a chronic lung condition caused by inflammation and tightening of the muscles around the airways, which makes breathing harder. The World Health Organisation (WHO) notes that the disease affects people of all ages.

According to the National Health Service (NHS), UK, asthma is a common condition that affects breathing. "It cannot currently be cured, but if it's well treated, you should not have problems with symptoms," the service says.

Jennifer Goldin, Mary E. Cataletto and others, in their study on asthma, described the condition as a chronic inflammatory respiratory disease characterised by the hallmark symptoms of intermittent breathlessness, cough and wheezing. Many chest physicians and pulmonologists in Nigeria similarly explain that asthma is driven by inflammation in the lungs, noting that anti-inflammatory inhalers act as preventers by targeting this inflammation directly.

Overview

According to the WHO, inflammation and narrowing of the small airways in the lungs cause asthma symptoms, which may present as any combination of cough, wheeze, shortness of breath and chest tightness. The organisation reports that asthma affected an estimated 363 million people in 2023 and caused 442,000 deaths. It notes that inhaled medication can control asthma symptoms and allow people with the condition to lead a normal, active life, adding that avoiding known triggers can also help reduce symptoms.

The WHO further observes that most asthma-related deaths occur in low- and lower-middle-income countries, where under-diagnosis and under-treatment remain significant challenges. The global body says it is committed to improving the diagnosis, treatment and monitoring of asthma in order to reduce the global burden of noncommunicable diseases and advance progress towards universal health coverage.

Azeez, Oyemomi Ibrahim and others, in their study titled "Prevalence, Risk Factors and Treatment Outcomes of Acute Asthma Exacerbations in Rural South-Western Nigeria: A Three-Year Retrospective Observational Study," posited that asthma-related morbidity and mortality may be greater among older populations owing to a higher risk of coexisting comorbidities.

In view of the seriousness of the disease, World Asthma Day is observed on the first Tuesday of May each year to raise awareness, promote education and support the millions of people affected by asthma globally. The theme for 2026 is "Access to Anti-Inflammatory Inhalers for Everyone with Asthma: Still an Urgent Need."

Meanwhile, according to the Nigerian Thoracic Society, over 30 million Nigerians are living with asthma. In their nationwide study, "The Prevalence of Asthma and Allergic Rhinitis in Nigeria: A Nationwide Survey Among Children, Adolescents and Adults," Obianuju B. Ozoh and other researchers found that the prevalence of asthma and allergic rhinitis in Nigeria is high, with notable variability across regions and age groups. They posited that the number of people living with clinical asthma in Nigeria is likely among the highest in Africa, and called for stakeholders and policymakers to urgently implement risk-reduction measures and invest in capacity building for diagnosis and treatment.

Types of asthma

According to Dr Raj Dasgupta, an American Board of Medical Specialties (ABMS) quadruple board-certified physician, asthma can develop in many different ways and for many different reasons, though the triggers are often similar. These broadly include allergens such as dander and pollen, irritants such as smoke and chemicals, other health conditions, weather changes, certain medications and strong emotions.

Childhood asthma. Dr Dasgupta notes that asthma is the most common chronic condition in children. Although it can develop at any age, it is slightly more common in children than in adults. In 2019, children aged 12 to 14 years had the highest prevalence, with the condition affecting 10.8 per cent of individuals in that age group. The second-highest prevalence was among children aged 5 to 14 years, averaging 9.1 per cent, while asthma developed in 8 per cent of people aged 18 years and over in the same year.

According to the American Lung Association (ALA), common triggers of childhood asthma include respiratory infections and colds, cigarette smoke (including secondhand smoke), allergens, indoor and outdoor air pollutants such as ozone and particulate matter, exposure to cold air, sudden temperature changes, excitement, stress and exercise, among others. The association stresses that it is vital to seek medical attention as soon as a child begins to experience asthma symptoms, since the condition can be life-threatening, though a doctor can advise on the best ways to manage it. In some cases, asthma improves as the child reaches adulthood, but for many, it remains a lifelong condition.

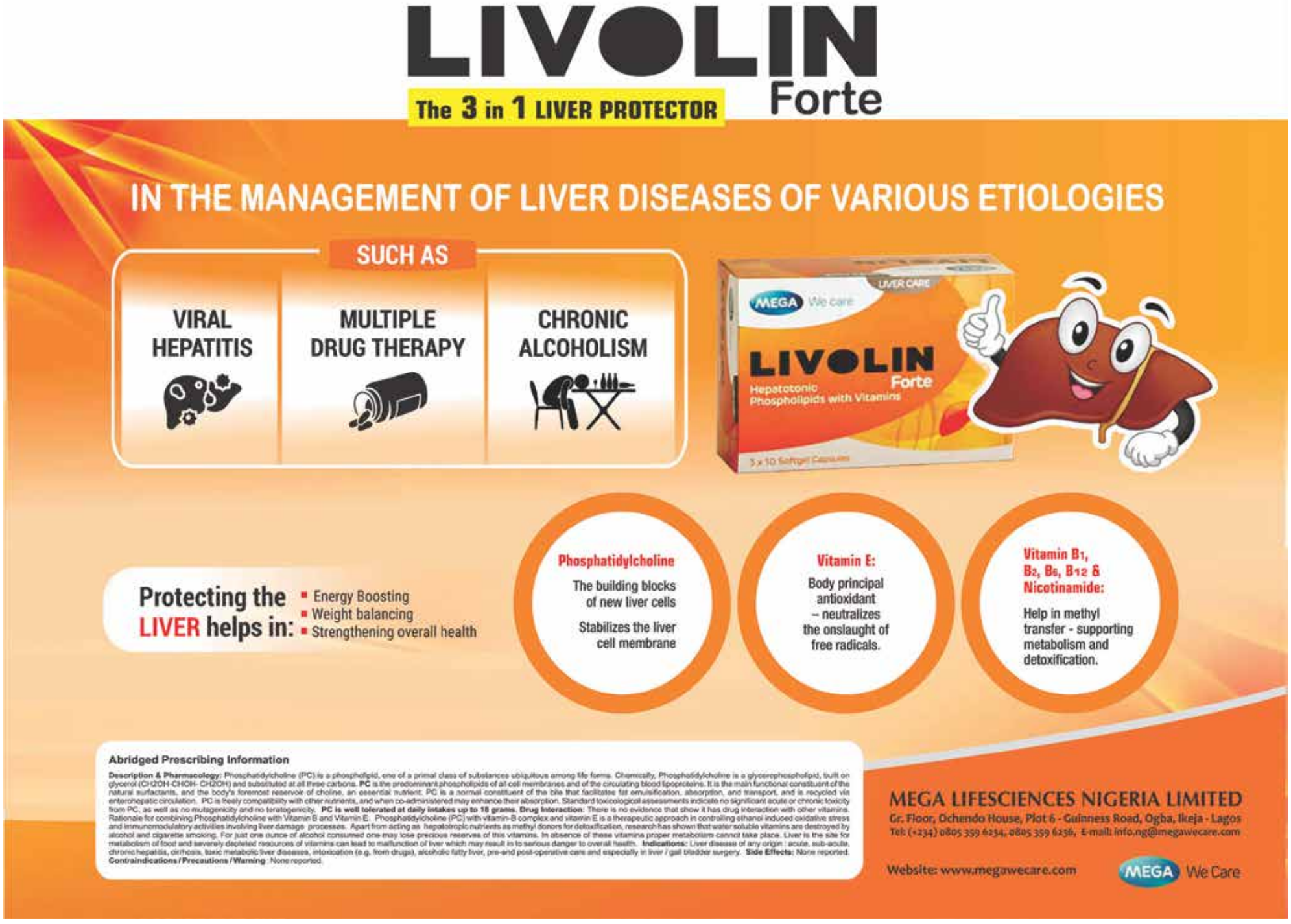
Adult-onset asthma. Asthma can develop at any age, including in adulthood. Factors that influence the risk of developing the condition in adulthood include respiratory illness, allergies and exposure to allergens, hormonal factors, obesity, stress and smoking, among others.

Occupational asthma. According to Dr Dasgupta, occupational asthma results from exposure to an allergen or irritant present in the workplace. About one in six adult-onset cases begin at work, and roughly 21 per cent of working adults with asthma report that their symptoms worsen while at work. Both indoor and outdoor work environments can expose individuals to asthma triggers.

Difficult-to-control and severe asthma. A 2014 study suggests that around 5 to 10 per cent of people with asthma have severe asthma. Some individuals experience severe symptoms for reasons unrelated to the condition itself, such as not yet having learned to use an inhaler correctly. Others have severe refractory asthma, in which symptoms fail to respond to treatment even with high medication dosages or correct inhaler technique. This form may affect around 3.6 per cent of people with the condition.

Eosinophilic asthma is another type that, in severe cases, may not respond to standard medications. While some people with this form manage well on conventional treatment, others benefit from specific biologic therapies, one type of which reduces the number of eosinophils, a type of blood cell involved in the allergic reaction that can trigger asthma.

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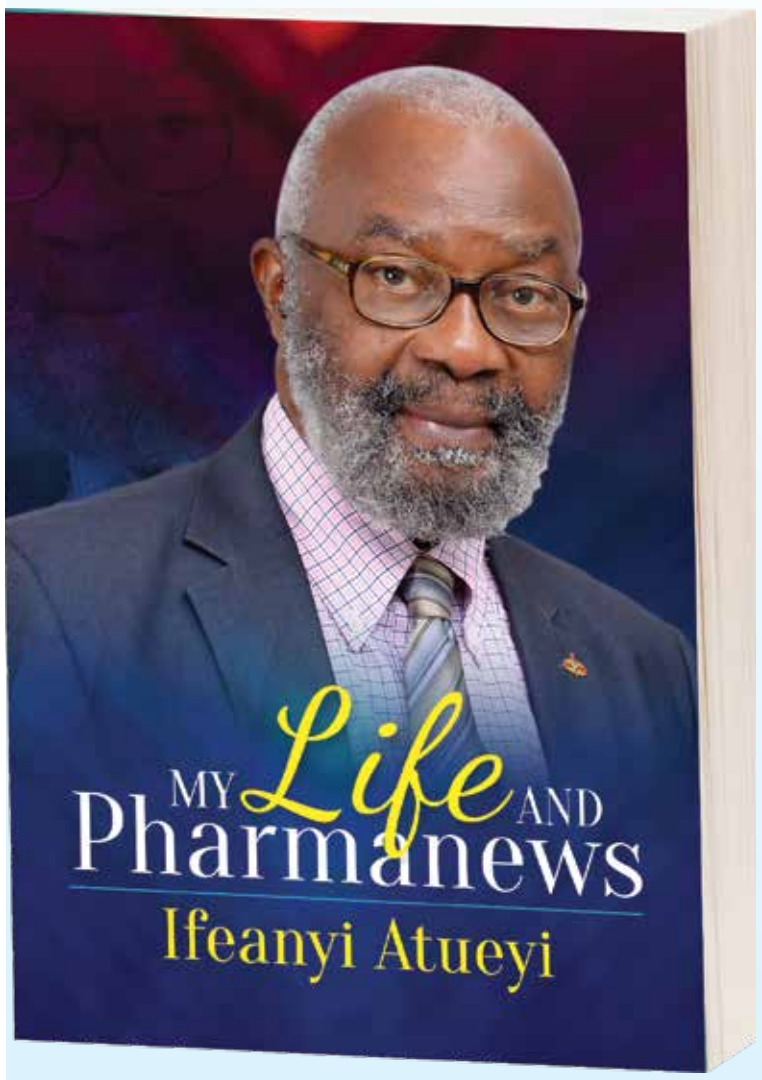


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TESTIMONIALS OF ACCOMPLISHMENT (3)

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

(Continued from last edition)



Added as an "icing on the cake" to the feeling of accomplishment I have in having been faithful in serving Pharmacy and pharmacists over the years, is the joy of knowing that many student pharmacists (and of course, many other youngsters in other fields) are being positively influenced, guided, motivated and encouraged by my life and work. I consider this as one of the greatest achievements anyone can make in life – the privilege of being able to positively mould and impact young minds towards greatness. My good friend, Julius Adelusi-Adeluyi perhaps best summed up this truth, when he said in a recent interview:

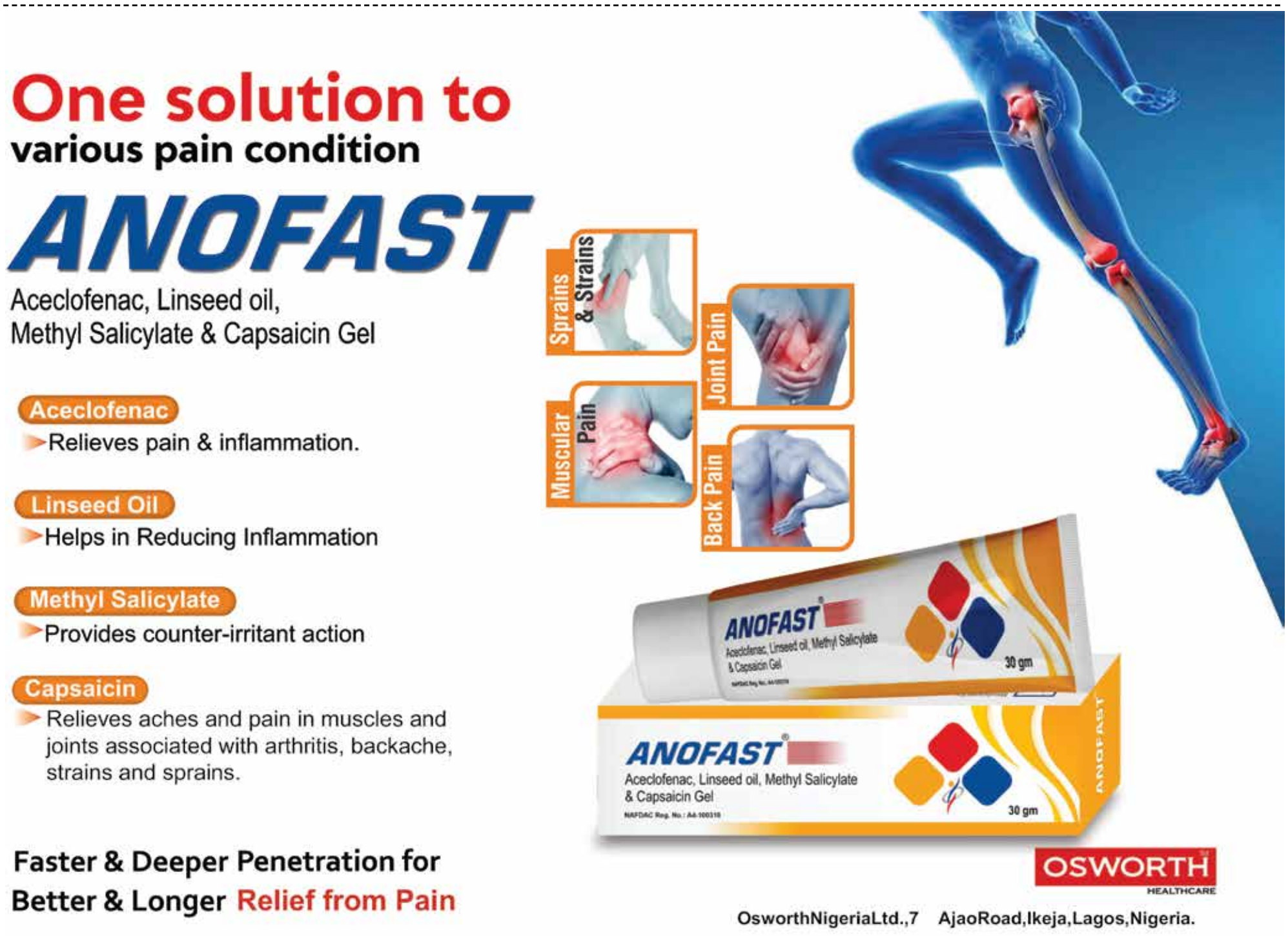
*"You may not know, but you have affected and shaped the destinies of young people who are in Pharmacy. There are cases of many people that have seen **Pharmanews** and say they want to be a pharmacist because of the journal. So, the paper has been affecting the destinies of people and encouraging many others. You are a role model to many people and young pharmacists. That's why some people who don't know Ifeanyi by his name know the name **Pharmanews.***

In confirmation of these sentiments expressed by Juli, I will be reproducing here a few of the comments and messages that I have received over the years from these young minds concerning the impacts of my life and that of ***Pharmanews.*** Before doing that, however, let me briefly relate a few of the direct encounters I have had with them.

Many years ago, I was invited by the students of the Faculty of Pharmaceutical Science of the University of Nigeria, Nsukka to one of their functions. Of course, I was delighted to be there. Driving from Enugu to Nsukka was a refreshing trip. However, one particular thing that reminds me of that visit was the manner in which one of the students appreciated me. While I was chatting with someone, I observed that this particular student was observing me with keen interest. Just as I was leaving to enter my car, the student came and said, "Excuse me, sir. I'm very lucky today." "Why?" I asked. "I have heard so much about you, read your articles and seen your pictures. But this is the first time I am meeting you." Frankly I was overwhelmed with elation. I felt one foot taller. That sincere appreciation influenced me tremendously.

Also, on October 1, 2011, which was my 72nd birthday – which, by the way, I didn't celebrate publicly – I received a message from a student of one of the faculties of pharmacy from the northern part of country, which surprised and touched me. The message read: "Pharm. Atueyi, although I have not met you, I have been reading your ***Pharmanews*** from my first year. You are a great pharmacist who has affected many lives in the pharmacy profession. We will miss you badly, when you retire. Happy birthday."

That I am still able to recall this incident after so many years is a reflection of the enormous impact of that message on me.



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Modern approaches to asthma care

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Seasonal asthma. This form occurs in response to allergens present in the environment only at certain times of year, such as cold air in winter or pollen in spring and summer. Individuals with seasonal asthma retain the condition throughout the year but typically experience symptoms only during these periods. However, asthma does not always stem from an allergy.

Causes and triggers

According to the WHO, many factors have been linked to an increased risk of developing asthma, though a single, direct cause is often difficult to establish. The organisation notes that asthma is more likely where other family members, particularly a close relative such as a parent or sibling, also have the condition. It is also more common among people with other allergic conditions such as eczema and rhinitis (hay fever).

Urbanisation is associated with increased asthma prevalence, likely owing to a range of lifestyle factors. Events in early life can affect developing lungs and increase the risk of asthma, including low birth weight, prematurity, exposure to tobacco smoke and other sources of air pollution, and viral respiratory infections. Exposure to environmental allergens and irritants, including indoor and outdoor air pollution, house dust mites, moulds and occupational exposure to chemicals, fumes or dust, is also thought to raise the risk. Children and adults who are overweight or obese face a greater risk of developing asthma.

Dr Dasgupta reinforces the WHO's position that health experts do not know precisely what causes asthma, though genetic and environmental factors both appear to play a significant role. He notes that some factors, such as sensitisation to an allergen, can act as both a cause and a trigger.

Pregnancy. According to a 2020 study, smoking during pregnancy appears to increase the risk of the foetus developing asthma later in life. Some people also experience a worsening of asthma symptoms while pregnant.

Obesity. A 2018 study found that obesity is both a risk factor for, and a disease modifier of, asthma in children and adults alike. A person with obesity may experience more frequent and severe symptoms, a reduced quality of life, and a poorer response to medication.

Allergies. Allergies develop when the body becomes sensitised to a specific substance. Once sensitisation occurs, a person becomes susceptible to an allergic reaction each time they encounter that substance. Allergic asthma is the most common type, with inhalation of an allergen typically triggering symptoms.

Smoking tobacco. According to the ALA, smoking cigarettes can trigger asthma symptoms, while secondhand smoke can also damage the lungs. This can reduce a person's response to treatment and decrease airflow.

Environmental factors. Air pollution, both indoors and outdoors, can affect the development and triggers of asthma. Indoor allergens include mould, dust, animal hair and dander, fumes from household cleaners and paints, cockroaches and feathers. Outdoor and household triggers also include pollen, traffic-related air pollution and ground-level ozone.

Stress. Dr Dasgupta notes that stress, alongside emotions such as joy, anger, excitement, laughter and crying, can trigger an asthma attack. Some evidence suggests that asthma may share a link with certain mental health conditions such as depression and anxiety, while other research indicates that long-term stress may lead to epigenetic changes resulting in chronic asthma.

Genetic factors. According to the ALA, genetics may play a role in whether a person develops asthma during their lifetime. A person with one or both parents living with asthma is more likely than others to develop the condition.

Hormonal factors. A study referenced by the ALA found that around 6.1 per cent of males and 9.8 per cent of females live with asthma. Symptoms may vary according to an individual's menstrual cycle and during hormonal changes such as menopause. During reproductive years, symptoms may worsen during menstruation, owing to a decrease in progesterone and oestrogen levels, a phenomenon doctors term premenstrual asthma.

The relationship between hormones and asthma is complex and varies from person to person. Declining hormone levels associated with menopause may worsen asthma symptoms or trigger the onset of the condition in some people, while others notice improvement after menopause. Hormonal activity may also affect immune function, resulting in airway hypersensitivity. People with intermittent asthma may experience symptoms only some of the time.

Symptoms

Physicians note that asthma symptoms vary from person to person and can sometimes worsen significantly, an occurrence known as an asthma attack. Symptoms are often worse at night or during exercise.

According to the WHO, common symptoms include a persistent cough (especially at night), wheezing when exhaling and sometimes inhaling, shortness of breath or difficulty breathing (sometimes even at rest), and chest tightness that makes deep breathing difficult. Symptoms may worsen with a cold or during changes in weather, though they can also be caused by other conditions, so anyone experiencing them should consult a healthcare provider.

The NHS identifies the main symptoms as wheezing, coughing, shortness of breath and chest tightness. These may be mild or severe, tend to come and go, and are often worse at night and in the early morning. The service explains that an asthma attack occurs when symptoms become severe and breathing becomes difficult, which can be life-threatening. Attacks can be triggered by exercise, high levels of air pollution, cold air, or contact with an allergen such as pollen, dust, mould or animals. Asthma usually begins in childhood but can develop at any age.

Diagnosis

According to experts, a doctor will typically consider a person's symptoms alongside their family and personal medical history, and will note the type of asthma based on identified triggers. Keeping a log of symptoms and possible triggers, including potential irritants at home, school or in the workplace, can help a doctor reach an accurate diagnosis. Further tests a doctor may conduct include:

Physical examination. The doctor will typically focus on the upper respiratory tract, chest and skin, listening for wheezing that may indicate an obstructed airway, checking for a runny or swollen nose or nasal growths, and examining the skin for signs of eczema or hives.

Lung function tests. The WHO notes that a doctor may carry out a lung function test to assess how well the lungs are working.

Spirometry. According to the WHO, spirometry is the most common lung function test used to diagnose asthma. The patient breathes in deeply and exhales forcefully into a tube connected to a spirometer, which measures the speed at which air leaves the lungs.

Challenge test. This allows a doctor to assess how triggers such as cold air, exercise or inhaled

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Modern approaches to asthma care

continued from page 13

medication affect breathing.

Allergy testing. A doctor may use a skin or blood test to check for an allergic response.

Blood test. A blood test may be used to check for elevated eosinophils and immunoglobulin E, an antibody the immune system produces in people with allergic asthma.

A doctor may also request a FeNO test, along with additional investigations to rule out other conditions.

Treatment

According to the WHO, treatment options for asthma are increasing and improving, with the goal of helping a person breathe more easily, reducing the frequency of attacks, and increasing the range of activities they can engage in. While asthma cannot be cured, several treatments are available, the most common being an inhaler that delivers medication directly to the lungs. Inhalers can help control the disease and enable people with asthma to lead a normal, active life.

The WHO advises that patients work with a healthcare professional to develop a suitable treatment plan, noting that current options include quick-relief medication and long-term control medication. Quick-relief medication alleviates symptoms as they arise, while long-term control medication, taken daily, reduces the frequency of attacks. Current asthma medications include long- and short-acting bronchodilators that relax the muscles around the airways, antibiotics for bacterial pneumonia or bronchitis, anti-inflammatory medications such as inhaled corticosteroids for long-term maintenance, oral steroids for acute attacks, and combinations of bronchodilators and corticosteroids.

Exercise

The ALA recommends that everyone living with asthma, including those with exercise-induced bronchoconstriction (formerly known as exercise-induced asthma), engage in regular exercise, as it offers several health benefits, including improved overall lung function and capacity. Before starting a new exercise programme, a person should consult their doctor about which activities are safe, as certain activities may need to be avoided. Otherwise, most people can generally participate in sports and physical activity provided their asthma is well controlled with medication. Other tips for safe exercise include covering the nose and mouth in cold weather, warming up adequately beforehand, cooling down properly afterwards, and avoiding outdoor activity when air quality is poor. Anyone experiencing pain during exercise should stop immediately and use a fast-acting inhaler, seeking medical attention if symptoms worsen.

Managing an asthma attack

The NHS advises sitting up straight to aid breathing and trying to remain calm during an attack. If using a blue reliever inhaler, take one puff every 30 to 60 seconds until symptoms improve, up to a maximum of ten puffs, shaking the inhaler between each puff and using a spacer where available. For an AIR or MART inhaler (used for both prevention and treatment), take one puff every one to three minutes until symptoms improve, up to a maximum of six puffs. Where a personal asthma action plan specifies a different maximum dose, that plan should be followed instead.

Asthma inhalers

According to the NHS, the main treatment for asthma involves medicines inhaled via a device, which for most people work well to reduce or prevent symptoms. Depending on symptom severity, a person may be offered an anti-inflammatory reliever (AIR) inhaler for use only when symptoms occur; a maintenance and reliever therapy (MART) inhaler for daily use as well as during symptoms; or two separate inhalers, comprising a preventer inhaler for daily use and a blue reliever inhaler for symptomatic use (a blue reliever inhaler should not be prescribed on its own).

The WHO identifies three main types of inhaler: bronchodilators (such as salbutamol), which open the airways and relieve symptoms; steroids (such as beclometasone), which reduce airway inflammation, improving symptoms and reducing the risk of severe attacks and death; and combination inhalers, which contain both a bronchodilator and a steroid. People with asthma may need to use their inhaler daily, with treatment depending on symptom frequency and the types of inhalers available.

Using an inhaler correctly can be difficult, particularly for children and during emergencies. A spacer device makes it easier to use an aerosol inhaler and helps medicine reach the lungs more effectively. A spacer is a plastic container with a mouthpiece or mask at one end and a hole for the inhaler at the other; notably, a homemade spacer made from a 500ml plastic bottle can be just as effective as a commercially manufactured one.

Disposing of inhalers

Empty, unwanted or expired inhalers should be returned to a local pharmacy for safe disposal. Discarding an inhaler in household waste allows gases to leak out, contributing to climate change.

