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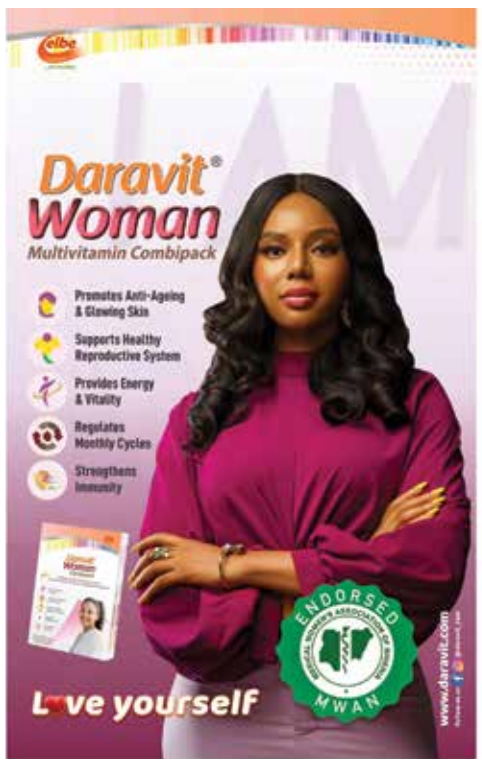












Pharmacists must stop reacting and start shaping health policies – Oyenuga

By Adebayo Oladejo

The Managing Director of Evans Therapeutics Limited, Pharm. Adewale Oyenuga, has challenged Nigerian pharmacists to move beyond reactive professional advocacy and take a more active role in shaping healthcare policies, stressing that professional competence alone would not transform pharmacy practice.

Oyenuga, who delivered the keynote address titled "Raising

continued on page 8



L-R: Pharm. Chidi Dozie, chairman, Conference Planning Committee; Pharm. Tanko Ayuba, president, Pharmaceutical Society of Nigeria (PSN); Barrister Arinze Solomon Egbo, representative of the Minister of Aviation and Aerospace Development, Mr Festus Keyamo; and Pharm. Ambrose Ezeh, national chairman, Association of Community Pharmacists of Nigeria (ACPN), at the closing banquet of the 45th Annual ACPN International Conference, tagged Unity 2026, in Abuja.

Job creation, local manufacturing critical to Nigeria's healthcare development — Chidi Dozie page 38



Hope for cancer patients as FG, experts push precision radiopharmaceutical therapy page 46

Adopt One Health to cut disease burden, CMUL provost urges FG page 48





Pharmanews October 2026.indd 1 9/24/2026 7:03:40 AM

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PROF. MARGARET ILOMUANYA

Professor Margaret Ilomuanya is the principal investigator of the MEDAFRICA GMP Laboratory and a professor of pharmaceutics and pharmaceutical technology at the University of Lagos, Nigeria. She has built a distinguished career in research, teaching, mentorship, translational science, and academic leadership.



Her expertise spans novel drug delivery systems and the development of topical dosage forms, including creams, hydrogels, organogels, and electrospun fibres. Her research sits at the intersection of drug delivery, biomaterials, and global health, with a strong focus on developing innovative solutions to critical healthcare challenges, particularly in low- and middle-income countries.

Ilomuanya obtained her Bachelor of Pharmacy (B.Pharm) degree and PhD in Pharmaceutics and Pharmaceutical Technology from the University of Lagos. Her quest for knowledge took her beyond Nigeria, where she undertook a predoctoral research fellowship at the University of Nottingham in 2011 and a research fellowship at the University of Pennsylvania in 2012.

An innovative scholar, Ilomuanya has made significant contributions to drug delivery research, particularly in HIV microbicide development, non-hormonal contraception, cosmeceuticals, and wound-healing applications. She also integrates artificial intelligence tools into drug formulation and development to optimise research processes and outcomes.

Beyond laboratory research, she is deeply committed to public health engagement. She provides health information to healthcare workers and participates in medical outreach programmes serving underserved communities across Africa. Her career therefore reflects a balance of scientific innovation, translational research, community engagement, and academic leadership.

Ilomuanya has authored and co-authored more than 140 scholarly publications in peer-reviewed international journals, books, and conference proceedings. Her research has attracted support from reputable international funders, including the Science for Africa Foundation and the Bill & Melinda Gates Foundation, highlighting the relevance of her work to global health priorities. She has also collaborated with leading institutions worldwide.

She was a JEIVEN Fellow at the Centre for Biomedical Research, Population Council, New York, in 2020. She is also a Fellow of the Pharmaceutical Society of Nigeria, among other professional distinctions, and has received both national and international research grants.

Beyond her academic and research accomplishments, Prof. Ilomuanya is deeply committed to mentorship, capacity building, and community development. She is widely regarded as a bridge between academia and industry, research and practice, and local healthcare challenges and global solutions. Through pharmaceutical innovation, collaboration, mentorship, and translational science, she continues to contribute to improved health outcomes and sustainable impact in Nigeria and beyond.

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Inspiration

"Believe in yourself. You are braver than you think, more talented than you know, and capable of more than you imagine." - **Roy T. Bennett**

"There is only one thing that makes a dream impossible to achieve: the fear of failure." - **Paulo Coelho**

"Happiness is not in the mere possession of money; it lies in the joy of achievement, in the thrill of creative effort." - **Franklin D. Roosevelt**

"To be what we are, and to become what we are capable of becoming, is the only end of life." - **Robert Louis Stevenson**

"Small shifts in your thinking, and small changes in your energy, can lead to massive alterations of your end result." - **Kevin Michel**

"A willing heart is a key to the door of possibilities. A person with a willing heart can do a lot of things, that were declared as being impossible." -**Kyos Magupe**

"If you want to achieve anything you must first see the result in your own mind before it will become a reality." - **Donny Ingram**

"Nothing in the world is worth having or worth doing unless it means effort, pain, difficulty… I have never in my life envied a human being who led an easy life. I have envied a great many people who led difficult lives and led them well." - **Theodore Roosevelt**

"Look at a day when you are supremely satisfied at the end. It's not a day when you lounge around doing nothing; it's a day you've had everything to do and you've done it."- **Margaret Thatcher**

"To accomplish great things we must not only act, but also dream; not only plan, but also believe.- **Anatole France**





Pharmanews October 2026.indd 2 9/24/2026 7:03:41 AM

Moving from punishing suicide to preventing it

World Suicide Prevention Day 2026 was marked in Nigeria on 10 September, with the Federal and State Governments, alongside a range of stakeholders, committing to a more holistic response to a crisis that has long been treated with silence or censure. The commemoration, anchored on the theme "Changing the Narrative on Suicide" and reinforced by the national campaign "Start the Conversation, Every Connection Counts", was a necessary reminder that suicide remains one of the most under-addressed public health emergencies confronting the country.

The scale of the problem is not in serious dispute, even where the precise figures are. Institutional estimates and independent experts place Nigeria among the six countries with the highest suicide rates in the world, while older World Health Organisation data ranked the country fifteenth globally. These figures should not be read as competing claims to be reconciled, but as converging evidence of a genuine national emergency. With a population exceeding 200 million, Nigeria cannot continue to lose citizens to suicide while treating the matter as a private tragedy rather than a public health failure with consequences for families, communities and the economy at large.

It is against this backdrop that the Federal Executive Council's approval of the decriminalisation of attempted suicide, now before the National Assembly as pending legislation, deserves recognition as a genuine advance. For too long, Nigerian law has compounded the suffering of those in crisis by treating attempted suicide as a criminal act rather than a medical emergency. Experts, including psychiatrists under the aegis of the Association of Psychiatrists in Nigeria, have rightly called for the repeal of Sections 327 and 231 of the Criminal Code Act, insisting that legal reform must be matched by a deliberate, affordable expansion of mental health services to address the acute shortage of qualified professionals across the country.

Decriminalisation, however, is a beginning and not an end. It signals a more compassionate posture towards those experiencing suicidal distress, but it does nothing on its own to address the conditions that drive people to that point. The Federal Ministry of Health and Social Welfare must therefore be held to account for translating this legislative shift into tangible improvements in care: mental health diagnosis and treatment must become genuinely accessible and affordable, not merely available in principle. At the same time, the socio-economic pressures that so often underlie suicidal ideation, such as poverty, unemployment and social dislocation, require urgent and sustained attention in their own right.

There is also a harder question that the government cannot avoid. Although it has spoken of integrating mental health care into the primary healthcare system, that system itself remains beset by chronic underfunding, understaffing and inconsistent delivery in much of the country. Nigeria's commitment to suicide prevention will be measured not by policy statements but by whether primary healthcare facilities, particularly in rural and underserved areas, can actually deliver the mental health support that decriminalisation now makes possible.

No single institution can carry this burden alone. Government must work in genuine partnership with non-governmental organisations, civil society and international donor agencies, several of which have already demonstrated what is possible. The Nigerian Red Cross Society, for instance, led mental health and psychosocial support interventions, awareness sessions and community dialogues in Borno and Adamawa, among other regions. The Nigeria Police Force likewise used World Suicide Prevention Day to call for empathy rather than suspicion towards people in distress, stating publicly that "a person who is struggling may not always show it" and urging citizens to listen, check in and encourage others towards appropriate help. Such institutional voices matter, but they must be matched by change at the level of ordinary communities, where vigilance, openness and compassion, rather than stigma, can make the difference between intervention and tragedy.

The family remains the first and most consequential line of defence. A household built on love, honest communication and mutual care is best placed to notice early warning signs and to create the safety in which a struggling member feels able to speak rather than suffer in silence.

Changing the narrative on suicide cannot be an annual observance. It must become sustained national practice. Nigeria must now demonstrate, through consistent action rather than declaration, that it regards suicide as the public health and social welfare challenge it has always been, one demanding prevention, early intervention and sustained care.

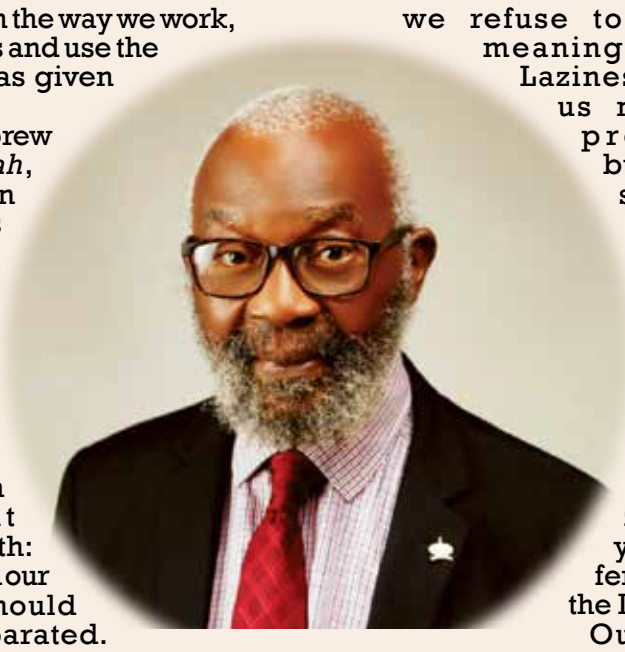


Pharmanews October 2026.indd 3 9/24/2026 7:03:42 AM

Your work is worship

By Sir Ifeanyi Atueyi
(1939-2025)

The word "worship" often brings to mind religious activities performed in church on Sundays. But the Bible presents a much broader picture. Worship is not limited to singing, praying or listening to a sermon. It is also expressed in the way we work, serve others and use the gifts God has given us.



The Hebrew word *avodah*, often translated as "work", can also convey the ideas of service and worship. This connection points to an important biblical truth: our work and our worship should not be separated. What we do with our hands, minds and abilities can bring glory to God.

This perspective of work begins in Genesis 2:15, where God "took the man and put him in the Garden to work it." Work was therefore part of God's purpose for humanity from the beginning. It was not introduced as a curse. The curse came after the Fall, when work became characterised by toil and hardship.

Paul highlights this principle in Colossians 3:23-24: "*Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving*" (NIV).

This means that our ultimate employer is not merely the person or organisation that pays our salary. Whatever legitimate work we do, we should approach it as service to God. The quality of our work, our integrity, our attitude and the way we treat others are all part of our worship.

The next verse carries a grave warning: "*Anyone who does wrong will be repaid for their wrongs, and there is no favouritism*" (Colossians 3:25, NIV). God is not partial and has no favourites. Therefore, our work and service must be acceptable to Him if we are to receive His reward.

Your work can also become a means through which your abilities are recognised. Proverbs 22:29 says, "*Do you see someone skilled in their work? They will serve before kings; they will not serve before obscure men*" (NIV). Excellence has a way of opening doors.

People are often remembered by what they accomplished. The work we do can outlive us, influencing people and shaping communities long after we are gone. Gustave Flaubert wrote, "Be steady and well-ordered in your life so that you can be fierce and original in your work." Originality and excellence can distinguish what we do and give our work lasting influence.

Life becomes empty when we refuse to contribute meaningfully to it. Laziness deprives us not only of productivity but also of the satisfaction that comes from developing our abilities and making a difference. Romans 12:11 says, "Never be lacking in zeal, but keep your spiritual fervour, serving the Lord" (NIV).

Our business, profession, trade or vocation can therefore become an expression of our service to God. A teacher can serve through teaching. A pharmacist can serve through responsible professional practice. A lawyer can contribute through justice and integrity. An engineer can create solutions that improve lives. A farmer can provide food, while a doctor or nurse can bring care and healing to others. Whatever our occupation, our work should be done to the glory of God.

Adam was created with a responsibility. God placed him in the Garden of Eden to work it and take care of it. Humanity was given the mandate to exercise responsible dominion over creation. Before Adam was given a title or position, he was given an assignment.

Our work, therefore, is more than a means of earning money. It is an opportunity to develop our abilities, solve problems, serve others and contribute to society. Work may not always be enjoyable, and many people face difficult or frustrating circumstances in their occupations. Yet, wherever we find ourselves, we can strive for excellence, integrity and usefulness.

Jesus also connected service to others with service to God. In Matthew 25:40, He said, "Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me" (NIV). When we use our abilities to help, encourage, teach, heal, build, create or provide for others, our service can become an offering to God.

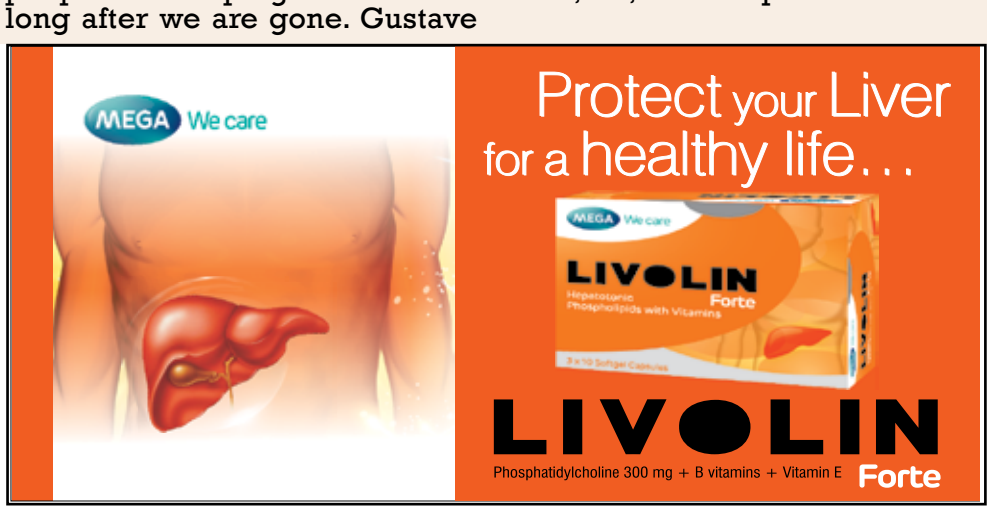
God has given each of us something to offer. The challenge is to discover our purpose, develop our gifts and use them faithfully. That, too, is worship.



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Is artificial intelligence (AI) creating intellectually lazy professionals? (2)

By George O. Emetuche

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

Take 100 per cent ownership of your mental work

From experience, I know that taking 100 per cent ownership of a presentation you did not prepare yourself can be a tall order. This is why I do not ask AI to write my books or articles for me, or to prepare my training presentations, as explained in the previous article.

Some people may see my approach as old-school, but my reason is simple: I want to own my work 100 per cent. I want to ensure originality in everything I produce. I want to pour my experience and know-how into my work. I want to tell real-life stories when I teach. When I use information from other authorities, I acknowledge the source.

There are things I do not delegate. I do not delegate my writing. I do not delegate the preparation of my training slides. I do them myself, and this approach gets the right results.

As a serially published bestselling author, I fully understand the meaning of originality and plagiarism. I would not be comfortable using training slides prepared entirely by software.

Note this: the more original you are, the more exceptional you become.

I can use AI for research purposes and to gain additional insights, but I do not ask it to do my mental work for me. I cannot simply suspend my brain because of AI! I usually rely on four sources of knowledge, which I will share below.

An ideal approach to this conversation is to find a healthy balance between human intelligence and artificial intelligence.

Human intelligence and artificial intelligence: What experts say

Experts define human intelligence as the intellectual capacity to learn from experience, adapt to new situations and understand abstract concepts. Psychologists explain that it involves the use of reason, logic and emotion to solve problems. It encompasses perception, memory, creativity and self-awareness. Cognitive theories of learning explain how the brain processes, organises and retrieves information.

Experts argue that when the brain is not adequately used or mentally stimulated, neural pathways can weaken, making cognitive processes less efficient. A recent study by Harvard in March 2026 and another by MIT in June 2025 reportedly suggest that over-reliance on AI can lead to "cognitive atrophy", a phenomenon described as "brain fry", or severe mental fatigue, and automation bias, in which humans unquestioningly accept AI outputs even when they are incorrect. The studies further suggest that outsourcing thinking may reduce neural activity, hindering memory retention, critical thinking and independent problem-solving.

I am a professional and researcher who needs a great deal of information. As earlier explained, I go the extra mile to ensure that I remain original and creative in my work. The human brain can accomplish a great deal if we are willing to work with it. The truth is that many people are simply mentally lazy. As we say in our setting, "They don't want stress!" This is part of the problem and one reason some people find it difficult to establish a healthy balance between human and artificial intelligence.

Human and artificial intelligence can work together effectively if we are willing to go the extra mile to find that balance. It can be dangerous to outsource our thinking. I agree with the concerns raised by the Harvard and MIT studies.

Sources of knowledge

In my latest book, *How to Write and Publish Books*, I listed four sources of knowledge for writers. These sources can also be applied to other fields, not just writing.

From practical experience, any professional who explores these sources of knowledge can become reasonably original in their work. Such a professional will not have to rely entirely on artificial intelligence to develop their mental work. These sources can help us find a healthy balance between human and artificial intelligence.

I developed these sources of knowledge after writing professionally and consistently for 14 years.

I have also argued that all knowledge comes from a source. No knowledge stands without a source. This is why I believe professionals should take time to identify and deploy the right sources of knowledge for whatever they want to achieve.

1. Inspiration

I rate inspiration as the highest source of knowledge because it comes from above, from a source greater than the person writing. You must be alert to "catch" inspiration; otherwise, you may lose it. A writer who draws from inspiration can produce original work because the source is beyond ordinary explanation.

2. Continuous learning and personal development

This is the process of unlearning, relearning and continuing to learn. This type of learning never ends. You learn more when you read books, learn from a mentor or coach, attend training programmes and expose yourself to new ideas. The knowledge gained from this source can then be deployed when needed.

3. Experience

You have heard the saying, "Experience is the best teacher." Experience is what you know and what you do. Experience is doing what you know and knowing what you do.

Let me explain what I mean. Many people call me "The Selling Champion", which means that I am a champion in the art of selling. I have paid my dues in the industry. I have 29 years of hands-on experience in sales, marketing and business strategy.

I started my career as a salesman and later rose to the position of national sales manager in a pharmaceutical company before launching our business. I have worked in the hospitality, agro-allied, oil and gas, FMCG and pharmaceutical industries. I have gained considerable experience in these areas, and I draw on



that experience when writing books and articles or training professionals.

4. Academic knowledge

This is the knowledge acquired in the classroom. It is also where research comes in. Academic knowledge helps to expand our know-how. Knowledge is power.

What you learn within the four walls of an institution of higher learning is important because you can deploy that knowledge when necessary. Academic knowledge has helped me greatly in my career.

These sources of knowledge can be deployed in other fields, not just writing. Try them; they work.

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Staying stylish and comfortable in pregnancy

By Gloria Obikili



In recent times, I have observed pregnant women and the types of clothing they wear. For some, the concern is mostly about feeling comfortable, while others pay attention to both comfort and appearance.

During my pregnancy, I found that some types of clothing and footwear became increasingly uncomfortable as the pregnancy progressed. Knowing the right materials, styles and footwear to choose during pregnancy can contribute significantly to comfort and overall wellbeing without taking away the desire to remain fashionable.

Choosing the right clothing and footwear

Some clothes are designed specifically for pregnant women and are commonly referred to as maternity wear. They are made with the changing shape and needs of the pregnant woman in mind, with comfort being a major consideration.

Pregnancy can come with considerable physical discomfort, so clothing should not add to the burden. Instead, it should allow the woman to move freely and remain comfortable throughout the day.

Healthcare professionals generally advise pregnant women to choose comfortable, loose-fitting clothing that accommodates the growing abdomen. The choice of fabric is also important. Soft, breathable materials such as cotton can help improve comfort, particularly in warm weather.

During antenatal visits, I observed some women wearing tight jeans, fitted gowns and other restrictive clothing. They often had to adjust and readjust their clothes in an attempt to become more comfortable. This made me realise how much easier pregnancy could be when the right clothing is chosen from the outset.

Pregnant women may also want to avoid clothing that is excessively tight or restrictive, particularly if it causes discomfort, overheating or difficulty moving freely.

Footwear also deserves attention. Pregnant women may experience changes in balance and body posture as the pregnancy progresses. For this reason, high heels and shoes that are unstable or uncomfortable may increase the risk of losing balance or falling.

Comfortable, supportive and well-fitting footwear, such as flat shoes, supportive trainers or other cushioned footwear, may be more suitable for everyday activities and outings.

Why the right clothing and footwear matter

Choosing appropriate clothing during pregnancy can improve comfort, support freedom of movement and help the expectant mother cope better with the physical changes associated with pregnancy.

Imagine a pregnant woman wearing restrictive clothing to an event or on an outing and becoming increasingly uncomfortable as the day progresses. Clothing that allows adequate room for the growing abdomen and freedom of movement may help prevent unnecessary discomfort.

Fabric choice is also important. Natural fibres such as cotton are generally soft, breathable and capable of absorbing moisture. These qualities can make them comfortable choices for pregnant women, particularly in hot and humid environments.

However, synthetic fabrics such as polyester and nylon are not necessarily unsuitable for pregnancy. Their comfort depends on the fabric, garment design, weather conditions and individual preference. Some synthetic fabrics can retain heat or feel less breathable, while others are specifically designed to wick moisture away from the skin. The priority should therefore be choosing clothing that is breathable, comfortable and appropriate for the prevailing conditions.

The right footwear can also support comfortable movement as the body changes during pregnancy. Changes in body weight and centre of gravity may affect balance, while hormonal changes can loosen ligaments and contribute to changes in the feet. Supportive and properly fitting footwear can therefore make movement more comfortable and may help reduce the risk of falls.

Benefits of comfortable maternity wear

Choosing comfortable clothing and footwear during pregnancy can help to:

improve overall comfort;

allow easier movement;

reduce overheating and excessive sweating;

support better mobility during daily activities;

accommodate the growing abdomen;

reduce discomfort caused by restrictive clothing; and

provide greater stability and support while walking.

Fashion and comfort can coexist

Pregnancy does not have to take away a woman's sense of style. Rather, it can be an opportunity to explore clothing that combines comfort, practicality and fashion.

The choice of fabric, fit, style and footwear can make a significant difference to how a pregnant woman feels throughout the day. Instead of sacrificing comfort for fashion, expectant mothers can choose outfits that allow them to look good while also accommodating the physical changes that come with pregnancy.

After all, pregnancy is a special period of life, and dressing comfortably does not mean giving up one's fashion sense. With the right clothing, footwear and styling choices, an expectant mother can remain both comfortable and fashionable.



Pharmanews October 2026.indd 7 9/24/2026 7:04:05 AM

Pharmacists must stop reacting and start shaping health policies – Oyenuga

continued from front page



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

Community Pharmacy Practice in Nigeria to Global Standard: Navigating the Complex Nigerian Political System," at the opening ceremony of 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, said pharmacists must deliberately engage policymakers, generate credible evidence, build strategic alliances and participate in political processes where healthcare decisions are made.

He described community pharmacy as the "heartbeat of pharmacy practice in Nigeria", noting that thousands of Nigerians visit pharmacies daily before many hospitals commence outpatient consultations or primary healthcare centres open. Despite this accessibility, he said community pharmacists remained insufficiently integrated into the national healthcare system.

According to him, community pharmacies in Europe, North America, Australia and some African countries have moved beyond medicine dispensing to medication management, preventive care, chronic disease support, screening, immunisation and patient education. Nigerian pharmacy practice, he argued, must similarly be measured by health outcomes rather than the volume of medicines dispensed.

"That must change," he declared, stressing that professional excellence must be matched with strategic leadership, credible evidence, effective advocacy and purposeful policy engagement. He said global standards were increasingly defined by patient outcomes, quality assurance, ethical practice, continuous professional development, digital integration and meaningful participation in healthcare.

"Healthcare progress depends as much on policy as on science," he said, citing immunisation, medication therapy management and reimbursement for clinical services as examples of pharmacy expansions enabled by supportive policies. He therefore urged pharmacists to understand how healthcare decisions are made and develop the capacity to work strategically with government.

Drawing lessons from Rwanda, Ghana, Kenya and South Africa, Oyenuga highlighted their investments in digital health and UHC, regulatory reforms, continuous professional development, electronic prescribing, mobile health, telehealth and structured professional systems. He said Nigeria need not copy other countries wholesale but should combine international best practices with its disease burden, financing constraints and governance realities.

He urged ACPN to position community pharmacy as a solution to poor healthcare access, antimicrobial resistance, UHC and the growing burden of chronic diseases. Evidence, he said, must become the foundation of advocacy because interventions that are not documented cannot effectively influence policy.

Oyenuga identified six critical gaps that must be addressed to bring Nigerian community pharmacy practice to global standards: the patient-centred care gap, policy and political gap, evidence and data transformation gap, quality and continuous improvement gap, collaboration gap, and healthcare financing gap.

On patient-centred care, he called for more structured, consistent and measurable services. On policy, he said pharmacists needed stronger representation at decision-making tables, stressing, "Without quality representation at decision-making tables, the profession will continue reacting instead of shaping its future."

He urged pharmacists to extend their ambitions beyond managing pharmacies and participate directly in shaping healthcare policy and politics. "We must participate in politics. We must make impactful influence for our profession," he declared.

On quality improvement, Oyenuga observed that service standards varied across community pharmacies because of differences in infrastructure, staffing, technology and service delivery. He therefore advocated national quality assurance standards, standard operating procedures, performance indicators, accreditation and continuous quality improvement.

He also proposed a nationally recognised voluntary accreditation system to differentiate pharmacies by quality, performance and service capabilities and eventually facilitate their integration into national primary healthcare programmes.

Digital transformation, he said, should become a priority, urging ACPN, PCN and relevant government agencies to establish minimum digital practice standards and a unified data-reporting platform. Such systems, he noted, would improve patient safety and continuity of care while generating evidence to influence policy and attract investment.

