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Ayuba's two years as PSN president draw praise, criticism

- As stakeholders highlight unresolved issues, pending campaign promises

By Temitope Obayendo

The performance of the President of the Pharmaceutical Society of Nigeria (PSN), Pharm. Tanko Ayuba, has come under scrutiny as stakeholders and members assess his record during the first two years of his three-year tenure. While some have commended his administration, others have given him a low rating, urging him to fulfil his campaign promises, resolve lingering crises among the Society's technical groups and develop a concrete economic survival plan for community pharmacists, among other priorities.

continued on page 8



L-R: Mr Sibiri Konkobo, vice-president, ADPA/APDA in charge of the Development and Communication Committee; Pharm. Solomon Shiihii, director and head of unit, Inspection, Monitoring and Quality Assurance, PCN Lagos zonal office; Dr Yolande Djomo, APDA vice-president for the Central Region; Pharm. Ogheneochuko Omaruaye, chairman, PWDAN; Prof Mojisola Adeyeye, DG, NAFDAC and Guest of Honour; and Dr Clare Omatseye, chairman of the occasion, at the 4th Thematic General Assembly of the APDA, hosted by the PWDAN in Lagos.



Babalola tasks PSN president on accountability, medicine affordability, pharmacists' welfare page 76

Prioritise medicine security, establish implementation group, NAIP chairman tells PSN leaders p-102

Subsidies, local production key to affordable medicines in Nigeria – Ndukwe page 60





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PHARM. ADEDAYO AKALA

Pharm. Adedayo Akala is a community pharmacist, entrepreneur, and committed professional leader whose career reflects a passion for pharmaceutical care, community development, and service to humanity. With a blend of pharmaceutical expertise, managerial training, and leadership experience, he has continued to contribute to the growth of community pharmacy practice while promoting public health and professional excellence.



Born at the prestigious University College Hospital (UCH), Ibadan, about five and a half decades ago to Mr Adebayo Akala and Mrs Olusola Akala, he hails from Kelemole Quarters in Ejinrin town, Epe Local Government Area of Lagos State. His professional journey has been shaped by a commitment to excellence, enterprise, and the improvement of healthcare delivery.

Akala obtained his Bachelor of Pharmacy (B.Pharm) degree from Obafemi Awolowo University, Ile-Ife, in 1997. He subsequently earned a Master of Science (MSc) degree in Managerial Psychology from the University of Ibadan in September 2006, broadening his knowledge of organisational management and leadership.

His professional career began with appointments at Taylek Drugs Company and Sanofi Synthelabo, now associated with Chez Pharma Nigeria Limited, where he gained valuable industry experience. In 2005, he voluntarily resigned from paid employment to establish Ritehealth Pharmaceuticals in Mokola, Ibadan, marking the beginning of his entrepreneurial journey in the pharmaceutical sector.

Under his leadership, Ritehealth Pharmaceuticals initially ventured into pharmaceutical importation, recording four registered products before the business evolved into a patient-centred community pharmacy. This transition reflected his commitment to bringing pharmaceutical services closer to patients and making quality care an integral part of community practice.

His contributions have earned him recognition within the pharmacy profession. In December 2023, he received a Service Award from the Pharmaceutical Society of Nigeria (PSN), Oyo State. In 2024, the Association of Community Pharmacists of Nigeria (ACPN) honoured him with the Distinguished Community Pharmacist (DCPharm) Award in Lagos, recognising his contributions to community pharmacy practice. His record of service received further recognition during the 2026 World Pharmacists Day celebration, when he was honoured with the Merit Award of the Pharmaceutical Society of Nigeria (PSN), Oyo State.

Akala has remained actively involved in the affairs of the PSN and other professional bodies. He was elected secretary of the Oyo State branch of the PSN in 2024, a position he continues to occupy. As a prominent executive member, he has demonstrated dedication to the association's activities, with an emphasis on professional service, teamwork, and leadership.

Adedayo Akala, popularly known as AK, is married and blessed with children.

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Inspiration

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

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

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

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

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

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

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

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

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

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





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Mental health care is a right, not a privilege

World Mental Health Day 2026 was observed globally on Saturday, 10 October, under the theme "Lived Experiences Heard: Real Voices, Real Change." The theme emphasises the need for empathy in efforts to safeguard the mental health of individuals and populations. According to the World Health Organisation (WHO), it seeks to amplify the perspectives of people living with mental health conditions and to ensure that their experiences inform the policies, services and decisions that affect their lives. It also reflects a reorientation towards more compassionate and inclusive approaches to care, and challenges the stigma, discrimination and neglect that have long afflicted those affected.

In Nigeria, the day was commemorated through advocacy campaigns, symposia, community walks and free medical outreaches. The National Human Rights Commission (NHRC) urged the Federal Government to treat mental health as a fundamental human rights concern rather than a purely medical one. In Lagos State, the First Lady, Dr Claudiana Ibijoke Sanwo-Olu, joined the Orunsii Wellcare Foundation in Badagry to promote safe spaces and challenge stigma, while Lions International District 404B5 held an awareness programme and community walk at the Federal Neuro-Psychiatric Hospital, Yaba.

At a football-based outreach in Mushin, organised by the Youth Empowerment and Development Initiative (YEDI) in partnership with Grassroot Soccer, experts noted that one in six Nigerians aged 15 to 24 experiences mental health challenges. Elsewhere, the Department of Psychiatry of the College of Medicine, University of Ibadan, and the University College Hospital hosted a symposium on person-centred mental health services, while the Anambra State Government highlighted its investments in rehabilitation, psychiatric care and free assessments. The National Drug Law Enforcement Agency (NDLEA) and substance abuse experts stressed early intervention and family support, given the link between mental health conditions and drug abuse. The Nigerian Bar Association also called for confidential welfare support for legal practitioners.

The NHRC is working with the Federal Ministry of Health and Social Welfare to integrate human rights principles into the National Mental Health Strategic Plan for 2027 to 2032, according to its Executive Secretary, Chief Tony Ojukwu (SAN). Ojukwu expressed concern that fewer than three per cent of people with mental health conditions are covered by health insurance, which leaves families to bear much of the financial and emotional burden of care.

The commission also raised alarm over the mistreatment of vulnerable persons, including children and adults held in solitary confinement or subjected to other inhumane treatment, and disclosed that it had intervened in cases in Kano State and the Federal Capital Territory. It has established a Counselling Unit at its Abuja headquarters for victims traumatised by rights violations and for staff under stress, and has trained its investigators on the relationship between mental health and human rights.

The NHRC's commitment deserves the support of all stakeholders, including governments, mental health professionals, religious leaders, patients and their families. Mental illness is not a death sentence. Many conditions can be managed with appropriate care and support, while the dignity and rights of patients are protected. Families and religious leaders should therefore seek the assistance of qualified professionals, rather than subject patients to harmful practices such as chaining them in churches or other religious settings in the belief that prayer alone is sufficient. Spiritual support, where desired, should complement, and not replace, medical and psychological care.

The importance of lived experience cannot be overstated. People who have recovered from mental health challenges can offer encouragement to others, inspire them to seek treatment and sustain hope for the future. Government should therefore invest in programmes that bring together professionals, affected individuals, families and communities, and that allow people with lived experience to share their stories and contribute to public education and policy development.

The Association of Psychiatrists in Nigeria (APN) estimates that about 60 million Nigerians face mental health challenges, and has called for the full enforcement of mental health laws. The situation demands coordinated and sustained action, particularly as substance abuse among young people becomes a serious concern. Parents, communities, psychiatrists and law enforcement agencies must work together to consolidate progress and expand access to care. Government must also recognise the economic cost of untreated conditions, especially among young and productive members of the population. Investment in mental healthcare is not merely a social responsibility; it is essential to protecting human potential, strengthening families and supporting national development.



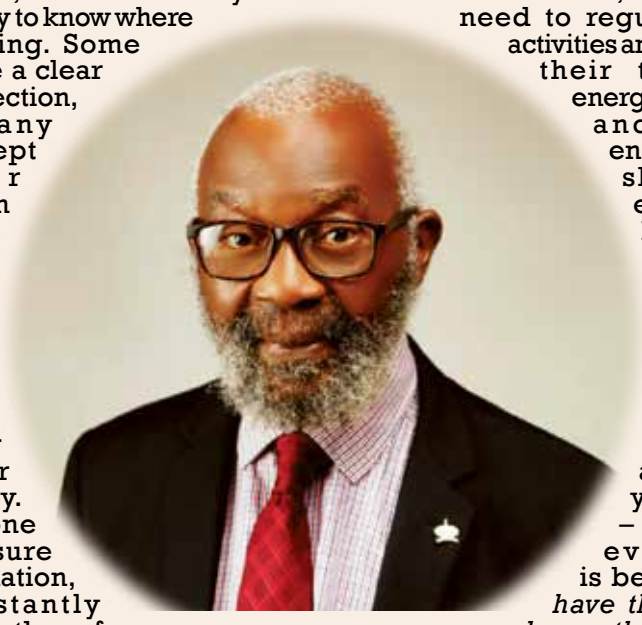
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Your path to success

By Sir Ifeanyi Atueyi
(1939-2025)

All roads lead somewhere, but not every road leads to where you want to go. Therefore, before asking for directions, be sure of your destination. Have you ever seen someone asking for directions to a particular place? It can be disastrous to ask someone who does not know the destination to show you the way.

In life, everyone is heading somewhere, and it is your responsibility to know where you are going. Some people have a clear sense of direction, while many simply accept whatever situation they find themselves in as their lot.



Certain traits characterise people who have no clear vision of their life's journey. Like someone who is unsure of his destination, they constantly depend on others for direction. They accept the counsel of equally uncertain people because they are not sure of themselves. Often, they follow popular opinion because they do not trust their own judgement. They imitate people they consider better or more successful.

If you are driving and looking for the correct turning or a landmark, you are likely to drive slowly and cautiously. In Lagos, many drivers have little patience with such motorists. They express their frustration by honking and sometimes using abusive language. Yet, being cautious is better than taking the wrong road simply because you are under pressure to move quickly.

There may be uncertainties that make you cautious about taking decisions and moving forward. However, excessive doubt and procrastination can waste valuable time. When your mind is clouded by fear and uncertainty, you may vacillate instead of acting. Such an attitude can prevent you from making meaningful progress.

Look at your friends and ask yourself whether they are helping you move towards your destination. A good friend is one who helps you become the person God created you to be. Your friends should be genuinely interested in your growth and success. Unfortunately, some people become envious of their friends' achievements and speak about them disparagingly. Be careful about allowing people who have no sense of direction to determine yours.

Your daily habits also reveal much about you. How do you spend your morning hours? How early does your day begin? Some people spend their most productive hours on frivolities. The time lost in the morning cannot be recovered later in the day. My mother used to say that if the morning sun could not dry your clothes, the evening sun would not do it.

Your activities should be prioritised if they are to take you towards your desired destination. Do you have a 'to-do' list? Without some form of planning, you may spend your day attending to whatever comes before you while neglecting what is truly important.

As we grow older, we become more conscious of the proper use of time. Senior citizens, in particular, need to regulate their activities and conserve their time and energy. Meetings and social engagements should be evaluated because not everything demands our attention. Paul said: "I have the right to do anything," you say – but not everything is beneficial. "*I have the right to do anything*" – but not everything is constructive (1 Corinthians 10:23, NIV).

Your library and the books you read can also reveal your goals and aspirations. At different stages of life, reading often becomes more focused. You move from general-interest books to acquiring specialised knowledge for a particular purpose. Continuous learning and self-development help to prepare you for the destination you have chosen.

Your leisure activities matter too. How much time do you spend sitting in front of the television? Excessive sedentary behaviour and insufficient physical activity are associated with several health problems, including cardiovascular disease and type 2 diabetes. What programmes do you watch? Not everything that entertains you necessarily enriches you. Your choices can reveal your interests, passions and, sometimes, the direction of your life.

Your diet also has implications for your health and longevity. People who understand the value of their future should pay attention to what they eat and drink. Frequent consumption of sugary drinks and diets high in refined carbohydrates can contribute to unhealthy weight gain and increase the risk of conditions such as type 2 diabetes and cardiovascular disease.

What about your hobbies? Are they developing you physically, mentally or spiritually? Are they enriching your life and making you more productive, or are they merely filling your spare time?

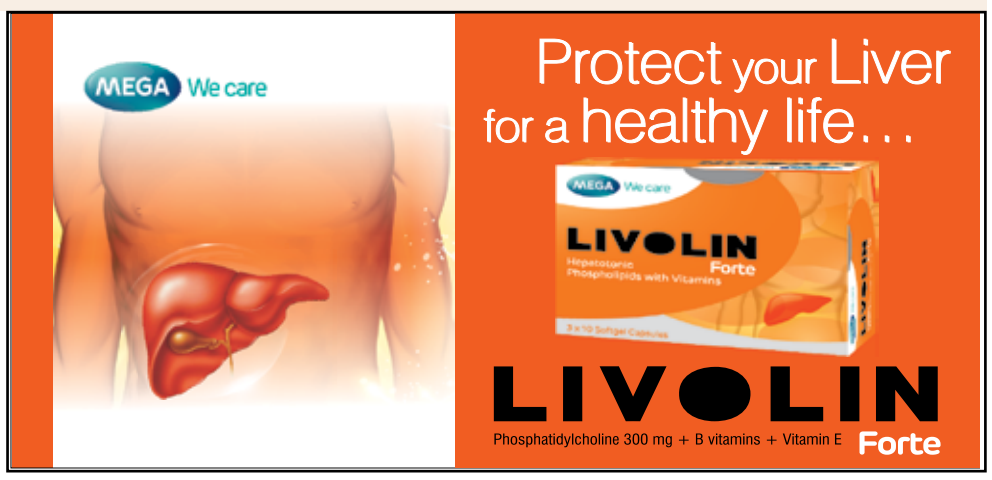
Above all, do you have quiet moments when you are alone with God? You need God's presence to keep you on the right path. Moses understood this when he said, "If your Presence do



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The fishing metaphor theory of selling

By George O. Emetuche

The fishing metaphor theory of selling was propounded by George Emetuche in 2014 and later expanded in 2017 (Emetuche, 2014, 2017). The theory posits that the art of fishing is likened to the art of selling. In fishing, the fisherman is looking for fish, and in selling, the salesperson is looking for customers or prospective buyers.

The theory promotes the necessary tools for customer acquisition

According to Emetuche, the theory is an ideal model for customer acquisition because the three parts of the fishing metaphor are the factors that help in acquiring new customers, just as the fisherman catches fish. The theory argues that just as the fisherman needs the line, the hook, and the bait, the salesperson also needs these three items. But in the context of selling, they represent tools and strategies for successful selling. The theory therefore posits that the line in the hand of the fisherman represents selling skills for the salesperson; the hook in the hand of the fisherman represents selling strategies; and the bait in the hand of the fisherman represents the benefits of the products and services (Emetuche, 2017; Gilliam & Rockwell, 2018).

The fishing metaphor and the art of selling

For the fisherman to catch fish, the line must always be in the water. It is when the fish sees the line and goes for the bait attached to the hook that the fisherman catches the fish. In the same way, in selling, the salesperson must be equipped with the three elements: selling skills (the line), selling strategies (the hook), and the benefits of the products or services (the bait). When these three elements are in place, the salesperson will excel in the art of selling because the selling skill provides competency and know-how; the strategy shows how to acquire new customers and retain existing ones; and the benefits or values in the products or services serve as the bait that attracts customers and prospective buyers, just as bait attracts fish in the water (Byabato, 2003; Emetuche, 2014, 2017).

Fishing or selling with the available tools

The fishing metaphor theory of selling states that fishermen fish with the tools available to them, and the fisherman determines the results. Some local fishermen fish with a line, hook, and bait, while others who can afford mechanised methods use advanced fishing machines to locate, catch, and process fish. Comparing fishing and selling in this context, the theory argues that salespeople should not be limited by the tools at their disposal when trying to achieve the required sales performance for their organisations.

This means that salespeople who work in small organisations should use the tools provided to meet or exceed their sales targets, so that they can take their organisations to new heights. Likewise, salespeople in large organisations that provide all the tools and sponsor all sales and marketing strategies should do their best to deliver the expected results (Emetuche, 2014, 2017). The theory further argues that salespeople are the main factor that determines results, not necessarily the tools at their disposal. Some salespeople have everything provided and still fail to achieve expected sales performance, while others who lack some of, or even all, the required tools still go the extra mile to achieve outstanding results (Thornburg, 2006). The theory states that the fisherman must cast his net where there is fish if he wants to catch fish.

Cast your net where there are fish

Practice in fishing teaches the fisherman where the targeted fish cluster, and that is where he should cast his net. This is what happens in the marketing framework of segmenting, targeting and positioning (STP), which helps salespeople to identify distinct customer groups and create specialised messages and solutions for them (Gilliam & Rockwell, 2018; Thornburg, 2006).

The theory further posits that casting the net where there are fish is an important part of successful fishing because the fisherman strikes on the target. The fisherman cannot cast his net where there are no fish because that would amount to a waste of time and other resources. This is also what happens in the art of selling. When the salesperson focuses his efforts on the market segment that needs his products and services, and can use and pay for them, the strategy that will aid in converting them to customers is intensified because he is making the right efforts in the right segment of the market (Emetuche, 2017). This is how to be efficient and effective in the art of selling.

Separate the wheat from the chaff

In fishing, the fisherman casts a net into the water to catch fish. The net may catch the right fish, as well as unwanted aquatic plants and microorganisms. When this happens, the fisherman sits down and sifts through the catch, separating the fish from the unwanted elements. This is similar to the sales process, where the salesperson follows up on leads. Some good leads are nurtured and later converted into customers. These customers may become loyal advocates for the products and a source of referrals to friends and associates. In other cases, the salesperson will encounter leads that will not be converted. When this happens, the salesperson should drop those leads, just as the fisherman sifts out the unwanted elements from the net (Byabato, 2003; Goldberg, 1986).



UPDATE

The eighth anniversary of the Nigeria Sales Conference holds at Welcome Centre Hotels, 70 International Airport Road, Ikeja, Lagos. Date: Saturday, 5 December 2026. Theme: Innovate and Excel. Join nine world-class speakers and more than 2,000 professionals to build capability and network. Attendance and registration are totally free. Nigeria Sales Conference is powered by The Selling Champion Consulting Ltd, a Nigerian Council for Management Development-accredited training and consulting organisation. To register online, visit www.thesellingchampionconsulting.com and navigate to the Nigeria Sales Conference portal. For sponsorship or partnership, please call 07060559423.



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Advancing healthcare through smart medical textile technology

By Gloria Obikili



Long before I gained admission to study textiles in school, I had always thought that textiles were all about clothing. However, it would interest you to understand that textiles have gone beyond that, gaining applications in several areas, including the medical and healthcare sectors.

Textiles which are designed with some form of technology embedded in them for healthcare matters are known as smart medical textiles. Some smart medical textiles are designed as wearable materials that employ technologies capable of detecting changes in the body, monitoring vital signs, and providing real-time data to health professionals.

Uses in healthcare and beyond

In recent times, processors, conductive fabrics, electronics, and sensors, such as respiration-rate, body-temperature, and pressure sensors, have been integrated into textiles to achieve different purposes, which include the following:

- **Transdermal drug delivery**: This transforms ordinary fabric, such as patches, bandages, and specialised smart fabrics, into an active wearable system for delivering drugs in a controlled and just-in-time manner through the skin. Some medical textiles, such as specialised dressings and smart fabrics, can be designed to move beyond passive coverings and become active therapeutic platforms that release medication directly onto the skin or at a wound site.
- **Sports and fitness**: Smart textiles enable sportsmen and women to monitor and track their performance with the aid of smart sportswear. They can also help prevent injuries, speed up recovery, and support psychological monitoring, all in real time.
- **Healthcare**: Antimicrobial fabrics possess inherent properties or are treated with chemicals to inhibit the growth and spread of microorganisms and bacteria. They also help to minimise microbial contamination.
- **Safety and protection**: Firefighters and factory workers benefit from smart textiles enhanced with technologies that provide early danger alerts and real-time health tracking, helping to prevent injuries and save lives.
- **Wound treatment**: Smart textiles that monitor wound conditions and aid healing.