Scarcity of inhalers

According to the WHO, access to inhalers remains a problem in many countries. In 2023, potentially lifesaving bronchodilators were available in public primary healthcare facilities in fewer than two-thirds of low- and lower-middle-income countries, while steroid inhalers were available in fewer than half. The organisation also stresses the importance of raising community awareness to reduce the myths and stigma associated with asthma in some settings.

Marking World Asthma Day 2026, Harold Wimmer, President and CEO of the American Lung Association, said: "For people with asthma, using the right medicine, at the right time and in the right way is critical to managing the disease and living a healthy and active life. Unfortunately, too many people with asthma don't have access to the healthcare and the medicines they need, which can result in visits to the emergency department or hospital and missed days of work or school. That's why the American Lung Association is urging Congress to increase funding for the Centers for Disease Control and Prevention's National Asthma Control Program, which supports state programmes that help address the burden of asthma in local communities."

In Nigeria specifically, reports indicate that the 2023 exit of the British multinational pharmaceutical company GlaxoSmithKline led to scarcity and a sharp rise in the prices of inhalers the company had produced, compounding the challenges faced by asthma patients.

The Coordinating Minister of Health and Social Welfare, Prof. Ali Pate, speaking on World Asthma Day 2025, called on healthcare providers to prioritise asthma education, early diagnosis and proper treatment protocols. He also urged pharmaceutical companies and importers to take full advantage of government waivers to scale up the availability of affordable inhalers, and called on civil society and media partners to intensify awareness campaigns and combat stigma around the condition. The minister further appealed to communities and families to support those living with asthma by encouraging treatment adherence and fostering asthma-friendly environments. However, the situation appears far from improving.

A Professor of Medicine at Lagos State University College of Medicine, Ikeja, and pulmonologist at LASUTH, Olufunke Adeyeye, told The Punch in a recent interview that asthma treatment in many cases is misguided, with patients often given only relief medications rather than

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Ndidiamaka Okpareke: Champion of modern pharmaceutical compounding

By Ola Aboderin



Dr Ndidiamaka Okpareke

The practice of pharmacy has always been about more than dispensing medicines; it is about tailoring care to the needs of individual patients and finding innovative ways to improve health outcomes. Thus, even in this era of mass-produced medicines and automated dispensing, a select group of visionary pharmacists continues to champion pharmaceutical compounding, recognising that no single manufactured medicine can meet every patient's needs. More importantly, they understand that the future of pharmacy lies not only in medicines produced by large pharmaceutical manufacturers but also in specialised laboratories where customised treatments are developed to address individual therapeutic needs.

One of the leading figures in this ongoing renaissance is Dr Ndidiamaka Okpareke, a Nigerian-American pharmacist, entrepreneur and educator whose career has become synonymous with innovation, leadership and excellence in personalised pharmaceutical care. As founder and president of Olive Tree Compounding Pharmacy in Rio Rancho, New Mexico, USA, she has built an outstanding career around one of pharmacy's most specialised disciplines. In doing so, she became the first African American woman pharmacist in New Mexico's history to own and operate a compounding-only pharmacy, while establishing herself as an influential voice in pharmacy entrepreneurship, professional education, mentorship and community service.

A passion for personalised medicine

Unlike conventional pharmacies that primarily dispense commercially manufactured medicines, compounding pharmacies prepare customised medications designed to meet the specific needs of individual patients. These may include altering dosages, removing allergens, combining ingredients into a single preparation or creating formulations unavailable through mass production. And while pharmaceutical compounding may evoke images of an era when pharmacists stood behind wooden counters carefully measuring powders and mixing medicines with mortar and pestle, the modern practice is actually a sophisticated, science-driven specialty that combines advanced pharmaceutical technology, clinical expertise and scientific precision

Dr Okpareke began her professional career after graduating with honours from the University of New Mexico College of Pharmacy with a Doctor of Pharmacy (PharmD) degree in 2008. Following extensive practice in hospital and community pharmacy, where she specialised in paediatric, neonatal, surgical and geriatric pharmaceutical care, she embarked on her long-held ambition of becoming a serial healthcare entrepreneur in January 2016.

Realising the growing need for personalised pharmaceutical care, she established Olive Tree Compounding Pharmacy in 2017 with an exclusive focus on pharmaceutical compounding. The pharmacy provides specialised preparations for patients requiring hormone replacement therapy, pain management, dermatological treatments, paediatric formulations, veterinary medicines and other personalised therapies. By concentrating exclusively on compounded prescriptions, the pharmacy quickly became a trusted resource for physicians and patients seeking solutions where conventional medicines could not adequately meet individual therapeutic needs.

Seven years later, the pharmacy relocated to larger premises in Rio Rancho to accommodate its growing clientele. Beyond New Mexico, Olive Tree Compounding Pharmacy is now licensed to serve patients in Texas, Indiana and Minnesota.

In addition to delivering specialised pharmaceutical services, the pharmacy also offers personalised wellness programmes, medically supervised weight management services and a pharmaceutical-grade skincare line, OliveTree.Skin, further demonstrating Dr Okpareke's commitment to holistic patient care.

Investing in the next generation

As a firm beleiver in the principle that knowledge should be shared rather than hoarded, Dr Okpareke has devoted considerable effort to developing future pharmacy leaders. In 2022, she established My Olive Tree School, through which she trains pharmacists seeking to establish or strengthen compounding practices while sharing practical lessons drawn from years of experience in pharmaceutical science, business management and entrepreneurship. Her educational programmes - led by its flagship course, 795 Compounding for Cash - emphasise not only technical competence but also sustainable business development, regulatory compliance and professional leadership.

Explaining the motivation behind the initiative, she said: "My ultimate goal for Olive Tree is to build a brand and a business that long outlives me. When you don't share the knowledge and skills you have, the next generation loses out on so much. That's why I'm so passionate about training young Black women to become pharmacists, because I know when I retire, my work will continue to impact the community."

Her commitment to nurturing future professionals extends beyond mentorship. She established a US$25,000 scholarship endowment at the University of New Mexico College of Pharmacy to support international pharmacy students, helping to reduce financial barriers for aspiring pharmacists pursuing advanced education in the United States. The initiative reflects her conviction that the advancement of pharmacy depends on creating opportunities for talented professionals, regardless of where they begin their journey.

Testimonials of accomplishments

Dr Okpareke's investment in education and mentorship is already yielding substantial, transgenerational fruit, judging by the testimonials of her past and present mentees and clients.

Clinical pharmacist, Stella Nwegbo, described Dr Okpareke's training programme as "a game changer" for her practice, She said: "I took Dr Ndidi's compounding class and it was a game changer for my practice! Her demeanour, availability, knowledge and style of teaching were exceptional. Her continuous coaching and leadership have helped me build confidence and think outside the box. I recommend Dr Ndidi's class to pharmacists looking to venture into compounding."

Paediatric clinical pharmacist and healthcare innovator, Chimmy Ohiri, also credits Dr Okpareke's mentorship with giving her the confidence to pursue entrepreneurship. She revealed: "On my path to discovery, I came across Ndidi's page and her content as an entrepreneur in compounding pharmacy. I was fascinated by her story and how she has remained successful in the business since 2017. Her top-notch materials on '795 Compounding for Cash' and her expertise in running her pharmacy gave me the confidence I needed to leave institutional pharmacy and become my own boss."

For Cindy Amakwe, pharmacist and co-founder of AGErite Pharmacy & Wellness Centre, Dr Okpareke's support proved invaluable during the challenging process of establishing an independent pharmacy. "I highly recommend Dr Didi to anyone trying to take that leap of faith into pharmacy entrepreneurship," she gushed. "She has been a huge help in Glenn's and my journey to establishing AGErite Pharmacy. She is exceptionally knowledgeable and provides invaluable resources needed to succeed as a pharmacy owner. Her passion for helping other pharmacists, coupled with the significant support she provides, makes her an outstanding mentor."

Similarly, Dr Ndidi Ihim, founder of Covalin Health, described Dr Okpareke as both an accomplished professional and a selfless mentor. "She is an amazing mentor; selfless, kind and genuinely invested in your success. She is the go-to person for all things relating to compounding pharmacy, having mastered the discipline over many years. She is always available to answer questions, offer reassurance and help you avoid costly mistakes. If you're considering working with or collaborating with her, I would wholeheartedly recommend it."

Building on her growing influence and passion for social transformation, Dr Okpareke has in recent years sought to extend her service into public life. Drawing on her experience as a healthcare provider, entrepreneur and community leader, she has pursued political office with a platform centred on expanding healthcare access, strengthening local economies and creating greater opportunities for underserved communities.

Awards and recognitions

Dr Okpareke's contributions have earned recognition from professional organisations, academic institutions and the wider healthcare community.

In 2019, she received the Excellence in Innovation Award from the New Mexico Pharmacists Association in recognition of her contributions to advancing pharmacy practice through innovation and entrepreneurship. Her alma mater, the University of New Mexico College of Pharmacy, also recognised her as one of its distinguished 75 Gems Honourees, celebrating graduates whose professional accomplishments have significantly advanced the pharmacy profession.

Her impact has also been acknowledged through invitations to speak on pharmaceutical entrepreneurship, compounding practice and leadership, where she continues to inspire pharmacists to broaden their vision of what the profession can achieve.

Interestingly, for Dr Okpareke, what gives her the most fulfilment is not the honours she has received but in the legacy she is building. According to her, "The most rewarding aspects of my career include creating a noble and trustworthy entity in my community that is highly sought after for medication and health guidance by healthcare providers and patients. I have built a career that stands on credibility and amazing rapport."

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Modern approaches to asthma care

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drugs that address the underlying cause of the disease. She stated firmly that anti-inflammatory inhalers are essentially "preventers" that target the airway inflammation which lies at the heart of the condition.

"Asthma is a chronic condition characterised by inflammation in the airway. So that inflammation must be targeted. It's not just for you to give something to relieve someone; you need to treat what is actually going on there all of the time," she said.

Adeyeye noted that although combination inhalers serving as both relievers and preventers now exist, access remains limited due to poor availability, low awareness and incorrect prescribing. "The challenges we are having are availability of the inhalers and knowledge about it, among the public, prescribers and even doctors and healthcare providers in knowing the right type of inhaler to prescribe to patients with asthma," she said.

She further emphasised the need for greater awareness that managing asthma means targeting the underlying airway inflammation. "Access to the medication is also limited by cost. If you take the minimum wage, which is N70,000, and there is a child with asthma in the family, the cost of these inhalers ranges from N10,000 to N60,000. This makes it inaccessible for most families," she said.

The pulmonologist also identified stigma and misconceptions surrounding inhaler use as key factors discouraging patients from adhering to treatment. "There's some stigmatisation associated with using an inhaler. Some people think using an inhaler means the disease is severe or that they will become addicted. No. Inhalers are the best way to deliver medication directly to the airway with minimal side effects and interference with the brain, leg or blood," she explained. "People are not taught how to use inhalers properly, so they don't get the benefit and may abandon treatment."

She stressed that improving asthma care requires a strong focus on education, early diagnosis and better support systems. "For me, it is education, education, education. Once a diagnosis is made, patients and caregivers must understand that asthma is chronic and that even when symptoms are not obvious, the inflammation is still there," she said, urging healthcare workers to improve their knowledge and prescribing practices, noting that many patients are still given syrups and tablets without anti-inflammatory inhalers.

Adeyeye also called on government to make asthma medications more affordable and accessible through health insurance coverage. "Health insurance needs to be strengthened to cover asthma medications. If people know their drugs will be covered, they are more likely to adhere to treatment," she said.

Also speaking on the scarcity of inhalers, the President of the Nigerian Thoracic Society, Prof. Musa Babashani, said in a statement marking Asthma Day 2026 that access to inhalers remains critical to achieving good asthma control, warning that millions of Nigerians are at risk owing to poor availability and rising costs. He noted that over 30 million Nigerians are estimated to be living with asthma, stressing that anti-inflammatory inhalers play a key role in reducing severe attacks and deaths.

Babashani lamented that access to essential asthma medicines has worsened in recent years, contributing to a rise in poorly controlled cases. "Since the exit of some pharmaceutical companies and the rising exchange rate, affordability has been greatly reduced for most patients. Access to registered, quality inhalers has also declined," he said, adding that clinicians are increasingly seeing patients whose asthma is uncontrolled owing to an inability to afford or access the right medications.

He also raised concerns over the growing circulation of fake and substandard inhalers, warning that their use could worsen health outcomes, and called on regulatory agencies and the government to intensify surveillance and clamp down on the sale of unregistered drugs, even within licensed pharmacies. He urged urgent government intervention to subsidise asthma medications, warning that rising costs are pushing life-saving treatment beyond the reach of millions, and stressed that reliance on cheaper reliever inhalers alone is worsening health outcomes.

Other treatments

The NHS notes that if inhalers alone are insufficient to control symptoms, a care team may recommend a stronger inhaler or tablets such as montelukast to ease breathing. For severe asthma not controlled by inhalers and tablets, other treatments may be offered, including injectable medicines known as biological therapies. A care team will discuss with each patient which treatment is most appropriate, including any possible side effects.

Hospital treatment for an asthma attack

A severe asthma attack that does not improve may require hospital treatment, which can include oxygen delivered via a mask, a nebuliser to administer high doses of medicine, and steroid tablets or injections.

Managing asthma day to day

There are several steps a person with asthma can take to help prevent symptoms and reduce the risk of attacks. These include always carrying an inhaler, using inhalers as recommended by a care team, avoiding known triggers such as air pollution, smoke, pollen or animals, exercising regularly (while seeking advice from a doctor or nurse if exercise itself triggers symptoms), maintaining a healthy weight, and keeping up to date with vaccinations such as the flu vaccine, since viral infections can worsen asthma symptoms.

It is equally important not to smoke, and to seek help to quit where needed, and not to take medicines for other conditions without first checking with a pharmacist or doctor, since certain medicines, including aspirin, ibuprofen and beta blockers, can trigger asthma symptoms in some people.

Asthma and pregnancy

Pregnant women should inform their doctor or midwife about their asthma, as managing the condition well during pregnancy is important for the health of both mother and baby.

Self-care and patient education

People with asthma and their families benefit from education to better understand the condition, including treatment options, triggers to avoid, and how to manage symptoms at home. It is particularly important for patients to know how to step up their treatment when symptoms worsen, in order to avoid a serious attack. Healthcare providers may issue an asthma action plan to help patients take greater control of their own treatment.

Report compiled by Ranmilowo Ojalumo, with additional information from Aderibigbe SA et al. (2019), the American Lung Association, Azeez, Oyemomi Ibrahim et al., Cleveland Clinic, Healthline, Jennifer Goldin and Mary E. Cataletto et al. (2024), Mayo Clinic, Medical News Today, MedicineNet, Ozoh OB, The Washington Post, WebMD, the US Food and Drug Administration, The Punch, the Federal Ministry of Health and Social Welfare, and the National Health Service, UK.





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Can a hospital legally detain a patient or withhold a corpse over unpaid medical bills?

LEGAL ANGLE with Dozie Ifeanyi Atueyi

legalangle@pharmanewsonline.com



Question:

Can a hospital lawfully detain a patient who is fit for discharge or refuse to release the body of a deceased patient because medical bills remain unpaid? What legal consequences may arise under Nigerian law?

Case scenario

A patient receives treatment at a private hospital in Lagos and is certified medically fit for discharge. However, because the family cannot immediately settle the outstanding bill, the hospital refuses to allow the patient to leave until payment is made.

In another case, a hospital declines to release the body of a deceased patient pending full payment of medical expenses. The affected families argue that these actions are unlawful and threaten legal proceedings.

Legal perspective

Although hospitals are entitled to recover fees for medical services, Nigerian law does not generally permit them to detain patients or withhold corpses solely because of unpaid bills. Such actions may expose healthcare providers to significant legal liability.

1. **Right to personal liberty** – Detaining a patient after medical discharge may amount to unlawful deprivation of personal liberty guaranteed under the Constitution.
2. **Lawful debt recovery** – Outstanding hospital bills are civil debts that should be recovered through negotiation, payment plans, insurance claims, or legal proceedings, not by restricting a patient's freedom or withholding a corpse.
3. **Potential civil liability** – Hospitals may face claims for false imprisonment, unlawful detention, emotional distress, and damages where patients or families suffer loss as a result of such actions.
4. **Professional and ethical obligations** – Healthcare professionals are expected to uphold patients' dignity and rights. Improper detention or withholding of a corpse may result in disciplinary action by professional regulatory bodies.
5. **Human rights considerations** – Refusing to release a deceased person's body may interfere with the family's constitutional rights to dignity, religion, and cultural burial practices.

Hospitals should therefore separate debt recovery from clinical discharge and post-mortem release decisions.

Determining liability

- Whether the patient had been medically certified fit for discharge.
- Whether detention was solely due to unpaid bills.
- The duration of the detention.
- Whether the hospital prevented the patient or family from leaving.
- Whether the corpse was withheld purely as security for payment.
- Whether lawful alternatives for debt recovery were available.
- Whether the patient or family suffered financial or emotional harm.

Liability is more likely where detention or withholding of a corpse is used to compel payment instead of pursuing lawful recovery procedures.

Defences available to hospitals and healthcare providers

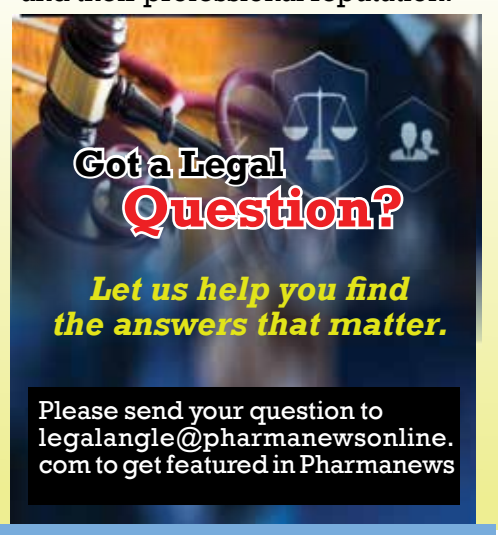
1. The patient was not medically fit for discharge.
2. No detention occurred; the patient remained voluntarily.
3. There was no deliberate intention to unlawfully restrain the patient or family.
4. Payment discussions did not interfere with the patient's liberty or lawful release of the deceased.
5. The matter was promptly resolved without causing prejudice.

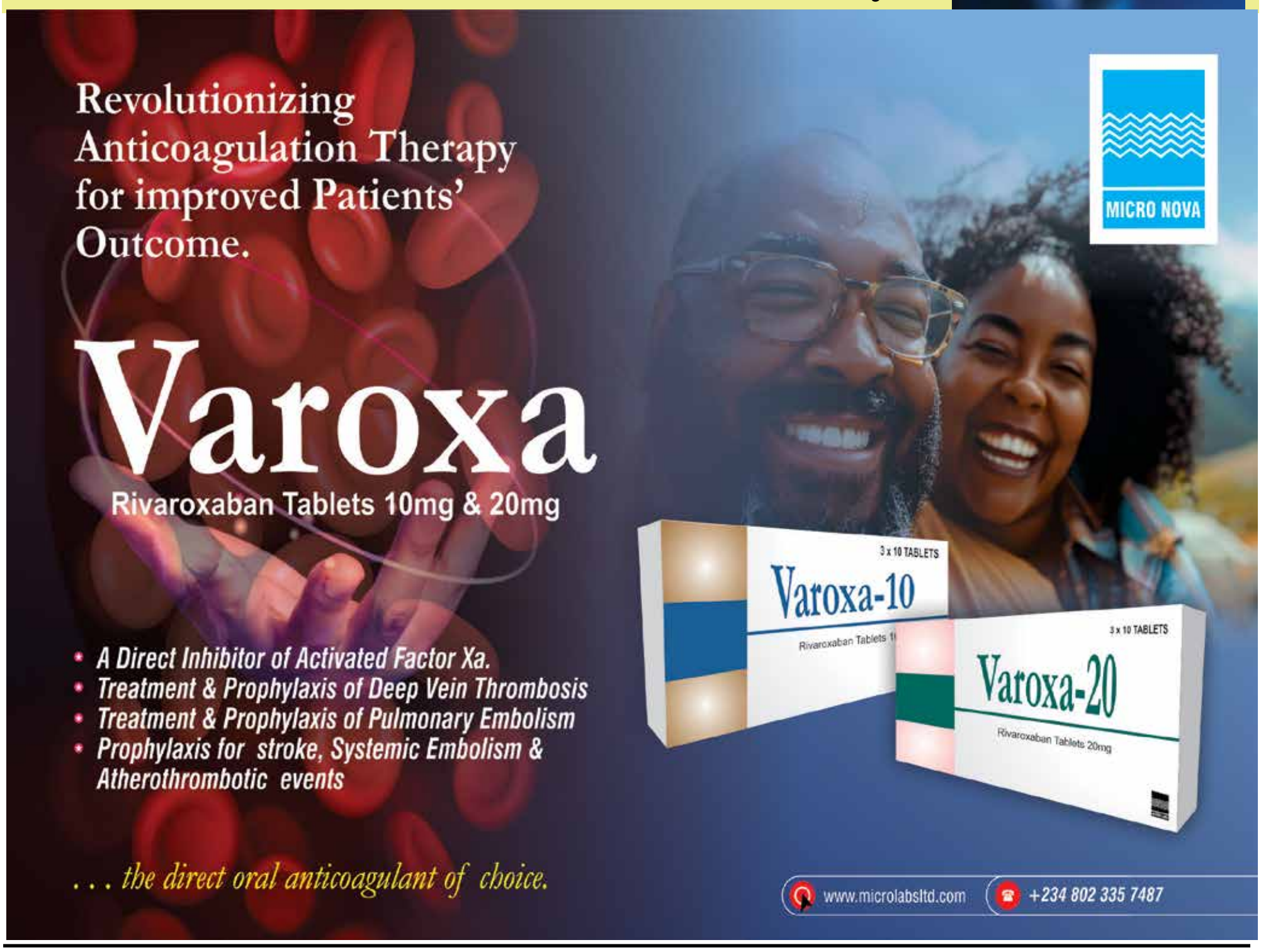
Practical advice

- Adopt discharge policies that comply with legal requirements.
- Never detain patients or withhold corpses because of unpaid bills.
- Strengthen financial counselling and payment arrangements.
- Encourage health insurance and structured payment plans.
- Recover outstanding debts through lawful civil processes.
- Train staff on patients' legal rights and proper debt recovery procedures.

Closing insight

Hospitals have a legitimate right to recover medical fees, but unpaid bills do not ordinarily justify detaining discharged patients or withholding the bodies of deceased persons. Nigerian law favours lawful debt recovery over self-help measures that interfere with personal liberty and human dignity. Healthcare institutions that adopt legally compliant billing and recovery practices are better positioned to protect both their financial interests and their professional reputation.





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Healthcare leadership gap persists despite women's significant role in workforce — EWAH

- As Jack-Rich, NAFDAC DG, Adebakin, others honoured for advancing healthcare

By Adebayo Oladejo

Despite their significant contribution to healthcare delivery globally, women remain underrepresented in leadership and decision-making positions within the health sector, stakeholders have said, calling for deliberate efforts to close the gap and promote more inclusive healthcare systems.

The concern was raised at the 2026 edition of the Extraordinary Women Advancing Healthcare (EWAH) Awards held in Lagos, where healthcare professionals, policymakers, regulators, industry leaders and development partners gathered to celebrate women driving innovation, access and transformation across Africa's healthcare landscape.

The third edition of the awards, organised by the LiveWell Initiative (LWI) and the Sustainability Centre of the Global Public Health University (GPHU), in collaboration with Innovara Inc., USA, and the EWAH Nigeria Board, also renewed advocacy for stronger female representation in healthcare leadership.

Delivering the opening address, Regional Representative of EWAH Africa, Dr Bisi Bright, said the initiative was established not only to recognise exceptional women making measurable contributions to healthcare but also to spotlight the persistent leadership imbalance affecting the sector.

Bright noted that women account for more than 67 per cent of the global healthcare workforce but continue to occupy a limited number of leadership positions despite being central to healthcare delivery.

She described the disparity as a structural challenge requiring intentional interventions, stressing that healthcare systems cannot achieve their full potential when a significant part of the workforce remains inadequately represented in decision-making spaces.

According to her, EWAH recognises women with what she described as a "miles-to-go mindset", leaders whose achievements represent a foundation for greater service, innovation and impact.

Chairman of the EWAH Advisory Board, Clare Omatseye, described the awards as a growing continental movement committed to strengthening healthcare systems through inclusive leadership.

She stressed that healthcare leadership must remain people-centred, noting that every policy decision and investment ultimately affects patients, families and communities.

Omatseye called for stronger collaboration between men and women in leadership, warning that excluding women from decision-making weakens health systems and limits opportunities for innovation and improved outcomes.

The Global Matron and Founder Emeritus of EWAH, Prof. Barri M. Blauvelt, founder and chief executive officer of Innovara Inc., USA, also emphasised the

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A cross-section of the award recipients, together with EWAH board members, at the EWAH Award 2026, held at Wheatbaker Hotel, Ikoyi, Lagos.

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Metabolism:	Hepatic metabolism
Elimination:	Terminal elimination half-life of Letrozole is approximately 2 days.

The gut–brain axis and cognitive performance: the role of organic nutritional supplementation

By Chima Ejimofor
(Wellness coach and nutrition advocate)

The human body functions as an interconnected system, and one of the most fascinating discoveries in modern nutritional science is the gut–brain axis—the bidirectional communication network linking the gastrointestinal tract and the central nervous system. Emerging evidence suggests that the health of the gut significantly influences cognitive performance, mood, memory, concentration, and emotional well-being.

Although pharmaceuticals play an important role in managing neurological diseases, maintaining optimal cognitive function in healthy individuals is increasingly focused on nutrition, lifestyle, and organic nutritional supplementation. By supporting digestive health, reducing inflammation, and supplying essential nutrients, natural supplements can help promote both gut health and brain performance.

Understanding the gut–brain axis

The gut and brain communicate continuously through neural pathways (particularly the vagus nerve), the immune system, and chemical messengers produced by the intestinal microbiota.

The trillions of beneficial microorganisms that inhabit the digestive tract influence the production of neurotransmitters such as serotonin, dopamine, and gamma-aminobutyric acid (GABA), which regulate mood, memory, learning, and emotional balance.

An imbalance in the gut microbiome may contribute to:

- Poor concentration
- Mental fatigue
- Brain fog
- Mood fluctuations
- Reduced cognitive performance
- Increased inflammation

Supporting gut health therefore provides an important foundation for maintaining optimal brain function.

Key nutritional components supporting the gut–brain connection

1. Aloe vera and digestive integrity

A healthy digestive system is essential for efficient nutrient absorption. Aloe vera contains naturally occurring polysaccharides and phytonutrients that support digestive comfort, intestinal integrity, and hydration.