He further called for the formal integration of community pharmacies into Nigeria's primary healthcare system, urging ACPN and PSN to engage the National Primary Health Care Development Agency and demonstrate how pharmacies can complement government services.

On healthcare financing, Oyenuga called for pharmacists to become more active participants in the National Health Insurance system. He advocated a review of the National Health Insurance Authority Act 2022 to secure accreditation for community pharmacies as community-based healthcare service providers.

He also proposed collaboration between ACPN and healthcare financing stakeholders to develop a robust pharmacare model and integrate community pharmacists into NHIA digital platforms for service documentation, health data collection and claims processing.

To provide coordinated direction for the profession, Oyenuga proposed five strategic pillars: One Profession, One Vision; Quality That Inspires Trust; Digital First and Data-Driven; From Medicine Suppliers to Primary Care Partners; and Working with Healthcare Insurers.

Under the first pillar, he called for the updating of the PSN's Vision 2050 document into a strategic framework capable of surviving leadership changes and transcending sectoral interests. He also proposed a structured policy and advocacy group involving past presidents, influential retired and serving public servants, private-sector pharmacists and politically connected professionals to drive legislative engagement and sustained lobbying.

He stressed that such advocacy would require sustainable funding and called for deliberate development of future pharmacy leaders with expertise in public policy, health economics, digital health, research, leadership and strategic management.

Oyenuga concluded that Nigerian community pharmacy is not a profession in decline but one in transition, with opportunities presented by UHC, digital health, demographic changes and the growing burden of chronic diseases.

"The question is no longer whether Nigerian community pharmacy practice can reach global standards, but whether we have the resolve to make it happen," he said.

He urged pharmacists to move beyond "annual jamborees and talk shows" and become active participants in the boardrooms and committee chambers where healthcare policies are formulated.



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Inquest

with

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Decolonising healthcare: Reclaiming Africa's indigenous medicine

On 31 August 2026, World Traditional Medicine Day was commemorated in Nigeria by the Nigeria Natural Medicine Development Agency (NNMDA) with a health walk and conference tagged "Reflection on Research and Development Efforts of Traditional Medicine Towards Achieving Universal Health Coverage in the African Region." The event further underscores the crucial role of African traditional medicine in the quest for universal health coverage within the African healthcare ecosystem.

With the call from the Director-General of NNMDA, Professor Martins Emeje, for increased research and regulation to reposition African traditional medicine for global competitiveness, it is imperative to critically interrogate the factors that have continually undermined its contributions to global healthcare. For too long, global medical epistemology has privileged Western canons while marginalising innovations from the Global South. This epistemic injustice is what decolonial thinkers such as Aníbal Quijano, Walter Mignolo and Catherine Walsh have continued to challenge.

These thinkers contend that colonialism did not end with the independence of former colonies but continues to endure through structures that shape how the colonised perceive themselves and how the Western world continues to project itself onto other regions as the embodiment of superiority and the centre of modernity. As Catherine Walsh argues, coloniality must not merely be understood as a theory; it must be confronted through conscious and strategic efforts that challenge the presumed superiority of Western epistemologies while advocating for what Walter Mignolo calls pluriversality, a concept that recognises the coexistence of multiple epistemologies without allowing any one of them to claim absolute superiority.

This is where African traditional medicine offers considerable hope. Africa, with its rich reservoir of medicinal flora and fauna, should not occupy the margins of global healthcare politics. African traditional medicine practitioners should see themselves as decolonial crusaders, advancing and preserving the rich indigenous medical heritage handed down through generations. The setting of standards for medical innovation exclusively through Western biomedical paradigms does not promote epistemic justice. This is because, even before the advent of the colonial masters, African traditional medicine had evolved systems of healing that served generations of African populations. These were societies that, tragically, were later subjected to the brutality of slavery and the transatlantic slave trade.

African traditional medicine is rich and effective in its own right and, as such, deserves the level of recognition and prestige accorded to Western biomedical knowledge systems. The task of appropriating, strengthening and elevating African traditional medicine onto the global stage requires the concerted efforts of relevant stakeholders across the continent. If the World Health Organisation recognises African traditional medicine as a legitimate component of global healthcare discussions, then a significant part of the journey has already been undertaken. What remains is for African governments to provide the political will and institutional support required to move traditional medicine from the margins to a more central position in the global healthcare conversation.

Until African traditional medicine practitioners embrace this task of decolonisation with exceptional intentionality, the practice will continue to operate from the margins, a sad paradox of a rich medical heritage whose potential has been profoundly disrupted by the legacies of slavery and colonialism.

Africa can reclaim its indigenous medical heritage, which has suffered centuries of marginalisation under so-called dominant Western epistemologies. To achieve this, Africans, particularly traditional medicine practitioners, must first decolonise the mind, as Ngũgĩ wa Thiong'o famously frames it. They must shake off the psychological shackles of colonialism and believe in their capacity to compete with the best anywhere in the world. Recent developments in African traditional medicine have continued to demonstrate its potential in the management of various ailments and health conditions.

In an age of increasing paternity disputes, African traditional medicine offers another intriguing dimension of indigenous knowledge. In May 2024, foremost Yoruba traditionalist and Ifa Priest, Ifayemi Elebuibon, called for the adoption of a Yoruba traditional DNA system in the resolution of paternity disputes. That call points to the possibility that within African traditional knowledge systems are innovations and concepts that can engage, complement and coexist with their Western counterparts.

It is against this backdrop that it becomes even more expedient for the World Health Organisation to consider the systematic incorporation of African traditional medicine into relevant global health curricula and frameworks, allowing it to coexist with established Western biomedical models. After all, Indian and Chinese medical traditions have earned significant global recognition and respect.



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Modern approaches to managing erectile dysfunction and infertility



The ability to achieve and sustain an erection sufficient for satisfactory sexual intercourse is central to many men's sense of wellbeing, yet a significant number experience erectile dysfunction at some point in their lives. An erection occurs when spongy tissue within the penis fills with blood, causing the organ to enlarge and become firm. Dysfunction, in medical terms, refers to an abnormality or impairment in the operation of a specified bodily organ or system.

Erectile Dysfunction (ED) is therefore defined as difficulty in achieving or maintaining an erection of the penis. It is one of the most common conditions affecting men and is often referred to as impotence, particularly within Nigerian society, although this term has largely fallen out of use within the medical community. Clinical evidence suggests that many men affected by ED experience a loss of self-confidence and are reluctant to disclose the condition, with only a minority seeking treatment.

The American Urological Foundation defines ED as difficulty obtaining or maintaining an erection firm enough for sexual intercourse, noting that it is the most common sexual complaint reported by men to their doctors and that it affected as many as 30 million men as of 2018. The European Association of Urology similarly defines the condition as the persistent inability to attain and maintain an erection sufficient for satisfactory sexual performance.

Infertility, by contrast, describes a couple's inability to conceive despite regular, unprotected intercourse. According to the World Health Organisation (WHO), infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after twelve months or more of regular unprotected sexual intercourse. Where this occurs, the male partner may be evaluated for infertility or subfertility through clinical and laboratory assessment, including semen analysis.

Erectile dysfunction is recognised by medical experts as one of the contributing causes of infertility among couples. Dr Alima Olalere, consultant obstetrician and gynaecologist, Lagos State University Teaching Hospital (LASUTH), and lecturer at the Lagos State University College of Medicine explained: "When couples are having regular unprotected, penetrative and ejaculatory sexual intercourse at least three times a week, the man is depositing semen into the woman's vagina, the woman is aware of her fertile period and has regular menstruation, she is not using contraception, and despite all this there is no pregnancy after a year, we can say the couple has infertility."

Prevalence of erectile dysfunction

According to the WHO, erectile dysfunction is a common medical problem affecting approximately 15 per cent of men each year. The organisation estimated that over 150 million men worldwide were affected by ED in 1995, a figure projected to rise to 320 million by the end of 2025.

Nigeria is by no means exempt from this trend. A cross-sectional hospital-based survey of 360 sexually active men aged 18 years and above at the Federal Medical Centre, Bida, Niger State, found a prevalence of 56.4 per cent, comprising 29.4 per cent mild cases, 24.2 per cent mild-to-moderate cases and 2.8 per cent moderate cases. The prevalence increased noticeably with age, reaching 100 per cent among men aged 70 to 79 and falling to 30.9 per cent among those aged 20 to 29.

A 2016 study titled "Prevalence of Erectile Dysfunction and Possible Risk Factors among Men of South-Western Nigeria: A Population-Based Study" found a general prevalence of 58.9 per cent among adult men in the region, with 47.2 per cent experiencing mild ED, 11.3 per cent moderate ED and 41.5 per cent severe ED.

Similarly, a 2001 cross-sectional study conducted across six andrology and urology clinics in Jeddah, Saudi Arabia, examined 388 ED patients over a three-month period. The condition was classified as mild in 21 per cent of patients, moderate in 60 per cent and severe in 19 per cent, with a strong association observed between ED and advancing age.

While experts note that occasional erectile difficulty, particularly following periods of stress, is not unusual, a persistent pattern is generally regarded as indicative of an underlying health concern requiring treatment. Urologists are the specialists primarily responsible for managing ED.

Dr Sylvester Ikhisemojie, senior consultant, Lagos State Health Service Commission, and columnist with The Punch, said: "Erectile Dysfunction means the inability of a man to achieve an erection which is strong enough to penetrate the vagina and sustain sexual intercourse." Similarly, Dr Olufunlade Omisanjo, consultant urologist and transplant surgeon, LASUTH, and former associate professor of surgery, Lagos State University College of Medicine, Ikeja, explained: "ED is simply the inability of a man to achieve or maintain an erection that is satisfying enough for sexual intercourse. A man with ED sometimes cannot get an erection at all, and at other times manages to achieve one but cannot sustain it long enough for intercourse. In some cases, the underlying issue is a total absence of sexual desire."

An erection results from increased blood flow into the penis, typically triggered by sexual stimulation, whether through thought or physical contact. Dr Jill Seladi-Schulman of Healthline explains that sexual arousal causes the muscles within the penis to relax, allowing increased blood flow through the penile arteries and into two internal chambers. As these chambers fill, the penis becomes rigid. An erection subsides when the muscles contract, permitting the accumulated blood to drain through the penile veins. Dr Seladi-Schulman notes that ED can arise from a disruption at any stage of this process.

The America National Institute of Health identifies ED as a symptom associated with numerous disorders and diseases. Direct risk factors include prostate problems, type 2 diabetes, hypogonadism linked to various endocrine conditions, hypertension, vascular disease and vascular surgery, elevated blood cholesterol, low levels of high-density lipoprotein (HDL), chronic sleep disorders such as obstructive sleep apnoea and insomnia, certain medications, neurogenic disorders, Peyronie's disease, priapism, depression, alcohol use, limited sexual knowledge, poor sexual technique, strained interpersonal relationships and smoking, which compounds the effects of other risk factors such as vascular disease and hypertension.

Types and causes of erectile dysfunction

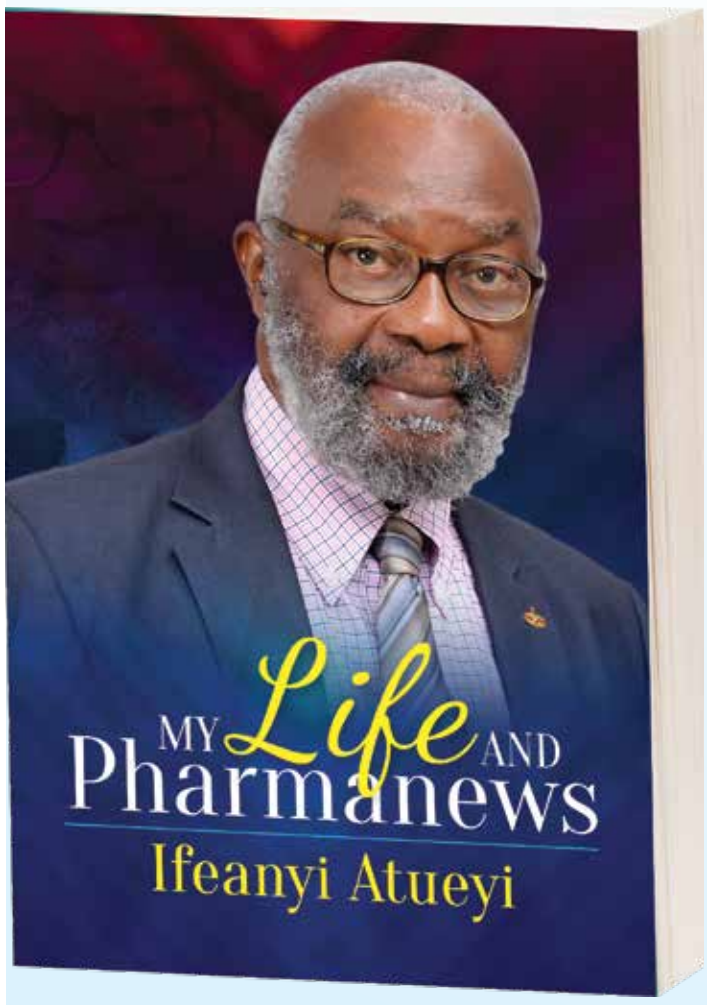
continued on page 13



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THE BEGINNINGS

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



Two of the most important questions I have often been asked over the years are: "What prompted you, as a pharmacist, to venture into the field of journalism?" and "What would you say is the secret behind the continued success of ***Pharmanews***?"

I have realised, through each of my various attempts to answer these questions, a fundamental truth: I really cannot tell the story of ***Pharmanews*** without telling my story, nor can I tell my story without telling that of ***Pharmanews***. Therefore, in recounting the chain of circumstances that led to the birth and rise of ***Pharmanews***, I must inevitably begin with a sketch of the story of my life.

I was born on Sunday, 1st of October 1939, at Okija, in Anambra State. My kindred is Umuapani in Ubahu village of Okija town. I am the second child of our parents, Mr Job Nwakinyinya and Mrs Irene Odira Atueyi. The first child was born some years earlier but he died in infancy. Curiously, it took my parents a number of years to have another child after that.

In those days, women gave about two years' gap between their children. Whenever this was exceeded, it gave room for concern and rumours. In the case of my parents, rumours were rife regarding my mother's inability to have another child. However, as God would have it, my mother eventually conceived again and bore another child, and that child was me. It was due to such circumstances that I was named "Ifeanyichukwu", which literally means "Nothing is impossible with God."

While I love this name, especially considering its significance, I actually used to prefer to be called by my baptismal name, which I am sure many people will be surprised to know now. That name was Christopher, which my father gave me in honour of his good friend, Christopher Obih from Uhuobo, Okija. In many traditional communities, having namesakes was a way of establishing friendship; and this friendship between the Obihs and Atueyis that began in the thirties has continued with their children and grandchildren till today.

People who preferred to call me by Christopher, shortened it in different ways – Christo, Chris, Xto and so on – all of which I enjoyed. However, as I will be revealing shortly in this book, something drastic happened to me later in life that made me to officially drop that precious name.

Two years after my birth, God granted my parents another child – this time, a female. She was named Nneka and was fondly called "Ada Joe" by our family members.

Family Life

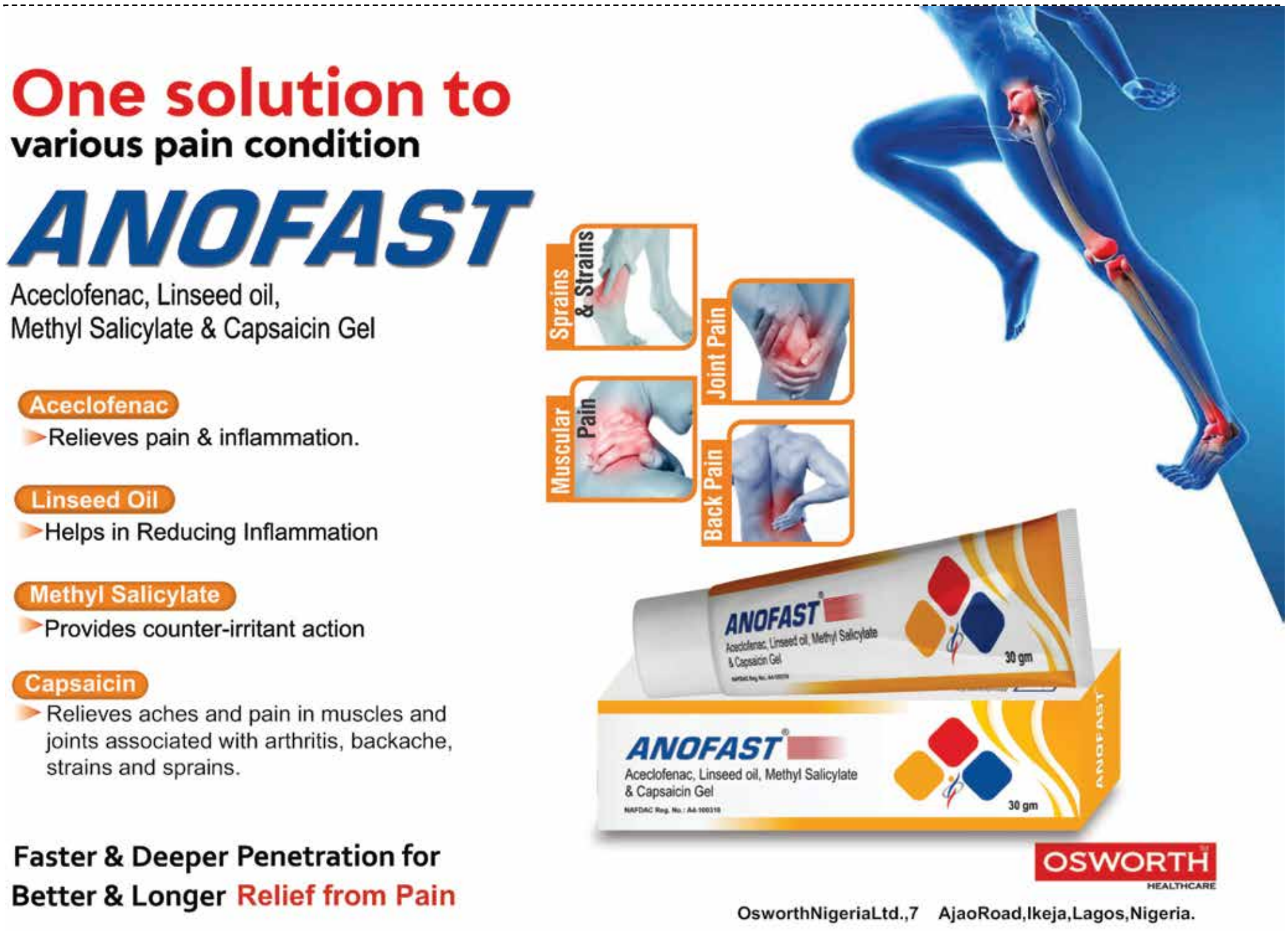
The recollections I have of my father, Job, are few because he died in 1947, when I was not yet up to eight years old. However, one striking trait of my father which made the most impression on me, as a young boy, was his imposing personality. My father was tall, huge, and handsome. In fact, one of my maternal cousins, Reuben Emelone, once referred to him in a document as "the most handsome man in Umuapani".

My father was a good Christian and quite civilised in his approach to life. He, together with my mother, was among the early set of people who embraced Christianity in my town. In those days, the people were mostly pagans. Consequently, while others in my father's family continued with paganism, my father practised Christianity devotedly and his impact was felt in the entire community. He was particularly known for his generosity, especially towards children. Whenever he returned from Onitsha during weekends, children around were guaranteed plenty of biscuits, bread, groundnuts, and popcorn, which was called "udo akpu enyi".

With regard to occupation, Joe - as my father was called by many - was an "articles trader". In those days, articles traders included anyone not dealing in heavy commodities. Such people sold smaller, everyday items in the market stalls.

My father initially lived alone in Onitsha, which was the nearest big city to Okija; but after a time, he moved his family to be with him. It was in Onitsha that he got sick and was brought home. He eventually died at home. Thereafter, my mother settled permanently at home with Nneka and me.

(Continues next edition)



Pharmanews October 2026.indd 12 9/24/2026 7:04:16 AM

Modern approaches to managing erectile dysfunction and infertility

continued from page 11

Healthcare providers generally classify erectile dysfunction into four broad categories.

Vascular erectile dysfunction, the most common form, arises from problems affecting the blood vessels that supply the penis or the valves that retain blood within it.

Neurogenic erectile dysfunction results from nerve damage that prevents signals from travelling between the brain and the penis, often due to trauma, pelvic surgery, radiation therapy or neurological conditions such as stroke, spinal stenosis or multiple sclerosis.

Hormonal erectile dysfunction occurs as a result of testosterone deficiency or, in some cases, thyroid dysfunction.

Psychogenic erectile dysfunction stems from psychological conditions affecting a man's thoughts, feelings or behaviour.

Underlying causes

ED is generally caused by reduced blood flow to the penis or dysfunction of the nerves controlling erection, often secondary to conditions such as arterial hardening, hypertension, elevated cholesterol or diabetes. The WHO notes that while ED may have a physiological or psychological basis, the most common cause relates to vascular abnormalities of the penile blood supply and erectile tissue, frequently associated with cardiovascular disease and its risk factors. Causes are broadly categorised as physical or psychological.

Physical causes

Reduced blood flow is cited by experts as a leading cause of ED. Narrowing of the vessels supplying the penis is a common cause among older men, whereas emotional factors more frequently account for ED in younger men. Recognised physical causes include cardiovascular disease, diabetes, hypertension, high cholesterol, obesity, low testosterone or other hormonal imbalances, kidney disease, advancing age, excessive alcohol consumption, tobacco use, conditions such as Parkinson's disease or multiple sclerosis, pelvic injury or surgery, Peyronie's disease, certain prescription medications including those for hypertension or depression, sleep disorders and drug use.

According to Dr Sylvester Ikhisemojie: "In men older than fifty, the common problem has much to do with factors that interfere with the adequacy of blood flow into the penis. Conditions such as atherosclerosis, in which the blood vessels supplying the penis become both narrowed and hardened, often reduce the volume of blood reaching the organ. When this volume fails to reach a certain threshold, an erection cannot occur.

"For men with diabetes, there is progressive damage to the nerve endings that supply sensation to the blood vessels of the penis, so the muscles within the vessel walls fail to receive the signals required to initiate erection. In other cases, a faulty vein removes blood too quickly from the erect penis, so the erection does not last long enough to permit penetrative sex. The era in which erectile dysfunction was attributed simply to advancing age has passed, and many cases today can be traced to a range of distinct causes."

Psychological causes

Psychological factors contributing to ED include stress, anxiety, depression and relationship difficulties. Dr Ikhisemojie observes that the causes of ED differ noticeably on either side of the age of fifty. In younger men, the condition is more commonly linked to psychological factors, with stress arising from a variety of sources being a leading contributor. Rejection by peers or parents, fatigue, depression and a history of childhood sexual abuse may also play a role, alongside sexual fears, feelings of inadequacy and relationship difficulties.

Dr Olufunlade Omisanjo explains: "Psychologically, if a man is under stress, tired, nervous, anxious or facing difficulties at home, at work or in business, this can affect both his desire for sex and his ability to achieve an erection. Given the hours spent in traffic in cities such as Lagos, with the pressure and tension this involves, it is reasonable to expect that this could contribute to erectile dysfunction, or worsen an existing case."

Classification by cause

The American National Institute of Health identifies several further types of ED, classified according to their underlying cause.

Organic erectile dysfunction, the most common cause of ED in older men, involves abnormalities in the penile arteries, veins or both. Where the problem is arterial, it is generally caused by arteriosclerosis, or hardening of the arteries, although trauma may also be responsible. Controllable risk factors for arteriosclerosis, including obesity, physical inactivity, high cholesterol, hypertension and smoking, can impair erectile function before progressing to affect cardiovascular health more broadly. Many experts also point to atrophy and fibrosis of the smooth muscle tissue within the penis as contributing to difficulty maintaining a firm erection, a condition sometimes described as venous leak, though the underlying problem lies with the smooth muscle surrounding the veins rather than the veins themselves. This is now considered an early manifestation of atherosclerosis and vascular disease.

Depression is closely linked to erectile dysfunction, with a well-established relationship between depression, ED and cardiovascular disease. Men presenting with depression should therefore be evaluated for both medical illness and psychological factors, particularly as certain antidepressant medications can themselves cause erectile failure.

Diabetes is strongly associated with ED. The American Institute of Health estimates that of the 10.9 million adult men in the United States with diabetes, between 35 and 50 per cent experience impotence, a consequence of premature and severe arterial hardening alongside peripheral neuropathy affecting the nerves that control erection.

Neurological causes of ED include diabetes, chronic alcoholism, multiple sclerosis, heavy metal poisoning, spinal cord and nerve injuries, and nerve damage resulting from pelvic surgery.

Hormone-induced ED may result from raised prolactin levels, anabolic steroid use, thyroid imbalances or hormone therapy administered for prostate cancer. Low testosterone can contribute to ED but is rarely the sole cause.

Drug-induced ED is associated with a wide range of prescription medications, including those for hypertension, anxiety, depression, glaucoma and cancer chemotherapy.

Premature ejaculation

Premature ejaculation is a male sexual dysfunction characterised by ejaculation that occurs consistently prior to, or within approximately one minute of, vaginal penetration, together with an inability to delay ejaculation and negative personal consequences such as distress, frustration or avoidance of sexual intimacy. The condition is classified as

continued on page 15



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Modern approaches to managing erectile dysfunction and infertility

continued from page 13

lifelong, where premature ejaculation has been present since a man's first sexual experiences, or acquired, where it develops after a period of previously satisfactory sexual function.

Diagnosis of erectile dysfunction

In many cases, a physical examination combined with a review of medical history is sufficient for a doctor to diagnose erectile dysfunction and recommend treatment. Further tests or referral to a specialist may be advised where a chronic or underlying condition is suspected. These may include:

Physical examination: a careful assessment of the penis and testicles, along with checks for nerve sensation.

Psychological evaluation: screening for depression and other possible psychological contributors to ED.

Ultrasound: performed by a specialist using a hand-held device over the blood vessels supplying the penis to assess blood flow, sometimes in combination with medication injected to stimulate an erection.

Blood tests: used to check for signs of heart disease, diabetes, low testosterone and other underlying conditions.

Urine tests: used, as with blood tests, to detect diabetes and other health conditions.

Treatment of erectile dysfunction

Erectile dysfunction is treatable regardless of its underlying cause, although the appropriate approach depends on that cause and may involve a combination of medication and talking therapy. Treatment decisions take account of the patient's age, general health, medical history, the severity of the condition, tolerance for specific interventions, expectations regarding the course of treatment, and personal preference.

Talking therapy

As psychological factors such as anxiety, post-traumatic stress, depression and general stress can contribute to ED, talking therapy is often recommended for patients whose condition has a psychological basis. Over several sessions, patients and therapists typically address major sources of stress or anxiety, including feelings surrounding sex and any underlying conflicts affecting sexual desire.

Lifestyle modification

For some men, modest lifestyle changes are sufficient to resolve erectile difficulties. According to Dr Omisanjo: "Sometimes, all a man needs to do to address ED is make certain behavioural changes. Losing weight, for instance, can resolve the condition, since obesity is itself a contributing cause. For some men, simply increasing physical activity to improve overall fitness is enough, as a fitter man tends to have better erectile function. Diet also plays a role: eating more healthily improves both general health and erectile function. Excessive alcohol, tobacco and illicit drug use are never beneficial to erectile function and can be disinhibiting, so reducing or eliminating their use can help. Where medication is the cause, switching to an alternative or discontinuing use, under medical guidance, may resolve the problem."