Smart medical textiles and other advanced medical textiles have also found applications in the manufacture of medical implants, which include; Artificial lungs, Artificial kidney, Artificial contact lenses, Artificial tendon, Artificial heart, Artificial knees, and other textile-based medical devices. However, these textile-based medical devices are not necessarily smart medical textiles, as some do not incorporate electronic components or sensing technologies.

Benefits of smart textiles

- **Timely health monitoring**: Tracking devices embedded in smart textiles help to quickly monitor temperature and pH levels and may help identify changes that could indicate an infection before the condition worsens.
- **Improved comfort and flexibility**: The material build-up incorporates stretchable yarns and technical knits with inherent breathability and flexibility properties, which provide comfort and support.
- **Improved recovery**: This is achieved through targeted drug delivery at the right time and prompt monitoring of the body's vital signs. Other benefits include workplace and industrial safety, enhanced sports performance, and antimicrobial and therapeutic care.

Future prospects

As the use of textiles continues to evolve, smart medical textiles have come to stay and are gaining popularity in the healthcare sector. This innovation is experiencing significant growth, driven by technological advancements and the ever-rising demand for medical solutions.

The growing shift towards wearable medical textiles has the potential to reduce some hospital visits by enabling remote monitoring of patients. It may also reduce the need for some routine in-person monitoring by healthcare providers, thereby changing the status quo of how healthcare services are delivered and experienced.

On the whole, textiles have indeed gone far beyond traditional clothing, advancing through technological innovations and moving from materials basically known for covering the human body to systems that can help monitor, protect, and care for the human body. Smart medical textiles have come to stay and are continually evolving the healthcare sector with its unending innovations, so therefore healthcare practitioners are encouraged to tap into this system, contributing to health and wellness.



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Ayuba's two years as PSN president draw praise, criticism

continued from front page

With one year remaining in his tenure, stakeholders have also called for the full implementation of the Pharmacists' Consultancy Cadre across federal and state hospitals, support for the implementation of approved salary adjustments for pharmacists under the Joint Health Sector Unions (JOHESU) framework, and the prompt implementation of actionable recommendations from committees established by the PSN.

In separate interviews with ***Pharmanews***, two former presidential aspirants, Pharm. Anthony Oyawole and Dr Joel Adagadzu, offered their assessments of Ayuba's performance and urged him to address outstanding issues before his tenure expires.

Commendable reforms

Pharm. Oyawole commended Ayuba's performance, describing his administration as reform-focused, welfare-driven and defensive of the profession's regulatory interests. He nevertheless outlined several priorities for the president to address before the end of his tenure.

These include implementing the Pharmacists' Consultancy Cadre across the federation, improving the economic prospects of community pharmacists and strengthening relationships among the PSN and its technical groups, which include the Association of Community Pharmacists of Nigeria (ACPN), Association of Industrial Pharmacists of Nigeria (NAIP), Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) and Young Pharmacists Group (YPG).

Recalling the circumstances in which Ayuba assumed office on 9 November 2024, Oyawole said the profession was grappling with three major pressures: the migration of pharmacists, with more than 8,200 reportedly having failed to renew their licences over five years; threats to the autonomy of the Pharmacy Council of Nigeria (PCN) through amendment bills before the National Assembly; and a gap in the pharmaceutical market following the exit of GSK, Sanofi and other multinational pharmaceutical companies.

He described Ayuba's response to these challenges as methodical rather than populist.

According to Oyawole, the president's achievements during his first two years include efforts to redefine the pharmacy workforce and reform education, defend the PCN's regulatory authority, secure welfare gains through the JOHESU/AHPA alliance and strengthen pharmacy's role in public health.

"This administration's biggest ideological win is clarity on the workforce. At the 98th Annual Conference in Kano (DABO 2025), themed 'Defining a New Pharma Workforce for Nigeria", he declared Pharm.D as the minimum entry qualification and moved decisively to end the controversial Pharmacy Technologist cadre.



Pharm. Tanko Ayuba, President, PSN

"Following the MoU signed on 17 April, 2025, between the PCN, Federal Ministry of Health and NBTE, training of Pharmacy Technologists was formally discontinued nationwide, aligning Nigeria with global best practice of having only pharmacists and pharmacy technicians," Oyawole said.

He added: "Under his watch, PSN and PCN secured the Federal High Court ruling in Calabar on October 29, 2025, affirming PCN's sole authority to regulate veterinary drugs, ending the long dispute with the Veterinary Council of Nigeria. He has also been the most vocal defender against attempts to amend pharmacy laws to reduce professional representation on the PCN Council, correctly reminding government that pharmacy is the only health profession on the Exclusive Legislative List."

Oyawole also cited the payment of 25–35 per cent of outstanding CONHESS arrears, a four per cent call-duty allowance for Pharm.D holders, the inclusion of Pharm.D and consultant pharmacists in the Integrated Personnel and Payroll Information System (IPPIS), centralised internship placement, and approval of a new retirement age of 65 for pharmacists and 70 for consultant pharmacists.

Disputable success

On his part, Dr. Adagadzu gave the PSN president a low rating, saying he could not identify any significant achievement. He attributed what he considered the administration's poor performance partly to the domestic accident Ayuba survived shortly after his inauguration, which left him with severe injuries and limited his ability to function effectively in office.

"As far as I am concerned, having read about some of the recorded achievements of the current PSN president, I am unable to lay a finger on any standout achievement he recorded in the past two years. This could be due to the unfortunate injury he sustained shortly after his inauguration as president, which greatly affected his capacity to be fully in control, making it virtually difficult for him to oversee his duties with utmost diligence. Thankfully, there are clear indications that he is on his way to full recovery, and I join other well-meaning colleagues in praying for his total healing," Adagadzu said.

The former chairman of the BOF-PSN urged Ayuba to fulfil the promises he made to pharmacists during his campaign, arguing that these commitments are central to his election. He also called on the president and his cabinet to undertake an honest appraisal of their performance.

"The PSN president was elected because of his promises to pharmacists. I therefore urge him and his team to sit down and review his performance in the past two years against the strength of those promises and identify existing gaps so that, in his third and final year, he can make up for or improve on whatever performance he has been able to achieve so far."

During his presidential campaign, Ayuba envisioned a PSN whose members would be valued, well-paid, well-organised and highly motivated healthcare professionals. He also pledged to strengthen pharmacists' accessibility to the public and their role in promoting the rational use of safe, effective and affordable medicines, pharmaceutical care, public health and improved quality of life.

His campaign priorities included leveraging digital technology to strengthen pharmacists' capacity, pursuing advocacy and legal measures to enforce existing regulations, tackling disorder in drug distribution and fostering a professional environment that supports pharmacists. He also promised to consolidate the society's progress, promote favourable policies and position community pharmacies as healthcare hubs.

Accordingly, Adagadzu urged Ayuba to use his remaining year in office to address unresolved matters and demonstrate progress towards fulfilling his campaign promises.

"In his final year, I expect the PSN president to address lingering crises rocking some of the technical groups of the PSN, such as the ACPN and YPG, towards achieving unity or oneness among pharmacists; be fully in charge as the Commander-in-Chief of the PSN with minimal distractions; address his unfulfilled campaign promises, especially the need to support the pharmaceutical industry to increase its local production capacity in Nigeria towards achieving medicine security; confront the poor uptake of consultant pharmacists in federal and state health institutions and facilities; ensure the prompt implementation of actionable committee reports; and firmly oversee the centenary celebrations lined up for 2027, given their potential to increase the visibility of pharmacists," he said.

Assessing the organisation of the PSN's annual conference in recent years, Adagadzu expressed concern about technical groups holding their annual general meetings (AGMs) during the conference, arguing that this could distract from the event's core programme. He called for a review of the arrangement ahead of this year's conference.

He also lamented the absence of the society's usual town hall meetings and annual general meetings, while criticising noisy and disorderly election campaigns that, he said, had overshadowed the conference's main activities.

"Elections in PSN are witnessing the ploys employed in national elections, which are inimical to the professional cohesion once cherished by delegates. The majority of delegates no longer participate in sightseeing tours, for reasons the PSN leadership must look into. Transportation of delegates from hotels to conference venues is becoming quite challenging. More attention needs to be paid to some of these challenges to make PSN conferences the best they can be," he said.

Conference expectations

Oyawole meanwhile said this year's conference comes with high expectations and urged Ayuba and his team to ensure effective planning and execution. His recommendations include early communication, efficient logistics, better time management, affordable registration and accommodation, adequate food and welfare arrangements, high-quality speakers and presentations, evidence-based discussions, and opportunities for professional and business networking.

"We need speakers who can deliver evidence, not just titles," he said. "For the theme 'One Health, One Pharmacy', we expect the Director-General of the NCDC, the NAFDAC Director-General, the PCN Registrar, the PVAC Coordinator, the WHO Nigeria Representative, and leaders from the veterinary and environmental sectors — not just pharmacy insiders.

"Registration should be fully digital, with QR-code badges and no queues. There should be partnerships with hotels to secure negotiated rates, shuttle buses, and clear signage at the venue. We have done this well in Kano (DABO 2025) and we should improve on it," he advised.



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Inquest

with
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Local manufacturing and medicine price inflation in Nigeria

There continues to be a vociferous clamour for the Nigerian local pharmaceutical manufacturing space to improve its capacity in order to serve the medicine needs of Nigerians and perhaps the wider African continent. In fact, it was the focal point of deliberations at the 2026 Nigeria Pharma Manufacturers' Expo held in Lagos. Pharma leaders, such as Dr Fidelis Ayebae, chairman of Fidson, Chief Stella Okoli, CEO of Emzor and Mr Oluwatosin Jolayemi, CEO of Daily Need Industries, spoke to the importance of improving Nigeria's local pharmaceutical output and its ripple effects on the national economy.

Ayebae's presentation during the panel session was instructive, as he linked the improvement of the nation's local manufacturing capacity to economic growth. He argued that Nigeria's economy could blossom if we begin producing what we consume. He took the challenge beyond the pharmaceutical industry, urging other sectors of the economy to think of manufacturing independence, a situation where we no longer have to depend on other countries for the products we consume, especially pharmaceuticals. He consequently discouraged the saturation of the Nigerian pharmaceutical market with imported medicines from India, while urging Indians to set up manufacturing plants in Nigeria – a development that will boost the national economy and strengthen the naira.

Despite the optimism that permeated the atmosphere at the 2026 Nigeria Pharma Manufacturers' Expo, it is important to face the reality on the ground. While the DG of NAFDAC and some other stakeholders continue to sell the narrative that Nigeria's local pharmaceutical manufacturing capacity is now at a 50:50 ratio, the claim seems to be at variance with the daily experiences of the average Nigerian patient who struggles to access quality medications for common ailments like malaria and typhoid.

Besides the fact that some of these medications are no longer very effective in the treatment of the aforementioned ailments, their prices are very exorbitant. For an average Nigerian patient to effectively treat malaria, he needs nothing less than N10,000 to N15,000. This is a disaster in a country where 140 million people are living in poverty.

When this writer sought an explanation from Pharm. (Mrs) Uzoma Ezeoke, executive director (General Duties, Human Resources and Finance), Emzor Pharmaceuticals Limited, on the glaring paradox of NAFDAC's 50:50 narrative and the lingering inability of Nigerian patients to access affordable medicines, she pointed to a value-chain issue.

Ezeoke said the affordability crisis facing Nigerian patients cannot be resolved simply by expanding local pharmaceutical manufacturing, arguing that attention must also be given to the entire medicine value chain. According to her, manufacturers know the prices at which their products leave the factory, but have limited control over subsequent mark-ups imposed at different levels before the medicines reach consumers.

Ezeoke added that the lack of effective oversight across those levels results in successive price increases, placing additional pressure on patients already struggling with rising healthcare costs. She also pointed to an imbalance between locally manufactured and imported medicines, saying local manufacturers face pressure to address pricing while imported products do not necessarily face the same level of pressure.

Addressing the rising cost of medicines requires the government to look beyond manufacturers and examine the entire supply chain, from production to the final patient. There should be stronger monitoring of medicine prices at every stage, with greater transparency around the mark-ups applied by manufacturers, distributors, wholesalers and pharmacies. If a medicine leaves the factory at a particular price and reaches the patient at a significantly higher price, regulators should be able to identify where and why the increase occurred.

Government should also ensure that locally manufactured and imported medicines are subject to a fair and transparent pricing environment, while reducing the costs faced by local manufacturers through policies that address foreign exchange, electricity, raw materials, machinery, taxes, transportation and access to affordable financing.

The responsibility, therefore, is shared across the entire pharmaceutical value chain, although government must take the lead by providing effective regulation, reliable price intelligence and a competitive environment that protects both patients and manufacturers. Pharmaceutical manufacturers must be transparent about their costs and avoid unjustified price increases, while distributors, wholesalers and pharmacies should ensure that their margins are reasonable and defensible.

At the same time, the government should strengthen competition and regularly monitor the prices of essential medicines to identify excessive or unexplained increases. The goal should not be to force manufacturers to sell medicines below sustainable prices, but to ensure that every stage of the supply chain operates responsibly so that patients are not burdened with unnecessary costs.



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Advances in diabetes management and prevention



Diabetes mellitus is a chronic metabolic disorder characterised by persistently elevated blood glucose (blood sugar) levels. It develops when the pancreas does not produce enough insulin, when the body cannot use the insulin it produces effectively, or both. Insulin is a hormone that enables glucose to move from the bloodstream into the body's cells, where it is used for energy.

Glucose is derived mainly from the digestion of carbohydrates in food and drinks. Under normal conditions, insulin regulates blood glucose by facilitating its uptake into cells and its storage for future use. When insulin production or action is impaired, glucose accumulates in the bloodstream, resulting in hyperglycaemia. If poorly controlled over time, this can damage blood vessels, nerves and vital organs, increasing the risk of cardiovascular disease, chronic kidney disease, nerve damage, visual impairment and foot complications.

The full medical term, diabetes mellitus, distinguishes the condition from diabetes insipidus, a separate disorder of the body's water balance that is not caused by elevated blood glucose.

Diabetes can affect people of all ages and backgrounds, and its various forms differ in cause and treatment. Although most require long-term management, appropriate medication, healthy eating, regular physical activity, glucose monitoring and timely medical care can help patients maintain good health and reduce the risk of complications. Advances in medicines, glucose-monitoring technologies and personalised treatment have also expanded the options available.

Types of diabetes

Diabetes mellitus comprises several forms, the most widely recognised being Type 2, Type 1 and gestational diabetes.

Type 2 diabetes: This is the most common form, accounting for more than 90 per cent of cases globally. It occurs when the body's cells become resistant to insulin and the pancreas can no longer produce enough to maintain normal blood glucose levels. Genetic predisposition, excess body fat, physical inactivity, ageing and other metabolic and environmental factors contribute to its development. Although traditionally associated with adults, it is increasingly diagnosed in children and adolescents.

Prediabetes: Blood glucose levels are higher than normal but below the threshold for diabetes. The condition is associated with an increased risk of Type 2 diabetes and cardiovascular disease, but progression is not inevitable. Lifestyle changes, weight management where necessary and regular medical follow-up can reduce the risk.

Type 1 diabetes: This is primarily an autoimmune condition in which the immune system attacks the insulin-producing beta cells of the pancreas, leaving little or no insulin production. It can develop at any age, although it is commonly diagnosed in children and young adults. People with Type 1 diabetes need insulin treatment to survive and require regular glucose monitoring.

Gestational diabetes: This is diabetes diagnosed during pregnancy that does not meet the criteria for overt diabetes outside pregnancy. It arises when the body cannot produce enough insulin to overcome the insulin resistance that accompanies pregnancy. Glucose levels often return to normal after delivery, but affected women face a higher risk of Type 2 diabetes later in life, and their children may be at increased risk of metabolic disorders.

Other forms include Type 3c diabetes, which results from diseases or damage affecting the pancreas, such as chronic pancreatitis or pancreatic surgery; latent autoimmune diabetes in adults (LADA), a slowly progressing autoimmune form that may initially resemble Type 2 diabetes; maturity-onset diabetes of the young (MODY), a group of uncommon inherited forms caused by specific genetic changes; and neonatal diabetes, which develops within the first six months of life and may be temporary or permanent.

Symptoms of diabetes

Symptoms vary according to the type of diabetes, the degree of glucose elevation and how quickly the condition develops. Some people, particularly in the early stages of Type 2 diabetes, may have few or no noticeable symptoms for years. Gestational diabetes may also be silent and is commonly detected through antenatal screening.

Common symptoms include:

Excessive thirst

Frequent urination, including at night

Unexplained weight loss

Persistent tiredness or weakness

Blurred vision

Increased hunger

Slow-healing wounds or sores

Recurrent skin, gum or genital infections

In severe insulin deficiency, the body breaks down fat rapidly for energy and produces ketones. Excessive accumulation of ketones can lead to diabetic ketoacidosis, a potentially life-threatening emergency. Warning signs include nausea, vomiting, abdominal pain, dehydration, rapid or deep breathing and altered consciousness. Although the condition is particularly associated with Type 1 diabetes, it can also occur in people with Type 2 diabetes under certain circumstances.

Type 1 diabetes often develops over days or weeks, and symptoms can become severe within a short period. Type 2 diabetes usually develops more gradually, so some individuals are diagnosed only after complications have begun. Although Type 2 diabetes remains more common in adults, it can also affect children and adolescents. Because symptoms may be absent, mild or overlooked, people with relevant risk factors should seek appropriate screening and medical assessment rather than wait for symptoms to appear.

Diagnosing diabetes mellitus

Diabetes is diagnosed through blood tests that measure glucose levels or average glucose over time. Early diagnosis is essential for starting appropriate treatment and reducing the risk of long-term complications. The main diagnostic tests are:

Fasting plasma glucose (FPG): Measured after an overnight fast of at least eight hours. A level of 126 mg/dL (7.0 mmol/L) or higher indicates diabetes.

Oral glucose tolerance test (OGTT): Glucose is measured two hours after a drink containing 75 grams of glucose. A result of 200 mg/dL (11.1 mmol/L) or higher indicates diabetes.

Random plasma glucose: A level of 200 mg/dL (11.1 mmol/L) or higher, accompanied by classic symptoms or a hyperglycaemic crisis, can establish the diagnosis.

Glycated haemoglobin (HbA1c): This estimates average glucose over the preceding two to three months. A level of 6.5 per cent or higher indicates diabetes when a standardised test is used.

In the absence of unequivocal

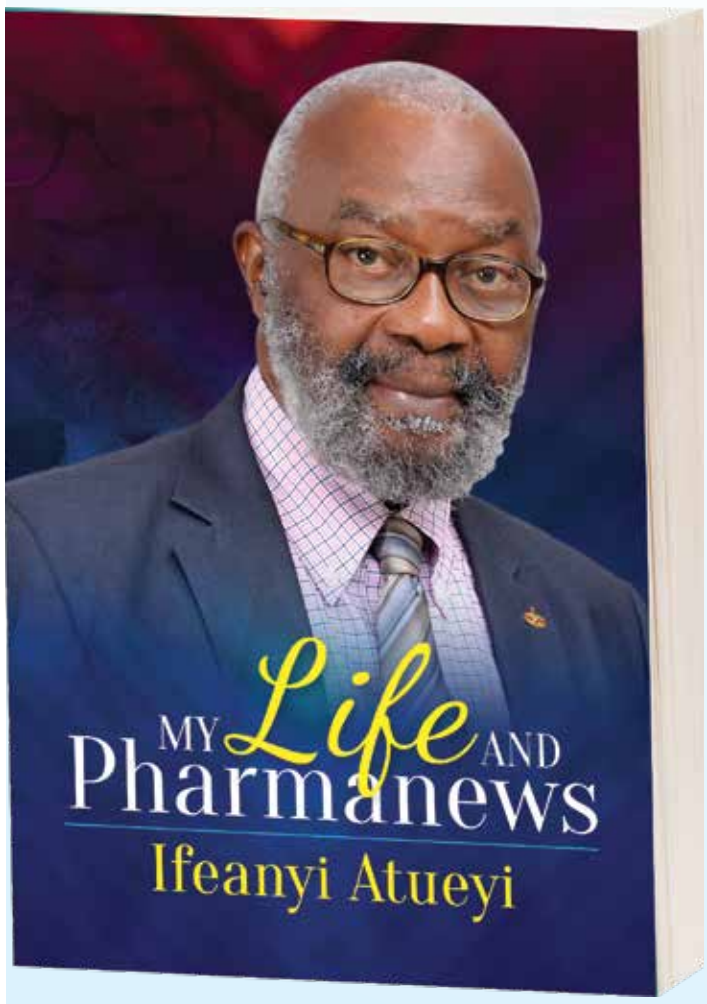
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THE BEGINNINGS (2)

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



Of my mother, Irene Atueyi, I have many fond memories because she lived much longer than my father. She died on 20th November, 2007 at the age 92 years. She influenced my life in many positive ways. In fact, some of the values she instilled in me have continued to guide my personal and business principles to date.