Improved digestive function enhances the absorption of vitamins, minerals, and antioxidants required for normal neurological function. Maintaining a healthy gastrointestinal environment also promotes a balanced microbiome, which plays a central role in gut-brain communication.

2. Probiotics and a healthy microbiome

Beneficial bacteria help maintain microbial diversity and strengthen the intestinal barrier. They also produce short-chain fatty acids and influence neurotransmitter production.

Research suggests that a healthy gut microbiome may support:

- Better memory
- Improved concentration
- Emotional well-being
- Reduced stress responses

Daily probiotic supplementation, alongside a fibre-rich diet, may help maintain a healthy gut ecosystem that supports cognitive performance.

3. Omega-3 fatty acids and brain function

The human brain is rich in omega-3 fatty acids, particularly DHA, which is a major structural component of brain cell membranes.

Adequate intake of omega-3 fatty acids supports:

- Memory
- Learning capacity
- Mental clarity
- Healthy ageing of the brain

Omega-3s also possess anti-inflammatory properties that may help protect nerve cells from oxidative damage associated with ageing.

4. Antioxidants for cognitive protection

Oxidative stress is one of the major contributors to age-related cognitive decline. Antioxidants such as vitamin C, vitamin E, carotenoids, and plant polyphenols help neutralise free radicals that damage brain cells.

Regular intake of antioxidant-rich nutritional supplements supports healthy brain ageing while strengthening immune function.

5. B vitamins and mental performance

B-complex vitamins are essential for energy production within nerve cells and for the synthesis of neurotransmitters.

Adequate levels of vitamins B6, B12, and folate contribute to:

- Improved mental alertness
- Healthy nerve function
- Better concentration
- Reduced mental fatigue

These nutrients also help regulate homocysteine levels, an important factor associated with cognitive health.

Lifestyle factors that support the gut–brain axis

Organic nutritional supplementation produces the best outcomes when combined with healthy lifestyle habits, including:

- Eating a diverse, fibre-rich diet
- Drinking adequate water
- Engaging in regular physical activity
- Managing stress effectively
- Getting sufficient quality sleep
- Limiting highly processed foods and excessive sugar

Together, these habits support both digestive and neurological health.

Conclusion

Your brain performs at its best when your gut is healthy.

If you're experiencing frequent brain fog, poor concentration, mental fatigue, or digestive discomfort, it may be time to strengthen your wellness from the inside out.

Send me a message today to learn about our Brain & Gut Wellness Pack and receive personalised guidance on choosing the right nutritional support for your health goals. Because a healthy gut doesn't just nourish your body—it helps power your mind.

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FG establishes National Health Technology Office, appoints Adigwe as pioneer coordinator

By Temitope Obayendo

President Bola Ahmed Tinubu has approved the establishment of the National Health Technology and Data Analytics Office (NHTDAO), a new body tasked with driving Nigeria's digital health transformation, and has appointed Dr Obi Adigwe as its pioneer National Coordinator.

Announcing the development, the President's Special Adviser on Information and Strategy, Bayo Onanuga, said the office would operate under the Office of the Coordinating Minister of Health and Social Welfare.

According to him, the NHTDAO will serve as the central coordinating platform for Nigeria's digital health ecosystem, providing strategic oversight while complementing, rather than replacing, the statutory responsibilities of existing institutions.

The office is expected to harmonise digital health initiatives across the public and private sectors, establish common standards, and oversee the implementation of the National Digital Health Architecture approved by the National Council on Health in November 2025.

Onanuga described Adigwe, who currently serves as director-general of the National Institute for Pharmaceutical Research and Development (NIPRD), as a scientist with extensive experience in artificial intelligence, translational research and technology transfer.

He noted that Adigwe coordinated several landmark initiatives, including a ¥300 million nanotechnology grant and the AFREXIMBank-supported project to establish Africa's first Active Pharmaceutical Ingredients (API) training facility.



Dr Obi Adigwe

He also led the development of the roadmap that secured an €18 million European Union grant, described as the largest on the continent for that thematic area.

In a related development, the Health Writers Association of Nigeria (HEWAN) has welcomed the Federal Government's establishment of the NHTDAO, urging its pioneer national coordinator, Dr Adigwe, to prioritise antimicrobial resistance surveillance and other critical digital health interventions.

The association said the creation of the new office presents a unique opportunity to strengthen Nigeria's health system through technology, data-driven decision-making and an integrated digital healthcare infrastructure.

HEWAN President, Vivian Ihechu, in a statement made available to ***Pharmanews***, congratulated Adigwe on his new appointment, describing him as a visionary leader whose track record in scientific research, artificial intelligence, technology transfer and pharmaceutical innovation makes him well qualified to lead the country's digital health transformation.

While commending the Federal Government for establishing the office, HEWAN called for the immediate development of a national antimicrobial resistance surveillance system, a real-time disease outbreak intelligence platform, maternal and child health dashboards, an integrated national digital health records system, and national standards for health data interoperability.

According to the association, these interventions would strengthen evidence-based policymaking, improve disease surveillance, enhance emergency preparedness, promote more efficient allocation of healthcare resources and accelerate progress towards achieving national health goals.

HEWAN also pledged the support of health journalists for the new office, saying its members would promote the agency's activities through credible and impactful health reporting to improve public awareness and health outcomes.

Onanuga further disclosed that the President had approved the constitution of a multi-sectoral steering committee to guide the activities of the NHTDAO. The committee will be co-chaired by the Coordinating Minister of Health and Social Welfare, Professor Ali Pate, and the Chairman of the Nigerian Economic Summit Group (NESG), Olaniyi Yusuf.

Other members include the Minister of State for Health and Social Welfare, Dr Iziaq Adekunle Salako, who will serve as alternate co-chair; Permanent Secretary of the Federal Ministry of Health and Social Welfare, Kachollom Daju; Special Adviser to the President on Technology and Digital Economy, Idris Alubankudi Saliu; National Coordinator of the SWAp Coordination Office, Muntaqa Umar-Sadiq; National Coordinator of the Presidential Initiative to Unlock the Healthcare Value Chain, Abdu Mukhtar; Executive Director of the National Primary Health Care Development Agency (NPHCDA), Dr Muyi Aina; and Director-General of the National Health Insurance Authority (NHIA), Dr Kelechi Ohiri, among others.

The committee will also include six representatives of state commissioners for health, with one member drawn from each of the country's six geopolitical zones.





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Breastfeeding is good - but why are we so bad at it?

By Pharm Onyinye Chiekwe PharmD, MScPH



The inspiration for this title came from an insightful paper titled "Breastfeeding is a Public Health Priority: Why Are We So Bad at It?" The question is thought- provoking. Medical science, global regulatory bodies, and intuitive maternal instincts universally agree that breast milk is the absolute gold standard of infant nutrition. Yet many countries, including Nigeria, struggle with optimal breastfeeding practices; a glaring disparity exists between theory and practice.

If we know breastfeeding is good, why are we still bad at supporting it? The issue is not whether mothers know breastfeeding is important (research has shown that they do), but whether our health systems, workplaces, families and communities make optimal breastfeeding possible.

Breast milk: A super food

Breastfeeding is a global health priority and a public health Intervention. The World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding alongside complementary foods until two years or beyond. Yet fewer than half of infants younger than six months worldwide are exclusively breastfed.

This matters because breastfeeding is one of the most effective ways to reduce child mortality. Often referred to as a baby's "first vaccine," breast milk provides complete nutrition while delivering antibodies and immune factors that protect infants against diarrhoeal diseases, respiratory infections and many other childhood illnesses.

Its benefits extend beyond infancy. Research consistently shows that children who are breastfed are less likely to become overweight, develop diabetes or suffer from several chronic diseases later in life. They also tend to perform better on intelligence and cognitive assessments. Mothers benefit too, with reduced risks of breast cancer, ovarian cancer, cardiovascular disease and type 2 diabetes. Breastfeeding is not just about feeding babies but building healthier populations.

Breastfeeding goes above and beyond mother and child

The impact of breastfeeding extends beyond the benefit for mother and child. Families save money by reducing expenditure on infant formula, feeding equipment and healthcare costs associated with childhood illnesses. Children who fall sick less frequently mean fewer hospital visits, fewer missed workdays for parents and less financial strain.

At the national level, breastfeeding contributes to stronger economies. Global estimates suggest that inadequate breastfeeding results in approximately US$300 billion in economic losses every year through increased healthcare costs, reduced productivity and poorer cognitive outcomes. Conversely, health economics show that every $1 invested in promoting and protecting breastfeeding generates an impressive $35 economic return.

If breastfeeding is this good, why are we so bad at it in Nigeria?

A 2025 article by UNICEF Nigeria reported that despite these enormous benefits, breastfeeding in Nigeria is largely under-supported. While over 90 per cent of mothers breastfeed, data from the National Demographic and Health Survey (NDHS 2023-24) reveals a downward trend when it comes to optimal breastfeeding. Early breastfeeding initiation has declined from 42 per cent in 2018 to 36 per cent in 2023, while rates of exclusive breastfeeding rates have stagnated at 29 per cent. Additionally, only 23 per cent of babies are breastfed up to the recommended two years of age. Only 12 of the 36+1 states have paid maternity leave for up to six months.

Successful breastfeeding is majorly shaped by society, but responsibility is placed solely on mothers while the surrounding systems remain unsupportive. A mother may leave hospital with good intentions but need to return to work after only a few weeks, without access to paid maternity leave, breastfeeding breaks or a private space to express milk. She may receive conflicting advice from family members, lack access to trained lactation support when difficulties arise or encounter aggressive marketing of breast milk substitutes.

Cultural attitudes can become barriers. In many communities, breastfeeding in public is stigmatised and myths surrounding breast milk, maternal diet or milk insufficiency discourage exclusive breastfeeding. Mothers are expected to succeed in environments that make success difficult.

What successful countries are doing differently

To understand how to reverse these suboptimal trends, we must evaluate nations that have successfully engineered high breastfeeding rates. Countries with higher breastfeeding rates rarely achieve success by simply telling mothers that "breastmilk is best."; they invest in systems.

The stark contrast between the United Kingdom and Scandinavian nations offers valuable structural insights. In the UK, historical data highlighted that only 17 per cent of infants were exclusively breastfed at three months of age. This underperformance stands in sharp contrast to nations like Norway, where approximately 70 per cent of infants are exclusively breastfed at three months, and Sweden, which maintains a 60 per cent EBF rate at four months of age.

Thus, it is not surprising that Norway and Sweden consistently report some of the highest breastfeeding rates globally. Their success reflects comprehensive maternity protection, generous parental leave policies, skilled postnatal care and strong community support. Nations with exemplary breastfeeding metrics achieve them by institutionalising comprehensive public health policies.

Many countries have implemented the WHO/UNICEF Baby-Friendly Hospital Initiative, ensuring mothers receive immediate skin-to-skin contact after delivery, early breastfeeding support and protection from unnecessary formula promotion.

Canada, New Zealand and several European countries also invest in community-based lactation consultants, breastfeeding peer-support groups and public education campaigns that normalise breastfeeding. One lesson emerging from global evidence is the importance of continuity of care. Support should begin during pregnancy, continue throughout childbirth and extend well into the months after delivery.

Healthcare workers should educate mothers on practical skills such as positioning, latching, recognising adequate milk intake and managing common breastfeeding challenges. Support cannot end when the mother leaves the maternity ward; it should follow her home.



What Nigeria must do better

In Nigeria, the public health stakes are higher due to the burden of childhood malnutrition and infant mortality. Nigeria has taken structured steps in the past with the Baby-Friendly Hospital Initiative (BFHI) in 1992, the National Breastfeeding Policy in 1998, and relevant policies. However, these are not enough. We need a multi-sectoral strategy.

1. Domestication and enforcement of maternity protections: The Federal Ministry of Health and social partners must aggressively advocate for all 36 states to implement the recommended six months of fully paid maternity leave. Workplaces must be legally mandated to provide clean, private lactation spaces and flexible hours for returning mothers.

2. Revitalising primary healthcare (PHC) and community networks: Lactation support must be decentralised. Training and deploying community health extension workers (CHEWs) and peer support groups can provide mothers with practical, hands-on guidance to overcome fears of pain and inadequate milk supply.

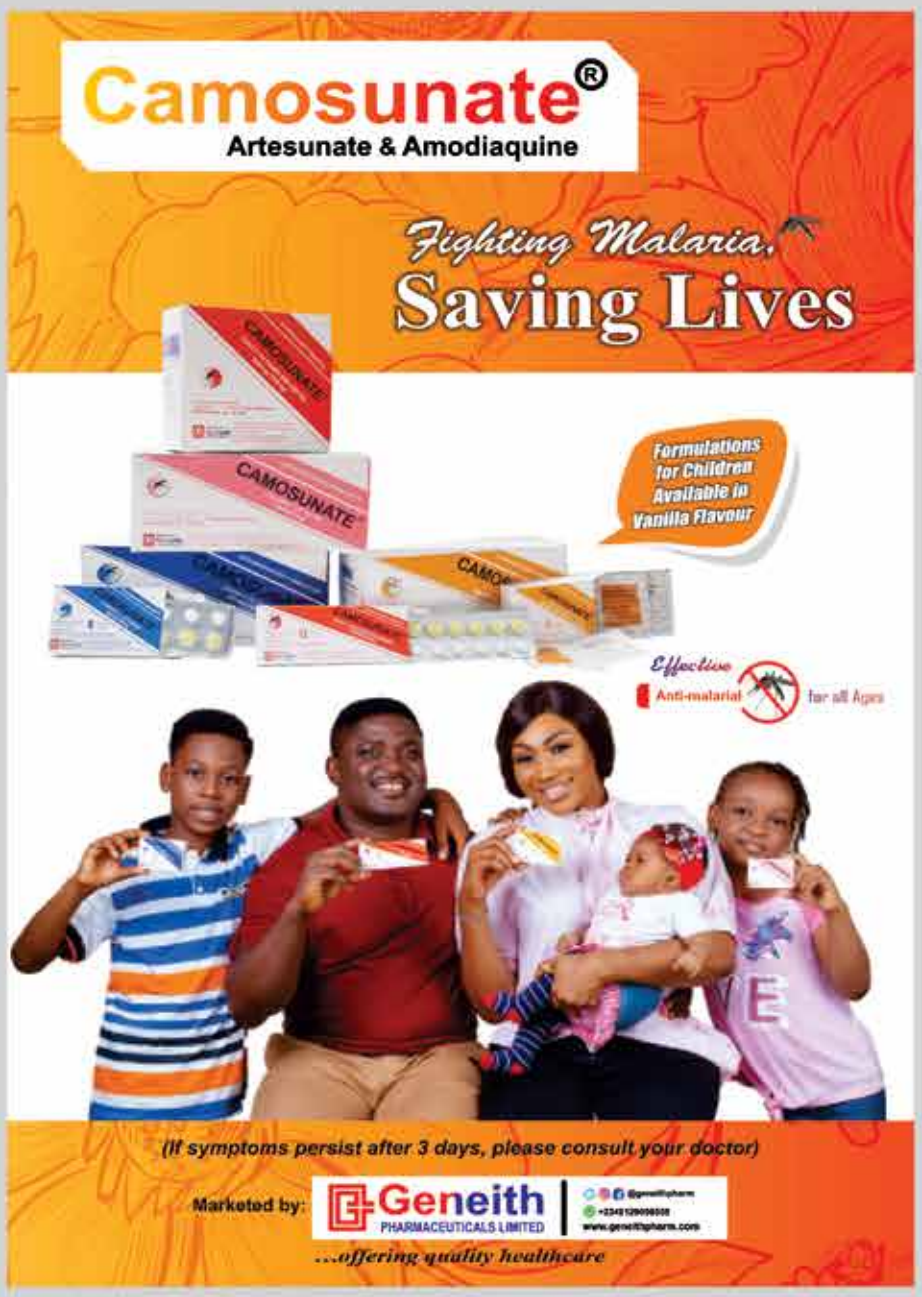
3. Strict enforcement of the international code of marketing of breast-milk substitutes: The National Agency for Food and Drug Administration and Control (NAFDAC) must tighten regulatory oversight on the inappropriate marketing of commercial formulas that mislead mothers and undermine breastfeeding duration.

4. Cultural realignment and mindset shifts: Public health campaigns must engage religious leaders, community elders, and employers to dismantle cultural myths and misinformation. Normalizing breastfeeding across all social spaces is vital to ensuring that every child receives the healthiest start in life

Pharmacists, who are among the most accessible healthcare providers, can play an even greater role in counselling mothers, dispelling myths and identifying breastfeeding problems early.

Are we willing to build societies that make breastfeeding possible? If we believe every child deserves the healthiest possible start in life, then supporting breastfeeding cannot remain the responsibility of mothers alone but must become the responsibility of all of us.

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Miraflash repositions for growth with new board of experts

By Ranmilowo Ojalumo

Indigenous pharmaceutical manufacturer, Miraflash Nigeria Limited, has inaugurated a new board of directors comprising distinguished pharmaceutical industry experts and seasoned technocrats as part of a strategic move to strengthen corporate governance and accelerate the company's next phase of growth.

The Managing Director and Chief Executive Officer of the company, Pharm. (Dr) Moses Olurotimi Oluwalade, said the board was carefully constituted to provide strategic direction, deepen innovation and position Miraflash as one of Nigeria's leading pharmaceutical manufacturers capable of competing effectively in both local and international markets.

Sitting as the chairman of the Miraflash board is a former managing director and current chairman of NEM Insurance, Dr Tope Smart. Other members of the board are a former managing director of Pfizer products, Pharm. Yinka Subair; the group managing director of Berger Paints Nigeria PLC, Mrs Alaba Fagun; Mr Afinju Taiwo, FCA; a former medical director, Chevron Clinic, Dr Peter Ajayi; and Mr Murtala Gbadamosi, FCA.

According to Dr Oluwalade, the inauguration of the board marks a significant milestone in the evolution of the company, reflecting its determination to build a resilient institution driven by professionalism, innovation and sustainable growth.

"The objective is to move the company to the next level. We are bringing together experienced professionals with proven records in pharmaceutical manufacturing, corporate governance and business management to strengthen our capacity and position Miraflash for greater impact in Nigeria's healthcare sector," he said.



R-L: Mr Bode Ayenibiowo, marketing manager; Mrs Yemi Akinwande, quality assurance manager; Pharm Yinka Subair, director; Mrs Alaba Fagun, director; Dr Tope Smart, board chairman; Pharm Moses Oluwalade, managing director; Mrs Taiwo Oyetola, admin manager and Mr Taiwo Afinju, director, Miraflash Nigeria Limited.

Founded in 2005, Miraflash Nigeria Limited has grown into one of Nigeria's foremost indigenous pharmaceutical manufacturers, with its production facility located in Magboro, Ogun State. The company received regulatory approvals from the National Agency for Food and Drug Administration and Control (NAFDAC) and the Pharmacy Council of Nigeria (PCN) before commencing commercial production and has since established itself as a trusted manufacturer of quality medicines.

Initially focused on dry powder antibiotic suspensions, the company has steadily expanded its manufacturing capacity to include capsules. Today, Miraflash is widely recognised as a specialist in the production of beta-lactam cephalosporin antibiotics with more than 20 pharmaceutical products in its portfolio.

Its product range includes Miraxim (cefuroxime) capsules and suspension, Mospodox (cefpodoxime) capsules and oral suspension, Mirafix (cefixime) capsules and suspension, Fladinir capsules, Cephaflash suspension, Miradroxil, Cephaflash, Tridermix-G cream, and Mirapain cream, among other prescription medicines used in the treatment of bacterial infections and dermatological conditions. All of these products are registered with NAFDAC and continue to serve healthcare providers and patients across the country.

Oluwalade noted that quality assurance remains one of the defining pillars of the company, saying every stage of its manufacturing process, from sourcing raw materials to production, quality control and packaging, is guided by current Good Manufacturing Practice (cGMP).

The company's vision is "to improve and raise the bar of the length and quality of life by delivering compelling customer care and ensuring high-quality products availability", and on a mission "to produce and provide affordable and consistently high-quality pharmaceutical products and medicare for a healthy life for those it's serving."

According to the MD/CEO, with an experienced board, expanding product portfolio and renewed commitment to quality, innovation and affordability, Miraflash Nigeria Limited is set to consolidate its position in Nigeria's pharmaceutical industry while contributing significantly to improved access to quality healthcare and supporting the Federal Government's drive for self-sufficiency in medicine production.



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....Championing Healthy Living

Experts charge nurses on professionalism, confidentiality, accountability

- As Harafat Oluyedun, David Oni Foundations commit N4m to nursing education

By Adebayo Oladejo

Healthcare experts have charged nurses to uphold professionalism, accountability and confidentiality in patient care, stressing that ethical conduct, compassion and integrity remain indispensable to quality healthcare delivery.

The charge was given at the 2026 annual scholarship and bursary awards organised by the Harafat Oluyedun Foundation and the David Oni Foundation at the Oyo State College of Nursing and Midwifery, Eleyele, Ibadan, where about N4 million was committed to scholarships and bursaries for indigent students.

The annual intervention, held recently, brought together eminent personalities from different sectors across Nigeria and the diaspora, underscoring growing support for nursing education and healthcare workforce development. Besides providing financial assistance to students, the foundations also recognised exceptional students in various fields and honoured distinguished personalities with awards and cash gifts for their contributions to society.

Delivering a lecture titled, *"The Nurse You Choose to Be: Attitude, Confidentiality and the Cost of Negligence,"* Dr Omolara Olaosebikan of Apex, CNO, AMTH, Ibadan, represented by Mrs Latifat Ajisafe, said professionalism and accountability remain fundamental to nursing practice.

She noted that quality healthcare depends not only on clinical competence but also on integrity, compassion and an unwavering commitment to patients, describing nurses as advocates entrusted with protecting the rights, dignity and wellbeing of those under their care.



L-R: Pharm. (Chief) Hamidu Adediran Oluyedun, founder, Harafat Oluyedun pFoundation; Dr Gbonjubola Owolabi, provost, Oyo State College of Nursing and Midwifery, Eleyele, Ibadan; Professor David Oni, founder, David Oni Foundation; alongside an award recipient and other guests during the 2026 Harafat Oluyedun Foundation and David Oni Foundation Scholarship and Bursary Awards in Ibadan, Oyo State.

The guest lecturer stressed that confidential information entrusted to healthcare professionals must never be disclosed to unauthorised persons without patients' consent, warning that breaches of confidentiality undermine public trust and could have serious legal and professional consequences.

She identified compassion, responsibility, effective communication and integrity as essential qualities every professional nurse must possess, adding that proper documentation of patients' medical history, treatment records and clinical interventions is critical to continuity of care, patient safety and improved health outcomes.

Speaking at the event, the founders of the two foundations, Professor David Oni and Pharm. (Chief) Hamidu Adediran Oluyedun, said the scholarship initiative was established to transform lives through sustained investment in education, particularly for students from disadvantaged backgrounds.

Professor Oni urged the beneficiaries not to allow their present circumstances to determine their future, encouraging them to remain focused, cultivate the right mindset and pursue excellence with determination.

Pharm. Oluyedun reaffirmed the foundations' commitment to holistic youth empowerment, explaining that their intervention extends beyond financial support to nurturing responsible, resilient and purpose-driven professionals.

He advised the beneficiaries to strive for academic excellence while paying attention to their mental and emotional wellbeing, noting that personal wellness is vital to professional success, especially in the demanding healthcare environment.

Chairman of the occasion, Dr Kayode Ogunkunle, urged the beneficiaries to make judicious use of the scholarships and bursaries by remaining committed to their studies, embracing integrity and striving for excellence throughout their academic and professional careers.

The Provost of the Oyo State College of Nursing and Midwifery, Eleyele, Dr Gbonjubola Owolabi, commended the Harafat Oluyedun Foundation and the David Oni Foundation for their continued investment in nursing education.

She described the intervention as a significant relief to many students, saying it would reduce financial burdens and enable beneficiaries to pursue their education with greater confidence.



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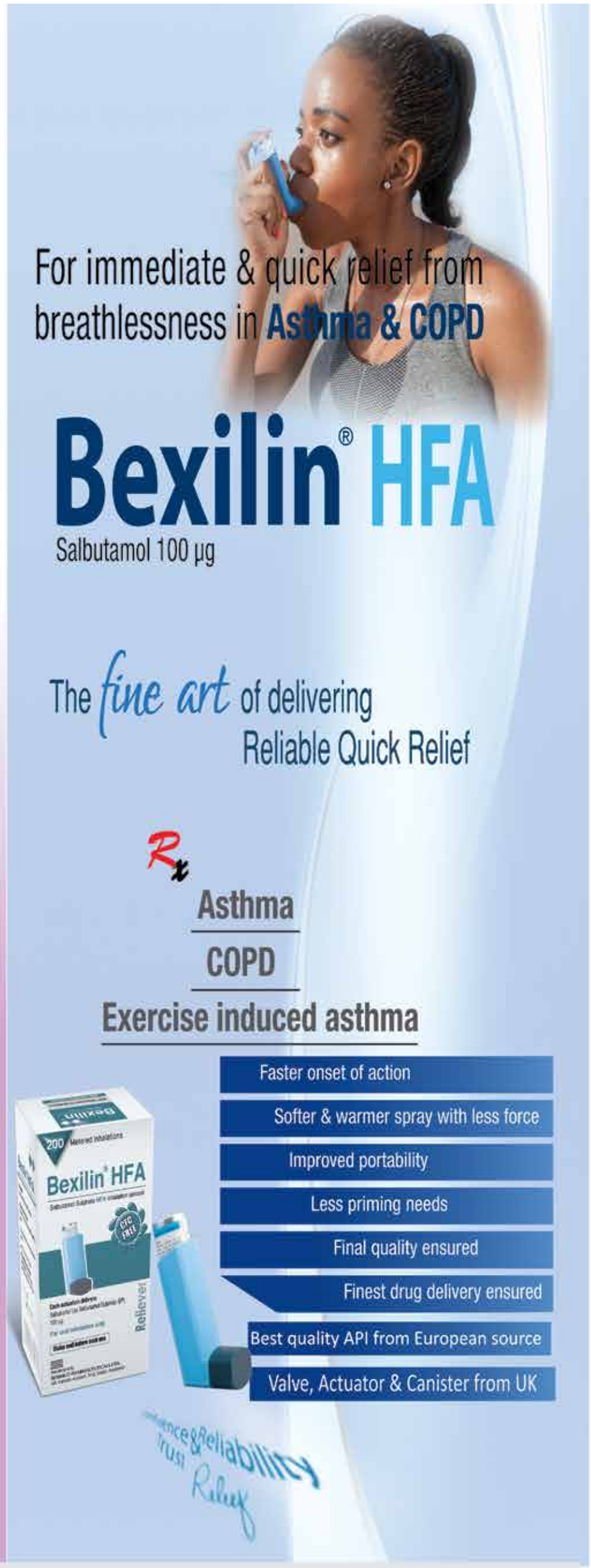


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Poke root: The healing herb

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



Phytolacca americana

Poke root, botanically known as *Phytolacca americana* (family Phytolaccaceae), is a perennial flowering shrub with reddish-pink stems and blackish-purple berries. It is native to the south-western and eastern regions of the United States but is also found in parts of South America, Europe and Asia. Poke root is referred to as *gurbata* in Hausa, *nkwu* or *nku* in Igbo, and *pokoi* in Yoruba. Common names include pokeweed, pokeberry, inkberry, American nightshade, American scoke, pigeonberry, red plant, and pocan.