Medication

Medication is typically considered once talking therapy and lifestyle changes have proved insufficient. Treatment may involve tablets designed to increase blood flow to the penis, producing an erection firm enough for sexual satisfaction. Dr Seladi-Schulman notes that several medications may need to be trialled before an effective option is identified. Oral medications commonly prescribed include sildenafil (Viagra), avanafil (Stendra), tadalafil (Cialis) and vardenafil (Levitra, Staxyn). Alprostadil (Caverject, Edex and MUSE) may also be used, administered either as a suppository or by self-injection into the base or side of the penis. Testosterone replacement therapy may be recommended where low testosterone levels are identified.

Vacuum pumps

Vacuum pump devices offer an alternative, non-pharmacological treatment. According to Dr Seladi-Schulman, the device draws blood into the penis by creating a vacuum, producing an erection. The apparatus typically comprises a plastic tube placed over the penis, a pump used to withdraw air and create the vacuum, and an elastic ring moved to the base of the penis once the tube is removed. The ring maintains the erection by retaining blood within the penis.

Penile implant surgery

Where medication proves ineffective, surgical placement of a penile implant, or prosthesis, may be considered. Inflatable implants allow a man to use a pump to achieve an erection, while malleable implants can be manually adjusted. According to Dr Omisanjo, penile implant surgery is regarded as the last resort, undertaken only where talking therapy and medication have failed to resolve the condition, and only on specialist recommendation.

Explaining in detail, Omisanjo said: "An implant suited to the individual man, based on his own anatomy, is placed within the erection chamber in a deflated form, with a reservoir positioned within the abdomen and a pump fitted around the scrotum. When an erection is required, the man activates the pump, which draws fluid from the reservoir into the implant, causing it to distend. Once intercourse is complete, activating the pump again returns the fluid to the reservoir and the implant deflates, so the man is not left with a permanent erection.

"A further advantage is discretion: unless the man chooses to disclose it, the presence of an implant is not apparent to others. Most men, however, will not require an implant. For some, stopping smoking is enough; for others, it is a change in lifestyle, increased exercise, improved diet or better sleep. Only where these measures fail does treatment progress to tablets, injection, suppository or vacuum pump, with implant surgery remaining the final option. Whatever the underlying cause, erectile dysfunction can always be treated."

Side effects of ED medication

ED medications vary in dosage and may produce side effects including flushing, nasal congestion, headache, visual disturbance, backache and stomach upset. Dr Ikhisemojie advises that patients experiencing unpleasant side effects should consult their doctor, who may recommend an alternative medication.

INFERTILITY

Infertility represents a significant burden for many couples, particularly in Nigeria, where the ability to bear children is often closely tied to the perceived success of a marriage. Pressure frequently mounts on couples who have not conceived within a year of marriage, with husbands at times facing pressure from relatives to seek another partner while the wife is blamed for the couple's childlessness.

According to the Tropical Journal of Obstetrics and Gynaecology of Nigeria, infertility is a global concern affecting between 8.0 and 15.0 per cent

continued on page 17



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Modern approaches to managing erectile dysfunction and infertility

continued from page 15

of couples of reproductive age, with a markedly higher incidence across Africa, including Nigeria. A 2018 report titled "Pattern of Infertility among Infertile Couples in a Secondary Health Facility in Delta State, South-South Nigeria" cited institutional studies from various parts of the country reporting incidence rates of 4.0 per cent in Ilorin, North Central Nigeria; 11.2 per cent in Abakaliki, South East Nigeria; and 48.1 per cent in Oshogbo, South West Nigeria. Male and female partners contribute variably to infertility within a relationship, with female factors accounting for 30.0 to 40.0 per cent of cases, male factors a similar proportion, and combined or unexplained factors accounting for the remainder.

Infertility is generally classified into two types. Primary infertility describes a woman who has never been able to bear a child, whether due to an inability to conceive or to carry a pregnancy to a live birth, including cases involving miscarriage or stillbirth with no prior live birth. Secondary infertility applies where a woman is unable to conceive or carry a pregnancy to term following a previous live birth. Globally, primary infertility predominates, whereas in Africa, secondary infertility is more common, largely owing to the prevalence of sexually transmitted infections, complications from unsafe abortion and puerperal sepsis.

Causes of infertility in men

Erectile dysfunction is present in an estimated 20 to 25 per cent of infertile couples, according to the Reproductive Partners Medical Group. While adequate sexual function supports the success of fertility treatment, sexual dysfunction can itself become a source of stress and conflict within a relationship, which in turn may reduce the likelihood of a successful outcome. Performance anxiety and pressure to coincide intercourse with ovulation can further exacerbate erectile difficulties.

Mumps contracted after puberty can affect sperm production through inflammation of the testicles. Male fertility is understood to decline after the age of forty, and excessive alcohol consumption may reduce fertility further, particularly among men who already have a low sperm count.

According to Dr Alima Olalere: "Some men do not produce sperm at all, while others produce sperm of poor quality. In some men, the absence of a sustained erection prevents successful intercourse. Habits such as resting a laptop close to the body can generate heat that affects the testes and, in turn, sperm production, much as prolonged exposure to heat from a vehicle engine can affect men who drive long distances. Obesity, alcohol consumption and substance use can also affect sperm quality, while chronic conditions such as diabetes or hypertension may contribute to infertility."

Sperm motility and morphology also play a significant role. Where sperm cannot move efficiently towards the egg, or are abnormally shaped, conception becomes more difficult.

Hormonal imbalance and genetic factors are further contributors. According to Healthline, a man with an additional X chromosome, as seen in Klinefelter's syndrome, will experience abnormal testicular development, low testosterone and a reduced or absent sperm count.

A low sperm count, generally defined as a count under fifteen million, is understood to affect around one third of couples experiencing difficulty conceiving.

Diagnosing infertility in men

Investigation of male infertility typically involves several approaches. A general physical examination and medical history will assess the genitals and enquire into inherited conditions, chronic illness, injury, surgery and sexual development during puberty.

A scrotal ultrasound uses high-frequency sound waves to identify a varicocele or other abnormalities within the testicles and supporting structures.

Semen analysis involves the collection of a sample, either through masturbation or, where religious or cultural considerations apply, through a specially designed condom used during intercourse. The sample is examined for sperm count, morphology, motility and signs of infection.

A transrectal ultrasound, performed using a small lubricated probe inserted into the rectum, allows examination of the prostate for blockages affecting the tubes that carry semen.

Hormone testing measures testosterone and other hormones produced by the pituitary gland, hypothalamus and testicles, which play a central role in sexual development and sperm production.

Post-ejaculation urinalysis identifies the presence of sperm in the urine, which may indicate retrograde ejaculation, in which sperm travel backward into the bladder rather than out through the penis.

A testicular biopsy involves removing a small tissue sample using a needle. Normal sperm production identified through biopsy points to a blockage or transport issue as the likely cause of infertility.

Genetic testing may be recommended where sperm concentration is extremely low, as a blood test can reveal subtle changes in the Y chromosome indicative of a genetic abnormality, or diagnose other inherited conditions.

Specialised sperm function tests assess how well sperm survive after ejaculation and their capacity to penetrate and attach to an egg, although these are used less frequently and rarely alter treatment recommendations.

Treatment of infertility in men

Treating infections: antibiotic treatment may resolve an infection of the reproductive tract, although this does not always restore fertility.

Treating sexual intercourse problems: medication or counselling may improve fertility in cases involving erectile dysfunction or premature ejaculation.

Hormone treatments and medications: hormone replacement or other medication may be recommended where infertility results from abnormal hormone levels or the body's use of hormones.

Surgery: conditions such as varicocele or an obstructed vas deferens can often be corrected surgically, and prior vasectomies may be reversed. Where no sperm are present in the ejaculate, sperm may be retrieved directly from the testicles or epididymis.

Assisted reproductive technology (ART): sperm obtained through ejaculation, surgical extraction or donation is inserted into the female reproductive tract or used for in vitro fertilisation or intracytoplasmic sperm injection, depending on the patient's circumstances.

Causes of infertility in women

Damaged or blocked fallopian tubes can prevent sperm from reaching an egg or prevent a fertilised egg from

continued on page 26



Pharmanews October 2026.indd 17 9/24/2026 7:04:22 AM



Pharmanews October 2026.indd 18 9/24/2026 7:04:23 AM

Can a healthcare worker be dismissed for posting hospital incidents or patient complaints on social media?

LEGAL ANGLE with Dozie Ifeanyi Atueyi

legalangle@pharmanewsonline.com



Question: *Can a doctor, nurse, pharmacist, laboratory scientist or other healthcare worker be dismissed for posting hospital incidents, workplace complaints or patient-related matters on WhatsApp, Facebook, Instagram, TikTok or other social-media platforms? Does freedom of expression protect such posts, particularly where the worker believes they expose poor working conditions, unsafe practices or negligence?*

Case scenario

A nurse posts on Facebook that patients are sometimes left unattended because of staff shortages. Although the hospital is not named, details of particular incidents are provided.

A doctor posts a video alleging poor conditions in an emergency department. Although patients' names are not mentioned, some may be identifiable from the images.

The hospital suspends or dismisses the workers for breach of confidentiality, violation of hospital policy or bringing the institution into disrepute. The workers argue that their posts were made in the public interest and are protected by freedom of expression.

Can the hospital lawfully dismiss them?

Legal perspective

Yes, a healthcare worker may be disciplined or dismissed for social-media activity, but criticism of a hospital does not automatically justify dismissal.

The relevant considerations include the content of the post, confidentiality, accuracy of the allegations, employment contracts and workplace policies, the circumstances of publication and whether proper disciplinary procedures were followed.

Section 39 of the Constitution guarantees freedom of expression, but this right is not absolute and may be subject to lawful restrictions protecting the rights, reputation and privacy of others.

In Anietie Etim Asukwo v. Prudential Guards Limited & Anor, decided by the National Industrial Court of Nigeria on 25 June 2026, an employee was terminated after posting a workplace grievance on WhatsApp. The Court found that the post did not disrupt the employer's operations and that the alleged misconduct had not been established. The termination was therefore held unjustified and unlawful. The case demonstrates that not every workplace complaint made online constitutes gross misconduct.

Healthcare workers, however, have additional professional obligations. The Medical and Dental Council of Nigeria's Guidance on Social Media and Responsible Online Conduct states that professional standards applicable offline also apply online. Practitioners should not disclose identifiable patient information, including clinical images, voice notes or unique case details, without appropriate consent. Constructive, factual and evidence-based professional advocacy is recognised.

The Nigeria Data Protection Act 2023 also provides safeguards for personal and health information. Publishing a patient's medical condition, photograph, laboratory result, diagnosis or treatment history may therefore expose a healthcare worker to employment, professional, civil and potentially data-protection consequences.

Determining liability

The key questions are: What was posted? Was confidential information disclosed? Could a patient be identified? Were the allegations true and substantiated? Was the post genuinely in the public interest? What workplace rule was breached? And did the employer follow the proper disciplinary procedure?

Practical advice

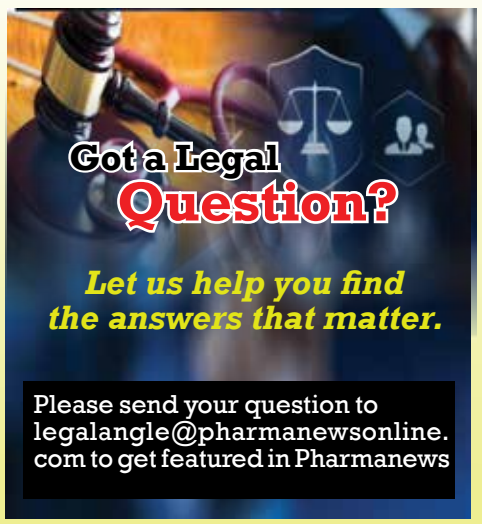
Healthcare workers should assume that anything posted online can become public, even in private WhatsApp groups. They should protect patient confidentiality, distinguish facts from opinions, substantiate allegations, avoid defamatory or inflammatory language, understand their workplace social-media policies and use appropriate internal, professional or regulatory channels for serious complaints.

Hospitals should also avoid treating every criticism as misconduct. They should investigate complaints, identify the specific rule allegedly breached, give the employee an opportunity to respond and follow the applicable disciplinary procedure.

Closing insight

Social media is not a hospital corridor, and professional obligations do not disappear when a post is made online.

Healthcare workers have a right to raise legitimate concerns and advocate for better patient care, but that right must be balanced against patient confidentiality, data protection, professional ethics, contractual duties and the rights and reputation of others.





Pharmanews October 2026.indd 19 9/24/2026 7:04:27 AM

Health commissioner seeks pharmacists' collaboration to fight antimicrobial resistance

By Temitope Obayendo

The Lagos State Commissioner for Health, Professor Akin Abayomi, has appealed to pharmacists to collaborate with the state government in combating antimicrobial resistance (AMR), which he described as a growing threat to public health.

Abayomi, who decried the indiscriminate use of antibiotics in the state, attributed the situation partly to the ease with which restricted medicines could be obtained from pharmacies and medicine vendors. He disclosed that the government is set to address the anomaly by engaging as many pharmacists as possible as gatekeepers and supervisors to sanitise the system.

The commissioner also expressed concern over the paucity of drug data in the state, saying effective collaboration with pharmacists, as custodians of medicines, is essential to compiling comprehensive data on drugs in circulation. He therefore appealed to pharmacists to help make this a reality.

"An antibiotic or an antimicrobial is a very dangerous chemical," he said. "It should not be used lightly because we don't understand the downstream effects of indiscriminate use of these restricted pharmaceutical drugs.

"As I said, every time you give an antibiotic, you are destroying millions of beneficial microbes. And it takes months to recover," he warned.

Abayomi, who spoke at the recent Lagos State Pharmacy Week, frowned at the prevailing situation in which people could walk into pharmacies and obtain restricted medicines without adequate checks or controls. He urged pharmacists to renew their ethical vigilance and play their role in curbing inappropriate access to prescription medicines.

The commissioner also raised concerns about the misuse of antimalarial medicines, saying doctors and pharmacists should not prescribe antimalarials without an established diagnosis through a point-of-care or laboratory test.

He said a recent study conducted by the state had revealed a drastic reduction in malaria prevalence in Lagos, underscoring the need for healthcare practitioners to exercise greater caution in patient care and promote rational medicine use.

"We need you, please, as volunteers," he appealed. "We want to make thousands and thousands of healthcare professionals, pharmacists as instructors. Now, in the regulatory function of diseases, we are fully regulating the space."

Abayomi added that while there might be an economic dimension to the issue, financial considerations should not take precedence over good medical practice.

"And I know there is an economic angle to this. But the economic angle can be suppressed if we practise good medicine. Because it requires investigations, it requires going to a doctor, coming back to you, going back, monitoring, rather than just sledgehammer treatment, which is detrimental to the patient."

Speaking on the task-shifting and task-sharing policy at the national level, Abayomi disclosed that Lagos State was developing a sub-national policy that would define the roles of different healthcare professionals and establish areas of collaboration among them.

He emphasised the importance of effective collaboration between pharmacists and medical doctors, noting that this was essential for ensuring appropriate patient care.

"And we're reaching out to you for partnership because our people, whether we like it or not, they come to you and patent medicine vendors.

"We cannot allow an environment where there's a disconnect between patients and practitioners."

Abayomi assured pharmacists that stronger collaboration among healthcare professionals would facilitate appropriate referrals. According to him, once a solid partnership was established, doctors would refer patients to pharmacists after diagnosis and the provision of appropriate prescriptions.

He, however, noted that pharmacists, drawing on their professional expertise and the use of point-of-care testing kits, could identify conditions such as hypertension, obesity, malaria and hepatitis and make immediate referrals where a test produced a positive result.



Professor Akin Abayomi, commissioner for health, Lagos State, receiving an appreciation plaque of the Pharmaceutical Society of Nigeria, (PSN) Lagos State Chapter, from Pharm. Olumide Akintayo, while Pharm.(Chief) Olaitan Ogunlade, chairman, Lagos PSN, and Pharm Adetutu Afolabi, look in admiration.

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Nutrition, immune function, play and the holistic wellness of the growing child



By Chima Ejimofor
(Wellness coach and nutrition advocate)

Childhood Cancer Awareness Month provides an opportunity not only to increase awareness of childhood cancers but also to consider the broader factors that contribute to children's wellbeing.

Approximately 400,000 children and adolescents aged 0–19 develop cancer globally each year. Importantly, most childhood cancers are biologically different from adult cancers, and in many cases their causes are not known. Consequently, childhood cancer prevention cannot simply be reduced to diet, exercise or lifestyle modification. Early recognition, accurate diagnosis and evidence-based medical treatment remain fundamental to achieving better outcomes.

Nutrition and normal immune function

Nutrition is fundamental to growth, development and normal physiological function. Adequate intake of protein, essential fats, vitamins, minerals, fibre and water contributes to the body's normal processes, including maintenance of immune function.

A healthy diet should therefore be the foundation, rather than relying on individual foods or supplements. For Nigerian families, nutritious choices can include beans, eggs, fish, vegetables, fruits, whole grains, nuts and other locally available foods.

Dietary supplements may have a legitimate place where nutritional requirements are difficult to meet through diet alone or where a deficiency has been identified. However, supplementation should complement—not replace—a balanced diet.

This distinction is particularly important in cancer care. Current evidence does not establish that any particular food, vitamin, mineral, herbal product or dietary supplement can prevent, cure or cause cancer to go into remission. Some supplements can also interact with cancer medicines. Consequently, children receiving cancer treatment should only use nutritional supplements after discussion with their healthcare team.

Where do quality nutritional supplements fit?

There is a legitimate wellness role for appropriately formulated nutritional supplements. Products containing nutrients or naturally derived ingredients may provide additional nutritional support as part of an overall healthy lifestyle. For example, Forever Living Products markets nutritional products containing ingredients such as aloe vera, vitamins, minerals, probiotics and omega-3 fatty acids for general nutritional and wellness purposes. The company's Forever Aloe Vera Gel is described as containing 99.7 per cent inner-leaf aloe and as supporting digestion, nutrient absorption and immune function.

However, responsible wellness practice requires an important boundary: A nutritional supplement is not a pharmaceutical medicine simply because it may contain biologically active nutrients or plant-derived ingredients.

Likewise, "natural" does not automatically mean "risk-free," particularly when a child is taking prescription medicines. The appropriate philosophy is therefore food first, evidence first and professional guidance when necessary.

Play and exercise matter too

Nutrition is only one component of childhood wellness. Children also need opportunities to play, move and explore.

Running, jumping, dancing, swimming, cycling, football, skipping and other age-appropriate activities contribute to physical development and help children establish healthy movement habits. Active play also provides opportunities for social interaction, enjoyment and emotional expression.

For children aged 5–17 years, the World Health Organisation recommends an average of at least 60 minutes of moderate-to-vigorous physical activity daily. For a healthy child, therefore, wellness is not simply about what goes into the body. It is also about movement, sleep, relationships, emotional wellbeing and a supportive environment.

When cancer is diagnosed

When a child develops cancer, the priority changes. Medical diagnosis, paediatric oncology care and evidence-based treatment must take centre stage. Nutrition, physical activity and other wellness measures may form part of supportive care, but they should be individualised according to the child's condition and treatment plan.

No supplement should be promoted as an alternative to chemotherapy, surgery, radiotherapy or other medically indicated treatment.

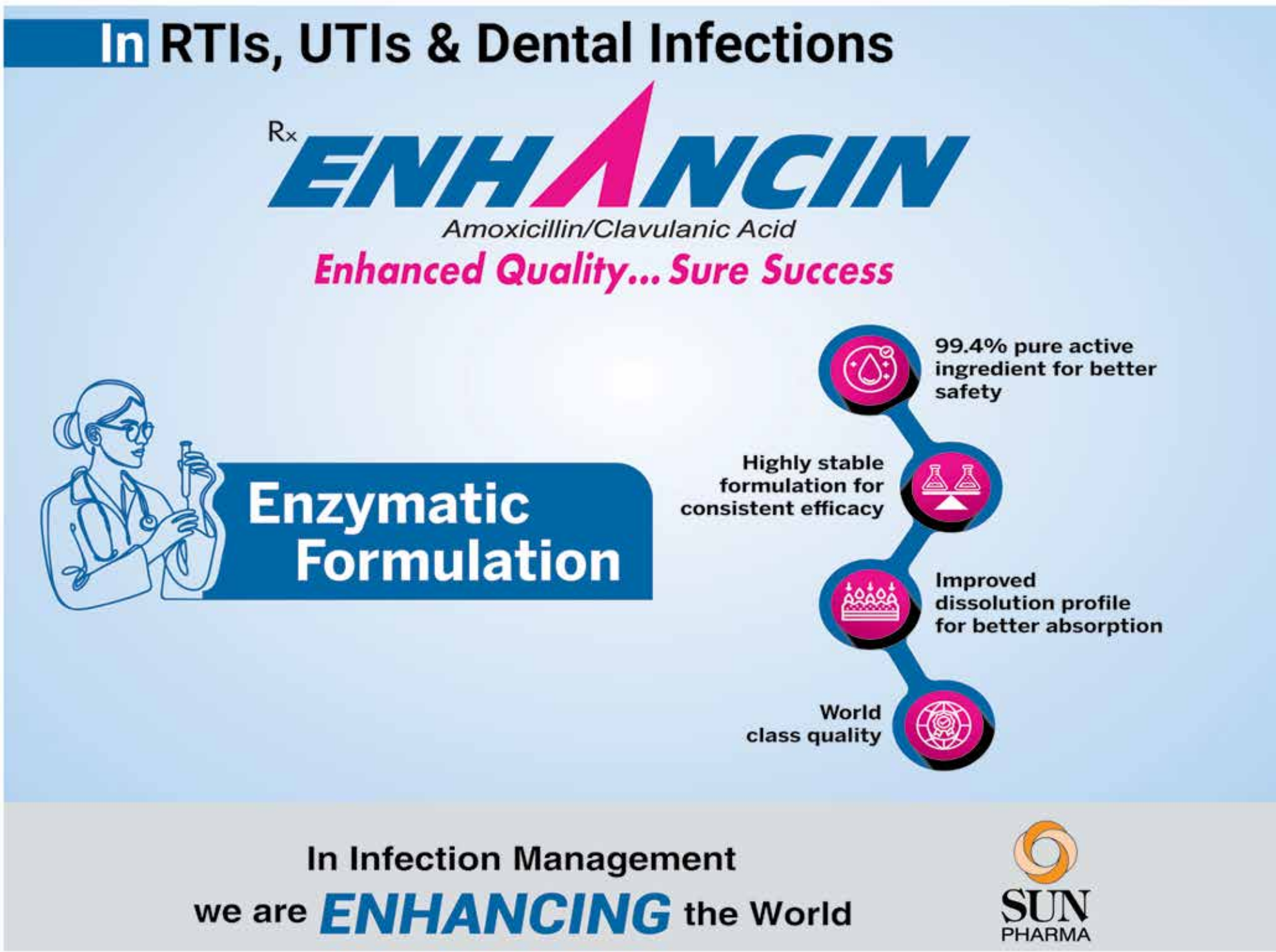
Conclusion

A scientifically responsible approach does not require us to choose between pharmaceutical medicine and nutritional wellness. Both have their appropriate places.

Modern cancer care provides diagnosis and evidence-based treatment, while good nutrition, appropriate supplementation where indicated, physical activity, adequate rest and emotional support contribute to the broader concept of wellbeing.

The goal should therefore not be to promise that a supplement can prevent or cure cancer. The goal is more responsible—and ultimately more powerful:

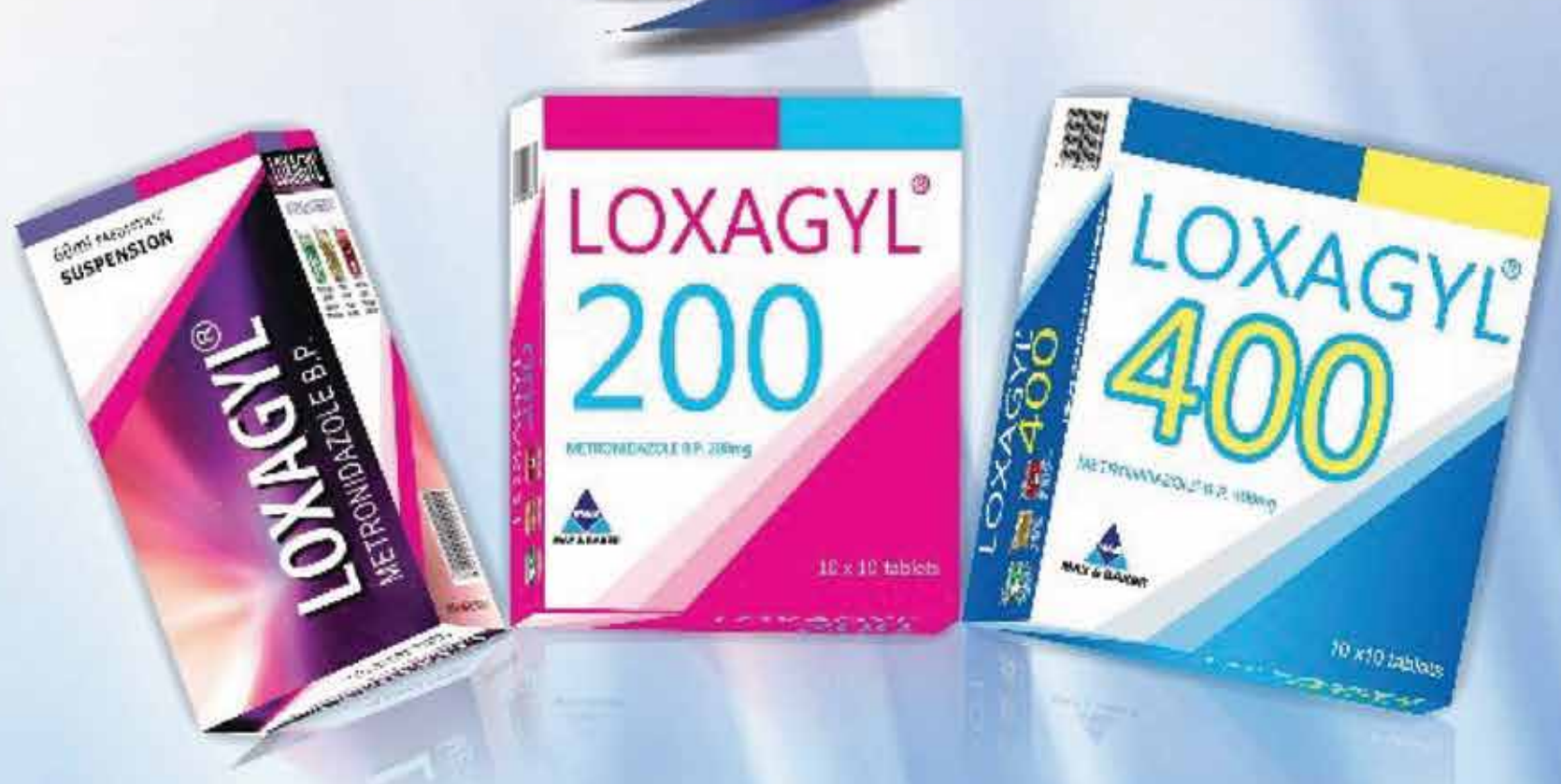
Give every child the nutritional foundation, healthy environment, opportunity for play and movement, and access to appropriate medical care needed to grow and thrive. That is wellness working alongside medicine—not competing with it.