My mother was from the Chukwemeka family of Oghalaegbu, Okija. Her father, David Chukwuemeka, was one of those who pioneered the Anglican Church in Okija. At that time, it was known as Church Missionary Society (CMS). Her family embraced education early and consequently, my mother received some education and did well at school. She had the passion for learning and could have gone further; but, as at then, the misconception was still strong that "too much" education could hamper a woman's chance of finding a husband. Consequently, her education was terminated, based on the advice of some "well-wishers".

Despite her limited education, however, my mother was literate enough to read and write fluently in Igbo. She personally taught us how to read the Igbo Bible. When I left home for the Ibadan campus of the University of Ife in October 1961 and later started working in Lagos from 1964, she regularly wrote me letters in Igbo and delivered them through people coming over.

My mother was a polished lady. Before she started living with my father after the church wedding, she had to be attached to the family of Rev. and Mrs Anyaegbunam in Onitsha, to learn how to be a good housewife and manage a Christian home.

Legacy of Industry and Piety

I particularly remember my mother for her industry. She was trained as a seamstress and sewed beautiful dresses. She had to work into the night during Christmas season because of workload. We had a large compound, so my mother also farmed, and most times, she hired labourers. She was also a petty trader. She would go to the market in Onitsha to buy goods and sell in our local market, Nkwo Okija. These were the ways she made money to take care of us.

If my father was religious, my mother was even more so. In fact, in the months immediately after my father's death, God became her husband. She held so strongly to the church and detached herself from several activities in the village that she considered ungodly. Indeed, at one time, she was sanctioned for refusing to sweep the village square. To her, the hands that she used to sweep the church could not be used to sweep the village square where fetish activities took place. Her Christian faith created a rift between her and the villagers.

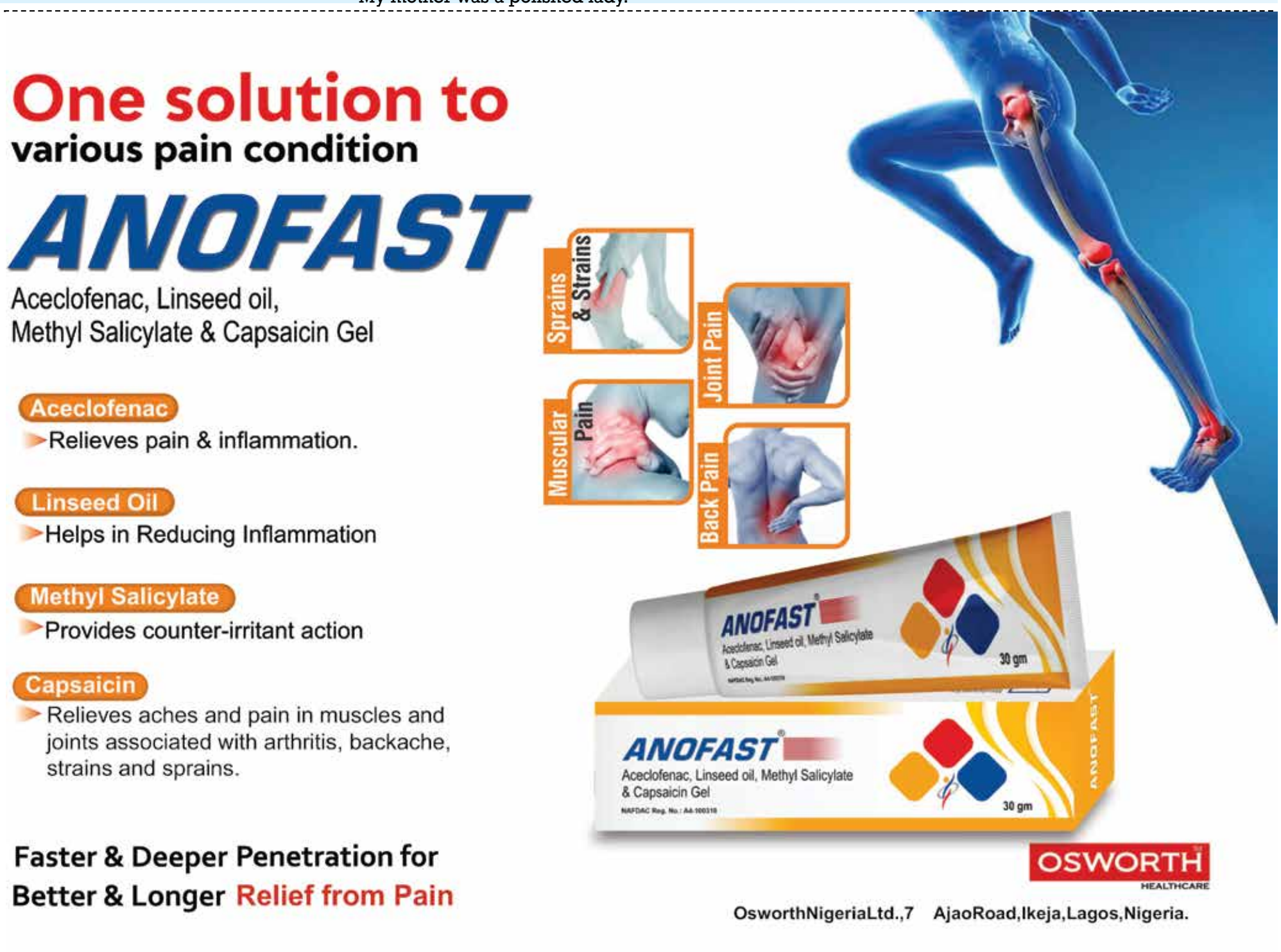
As a widow with burdens, my mother was prayerful. Pouring her heart to God first thing in the morning and before sleeping at night was a daily routine that she strongly believed in and taught us to observe. She ensured that every one of her children developed this attitude of communing with God daily. In fact, many years later, when she already had grandchildren, she visited us in our home, in Lagos, and taught our children this same lifestyle of prayer.

As our first son, Dozie, noted in his tribute to her, "Mama lived a long life and there are many things that could be said about her. However, as her first grandson, the memories that first occur to me were the times she visited us when we were very young. She would gather us together, tell stories, teach us songs and make us say our prayers before we went to bed. We have always been a Christian family, committed to spiritual values; but looking back, I realise the role that Mama played in establishing the place of family devotion…For my grandmother, we can proudly say, 'Mama taught us to pray'."

It was the same solemn reminiscence that my other children, Uchenna, Nzube Nkechi and Obi expressed in their eulogies to Mama. Uchenna said of her, "Your love for God was another virtue you displayed – always reading your Igbo Bible and so very prayerful. You even taught us to say the Lord's Prayer in Igbo". Nzube stated, "Mama Okija, as you were fondly called, memories of you teaching us the Lord's Prayer in Igbo always linger in my mind. You spent your time always reading Bible Nso [Holy Bible], telling Bible stories and giving godly advice…"

Nkechi recalled, "I will always remember how you spent your days studying the Bible, until when your eyesight became too poor to read anymore, and how you always gathered the family together to pray in the mornings and evenings, and how you taught us to say the Lord's Prayer and the Grace in Igbo…" And in Obi's words, "Even when her body was giving up on her, Mama's spirit proved strong enough through her speech.

(Continues next edition)



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Advances in diabetes management and prevention

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symptoms or a hyperglycaemic crisis, an abnormal result generally requires confirmation with a repeat or alternative test. Conditions that affect red blood cells or haemoglobin can make HbA1c results less reliable, and interpretation may need special consideration.

Causes and risk factors

To understand diabetes, it helps to see how the body normally regulates glucose. Insulin is produced by the beta cells of the pancreas, an organ lying behind the stomach. After a meal, rising blood glucose prompts the pancreas to release insulin, which enables glucose to enter insulin-sensitive cells, particularly muscle and fat cells, and helps the liver regulate glucose storage and production. Excess glucose is stored in the liver and muscles as glycogen. Between meals or during fasting, the liver breaks down glycogen and can also produce new glucose to maintain the body's energy supply.

In diabetes, this regulation fails. In Type 1 diabetes, the immune system destroys the beta cells, so little or no insulin is produced. In Type 2 diabetes, the body becomes resistant to insulin, while the pancreas may gradually lose its capacity to meet demand. The precise causes vary by type and are not fully understood. Genetic susceptibility, environmental influences, immune abnormalities and metabolic factors may all contribute.

Risk factors also vary by type. Some, such as genetic predisposition, cannot be modified, while others can be reduced through lifestyle change, screening and medical intervention.

Type 1 diabetes: The condition results mainly from an autoimmune process, with genetic susceptibility and certain environmental influences playing a part, although the exact triggers remain uncertain. A family history increases the risk. Specific diabetes-related autoantibodies may signal a higher likelihood of developing the condition, but not everyone who carries them progresses to clinical diabetes.

Type 2 diabetes: Important risk factors include excess body weight, particularly abdominal fat, physical inactivity, a family history of diabetes, increasing age and prediabetes. A history of gestational diabetes or polycystic ovary syndrome also raises the risk. Ethnicity and social or environmental circumstances may influence susceptibility, although the reasons are complex.

Gestational diabetes: Risk factors include excess body weight, previous gestational diabetes, a family history of Type 2 diabetes and previous delivery of a large baby. However, the condition can develop in women with no obvious risk factors, which makes routine antenatal screening important.

Prediabetes is an important warning sign. Without intervention, some people with prediabetes will progress to Type 2 diabetes, but sustained lifestyle change and, where appropriate, preventive medication can reduce that risk.

Preventing diabetes

There is currently no established routine method of preventing Type 1 diabetes in the general population. The risk of Type 2 diabetes, however, can be reduced through lifestyle modification and, for selected high-risk individuals, preventive medication. People with a family history of Type 2 diabetes, excess body weight, physical inactivity or prediabetes may benefit from regular screening and early intervention. Under American Diabetes Association criteria, prediabetes is commonly defined by a fasting plasma glucose level of 100 to 125 mg/dL (5.6 to 6.9 mmol/L), although other organisations use different thresholds.

Key measures include:

Maintaining a healthy body weight: For people who are overweight or obese, sustained weight loss improves insulin sensitivity and reduces the risk of progression to diabetes.

Regular physical activity: Adults should generally aim for at least 150 minutes of moderate-intensity aerobic activity each week, adjusted to health status and ability. Exercise can improve insulin sensitivity even when significant weight loss does not occur.

A balanced diet: Meals should include vegetables, fruits, legumes, whole grains and appropriate sources of protein and healthy fats, while limiting sugary drinks, excess calories and highly processed foods.

Preventive medication where appropriate: Metformin may be considered for selected people at particularly high risk, especially when lifestyle measures alone may not suffice. Such decisions should be made with a qualified healthcare professional.

For people already living with diabetes, effective management extends beyond controlling blood glucose. It also involves reducing cardiovascular risk, protecting kidney function, preserving vision and preventing foot complications. Important measures include keeping glucose within individualised targets, monitoring and treating high blood pressure and abnormal cholesterol, avoiding tobacco and addressing excess body weight where appropriate.

Complications of Diabetes

Complications may develop gradually, particularly when blood glucose remains elevated over long periods. The risk is also influenced by blood pressure, cholesterol levels, smoking, kidney function and other individual factors. Without appropriate management, complications can become disabling or life-threatening. The major ones are:

Cardiovascular disease: Diabetes increases the risk of coronary artery disease, heart attack, stroke and peripheral arterial disease. Persistently high glucose, often accompanied by high blood pressure and abnormal cholesterol, damages blood vessels, so comprehensive cardiovascular risk management is an essential part of diabetes care.

Diabetic neuropathy: Prolonged exposure to high glucose can damage nerves, particularly in the feet and legs, causing tingling, numbness, burning sensations and pain. Nerve damage may also affect digestion, bladder function and sexual health. Reduced sensation in the feet allows injuries to go unnoticed, raising the risk of ulcers and infections.

Diabetic kidney disease: Damage to the small blood vessels and filtering structures of the kidneys impairs their ability to remove waste and regulate fluid balance, and may progress to chronic kidney disease and kidney failure. Regular assessment of kidney function and urinary albumin allows early detection.

Diabetic retinopathy: Elevated glucose can damage the blood vessels supplying the retina, causing visual impairment and, if untreated, blindness. Regular eye examinations identify changes before significant vision loss occurs.

Foot complications: Nerve damage and poor circulation can lead to ulcers, infections and delayed healing, and severe cases may end in amputation. Daily foot inspection, appropriate footwear and prompt assessment of injuries are important safeguards. Feet should be examined by a professional at least annually, and more often where neuropathy, poor circulation or previous ulcers are present.

Skin and oral health problems: People with diabetes may be more susceptible to certain bacterial and fungal infections, gum disease and delayed wound healing. Good personal hygiene, oral care and appropriate glucose management help reduce these risks.

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Advances in diabetes management and prevention

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Hearing impairment: Hearing loss occurs more frequently among people with diabetes than among those without the condition. The mechanisms are not fully understood, but damage to small blood vessels and nerves may contribute.

Cognitive impairment and dementia: Type 2 diabetes is associated with an increased risk of cognitive decline and dementia, including Alzheimer's disease. The relationship is complex and may involve vascular damage, metabolic disturbance and other shared risk factors.

Depression and diabetes-related distress: The demands of long-term treatment can cause depression, anxiety or distress, which in turn affect adherence, self-care and quality of life. Psychological support should form part of comprehensive diabetes care.

Complications of gestational diabetes

Gestational diabetes can affect both mother and baby, particularly when glucose is poorly controlled. With appropriate screening, treatment and antenatal care, however, many women deliver healthy babies.

In the baby, high maternal glucose crosses the placenta and stimulates the baby's pancreas to produce more insulin. This may cause excessive fetal growth, raising the likelihood of birth complications and caesarean delivery. After birth, when the maternal glucose supply stops, the baby may develop low blood glucose. Children born to affected mothers may have a higher long-term risk of obesity and Type 2 diabetes, and poorly controlled diabetes can increase the risk of stillbirth, although the risk varies with individual circumstances and the quality of antenatal care.

In the mother, gestational diabetes is associated with pre-eclampsia, a pregnancy complication involving high blood pressure that may affect the kidneys and other organs. It is also likely to recur in later pregnancies and substantially raises the long-term risk of Type 2 diabetes, which makes postpartum glucose testing and continued screening essential.

Early diagnosis, appropriate treatment and regular follow-up reduce the likelihood of many of these complications, and they remain central to modern diabetes care alongside advances in medicines, monitoring technologies and individualised treatment strategies.

Treatment of diabetes

The management of diabetes has advanced considerably since insulin was discovered and introduced in the 1920s. Before then, Type 1 diabetes was frequently fatal. Today, better medicines, monitoring technologies and insulin-delivery systems have improved the outlook for people living with the condition.

The goals of treatment are to keep blood glucose within an individualised target range, prevent acute complications, reduce long-term organ damage and improve quality of life. Modern care goes beyond lowering glucose to include weight management, cardiovascular and kidney protection, prevention of hypoglycaemia and personalised care. Treatment depends on the type of diabetes, the patient's age, general health, nutritional needs, other medical conditions and response to previous therapies. It may involve lifestyle modification, oral medicines, injectable medications, insulin, or a combination.

Diet and exercise

Healthy eating and regular physical activity remain fundamental, whatever treatment is prescribed. An appropriate dietary plan helps regulate blood glucose, maintain a healthy body weight and reduce cardiovascular risk. Rather than following a rigid formula, people with diabetes should adopt a balanced eating pattern suited to their nutritional needs, preferences, culture and financial circumstances. Vegetables, legumes, whole grains, fruits in appropriate portions, lean protein and healthy fats are recommended, while sugary drinks, excess salt, highly processed foods and foods rich in unhealthy fats should be limited.

In Nigeria, practical adjustments may include paying attention to portions of rice, yam, cassava-based meals and other starchy staples, while increasing the intake of vegetables, beans and other fibre-rich foods. Carbohydrates need not be eliminated entirely; their amount, type and distribution across meals should fit the individual's treatment plan.

Physical activity improves insulin sensitivity and helps muscles use glucose more effectively. Adults should generally aim for at least 150 minutes of moderate-intensity aerobic exercise weekly, according to ability and medical circumstances. Brisk walking, cycling and swimming are suitable, and resistance exercises can improve muscle strength and glucose control. For people with Type 2 diabetes who are overweight or obese, sustained weight loss can significantly improve control, and some achieve remission. Remission is not a permanent cure, however, and continued monitoring remains necessary.

Insulin therapy

Insulin is essential for people with Type 1 diabetes, whose bodies produce little or none, and is also needed by some people with Type 2 diabetes when other treatments provide inadequate control. Modern insulin preparations are manufactured using recombinant DNA technology and include rapid-acting, short-acting, intermediate-acting and long-acting formulations, allowing treatment to be tailored to glucose patterns, meals, physical activity and daily routine.

A common approach for intensive therapy is the basal-bolus regimen, which combines long-acting insulin to meet background needs with rapid-acting insulin taken around meals. Other regimens may suit patients according to their needs and their ability to manage treatment safely. Insulin pens have made injections more convenient for many patients, while pumps deliver controlled amounts throughout the day with additional doses at meals. Doses must be carefully adjusted to reduce the risk of hypoglycaemia, particularly when food intake, activity or health status changes.

Research into pancreatic islet transplantation and other cell-based therapies continues to offer hope for selected people with Type 1 diabetes. These approaches remain limited by donor availability, the need for specialised care and, often, immunosuppressive treatment, and they are not routine replacements for insulin.

Medicines for Type 2 diabetes

Several classes of medicine lower blood glucose through different mechanisms. The choice should take account of glucose levels, weight, cardiovascular and kidney health, risk of hypoglycaemia, cost and patient preference.

Metformin: A widely used first-line medicine, it reduces glucose production by the liver and improves the body's response to insulin. It rarely causes hypoglycaemia when used alone and is weight-neutral or associated with modest weight loss. Gastrointestinal symptoms are common, while lactic acidosis is rare but serious in certain high-risk circumstances.

Sulfonylureas: Medicines such as glimepiride and gliclazide stimulate insulin release. They lower glucose effectively but may cause hypoglycaemia and weight gain, so prescribing requires particular care in older adults and in people with impaired kidney function or irregular food intake.

Thiazolidinediones: Pioglitazone improves insulin sensitivity in muscle and

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Whether the objective is growth, investment, acquisition, succession or a future sale, understanding the value of the business can help an owner make better-informed decisions.

And you do not have to be ready to sell before starting the conversation.

The earlier the conversation starts, the more options an owner may have.



WHEN SELLING BECOMES THE RIGHT OPTION

When an owner decides that selling is the right next step, TBA Nigeria can support the process from preparation and positioning to identifying appropriate buyers, managing confidentiality, negotiations and transaction completion.

A recent transaction involved a **40-year-old pharmaceutical company that was successfully sold within six months**. The transaction demonstrates what professional preparation, positioning, buyer identification and transaction management can achieve.

For business owners, the message is simple:

The right preparation can make a difference.

CONFIDENTIALITY MATTERS

For owners who have spent years building their reputation and relationships, confidentiality is an important part of any potential transaction.

TBA Nigeria works to identify suitable prospective buyers while managing the release of sensitive business information through an agreed confidentiality process.

The right buyer could be an entrepreneur, investor, strategic company or international party looking for an opportunity in the Nigerian market.

Through the wider Transworld network, TBA Nigeria can leverage access to prospective buyers and international transaction expertise where appropriate.

START THE CONVERSATION EARLY

Business owners do not have to wait until they are ready to sell before seeking professional advice.

Preparing early can include understanding the value of the business, strengthening financial records, improving operations, documenting key processes and considering future options.