Constituents

Poke root contains alkaloids (phytolaccin and phytolaccanin), saponins (including phytolaccagenin), lectins, polysaccharides, phytolaccic acid, resins, tannins, mucilage, proteins, histamine and gamma-aminobutyric acid (GABA).

Preparations

Poke root is sometimes cultivated for culinary or ornamental purposes. However, it must be prepared carefully to reduce its toxicity and extract its beneficial constituents. It is available in various forms, including salves, oils, tinctures, creams, ointments, liniments, dried powder and infusions.

Pharmacological actions and medicinal uses

Poke root has been reported to possess muscle-relaxant, anti-rheumatic, emetic, purgative, antifungal, antiparasitic, antiviral, antibacterial, analgesic, anti-inflammatory, immunostimulant, antitumour, expectorant and diuretic properties. It has also been reported to reduce inflammation within the lymphatic system and promote lymphatic drainage, thereby improving inflammatory conditions affecting the upper respiratory tract.

In traditional medicine, poke root has been used to stimulate lymphatic drainage, reduce swollen glands (lymphadenopathy), and treat skin conditions such as boils and acne. It has also been applied in the management of mastitis and chronic infections. Traditionally, it has been used for swollen glands, tonsillitis, mumps, streptococcal throat infections, rheumatism and various cancers, particularly breast cancer. The dried powder may be infused with castor oil to enhance absorption when applied topically for joint pain. Likewise, topical creams or infused oils (for example, poke root blended with castor oil) are sometimes gently massaged over swollen lymph nodes.

Some authors have suggested that Esculentoside A, a compound found in poke root, may inhibit the growth of breast cancer cells, while Esculentoside H may reduce the migration of certain human cancer cells. Earlier studies have also suggested that compounds isolated from pokeweed seeds, namely americanin A and isoamericanol A, may possess anticancer activity against colon and breast cancer cells. However, these findings are based largely on laboratory and preclinical studies, and further clinical research is needed to establish their safety and effectiveness in humans.

Adverse effects/ Contraindications

Poke root products are considered unsafe for children, pregnant or breastfeeding women, and individuals with autoimmune diseases or kidney disorders. Whether taken orally or applied topically, pokeweed may cause nausea, vomiting, abdominal cramps, diarrhoea, weakness, hypotension and tachycardia. In rare cases, severe poisoning from high doses of poke root may be fatal.

Economic uses and potential

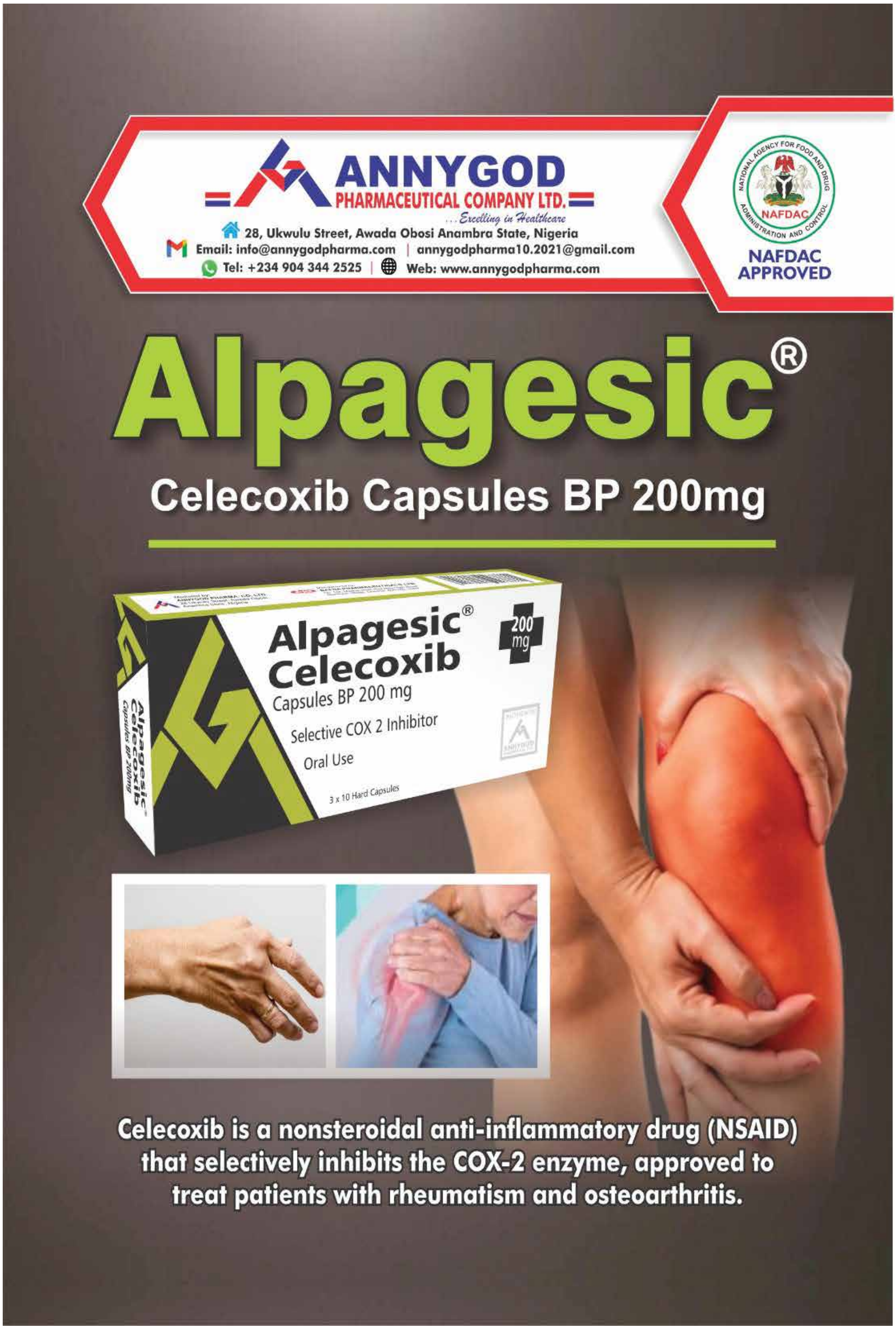
Historically, poke root has been used as food, in traditional herbal medicine, and as a natural dye for fabrics and wine. The dried plant sells for approximately N6,000 per 50 g. Oil-infused dried poke root powder costs between N22,000 and N44,000, while a pack of fifty 100 mg capsules costs approximately N17,000. Plain poke root powder sells for about N4,800 per 50 g.

Reference

Healthline (2024). *The Potential Benefits and Side Effects of Poke Root*. Retrieved 11 July 2026 from https://www.healthline.com/health/poke-root.



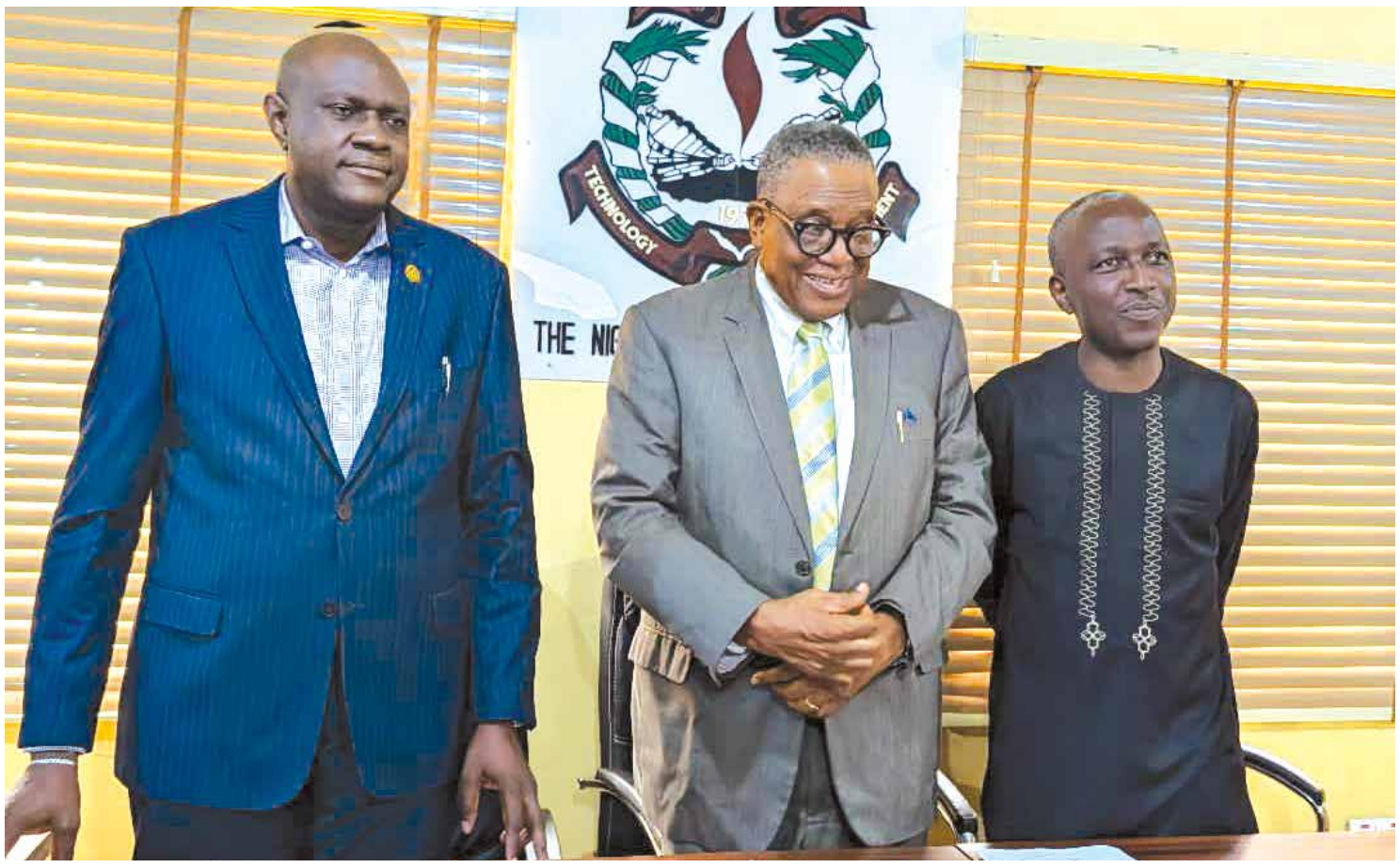
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Nigeria Academy of Science raises alarm over climate-driven health burden

By Temitope Obayendo



L-R: Executive Secretary, Nigeria Academy of Science, Mr Doyin Odubanjo; Distinguished Emeritus Professor of Chemistry and former Deputy Vice-Chancellor (Academics and Research), University of Lagos, Babajide Alo; and Me Wale Fatade, at the media roundtable.

Climate change is fast evolving from an environmental concern into a major public health emergency, with devastating consequences for Nigeria's already fragile healthcare system, the Nigeria Academy of Science (NAS) has warned.

The Academy said changing rainfall patterns, recurrent flooding, rising temperatures, environmental degradation and worsening air pollution are fueling disease outbreaks, food insecurity, cardiovascular illnesses, respiratory diseases and declining living standards across the country.

It therefore urged the Federal Government to prioritise locally led climate adaptation by empowering communities to drive climate resilience and protect public health.

The foremost body of scientists in Nigeria raised the concerns in a media roundtable discourse organised by NAS with the theme, "Climate Change, Health, and the Nigerian Reality."The event brought together scientists and stakeholders to examine the growing health implications of climate change and chart a pathway towards a climate-resilient Nigeria.

Speaking on behalf of the President of NAS, Professor Abubakar Sambo, the Academy's Public Affairs Secretary and Fellow, Professor Chinedum Babalola, said the theme could not have come at a more critical time.

According to her, Nigeria is already experiencing the harsh realities of climate change through flooding-induced cholera outbreaks, extreme heat worsening cardiovascular diseases, changing rainfall patterns affecting food production and nutrition, and increasing air pollution driving respiratory illnesses.

"The World Health Organisation describes climate change as the single biggest health threat of the 21st century. For Nigeria, with our population size, infrastructure gaps and double burden of disease, the impacts are direct and immediate," she said.

Delivering a presentation titled "Climate Change, Health, and the Nigerian Reality: Securing Our Climate Future for a Resilient Nigeria," Distinguished Emeritus Professor of Chemistry and former Deputy Vice-Chancellor (Academics and Research), University of Lagos, Professor Babajide Alo, traced the origins of the climate crisis to the Industrial Revolution, noting that human activities - particularly the burning of fossil fuels such as coal, oil and gas - remain the primary drivers of global warming.

He described climate change as long-term alterations in temperature, rainfall and wind patterns caused largely by greenhouse gas emissions from human activities, including fossil fuel combustion and deforestation.

According to him, the consequences include rising sea levels, more frequent and severe natural disasters, disruption of ecosystems, declining agricultural productivity and increasing threats to human health.

He stressed that tackling climate change requires urgent efforts to reduce greenhouse gas emissions, transition to cleaner energy sources, strengthen mitigation strategies and implement adaptation measures capable of protecting vulnerable populations.

The distinguished emeritus professor warned that climate change poses an existential threat not only to the world but also to Nigeria's sustainable development, endangering lives, food security, public health, livelihoods, national security and economic stability.

He noted that rising temperatures, coastal erosion, flooding, desertification and other climate-related disasters continue to threaten communities across Nigeria's six geopolitical zones, with the poorest populations, women, young people, farmers and fishing communities bearing the greatest burden.

Highlighting the public health implications, he said climate-related disasters disproportionately affect vulnerable groups, including older persons, people living with disabilities and the homeless.

He added that while about 100 million people worldwide are homeless, nearly 1.6 billion live in inadequate housing, making them less able to prepare for, respond to and recover from climate-related disasters.

To build a climate-resilient future, Alo advocated a shift from top-down approaches to Locally Led Adaptation (LLA), where communities take the lead in identifying, designing and implementing climate solutions.

According to him, local communities experience the direct impacts of climate change and possess valuable indigenous knowledge that can strengthen resilience and ensure sustainable adaptation.

"We need to empower local populations to take ownership of climate solutions. By leveraging indigenous knowledge, investing in local capacity and promoting inclusive decision-making, communities can proactively mitigate climate risks and build long-term resilience," he said.

He explained that community-led adaptation would produce more sustainable outcomes because locally owned solutions are better tailored to specific needs and are more likely to be maintained over time.

The former DVC added that empowering grassroots communities would also promote social cohesion and peacebuilding, particularly in conflict-prone areas, as collaborative management of shared natural resources such as forests and water sources could strengthen trust while delivering greater environmental and economic benefits.

He, however, acknowledged challenges to implementing locally led adaptation, including inadequate funding, limited technical capacity and concerns about inclusivity.

He urged government and development partners to provide adequate financing, technical support and inclusive policies that place vulnerable populations at the centre of climate action.

Healthcare leadership gap persists despite women's significant role in workforce — EWAH

continued from page 20

need for sustained investment in women-led healthcare leadership.

Representing Senator Danjuma, Managing Director of May & Baker Nigeria Plc, and Matron of EWAH, Pharm. Patrick Ajah, described women as indispensable to leadership excellence, institutional growth and national development.

He said Senator Danjuma remains an example of visionary leadership, disciplined service and corporate governance, adding that women continue to play critical roles in shaping healthcare institutions.

The 2026 EWAH Awards recognised outstanding women across healthcare leadership, innovation, regulation, media, philanthropy and community health systems strengthening.

Among the recipients was Dr Elizabeth Jack-Rich, founder of Elin Group Limited, honoured for her healthcare, educational and humanitarian interventions through the Elizabeth Jack-Rich Aid Foundation.

Director-General of the National Agency for Food and Drug Administration and Control (NAFDAC), Prof. Mojisola Adeyeye, was recognised for strengthening pharmaceutical regulation and medicine safety in Nigeria.

Dr Pamela Jackson-Ajayi, founder of Pathcare/SYNLAB Nigeria and chairman of The Bridge Clinic, was honoured for advancing diagnostic and fertility care, while Dr Njide Ndili received recognition for her contributions to healthcare financing, digital health and universal health coverage.

Pharm. Abimbola Adebakin was recognised for leveraging technology to improve access to medicines and pharmaceutical distribution, while other recipients included Osayi Alile for philanthropy and public health initiatives, Adenike Fasawe for grassroots immunisation programmes, Angela Emuwa for media advocacy and healthcare access, Dr Oluwatomi Kogo for preventive healthcare and lifestyle medicine, and Vivianne Ihekweazu for health communication, public health security and maternal-child health advocacy.

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In today's competitive marketplace, the quality of printed communication remains a powerful reflection of corporate identity. Whether engaging healthcare professionals, distributors, regulators, investors or consumers, professionally produced print materials reinforce credibility, strengthen brand recognition and communicate excellence.

Pharma Press is committed to helping organizations achieve these objectives by combining modern printing technology with responsive customer service and a thorough understanding of industry expectations.

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THE NEW PHARMACIST SERIES (3)

How to begin: A playbook for the pharmacist who wants more

By Sesan Kareem



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

Two months ago, I argued that traditional pharmacy is dying and that the future belongs to the pharmacist who owns patient outcomes, not patient transactions. Last month, I walked through what coordinated care looks like in our sickle cell, hepatitis C and oncology programmes. This month, I owe you the practical part. The how.

I won't pretend it is easy. But it is doable, from wherever you are starting. Here is the playbook.

Begin with one disease Do not try to convert your whole practice at once. Pick one chronic condition you already see often. For most community pharmacists, that is hypertension or type-2 diabetes. For hospital pharmacists, it might be HIV, TB or cancer support. For specialty practitioners, sickle cell or fertility. Go deep on one. Learn what coordinated care really requires. Then expand.

For that one disease, build three things. A patient register, a simple spreadsheet or notebook with name, contact, condition, medications, prescriber, and last refill date. A follow-up cadence, weekly for the first month, biweekly for months two and three, monthly thereafter. And a relationship with at least one prescriber who will take your call. That is the minimum viable coordinated care practice. You can run it from one counter with one phone.

- **Build the technology around the work, not the other way around**

I have watched pharmacists spend three million naira on practice management software they never used. The software did not fail. The practice failed. Start with WhatsApp. Start with Excel. Start with the patient education sheets you already have. When the workflow is real and the patients are real, then layer in tools. At HubPharm, our care companion Afiya now serves over 15,000 users in 50 languages, but she was a WhatsApp number with a human behind her for the first 18 months. The technology grew into the work.

- **Partner with people who already have patients**

You will not build a coordinated care practice by waiting for patients to walk in. They are already somewhere, in a hospital, in an HMO panel, in an NGO programme, in a faith-based clinic. Go to them. Approach the consultant who runs the diabetes clinic at your nearest teaching hospital and offer to take over post-clinic medication management for fifty of his patients, free, for 90 days. Approach an HMO and ask which chronic condition is driving their losses; offer to be their pharmacy of record for it. Approach a fertility clinic, an oncology centre, a sickle cell foundation. Most of them are desperate for a pharmacist who will actually follow patients between visits. Make yourself that pharmacist.

- **Get paid for the right things**

The hardest shift for many pharmacists is accepting that the new economics are not about dispensing margins. They are about retainer fees from clinics, capitation arrangements with HMOs, programme fees from donors, and per-patient management fees from insurers. These models exist in Nigeria today. They are not theoretical. We have signed agreements with HMOs and clinical institutions on this basis. Once your outcomes are documented, the conversations become easy. "We improved adherence by 42 per cent in your sickle cell cohort. Here is what it would cost to do the same across your enrolled lives." That sentence opens doors that "we sell cheap drugs" never will.

- **Document everything**

If you take nothing else from this series, take this. The pharmacist who measures and documents her outcomes becomes the pharmacist whom funders, HMOs and partners trust with bigger work. Track adherence rates. Track hospital admissions. Track patient satisfaction. Track refill consistency. Do not wait until your data is perfect. It never will be. Start ugly and improve. The pharmacist with three hundred messy patient records and real numbers will beat the pharmacist with five thousand patients and no records every single time.

And finally, accept that this is a longer game. You will not flip your practice in a quarter. You may not see the full economic benefit for two years. The first year is investment. The second is proof. The third is when the practice becomes something your old retail self would not recognise. I have walked this road. So have the founders of every serious coordinated care practice on this continent. The pharmacists who started five years ago are now the ones being courted by hospitals, HMOs, donors and investors.

The profession we trained for is finally coming. Build for it.

If we get this right, across Nigeria, across the continent, no patient should die because no one was coordinating her care. That is the work. Begin now, where you are, with one patient, one disease.



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Onyechi, Awosika, Ohaegbulam Bag NHEA 2026 Lifetime Achievement Awards

- As Alpha, Fidson, Codix, Mecure shine in other categories

By Adebayo Oladejo



Sir Ike Onyechi, CEO of Alpha Pharmacy, and his wife, Lady Chinelo Onyechi (centre), receiving a plaque in recognition of his Lifetime Achievement Award from Dr Claire Omatseye, flanked by staff and well-wishers, during the 2026 Nigerian Healthcare Excellence Awards (NHEA), held at Eko Hotel & Suites, Lagos.

The Nigerian Healthcare Excellence Awards (NHEA) 2026 celebrated some of the country's most distinguished healthcare icons recently, conferring its prestigious Lifetime Achievement Award on renowned pharmacist and healthcare entrepreneur, Sir Ike Onyechi, alongside healthcare financing expert, Dr Ladi Awosika, and eminent neurosurgeon, Emeritus Professor Samuel Chukwunonyerem Ohaegbulam.

The trio received the coveted honour during the colourful awards ceremony held at Eko Hotel & Suites, Victoria Island, Lagos, in recognition of their exceptional leadership, enduring contributions and decades of service to Nigeria's healthcare sector.

For Sir Ike Onyechi, founder, managing director and chief executive officer of Alpha Pharmacy & Stores Limited, the award marked another significant milestone in a remarkable professional journey spanning more than four decades of pharmacy practice, entrepreneurship and healthcare leadership.

Presenting the award, organisers described him as a pharmacist with over 45 years of distinguished professional experience whose contributions have helped shape community pharmacy practice and healthcare entrepreneurship in Nigeria.

An alumnus of the University of Nigeria, Nsukka, where he obtained his Bachelor of Pharmacy degree, and Enugu State University of Technology, where he earned an MBA, Onyechi also trained at the Lagos Business School and the West African Postgraduate College of Pharmacists.

A serial entrepreneur and respected industry leader, he is a member of the International Federation of Pharmacists and a certified coach with the John Maxwell Leadership Group, USA. He is also a Fellow of the Pharmaceutical Society of Nigeria, the Nigeria Academy of Pharmacy, the West African Postgraduate College of Pharmacists and the Nigerian Institute of Management.

Over the years, Sir Ike has received numerous honours, including the May & Baker Award, Pfizer Award, the Pharmaceutical Society of Nigeria President's Award and several other recognitions for his contributions to pharmacy practice and healthcare development.

In his brief acceptance speech, Onyechi expressed appreciation to the organisers, describing the recognition as the pinnacle of Alpha Pharmacy's long-standing relationship with the Nigerian Healthcare Excellence Awards.

"I can only say a big thank you to the organisers of this prestigious award event. In Alpha Pharmacy, we participated for so many years, we've won several, but this is the peak of it. Thank you so much," he said.

Dr Ladi Awosika, chairman of Leadway Health and Ultima Medicare, who is also a former chief executive officer of Total Health Trust, was honoured for his pioneering contributions to healthcare financing and health system development. Emeritus Professor Samuel Chukwunonyerem Ohaegbulam, founder of Memfys Hospital for Neurosurgery, was recognised for his outstanding contributions to neurosurgery, specialist healthcare and medical education.

The awards ceremony also featured Special Recognition Awards for Professor Kingsley Ekwueme, who received the Diaspora Excellence Award for pioneering leadership in robotic and minimally invasive surgery, while Professor Mildred Edet John was honoured for her outstanding contributions to nursing leadership, education and professional development.

Beyond the Lifetime Achievement honours, Alpha Pharmacy & Stores Ltd. added another feather to its cap by emerging Pharmaceutical Retail Outlet of the Year, reaffirming its reputation as one of Nigeria's leading community pharmacy brands.

Other winners in the pharmaceutical category included Fidson Healthcare Plc, which won Pharmaceutical Manufacturing Company of the Year, and Codix Pharma Limited, named Technology-Driven Pharmaceutical Distributor of the Year.

In the biomedical technology category, Mecure Healthcare Limited received the DCL-NHEA Laboratory Innovation and Quality Improvement Award, while Vitus Nnaemeka of Echolab Services Ltd. emerged DCL-NHEA Laboratory Professional of the Year. Crown Healthcare won Laboratory Equipment Marketing Company of the Year, JNC International Ltd. was named Biomedical Engineering Service Company of the Year, while Edge Medical Solutions received the Hospital Equipment Marketing Company of the Year award.

Other major winners at the 2026 awards included FCMB as Outstanding Healthcare Financial Institution of the Year; Lagos State Health Management Agency (LASHMA), State Government Health Insurance of the Year; University of Maiduguri Teaching Hospital, Public Tertiary Healthcare Facility of the Year; Iwosan Lagoon Hospitals, Private Tertiary Healthcare Facility of the Year; Leadway Health Limited, Health Maintenance Organisation of the Year; and Gabbi Health, Innovative Healthcare Service Provider of the Year.

Additional recipients were Ikorodu General Hospital, R-Jolad Hospital, Cerba Lancet Nigeria, Clinix Healthcare, The Bridge Clinic, Avon Dialysis Centre, Eye Foundation Hospital, Exclusive Smile Clinic, Medserve-LUTH Cancer Centre, Amazing Physiotherapy Abuja, Pantami PHCC, Gombe, AXA OneHealth Hospital, Pharmanews Ltd., which won Healthcare Media Excellence Award (Print), and Mainland FM 98.3, recipient of the Healthcare Media Excellence Award (Electronic).

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Hospital leadership should be competence-based, not by professional affiliation – Baale

By Temitope Obayendo

Professor Lere Baale, president and chairman of the Governing Council of the Nigeria Academy of Pharmacy (NAPharm), has criticised the long-standing practice in the health sector that appears to reserve the positions of Minister of Health and Chief Medical Director for medical doctors, insisting that hospital leadership should be determined by competence rather than professional background.