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Toxoplasmosis: History, prevention and management

By Patrick Iwelunmor

Toxoplasmosis is an infectious disease caused by a tiny parasite called *Toxoplasma gondii*. It can infect humans and many animals. Although the infection is common and often causes no serious illness in healthy people, it can become dangerous for pregnant women, unborn babies and people whose immune systems are weak. Understanding how toxoplasmosis spreads and how it can be prevented is therefore important for protecting public health.



The history of toxoplasmosis goes back to 1908, when two French scientists, Charles Nicolle and Louis Manceaux, discovered the parasite while studying a small rodent called the gundi in Tunisia, North Africa. Around the same period, a Brazilian researcher, Alfonso Splendore, independently identified the same parasite in a rabbit. Nicolle and Manceaux later named it *Toxoplasma gondii*. The name was based partly on the parasite's shape and the name of the animal in which it was discovered.

For many years after its discovery, scientists did not fully understand how the parasite affected humans or how it was transmitted. In 1923, a case involving a child with eye and brain problems provided important evidence that toxoplasmosis could affect humans. Further research in the 1930s established a clearer link between the parasite and human disease. One of the most important discoveries came in 1970, when scientists found that cats and other members of the cat family play a major role in the life cycle of *Toxoplasma gondii*. This discovery helped explain how the parasite gets into soil, water, food and the wider environment.

Transmission

People can become infected with toxoplasmosis in several ways. One of the most common routes is eating raw or undercooked meat containing the parasite. The infection can also be acquired by eating food or drinking water contaminated with the parasite. Fruits and vegetables that have not been properly washed may carry the organism. People can also become infected after accidentally swallowing contaminated soil or materials while gardening or handling sand.

Cats are an important part of the parasite's life cycle. An infected cat can pass the parasite's eggs, known as oocysts, in its faeces. These can contaminate soil, water, vegetables and other surfaces. However, simply having a cat does not mean that a person will develop toxoplasmosis. Proper hygiene and safe handling of cat litter can greatly reduce the risk.

Pregnancy is a particularly important concern. A woman who becomes infected for the first time during pregnancy can pass the parasite to her unborn baby. This is known as congenital toxoplasmosis. Some infected babies may appear healthy at birth but develop health problems later. Serious cases can affect the baby's eyes, brain and other organs. For this reason, pregnant women should take extra care to avoid possible sources of infection.

Prevention

Prevention is one of the best ways to control toxoplasmosis. Meat should be cooked thoroughly before it is eaten. Raw or undercooked meat should be handled carefully, and knives, chopping boards and kitchen surfaces should be washed properly after contact with raw meat. Fruits and vegetables should also be washed thoroughly before consumption. Hands should be washed regularly, especially after preparing food, handling raw meat, gardening or coming into contact with soil.

Cat owners should take sensible precautions. Cat litter should preferably be cleaned every day because the parasite in cat faeces usually takes time to become infectious. Pregnant women and people with weakened immune systems should, where possible, ask someone else to clean the litter box. Cats should also be fed commercially prepared food or properly cooked meat rather than raw meat. Keeping cats indoors can further reduce their exposure to infected animals.

Treatment

Most healthy people with toxoplasmosis do not require treatment. Some may experience mild symptoms similar to those of flu, including fever, tiredness, swollen lymph nodes and body aches. These symptoms often disappear without treatment. However, treatment may be necessary when the infection is severe, persistent or affects an important organ.

Doctors may use medicines such as pyrimethamine and sulfadiazine, usually together with folinic acid, for serious cases. Treatment may be particularly important for people with weakened immune systems. Pregnant women who are infected may also require specialised treatment to reduce the risk to the unborn baby. The choice of treatment depends on the stage of pregnancy, the condition of the mother and whether the baby has been infected.

Toxoplasmosis has been known for more than a century, but it remains an important public health concern. The infection is often preventable through simple measures such as cooking meat properly, washing fruits and vegetables, practising good hand hygiene and taking care when handling soil and cat litter. Greater awareness is especially important among pregnant women and people with weakened immune systems. With appropriate prevention, early diagnosis and proper medical care, the serious effects of toxoplasmosis can be greatly reduced.



Pharmanews October 2026.indd 25 9/24/2026 7:04:40 AM

Plateau deploys essential medicines as diphtheria outbreak claims 23 lives

By Patrick Iwelunmor

The Plateau State Drug and Medical Commodity Management Agency (PS-DMCMA) has intensified the distribution of essential medicines and medical commodities to designated isolation centres as the Plateau State Government steps up efforts to contain a diphtheria outbreak that has claimed 23 lives and recorded 143 suspected cases.

Director-General of the agency, Pharm. Kim Jerry Bot, told ***Pharmanews*** that the PS-DMCMA was ensuring the availability and timely distribution of medicines and other medical commodities required for the prevention and management of diphtheria at the Jos University Teaching Hospital (JUTH) and Plateau Specialist Hospital (PSSH), the two designated isolation centres handling affected patients.

He said the commodities supplied included intravenous and oral azithromycin, erythromycin, amoxicillin, vitamin C, multiple nutrient supplements (MNS), intravenous fluids and other essential medical supplies. Bot explained that the agency was working closely with the Plateau State Ministry of Health, the state epidemiologist and development partners to strengthen the outbreak response and ensure that healthcare facilities managing patients had the commodities required for effective treatment and supportive care.



Pharm. Kim Jerry Bot
Director-General, PS-DMCMA

"The PS-DMCMA is responding by ensuring the availability and timely distribution of essential medicines and medical commodities required for the prevention and management of diphtheria across the designated isolation centres, JUTH and PSSH," he said.

The intervention comes as the state intensifies its response to what the Commissioner for Health, Nicholas Baamlong, described as a severe diphtheria outbreak. Baamlong recently disclosed that 23 people had died from the disease, while 143 suspected cases had been recorded, with nine patients hospitalised in isolation units at JUTH and the Plateau Specialist Hospital.

The commissioner identified late presentation of patients, shortage of diphtheria antitoxins and inadequate specialised sample collection containers required for laboratory confirmation as some of the major challenges confronting the outbreak response. He said the government had directed the immediate quarantine and treatment of infected individuals in dedicated isolation facilities while strengthening measures to prevent further transmission.

Baamlong also disclosed that the Ministry of Health had activated grassroots sensitisation campaigns through traditional rulers and other local stakeholders to improve public awareness and encourage early presentation of suspected cases. The state government has also been mobilising essential drugs, medical equipment and other commodities to secondary and tertiary healthcare facilities as part of the broader response.

Bot said the PS-DMCMA was collaborating with the state Ministry of Health and partners, including the World Health Organisation (WHO), United Nations Children's Fund (UNICEF) and FHI 360, to support the response. He noted that effective outbreak management required close coordination among government agencies, health facilities and development partners, particularly in ensuring that essential medicines and commodities were available where they were most needed.

Beyond the immediate treatment of cases, the state government is strengthening disease surveillance, early detection, public health awareness, vaccination and prompt response to suspected cases. The government is also collaborating with relevant agencies and partners to improve healthcare services and strengthen measures aimed at preventing the further spread of infectious diseases across Plateau State.

With diphtheria being a highly contagious bacterial infection capable of causing severe complications and death, health authorities are emphasising early detection, prompt treatment, vaccination and public awareness as key measures for containing the outbreak.

Disease of the Month

Modern approaches to managing erectile dysfunction and infertility

continued from page 17

reaching the uterus. Common causes include sexually transmitted infections such as chlamydia and gonorrhoea, which may lead to pelvic inflammatory disease and consequent scarring, as well as endometriosis.

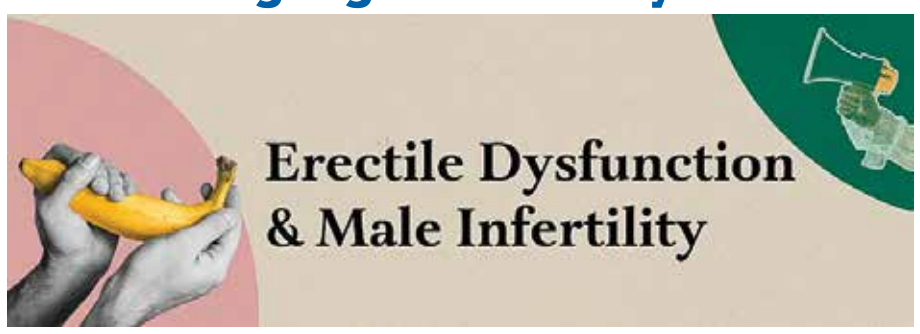
"For some women, when they experience an issue such as vaginal discharge or an unwanted pregnancy, the use of unregulated drugs or herbal preparations can result in tubal blockage," says Dr Olalere.

Ovulation disorders represent the most common cause of infertility in women. Ovulation, the monthly release of an egg, may fail to occur in some or all cycles, often as a result of premature ovarian failure occurring before the age of forty.

Endometriosis occurs when tissue similar to the uterine lining develops elsewhere in the body, such as behind the uterus, within the fallopian tubes, the abdomen, the pelvis or the ovaries, causing irritation and scarring. The condition can impede pregnancy by blocking the fallopian tubes, disrupting implantation, causing pelvic inflammation and potentially affecting egg quality, although some women with endometriosis experience no symptoms.

An unhealthy bodyweight, whether through inactivity, obesity or restrictive eating patterns such as those associated with anorexia or bulimia, is associated with an increased risk of infertility and miscarriage, according to Healthy Women.

Abnormal cervical mucus, which normally allows sperm to survive within the acidic environment of the vagina, can prevent sperm from reaching the egg. While treatments to improve cervical mucus remain unproven, intra-uterine insemination offers an effective means of bypassing the issue.



Fibroids and other uterine abnormalities can prevent implantation where they occur within the uterine cavity. According to Dr Olalere, not all women with fibroids experience fertility difficulties, as those located on the wall or outer surface of the womb are less likely to affect the ability to conceive.

Advancing age is a significant factor, with Healthy Women reporting that around one third of couples in which the woman is over thirty experience fertility difficulties. Younger women's eggs carry a lower risk of the genetic abnormalities associated with conditions such as Down syndrome, alongside a reduced risk of miscarriage, whereas older women typically have fewer and less healthy eggs remaining.

Diagnosing infertility in women

Tests for pelvic disorders assess the pelvis and the tissue lining the abdomen, uterus, bladder and rectum, and may include ultrasonography, sonohysterography, hysterosalpingography, hysteroscopy, magnetic resonance imaging and laparoscopy.

Endocrine system tests examine the hormone-producing glands that regulate growth, metabolism and sexual development, and may involve basal body temperature charting, endometrial biopsy, luteinising hormone testing, ultrasonography, assessment of ovarian health and laparoscopy.

Tests related to the cervix address difficulties sperm may encounter moving from the vagina into the uterus and fallopian tubes, which may result from abnormal cervical mucus or insufficient sperm deposition at the appropriate time. These tests may include a review of sexual intercourse history, screening for sexually transmitted infections, the post-coital test and antisperm antibody testing.

Treatment of infertility in women

Surgery can correct abnormalities affecting female fertility, including correcting an abnormal uterine shape, removing endometrial polyps or fibroids that distort the uterine cavity, or removing pelvic or uterine adhesions.

Fertility drugs remain the principal treatment for women with ovulation disorders, working in a manner similar to the natural hormones follicle-stimulating hormone and luteinising hormone to regulate or stimulate ovulation, and are also used to promote the release of an additional or higher-quality egg in women who already ovulate.

Reproductive assistance encompasses several commonly used techniques. Intracytoplasmic sperm injection (ICSI) involves injecting a single sperm directly into an egg during an in vitro fertilisation procedure, significantly improving the likelihood of fertilisation for men with low sperm concentration.

In vitro fertilisation (IVF), regarded as the most effective assisted reproductive technology, involves combining sperm and unfertilised eggs in a laboratory dish to allow fertilisation, before transferring the resulting embryo into the uterus, or freezing it for future use. The process typically spans several weeks and requires frequent blood tests and daily hormone injections.

Intra-uterine insemination (IUI) involves depositing a processed semen sample directly into the upper uterine cavity using a small catheter, overcoming natural barriers to sperm movement within the female reproductive tract. It represents a cost-effective, non-invasive first-line therapy for patients with functionally normal fallopian tubes and infertility linked to cervical factors, anovulation, moderate male-factor infertility, unexplained infertility, immunological factors or ejaculatory disorders. The UK National Health Service reports that over half of women under forty using IUI will conceive within six cycles, with around half of those who do not conceive within this period going on to do so within a further six cycles.

Report compiled by Ranmilowo Ojalumo, with additional reports from the American Urological Foundation, the America National Institute of Health, Arc Fertility, Healthy Women, Healthline, Mayo Clinic, MedicinePlus, Premium Times, Reproductive Partners Medical Group, ResearchGate, the Society of Gynaecologists and Obstetricians of Nigeria, The Punch, the UK National Health Service, WebMD and the World Health Organisation.

Pharmanews October 2026.indd 26 9/24/2026 7:04:41 AM

Don't say this - it's suicide!(2)

By Pharm Onyinye Chiekwe PharmD, MScPH

(Continues from last edition)

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. There are ten things to avoid saying to them. The first five were covered in the previous edition, with recommended substitute expressions. Here are the remaining five:

6. "Suicide is selfish."

Moral judgement can increase shame and make people less likely to seek help.

Try instead: "You don't have to face this alone."

7. "You're stronger than this."

This can unintentionally suggest that suicidal distress is evidence of weakness.

Try instead: "You don't have to handle this by yourself."

8. "You're only saying this for attention."

Even when a person is seeking attention, the need for attention may itself signal distress. Treat the disclosure seriously.

Try instead: "Something is hurting you deeply. Let's get you some support."

9. "Promise me you won't do anything."

A promise is not a safety plan, and it can place an impossible responsibility on someone in crisis.

Try instead: "Let's work together to get you somewhere safe and connected to professional help."

10. "I know exactly how you feel."

Even if you have experienced something similar, no two experiences are identical.

Try instead: "I may not completely understand what this feels like for you, but I'm willing to listen."

The goal is not to become a therapist in the moment, but to listen, take the person seriously, stay with them when possible, help reduce immediate access to potentially harmful means, and connect them with appropriate professional or emergency support.

The role of pharmacists and other healthcare providers

Healthcare professionals may encounter people at moments when others do not. For pharmacists in particular, the community pharmacy can be an important point of contact. In Nigeria, community pharmacists are often highly accessible healthcare professionals and may be among the first, and sometimes only, healthcare providers a person encounters. Research has highlighted their potential role in suicide prevention through medication management, patient communication, identification of people at risk and referral to appropriate services.

Pharmacists and healthcare providers are vital front-line gatekeepers in suicide prevention. Because they frequently interact with vulnerable individuals and manage psychoactive drugs, they are uniquely positioned to spot warning signs, limit access to means, and connect people to emergency mental health care.

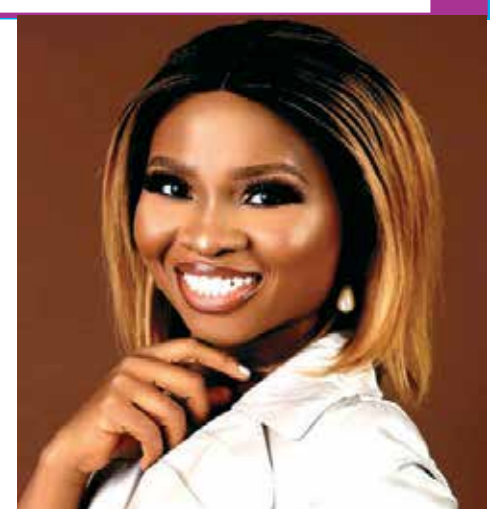
Managing access to medicines: As primary custodians of medicines, pharmacists can implement lethal medicines counselling. This includes limiting dispensing quantities, monitoring early refills, recommending blister packaging over loose bottles, and preventing the accumulation of excessive medication quantities at home.

- **Early Detection:** Pharmacists are often among the most accessible healthcare personnel. Noticing subtle behavioural changes, withdrawal, or visible distress in patients picking up recurring mental health or pain prescriptions provides a critical window for intervention.
- **Direct communication**: Pharmacists can offer a quiet, safe, and private space within the community setting to listen without judgment. Asking clear, compassionate, direct questions about suicide risk does not plant the idea in a patient's head; rather, it gives them permission to speak about their hidden pain.
- **Safe referral**: Pharmacists and other healthcare professionals should know when to move beyond a supportive conversation and connect a person with a mental health professional, crisis service, emergency department or other appropriate support.

WHO identifies early identification and management of mental and substance-use disorders, responsible communication, restricting access to lethal means and appropriate follow-up as important components of suicide prevention.

Changing the narrative on suicide

The theme for World Suicide Prevention Day from 2024 to 2026 is "Changing the Narrative on Suicide" It is a call to move away from silence,



stigma and harmful misconceptions towards openness, understanding and support. Suicide is preventable, but prevention requires that we are willing to talk about it responsibly. Changing the narrative also begins with changing what we say.

While we should not assume every expression of distress means someone is suicidal, we should also resist the temptation to dismiss it. Sometimes prevention begins with something as simple as asking, "Are you okay?" and being prepared to stay long enough to hear the real answer.

Resources

World Health Organisation. *World Suicide Prevention Day: Changing the Narrative on Suicide.* 2025. (World Health Organization)

World Health Organisation. World Suicide Prevention Day. (World Health Organization)

Centers for Disease Control and Prevention. Risk and Protective Factors for Suicide. 2026. (CDC)

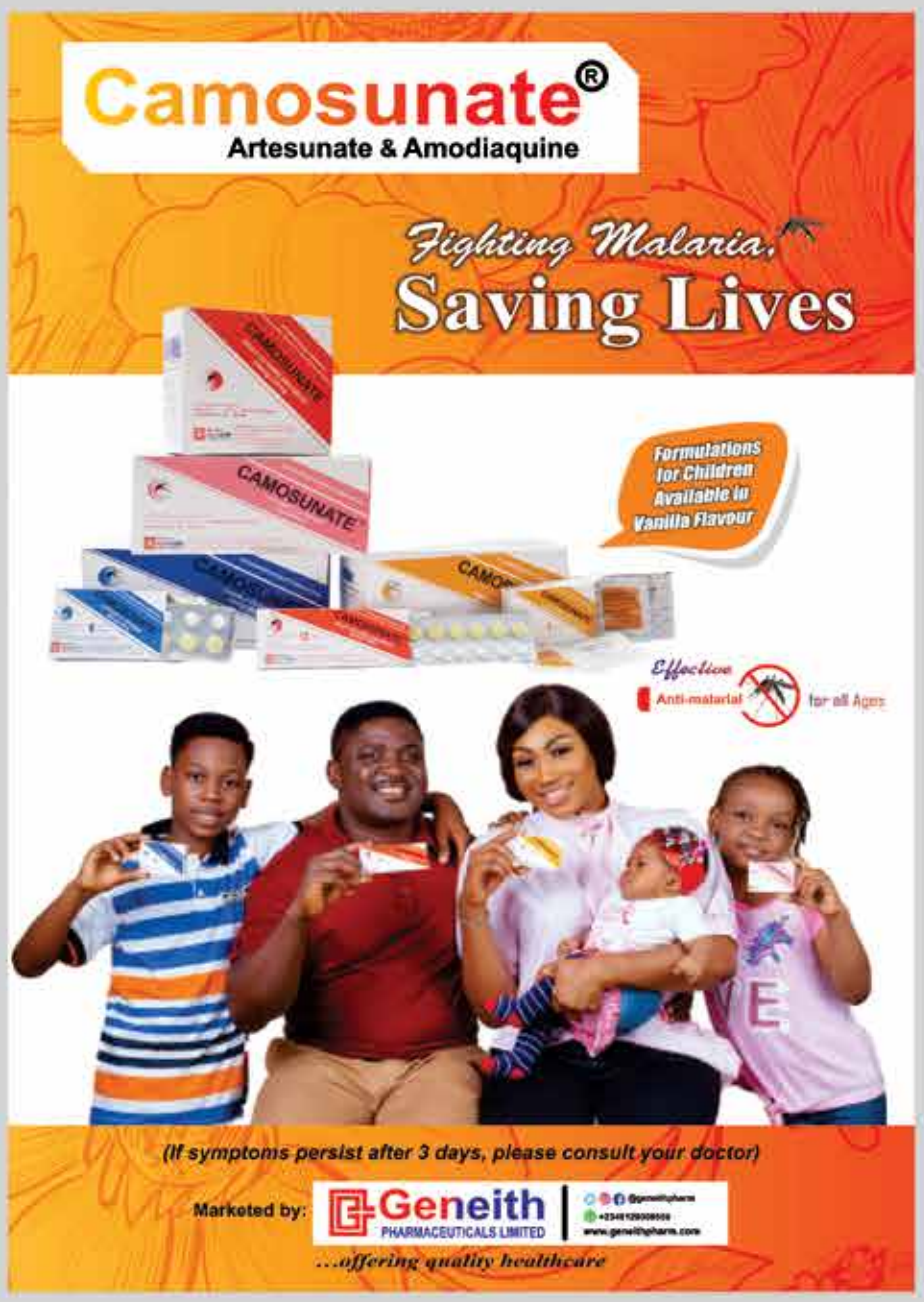
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Cleveland Clinic. Suicidal Ideation: What It Is, Causes, Treatment & Types. (Cleveland Clinic)

Chike-Obuekwe, S. et al. Suicide Prevention in Nigeria: Can Community Pharmacists Have a Role? 2022. (PubMed Central (PMC))



Pharmanews October 2026.indd 27 9/24/2026 7:04:42 AM









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Lantana camara: The healing plant with a toxic side

By Pharm. Ngozika Okoye *MSc, MPH, FPCPharm*
(Nigeria Natural Medicine Development Agency)
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Lantana camara

Lantana camara L. (Family: Verbenaceae), native to the Americas, is an invasive weed in many parts of the world. It is famous for its highly scented, variously coloured flowers and is planted as an ornamental species. Due to its wide seed dispersal, high tolerance and allelopathic effect on native plant species, it has rapidly spread to non-native regions around the globe.

Known as *kimbamahalba* (or *kimbar*) in Hausa, *anya nnunu* in Igbo, and *ewonadele* (or *efinrin efon*, *ewon-agogo*) in Yoruba, its common names include red sage, yellow sage, wild sage, pigeon berry and large-leaf.

Constituents

Phytochemical investigations have identified a variety of bioactive compounds belonging to chemical classes such as monoterpenes, sesquiterpenoids, triterpenes, steroids, alkaloids, essential oils, phenolic compounds, tannins, flavonoids, iridoid glycosides, phenylethanoids, furanonaphthoquinones, quinones and saponins. These include lantadenes, humulene, caryophyllene, apigenin, quercetin, epicatechin, lancamarinic acid and lancamarin, among others, isolated from various parts of the plant.

Preparations

Different parts of the plant are available in fresh or dried form. Leaves and stems may be boiled and taken as a decoction, simmered and used for steam inhalation, or crushed and applied as poultices. It is also available as infused oil for topical application.

Pharmacological actions and medicinal uses

The antioxidant, anti-inflammatory, anticancer, hepatoprotective, antimicrobial, spermicidal, antinociceptive, anti-ulcer, antidiabetic, analgesic, anti-ageing, antiepileptic, anxiolytic and sedative effects of *Lantana* have been demonstrated in scientific studies conducted in different regions of the world.

Lantana camara is traditionally used in many cultures to treat various conditions, including fever, arthritis, rheumatism, headache, respiratory infections, neurological disorders, diarrhoea, dysentery, boils, bronchitis, cough, colds, wounds, malaria, swelling, bleeding, chickenpox, constipation, dandruff, ringworm, fistula, high blood pressure, piles, snakebite, tetanus, tuberculosis and mental ailments.

The strong smell of the leaves and flowers is also reported to help repel mosquitoes and houseflies.

Compounds isolated from *Lantana* have demonstrated significant chemopreventive and cytotoxic activities. Its dose-dependent spermicidal activity could be useful in the development of plant-based natural contraceptive agents for men.

Studies have shown that aqueous and ethanolic extracts of *Lantana camara* have anti-ulcer effects, supporting the traditional use of the herb in the treatment of ulcers. The twigs of *Lantana* are also used as toothbrushes by some communities in western India.

Adverse effects

The leaves and green berries contain toxins called lantadenes, which can cause severe liver damage and illness in humans and livestock if swallowed. External traditional applications should therefore be used with great care. Signs of toxicity include vomiting, diarrhoea, laboured breathing and weakness.

Economic uses and potentials

The plant is widely grown as an ornamental species because of its bright, multi-coloured flower clusters, which attract bees. Its stems and whole plant are used for making baskets and as hedges in some communities.

Lantana camara ornamental plants typically cost between **N1,500 and N3,000** at local plant nurseries or on marketplaces. Imported seeds or speciality products cost significantly more, ranging from **N9,000 to over N15,000** for 50–100 seeds. Dried leaves and essential oils may cost N80,000 or more when ordered through specialist global herbal import suppliers. Dried *Lantana camara* leaves cost between $12 and $15.

Reference

Jain, V., Mittal, V. & Kunwar, B. (2025). Lantana camara L.: A review of its traditional uses, phytochemistry, pharmacological activities, and toxicology. *Trends in Pharmacology and Toxicology, 1*(1), 65–85. https://doi.org/10.21124/tpt.2025.65.85



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....Championing Healthy Living

Greenlife PACT 26 targets sustainable pharma trade, local manufacturing amid rising costs

By Adebayo Oladejo

Greenlife Pharmaceuticals Limited has unveiled a new strategy aimed at strengthening partnerships across the pharmaceutical value chain, promoting sustainable commercial growth and advancing its plans for local manufacturing amid rising costs of pharmaceutical raw materials.

The initiative, Pharmacy Access and Commercial Trade (PACT) 2026, was launched at the company's inaugural forum held at the Radisson Blu Hotel, GRA, Ikeja, Lagos, with major wholesalers and trade partners in attendance. The forum provided an opportunity for Greenlife and its partners to examine the challenges confronting the pharmaceutical business environment, particularly rising operating costs, while exploring ways of building stronger and more sustainable commercial relationships.

Speaking at the event, the Executive Director of Greenlife Pharmaceuticals Limited, Pharm. Peter Chukwudalu Nwosu, said the company was entering a new phase in its relationship with trade partners, moving beyond routine buying and selling to a more strategic and responsive partnership model.

Nwosu said Greenlife would focus on listening better to its customers, responding faster, making business easier and understanding the challenges confronting its partners. He noted that stronger partnerships had become increasingly important in an operating environment characterised by rising costs.

The ED also disclosed that Greenlife was working towards local pharmaceutical manufacturing, noting that the rising cost of active pharmaceutical ingredients and excipients had continued to put pressure on pharmaceutical businesses. He said government interventions aimed at reducing the cost burden on manufacturers would help support the industry's transition towards greater local production.



A cross-section of Greenlife's trade partners and management staff at the PACT 2026 forum held at the Radisson Blu Hotel, GRA, Ikeja, Lagos.

The General Manager, Sales and Marketing, Pharm. Derick Osondu, said PACT 2026 was designed to create a closer and more responsive relationship between Greenlife and its trade partners. According to him, the company's growth had been shaped not only by its internal efforts but also by the trust and commitment of businesses that had worked with it over the years.

Osondu urged partners to provide honest feedback through Greenlife's feedback channels, saying such input would enable the company to improve its services and respond more effectively to market realities.

Speaking on *"Sustainable Pharma Access and Commercial Trade through Institutionalization,"* the company's Corporate Performance and Strategy representative, Mr Jones Ekwealor, challenged trade partners to build businesses capable of surviving beyond their founders.

