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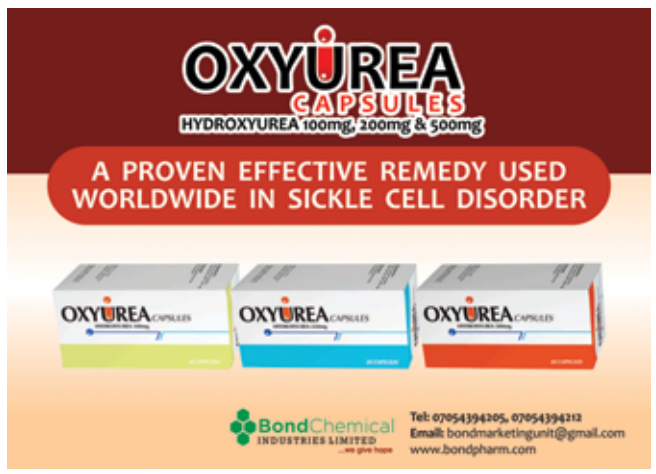
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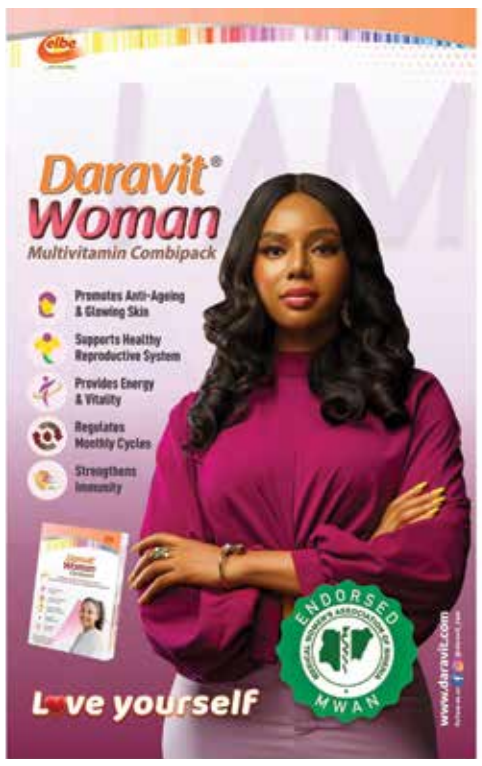












FG, pharma firms unite to unlock billions from natural medicines

- As NNMDA unveils seven indigenous products

By Temitope Obayendo

The Federal Government has disclosed its readiness to boost the nation's gross domestic product (GDP) through the production and export of natural medicines, with the potential to generate billions of dollars in revenue while ensuring the availability of essential medicines to the populace at affordable rates.

The government is pursuing the initiative in collaboration with leading pharmaceutical

continued on page 8



L-R: Prof. Cyril Usifoh, immediate past president, Pharmaceutical Society of Nigeria (PSN); Pharm. Tanko Ayuba, president, PSN; Dr Aliyu Zakari Jiya, MD/CEO, Alizak Pharmaceuticals; and Pharm. Ambrose Igwekamma Ezeh, national chairman, Association of Community Pharmacists of Nigeria (ACPN), during the presentation of an appreciation plaque to Jiya at the 45th Annual ACPN International Conference, tagged Unity 2026, in Abuja.



Sherifat Ukachukwu: Award-winning nurse making waves in Irish healthcare page 16

Experts say Nigeria not yet serious about medicine security, call for strong political will page 64

Policy inconsistency threatens Nigeria's pharma manufacturing, says PMG-MAN page 50





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DR TAIWO ADEWOLE

Dr Taiwo Adewole is a pharmacist, entrepreneur, professional leader and administrator with over 16 years of experience spanning hospital, retail and wholesale pharmacy, pharmaceutical sales and administration. His career has been marked by a commitment to continuous learning, leadership development, entrepreneurship and the advancement of pharmacy practice.



He obtained a Bachelor of Pharmacy degree from Olabisi Onabanjo University in 2010. In 2022, he further broadened his leadership and management expertise with a Master's degree in Theology, specialising in Leadership, from the Redeemed Christian Bible College; an MBA from the International MBA Institute, Switzerland; and a PhD in Leadership and Management from Highstone Global University, Texas, United States.

Adewole has held several leadership positions in organised pharmacy. From 2018 to 2021, he served as zonal chairman of the ACPN Abule Egba/Meiran/Ekoro/New Oko Oba Zone of the Lagos State branch. He also served as vice-chairman of the Planning Committee for the 2018 ACPN Continuing Educational Conference in Lagos.

In 2019, he was appointed by the then Chairman of the Pharmaceutical Society of Nigeria (PSN), Lagos State Branch, Pharm. B.F.O. Adeniran, FPSN, to four committees: Induction, Annual Luncheon, Annual Scientific Week and Think Tank. He also serves as a mentor under the Pharmacy Council of Nigeria's Elite Pharmacists Leadership Stimulant Programme.

In March 2020, Adewole became the pioneer executive president of the Olabisi Onabanjo University Pharmacy Alumni (OOUPA), a position he held until 2025. His leadership has also extended to entrepreneurship and pharmaceutical business development.

Driven by a desire to contribute to Africa's development through value-creating businesses, Adewole founded MEDFORTH Pharmaceuticals Limited in June 2017. He is working to build the company into a leading retail pharmaceutical chain in Africa by 2035. His experience in pharmacy, business administration, leadership and strategic planning continues to inform this vision. In April 2025, he created the WhatsApp platform *Connecting Pharmacists/ Pharmacies with Rare Medications*, bringing pharmacists and pharmacies in Nigeria and Ghana together to facilitate access to rare and difficult-to-find medicines.

A member of the Pharmaceutical Society of Nigeria, Adewole is a Fellow of the Institute of Management Consultants (FIMC) and an Internationally Certified Management Consultant (CMC). He is recognised for his strengths in leadership, negotiation, communication, business planning and strategy, and remains committed to collaboration and mentorship within the healthcare sector.

Beyond his professional pursuits, he values faith, family and service. He is married and blessed with three children.

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Inspiration

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

"Don't give up! It's not over. The universe is balanced. Every set-back bears with it the seeds of a come-back." - **Steve Maraboli**

"Let the improvement of yourself keep you so busy that you have no time to criticize others." - **Roy T. Bennett**

"A person who doubts himself is like a man who would enlist in the ranks of his enemies and bear arms against himself. He makes his failures certain by himself being the first person to be convinced of it." - **Alexandre Dumas**

"Success is most often achieved by those who don't know that failure is inevitable." - **Coco Chanel**

"A thinker sees his own actions as experiments and questions-as attempts to find out something. Success and failure are for him answers above all." -**Friedrich Nietzsche**

"In order to succeed, your desire for success should be greater than your fear of failure." - **Bill Cosby**

"Failure is a bend in the road, not the end of the road. Learn from failure and keep moving forward." - **Roy T. Bennett**

"Don't confuse poor decision-making with destiny. Own your mistakes. It's ok; we all make them. Learn from them so they can empower you!" - **Steve Maraboli**

"I want to do it because I want to do it. Women must try to do things as men have tried. When they fail, their failure must be but a challenge to others." **-Amelia Earhart**

"The harder you fall, the heavier your heart; the heavier your heart, the stronger you climb; the stronger you climb, the higher your pedestal." **-Criss Jami**





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Building a system that supports breastfeeding mothers

World Breastfeeding Week 2026, observed globally from 1 to 7 August, has once again drawn attention to the lifelong significance of breastfeeding for child health and national development. This year's theme, "Breastfeeding for a Sustainable Start in Life: Strengthen What Works," placed particular emphasis on the economic value of exclusive breastfeeding and on the systems nations must strengthen to support nursing mothers, especially in the workplace. Across Nigeria, the week was marked by community outreaches, advocacy walks and sensitisation campaigns focused on infant nutrition.

Ahead of the commemoration, the Executive Director of the United Nations Children's Fund (UNICEF), Catherine Russell, and the Director-General of the World Health Organisation (WHO), Dr Tedros Adhanom Ghebreyesus, called on governments to invest more deliberately in policies that promote breastfeeding. They noted that doing so could prevent close to 400,000 child deaths and about 140,000 maternal deaths annually. Both leaders stressed that every dollar invested in breastfeeding promotion yields an estimated 59 dollars in economic returns, through reduced healthcare costs, improved cognitive development, higher educational attainment and greater lifetime earnings.

In Nigeria, the First Lady, Senator Oluremi Tinubu, urged nursing mothers to embrace exclusive breastfeeding alongside healthy lifestyles and nutritious diets, describing the practice as a vital investment in family health and sustainable national development. The Federal Ministry of Health and Social Welfare similarly called for early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months, timely introduction of complementary foods thereafter, and continued breastfeeding for up to two years or beyond.

These calls, however, are set against a troubling reality. The Chief of the UNICEF Field Office in Enugu, Juliet Chiluwe, disclosed during the celebration that only between 29 and 34 per cent of Nigerian infants are exclusively breastfed in their first six months, a figure well below global recommendations and a clear indication that advocacy alone has not translated into practice. Closing this gap will require skilled breastfeeding support within health facilities, community-based counselling, stronger maternity protection policies and firmer safeguards against the aggressive marketing of commercial milk formulas.

The Federal Ministry's position is commendable, as it aligns with WHO and UNICEF recommendations and reflects government commitment to building a stronger breastfeeding culture. Yet commitment on paper is not enough. The government must investigate the specific barriers behind the low compliance rate that UNICEF has identified, so that interventions are targeted rather than general.

The National Agency for Food and Drug Administration and Control (NAFDAC) has added its voice to this effort. Speaking at the 2026 World Breastfeeding Week Capacity Building Event for Healthcare Professionals in Isolo, Lagos, the Director-General, Professor Mojisola Adeyeye, represented by the Director of the Food Safety and Applied Nutrition Directorate, Mrs Eva Edwards, affirmed that every child deserves the best possible start in life, and that breast milk remains the ideal foundation for that start, protecting against common childhood illnesses while supporting optimal brain development.

However, beyond official pronouncements, two obstacles continue to undermine progress. The first is the persistence of cultural and religious beliefs that wrongly regard colostrum as unclean, a myth that a sustained, nationwide sensitisation campaign could help to dispel. The second is the absence of a coherent national maternity leave policy. Provisions vary widely between federal, state and private sector employers, leaving many nursing mothers without adequate time or support to breastfeed.

Although national labour law requires employers to provide maternity leave with at least half of an employee's salary, enforcement remains weak. Reports persist of women in private employment losing their jobs on account of childbirth, or receiving reduced pay during maternity leave. Such practices, effectively penalising women for having children, will continue to hold Nigeria back unless government and the Nigeria Labour Congress act decisively to sanction employers who violate these provisions.

World Breastfeeding Week 2026 demonstrated the willingness of government and stakeholders to confront the barriers to a sustainable breastfeeding culture in Nigeria. But advocacy must not end with a commemorative week. The real test lies in translating awareness into enforceable policy, supportive workplace practice and sustained community action that enables mothers to breastfeed successfully. Only then can Nigeria convert the promise of breastfeeding into lasting gains for the health and future of its children. The time to turn advocacy into action is now.

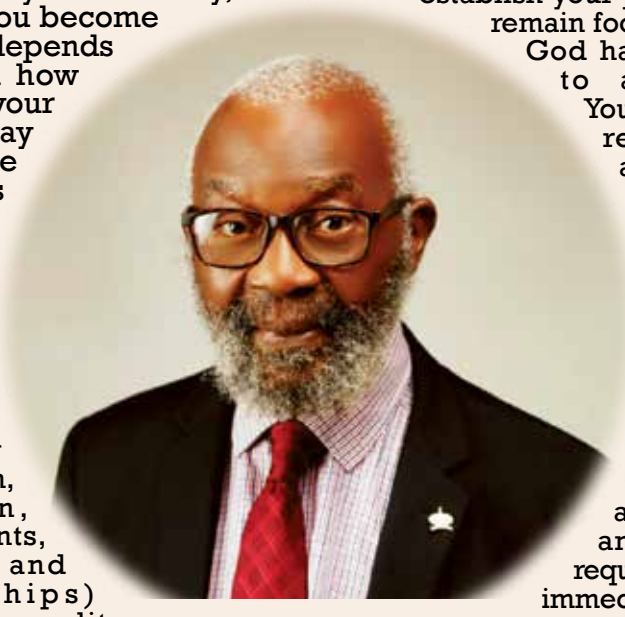


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Time is life, use it wisely

By Sir Ifeanyi Atueyi
(1939-2025)

Time is God's most universal gift to humanity. Every person is given the same twenty-four hours each day, regardless of race, ethnicity, culture, social status or economic background. You cannot slow it down or speed it up, but you can decide how you use it. What you are today, and what you become tomorrow, depends largely on how you invest your time. The way you manage your time is the way you manage your life, because time is life.



If you take stock of your life today (your health, education, achievements, influence and relationships) you are, in reality, assessing how you have used your time. Likewise, when people make New Year resolutions, they are simply deciding to redefine or reprioritise the use of their time.

Consider a simple example. Instead of spending every Saturday morning reading newspapers or browsing the internet, you could use those hours to exercise, improve your health, write the book you have always wanted to write, learn a new skill or earn additional income. The amount of time remains the same; only its application changes.

It has often been said that time is money. Those who fail to appreciate its value are more likely to waste it. Yet, time is even more valuable than money because, while money can be recovered, time cannot.

Imagine setting aside an hour to read a worthwhile book, only to be interrupted by a casual visitor eager to share office gossip. You may have enjoyed the conversation, but you have lost part of the time you intended to invest in something more meaningful. The conversation itself was not necessarily wrong; it simply came at the wrong time.

The Bible illustrates the danger of wasting time in the parable of the prodigal son (Luke 15). He squandered not only his inheritance but also valuable years of his life in reckless living. Although his compassionate father restored him materially, those wasted years could never be recovered. Benjamin Franklin captured this truth when he wrote, *"Dost thou love life? Then do not squander time, for that is the stuff life is made of."*

Guard your time carefully. Whenever you allow others to waste it unnecessarily, you are allowing them to take away a portion of your life. Ironically, the greatest distractions often come from people closest to us: family members, friends, colleagues and acquaintances. While relationships matter, they should never continually derail you from your life's purpose.

No one can please everyone. You must identify your values, establish your priorities and remain focused on what God has called you to accomplish. Your time is your responsibility, and only you can protect it.

This requires self-discipline. The word *no* must have a place in your vocabulary. Not every invitation deserves acceptance, and not every request requires an immediate response. Learn to evaluate every demand on your time before committing yourself. Remember, you are not omnipresent.

Just as money can lose its value, your time can also be poorly invested. In recent years, the naira has depreciated significantly against major foreign currencies, meaning more money is required to buy the same goods. Likewise, some people spend enormous amounts of time accomplishing very little because they lack clear goals and disciplined planning.

I once had a friend who frequently remarked at the end of the day, "I don't know what I have achieved today." Such frustration usually reflects poor planning. Either the day began without a plan, or the plan was never written down, prioritised or followed through.

As you grow older, the decisions you make about your time become even more important. The years ahead become fewer, and your strength gradually diminishes. That is why the psalmist prayed, *"Lord, make me to know my end, and the measure of my days, that I may know how fleeting I am"* (Psalm 39:4).

Take time regularly to review your life. Ask yourself: What do I still want to begin? What must I complete? What legacy do I want to leave behind? What do I want to be remembered for? Such reflection should become a regular habit rather than an annual exercise.

Do not become trapped by yesterday's failures or successes. The past cannot be changed, but the future is shaped by the choices you make today. Every hour invested wisely brings you closer to fulfilling God's purpose for your life.

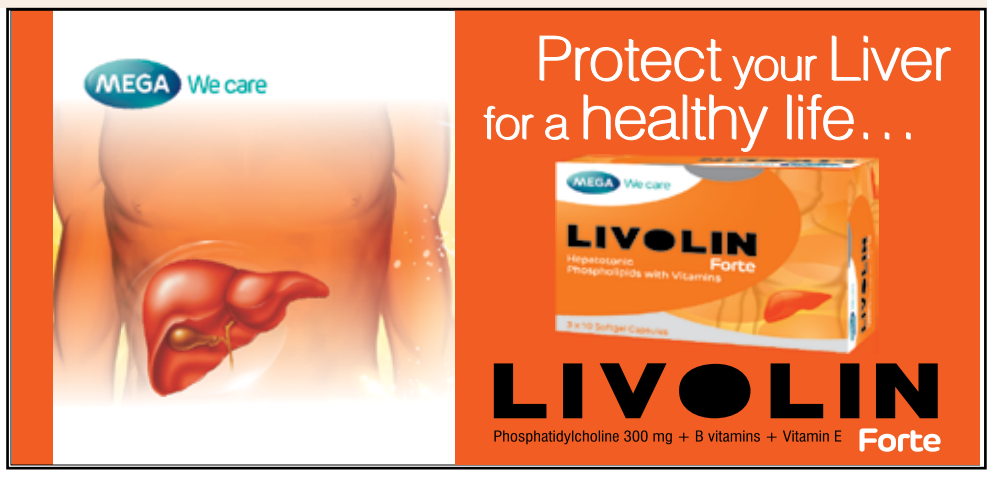
Use your time well. It is the one resource that cannot be replenished once it is gone.



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Is artificial intelligence (AI) creating intellectually lazy professionals?

By George O. Emetuche

"It is better to fail in originality than to succeed in imitation."
– Herman Melville

This article makes a case for finding a healthy balance between human intelligence and artificial intelligence in the pursuit of workplace productivity. As an active player in the knowledge industry, I am passionate about contributing to its growth.

Before I continue, let me first appreciate the technological advancement that has made artificial intelligence possible. Humans can now accomplish a great deal with AI.

Having acknowledged the progress made in the technology space, let me ask some questions that have been bothering me as a creative mind:

How do we ensure that we maintain originality while exploring artificial intelligence?

How do we find a healthy balance between human intelligence and artificial intelligence?

Is artificial intelligence making people intellectually lazy and uncreative?

A true story

While pondering these questions and their possible answers, let me share a true story that inspired me to write this piece.

Our company recently recruited a general manager for a multinational company. The role required a high level of hands-on experience, as well as the academic qualifications appropriate for a senior management position. After a painstaking recruitment process, we selected a group of professionals who proceeded to the final stage of the interview. The managing director of the company and consultants were members of the interview panel that eventually selected the best candidate from among the professionals invited.

The task at the final stage of the interview was to develop a case scenario and proffer solutions to it. The scenario was demanding and appropriate for their level of experience.

Note once again that the people we invited were among the best in the industry. They were highly experienced and met all our requirements. But this is where it got interesting: all the candidates used AI to answer 100 per cent of the case scenario presented in PowerPoint format.

How did we know? Of course, we found out using the appropriate techniques.

The candidates made their PowerPoint presentations and subsequently proceeded to the second session of the final interview. We got what we wanted by relying more heavily on the second phase of the final interview, which carried more marks.

I do not have a problem with professionals using AI as an aid. My concern is when someone uses artificial intelligence to solve 100 per cent of a case scenario, effectively removing the human element. This is not the way to go. Where is the originality?

My experience

My 17-year-old son, Chizaram Giovanni Emetuche, is an emerging technology prodigy. He supports us with graphic design, video post-production and other technology-related tasks. Chizaram is a smart chap who brings value. A conversation with him is another reason I was inspired to write this article.

As I write this, I am preparing a presentation for a training programme on *The Art of Selling*. The event is for a business school group of professionals and entrepreneurs.

Depending on the nature of the job, preparing one presentation takes me three to five focused hours for the first draft. I usually return to it two or three times to improve it before using it.

As an accredited training consultant certified by the Nigerian Council for Management Development, I was taught at the training centre that our goal is to ensure that learning takes place each time we conduct a training programme. We were also taught that people learn differently. I am always guided by this principle: ensure that learning takes place.

As a creative person, I pour myself into preparing my presentations because I like to be original. I do not like online copy-and-paste presentations.

One day, Chizaram came into my study and saw me preparing my PowerPoint slides. Here is our conversation:

Chizaram: Dad, I've noticed you don't use AI for your presentations. It's actually smart and saves time.

Me: Yes, I know, but I don't like generic presentations. I like preparing my slides myself. It taxes my brain and helps me own the presentation.

Chizaram: That's good, but let me try AI and see what it comes up with for your topic.

Me: OK. You can do it out of curiosity, but I already know what you'll get.

Chizaram: What's the training topic? Who's your audience? What are the objectives of the training?

Me: (I gave him the answers).

Chizaram: I get it now. I can see why you don't use AI for your presentations. There's a lot here, but it could stop you from thinking more deeply about your work. That could affect originality.

Me: Good!

I learn a lot from my boy. After our conversation, he encouraged me to write an article on the subject (Continues next edition).



Update

The 15th edition of the Lagos/South-West Masterclass will hold in Lagos on Saturday, 5 September 2026, with the theme "Beyond Selling."

The faculty includes Chidi Okoro, founder, Drugs & Medicaments Nig. Ltd and Senior Fellow at Lagos Business School; Prof. Ayodele Oniku, FNIMN, Professor of Marketing and Coordinator of the DBA Programme, UNILAG Business School; Charles Iloegbunam, FNIMN, MD, Masters Energy Aviation; and George O. Emetuche, CES, Convener of the Nigeria Sales Conference. For enquiries, call 07060559429, see the flyers or visit the company's website.

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Textile hygiene in the postnatal ward



By Gloria Obikili

Recently, I was admitted to a postnatal ward. As a textile technologist who is passionate about health and wellness, I started observing and considering how we could curb the spread of infections through the textiles used in hospitals. Textiles play a vital role in infection prevention, and neglecting them could contribute to the spread of germs and bacteria.

One incident particularly caught my attention. A woman had a hospital bedsheet stained with blood, yet no one considered it necessary to change it. She managed it that way until she was discharged. As for me, I had to use my personal bedsheet instead of the hospital bedsheet whenever it needed changing. I also brought my own bedsheets and my baby's cot sheets because I observed that the care of hospital textiles was poor.

These observations made me realise that textile hygiene in hospitals deserves more attention than it currently receives. Proper management of textiles used in the hospital could contribute to the healing process of patients and help prevent infection.

Hospital textiles and infection control

Textiles used in the postnatal ward include bed sheets, maternity gowns, drapes, towels, protective garments, gloves, curtains, bedcovers, underlays, baby cot sheets, and other fabric materials used in patient care.

All textile materials employed in the hospital environment should be kept clean because they can either help prevent infections or contribute to their spread. Babies are very tender, and their skin is highly sensitive. Likewise, mothers who have just delivered require maximum care because their bodies are still recovering. There should be proper handling of textiles used in hospitals, from selection, use, laundry, and storage.

There are certain measures to be put in place to curtail the spread of infection, which include: avoiding shaking contaminated textiles after use; putting used textiles in the appropriate bags immediately after use; storing clean textiles properly; not compromising effective laundering; avoiding body contact; and avoiding sorting of linen in the patient's area. Guidelines from health authorities like the CDC Guidelines for Environmental Infection Control in Health-Care Facilities recommend hot-water washing cycles of at least 71°C (160°F) for a minimum of 25 minutes, or appropriate chemical disinfectants (such as chlorine-based agents) if lower-temperature cycles are utilized.

The need for better textile hygiene

Healthcare practitioners should be enlightened on the importance of maintaining maximum textile hygiene to ensure the overall wellness of both mother and child.

Contracting an infection from a hospital that is meant to prevent, control, and treat illnesses should never be the experience of patients.

Textiles used for babies, including caps, overalls, socks, blankets, singlets, and other clothing, should be properly washed, dried, and ironed before use.

Hospital cleaners and healthcare practitioners on duty should ensure that bedsheets are changed daily where necessary and always replaced before a new patient occupies the bed. Used textiles should either be disposed of properly or, if they are meant to be reused, stored and processed appropriately to avoid cross-contamination.

Also, curtains used to demarcate patients' spaces should be changed and washed regularly, preferably weekly. From my observation, these curtains have the potential to transfer infections because patients and visitors unconsciously touch them with contaminated hands. When they are not cleaned regularly, they can become another medium for spreading infections within the ward.

The importance of routine

Hospitals should establish a routine for inspecting, changing, washing, and replacing all textile materials used in patient care. If a textile becomes soiled before its scheduled replacement, understanding the health implications should encourage immediate replacement rather than waiting for the routine date.

Personal textiles should never be shared among mothers or babies. Clothing, socks, blankets, towels, and other personal textile materials should remain personal to avoid the spread of bacteria and infections.

Nurses and doctors should also ensure that their garments and protective clothing are clean before attending to patients and consciously avoid cross-contamination through the garments they wear while moving from one patient to another.

Conclusion

Textile hygiene is one of the neglected aspects of infection prevention in many hospitals. More sensitisation is needed to awaken healthcare practitioners to the importance of maintaining clean textiles within healthcare facilities.

Paying attention to textile hygiene is not merely about cleanliness; it is about protecting lives. When hospital textiles are properly managed, mothers recover better, babies are safer, infections are reduced, and the hospital fulfills its responsibility as a place of healing rather than a source of preventable infections.

Everyone has a role to play. Healthcare practitioners, hospital cleaners, patients, and caregivers must work together to ensure that textiles used in hospitals contribute to health and wellness rather than the spread of infection.



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FG, pharma firms unite to unlock billions from natural medicines

continued from front page

companies that have expressed interest in the commercialisation of locally developed medicines by government agencies.

The Minister of Innovation, Science and Technology, Dr Kingsley Tochukwu Udeh, made this disclosure during a special interview session with journalists at the official unveiling of seven indigenous healthcare products developed by the Nigeria Natural Medicine Development Agency (NNMDA).

He said the products had undergone the necessary scrutiny by NAFDAC and had been approved for human safety and efficacy.

Udeh acknowledged Nigeria's abundance of natural resources, including medicinal plants that have been used for centuries to promote the health and wellbeing of indigenous communities, stressing the importance of developing natural medicines from these resources.

He described NNMDA's efforts to develop local medicines as significant contributions to achieving health equality and equity in the country. He also commended its research and development work on natural medicines targeting tropical diseases such as malaria and sickle cell disease, as well as other health conditions including cancer, hepatitis B and erectile dysfunction.

The minister reiterated government's commitment to ensuring that these innovations are not limited to improving healthcare access but are also deliberately harnessed for the economic development of the nation through large-scale production and exportation.

"That's why I visited this agency and have met with industry players, captains of industry in the pharmaceutical industry of Nigeria. And the resolution from assessment is that we have as a country potential to produce and export natural medicine to the tune of billions of US dollars.

"In fact, the Nigerian market can actually, from what we are producing, earn for this agency and for the pharmaceutical big players billions in revenue just from attending to the health needs of Nigeria.

"So, not only do I believe in its export potential and meeting the needs within the local market, we're actually taking steps to ensure that this happens and that's why I held this meeting with industry players and the management of the Nigeria Natural Medicine Development Agency," Udeh stated.

The minister further disclosed that his discussions with industry leaders involved five local manufacturers, one multinational company and NAFDAC. He said it was agreed that the industry players would partner with the ministry to take the agency's products through large-scale production and marketing.

He underscored their experience in the pharmaceutical market and marketing capacity, describing them as well positioned to drive the commercialisation of the products.

"They are the ones that have the capacity to commercialise, capacity to market, capacity to ensure that this reaches Nigeria to solve our medical needs," he said.

Udeh stressed the importance of ensuring that the resolutions reached at the meeting translated into concrete commitments rather than remaining mere discussions. He said the agreements would be documented, archived and preserved to ensure continuity beyond the tenure of the current officials.

"Part of the resolution we also undertook is that the deliberations wouldn't just stop by making commitment and doing all the talk. We'll also reduce this resolution and commitment in writing, so that once it takes that formal process, even if I'm no longer the minister, even if the DG is no longer in office, there will be a complete commitment to the partnership.

"Of course, our industry partners will know that the agreement is institutionalised and it will be respected as such."



Minister of Innovation, Science and Technology, Dr Kingsley Udeh (second from right); Director-General of the Nigeria Natural Medicine Development Agency, Prof. Martins Emeje (third from right); Consul General of India in Lagos, Shri Kannan (right), and other stakeholders during the recent unveiling of herbal medicines developed by the NNMDA at the agency's office in Lagos.

The minister also stressed the need for proper management of research outcomes, stating that research should not end with scientific discoveries but should progress to commercialisation.

He therefore appreciated the readiness of industry players to support the marketing and large-scale production of the agency's products, recognising that private companies possess the expertise and capacity required to manufacture, distribute and commercialise innovations.

"This collaboration is expected to improve healthcare access, create jobs, increase company revenues, and generate income for both the agency and the nation," he said.

NNMDA unveils seven products

Unveiling the products, the Director-General of NNMDA, Prof. Martins Emeje, listed the products and their indications as Namdacid for ulcers; Namdarol for high cholesterol; Namdavir for hepatitis B; Namdagor for erectile dysfunction; Turmejol for cancers; Zae Granules for hypertension; and Zae Herbal Tea, also for hypertension.

He emphasised that the efficacy of traditional, complementary and integrative medicine should not be judged solely by standards applied to conventional medicine, arguing that many medicinal plants have been used successfully for thousands of years through observation and practical experience.

Emeje, who is also co-chair of the Strategic and Technical Advisory Group on Traditional, Complementary and Integrative Medicine (STAG-TM) of the World Health Organisation (WHO), disclosed that the WHO is developing innovative approaches, including reverse pharmacology, to document and validate the effectiveness of traditional medicine.

He maintained that while scientific validation is necessary for lesser-known medicinal plants, commonly consumed medicinal plants with long histories of safe use already have established evidence supporting their benefits.

Speaking on cancer research, the NNMDA DG identified Turmejol as one of the products being developed for colorectal, ovarian and prostate cancers.

He stated that scientific data had been presented privately to industry stakeholders demonstrating its effects on cancer cells but declined to disclose detailed findings publicly ahead of commercialisation.

He also distinguished between products intended to prevent diseases and those designed to treat them, stressing that dosage and professional application determine their appropriate use.

The DG further stated that the cultivation of medicinal plants in Nigeria forms the foundation for producing active pharmaceutical ingredients (APIs), which are essential components of drug manufacturing.

He explained that standardisation begins at the farm level through Good Agricultural and Collection Practices (GACP), including the proper cultivation, harvesting and processing of medicinal plants.

According to him, the minister's visit demonstrates the Federal Government's commitment to developing Nigeria's pharmaceutical value chain.

He stressed that Nigeria currently depends heavily on imported medicines and argued that the country's long-term goal should be to produce and eventually export pharmaceutical products derived from indigenous medicinal plants.

He described the launch of the seven herbal products as the beginning of a transformation that could reduce import dependence, strengthen local manufacturing and create significant employment opportunities.

The indigenous medicines expert highlighted the economic potential of medicinal plant development, asserting that a fully developed value chain for a single medicinal plant could generate approximately 3.8 million jobs.

He said the commercialisation of the seven newly launched products could therefore have a significant impact on employment, industrial growth and Nigeria's economy.

He explained that the products would reach the market through partnerships with private-sector manufacturers rather than through the research agency itself.

According to him, the meeting convened by the minister with industry leaders was intended to accelerate commercialisation by connecting scientific researchers with companies that have the capacity to manufacture, market and distribute the products nationwide.



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Inquest

with

Patrick Iwelunmor

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Waste disposal crisis and public health in Lagos

The rate at which massive waste dumps are lining Lagos road medians should deeply concern the state government. This disturbing development is making a caricature of the state's famous reputation as the Centre of Excellence. Excellence cannot coexist with the proliferation of filth. Governor Babajide Sanwo-Olu should therefore rise to the occasion and address this unsightly situation with the urgency it deserves.

It is important to ask some pertinent questions. Is the Lagos Waste Management Authority (LAWMA) no longer functioning effectively? Is the state government fully aware of the public health implications of this unfortunate reality? Given the population density of Lagos, the accumulation of refuse across major roads could trigger the outbreak of infectious diseases, and we all understand the consequences of disease transmission in a densely populated environment. With the crushing economic hardship many Lagosians are already facing, coupled with the huge out-of-pocket healthcare expenses borne by the average family, this is certainly not the time to contemplate another public health emergency.

From Alimosho to Oshodi, the same ugly picture "twines me like a snake." This does not portray Lagos as the cosmopolitan city it prides itself on being. Rather, it points to the possibility of a deeper structural challenge within the state's waste management system. Whatever the underlying problem may be, the government must carry the public along. As of the time of writing, no comprehensive explanation has been offered by the state government. Modern governance should never be an esoteric exercise. Citizens deserve timely and transparent explanations on issues that directly affect their lives. This is why effective communication remains an indispensable pillar of good governance.

Governor Sanwo-Olu and his team should move swiftly to resolve this waste crisis, primarily because of its far-reaching public health implications. We cannot afford another disease outbreak when families are already struggling under difficult economic conditions. The Lagos State Commissioner for Information should engage the media and communicate clearly with Lagosians, explaining the factors responsible for the situation and the concrete measures being implemented to resolve it. Public communication not only builds trust but also helps to prevent misinformation, speculation and unnecessary panic. Perhaps some persons in the corridors of power underestimate how quickly public perception can change and how seemingly small issues can shape the mood of the electorate.

I have heard some Lagosians attribute the waste crisis to the failure of the All Progressives Congress as a political party. While everyone is entitled to an opinion, it is hardly surprising that a temporary waste crisis is already being interpreted through a political lens. That is the reality of our democracy. What this means is that the waste crisis could easily be exploited by opposition parties to portray the APC as a party with failure inscribed in its DNA. Whether that perception is fair or not is beside the point. In politics, perception often becomes reality if it is not countered with visible action.

While I am not a politician and have no desire to be partisan, I have always advocated good governance irrespective of the party in power. What we all desire is a Nigeria where institutions function effectively and government works for the benefit of everyone, regardless of age, gender, religion or ethnicity. The Lagos State Government should act swiftly because public patience is wearing thin. It is unacceptable that residents should have to cover their noses while walking or driving along major roads in one of Africa's foremost megacities.

This is a personal appeal to Governor Babajide Sanwo-Olu to demonstrate once again the responsive leadership for which he has often been commended. Lagosians deserve a cleaner, healthier environment, and they deserve it now. However, one must also commend the Lagos State government for how it has addressed waste management challenges in the past, ensuring that the culture of indiscriminate waste disposal by residents was reduced to the barest minimum. It would be unfair to lay the entire blame at the doorstep of the Lagos State government without taking into consideration the pressures associated with governance in a densely populated state where residents can sometimes be very difficult to control.