Whether the goal is to grow, acquire, attract investment, plan succession or eventually sell, early preparation can provide greater clarity and flexibility.

For a business that has taken years to build, the question is not simply:

"Can I sell my business?"

It is:

"When the time comes, will my business be ready?"

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Advances in diabetes management and prevention

continued from page 15

fat tissue but can cause fluid retention and weight gain and may worsen heart failure in susceptible patients.

DPP-4 inhibitors: Medicines such as sitagliptin enhance the activity of incretin hormones that regulate insulin secretion after meals. They are generally well tolerated and rarely cause hypoglycaemia alone, although their effect is usually more modest than that of newer therapies.

SGLT2 inhibitors: Empagliflozin and dapagliflozin reduce glucose reabsorption in the kidneys, so more glucose is excreted in urine. Certain agents in this class have also been shown to reduce heart failure hospitalisations and slow the progression of chronic kidney disease. Possible adverse effects include genital fungal infections, dehydration and, in some circumstances, diabetic ketoacidosis.

GLP-1 receptor agonists: Semaglutide and liraglutide mimic the natural GLP-1 hormone. They stimulate glucose-dependent insulin secretion, suppress inappropriate glucagon release, slow gastric emptying and help regulate appetite. They improve glucose control and promote weight loss, and certain agents have shown cardiovascular benefit. Nausea, vomiting and diarrhoea may occur.

Dual GIP/GLP-1 receptor agonists: Tirzepatide acts on two incretin receptors and can substantially improve glucose control and body weight in eligible patients. Availability, cost, suitability and adverse effects must be weighed.

Other agents: Alpha-glucosidase inhibitors such as acarbose delay carbohydrate absorption and may cause abdominal discomfort and flatulence. Meglitinides such as repaglinide stimulate insulin release around meals but can cause hypoglycaemia. Pramlintide, an injectable amylin analogue, slows gastric emptying and promotes satiety in selected insulin-treated patients, but requires careful monitoring because of the risk of severe hypoglycaemia.

The choice of medicine is no longer based solely on how much it lowers glucose. Current strategies increasingly favour agents with demonstrated cardiovascular or kidney benefit for patients who have, or are at high risk of, these complications, and many patients need combinations of medicines with complementary actions.

New trends in diabetes management

Recent developments have shifted diabetes care towards personalised treatment, better glucose monitoring, weight management and the prevention of complications.

Continuous glucose monitoring (CGM): Unlike conventional glucometers, which measure glucose from a finger-prick sample at one moment, CGM devices use a sensor under the skin to measure glucose in interstitial fluid at regular intervals. They reveal trends, identify periods of high or low glucose and sound alerts when levels move outside set limits. They are particularly useful for many people on insulin, although access and affordability remain barriers in some settings.

Connected meters and digital tools: Smartphone applications and connected meters help patients record readings, track patterns and share information with clinicians, supporting treatment decisions, adherence and remote consultations. They complement, but do not replace, clinical assessment.

Automated insulin delivery: Often called artificial pancreas systems, these combine a continuous glucose monitor, an insulin pump and an algorithm that adjusts delivery in response to readings. Some can automatically increase, reduce or suspend insulin, although users may still need to announce meals. They can lighten the burden of management and improve time in target range, and are especially important in Type 1 diabetes, but affordability, availability, training and reliable supplies remain significant considerations.

Newer weight-management treatments: GLP-1 and dual GIP/GLP-1 receptor agonists have widened the options for eligible people with Type 2 diabetes who also need to lose weight, with benefits that may extend beyond glucose control.

Personalised care: Clinicians increasingly consider an individual's glucose patterns, weight, cardiovascular risk, kidney function, other conditions, lifestyle, preferences and ability to pay, rather than applying a single regimen to every patient.

Earlier identification of complications: Regular assessment of kidney function, urinary albumin, eyes, feet, blood pressure and cholesterol detects problems before they become severe, and medicines with proven cardiovascular and kidney benefits may be added as part of a broader protective strategy.

Despite these advances, established treatments remain important. Newer medicines and technologies are not suitable for every patient, and their benefits must be weighed against adverse effects, cost and availability. Treatment should be prescribed and reviewed by qualified healthcare professionals.

Preventing long-term complications

Preventing complications is a central objective of treatment. Sustained glucose control reduces the risk of microvascular complications, including retinopathy, kidney disease and neuropathy, but effective care also demands attention to cardiovascular risk. Managing high blood pressure, abnormal cholesterol, smoking and excess weight lowers the risk of heart attack, stroke and peripheral arterial disease. Depending on the patient, treatment may include blood pressure-lowering medicines, lipid-lowering therapy and glucose-lowering medicines with established cardiovascular or kidney benefits.

Regular eye examinations, kidney assessments and foot checks are essential, and routine follow-up allows complications to be detected early and treated before they progress to serious disability. Patients should inspect their feet regularly, wear appropriate footwear and seek prompt medical attention for wounds, swelling, discolouration or signs of infection. Care should also address psychological distress, difficulties with adherence and barriers to treatment, and patient education, family support and collaboration among doctors, pharmacists, nurses and dietitians improve its safety and effectiveness.

Ultimately, the most effective approach combines appropriate medicines, healthy lifestyle choices, regular monitoring and timely intervention. As newer treatments and technologies emerge, the challenge is to ensure that advances in diabetes care translate into better outcomes for patients, including those in Nigeria who face financial and access-related barriers.

Report compiled by Adebayo Oladejo with additional materials from the WHO; Cleveland Clinic; Sciencedirect.com; Britannica.com; Mayo Clinic; Research Gate; Journal of Drug Delivery and Therapeutics; Harvard Health; American Diabetes Association; United States National Library of Medicine; Pharmanews.



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Is it legal for pharmacies to operate online drug delivery services across state lines in Nigeria?

LEGAL ANGLE with Dozie Ifeanyi Atueyi

legalangle@pharmanewsonline.com



Question: *Can a pharmacy based in Lagos legally receive an online order from a customer in Abuja, Kano, Rivers or another Nigerian state and deliver the medicines to that customer? Does a pharmacy need a separate licence in every state in which its customers are located?*

Case scenario

A registered pharmacy in Lagos launches an online platform through which customers across Nigeria can order medicines. A customer in Enugu uploads a prescription, pays electronically and receives the medicines through a courier company.

The pharmacy argues that it is operating one federally regulated online pharmacy and that the delivery destination being in another state does not create a separate pharmacy establishment.

A regulatory officer, however, questions whether the pharmacy can sell or distribute medicines outside the state in which its physical premises are registered. Is the pharmacy's interstate delivery service lawful?

Legal perspective

Yes, interstate online delivery of medicines is generally permissible in Nigeria, provided the pharmacy and its electronic operations comply with the applicable federal regulatory framework.

The position became considerably clearer with the Electronic Pharmacy Regulations 2026, issued by the Pharmacy Council of Nigeria (PCN). The Regulations apply to electronic pharmacy services and operations in Nigeria and establish a national framework for registration, licensing, prescription management, medicine supply, delivery, data protection and consumer protection.

Importantly, the Regulations prohibit cross-border online sales of medicines, but "cross-border" in this context refers to transactions involving Nigeria and another country; not movement of medicines between Nigerian states. The Regulations therefore do not create a general prohibition against a Lagos-based licensed e-pharmacy delivering a lawful order to a customer in Enugu or Kano.

However, the fact that an order is placed online does not remove the requirement for regulatory compliance. An electronic pharmaceutical service provider must be registered and licensed by PCN, operate under a designated superintendent pharmacist, and have either registered pharmaceutical premises or an appropriate partnership with a licensed physical pharmacy, wholesaler or distributor.

The 2026 Regulations also establish the National Electronic Pharmacy Platform (NEPP). Online drug orders must be processed through the Platform, with independent e-pharmacy and aggregator platforms legally and technically linked to it.

Delivery itself is regulated. Medicines must be appropriately stored and transported under conditions that preserve their quality, including suitable temperature control where necessary. Where third-party courier or logistics companies are used, the e-pharmacy remains responsible for ensuring compliance with applicable Good Distribution Practices.

Prescription-only medicines require particular care. The online pharmacy must authenticate prescriptions, verify the prescriber's credentials and dispense only against valid prescriptions. A pharmacist must also be available to provide online counselling.

Determining liability

The key questions are:

Is the e-pharmacy licensed by PCN? Is there a registered pharmaceutical premises or compliant partnership? Is a superintendent pharmacist responsible for operations? Are orders processed through the NEPP? Are prescription requirements satisfied? Are medicines properly stored, transported and delivered?

The destination being in another Nigerian state, by itself, does not appear to make the transaction illegal.

Practical advice

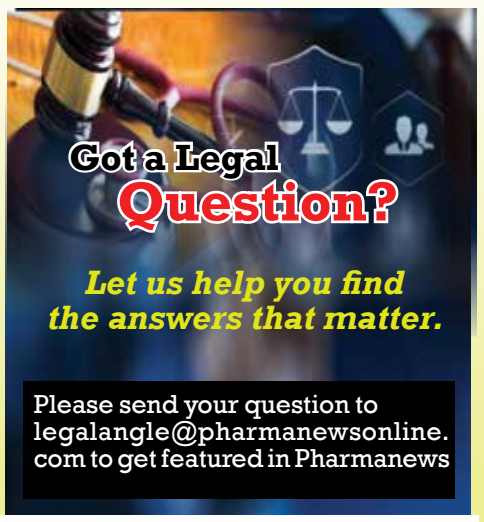
Pharmacies intending to serve customers nationwide should obtain the appropriate PCN e-pharmacy licence, maintain a compliant pharmaceutical supply chain, use properly controlled delivery arrangements, authenticate prescriptions and maintain required transaction records.

They should also distinguish interstate delivery within Nigeria from international cross-border sales, which are expressly restricted under the 2026 Regulations.

Closing insight

The internet may cross state boundaries, but pharmaceutical regulation does not disappear at the click of "Order."

Nigeria's 2026 e-pharmacy framework makes nationwide digital access to medicines increasingly possible, but the right to deliver across state lines comes with significant obligations relating to licensing, professional supervision, prescription control, medicine quality, traceability and patient safety.



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Ifie-Ombeh appointed pioneer CMD of BMUTH

By Temitope Obayendo

The Bayelsa State Governor, Senator Douye Diri, has approved the appointment of Dr (Mrs) Boboye Kenesuomene Ifie-Ombeh as the pioneer chief medical director (CMD) of the Bayelsa Medical University Teaching Hospital (BMUTH) for a single five-year tenure.

Other members of the pioneer management team appointed alongside Ifie-Ombeh are Dr Riemann Biowe, chairman, Medical Advisory Committee; Dr Marie Teibowei, director of administration; and Mr Selekowei Seipulou, director of finance and accounts.

Ifie-Ombeh, a consultant paediatrician, was director of medical and dental services at the Bayelsa State Hospitals Management Board before her appointment as the pioneer CMD of BMUTH.

Reacting to the appointments, the Vice-Chancellor of Bayelsa Medical University (BMU), Prof. Dimie Ogoina, congratulated the newly inaugurated management team, describing the development as a significant milestone in the state's healthcare and medical education aspirations.

In his goodwill message at the inauguration of the team, Ogoina also congratulated the state Commissioner for Health, Hon. Seiyefa Brisibe, and the Bayelsa State Government on the establishment and inauguration of the pioneer management team.

He described the development as an important step towards strengthening the state's healthcare system and advancing its medical education agenda.

The vice-chancellor expressed confidence in the potential of the teaching hospital to attain national and global recognition, particularly through its strategic relationship with BMU.

He emphasised the need for a strong partnership between BMUTH and the university, urging the management team to work closely with BMU to advance the healthcare and development vision of the state government.

According to him, the success of the teaching hospital would depend largely on collaboration between the two institutions, particularly in medical education, clinical training, research, innovation and healthcare delivery.

Ogoina also congratulated Teibowei, one of the university's ASPIRE champions, on her appointment as director of administration at BMUTH.

He described her appointment as a recognition of her commitment and contribution to the university's vision, expressing confidence that she would bring her wealth of experience to bear in her new role.

The vice-chancellor charged the pioneer management team to embrace collaboration, excellence and innovation as it begins the task of building a teaching hospital capable of supporting the university's growing academic and clinical needs.

He reiterated BMU's commitment to working with the teaching hospital to achieve the shared goal of positioning Bayelsa State as a destination for quality medical education, research and healthcare delivery.

Ogoina said the partnership would also contribute to the state's quest for greater national and global recognition and impact in healthcare and medical education.

Ifie-Ombeh is an experienced medical practitioner with many years of experience in general medicine and paediatric care. She is a Fellow of the West African College of Physicians.

She previously served as a consultant at Bayelsa Specialist Hospital, where she demonstrated leadership skills and strong professional ethics.

She has also served in various capacities in professional and alumni associations, including the University of Ibadan Alumni Association (UIAA).

In addition to her clinical and administrative experience, Ifie-Ombeh is involved in teaching and mentoring undergraduate and postgraduate students, reflecting her commitment to medical education and academic excellence.



Dr (Mrs) Boboye Kenesuomene Ifie-Ombeh

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Parkinson's Disease Symptoms



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Wellness, lifestyle and immune-supporting nutrients in breast health

By Chima Ejimofor
(Wellness coach and nutrition advocate)

Breast Cancer Awareness Month provides an opportunity to move beyond awareness of the disease and encourage women to take a more comprehensive approach to their health. Breast cancer prevention and treatment require evidence-based medical care. However, nutrition, physical activity, healthy body weight, adequate sleep and other lifestyle practices also contribute to overall wellbeing. For women living with or beyond breast cancer, these factors can form an important part of supportive care and survivorship.

It is important, however, to distinguish supporting nutritional and immune function from treating cancer.

Nutrition and normal immune function

The immune system is an intricate network requiring adequate energy, protein, vitamins, minerals and other nutrients for normal physiological function. Poor nutritional status can compromise general health and may be particularly concerning during periods of illness or cancer treatment.

A varied diet therefore remains the foundation of nutritional wellness. Important dietary components include:

Protein: Eggs, fish, poultry, beans, lentils, nuts and seeds provide protein needed for maintenance of muscle and body tissues.

Vitamin C: Found in citrus fruits, peppers, tomatoes and many vegetables and fruits, vitamin C contributes to normal immune function and antioxidant protection.

Vitamin D: Important for bone health, calcium metabolism and normal immune function. Sources include sunlight exposure, selected foods and appropriately indicated supplementation.

Zinc: Found in meat, seafood, eggs, beans, nuts and seeds, zinc contributes to normal immune function and numerous metabolic processes.

Selenium: Found in seafood, eggs, meat, grains and nuts, selenium contributes to normal immune function and protection of cells from oxidative stress.

Folate and other B vitamins: Legumes, vegetables, eggs, whole grains and other foods provide B vitamins involved in normal energy metabolism, cell division and physiological processes.

These nutrients should primarily come from a varied diet. Where dietary intake is inadequate or deficiency is identified, supplementation may have a legitimate role under appropriate professional guidance.

The role of quality nutritional supplements

Quality nutritional supplements can complement a balanced diet by providing selected nutrients and naturally derived nutritional ingredients.

This can be particularly relevant to women whose dietary intake is limited by busy lifestyles, changing nutritional requirements or difficulty achieving dietary variety.

However, supplementation should be individualised. Women undergoing chemotherapy, radiotherapy, endocrine therapy or other cancer treatment should discuss supplements with their oncology team.

Some concentrated supplements, particularly high-dose antioxidant products, may interact with certain treatments.

The responsible wellness position is therefore simple: supplements complement nutrition; they do not replace oncology care.

Lifestyle is part of the prescription for wellness

Nutrition works best when combined with healthy lifestyle practices. Regular physical activity is particularly important. Evidence in breast-cancer survivors associates physical activity with better overall and breast-cancer-specific survival. Exercise can also contribute to physical functioning, sleep, mood and quality of life.

Depending on an individual's health status and treatment, activities may include walking, swimming, dancing, cycling, resistance exercises or other enjoyable forms of movement.

Maintaining a healthy weight, avoiding tobacco, limiting alcohol, getting adequate sleep and managing chronic stress are additional components of a comprehensive wellness strategy.

A whole-woman approach

Breast health should never be isolated from the health of the whole woman. A practical wellness framework includes:



Eating a diverse, nutrient-rich diet

Adequate protein and hydration

Regular physical activity

Maintaining appropriate body weight

Adequate sleep and recovery

Stress management and social connection

Avoiding tobacco and limiting alcohol

Appropriate nutritional supplementation where indicated

Regular medical care and recommended breast screening

For women diagnosed with breast cancer, nutritional needs may change during treatment. Some women may require additional calories or protein, while others may need help managing treatment-related eating difficulties. Individual assessment by an oncology team and qualified dietitian can therefore be valuable.

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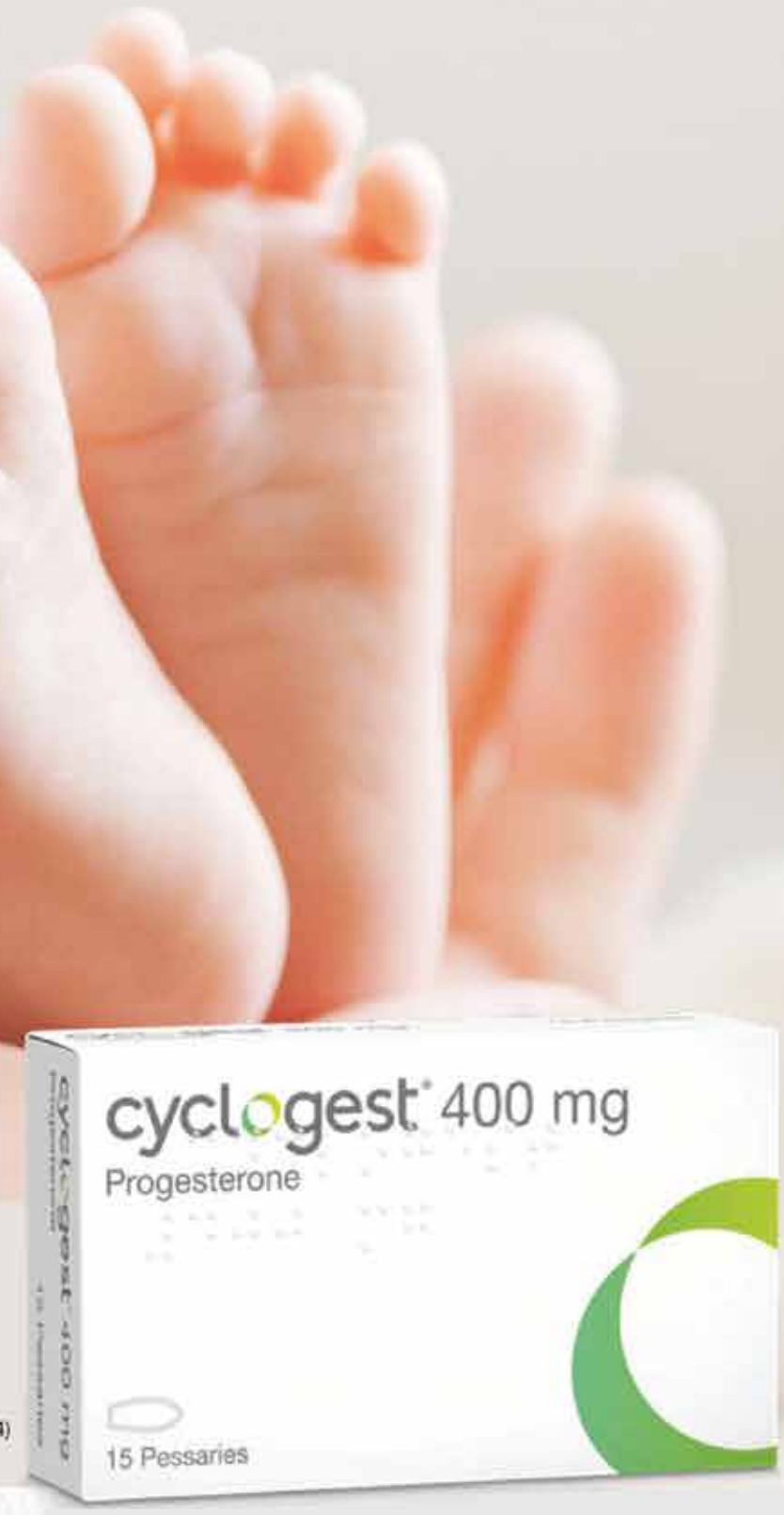
Mrs Chima Ejimofor is the lead partner of Infinite Health Consult, and is available for the purchase of Forever Living products, health talks and wellness seminars. She is based in Lagos, Nigeria. Telephone/ WhatsApp: 07033179632, email: infinitehealthconsult@gmail.com



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Hand, foot and mouth disease: Prevention and management

By Patrick Iwelunmor

Hand, foot and mouth disease (HFMD) is a common viral infection that mainly affects babies and children under five years of age, although older children and adults can also develop the disease. It is usually mild and clears up on its own within seven to ten days. However, it can cause considerable discomfort, especially when painful mouth sores make eating and drinking difficult. Understanding how the disease spreads, recognising its symptoms and adopting appropriate preventive measures are important for protecting children, families and communities.