Ekwealor identified governance, finance, systems and processes, people, and strategy as five critical pillars for institutionalising businesses. He stressed the importance of proper financial records, effective inventory and credit controls, competent management, succession planning and reliable business data. He also urged businesses to prepare for the evolving tax environment, warning that poor reconciliation of sales, inventory, customer records, bank transactions and tax obligations could expose them to avoidable risks.

The Business Development Manager, Pharm. Henry Okolo, said PACT was built around the principles of exponential growth and long-term partnership. He explained that the initiative would move beyond conventional discounts by creating structured commercial opportunities capable of delivering additional value to partners.

"PACT is a commitment framework intended to encourage sustained business growth rather than a one-off commercial incentive," Okolo said, urging partners to embrace opportunities that would strengthen their businesses while deepening their relationship with Greenlife.

Also speaking, former National Chairman of the National Association of Industrial Pharmacists (NAIP) and Chief Operating Officer of Alpha Pharmacy and Stores Ltd., Pharm. Ignatius Anuku, commended Greenlife for the initiative, describing it as evidence of long-term strategic thinking.

Anuku called for greater investment in local pharmaceutical manufacturing, stressing that Nigeria could not depend indefinitely on imported medicines to meet the healthcare needs of its growing population. He urged pharmaceutical companies and trade partners to build relationships anchored on trust, communication and mutual benefit.

The high point of the event was the recognition of outstanding Greenlife partners for their contributions during the 2025–2026 financial year. SS & Duke Pharmaceutical Limited was the first recipient, while Medplus Pharmacy received the Lonart Legacy Award. Grace Johnson Pharmaceutical Limited received the P-Alaxin Legacy Award, DrugStoc EHub Limited won the Portfolio Excellence Award, while New Heights Wholesales Limited received the Funbact A Legacy Award.

According to Pharm. Sebastian Osakwe, the awards formed part of Greenlife's continuing effort to recognise and celebrate partners contributing to the company's growth, with more partners expected to be honoured at subsequent editions of PACT.



Pharmanews October 2026.indd 31 9/24/2026 7:04:52 AM

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

Pharmanews October 2026.indd 32 9/24/2026 7:04:53 AM

Nigeria must take ownership of its pharmaceutical value chain – Mounemeh

*Pharm. Frank Mounemeh is the executive secretary of the Pharmaceutical Manufacturing Group of the Manufacturers Association of Nigeria (PMG-MAN). In this interview with **Patrick Iwelunmor**, he speaks on the forthcoming Nigeria Pharma Manufacturers Expo, medicine security, Nigeria's emerging role as a regional manufacturing hub and other pertinent issues affecting the pharmaceutical industry.*

The Nigeria Pharma Manufacturers Expo promises to be a major event this year. What should stakeholders expect from the expo, and what makes this edition particularly important?

At the core of the PMG-MAN Manufacturers Expo is the drive for medicine security and national development. We want to draw the attention of policymakers and other stakeholders to the importance of local pharmaceutical manufacturing in achieving medicine security. This year's Expo is particularly important because the industry is transitioning towards greater self-sufficiency in the production of medicines and pharmaceutical products.

We expect close to 200 companies and between 3,000 and 4,000 participants and visitors. Exhibitors will come from Asia, India, China, Europe and neighbouring African countries, with international exhibitors primarily bringing machinery, active pharmaceutical ingredients, packaging materials, clean rooms, HVAC systems and laboratory equipment that support local manufacturing.

What opportunities does the expo offer young Nigerians and pharmacists who may want to enter pharmaceutical manufacturing?

Many young people are not sufficiently focused on pharmaceutical manufacturing, while some traders see it as an investment beyond their reach. We want the expo to demonstrate that Nigeria is an important destination for pharmaceutical investment.

Established founders and CEOs will share their experiences and journeys with the next generation of entrepreneurs. There will also be technical sessions for pharmacists and other professionals covering supply chain management, quality assurance, quality control, regulatory affairs, market access, production management and engineering.

As a pharmacist, I believe pharmacists should play a much greater role in pharmaceutical manufacturing. The expo will help professionals understand the opportunities available to them and acquire skills that are transferable across the industry. There will also be discussions on emerging areas such as contract research organisations and bioequivalence studies.

You have repeatedly emphasised medicine security. What exactly does medicine security mean and why is local manufacturing so important to achieving it?

Medicine security means Nigeria taking ownership of how the medicines and life science products it consumes are produced. That means being in the driver's seat in research and development, supply chain management, last-mile delivery, regulation and, most importantly, end-to-end production, from active pharmaceutical ingredients to finished products.

Until we contribute sufficiently to the entire value chain, access to safe, quality and affordable medicines will remain difficult. Universal health coverage will also remain rhetoric because access to medicines is critical to achieving it. If Nigerians are still paying between 70 and 76 per cent of their healthcare expenses out of pocket, particularly for medicines, health equity becomes difficult, especially when more than 130 million Nigerians are living in multidimensional poverty.



Pharm. Frank Mounemeh

Nigeria is increasingly being described as an important pharmaceutical manufacturing hub in Africa. How do you assess Nigeria's position in the regional pharmaceutical manufacturing landscape?

Nigeria is becoming a strong player in regional manufacturing. There is significant investment in the pharmaceutical sector; the industry is recording annual growth, and Nigeria contributes a significant proportion of pharmaceutical products consumed across West and Central Africa.

Excluding North Africa, Nigeria is the next major hub for regional manufacturing. That has guided our expo theme, which focuses on regional manufacturing and advancing Africa's pharmaceutical and life sciences sovereignty through localisation. You cannot achieve regional manufacturing without strengthening local manufacturing. We want to play local but become stronger at the regional and African levels and help close the medicine access gap.

How does the African Continental Free Trade Area fit into this vision of regional pharmaceutical manufacturing?

The African Continental Free Trade Area is an important part of this conversation. The opportunity is enormous. We are looking at how Nigeria can strengthen its manufacturing capacity and use that capacity to serve other African markets.

It is not simply about producing for Nigeria. We are looking at building a stronger African pharmaceutical manufacturing ecosystem while contributing to skills development, capacity building, investment and regional economic development.

Some multinational pharmaceutical companies have exited Nigeria in recent years. Has their departure been entirely negative, or has it created opportunities for local manufacturers?

Some multinationals left with products they previously manufactured here, but the local industry turned that window into an opportunity. Local companies began focusing on gaps created in the market and manufacturing essential products that were previously supplied by those companies.

Today, we have close to 10 beta-lactam facilities manufacturing products in that category. Nigerian manufacturers are also producing molecules that, 10 years ago, we would not have considered manufacturing locally. We are even looking at opportunities such as biosimilar products.

NAFDAC's 5+5 policy has been widely discussed within the pharmaceutical industry. What impact would you say the policy has had on local manufacturing?

The NAFDAC 5+5 policy is very significant, and I commend the director-general of NAFDAC for faithfully implementing it. Where there is evidence of the capability and capacity to manufacture a product locally, companies with market authorisation must either demonstrate plans to manufacture locally or provide evidence of contract manufacturing in Nigeria.

The policy has transformed the system. Companies that have held market authorisations for years are now establishing manufacturing facilities, while existing local manufacturers are positioning themselves for contract manufacturing.

When people ask whether government should prioritise finance or policy, I say policy is fundamental. With the right policy, companies are compelled to align with the direction of government, seek financing and get the job done.

Apart from the 5+5 policy, the Federal Government has introduced a presidential executive order to support local pharmaceutical manufacturing. What impact is this having on manufacturers?

The presidential executive order has been supportive, particularly in encouraging members to repurpose facilities and contribute more to local manufacturing. However, implementation has presented challenges.

The executive order provides a 7.5 per cent incentive, which we appreciate, but implementation has not always been aligned with the original intention. It took almost another month after the order was declared for the technical working group to develop the implementation framework. The intention was to support machinery and pharmaceutical ingredients, but the machinery component did not succeed as initially intended. Implementation was largely limited to APIs and certain packaging materials, with several policy adjustments along the way.

What specific problems have manufacturers encountered in the implementation of these policies?

One challenge has been inconsistencies in the platforms used for trade and customs processes. Manufacturers experienced difficulties with the B'Odogwu platform and had to engage government over charges they believed they should not have been paying.

The platform was later replaced by the National Single Window, but members are still reporting inconsistencies and additional charges. These problems increase production costs.

Manufacturers also face congestion at the ports, where delays in clearing pharmaceutical inputs can disrupt production cycles. Containers may be diverted to other ports or tracking systems may not accurately reflect their physical location. All these delays create additional costs, which ultimately affect the price paid by patients.

continued on page 42

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Pharmanews October 2026.indd 34 9/24/2026 7:04:55 AM

Why early detection could save more Nigerian lives

By Sesan Kareem

There is a dangerous assumption in healthcare: "If I feel fine, I must be fine."

For many chronic conditions, that assumption can be costly. Hypertension, type 2 diabetes and other chronic diseases can develop quietly before symptoms become obvious. By the time someone seeks care because something feels wrong, significant damage may already have occurred.

This is why I believe one of the most powerful tools in healthcare is early detection.

The cost of discovering disease too late

Noncommunicable diseases (NCDs) remain a major global health challenge. The World Health Organisation reports that NCDs caused more than 43 million deaths in 2021, including about 18 million deaths before age 70. Most of those premature deaths occurred in low- and middle-income countries.

Nigeria is part of this challenge. WHO estimates that about 28 per cent of deaths in Nigeria were caused by NCDs in 2021, while the probability of premature death from the four major NCDs was about 18 per cent. The problem is that many people discover chronic diseases late.

A person may live with high blood pressure without knowing it. Someone experiencing persistent fatigue may blame it on stress. Another person may dismiss poor sleep as simply the consequence of a busy lifestyle.

Eventually, a health problem that might have been manageable can become an emergency. The tragedy is often not that the disease exists, but that we meet it too late.

Screening changes the question

Traditional healthcare often asks: *"What is wrong with you?"* Screening asks a different question: "Could something be wrong before you notice it?"

That distinction matters. Screening helps identify people who may be at increased risk of a particular condition and who may benefit from further assessment. It is not the same as diagnosis.

For example, a person with an elevated diabetes-risk score does not automatically have diabetes. The appropriate next step may be blood glucose or HbA1c testing and professional evaluation.

Screening is therefore not the destination. It is the beginning of the healthcare journey.

Making early detection easier

One barrier to preventive healthcare is friction. Going to a hospital takes time. Seeing a doctor and getting laboratory investigations can cost money. Consequently, healthcare can become something people seek only when they are already unwell.

At HubPharm Africa, we have been asking how technology can help change this behaviour. Our answer is simple: make the first step easier.

We have launched 10 free health screening and decision-support tools designed to help people identify potential health risks early and understand when professional care may be needed. The tools cover cardiovascular risk, diabetes, sleep apnoea, depression, anxiety, ADHD, PrEP eligibility, fertility-related risk factors, cancer-related emergencies and medication-adherence planning for health plans and employers.

Several use established screening instruments, including the Framingham Risk Score, FINDRISC, STOP-Bang, PHQ-9, GAD-7 and the WHO Adult ADHD Self-Report Scale. The purpose is not to replace doctors. It is to help more people reach the right healthcare conversation earlier.

Two minutes can create awareness

Digital screening can make that first step remarkably accessible.

A person can start with a simple question:

Could I be at risk of diabetes?

Is my sleep problem something I should investigate?

Should I speak to someone about how I have been feeling?

What is my cardiovascular risk?

A screening tool cannot tell someone everything about their health. However, it can create something extremely valuable: awareness.

And awareness creates an opportunity for action.

A concerning result can encourage someone to check their blood pressure, arrange appropriate laboratory testing, speak with a doctor or seek other professional support.

What happens after screening matters

We must be careful not to confuse screening with diagnosis.

A high-risk result does not necessarily mean a person has a disease. Likewise, a low-risk result does not guarantee perfect health.



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

This is why every screening journey should have a next step.

The pathway is simple: screening, confirmation, professional assessment, treatment, medication access, adherence and follow-up.

Technology becomes truly valuable when it helps shorten the distance between identifying a potential problem and accessing appropriate care.

We need a culture of checking early

Nigeria needs to move from a reactive healthcare culture to a more preventive one.

Know your blood pressure. Understand your blood sugar. Pay attention to persistent changes in sleep, mood and general wellbeing.

When a screening result suggests that something deserves attention, do not simply ignore it.

Early screening will not prevent every premature death. But it can help identify risk and disease earlier, when intervention may be more effective.

Pharm. Sesan Kareem is the founder and president of HubPharm Africa, Africa's chronic care management platform.



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Job creation, local manufacturing critical to Nigeria's healthcare development — Chidi Dozie

With decades of experience in pharmaceutical entrepreneurship, Pharm. Chidi Dozie, managing director of Dozie and Dozie Pharmaceutical Nigeria Limited, believes Nigeria can address some of its healthcare and economic challenges by encouraging local manufacturing, supporting entrepreneurs and creating jobs.

*Speaking in an interview with **Adebayo Oladejo**, Dozie, who was the chairman of the Conference Planning Committee (CPC) of the recently concluded 45th Annual International Scientific Conference of the Association of Community Pharmacists of Nigeria (ACPN), reflects on his entrepreneurial journey, healthcare interventions, local production, workforce development and the future of pharmacy. Excerpts:*

Tell us about the journey of Dozie and Dozie Pharmaceutical Nigeria Limited.

Dozie and Dozie is a family name. The company was registered in 1994, and today we have about seven pharmacists in the family, with some still in school. From 2003, we took the company to another level by identifying gaps within the pharmaceutical industry and healthcare sector that we could fill. We have since supported both public and private hospitals in areas where there were needs.

What are some of the major healthcare gaps the company has helped to address?

By 2005, we brought a change to cancer management in Nigeria. At the time, doxorubicin was about the highest level of drug being used for oncology treatment. We introduced second, third and fourth-generation products, contributing to the return of multinational companies such as Roche, Pfizer, Sanofi and AstraZeneca to the oncology space. When AstraZeneca left in 2006, we filled the gap until the company returned.

We also moved into IVF, supporting Nisa Premier Hospital and GIFT Hospital, and became involved in anaesthesia, ensuring that hospitals, particularly public hospitals, had the requirements needed to manage patients before and after surgery.



Pharm. Chidi Dozie

What has driven your entrepreneurial philosophy?

I have a passion for seeing our healthcare system improve. In 2012, I took up the challenge of understanding the difficulties women faced during childbirth, particularly in anaesthetic management. I realised there were gaps between what we had and global trends, so I followed the developments. By 2013, Nigeria became the second country in Africa to benefit from preservative-free anaesthetics.

I also supported government by bringing in the products with our company's money and allowing it to sell them before payment. It was a way of helping to address a critical healthcare need.

What are your plans for the future, particularly in local manufacturing?

We already have a sister company in Lagos, called UCAN Concept. We are addressing challenges around the importation of surgical disinfectants by partnering with our UK suppliers to bring in machines and begin local production. I believe that if we put our hands together, more companies can work with us here and create jobs.

What is your view on the challenges facing local pharmaceutical manufacturing?

We need an environment where businesses can grow. In 2022, I was bringing a Spanish-American company to establish a world-class factory in Nigeria, but the project was frustrated by leadership challenges. We are not giving up. Nigeria has the capacity to produce and create jobs if the right environment is provided.

How important is job creation to Nigeria's development?

It is very important. Anytime I hear about insecurity, I attribute it partly to lack of jobs. Government needs to look inwards and identify people with genuine public interest in developing businesses and creating employment.

We should not simply talk about stakeholders without asking who the real stakeholders are and what their interests are in national development. I encourage Nigerians, especially pharmacists, to speak up and engage government because a lot can be done.

How do you retain your workforce and keep your staff motivated?

It is about sacrifice. You have to sacrifice some things for your staff. Although we do not have an office complex of our own, we make sacrifices to ensure our staff are comfortable. All our staff are pensionable, and we provide healthcare coverage and monthly transport allowances because we understand that welfare matters.

What advice do you have for young pharmacists who want to become entrepreneurs?

Patience. Think outside the box, read and understand your environment, identify what is lacking and see how you can fill the gaps. Young people should also continue learning. During COVID, I personally undertook a certificate course in Entrepreneurship in Emerging Economies and learnt a lot from it. There are many things young pharmacists can read and learn to broaden their thinking about business and professional practice.

How would you like future pharmacists to remember your contribution to the profession?

I do not want to dwell on what I have done in the past, but I played a role in getting the Central Bank of Nigeria to include the pharmaceutical industry in its retail window in 2018. From 2015 to 2018, pharmacy was not included. With the assistance of United Bank for Africa, I arranged a meeting with CBN management, which saw the reason and included the industry. We became the sixth industry to be part of the retail window.

These are some of the things I have tried to achieve for the profession. I did not ask anybody to make me a Fellow. I was only asked by PSN Abuja to fill the form, which I did.

You chaired the planning committee of Unity 2026. What were your major concerns when you accepted the responsibility?

I initially refused because I knew it would be a huge task. However, senior colleagues and members of the Board of Fellows approached me and explained why they wanted me to accept it. They wanted someone who could help bring unity, which was why the theme, *"Unity 2026,"* became important. The idea was to bring everybody on board and ensure that all members participated in the conference.

Looking at the outcome, how would you assess the conference?

It has been a wonderful experience. Initially, our concern was whether everything we put in place would work, particularly the attendance of our expected guests and dignitaries. As the conference comes to a close, we are happy that our guests turned up, supported us and gave the pharmacy profession a sense of belonging. That is what we represent and work for.

What is your message to the next generation of pharmacists?

We have done our best, especially at this conference. We hope those coming after us will pick up from where we stopped and do better. Where they find faults, they should improve on them. They will succeed if they work hard.

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Bello makes history as first woman to lead PSN Kwara

By Adebayo Oladejo



A cross-section of the newly elected executive members during the swearing-in.



Pharm. Munirat Kikelomo Bello newly elected chairman of PSN, Kwara State Branch

Pharm. Munirat Kikelomo Bello has emerged as the new chairman of the Pharmaceutical Society of Nigeria (PSN), Kwara State Branch, becoming the first woman to lead the association since its establishment in the state.

Bello emerged at the branch's election held in Ilorin, defeating two other candidates to take over the leadership of the association. Her election marks another milestone in her leadership career, having previously served as chairman of the Association of Community Pharmacists of Nigeria (ACPN), Kwara State Branch, where she also became the first woman to occupy the position.

A graduate of Pharmacy from the University of Jos, Bello began her professional career in community pharmacy practice before relocating to Ilorin, where she has continued to contribute to the development of the profession through leadership, advocacy and community pharmacy initiatives.

Reacting to her victory, the newly elected chairman expressed appreciation to members for the confidence reposed in her, describing the outcome as a collective victory.

"This victory is not mine alone; it is ours. It is a testament to our collective strength, unity and belief in a greater PSN Kwara," she said.

Bello pledged to lead the association with integrity, transparency and inclusiveness, while placing members' interests and welfare at the centre of her administration and advancing the pharmaceutical profession in Kwara State.

She will lead an executive comprising Pharm. Isaac Onimisi Salami as secretary; Pharm. Yunus Ahmed Tijani, internal auditor; Pharm. Kolawole Adetutu A. Abosede, treasurer; Pharm. Okpodu Ununotovo Ekemena, financial secretary; Pharm. Ramon Shadiat, public relations officer; Pharm. Alhaji Durowoju Lasisi Ayodeji MAW, Deputy Chairman; and Pharm. Olaoyo Patience Pearl MAW, assistant secretary.

Others are Pharm. Oloniyo Abidemi Mercy and Pharm. Samuel Arome O, both ex-officio members, while Pharm. Abdulmalik Mohammed Baba remains the immediate past chairman.

Speaking on his expectations of the new administration, Pharm. Baba urged Bello to regard the new assignment as a continuation of leadership and build on the achievements of previous administrations.

"Governance is continuous. I would expect the new chairman to build on the achievements of the past leaders and also focus on whatever plans she has for Kwara PSN," he said.

Baba described the outgoing administration's three-year tenure as a period of significant progress, citing interventions in infrastructure, members' welfare and financial sustainability. He listed the installation of a 5kV hybrid solar system at the secretariat, initiatives towards establishing a PSN-owned bottled water project and efforts to improve the remuneration of young pharmacists, particularly those in community practice. He also disclosed that the administration handed over substantial funds to the incoming leadership and left the association at a loan-free level.

Beyond these achievements, however, Baba identified unity as the most important responsibility before the new administration, urging Bello to bring members across the various interests within the association together.

"Most importantly, which I told the new chairman, is unity. She needs to bring everybody together. You identify and carry everybody along. It makes things easier," he said.

According to him, unity has remained one of the strengths of Kwara PSN at the national level, urging Bello to sustain the identity of Kwara pharmacists as "Kwara United" by building bridges among members and ensuring an inclusive administration.

He expressed confidence that Bello would sustain the level of development she inherited while bringing her own vision and leadership agenda to the association.

With her election, Bello becomes the first woman to lead PSN Kwara, following her trailblazing leadership of ACPN Kwara and marking a new chapter in the history of pharmacy leadership in the state.

PCN News

PCN seals 797 premises, shuts down illegal drug cluster across Kano

By Ifeoluwa D. Afolayan

The Pharmacy Council of Nigeria (PCN) National Enforcement Team has sealed 797 premises for regulatory noncompliance following a four-day enforcement sweep across Kano State, in an operation that also shut down an illegal drug cluster operating at the Groundnut Pyramid (Dalan-Gyada) along Katsina Road.

The exercise, which held from 7 to 11 September 2026, covered 28 Local Government Areas across the state, as part of PCN's continued nationwide drive to enforce compliance with regulatory standards governing the sale and distribution of medicines in Nigeria.

A total of 1,153 premises were inspected during the exercise, comprising 16 pharmacies, 700 patent medicine stores, and 437 illegal outlets. Of these, 797 premises were sealed for various regulatory infractions — 8 pharmacies, 352 patent medicine stores, and all 437 illegal outlets identified. Six compliance directives were also issued to premises found with regulatory deficiencies requiring corrective action.

The enforcement exercise covered the following Local Government Areas: Bichi, Tsanyawa, Gwarzo, Wudil, Gaya, Ajingi, Kiru, Tudun Wada, Ungogo, Bebeji, Garun Mallam, Kura, Dawakin Kudu, Dawakin Tofa, Takai, Rimin Gado, Bagwai, Shanono, Kabo, Gezawa, Gabasawa, Dambatta, Makoda, Minjibir, Warawa, Rano, Kibiya, and Bunkure.

Among the highlights of the operation was the shutdown of an illegal drug cluster operating at the Groundnut Pyramid (Dalan-Gyada) along Katsina Road — one of several unauthorised drug-selling clusters that have continued to emerge across the country, and which PCN has prioritised for closure as part of its broader effort to sanitise Nigeria's drug distribution system.

The Council reaffirms its commitment to protecting public health by ensuring that only licensed and compliant premises are permitted to sell medicines, and continues to warn operators of illegal and unregistered outlets that enforcement action will be sustained across all parts of the country.

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Two years on: How HubPharm is improving medication adherence, bridging patient data gap

By Temitope Obayendo



Pharm. Sesan Kareem

Over its two years of operation, HubPharm Africa has demonstrated that medication adherence is possible when patients have consistent access to the medicines they need, particularly hard-to-source specialty medicines in underserved and hard-to-reach communities.

In a recent interview, the CEO of HubPharm Africa, Pharm. Sesan Kareem, identified two major factors contributing to mortality among patients living with chronic conditions: limited access to medicines and financial constraints. Since its launch in 2024, HubPharm Africa has sought to address these challenges through infrastructure dedicated to chronic care, a diaspora-funded payment channel and an AI-powered health companion on WhatsApp.

According to Kareem, the healthcare delivery company has supplied more than 400,000 medicine packs to over 10,200 active chronic-care patients, helping to bridge gaps in access to essential medicines. He also highlighted the company's efforts to provide clinicians and pharmacists with patient medication-adherence data, an area he described as a longstanding gap in chronic disease management.

Below is the full interview:

Congratulations on your second anniversary at HubPharm. Briefly share with us how the journey has been from inception till now.

The honest answer is that it has been two years of building something Nigeria did not have a template for. We started with a simple, painful observation: patients were not dying because medicines did not exist; they were dying because the medicines never reached them consistently. A man with ADHD gets a prescription, fills it once, cannot find the brand the next month, cannot afford it the month after, and by the sixth month, he has quietly stopped. That gap between prescription and sustained access is where African lives are being lost, and nobody owned it.

So, we did not build another pharmacy or another delivery app. We built infrastructure for chronic care: PCN-licensed sourcing, cold-chain logistics, clinical pharmacist-led programmes, a diaspora-funded payment channel and Afiya, our AI health companion on WhatsApp.

The early days were unglamorous. We were sourcing single packs for individual patients, driving deliveries ourselves and explaining a model that did not fit anyone's existing category. Today, we serve over 10,200 active chronic-care patients, have delivered more than 400,000 medicine packs, run 10 clinical programmes across sickle cell, cancer, diabetes, cardiology, mental health, HIV and hepatitis, autoimmune and rare conditions, and have delivered to over 33 states in Nigeria.

Revenue grew 350 per cent year on year, and we now employ 15 people directly. Being named a Tony Elumelu Entrepreneur in 2024 and a NASDAQ 2026 finalist validated the model externally, but the internal validation matters more: patients who have stayed on therapy for two years straight.

In what ways can you say HubPharm has impacted patients and practitioners?

For patients, the impact is measurable and clinical, not cosmetic. We have improved medication adherence by 42 per cent across our chronic-care cohort, maintain a 95 per cent patient satisfaction rate, and have touched over 180,000 lives when you count our screening, education and Afiya interactions. Afiya alone now handles more than 200,000 patient interactions monthly, in over 50 languages, across 35 countries.

What that means in practice is that a sickle cell patient in Ilorin gets hydroxyurea on the same day every month instead of hunting for it. It means a cancer patient whose family abroad can fund treatment directly through our diaspora channel instead of wiring money and hoping. It means a diabetic patient receiving a refill reminder, an adherence check and a pharmacist call before the crisis, not after it.

For practitioners, we have deliberately positioned ourselves as an extension of the clinician, never a replacement. Physicians and hospitals refer patients to us for hard-to-source specialty medicines and then receive adherence data back, which closes a loop that has always been open in Nigerian practice. Our institutional agreement with AVON HMO extends that to managed care.

For pharmacists specifically, this is the part I am most proud of. We have created roles where pharmacists practise as clinicians: running therapeutic programmes, doing medication therapy management, counselling patients and interpreting adherence data. Our profession has been boxed into dispensing for too long. HubPharm is one demonstration that the Nigerian pharmacist can sit at the centre of chronic disease management and be paid for that clinical value.

What are the challenges encountered so far, and how do you hope to overcome them?

Four challenges dominate. The first is financing of care. Over 80 per cent of Nigerian health spending is out of pocket, and chronic disease is a recurring monthly cost. Many patients ration doses not out of ignorance but out of arithmetic. Our response is to diversify who pays: HMO and corporate contracts, employer-sponsored chronic care, our diaspora-funded channel, where families abroad pay for care at home, and donor-funded programme partnerships.

The second is foreign exchange and supply volatility. Most specialty medicines are imported and priced in dollars. Naira volatility can wipe out a margin between order and delivery. We are managing this through direct manufacturer and importer relationships, forward purchasing on high-volume lines, tighter inventory discipline and early conversations on local licensing and fill-finish partnerships.

The third is capital. African health infrastructure is judged by investors against consumer-tech timelines. Building trust with a chronic-care patient takes years, not weeks. We are addressing this with a blended approach: reinvesting our profit into the business alongside international grant funding from partners interested in access outcomes rather than quick exits.