He urged healthcare professionals aspiring to lead state and federal hospitals to develop administrative and leadership skills beyond their core professional qualifications.

Baale, who delivered the keynote address at the 13th Annual Peer Review Meeting organised by the Committee of Heads of Pharmacy in Federal Health Institutions (COMPHFHI), said the rapidly evolving healthcare ecosystem requires pharmacists and other health professionals to embrace digital intelligence, human intelligence and predictive intelligence, while deepening collaboration across professional boundaries to improve patient care and national development.

Speaking on the theme, "Pharmaceutical Excellence in Nigeria", he said pharmacists must continually strengthen their competencies and deliver quality pharmaceutical services that prevent medication errors, enhance patient safety and contribute to economic growth. He added that pharmacists also have a strategic role to play in strengthening medicine security by ensuring the availability of essential medicines, thereby reducing dependence on foreign supplies during emergencies such as the COVID-19 pandemic.

On the long-standing debate over hospital leadership, Baale maintained that the position of a hospital head should not be reserved for any particular profession. Rather, he argued that those interested in leading hospitals should complement their core qualifications with formal training in hospital administration, business administration or leadership.



Immediate Past Chairman, COMPHFHI, Pharm. (Dr) Otakho Daniel Orumwense (right) presenting an Appreciation Award Plaque to the Keynote Speaker, Professor Lere Baale, in the company of the Chairman, COMPHFHI, Pharm. (Dr) Adeyinka Ishola.

"You do not inherit leadership based on your profession or your genes," he said. "Leadership comes from the knowledge you have acquired and what you have been able to accomplish."

He noted that in many developed countries, hospitals are managed by trained administrators, while healthcare professionals focus on delivering specialised clinical services.

Addressing concerns about the alleged marginalisation of pharmacists within the healthcare system, Baale dismissed claims that any profession was deliberately suppressing another. Instead, he urged pharmacists to focus on excellence, innovation and creativity in their practice, arguing that genuine leadership naturally emerges from outstanding performance rather than titles.

The keynote speaker said every healthcare profession has a unique responsibility within the health system and should focus on fulfilling its mandate effectively.

"A title does not make somebody a leader," he said. "When you do your job well, leadership will emerge."

He stressed that pharmacists' advocacy is not about seeking superiority over other professionals, but about promoting a more competence-driven approach to leadership in Nigeria's healthcare sector.

The President of the Pharmaceutical Society of Nigeria (PSN), Pharm. Ibrahim Tanko Ayuba, said detecting and preventing medication errors is a core responsibility of every pharmacist and an integral part of their professional training. He stressed that pharmacists do not need permission to carry out this role, as safeguarding patients from medication-related errors is fundamental to pharmacy practice.

Speaking on medication errors and their contribution to morbidity and mortality in hospitals, Ayuba emphasised that healthcare delivery is a collaborative effort involving pharmacists, medical doctors, nurses and laboratory scientists. He warned that conflicts arise when one profession attempts to dominate others, insisting that each healthcare professional should be allowed to perform their designated role while contributing their expertise towards improving patient outcomes.

Ayuba further explained that pharmacists have a duty to draw the attention of prescribing doctors to any medication or prescription errors they identify, but noted that such interventions should be handled professionally and respectfully. According to him, improved communication and mutual respect among healthcare professionals would reduce resistance, strengthen teamwork and ultimately enhance patient safety.

The Chairman of COMPHFHI, Pharm. (Dr) Adeyinka Ishola, said the theme was chosen to promote innovation, transformation and collaboration in pharmacy practice, noting that no healthcare institution can function effectively in isolation. He stressed the need for pharmacists to embrace new technologies, including artificial intelligence, adapt to emerging trends and move away from outdated practices in order to remain relevant in an evolving healthcare landscape driven by research and innovation.

He explained that the conference, which brought together heads of pharmacy departments from healthcare institutions across Nigeria, was designed to provide a platform for knowledge sharing, problem-solving and collaboration. According to him, the ultimate goal is to strengthen pharmaceutical care in health facilities and improve patient outcomes, recognising that medicines and pharmacists remain indispensable to a healthy and productive nation.

Pharm. Ishola also highlighted the growing expertise within the profession, noting that many hospital pharmacists are now consultant pharmacists and specialists with advanced qualifications. Through continuous training and collaboration, he said, pharmacists are better equipped to detect and prevent medication errors, manage drug interactions, provide patient-centred pharmaceutical care and deliver interventions that improve clinical outcomes while reducing healthcare costs.

Pharmacy students urged to build skills for borderless career opportunities

- As PANS-UNILAG holds annual symposium

By Adebayo Oladejo

Pharmacy students have been challenged to look beyond the traditional boundaries of the profession and equip themselves with the skills, innovation and adaptability required to thrive in an increasingly dynamic healthcare ecosystem.

The charge was given at the 2026 Symposium of the Pharmaceutical Association of Nigeria Students (PANS), University of Lagos Chapter, recently held at the New Great Hall of the College of Medicine, Idi-Araba, Lagos, with the theme, *"Pharmacy Without Borders: Diversifying Careers in a Changing Healthcare Ecosystem."*

Welcoming participants, PANS President, Rasheed Onabanjo, described the graduating class as a symbol of resilience, perseverance and determination, noting that the students had successfully navigated seven years marked by unprecedented challenges.

He said the symposium was designed not only to celebrate academic milestones but also to inspire future pharmacists as they prepare to explore new opportunities within and beyond the profession.

Dean of the Faculty of Pharmacy, University of Lagos, Prof. Sunday Adewale Adesegun, said the theme reflected the evolving realities of modern pharmacy practice, stressing that the profession now extends beyond traditional roles into areas such as research, pharmaceutical manufacturing, regulatory affairs, biotechnology, digital health, entrepreneurship, public health and artificial intelligence.

He urged students to develop innovation, adaptability, leadership skills, entrepreneurial capacity and a global mindset, noting that the future healthcare environment requires pharmacists who can respond effectively to emerging opportunities and challenges.

Representing the President of the Pharmaceutical Society of Nigeria (PSN), Pharm. (Alh.) Ayuba Tanko Ibrahim, the Society's National Secretary, Pharm. Gafar Madehin, advised students to deliberately diversify their career paths while maintaining a strong professional foundation.

Madehin encouraged them to acquire complementary skills in management, technology and other relevant areas to enhance their chosen fields of practice. He also urged them to remain committed to the PSN and contribute actively to the growth and development of the profession.

Delivering the keynote address on behalf of the Chief Executive Officer of Drugstoc E-Hub, Dr Chibuzo Opara, the company's Brand and Communications Manager, Pharm. Onyinye Chiekwe, said the future of pharmacy belongs to professionals who can extend their expertise beyond conventional practice while maintaining strong foundations in pharmaceutical science.

She explained that "pharmacy without borders does not mean pharmacy without foundations," adding that pharmacists must see their training as a platform for opportunities in technology, leadership, health innovation, communications, entrepreneurship and policy development.

She identified limited access to quality medicines, counterfeit

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Enrol constituents in health insurance, BOF-PSN urges Reps, associations

By Temitope Obayendo

In a bid to reduce the burden of out-of-pocket healthcare spending among grassroots communities and improve Nigeria's chances of attaining Universal Health Coverage (UHC), the Board of Fellows of the Pharmaceutical Society of Nigeria (BOF-PSN) has urged members of the House of Representatives to see the enrolment of their constituents in health insurance schemes as a duty.

The Board also called on stakeholders and associations in both the formal and informal sectors of the economy, particularly those with large memberships such as the National Union of Road Transport Workers (NURTW), market women associations, the Nigerian Union of Journalists (NUJ), unions of plumbers and hairdressers, among others, to take it as a core responsibility to enrol their members in one form of health insurance or another. It argued that such a move would greatly improve access to quality care, strengthen household finances and raise living standards.

The Chairman of BOF-PSN, Pharm. Uchenna Apakama, made the call while speaking with journalists ahead of the Board's 8th Annual Public Lecture and Mid-Year Meeting, with the theme: "Insurance-Based Healthcare Financing: Key to Achieving Universal Health Coverage in Nigeria".

A study published on PubMed Central describes a health insurance scheme as a financial arrangement that pools funds to cover medical costs. By paying small, regular premiums, individuals transfer their health risks to an insurer or government pool. This ensures access to hospital visits, medicines and surgery without the burden of large out-of-pocket expenses.

The World Health Organisation also describes health insurance, or prepaid pooled financing mechanisms, as critical tools for achieving UHC. According to the WHO, such systems protect people from paying entirely out of pocket during medical emergencies while ensuring equitable access to health services, particularly for vulnerable and marginalised groups. The model rests on three pillars: population coverage, service coverage and financial protection.



L-R: Pharm. Izuka Damian, secretary, BOF-PSN; Pharm.(Dr) Margaret Obono, financial secretary BOF-PSN; Pharm. Ignatius Anukwu, chairman, Mid-Year Meeting Planning Committee; Pharm. Ngozi Onuorah, assistant secretary, BOF-PSN; and Pharm. Ernest Okafor, managing director, Nemitt Pharma Ltd, at the media briefing.

Apakama, who was represented at the briefing by Pharm. Ignatius Anukwu, chairman of the Planning Committee for the 2026 Mid-Year Meeting, lamented the poor performance of the health insurance scheme since its introduction 21 years ago during the administration of former President Olusegun Obasanjo and the tenure of Dr Eyitayo Lambo as Minister of Health.

He said the scheme was established as a government initiative to ensure that all Nigerians and legal residents have access to affordable, quality healthcare, thereby reducing the financial burden of out-of-pocket medical expenses.

According to him, 21 years after its launch, the scheme has achieved only 5 to 8 per cent coverage of the population, leaving many people exposed to preventable financial hardship from healthcare costs. To bridge this gap, especially at the grassroots, he urged members of the House of Representatives to commit part of their constituency allowances to enrolling people in the scheme, noting that government and private-sector employers alone cannot cater for everyone in local communities.

"For instance, each member of the House of Representatives can fix a certain target for children, women of child-bearing age or the elderly. He may not have the resources to enrol everyone, but he can begin with something. If every House member in Nigeria, all 360 of them, enrols 10,000 people, that will go a long way in increasing the number of people covered by the scheme. That is the actionable thing that can be done.

"Also, market women associations, NURTW, NUJ can come together and enrol their members. So, like I said, this is not a one-man thing. It is about consciousness, and that is what the public lecture can help to promote. In my own association, the National Association of Industrial Pharmacists, we have insurance for members who choose to opt in because some already have coverage through their companies. But those who are self-employed, yes, we have a scheme for them. So, if pockets of associations like that begin to make it happen, more people will be enrolled," he said.

He further highlighted the role of philanthropists in helping local communities gain access to the scheme, explaining that they can establish foundations dedicated to enrolling Nigerians in health insurance as a form of corporate social responsibility. In no time, Apakama said, thousands more Nigerians would be covered, thereby reducing the financial burden of out-of-pocket healthcare spending.

Also speaking, the Managing Director of Nemitt Pharma Ltd said the federal and state governments should be at the forefront of driving the scheme, alongside private-sector employers, much like the retirement savings scheme provided by employers for their workers.

He noted that since the scheme had not functioned as expected, the issue had become the focus of the Board's 8th Public Lecture, scheduled to hold on 15 July at the Marriott Hotel, Ikeja, Lagos.

He added that the goal of the lecture was to produce a paper that would encourage state governments to explore ways of enrolling their citizens, possibly through community associations, as suggested by the BOF-PSN chairman.

"The whole essence of the public lecture is for us to look at this policy and this issue of enrolling people in HMOs. What are the factors hindering the scheme? What are the issues? That is why we have the panel discussion. We bring out those silent issues and put them into a communiqué, with actionable points that can be forwarded to government," he said.

Pharmacy students urged to build skills for borderless career opportunities

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medicines, digital transformation, skills gaps and health misinformation as some of the challenges requiring pharmacists to become innovators and solution providers.

During the panel session, former President of the Pharmaceutical Society of Nigeria, Mazi Sam Ohuabunwa, encouraged the students to pursue excellence and build competence that would position them for global relevance.

Sharing his professional journey from Pfizer to becoming a leading figure in Nigeria's pharmaceutical industry, Ohuabunwa urged young pharmacists not to wait for opportunities but to develop the capacity to solve problems and create value.

Speaking as Mother of the Day, Pharm. (Mrs.) Folashade Olufunke Lawal, Chief Executive Officer of Victory Drugs Pharmacy, described pharmacy as a profession of unlimited possibilities, likening a pharmacy degree to "a multinational passport" capable of opening doors across different sectors and countries.

She urged students to see themselves beyond medicine dispensing, encouraging them to identify opportunities where preventive healthcare, medicines, knowledge and compassion are needed.

The symposium brought together pharmacy leaders, academics, industry executives, alumni and students to discuss emerging career pathways and reinforce the need for pharmacists to embrace innovation, leadership and multidisciplinary competencies required to remain relevant in a rapidly changing global healthcare environment.



PANS President, UNILAG, Rasheed Onabanjo, presenting an award plaque to Pharm. (Mrs) Folashade Lawal, Mother of the Day, flanked by Prudentus Illo, immediate past PANS-UNILAG president, and Opeyemi Salami, former PANS-UNILAG president

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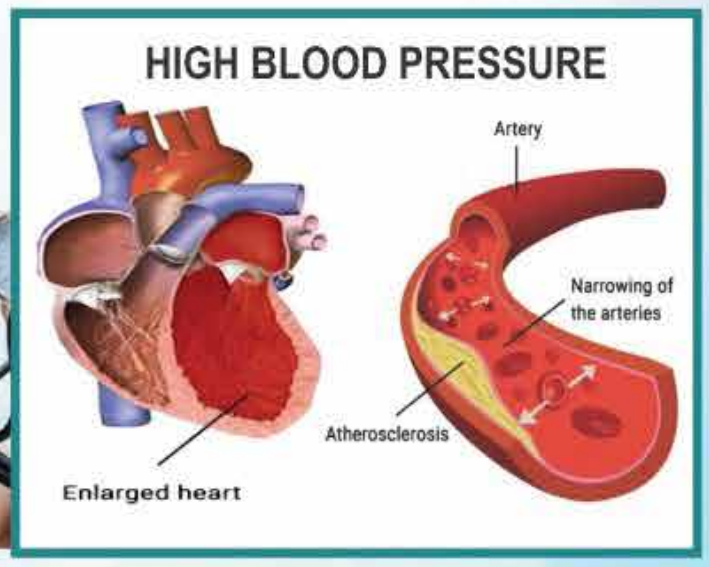
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FG reaffirms commitment to quality healthcare as NHEA honours top performers

By Adebayo Oladejo



L-R: Dr Iziaq Adekunle Salako, Minister of State for Health and Social Welfare; Dr Wale Alabi, project director, NHEA, and Clare Omatseye, founder and managing director of JNC International Limited, at the NHEA 2026, held at Eko Hotel and Suites, VI, Lagos.

The Federal Government has reaffirmed its commitment to delivering quality, accessible and resilient healthcare for Nigerians through sustained reforms, strategic investments and partnerships aimed at improving health outcomes.

The assurance was given by the Honourable Minister of State for Health and Social Welfare, Dr Iziaq Adekunle Salako, at the 2026 Nigerian Healthcare Excellence Awards (NHEA) held at Eko Hotel & Suites, Victoria Island, Lagos, where outstanding individuals and organisations were honoured for their contributions to advancing healthcare delivery in Nigeria.

Salako commended the nominees and award recipients for their dedication to strengthening the nation's health system, describing them as ambassadors of excellence whose commitment continues to inspire confidence, innovation and accountability within the healthcare sector.

He noted that recognising outstanding performance remains an important driver of quality improvement, encouraging healthcare professionals and organisations to continue pursuing excellence and delivering measurable impact.

The minister said the Federal Government remains focused on building a stronger and more responsive healthcare system through ongoing reforms, strategic investments, partnerships and policies designed to improve access, strengthen service delivery and enhance health outcomes for Nigerians.

The 2026 edition of the awards, themed *"Innovation, Local Manufacturing and Digital Transformation,"* highlighted the growing importance of technology, indigenous capacity, research and collaboration in transforming healthcare delivery and strengthening Nigeria's health ecosystem.

Chairman of the NHEA Advisory Board, Dr Anthony Omolola, congratulated all nominees, noting that emerging from over 120 nominations to make the final shortlist was itself a significant achievement.

Omolola reiterated that the awards continue to maintain a transparent and merit-driven process anchored on public nominations and voting, independent verification, industry research and rigorous assessment by the Independent Jury and Advisory Board.

The highest honours of the evening went to three distinguished healthcare personalities who received the Lifetime Achievement Award.

They included Dr Ladi Awosika, recognised for his pioneering contributions to healthcare financing and health system development; Sir Ike Onyechi, honoured for his exceptional leadership in pharmacy practice and healthcare entrepreneurship; and Emeritus Professor Samuel Chukwunonyerem Ohaegbulam, recognised for his outstanding contributions to neurosurgery, specialist healthcare and medical education.

Special Recognition Awards were also presented to Professor Kingsley Ekwueme, who received the Diaspora Excellence Award for pioneering leadership in robotics and minimally invasive surgery, and Professor Mildred Edet John, who was honoured for her contributions to nursing leadership, education and professional development.

A total of 28 competitive awards were presented across healthcare delivery, pharmaceuticals, biomedical technology, health insurance, finance, laboratory medicine, innovation and healthcare media.

Among the major winners were FCMB, which emerged Outstanding Healthcare Financial Institution of the Year; Lagos State Health Management Agency (LASHMA), winner of the State Government Health Insurance of the Year award; University of Maiduguri Teaching Hospital, Public Tertiary Healthcare Facility of the Year; Iwosan Lagoon Hospitals, Private Tertiary Healthcare Facility of the Year; Leadway Health Limited, Health Maintenance Organisation of the Year; and Gabbi Health, Innovative Healthcare Service Provider of the Year.

Other recognised organisations and professionals included Ikorodu General Hospital, R-Jolad Hospital, Cerba Lancet Nigeria, Clinix Healthcare, The Bridge Clinic, Avon Dialysis Centre, Eye Foundation Hospital, Exclusive Smile Clinic, Medserve-LUTH Cancer Centre, Amazing Physiotherapy Abuja, Pantami PHCC, Gombe, AXA OneHealth Hospital, Mecure Healthcare Limited, Vitus Nnaemeka of Echolab Services Ltd., Crown Healthcare, JNC International Ltd., Edge Medical Solutions, Alpha Pharmacy & Stores Ltd., Fidson Healthcare Plc and Codix Pharma Limited.

In the media category, Pharmanews Limited emerged winner of the Healthcare Media Excellence Award (Print), while Mainland FM 98.3 won the Healthcare Media Excellence Award (Electronic).

The organisers said the awards have continued to serve as a platform for promoting excellence, innovation, leadership and measurable impact across Nigeria's healthcare value chain.

The Nigerian Healthcare Excellence Awards is organised by Global Health Project and Resources in collaboration with the Anadach Group, USA, with PharmAccess Foundation and Digital Clinical Laboratory serving as title sponsors.

Nigeria moves closer to universal health coverage, NHIA says

By Patrick Iwelunmor

The National Health Insurance Authority (NHIA) says the number of Nigerians enrolled in health insurance has risen to 22.03 million, reflecting significant progress in the country's quest to achieve Universal Health Coverage (UHC).

Director General of the NHIA, Dr Kelechi Ohiri, disclosed this during the Annual General Meeting of the Nigerian Association of Insurance and Pension Editors in Lagos, attributing the 35 per cent year-on-year increase in enrolment to the implementation of Nigeria's mandatory health insurance policy and growing public confidence in the scheme.

According to Ohiri, the NHIA has moved beyond policy development to delivering practical reforms that are expanding access to affordable healthcare across the country in line with the Federal Government's health sector transformation agenda.

He said the country's legal and policy frameworks for health insurance are already in place, stressing that the priority is now consistent implementation that translates government commitments into improved healthcare access for Nigerians.

Ohiri noted that collaboration among the Federal Government, state governments, healthcare providers, Health Maintenance Organisations (HMOs), employers and development partners has played a critical role in driving the expansion of health insurance coverage.

He explained that the transition from the former National Health Insurance Scheme (NHIS) to the National Health Insurance Authority has strengthened regulation, improved consumer protection and enhanced compliance through a more robust legal framework.

The NHIA, he said, achieved the recent growth in enrolment by working closely with State Social Health Insurance Agencies, federal Ministries, Departments and Agencies, organised labour and private sector employers.

The agency has also intensified efforts to protect enrollees, recording an 87 per cent resolution rate for complaints. According to Ohiri, the NHIA resolved 3,878 complaints, concluded 95 per cent of cases within stipulated timelines, refunded more than N14.2 million to affected beneficiaries and sanctioned healthcare facilities that failed to meet required standards.

To improve service delivery, the authority has introduced new standards requiring healthcare providers to begin treatment for emergency cases involving insured patients within one hour of presentation.

Ohiri further revealed that the NHIA has increased financial support to healthcare providers, approving a 93 per cent increase in capitation payments and a 378 per cent increase in fee for service reimbursements to strengthen healthcare delivery and ensure providers receive adequate compensation for specialised treatments.

He added that 7,592 healthcare facilities have been assessed under the SafeCare quality improvement framework as part of efforts to improve service standards and healthcare infrastructure nationwide.

The NHIA has also expanded programmes targeted at vulnerable populations, including maternal and newborn healthcare services that have benefited more than 48,500 pregnant women. The agency is equally strengthening support for pensioners, retirees and other vulnerable groups through dedicated funding mechanisms.

Ohiri said the reforms are aligned with President Bola Tinubu's Renewed Hope Agenda and the health sector reform programme being coordinated by the Coordinating Minister of Health and Social Welfare, Professor Muhammad Ali Pate, expressing confidence that the ongoing initiatives will accelerate Nigeria's journey towards universal health coverage.

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ONE YEAR ON: IN LOVING MEMORY Of LATE PHARM. (SIR) IFEANYI ATUEYI

Although a year has passed since the passing of late Pharm. (Sir) Ifeanyi Atueyi, his memory, remarkable contributions, and enduring legacy remain deeply etched in our hearts and within Orange Drugs Limited, as well as through Pharmanews.

The story of Orange Drugs Limited cannot be told without acknowledging the invaluable role Sir Atueyi played in its growth and development. As the Company's Pharmaceutical Director at its inception, he was instrumental in laying the foundation for its transformation from a modest chemist shop into one of Nigeria's leading indigenous pharmaceutical companies. Through his wisdom, professional excellence, sound guidance, and unwavering commitment, he helped position the Company prominently within the Pharmaceutical Society of Nigeria and the wider pharmaceutical industry.

Sir Atueyi was far more than an accomplished pharmacist and respected leader. He was a man of peace, humility, compassion, integrity, and profound faith. Kind-hearted and selfless, he firmly believed that God was at the centre of every meaningful achievement. This conviction was evident in the way he lived, served others, mentored younger professionals, and shared his wisdom through his many inspirational books.

Although his absence continues to be deeply felt, we remain profoundly grateful for the lasting legacy he left behind—a legacy founded on integrity, service, mentorship, excellence, purpose, and faith. His influence continues to guide our organisation, while his footprints remain visible within Orange Drugs Limited, the pharmaceutical profession, and the countless lives he touched throughout his distinguished career.

As we commemorate the first anniversary of his passing, we celebrate not only a life exceptionally well lived but also the timeless values for which he stood. We renew our commitment to preserving his legacy and upholding the principles that defined his remarkable life, ensuring that future generations continue to benefit from the example he set.

Sir Atueyi, though you are no longer with us in person, you will forever remain in our hearts. Your memory is a cherished blessing, and your extraordinary legacy will continue to inspire generations to come.

May your gentle soul continue to rest in perfect peace. Amen.

Sir Anthony Ezenna
Chairman
Orange Drugs Limited

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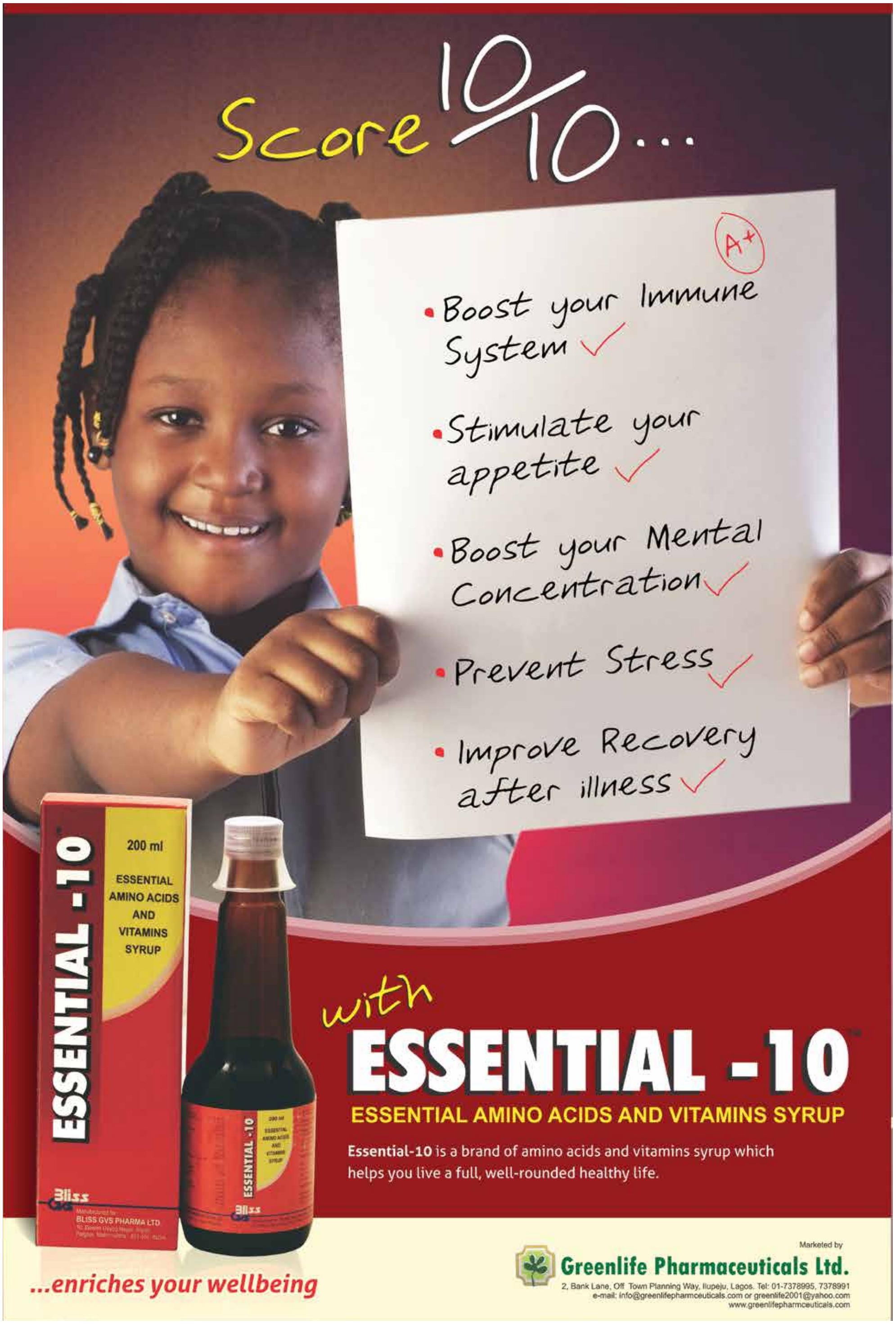
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Customs foils major health threat, seizes N53.4bn fake, expired medicines at Apapa port

By Ranmilowo Ojalumo



R-L: Comptroller-General of Customs, Bashir Adewale Adeniyi; Customs Area Controller, Apapa Command, Comptroller E.O.A. Oshoba; a director at NAFDAC, Dr Kunle Olaniran with other NAFDAC and security agencies officials during, the unveiling of the intercepted fake and expired medicines at Apapa Port, Lagos, recently.