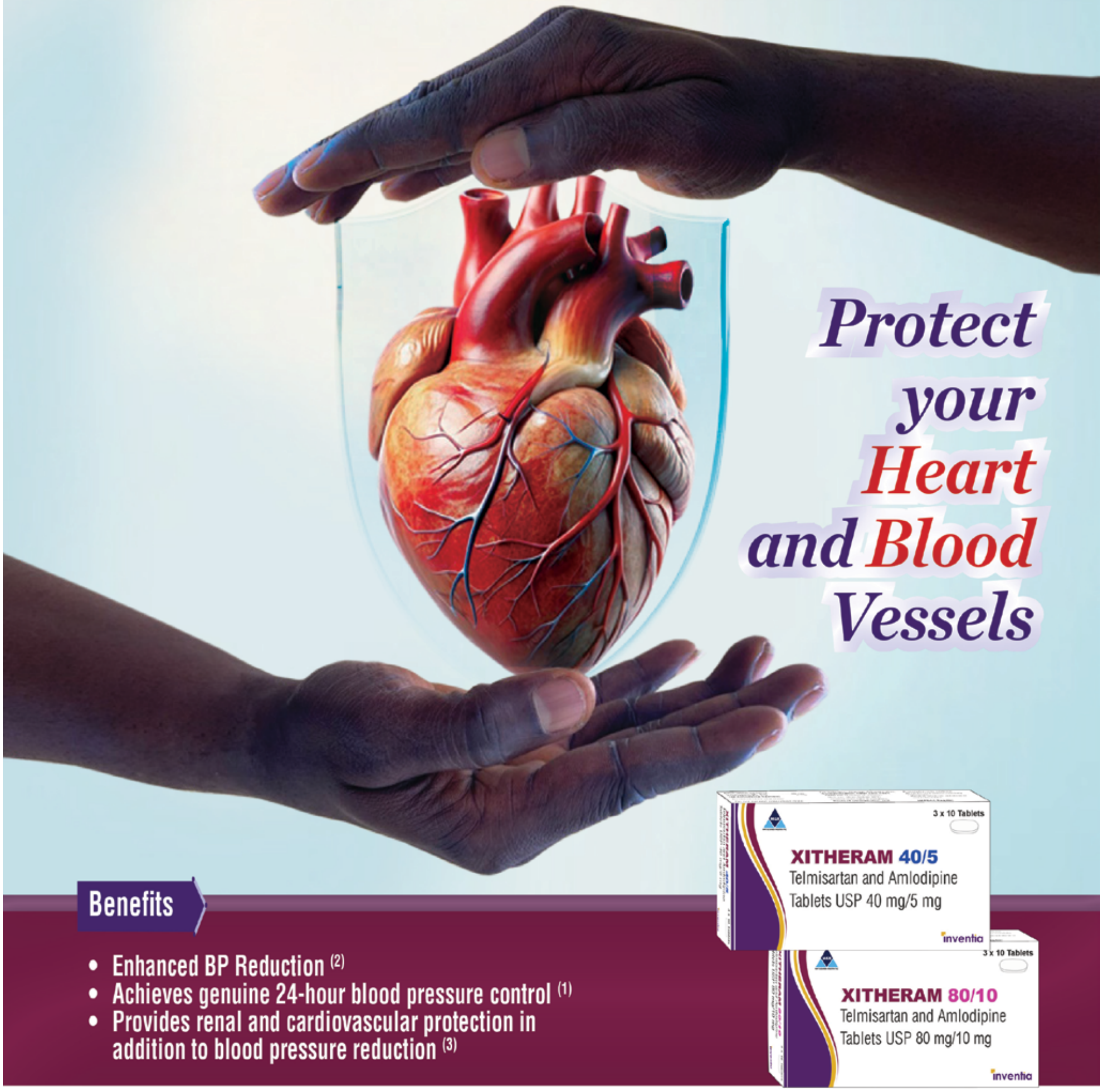
Most importantly, residents on their part should imbibe the culture of cleanliness and good personal and environmental hygiene by disposing of waste from their households appropriately. The culture of dumping refuse along road medians and drainages should stop. The Lagos State government, on its part, should enforce stiffer sanctions on violators of its waste disposal laws. It is perhaps one of the surest ways of deterring residents from turning the state into a dumpsite.



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Current trends in diagnosing and treating eye infections

Eye infections occur when disease-causing microorganisms, including bacteria, viruses, fungi and, less commonly, parasites, infect or affect parts of the eye and the tissues surrounding it. Depending on the organism involved and the part of the eye affected, an infection may cause redness, pain, itching, discharge, swelling, sensitivity to light, blurred vision or other changes in vision.

Eye infections can affect different structures of the eye. When the conjunctiva, the thin membrane covering the white part of the eye and lining the inner eyelids, becomes infected or inflamed, the condition is known as conjunctivitis. Infection or inflammation of the cornea, the transparent front surface of the eye, is called keratitis and can be particularly serious because it may threaten vision if not treated promptly.

Other infections may involve the eyelids and surrounding tissues, as seen in blepharitis and some forms of eyelid infection, or deeper structures within the eye. Intraocular infections, although less common, can be sight-threatening and require urgent specialist attention.

Eye infections may also be classified according to their causes. Bacterial infections, viral infections and fungal infections differ in their modes of transmission, clinical presentation and response to treatment. Some infections may result from direct contact with contaminated hands or surfaces, while others may occur following eye injury, contact lens use, surgery or the spread of infection from another part of the body.

How common are eye infections?

Eye infections are among the common problems encountered in eye-care practice, although their frequency varies according to the type of infection, age group, geographic location and underlying risk factors. Conjunctivitis, in particular, is one of the most frequently encountered infectious eye conditions. In Nigeria, conjunctivitis has also been reported as one of the common eye problems seen across different age groups.

The burden, however, extends beyond relatively mild cases of conjunctivitis. Infectious keratitis, which affects the cornea, is a major concern because it can rapidly threaten vision. Globally, infectious keratitis is recognized as an important cause of corneal blindness, with reported incidence varying widely between populations and settings.

Certain groups are particularly vulnerable to eye infections. These include contact-lens users, people who have suffered eye injuries, patients who have undergone eye surgery and individuals with conditions that compromise the eye's normal protective mechanisms. Poor hand hygiene, sharing personal items and inappropriate use of eye medicines can also contribute to the spread or worsening of some infections.

The public-health importance of some infections is even greater in areas where they remain endemic. For example, the World Health Organization reported in July 2026 that trachoma remains a public-health problem in parts of 29 countries and is responsible for blindness or visual impairment in about 1.9 million people.

Types of eye infections

Conjunctivitis (pink eye)

This is inflammation or infection of the conjunctiva, the thin membrane covering the white part of the eye and lining the inner eyelids. It may be caused by viruses or bacteria, while allergies can produce a non-infectious form. Infectious conjunctivitis commonly causes redness, irritation, watering and discharge. Viral conjunctivitis is often highly contagious, whereas bacterial cases may produce thicker discharge.

Stye (hordeolum)

A stye is a painful, localised swelling of the eyelid, usually resulting from infection of an eyelid gland, commonly involving *Staphylococcus* bacteria. It may occur on the outer or inner part of the eyelid and can cause tenderness, redness and swelling.

Blepharitis

Blepharitis refers to inflammation of the eyelid margins. It may be associated with bacterial overgrowth, dysfunction of the oil-producing meibomian glands, skin conditions or other factors. Symptoms can include irritated or gritty eyes, crusting around the eyelashes and swollen eyelid margins. Unlike an acute bacterial infection, blepharitis is often a chronic or recurrent condition requiring long-term eyelid care.

Orbital and preseptal cellulitis

These are bacterial infections of the tissues surrounding the eye. Preseptal cellulitis affects tissues in front of the orbital septum, while orbital cellulitis involves the deeper tissues within the eye socket and is considerably more serious. Orbital cellulitis can threaten both vision and general health and requires urgent medical assessment.

Keratitis

Keratitis is inflammation or infection of the cornea, the transparent front surface of the eye. It may be caused by bacteria, viruses, fungi or parasites. Contact-lens wear, particularly improper lens hygiene or overnight wear, is an important risk factor for some forms of microbial keratitis. Because the cornea is essential for clear vision, severe keratitis can result in scarring and permanent visual impairment.

Corneal ulcer

A corneal ulcer is an open inflammatory lesion of the cornea that is frequently associated with microbial infection. It may develop following an injury, contact-lens-related infection or other disruption of the corneal surface. Pain, redness, discharge, light sensitivity and reduced vision can occur. A suspected corneal ulcer requires prompt specialist assessment because corneal damage can progress rapidly.

Trachoma

Trachoma is a chronic eye infection caused by *Chlamydia trachomatis*. It spreads through close contact with infected secretions and is associated with inadequate sanitation and limited access to clean water. Repeated infections can progressively damage the eyelids and cornea and, if untreated, may lead to irreversible blindness.

Herpes simplex eye infection

The herpes simplex virus can infect the eye, particularly the cornea, producing herpes simplex keratitis.

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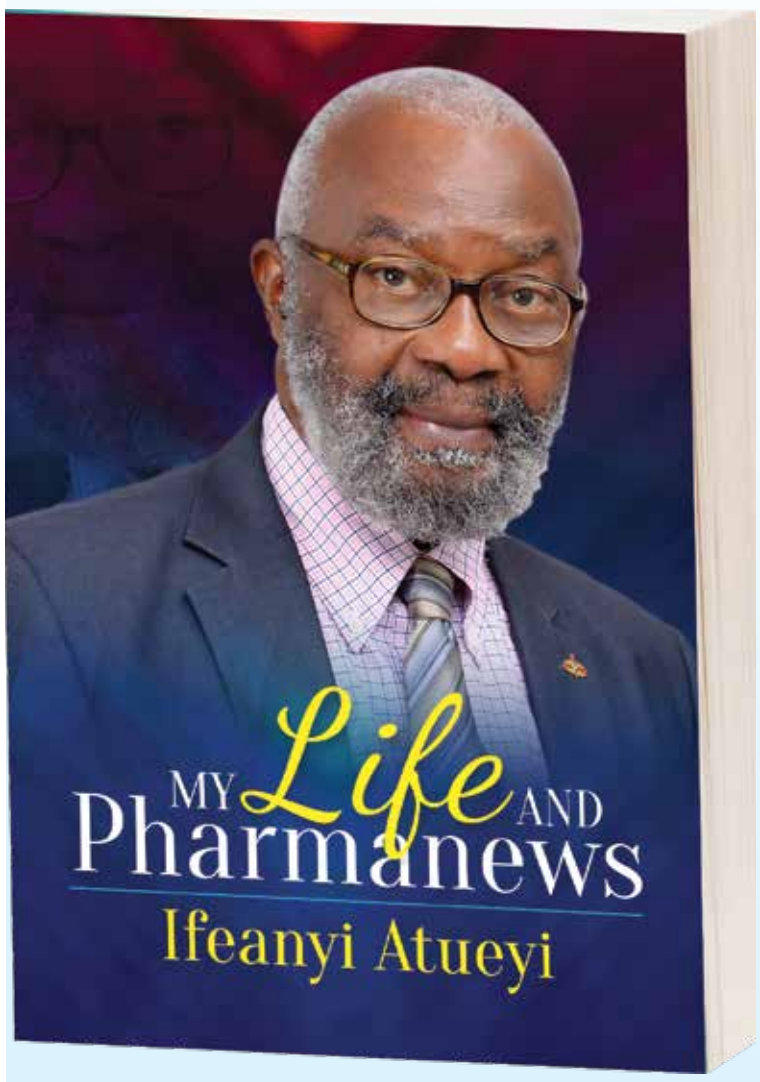


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TESTIMONIALS OF ACCOMPLISHMENT (3)

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

(Continued from last edition)



In addition to the above, below are some of the comments that have been made about me by the various executives of the Pharmaceutical Society of Nigeria Students (PANS) in interviews published in Pharmanews:

Sir Atueyi has really paved way for this present generation and even the future ones to come in the field of health journalism which we never thought could be possible. Aside from this, despite being a living legend, he is a very humble, intelligent and smart entrepreneur. There are so many things we can all learn from him.

Olusegun Oluwagbade, former president, PANS-OAU

Seriously, Sir (Pharm.) Ifeanyi Atueyi is doing great in his chosen career, pharmaceutical journalism, and I admire him so much for this. With no iota of doubt, his contribution to Pharmacy has proven to us that the profession is broad and that pharmacists are the most intelligent people among healthcare professionals. He is a rare gem and a man that has the interest of pharmacy students at heart. He is a mentor to me and I am sure to numerous pharmacists, both old and young. My prayer is that God will preserve his life and also bless us with more people like him so that pharmacy profession can be better than what we are witnessing presently.

- Joseph Ebuka Alakwem, former editor-in-chief, PANS (from UNN, Nsukka)

****

The name and person of Sir Ifeanyi Atueyi means a lot to so many persons. Personally, I will describe him as a legend, a mentor, a leader par excellence and a rare gem. He is a blessing to this profession, a pacesetter and success personified. One outstanding quality I admire about him is his humility and piety. I consider it a blessing to know him in person and I believe that it's his greatness that led to the birth of the Sir Ifeanyi Atueyi Essay and Debate Competition which started last year in his honour.

- Darry Emazor, former president, PANS-UNIBEN

True to the remark made in the last comment, it was in recognition and appreciation of the many contributions that we have made to the lives of the student pharmacists that the annual Sir Ifeanyi Atueyi Essay and Debate Competition was established a few years back by the pharmacy students of the University of Benin. Since then, the event has continued to witness massive participation of students from various schools and generating support from industry stakeholders.

What more can I say concerning this immeasurable privilege to have been able to creditably serve, impact and influence so many lives, than to once again thank God for His enabling grace! I must say however that, regardless of how far we have come in Pharmanews, we are determined not to rest on our oars in fulfilling the mandate that has been given to us to consist-ently add value to individuals, organisations and institutions.

For now, though, this is the story of my life and Pharmanews so far. It is a story of the uncommon workings of divine providence, of unwavering commitment to purpose, and of unblemished service to humanity.



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Current trends in diagnosing and treating eye infections

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It may cause eye pain, redness, watering, light sensitivity and blurred vision. Recurrences can damage the cornea and make appropriate diagnosis and antiviral management important.

Herpes zoster ophthalmicus

This occurs when the varicella-zoster virus, the virus responsible for chickenpox and shingles, affects the ophthalmic branch of the trigeminal nerve and the tissues around the eye. It can cause a painful rash around the forehead and eye and may involve the cornea or other ocular structures. Early medical evaluation is important because ocular involvement can result in serious complications.

Other less common infections

The eye can also be affected by fungal, parasitic and other opportunistic infections, particularly in people with specific risk factors such as eye trauma, immunosuppression or previous eye surgery. These infections can be difficult to diagnose and may require specialised laboratory testing and targeted therapy.

Symptoms

The signs and symptoms of an eye infection can vary depending on the part of the eye affected, the causative organism and the severity of the infection. Some infections produce only mild irritation and redness, while others can progress rapidly and threaten vision.

Common symptoms may include:

Redness of the eye or eyelids.
Itching, burning or irritation.
Eye pain or tenderness.
Excessive watering.
Swelling of the eyelids or tissues around the eye.
Discharge from the eye, which may be watery, mucous-like or thick and pus-like.
Crusting or sticking of the eyelids, particularly after sleep.
Sensitivity to light (photophobia).
A gritty or foreign-body sensation in the eye.
Blurred or reduced vision.

Some infections, particularly those involving the cornea or deeper structures of the eye, may produce more serious symptoms. Severe or increasing eye pain, marked sensitivity to light, sudden changes in vision, significant swelling around the eye, difficulty moving the eye, or a rapidly worsening red eye should be regarded as warning signs requiring prompt medical assessment.

Fever may occur, particularly when an eye infection is associated with infection of the surrounding tissues or a more widespread illness, but it is not present in every case.

It is important to note that redness or discharge alone does not establish the cause of an eye infection. Similar symptoms may occur with allergies, dry-eye disease, irritation, trauma and other non-infectious conditions. Correct identification of the underlying cause is therefore an important first step in selecting appropriate treatment.

Causes of eye infections

Eye infections occur when disease-causing microorganisms gain access to the eye or surrounding tissues. The main infectious causes are bacteria, viruses, fungi and parasites. The route by which an organism reaches the eye can vary considerably, ranging from direct contact and contaminated hands or surfaces to eye injuries, contact-lens use, surgery or spread of infection from another part of the body.

What bacteria commonly cause eye infections?

A wide range of bacteria can cause infections of the eye. The organisms involved vary according to the type and location of infection, the patient's age and underlying risk factors.

Common bacterial causes include:

Staphylococcus aureus
Coagulase-negative Staphylococcus species
Streptococcus pneumoniae
Haemophilus influenzae
Pseudomonas aeruginosa
Moraxella species
Neisseria gonorrhoeae
Enterobacterales, including Klebsiella and Enterobacter species
Other Gram-positive and Gram-negative organisms.

Staphylococcus species are frequently associated with infections affecting the eyelids and conjunctiva, while Pseudomonas aeruginosa is particularly important in contact-lens-associated keratitis because of its potential to cause rapidly progressive corneal infection.

The choice of antibiotic should not be based solely on the name of the organism. Increasing antimicrobial resistance means that some bacterial eye infections may respond poorly to commonly used medicines. In more serious or treatment-resistant infections, laboratory investigation and antimicrobial susceptibility testing can help guide therapy.

What viruses commonly cause eye infections?

Viruses are important causes of conjunctivitis and infections involving deeper ocular structures. Common viral causes include:

Adenoviruses, which are a major cause of viral conjunctivitis and can spread readily from person to person.

Herpes simplex virus, particularly HSV-1, which can cause keratitis and recurrent corneal disease.

Varicella-zoster virus, which can cause herpes zoster ophthalmicus and associated ocular complications.

Unlike bacterial infections, viral eye infections generally do not respond to antibiotics. Management may therefore involve supportive treatment, infection-control measures and, in selected cases, specific antiviral medicines.

What fungi cause eye infections?

Fungal eye infections are less common than bacterial and viral infections but can be particularly difficult to diagnose and treat. Fusarium and Aspergillus species are important causes of fungal keratitis, particularly following eye trauma involving soil or plant material. Candida and other fungi can also cause deeper ocular infections, including endophthalmitis, particularly in people with certain risk factors.

Fungal keratitis is an important consideration following agricultural or vegetative eye injuries. Unlike many bacterial infections, fungal infections may require prolonged treatment and can be challenging to distinguish clinically from other forms of keratitis.

What parasites can cause eye infections?

Parasitic infections of the eye are relatively uncommon but can cause significant disease. Examples include Acanthamoeba, which can cause severe keratitis, particularly among contact-lens users, and Toxoplasma gondii, which can cause ocular toxoplasmosis involving the retina.

Because some parasitic infections can resemble bacterial, viral or fungal disease, accurate diagnosis is important before treatment is

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Current trends in diagnosing and treating eye infections

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selected.

Other factors that increase the risk

The presence of microorganisms alone does not always result in an eye infection. The eye has several natural protective mechanisms, including the tear film, blinking and the integrity of the corneal surface. Infection becomes more likely when these defences are disrupted.

Important risk factors include:

Eye injuries or foreign bodies.

Contact-lens misuse or poor lens hygiene.

Recent eye surgery or other ocular procedures.

Existing corneal disease or damage.

Poor eyelid hygiene or chronic eyelid disease.

Reduced immune function.

Certain systemic illnesses.

Prolonged or inappropriate use of topical corticosteroids.

Previous or repeated use of antimicrobial medicines.

Diagnosis and tests

Diagnosing an eye infection begins with a detailed history and comprehensive eye examination. The healthcare professional will ask about the onset and progression of symptoms, previous episodes, contact-lens use, recent eye injuries or surgery, use of eye medicines and other factors that may increase the risk of infection.

The examination may include assessment of visual acuity, the eyelids and surrounding tissues, the conjunctiva and cornea, as well as the pupils and eye movements. A slit-lamp examination, which provides a magnified view of the structures at the front of the eye, is particularly useful when keratitis or other corneal disease is suspected.

Not every red or irritated eye is caused by an infection. Allergic conjunctivitis, dry-eye disease, foreign bodies, chemical irritation and other inflammatory conditions can produce similar symptoms. Establishing the likely cause is therefore important before treatment is started.

In mild, uncomplicated cases, the clinical examination may be sufficient to make a diagnosis. However, laboratory testing becomes increasingly important when an infection is severe, unusual, recurrent, associated with contact-lens use, fails to respond to initial treatment or threatens vision.

Depending on the suspected condition, samples of eye discharge, corneal material or other ocular specimens may be collected for:

Microscopic examination.

Bacterial, fungal or other cultures.

Antimicrobial susceptibility testing.

Viral testing where indicated.

Molecular tests, including polymerase chain reaction (PCR), for selected infections.

For suspected microbial keratitis, particularly severe or atypical cases, corneal sampling may help identify the causative organism and guide treatment. Advances in molecular diagnostics are also making it possible to detect certain pathogens more rapidly and, in some situations, when conventional culture may not provide an answer.

Emerging trends in diagnosis

One of the important changes in the management of eye infections is the move towards faster and more targeted diagnosis. Traditional culture remains valuable, particularly for serious bacterial and fungal infections, but it may take time to produce results.

Newer molecular techniques can detect microbial genetic material directly from clinical specimens and may help identify pathogens more rapidly. Advances in imaging, digital ophthalmology and artificial intelligence are also being investigated for their potential to assist clinicians in recognising corneal and retinal abnormalities and distinguishing infectious from non-infectious disease.

These technologies are not a replacement for clinical examination and specialist judgement. Rather, they are increasingly being explored as tools that can support earlier diagnosis, improve treatment selection and reduce unnecessary antimicrobial use.

How are eye infections treated?

Treatment depends primarily on the cause, location and severity of the infection. There is no single treatment that is appropriate for every red or infected eye.

Bacterial infections may require topical or systemic antibiotics, depending on the site and severity of disease. Viral infections may require supportive care, while selected viral infections, such as herpes simplex or herpes zoster involving the eye, may require specific antiviral treatment. Fungal and parasitic infections require appropriate antimicrobial agents and may need prolonged treatment and specialist supervision.

Medicines may be administered as eye drops, ointments, oral medicines or, in severe infections, by other routes. In some sight-threatening infections, particularly those involving deeper structures of the eye, treatment may need to be delivered directly into the eye by an ophthalmologist.

Supportive measures can also help relieve symptoms. These may include cool or warm compresses where appropriate, lubricating eye drops and simple measures to reduce irritation. However, supportive treatment should not delay medical assessment when there are warning signs such as significant pain, reduced vision, marked light sensitivity or severe swelling.

Patients with contact-lens-associated infections should stop wearing their lenses and seek appropriate medical advice. Contact lenses, cases and solutions may also need to be discarded or replaced according to professional advice to reduce the risk of reinfection.

A particularly important trend in current practice is antimicrobial stewardship. Antibiotics should not automatically be prescribed for every case of conjunctivitis or red eye, because many cases are viral or non-infectious and will not benefit from antibacterial treatment. Where bacterial infection is suspected, the choice of antimicrobial should take into account the likely organism, disease severity, local resistance patterns and, when available, laboratory results.

Self-medication with leftover antibiotics or the unsupervised use of steroid-containing eye drops can be harmful. Steroids can worsen or mask certain infections, particularly some viral and fungal infections, and should therefore be used in eye infections only when appropriately indicated and under professional supervision.

How can eye infections be prevented?

Not every eye infection can be prevented, but several measures can significantly reduce the risk of infection and complications. Good personal hygiene, proper contact-lens care and prompt attention to eye injuries are particularly important.

Key preventive measures include:

Practise good hand hygiene: Wash hands regularly with soap and water, especially before touching the eyes, applying eye medicines or handling contact lenses.

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Sherifat Ukachukwu: Award-winning nurse making waves in Irish healthcare

By Ola Aboderin

For Nurse Sherifat Abimbola Ukachukwu, 10 July 2026 will remain one of the most memorable dates in her nursing career. On that Friday, she received the Outstanding African Healthcare Leader Award during the African Health Summit Ireland, held at the Crowne Plaza Hotel, Blanchardstown, Dublin. The summit, organised around the theme, "Leading the Future of Healthcare Across Borders", brought together healthcare professionals, researchers, educators, policymakers, innovators and community leaders from Ireland, Africa and the wider international community to exchange knowledge, strengthen partnerships and explore solutions to healthcare challenges.

According to the organisers, Ukachukwu was honoured for her leadership in healthcare education and her contribution to professional development, innovation and international collaboration. She also played a prominent role at the summit as lead facilitator for the World Café session, guiding healthcare professionals from diverse backgrounds through a series of collaborative discussions. The session explored practical responses to challenges including workforce sustainability, leadership development, equitable access to healthcare and international collaboration. The recognition marked another significant milestone in a career that has spanned clinical practice, nursing education, quality improvement and professional leadership.

A registered nurse in both Ireland and Nigeria, Ukachukwu currently serves as clinical skills learning coordinator in the Department of Nursing and Healthcare at the Technological University of the Shannon (TUS). In this role, she supports the development of students' practice-learning environments, coordinates and plans clinical skills training, and contributes to maintaining high standards in nursing education. Earlier on, she had distinguished herself as a neonatal nurse at Portiuncula University Hospital, where she developed the Special Care Baby Unit Little Library, a quality-improvement initiative designed to promote parental bonding, early literacy and family-centred care for premature and sick newborns.

Reacting to her latest feat, Head of the Department of Nursing and Healthcare at TUS, Dr Des Cawley, described it as an "outstanding and richly deserved achievement", adding that the award recognised her contribution to healthcare education, professional development and clinical collaboration across borders.



Nurse Sherifat Ukachukwu

Background and career path

Ukachukwu obtained her nursing degree from Ladoke Akintola University of Technology in 2010, after which she began her career at Our Lady of Apostles Catholic Hospital, Ibadan, before moving to Lagos State University Teaching Hospital (LASUTH). Over time, she gained experience in several areas of practice, including medical-surgical nursing, neonatal nursing, radiology nursing and nursing administration.

Her experience in nursing administration subsequently strengthened her interest in education and professional development. Working with students and clinical placements exposed her to the importance of preparing nurses not only academically but also for the realities of clinical practice. She was also involved in quality-improvement initiatives and healthcare innovation.

Following her relocation to Ireland in 2018, Ukachukwu continued her professional journey as a neonatal nurse while contributing to quality-improvement projects. She later obtained specialised training in neonatal nursing from Trinity College Dublin and a Master of Science degree in Nursing Leadership and Quality Healthcare from TUS, graduating with First Class Honours. She also obtained certification in advanced clinical audit.

Groundbreaking innovation

Ukachukwu began her career in Ireland at Portiuncula University Hospital, a public hospital in Ballinasloe, County Galway. She worked as a neonatal nurse while engaging in care planning, preceptorship, collaborative problem-solving, health promotion and quality-improvement projects.

It was during this period that she developed the Special Care Baby Unit Little Library in 2023, an initiative aimed at improving the experience of parents whose premature or sick babies were admitted to the Special Care Baby Unit (SCBU). The project was driven by her observation of the emotional challenges faced by parents in neonatal care and evidence from empirical studies on the benefits of early reading and interactive engagement for preterm and unwell infants.

The Little Library introduced a practical, family-centred approach to care, providing age-appropriate, durable and wipeable books and audiobooks for parents to use with their babies. The resources were designed to create opportunities for intimate interaction between parents and their newborns while supporting early literacy and family bonding.

The project involved multidisciplinary collaboration and the establishment of a dedicated library space within the SCBU. Parents were introduced to the initiative during orientation, while a Plan-Do-Check-Act cycle was used to support continuous improvement. The project was subsequently presented at professional forums, including the All-Ireland Maternity & Midwifery Festival, where Ukachukwu presented the initiative under the theme of improving continuity of care.

That innovation further affirms Ukachukwu's commitment to identifying practical needs within healthcare settings and developing relatively simple interventions that can improve patients' and families' experiences.

Strategic transition

In July 2024, Ukachukwu was appointed clinical skills learning coordinator at TUS's Athlone campus, a natural progression from her earlier experience. Her clinical background gives her first-hand understanding of patient care, while her experience with student placements, quality improvement and nursing administration provides a broader perspective on professional preparation.

The transition from clinical nursing to nursing education has also positioned Ukachukwu to influence healthcare through the preparation of future practitioners. Clinical skills training is a crucial component of nursing education because it helps students translate theoretical knowledge into practical competence. For nurses, competence goes beyond knowing what should be done. It involves performing procedures safely, communicating effectively with patients and colleagues, recognising changing clinical situations and making appropriate decisions under pressure.

Ukachukwu's current role therefore places her at an important point in the healthcare education chain, where she can contribute to patient care by helping prepare the professionals who will provide it. Her own account of completing her master's degree reflects this connection. After graduating with First Class Honours in Nursing Leadership and Quality Healthcare, she said the qualification would help her bring "new insights and innovations" to teaching and support the development of high-quality, patient-centred care.

Ukachukwu's professional interests extend beyond her formal responsibilities. She previously served as research director of Lead Nurse Africa International Foundation. This is in addition to her growing list of notable publications, including *Nursing Management of Necrotising Fasciitis* (2016) and *Nursing Profession as a Passion* (2017).

Awards and recognition

The 2026 Outstanding African Healthcare Leader Award was not Ukachukwu's first professional recognition. In 2023, she received the Nurse Innovator of the Year Award from the Association of Nigerian Nurses and Midwives in Ireland.

Earlier, in 2021, she was recognised as Outstanding Nigerian Nurse in the Diaspora by Fellow Nurses Africa. She also received a leadership award from the La Roche Leadership Foundation in 2018 for demonstrating leadership attributes and contributing to sustainable development.

The progression of these recognitions is noteworthy because they acknowledge the different dimensions of Nurse Sherifat Ukachukwu's growing professional accomplishments, including leadership, innovation and her work as a high-flying Nigerian nurse in the diaspora.

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Current trends in diagnosing and treating eye infections

continued from page 15

Use contact lenses correctly: Follow the recommended wearing schedule, wash and dry hands before handling lenses, use the appropriate cleaning and storage solutions, and never sleep in lenses unless specifically advised by an eye-care professional. Contact-lens cases should also be cleaned and replaced as recommended.

Do not share items that touch the eyes: Avoid sharing towels, face cloths, cosmetics, eye drops, contact lenses or contact-lens cases, as these can facilitate the spread of infectious organisms.

Practise safe eye-care habits: Avoid touching or rubbing the eyes with unwashed hands. Eye cosmetics should be kept clean and replaced regularly, particularly after an eye infection.

Protect the eyes from injury: Wear appropriate protective eyewear when working with chemicals, machinery, dust, flying particles or during activities that carry a risk of eye injury. This is particularly important because some fungal and bacterial infections can follow traumatic injuries involving soil or plant material.

Reduce the spread of contagious infections: People with infectious conjunctivitis should practise careful hand hygiene, avoid sharing personal items and limit close contact where appropriate, particularly during the contagious period.

Manage underlying eye conditions: Conditions affecting the eyelids, tear film or surface of the eye can increase susceptibility to infection. Appropriate management and regular eye-care follow-up may help reduce complications.

Use eye medicines responsibly: Do not use leftover antibiotics or someone else's eye drops. In particular, steroid-containing eye preparations should not be used without professional advice because they can worsen or mask certain infections.

Seek prompt care after significant eye injuries: An injury involving plants, soil, chemicals or a foreign object should receive appropriate medical attention, particularly if there is pain, persistent redness, discharge or any change in vision.

Prevention also extends beyond individual behaviour. Access to clean water, adequate sanitation, health education, vaccination where relevant and appropriate infection-control practices in healthcare facilities can reduce the burden of some infectious eye diseases.

As antimicrobial resistance becomes an increasing concern, preventing unnecessary antibiotic use is also part of responsible eye care. Treating the correct infection with the appropriate medicine, as well as avoiding antibiotics when an infection is viral or non-infectious, helps preserve the effectiveness of available treatments.

Nigeria perspective

In Nigeria, eye health remains an important component of the national healthcare agenda, particularly because preventable and treatable eye conditions continue to contribute to avoidable visual impairment. The Federal Government's National Eye Health Programme provides a framework for coordinating eye-health activities across the country, with Eye Health Desk Officers serving at state and Federal Capital Territory levels.

The government's recent expansion of the programme's mandate to include ear, hearing and other sensory-health functions, now under the National Eye, Ear and Sensory Health Functions Programme, also reflects a broader move towards strengthening the coordination of sensory health services.

For eye infections, however, the challenge extends beyond having a national programme. Early presentation, availability of trained eye-care professionals, access to appropriate diagnostic facilities and medicines, public awareness, proper contact-lens practices and timely referral all influence outcomes. This is particularly important for infections such as keratitis and other conditions that can progress rapidly and threaten vision.

The Nigerian context therefore makes the emerging trends in eye-infection management especially relevant. Improvements in early diagnosis, targeted antimicrobial treatment, antimicrobial-resistance surveillance, infection prevention and stronger referral systems could help reduce complications and prevent avoidable loss of vision.

World Sight Day and Nigeria's eye-health efforts

World Sight Day, observed annually on the second Thursday of October, provides an important platform for drawing attention to preventable blindness, visual impairment and the need for accessible eye-care services. In Nigeria, the Federal Government has increasingly positioned eye health within the broader goal of universal health coverage and prevention of avoidable blindness.

At the 2025 World Sight Day commemoration, the Federal Ministry of Health and Social Welfare reaffirmed its plan to integrate Primary Eye Care (PEC) into the Primary Health Care (PHC) system, with the aim of bringing basic eye services closer to underserved and rural communities. The initiative is supported by training for primary healthcare workers and the development of tools for monitoring and reporting eye-care services.

Nigeria's National Eye Health Policy and National Eye Health Strategic Development Plan provide the policy framework for strengthening eye-care delivery. Government has also expanded the former National Eye Health Programme into the National Eye, Ear and Sensory Functions Programme, reflecting a broader approach to sensory health.

Among the interventions highlighted by the government is the Effective Spectacle Coverage Initiative (ESCIN), also known as Jigi Bola 2.0, which aims to improve access to vision correction. The government reported that more than 1.2 million free reading glasses had been dispensed within one year, alongside the training of about 2,200 primary healthcare workers across 15 states to provide primary eye-care services.

Nigeria has also begun exploring digital approaches to eye health. In November 2025, the Federal Ministry of Health and Social Welfare signed a memorandum of understanding with Peek Vision to expand digital eye screening, strengthen primary healthcare capacity and improve the use of real-time data for eye-health planning and referrals.

Report compiled by Adebayo Oladejo with additional materials from the WHO; Cleveland Clinic; Wikipedia.org; American Academy of Opthamology; National Institute of Health; Federal Ministry of Health and National Orientation; Novotech Clinical Research; United States National Library of Medicine, Pharmanews.



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Can a doctor or pharmacist be sued for giving medical advice through whatsapp or social media?