The fourth is talent and trust. Retaining clinical talent in a japa economy is real, and so is patient scepticism about counterfeit medicines. On talent, we compete on mission, ownership and clinical growth rather than salary alone. On trust, our answer is verifiable provenance: licensed sourcing, PCN compliance, cold-chain integrity and full traceability on every pack.

None of these are solved. But each of them is now a system we manage rather than a surprise that manages us.

Nigeria must take ownership of its pharmaceutical value chain – Mounemeh

continued from page 33

Energy costs have also been identified as a major burden on manufacturers. How serious is the situation?

It is a very serious issue. Manufacturers can spend as much as 40 per cent of their production costs on energy, compared with countries such as India and China, where energy costs are significantly lower. In China, the figure is almost less than five per cent.

These costs eventually become part of the price of the product leaving the factory. Ultimately, the patient bears the cost. So, when we discuss medicine prices, we must understand the entire production ecosystem and the numerous costs manufacturers face.

Finally, if you were to identify the single biggest challenge facing pharmaceutical manufacturing in Nigeria today, what would it be, and what should government do differently?

Policy. When you ask what government should prioritise, the conversation usually comes down to policy and finance. If I have to choose, I will say policy. The NAFDAC 5+5 policy is a clear example of what the right policy can achieve.

The biggest challenge is policy consistency and faithful implementation. 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. I always say that we are taught at Harvard that policy design is 10 per cent, while execution is 90 per cent. Our major problem is in that 90 per cent: execution.

Everything is connected. Logistics challenges and energy costs significantly affect manufacturers, while access to finance remains another major issue.

We welcome the presidential executive order, but we are asking for its extension for another two years to give the policies sufficient time to stabilise and produce their intended impact. What we need is consistency. Policy can be excellent on paper, but its success depends on faithful and effective implementation. That is how we can strengthen local pharmaceutical manufacturing, improve medicine security and ensure that Nigerians have better access to safe, quality and affordable medicines.

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SFH, IRC partner to scale up maternal, child health services in 4 states

By Ranmilowo Ojalumo

The Society for Family Health (SFH) and the International Rescue Committee (IRC) have commenced a new partnership aimed at expanding access to essential maternal, newborn and child health (MNCH) and nutrition services in underserved and crisis-affected communities across four states in Nigeria.

The partnership, under the Impact at Scale Project, will focus on Borno, Adamawa, Sokoto and Zamfara states, where women and children continue to face significant barriers to accessing essential healthcare services, particularly in communities affected by insecurity, displacement and limited access to functioning health facilities.

The initiative is designed to bridge the gap between humanitarian response and long-term health system strengthening, with the partners seeking to improve access to lifesaving services while building stronger and more resilient health systems capable of responding to the needs of vulnerable populations.

Speaking at a National Stakeholders Workshop organised by IRC with the theme, "Impact @ Scale: Experience Sharing from the Frontline States," the SFH Group Director, Impact, Partnership and Engagement, Mr Dayyabu Yusuf, stressed the importance of integrating humanitarian interventions with development programming.

Yusuf said the new project would build on the experiences and lessons learned from SFH's implementation of the Health Resilience in Northeast Nigeria (HeRON) Project with IRC, as well as its experience through the IntegratE Project.

According to him, the programmes have provided valuable lessons on delivering health interventions in challenging environments, strengthening community structures, improving service delivery and addressing barriers that prevent vulnerable populations from accessing healthcare.

Under the Impact at Scale Project, SFH will deploy a comprehensive package of interventions covering family planning, malaria, pneumonia and diarrhoea, nutrition, basic and comprehensive emergency obstetric and newborn care, as well as broader health system strengthening.

The approach is expected to strengthen the capacity of health systems while ensuring that essential services reach women and children in communities where insecurity, displacement and poor access to healthcare infrastructure have created additional health challenges.

Yusuf reaffirmed SFH's commitment to leveraging its experience of working with IRC and other stakeholders across the four states to achieve greater impact.

He emphasised the importance of using lessons from previous interventions to improve the delivery of healthcare services and strengthen the resilience of communities and health systems.

The Federal Ministry of Health and Social Welfare also underscored the importance of ensuring that health interventions reach vulnerable populations, particularly those living in hard-to-reach and crisis-affected communities.



Officials and representatives of Society for Family Health, the International Rescue Committee and the Federal Government at the National Stakeholders Workshop organised by IRC recently.

Representing the Honourable Minister of State for Health and Social Welfare at the workshop, the Director of Health Planning, Research and Statistics, Dr John Ovuoraye, said achieving universal health coverage (UHC) required deliberate efforts to ensure that no population group was left behind.

Ovuoraye stressed that healthcare must reach everyone, including vulnerable populations living in conflict-affected and difficult-to-access communities.

He also acknowledged the contribution of IRC and its partners to the delivery of lifesaving interventions, particularly immunisation, maternal and child health and nutrition services, to communities that are often difficult to reach.

The Federal Ministry's position reinforces the need for stronger collaboration among government, humanitarian organisations and development partners in addressing the health needs of populations affected by emergencies and other vulnerabilities.

The Impact at Scale Project therefore represents a continuation of the collaboration between SFH and IRC, while extending the lessons from previous interventions to a broader package of essential health services across Borno, Adamawa, Sokoto and Zamfara states.

As implementation begins, the partners are expected to focus on strengthening health systems, improving access to essential services and ensuring that vulnerable women and children in underserved communities benefit from interventions capable of delivering sustainable health outcomes.

The initiative ultimately seeks to demonstrate that integrating humanitarian response with longer-term health system strengthening can help expand access to quality healthcare while building resilience in communities facing some of the country's most difficult health and security challenges.

Reps Speaker tasks community pharmacists on fake medicines, professional ethics

By Adebayo Oladejo

The Speaker of the House of Representatives, Rt. Hon. Tajudeen Abbas, has charged community pharmacists to uphold the highest standards of professional ethics and play a greater role in tackling the circulation of substandard and falsified medicines in Nigeria.

Abbas gave the charge 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.

Representing the Speaker, the Chairman of the House Committee on Health Institutions, Amos Magaji, said the National Assembly recognised community pharmacies as indispensable partners in efforts to build a healthier, safer and more productive Nigeria, stressing that healthcare delivery was influenced not only by science but also by governance, legislation, financing, regulation, diplomacy and public trust.

According to him, the theme of the conference, *"From Local Pharmacy Practice to Global Impact: Managing Complex Political Systems,"* was timely because it challenged pharmacists to look beyond the traditional boundaries of pharmacy practice and understand the political and institutional forces shaping healthcare delivery.

He said healthcare systems could only thrive where competent professionals, sound policies and strong institutions worked together, adding that pharmacists had responsibilities beyond dispensing medicines.

"Pharmacies are educators, public health advocates, entrepreneurs and innovators, as well as trusted advisers within our communities," he said.

Abbas emphasised the importance of collaboration among healthcare professionals and other stakeholders in achieving Universal Health Coverage, improving medicine security and strengthening primary healthcare.

He cited the African proverb that when spiders work together, they can tie up a lion, saying the message was that collaboration was more powerful than individual effort.

The Speaker also raised concern over the circulation and inappropriate use of medicines, particularly antibiotics, warning that economic hardship should not compromise access to safe and effective treatment.

He stressed that one of the greatest threats facing the healthcare system remained the circulation of substandard and falsified medicines.

"Fake medicines do not merely fail to cure diseases. They destroy public confidence, fuel antimicrobial resistance and cause innocent lives," he said.

Abbas charged community pharmacists to ensure that every medicine dispensed had a traceable source and that suspicious products were promptly reported to the appropriate authorities.

He assured pharmacists that the National Assembly remained committed to strengthening the legal and regulatory framework governing medicines, including measures to empower regulatory agencies, improve supply chain integrity, encourage local pharmaceutical manufacturing and impose stiffer penalties on those involved in the manufacture, importation and distribution of contaminated or falsified medicines.

He, however, noted that regulation alone could not guarantee medicine safety, stressing that ethical practice must remain the foundation of the pharmacy profession. According to him, the confidence Nigerians have placed in pharmacies over the years was built on professionalism, competence and integrity and must not be compromised.

He urged pharmacists to always put patients' welfare ahead of commercial interests, warning against indiscriminate dispensing of antibiotics and irresponsible handling of controlled medicines. He also called for strict adherence to patient confidentiality and professional standards, stressing that medicines should not be sold merely because they were profitable.

Beyond medicine dispensing, Abbas urged community pharmacists to take advantage of their accessibility to strengthen preventive healthcare and health education.

continued on page 48

Pharmanews October 2026.indd 44 9/24/2026 7:05:07 AM









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Hope for cancer patients as FG, experts push precision radiopharmaceutical therapy

By Ranmilowo Ojalumo



L-R: Director of Research at the Nigerian Institute of Medical Research, Dr David Oladele; the Director of the Chris Oyakhilome Foundation International (COFI), Pastor Arinze Emmanuels and the Chairman of the Board of Loveworld Medical Centre and Executive Minister, Ministry of Healing, Health and Social Services, Dr Deola Phillips at the International Symposium on Radiopharmaceutical Therapy (ISRT) 2026.

A new frontier in cancer treatment is emerging in Nigeria as the Federal Government and international nuclear medicine experts call for the adoption of radiopharmaceutical therapy and precision oncology to improve cancer outcomes and reduce some of the limitations associated with conventional treatment.

The call was made in Lagos at the International Symposium on Radiopharmaceutical Therapy (ISRT) 2026, themed "Advancing Radiotheranostics and Precision Oncology in Africa". The symposium brought together health experts, researchers, clinicians and policymakers to explore ways of expanding access to targeted cancer diagnosis and treatment in Nigeria and across Africa.

Speaking at the opening ceremony, the Minister of State for Health and Social Welfare, Dr Iziaq Salako, represented by the Director of Research at the Nigerian Institute of Medical Research, Dr David Oladele, described radiopharmaceutical therapy as an important frontier in modern medicine, saying it could provide more targeted and effective cancer treatment.

He said the growing cancer burden in Nigeria requires the country to move beyond conventional cancer services and embrace innovation, research, skilled manpower and the infrastructure needed to deliver advanced therapies safely and sustainably.

"Radiopharmaceutical therapy represents an important frontier in modern medicine. By combining advances in nuclear medicine, molecular imaging, pharmaceutical sciences, oncology, and medicinal medicine, it offers opportunities for more targeted and effective treatment for cancer while potentially reducing some of the limitations that are associated with conventional therapies," he said.

Salako said Nigeria needs to develop the capacity to make the emerging technology accessible to patients, stressing that the Federal Ministry of Health and Social Welfare remain committed to strengthening the health system through research-driven solutions, partnerships and an enabling environment for translating scientific discoveries into healthcare services.

He urged participants at the symposium to deepen collaboration between Nigerian and international institutions, facilitate technology transfer and develop local capacity to move radiopharmaceutical therapy "from the realm of scientific promise to something that is accessible to all Nigerians".

The symposium also showcased the growing capacity of Loveworld Medical Centre, Lagos, to provide advanced nuclear medicine services. Organisers announced that Actinium-225 and Lutetium-177 tandem treatment would be performed during the event in what they described as a historic first for Africa.

Chairman of the Board of Loveworld Medical Centre and Executive Minister, Ministry of Healing, Health and Social Services, Dr Deola Phillips, said the objective of the technology goes beyond treating cancer to helping patients maintain their quality of life.

"At the heart of the ISRT is theragnostics, that is, bringing diagnosis and targeted treatment together to deliver a more precise and personalised care," Phillips said.

She added that the approach focused on "preserving the quality of life, reducing unnecessary toxicity and the burden of side effects associated with conventional treatments, enabling patients to live well for as long as possible irrespective of the stage of their disease".

Phillips disclosed that a patient with breast cancer had received free nuclear medicine treatment at the centre and experienced significant improvement after two cycles.

Also speaking at the event, the Chief Medical Director of Loveworld Medical Centre, Pastor Dr Emeka Eze, described radiopharmaceutical therapy as a major alternative to conventional cancer treatment because of its targeted approach.

"This is the future of cancer therapy. The more it's adopted, the more affordable it will be and the beautiful thing about precision oncology is the fact that what we are dealing with is targeted care," Eze said.

He explained that, unlike conventional chemotherapy, which can affect both cancerous and healthy rapidly dividing cells, radionuclide-based treatment is designed to target diseased cells.

"These radionuclide materials only target diseased cells. They don't go after all rapidly dividing cells. So the side effect profile is almost zero and that's a huge difference," he said.

Eze, however, acknowledged that radiotheranostics remains expensive, but said foundations and other partners were helping to make treatment available to patients who could not afford it.

"There's hope. Nigerians should know that they don't

continued on page 50

A cross-section of dignitaries and participants at the 20th Annual Scientific Conference and Exposition of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA) held at Hyatt Regency Aurora-Denver Conference Centre, Colorado, USA.



Prof. Charles Esimone; Prof. Joel Wannang; Pharm. (Sir) Bankole Aminu Ezebuilo; and Pharm. Emmanuel Ezirim, immediate past president, NAPPSA.



Pharm. Edna Chima, Dr Chinyere Onyebuchi, VP, Takeda, USA; Pharm. Eucharia Igwe; Pharm. Emmanuel Ezirim, immediate past president, NAPPSA and other delegates at the conference.



J. Valentine Okelu, MD/CEO, Neimeth Int'l Pharmaceutical; Dr Sydney Ugwu, VP, Fordoz Pharma, USA; Dr Anayo Ukeje; Dr Aloy Ibe; Emmanuel Ezirim, immediate past president, NAPPSA; and others at the conference.



Pharm. Babashehu Ahmed, registrar, Pharmacy Council of Nigeria; Dr Nina Nwaba; Pharm. Emmanuel Ezirim, immediate past president, NAPPSA, and another delegate at the conference.

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Adopt One Health to cut disease burden, CMUL provost urges FG

By Temitope Obayendo



L-R: Dr Adaorah Enyi, chief operating officer, Oncopadi Technologies; Prof. Sharafadeen Kehinde Okunade, chairman, Nigerian Medical Association, Lagos State branch; Dr Omolola Salako, founder, Sebeccly Cancer Care; Prof. Ademola Ayodele Oremosu, provost, College of Medicine, University of Lagos, and another physician, at the onboarding of the second cohort of Naija Cancer Watch Fellows recently.

As the country grapples with a growing disease burden driven largely by infectious diseases, the Provost of the College of Medicine, University of Lagos (CMUL), Professor Ademola Ayodele Oremosu, has urged the Federal Government to adopt the One Health approach to improve public health and environmental wellbeing.

He described One Health as a three-dimensional approach that could improve the lives of Nigerians, promote environmental cleanliness and strengthen public health, stressing that it is indispensable if the country is serious about addressing the challenges in the healthcare ecosystem.

This is coming as the Nigeria Centre for Disease Control and Prevention (NCDC) disclosed that Nigeria's public health disease burden remains heavily driven by infectious illnesses, with significant regional concentrations. The major disease burdens include Lassa fever, malaria, cholera and diphtheria, while non-communicable diseases (NCDs), including hypertension, diabetes and cancer, are rising sharply among adults.

Oremosu, who spoke with ***Pharmanews*** in an exclusive interview on the sidelines of the POWER Conference, organised by Sebeccly Cancer Care at the College of Medicine, UNILAG, described One Health as an integrated, unifying approach that recognises the close connection between human health, animal health and the shared environment.

Rather than treating human medicine, veterinary medicine and environmental science as separate fields, he said, One Health brings experts from these areas together to tackle health threats at their source.

He stressed the need for the government to deploy the approach, saying it would enable the country to trace the sources of diseases and address them more effectively.

He cited the reduction of emissions from vehicles and other sources as an example, noting that this would help protect environmental health, while reducing pollutants entering water bodies would also protect the environment and have a direct impact on public health.

"This will definitely improve the lives of the people, environmental cleanliness, as well as public health. And when it comes to non-communicable diseases such as cancer, hypertension, and diabetes, government will need to provide palliatives and other forms of support to ensure that patients can bear the cost of treatment and do not abandon care," he said.

Speaking on the persistent brain drain in the healthcare sector, the provost advised the government to look inward to identify the factors driving young professionals out of the country and address them accordingly.

While acknowledging the need to double the production of medical doctors as a means of bridging the personnel gap and improving access to healthcare, he said this would not be sufficient if the factors driving practitioners abroad were not adequately addressed.

He argued that although working abroad might not be without its challenges, the government must undertake a holistic review of practitioners' remuneration and provide a more conducive working environment to encourage them to remain in the country.

He also called for incentives for practitioners willing to work in remote areas, where a significant proportion of the population resides.

According to him, "one of those factors is remuneration. When we look at Africa, in terms of per capita income and the salaries paid to medical personnel, Nigeria still ranks very low. It is something the government needs to address. We also need to incentivise people who are willing to work outside the major cities. The majority of our population still lives in rural areas, about 70 per cent or thereabouts. So, you have to provide incentives.

"If they cannot have all the facilities available in the big cities, at least give them good accommodation and access to the internet so that they can remain abreast of developments around the world. Such policies will help to stem the brain drain, as we normally call it."

On how the College is preparing students and consultants to use technology and telemedicine without compromising patient safety, the professor of anatomy disclosed that it is adopting a model known as the Diaspora Bridge.

He acknowledged that telemedicine has existed before now but said the College is seeking to build a more formal structure around it through the initiative.

According to him, the Diaspora Bridge is a new initiative that connects experts abroad, particularly those of Nigerian descent, with students, consultants and physicians in Nigeria who require additional training and information on patient diagnosis and management through digital technology.

Attributing the initiative to the Minister of Education, Dr Tunji Alausa, he said its implementation was still facing some challenges.

"However, there are also some challenges," he stated. "Our internet services are still sometimes epileptic. There are also time differences. For example, someone in the Global North, such as Canada, may be five or six hours behind Nigeria. So, some of them may just be waking up at the time when we need that information.

"These are some of the challenges that, over time, we will continue to look at and find ways to address. Of course, artificial intelligence is also helping. Sometimes, when you cannot speak to someone in real time, artificial intelligence can interface with those who need the information at that particular point in time," he maintained.

When asked how to address the disconnect between medical schools and the healthcare system, particularly the shortage and uneven distribution of doctors, the provost identified the challenge as a disparity between the number of doctors being produced and the resources required to train them.

He said the cost of training doctors is substantial, noting that between 400 and 600 academic staff across various cadres, including professors, associate professors, senior lecturers and lecturers, are required to train medical students.

The CMUL head further explained that medical schools operate under stringent accreditation requirements and are regulated by the Medical and Dental Council of Nigeria, which ensures that prescribed standards are maintained.

"We are therefore appealing that, when political candidates want to establish a medical school in every village, it may be better to strengthen existing institutions so that they can have greater capacity. More importantly, when doctors are produced, they must be properly oriented and encouraged to remain committed to their country," he stated.

He cited the example of Dr Omolola Salako, CEO of Sebeccly Cancer Care, who he said has remained committed to improving oncology services in the country and had devoted her life to ensuring that people living with cancer received reprieve and relief.

Oremosu acknowledged that government alone might not be able to resolve the country's healthcare challenges, charging practitioners to take greater responsibility and consider how their commitment could contribute to producing more doctors and ensuring a more equitable distribution of healthcare professionals across the country.

Reps Speaker tasks community pharmacists on fake medicines, professional ethics

continued from page 44

He said community pharmacies were often the first point of contact for Nigerians seeking healthcare advice, placing pharmacists in a strategic position to promote healthier lifestyles, conduct routine screening for hypertension and diabetes, support immunisation advocacy, encourage medication adherence, provide maternal and child health education and facilitate early referral of complicated cases.

"A pharmacy should not merely be a place where medicines are sold. It should be a centre for health promotion and disease prevention," he said.

The Speaker further identified community pharmacies as important partners in the revitalisation of primary healthcare, noting that infrastructure alone could not deliver quality healthcare without the right human resources and professional services.

He said community pharmacies could contribute significantly to improving access to essential medicines, supporting medication therapy management, strengthening chronic disease management, supporting immunisation programmes and contributing to health education and disease surveillance.

Abbas therefore called for greater recognition of community pharmacies as an integral part of Nigeria's multidimensional healthcare system, saying that as the government continued efforts to strengthen primary healthcare centres across the country, community pharmacists must be fully integrated into the broader strategy for improving healthcare access and outcomes.

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Nigeria can't achieve universal health coverage without community pharmacies — Adekola

Community pharmacies have a critical role to play in Nigeria's quest for Universal Health Coverage (UHC), particularly as the country faces healthcare workforce shortages and increasing demand for accessible primary care. Speaking in an interview with ***Adebayo Oladejo****, Pharm. (Dr) Samuel Oluwaoromipin Adekola, FpsN, a Fellow of the Nigeria Academy of Pharmacy and former national chairman of the Association of Community Pharmacists of Nigeria (ACPN), discusses the evolution of community pharmacy practice, his leadership experience and the need to integrate community pharmacies more fully into primary healthcare.*



Pharm. (Dr) Samuel Oluwaoromipin Adekola

How would you describe the evolution of community pharmacy practice in Nigeria?

The evolution has been positive and progressive. Community pharmacy is now more visible, respected and recognised as an important component of healthcare delivery, including at the national level. During my tenure as national chairman of ACPN, we worked to improve the visibility of community pharmacists, strengthen the institution and secure greater recognition for community pharmacies as primary healthcare providers.

What would you regard as one major achievement of your administration?

One major achievement was positioning community pharmacies as primary care providers. In the final year of my administration, the National Primary Health Care Development Agency (NPHCDA) recognised community pharmacies and allowed trained and certified community pharmacists to participate in COVID-19 vaccination. This demonstrated that community pharmacies could support government in delivering essential public health services beyond medicine dispensing.

What impact did community pharmacists make during COVID-19 vaccination?

The impact was significant because community pharmacies are accessible, convenient and trusted by members of the public. In Oyo State, community pharmacies administered more COVID-19 vaccines than government institutions combined. It showed that, with the right framework, pharmacies can deliver public health interventions effectively. Pharmacists therefore have a role beyond dispensing medicines, including disease prevention, health promotion, vaccination and primary care.

How important are community pharmacies to achieving universal health coverage?

Nigeria cannot achieve universal health coverage without community pharmacies. They are close to the people and can reduce pressure on other levels of the healthcare system through health promotion, advocacy, vaccination, task-sharing, maternal and child health services, and management of minor ailments such as malaria and diarrhoea. Government needs to recognise these capabilities and integrate them into the healthcare system.

What prevents community pharmacies from playing a bigger role in primary healthcare?

A major challenge is that government has not fully recognised the extent of the contribution community pharmacies can make. There is also a need for stronger coordination among the Pharmacy Council of Nigeria, Pharmaceutical Society of Nigeria, ACPN and other stakeholders. It is a shared responsibility to create the regulatory and policy environment that will allow community pharmacies to participate effectively in structured primary healthcare delivery.

Nigeria has a healthcare professional shortage due to migration. How is this affecting community pharmacy?

It is a serious challenge. Pharmacists and other pharmacy professionals are leaving the country or moving from community practice to public institutions in search of better remuneration and working conditions. Community pharmacy owners invest in training their staff only to lose experienced personnel. The solution requires collective action by PCN, PSN, ACPN and other stakeholders to improve working conditions, strengthen retention and make community practice more attractive.

What should the profession do to prepare for the future?

Collaboration is very important. We must stop working in isolation and embrace technology because artificial intelligence and other emerging technologies are already changing healthcare delivery. The profession must evolve rapidly and understand how technology can improve pharmacy operations, patient care and service delivery.

What is your advice to young pharmacists entering community practice?

They should collaborate, continue learning and remain open to technology. The future belongs to adaptable pharmacists. Pharmacy is much broader than dispensing medicines, with opportunities in patient care, public health, technology, research and entrepreneurship. Young pharmacists should understand their environment, identify gaps and develop solutions to real healthcare needs.

You have continued to contribute to the profession after your tenure as ACPN national chairman. What keeps you involved?

Leadership does not end when one leaves office. I have continued to contribute through policy guidance, advocacy and professional engagements, including international platforms such as the International Pharmaceutical Federation (FIP). The ACPF Foundation also supported the training of more than 700 community pharmacies for vaccination, including pro bono training. These are areas where we can continue strengthening the profession and healthcare delivery.

Would you consider returning to leadership position if the opportunity arises?

If there is an opportunity and the profession needs me, I will be willing to contribute. My interest has always been the advancement of the profession and improvement of healthcare delivery. There is still much to be done, particularly in integrating community pharmacies more effectively into primary healthcare and achieving Universal Health Coverage.

Hope for cancer patients as FG, experts push precision radiopharmaceutical therapy

continued from page 46

have to go through the hell of conventional chemotherapy. They can seek an alternative and it's not just an unproven alternative. This is medically, professionally, scientifically, should I say calibrated medical intervention but with a new set of pharmaceuticals called radiopharmaceuticals," he said.

The Head of Nuclear Medicine and Director of Operations at Loveworld Medical Centre, Dr Marsha Maharaj, explained that theragnostics combines diagnosis and treatment by identifying a disease pathway and subsequently targeting the same pathway therapeutically.

"What we see, we can treat. That's a beautiful link," Maharaj said.

She explained that while chemotherapy could affect normal cells alongside cancer cells, theragnostics works by binding to receptors expressed by a tumour and targeting the cancer cells, thereby minimising damage to surrounding healthy tissue.

According to her, the approach had already produced encouraging outcomes in patients with advanced cancers.

"From stage four, we were able to bring patients into a curative state, and that's published," she said, adding that the treatment had also improved patients' quality of life.

Maharaj disclosed that Loveworld Medical Centre had treated patients with several forms of cancer using the technology, including breast, colorectal, sarcoma, prostate and lung cancers, while treatment capability for pancreatic cancer was also being developed.

She said the symposium was partly designed to equip more doctors with knowledge about the technology and help them understand when patients should or should not be selected for such treatment.

"Our symposium is meant to also train doctors. More importantly, we want every doctor to know how to handle a patient, how to manage, when to select, when not to select," she said.

Also speaking at the event, the Director of the Chris Oyakhilome Foundation International (COFI), Pastor Arinze Emmanuels, said the organisation was supporting the development of the radiotheranostic ecosystem through infrastructure, partnerships, research, professional training and patient access.

He said COFI's intervention would cover professional training, infrastructure, research, access to radiopharmaceuticals, patient advocacy and partnerships among healthcare institutions, governments and researchers.

Emmanuels said Africa needed to move from being primarily a recipient of medical solutions to developing the capacity to create and sustain its own healthcare innovations.

The President of the World Federation of Nuclear Medicine and Molecular Biology, Dr Savas Frangos, in a goodwill message, described the symposium as an important example of international collaboration to strengthen nuclear medicine in Africa.

He said the World Federation, in collaboration with the International Atomic Energy Agency, the African Association of Nuclear Medicine and the World Association of Radiopharmaceutical and Molecular Therapy, was working towards identifying Africa's strengths and challenges in nuclear medicine, with a view to developing sustainable strategies for its growth.

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PCN inducts 47 ABU pharmacy graduates, charges them to shun misconduct, embrace learning

By Ranmilowo Ojalumo



A cross-section of the Ahmadu Bello University Pharmacy graduands during the oath taking and induction ceremony recently.

The Pharmacy Council of Nigeria (PCN) has inducted 47 pharmacy graduates of Ahmadu Bello University (ABU), Zaria, into the pharmacy profession, with its Registrar, Pharm. Ibrahim B. Ahmed, charging them to uphold high ethical standards, shun professional misconduct and commit themselves to continuous learning throughout their careers.