The Nigeria Customs Service (NCS) recently averted a major public health threat after intercepting fake, expired and unregistered pharmaceutical products worth over N53.39 billion at the Apapa Port in Lagos.

The seizure, which also included illicit narcotics, codeine-containing cough syrup and other prohibited substances, prevented potentially dangerous medicines from entering the Nigerian market and reaching unsuspecting patients.

The intercepted products were formally handed over to the National Agency for Food and Drug Administration and Control (NAFDAC) and the National Drug Law Enforcement Agency (NDLEA) at the Apapa Area Command of the Customs Service for regulatory action, investigation and prosecution.

The Comptroller-General of Customs, Bashir Adewale Adeniyi, who disclosed the development, described the operation as a major breakthrough in the fight against the circulation of unsafe medicines, counterfeit pharmaceutical products and illicit drugs in the country.

He said the seizure followed months of intelligence gathering, coordinated surveillance, non-intrusive inspection, physical examination and collaboration with relevant security and regulatory agencies.

According to him, the operation led to the interception of nine containers containing a combination of expired pharmaceuticals, unregistered medicines, counterfeit products and narcotic substances with a combined Duty Paid Value (DPV) of N53,391,140,029.

Among the pharmaceutical products seized were expired Tramadol, Oxytocin injections, Carbamazepine tablets, Cloxacillin capsules, Vitamin B12 injections and B-Complex injections.

The interception of the expired medicines raises fresh concerns about the activities of criminal networks attempting to introduce substandard and unsafe medical products into the healthcare supply chain, where they could expose patients to treatment failure, complications and avoidable health risks.

Of particular concern to health authorities is the seizure of expired Oxytocin injections, a critical medicine used in maternal healthcare, especially in the prevention and management of postpartum haemorrhage, one of the leading causes of maternal deaths globally.

Customs officers also uncovered counterfeit and unregistered medicines, including 1,100 packages of CHAPCOLD Chlorpheniramine Maleate Capsules bearing fake NAFDAC registration numbers and falsified import documents.

Adeniyi disclosed that investigations confirmed that the products were never registered by NAFDAC, indicating an organised attempt to smuggle unapproved medicines into the Nigerian pharmaceutical market.

The Customs boss warned that the impact of such illegal activities goes beyond financial losses, noting that fake and expired medicines endanger lives, undermine confidence in the healthcare system and pose serious risks to public health.

"These seizures represent far more than monetary value. They represent lives protected, families preserved, communities secured and countless young Nigerians shielded from the devastating consequences of drug abuse and unsafe medicines," he stated.

The operation also uncovered two containers containing 339,800 bottles of Codeine Syrup concealed inside cartons of insulated casserole dishes.

The seizure comes amid ongoing efforts by health and security agencies to tackle the abuse of codeine-based medicines, which has contributed to the growing challenge of substance abuse among young Nigerians.

In another major discovery, Customs intercepted two 40-foot containers containing 6.77 metric tonnes of Cannabis Sativa, popularly known as Canadian Loud.

The illicit drugs were concealed inside imported vehicles, household items and automobile spare parts in an attempt to evade detection by security officials.

Adeniyi said all narcotic substances recovered during the operation would be transferred to the NDLEA for further investigation and prosecution, while expired, fake and unregistered pharmaceutical products would be handed over to NAFDAC for regulatory action and destruction.

He explained that the successful operation reflects Nigeria's growing commitment to strengthening medicine security, protecting citizens from harmful products and preventing criminal networks from exploiting the country's pharmaceutical supply chain.

The Customs boss also disclosed that the operation was carried out shortly after the 2026 International Day Against Drug Abuse and Illicit Trafficking and aligned with global efforts to combat cross-border organised crime.

Earlier, the Customs Area Controller, Apapa Command, Comptroller E.O.A. Oshoba, condemned the activities of smugglers, describing fake medicines, expired pharmaceuticals and illicit drugs as threats to both national security and public health. He assured that Apapa Port would not become a safe haven for criminal networks seeking to introduce harmful products into Nigeria.

Also speaking, Chairman and Chief Executive Officer of the NDLEA, Brig.-Gen. Mohamed Buba Marwa (Rtd.), represented by the Assistant Controller-General of Narcotics, Archie Abia Ibinabo, described the seizure as a major victory against transnational organised crime.

Marwa revealed that investigations leading to the interception lasted more than four months and involved the NDLEA Special Investigation Unit and Marine Intelligence Unit in collaboration with the Royal Canadian Mounted Police (RCMP) and other international partners.

He explained that one of the cannabis consignments departed Toronto, Canada, on 16 April, passing through Montreal and Morocco before arriving in Nigeria, while another shipment left Montreal on 1 May and moved through several trans-shipment points before it was intercepted at Apapa and Tin Can Island ports.

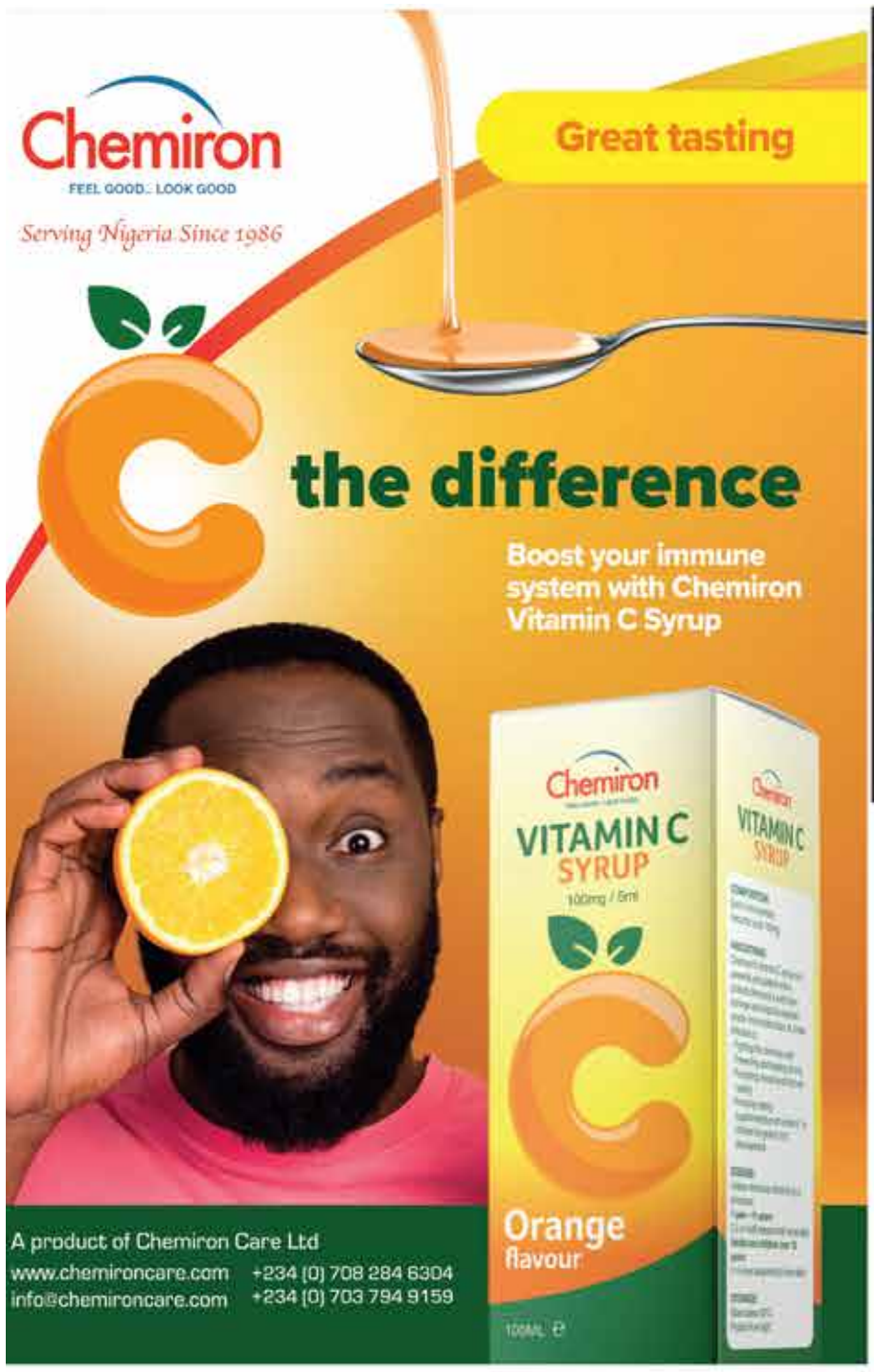
According to him, removing more than six metric tonnes of cannabis from circulation has significantly disrupted the activities of drug trafficking organisations targeting Nigerian communities.

He assured that investigations would continue to identify those behind the shipments, prosecute offenders and confiscate assets linked to the criminal operations.

Meanwhile, the Director-General of NAFDAC, Prof. Mojisola Adeyeye, represented by a director at the agency, Dr Kunle Olaniran, said the collaboration among NAFDAC, Customs, NDLEA and other relevant agencies has remained critical in preventing fake, expired and unregistered medicines from reaching Nigerians.

She urged Nigerians to always verify the NAFDAC registration number on medicine packs before purchase and report suspicious products to the agency. "Always watch out before you buy medicine. Look out for the NAFDAC number. If you see something, say something. Don't keep quiet", Dr Olaniran said.

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Bring power closer to the people

(Why Nigeria must decentralise governance for efficiency, accountability and national renewal)

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



Every enduring civilisation eventually discovers one fundamental truth about governance: power works best when it is exercised closest to the people. Communities understand their own realities better than distant bureaucracies. They know their peculiar challenges, appreciate their comparative advantages and respond more quickly to emerging problems. Consequently, government becomes more responsive, more innovative and more accountable when decisions are taken near the citizens whose lives they affect.

The opposite is equally true. The farther authority is removed from the people, the slower government becomes. Bureaucracy expands. Decisions take longer. Innovation gives way to procedure. Accountability becomes diffused. Citizens gradually lose confidence in institutions that appear distant from their everyday realities. This is not merely a political observation. It is one of the enduring lessons of public administration.

The principle of subsidiarity

The science of governance has long recognised what constitutional scholars describe as the principle of subsidiarity: no higher level of government should perform responsibilities that can be effectively discharged by a lower one. National governments should concern themselves with national priorities, while matters that are inherently local should be entrusted to institutions closest to the communities they serve.

It is a simple principle. Yet it explains why some federations consistently outperform others. Countries as diverse as Germany, Canada, Switzerland, Australia, India and the United States differ in culture, history and political evolution, but they share one important characteristic. They distribute public authority in ways that allow local institutions to solve local problems while preserving a strong national government to address issues of common interest. Their experience demonstrates that decentralisation is not the enemy of national unity; wisely designed, it is one of its strongest foundations.

Nigeria now finds itself at a point where this lesson deserves renewed attention. For decades, national conversations have centred on insecurity, unemployment, poor infrastructure, weak public services, declining productivity, constitutional reform and economic competitiveness. These are often treated as separate challenges requiring separate solutions. Yet beneath many of them lies a common structural question that deserves greater consideration.

Have we concentrated too much responsibility too far from the people?

A federation of well over 200 million citizens, spread across diverse cultures, ecological zones and economic realities, cannot reasonably expect one central authority to possess sufficient knowledge, flexibility and speed to respond effectively to every local challenge. Governance, like medicine, succeeds when diagnosis precedes prescription.

Nigeria's constitutional evolution explains how we arrived here. The regional structure of the First Republic allowed substantial authority over education, agriculture, economic planning and internal development. The Western Region pioneered free primary education and television broadcasting. The Northern Region transformed agricultural production through groundnut and cotton cultivation. The Eastern Region expanded industrial and commercial enterprise around palm produce. Regional competition stimulated innovation, while citizens knew clearly which level of government deserved commendation, or criticism.

Military intervention fundamentally altered that trajectory. In pursuit of national cohesion during periods of instability, powers that once resided within the regions steadily migrated to the centre. Many of those decisions were understandable within the historical circumstances of the time. Yet constitutional arrangements should evolve with changing realities.

Today's Nigeria is larger, more urban, more educated, more economically complex and far more interconnected than the Nigeria that inherited those structures. The institutions of governance must evolve accordingly.

Across several sectors, the consequences of excessive centralisation have become increasingly evident. Electricity development often struggles because local governments have historically possessed limited authority to pursue integrated solutions tailored to their economic realities. Agricultural priorities differ significantly between Kebbi, Cross River, Ekiti and Borno, yet policy frequently follows nationally uniform templates. Healthcare delivery is most effective when it reflects local disease patterns and demographic needs. Urban transportation challenges in Lagos differ fundamentally from those in Jos or Yenagoa. Environmental management requires different responses in the Niger Delta, the Sahel and the rainforest belt. The underlying issue is not simply administrative efficiency. It is institutional proximity.

Distance is the hidden tax on governance

The farther decisions travel, the slower they become. The slower they become, the more expensive implementation becomes. The more expensive implementation becomes, the weaker accountability grows. The economic implications are equally significant.

Investment follows predictability. Innovation flourishes where institutions possess the authority to respond quickly to emerging opportunities. Regions that can plan, execute and compete responsibly tend to attract greater enterprise and create stronger incentives for productivity. Decentralisation is therefore not merely a constitutional aspiration. It is an economic strategy.

The ongoing national conversation on State Police illustrates this broader principle. Supporters rightly argue that locally recruited officers understand their communities better, appreciate local languages and terrain, respond more rapidly to emergencies and build stronger relationships with citizens. Critics, equally rightly, caution against political interference, uneven funding, abuse of authority and local bias. These concerns deserve careful attention, not dismissal.

Yet the existence of risks is not an argument against decentralisation itself. Every governance arrangement carries risks. Nigeria's highly centralised policing structure has not eliminated abuse, corruption or insecurity. The more productive question is how constitutional safeguards, independent oversight, professional recruitment, transparent funding and judicial accountability can minimise abuse while preserving the considerable benefits of locally accountable security institutions. Indeed, policing should not dominate the larger conversation. The more important question is this: At what level should each public responsibility be exercised to achieve maximum efficiency, accountability and responsiveness?

Once that question is asked, the conversation extends naturally beyond policing. Education should increasingly reflect regional economic priorities while maintaining national standards. Agricultural development should leverage ecological diversity rather than impose administrative uniformity. Healthcare systems should possess greater flexibility to address local realities. Infrastructure planning should empower states and local communities to solve local challenges while the Federal Government concentrates on those responsibilities that genuinely require national coordination.

Accountability as a major dividend

Effective federalism is not about weakening the centre. It is about enabling every level of government to perform the functions for which it is best suited.

Perhaps the greatest dividend of decentralisation is accountability. One of the unintended consequences of excessive concentration of power is the diffusion of responsibility. Citizens blame Abuja. Governors blame the Federal Government. Local governments blame the states. Responsibility circulates endlessly while solutions remain elusive.

A more balanced federation aligns authority with responsibility. When citizens know precisely who is responsible for education, healthcare, transportation, security or infrastructure within their communities, democratic accountability becomes stronger because political responsibility becomes unmistakably clear.

This is not an argument for fragmentation. It is an argument for functionality.

Strong federations are not held together by administrative uniformity. They are sustained by mutual confidence, constitutional clarity and shared national purpose. Unity flourishes when citizens believe that government understands their circumstances and possesses the authority to respond to them effectively.

Nigeria's greatest challenge, therefore, may not simply be insecurity, unemployment or inadequate infrastructure. It may be the widening distance between public authority and the people whose welfare that authority exists to promote.

Our national conversation should move beyond asking whether one institution or another should be decentralised. The larger question is whether the architecture of governance itself still reflects the realities of twenty-first-century Nigeria.

History offers a consistent answer.

Governments become stronger when they trust their people. Federations become more resilient when responsibility is intelligently distributed. Nations become more prosperous when decisions are made where knowledge is deepest, action is fastest and accountability is clearest.

The future of Nigeria will not be secured by concentrating more authority at the centre. Neither will it be secured by merely redistributing power for its own sake. It will be secured by building institutions that place responsibility where competence is greatest and accountability is most immediate.

That is the enduring promise of federalism.

That is the pathway to more responsive governance.

And that is why the next chapter of Nigeria's constitutional journey should begin with one simple but transformative principle: Bring power closer to the people.

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ACPN renews call for greater role for community pharmacists in NHIA, primary healthcare

By Adebayo Oladejo



L-R: Pharm. Obiageri Ikwu, national financial secretary, ACPN; Pharm. Isaac Olufunminiyi, vice-chairman, Conference Planning Committee (CPC), Unity 2026 Conference; Pharm. Nwamaka Ezedinma, CPC secretary; Pharm. Ambrose Ezeh Igwekanmma, national chairman, Association of Community Pharmacists of Nigeria (ACPN); Pharm. Chidi Dozie, chairman, CPC, Unity 2026 Conference; Pharm. (Mrs) Ashore Omokhafe, national secretary, ACPN; Elizabeth Etsu, ACPN intern pharmacist; and Pharm. Lawrence Ekhator, immediate past CPC chairman, during a press briefing ahead of the ACPN 2026 Annual International Scientific Conference in Lagos.



L-R: Pharm. Ambrose Ezeh Igwekanmma, national chairman, ACPN; Pharm. Chidi Dozie, chairman, Conference Planning Committee (CPC), Unity 2026 Conference; and Pharm. (Mrs) Ashore Omokhafe, national secretary, ACPN, during the press briefing ahead of the association's 2026 Annual International Scientific Conference in Lagos.

The Association of Community Pharmacists of Nigeria (ACPN) has renewed its call on the Federal Government to fully integrate community pharmacists into the implementation of the National Health Insurance Authority (NHIA) and the country's primary healthcare system, saying the move would improve access to quality healthcare and accelerate the attainment of universal health coverage.

The association made the call during a press briefing in Lagos, where it highlighted the critical role of community pharmacists in healthcare delivery and advocated policies that would enable them to contribute more effectively to healthcare financing and primary healthcare services across the country.

Speaking at the briefing, ACPN National Chairman, Pharm. Ezeh Ambrose Igwekamma, emphasised that community pharmacists, being the most accessible healthcare professionals in Nigeria, should occupy a more strategic position in healthcare financing and service delivery.

According to him, although the Federal Government has made significant efforts to expand health insurance coverage through the National Health Insurance Authority (NHIA), integrating community pharmacists more effectively into the scheme would improve access to essential healthcare services, particularly at the grassroots where community pharmacies remain the first point of contact for many Nigerians.

He disclosed that an estimated 70 per cent of Nigerians seeking healthcare first visit community pharmacies before presenting at hospitals, a development he said demonstrates the indispensable role community pharmacists already play in improving access to medicines, pharmaceutical care and other essential health services.

While reaffirming ACPN's support for broader collaboration with the NHIA, Igwekamma advocated a reimbursement model that guarantees fairness and equity for all healthcare providers in line with the provisions of the NHIA Act. He argued that an equitable reimbursement system would encourage greater participation by community pharmacists in health insurance programmes while ensuring sustainability in service delivery.

The ACPN national chairman also reiterated the association's commitment to promoting professionalism among its members through Mandatory Continuing Professional Development (MCPD), research, innovation and capacity-building initiatives designed to equip community pharmacists with the knowledge and skills required to meet evolving healthcare needs.

He observed that pharmacy practice has moved beyond the traditional role of dispensing medicines, with community pharmacists now playing increasingly important roles in disease prevention, medication therapy management, patient counselling, public health education and other preventive healthcare interventions.

According to him, strengthening community pharmacy practice is essential to improving access to quality healthcare, particularly in underserved communities where community pharmacies often serve as the most readily available healthcare facilities.

Igwekamma further stressed the need for stronger collaboration among healthcare professionals, regulators, policymakers and development partners to build a more resilient healthcare system capable of responding effectively to the country's growing healthcare needs.

He noted that such collaboration would also strengthen medicine supply chains, promote technology-driven pharmacy practice, encourage innovation and enhance the overall quality of pharmaceutical care available to Nigerians.

As part of its broader commitment to public health, ACPN also reaffirmed its support for preventive healthcare initiatives, including health education, disease screening, vaccination advocacy and community-based interventions aimed at reducing the burden of preventable diseases across the country.

The association maintained that community pharmacists remain uniquely positioned to complement government efforts in expanding access to healthcare because of their widespread presence in both urban and rural communities.

ACPN reaffirmed its commitment to working closely with the Federal Government, the National Health Insurance Authority, the Federal Ministry of Health and Social Welfare and other stakeholders to strengthen community pharmacy practice and improve healthcare delivery nationwide.

The association maintained that giving community pharmacists greater responsibility within the NHIA and the primary healthcare system would not only improve access to pharmaceutical care but also support the Federal Government's drive towards universal health coverage by bringing quality healthcare services closer to the people.

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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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Ref: 1. Migoya, E.M., Miller, J.L., Gutierrez, M., Zheng, W., Johnson-Levonas, A.O., Liu, Q., Matthews, C.Z., Wagner, J.A. and Gottesdiener, K.M., 2010. Bioequivalence of sitagliptin/metformin fixed-dose combination tablets and concomitant administration of sitagliptin and metformin in healthy adult subjects. Clinical drug investigation, 30(12), pp.855-866. 2. Melikian C, White TJ, Vanderplas A, Dezil CM, Chang e. Adherence to oral antidiabetic therapy in a managed care organization : a comparison of monotherapy, combination therapy and fixed dose combination therapy. Clin Ther. 2002; 24: 460-7. 3. Diabetes research and clinical practice 98 (2012) 51–60

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Breaking barriers to optimal breastfeeding in Nigeria

By Temitope Obayendo



Six weeks after giving birth, Tolu Adekoya's phone rang during an executive meeting. It was her mother, telling her that the breast milk she had left for her baby had run out. She became distraught and confused, uncertain whether to dash back home or remain at work, where she had been saddled with an urgent task carrying a two-day deadline.

"Is this how I will continue for the next six months?" Adekoya muttered in frustration.

Her employer had given her the option of resuming work six weeks after delivery or forfeiting her salary to an assistant who would replace her for however long she wished to stay home and nurse her baby. Being a new mother whose wedding had taken place barely a year earlier, she needed the financial support to assist her husband. She therefore decided to express her breast milk into a clean container to be stored for her baby while she was at work. But before midday, the milk had been exhausted, leaving both mother and baby distressed.

Sadly, Adekoya is not alone in this quagmire. About 70 per cent of Nigerian mothers cannot breastfeed their babies exclusively for the first six months, according to the 2023-24 Nigeria Demographic and Health Survey.

Reports show, however, that these mothers genuinely want to breastfeed optimally, but the barriers along their way are bigger than their determination. This raises a fundamental question: why is optimal breastfeeding still so difficult for many Nigerian mothers, despite decades of awareness campaigns?

Optimal breastfeeding: More than just exclusive breastfeeding

Optimal breastfeeding is the complete, WHO-recommended breastfeeding strategy that begins with initiating breastfeeding within one hour of birth, continues with exclusive breastfeeding for the first six months, and is followed by continued breastfeeding alongside appropriate complementary feeding until at least two years of age. Exclusive breastfeeding is therefore one key component of optimal breastfeeding, not the entire practice.

To breastfeed exclusively for the first six months of life means that the infant receives only breast milk, with no other foods or liquids, not even water, except for oral rehydration solution, vitamins, minerals or medicines when medically indicated.

Experts have repeatedly highlighted the impact of optimal breastfeeding on both infants and mothers. It fortifies the child's immunity, reduces mortality, serves as complete nutrition, boosts brain development and supports healthy growth. For mothers, they say it reduces the risk of postpartum haemorrhage, lowers the risk of cancer, diabetes and cardiovascular disease, aids mother-infant bonding, and serves as a natural family planning mechanism.

On the wider economic front, the impact of optimal breastfeeding cannot be overemphasised. Data show that it boosts national GDP, reduces the burden of disease and improves children's educational attainment. It helps tackle child malnutrition, stunting and wasting, reduces the financial burden of treating preventable childhood illnesses, improves children's future earning potential, and strengthens the country's human capital and economic development.

The barriers: Why many Nigerian mothers struggle

Call it exclusive or optimal breastfeeding, the practice is not unfamiliar to mothers in rural and urban areas alike, said Lactation Consultant Titilayo Medunonye in an exclusive interview with ***Pharmanews.*** Many mothers, however, encounter challenges beyond their control that push them towards alternatives to optimal breastfeeding. She identified the principal barriers as poor breastfeeding knowledge and prevailing myths, inadequate support from healthcare providers, workplace challenges and short maternity leave, family and cultural pressures, aggressive formula marketing and social media misinformation, and maternal physical and mental health challenges, among others.

Medunonye, who is Nigeria's first indigenous International Board Certified Lactation Consultant and the founder of the country's first breastfeeding company, Milky Express Ltd, emphasised the need for policymakers and stakeholders to deliberate on policies that promote optimal breastfeeding across the board, dispel the myths that stigmatise the practice, mobilise health workers to provide adequate care and counselling to lactating mothers, and mandate employers to comply with six months of maternity leave.

"It is also pertinent to impose higher tariffs on the importation of baby formula as a way of discouraging patronage, while husbands and relatives must be held accountable for the wellbeing of nursing mothers, in order to provide optimal care for both infants and mothers," she stated.