LEGAL ANGLE
with
Dozie Ifeanyi Atueyi
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Question: *Can a doctor or pharmacist be held legally liable for medical or medication advice given through WhatsApp, Facebook, Instagram, TikTok or other social-media platforms? Does giving such advice online protect the professional from liability?*

Case scenario

A patient sends a doctor a WhatsApp message describing abdominal pain and attaches laboratory results. Without a physical examination, the doctor recommends medication and assures the patient that the condition is not serious. The patient's condition deteriorates, and the patient alleges that the advice delayed proper treatment.

Similarly, a pharmacist recommends medication and dosage through social media based solely on information supplied by a patient. The patient suffers an adverse reaction and alleges inappropriate advice. Both professionals argue that the communications were merely informal.

Legal perspective

Giving medical advice through WhatsApp or social media does not automatically protect a healthcare professional from liability. The key considerations are the nature of the advice, the circumstances, any professional relationship created and whether the practitioner exercised the expected standard of care.

The Medical and Dental Council of Nigeria (MDCN) regulates medical practice and professional standards. Its Guidance on Social Media and Responsible Online Conduct, issued in 2025, makes it clear that professional standards applicable offline also apply online.

Key considerations include:

Professional responsibility: Online responses to individual medical problems may create professional obligations.

Negligence: Advice that falls below the applicable standard of care and causes injury or loss may give rise to liability.

Diagnosis and prescribing: General health education differs from diagnosing conditions, prescribing medication or changing treatment. Personalised advice carries greater risk.

Limitations: Messages, photographs and test results may be insufficient for diagnosis. Patients should be referred for examination or appropriate telemedicine where necessary.

Confidentiality: Patient records, photographs and other identifiable information must be protected and shared only with appropriate consent.

The Pharmacy Council of Nigeria (PCN) regulates pharmacy practice and professional ethics. Pharmacists must similarly observe professional standards when providing medication advice online.

Determining liability

Liability may depend on whether a professional relationship existed, the practitioner's licensing status, the information available, whether examination was necessary, the nature of the advice, compliance with professional standards, appropriate warnings or referrals, and whether the advice caused injury or loss.

The central question is whether the practitioner exercised the level of care reasonably expected in the circumstances.

Defences available

A practitioner may argue that the communication was general health education rather than individual advice; sufficient information was available for a reasonable assessment; the patient was appropriately referred; the injury was not caused by the advice; the patient failed to follow instructions; the advice represented reasonable professional judgment; or no professional relationship existed.

Practical advice

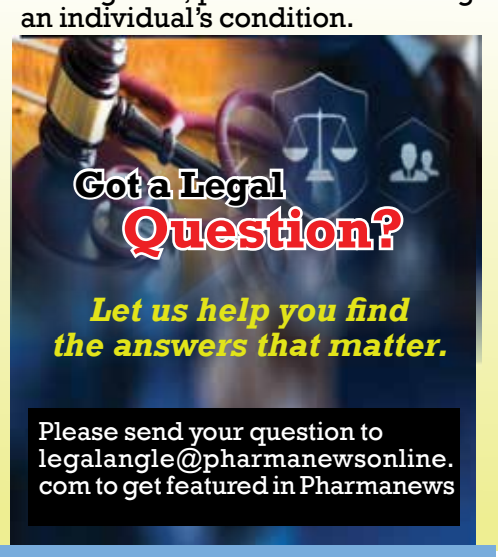
Healthcare professionals should not treat WhatsApp or social media as substitutes for clinical consultations where examination is necessary. They should avoid definitive diagnoses based solely on messages or photographs and should not casually prescribe or alter medication without proper assessment.

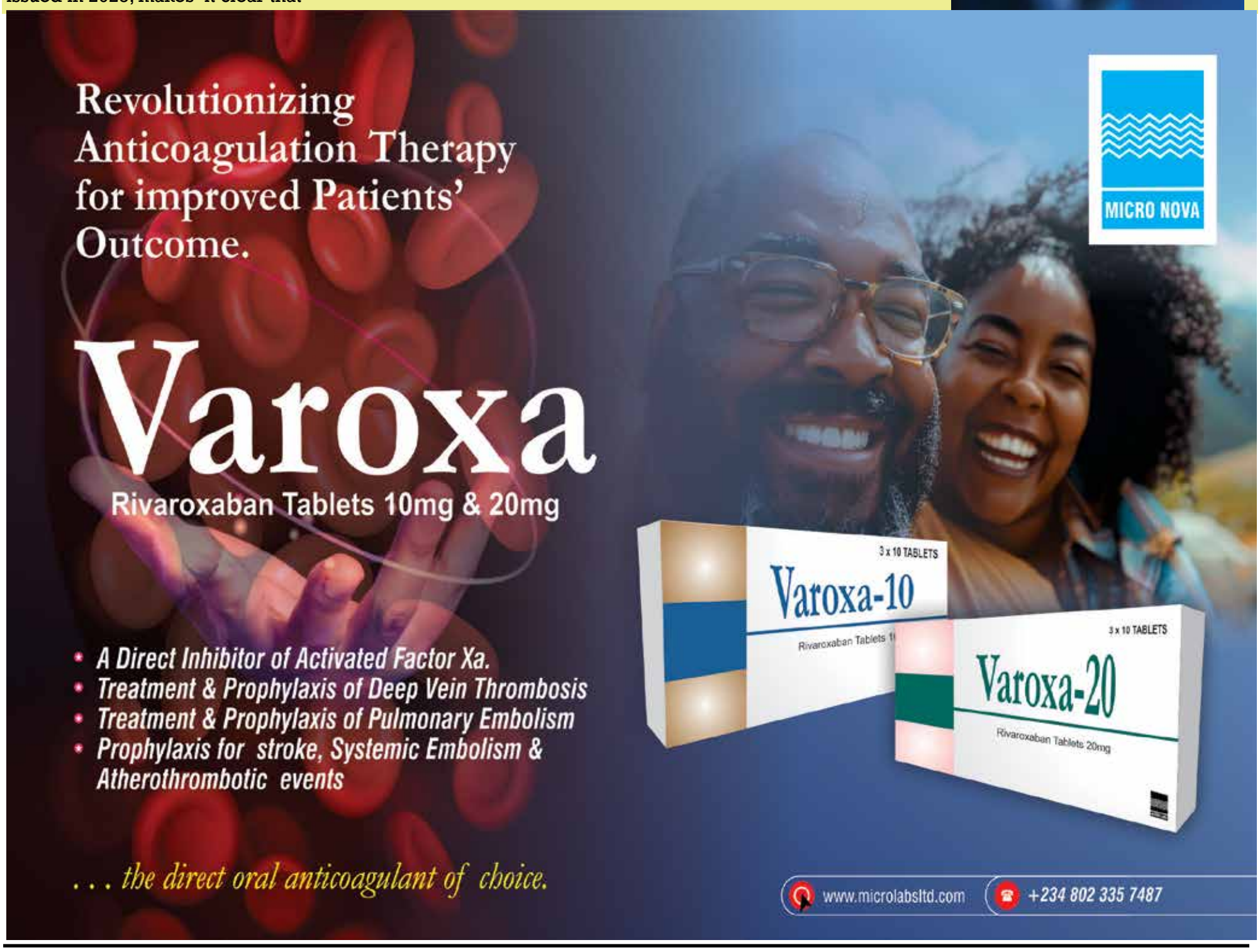
They should distinguish general health education from individual medical advice, maintain appropriate records, protect patient confidentiality and ensure their professional licences remain current.

Closing insight

WhatsApp may be a convenient communication tool, but it is not a legal shield.

A doctor or pharmacist who provides individualised medical or medication advice online may still be professionally or legally accountable if the advice falls below the applicable standard of care and causes harm. However, not every social-media health comment creates liability. The law distinguishes between general health education and undertaking to diagnose, prescribe or manage an individual's condition.





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Nestlé Nigeria supports 50 Zaria women retailers with skills, grants

By Temitope Obayendo

Nestlé Nigeria has empowered 50 women retailers in Zaria, Kaduna State, through business training and grants in the form of Nestlé products valued at three times the value of their existing stock.

The initiative was part of Nestlé Nigeria's activities marking the fifth anniversary and 10th edition of its Empowering Rural Women Initiative.

The intervention, which aims to strengthen the capacity and sustainability of women-owned businesses, also ushered in a three-month mentorship programme for the beneficiaries.

The Corporate Affairs Manager, Nestlé Nigeria Plc, Toju Egbebi, disclosed that the mentorship programme is designed to help participants apply the knowledge gained during the training, manage their expanded inventories and build more sustainable businesses.

Launched in 2021, she said the Empowering Rural Women Initiative targets women retailers who have demonstrated the determination to grow their businesses but face limited access to business training, mentorship and the resources needed for expansion.

Prior to the Zaria edition, Egbebi noted that the initiative had supported 432 women entrepreneurs across different communities in Nigeria. With the addition of the 50 Zaria beneficiaries, the total number of women reached by the programme has risen to 482.

She said monitoring of previous cohorts showed that more than 80 per cent of participants had sustained and grown their businesses beyond the initial stock support provided through the initiative. Many of the beneficiaries now operate at a higher level, with increased inventories, turnover and customer bases, as well as improved financial and business management practices.

Speaking at the event, the Commercial Manager, Nestlé Nigeria, Boladale Odunlami, said women play a significant role in the company's retail network and contribute substantially to its connection with consumers and communities.

According to him, women account for approximately 60 per cent of retailers in Nestlé Nigeria's retail network, making their contribution critical to the company's operations and growth. He added that the initiative reflects Nestlé's commitment to ensuring that women who contribute to its growth also have opportunities to grow their businesses and earning potential.

The Zaria beneficiaries received training in key areas, including bookkeeping, merchandising, stock management, financial management and customer service. The training is expected to equip them with practical skills to manage their businesses more effectively and make better use of the additional stock provided.

During the three-month mentorship period, Egbebi said the women would receive practical guidance as they manage their increased inventories, apply the skills acquired and reinvest profits into their businesses. They were also encouraged to learn from one another and develop relationships that could provide continued support after the formal mentorship period.

Reflecting on the five-year journey of the initiative, the Corporate Communications, Public Affairs and Sustainability Lead, Nestlé Nigeria, Victoria Uwadoka, said the programme's success should be measured by what beneficiaries are able to build after receiving support.

Uwadoka explained that the continued growth of participating women demonstrates the value of the initiative, noting that stronger businesses and improved livelihoods among beneficiaries also contribute to strengthening the retail network connecting Nestlé products with communities across Nigeria.

The Zaria edition was implemented with the support of Nestlé Nigeria's implementation partners and local distributors, whose continued engagement is expected to complement the mentorship programme and help the beneficiaries work towards stronger and more profitable businesses.

As the initiative enters its next chapter, Nestlé Nigeria said it remains committed to expanding opportunities for more women to build sustainable enterprises and improve their livelihoods.



A cross-section of beneficiaries and Nestle Nigeria officials at the programme.

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Supporting the body's natural detoxification systems through nutrition

By Chima Ejimofor
(Wellness coach and nutrition advocate)

The human body is continuously exposed to substances that must be processed and eliminated. Metabolic waste, alcohol, medications, environmental pollutants, and compounds naturally produced during metabolism are handled primarily by the liver, kidneys, gastrointestinal tract, lungs, and skin.

The body therefore does not require periodic "detoxes" or extreme cleansing programmes to remove toxins. Instead, a more scientifically grounded approach is to provide the body with adequate nutrients, hydration, fibre, and healthy lifestyle habits that support its normal detoxification and elimination processes.

Organic nutritional supplements can complement this approach by supplying selected nutrients and plant-derived compounds that contribute to normal physiological functions.

The Liver: A major detoxification organ

The liver is central to the body's processing of many endogenous and external compounds. Its enzyme systems transform substances into forms that can subsequently be eliminated through bile or urine.

Adequate nutrition is important for these processes. The liver requires a range of nutrients—including amino acids, vitamins, minerals, and antioxidant compounds—to maintain normal metabolic activity.

Rather than attempting to "cleanse" the liver, nutritional wellness should focus on protecting and supporting normal liver function.

1. **Antioxidants and oxidative balance**

Normal metabolism generates reactive oxygen species. The body possesses sophisticated antioxidant systems to maintain balance, including enzymes and nutrients obtained from food.

Vitamin C, vitamin E, selenium, carotenoids, and various plant polyphenols contribute to antioxidant defence. A diet rich in colourful fruits and vegetables therefore provides important nutritional support for the body's natural protective mechanisms.

Supplementation may be useful where dietary intake is inadequate, but it should complement—not replace—a balanced diet.

2. **Hydration and kidney function**

The kidneys continuously filter the blood and help regulate fluid, electrolytes, and waste products.

Adequate hydration supports normal kidney function and urinary elimination. However, drinking excessive amounts of water does not "flush toxins" more effectively and can potentially be harmful.

The goal is consistent, appropriate hydration, adjusted for factors such as climate, physical activity, age, and individual needs.

3. **Fibre and gastrointestinal elimination**

The digestive system is another important route through which waste and certain compounds leave the body.

Dietary fibre supports normal bowel function and contributes to a healthy intestinal environment. Fibre-rich foods—including vegetables, fruits, legumes, whole grains, nuts, and seeds—should therefore form part of any nutritional strategy aimed at digestive and metabolic wellness.

Adequate fibre intake also supports beneficial gut microorganisms, linking digestive health with broader systemic health.

4. **Plant-based nutritional support**

Certain plant-derived ingredients contain polyphenols and other bioactive compounds that may support antioxidant and metabolic pathways.

High-quality nutritional supplements containing carefully selected botanical ingredients can provide additional nutritional support, particularly for individuals whose diets may not consistently provide a wide variety of plant foods.

However, supplements should be viewed as supportive nutrition rather than therapeutic detoxification products.

Lifestyle matters

Nutritional supplementation is only one component of a healthy lifestyle. Supporting the body's natural processes also means:

- Eating a varied, nutrient-dense diet
- Drinking adequate water
- Limiting excessive alcohol
- Maintaining a healthy body weight
- Exercising regularly
- Getting adequate sleep
- Avoiding unnecessary exposure to tobacco smoke and other harmful substances

These fundamentals are considerably more important than short-term "detox" programmes.

Conclusion

Detoxification is not an event that needs to happen once or twice a year. It is an ongoing physiological process.

The most responsible approach is to nourish and protect the organs that perform this work every day. Adequate vitamins, minerals, antioxidants, fibre, plant-based nutrients, and hydration can complement healthy lifestyle practices and support normal physiological function.

Organic nutritional supplementation may therefore have a valuable place in a comprehensive wellness programme—but it should be presented honestly: supplements support nutrition; they do not replace the body's natural detoxification organs or medical treatment.

If you would like to learn how to build a nutritional routine that supports digestive health, hydration, antioxidant protection, and overall wellness, send me a message. For individuals taking medication, pregnant or breastfeeding women, or anyone with an existing medical condition, professional healthcare advice should be sought before starting nutritional supplements.

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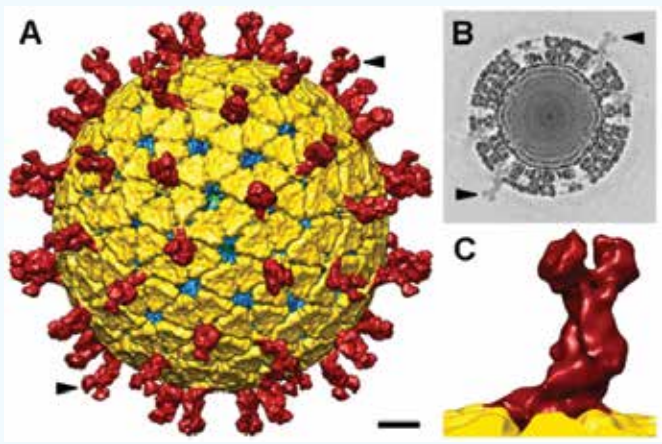


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Rotavirus: History, causes and management

By Patrick Iwelunmor

Rotavirus is one of the leading causes of severe diarrhoea among infants and young children worldwide. Before the introduction of vaccines, millions of children became seriously ill every year, with many requiring hospital treatment. Although improvements in vaccination and healthcare have reduced the number of deaths, rotavirus remains a major public health concern, particularly in low and middle-income countries where access to clean water, sanitation and healthcare is limited. Understanding the history, causes and management of rotavirus is important in preventing infections and protecting children from severe illness.



The history of rotavirus dates back to 1973, when Australian researcher Ruth Bishop and her colleagues identified the virus in the intestinal tissues of children with severe diarrhoea. The virus was named "rotavirus" because, under an electron microscope, it resembles a wheel. The Latin word *rota* means wheel. Following its discovery, scientists around the world conducted extensive studies to understand how the virus spreads, the illnesses it causes and the best ways to prevent infection. Over the years, vaccines were developed and introduced into routine childhood immunisation programmes in many countries. These vaccines have greatly reduced hospital admissions and deaths associated with rotavirus infection.

Rotavirus is caused by a highly contagious virus that attacks the lining of the small intestine. It belongs to the *Reoviridae* family of viruses. Several types of rotavirus exist, but Group A is responsible for most infections in humans. The virus damages the cells lining the intestine, reducing the body's ability to absorb water and nutrients. As a result, infected children develop diarrhoea, vomiting and dehydration, which can become life threatening if not treated promptly.

The virus spreads mainly through the faecal oral route. This means that tiny amounts of infected stool can contaminate hands, food, water, toys, household surfaces or other objects. When another person touches these contaminated items and then puts their hands in their mouth, the virus enters the body. Children under the age of five are at the highest risk of infection, especially those between six months and two years. Babies who have not yet received the rotavirus vaccine are more likely to develop severe illness. Poor sanitation, overcrowded living conditions and inadequate hand washing also increase the risk of infection. Adults can become infected as well, although their symptoms are usually milder because of previous exposure to the virus.

The symptoms of rotavirus usually appear within two days after infection. The illness often begins suddenly with fever and vomiting, followed by frequent watery diarrhoea. Many children also experience stomach pain, poor appetite and tiredness. The greatest danger is dehydration, which occurs when the body loses more fluids than it takes in. Signs of dehydration include dry mouth, sunken eyes, little or no urination, unusual sleepiness and crying without tears. Severe dehydration requires urgent medical attention because it can lead to shock and even death if left untreated.

There is no specific medicine that kills rotavirus. Management focuses on preventing and treating dehydration. Oral Rehydration Solution is the most important treatment for mild and moderate dehydration because it replaces the water and essential salts lost through diarrhoea and vomiting. Children should continue breastfeeding or receive their normal feeds where possible, as proper nutrition supports recovery. Zinc supplements are also recommended for young children with diarrhoea because they help reduce the severity and duration of the illness while supporting the immune system.

Children with severe dehydration may require hospital admission for intravenous fluids. Healthcare professionals closely monitor these patients to restore fluid balance and prevent complications. Antibiotics are not effective because rotavirus is caused by a virus rather than bacteria. Parents should also avoid giving anti diarrhoeal medicines to young children unless prescribed by a qualified healthcare professional.

Communities and governments also have important responsibilities in preventing rotavirus. Strengthening routine immunisation programmes, improving sanitation facilities, providing clean water and educating parents about proper hygiene can greatly reduce the burden of the disease. Healthcare workers should encourage caregivers to recognise the early signs of dehydration and seek medical care without delay.

In conclusion, rotavirus is a serious but preventable viral infection that mainly affects infants and young children. Since its discovery in 1973, major advances in research have led to effective vaccines that have saved countless lives. Although the virus continues to pose challenges in many parts of the world, prompt treatment with oral rehydration therapy, proper nutrition and early medical attention can prevent severe complications. Combined with vaccination, improved hygiene and public health education, these measures remain the best defence against rotavirus and its devastating effects on children.



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Don't say this - it's suicide!

By Pharm Onyinye Chiekwe PharmD, MScPH

Every year, on 10 September, the global community observes World Suicide Prevention Day. For many, it passes as just another awareness event, a date to share a quick graphic on social media or briefly reflect on a tragic issue before life returns to its usual rhythm.

For others, suicide is not an abstract public health issue, and the day holds a heavy meaning. It may be a conversation they have had with themselves, a thought they are trying to silence, or a crisis they are trying to survive. The reality of suicide and suicidal ideation remains immensely complex and deeply personal, yet despite its gravity, it is a subject we still fail to discuss openly or effectively.

What is suicide?

At its core, suicide is the act of intentionally ending one's own life. Suicidal ideation refers to a broad spectrum of thoughts, wishes, and preoccupations with death or suicide, ranging from passive wishes of not waking up in the morning to detailed, active planning. Having suicidal thoughts does not automatically mean that a person will attempt suicide, but it is a serious warning sign that should never be dismissed.

Suicide is not a sign of character flaw, weakness, selfishness or personal failure; it is not a matter of faith, or a person "not being strong enough", but a profound manifestation of unbearable psychological pain and distress. It is a complex public health issue shaped by a combination of individual, relationship, community and societal factors. The World Health Organisation estimates that more than 720,000 people die by suicide globally every year.

Why do people take their lives?

People do not seek suicide because they want to die; they seek suicide because they desperately want an end to overwhelming, unendurable pain. When an individual's emotional pain exceeds their capacity to cope, death can begin to feel like the only accessible escape.

Suicide rarely stems from a single cause. It is usually the cumulative result of severe depression, trauma, unmanaged psychiatric conditions, profound isolation, or sudden life crises, like financial ruin, chronic physical pain, or the loss of a critical relationship, academic or professional pressure that leave a person feeling entirely hopeless and burdened. Substance use, abuse or isolation may contribute to suicidal distress. However, no single factor can explain every suicide or suicidal crisis.

The CDC notes that risk can be influenced by previous suicide attempts, mental illness, hopelessness, substance use, serious illness, financial or job problems, relationship loss, bullying, family history of suicide, social isolation, discrimination and difficulty accessing healthcare. Importantly, having a risk factor does not mean that a person will attempt suicide.

At the same time, protective factors exist.

Strong relationships, connection to family and community, effective coping skills, access to quality healthcare and having reasons for living can help reduce risk.

Prevention is not only about identifying danger, but building environments where people feel connected, supported and able to ask for help.

If someone tells you they are thinking about suicide, take them seriously. Do not leave a person in immediate danger alone. Help them move away from immediate access to anything they could use to hurt themselves, and seek urgent professional or emergency help.

And perhaps, on 10 September, instead of simply posting another awareness graphic, we can do something more meaningful.

10 things not to say to a suicidal person

When someone opens up about feeling suicidal, our instinctive response is often to fix the problem immediately or offer comforting reassurances. However, well-intentioned words can inadvertently dismiss their pain, deepen their shame, or push them further into isolation. Here are 10 phrases to avoid, and what to keep in mind instead:

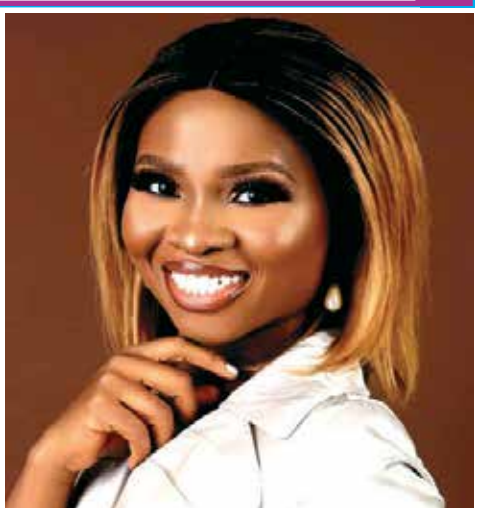
1. "You have so much to live for."

While meant to be encouraging, it highlights a disconnect between your perspective and their present reality, where hope feels entirely inaccessible

Try instead: "I know things feel unbearable right now. I'm here with you."

2. "Other people have it worse."

Pain is not a competition. Comparing their suffering with someone else's can make them feel misunderstood. It also invalidates



their intense emotional pain and makes them feel ashamed for struggling.

Try instead: "What you're going through sounds difficult. Tell me more."

3. "Think about your family."

Family can be a source of strength, but invoking guilt is not the same as offering support.

Try instead: "You matter to me, and I want to help you get through this."

4. "You'll feel better tomorrow; just get a good night's sleep."

It trivialises a deep-seated crisis into a temporary mood that a good night's sleep cannot resolve.

Try instead: "I'm glad you told me. I'm taking you seriously."

5. "Just pray about it"

Faith can be an important source of comfort for many people, but spiritual support should not replace appropriate mental healthcare or crisis intervention. Suicidal ideation is a profound psychological crisis, not spiritual failure.

Try instead: "Would you like me to stay with you while we find someone who can help?" *(Continues next edition).*



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REFERENCE
1. LD Collins. CycLogest SmPC. 2. Child T, et al. Reprod Biomed Online. 2018;36(6):630-45. 3. Duijkers IJM, et al. Hum Reprod. 2018;33(11):2133-40. 4. Ganeloose. Excipients for Rectal and Vaginal Drug Delivery. 5. Bullen C, etal. Hum Reprod. 1997;12(5):1073-9. 6. LD Collins, Data on file - Packs sold globally June 2019. 7. Harvard Health Publishing. What are bioidentical hormones? 8.Tsoumpelou A, et al. Hum Reprod Update. 2000;6(2):113-49. **Cyclogest 400 mg.** Please refer to the Summary of Product Characteristics (SPC) before prescribing. **Presentation:** Each pessary contains 400mg Progesterone. **Indication:** Luteal phase support as part of an Assisted Reproductive Technology (ART) treatment for women. 15. NICE guidelines Ng25 pub 20th Nov 2015, updated 10th June 2022, Section 1.2, 1.2.2, 1.2.3, https://www.nice.org.uk/guidance/ng 25/resources/ preterm - labour - and birth - pdf. 14. NICE guidelines Ng126 pub 19th Apr 2019, updated 24th Nov 2021, Section 1. 5. 2, 1. 5. 3. www.nice.org.uk/guidance/ng 126 **Dosage and Administration:** 400 mg administered vaginally twice a day starting at oocyte retrieval. The administration of Cyclogest should be continued for 38 days, if pregnancy has been confirmed. **Contraindications:** Hypersensitivity to progesterone or to any of the excipients. Undiagnosed vaginal bleeding. Known or suspected progesterone sensitive malignant tumours. Porphyria. Severe hepatic dysfunction or disease. Known missed abortion or ectopic pregnancy. Active arterial or venous thromboembolism or severe thrombophlebitis, or a history of these events.

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Omaruaye, Igwe to FG: Fix Nigeria's drug supply chain to safeguard Africa

By Adebayo Oladejo

Nigeria must urgently build a pharmaceutical supply chain anchored on integrity, compliance and patient safety or risk exposing not only its citizens but the wider African continent to the consequences of unsafe and poorly regulated medicine distribution, the National Chairman of the Pharmaceutical Wholesalers and Distributors Association of Nigeria (PWDAN), Pharm. Ogheneochuko Omaruaye, has warned.

"If Nigeria gets this right, Africa becomes safer. But if we fail, the consequences will affect the continent. We must build a pharmaceutical supply chain based on integrity, compliance and patient safety," he said.

Omaruaye spoke with ***Pharmanews*** on the sidelines of the 45th Annual International Scientific Conference of the Association of Community Pharmacists of Nigeria (ACPN), tagged Unity 2026, following a presentation by PWDAN National Vice Chairman, Pharm. Ukagha Igwe, which highlighted the urgent need to strengthen Nigeria's pharmaceutical supply chain and distribution system.

According to the PWDAN chief, the presentation was aimed at drawing attention to a challenge that has existed for decades but continues to receive insufficient attention.

"We all know about these challenges, but we often gloss over them. Many health conditions that should be successfully treated become worse because medicines are not properly stored or do not pass through a supply chain with integrity," he said.



Pharm. Ukagha Igwe
National vice Chairman, PWDAN



Pharm. Ogheneochuko Omaruaye
National Chairman, PWDAN

He stressed that healthcare investments must go beyond hospitals and infrastructure to include a secure pharmaceutical distribution system.

"Government and the private sector are investing heavily in healthcare facilities, but equal attention must be given to medicine security. PWDAN members operate under government regulation and international standards, and we are calling for stronger collaboration to improve compliance across the sector."

In his presentation, Igwe described Nigeria's drug distribution system as operating on two parallel channels - a regulated system and an unregulated one that allows falsified, expired and substandard medicines to circulate.

He explained that while the regulated supply chain involves licensed manufacturers, importers, wholesalers and distributors who follow Good Distribution Practice standards before medicines reach pharmacies and patients, the unregulated channel exposes Nigerians to medicines whose quality, safety and effectiveness cannot be guaranteed.

Igwe linked the challenge to Nigeria's poor health outcomes, noting that all stakeholders must take responsibility for improving the system.

"To be the economic powerhouse of Africa and still have one of the lowest life expectancies should concern all of us. We must take responsibility within our various areas of influence," he said.

He disclosed that during regulatory enforcement operations in 2025, medicines worth over 1 trillion were seized from major open drug markets across the country, adding that many warehouses inspected failed to meet basic Good Distribution Practice requirements.

According to him, several facilities lacked proper ventilation, temperature control, shelving, humidity monitoring and pest control, conditions that could compromise medicine quality before expiry dates.

Igwe also warned that medicines are generally expected to be stored within ambient temperatures of 18°C to 25°C, stressing that prolonged exposure to higher temperatures can accelerate degradation and reduce therapeutic effectiveness.

"The patient may not know that the medicine has deteriorated. The body is often the first indication that the medicine is no longer working as expected," he said.

Both PWDAN leaders urged community pharmacists and healthcare providers to patronise regulated wholesalers and distributors who comply with approved standards.

Omaruaye noted that although recent enforcement activities by regulatory agencies were commendable, sustained monitoring was necessary to prevent illegal operators from returning to the market.

He further disclosed that PWDAN would host a continental pharmaceutical wholesaler and distribution forum in Lagos later this year, attracting stakeholders from across Africa to discuss medicine security and strengthen collaboration.



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PCNNews

PCN registrar charges pharmacists to lead Nigeria's One Health response

- Says governance must keep pace with practice

By Ifeoluwa D. Afolayan

The Registrar/Chief Executive Officer of the Pharmacy Council of Nigeria (PCN), Pharm. Ibrahim Babashehu Ahmed, has called on pharmacists across the country to take up leadership roles in Nigeria's response to converging health threats, warning that the systems governing the profession must evolve as quickly as the realities practitioners face daily.

Ahmed made the call while delivering the keynote address at the Pharmaceutical Society of Nigeria (PSN) Lagos Pharmacy Week, held 17 – 21 August, at Detutu Event Centre, Ogudu, Lagos State.

Speaking to an audience of pharmacy leaders, association executives, and practitioners drawn from community, hospital, industrial, and academic settings, the registrar situated the profession within the growing global convergence of health threats, describing pandemics, climate disruption, unsafe food, and antimicrobial resistance as challenges that no single sector could address alone.

"Nigeria, with a population of over 200 million people, is counted among the ten countries carrying the highest burden of infectious and zoonotic disease anywhere in the world, and globally, the overwhelming majority of newly emerging infectious diseases originate in animals before they ever reach a human being," he said. "These are not abstract statistics. They describe the world every one of us practises inside."

The registrar framed the One Health approach – which treats human, animal, and environmental health as one interconnected system – as central to the pharmacy profession's responsibility, noting that pharmacists are often the last checkpoint before a medicine reaches a patient, and for many Nigerian families, the first point of contact with the health system at all.

Ahmed distinguished between governance and standards as complementary forces shaping the profession, describing governance as the framework that ensures accountability and coordination across the health system, and standards as what translates that governance into daily practice and public trust.

According to him, "A policy on paper does not implement itself," he said. "It has to travel from document into regulation, from regulation into standard, and from standard into the daily judgement of the pharmacist facing that mother, that ward, that factory floor. Making that journey happen is the regulator's job."

He noted that engagement between practitioners and regulators must run in both directions, with pharmacists' associations expected to advocate and document what they observe in practice so that policymakers can make evidence-based decisions. "A profession that engages only after policy is finalised has already lost the chance to shape it," he said.

On the subject of task shifting and task sharing – increasingly discussed as a response to workforce shortages – the registrar cautioned that extending protocol-driven services to community pharmacists and other cadres must be preceded by clearly defined standards of competence and accountability. "Skip that step, and task sharing quietly becomes task shifting without a safety net, which helps no one and eventually costs us public trust," he warned.

The registrar called for a broader redefinition of the pharmacist's role - from a clinician who dispenses medicines to a clinical leader, public health leader, digital health professional, researcher, and systems thinker.

He said pharmacists require greater interdisciplinary literacy to recognise One Health risks as they emerge, formal integration into the nation's disease surveillance systems, and stronger data governance as pharmacy practice becomes increasingly digital.

He outlined a three-stage pathway toward this future: foundation, involving the establishment of governance structures, competency frameworks, and regulatory updates already under way; integration, involving the implementation of digital health standards and deeper collaboration with veterinary and environmental authorities; and transformation, involving AI-enabled pharmacy services and population health models drawing on combined human, animal, and environmental data.

Ahmed also commended pharmacists who, he said, already act with integrity ahead of formal policy — citing the community pharmacist who takes time to counsel against incomplete antibiotic use, the hospital pharmacist who challenges an unnecessary prescription on ward rounds, and the industrial pharmacist who halts a batch that should never reach the market.

"Our profession, in every setting it occupies, is already living the answer to today's theme, often through conscience alone," he said. "As your regulator, I take that as a direct instruction, not a comfort. If this profession can already act with this much integrity ahead of the rules, then the rules I am responsible for owe it the same urgency in return."

Closing his address, the registrar called for the Nigerian pharmacist to be formally recognised, in law, policy, and national health architecture, as more than a medicines expert – as a One Health advocate, digital health professional, public health leader, and health system transformer.

"Governance provides direction, and standards inspire confidence," he said. "Together, they will shape a pharmacy workforce, in every practice setting represented in this room, ready not only for the challenges of today, but for the opportunities of tomorrow. Let this conference be remembered as the moment we chose to build that recognition, deliberately, together."

The PSN Lagos Pharmacy Week brought together pharmacists and stakeholders from across community, hospital, industrial, and academic practice to deliberate on the future of the profession in Nigeria.



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Mast tree, the medicinal masquerade

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



Polyalthia longifolia

Polyalthia longifolia (Sonn.) Thwaites (PL) (Family: Annonaceae) is a tall evergreen tree cultivated throughout India. It is commonly known as the false ashoka, cemetery tree, mast tree, masquerade tree and Buddha tree. It is widely recognised as an excellent avenue or street tree because of its ability to reduce noise pollution.

Constituents

Different parts of the mast tree contain proteins, lipids, fibre, carbohydrates, ash and moisture. The principal phytochemical constituents include clerodane-type diterpenes (incensole, serratol and neophytadiene), protoberberine alkaloids, flavonoids (including quercetin derivatives), tannins, saponins, steroids and essential oils. Analyses have also shown the presence of appreciable quantities of minerals such as sodium, potassium, calcium and magnesium.