The disease is caused by viruses belonging to the enterovirus group. Coxsackievirus A16 is a common cause, although other viruses, including enterovirus A71, can also cause the illness. The disease spreads through close contact with an infected person, saliva, fluid from skin blisters, respiratory droplets released during coughing or sneezing, and contact with faeces. Infection can also occur when people touch contaminated objects and surfaces, such as toys, door handles, tables and feeding utensils, before touching their mouths, noses or eyes.

The first symptoms often include fever, sore throat, tiredness and loss of appetite. Painful sores may subsequently develop inside the mouth, on the tongue and around the gums, while a rash, sometimes accompanied by small blisters, may appear on the palms of the hands, soles of the feet and other parts of the body, including the buttocks. Despite its name, the disease does not always affect only the hands, feet and mouth. Symptoms usually appear three to six days after infection, and some people, particularly adults, may experience mild symptoms or none at all while still contributing to the spread of the virus.

Prevention

Good personal hygiene remains one of the most effective ways to prevent the spread of HFMD. Children should be taught to wash their hands thoroughly with soap and clean running water, particularly after using the toilet, changing nappies, wiping their noses and before eating or preparing food.

Parents and caregivers should supervise young children to ensure that they wash their hands properly. Alcohol-based hand sanitisers may be useful in some situations, but they should not replace handwashing with soap and water, especially when the hands are visibly dirty.

Frequently touched surfaces, toys, feeding utensils and shared play equipment should be cleaned and disinfected regularly. Children and adults should avoid sharing cups, spoons, towels and other personal items with infected people. Children who are unwell should stay away from school, nursery or childcare settings when they have a fever, feel too ill to participate in normal activities or cannot control drooling caused by mouth sores. Parents should follow local public health guidance on when children can safely return.

Teaching children to cover their mouths and noses when coughing or sneezing, dispose of used tissues properly and avoid close contact with infected people can also reduce transmission. Caregivers should wash their hands carefully after changing nappies or cleaning up bodily fluids. There is no widely available routine vaccine that protects against all the viruses responsible for HFMD, making good hygiene and environmental cleanliness essential preventive measures.

Treatment

There is no specific medicine that cures ordinary hand, foot and mouth disease because it is caused by a virus. Antibiotics are ineffective against the infection, although a healthcare professional may prescribe them if a separate bacterial infection develops.

Treatment therefore focuses on relieving symptoms, maintaining adequate fluid intake and preventing dehydration. Children should be encouraged to drink plenty of fluids, including water and other suitable drinks. Cool drinks and soft foods may be easier to swallow when mouth sores are painful, while acidic drinks, such as orange juice, and spicy or salty foods should be avoided if they worsen the discomfort.

Paracetamol may help relieve fever and pain when administered according to the child's age, weight and the instructions on the product label or the advice of a healthcare professional. Ibuprofen may also be suitable for some children, but it should not be given to a child who is dehydrated. Aspirin must not be given to children unless specifically directed by a specialist. Parents should also avoid giving children unprescribed mouth gels or sprays, as some products contain ingredients that may be unsafe for young children. A pharmacist or doctor can recommend appropriate ways to manage mouth pain and other symptoms.

Most children recover within seven to ten days without serious complications. Nevertheless, parents and caregivers should seek medical attention if a child cannot drink adequately, passes urine less frequently than usual, develops a persistent high fever, experiences worsening symptoms or appears unusually weak or drowsy. Severe headache, neck stiffness, confusion, difficulty breathing or seizures require urgent medical assessment. These warning signs should never be ignored, as serious complications, although uncommon, can occur.



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NMA demands better pay, safer hospitals to curb doctors' exodus

By Patrick Iwelunmor

The Nigerian Medical Association (NMA) has called on federal and state governments to improve doctors' remuneration, strengthen hospital infrastructure and expand medical training as part of efforts to address the country's dwindling medical workforce and stem the migration of skilled professionals. The association's branches in Cross River, Kaduna, Bauchi and Ogun made the demands during briefings to mark the 2026 Physicians' Week, citing poor welfare, insecurity, excessive workloads, professional burnout and limited career development opportunities as major threats to healthcare delivery.

In Cross River State, the NMA Secretary, Dr Ukam Edadi, urged the government to ensure that the 40 doctors who recently completed recruitment interviews resumed work without further delay. He also called for the introduction of Medicine and Surgery and other allied health programmes at the state-owned university, arguing that locally trained professionals would help address staffing shortages and provide the manpower required for a proposed state specialist hospital. Edadi warned that establishing specialist healthcare facilities without developing the workforce needed to operate them could undermine their effectiveness.

The Kaduna State branch raised concerns over the declining number of doctors licensed to practise in the state, reporting that the figure had fallen from approximately 2,000 to 1,600. Its chairman, Dr Aisha Mustapha, said the state's estimated doctor-to-population ratio of one physician to 6,000 residents reflected the scale of the workforce challenge. Speaking ahead of the 2026 National Physicians' Week, themed "Securing the Future of Medicine in Nigeria," she identified insecurity, inadequate remuneration, poor working conditions, limited career progression and professional burnout as factors contributing to the decline.

Mustapha acknowledged government efforts to improve doctors' pay but called for further measures, including salary harmonisation to prevent doctors in general hospitals from being disadvantaged. She also advocated increased recruitment, reasonable duty schedules, adequate rest periods and access to healthcare and psychological support for medical professionals. According to her, improving doctors' welfare and working conditions is essential to retaining personnel and easing the pressure on those who remain in the public health system.

Similarly, the Bauchi State NMA urged federal and state governments to improve working conditions and introduce effective retention policies to address the continuing migration of doctors. The association's Vice Chairman, Dr Bello Abdullahi, also called on the state government to commence internship and postgraduate medical training at the Specialist Hospital, Bauchi, to create opportunities for locally trained doctors to develop their careers without leaving the state. He said the profession faced mounting challenges, including inadequate infrastructure, insecurity, declining remuneration, heavy workloads and health risks associated with prolonged stress.

Abdullahi maintained that safeguarding the future of medicine required deliberate investment and collective action, warning that physically exhausted and emotionally distressed doctors could struggle to sustain the quality of care patients deserved. He also condemned attacks, threats and intimidation directed at medical personnel, insisting that hospitals must remain safe environments for healthcare workers and patients.

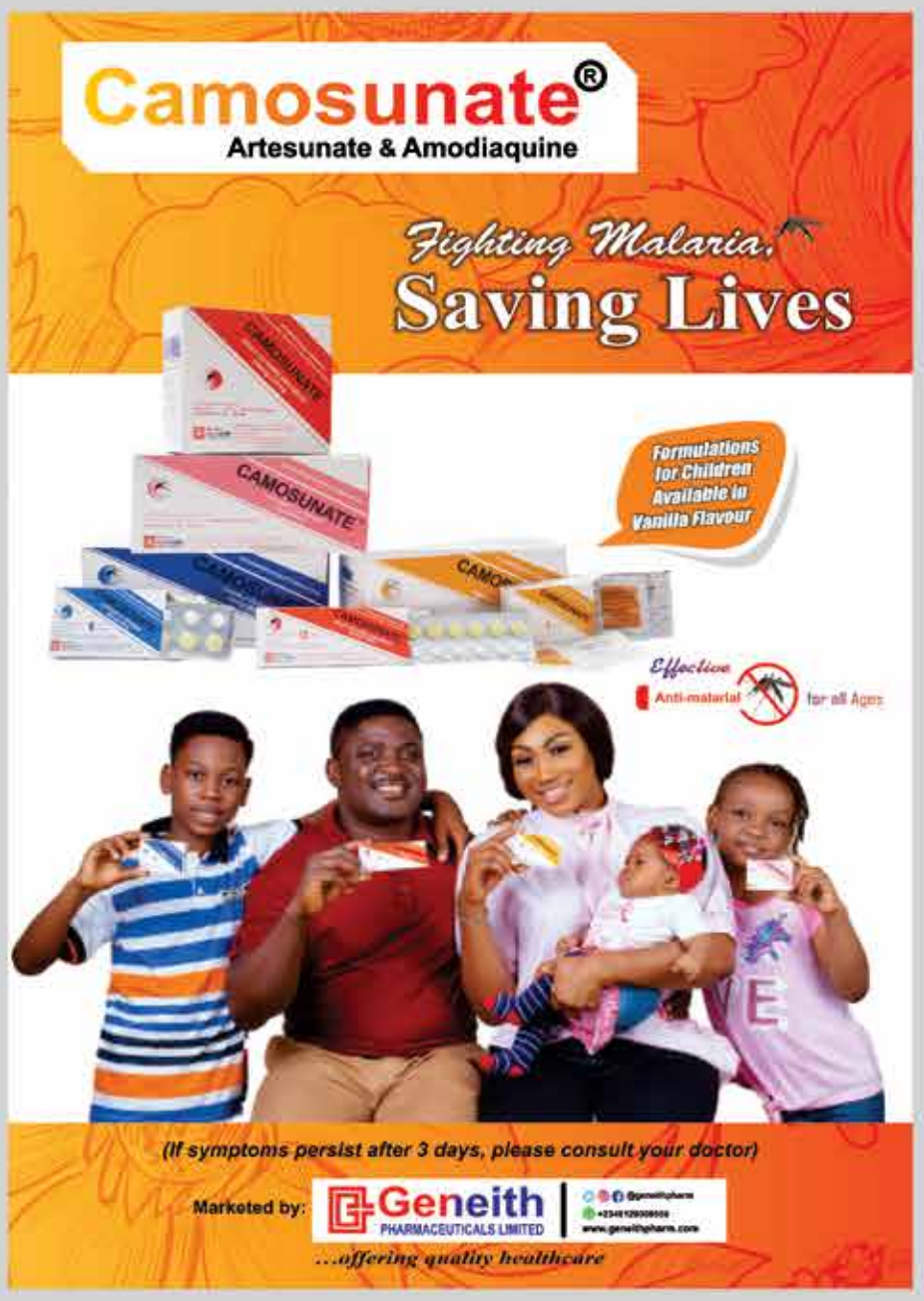
In Ogun State, the NMA called for increased healthcare funding, improved doctors' welfare and stronger public hospitals ahead of the 2027 governorship election. The state chairman, Dr Sunday Enimola, urged the government to raise healthcare spending to at least 15 per cent of its budget, in line with the Abuja Declaration benchmark, noting that the allocation of 13 per cent between 2025 and 2026 could be improved. He also called on political parties and governorship candidates to present measurable, adequately funded healthcare plans for the 2027–2031 period.

Enimola said healthcare should be treated as a strategic investment in public safety, productivity and economic prosperity rather than a peripheral campaign issue. He advocated prioritising primary healthcare, essential medicines, medical equipment, infrastructure, disease prevention and the recruitment and retention of qualified personnel. He also called for stronger public-private partnerships that expand access to quality services without compromising patient safety, professional standards or equitable access.

The Ogun NMA chairman further urged the next administration to develop a comprehensive healthcare workforce policy addressing staffing shortages, remuneration, career progression, professional development and workplace conditions, with particular attention to attracting and retaining doctors in rural and underserved communities. The doctors also advocated a digital health strategy incorporating electronic medical records, telemedicine, interoperable health information systems and other technologies to improve patient care and public health management.



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Nettle: Stinging away diseases

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



Urtica dioica

Urtica dioica L. (Fam. Urticaceae) is a herbaceous perennial plant commonly found in Asia, Africa and Europe. It can grow to between three and seven feet tall during summer before dying back to the ground in winter. Its leaves are opposite, heart-shaped to lanceolate, toothed and covered with stinging hairs. Common names include stinging nettle, burn-nettle, burn-weed and burn-hazel. Locally, it is called *yaduwar* in Hausa, *abalagwo* in Igbo and *ewe esinsin* in Yoruba.

Constituents

Phytochemical studies have reported the presence of carbohydrates, proteins, fats and fibre, as well as phytonutrients such as polyphenols. Nettle leaves are also sources of minerals, including calcium, manganese, potassium, phosphorus, copper, iron and magnesium. They contain several vitamins, including vitamins K, B1 and A. Mature or raw nettle leaves also contain oxalates.

Preparations

Nettle is available as fresh or dried leaves, powder, tablets, capsules and extracts. It may also be prepared as an infusion or tincture. The leaves can be cooked and eaten or steeped to make tea. Nettle tea may also be prepared from the roots. The stalks are sometimes used in salads, curries, soups and as a vegetable.

Pharmacological actions and medicinal uses

Studies have reported various pharmacological activities of nettle, including anti-allergic, anti-inflammatory, antibacterial, antioxidant, antiproliferative, analgesic and diuretic effects. Some studies have also suggested possible blood glucose- and blood pressure-lowering effects.

Nettle has been investigated for its potential to stabilise mast cells and interfere with pathways involved in allergic reactions. This may help explain its traditional use for symptoms such as sneezing, itching and a runny nose. Its anti-inflammatory properties have also generated interest in its possible use in conditions such as osteoarthritis and rheumatoid arthritis. Nettle preparations, including teas, extracts and topical products, have been used traditionally to relieve muscle and joint discomfort, although clinical evidence remains limited for some of these applications.

Topical preparations have also been used traditionally for skin conditions, including eczema and acne, while nettle preparations have been promoted for scalp and hair health. As a diuretic, nettle may increase urine production by promoting the excretion of water and sodium by the kidneys.

The root of stinging nettle has been investigated for urinary symptoms associated with benign prostatic hyperplasia (BPH), particularly difficulties with urination. However, evidence of its effectiveness is variable, and it should not be regarded as a substitute for appropriate medical assessment and treatment.

Traditionally, nettle leaf paste has been used for conditions such as dysentery. Liquid leaf extracts have also been administered to women after childbirth to restore strength and energy. Some indigenous communities in North America used nettle in connection with pregnancy and childbirth. Other conditions for which nettle has been traditionally used include premenstrual syndrome (PMS), menopausal symptoms, ulcers and skin irritation.

Animal studies have suggested that nettle leaf extract may affect glucose absorption and blood sugar levels. However, findings from human studies are mixed, and there is currently insufficient evidence to establish nettle as a treatment for diabetes.

Adverse effects

Side effects from consuming stinging nettle or drinking nettle tea are generally mild when they occur. They may include stomach discomfort, skin irritation or rash, nausea, headache, diarrhoea and constipation.

Because nettle may affect fluid balance and kidney function, people with kidney disease should exercise caution and seek medical advice before using nettle preparations, particularly in concentrated forms.

Economic uses and potential

Stinging nettle has potential uses beyond traditional medicine. The plant can be used in the production of organic fertiliser and insect-control products. It has also been investigated for use in aquaculture, including its potential effects on fish growth and reproductive performance.

Dried nettle leaves or powder reportedly sell for between N4,000 and N9,500 per 100 g, while some organic brands cost between N10,000 and N17,000. These prices may vary according to the source, brand, quality and location.

Stinging nettle therefore has potential applications in the pharmaceutical, food, beverage and agricultural industries. Further research, particularly well-designed human clinical studies, will be important in determining the extent to which its traditional and potential uses can be translated into evidence-based applications.



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Pharma leaders seek more investment, government support for local manufacturing

By Patrick Iwelunmor

Pharmaceutical industry leaders have called for increased investment and stronger government support for local manufacturing, saying Nigeria must build a more resilient domestic pharmaceutical industry to reduce import dependence and unlock opportunities in the African market.

The call was made during a panel discussion at the 8th Nigeria Pharma Manufacturers' Expo organised by the Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMGMAN) at Harbour Point, Lagos, where industry leaders highlighted the need for greater investment, stronger regulatory collaboration and sustained government attention to local production.



Dr Fidelis Ayebae
Chairman, Fidson Healthcare



Dr Stella Okoli
CEO, Emzor Pharmaceuticals

Chairman of Fidson Healthcare, Dr Fidelis Ayebae, described local pharmaceutical manufacturing as central to Nigeria's economic development and nation-building, arguing that countries that cannot produce what they consume remain dependent on external sources. "Any country that does not manufacture what it consumes is not making progress," he said, stressing that "local manufacturing is the way to go."

Ayebae also identified Nigeria and the wider African market as major opportunities for pharmaceutical investment, urging companies to establish production facilities on the continent rather than focus mainly on supplying imported medicines. "Africa, led by Nigeria, is the place to pitch your tent," he said, while inviting Indian pharmaceutical companies to establish manufacturing plants in Nigeria. "I invite our Indian friends to come and set up plants in Nigeria rather than bring in imported products," he said.

He further called for stronger cooperation between pharmaceutical manufacturers and regulators to protect the local industry from counterfeit medicines, warning that fake products could undermine legitimate manufacturers and weaken the sector. "We must protect the pharmaceutical manufacturing industry by cooperating with the regulators. We should not fold our arms and watch criminals destroy our industry by faking products," Ayebae said.

Managing Director of Jawa Pharmaceuticals, Chief Varkey Verghese, urged investors to look beyond highly saturated pharmaceutical segments and direct capital towards high-value products with greater opportunities for growth. "The painkiller segment is highly saturated. It is a rat race. Investors should invest in high-value products," Verghese said.

Verghese also credited the NAFDAC 5+5 policy with improving the environment for local pharmaceutical manufacturing and urged investors not to give up because of the difficulties associated with operating in the sector. Recounting his experience, he said he borrowed N20 million to establish his business but encountered significant challenges, particularly from regulatory requirements, and accumulated debts of about N80 million within four years.

"Despite the challenges, we continued to persevere and today, that experience has become history," he said.

Chief Executive Officer of Emzor Pharmaceuticals, Dr Stella Okoli, meanwhile, called for greater government attention to the pharmaceutical manufacturing industry, particularly as manufacturers continue to contend with challenges affecting the sustainability of local production.

Okoli commended PMGMAN for bringing manufacturers together to deliberate on the challenges confronting the sector and identify practical pathways for advancing pharmaceutical manufacturing in Nigeria, stressing the importance of sustained industry engagement in finding solutions to the problems facing local producers.



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Nigeria may produce 80% essential drugs locally in 2 years – DailyNeed MD

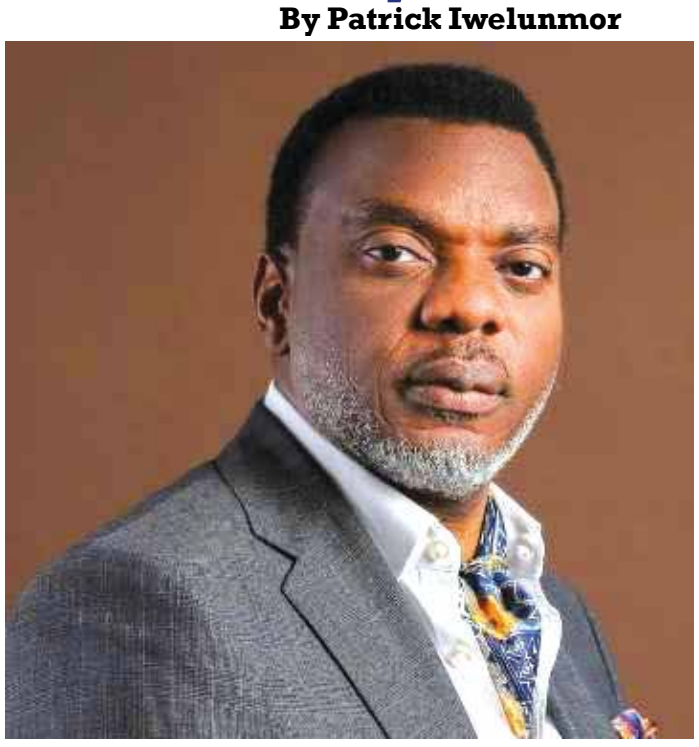
By Patrick Iwelunmor

Nigeria could produce up to 80 per cent of its essential medicines locally within the next two years as pharmaceutical manufacturers expand production capacity and invest in new machinery and factories, Mr Oluwatosin Jolayemi, managing director of Daily-Need Industries Limited, has said.