A retired Deputy Director of Nursing at the Lagos State Primary Health Care Board, Nurse Patience Omoluwa, also condemned the idea of placing the entire burden of optimal breastfeeding on mothers alone, arguing that this is a critical public health issue requiring urgent attention. The nursing expert, who spent much of her active service at primary health centres caring for infants and nursing mothers, shared the difficult conditions faced by some mothers:

"There were times I saw mothers struggling to breastfeed because they themselves were malnourished. They looked pale, anaemic and weak. When you asked about their husbands, they would say he had been away for days without making adequate provision for the family."

Breaking the barriers: What works

The commemoration of World Breastfeeding Week 2026, with the theme "Breastfeeding for a Sustainable Start in Life: Strengthen What Works," should not be another jamboree, particularly in Nigeria, where an estimated two to three million children suffer from severe acute malnutrition, with only a fraction receiving adequate therapeutic treatment, according to 2026 UNICEF data. Such an occasion ought to be used to critically examine the barriers to optimal breastfeeding and address them directly, so that sustainable change can be achieved. Given the difficult realities described above by experts, it is high time the government reviewed the implementation of existing policies and formulated new ones to strengthen maternal health.

The Innocenti Declaration (1990/2005), established by the World Health Organisation and UNICEF, calls on all governments to create a national breastfeeding culture by establishing multi-sectoral national breastfeeding committees, passing protective labour laws, and integrating breastfeeding support into health infrastructure. There is no better time than now for the Nigerian government to review and fully implement this policy, so that meaningful progress can be recorded in infant and maternal health.

Medunonye also emphasised the need for enforcement of the International Code of Marketing of Breast-milk Substitutes, commonly known as the WHO Code, which mandates food agencies to curb aggressive marketing of milk formula and prohibits direct-to-consumer advertising, free formula samples in maternity wards, and financial incentives offered to healthcare providers by formula manufacturers.

She further underscored the need for the legislative arm of government to rise to the occasion by reviewing the implementation of legislation that promotes optimal breastfeeding, with a view to formulating punitive measures for non-compliant agencies or institutions. "It is crucial for lawmakers to formulate laws on mandatory paid maternity leave, workplace accommodations that allow for lactation breaks and private expression spaces, and legal protections for nursing in public spaces," she said.

As the theme for this year's World Breastfeeding Week aptly reminds us, achieving sustainable optimal breastfeeding requires every stakeholder to play a role. It is not solely a mother's responsibility; it is a shared responsibility of families, employers, healthcare providers, policymakers and society at large.

Experts have repeatedly highlighted the impact of optimal breastfeeding on both infants and mothers. It fortifies the child's immunity, reduces mortality, serves as complete nutrition, boosts brain development and supports healthy growth. For mothers, they say it reduces the risk of postpartum haemorrhage, lowers the risk of cancer, diabetes and cardiovascular disease, aids mother-infant bonding, and serves as a natural family planning mechanism.

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From rep to CEO: Success lessons from my journey

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An address by Pharm. Lekan Asuni, FNAPharm, FPSN, chairman of the 2026 Induction Ceremony and Investiture of Fellows of the Society for Pharmaceutical Sales and Marketing of Nigeria (SPSMN).

As I reflect on more than three decades in the pharmaceutical and healthcare sectors across Africa, Asia and Europe, I am reminded that success is rarely a straight line. It is built one day, one relationship, and one challenge at a time. Today, I share with you the lessons that have guided my journey—from medical representative to managing director of GlaxoSmithKline Pharmaceutical Nigeria and Anglophone West Africa, and now as founder and chief executive of Lefas Pharmaceuticals Group and Afriqvax Biopharmaceuticals.



Pharm. Lekan Asuni, FNAPharm, FPSN

Never underestimate the power of humble beginnings

One of the greatest misconceptions about success is that it happens overnight. It does not. When I began my career as a medical representative, carrying product literature from hospital to hospital, I learned discipline, accountability, and the importance of listening to customers. I learned that performance is a consequence of preparation. Those early lessons remained valuable at every stage of my career. No role is too small to teach you something that will become invaluable later in life.

Build competence before seeking recognition

In today's world, many people prioritise visibility over capability. The reverse should be the case. The pharmaceutical industry is knowledge-intensive. Whether you work in sales, marketing, manufacturing, regulatory affairs, or business development, competence remains your greatest competitive advantage.

Throughout my career, opportunities came not because I was seeking titles, but because I was preparing for greater responsibilities. Long before I became a marketing director or managing director, I was a student of business—learning, observing, asking questions, and building capabilities.

I was privileged to benefit from world-class development programmes at GlaxoSmithKline that sharpened my technical, commercial and leadership capabilities. These included personal selling skills training, key account development programmes, marketing excellence initiatives, leadership development programmes, and market immersion assignments in South Africa, India, and the United Kingdom.

These programmes broadened my perspective, challenged my thinking, exposed me to global best practices, and prepared me for responsibilities I had not yet assumed. One lesson became very clear: learning should never stop when formal education ends. The most successful professionals are those who continuously invest in themselves.

The market rewards competence. Organisations reward competence. Leadership rewards competence. Your career growth will rarely exceed your personal growth. Invest in your competence today, and leadership opportunities will find you tomorrow.

Integrity is non-negotiable

Throughout my career, whether engaging with healthcare professionals, regulators, government institutions, investors, or multinational boards, I have found that trust remains the most valuable currency in leadership. You may achieve temporary success without integrity, but you cannot build a lasting legacy without it. Our industry exists to improve health outcomes. Therefore, ethics, compliance, transparency and professionalism must remain at the centre of everything we do. The reputation you build over decades can be destroyed in a moment. Protect it diligently.

Leadership is about developing people

Among the achievements I cherish most are not business growth figures or market share gains. Rather, it is seeing the people I mentored become leaders. While leading GSK across West Africa, I deliberately invested in talent development because I understood that sustainable growth is impossible without capable people. Many of those who worked with me went on to hold strategic leadership positions across the healthcare and pharmaceutical industry. Your success as a leader should not be measured only by what you achieve personally, but by how many others succeed because of your leadership.

Think beyond products—think ecosystems

The future of healthcare will belong to leaders who understand the interconnected nature of healthcare systems. Today, pharmaceutical sales and marketing professionals must understand not only brands and customers but also policy, regulation, manufacturing, technology, financing, public health and stakeholder partnerships. This broader perspective has shaped my current work across health-sector strategy, biopharmaceuticals development, local manufacturing, medical technology innovation and public-private partnerships.

Believe in Nigeria's healthcare future

Throughout my career, I have observed healthcare systems across continents. This experience has strengthened my conviction that Nigeria can become a significant hub for pharmaceutical manufacturing and healthcare innovation in Africa. The establishment of local manufacturing capabilities, the strengthening of regulatory systems, increased investment in healthcare infrastructure, and the emergence of indigenous healthcare enterprises are all positive signs. The responsibility for accelerating this transformation rests with all of us, especially the young professionals being inducted today. You are not merely joining a profession. You are joining a movement that can contribute meaningfully to national development, economic growth and improved health outcomes for millions of people.

To the young professionals reading this

Today's recognition brings responsibility. You are now custodians of professional standards, ethical conduct and excellence. I encourage you to remain curious, disciplined, resilient and committed to continuous improvement. Never stop learning. Never stop innovating. Never stop creating value. And never forget that the ultimate purpose of our industry is not merely commercial success—it is to improve and save lives.

As I conclude, allow me to leave you with a philosophy that has guided my career: Dream boldly. Learn continuously. Lead ethically. Build people. Create value. Leave a legacy. If you embrace these principles, there is no limit to what you can achieve.

Integrity is non-negotiable
Throughout my career, whether engaging with healthcare professionals, regulators, government institutions, investors, or multinational boards, I have found that trust remains the most valuable currency in leadership. You may achieve temporary success without integrity, but you cannot build a lasting legacy without it. Our industry exists to improve health outcomes. Therefore, ethics, compliance, transparency and professionalism must remain at the centre of everything we do.

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The Inner Architecture of Leadership

Self-control is the ultimate power

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

"The best revenge is to be unlike him who performed the injury."
— *Marcus Aurelius*

"Like a city that is broken into and without walls is a man who has no control over his spirit." — *Proverbs 25:28 (AMP)*



In every era, power is admired—power to command, to influence, to dominate outcomes. Yet the most enduring form of power is not external authority, but internal mastery. Marcus Aurelius understood that the most significant victory is not over others, but over impulses that seek to rule the self.

Scripture reinforces this truth by presenting self-control as a form of protection. Without it, even the most gifted individual becomes vulnerable—exposed to emotional volatility, rash decisions, and avoidable regret.

The cost of unrestrained impulse

Uncontrolled emotion weakens judgment. Anger invites error, impatience accelerates mistakes, and unchecked desire clouds discernment. Leaders who lack self-control may achieve visibility, but they rarely sustain credibility.

Scripture warns that the absence of inner restraint leaves a person exposed, no matter how impressive their outward strength appears.

"He who is slow to anger is better than the mighty."
— *Proverbs 16:32 (AMP)*

Self-control is not repression; it is regulation. It is the discipline of choosing response over reaction.

Strength expressed through restraint

True strength is revealed not in domination, but in restraint. Leaders who exercise self-control think before they speak, pause before they act, and reflect before they decide. This restraint creates space for wisdom to surface.

Scripture presents self-control as a fruit of spiritual maturity, not merely a personality trait.

"But the fruit of the Spirit [the result of His presence within us] is self-control."
— *Galatians 5:23 (AMP)*

Such control is cultivated, not accidental.

Mastery that sustains leadership

Marcus Aurelius taught that revenge is unnecessary when character is secure. Scripture completes this insight by revealing self-control as the wall that protects integrity, influence, and peace.

When the self is governed wisely, leadership becomes stable, trustworthy, and enduring.

Clarity comes from reflection

"The more we value things outside our control, the less control we have."
— *Epictetus*

"Examine yourselves, to see whether you are in the faith; test yourselves."
— *2 Corinthians 13:5 (AMP)*

Many people seek clarity through speed—more meetings, more opinions, more activity. Yet clarity rarely emerges from motion alone. It is the by-product of reflection. When reflection is neglected, decisions become reactive, and direction becomes blurred.

Epictetus understood that confusion often arises when attention is scattered across what cannot be controlled. Scripture reinforces this insight by calling for honest self-examination. Without reflection, even sincere effort can drift off course.

Reflection as leadership discipline

Reflection is not a luxury reserved for quiet seasons; it is a discipline required precisely when pressure is high. Leaders who fail to reflect repeat mistakes, misjudge priorities, and confuse urgency with importance.

Scripture frames reflection as testing—an intentional pause to evaluate alignment between belief, intention, and action. This pause does not weaken leadership; it strengthens it.

"Let us examine and scrutinise our ways, and let us return to the Lord."
— *Lamentations 3:40 (AMP)*

Reflection recalibrates direction before damage is done.

Seeing what activity conceals

Busyness often conceals misalignment. Constant motion can mask ineffective strategies and unhealthy habits. Reflection exposes what activity hides, allowing leaders to confront uncomfortable truths with humility rather than denial.

Those who reflect regularly gain clarity not because life becomes simpler, but because perception becomes sharper.

Stillness that reveals direction

Epictetus taught that misplaced attention weakens control. Scripture completes this wisdom by showing that reflection restores alignment. When leaders pause to examine themselves, clarity follows, and direction stabilises.

Reflection does not slow progress; it prevents wasted effort.

The power of detachment

"If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it."
— *Marcus Aurelius*

"I have learned to be content [and self-sufficient through Christ] in whatever circumstances I am."
— *Philippians 4:11 (AMP)*

Attachment is often mistaken for commitment, yet the two are not the same. Commitment is purposeful and grounded; attachment is emotional and reactive. When leaders become overly attached to outcomes, positions, possessions, or approval, judgment becomes clouded, and peace becomes fragile.

Marcus Aurelius recognised that distress frequently arises not from events themselves, but from the weight of attachment placed upon them. Scripture affirms this insight by teaching contentment as a learned discipline, not a circumstantial gift.

Detachment as inner freedom

Detachment does not mean indifference. It means holding things with open hands rather than clenched fists. Leaders who practice detachment remain calm under pressure because their identity is not anchored to temporary outcomes.

Scripture consistently calls believers to release unhealthy dependence on external validation or material security.

"Set your mind on the things above [heavenly things], not on things that are on the earth."
— *Colossians 3:2 (AMP)*

Detachment frees leaders to respond wisely rather than react emotionally.

Clarity without clinging

When attachment loosens, clarity increases. Decisions are made with discernment rather than desperation. Leaders who detach from ego, fear, and excessive expectation are better able to adapt, learn, and lead through uncertainty.

Detachment creates emotional space for wisdom to surface.

Holding life lightly

Marcus Aurelius taught that inner peace is restored when estimation is corrected. Scripture completes this wisdom by presenting contentment as a source of strength. When leaders learn to hold life lightly, they gain freedom without losing responsibility.

Detachment does not diminish influence; it stabilises it.

Reflection questions

- Where might a lack of self-control be undermining your effectiveness or peace?
- What area of your life or leadership would benefit from honest reflection rather than continued activity?
- What outcome, possession, or approval might you be holding too tightly?

Action points

- This month, consciously pause before responding in one emotionally charged situation and choose a disciplined, measured response.
- This month, schedule a deliberate period of quiet reflection to review one recent decision or pattern and identify one adjustment to make going forward.
- This month, consciously loosen your grip on one attachment by choosing trust, flexibility, or contentment instead.

PCN News

PCN seals 505 premises in Cross River

By Ifeoluwa D. Afolayan

The Pharmacy Council of Nigeria (PCN) has sealed 505 illegal and non-compliant premises in Cross River State, following a four-day enforcement exercise aimed at sanitising the pharmaceutical sector and protecting public health.

The operation, which covered 10 Local Government Areas, involved the inspection of 602 pharmaceutical premises. Findings revealed that nearly half (48.3 per cent) of the facilities were operating in violation of the provisions of the Pharmacy Council of Nigeria (*Establishment*) Act 2022 and other regulatory standards.

Speaking during a press briefing in Calabar on behalf of the Registrar of the PCN, Pharm. Ibrahim Babashehu Ahmed, Dr Suleiman S. Chiroma disclosed that the enforcement exercise resulted in the sealing of 505 premises comprising of 291 illegal medicine outlets, 54 pharmacies and 160 patent medicine stores for various regulatory infractions. In addition, 13 compliance directives were issued to operators to enable them rectify identified deficiencies.

According to the Council, only 42.5 per cent of the registered pharmacies inspected were fully compliant with regulatory requirements, while just 26.8 per cent of patent medicine vendors met the expected standards. The violations identified included operating without valid licences, poor storage conditions, unauthorised handling of controlled medicines and the unsupervised training of apprentices.

Chiroma warned that many of the affected premises were being operated by unqualified and unregistered persons, describing such practices as a serious threat to public health.

He also referenced the recent conviction of Mrs Ezea Isidora Kamchekwube, who operated two unlicensed medicine shops in Calabar and was sentenced to eight years' imprisonment by the Federal High Court, noting that the judgment underscores the legal consequences of operating outside the regulatory framework.

The PCN urged members of the public to obtain medicines only from outlets displaying valid PCN licences, stressing that medicines dispensed by unqualified persons could result in treatment failure, antimicrobial resistance and other avoidable health complications.

The Council reaffirmed that its enforcement activities form part of ongoing efforts to support the Federal Government's Universal Health Coverage agenda by ensuring Nigerians have access to safe, effective and quality-assured medicines.

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WHO raises alarm as unsafe food kills 1.5 million people yearly

- Says young children worst affected

By Ola Aboderin



The World Health Organisation (WHO) has warned that unsafe food causes an estimated 866 million illnesses and 1.5 million deaths every year, with children under the age of five bearing a disproportionately high share of the burden.

According to new WHO estimates, young children are nearly three times more likely to fall ill from unsafe food than older children and adults. Although they make up only nine per cent of the world's population, they account for almost one-third of all foodborne disease cases, particularly diarrhoeal diseases, which remain a leading cause of illness and death among this vulnerable group.

The organisation also warned that exposure to chemical contaminants such as methylmercury and lead through food can damage the developing brain, leading to lifelong neurological and developmental disorders in children.

WHO said many of the illnesses and deaths linked to contaminated food could be prevented through improved access to safe water, sanitation and hygiene, better food safety practices including pasteurisation, and stronger healthcare services for vulnerable populations.

Although the global burden of foodborne diseases has declined since 2000, significant disparities remain. The greatest burden continues to fall on countries in Africa and South-East Asia.

The report found that biological hazards, including bacteria, viruses and parasites, were responsible for the overwhelming majority of foodborne illnesses, causing about 860 million cases in 2021. However, chemical contaminants accounted for a disproportionately high number of deaths.

In 2021, chemical hazards were responsible for seventy-three per cent of deaths associated with contaminated food. Most of these deaths were linked to inorganic arsenic, which accounted for forty-two per cent, and lead, responsible for thirty-one per cent, largely because prolonged exposure increases the risk of cardiovascular disease and cancer.

Beyond its impact on health, unsafe food also carries a heavy economic cost. WHO estimated that foodborne diseases resulted in productivity losses of approximately US$310 billion in 2021 through time lost from work due to illness. When adjusted for differences in the cost of living across countries, the estimated productivity loss rose to US$647 billion.

WHO Director-General, Dr Tedros Adhanom Ghebreyesus, described the findings as providing the clearest picture yet of the global consequences of unsafe food.

"Food safety is not an abstract issue. It touches every meal, every family, every day. Unsafe food has always been a major public health concern, but until now we lacked the bigger picture of its staggering human and economic toll. These new estimates change that.

"For the first time, countries have their own data to see where the burden is highest. With that knowledge, governments can prioritise the actions needed to protect people's health," he said.

The new assessment expands WHO's evidence base by examining forty-two major foodborne hazards, including bacteria, viruses, parasites and chemicals, across 194 countries between 2000 and 2021. It also incorporates hazards not previously included in global estimates, such as metals, rotavirus and *Trypanosoma cruzi*, the parasite responsible for Chagas disease.

WHO noted that foods may become contaminated with chemicals including inorganic arsenic, lead and methylmercury through both natural processes and human activities. Once these contaminants enter the food chain, they are often difficult or impossible to eliminate.

The organisation therefore called on governments to prevent contamination at its source through improved agricultural practices, stricter industrial controls and stronger environmental regulations.

Although concentrations of some metals in food have declined over time, the report provides the first comprehensive estimates of the burden of cardiovascular disease, cancer and intellectual disability resulting from long-term dietary exposure to these substances.

WHO estimated that inorganic arsenic and lead together are linked to more than one million deaths annually, while methylmercury continues to pose a serious threat to children's brain development.

The report also highlights persistent inequalities in exposure to unsafe food. Changing diets, environmental pressures, globalisation and weaknesses within food systems continue to influence who is most at risk.

Children and people living in low-resource settings, particularly in low- and middle-income countries, experience the greatest health burden. Together, Africa and South-East Asia account for almost three-quarters of all foodborne illnesses and about sixty per cent of global deaths.

Senior author of the study and WHO Technical Officer for Food Safety, Yuki Minato, described the report as both a warning and a guide for action.

"The data show that foodborne diseases are not only persistent but are being made worse by climate change, which increases contamination risks, and by antimicrobial resistance, which makes infections harder to treat. We cannot tackle these threats alone.

"A One Health approach, integrating human, animal, plant and environmental health, is essential. Countries must act urgently by using these estimates to target interventions, invest in surveillance and strengthen collaboration across the health, agriculture and environmental sectors. Delay costs lives," Minato said.

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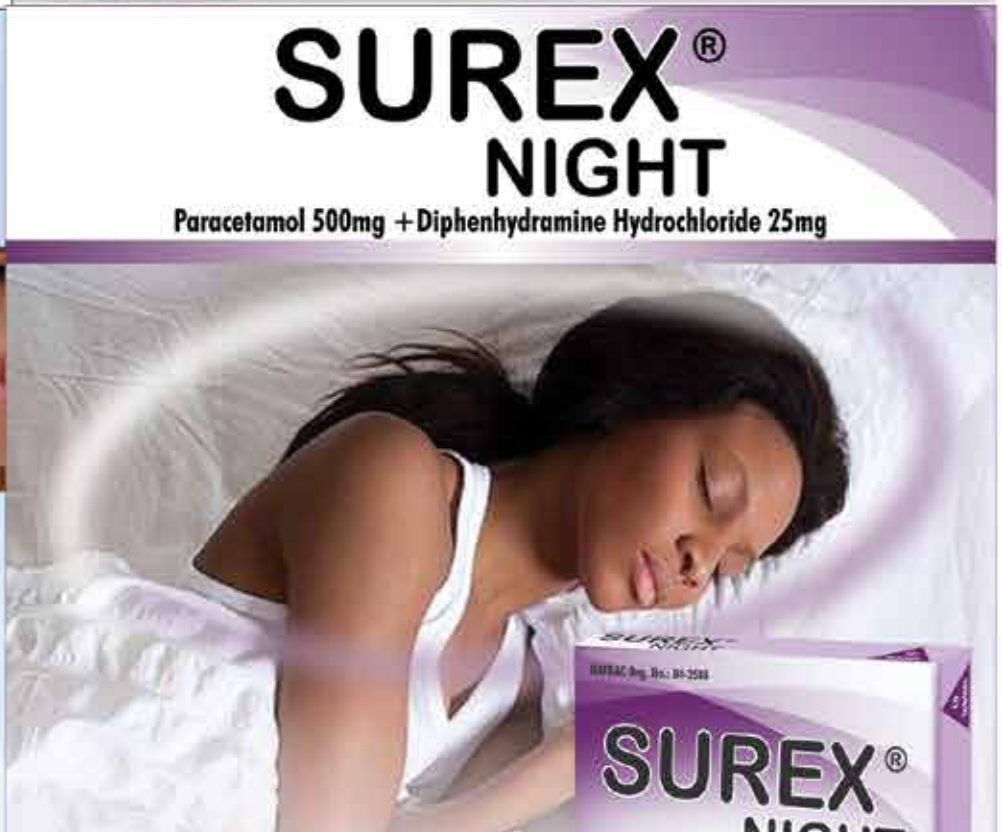
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Stricter enforcement, ethical practice key to improved antimicrobial stewardship — Orisile

Antimicrobial resistance is one of the most pressing public health challenges of our time, with inappropriate use of antibiotics continuing to fuel the emergence of drug-resistant infections. According to Dr George Orisile, a UK-trained pharmacist and PhD researcher specialising in antimicrobial stewardship, reversing the trend will require more than professional awareness; it will demand stronger regulation, better governance and stricter enforcement of existing standards. In this interview with ***Temitope Obayendo****, he examines the systemic issues affecting antimicrobial stewardship in Nigeria, the importance of robust pharmaceutical governance and the opportunities for responsible healthcare investment. Excerpts:*

As a pharmacist and researcher specialising in antimicrobial stewardship, how has your academic work shaped your approach to healthcare systems in Nigeria?

My PhD research has made me look beyond individual practice and focus more on the systems that shape professional practice. In Nigeria, many healthcare professionals understand what good practice should look like, but they often operate within weak enforcement systems, fragmented supply chains, patient pressure and commercial realities.

My approach has therefore become more systems-focused. I see antimicrobial stewardship not simply as telling pharmacists not to dispense antibiotics without appropriate checks, but as creating an environment where professional practice, regulation, public education and access to medicines work together.

Your work combines regulation, supply chain integrity and investment. Why do you believe governance should be the starting point rather than an afterthought in Nigeria's pharmaceutical sector?

Because in healthcare, demand is rarely the problem. Nigeria has a large population, high demand for medicines and enormous market potential. The real issue is governance.

Without sound governance, investment can quickly become risky. You may have products, capital and customers, but if regulation, documentation, quality assurance and accountability are weak, the entire business model becomes vulnerable.

For me, governance is not merely paperwork. It is the foundation that protects patients, safeguards investors and preserves the long-term credibility of the pharmaceutical sector.

Through AGORIS Consulting Nigeria, you focus on building regulated pharmaceutical importation and distribution platforms. What are the most critical compliance risks investors often underestimate when entering this space?

Many investors focus on sales projections and profit margins but underestimate regulatory exposure.

The major risks include product registration requirements, NAFDAC compliance, sourcing from properly audited Good Manufacturing Practice (GMP)-certified manufacturers, documentation gaps, cold-chain or storage failures, labelling issues, import permits, pharmacovigilance obligations and traceability throughout the distribution chain. This is where AGORIS Consulting Nigeria intends to make its greatest impact.

Another common misconception is the assumption that because a product is available abroad, it can simply be imported and sold in Nigeria. Healthcare products must be treated differently from ordinary consumer goods.



Dr George Orisile

Antimicrobial resistance remains a growing global concern. Based on your research, what are the key drivers of inappropriate antimicrobial use in community pharmacy settings in low- and middle-income countries?

From my research and broader professional experience, the drivers are both social and structural.

Patients often seek quick relief and may request antibiotics based on previous experience, advice from family members or what worked for them in the past. Cost is also a major factor, particularly where people avoid hospital consultations because of affordability or access barriers.

At the practice level, pharmacists may face commercial pressure, competition from informal medicine vendors, weak enforcement of prescription regulations and limited integration into national antimicrobial stewardship programmes.

Inappropriate antibiotic use is therefore not simply a knowledge problem. It is also driven by access, affordability, public behaviour, regulation and market forces.

How can stronger regulatory enforcement and professional practice standards realistically improve antimicrobial stewardship at the retail pharmacy level in Nigeria?

Stronger enforcement can establish clearer boundaries around acceptable professional practice. When regulations are applied consistently, pharmacists are better supported in declining inappropriate requests for antibiotics.

However, enforcement alone is insufficient. It must be complemented by practical professional standards, public education, better referral pathways and greater recognition of community pharmacists as integral members of the wider antimicrobial stewardship system.

Retail pharmacies are often the first point of contact for many patients. With the right support, they can become important centres for patient education, early triage, responsible medicine use and appropriate referral.

You work closely with UK and diaspora investors. What distinguishes a well-structured, sustainable healthcare investment from a speculative one in emerging markets such as Nigeria?

A sustainable healthcare investment is built on compliance, patient safety, quality assurance, sound operations and long-term value.

A speculative investment, on the other hand, is driven primarily by market size, quick returns and assumptions about demand.

Nigeria presents enormous opportunities, but healthcare investments must be properly structured. Investors need clear regulatory pathways, audited suppliers, sound governance structures, accountable management, financial discipline and business models that address genuine healthcare needs. The best healthcare investments are not only profitable; they are trusted.

Nigeria's pharmaceutical supply chain has long faced challenges relating to quality assurance and distribution inefficiencies. What structural reforms do you believe are most urgent to restore trust and system integrity?

The most urgent reforms include stronger quality assurance, improved product traceability, better regulation of distribution channels and stricter control of the informal medicine market.

Nigeria also needs stronger collaboration among regulators, manufacturers, importers, wholesalers, pharmacists and healthcare institutions. Digital tracking systems, more robust inspections, stricter enforcement of storage standards and transparent licensing processes would all help restore confidence.