Preparations

The plant may be used in the form of fresh or dried leaves, bark, roots or seeds. It is also available as dried powder or in capsule form. Traditionally, it may be prepared as a decoction.

Pharmacological actions and medicinal uses

Different parts of the plant are valued in traditional medicine for their antimicrobial, anti-inflammatory, antioxidant and antidiabetic properties. They have long been used to manage fever, skin disorders and digestive ailments. Studies have shown that leaf extracts inhibit the growth of pathogenic bacteria, including *Escherichia coli* (*E. coli*) and *Staphylococcus aureus* (*S. aureus*), as well as fungi such as *Candida albicans*. The bioactive compounds present in the leaves have also demonstrated analgesic activity, which may be attributable to their anti-inflammatory effects. Pharmacological studies further suggest that leaf extracts may help lower and regulate blood glucose levels. In addition, the leaves are rich in antioxidant secondary metabolites that help protect cells against oxidative damage and may support the management of gastric ulcers.

P. longifolia has also been reported as a traditional remedy for the treatment of gonorrhoea, snakebites and scorpion stings. The aqueous bark extract has been shown to reduce blood pressure and heart rate. Traditionally, the bark has also been used as a febrifuge and in the management of septic infections, hepatomegaly, hepatosplenomegaly, cough, diarrhoea and certain cancers. Furthermore, *P. longifolia* has demonstrated anticancer, gastroprotective, hypotensive, corrosion-inhibiting and bioadsorbent properties. Experimental studies on leaf extracts have shown that some of their constituents can induce cell death in various cancer cell lines.

Adverse effects

P. longifolia may cause gastrointestinal disturbances, including nausea and mild diarrhoea, dizziness resulting from reduced blood pressure, and skin irritation when the essential oil is applied undiluted. It may also interact with sedatives and anticoagulant medications.

Economic uses and potential

In Nigeria, live *Polyalthia longifolia* seedlings typically sell for between N1,500 and N5,000 at local nurseries. Specialised health retailers also market dried bark powder or capsules for traditional medicinal use at approximately N7,000 to N9,000 per 100 g.

The mast tree is widely cultivated as an ornamental plant, for landscaping and as a living fence. Historically, its timber was used in the construction of ship masts. Today, the lightweight, straight-grained and easily worked wood is used as fuelwood, for shuttering-grade plywood, and in the manufacture of small wooden items such as pencil cases.

Seed extracts have potential for commercial production of organic pesticides, fungicides and mite repellents, while leaf extracts are increasingly being investigated as phytobiotic feed supplements to replace conventional antibiotics in broiler and ruminant production. Consequently, the mast tree possesses considerable potential for both the pharmaceutical and agricultural industries.

Reference

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NAFDAC, FIP, others charge pharmacists to strengthen medicine safety, global standards

By Adebayo Oladejo



Dr Rametu Momodu
Director, Narcotic and Controlled Substances, NAFDAC

The National Agency for Food and Drug Administration and Control (NAFDAC) and the International Pharmaceutical Federation (FIP) have called on community pharmacists to take a stronger frontline role in safeguarding medicines, protecting patients and advancing healthcare delivery in line with global best practices.

The charge came at the 45th Annual International Scientific Conference of the Association of Community Pharmacists of Nigeria (ACPN), held at the Bola Ahmed Tinubu International Conference Centre, Abuja, where stakeholders examined the expanding responsibilities of pharmacists in an increasingly complex healthcare environment.

Speaking on behalf of the Director-General of NAFDAC, Prof. Mojisola Christianah Adeyeye, the Agency's Director of Narcotics and Controlled Substances, Dr Rametu Momodu, described community pharmacists as critical frontline healthcare providers whose professional decisions directly affect medicine safety, patient outcomes and public health.

She said the conference theme, *"From Local Pharmacy Practice to Global Impact: Managing Complex Political Systems,"* aptly reflects the changing role of pharmacists, who are increasingly expected to contribute beyond the traditional dispensing of medicines to building safer and more responsive healthcare systems.

According to Momodu, community pharmacists have important responsibilities in pharmacovigilance, patient counselling, promoting rational medicine use and protecting the public from counterfeit and substandard products.

She noted that for millions of Nigerians, particularly those in underserved communities, the community pharmacy remains one of the first and most accessible points of healthcare contact.

This accessibility, she said, places pharmacists in a strategic position to improve medicine adherence, support the management of chronic diseases, provide appropriate counselling and identify medicine-related problems before they result in more serious health consequences.

Momodu also described community pharmacies as important surveillance points within the country's pharmaceutical supply chain and urged practitioners to remain vigilant about the products they stock and dispense.

She advised pharmacists to source medicines only from licensed suppliers, reject unregistered products and take greater advantage of NAFDAC's digital platforms, including the Green Book, Med Safety App and Scan-to-Verify platform, to support medicine authentication, adverse drug reaction reporting and improved supply chain transparency.

In a virtual goodwill message, President of the International Pharmaceutical Federation (FIP), Mr. Paul Sinclair, congratulated ACPN for sustaining what he described as one of Africa's important platforms for professional engagement and pharmacy development.

He reaffirmed FIP's support for community pharmacy practice in Nigeria and noted that the Federation represents more than 460 national organisations and over 5.5 million pharmacists, pharmaceutical scientists and pharmacy educators worldwide.

Sinclair described ACPN as an important member of the global pharmacy family and said the challenges confronting modern healthcare systems were becoming increasingly complex as a result of changing policies, technological developments and evolving patient needs.

He maintained, however, that community pharmacists remain among the most accessible healthcare professionals and are strategically positioned to contribute to preventive healthcare, chronic disease management and improved access to quality pharmaceutical services.

The FIP President said pharmacists must continue to adapt their practice, embrace innovation and strengthen collaboration if they are to meet growing patient expectations and contribute more effectively to stronger health systems.

He referred to FIP's Health and Pharmacy Campaign, which advocates greater recognition and empowerment of pharmacists as essential partners in healthcare, and said this would be crucial to expanding access to care and achieving better health outcomes.

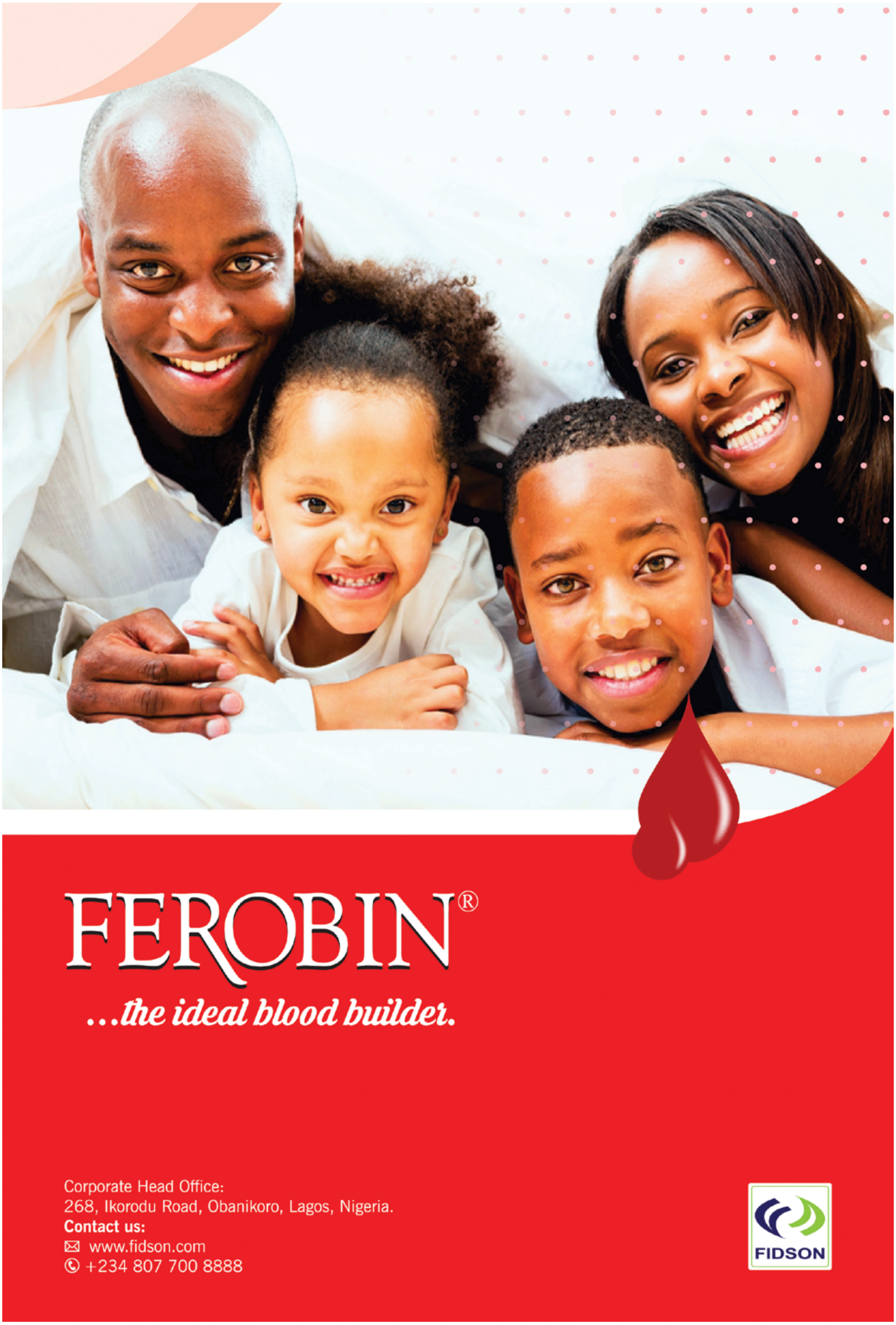
According to him, the conference slogan, *"Unity 2026,"* also highlights the importance of stronger collaboration, not only among pharmacists, but between the profession, governments, regulators and other healthcare stakeholders.

The combined messages from other technical arms of the PSN, including NAIP, ALPs, PWDAN, others reinforced the growing expectation that community pharmacists must play a broader role in healthcare; one that combines professional vigilance over the medicines reaching patients with greater involvement in prevention, patient-centred care, pharmacovigilance and the wider pursuit of Universal Health Coverage.



A cross-section of dignitaries and delegates at the 45th Annual ACPN International Conference, tagged Unity 2026 in Abuja.

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Lagos deploys EKOSHA mobile clinic to underserved Badagry community

By Temitope Obayendo

As part of efforts to bridge gaps in healthcare access in hard-to-reach communities in the Badagry Division of Lagos State, the Lagos State Health Management Agency (LASHMA) has deployed and commissioned the Eko Social Health Alliance (EKOSHA) mobile clinic for residents of Erikiti Oglo and its environs.

The commissioning was implemented by the Permanent Secretary, LASHMA, Dr Emmanuella Zamba, and other stakeholders, to enable vulnerable residents to access quality and affordable healthcare without being pushed into financial hardship.

Speaking at the occasion, Zamba said the Rural Health Scheme was designed to bridge gaps in healthcare access faced by vulnerable residents in hard-to-reach communities, particularly where a Primary Healthcare Centre (PHC) is not available or where an existing PHC is undergoing reconstruction or renovation.

She disclosed that the deployment of the EKOSHA mobile clinic to Erikiti Oglo and its environs demonstrated the practical commitment of Governor Babajide Sanwo-Olu to improving the health and wellbeing of Lagos residents and bringing healthcare closer to people in hard-to-reach communities across the state.

The mobile clinic, she said, would be in the community every Tuesday from 8 a.m. to 5 p.m. and would provide general consultations through telemedicine services, treatment of common illnesses, management of chronic diseases such as hypertension, diabetes and asthma, treatment of childhood illnesses, basic laboratory investigations, health education, counselling and drug dispensing, among other services.

Zamba added that residents could also have their vital signs checked, including blood sugar, blood pressure, weight and pulse, at the mobile clinic. She reminded residents that the mobile clinic was not a permanent facility and would be withdrawn once the community had a functional PHC or other healthcare facility.

The permanent secretary recalled that during the flag-off of the first phase of the Rural Health Scheme at Agboyi-Ori Omi on 11 November 2025, the agency had promised to provide mobile clinics at five different hard-to-reach locations in the state.

She said, "Today, two communities out of the five locations have been provided with mobile clinics, and soon, the three others will be provided."

She applauded the Baale of Erikiti Oglo, Chief Baale Abila Sedowhe Azonagbo, for his support in making the intervention possible, bringing healthcare closer to people at the grassroots and moving Lagos State closer to achieving Universal Health Coverage (UHC).

Zamba urged the people of Erikiti Oglo and neighbouring communities to take ownership of the programme, embrace the initiative, register on the scheme, utilise the mobile clinic and provide constructive feedback to the agency on how to continually improve the medical intervention.

The permanent secretary promised residents that the agency would increase the number of visits by the mobile clinic once the communities increased the number of beneficiaries enrolled in the scheme to 5,000.

Responding on behalf of the Baales in the communities, the Baale of Erikiti Oglo, Chief Baale Abila Sedowhe, thanked the Lagos State Government and Dr Zamba, for bringing the mobile clinic to the people of Erikiti Oglo and its environs.

He said, "Pregnant women, nursing mothers and their children, including the elderly, usually travelled long distances to access healthcare services, but now, with the mobile clinic, they will be relieved of travelling long distances to seek medical attention."

The chief baale, who applauded his colleagues for attending the event, implored other Baales to ensure that their residents enrolled in EKOSHA and utilised the mobile clinic instead of resorting to self-medication.



Stakeholders at the commissioning of the mobile clinic

Other dignitaries at the event included the Permanent Secretary, Health District V, Dr Oladapo Ashiyanbi; Baale Agbovipe, Chief Baale Peter Tonda; Baale Tohon, Chief Baale Sotin Adeoye; and Baale-elect, Zinvie, chief abiye Hunsitode, who was represented by Chief Abba.



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NAFDAC DG to deliver keynote address, as Ogun NAIP set for week-long programme

By Ranmilowo Ojalumo

The Director-General of the National Agency for Food and Drug Administration and Control (NAFDAC), Professor Mojisola Adeyeye, is expected to deliver the keynote address at the third annual NAIP Week of the Ogun State chapter of the Association of Industrial Pharmacists of Nigeria (NAIP).

According to the association's chairman, Pharm. (Mrs) Sarah Pearl Kolade, the Ogun NAIP Week is scheduled for 21 to 25 September. The theme is "Production, Innovation and Quality Standard; Collaboration and Advancement in Technology of Pharmaceutical Industry in Nigeria", while the sub-theme is "Safeguarding Medicines: Advancing Innovation, Compliance and Patient Trust". The programme, which will commence at 8am daily, will hold at the Banquet Hall, Merry Jay Events Place and Hotel, 106 Ijoko Road, Sango-Ota, Ogun State.

The chairman disclosed that the week-long event is expected to bring together key stakeholders in the pharmaceutical and health sectors, adding that the five-day programme will feature professional engagements, medical outreach, pharmaceutical industry visits, exhibitions, advocacy against drug abuse, free drug donations and social activities.

While giving a rundown of the programme, Pharm. Mrs Kolade said the first day would feature the arrival and registration of delegates and guests, followed by a medical outreach and an excursion to three pharmaceutical companies in Sango-Ota. The day would end with a welcome party and cocktail for delegates and guests.



Prof Mojisola Adeyeye
NAFDAC DG.



Pharm. (Mrs) Sarah Pearl Kolade
Chairman, NAIP, Ogun chapter

Day two will feature a Pharma Summit Seminar and an exhibition of pharmaceutical and non-pharmaceutical products. Participants will also take part in a Cultural Night.

The third day will feature the official opening ceremony, an exhibition of pharmaceutical and non-pharmaceutical products, the NAIP Ogun State Project Luncheon and two plenary sessions, before the programme moves into a Gala Night.

On the fourth day, members of the association will hold their Annual General Meeting, while the exhibition of pharmaceutical and non-pharmaceutical products will continue. The day will also feature an advocacy programme against drug abuse and illicit drug use at the Ibara Customary Centre, Abeokuta, followed by a Dinner and Award Night.

The programme will end on 25 September with a World Pharmacists Day celebration involving free drug donations at Sango-Ota Bus Stop, Ogun State, before the departure of delegates and guests.

The event is expected to attract several prominent stakeholders in the health and pharmaceutical sectors, including the Ogun State Commissioner for Health; Director of Pharmaceutical Services, Ministry of Health; Director of Pharmaceutical Services, Hospital Management Board; Permanent Secretary, Ministry of Health; Executive Secretary, Drug Management Board; and the State Coordinator of the Pharmacy Council of Nigeria in Ogun State.

Others expected are the State Coordinators of NAFDAC offices in Ogun 1, Abeokuta, and Ogun 2, Sango-Ota; the National Chairman of NAIP; the Onijoko of Ijoko Kingdom and his cabinet; as well as other prominent figures and managing directors in the pharmacy profession.

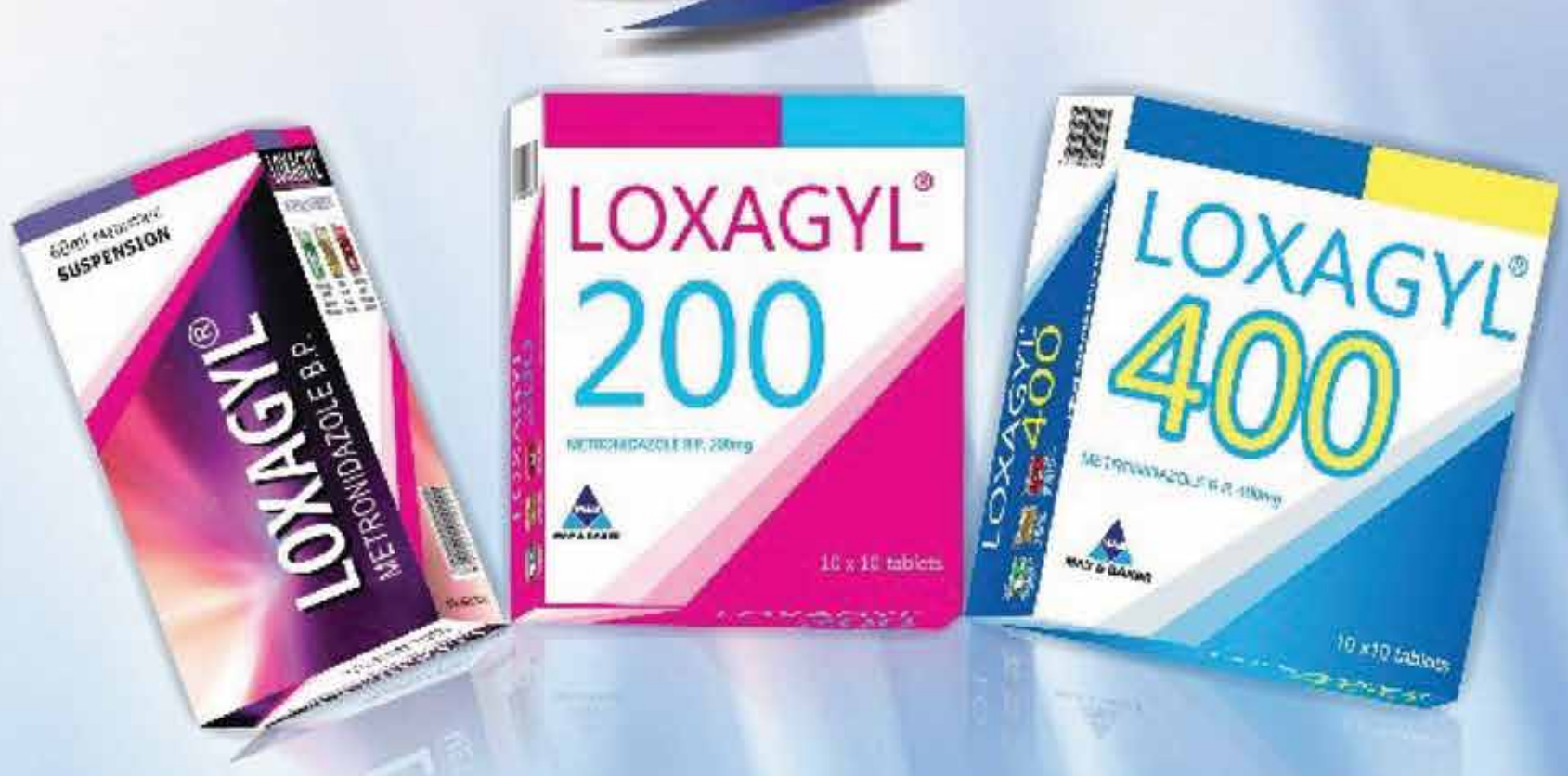
With the NAFDAC DG scheduled to deliver the keynote address, the programme is expected to provide a platform for industrial pharmacists and other stakeholders to engage in professional activities while extending their interventions to the wider community through medical outreach, drug abuse advocacy and free drug donations.



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From terror to triumph: Cancer survivors share stories of courage and resilience

By Temitope Obayendo

Fear can be tormenting and deeply devastating, especially when attached to a cancer diagnosis. But for many survivors, confronting that fear, seeking treatment and finding support can transform a terrifying diagnosis into a story of survival.

"Cancer made me discover a new passion in life," said Tosin Adewale, a 32-year-old man who was diagnosed with colorectal cancer in 2023. "It gave me a new direction in awareness and advocacy. Before my diagnosis, I never knew I had that talent for encouraging others about early detection. But after going through a series of treatments, I developed an interest in speaking publicly about my cancer journey, reaching out to people for support and raising awareness about early detection."

Like Adewale, an estimated 130,000 Nigerians are diagnosed with cancer annually, with breast and prostate cancers being the most prevalent, followed by cervical and colorectal cancers, according to data from the International Agency for Research on Cancer (IARC).

The good news is that "cancer is no longer a death sentence", says the Regional Coordinator, National Institute for Cancer Research and Treatment (NICRAT), Professor Olusegun Alatise. He stressed that improving the quality of care and promoting early detection are crucial to survival.

Mrs Benita Egone, a middle-aged breast cancer survivor who almost declined treatment because of misconceptions about chemotherapy, later narrated how she overcame her fear, underwent treatment and survived the disease.

"I took my drugs consistently for one year. But while taking my drugs, in June 2024, I had issues back home, and I had complications that resulted in bleeding and a ruptured ovary. The result indicated fibroids. So, I was eventually scheduled for a 14-day radiation session.

"I did all that. And this is me here today because I took my drugs. I recovered my life from cancer, and I'm happy to be alive," she shared enthusiastically.

Aside from discovering a new passion, Adewale also shared how the love and care of his loved ones, coupled with his faith and dogged determination to overcome the disease, kept him going, even at the most difficult moments.

"The incredible faith I had in God, myself and what I was doing were big pillars of support for me. Also, health has taught me that courage is not just the absence of fear. Courage is about moving forward despite obstacles."

The World Health Organisation (WHO) also echoes the message of hope to people living with cancer, assuring them that a cancer diagnosis does not necessarily mean the end of life. It estimates that about 30 to 50 per cent of cancer deaths could be prevented through lifestyle modification, avoidance of risk factors and the implementation of existing evidence-based preventive strategies.

Misdiagnosis: A major barrier to early detection

With campaigns on early detection as a pathway to improved cancer survival gaining momentum, the stories of many patients point to misdiagnosis as a major contributor to late presentation. This signals a health-system challenge that requires urgent attention. Adewale and Egone also encountered diagnostic challenges during their journeys, but their resilience helped them persist until they received appropriate care.

"My journey started in 2020, with a lump on my breast, so I decided to go for a check-up," Egone narrated. "The first surgeon I consulted directed me to go for a scan. Thereafter, he told me something funny, then I left. I met another surgeon who did a wrong biopsy on me. So, after the wrong biopsy, he was shocked that I think it was cancer stage one, when the biopsy that was done wrongly resulted in a lump because it was done wrongly."

The WHO identifies diagnostic errors as a global patient-safety problem and specifically recognises cancer as a condition in which delayed diagnosis can be harmful and costly.

Adewale, a colorectal cancer survivor, encountered a similar situation.

"Initially, I had no idea of what was happening to me. I had symptoms of malaria, constipation, blood in my stool, persistent stomach pain and so on," he said. "Until I was rushed to the hospital, when I became anaemic and unconscious. Even the doctors were confused; they didn't have an idea of what was happening to me. Being a primary healthcare centre, I was treated based on the symptoms I had. But when I went back home, I felt something seemed not right."

While a paucity of data on cancer misdiagnosis remains another challenge, a recent multicentre study in Kano and



Tosin Adewale



Mrs Benita Egone

Ibadan found that misdiagnosis and inconclusive results were prevalent health-system contributors to delayed diagnosis, with a median five-month interval between first presentation to a formal healthcare professional and cancer diagnosis.

In an exclusive interview with ***Pharmanews***, Dr Olaiya Popoola, a clinical oncologist at Bell Oncology Specialist Hospital, corroborated the earlier accounts, describing diagnostic error in cancer care as a systemic issue involving different specialists and procedures.

He explained that cancer diagnosis involves several stages, from biopsy and tissue preservation to pathological assessment, meaning that an error at any point can affect the final diagnosis.

"If there's a problem, there could be a misdiagnosis along the line," he said.

Shortage of oncologists, fear of chemotherapy

These challenges underscore the need for the leadership of the healthcare system to expedite action on improving cancer diagnosis through the establishment of adequate diagnostic facilities, provision of equipment for timely testing and recruitment of more oncologists across the states of the federation.

Such measures would ease patients' burden in accessing timely care, although the financial burden of treatment remains another major challenge.

Egone's story shows how the absence of an oncologist in Delta State worsened her situation, as she had to travel to Rivers State for diagnosis and treatment and subsequently to Lagos State for further care.

"We don't have an oncologist in Delta State, not even one," she lamented.

Worse still, it is alarming to know that 16 states in the country have no radiation or clinical oncologist, according to the President of the Nigerian Cancer Society (NCS), Professor Abidemi Omonisi. The situation raises questions about what more can be done to address the shortage.

"So, when my case was finally diagnosed, I didn't go for chemotherapy. I was scared because of the too many things people had said about it," Egone said.

She initially turned to supplements and remained on them from 2020 to 2022, but her condition deteriorated. After being referred to a private hospital in Lagos, she began chemotherapy. She said the oncologist's explanation of the treatment changed her perception of chemotherapy.

Psychosocial support from practitioners and families

Experts acknowledge the importance of psychosocial care in cancer treatment, noting that it can significantly influence patients' survival experience and quality of life. The WHO Regional Office for Africa, International Agency for Research on Cancer (IARC) and American Society of Clinical Oncology (ASCO) have all emphasised the importance of psycho-oncology as part of comprehensive cancer care, addressing patients' physical, psychosocial and spiritual well-being.

This is reflected in the experiences of the survivors, who attributed part of their ability to overcome the disease to the love and support of caregivers and family members, alongside medical treatment.

Egone recalled how, through her brother, she encountered an NGO that supported her financially and emotionally.

"I met an NGO online through my brother, and I registered with them. And they introduced me to what I would call my God-sent oncologist."

Adewale also affirmed the importance of the support he received from people and healthcare practitioners throughout his journey.

"At each point along my journey, I reached out to people for physical and financial assistance, and they have been a great pillar of support for me. For instance, when I was to do my immunohistochemistry, it was funding assistance that saw me through."

Dr Popoola upheld the same view, stressing that patients need considerable psychosocial support from their families and other members of society.

He argued that when patients or survivors are rejected or stigmatised at home, they may feel abandoned and worthless, but when they are accepted, cherished and treated properly, they are better positioned to cope with the disease and maintain a better quality of life.

Adewale sums up his experience in simple terms: "Courage is not just the absence of fear. Courage is about moving forward despite obstacles."

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Anthony R. W, Clive K, James P, Rienk P, Gary W and Brian W. Amoxicillin/clavulanate in the treatment of community-acquired respiratory tract infection: a review of the continuing development of an innovative antimicrobial agent. Journal of Antimicrobial Chemotherapy (2004) 53, Suppl. S1, i3–i20

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Commissioning 11 new pharma plants only solves 30% of the access problem

By Sesan Kareem



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

Building 11 pharmaceutical plants is real progress, and the government deserves credit for it. But let us be honest about what manufacturing does and does not solve.

Making a medicine in Lagos instead of importing it from Mumbai fixes the supply side. It does nothing for the patient in Ikorodu or Owerri who cannot afford the full course, forgets the second refill, or never gets diagnosed in the first place. Africa importing 70 per cent of its medicines and 99 per cent of its vaccines is a security problem. Africans not taking the medicines they already have is a mortality problem, and it is the bigger one.

At HubPharm Africa, the gap we see every day is not factory output. It is the last mile: adherence, affordability, and coordination. We have moved 400,000+ medicine packs across 32 states in Nigeria and improved adherence by 42 per cent for chronic patients. None of that depended on where the drug was made.

The access equation nobody talks about

Access is not one problem. It is four stacked problems.

Availability asks whether the medicine exists in-country. Affordability asks whether the patient can pay. Accessibility asks whether the patient can physically reach it. Adherence asks whether the patient actually takes it correctly for the full course.

The 11 new plants primarily address availability. They may modestly help affordability by cutting FX exposure and import duties. They do very little for accessibility, and nothing at all for adherence.

Here is what that looks like in practice. Nigerian studies consistently place chronic disease medication adherence between 30 and 40 per cent. Fewer than one in three hypertensive patients achieve blood pressure control. Fewer than one in ten diabetics reach glycaemic targets. The medicines already exist. The system to deliver them consistently, over years, to millions of people, does not.

That is the infrastructure gap. And unlike a factory, it cannot be commissioned in a single ceremony.

What technology actually delivers

Technology solves the access problem in ways brick-and-mortar cannot scale to. First, it collapses distance. A patient in Yola no longer needs a specialist pharmacy within walking distance. They need a WhatsApp thread, a delivery network, and a pharmacist on the other end. Afiya, our AI health companion, now serves over 15,000 users across 31 countries in more than 50 languages. That reach is impossible with physical infrastructure alone.

Second, it enables continuity. Chronic care is not a transaction. It is a relationship measured in years. Digital platforms are the only affordable way to maintain that relationship at population scale, with refill reminders, symptom check-ins, laboratory coordination, and prescriber loops that would otherwise require a clinical team no Nigerian system can afford to hire.

Third, it creates data. Every dispense, every missed dose, every side effect logged becomes intelligence that improves the next intervention. That is how we know our patients achieved 42 per cent adherence improvement. Without the data layer, the manufacturing story remains anecdotal.

Fourth, it unlocks financing. HMOs, employers, and international donors will only pay for outcomes they can measure. Technology is what turns pharmacy from a cost centre into an outcomes contract.

The missing infrastructure

If Nigeria is serious about access, the next set of commissioning ceremonies should not be for buildings. They should be for systems.

We need a national medicine adherence infrastructure that combines specialty pharmacy, coordinated care teams, and AI-enabled patient engagement. We need reimbursement frameworks that pay pharmacists for outcomes, not just for dispensing. We need interoperable digital health records that follow the patient from clinic to pharmacy to home. We need public-private partnerships where innovators like ours are treated as national assets, not competition to be regulated into irrelevance.

The good news is that this infrastructure is significantly cheaper than 11 factories, moves faster, and has a shorter path to measurable population health impact.

Both, not either

Local manufacturing and access infrastructure are not competing priorities. We need both. Manufacturing gives Nigeria pharmaceutical sovereignty. Access infrastructure gives Nigerians pharmaceutical outcomes. One without the other is incomplete. A country that produces its own antihypertensives but cannot get them into patients' bloodstreams consistently has traded one form of dependency for another.

For pharmacists, this is our moment. The profession that steps up to build the last-mile infrastructure, the adherence systems, the coordinated care models, the digital patient relationships, will define the next decade of Nigerian healthcare. The profession that waits for someone else to solve it will spend the next decade counting tablets in a shop.

We should celebrate the 11 plants. And then we should get back to the harder work. Let us not declare victory at the factory gate

Sesan Kareem is the founder and president of HubPharm Africa, a tech-enabled specialty pharmacy and coordinated care platform. He is a 2024 Tony Elumelu Entrepreneur and a member of the Pharma West Africa Leaders Club.



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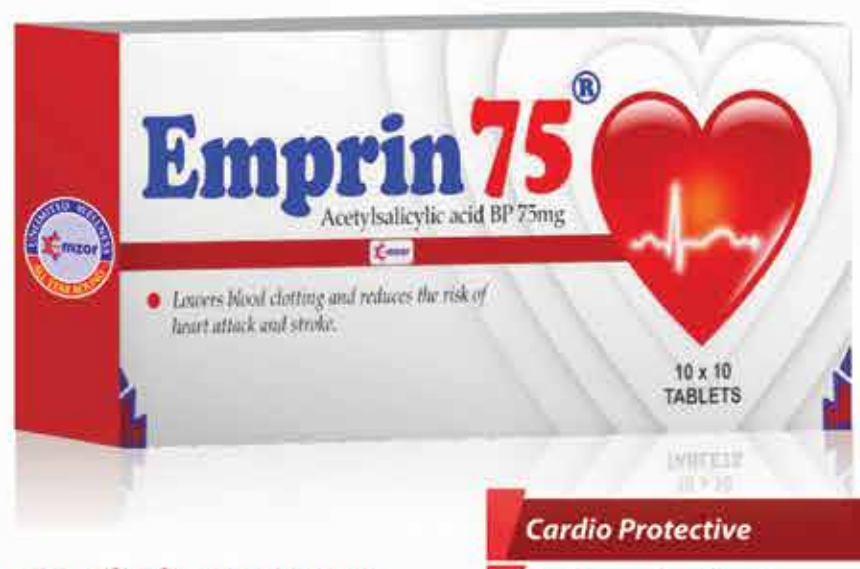
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Cervical cancer prevention is a community responsibility – Founder, My Body My Asset



Dr (Mrs) Franca Ajeborsi Eze

Amb. Dr (Mrs) Franca Ajeborsi Eze is more than a Stage II cervical cancer survivor. She is a woman who transformed a life-threatening diagnosis into a lifelong mission to save others. As the President and Founder of the My Body My Asset Cancer Foundation, she has spent the past decade championing cervical cancer awareness, early detection, HPV vaccination, patient support and community education across Nigeria. A certified healthcare professional and humanitarian, Eze has become one of the country's leading voices in the fight against preventable cancers. In this exclusive interview with ***Patrick Iwelunmor****, she reflects on her personal journey, the barriers to cervical cancer prevention in Nigeria, the importance of HPV vaccination, the role of advocacy in shaping public policy, and why prevention remains the nation's most powerful weapon against cervical cancer.*

You are a Stage II cervical cancer survivor whose personal experience gave birth to the My Body My Asset Cancer Foundation. How has your journey shaped your approach to cancer advocacy and women's health in Nigeria?