Jolayemi said the industry has reached a critical point in its transition from import dependence to local production, with the ratio reportedly moving from 70:30 to 50:50. He attributed this progress partly to increased manufacturer investment and government policies designed to encourage domestic pharmaceutical production.

Speaking to ***Pharmanews*** at the 8th Nigeria Pharma Manufacturer's Expo, held recently in Lagos, he said, "The significance of what we have here today is to showcase that Nigerian pharmaceutical manufacturers are coming of age. We are improving our capacity and increasing our molecular shelf size of baskets to be able to take care of the essential needs of Nigerians."

He said the improvement in local manufacturing capacity provided a basis for stronger growth in the coming years, predicting that manufacturers could meet 80 per cent of the country's essential drug requirements locally within two years. According to him, companies are already expanding through the acquisition of machinery and construction of new factories to meet rising demand while maintaining product quality.



Mr Oluwatosin Jolayemi
MD, Daily-Need Industries Limited

Jolayemi, however, said achieving greater self-sufficiency in essential medicines should not be the industry's final objective, arguing that increased capacity should eventually enable Nigerian manufacturers to move into higher-value pharmaceutical products such as biologics and vaccines.

"That in itself is not enough, because the moment we are able to meet that essential drug requirement, then you begin to see some companies move into the biologics and into the vaccines on their own, because that is growth in itself," he said.

He said manufacturers are prepared to support the Federal Government's pharmaceutical reforms, including the Presidential Executive Order, while ensuring that basic medicines remain available locally and that domestic products can compete with imports.

Jolayemi also argued that locally manufactured medicines can compete favourably with imported products on both price and quality, saying regulatory oversight had helped maintain standards across the industry.

"If you actually go to the market, you find that locally manufactured goods are cheaper than imported products, and the quality is equally higher, because NAFDAC is always on our neck," he said.

He identified government policy as a major driver of the recent expansion, citing the Presidential Executive Order, NAFDAC's 5-plus-5 policy and the Ceiling List as measures that have given manufacturers greater impetus to invest in domestic production.

"If, in two years, we have closed the gap from 70-30 to 50-50, it shows the strength of policy," Jolayemi said, stressing that sustained implementation would be critical to maintaining the industry's growth.

Despite the progress, he identified electricity and human capital as major challenges confronting pharmaceutical manufacturers, saying high-energy costs remained a general problem while the industry also faces a shortage of skilled personnel in critical technical and operational areas.

"Another thing I think is critical is human capital, which a lot of people are not looking at," he said, listing water systems, HVAC, sales and marketing, quality control and machine operation among areas requiring more skilled personnel.

Jolayemi said developing a larger pool of technically competent workers would also help manufacturers reduce production costs as the industry expands. He said the sector cannot continue to depend on existing workers moving from one pharmaceutical company to another, but needs sustained investment in training and developing new professionals.

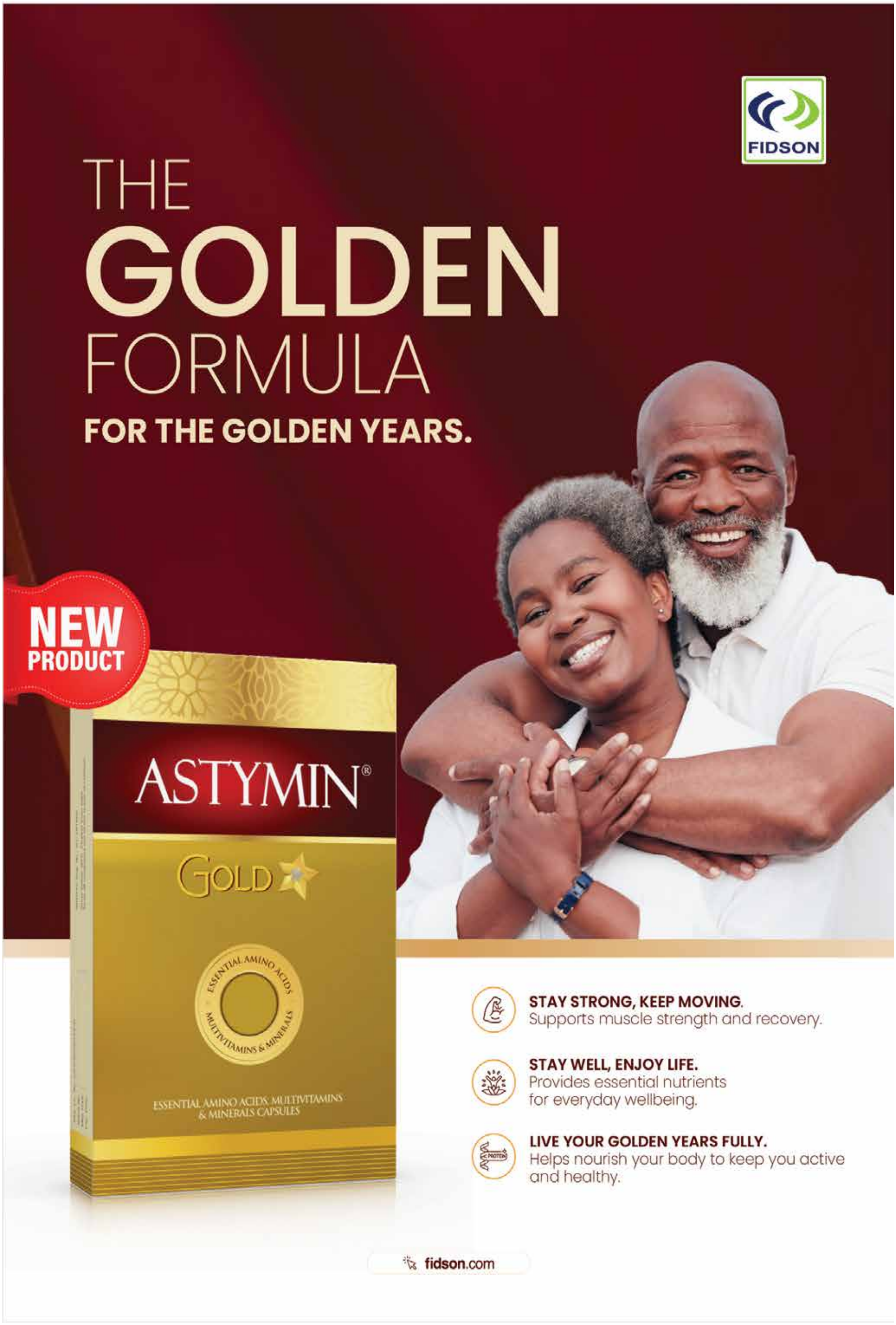
"Until we begin to have enough people who are skilled in different areas, whether it is water, HVAC, sales and marketing, quality control or even the operation of machines, we will continue to have challenges," he said. "If we have enough skilled personnel, they will help drive down the cost of production."

He said the immediate priority is to sustain the expansion of local manufacturing while creating the capacity for Nigerian companies to progress from essential medicines into more sophisticated pharmaceutical products.

"The essence is to say we are growing our capacity, we have grown our capacity and we are still growing our capacity, and we are primed for business," Jolayemi said.



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Medicine security: Nigeria cannot continue relying on foreign pharmaceutical supplies — Stella Okoli

By Ranmilowo Ojalumo

The Founder and Chief Executive Officer of Emzor Pharmaceutical Industries Limited, Dr Stella Okoli, has called for medicine security to become a national priority, urging Nigeria to strengthen its capacity to meet its pharmaceutical needs. She warned that Nigeria cannot continue to depend excessively on foreign sources for essential medicines and pharmaceutical raw materials, given the lessons of past experiences.

Speaking at the World Pharmacists Day celebration organised by the Ogun State Zone of the Association of Industrial Pharmacists of Nigeria (NAIP), Okoli called for stronger local pharmaceutical manufacturing, increased investment in research and development, and greater collaboration among industry, government, academia and regulatory institutions.

Her address was delivered by Emzor's Regulatory Affairs Manager, Pharm. Colette Okwuchi, who represented her as chairman of the occasion. Okoli said industrial pharmacists and other stakeholders in pharmaceutical manufacturing have a special responsibility to help build a more self-reliant pharmaceutical industry.

She said Nigeria's continued dependence on foreign sources for essential medical commodities and pharmaceutical raw materials is unsustainable, stressing that medicine security must become a national priority.

"As industrial pharmacists and stakeholders in the pharmaceutical manufacturing sector, we also have a special responsibility to Nigeria. We cannot continue to have a nation that depends excessively on the outside world for essential medical commodities or pharmaceutical raw materials. Medicine security must become a national priority," she said.

According to Okoli, achieving medicine security would require Nigeria to strengthen its local manufacturing capacity while investing significantly in research and development, human capital, technology and infrastructure.

"We must strengthen local manufacturing, we must invest in research and development, we must develop our human capital, we must improve technology and infrastructure," she said.

She also stressed the need for deeper collaboration among pharmaceutical companies, government, academic institutions and regulatory bodies. Such partnerships, she said, are necessary to create an environment in which Nigerian pharmaceutical companies can grow, compete and produce medicines that met globally accepted standards.

"And most importantly, we must create an environment where Nigerian pharmaceutical industries can grow, compete and produce to globally acceptable standards," she added.

The Emzor founder noted that the future of Nigeria's pharmaceutical industry should not be measured simply by the volume of medicines produced, but also by its ability to manufacture quality and effective medicines in sufficient quantities to meet the needs of the Nigerian population.

She said initiatives aimed at strengthening pharmaceutical manufacturing, including the development of active pharmaceutical ingredients, should be regarded as important components of Nigeria's medicine security and healthcare independence.

"The future of Nigeria's pharmaceutical industry cannot simply be about producing more medicines. It must be about producing better and effective medicines in the right quantities and quality, sufficient to meet the needs of the Nigerian public," she said.

Okoli also urged younger pharmacists to play an active role in shaping the future of the profession and the pharmaceutical industry. She encouraged them to combine professional excellence with integrity, innovation, responsibility and service.

Describing the younger generation as an important part of both the present and future of pharmacy, she urged young pharmacists to explore new ideas without compromising their professional values.

Beyond local production, she called for a united approach to addressing the challenges facing Nigeria's pharmaceutical sector, stressing that no individual, company, association or institution could transform the industry alone.

"The industry needs the government. The government needs the industry. The industry needs the regulators," she said, adding that academia also needs industry collaboration, while young professionals need mentorship.

Dr Okoli urged stakeholders to build stronger partnerships and share knowledge, saying collaboration would help advance Nigeria's pharmaceutical industry.

"Let us therefore continue to build bridges rather than build walls. We must share knowledge with one another rather than guard it unnecessarily, and create partnerships that will move the pharmaceutical industry forward," she said.

She expressed optimism that, with unity of purpose and a commitment to excellence, Nigeria could build a pharmaceutical sector capable of meeting the country's needs and earning greater recognition across Africa and the world.



Dr Stella Okoli

She also commended NAIP Ogun Zone for organising the World Pharmacists Day celebration and providing a platform to recognise excellence within the profession.

The event also featured the distribution of free medicines to residents of Sango-Ota and sensitisation on the dangers of drug abuse as part of activities marking the celebration.



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PCNNews

PCN seals 722 premises in Bauchi as enforcement drive targets illegal drug outlets

By Ifeoluwa D. Afolayan

The Pharmacy Council of Nigeria (PCN) has sealed 722 premises in Bauchi State after a four-day enforcement exercise. The exercise focused on curbing the unauthorised sale and distribution of ethical and controlled medicines, ensuring that pharmaceutical premises are operated only by qualified personnel, and that Patent and Proprietary Medicine Vendors (PPMVs) strictly adhere to their approved scope of practice, also to stamp out the operation of illegal premises in Nigeria

Speaking on behalf of the Registrar/CEO PCN at a press briefing in the State, the Council's Head of Enforcement Department, Dr Suleiman S. Chiroma, said the exercise forms part of a structured, phased nationwide effort to bring order to Nigeria's drug distribution system.

The national enforcement teams visited 14 Local Government Areas, including Bauchi, Darazo, Gamawa, Kirfi, Alkaleri, Toro, Misau, Katagum, Tafawa Balewa, Bogoro, Dass, Ningi, Warji and Jama'are. They inspected 950 premises comprising 92 pharmacies, 527 patent medicine shops and 331 illegal outlets. Of these, 722 premises were sealed: 52 pharmacies, 339 patent medicine shops and all 331 illegal outlets. A further 24 compliance directives were issued. Illegal premises accounted for 46 per cent of all facilities sealed.

Some pharmaceutical premises were found to be operating without registration. A significant number of Patent and Proprietary Medicine Vendor (PPMV) shops were stocking ethical medicines, injectables and intravenous infusions, contrary to the Approved Patent Medicine List. Other breaches included poor record keeping, improper signage, unhygienic environments, unrestricted access to poisons by unauthorised persons, and the training of apprentices.

The Council also raised grave concern over the sale of controlled medicines for the purpose of abuse, particularly in the Bayan Gari area of Bauchi Metropolis. The substances recovered included Flunitrazepam (Rohypnol), Diazepam (Valium), Tramadol Hydrochloride, and codeine-containing cough syrups. PPMVs are expressly prohibited by law from selling these medicines.

Only 43 per cent of the pharmacies inspected were fully compliant, as were 36 per cent of PPMV outlets. Dr Chiroma said this underscores the need for closer monitoring.

The Council said the exercise supports the National Drug Policy and the National Drug Distribution Guidelines (NDDG). It aims to keep substandard and falsified medicines out of circulation and to ensure that medicines are handled and dispensed only by qualified personnel in approved premises.

The Director, Enforcement, noted that every premises involved in handling, storing and dispensing medicines would henceforth be under strict and sustained regulatory supervision, and that violations would attract prompt and appropriate sanctions. The public was advised to obtain medicines only from premises licensed by the Council, each of which must display a valid and current licence.

The Council thanked the Government and people of Bauchi State for their cooperation and support. It added that sustained collaboration with stakeholders remains critical to ensuring continuous access to safe, effective and quality-assured medicines.



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PSN urges FG, states to enforce drug distribution guidelines, relocate open markets

By Patrick Iwelumor

The Pharmaceutical Society of Nigeria (PSN) has called on the Federal and state governments to strengthen implementation of the National Drug Distribution Guidelines (NDDG) to curb the circulation of counterfeit and substandard medicines, food products and other regulated goods that threaten public health. PSN President, Tanko Ayuba, made the appeal at a press briefing ahead of the society's 99th Annual National Conference, scheduled for 1 to 7 November, at the International Convention Centre, Awka, Anambra State.

Ayuba said the guidelines, approved by the Federal Ministry of Health in 2015, were designed to replace open drug markets with Coordinated Wholesale Centres (CWCs), providing a more organised and regulated system for pharmaceutical distribution. The first phase targeted four major markets: Idumota in Lagos, Headbridge in Onitsha, Anambra State, Sabongeri in Kano and Ariaria in Aba, Abia State. He disclosed that Kano State had commissioned Nigeria's first CWC, while the privately driven Lagos project was expected to be completed in the second quarter of 2027.

The PSN president said the Anambra State Government had expressed support for the CWC under development in Oba, while Abia State Governor, Alex Otti, had also pledged assistance for the project in his state. He urged the Federal Ministry of Health and Social Welfare to collaborate with the Lagos, Anambra and Abia state governments to remove obstacles delaying the projects, including administrative



Pharm. Tanko Ayuba, President, PSN

bottlenecks, building approval processes and related authorisations. He also called for decisive action on what he described as frivolous petitions and unwarranted legal challenges impeding construction and delivery.

Ayuba further urged the ministry to accelerate the next phase of the initiative by facilitating the relocation of open drug markets in Agbeni, Ibadan, Oyo State; Ogbete, Enugu State; and Gamboru, Maiduguri, Borno State. He noted that the plan had been announced under the administration of former Health Minister, Prof. Isaac Adewole, in 2018, adding that completing the wholesale centres would strengthen medicine distribution controls, improve patient safety and help stem the spread of fake and substandard products.

The PSN president also called on the National Assembly to conclude work on proposed amendments to the Fake Drug Act, following deliberations at a Senate public hearing, to enable the legislation to proceed for presidential assent. Beyond medicine distribution, he advocated a standardised framework defining the responsibilities, qualifications, professional development requirements and accountability standards of Consultant Pharmacists, whose positions have been recognised in federal and state public service schemes. According to him, clearer guidelines would support workforce planning and facilitate the integration of advanced pharmacy practitioners into multidisciplinary clinical teams.

Ayuba highlighted further opportunities for pharmacists to contribute to clinical nutrition and specialised pharmaceutical services through collaboration between the PSN and the West African Society of Parenteral and Enteral Nutrition. He said the partnership could promote training in sterile compounding, aseptic techniques and cleanroom procedures, as well as quality assurance systems for the safe preparation of parenteral nutrition. Other areas of cooperation could include technical education, clinical attachments, research, mentorship, workshops and conferences, while centralised admixture services and new compounding technologies should be introduced only where local needs, regulatory requirements, staffing, infrastructure and sustainable funding support them.

He also identified the International Pharmacy Practice Residency Programme at Delta State University Teaching Hospital, Oghara, as an opportunity to strengthen supervised postgraduate clinical training. Launched in May 2022 through the West African Postgraduate College of Pharmacists in collaboration with the hospital, the programme is undergoing review by the American Society of Health-System Pharmacists following an accreditation survey, with a decision expected by March 2027. Responding to journalists' questions, Ayuba warned that consumers should not bear the primary responsibility for determining whether medicines are genuine, advising Nigerians to purchase medicines from registered pharmacies and avoid obtaining prescription drugs from unauthorised vendors.

The Society's 99th Annual National Conference will hold under the theme, "One Health, One Pharmacy: Bridging Knowledge,

continued from page 49



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CHI Pharma's Supramult Junior initiative gives learning essentials, nutritional support to school children

By Ranmilowo Ojalumo

As part of its commitment to supporting healthier futures for children, CHI Pharma, through Supramult Junior, recently visited four schools as part of a Back-to-School initiative aimed at encouraging healthy development and supporting learning outcomes among school-age children.

The outreach saw pupils receive branded water bottles alongside bottles of Supramult Junior, a multivitamin and mineral supplement formulated to support the nutritional needs of growing children. The donations were presented by members of the CHI Pharma team, who also engaged with school representatives on the importance of child nutrition, hydration, and healthy growth.

The company said the years between one and 12 years of age represent one of the most important stages in human growth and development, as children experience rapid physical growth, cognitive development, and increasing nutritional demands during this period.

According to experts in child nutrition, adequate vitamin and mineral intake during childhood plays an important role in supporting normal growth, immune function, bone development, and overall wellbeing. However, many parents face challenges ensuring their children consistently receive balanced nutrition, particularly as children can be selective eaters and modern food processing may reduce the levels of certain nutrients naturally present in foods.



The CHI Pharma team with some school staff members during one of the donations.

"One of the challenges many mothers face is ensuring their children receive the nutrients they need every day, especially when children are going through phases of picky eating", said Mr Shriram Iye, COO of CHI Pharma

"At CHI Pharma, we recognise that supporting mothers with practical nutritional solutions is an important part of our mission. Supramult Junior was developed to help bridge nutritional gaps and support children's healthy growth and development", the COO added.

Supramult Junior combines key nutrients that contribute to healthy childhood development, including Lysine, an essential amino acid involved in growth and protein synthesis; Calcium, which supports healthy bone and teeth development; Vitamin B Complex, which contributes to normal energy metabolism; and Vitamin C, which supports normal immune function and overall wellbeing.

By providing nutritional support during the developmental years, Supramult Junior aims to help children maintain healthy growth while complementing a balanced diet.