Speaking at the oath-taking and induction ceremony, Ahmed explained that the ceremony is one of the requirements stipulated by the Pharmacy Council of Nigeria (Establishment) Act, 2022, to be fulfilled before registration as pharmacists.

"As you take the oath today and become inducted members of the pharmacy profession, I urge you to maintain high ethical standards and leadership qualities as prescribed by the PCN as well as endeavour to be worthy professionals for the achievement of excellence in the provision of quality pharmaceutical services for sustainable healthcare delivery in Nigeria," the registrar said.

He reminded the new pharmacists that their professional journey would continue with a mandatory one-year statutory internship, which must be undertaken at PCN-accredited internship training institutions. He urged them to take the programme seriously, stressing that it was primarily a period of training and preparation for future professional opportunities.

The registrar further disclosed that the graduates would be required to pass the Pre-registration Examination for Pharmacists (PEP) after their internship before becoming eligible to practise as pharmacists in Nigeria. He said the examination, usually conducted twice a year in March and October, serves as a quality assurance mechanism for strengthening pharmacy training standards in line with global best practices.

Ahmed also urged the new pharmacists to familiarise themselves with the Code of Professional Ethics, which prescribes their professional and moral responsibilities to patients, fellow pharmacists, other healthcare professionals, employers and the general public.

"As pharmacists, you are expected to get yourselves acquainted with the Code of Professional Ethics which prescribes your professional and moral responsibilities to the patients, pharmacist colleagues, other healthcare professionals, your employers and the general public among others. Strict compliance to the Code of Ethics is indispensable for the practice of the pharmacy profession," he said.

He noted that Pharmacy offered diverse career opportunities beyond conventional practice, urging the graduates to explore fields such as industry, community pharmacy, hospital practice, administration, research and academia. He added that pharmacists could also apply their expertise in areas including information technology, journalism, publishing and governance.

Ahmed stressed the need for lifelong learning, citing technological advancement, the increasing disease burden, adverse drug reactions, drug interactions and drug resistance among the challenges that require pharmacists to continually update their knowledge and skills.

"I therefore admonish you all to continue to improve yourselves through life-long learning. This would enhance your critical thinking skills, decision-making, social interaction, leadership skills and inter-professional relationships," he said.

He disclosed that the PCN had institutionalised the Continuing Professional Development (CPD) programme to promote the proficiency and continued relevance of pharmacists as members of the healthcare team.

The registrar also warned the graduates against professional misconduct, noting that the PCN Act provides for an Investigative Panel and Disciplinary Tribunal to deal with cases of misconduct.

"The Council frowns at professional misconduct in its entirety, so you are advised to refrain from any act of misconduct as this will be treated with all the seriousness it deserves," he said.

Ahmed particularly warned against what he described as the "Register-and-go Syndrome", saying it could tarnish the image of pharmacists and bring the profession into ridicule. He urged the graduates to maintain integrity throughout their careers and play an active role in healthcare delivery, particularly in medicines management and public health emergencies.

"As pharmacists, and front-line health workers, you are all expected to be at the front line offering professional advice/interventions on drugs, whilst working with other healthcare professionals at all times, especially during public health emergencies like Covid-19, diphtheria outbreak etc. Every contribution you make in your various practice areas will definitely impact combating such emergencies," Ahmed said.

He also encouraged the graduates to obtain the necessary certification to participate in vaccine storage and administration, while urging them to explore pharmacy research, particularly the development of effective medicines and vaccines, and collaborate with the Federal Government towards achieving these objectives.

Earlier, the Dean of the Faculty of Pharmaceutical Sciences, ABU, Prof. Mohammed Garba Magaji, described the induction of the 47 graduates as both the culmination of years of rigorous academic training and the beginning of a new professional journey.

He urged them to allow professional ethics, scientific evidence and the welfare of patients to guide their practice.

"Pharmacy is a profession founded on knowledge, integrity, compassion, responsibility and service. As pharmacists, you will be entrusted with the health and wellbeing of patients. The decisions you make and the manner in which you practise can have profound consequences on people's lives," he said.

The dean noted that the induction was taking place ahead of the 2026 World Pharmacists Day, scheduled for September 26, with the theme, "Empowering Pharmacists for Healthier Futures". He said the theme was particularly relevant to the new pharmacists given the rapid transformation of healthcare through technology, artificial intelligence, biotechnology and new approaches to patient care.

Magaji urged the graduates to embrace technological advancement while remaining focused on their primary responsibility to patients.

"Your graduation is not the end of your education; rather, it is the beginning of a lifelong journey of learning, adaptation and professional growth," he said.

He added, "Embrace technology and new knowledge, but never lose sight of the patient behind every prescription and every medicine."

The dean further urged the graduates to be good ambassadors of ABU wherever they found themselves, whether in hospitals, community pharmacies, pharmaceutical industries, regulatory agencies, academia, research institutions or other fields.

He advised them to guard their professional reputation jealously, noting that their conduct would not only define them as individuals but also influence how the institution that trained them was perceived.

"Be pharmacists who can be trusted. Be pharmacists who continue to learn. Be pharmacists who collaborate with other healthcare professionals. Be pharmacists who promote the rational and safe use of medicines. And above all, be pharmacists who make a meaningful contribution to improving the health of our people," he said.

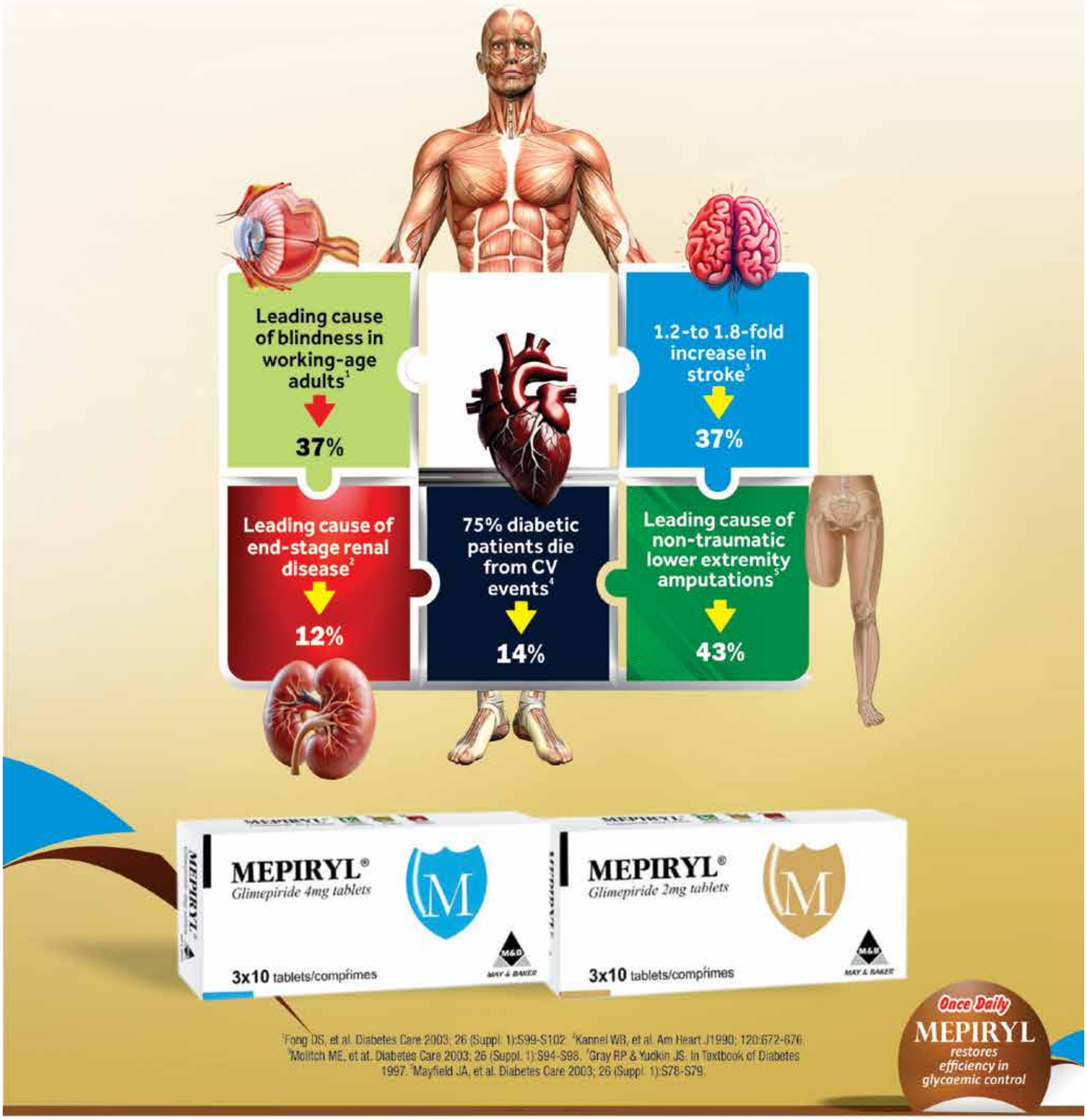
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Why do humans age?

By Ola Aboderin



Ageing is one of the few experiences shared by every human being. Yet, despite its familiarity, scientists are still trying to understand why the body gradually loses some of its ability to repair and maintain itself.

The answer is not a single biological process. Ageing results from many changes taking place in our cells and tissues over time. For instance, damage accumulates, repair systems become less efficient, some cells stop dividing properly, and the body's ability to maintain its internal balance gradually changes.

Understanding these processes is becoming increasingly important as researchers search for ways to extend not just lifespan, but the years people can live in good health.

The body repair system

The human body is very good at repairing itself. Cells are continually replaced, damaged proteins are removed and tissues are repaired after injury. But this repair system is not perfect. Normal activities within cells can produce damage, while infections, pollution, ultraviolet radiation, poor nutrition and other environmental stresses can add to the burden.

As people grow older, some of the body's repair mechanisms become less effective. Damage can therefore accumulate in DNA, proteins and other parts of cells. Scientists studying ageing have identified several interconnected biological processes involved in this gradual failure. These include genomic instability, changes in mitochondria, cellular senescence, declining ability to recycle damaged cell components and changes in communication between cells.

The important point is that these processes do not occur separately. A change in one can influence several others.

Cellular senescence

One of the most interesting areas of ageing research involves cellular senescence. Cells can become senescent when they have suffered damage or have reached the end of their ability to divide. This can be protective because it prevents damaged cells from continuing to multiply.

The difficulty arises when these cells remain in the body. Research shows that senescent cells can accumulate with age and release substances that promote inflammation and affect surrounding tissues. Scientists are investigating whether targeting these cells could eventually help improve healthy ageing.

This is still an area of research, rather than an established anti-ageing treatment. But it shows how scientists are moving beyond the idea that ageing is simply the gradual wearing out of the body.

Ageing and inflammation

Inflammation is essential when the body is fighting an infection or repairing an injury. Problem however arises when there is persistent inflammation that continues without any immediate threat.

Researchers use the term "inflammageing" to describe the chronic, low-level inflammation associated with advancing age. It has been linked with several conditions that become more common later in life, including cardiovascular disease and some neurodegenerative and metabolic disorders.

The immune system also changes with age. Its ability to respond to some infections and other challenges can weaken, which is one reason protecting older adults from preventable infections becomes increasingly important.

So, can we slow ageing?

The science of ageing has moved far beyond the search for a single "anti-ageing" treatment. Researchers are examining many possibilities, from senescent cells and mitochondrial function to inflammation and the body's ability to repair damaged DNA.

But perhaps the most important fact is that ageing is a lifelong process. WHO defines healthy ageing as developing and maintaining the functional ability that enables wellbeing in older age. Importantly, the organisation notes that being free from disease is not a requirement for healthy ageing. A person can live with a health condition and still maintain a good level of wellbeing when that condition is properly managed.

This means that the ultimate goal is not simply to make people live longer at any cost. It is to delay avoidable decline, prevent disease where possible and preserve the ability to move, think, relate to others and participate in society.

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
83.	Lahan Dotun (Dr)	7/11/43	Oyo
84.	Nduka E. N.	10/11/43	Imo
85.	Sunmonu Kike (Alhaja)	4/12/43	Lagos
86.	Soyanwo, Oluwemimo	8/12/43	Ogun
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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References:
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Beyond the ballot: Let Nigeria win (2)

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

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

(Continued from last edtion)

The commonwealth is a sacred trust

The word commonwealth contains a philosophy: the wealth held in common. Nigeria's oil, gas, minerals, taxes, public lands, institutions and collective opportunities do not belong to the government of the day. They belong to present and future generations. Leaders are managers of a trust whose beneficiaries include citizens not yet born. To waste public resources is therefore more than financial carelessness; it is an injustice against both the living and the unborn.

Good governance begins with this moral understanding of stewardship. Public money must be budgeted transparently, spent prudently and accounted for rigorously. Procurement must deliver value rather than political reward. Borrowing must finance productive assets and human development, not vanity or recurrent extravagance. Leakages that appear as numbers in audit reports translate into medicines not purchased, classrooms not repaired, roads not completed, jobs not created and lives not protected.

Nigeria does not suffer only from scarcity. It also suffers from choices—what we prioritise, what we tolerate and what we fail to measure. Even abundant resources become insufficient when waste is institutionalised. Conversely, disciplined leadership can multiply limited resources through sound planning, competent execution and public trust. The difference between nations is often not what they possess beneath the ground, but what their institutions and leaders build above it.

Those seeking office should therefore tell Nigerians how they will manage the commonwealth. Manifestos must move beyond attractive aspirations to priorities, costs, timelines, responsible institutions and indicators of success. Citizens should be able to ask, after one hundred days, one year and four years: what was promised, what was funded, what was completed, what changed and why? Accountability becomes meaningful when promises can be measured.

Democratic dividends must be visible in ordinary lives

Democracy cannot live permanently on the glory of elections. Its legitimacy is renewed daily through service. The dividend of democracy is not the number of political appointments made, convoys purchased or ceremonies conducted. It is the practical improvement that citizens experience: safer streets, reliable electricity, passable roads, functional schools, accessible healthcare, clean water, dignified employment, fair taxation and justice that does not depend on status.

The constitutional declaration that the security and welfare of the people shall be the primary purpose of government provides a simple but demanding standard. Government exists for the governed. Economic growth that never reaches households is incomplete. Infrastructure that is announced but not completed is not a dividend. Policies may require sacrifice, but leaders who ask citizens to endure hardship must demonstrate competence, fairness and personal restraint. Sacrifice loses legitimacy when it is demanded from the many while privilege expands for the few.

Nigeria needs governments that understand implementation. Our shelves are crowded with policies and development plans; the deficit is often continuity, coordination and execution. Vision without implementation is an elegant dream. Activity without direction is expensive motion. Effective leadership joins purpose to priorities, priorities to budgets, budgets to capable people and capable people to measurable results.

The dividends of democracy must also reach beyond capital cities. A country is not transformed when islands of privilege are surrounded by oceans of neglect. Local government matters because citizens encounter the state most directly through primary schools, health centres, sanitation, rural roads, markets, water systems and community security. Bringing accountable power and resources closer to the people can make democracy tangible, provided local institutions are transparent and citizens remain watchful.

The leadership Nigeria requires

Election seasons encourage leaders to speak about what people want to hear. Nation-building requires leaders who can also explain what people need to understand. Visionary leadership sees beyond the next election to the next generation. It anticipates threats, recognises opportunities and mobilises citizens around a future larger than partisan survival.

But vision alone is insufficient. Nigeria needs effective leadership: leadership that selects competent people, sets clear goals, coordinates institutions, makes evidence-based decisions, communicates honestly and corrects mistakes quickly. It needs ethical leadership that recognises limits, avoids conflicts of interest and treats public power as responsibility rather than entitlement. It needs compassionate leadership that sees statistics as human beings and understands that every policy has consequences at the kitchen table.

We also need leaders who unite. Unity does not require uniformity; it requires fairness, belonging and confidence that no group must diminish for another to rise. Appointments should reflect inclusion without sacrificing merit. Development should be balanced without being wastefully duplicated. National language should calm rather than inflame. A president or governor is not the leader only of those who voted for him or her. Victory transfers a candidate from the camp of a party to the service of the whole polity.

Those who lose also have a patriotic role. They should pursue legitimate complaints firmly but peacefully, congratulate fairly when the process is credible, and provide a vigilant, constructive opposition thereafter. Democracy is weakened when winners attempt to silence all criticism, but it is equally weakened when losers seek to make the country ungovernable. Opposition should expose failure, propose alternatives and defend institutions—not merely wait for misfortune that can be converted into political advantage.

The responsibilities do not end when voting closes

Too often, Nigerian citizenship becomes intense during campaigns and retreats after inauguration. Yet democracy is not a four-year festival; it is a continuous relationship of delegated power and public scrutiny. After the votes are counted, citizens must track budgets, attend community meetings, demand reports, use freedom-of-information mechanisms, support credible civil society and insist that legislators represent rather than merely visit their constituencies.

Professional associations, universities, businesses, trade unions, religious bodies and the media should establish nonpartisan platforms for monitoring campaign commitments. Governance should be discussed with facts, not only with sentiment. Where governments perform, society should acknowledge progress; where they fail, criticism should be specific, evidence-based and persistent. Accountability is strongest when it is fair enough to command moral authority.

The private sector and professional class must reject the habit of condemning corruption publicly while facilitating it privately. Contractors who inflate invoices, professionals who certify defective work, businesses that evade lawful obligations and citizens who offer bribes all feed the same system they blame. National renewal cannot be outsourced entirely to elected officials. Leadership sets the tone,



but society supplies many of the habits from which government is formed.

Let Nigeria be the ultimate winner

As the campaigns gather momentum, candidates will promise rescue, renewal, restoration and hope. Nigerians should listen, question, compare and decide. But we must remember that no politician is a messiah and no party has a monopoly on patriotism. Institutions are more enduring than personalities; national interest is larger than any ambition; and peace is the ground upon which every other achievement must stand.

Let candidates campaign as competitors, not conquerors. Let supporters argue without hatred. Let election officials act with competence and courage. Let security agencies protect without prejudice. Let judges decide without fear or favour. Let the media inform without inflaming. Let citizens vote according to conscience rather than coercion, inducement or inherited prejudice.

And when winners emerge, let them understand that celebration must quickly give way to service. The true certificate of return is not merely the document issued after collation; it is the trust conferred by millions of people. The true victory parade is a child returning safely from a good school, a patient receiving competent care, a farmer reaching the market, a graduate finding productive work, a business operating with power, and a family living without fear of hunger or violence.

Elections determine who holds office. Governance determines whether that choice becomes a blessing. History will not be impressed by the noise of our campaigns if the silence of abandoned hopes follows. The coming polls must therefore mark more than another transfer or renewal of authority. They should become a covenant: that political competition will not destroy national community; that public wealth will be managed for the public good; that leadership will be judged by results; and that democracy will finally be felt in the dignity of ordinary lives.

Parties will win and lose. Candidates will rise and fall. Power will pass, as all power eventually does. Nigeria must remain. Nigeria must heal. Nigeria must work. Above every slogan, ambition and affiliation, let this be our common declaration: in the election ahead, let peace prevail, let the people's will count, let good governance follow—and let Nigeria be the ultimate winner.

Let candidates campaign as competitors, not conquerors. Let supporters argue without hatred. Let election officials act with competence and courage. Let security agencies protect without prejudice. Let judges decide without fear or favour. Let the media inform without inflaming. Let citizens vote according to conscience rather than coercion, inducement or inherited prejudice.

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The Inner Architecture of Leadership

Converting influence into collective achievement

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

"Leadership is not about being in charge. It is about taking care of those in your charge." — Simon Sinek

Leadership is not primarily a position, title or privilege. It is the responsibility to influence people towards a worthwhile purpose while helping them become more capable, confident and committed in the process.

Positions may confer authority, but they do not automatically produce leadership. A person may occupy the highest office in an organisation and still fail to provide direction, inspire confidence or build a cohesive team. Conversely, someone without a formal title may demonstrate leadership by taking responsibility, solving problems, supporting colleagues and influencing others through character and competence.

Leadership is therefore not defined by where we sit, but by the difference we make.

From compliance to commitment

A manager may control tasks, but a leader creates commitment. A boss may demand compliance, but a leader awakens contribution. Authority can compel people to report to us; only authentic leadership can make them believe in what we represent.

Compliance produces the minimum required effort. Commitment releases creativity, energy and discretionary contribution. People who merely comply ask, "What must I do?" People who are genuinely committed ask, "What more can I contribute?"

This is why effective leadership cannot depend solely on instructions, policies and performance targets. Leaders must connect organisational goals with human meaning. People need to understand not only what they are expected to do, but why it matters, whom it serves and how their contribution advances the collective mission.

When purpose becomes clear and personally meaningful, work is transformed from obligation into ownership.

Leadership begins with direction

Leadership begins by providing direction. People cannot move confidently when the destination is unclear. The leader must articulate a compelling vision of the future and translate that vision into priorities that people can understand and pursue.

However, vision alone is insufficient. Inspirational words without practical action eventually create disappointment. Leadership must therefore move from direction to alignment.

Alignment ensures that resources, roles, structures, systems, incentives and behaviours support the declared purpose. It is contradictory for an organisation to proclaim innovation while punishing experimentation, promote teamwork while rewarding only individual performance, or speak about customer service while ignoring customer feedback.

Effective leaders close the gap between what the organisation says and what it consistently does.

Transforming individual effort into collective achievement

Leadership converts scattered abilities into coordinated strength. Individuals may possess impressive talents, but collective achievement requires shared direction, mutual trust and disciplined collaboration.

The leader's responsibility is not to become the most visible or indispensable person in the organisation. It is to create an environment in which people can combine their strengths, challenge one another constructively and achieve results that none of them could accomplish alone.

Great leadership therefore requires the humility to recognise that no leader possesses all the answers. Wise leaders listen to people closest to the problems, welcome diverse perspectives and create psychological safety for honest dialogue. They do not interpret disagreement as disloyalty or surround themselves only with people who confirm their assumptions.

When people are respected, heard and empowered, they are more willing to share ideas, identify risks and take responsibility for results.

Courage guided by compassion

The strongest leaders combine courage with compassion. Courage enables leaders to make difficult decisions, confront uncomfortable realities and defend institutional values. It empowers them to challenge underperformance, resist unethical pressure and act decisively during uncertainty.

Compassion helps leaders understand the human consequences of their decisions. It reminds them that organisations are not merely systems, structures and financial statements; they are communities of people with aspirations, families, fears and responsibilities.

Courage without compassion may become cruelty. Compassion without courage may become avoidance. Transformational leadership requires both: the strength to do what is necessary and the humanity to do it with fairness, dignity and sensitivity.

A leader who achieves short-term results by exhausting people, compromising values or weakening institutional systems has not achieved sustainable success. Genuine leadership creates results while strengthening the organisation's capacity to continue producing results.

Compassionate leadership does not mean lowering standards. It means maintaining high expectations while providing people with the clarity, support, resources and opportunity required to succeed.

Leadership and accountability

Accountability is one of the clearest tests of leadership character. A leader cannot claim the applause for success while distributing the blame for failure.

True leaders accept responsibility for the outcomes produced under their stewardship. They do not hide mistakes, manipulate information or sacrifice subordinates to protect their reputation. Instead, they examine what happened, acknowledge their contribution to the problem and lead the process of correction.

Accountability is not about creating fear. It is about establishing clarity regarding expectations, responsibilities, consequences and learning. When accountability is fair and consistent, it strengthens trust. When it is selective or politically manipulated, it weakens morale and encourages mediocrity.

Mature leaders understand that mistakes can become valuable sources of organisational learning. They ask:

- What happened?
- Why did it happen?
- What must we learn?
- What should we change?
- How can we prevent recurrence?

Leadership turns failure into insight and insight into institutional improvement.

Developing other leaders

One of the highest responsibilities of leadership is developing other leaders. An insecure leader gathers followers who remain dependent. Such a leader withholds information, centralises decisions and perceives talented colleagues as threats. The organisation may appear stable while that individual remains in office, but weakness becomes evident immediately after departure.

A transformational leader takes a different path. Transformational leaders multiply competence, share authority, delegate meaningful responsibility and prepare others to lead. They understand that empowerment is not the abandonment of responsibility; it is the deliberate transfer of capability, confidence and accountability.

Leadership development happens when people are given challenging assignments, constructive feedback, mentoring, exposure and room to exercise judgement. It also requires leaders to permit others to receive recognition and sometimes surpass them.

The success of a leader is not measured by the number of followers accumulated, but by the number of competent, ethical and courageous leaders produced.

Character is the foundation of influence

Leadership influence is sustained by character. Competence may attract attention, but integrity earns trust. People observe whether a leader's private conduct is consistent with public declarations, whether promises are honoured and whether values are upheld when doing so becomes costly.



Trust grows when words and actions align. It declines when leaders demand sacrifices they are unwilling to make or standards they refuse to observe.

Authentic leaders lead by example. They demonstrate the discipline, respect, humility, excellence and accountability they expect from others. Their lives give credibility to their message.

Measuring leadership by outcomes and legacy

Leadership must ultimately be measured by outcomes and legacy, not by activity, popularity or personal visibility.

The essential questions are:

Did people grow?

Did the institution become stronger?

Were values protected?

Were meaningful problems solved?

Was sustainable value created?

Were future leaders developed?

Was a foundation established for progress beyond the leader's tenure?

A leader who achieves short-term results by exhausting people, compromising values or weakening institutional systems has not achieved sustainable success. Genuine leadership creates results while strengthening the organisation's capacity to continue producing results.

The true test of leadership is not how powerful we appear while occupying a position, but how much positive capacity remains after we leave it.

Titles eventually expire. Offices change hands. Public applause fades. What remains is the quality of the people developed, the values institutionalised, the problems solved and the possibilities created.

Leadership reaches its highest purpose when influence becomes shared commitment, individual effort becomes collective achievement and present success becomes a foundation for future generations.

That is leadership beyond position.

That is influence transformed into impact.

That is leadership that leaves a legacy.

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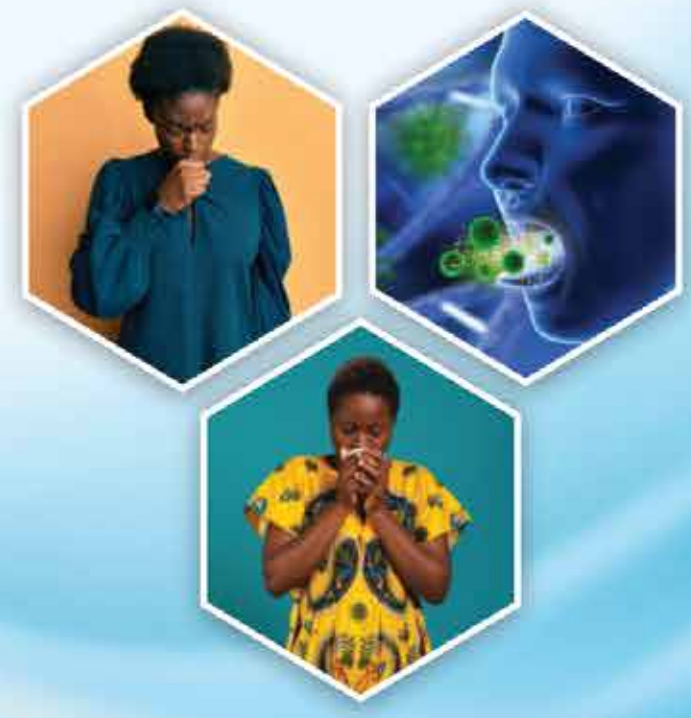
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FG to tackle health policy implementation gap at 2026 Health Equity Conference

By Patrick Iwelunmor

The Federal Government is set to convene health leaders and key stakeholders to address the persistent gap between health policy formulation and implementation in Nigeria, with a strong emphasis on care coordination, accountability and collaboration across the healthcare system. The issue will take centre stage at the 2026 National Health Equity Conference, scheduled to hold from 13 to 15 October, at the Nigeria National Merit Award House, Maitama, Abuja. The conference, organised by One Barrow International Limited, is themed, "From Policy to Impact: Care Coordination as the Core Engine of Health Equity."

The Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, will serve as Chief Host, while the Chairman, House Committee on Health Services, Hon. Amos Gwamna Magaji, and the Minister of Education, Dr Tunji Alausa, are expected to attend as Special Guests of Honour. The three-day conference is expected to attract policymakers, legislators, healthcare regulators, development partners, professional bodies, healthcare practitioners, private-sector leaders, civil society organisations, patient and community groups, and academic institutions to deliberate on practical approaches to improving access, quality, coordination and continuity of care.

Speaking ahead of the event, the Chief Executive Officer of OneBarrow International Limited, Yemi Ajao, said Nigeria's healthcare challenge was increasingly shifting from the absence of policies to the difficulty of translating existing policies and frameworks into coordinated action and measurable outcomes at the point of care. "Nigeria has developed important health policies and frameworks, but the real test is what happens when those policies reach the people and communities they are designed to serve," Ajao said.

He said the conference is designed to help close the implementation gap by bringing stakeholders together to focus on coordination, execution and accountability, noting that effective healthcare delivery required different professionals, institutions and levels of government to work together around the needs of patients rather than operate in isolation. According to him, the conference will examine how national health policies can be translated into practical implementation strategies across the federal, state and local government levels, while strengthening collaboration among doctors, nurses, pharmacists, laboratory scientists, health administrators and other healthcare professionals.

Ajao said better coordination could reduce fragmentation in healthcare delivery, strengthen referral pathways, improve communication among providers and enhance continuity of care, particularly for patients who move between different facilities and levels of the health system. "Every healthcare cadre has a unique and complementary role to play. The patient experiences the health system as one system, regardless of how many professionals or institutions are involved in their care. We therefore need systems that support collaboration rather than fragmentation, while strengthening referral pathways, communication and accountability," he said.

The organisers said the conference will also examine the relationship between care coordination and health equity, particularly how better-integrated healthcare systems could help reduce disparities in access to quality care among underserved populations and communities facing barriers to navigating the health system. Technology, data and citizen participation are also expected to feature prominently in the discussions, with participants examining how digital feedback mechanisms, transparency, access to information and greater awareness of patients' rights can strengthen accountability and improve the quality of healthcare delivery.

Ajao stressed the importance of empowering citizens to play a more active role in discussions around healthcare quality and accountability, arguing that patients should have meaningful channels through which to provide feedback and demand better services. "Citizens must understand their rights, have meaningful channels to provide feedback and be empowered to participate in conversations about the quality of care they receive," he said.

He added that a health system capable of listening to citizens would be better positioned to identify service gaps, respond to emerging needs and continuously improve, stressing that demand-side accountability should form an integral part of the broader health equity agenda. The conference is expected to culminate in a formal post-conference communiqué and practical implementation roadmap containing actionable



Prof. Muhammad Ali Pate
Minister of Health and Social Welfare

recommendations, commitments and mechanisms for tracking progress, supporting policy implementation and deepening cross-sector collaboration.

The organisers said the objective was to move beyond identifying the challenges confronting Nigeria's health system to securing practical commitments that can be implemented across different levels of healthcare delivery. OneBarrow maintained that meaningful health reform required more than the development of sound policies, stressing that coordinated implementation, accountability and sustained collaboration were critical to translating government reforms into improved health outcomes. The organisation expressed the expectation that participants would emerge from the conference with clearer priorities, stronger partnerships and practical commitments towards building a more inclusive, resilient, coordinated and accountable healthcare system.

Nigeria must bridge research, industry gap to deliver affordable health innovations - Ilomuanya

By Patrick Iwelunmor

Professor Margaret Ilomuanya of the Department of Pharmaceutics and Pharmaceutical Technology, UniversitAy of Lagos, has called for stronger collaboration among universities, industry, government and development agencies to ensure that promising health innovations developed by Nigerian researchers are translated into affordable products capable of improving health outcomes across Africa. She made this call in an exclusive interview with Pharmanews.

Ilomuanya, whose research interests include pharmaceutical formulation and drug delivery systems, said her team was making progress towards translating innovations in wound healing and non-hormonal contraception into products that could eventually become Aaccessible to patients. She, however, noted that the journey from successful laboratory research to commercially available health products remained long and uncertain, particularly because of the persistent funding and infrastructure challenges confronting translational research in Nigeria.

"We are actually close to translating some of our innovations for both wound healing and non-hormonal contraception into affordable products," she said, adding, however, that the meaning of "close" in scientific innovation was relative. According to her, successful proof of concept studies have already established the scientific basis of the innovations, while preclinical studies



Professor Margaret Ilomuanya

are currently underway.

The professor explained that the next stages of development would require sustained and strategic investment to prevent promising scientific discoveries from falling into what is often described as the "innovation valley of death", the difficult gap between early-stage research and the successful development, commercialisation and adoption of a product.

She said many potentially transformative discoveries emerging from African universities and research institutions struggle to progress beyond the laboratory because researchers often lack the funding, industrial partnerships, regulatory support and manufacturing capacity required to take an innovation through preclinical and clinical development to the market.

Ilomuanya expressed optimism that stronger partnerships among universities, pharmaceutical manufacturers, government institutions and development agencies could help overcome these barriers and accelerate the translation of locally generated knowledge into practical health solutions.

"With stronger partnerships between universities, industry, government and development agencies, some of these innovations could reach clinical adoption within the foreseeable future and contribute meaningfully to improving health outcomes across the continent," she said.

Beyond the development of individual products, she argued that Nigeria must create a stronger policy and industrial environment capable of supporting pharmaceutical innovation from the research stage to commercial production. According to her, government has a critical responsibility to provide targeted incentives for pharmaceutical manufacturing, strengthen intellectual property protection and expand funding mechanisms specifically designed to support translational research and technology transfer.

She also called on universities to deepen their engagement with industry and develop entrepreneurial programmes that would enable researchers to better understand the commercial dimensions of innovation. Such programmes, she said, could help academics and scientists think beyond publication and laboratory success towards product development, manufacturing, market access and long term sustainability.

Ilomuanya identified facilities such as the MED-AFRICA Good Manufacturing Practice laboratory as important interventions in efforts to close the gap between academic research and industrial production. She said such facilities provide researchers with opportunities to move promising discoveries closer to the standards and processes required for pharmaceutical manufacturing.

If Nigeria succeeds in aligning its research priorities with the needs of industry, investing in manufacturing infrastructure and creating an enabling policy environment, Ilomuanya believes the country could substantially reduce its dependence on imported medicines and health technologies.

Such a strategy, she added, would not only strengthen Nigeria's pharmaceutical self-reliance but could also position the country to build a globally competitive pharmaceutical sector driven by local research, innovation and manufacturing capacity.

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Traditional medicine key to UHC in Africa, says endocrinologist

continued from back page

and evidence-based healthcare, stressing the need for government to invest in capacity building in pharmacognosy, toxicology and clinical research, while strengthening institutions responsible for traditional medicine development.

Speaking in an exclusive interview with ***Pharmanews*** shortly after his presentation at the commemoration of African Traditional Medicine Day 2026, organised by the Nigeria Natural Medicine Development Agency (NNMDA) in Lagos, the erudite endocrinologist said Africa cannot not fully harness the potential of natural medicine without stronger collaboration between physicians and traditional medicine practitioners.

He, however, stressed that such integration must be guided by scientific evidence, with safety, efficacy, quality and standardisation established before traditional medicines are incorporated more widely into mainstream healthcare.

"Well, if we say that traditional medicines are totally not useful, we may not be helping the situation because whether we like it or not, our population used traditional medicines several decades before the orthodox medicines came and they had results. We are not denying those results. I guess the main concern for practitioners, clinicians, is the fact that traditional medicines are used unregulated in a manner that there is no form of guidance," he stated.

"The era of working in silos and living in denials is over," he said. "We agree that we can complement each other, but what we preach is that the rigorous processes of refinement to be sure that those traditional medicines are safe, they are efficacious, and they are cost-effective, and they are affordable to our people are the main areas that I think will help."

Uloko identified medicinal plants as rich sources of compounds that could be explored for therapeutic purposes, noting that, when properly studied and harnessed, they could offer useful therapeutic properties. He added that such plants provide structural diversity and are often culturally acceptable to the communities that used them.

He cited neem and other medicinal plants that had been used traditionally for generations, while noting that ginger and lemon also remained familiar traditional remedies for conditions such as colds and coughs.

Uloko further stressed the need to standardise traditional medicines, noting that while their traditional use could provide valuable knowledge, it did not by itself establish their safety or efficacy.

He said concerns among physicians centred on the safety and efficacy of traditional medicine products and the potential harm they could cause when used without adequate evidence or oversight.



Professor Martins Emeje, CEO/director general, Nigeria Natural Medicine Development Agency (NNMDA) and Professor Andrew E. Uloko, Department of Medicine, Faculty of Clinical Sciences, College of Health Sciences, Bayero University Kano, at the African Traditional Medicine Day programme.

According to him, "There is an opportunity for Africa to move from simply preserving its traditional medical heritage to transforming that knowledge into health innovation. To achieve this, several steps are necessary: documentation of traditional knowledge, scientific research, evidence generation, product development, regulation and improved access."

He maintained that research serves as the bridge between traditional knowledge and modern healthcare, stressing that clinicians, researchers, traditional medicine practitioners and communities must work together rather than operate in isolation.

Also speaking on the theme of the celebration, "Reflection on Research and Development of Traditional Medicine Towards Achieving Universal Health Coverage", the Director-General of NNMDA, Prof. Martins Emeje, underscored the importance of research and development in traditional medicine.

He said countries that fail to prioritise research and development of their natural resources for local medicines risk medicine insecurity.

Emeje also highlighted an important distinction between conventional medicine and natural medicine, noting that food could serve as a raw material or building block for medicines.

"Therefore, developing natural medicine can contribute to both food security and medicine security. However, this can only be achieved through sustained research and development."

The NNMDA Director-General further highlighted differences between conventional research and development and research into natural medicines, noting that research does not necessarily have to take place entirely in laboratories.

"Research does not necessarily mean that everything must be taken to a laboratory. Different forms of research can be conducted within communities."

He explained that researchers could engage traditional medicine practitioners, ask questions, gather information, document their practices and curate the knowledge they possess.

He therefore called for policies that would bring such knowledge into the formal research and healthcare system, noting that traditional medicine has a role to play in achieving UHC by contributing to access to quality, affordable and appropriate healthcare and medicines.

Emeje, however, cautioned against expecting Nigeria to achieve in a few years what countries such as China and India had developed over centuries. He said greater private-sector investment and sustained commitment would be necessary to advance Nigeria's traditional medicine heritage.

"The private sector must become more interested in the development of traditional medicine. At present, there is limited private-sector investment because the returns are not immediate. In other parts of the world, individuals, families, foundations and private industries invest their resources and a percentage of their profits in natural-product research. When these products are eventually developed, countries such as Nigeria import them."

He added that the ecosystem around traditional medicine has become more active over the past three years and that the momentum needed to be sustained over the next 25 years.

"Countries such as China and India have spent thousands of years developing their traditional medicine systems. We cannot expect to achieve the same level of development in three years."

Also speaking at the event, the WHO Head of Traditional Medicine Unit, Dr Kim Sunchol, urged the Federal Government to invest in the proper documentation and regulation of traditional medicine as a means of harnessing the country's natural heritage towards achieving UHC.

Acknowledging the place of herbal medicines in healthcare, Sunchol said traditional medicine is widely used across WHO member states, including Nigeria, with a significant proportion of the population relying on it.

He noted that the WHO Global Traditional Medicine Strategy 2025–2034 provides a framework for strengthening evidence, improving regulatory mechanisms and integrating safe and effective traditional medicine into national health systems where appropriate.

Sunchol, who joined the conference virtually, emphasised the role of government in providing clear policy guidance and establishing appropriate regulatory mechanisms for traditional medicine practitioners and products.

He called for the strengthening of national authorities and regulatory structures to ensure appropriate licensing and oversight of practitioners and products.

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Experts advocate evidence-based herbal medicine, say natural does not mean safe

continued from back page

and Regulated: The Future of Herbal Medicine".

The first speaker at the event, Chief Dr (Mrs) Stella Olagbende-Dada, a former lecturer in the Department of Pharmacognosy, UNILAG, said the future of African traditional medicine depended largely on the ability of researchers and practitioners to demonstrate that herbal products were safe, effective and of good quality.

According to her, African Traditional Medicine Day, established by the World Health Organisation (WHO), is observed annually to promote the integration of safe, efficacious and accessible traditional medicine into national healthcare systems across Africa.

"The position of the WHO on herbal medicine is to use what is proven to be safe, effective and of good quality," she said.

Olagbende-Dada noted that although many medicinal plants had been used for generations, traditional use alone could not be regarded as conclusive evidence of therapeutic effectiveness. She said many herbal preparations were considered effective simply because users reported feeling better after taking them, without the products having undergone the scientific procedures required to establish their actual efficacy.

"Some of our medicinal plants are traditionally used. Because we have used them and feel well, we believe that they are effective, but they are not actually proven to be effective," she said.

The former UNILAG lecturer therefore called for more scientific investigations, particularly randomised controlled trials (RCTs), to establish the safety and effectiveness of medicinal plants.

According to her, RCTs are important because they help move herbal medicine from subjective claims to scientifically demonstrated therapeutic benefits.

"WHO usually insists that the RCT, that is, the Random Control Trial, is carried out to establish and confirm that these plants or whatever we are using is effective," she said.

The pharmacy expert added that traditional medicines that have undergone proper scientific validation could make an important contribution to healthcare delivery, particularly in rural areas where access to conventional medicines and healthcare facilities remained limited.

"Traditional medicines of proven quality, safety and efficacy contribute to the goal of ensuring that all people have access to healthcare," she said.

Also speaking at the event, the second speaker, a Deputy Director, Herbal and Nutraceutical Division, Drug Evaluation and Research Directorate, NAFDAC, Pharm (Mrs) Ijeoma Ezeaka, warned that natural origin should never be used as a substitute for safety assessment, saying, "natural does not equal to risk-free".

She explained that herbal medicines could be exposed to several safety risks from the point of cultivation and harvesting through processing, manufacturing and storage. According to her, contamination, wrong identification of plants, variations in chemical composition, inaccurate dosage and concentration, toxicity, and interactions with conventional medicines were among the issues that required attention.



L-R: Deputy Director, NAFDAC, Pharm. (Mrs) Ijeoma Ezeka; Chairperson LOC, Dr Aminat Oyawaluja; Dean, Faculty of Pharmacy, UNILAG, Prof. Sunday Adesegun; Chief Dr (Mrs) S.O.A Olagbende-Dada; and Acting HOD, Pharmacognosy, UNILAG, Dr Ifeoma Orabueze, at the symposium.

She stressed that safety should be determined through scientific evidence and effective controls rather than assumptions about the natural origin of a product. She therefore urged manufacturers to conduct safety studies before applying for registration.

"Before you submit your application for registration, make sure that you carry out a safety test or a safety study on your product," Ezeaka said.

Another concern raised by the NAFDAC official was the possibility of herb-drug interactions, particularly as some patients combine herbal products with conventional medicines.

"These are things that one needs to be aware of. People might be on herbal medicine and other medicine at the same time. And there can be interactions," she said.

Ezeaka also identified clinical investigation as a major gap in the development of herbal medicines in Nigeria, stressing that perceived effectiveness was different from demonstrable clinical effectiveness.

She said, "Clinical investigation is very important. That is the area where we are actually lacking in herbal manufacturing."

She explained that NAFDAC's regulatory process is designed to ensure that herbal medicines reaching the market meet appropriate standards, noting that manufacturers are expected to undergo documentation, evaluation, manufacturing controls, laboratory controls, facility inspection, marketing authorisation and post-market surveillance.

The NAFDAC official also emphasised the importance of hygienic production and compliance with Good Manufacturing Practice, stressing that manufacturers who could not afford to establish their own facilities should use compliant contract manufacturing arrangements rather than produce herbal medicines in unsuitable environments.

Earlier in his welcome address, the Dean, Faculty of Pharmacy, UNILAG, Prof. Sunday Adesegun, said the theme of the symposium was consistent with the WHO's emphasis on research and development and the contribution of traditional medicine to universal health coverage in Africa.

Adesegun said the fact that herbal medicine has been part of African healthcare for generations did not remove the need for scientific validation.

He said, "While herbal medicine has been an integral part of African healthcare for generations, its future must be driven by scientific validation, quality assurance, standardisation and effective regulation."

The Acting Head, Department of Pharmacognosy, UNILAG, Dr Ifeoma Orabueze, said the department is strategically positioned to connect Africa's traditional medicinal knowledge with modern pharmaceutical science.

Orabueze said the department is committed to research, training and partnerships aimed at transforming indigenous medicinal knowledge into standardised products supported by scientific evidence.

"We are committed to research, training and partnership that will transform raw herbal knowledge into standardised, evidence-based herbal medicine that the world can show," she said.

She also called on traditional medicine practitioners, researchers and other stakeholders to work together to document, validate and protect indigenous medicinal knowledge.

She urged regulatory agencies and policymakers to develop frameworks that would protect consumers while allowing innovation in the sector to flourish.

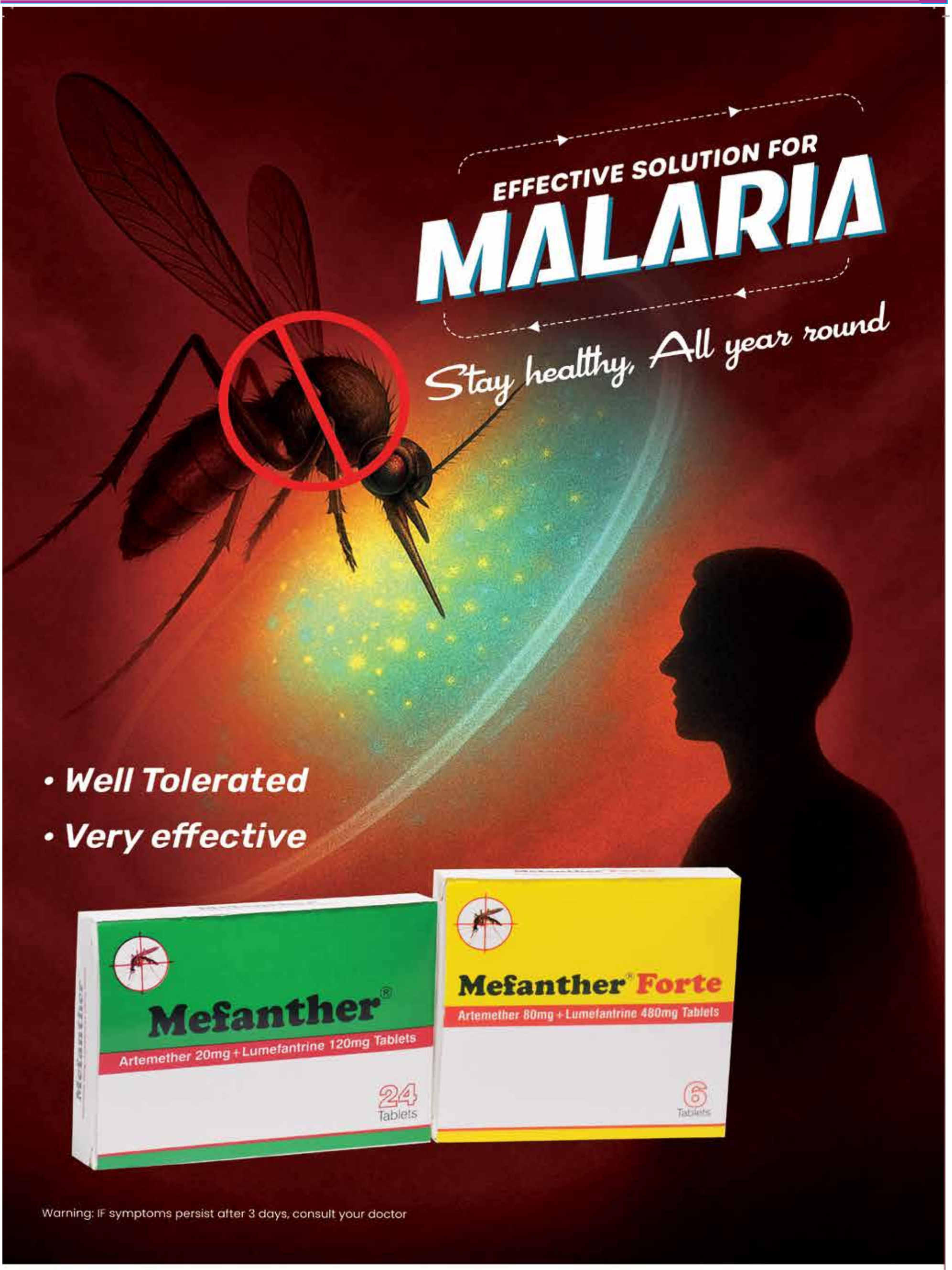
"Let us build a framework that protects the customer without creating a limitation," Orabueze said.

The call for evidence-based herbal medicine reflects the philosophy behind the Model Herbal Clinic, which was established in 2011 through the initiative of Prof. Olukemi Odukoya, with support from other members of the Department of Pharmacognosy.

According to the chairperson of the clinic, Dr Aminat Oyawaluja, the clinic was conceived as a pioneering initiative to bridge African traditional medicine and modern scientific research, with a vision of moving medicinal-plant discoveries from "Bench to Market".

Over the years, the clinic has developed and demonstrated herbal products in convenient dosage forms, including herbal teas and capsules, while serving as a platform for pharmaceutical education, research, innovation and public engagement.

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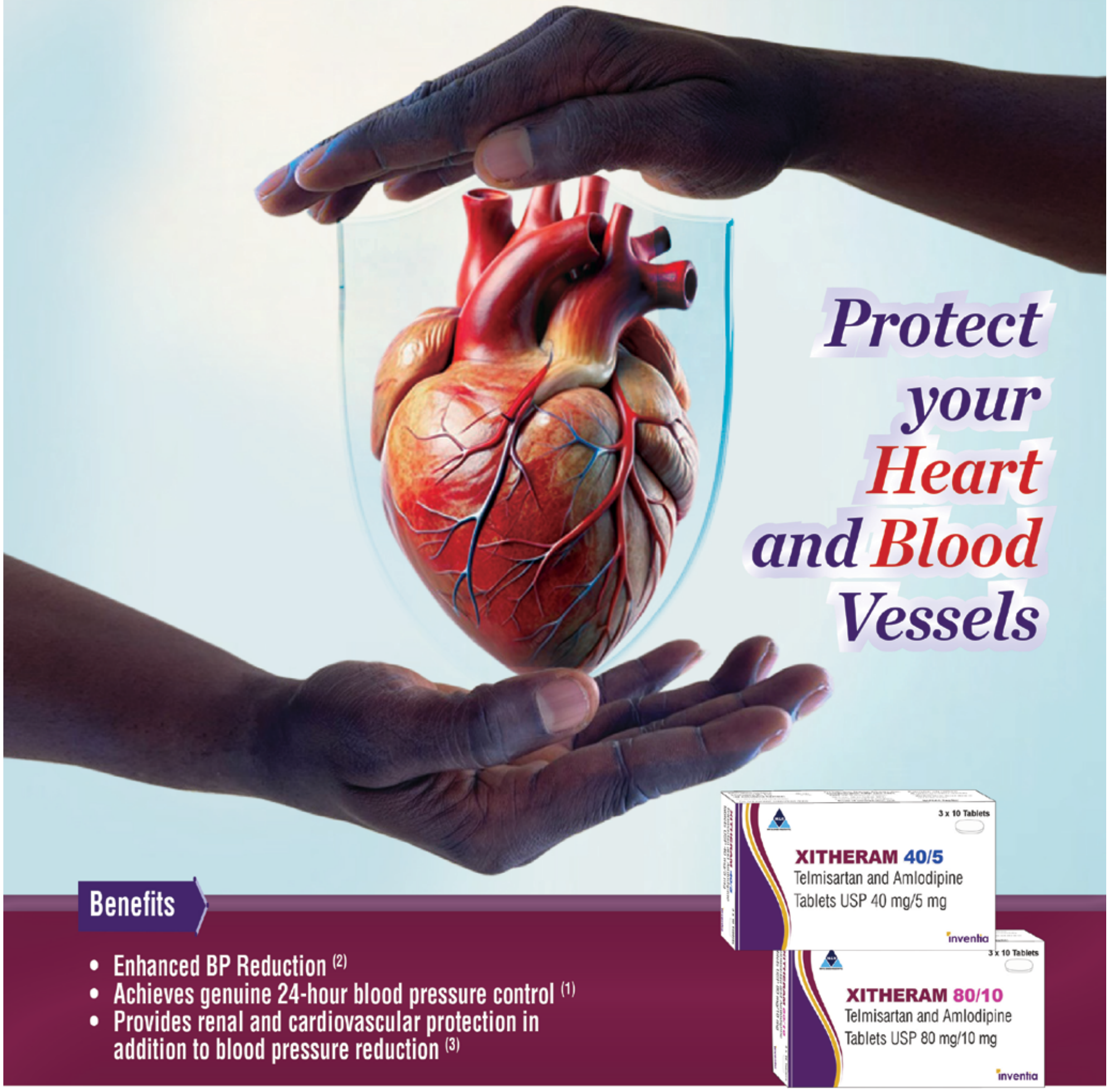
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Traditional medicine key to UHC in Africa, says endocrinologist

By Temitope Obayendo

Achieving Universal Health Coverage (UHC) across much of Africa, including Nigeria, may remain difficult without stronger collaboration between scientists and traditional medicine practitioners to standardise, validate and document traditional medicines, a professor of medicine and endocrinology at Bayero University Kano, Andrew Uloko, has said.

Prof. Uloko, of the Faculty of Clinical Sciences, College of Health Sciences, Bayero University Kano, said traditional medicine is already an important part of healthcare in Africa, with a substantial proportion of the population relying on it for their healthcare needs. However, he noted that its potential contribution to UHC remains largely underdeveloped.

He identified research and development as the bridge between traditional knowledge

continued on page 67



L-R: Pharm. (Mrs) Rosemary Nikoro, member, Board of Trustees, PWDAN; Pharm. Ernest Okafor, immediate past chairman, PWDAN; Pharm. Ogheneochuko Omaruaye, national chairman, PWDAN; Pharm. Mrs Olaide Soetan, national secretary; and Pharm. Adebayo Afon, chairman, Conference Planning Committee, 4th APDA Thematic General Assembly, at a press conference in Lagos.

Experts advocate evidence-based herbal medicine, say natural does not mean safe

By Ranmilowo Ojalumo

Experts at the University of Lagos (UNILAG) and the National Agency for Food and Drug Administration and Control (NAFDAC) have called for greater scientific evidence, quality assurance and stronger regulation of herbal medicines.

They also warned Nigerians against the assumption that products derived from natural sources are automatically safe, saying natural does not mean safe.

The experts spoke at the 2026 African Traditional Medicine Day symposium, organised by the Model Herbal Clinic, Department of Pharmacognosy, Faculty of Pharmacy, University of Lagos, and held on 3 September at the Old Great Hall, College of Medicine, Idi-Araba. The theme of the symposium was "Safe, Effective

continued on page 68





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