My cancer journey completely changed the direction of my life. Being diagnosed with Stage II cervical cancer was one of the most difficult moments I have ever faced, but it also became the beginning of my purpose. Ten years ago, I made a bold decision to go for routine cervical screening. That decision saved my life. I am alive today because of early detection, early and proper medical treatment, and HPV vaccination after I was certified cancer-free.

My experience taught me that awareness alone is not enough. We must also provide education, counselling, psychosocial support, screening opportunities, access to subsidised treatment through collaboration with hospitals, and hope for survivors.

That is why I founded My Body My Asset Cancer Foundation. Our mission is simple: to reduce preventable cancers through awareness, prevention, early detection and collaboration. We are not just talking about cancer; we are empowering women to take charge of their health before it is too late. My journey has taught me that every survivor has a responsibility to become someone else's reason to live.

Despite advances in prevention and treatment, cervical cancer remains one of the leading causes of cancer deaths among Nigerian women. In your view, what are the biggest barriers preventing women from accessing early screening and timely treatment?

The greatest barriers are ignorance, fear, stigma, poverty, misinformation and limited access to healthcare services. I was stigmatised at Yaba Market; a woman called me "Madam Toilet Infection". She said it to spite me, but I adopted the name as a brand name.

Many women still believe that screening is only necessary when symptoms appear, but cervical cancer often develops silently. Others are afraid of discovering bad news and being associated with a terminal illness like cancer, while many simply cannot afford screening or treatment.

We also have cultural and religious misconceptions that discourage preventive healthcare. Most people practise "sick care", which is why we have many death rates.

My Body My Asset focuses heavily on community education because we believe strongly in prevention. We meet women where they are: in churches, mosques, markets, schools, workplaces and communities, because information saves lives. Every woman deserves access to accurate information, regardless of where she lives.

Recently, we expanded our awareness efforts to include men, adult boys and college students. We believe everyone has the right to basic information about the human papillomavirus (HPV), its symptoms, its mode of transmission and its consequences. Cervical cancer prevention is not just a women's issue; it is a community responsibility. The more informed our society becomes, the greater our chances of reducing HPV infections and preventing cervical cancer.

Your foundation has been at the forefront of cancer awareness campaigns. Looking back, what impact have these initiatives had, and what more needs to be done to improve public awareness, particularly in rural and underserved communities?

Over the past decade, we have seen lives transformed through awareness. Thousands of women have received health education, counselling and access to cervical and breast cancer screenings through our outreach programmes. We have partnered with healthcare providers, corporate organisations, media houses and community leaders to make cancer prevention conversations more accessible. One achievement I am particularly proud of is seeing women who once feared screening now becoming ambassadors who encourage others.

As someone who speaks Idoma, Igbo and Ezza fluently, I have also learnt that language plays a vital role in effective community engagement. Our cervical cancer outreach in Oyi Local Government Area of Anambra State in January 2026 was particularly successful because I was able to communicate directly with the women in Igbo. In some other communities, we relied on interpreters to ensure everyone understood the message. This experience has reinforced my belief that health education must be delivered in languages people understand if we truly want to change lives. However, much more remains to be done.

We need sustained government support, mobile screening clinics, stronger primary healthcare systems, increased HPV vaccination awareness, and education delivered in local languages. Rural communities should never be left behind simply because of geography.

The introduction of HPV vaccination presents a major opportunity to reduce the burden of cervical cancer. How can government, healthcare providers, schools, civil society organisations and the private sector work together to increase vaccine acceptance and coverage in Nigeria?

The elimination of cervical cancer is possible, but it requires a coordinated national effort. No single sector can achieve this alone. Government must continue to strengthen policies that make HPV vaccines accessible, affordable and available through public healthcare facilities. Healthcare providers have the responsibility to educate parents, caregivers and eligible individuals with accurate, evidence-based information while addressing fears and misconceptions.

Schools should integrate HPV and reproductive health education into their health curricula and encourage parents to take advantage of vaccination opportunities. Civil society organisations such as My Body My Asset Cancer Foundation must continue grassroots advocacy, community engagement and awareness campaigns that reach people in their own languages and cultural contexts.

Having combined your healthcare background with humanitarian service, what role do you believe patient advocacy groups should play in influencing cancer policies, improving access to care and supporting survivors?

Patient advocacy groups are the voice of the people. We understand the challenges patients face because many of us have experienced them personally or have walked closely with survivors and their families. Our role goes beyond creating awareness. We must advocate for policies that make cancer screening, diagnosis and treatment more affordable and accessible. We should work with government agencies, healthcare institutions and development partners to identify gaps in cancer care and recommend practical solutions.

At My Body My Asset Cancer Foundation, we believe no woman should be denied access to quality care because of financial limitations. This is why we collaborate with hospitals and diagnostic centres to provide subsidised screening and treatment opportunities whenever possible. Advocacy groups should also provide counselling,

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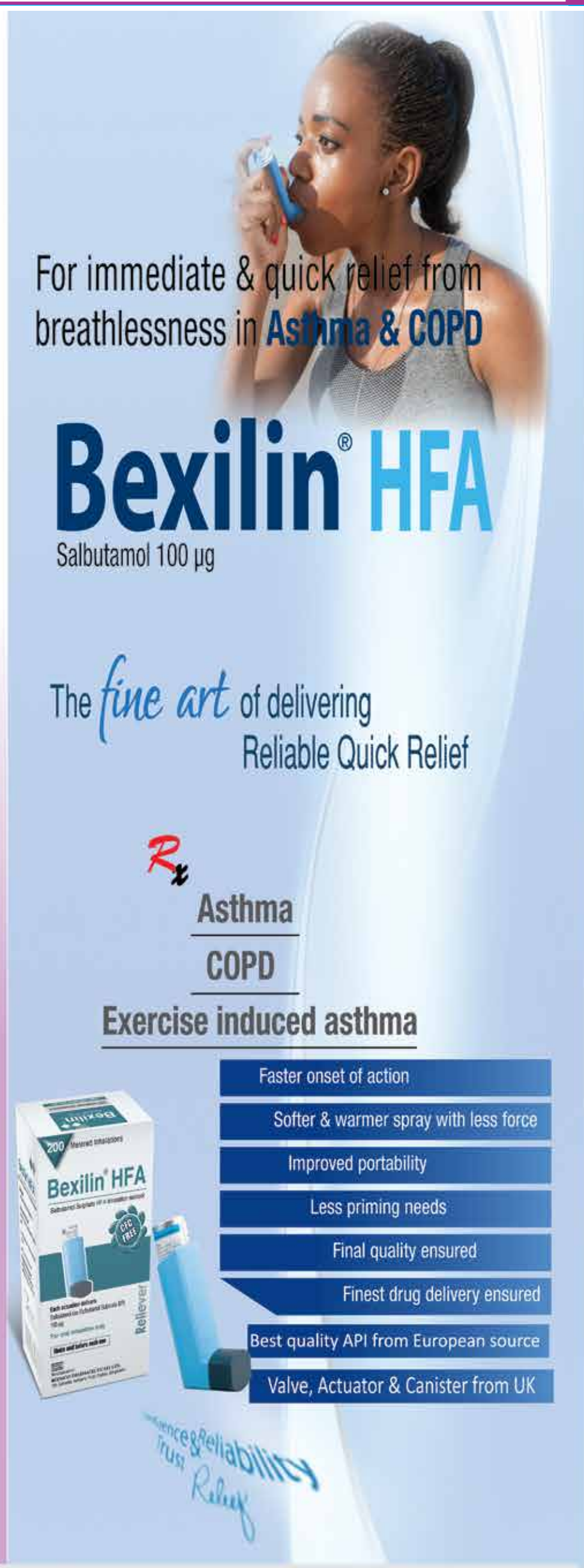


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Mechanisms of relevancy: Lessons from Pharmacy, Viagra and rethinking

By Muhammad Oladipupo Salaudeen



As one of the last sets of students who will be awarded the Bachelor of Pharmacy (B.Pharm) degree, questions like "Is B.Pharm still worth it?", "Which is better: B.Pharm or Pharm.D?" and "What is our fate after postgraduate studies?" never leave our discussions. They are discussed during long lectures, in practicals and during breaks. They are the never-ending thoughts behind our chatter, giggles and noise.

Though understandable, I am neither here to allay your fears nor establish the supremacy of one over the other. It is irrelevant, and I do not intend to waste your time on such matters. After all, time is money.

However, on this subject, I am willing to lend you a pair of spectacles, different from the ones you have in your closet. I hope you will be kind enough to put them on.

The art of rethinking

One of the best skills to have is the ability to rethink. Yes, rethinking. It is an unconventional process of reviewing previously made decisions in order to change or improve them. It is like going back to where you had bid them goodnight.

To rethink is to think again.

Rethinking enables one to be open-minded; for one's mind not to be built like a wall but a window, where ideologies undergo constant reassessment like ventilation. This is what the pioneers of Doctor of Pharmacy (Pharm.D) education did. They saw the need for the pharmacy profession to expand beyond its traditional compounding and dispensing roles.

It seems they took the wisdom in the lyrics of Fuji musician Taye Currency when he said, "Baye ba n yìí kaa ma baye yìí, bigba ba n yìí kaa ma ba gba yii, ẹnití o bá gbà yi, olùwà rẹ a bagba lọ," meaning that we should change and adapt as the world and time change, because those who refuse to adapt will be left behind.

Contrary to some opinions, Pharm.D is not a replacement for B.Pharm but an evolutionary product: a movement from product-oriented practice to patient-oriented care. It is a tall order that involves an enormous amount of rethinking.

So, what can we learn from this?

Pharmacy has always evolved

Pharmacy as a profession, since time immemorial, has undergone a series of evolutions in accordance with each era. In fact, B.Pharm itself is an outcome of rethinking because it arose to fill a gap left by a previous model.

The product-oriented era gained prominence in the early 20th century and expanded after the Second World War, following the explosion of new medicines. Individuals were trained to prepare, compound and dispense drugs.

However, by the 1950s, pharmacy practice was becoming more clinical without completely losing its product-oriented character. Institutions such as the University of Southern California and the University of California, San Francisco, were among the pioneers of this transformation.

Before this clinical era, which eventually gave rise to the Doctor of Pharmacy degree, the pharmacist's responsibility largely ended at the counter: dispense and go.

Pharmaceutical care changed that. It introduced follow-up, monitoring and counselling, among other responsibilities. Pharmacists became equipped with clinical knowledge that enabled them to participate in clinical decisions alongside other healthcare professionals.

Given that pharmacists are among the most accessible health professionals, this new programme sought to equip pharmacists with competencies that the traditional B.Pharm curriculum did not emphasise to the same extent, including health education, disease screening, disease management and counselling.

This is a classic example of instructional rethinking. And it can be applied to both the micro and macro elements of our lives.

Intellectual humility as foundation

Rethinking often begins with intellectual humility: the subtle act of admitting the gaps in your knowledge. It is the ability to say, "I don't know this," or, "I lack sufficient knowledge or evidence to make this decision."

Acknowledging one's lapses is not a sign of weakness or stupidity. Rather, it demonstrates the ability to find strength through our weaknesses. Confident humility acts as a stimulant for doubt, which opens the door to curiosity. Like the cat whose curiosity led to its demise nine times but was resurrected on every occasion, asking the right questions follows the same mechanism: it causes the death of ignorance and the resurrection of beneficial knowledge.

Even the Bible attests to the transformative power of questions, especially the right ones. Matthew 7:7 says, "Ask, and it shall be given you; seek, and ye shall find; knock, and it shall be opened unto you."

Humility takes us to the wall of our ignorance, but questions tear down that wall. However, these two are incomplete without the third ingredient: finding answers to the questions.

The traps in seeking answers

This stage is delicate because of the numerous traps it houses. In the process of persistent seeking (ìwákùwá), mess (ìríkùrí) and pleasant images (ìrígidí) will be encountered. The ability to distinguish and properly separate them into independent strands is a must.

At this stage, there are two traps into which one is likely to fall: confirmation bias and desirability bias. These concepts have been explored extensively by psychologists, including Daniel Kahneman, and popularised in contemporary discussions by writers such as Adam Grant. The former refers to the tendency to seek information that confirms what we already expect to see, while the latter describes the tendency to favour what we want to see.

These biases can nullify our efforts on the search journey, causing us to remove the scientist's goggles from our eyes because feelings are placed over facts, and comfort over truth.

Doses of humility will make us embrace all answers, comfortable or not, and prevent us from cherry-picking those that align with our existing thoughts.

Rethinking through pharmacology

The act of rethinking how to rethink is itself an example of rethinking. It is not meant to be rigid but flexible. However, its flexibility should accommodate some fixed frameworks to prevent distorted rethinking.

Providing these guides is what I intend to do above, not to show you how to think again.

The first time I heard about drug repurposing was two weeks ago, while researching an assignment given to us on the subject. I realised that drug repurposing is a pharmacological version of rethinking: thinking again in pharmacokinetic and pharmacodynamic terms.

In drug development, drug repurposing simply refers to the process of finding new uses for existing drugs. It involves redesigning a drug's destiny. Think of it like a machete that was primarily designed to clear the bush, but whose other functions, such as chopping firewood or settling a boundary dispute, were later discovered. The latter functions then become just as relevant, or perhaps more valuable, in a different context.

Sildenafil provides a classic example. In the 1980s, sildenafil was developed by Pfizer as a potential treatment for angina pectoris and other cardiovascular conditions. During clinical trials, however, male participants reported an unexpected effect: erections. Scientists did not simply ignore this unexpected observation. They investigated it, rethought the drug's potential and explored a new therapeutic application.

That work eventually led to sildenafil being approved for erectile dysfunction in March 1998 under the brand name Viagra. A few years later, sildenafil underwent another transformation and was approved by the United States Food and Drug Administration as Revatio for the treatment of pulmonary arterial hypertension (PAH).

What is behind this ever-evolving wonder drug? The answer is the scientists, whose rethinking glasses are always on. They are the "alatọkun", the masquerade handlers, behind the "eegun", making it dance to the changing tunes of the drum. They were confidently humble enough to recognise new possibilities arising from the unexpected findings during clinical trials. They went down the rabbit hole to seek answers to the apparent abnormality and, in doing so, discovered and explored a new side of sildenafil.

Do not be surprised if, in the near future, sildenafil is used for "financial hypoglycaemia" or "chronic sapa disease".

Ask yourself: what actually needs to be rethought in my life?

This exercise may help us discover numerous approaches to different facets of our lives, just like Pharm.D and sildenafil.

Beyond the B.Pharm debate

To my colleagues who will soon be awarded a B.Pharm degree, my comrades-in-struggle, juggling demonic structures and synthesis in pharmaceutical chemistry to "-cology", nauseating MOAs, I will leave you with this:

Wear the B.Pharm tag with pride. You deserve it.

A degree is not the sole determinant of your relevance; your willingness to evolve is.

Learn not only sildenafil's mechanisms of action, but also the mechanisms of relevancy.

Embrace flexibility. Adopt range.

The question should not be whether B.Pharm is still worth it, but how I can integrate the lessons from Pharm.D and sildenafil into my life.

Keep rethinking, even this piece.

Remember: with a dosage of humility and wisdom.

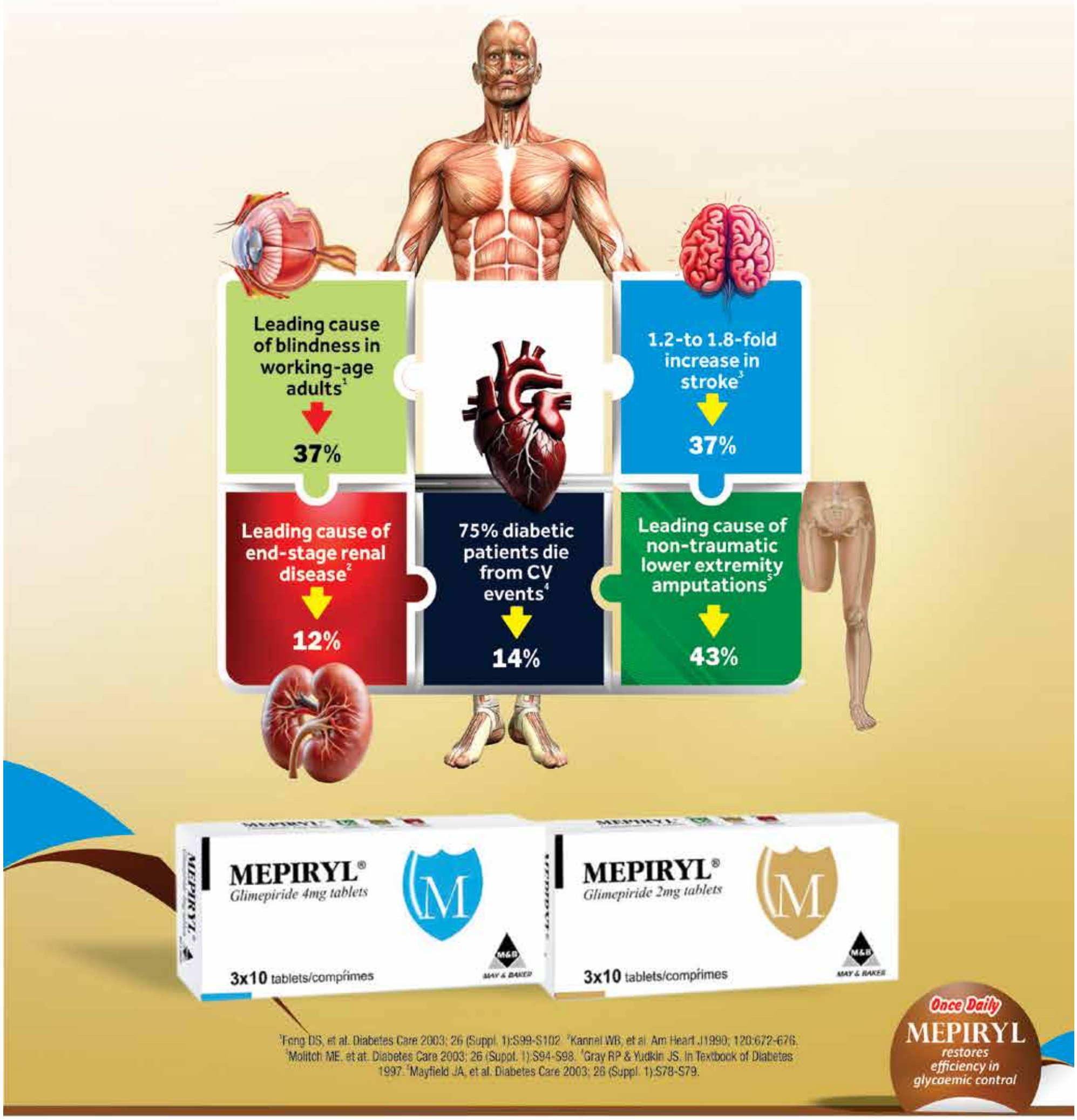
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Policy inconsistency threatens Nigeria's pharma manufacturing, says PMG-MAN

By Patrick Iwelunmor

The Executive Secretary of the Pharmaceutical Manufacturing Group of the Manufacturers Association of Nigeria (PMG-MAN), Pharm. Frank Mounemeh, has identified policy inconsistency and poor implementation as the biggest challenges confronting pharmaceutical manufacturing in Nigeria.

Mounemeh said that while the Federal Government had introduced several policies aimed at strengthening local pharmaceutical production, inconsistencies in implementation are undermining their intended benefits and increasing the cost of medicines. He made this known in an exclusive interview with ***Pharmanews*** ahead of the Nigeria Pharma Manufacturers Expo, where he outlined the industry's priorities, challenges and prospects for strengthening medicine security in Nigeria.

According to him, medicine security requires Nigeria to take ownership of the entire pharmaceutical value chain, including research and development, supply chain, regulation and end-to-end manufacturing, from active pharmaceutical ingredients (APIs) to finished pharmaceutical products. "Until we are in charge of, or contribute sufficiently to, the entire value chain of the life science products, pharmaceuticals and consumables we use, access to safe, quality and affordable medicines will continue to be a mirage," he said.

Mounemeh explained that medicine security is critical to achieving universal health coverage, health equity and inclusivity, particularly in a country where many citizens continue to bear substantial out-of-pocket healthcare expenses. He said Nigeria had the potential to become a major pharmaceutical manufacturing hub in Africa, stressing that strengthening local production would not only improve access to medicines but also contribute to regional economic development.

According to him, the Nigeria Pharma Manufacturers Expo is designed to draw the attention of policymakers, investors and other stakeholders to the strategic role of local pharmaceutical manufacturers in achieving medicine security. He disclosed that the Expo is expected to attract close to 200 companies and between 3,000 and 4,000 participants and visitors from Nigeria, Asia, India, China, Europe and neighbouring African countries.

Mounemeh explained that international exhibitors would primarily showcase inputs required for pharmaceutical manufacturing rather than finished pharmaceutical products. "These are things that support the industry to achieve medicine security and self-sufficiency for Nigeria," he said, listing machinery, active pharmaceutical ingredients, packaging materials, clean rooms, HVAC systems and laboratory equipment among the expected exhibits.



Pharm. Frank Mounemeh
Executive Secretary, PMG-MAN

He said this year's expo would focus strongly on regional manufacturing and advancing Africa's pharmaceutical and life sciences sovereignty through localisation. He noted that regional manufacturing could not be achieved without first strengthening local manufacturing capacity.

"We want to play local but become stronger at the regional and African levels. How do we, as a group and as a country, galvanise our capacity and capability to close the medicine access gap in Africa?" he asked. He also identified the African Continental Free Trade Area as an important opportunity for Nigeria to expand its pharmaceutical manufacturing capacity and supply other African markets.

The PMG-MAN executive secretary said the Nigerian pharmaceutical industry was already transitioning towards greater self-sufficiency, with local manufacturers increasingly producing medicines and pharmaceutical products that were previously imported. He cited the emergence of beta-lactam manufacturing facilities as an example of how local manufacturers were responding to gaps created by the exit of some multinational pharmaceutical companies from Nigeria.

According to him, the exit of some multinationals created opportunities for local manufacturers to fill market gaps and produce essential medicines locally. Mounemeh also commended the National Agency for Food and Drug Administration and Control (NAFDAC) for implementing the 5+5 policy, which he said had encouraged companies with market authorisations to establish manufacturing facilities in Nigeria or to explore contract manufacturing arrangements with local companies. "Policy is fundamental. With the right policy, many other things will fall into place," he said.

However, he expressed concern about inconsistencies in the implementation of government policies, particularly those relating to pharmaceutical imports, customs processes and the presidential executive order introduced to support local manufacturing. According to him, manufacturers have experienced difficulties arising from changes in trade platforms, including the transition from the B'Odogwu platform to the National Single Window platform.

He said such inconsistencies sometimes resulted in manufacturers paying charges they were not supposed to pay, thereby increasing production costs. He also identified port congestion and delays in clearing imported pharmaceutical inputs as major challenges facing manufacturers. He explained that delays in clearing raw materials could disrupt production cycles, increase operational costs and ultimately result in higher medicine prices. He further identified energy costs as a major burden on local pharmaceutical manufacturers.

According to him, energy accounts for as much as 40 per cent of production costs for some manufacturers, compared with significantly lower costs in countries such as India and China. "All these costs eventually become part of the cost of the product leaving the factory. And, ultimately, somebody has to pay for those costs. That person is the patient," he said.

Mounemeh therefore called for greater policy consistency and faithful implementation, stressing that good policies would have little impact if their execution was ineffective. "A policy can be well thought out and beautifully written in black and white, but if its execution is flawed, the desired outcome will not be achieved," he said.

He called for the extension of the presidential executive order by another two years to allow the policy and its implementation mechanisms to stabilise. He said the government needed to focus not only on access to finance but also on creating a predictable policy environment in which manufacturers could plan investments and production with confidence. He said the Expo would also provide opportunities for young Nigerians and pharmacists to explore careers and investments in pharmaceutical manufacturing.

According to him, many pharmacists remain concentrated in community and hospital practice, while the manufacturing sector offers significant opportunities in areas such as supply chain management, quality assurance, quality control, regulatory affairs, market access, production and engineering. He said the Expo would feature strategic sessions involving manufacturers, regulators, investors, technical experts and other stakeholders, as well as discussions on emerging opportunities such as contract research organisations and bioequivalence studies.

He described the Expo as a comprehensive platform for examining Nigeria's pharmaceutical manufacturing ecosystem from end to end, with a strong focus on Africa. He said the ultimate objective was to strengthen Nigeria's manufacturing capacity, improve access to quality and affordable medicines and position the country as a leading force in Africa's drive towards medicine security and pharmaceutical sovereignty.

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Experts harp on safe positioning, colostrum, maternal nutrition in breastfeeding

By Temitope Obayendo

Medical experts in maternal and newborn health have underscored the importance of safe positioning for effective breastfeeding, saying that proper positioning can help prevent several health challenges for both mothers and babies. They also dispelled cultural misconceptions about colostrum, describing it as the most nutritious and protective form of breast milk and the first natural vaccine for newborns.

The medical practitioners highlighted the importance of adequate maternal nutrition during breastfeeding, saying a mother's nutritional status can affect her ability to breastfeed effectively. They encouraged mothers to maintain balanced diets using affordable, locally available foods rather than feeling pressured to buy expensive meals. Citing local foods such as fish, eggs, vegetables, fruits and carbohydrates, they said these can provide the nutrients required for healthy breastfeeding when consumed in the right proportions.

They made these remarks during an interactive session with mothers and journalists at the World Breastfeeding Week Outreach at Majidun Primary Healthcare Centre, Ikorodu West Local Council Development Area (LCDA), organised by the Health Writers Association of Nigeria (HEWAN) in collaboration with Lagos Health District II.

Fielding questions from journalists on how mothers could avoid the discomfort associated with breastfeeding, the Apex Nurse, Ikorodu West LCDA, Mrs Olufunmilayo Bickersteth, said a baby might bite its mother's nipple because of poor positioning while sucking, adding that this could be the baby's way of expressing discomfort.

According to her, positioning in breastfeeding refers to how a mother and her baby's bodies are arranged during a feed. It plays an important role in ensuring safe and comfortable breastfeeding for both mother and baby.

"Good positioning, with good latching, results in safety for mother and baby," she said. Demonstrating this with one of the nursing mothers in attendance, she showed how the baby's mouth should cover the mother's nipple and areola properly.

Bickersteth further noted that proper latching promotes effective milk transfer because when the baby's body is tummy-to-tummy with its mother and facing the breast appropriately, the baby can take more of the areola into its mouth.

"This prevents nipple pain, cracks and mastitis for the mother. It also ensures that the baby gets enough milk and drains the breast well, thereby reducing the risk of clogged ducts," she explained.

Speaking on the topic, "Optimising Maternal Nutrition for Adequate Lactation", the Medical Officer of Health, Ikorodu West LCDA, Dr Opeyemi Osunyomi, described breastfeeding as one of the greatest gifts a mother can give her child.

She explained that breast milk is the ideal source of nutrition for infants and highlighted the historical practice of wet nursing, in which breastfeeding mothers nursed babies whose mothers could not breastfeed. According to her, the tradition underscores the importance of breast milk in ensuring that every child receives the best possible start in life.



Medical experts and members of the Health Writers Association of Nigeria (HEWAN) during the outreach.

She stressed that colostrum, the first breast milk produced after childbirth, serves as a baby's first natural vaccine. Rich in antibodies and essential nutrients, colostrum protects newborns against infections and diseases. She discouraged the harmful cultural practice of discarding colostrum, describing it as a highly nutritious and protective form of breast milk.

Osunyomi explained that breastfeeding promotes a strong emotional bond between a mother and her child.

"Through close physical contact, eye contact, and the familiar sound of the mother's voice, babies develop feelings of security and attachment," she said.

While emphasising the unique mother-child bond, she also encouraged fathers to become actively involved in caring for their children from infancy to build lasting emotional relationships with them.

She stressed that a mother's nutritional status can affect her ability to breastfeed effectively, encouraging mothers to maintain balanced diets using affordable, locally available foods rather than feeling pressured to buy expensive meals. She noted that fish, eggs, vegetables, fruits, carbohydrates and other locally sourced foods can provide the nutrients required for healthy breastfeeding when consumed in the right proportions.

Additionally, she drew attention to the importance of maternal mental and emotional well-being while breastfeeding, urging mothers not to suffer in silence but to share their concerns with trusted family members, friends, religious leaders or healthcare professionals.

She explained that emotional stress and poor mental health can negatively affect appetite and physical well-being, and may make breastfeeding more difficult, making community support networks essential for maternal well-being.

In her presentation, titled "Importance of Exclusive Breastfeeding and Why It Should Continue Until Two Years", the Chief Nursing Officer, Majidun PHC, Nurse Janet Otah, reiterated the importance of exclusive breastfeeding for the first six months and continued breastfeeding until two years and beyond.

She outlined several benefits of exclusive breastfeeding for both mother and child. According to her, breastfeeding helps the mother's uterus contract after delivery, allowing it to return to its normal size while reducing postpartum bleeding. It also lowers the risk of breast and ovarian cancers and, when practised correctly under recommended conditions, can serve as a natural method of family planning.

For infants, she explained that breast milk strengthens the immune system, protects against infections and illnesses, promotes healthy growth, supports brain and cognitive development, and fosters emotional bonding between mother and child.

She added that healthy breastfed babies require fewer hospital visits, helping families reduce healthcare expenses.

The chief nursing officer also urged mothers to combine breastfeeding with complete routine immunisation, describing both as essential foundations for raising healthy and thriving children.

Addressing the mothers in her keynote address, HEWAN President, Vivian Ihechu, explained the importance of World Breastfeeding Week, which informed the association's decision to organise the sensitisation programme for mothers.

She explained that breastfeeding lowers the long-term risks of breast and ovarian cancers, type 2 diabetes and high blood pressure, while fostering a deep emotional bond through skin-to-skin contact.

"This is precisely why governments, international bodies and NGOs constantly champion breastfeeding. It is a powerful public health strategy that reduces infant mortality, cuts family medical bills, and builds a healthier, stronger nation," she stated.

"Good positioning also ensures a good airway, so that the baby's nose and mouth are free to breathe easily. It prevents choking since the head is raised slightly higher than the body to help milk flow down safely," she asserted.

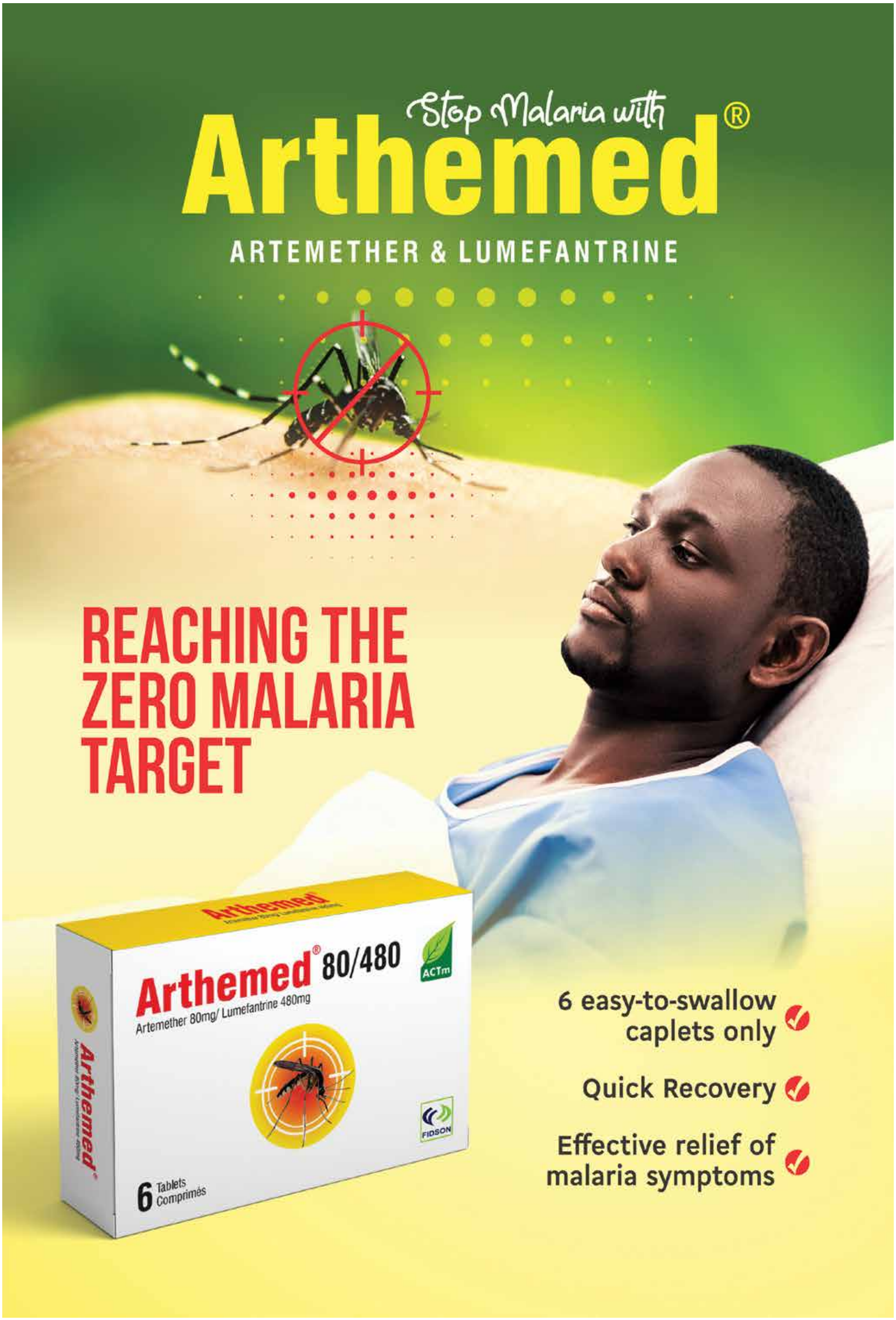
The Co-Founder of SheArises Foundation, Mrs Ifeoma Ibe, during an interactive session with the mothers, highlighted breastfeeding as more than a means of nourishing a baby, describing it as a powerful avenue for building emotional, physical and psychological bonds between mother and child.

She explained that bonding begins during pregnancy and encouraged mothers to maintain a positive emotional environment. She stressed the importance of initiating breastfeeding immediately after birth and making each breastfeeding session an opportunity for closeness through skin-to-skin contact, eye contact, gentle touch, talking, prayer and expressions of affection.

Drawing from her personal experience, Ibe encouraged mothers to maintain a healthy, balanced diet using affordable, locally available nutritious foods to support their well-being and breastfeeding journey. She urged mothers not to suffer in silence when faced with breastfeeding or health challenges, but to seek support from experienced mothers, family members and healthcare professionals.