Ultimately, the public must be assured that the medicines they purchase are genuine, safe, effective and properly handled throughout the supply chain, from manufacturer to patient.

Looking ahead, what role do you see pharmacist-led enterprises like AGORIS playing in strengthening healthcare systems and improving access to safe, high-quality medicines?

Pharmacist-led enterprises can bridge the gap between commercial investment and professional healthcare responsibility.

AGORIS Consulting Nigeria is built on that principle: developing pharmaceutical business models that are investment-ready while also being regulation-ready, patient-centred and quality-driven.

I believe pharmacists should not only work within healthcare systems but should also help design better systems and contribute to national policy frameworks centred on patient safety.

Enterprises such as AGORIS Consulting Nigeria can support safer access to medicines, responsible importation, stronger distribution governance, greater investor confidence and improved public health outcomes.

For me, the future of pharmacy in Nigeria must extend beyond dispensing medicines in retail pharmacies. It should encompass leadership in healthcare systems, regulation, investment and medicine safety.

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Prostate health in ageing men

By Ola Aboderin



As men grow older, their bodies go through changes that are easy to notice, such as grey hair, stiff joints, and declining energy levels. But, perhaps, the most common health concern of ageing men is prostate health.

Many men avoid talking about prostate health because of embarrassment, fear, or the belief that urinary problems are simply part of getting older. Unfortunately, these assumptions can delay medical attention until symptoms become more serious. The truth is that while prostate changes are common with age, they should never be ignored.

Understanding the prostate

The prostate is a small gland found only in men. Located just below the bladder, it surrounds part of the urethra, the tube through which urine leaves the body. Its primary role is to produce fluid that nourishes and transports sperm.

In younger men, the prostate is about the size of a walnut. As men age, however, it often becomes larger. This enlargement is not always a sign of cancer. In fact, many older men develop a condition known as benign prostatic hyperplasia (BPH), which is a non-cancerous enlargement of the prostate.

As the gland enlarges, it can press against the urethra and make it more difficult for urine to pass freely.

Identifying the warning signs

Many men dismiss the early symptoms of prostate problems because they develop gradually. Waking several times during the night to urinate, taking longer to empty the bladder, or experiencing a weak urine stream may be accepted as part of ageing.

Other warning signs include difficulty starting urination, a sudden urge to urinate, dribbling after urination, or the feeling that the bladder has not emptied completely.

These symptoms do not necessarily mean a man has prostate cancer. They may result from an enlarged prostate or another urinary condition. However, they do mean that medical evaluation is necessary.

Blood in the urine or semen, persistent pain in the lower back, hips, or pelvis, or unexplained weight loss should never be ignored, as these symptoms require prompt medical attention.

Prostate enlargement vs prostate cancer

One of the greatest sources of confusion is the belief that every prostate problem is cancer. This is not true.

Benign enlargement of the prostate becomes increasingly common with age and affects millions of men worldwide. While it can significantly affect quality of life, it is not cancer and does not automatically develop into cancer.

Prostate cancer, however, is one of the most common cancers affecting men. According to global cancer statistics, its risk increases significantly after the age of 50, although some men with a strong family history may be at risk earlier. The encouraging news is that when detected early, treatment is often more successful and outcomes are considerably better.

Importance of regular screening

One reason prostate cancer continues to claim lives is that it may produce no symptoms in its early stages. A man may feel completely healthy while the disease is developing silently.

This makes regular medical check-ups particularly important, especially for men over 50 and those with a father or brother who has had prostate cancer.

Doctors may recommend a prostate-specific antigen (PSA) blood test, a digital rectal examination, or both, depending on a person's age, medical history, and level of risk. These tests do not provide all the answers on their own, but they help identify men who require further evaluation.

Screening should always involve a discussion between a man and his healthcare provider so that decisions are based on individual risk and overall health.

Habits that enhance prostate health

While age and family history cannot be changed, some lifestyle habits may help support prostate and overall health.

A balanced diet rich in fruits, vegetables, legumes, and whole grains contributes to general well-being. Foods high in saturated fats and heavily processed meats should be eaten in moderation. Maintaining a healthy weight and engaging in regular physical activity also reduce the risk of many chronic diseases, including some cancers.

Good control of conditions such as diabetes and hypertension is equally important, as these illnesses often occur alongside prostate problems in older adults.

Perhaps most importantly, men should not ignore changes in their urinary habits. Seeking medical advice early can prevent unnecessary complications and improve quality of life.

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6.	Anyafulu Lawrence Okwu	30/06/31	Anambra
7.	Emelifonwu Christopher	1/12/31	Delta
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NHFRA Bill will worsen healthcare regulation, HCPAN alerts N'Assembly

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is essential to patient safety and quality assurance, establishing the proposed agency in its current form would complicate rather than strengthen the nation's healthcare system.

Speaking on behalf of the association, HCPAN President, Dr Austine Aipoh, said the association fully supports efforts to improve healthcare quality, accountability, patient safety and uniform standards across the country. However, he argued that the NHFRA Bill duplicates responsibilities already assigned to existing institutions and therefore risks creating avoidable regulatory bottlenecks.

According to him, healthcare regulation in Nigeria is already undertaken by several statutory institutions, including the Federal Ministry of Health and Social Welfare, state ministries of health, the National Health Insurance Authority (NHIA), and professional regulatory bodies such as the Medical and Dental Council of Nigeria (MDCN), Pharmacy Council of Nigeria (PCN), Nursing and Midwifery Council of Nigeria (NMCN), and the Medical Laboratory Science Council of Nigeria (MLSCN).

Aipoh observed that the proposed agency would be vested with powers relating to inspection, accreditation, certification, monitoring, investigation, sanctions and enforcement - functions that substantially mirror the mandates of these existing institutions. He warned that, if enacted without significant amendments, the Bill could subject healthcare providers to multiple inspections, repeated accreditation exercises, overlapping certification requirements and additional regulatory levies imposed by different government agencies.

He noted that rather than simplifying healthcare regulation, the proposed framework could increase administrative burdens, raise compliance costs for healthcare providers and ultimately increase the cost of healthcare services without necessarily improving patient outcomes.



A cross-section of HCPAN members and executives, flanked by the president, Dr Austine Aipoh, (middle), at the press briefing in Lagos.

As an alternative, the association advocated a more collaborative approach that would strengthen existing institutions through improved coordination, more effective enforcement mechanisms and harmonised regulatory activities. HCPAN maintained that resources earmarked for establishing the proposed agency would be better invested in strengthening existing regulators, expanding inspection capacity, digitising regulatory processes and supporting continuous quality improvement across both public and private healthcare facilities.

In its memorandum submitted to the National Assembly, the association proposed the development of a National Healthcare Regulatory Coordination Framework to harmonise the activities of existing regulatory bodies, eliminate duplication of responsibilities and promote joint inspections where appropriate. It also called for broader stakeholder consultations before any new regulatory structure is introduced, alongside a comprehensive assessment of the financial implications of the Bill.

Other HCPAN members who addressed journalists during the Lagos media briefing, including representatives of the Association of Community Pharmacists of Nigeria (ACPN), unanimously endorsed the association's position. They urged healthcare providers to remain united in advocating a regulatory system that promotes efficiency without imposing unnecessary administrative burdens.

According to the stakeholders, the debate over the Bill extends beyond healthcare providers because every Nigerian is either a patient or a potential patient whose access to quality, affordable healthcare could be affected by the country's regulatory framework.

Established in 2004, HCPAN represents private hospitals, specialist clinics, pharmacies, diagnostic centres, medical laboratories and other licensed healthcare establishments across Nigeria. The association reaffirmed its commitment to working with the National Assembly, the Federal Ministry of Health and Social Welfare, state governments and other stakeholders to develop a regulatory framework that strengthens healthcare quality while avoiding duplication of responsibilities.

It maintained that Nigeria's healthcare regulatory challenges would be better addressed through stronger collaboration among existing regulators, clearer delineation of statutory responsibilities and improved coordination rather than by establishing another agency to perform functions already assigned by law.

Fix Nigeria's health system to stem doctors' exodus, physicians tell government

By Patrick Iwelunmor

The West African College of Physicians (WACP) has urged governments across Nigeria to urgently strengthen the country's healthcare system, warning that the continued migration of doctors and other medical professionals could further weaken service delivery and place greater strain on hospitals.

The appeal was made during a press conference at the Theophilus Ogunlesi Hall, University of Ibadan, ahead of the 50th Annual General and Scientific Conference of the Nigeria Chapter of the West African College of Physicians, which took place from 5-11 July.

Addressing journalists, the Chairman of the Nigeria Chapter of WACP and Vice President of the College, Professor Benjamin Uzochukwu, said the country must address longstanding challenges in healthcare governance, funding, workforce retention and service delivery if it hopes to reverse the growing exodus of skilled professionals.

He stressed that attempts to discourage doctors from leaving the country through restrictive policies would not solve the problem. Instead, he called for deliberate efforts to make medical practice in Nigeria more rewarding, efficient and sustainable.

According to him, improving working conditions, providing adequate remuneration and equipping health facilities would encourage more healthcare workers to remain in the country and contribute to strengthening the health sector.

Uzochukwu also spoke on the growing role of artificial intelligence in healthcare, describing it as a valuable tool, particularly in disease diagnosis. However, he maintained that technology cannot replace the compassion, empathy and clinical judgement that healthcare professionals bring to patient care.

He explained that while artificial intelligence can support medical decision making, it lacks the human connection that is often essential in treating patients, especially when emotional support and communication are required.

The physician expressed concern that the continued migration of experienced doctors and specialists is depriving Nigerian hospitals of much needed expertise, adding that rising inflation has significantly eroded the purchasing power of healthcare workers.

He criticised previous attempts to curb brain drain by limiting opportunities for doctors to pursue specialist training abroad, describing such measures as ineffective. Rather than imposing restrictions, he said the country should focus on creating an environment where medical professionals are willing to build their careers.

Uzochukwu further called on the Federal Government to significantly increase investment in healthcare, noting that Nigeria remains far below the African Union's Abuja Declaration target of allocating 15 per cent of the national budget to the health sector.

According to him, current health spending remains below six per cent, a level he described as inadequate to meet the country's healthcare needs.

He maintained that sustained investment in healthcare infrastructure, personnel and services would improve access to quality medical care while reducing the incentive for doctors and other health professionals to seek opportunities abroad.

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Expand consultant pharmacists' clinical roles to boost patient safety, WAPCP tells FG

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Unveiling of the WAPCP Nigeria Chapter newsletter, at the 8th scientific conference and AGM, recently.



Prof. Lere Baale, presenting an award plaque to the immediate past Chairman of WAPCP Nigeria Chapter, Dr Margaret Obono (middle) supported by the chapter Chairman, Dr Hafusat Adesina.

Dr Hafusat Adesina, said consultant pharmacists have become indispensable to modern healthcare delivery because of their expertise in medication management, clinical decision-making and patient care.

She urged governments at all levels to fully implement the consultant pharmacist cadre across federal and state health institutions, noting that doing so would improve medication safety, strengthen healthcare delivery and ultimately save lives.

Delivering the keynote address, the Director of Pharmaceutical Services at the Osun State Hospitals Management Board, Dr Moteehat Olu-Lawal, described the expansion of consultant pharmacists' clinical responsibilities as a healthcare imperative for Nigeria rather than an option.

She observed that Nigeria's population of more than 200 million is currently served by fewer than 20,000 registered pharmacists, resulting in a pharmacist-to-population ratio that falls far below the World Health Organisation's recommendation. She noted that, globally, one in every 20 patients suffers harm from preventable medication-related events, while more than 50 per cent of adverse drug events can be prevented through pharmacist-led interventions. According to her, consultant pharmacists are uniquely positioned to bridge this gap by ensuring medicines are used safely, effectively and appropriately.

She further lamented the poor implementation of the consultant pharmacist cadre across the country. Citing survey findings presented during the conference, she disclosed that only eight of Nigeria's 33 teaching hospitals, nine of the 24 Federal Medical Centres, 11 of the 22 specialist hospitals and five of the country's 36 states have fully implemented the cadre. She attributed the slow progress to inadequate institutional support, workforce shortages, poor recognition of consultant pharmacists, the lack of structured career pathways and limited access to patients' clinical records.

To address these challenges, the keynote speaker advocated stronger inter-professional collaboration, expansion of residency and specialist training programmes, increased recruitment of pharmacists into hospital practice, greater investment in digital health technologies and dedicated funding for consultant pharmacy services. She also called on healthcare institutions to integrate consultant pharmacists into ward rounds, ethics committees, multidisciplinary care teams and clinical governance structures, while documenting their interventions to demonstrate value and strengthen advocacy.

Chairman of the occasion, Pharm. Ike Onyechi, said consultant pharmacists should become indispensable members of healthcare teams in every government health institution. He urged pharmacists to continually improve the quality of care they provide while embracing emerging technologies, especially artificial intelligence, to strengthen pharmaceutical care and clinical decision-making.

According to him, patients are increasingly seeking health information through digital platforms and artificial intelligence before consulting healthcare professionals, making it imperative for pharmacists to continually update their knowledge and technological competence to remain relevant in modern healthcare practice.

Also speaking, the President of the WAPCP, Prof. Hasipha Tarpeh, who was represented at the event, commended the Nigeria Chapter for its sustained efforts to advance consultant pharmacy practice in the country. She encouraged members of the College to remain committed to promoting excellence, professional development and patient-centred pharmaceutical care across West Africa.

The President and Chairman of the Governing Council of the Nigeria Academy of Pharmacy (NAPharm), Prof. Lere Baale, described consultant pharmacists as critical partners in healthcare delivery, noting that they help ensure medicines achieve their intended therapeutic purposes safely, effectively and compassionately. He said the increasing burden of chronic diseases, polypharmacy and advances in precision medicine require consultant pharmacists to assume more strategic clinical roles in improving therapeutic outcomes and protecting patients from medication-related harm.

Secretary-General of the WAPCP, Prof. Olufunsho Awodele, said the conference was carefully designed to build the capacity of consultant pharmacists while addressing emerging healthcare challenges. He reiterated the College's commitment to continuous professional education and specialist training, stressing that strengthening pharmacists' competencies remains essential to improving patient care and medication safety across West Africa.

The Registrar of the Pharmacy Council of Nigeria (PCN), Pharm. Ibrahim Babashehu, challenged consultant pharmacists not to relent in providing optimal pharmaceutical care, urging them to continue supporting patients through evidence-based medication management and professional excellence.

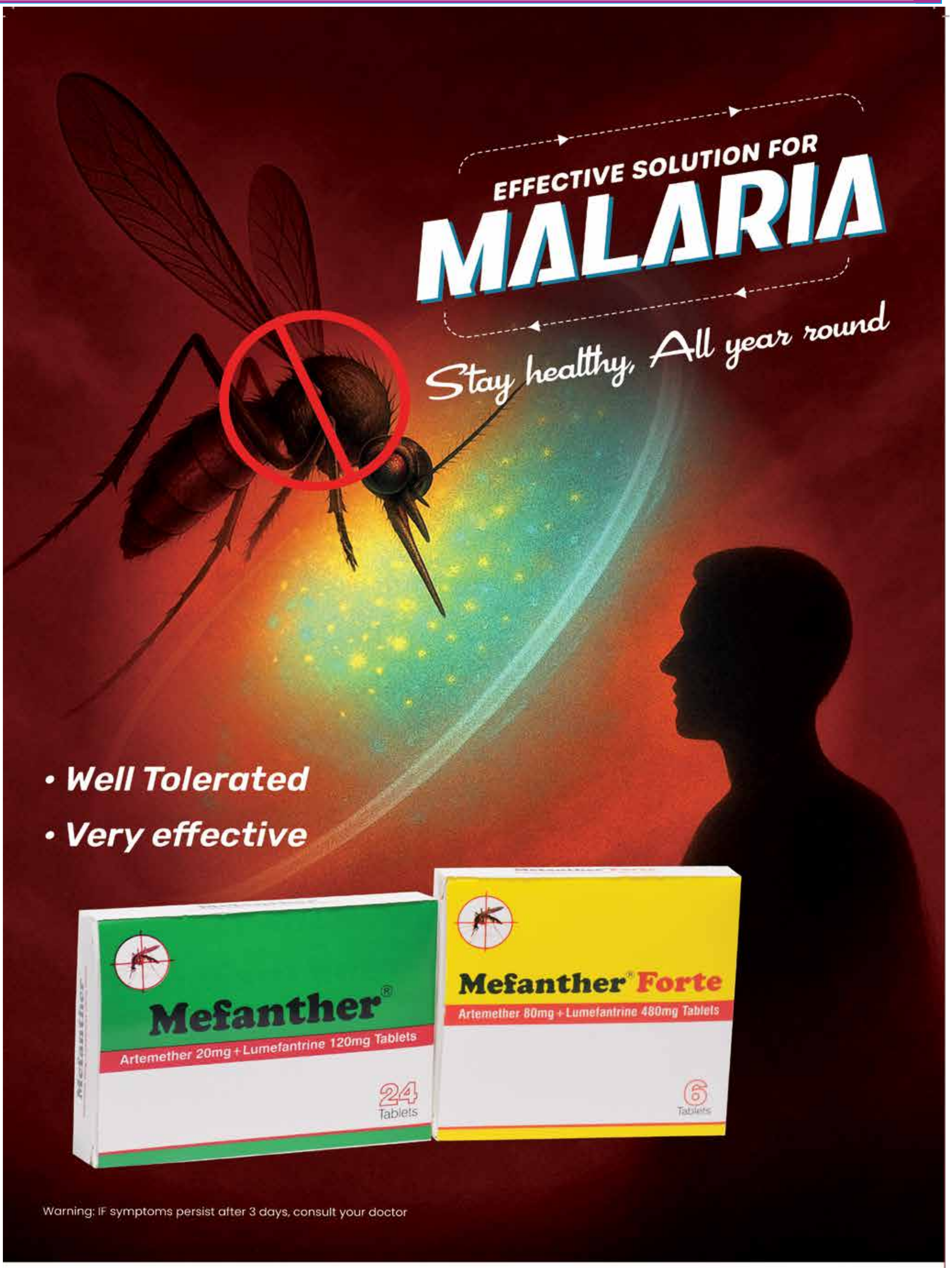
A major highlight of the conference was a panel discussion on the first sub-theme, "Leveraging Health Technology and Data Systems to Improve Medication Safety, Medicine Quality and Therapeutic Outcomes in Nigeria."

Panellists agreed that digital technologies, electronic medical records, artificial intelligence and clinical decision-support systems have become indispensable tools for reducing medication errors, improving prescribing practices and enhancing patient outcomes. They called for the accelerated adoption of digital health solutions across hospitals while equipping pharmacists with the skills needed to maximise the benefits of emerging technologies.

A second panel session focused on "Strengthening Local Pharmaceutical Manufacturing in Nigeria for Medicine Security, Quality and Sustainable Patient Care." Participants emphasised that increasing local pharmaceutical production would not only improve medicine security and reduce dependence on imported medicines but also strengthen quality assurance, enhance supply chain resilience and ensure uninterrupted access to essential medicines. They urged the government to demonstrate the political will by providing policy incentives, infrastructure and financing to accelerate local pharmaceutical manufacturing as part of efforts to achieve national health security.

The conference culminated in the unveiling of the WAPCP Nigeria Chapter Newsletter, which the College said would serve as a platform for disseminating professional updates, research findings, policy developments and achievements in consultant pharmacy practice, while promoting collaboration and continuous professional development among members.

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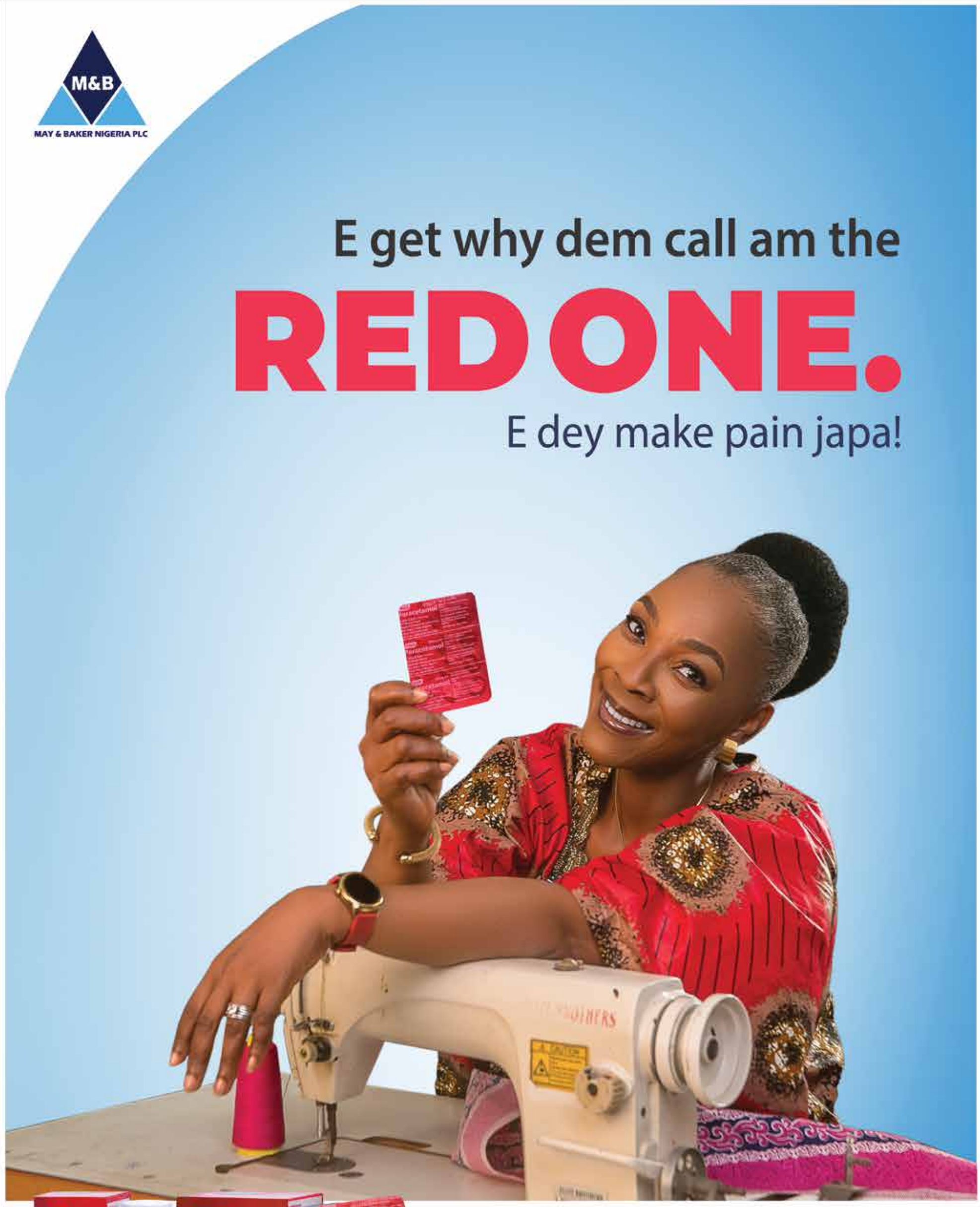
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Expand consultant pharmacists' clinical roles to boost patient safety, WAPCP tells FG

By Ranmilowo Ojalumo

The Nigeria Chapter of the West African Postgraduate College of Pharmacists (WAPCP) has called for the expansion of consultant pharmacists' clinical roles across the country's healthcare system, saying the move is critical to improving patient safety, reducing medication errors and strengthening health outcomes.

The call was the central message of the College's 8th Scientific Conference and Annual General Meeting, held in Lagos from 12 to 14 July, where pharmacy leaders, regulators, academics and other healthcare stakeholders agreed that consultant pharmacists should be more effectively integrated into multidisciplinary healthcare teams to optimise patient care and medication safety.

Speaking at the opening ceremony of the conference, themed "Expanding Consultant Pharmacists' Clinical Roles in Nigeria to Optimise Patient Care and Medication Safety", the Chairman of the WAPCP Nigeria,

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L-R: Barr. Dozie Ifeanyi Atueyi, executive director, Pharmanews; Mrs Uchenna Dibor, director, Pharmanews; Mr John Asekomhe, father-in-law to Barr. Nkechi Asekome (nee Atueyi); Mrs Joan Atueyi, director, Pharmanews,and Mrs Felicia Azuka Osih, member of FGBMFI; at the maiden edition of Sir Ifeanyi Atueyi Memorial Lecture held in Lagos, recently.

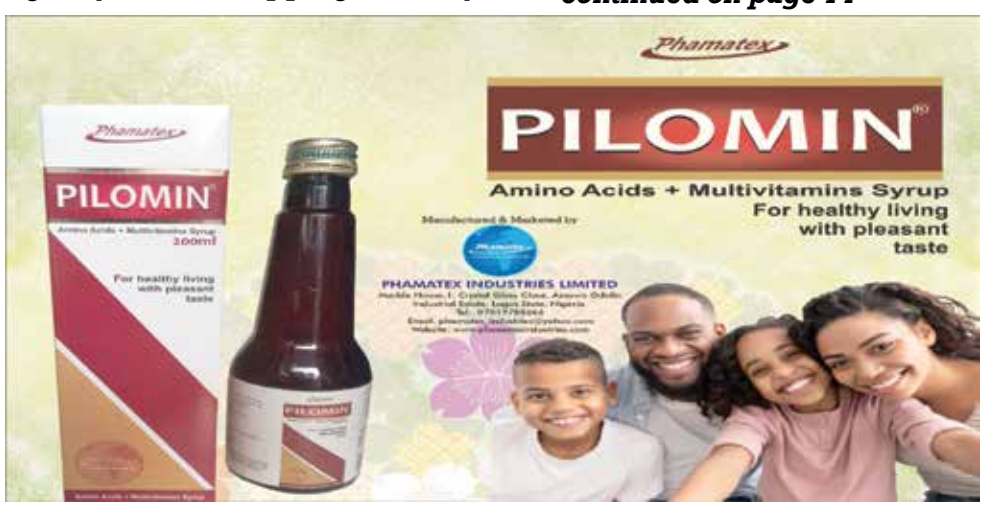
NHFRA Bill will worsen healthcare regulation, HCPAN alerts N'Assembly

By Adebayo Oladejo

The Healthcare Providers' Association of Nigeria (HCPAN) has warned that the National Health Facility Regulatory Agency (NHFRA) Bill would worsen healthcare regulation in Nigeria, insisting that the country's healthcare sector requires stronger coordination among existing regulatory institutions rather than the creation of another agency with overlapping statutory responsibilities.

The association, the umbrella body for private healthcare providers in the country, made the call after presenting a memorandum before the Senate Committee on Health during a public hearing on the Bill. It later elaborated on its position at a media briefing in Lagos, maintaining that while effective healthcare regulation

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