In addition to Supramult Junior, pupils received reusable water bottles to encourage healthier hydration habits throughout the school day. Adequate hydration plays an important role in concentration, physical

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Expert cautions against reliance on raids to fight fake medicines

- Canvasses digital traceability, stronger supply-chain systems

By Adebayo Oladejo

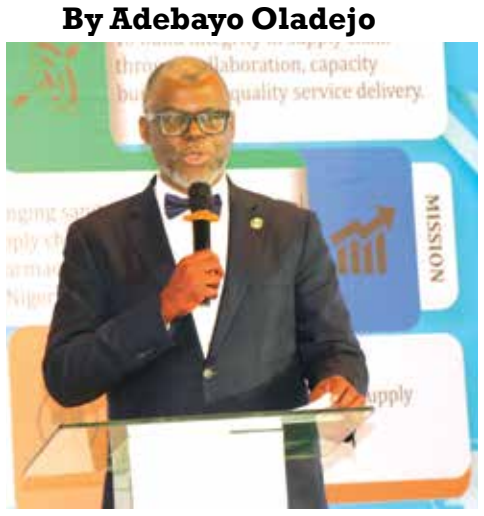
A prominent Nigerian pharmacist and business development expert, Pharm. Remi Adeseun, has cautioned against relying mainly on raids and arrests to combat substandard and falsified medicines, urging regulators and pharmaceutical distributors to prioritise digital traceability, stronger supply-chain systems and coordinated action.

Adeseun, a Fellow of the Pharmaceutical Society of Nigeria (PSN), gave the advice while delivering the keynote address at the fourth Thematic General Assembly of the African Pharmaceutical Distributors Association (APDA), hosted by the Pharmaceutical Wholesalers and Distributors Association of Nigeria (PWDAN) at the Marriott Hotel, Ikeja, Lagos.

Speaking on the theme, "Advancing Pharmaceutical Distribution in Africa: Building Secure Supply Chains Against Falsified Medicines," he said the fight against falsified medicines must address weaknesses in the systems through which medicines are manufactured, transported, stored and distributed, rather than depend mainly on law enforcement.

"If we treat falsified medicines mainly as a law enforcement problem, we will always arrive late to the problem," he said, advocating an approach that combines regulatory oversight, technology, commercial responsibility and enforcement.

Adeseun explained that medicine quality depends not only on the product's condition at the point of manufacture but also on how it is transported and stored. Citing oxytocin as an example, he referred to a study which, according to him, found



Pharm. Remi Adeseun

that close to 60 per cent of the drug in the market had been denatured, warning that ineffective medicines could have devastating consequences for women requiring the drug during labour.

He identified the inability to establish the origin and movement of medicines as a major supply-chain vulnerability. Recalling efforts to curb benzodiazepine abuse, he said requiring community pharmacies to demonstrate the source of their products helps expose weaknesses in the distribution chain and trace supplies to wholesalers and manufacturers.

He added that shortages of legitimate medicines could encourage the circulation of falsified products, as patients and buyers might turn to questionable sources when registered pharmacies could not meet their needs.

The pharmacist therefore urged wholesalers and distributors to distinguish themselves from ordinary traders by investing in reliable distribution systems, maintaining professional standards and ensuring that customers could obtain legitimate medicines efficiently.

He called for closer integration between the Pharmacy Council of Nigeria's proposed national electronic pharmacy platform and the traceability systems being implemented by the National Agency for Food and Drug Administration and Control (NAFDAC), warning that independently developed platforms could duplicate resources and undermine efficiency.

Adeseun also urged distributors to prepare for NAFDAC's traceability requirements, noting that implementation for controlled substances is scheduled to become mandatory in January 2027, with expansion to other product categories expected by 2029.

He said digital traceability would help legitimate distributors distinguish themselves from unscrupulous operators, but cautioned that technology alone cannot secure the supply chain. Effective systems, he explained, requires reliable product identification, trusted digital identities, transaction records and interoperable data to track medicines throughout their journey.

He further warned against deploying artificial intelligence and sophisticated applications without reliable underlying data.

"Let's not automate confusion, and let's not start by building a roof first; let's get the data practices strong from the beginning," he said, noting that artificial intelligence could support demand forecasting but could not compensate for transactions that had never been recorded or replace professional accountability.

Adeseun advocated responsible data sharing among distributors, manufacturers and other stakeholders, saying properly analysed information could help identify shortages, improve forecasting and guide production towards unmet therapeutic needs.

He also urged distributors to support local pharmaceutical manufacturing and diversify their supply sources to improve resilience against international disruptions caused by conflicts and other emergencies. He called for collaboration across West Africa and the wider continent to build more dependable medicine supply networks.

On professional accountability, he urged distributors to verify their customers, ensure authorised procurement, comply with good distribution practices and avoid supplying outlets whose legitimacy they could not establish.

The keynote speaker challenged PWDAN and APDA to assess members' digital readiness, identify operational gaps and develop measurable standards for distribution excellence. He said a recognised quality standard could distinguish professional distributors from ordinary traders, strengthen regulatory confidence and open opportunities for technical and financial support.

He further advised pharmaceutical businesses to prepare for cybersecurity risks arising from digitalisation, including putting appropriate insurance and recovery arrangements in place. He urged the associations to promote connected systems that could work with hospital records and public-sector distribution networks rather than create more isolated platforms.



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DP World Healthcare, Miraflash partner to boost medicine access nationwide

By Adebayo Oladejo

DP World Healthcare Nigeria has partnered with indigenous pharmaceutical manufacturer Miraflash Nigeria Limited to strengthen pharmaceutical distribution, expand access to locally manufactured medicines and improve healthcare supply chain efficiency across Nigeria.

The partnership was formalised through the signing of a Memorandum of Understanding (MoU) on 14 October, marking Miraflash's integration into DP World Healthcare's nationwide pharmaceutical distribution network.

Speaking at the signing ceremony, Pharm. Chief Moses Oluwalade, managing director of Miraflash Nigeria Limited, said the collaboration would help address longstanding distribution and infrastructure challenges that have limited the company's growth despite more than two decades of producing quality medicines.

According to him, DP World Healthcare's extensive logistics capabilities, warehousing infrastructure and operational expertise provide the ideal platform for expanding Miraflash's reach and ensuring wider availability of its products across the country.

"Effective distribution is as important as manufacturing in healthcare delivery. Medicines require strict storage and handling conditions to maintain their quality and efficacy. Through DP World Healthcare's warehouse network spanning Nigeria's six geopolitical zones, we expect improved market accessibility, faster delivery timelines and broader nationwide coverage," Oluwalade stated.



L-R: Pharm. Chief Moses Oluwalade, managing director of Miraflash Nigeria Limited and Mr Naveen Pala, managing director, DP World Nigeria, at the signing of the memorandum of understanding (MoU).

Also speaking at the event, Naveen Pala, managing director of DP World Healthcare Nigeria, described Miraflash as a reputable indigenous pharmaceutical company whose product portfolio complements DP World Healthcare's expanding healthcare business.

He emphasised DP World Healthcare's more than 25 years of proven expertise in pharmaceutical distribution, regulatory affairs, demand generation, marketing support, cold-chain logistics and pharmaceutical warehousing, positioning the company as a trusted one-stop partner delivering integrated healthcare solutions.

"Miraflash has built a strong reputation for quality and innovation in pharmaceutical manufacturing. We are delighted to partner with the organisation and support its next phase of growth through our robust distribution and healthcare infrastructure," Pala said.

He disclosed that DP World Healthcare currently operates 11 pharmaceutical-grade warehouses across Nigeria and plans to expand its footprint to between 15 and 20 facilities over the next two years.

According to him, the company's investment in advanced cold-chain capabilities and decentralised distribution infrastructure is designed to improve product availability, accelerate delivery times and enhance service quality nationwide.

Pala further emphasised that the partnership presents a significant opportunity for Miraflash to scale its manufacturing operations, broaden its product portfolio and strengthen its market presence, while also supporting DP World Healthcare's commitment to advancing Nigeria's pharmaceutical value chain.

The signing ceremony was attended by senior executives from both organisations, including Gugulethu Mayisela, vice-president, Finance – Healthcare Africa; Mani Balasubramanian, vice-president, Finance – Healthcare West Africa; Shettipalli Chakradhar, head of finance; and Ananth Sigadapu, business unit head, representing DP World Healthcare Nigeria.

Miraflash was represented by Bode Ayenibiowo, marketing manager, and Yemi Akinwande, quality assurance manager.



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Beyond temperature, humidity control vital to medicine quality - Sharma

In pharmaceutical manufacturing, product quality depends not only on the ingredients used but also on the environment in which medicines are produced.While temperature control often receives considerable attention, humidity and moisture management are equally important for ensuring product stability, manufacturing consistency and operational efficiency. In this interview with ***Samuel Dike****, Anup Sharma, regional head for West Africa at Bry-Air Nigeria Limited, discusses the importance of humidity control, the environmental challenges facing Nigerian pharmaceutical manufacturers, and how modern dehumidification and air-treatment technologies can improve product quality, energy efficiency and manufacturing performance. Excerpts.*



Engr. Anup Sharma
Regional Head - West Africa
Bry-Air Nigeria Limited

Why is humidity as important as temperature in pharmaceutical manufacturing?

Temperature and humidity are equally important in maintaining a controlled pharmaceutical manufacturing environment. While temperature influences reaction rates, product stability and processing conditions, humidity directly affects the moisture content of raw materials, powders, granules, tablets and capsules. Many pharmaceutical ingredients absorb moisture from the surrounding air, potentially becoming sticky, forming lumps and affecting accurate dosing and tablet compression.

Conversely, excessively low humidity can generate static electricity, creating difficulties in powder handling and filling operations. Humidity control is therefore not merely an HVAC requirement; it is a critical process parameter that influences product quality, manufacturing consistency and operational efficiency.

What are the consequences of inadequate humidity control?

Poor moisture control can affect pharmaceutical production at every stage, from raw material storage to final packaging. Moisture-sensitive ingredients may deteriorate, while powders can form lumps, obstruct equipment and flow inconsistently. Variations in moisture content can also affect tablet compression, hardness, disintegration, coating uniformity and filling operations.

During storage and packaging, moisture absorption may compromise product stability and shelf life. These problems can lead to rejected batches, production downtime, rework and additional quality investigations. Manufacturers must therefore establish humidity requirements based on the specific product, manufacturing process and applicable Good Manufacturing Practice (GMP) requirements.

What are the limitations of conventional HVAC systems when precise humidity control is required?

Conventional heating, ventilation and air conditioning (HVAC) systems are designed primarily to regulate temperature, provide ventilation and maintain general indoor environmental conditions. Although they can control humidity within certain limits, maintaining very low and stable humidity levels can be challenging, particularly in tropical climates. Cooling-based dehumidification may require substantial cooling followed by reheating, thereby increasing energy consumption.

Desiccant dehumidification offers an alternative by removing water vapour through adsorption, making it suitable for applications requiring low dew points or precise humidity control. In many pharmaceutical facilities, integrating a properly designed desiccant system with existing HVAC infrastructure can provide a more effective solution than replacing the entire system.

How can modern dehumidification technologies improve energy efficiency?

Modern dehumidification systems can be integrated with cooling coils, heat recovery systems, variable-speed drives and intelligent controls. Depending on the application, these technologies can reduce unnecessary cooling and reheating, reuse suitable waste heat for desiccant regeneration, and improve the management of ventilation and moisture loads.

However, energy savings depend on factors such as climate, required humidity levels, process moisture loads, equipment selection and operating strategy. Manufacturers should assess the total energy consumption of a proposed system rather than focus solely on equipment power ratings. The objective is to maintain the environmental conditions required for product quality while achieving the lowest practical total energy consumption.

What industry challenges have driven Bry-Air and DRI to develop these technologies?

The growing need for precise process control, product protection, energy efficiency and reliable manufacturing has driven the development of advanced dehumidification and air-treatment technologies. Pharmaceutical manufacturers must protect moisture-sensitive ingredients and maintain consistent environmental conditions during powder processing, filling, coating and packaging. Other industries, including food, electronics, chemicals and lithium-ion battery manufacturing, also require specialised environmental conditions.

Bry-Air addresses these needs through technologies covering dehumidification, air purification, heat recovery, cooling and other environmental-control solutions. Since no single HVAC configuration can meet the requirements of every industry, each application demands a clear understanding of the product, manufacturing process, moisture load and required environmental conditions.

What specific problems are Bry-Air's pharmaceutical solutions designed to address?

Bry-Air's pharmaceutical solutions address moisture-related challenges across different stages of manufacturing, including cleanrooms, powder milling, tablet compression and coating, capsule production, dry injection and vial filling, as well as the storage of raw materials and finished products. Excess moisture can make powders difficult to handle, disrupt filling operations and affect the consistency of pharmaceutical products.

Humidity management is also important during packaging and storage, particularly for moisture-sensitive medicines and hygroscopic products. The objective is to maintain the environmental conditions required for each process while supporting product consistency and operational reliability. The appropriate solution depends on the specific requirements of the manufacturing application.

What are the major environmental-control challenges in Nigeria and other tropical markets?

One of the biggest challenges in Nigeria is the combination of high outdoor humidity, elevated temperatures and the substantial moisture introduced into manufacturing facilities through fresh air. A production room may reach its target temperature while its relative humidity remains above the required limit, particularly during humid weather.

Other challenges include poor insulation, air leakage, inadequately sealed rooms, insufficient preventive maintenance and HVAC systems that are not designed to meet specific production requirements. Manufacturers must consider the building structure, production process, airflow, filtration, equipment, controls and maintenance practices. Environmental control should be approached as an integrated engineering solution rather than simply an equipment purchase.

How can manufacturers balance sophisticated environmental control with energy and cost efficiency?

Manufacturers should design environmental-control systems around actual production requirements rather than over-engineer an entire facility. This begins with establishing the temperature and humidity limits required for each production area, calculating the moisture load and selecting suitable technology. Separate environmental-control zones, energy recovery, calibrated sensors and automated controls can also help improve efficiency.

It is equally important to consider the total cost of ownership, including electricity, maintenance, spare parts, production interruptions, product rejection and equipment lifespan. A higher initial investment may offer better long-term value if it improves reliability and reduces production losses. The best solution is one that consistently meets process requirements at the lowest reasonable life-cycle cost.

What is the future of humidity-control technology in pharmaceutical manufacturing?

The future of air-treatment technology lies in more intelligent, integrated and energy-efficient environmental-control systems. Sensors and data analytics can help manufacturers identify humidity deviations, equipment deterioration and maintenance requirements before they cause significant production interruptions. Intelligent controls can also adjust system operation according to actual process loads, outdoor conditions and production schedules.

Greater use of heat recovery, improved regeneration strategies and process-specific environmental controls will also shape future manufacturing facilities. Environmental data will become increasingly valuable for quality investigations, trend analysis and demonstrating that manufacturing conditions remain under control. Environmental-control engineering should therefore be incorporated into facility planning from the outset rather than addressed only after commissioning.

What is your message to pharmaceutical manufacturers who still view humidity control primarily as an HVAC issue?

Humidity control should be considered an investment in product quality and process efficiency, not merely an HVAC expense. Environmental conditions can influence raw materials, production consistency and the stability of finished medicines. Poor humidity control may result in powder-handling difficulties, production delays, inconsistent tablets, coating defects and avoidable quality investigations.

Manufacturers should involve their production, quality assurance, engineering and facility management teams in establishing critical process parameters and verifying that systems maintain the required conditions under actual production loads.

At Bry-Air, our approach is to understand each customer's application before recommending an appropriate environmental-control technology. Ultimately, better humidity control means better control of the manufacturing process. It should therefore be regarded as both a business and quality priority in an industry where product quality and patient safety are paramount.

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CHI Pharma's Supramult Junior initiative gives learning essentials, nutritional support to school children

continued from page 41



Some of the school children with Supramult Junior and water bottles.



Some of the school children with Supramult Junior and water bottles.

activity, and overall wellbeing. The water bottles were provided to help pupils develop the habit of carrying water with them to school, supporting healthy daily routines both inside and outside the classroom.

The initiative also reflects CHI Pharma's wider commitment to giving back to communities and contributing positively to the lives of children and families.

For CHI Pharma, supporting child health extends beyond products. It is about investing in the future by supporting the wellbeing, growth, and potential of the next generation.

Through initiatives such as this Back-to-School campaign, the company continues to demonstrate its commitment to creating meaningful impact in communities while helping children access the support they need to thrive.

As pupils returned to school equipped with both learning essentials and nutritional support, the initiative served as a reminder that healthier futures are built through collective efforts from parents, educators, healthcare professionals, and organisations committed to making a difference

PSN urges FG, states to enforce drug distribution guidelines, relocate open markets

continued from page 39

Practice and Policy for National Impact."The Minister of Humanitarian Affairs and Poverty Reduction, Bernard Doro, is scheduled to deliver the keynote address, while Anambra State Governor, Prof. Charles Soludo, is expected to attend as special guest of honour at the opening ceremony on November 3.

The programme will feature company presentations, update lectures, exhibitions, town hall meetings, excursions, the Society's annual general meeting and a closing banquet. Ayuba said the gathering would provide pharmacists and other healthcare stakeholders with an opportunity to exchange ideas on professional practice and healthcare delivery, while Conference Planning Committee Chairman, Derrick Osondu, promised participants a programme combining professional learning and networking with opportunities to experience Anambra's cultural and culinary offerings.



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NAFDAC talks tough on medicine quality, supply chain security

By Adebayo Oladejo

The Director-General of the National Agency for Food and Drug Administration and Control (NAFDAC), Prof. Mojisola Adeyeye, has called for stronger safeguards across Africa's pharmaceutical distribution networks, warning that the quality of medicines must be protected beyond the point of manufacturing.

Adeyeye, who spoke at the fourth Thematic General Assembly of the African Pharmaceutical Distributors Association (APDA), hosted by the Pharmaceutical Wholesalers and Distributors Association of Nigeria (PWDAN) in Lagos, stressed the need for effective regulation, traceability, accountability and collaboration to protect patients from falsified and substandard medicines.

She said pharmaceutical distributors occupy a critical position in the supply chain, linking manufacturers with pharmacies, hospitals and other healthcare providers, and must therefore ensure that medicines are sourced, stored, transported and handled under appropriate conditions.

According to her, good distribution practices, supplier verification, proper documentation and reliable tracking systems are essential to preserving medicine quality and preventing unsafe products from reaching patients.

The NAFDAC boss noted that the fight against falsified medicines required more than enforcement operations, emphasising the need to build resilient and transparent distribution systems capable of identifying and addressing weaknesses throughout the supply chain.

She cited Nigeria's experience in tackling the challenge of open



Prof. Mojisola Adeyeye
DG, NAFDAC

drug markets, recalling coordinated operations conducted in major pharmaceutical trading centres, including Onitsha, Idumota in Lagos and Aba.

Adeyeye said the operations exposed serious concerns about the quality and storage of medicines, including products intended for children that reportedly contained no active ingredients. She also described the discovery of premises in Aba containing substandard and expired medicines under inadequate storage conditions.

She used the experience to underscore the potentially devastating consequences of poor-quality medicines, particularly for vulnerable patients, including women and children.

Recalling her own experience during a prolonged labour in 1978, Adeyeye said the oxytocin administered to her did not work as expected, an experience she linked to the dangers of ineffective medicines.

She stressed that such risks made it imperative for regulators, distributors and other pharmaceutical stakeholders to ensure that medicines remained safe and effective throughout their journey to patients.

Adeyeye also highlighted the importance of technology in strengthening medicine safety, noting that NAFDAC had introduced technology-driven traceability for medicines and vaccines during the COVID-19 pandemic.

She said traceability systems could improve the ability of regulators and supply-chain operators to track products, identify potential problems and respond more effectively when quality concerns arise.

The NAFDAC chief further pointed to improvements in the agency's laboratory capacity, including the expansion of its high-performance liquid chromatography testing capability, as part of efforts to strengthen the scientific assessment of regulated products.

She disclosed that NAFDAC is also working with universities to investigate how climatic conditions could affect the quality of certain medicines, an area she said requires closer attention in countries with challenging environmental conditions.

Turning to the wider African pharmaceutical landscape, Adeyeye called for greater cooperation among national regulatory authorities, including information sharing, regulatory reliance and convergence of standards.

She noted that regulatory cooperation was essential because medicine supply chains increasingly cross national borders, making it difficult for any country to tackle falsified and substandard products in isolation.