The high point of the advocacy outreach was the distribution of baby items, including Smuthex, a nappy rash cream donated by Reals Pharmaceuticals in support of the programme.

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Ayuba, Ezeh push for policy influence, healthcare transformation

By Adebayo Oladejo

The President of the Pharmaceutical Society of Nigeria (PSN), Pharm. Tanko Ayuba, and the National Chairman of the Association of Community Pharmacists of Nigeria (ACPN), Pharm. Ezeh Igwekanma Ambrose, have called on pharmacists to take a more active role in shaping health policies and driving healthcare transformation in the country.

The duo made the call at the opening ceremony of the 2026 Annual International Scientific Conference of the ACPN, tagged *"Unity 2026,"* held at the Bola Ahmed Tinubu International Conference Centre, Abuja.

Speaking on the conference theme, *"From Local Pharmacy Practice to Global Impact: Managing Complex Political Systems,"* Tanko described the topic as both bold and timely, stressing that pharmacists must move beyond professional excellence and actively engage in the policy, governance and political processes that shape healthcare delivery.

According to him, healthcare does not exist in isolation but is influenced by public policy, regulation, economics and leadership, making it imperative for pharmacists to participate in decisions that affect the profession and the health of Nigerians.

"The theme of this year's conference underscores the need for pharmacists to move beyond excellence in practice and actively engage the policy, governance and political processes that shape healthcare delivery. As a profession, we must not only respond to policy but also help define it," he said.

The PSN president commended ACPN for its unwavering commitment to advancing community pharmacy practice and strengthening pharmaceutical care across the country, noting that community pharmacists remain the most accessible healthcare professionals, providing quality care, promoting the responsible use of medicines and improving health outcomes in communities nationwide.

Ayuba also highlighted the society's recent collaboration with the National Drug Law Enforcement Agency (NDLEA), which culminated in the establishment of a six-member joint committee comprising representatives of both organisations to strengthen professional relationships and provide coordinated solutions to national challenges.

He assured the association of the continued support of the PSN in positioning Nigerian pharmacy practice for greater national relevance and global impact.

Earlier in his welcome address, ACPN National Chairman, Pharm. Ezeh Igwekanma Ambrose, welcomed delegates from across Nigeria and beyond, describing the conference as a historic gathering aimed at advancing community pharmacy practice and strengthening healthcare delivery.

He noted that community pharmacists, who serve millions of Nigerians daily, must transform local innovations and patient-centred care into solutions capable of influencing national policies and contributing to global health outcomes.

"Across the world, pharmacists are assuming greater responsibilities in primary healthcare, disease prevention, vaccination, public health surveillance, digital healthcare and medicines optimisation. Nigeria must not be left behind," he said.

According to him, community pharmacists possess the expertise, accessibility and commitment required to drive universal health coverage, strengthen medicine security, combat substandard and falsified medicines, improve antimicrobial stewardship and expand access to quality pharmaceutical care.

The ACPN chairman, however, stressed that achieving these aspirations would require visionary leadership, evidence-based advocacy and strategic engagement with governments and other stakeholders within the healthcare ecosystem.

He reaffirmed the association's commitment to its strategic priorities of advocacy, capacity building, member welfare and digital transformation, noting that these pillars remain critical to building a stronger, more innovative and globally competitive community pharmacy sector.

He called on pharmacists to exchange ideas, build partnerships, challenge conventional thinking and develop practical solutions that will shape the future of community pharmacy practice in Nigeria and beyond.



Pharm. Ambrose Ezeh
National Chairman, ACPN

WHO declares DRC Ebola epidemic second largest on record

By Temitope Obayendo

The World Health Organisation (WHO) has described the Ebola outbreak in the Democratic Republic of the Congo (DRC) as the second-largest ever recorded, saying it is spreading faster than any previous outbreak.

The outbreak is currently on track to surpass the West African Ebola epidemic of 2014 to 2016, which remains the largest Ebola outbreak on record, the apex health agency disclosed.

Official figures show that the country has confirmed 5,515 Ebola cases, with 2,642 deaths recorded across five provinces and 53 health zones.

The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, made the disclosure at a hybrid press conference held on Wednesday.

He said about 90 per cent of all cases and 80 per cent of deaths were concentrated in Ituri Province, where sustained transmission was being reported in Bunia, Rwampara, Nizi and Lita.

Ghebreyesus expressed concern over the high proportion of deaths occurring in communities rather than treatment units, particularly among people who were not on known contact lists.

He said the pattern suggested that there were still unidentified chains of transmission, stressing that the outbreak could not be stopped until all transmission chains were identified and broken.



DRC Ebola burial team burying victims who died from the disease

According to him, most transmission occurs when patients develop late-stage disease without receiving treatment or when bodies are handled after death. He therefore identified early clinical care and safe and dignified burials as critical measures for interrupting transmission.

The WHO DG also stressed that the success of these measures depends heavily on the trust and cooperation of affected communities. He called for stronger community engagement and ownership as essential components of the response.

Under the leadership of the DRC Government, the response is being scaled up, with interruption of transmission identified as the primary objective. Surveillance remains the major operational challenge, with efforts underway to strengthen community-based surveillance and improve contact tracing.

The WHO DG said the organisation was working with partners to mobilise resources to bring suspected cases into care and achieve the 95 per cent contact-tracing target required to interrupt transmission. Current contact-tracing coverage stands at about 80 per cent.

The apex global health agency is also tripling treatment capacity, with a target of establishing 3,000 beds within 12 weeks. In addition, it said three health workers would need to be recruited and trained for every patient, requiring thousands of additional healthcare workers.

Despite the challenges, Ghebreyesus said progress had been made, including the training of more than 21,000 community health workers. Treatment centres, safe burial teams, laboratories and community engagement structures are also operating across affected provinces, while 886 patients have recovered.

The organisation further disclosed that vaccine and treatment research was advancing, with two vaccines specifically targeting Bundibugyo virus entering Phase I safety trials in humans.

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Solving pharma workforce problems requires better workplace management, not blaming young pharmacists — Odukoya

By Adebayo Oladejo



Pharm. Taofeek Odukoya
MD/CEO, Vanguard Pharmacy

Founder and Chief Executive Officer of Vanguard Pharmacy Limited, Pharm. Taofik Odukoya, has urged community pharmacy owners to stop blaming young pharmacists for the industry's workforce challenges and instead create workplaces that attract, develop and retain talent.

Speaking in an exclusive interview with ***Pharmanews*** in Abuja, the award-winning community pharmacist said the dynamics of the pharmacy workforce have changed significantly, with pharmacists now having a wider range of career opportunities beyond traditional practice, making competition for skilled professionals much more intense.

"For me, the greatest workforce reality is that the landscape has changed and the competition for talent has completely changed. I don't think many of our colleagues are seeing it that way," he said.

He explained that unlike in the past, when pharmacists had relatively few career options after graduation, today's professionals can build careers in health technology, fintech, e-commerce, digital media and several other sectors.

"A lot of them are doing content creation online and earning good incomes. Many industries are now competing for the same pharmacists community pharmacy wants to recruit," he noted.

Odukoya said this reality demands a change in how pharmacy owners approach workforce management, stressing that human capital decisions should no longer be left exclusively to human resources departments.

"The whole idea of understanding this bigger picture is to shape our thinking. Workforce management should no longer sit only within the human resources department. It should be discussed at the highest strategic level of the company so that decisions capable of truly impacting people can be made."

He cautioned against the common tendency to blame younger pharmacists for changing jobs frequently, arguing that employers should instead examine their own workplace culture and management practices.

"The younger generation is not the problem. The same people we complain about go into fintech and other industries and perform exceptionally well. Those organisations also find ways to retain them. So, the real question is: What are we not doing right as community pharmacy employers?"

Odukoya also described employee development as the foundation of sustainable workforce management, revealing that Vanguard Pharmacy has consistently invested in staff training for more than a decade.

"For over ten years, training and retraining have been treated as a fixed annual cost in our organisation. It doesn't matter whether someone stays for one year or ten years—we invest in developing them."

He explained that the company deliberately rejects the fear that investing in employees is wasted if they eventually resign.

"Our philosophy is simple: If we don't train people because we think they might leave, what happens if they stay? We would rather continue to train and retrain because when people leave, they become ambassadors of our brand wherever they go."

On the growing migration of healthcare professionals, Odukoya acknowledged that no organisation can realistically retain every employee, particularly with changing career expectations among younger professionals.

"There is no organisation in the world that can retain 100 per cent of its employees. Today's workforce is different. Many young professionals are unlikely to spend 25 or 30 years with one employer as previous generations did."

He advised employers to maximise the contributions of employees while they remain with the organisation and maintain positive relationships even after they leave.

"When they eventually move on, they should become lifelong ambassadors of your organisation. That should be the goal."

Offering advice to young pharmacist-entrepreneurs, Odukoya encouraged business owners to build organisations founded on openness, fairness and a clearly communicated long-term vision.

"It's not just about money. People want to know where the business is going and whether they have an opportunity to grow with it. Share your vision with them. Let them understand your five-year or ten-year plan."

He added that although some employees would inevitably leave, many would remain committed if they could clearly see opportunities for personal and professional growth.

"Not everyone will stay forever, but if people believe in your vision and see a future for themselves within your organisation, many will choose to stay and help build that future with you," he said.

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UNILAG to end B.Pharm programme, as first PharmD set moves to 300 level

By Ranmilowo Ojalumo

The University of Lagos (UNILAG) is set to phase out its Bachelor of Pharmacy (B.Pharm) programme, as its newly introduced Doctor of Pharmacy (PharmD) programme progresses to 300 level by October.

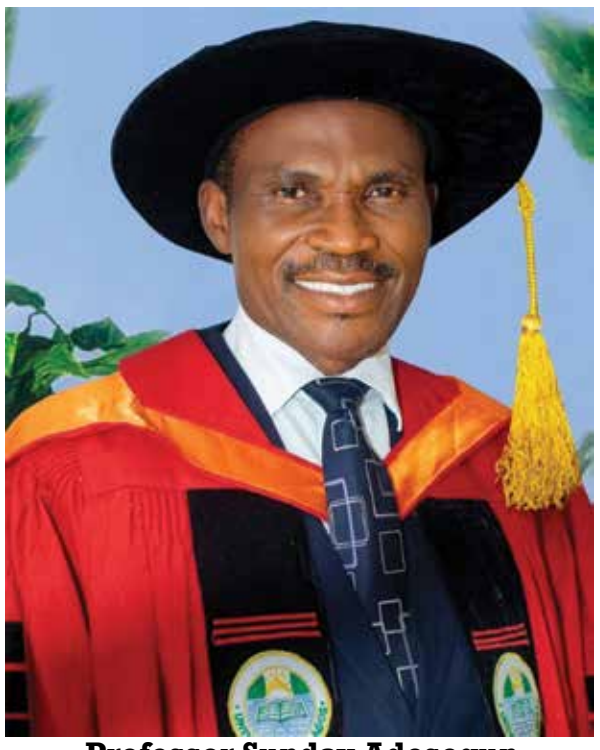
Speaking with ***Pharmanews*** in a recent interview, the Dean, Faculty of Pharmacy, University of Lagos, Professor Sunday Adesegun, disclosed that the university currently runs the B.Pharm and PharmD programmes concurrently but plans to discontinue the B.Pharm once the remaining B.Pharm students graduate.

According to him, the university has stopped admitting students into the B.Pharm programme, adding that the first set of UNILAG's PharmD students commenced the programme in the 2024/2025 academic session and are currently at 200 level. They are expected to move to 300 level by the end of October, other things being equal.

According to the dean, the PharmD programme is a six-year professional doctorate degree designed to equip pharmacists with advanced clinical skills and knowledge, with greater emphasis on pharmaceutical care, clinical decision-making, therapeutic drug monitoring and collaboration with other health professionals.

"Basically, it's a six-year course. The programme was introduced to align pharmacy education in Nigeria with global best practices and strengthen pharmaceutical care services," Adesegun said.

He explained that, unlike the B.Pharm programme, which places greater emphasis on pharmaceutical sciences, the PharmD curriculum contains more clinical content and is designed to improve patient care.



Professor Sunday Adesegun
Dean, Faculty of Pharmacy, UNILAG

"We have seen that the PharmD programme is skewed to improve patient care. The B.Pharm had more pharmaceutical sciences. But with PharmD, we have more clinical content in the programme," he said.

According to him, the stronger clinical orientation of the PharmD would make pharmacists more effective in medication management and patient care, while also helping to reduce medication errors and strengthen healthcare teams. He added that the programme would further prepare pharmacists for medication counselling, disease prevention, chronic disease management and health promotion activities.

"In two years' time, we will phase out B-Pharm completely. All the B-Pharm students would have graduated. So that's the vision now. We deeply appreciate our indefatigable, vibrant, and amiable Vice-Chancellor, Professor Folasade Ogunsola, for her tremendous support, encouragement, and unwavering commitment to the advancement of pharmaceutical education," he said.

He also disclosed that some B.Pharm students had begun taking elective courses at the PharmD level after recognising the importance of the clinical components of the new programme. The dean, however, said pharmacists who obtained B.Pharm degrees might have the opportunity to convert to PharmD through a proposed conversion programme currently being worked out by the regulatory authorities.

"Following the introduction of the PharmD programme, government may now come up with a conversion programme. The programme would enable holders of a B. Pharm degree to convert to a PharmD qualification through a short, two-year programme. The two-year programme would be primarily focused on clinical aspects," he said.

Adesegun said the shift to PharmD was necessary to improve the global competitiveness of Nigerian pharmacists, noting that the clinical content of the programme would better prepare graduates for international practice.

He said the introduction of the PharmD in Nigeria would help address gaps, particularly as pharmacists seeking opportunities overseas sometimes have to undertake additional courses because of differences in curricula.

While acknowledging concerns raised by some medical professionals over the use of the "doctor" title by pharmacists, Adesegun maintained that the PharmD was not designed to compete with or replace medical doctors.

He said the programme would instead promote stronger collaboration between pharmacists and physicians, with doctors focusing on diagnosis and treatment while pharmacists ensure the safe, effective and rational use of medicines.

"Healthcare delivery will be most effective when professionals collaborate and work together rather than competing," the Dean said.

According to him, stronger collaboration between doctors and clinically oriented pharmacists is particularly important in Nigeria because of workforce shortages, increasing medication challenges and the complexity of modern therapies. He stressed that the PharmD would complement medical practice and improve patient safety, therapeutic outcomes and medication management.

Professor Adesegun also disclosed that UNILAG was already building international partnerships around its PharmD programme, including collaboration with some universities in the United States involving student and staff exchanges.

He urged healthcare professionals to support the programme rather than opposing it, saying its ultimate objective was to improve healthcare delivery and patient outcomes.

"Rather than opposing the PharmD programme, healthcare professionals should work together so that we can maximise its benefit for the Nigerian healthcare system. And most importantly for our patients," he said.

The dean further called on the government to provide full support for the PharmD programme and facilitate the establishment of the consultant pharmacist cadre in Nigeria. He noted that specialised consultant pharmacists were already practising in areas such as oncology, ophthalmology, psychiatry and paediatric care in other countries.

He said the development of specialised pharmacy practice would enable pharmacists to acquire deeper expertise in medication management, dosage regimens, therapeutic drug monitoring and patient counselling, particularly in the care of specific patient populations.

The dean said the Nigerian government had strong reasons to recognise and implement the consultant pharmacist cadre, even where some doctors or medical associations oppose it.

"The key issue should not be professional rivalry; it should be patient safety, quality of medicines use, health-system efficiency, and the proper utilisation of every trained health professional. Make patient welfare, not professional supremacy, the basis of health policy," he said.

Minister commends community pharmacists' role in healthcare delivery

- As Oby Ikwu emerges new ACPN secretary

By Adebayo Oladejo

The Minister of Aviation and Aerospace Development, Mr Festus Keyamo, has commended community pharmacists for their contributions to healthcare delivery and national development, urging them to remain diligent and professional in the discharge of their responsibilities.

Keyamo, who was the chairman of the closing banquet of the 48th Annual International Scientific Conference of the Association of Community Pharmacists of Nigeria (ACPN) in Abuja, described pharmacists as critical stakeholders in Nigeria's healthcare system.

Speaking at the event, themed, "From Local Pharmacy Practice to Global Impact: Managing Complex Political Systems," the minister who was represented by Barrister Arinze Solomon Egbo, said pharmacists play a vital role in improving the effectiveness and efficiency of healthcare delivery across the country.

He applauded the profession's commitment to quality healthcare and assured the association of the Federal Government's support in advancing pharmaceutical practice in Nigeria.

Egbo, who conveyed Keyamo's apologies for his inability to attend the event, noted that the minister holds the pharmacy profession in high esteem and appreciates its contributions to national development.

The banquet also featured the announcement of the results of the ACPN State Dynamics assessment, with Akwa Ibom State emerging overall winner. Lagos State came second, while Rivers and Edo states finished third and fourth, respectively.



L-R: Barrister Arinze Solomon Egbo, representative of the Minister of Aviation and Aerospace Development, Mr Festus Keyamo, swearing in the new set of executive members at the closing ceremony of the 45th Annual ACPN International Conference, tagged Unity 2026 in Abuja.

Speaking on the initiative, ACPN National Chairman, Pharm. Ezeh Igwekanma Ambrose, said the assessment was designed to encourage state branches to align their activities with the association's national objectives and deepen community engagement.

He commended the participating states for their efforts and urged them to sustain programmes that promote the growth of community pharmacy practice at the grassroots.

The climax of the conference was the keenly contested election for the office of national secretary. In a tension-soaked contest, Pharm. Oby Ikwu secured 302 votes to defeat Pharm. Mosunmola Ajayi, who polled 117 votes.

Other positions were returned unopposed.

The week-long conference attracted community pharmacists, regulators, policymakers and industry stakeholders from across the country to deliberate on issues bordering on healthcare delivery, digital transformation, local pharmaceutical manufacturing and the future of community pharmacy practice in Nigeria.

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Beyond the ballot: Let Nigeria win

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

A call for peaceful elections, responsible citizenship and leadership that delivers

Nigeria is once again entering that familiar season when the air becomes thick with promises, posters and predictions; when old alliances are rearranged, new movements are born and political language grows louder than the everyday anxieties of the people. Elections are approaching, and the country is preparing to choose those who will exercise public authority in its name. Yet beneath the rallies, slogans and calculations, lies a question more consequential than which party wins: will Nigeria itself emerge victorious?

That question must trouble every candidate, institution and citizen. An election may produce winners without producing progress. It may satisfy the timetable of democracy while leaving its substance unfulfilled. Ballot papers can be counted correctly, yet the people can remain unheard. Offices can change occupants while hunger, insecurity, unemployment, failing infrastructure and public distrust retain their permanent seats. Therefore, the coming election must be approached not merely as a contest for power, but as a national examination of our character, maturity and collective purpose.

Democracy is founded on disagreement, but it cannot survive the destruction of community. Political opponents are not enemy armies; they are fellow citizens offering competing answers to common problems. No ambition, however legitimate, is worth a human life. No office is so valuable that a neighbourhood should burn for it. No candidate who truly loves Nigeria should need intimidation, ethnic suspicion, religious hostility or violence to obtain the people's mandate. The leader who climbs to office over broken bodies and broken communities arrives morally diminished, even if declared legally victorious.

The ballot must not become a bullet

The first responsibility of this election season is peace. Peace does not mean silence in the face of injustice, nor does it demand passive acceptance of electoral misconduct. It means that grievances must be expressed through lawful, disciplined and constructive channels. It means campaigning vigorously without dehumanising opponents, voting courageously without attacking neighbours, and challenging disputed outcomes through institutions rather than through destruction.

Electoral violence is especially irrational because its victims are rarely the politicians whose ambitions provoke it. The prominent travel with protection; their families are often far from the danger. It is the ordinary citizen—the trader, artisan, student, driver and small-business owner—who bears the cost when streets become unsafe, markets close, transport is disrupted and property is destroyed. Those recruited as political foot soldiers are too often abandoned after the contest, while the architects of division reconcile in comfort. Young Nigerians must refuse to become expendable instruments in another person's journey to power.

Political leaders must sign peace accords not simply as ceremonial photographs, but as solemn commitments binding their speech and conduct. They should restrain supporters, reject hate speech and publicly condemn intimidation even when it appears to favour them. Traditional and religious leaders must resist the temptation to convert moral influence into partisan weapons. Security agencies must remain professional, proportionate and politically neutral. Their duty is to protect citizens and the process, not to confer advantage on any contestant.

The media also carries grave responsibility. In an age when an inflammatory falsehood can cross the country before truth has found its shoes, verification is an act of patriotism. Journalists, broadcasters, influencers and administrators of online platforms must distinguish legitimate criticism from incitement. Citizens, too, should pause before forwarding provocative messages. Every phone has become a small broadcasting station; with that power comes an obligation not to manufacture fear or spread hatred.

A credible election is the foundation of peaceful legitimacy

Peace cannot be sustained by sermons alone; it also requires justice and institutional credibility. People are more likely to accept defeat when they believe that the rules were clear, the referee was impartial and every lawful vote was treated with equal respect. Electoral institutions must therefore understand that transparency is not a public-relations favour. It is the oxygen of legitimacy.

Nigeria's Constitution declares that sovereignty belongs to the people, from whom government derives its authority. That principle is not decorative language. It means the electorate is the employer and public officeholders are temporary trustees. Election administrators must prepare competently; logistics must be reliable; results must be handled transparently; security personnel must act impartially; and the judiciary must determine disputes with courage, consistency and fidelity to law. When institutions appear selective, delay becomes suspicious, procedure loses authority and rumours occupy the space abandoned by official credibility.

Political parties must also improve their internal democracy. A nation cannot expect democratic governance from organisations that select candidates through coercion, imposition or opaque bargains. The quality of a general election is affected long before election day—during party membership, congresses, primaries, candidate selection and campaign financing. If internal processes reward only wealth, patronage and proximity to powerful godfathers, the electorate is eventually asked to choose among products of a defective factory.

Citizens must play their part by registering, collecting their voter cards, studying candidates and voting peacefully. Cynicism may feel sophisticated, but withdrawal leaves the field to those whose choices we may later condemn. Participation is more potent than resignation. The vote is not a perfect instrument, yet in a democracy it remains the citizen's most equal unit of political power: the ballot of the wealthy counts once, and so does that of the poor.

Vote beyond tribe, tongue and immediate inducement

Nigeria's diversity should be a treasury of perspectives, not an arsenal for political manipulation. Ethnicity and religion are important parts of identity, but they are dangerously inadequate qualifications for



leadership. A leader from one's community can still mismanage the commonwealth. A candidate who worships as we do can still govern without wisdom, compassion or competence. Shared ancestry is not a substitute for shared prosperity.

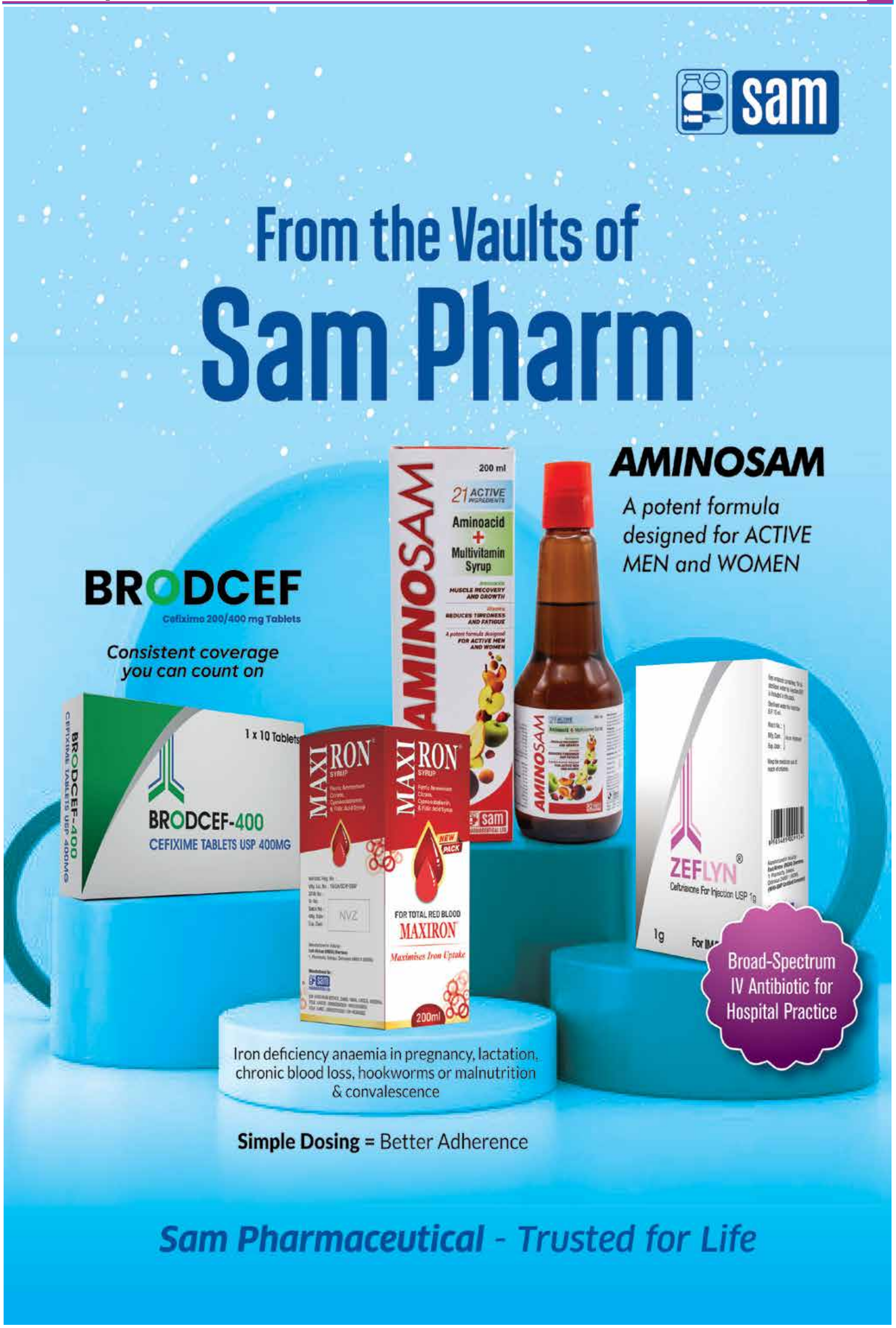
The tragedy of identity politics is that it often persuades citizens to defend leaders who are failing them, provided those leaders carry familiar names, accents or affiliations. Meanwhile, poverty does not ask for a person's ethnic group before entering the home. Inflation does not discriminate between religions. Bad roads damage vehicles owned by supporters and opponents alike. Insecurity does not recognise party cards. When governance fails, suffering forms a broad coalition.

Vote-buying is another assault on citizenship. The small gift offered before an election is not generosity; it is an advance payment for years of unaccountable government. A politician who purchases consent will naturally regard public office as an investment to be recovered. The voter who sells a vote cheaply may spend the following years paying dearly through poor schools, unsafe communities, inadequate hospitals, unemployment and neglected infrastructure. Hunger is real and must not be mocked, but exploiting hunger to purchase political loyalty is among the most cynical forms of corruption.

The proper questions are therefore larger: Does the candidate understand the economy? What record of competence, integrity and empathy does the person possess? Can the candidate build an effective team? Is there a credible plan for security, jobs, education, healthcare, infrastructure and social protection? Can promises be financed? Does the candidate respect institutions, tolerate criticism and explain difficult choices honestly? Elections should be contests of character, capacity, programmes and measurable commitments, not festivals of insult and empty spectacle. *(Continues next edition).*

The first responsibility of this election season is peace. Peace does not mean silence in the face of injustice, nor does it demand passive acceptance of electoral misconduct. It means that grievances must be expressed through lawful, disciplined and constructive channels. It means campaigning vigorously without dehumanising opponents, voting courageously without attacking neighbours, and challenging disputed outcomes through institutions rather than through destruction.

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Insecurity, infrastructural deficit major barriers to pharma investment in Nigeria – Ajah

By Temitope Obayendo



L-R: Mr Godwin Obiakor, head, Internal Control and Compliance, M&B ; Mrs Emem Essien, hsead, Human Capital Development, M&B ; Pharm. Patrick Ajah, MD/CEO M&B and awardee ; Pharm. Akinjide Adeosun, founder, The Akinjide Adeosun Foundation (AAF) ; Ms Ese Eruotor, business & people services consultant, United Kingdom and Mr Ayodeji Aboderin, executive director, Finance, M&B, at the 2026 AAF's Excellence In Leadership Award Ceremony in Lagos, Nigeria.

For the Nigerian pharmaceutical industry to attract significant investment from multinational companies, the Federal Government must tackle insecurity and infrastructural deficits head-on, as these challenges are discouraging investors from doing business with local manufacturers, the Managing Director of May & Baker Nigeria Plc, Pharm. Patrick Ajah, has said.

Ajah, who described Nigeria as the cynosure of many investors at present, partly due to the economic instability in Europe and America, however, disclosed that many potential investors were sceptical about doing business in the country because of the prevalent insecurity, power outages and infrastructural challenges facing local manufacturers. He called on the government to address the issues as a matter of urgency.

The May & Baker boss made this disclosure at a media parley in his office during the presentation of the 2026 Excellence in Leadership Award plaque to him by the Akinjide Adeosun Foundation.

The Excellence in Leadership awardee explained the importance of leadership in the pharmaceutical industry, citing several calls he received daily from interested investors, but said the realities of the state of the nation often made them reconsider their plans.

"I currently have no fewer than 10 companies from America and Europe that want to explore partnerships with us," he said. "There is significant interest in investing in Nigeria, particularly because Europe is relatively stagnant and America is facing economic challenges."

He continued, "For investors looking at Africa, Nigeria remains a major destination. This is an opportunity for Nigeria to attract investment. However, when we explain the challenges, including infrastructure and insecurity, some investors become uncertain about whether investment is still viable."



Pharm. Patrick Ajah, MD/CEO, M&B and awardee (middle); Pharm. Akinjide Adeosun, founder, The Akinjide Adeosun Foundation (AAF) (second right); Ms Ese Eruotor, business & people services consultant, United Kingdom (right); Mr Ayodeji Aboderin, executive director, Finance M&B (second left); and Mrs Emem Essien, head, Human Capital Development, M&B (left) at the media parley.

The May & Baker boss charged the government to rise to the occasion by resolving the bottlenecks to pharmaceutical investment identified, in order to take advantage of the current interest in the country and grow the Gross Domestic Product.

According to him, the government needs to do as much as possible to address insecurity and infrastructural challenges. Fortunately, he said, some investors who had previously done business in Nigeria understood that Nigerians always found a way to overcome challenges and remained interested in the country.

Narrating how unsafe some parts of the country had become at a time, he said, "There are some parts of the country where we do not allow our representatives to travel because of insecurity. At the peak of the insecurity, for instance, there were areas in Jos where it would have been irresponsible to send our representatives because they could have been targeted."

He underscored the importance of addressing the situation before it got out of hand.

"The issues of power, infrastructure and all of that are a problem. In fact, the next one we are seeing now is people, most of our pharmacists, are running out of the country. So, you keep looking for a good person to hold the position; it is difficult.

"And I think these are things the country needs to know. The leaders of the country need to know. If countries keep collapsing, then we are not going anywhere," he reiterated.

Asked how soon he believed the government could respond to these challenges, he expressed optimism in the Nigerian government and people, linking this to faith in God, which he described as a core value of the company. He noted that the combination of these elements could fast-track the changes needed in the country.

"However, we must continue making progress and address the challenges of insecurity and infrastructure. A conducive business environment is essential for attracting investment. Nigeria needs to be different from what it is today, particularly in the area of security," he asserted.

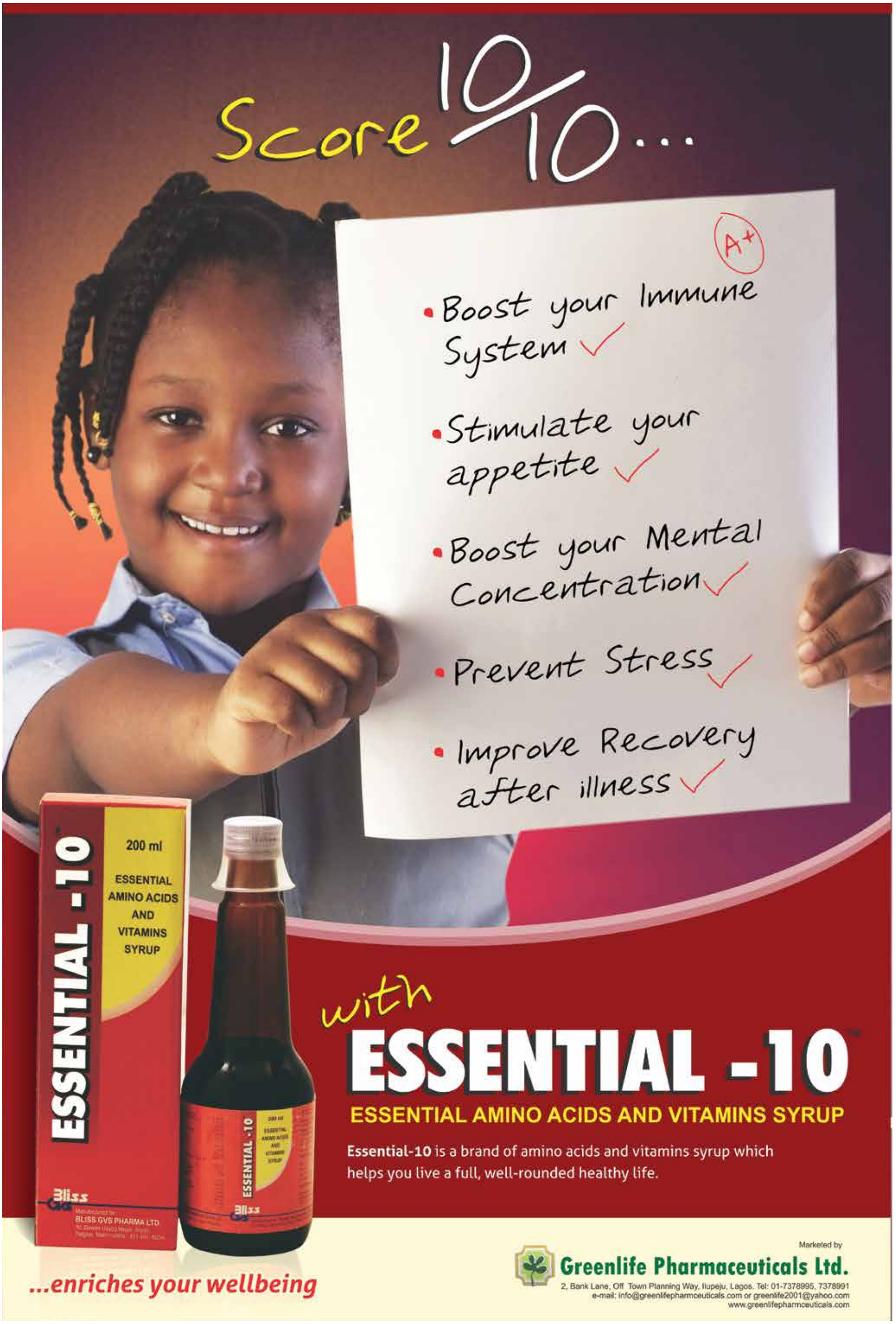
Speaking on the performance of May & Baker products in the market, he said they had performed well over the past year, while the company was aiming for higher targets in the near future.

"We recently concluded our strategy session, although I cannot disclose the details yet because we are still awaiting feedback."

Looking at the last five years, he disclosed that the company had quadrupled its revenue, adding that he had challenged his team to double their current revenue over the next three years and that they believed it was achievable.

"The key question is where we should invest, given the current economic conditions. I believe the future is bright because the gap created by the exit or downsizing of many multinational pharmaceutical companies in Nigeria has not yet been fully filled," he said.

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Experts say Nigeria not yet serious about medicine security, call for strong political will

By Ranmilowo Ojalumo

Nigeria's inability to achieve medicine security is not due to a lack of laws or regulatory frameworks but to a lack of political will and commitment to implementing existing policies, pharmaceutical experts have said.

The experts cited the country's continued dependence on imported medicines, foreign exchange volatility, high operating costs, weak supply chain coordination and inadequate patronage of locally manufactured products as some of the persistent challenges confronting the pharmaceutical industry.

They spoke at the plenary session of the recent scientific conference of the West Africa Postgraduate College of Pharmacists (WAPCP), Nigeria Chapter, on the topic: "Strengthening Local Pharmaceutical Manufacturing in Nigeria for Medicine Security, Quality and Sustainable Patient Care".

The session was moderated by the Managing Director of Pinecrest Healthcare Limited, Dr Chijioke Onyia, while the Managing Director/ Chief Executive Officer of Merit Healthcare Limited, Dr Lolu Ojo, and Professor Margaret Ilomuanya of the Faculty of Pharmacy, University of Lagos, were speakers.

Setting the tone for the discussion, Prof. Ilomuanya defined medicine security as more than simply having medicines available, saying drugs must be accessible, affordable, safe and effective, without the threat of counterfeiting.

She said genuine medicine security must also be supported by a knowledge ecosystem capable of continuously developing local expertise and technologies for pharmaceutical production. According to her, Nigeria cannot claim to have achieved medicine security if it continues to depend heavily on imported medicines, even when such medicines are of high quality.

The pharmacy expert pointed out that the country must develop the knowledge and capacity to produce medicines locally rather than depending on external sources for both products and expertise.

While identifying the factors militating against medicine security in Nigeria, Ilomuanya said the country must first demonstrate that it is serious about solving the problem, noting that the current level of commitment required for Nigeria to attain medicine security is lacking.

"Well, the first thing is, I think, as a nation, we are not serious about achieving medicine security," the professor said.

She argued that Nigeria already has laws covering several of the challenges confronting the pharmaceutical sector, including informal markets, weak penalties, poor supply chain coordination and porous borders. According to her, rather than continuously introducing new legislation, the government should concentrate on enforcing existing laws and back this up with the necessary seriousness.

"We do not need more laws. We need to work with the ones that we already have," she said.

She also called for better coordination among NAFDAC, the Nigeria Customs Service, foreign affairs authorities and other stakeholders involved in the pharmaceutical supply chain. She added that informal medicine markets could also be brought into the formal system through appropriate legislation and the involvement of pharmacists.



L-R:Managing Director/Chief Executive Officer, Merit Healthcare Limited, Dr Lolu Ojo; Chairman, WAPCP, Nigeria Chapter, Pharm. (Dr) Afusat Adesina; Managing Director, Pinecrest Healthcare Limited, Dr Chijioke Onyia; Professor Margaret Ilomuanya of the Faculty of Pharmacy, University of Lagos and Pharm. Dr Daniel Orumwense, shortly after the plenary session.

In his remarks, Dr Lolu Ojo supported the professor's position, saying the first step towards achieving medicine security was for Nigeria to "get serious" about local production. He identified overdependence on imports as one of the biggest obstacles to the development of local drug manufacturing in Nigeria.

Ojo lamented that the challenge in Nigeria goes beyond pharmaceuticals, saying the country's manufacturing sector remains heavily dependent on imported machinery, equipment and other inputs. According to him, apart from water, almost every other input required to produce medicines is imported.

He said foreign exchange volatility had also caused significant losses for businesses, making it increasingly difficult for manufacturers to plan and remain sustainable. He also identified the high cost of doing business as another major threat to pharmaceutical manufacturing, noting that businesses face expensive borrowing costs and often have to generate their own electricity.

"You will borrow money at 36 per cent, you will have to set up your own electricity factory, you have to generate everything you have to get to yourself," Ojo revealed.

He further decried inadequate government patronage, calling for stronger government support for locally manufactured medicines. He stressed that Nigeria should adopt strategies used by countries such as India, where the government actively supports domestic manufacturers, arguing that such support could encourage local manufacturers to expand their production capacity and make the country less vulnerable to disruptions in international supply chains.

The speakers also raised concerns about Nigeria's local manufacturing capacity, with Ojo pointing to the paradox of heavy import dependence despite significant installed manufacturing capacity remaining unused. He specifically said the country must find ways of increasing the local production of essential medicines instead of relying on imports to meet domestic needs.

On regulation, Ojo commended regulators for their efforts but urged them to combine their regulatory responsibilities with measures that facilitate industry growth. He said regulators must also act as facilitators rather than decelerators. According to him, regulatory authorities must have adequate resources to effectively carry out their responsibilities.

"The correct thing is that they are trying. There are things that they need to do, but we need to be asking what resources are available to them to be able to do things that they need to do," he said.

The experts also advocated the development of a system for monitoring key medicine security indicators, including availability, affordability, traceability, utilisation verification and treatment outcomes. Ilomuanya specifically called for a dedicated mechanism to objectively track these indicators and determine how well Nigeria is performing in its efforts to secure medicines for its population.

The professor particularly called for the expansion of traceability technology across the pharmaceutical distribution system, saying manufacturers, distributors, pharmacies and other dealers should be properly registered and traceable.

According to her, a comprehensive traceability system would not only help sanitise the distribution chain but also create opportunities for pharmacists and young professionals interested in technology.

The professor further called for stronger political will and commitment to local pharmaceutical production, saying local manufacturing should not be viewed only from the perspective of establishing large-scale factories. She suggested that healthcare facilities could contribute to local production through appropriate compounding of medicines, arguing that such initiatives could help build capacity from the grassroots.

She added that hospitals and healthcare centres could become part of a broader local production ecosystem, which could eventually contribute to the development of a stronger pharmaceutical industry.

Dr Ojo re-emphasised that Nigeria does not need another government agency to address medicine security, stressing that several existing institutions already have the responsibility to tackle the problem.

"What we need is leadership that is intentional about achieving medicine security," Ojo said, adding that Nigeria must make local pharmaceutical production a deliberate national policy and pursue it consistently.

The Merit Healthcare boss called for greater collaboration among industry stakeholders, urging pharmacists to explore the establishment of cottage industries and other forms of collective production.

"Nothing is reserved. We must work for it. Pharmacists and other stakeholders need to join hands to develop local manufacturing capacity," he said.

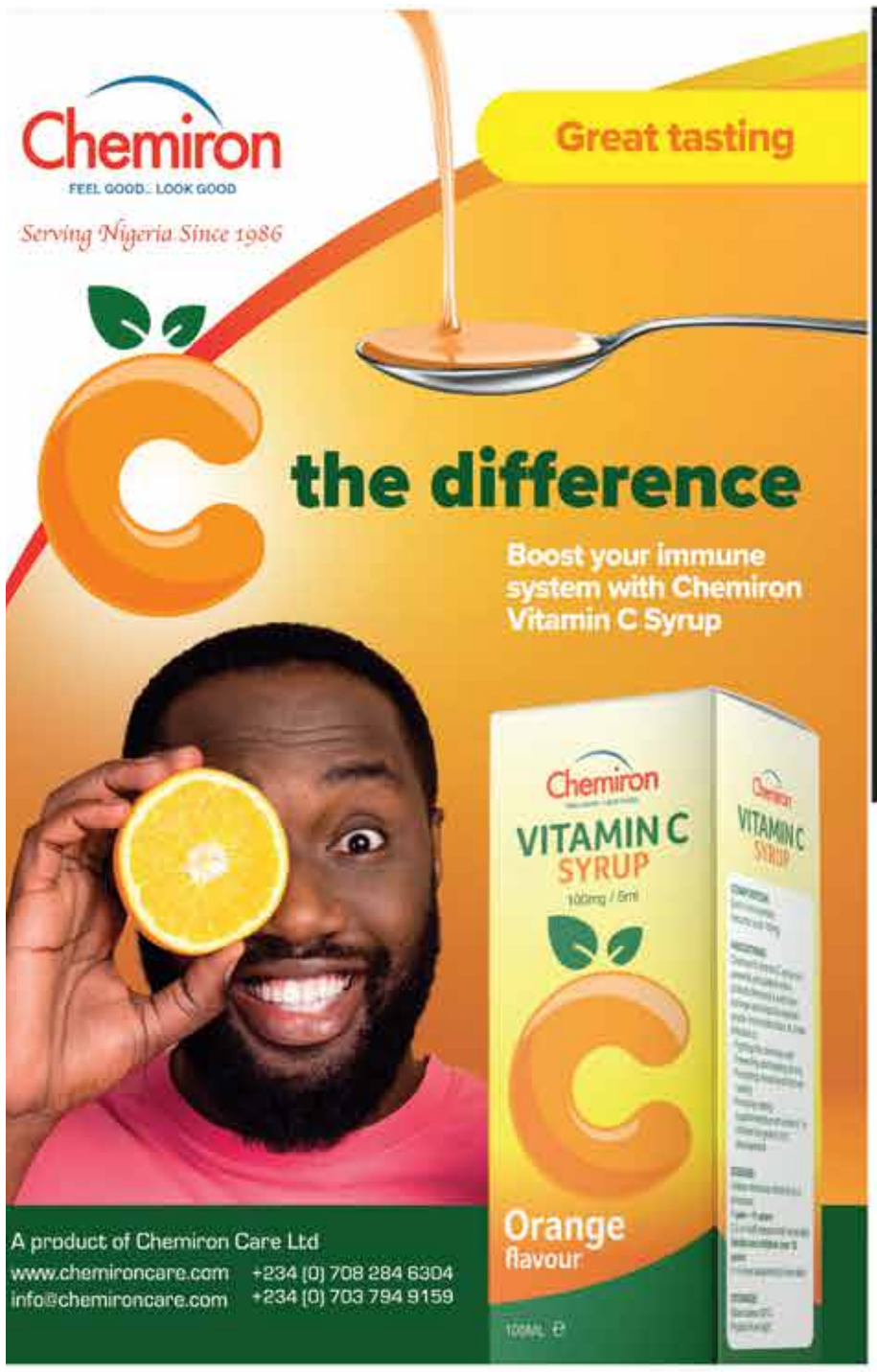
Ilomuanya corroborated Ojo's position on the need for collaboration among pharmacists, pharmaceutical manufacturers, regulators and government, stating that all stakeholders must work together to develop a political framework capable of supporting sustainable medicine security.

According to her, government, regulators and industry should no longer operate in isolation but must collaborate closely to address the challenges facing the pharmaceutical sector. She stressed that genuine cooperation among the three groups would be critical to ensuring that Nigerians have sustained access to quality, affordable and safe medicines.

She specifically charged stakeholders in the pharmaceutical industry to actively participate in politics and "be in the boardroom" where policies and decisions are made, noting that such participation would go a long way towards shaping the fortunes of the pharmaceutical industry in the country.

Dr Onyia, on his part, urged the government to demonstrate the necessary political will and provide the needed support towards the nation's attainment of medicine security, stressing that Nigeria has what it takes to achieve medicine security.

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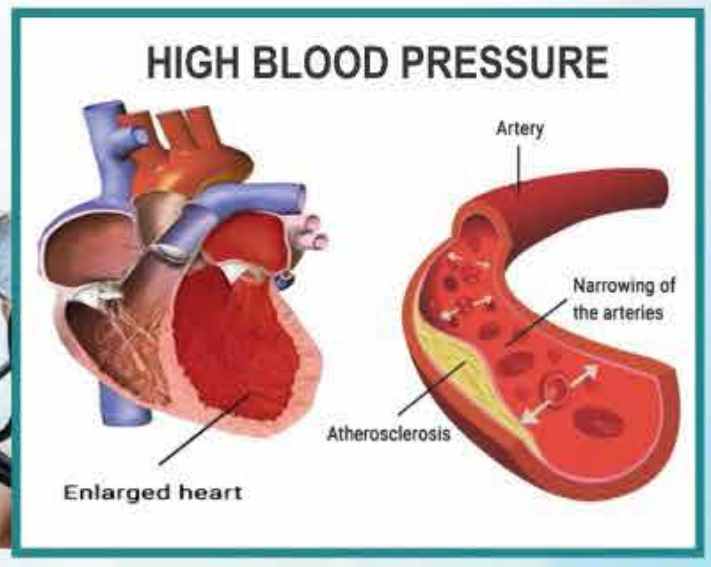
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ACAPN seeks improved welfare for physiotherapists

By Patrick Iwelunmor

The President of the Association of Clinical Academic Physiotherapists of Nigeria (ACAPN), Professor U.A.C. Okafor, has called for urgent reforms to improve the welfare, recognition and professional development of physiotherapists, warning that poor remuneration, inadequate policy support and the migration of skilled professionals are undermining Nigeria's healthcare system.

Speaking in an exclusive interview with ***Pharmanews***, Okafor said physiotherapists remain indispensable to healthcare delivery but continue to receive insufficient recognition despite their vital role in rehabilitation, disease prevention and patient recovery. He described poor remuneration as one of the most pressing challenges confronting physiotherapists in Nigeria, noting that practitioners are significantly better rewarded in countries such as the United States, the United Kingdom, Canada and several Middle Eastern nations.

According to him, physiotherapy is physically demanding and exposes practitioners to considerable occupational risks because they work in close contact with patients recovering from stroke, respiratory illnesses, neurological disorders and other debilitating conditions. "Physiotherapists expend enormous physical effort in helping patients regain mobility and independence, yet their welfare does not reflect the nature of the services they provide," he said.

Okafor also lamented the limited opportunities available for continuing professional development, observing that many physiotherapists receive little or no sponsorship to attend conferences, specialised training programmes and other capacity building initiatives. He warned that the combination of poor welfare and limited career development has fuelled the migration of physiotherapists abroad, leaving Nigeria with an insufficient workforce and increasing the burden on those who remain. "The few professionals left in the country are carrying heavier workloads because many of their colleagues have relocated in search of better opportunities," he said.

Despite these challenges, the ACAPN president expressed optimism about the future of the profession, citing growing public awareness and the introduction of the Doctor of Physiotherapy (DPT) programme as major milestones that are strengthening physiotherapy education in Nigeria. Okafor said physiotherapists are playing an increasingly important role in addressing the country's growing burden of non communicable diseases, neurological disorders and musculoskeletal conditions, many of which are linked to modern lifestyles and poor workplace ergonomics.

He observed that prolonged use of smartphones, laptops and other digital devices has contributed to rising cases of neck pain, back pain and repetitive strain injuries. "Many people depend on painkillers without realising that simple ergonomic adjustments and proper posture can prevent many of these conditions," he said, adding that physiotherapists are intensifying public education on healthy posture, workplace ergonomics and preventive healthcare.



Professor U.A.C. Okafor

On research and innovation, Okafor said ACAPN continues to strengthen collaboration with international professional organisations while encouraging scientific research through mentorship programmes and annual conferences that promote evidence based practice. He stressed that research remains the foundation of quality physiotherapy, enabling practitioners to integrate emerging scientific evidence into patient care and improve clinical outcomes.

The ACAPN president further noted that the COVID-19 pandemic accelerated the profession's adoption of digital technologies, including virtual conferences and tele rehabilitation. He disclosed that the association produced an internationally recognised publication on physiotherapy's role in managing cardiopulmonary complications associated with COVID-19, underscoring the profession's growing contribution to global healthcare research.

Highlighting the importance of multidisciplinary healthcare, Okafor said physiotherapists now work more closely with doctors, pharmacists, nurses and other healthcare professionals in managing complex medical conditions. He explained that while medicines remain essential, rehabilitation often determines whether patients recovering from stroke, neurological disorders, respiratory illnesses and developmental disabilities regain functional independence.

He also noted that increasing awareness has helped dispel the misconception that physiotherapy is limited to massage or orthopaedic care, with more healthcare providers now recognising its critical role in respiratory rehabilitation, paediatric care, neurological recovery, women's health and sports medicine. Calling for stronger government intervention, Okafor urged policymakers to prioritise physiotherapy within Nigeria's health sector by improving remuneration, expanding investment in education and research, strengthening continuing professional development and increasing public awareness of the profession.

He maintained that greater recognition of physiotherapy would not only improve practitioners' welfare but also enhance rehabilitation services, reduce disability and strengthen healthcare delivery nationwide. "Investing in physiotherapy is ultimately an investment in healthier communities, improved quality of life and a more resilient healthcare system," he said.

Cervical cancer prevention is a community responsibility – Founder, My Body My Asset

continued from page 46

psychosocial support, patient navigation, survivor mentorship and continuous follow-up. Our responsibility is to ensure that every patient feels seen, heard, supported and empowered throughout their journey.

The private sector also has a significant role to play through corporate social responsibility by supporting vaccination campaigns, sponsoring awareness programmes and partnering with organisations that are already making a measurable impact in communities. At MBMACF, we strongly believe that vaccination, alongside routine screening and public education, gives us the greatest opportunity to prevent cervical cancer before it starts. We have provided three doses of the vaccine free of charge to some university students, while encouraging parents to give their daughters the opportunity to be vaccinated. Prevention will always be better, less expensive and more effective than treatment.

You have partnered with several leading consumer brands as an ambassador while championing cancer awareness. How can corporate organisations strengthen their contribution to public health through meaningful partnerships and sustained investment in cancer prevention initiatives?

Corporate organisations have the resources, influence and platforms to create a lasting public health impact. Meaningful partnerships should go beyond financial donations. Companies can support free and subsidised cancer screenings, HPV vaccination campaigns, awareness outreaches, educational materials, survivor support initiatives and community health programmes. They can also encourage preventive healthcare within their own workforce by organising routine health screenings and wellness education.

I have been privileged to collaborate with responsible brands that share our vision for healthier communities. Those partnerships have enabled us to reach more people with life-saving information and preventive services. I encourage more corporate organisations to see cancer prevention not merely as charity, but as a strategic investment in healthier families, healthier communities and a healthier nation. Sustainable partnerships produce sustainable impact.

Beyond the physical challenges, cancer often leaves emotional, psychological, social and financial scars on patients and their families. What advice would you give to newly diagnosed patients, and what support systems should healthcare providers prioritise to improve their quality of life?

My first message to anyone newly diagnosed with cancer is this: do not lose hope. Cancer is not always a death sentence. I stand here today as living proof that early detection, timely medical intervention and the right support can save lives. Accept your diagnosis, but never allow it to define your future. Seek treatment from qualified healthcare professionals, ask questions, follow your treatment plan faithfully, and avoid unverified remedies that may delay proper care. Lean on your family, your faith and trusted support systems, because no one should fight cancer alone.

Healthcare providers must remember that they are treating a human being, not just a disease. Beyond medical treatment, patients need counselling, psychosocial support, nutritional guidance, financial counselling, survivor mentorship and regular follow-up care.

At My Body My Asset Cancer Foundation, we believe that restoring hope is just as important as providing information. When patients are supported emotionally, psychologically, socially and medically, they are better equipped to complete treatment and rebuild their lives. Hope, compassion and quality healthcare together can make all the difference.

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How has community pharmacy practice fared under the Tinubu administration?

*In this edition of Viewpoint, our senior reporter, **Adebayo Oladejo**, who attended the 45th Annual International Scientific Conference of the Association of Community Pharmacists of Nigeria (ACPN), Unity 2026, held at the Bola Tinubu International Conference Centre, Abuja, sought the views of community pharmacists on how the profession has fared under the current administration. The pharmacists shared diverse perspectives, highlighting areas of progress as well as lingering challenges confronting community pharmacy practice. Their views are presented below:*

their views on the state of healthcare delivery and the level of trust citizens still place in the system. Their responses are presented below:

Regulation has improved pharmacy's visibility



Community pharmacy practice has fared relatively well under the current administration, particularly in the area of regulation. Some of the policies introduced appear to be better than what was obtainable under the previous administration and have contributed to improvements in professional practice.

There has also been better regulation of pharmacies in the marketplace, which has helped improve the visibility of the profession. More members of the public now have a better understanding of the role of pharmacists and know who to consult when they require professional pharmaceutical care.

This increased visibility is important because it helps distinguish professional pharmacy practice from other medicine-related activities in the community.

Pharm. Moses Ede
Kano State

Economic hardship hurting medicine access



I don't think community pharmacy practice has fared as well as it should under the current administration. The economic difficulties facing Nigerians have directly affected community pharmacies because the people who need medicines are increasingly struggling to afford them.

The removal of fuel subsidy and the wider economic instability have reduced household purchasing power, making access to healthcare and essential medicines more difficult for many Nigerians. Community pharmacists see these challenges daily as patients look for cheaper alternatives or reduce the quantity of medicines they purchase.

Government should strengthen health insurance and expand enrolment so Nigerians do not have to depend heavily on out-of-pocket payments for medicines. Regulatory and importation costs that eventually increase the prices paid by consumers should also be reviewed, while maintaining appropriate standards for medicines.

Pharm. Oluwole Charles
Lagos State

Better professional standards and welfare, but poor regulation



Pharmacy practice has recorded some notable progress, particularly in accreditation and professional standards. The introduction and strengthening of accreditation have brought greater structure to pharmacy practice, with different categories of pharmacy establishments now receiving clearer recognition.

The administration has also supported welfare initiatives for pharmacists facing challenges, while efforts towards pharmacy expansion have continued. Continuing professional development has equally received attention, with more training programmes receiving appropriate accreditation.

However, government still needs to address weaknesses in the regulation of wholesale and retail practice and intensify efforts against counterfeit medicines. In some states, the distinction between wholesale and retail pharmacy exists largely on paper, creating regulatory challenges that need to be addressed.

Pharm. Tomiwa Roland
Kwara State

Local manufacturing has improved but...



Pharmacy practice has significantly improved under the current administration, particularly with policies aimed at encouraging local manufacturing of pharmaceutical raw materials and finished products. Reducing dependence on imported medicines is important for strengthening the pharmaceutical sector and improving medicine availability.

The removal of VAT and some other duties on imported pharmaceutical products is another positive development that could help ease some of the pressures associated with medicine costs.

However, there is still considerable room for improvement. Pharmacists need greater involvement in national healthcare policymaking and in the constitution of hospital boards. They should also have a stronger role in the implementation of national health-insurance policies because pharmacists occupy a central position in patient care and medicine use.

Dr Taiwo Adewole
Lagos State

Regulation needs more manpower



The administration is making efforts, but significant gaps remain, particularly in drug distribution and regulatory enforcement. The pharmaceutical sector requires stronger oversight to ensure that medicines move through appropriate channels and that professional standards are effectively enforced.

Regulatory agencies such as the Pharmacy Council of Nigeria and NAFDAC have important responsibilities, but they need adequate manpower and resources to carry them out effectively. When regulatory personnel are too few for the size of the sector, effective monitoring becomes difficult.

The continued existence of open drug markets is another major concern. Government needs to strengthen the regulatory agencies, improve their manpower and resources, and intensify efforts towards a more structured pharmaceutical distribution system.

Pharm. Babatunde Samuel
Kwara State

Community pharmacists' roles receiving greater recognition



Community pharmacy practice has fared considerably better under the current administration because some issues the profession has advocated for over the years are beginning to receive attention. One major example is the increasing involvement of pharmacists in vaccination activities.

Pharmacists are being trained and incorporated into immunisation programmes, giving the profession an opportunity to contribute more directly to preventive healthcare. This is significant because community pharmacies are often the first point of contact for Nigerians seeking healthcare, particularly in communities where access to hospitals may be difficult.

More can still be done. Pharmacists provide services beyond dispensing medicines, including counselling, medication-adherence support and guidance on substance abuse and other health concerns. Government should therefore recognise and support the broader role of community pharmacists in primary healthcare.

Pharm. Ogunfowora Florence
Oyo State

Declining purchasing power affecting customers



The performance of community pharmacy under the current administration depends on the aspect being considered. From the perspective of patronage and patients' ability to purchase medicines, the situation has become increasingly difficult because Nigerians' purchasing power has declined.

Customers who previously bought branded medicines without much concern about price are now increasingly asking for cheaper alternatives. Some patients who once purchased medicines in larger quantities now buy only what they can immediately afford, reflecting the growing financial pressure on households.

Notwithstanding, community pharmacies must continue to provide professional care. Government should consider subsidising essential medicines, particularly those on the essential medicines list, to reduce out-of-pocket spending and ensure that Nigerians can continue to access important treatments.

Pharm. Patience Timson
Lagos State

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How It Works

The suppository dissolves naturally inside the rectum, releasing active ingredients locally at the site of discomfort for targeted relief.

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Anudol Suppositories are widely available in pharmacies and chemist shops nationwide, reflecting Daily-Need Industries Ltd.'s commitment to accessible haemorrhoidal treatment through a brand that is proudly made in Nigeria!

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Anudol... for relief!

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The Inner Architecture of Leadership

Why gratitude is a leadership discipline

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



"He who does not know what the world is does not know where he is."— *Marcus Aurelius*

"In everything give thanks; for this is the will of God for you in Christ Jesus."— *1 Thessalonians 5:18 (AMP)*

Gratitude is often treated as a social courtesy—something expressed when circumstances are favourable. Yet genuine gratitude is not dependent on comfort; it is a discipline of perspective. Leaders who lack gratitude tend to magnify what is missing and overlook what is present.

Marcus Aurelius understood that awareness shapes orientation. Scripture reinforces this truth by calling gratitude a posture of obedience rather than emotion. Gratitude recalibrates perception and guards the heart against entitlement.

The erosion caused by ingratitude

Ingratitude subtly corrodes leadership. It breeds dissatisfaction, fuels comparison, and creates a sense of perpetual lack. Leaders who are rarely grateful often become impatient, critical, and difficult to follow—not because conditions are poor, but because perspective is distorted.

Scripture warns that thanklessness blinds judgment and weakens spiritual and emotional clarity.

"Do not be foolish, but understand what the will of the Lord is."
— Ephesians 5:17 (AMP)

Gratitude sharpens understanding by restoring balance.

Gratitude as strategic stability

Grateful leaders remain grounded during success and steady during adversity. Gratitude anchors leaders to reality, preventing arrogance in seasons of gain and despair in seasons of loss. It reminds them that progress is rarely the result of individual effort alone.

Scripture consistently links gratitude with peace, resilience, and wisdom.

"And let the peace of Christ rule in your hearts… and be thankful."
— Colossians 3:15 (AMP)

Marcus Aurelius taught that awareness of reality is the basis of wisdom. Scripture calls gratitude a deliberate choice, not a reactive feeling. Leaders who cultivate gratitude lead with humility, clarity, and steadiness.

Gratitude does not deny difficulty; it reframes it.

Discomfort is the price of growth

"If it is not right, do not do it; if it is not true, do not say it."
— Marcus Aurelius

"All discipline for the moment seems not to be joyful, but sorrowful; yet to those who have been trained by it, afterwards it yields the peaceful fruit of righteousness."
— Hebrews 12:11 (AMP)

Growth is often romanticised as progress without pain, yet real development almost always involves discomfort. Learning stretches assumptions, discipline challenges habits, and change unsettles familiarity. Many people desire improvement but resist the discomfort required to achieve it.

Marcus Aurelius understood that virtue demands restraint and courage, not convenience. Scripture confirms this truth by framing discipline as a necessary, though temporary, discomfort that produces lasting fruit.

The temptation to avoid stretching

When discomfort appears, the instinctive response is avoidance. People retreat to familiar patterns, even when those patterns are unproductive. Leaders who consistently avoid discomfort may preserve short-term comfort but sacrifice long-term effectiveness.

Scripture presents training—not indulgence—as the pathway to maturity. Discomfort signals that growth is underway, not that something has gone wrong.

"Train yourself toward godliness."
— 1 Timothy 4:7 (AMP)

Leadership shaped through stretching

Leadership capacity expands when individuals willingly endure the stretch of learning, correction, and adaptation. Discomfort refines discernment, builds endurance, and strengthens resolve. Leaders who grow comfortable with discomfort become resilient under pressure.

Scripture repeatedly shows that refinement precedes fruitfulness.

"But He knows the way that I take; when He has tested me, I will come forth as gold."
— Job 23:10 (AMP)

Marcus Aurelius taught that right action often requires restraint rather than ease. Scripture completes this wisdom by revealing discomfort as the training ground for righteousness. Growth that costs nothing rarely produces anything. When discomfort is embraced with purpose, it becomes a catalyst rather than a curse.

Your values decide your future

"If you do not know what you are living for, you will die for anything."
— Marcus Aurelius

"Watch over your heart with all diligence, for from it flow the springs of life."
— Proverbs 4:23 (AMP)

Every future is quietly constructed by values long before outcomes become visible. Decisions, habits, priorities, and compromises all trace back to what a person truly values. Many people believe circumstances shape destiny, yet values—often unexamined—do far more shaping than events.

Marcus Aurelius understood that clarity of purpose begins with clarity of values. Scripture affirms this by placing the heart—the seat of values—at the centre of life's direction. What governs the heart ultimately governs the future.

When values are undefined

Where values are unclear, decisions become inconsistent. People drift, reacting to pressure rather than acting from conviction. Leaders without clearly held values may appear flexible, but in reality, they are unstable—shaped by convenience, opinion, or fear.

Scripture warns that divided priorities weaken resolve and undermine effectiveness.

"A double-minded man is unstable and restless in all his ways."
— James 1:8 (AMP)

Clarity of values creates stability in decision-making.

Values under pressure

Values are revealed under pressure, not comfort. When choices carry cost, what truly matters surfaces. Leaders who have not clarified their values in advance often compromise under stress, later regretting decisions made in haste or fear.

Scripture consistently calls for intentional alignment between belief and behaviour.

"But as for me and my house, we will serve the Lord."
— Joshua 24:15 (AMP)

Such declarations are not emotional; they are value statements.

Conclusion: Choose values before they choose you

Marcus Aurelius warned that aimless living leads to unnecessary sacrifice. Scripture completes this wisdom by calling for vigilant stewardship of the heart. Values, whether chosen deliberately or absorbed passively, will determine direction.

When values are clear, the future becomes intentional rather than accidental.

Reflection questions

- Where might a lack of gratitude be distorting your perspective or leadership posture?
- What discomfort are you currently avoiding that may be essential for your growth?
- Which value most consistently guides your decisions—and which value might be silently competing with it?

Action points

- This month, intentionally acknowledge and express gratitude for one person, resource, or situation you have been taking for granted.
- This month, intentionally engage one task, conversation, or discipline that stretches you beyond your comfort zone.
- This month, identify one core value and consciously use it to guide a decision you would typically make by habit or pressure.

Grateful leaders remain grounded during success and steady during adversity. Gratitude anchors leaders to reality, preventing arrogance in seasons of gain and despair in seasons of loss. It reminds them that progress is rarely the result of individual effort alone. Scripture consistently links gratitude with peace, resilience, and wisdom.

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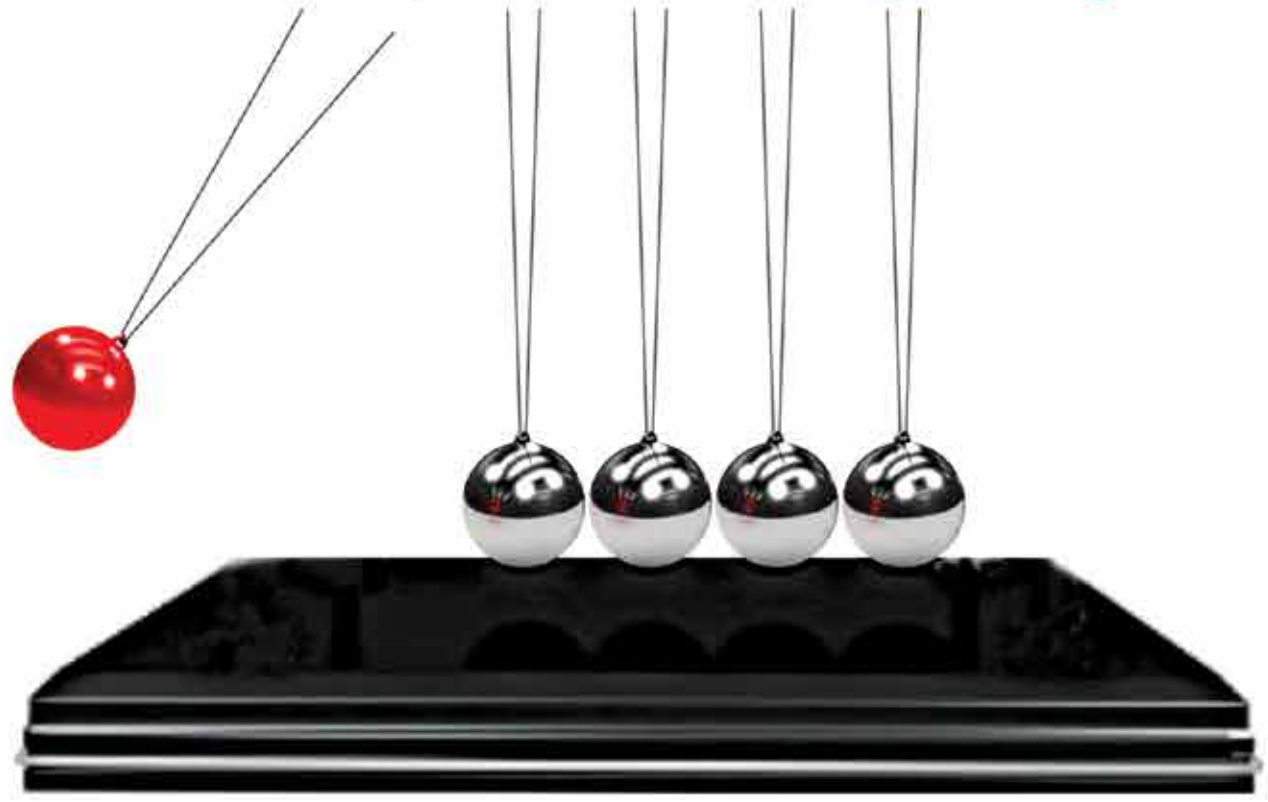
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Events in Pictures



Dozie Ifeanyi-Atueyi, executive director, Pharmanews, speaking at the inaugural Sir Ifeanyi Atueyi Memorial Lecture, held at Old Great Hall, College of Medicine, University of Lagos, Idi Araba, Lagos.



Prince Julius Adelusi-Adeluyi, former minister of health and chairman of the occasion, and Lady Joan Atueyi, director, Pharmanews, at the inaugural Sir Ifeanyi Atueyi Memorial Lecture, held at Old Great Hall, College of Medicine, University of Lagos, Idi Araba, Lagos.



A cross-section of Fellows of the Nigeria Academy of Pharmacy (NAPharm) and other dignitaries at the inaugural Sir Ifeanyi Atueyi Memorial Lecture, held at Old Great Hall, College of Medicine, University of Lagos, Idi Araba, Lagos.



L-R: Barr. Wale Olufon, founding president of the Christian Lawyers Fellowship of Nigeria; Dr Lolu Ojo, founder and chief executive officer of Merit Healthcare Limited; Pharm. Regina Ngozi Ezenwa, managing director of Rozec Pharmacy Limited and founder of The Roses Ministry; Pharm. Ahmed Yakasai, former president of the Pharmaceutical Society of Nigeria (PSN) and honorary consul-general of Pakistan in Nigeria, during a panel discussion, at the inaugural Sir Ifeanyi Atueyi Memorial Lecture, held at Old Great Hall, College of Medicine, University of Lagos, Idi Araba, Lagos.

Coming Events

20th NAPPSA Conference and Exposition

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

Nigeria Pharma Manufacturers' Expo.

Date: 28 - 29 September, 2026.
Venue: Harbour Point, Victoria Island, Lagos.

PSN Conference 2026

Venue: International Convention
Date: 2 - 7 November, 2026.
Centre, Awka, Anambra State.



L-R: Mrs Uche Dibor, director, Pharmanews Limited; Barr. Wale Olufon, founding president of the Christian Lawyers Fellowship of Nigeria; Dr Lolu Ojo, founder and chief executive officer of Merit Healthcare Limited; Prof Lere Baale, president of the Nigeria Academy of Pharmacy (NAPHARM); Lady Joan Atueyi, director, Pharmanews Limited; Prince Julius Adelusi-Adeluyi, former minister for health; Pharm. (Mrs) Regina Ezenwa, founder, Roses Ministry; Pharm. (Alh) Ahmed Yakasai, former president, PSN; and Ven Dr Emmanuel Adekoya Vicar, St Jude's Anglican Church, Mende, Maryland, at the inaugural Sir Ifeanyi Atueyi Memorial Lecture, held at Old Great Hall, College of Medicine, University of Lagos, Idi Araba, Lagos.



A cross-section of dignitaries, flanked by Pharmanews staff at the inaugural Sir Ifeanyi Atueyi Memorial Lecture, held at Old Great Hall, College of Medicine, University of Lagos, Idi Araba, Lagos.



L-R: Pharm. Ahmed Yakasai, former president of the Pharmaceutical Society of Nigeria (PSN) and honorary consul-general of Pakistan in Nigeria; Barr Wale Olufon, founding president of the Christian Lawyers Fellowship of Nigeria; Pharm. Regina Ngozi Ezenwa, managing director of Rozec Pharmacy Limited and founder of The Roses Ministry; and other guests, at the inaugural Sir Ifeanyi Atueyi Memorial Lecture, held at Old Great Hall, College of Medicine, University of Lagos, Idi Araba, Lagos.

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(vi) 125MG / 5ML Powder for Oral Suspension X 60ML



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(vi) 50MG / 5ML Powder for Oral Suspension X 60ML



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(iii) 100MG / 5ML Powder for Oral Suspension X 60ML

(iv) 50MG / 5ML Powder for Oral Suspension X 100ML

(v) 50MG / 5ML Powder for Oral Suspension X 60ML





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Diclofenac Diethylamine	BP	1.16% w/w
Eq. to Dichlofenac sodium	BP	1.00% w/w
Linseed oil	BP	3.00% w/w
Methy Salicylate	BP	10.00% w/w
Menthol	BP	5.00% w/w
Gel Base		Q.S.

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Neomycin Sulphate	BP	0.5% w/w
Tolnaftate	USP	1.0% w/w
Iodochlorohydroxyqyinoline (Clioquino)	BP	1.0% w/w
Cream base		Q.S.



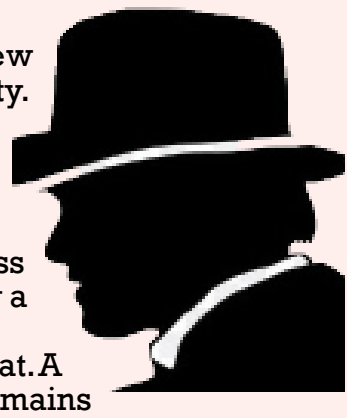
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What does it really mean to grow old?

By Ola Aboderin



Growing older is one of the few experiences common to all humanity. Yet, despite its inevitability, ageing is often perceived and discussed as if it were a disease. Many actually expect a combination of grey hair, slower movement, forgetfulness and chronic illness as unavoidable consequences of reaching a certain age.

But ageing is more complicated than that. A 70-year-old who walks every morning, remains socially active and manages a chronic condition well may be considerably more independent than a much younger person living with severe illness. Two people born in the same year can therefore have very different experiences of ageing. So, the question is not simply how old we are, but how well we are ageing.

More than a number

Chronological age is the easiest way to measure ageing. It tells us how many years have passed since birth, but it hardly tells us about the condition of the individual.

Scientists increasingly distinguish between chronological age and biological age. Biological age refers broadly to the condition of the body and the extent to which its cells, tissues and organs have undergone age-related changes. Genetics, diet, physical activity, sleep, stress, environmental exposure and disease can all influence this process.

There is also functional age, which considers what a person is actually able to do. Can the individual climb a flight of stairs, prepare a meal, manage personal hygiene, remember important appointments and move around without assistance?

These distinctions matter because ageing does not occur at exactly the same pace in everyone.

When the body begins to change

Ageing involves gradual changes throughout the body. Muscle mass and strength tend to decline, bones may become less dense, the cardiovascular system becomes less flexible, vision and hearing can deteriorate, and the immune system becomes less responsive.

At the cellular level, researchers have identified several processes associated with ageing, including the accumulation of cellular damage, changes in mitochondrial function, genomic instability and the build-up of senescent cells.

Some of these changes are natural. Others are accelerated by smoking, excessive alcohol consumption, physical inactivity, poor nutrition, obesity, uncontrolled hypertension, diabetes and prolonged exposure to environmental hazards.

This is why healthy ageing cannot be reduced to cosmetic concerns about wrinkles or grey hair. It is fundamentally about preserving the capacity of the body and mind to function.

Ageing is not the same as disease

As mentioned earlier, one of the most common misconceptions about growing older is that illness and disability are inevitable. Undoubtedly, older people are more likely to develop chronic conditions such as hypertension, cardiovascular disease, diabetes, arthritis, osteoporosis and dementia. However, growing older does not mean that every older person will develop these conditions, nor does it mean that existing conditions must automatically result in dependence.

Prevention and early intervention remain important throughout life. Regular physical activity, a nutritious diet, adequate sleep, social engagement, appropriate medical care and responsible use of medicines can influence how people experience later life.

The distinction is especially important in healthcare. If every symptom in an older person is dismissed as "just old age", treatable conditions may go unnoticed.

The goal should be healthspan

Perhaps the most useful way to think about longevity is through the concept of healthspan, the period of life spent in good health and with reasonable physical and mental function.

Living to 90 is desirable, but living to 90 while remaining mobile, mentally engaged and socially connected offers a very different experience from spending the final decades with severe disability and dependence.

Growing old, therefore, is not simply about adding years to life. It is about what happens to the person bearing those numbers, and what can be done to preserve that person's health, dignity and independence along the way.

PHARMACY ELDERS (above 80, work-in-progress)

	NAME	DATE OF BIRTH	STATE
1.	Onuigbo Dick Obichereihe	31/12/24	Abia
2.	Uwakwe Charles	20/10/26	Imo
3.	Ezegbo Albert	30/03/30	Anambra
4.	Nwabunike Emmanuel S. C.	23/11/30	Anambra
5.	Atasie Michael Chijioke (Sir, Dr)	12/05/31	Abia
6.	Anyafulu Lawrence Okwu	30/06/31	Anambra
7.	Emelifonwu Christopher	1/12/31	Delta
8.	Nwoke Dick	15/11/33	Abia
9.	Akubue Paul Iwegbunam (Prof.)	25/02/34	Anambra
10.	Okolo Dennis	13/03/34	Anambra
11.	Osisioma Ngozi Dorah (Mrs)	15/03/34	Anambra
12.	Unigwe Felix (Dr)	19/05/34	Anambra
13.	Ekpo Benjamin (Dr)	28/08/34	Akwa Ibom
14.	Morakinyo Olusegun	17/11/34	Oyo
15.	Olayinka Olu (Chief)	17/11/34	Ondo
16.	Eradiri Lambert (Sir, Dr)	25/11/34	Bayelsa
17.	Makinde Bayo (Chief)	14/01/35	Oyo
18.	Osuide Gabriel Ediale (Prof.)	5/03/35	Edo
19.	Ayoade Joko (Chief, Mrs)	3/10/35	Oyo
20.	Chugbo Cyril Okwudi	22/12/35	Anambra
21.	Emafo Philip Onagwele OFR (Dr)	15/03/36	Edo
22.	Osadolor E. A. (Sir)	8/07/36	Edo
23.	Omotosho Adebowale (Dr, Sir)	29/07/36	Oyo
24.	Hunponu-Wusu Babatunde (Chief)	11/03/37	Lagos
25.	Adefarasin Hebert Ade	1/04/37	Oyo
26.	Enemmo Ben	9/08/37	Anambra
27.	Azuike Moses Chiedozi	21/08/37	Imo
28.	Agbakwuru Evans O. P. (Prof.)	27/08/37	Imo
29.	Obianwu Hope (Prof.)	6/10/37	Anambra
30.	Yusuf Mufuatu	12/12/37	Ogun
31.	Olayinka Karim Lawal	26/04/38	Kwara
32.	Oluremekun Ezekiel Adeyinka	23/07/38	Ogun
33.	Okoye Ebenezer Ifeanyi	21/11/38	Anambra
34.	Adegoke Ayoola (Mrs)	7/01/39	Ondo
35.	Egbuonu Douglas	30/01/39	Anambra
36.	Okonkwo Eugene	20/03/39	Anambra
37.	Okunoren Patience (Dame)	21/06/39	Ogun
38.	Talabi Abimbola	4/07/39	Ogun
39.	Hugbo Peter Gbewa (Prof.)	15/09/39	Delta
40.	Nwankwo Bruno Nnaemeka	15/09/39	Anambra
41.	Obasi John	15/09/39	Abia
42.	Olurinola Philip (Prof.)	6/10/39	Kwara
43.	Adetona Samuel Olalekan	20/01/40	Oyo
44.	Samuel Thomas	03/05/40	Lagos
45.	Jackson SDP	12/05/40	Bayelsa
46.	Osundeko Olaide	5/06/40	Ogun
47.	Daromosu Abdul Yekini (Alh.)	10/06/40	Kaduna
48.	Ogundare Jacob Bamidele	23/07/40	Kwara
49.	Adelusi-Adeluyi Julius (Prince,Sir,Dr) OFR	2/08/40	Ekiti
50.	Olaniyi A. A. (Prof.)	25/08/40	Ekiti
51.	Okeke Cornelius	17/09/40	Imo
52.	Williams Alao Olaleye	25/12/40	Ogun
53.	Obiorah Bona (Prof.)	21/02/41	Anambra
54.	Adebowale Adekunle	28/02/41	Lagos
55.	Osinoiki Deji (Sir)	6/03/41	Ogun
56.	Amorha Kenneth Ezikeanyi	15/03/41	Enugu
57.	Inga Atondo Tim	5/05/41	Benue
58.	Bassey Sebastian	25/06/41	Akwa Ibom
59.	Yisa Barnabas	2/07/41	Niger
60.	Bankole Gabriel	24/08/41	Ogun
61.	Olawoye Babatunde	27/11/41	Ondo
62.	Omokpo William	12/12/41	Edo
63.	Oyedele Yetunde (Mrs)	3/04/42	?
64.	Enemmuo Ralph	29/04/42	Anambra
65.	Amanerimi Alfred	11/05/42	Plateau
66.	Adeyemi Adekemi Olu (Mrs)	28/06/42	Ogun
67.	Adewunmi Julius Adekunle	1/07/42	Oyo
68.	Onajin Lilian Olarenwaju (Mrs)	19/08/42	Ondo
69.	Madueke Anthony	4/09/42	Anambra
70.	Adeleke Ebenezar	23/09/42	Kwara
71.	Oluwadiya James Olabisi (Prof.)	2/10/42	Ekiti
72.	Ezenwa George	22/11/42	Anambra
73.	Aguwa Cletus Nze (Prof.)	24/11/42	Imo
74.	Eju Rex	23/12/42	Delta
75.	Jayesimi Modupe (Mrs)	18/01/43	Ogun
76.	Akinyemiju Tunde	24/01/43	Ondo
77.	Otiko Adedayo Francis	4/06/43	Ondo
78.	Oluwasanmi Florence	29/06/43	Edo
79.	Nwachukwu Cyprian	12/08/43	Anambra
80.	Ugbaga Osu Ugbaga	1/09/43	Abia
81.	Amole Tunji (Chief)	12/10/43	Oyo
82.	Adeeko Luke Bolade	18/10/43	Ogun
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84.	Nduka E. N.	10/11/43	Imo
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87.	Akinmoji Alex Oladele	20/12/43	Ondo
88.	Aluko Abiodun (Mrs)	29/12/43	Ogun
89.	Tayo Fola (Prof.)	29/02/44	Lagos
90.	Lawore Ronke Mrs	2/03/44	Ogun
91.	Akinfolajimi Moboluwaji	7/04/44	Edo
92.	Adimekwe Cyprian	20/04/44	Imo
93.	Ajisegiri Michael	23/04/44	Ondo
94.	Ezugwu Raymond Obinwanne	30/06/44	Enugu
95.	Olawore Josiah Olafaju	8/07/44	Oyo
96.	Mustapha Bola Fatimah (Hajia)	13/07/44	Kwara
97.	Aina Obafunmi Claudius	26/07/44	Ogun
98.	Okoli, Stella (Dr) OON	30/07/44	Anambra
99.	Ayeni Aderemilekun (Mrs)	19/08/44	Ogun
100.	Olukunle Bola G.	23/08/44	Ogun
101.	Ogundana Olu Oluropo (Mrs)	27/10/44	Ekiti
102.	Ogunbona Festus Adio (Prof.)	30/10/44	Ogun
103.	Udoye Emma (Dr)	06/11/44	Anambra
104.	Ifudu Dave (Prof.)	13/12/44	Enugu
105.	Onabanjo Bolanle Afolake (Mrs)	6/01/45	Ogun
106.	Osinoiki Abayomi Olayinka (Mrs)	13/01/45	Ogun
107.	Allen Gregory Akinfenwa Babafemi	14/03/45	Oyo
108.	Adebo Omoniyi Obafuumilayo	7/11/45	Lagos

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Gov. Bago, Akume, others seek expanded role for community pharmacists in healthcare delivery

continued from back page

regulators, pharmaceutical industry leaders and community pharmacists to examine strategies for advancing pharmacy practice and improving healthcare delivery in Nigeria.

Represented by the Niger State Commissioner for Health, Dr Murtala Muhammad Bagana, Gov. Bago said healthcare transformation requires more than scientific breakthroughs, stressing the importance of visionary leadership, sound governance, resilient institutions, strategic partnerships and effective public policies.

He described community pharmacies as indispensable components of the healthcare system and among the first points of healthcare access for many Nigerians.

According to the governor, community pharmacists play crucial roles in disease prevention, health promotion, medicine safety and the provision of pharmaceutical care, making their contributions essential to efforts aimed at strengthening the country's healthcare system.

Bago highlighted ongoing health sector reforms in Niger State, including investments in primary healthcare infrastructure, digital health systems and disease surveillance, and urged delegates to come up with practical recommendations capable of strengthening community pharmacy practice and improving healthcare outcomes nationwide.

In his address, Akume described community pharmacists as critical stakeholders in Nigeria's healthcare delivery system and challenged them to play a more strategic role in improving the availability, accessibility and affordability of safe, effective and quality medicines.

He noted that despite progress in pharmaceutical science and healthcare delivery, many Nigerians, particularly those in rural and underserved communities, still face difficulties accessing essential medicines and pharmaceutical services.

The SGF called for stronger collaboration among government, healthcare professionals, development partners and the pharmaceutical industry to improve medicine distribution, address supply chain disruptions and guarantee more reliable access to medicines across the country.

He also urged pharmacists to intensify public health education, promote health literacy and disease prevention, while providing evidence-based guidance on safe and cost-effective treatment options.

Akume said community pharmacists must equally strengthen their contributions to the fight against counterfeit and substandard medicines, drug abuse and substance misuse, while participating more actively in disease surveillance, emergency preparedness and Nigeria's broader public health response.

On local pharmaceutical production, the SGF reiterated the Federal Government's commitment to policies aimed at reducing production costs and encouraging local manufacturing.



Senator George Akume, Secretary to the Government of the Federation (SGF), speaking at the event.

He referred to interventions, including the suspension of import duties, taxes and Value Added Tax (VAT) on pharmaceutical raw materials, active pharmaceutical ingredients, medical equipment and other essential healthcare inputs, as measures designed to improve the competitiveness of local manufacturers and ultimately make medicines more affordable and accessible.

Representing the Speaker of the House of Representatives, Rt. Hon. Tajudeen Abbas, Chairman of the House Committee on Health, Hon. Dr Amos Gwamna Magaji, described community pharmacies as among the healthcare facilities closest to the people and advocated their greater integration into the National Health Insurance Authority (NHIA).

He called for prompt reimbursement for services rendered by community pharmacists under the health insurance scheme, greater transparency in healthcare delivery, increased support for local pharmaceutical manufacturing and wider adoption of digital health technologies, including electronic prescriptions.

Delivering the keynote address, *"Raising Community Pharmacy Practice in Nigeria to Global Standard: Navigating the Complex Nigerian Political System,"* the Managing Director of Evans Therapeutics Limited, Pharm. Adewale Oyenuga, challenged community pharmacists to move beyond traditional practice by embracing innovation, policy engagement and strategic partnerships.

He said pharmacists must become active participants in shaping healthcare policies while leveraging technology, leadership and collaboration to respond effectively to Nigeria's evolving healthcare and political environment.

In his goodwill message, the President of the Pharmaceutical Society of Nigeria (PSN), Pharm. Ayuba Tanko Ibrahim, congratulated ACPN for sustaining one of the profession's foremost scientific conferences and reaffirmed the Society's commitment to advancing community pharmacy practice through constructive policy engagement, inter-professional collaboration and strategic partnerships.

He said the PSN would continue to support initiatives aimed at strengthening pharmaceutical care and addressing major public health concerns, including drug abuse.

Also speaking, Chairman of the PSN Board of Fellows, Pharm. Uchenna Akpakama, commended ACPN for its contributions to healthcare delivery and called for greater recognition of community pharmacists as frontline providers of primary healthcare services.

He advocated stronger policy support, expanded NHIA coverage, improved leadership development and sustained advocacy against drug abuse and other public health challenges.

Similarly, Chairman of the College of Past Presidents, Pharm. Yaro Budah, urged pharmacists to remain united in advancing the profession, encouraging younger practitioners to embrace mentorship, institutional continuity and collaborative leadership.

Earlier, ACPN National Chairman, Pharm. Ambrose Ezeh Igwekamma, described the conference as a strategic platform for examining the political, economic and professional issues shaping contemporary community pharmacy practice.

He said the theme reflected the growing need for pharmacists to look beyond clinical and business concerns and engage more effectively with the policy and political systems that influence healthcare delivery.

Igwekamma expressed optimism that the conference would generate innovative ideas, stronger partnerships and practical policy recommendations capable of repositioning community pharmacy practice, strengthening healthcare delivery and enhancing the profession's contribution to national development.



Former PSN President, Pharm. Azubike Okwor (second from right) presenting a plaque to the representative of the Niger State Governor, Farmer Mohammed Umaru Bago, Dr Murtala Muhammad Bagana, Niger State Commissioner for Health, at the 45th Annual ACPN International Conference, while other dignitaries watch.

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

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Health commissioner, pharmacists differ over consultancy cadre

continued from back page

several states of the federation, including Edo, Osun, Oyo, Ondo, Niger, Kwara, Adamawa and Katsina, as well as by federal health institutions. It is on record that more than 250 consultant pharmacists have recently been appointed at the federal level, with the University College Hospital (UCH), Ibadan, leading with more than 30 appointments.

In an exclusive interview with ***Pharmanews*** at the opening ceremony of the 2026 Pharmacy Week, the Chairman of the Pharmaceutical Society of Nigeria (PSN), Lagos State Branch, Pharm. (Chief) Olaitan Ogunlade, stated unequivocally that the society would vehemently resist any attempt to reduce the demand to anything less than the consultancy cadre.

He argued that the specialist cadre proposed by the commissioner had never been part of the pharmacists' discussions, either at the federal or state level, prior to this time.

"For us in PSN (Lagos State), the LASG-PSN/JOHESU negotiations which provided a MOU earlier on is very unambiguous that our demand has always been and will remain consultant cadre and not a specialist cadre," he stated.

Ogunlade continued: "We have observed with great surprise that there are current attempts to mutilate the configuration of the pharmacists' consultant cadre to a specialist cadre, which is contrary to the norm both nationally and internationally."

Aside from the states listed above, the PSN chairman highlighted other federal health institutions where the cadre has been adopted, including the Aso Rock Villa Clinic, NIMR and NIPRD Health Centre.



L-R: Elder Deji Osinoiki; Pharm. Uche Nwana, MD Sylken Limited; and Chairman, Lagos PSN, Pharm. (Chief) Olaitan Ogunlade, at the opening ceremony of the 2026 Lagos Pharmacy Week.

He asserted that the first set of graduates of the West African Postgraduate College of Pharmacists (WAPCP), dating back to 1997, had been recognised as consultant pharmacists for more than 20 years in countries such as The Gambia, Sierra Leone, Liberia and Ghana, while the cadre was still facing several challenges in Nigeria.

He traced the genesis of the title to the approval of the National Council on Establishment (NCE) in 2011 and its revalidation in 2021. Niger State, he said, blazed the trail in recognising the consultant pharmacist cadre in 2013, followed by other states through the adoption of the circular from the Office of the Head of Service of the Federation (OHSOF).

"We put it on record again that the Pharmacist Consultant cadre was one of the specific demands of the pharmacist stakeholders meeting with Gov. Babajide Sanwo-Olu in December 2018 during his electioneering campaign. It is imperative to state that a Specialist Cadre has never been on the cards at Federal and State levels," he stated.

Commissioner disagrees

On his part, the Commissioner for Health, Prof. Abayomi, maintained a contrary view to the PSN's position, saying the consultancy title was strictly a medical and legal position that was not open to every health worker in the team.

Addressing pharmacists at the Pharmacy Scientific Week, Abayomi congratulated Fellows of the WAPCP for their professional dedication and commitment in completing the programme but disagreed with their demand for the consultant title, saying they were better addressed as specialists rather than consultants.

"I've heard you around the issue of consultants. But there are caveats to that terminology, 'consultant', in a medical environment," Abayomi stated.

He continued: "A consultant in a medical environment is not the same as a consultant outside the medical environment, where a consultant is somebody that has specialised knowledge that you need and so you hire a consultant.

"In a medical fraternity, we have to be careful because it has medical legal implications. A consultant is defined as the head of a medical unit. When a patient comes in, they go into that unit and they belong to that consultant. And anything that happens to them, you are held medically legally responsible."

The commissioner explained further that his present office as a political appointee did not qualify him to be a consultant, despite his professional training as a physician and haematologist. Rather, he described his professional qualifications as constituting double specialism.

He argued that, given the responsibilities attached to the position of a consultant, the title should be attached to a specific position that a specialist applies for, rather than automatically conferred on Fellows of a professional institution.

He said: "I am a physician and haematologist. I am a double specialist. But at the moment, I am not a consultant. Since I left my position in the public and in academia and became a public servant or a political appointee, I have lost my title to consultant. Because a consultant is a position that a specialist applies for. So, if you're a fellow, you're a specialist, you can't be called a consultant.

"I'm not a consultant physician at the moment unless I apply for a consultant post with my specialist degree. So, we need to be careful about how we appropriate terminologies. There's nothing wrong with being a specialist. I'm a specialist in internal medicine, haematology and oncology. Fine. I'm happy with that. But if I want to become a consultant, I have to apply for a consultant post."

Anyakora appointed ACFR Distinguished Fellow

By Patrick Iwelunmor

The African Council on Foreign Relations (ACFR) has appointed Professor Chimezie Anyakora, chief executive officer of Bloom Public Health, as a Distinguished Fellow in Sustainable Health Diplomacy and Strategic Diplomacy, in recognition of his longstanding contributions to pharmaceutical quality, public health and the strengthening of health systems across Africa.

According to the Council, Anyakora brings decades of expertise to its global mission and will contribute to advancing Africa's leadership in sustainable health governance and strategic international cooperation. As a Distinguished Fellow, he will support the development of high-impact strategic initiatives and contribute to ACFR's diplomatic engagement with African, European and Canadian institutions, as well as multilateral organisations, with a focus on resilient development, sustainable health systems and excellence in global governance.

Commenting on the appointment, ACFR Global Executive Chair, Dr Jean Narcisse Djaha, said Anyakora's work had strengthened the foundations of Africa's public health architecture and promoted a vision of sustainable, excellence-driven health governance. He said the appointment reinforced the Council's commitment to building institutions and strategic partnerships capable of elevating African leadership in global diplomacy and strengthening the continent's voice in international affairs.

"I am honoured to join the African Council on Foreign Relations as a Distinguished Fellow. Strengthening Africa's health systems is not only a scientific imperative, it is a diplomatic responsibility," Anyakora said, expressing his readiness to contribute to ACFR's vision of a continent that leads with excellence, resilience and strategic purpose.

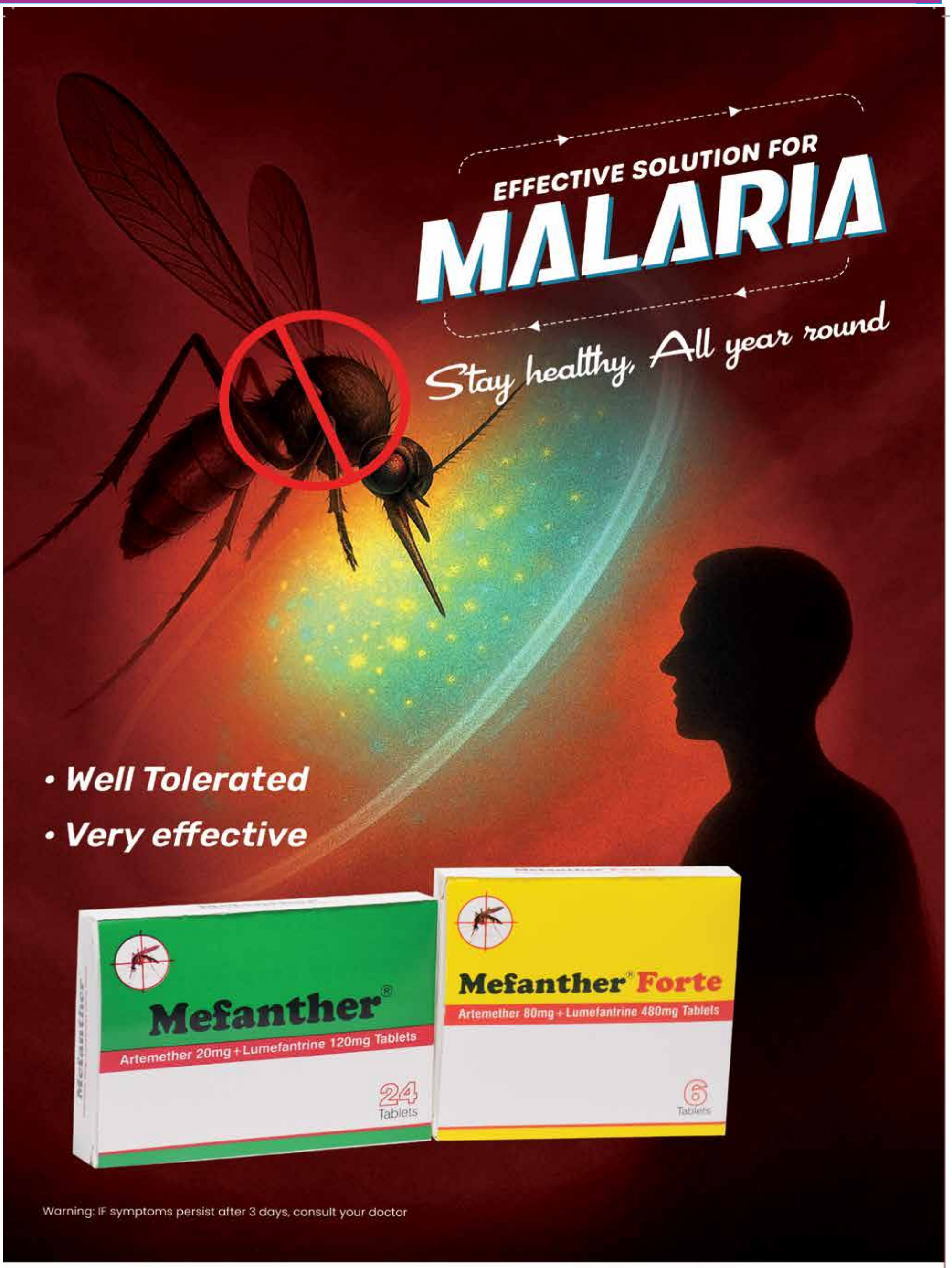
He said sustainable health diplomacy had become central to Africa's future, stressing that the continent must develop greater capacity to negotiate, innovate and influence global health policies and outcomes. "Through this fellowship, we will deepen the continent's capacity to negotiate, innovate, and shape global health outcomes that reflect African priorities," he said.



Professor Chimezie Anyakora

The appointment comes amid growing efforts by African countries to strengthen health diplomacy and international partnerships in response to challenges involving health security, pharmaceutical manufacturing, access to quality medicines and the resilience of national health systems. Anyakora, who is widely recognised for his work in pharmaceutical quality and public health, is expected to bring his experience to ACFR's efforts to position health as a critical instrument of Africa's diplomatic and development agenda.

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Gov. Bago, Akume, others seek expanded role for community pharmacists in healthcare delivery

- As ACPN holds 45th annual scientific conference

By Adebayo Oladejo

Governor of Niger State, Rt. Hon. Mohammed Umaru Bago, Secretary to the Government of the Federation (SGF), Senator George Akume, and other stakeholders have called for greater integration of community pharmacists into Nigeria's healthcare delivery system, citing their critical role in expanding access to quality medicines, strengthening primary healthcare, combating counterfeit medicines and advancing Universal Health Coverage (UHC).

The call was made at the opening ceremony of the 45th Annual International Scientific Conference of the Association of Community Pharmacists of Nigeria (ACPN), tagged *Unity 2026*, held at the Bola Ahmed Tinubu International Conference Centre, Abuja.

With the theme, *"From Local Pharmacy Practice to Global Impact: Managing Complex Political Systems,"* the conference brought together government officials, policymakers, healthcare

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L-R: Dr Lolu Ojo, founder and chief executive officer, Merit Healthcare Limited; Prof. Lere Baale, president, Nigerian Academy of Pharmacy (NAPHARM); Lady Joan Atueyi, director, Pharmanews Limited; and Prince Julius Adelusi-Adeluyi, former minister of health, at the inaugural Sir Ifeanyi Atueyi Memorial Lecture held at the Old Great Hall, College of Medicine, University of Lagos, Idi-Araba, Lagos.

Health commissioner, pharmacists differ over consultancy cadre

- As Lagos PSN holds 2026 Pharmacy Week

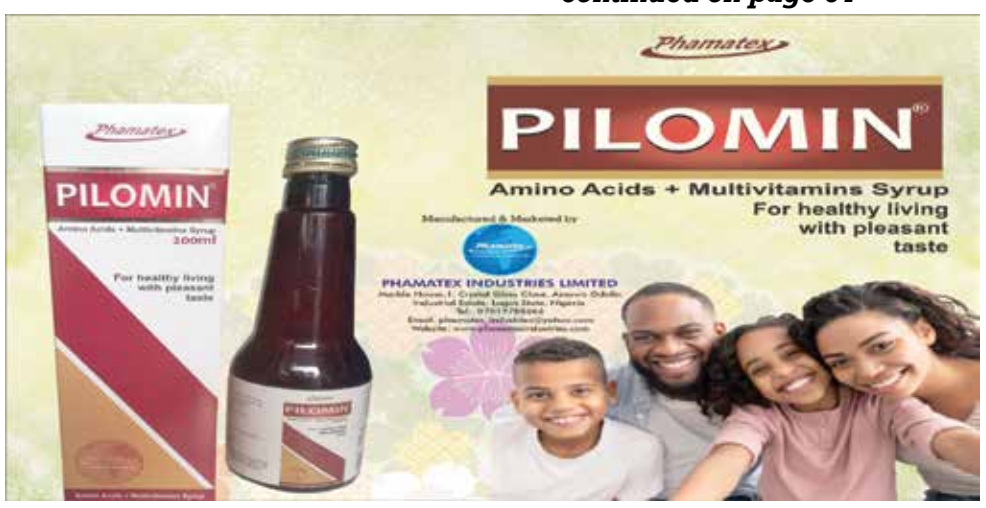
By Temitope Obayendo

There seems to be no end in sight to the delayed implementation of the consultant pharmacists' cadre in Lagos State, as the Commissioner for Health, Prof. Akin Abayomi, has expressed disagreement with pharmacists' demand for the title, urging them to exercise caution in making the request, especially in a medical environment where the position requires more than graduation from an institution.

The pharmacists, on the other hand, have expressed their readiness to resist every attempt to convert the consultancy cadre into a specialist cadre, which they say would negate national and international standards.

Pharmanews reports that the consultant pharmacists' cadre has since been adopted in

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