Adeyeye said Africa needs more interconnected systems that would allow regulators and other relevant stakeholders to exchange information and respond collectively to threats to medicine quality.

She urged pharmaceutical distributors to embrace transparency, accountability and strong professional standards, adding that protecting patients requires shared responsibility among regulators, manufacturers, wholesalers and healthcare providers.

The NAFDAC director-general commended APDA and PWDAN for bringing pharmaceutical distribution stakeholders together to discuss solutions to the continent's medicine-supply challenges.

The assembly, themed *"Advancing Pharmaceutical Distribution in Africa: Building Secure Supply Chains Against Falsified Medicines,"* brought together stakeholders from English- and French-speaking African countries to deliberate on ways to strengthen pharmaceutical distribution and protect the integrity of medicines across the continent.



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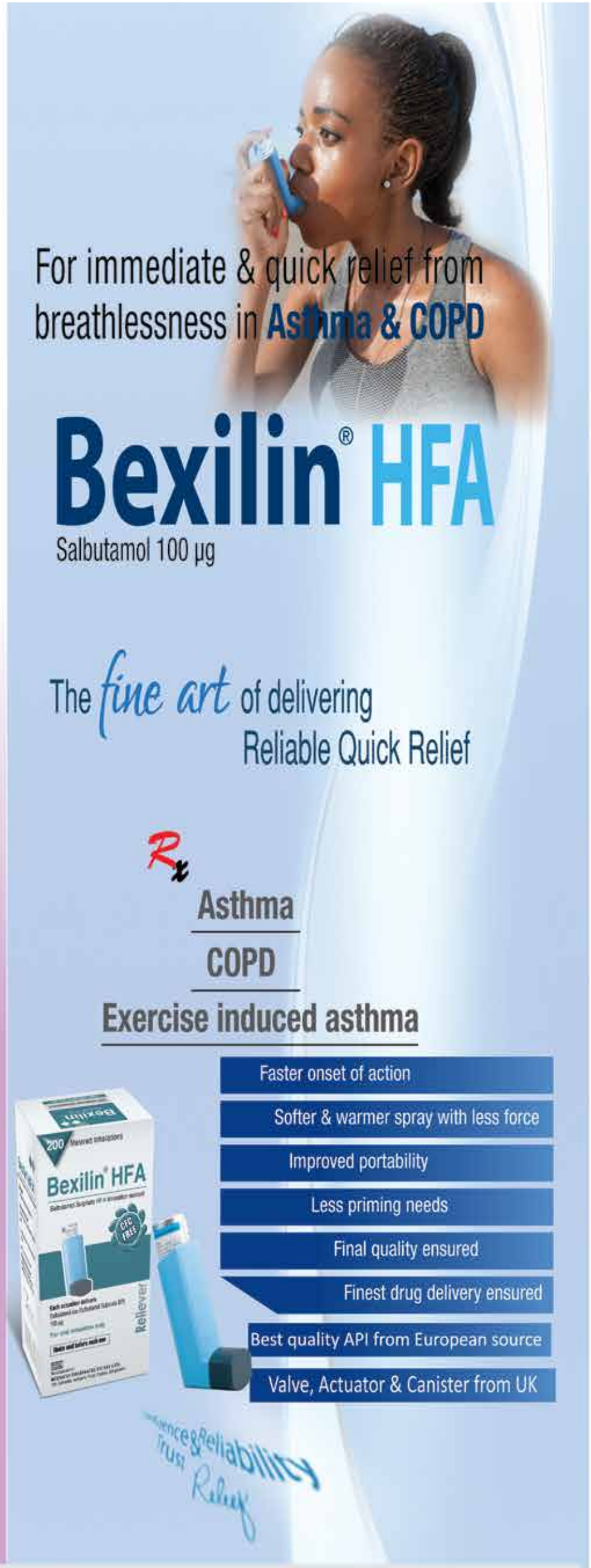


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Nigeria must develop local API capacity, says pharma expo CEO

By Patrick Iwelunmor

Nigeria must build local capacity to produce active pharmaceutical ingredients (APIs) to reduce dependence on imported medicines, conserve foreign exchange, and strengthen the country's pharmaceutical manufacturing base, Paresh Jurmarwala, founder and chief executive officer of GPE Expo Limited, has said.

Jurmarwala, who has been involved in pharmaceutical exhibitions and industry development across several countries, said Nigeria could learn from countries such as India and Bangladesh, where pharmaceutical manufacturing has progressively moved beyond finished products to producing raw materials and other high-value inputs.

Speaking in an exclusive interview with ***Pharmanews*** at the opening of the 2026 Nigeria Pharma Manufacturers' Expo in Lagos, he said Nigeria should pursue what he described as "backward integration", under which local manufacturers gradually move from producing finished medicines into APIs and other stages of the pharmaceutical value chain. "It was the same situation in India a few years ago, when India was not manufacturing much API," he said.

According to Jurmarwala, India initially concentrated on finished pharmaceutical products while China developed a strong position in API production, but the country subsequently began building its own local API manufacturing capacity. "So, Nigeria should pursue backward integration," he said, citing Bangladesh as another example of how government intervention can support the development of pharmaceutical raw materials. "After developing more than 350 pharmaceutical companies, the country took another step. The government created an API park, and 45 API manufacturers have established their operations there," he said.

Jurmarwala said the expansion of local pharmaceutical manufacturing would ultimately depend on the size and purchasing power of the domestic market, arguing that growing demand would make local production of pharmaceutical ingredients increasingly commercially viable. "When people have greater purchasing capacity, the market grows," he said, illustrating the point with paracetamol. According to him, a market requiring five tonnes of an ingredient could eventually expand to 50 tonnes, creating sufficient demand to justify domestic production. "When the requirement reaches 50 tonnes, people will begin manufacturing locally. This is how the whole process works," he said.

He said Nigeria's pharmaceutical industry could therefore evolve progressively from finished medicine production into APIs, clinical research and newer areas such as biosimilars, provided the foundations for manufacturing are strengthened. "Initially, we have to start manufacturing. Then we move into APIs, clinical research organisations and, subsequently, newer areas such as biosimilars. Then we can begin undertaking all kinds of innovation," he said.

Jurmarwala also identified



Paresh Jurmarwala
CEO, GPE Expo Limited

domestic consumption as one of Africa's major advantages in developing pharmaceutical manufacturing, arguing that a large local market could support production while reducing pressure on foreign exchange and creating employment. "The biggest advantage is local consumption," he said. "If you start manufacturing locally, you will definitely save foreign exchange. When you manufacture locally, the government also benefits." He added that Africa's large population and healthcare needs present opportunities not only for pharmaceutical manufacturing but also for wider healthcare investment, including hospital partnerships, technology transfer and other forms of industrial collaboration. "Africa is a huge market, and people have now started thinking very seriously about this, not only in the pharmaceutical industry but also in the wider healthcare sector," he said.

Jurmarwala, who said GPE Expo has organised pharmaceutical exhibitions in more than 11 countries, also defended the role of industry exhibitions in supporting local manufacturing, saying the company's activities extend beyond bringing exhibitors into Nigeria. "We are not a company that simply comes here, organises an exhibition and goes back," he said, noting that this is his 16th year in Nigeria.

According to him, the company provides pharmaceutical manufacturers with information about technologies, production processes, new drugs and molecules, as well as international manufacturing standards, helping them understand how to improve their operations and compete in the global market. "We always provide pharmaceutical industries with information and knowledge about what is available in the world market, how they can start production, and how they can work with new drugs and molecules so that they can compete in the global market," he said.

He added that manufacturers are also exposed to WHO GMP and EU GMP requirements to help them improve production standards and prepare for export markets. Jurmarwala said Nigeria's pharmaceutical manufacturing sector continued to face challenges, particularly unstable electricity supply, but maintained that such obstacles could be addressed if manufacturers developed appropriate alternatives without undermining the cost competitiveness of locally produced medicines.

He also linked affordable medicines to government procurement and quality standards, arguing that stronger government purchasing of locally manufactured products could encourage companies to invest in internationally recognised production standards. "When the government starts implementing WHO GMP standards, it means quality products. The government will buy quality products, and once it starts buying locally manufactured quality products, local manufacturers will invest in WHO GMP and other compliance requirements," he said.

He added that greater competition among manufacturers, alongside appropriate pricing policies, could help improve affordability and public confidence in locally produced medicines, while increased public awareness through social media and other platforms is helping consumers understand quality standards such as WHO GMP requirements.

Jurmarwala further said Nigerian manufacturers are showing growing interest in expanding their operations, investing in compliance and exploring export opportunities in neighbouring countries. "They have plans to export to neighbouring countries. This means that the people have a lot of interest, while the government is also supporting them, directly or indirectly, and encouraging them to manufacture and expand their operations," he said.

He urged African countries to invest in pharmaceutical technology and human capacity, particularly by enabling doctors, pharmacists and other professionals to acquire specialised knowledge abroad and transfer those skills back to the continent.

"Nowadays, a lot of technology is available. African countries can acquire the technology, while doctors, pharmacists and other professionals can travel abroad to learn how the technology works," he said.

Jurmarwala said such investments, combined with Africa's growing domestic market, could support the gradual development of a more integrated pharmaceutical manufacturing ecosystem on the continent.



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Why early screening is Nigeria's most underused medicine

By Sesan Kareem

Nigeria now carries the highest cancer burden in Africa. Cancer deaths in this country already exceed deaths from tuberculosis, malaria, and HIV combined. For breast cancer alone, 79 per cent of Nigerian women present with locally advanced or metastatic disease, and only 28 percent survive five years. Compare that to settings where early detection is routine, and five-year survival climbs above 85 percent. The medicines are not meaningfully different. The timing is.

That gap, the one between what we die from and what we could have survived, is the clearest, most actionable public health failure we have. And it is almost entirely a screening problem.

The shape of a preventable death

Non-communicable diseases now account for 29 percent of all deaths in Nigeria, roughly 447,800 lives every year. The Ministry of Health estimates that most of these deaths occur between the ages of 30 and 70. These are not elderly Nigerians dying of old age. These are breadwinners, mothers, teachers, pharmacists, people who should have had another two or three decades.

The quiet killers are familiar: hypertension, diabetes, breast cancer, cervical cancer, prostate cancer, chronic kidney disease, sickle cell complications, hepatitis-driven liver cancer. Every one of them is screenable. Most are treatable when caught early. Almost all become unaffordable, unbearable, or unsurvivable when caught late.

The cervical cancer data makes the point painfully. Over half of Nigerian women diagnosed with cervical cancer present at stages III or IV. The vaccine exists. The screening test costs less than a tank of fuel. The disease, caught early, is largely curable. Yet it kills about 8,000 Nigerian women every year, most of them in their prime.

This is not a treatment failure. It is a detection failure.

The economics of catching it early

There is a reason insurers in mature health systems pay for screening without blinking. A mammogram costs a fraction of chemotherapy. An HbA1c test costs a fraction of a diabetic foot amputation. A blood pressure reading costs almost nothing compared to a stroke rehabilitation bill.

In Nigeria, where roughly 70 per cent of healthcare is paid out of pocket, the economics are even more stark. A family that could have absorbed a N15,000 screening cost twelve months earlier will often face a N15 million treatment bill, sell property, drain pensions, and still bury the patient. The financial violence of late diagnosis is one of the most under-discussed drivers of poverty in this country.

If we are serious about universal health coverage, we cannot build it on a treatment-first model. The arithmetic does not work. The only affordable health system is one that invests heavily in the cheap, boring, upstream interventions that stop expensive illness from happening in the first place.

Where pharmacists come in

Here is the uncomfortable truth for our profession: pharmacies are the most accessible health touchpoint in Nigeria, and we have systematically underused that position.

The average Nigerian visits a pharmacy five to seven times more often than they visit a doctor. Every one of those visits is a missed screening opportunity. A pharmacist checking blood pressure during a routine antimalarial purchase has prevented more strokes than most of us will ever know. A pharmacist flagging a persistent cough, an unexplained weight loss, a change in bowel habits, or an abnormal lump has pulled patients back from timelines they did not know they were on.

Community pharmacy must evolve from a dispensing counter into a frontline detection network. That means normalising blood pressure, blood sugar, BMI, and waist circumference checks for every adult who walks in. It means training staff to recognise red flags and refer. It means partnering with laboratories, hospitals, and digital health platforms so a flagged patient actually completes the diagnostic journey rather than disappearing after the referral.



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

At HubPharm Africa, early detection is embedded into our chronic condition infrastructure. Our 10 clinical programmes, from Heart Health Access to Cancer Access to Diabetes and Endocrinology Access, are designed around the premise that no patient should die from a disease we could have caught. Our 3rd Annual Free Health Screening this year will put thousands of Nigerians through a package of checks they would otherwise have skipped. It is one of the most impactful things we do, and it costs less than many of our marketing line items.

Sesan Kareem is the founder and president of HubPharm Africa, a licensed pharmacy and chronic condition management platform. Hubpharm is recognised as ECOWAS startup of the year 2026 for its innovation in chronic care management.

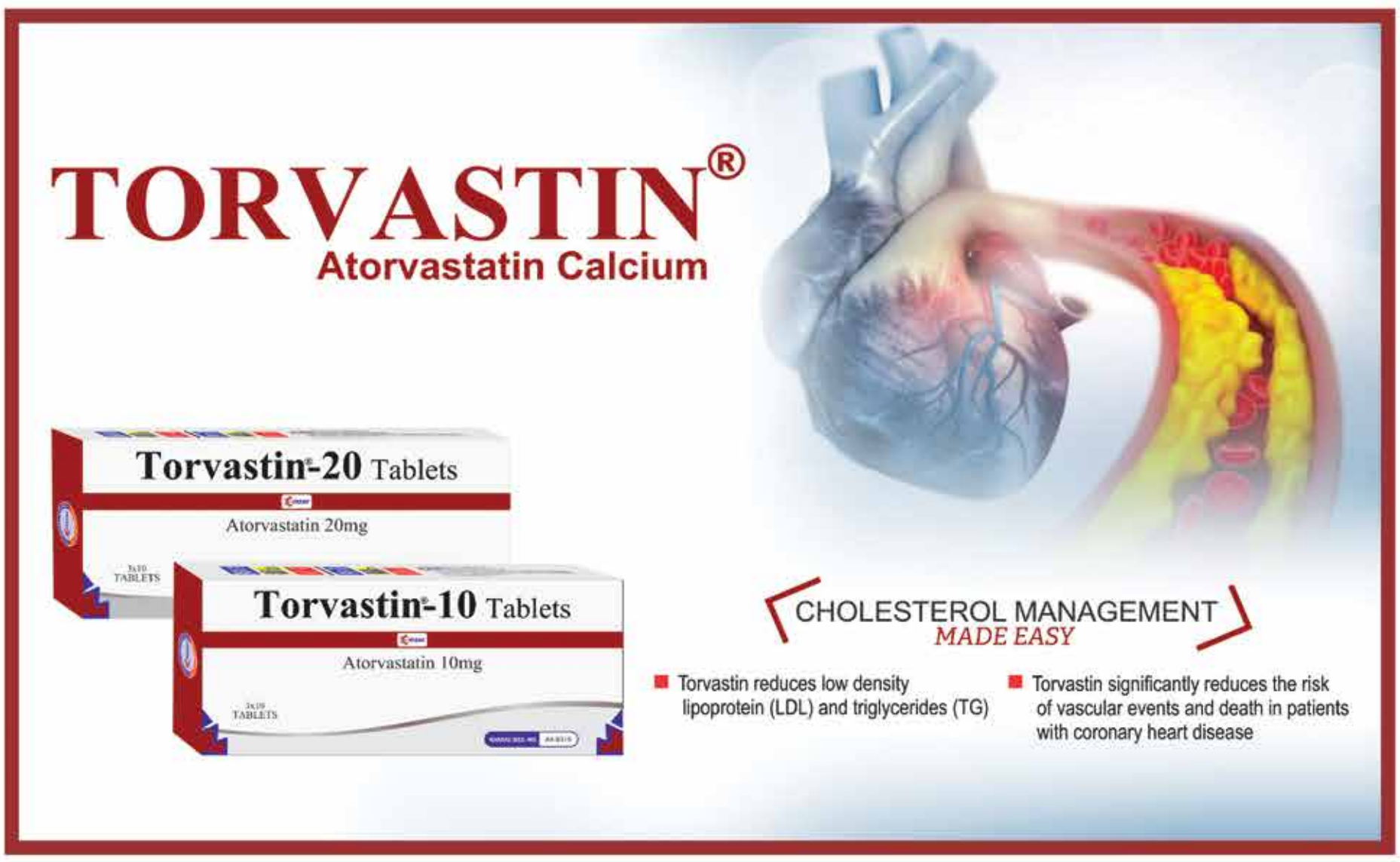


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Subsidies, local production key to affordable medicines in Nigeria – Ndukwe

Pharm. Ndukwe Uma Ndukwe, a community pharmacist and managing director of GreenVive Pharmacy, Lagos, believes that advancing pharmacy practice in Nigeria requires a combination of professional excellence, community engagement, transparent leadership and deliberate government support for local pharmaceutical manufacturing. In this exclusive interview with ***Patrick Iwelunmor****, he reflects on his motivation for studying Pharmacy, his contributions to community healthcare, the challenges of medicine affordability and access in Nigeria, and his vision for a more united, accountable and progressive PSN. He also outlines measures the government can adopt to strengthen local pharmaceutical manufacturing and improve access to essential medicines.*

Give us a hint about your academic qualifications and the motivation behind your pharmacy career.

I had my early primary education at Igbehin Adun Primary School (1984), Pedro, Shomolu, Lagos, and secondary education at Angus Memorial High School, Igbobi, Yaba (1989). My quest for tertiary education took me to the prestigious Ahmadu Bello University, Zaria (1997), where I bagged a B. Pharm. degree.

The interest in helping and supporting the sick was enough reason and motivation to study Pharmacy. But as my practice years advanced, by reason of keen observations and customer feedback on some drug intervention failures and sometimes the outright helplessness observed with orthodox care, a stronger desire propelled me to seek alternative options that may complement what drug molecules are not able to resolve. This thus became the foundation for delving into natural medicine.

In 2024, I obtained a BSc in Public Health and Complementary Medicine, and in 2025, I had my Master's in Holistic Medicine with BallsBridge University, UK. I have also been engaged in a number of certificate courses. There has been an amazing catalogue of experiences and testimonials in these combined fields of learning that has enabled me to have a more wholesome view of disease management.

As a community pharmacist, how have you impacted your immediate environment and society at large?

Pharmaceutical care has been the foundation and bedrock of my practice, and the continued updating and upscaling of skills and knowledge have enabled my practice to be recognised within and beyond my immediate practice environment. Adjusting and adapting to modern practice tools have also significantly given us an edge. More importantly, the tradition of regular engagement in corporate social responsibility as a way to give back to society has endeared us to our customers and the communities we serve.

I recall the years we gave out 80 eyeglasses to those in need and another year we had a food basket giveaway. GreenVive Pharmacy was the first to commence Sunday services in the environment, amongst several other heartwarming experiences we share with our community.

Patient education and counselling, however, stand tall as what we are best known for, and this, fortunately or unfortunately, comes at no fees. We are bothered, as the goodwill we receive in return cannot be measured in monetary terms.



Pharm. Ndukwe Uma Ndukwe

How would you rate pharmacy practice in Nigeria? Do you think we are getting things right?

Honestly, I agree we should score ourselves a pass mark because there has been a conscientious strife to improve. Definitely, practice should be far better than what it is. We are getting it right in some areas, gladly, too, and lagging far behind in many other areas, unfortunately.

How would you rate the performance of the current PSN leadership?

The current leadership should be appreciated and encouraged for some of the bold steps taken to project our profession better and also impact members. So, I say they have done well within the limits of their individual and collective capacities.

Would you say it is an improvement on past regimes?

Certainly, they have improved on a number of projects of the last administrations. And this should be the expectation for a progressive organisation like ours.

Medicine inflation is affecting a lot of Nigerians due to economic reasons. What do you think the government can do to reverse this problem?

Government needs to impose subsidies on pharmaceutical products as an immediate remedial action. Medium- and long-term policies would include giving a boost to the petrochemical sector to guarantee the availability of pharmaceutical active ingredients and the need to support the setting up of local production lines. Downward reviews of all tariffs affecting pharmaceutical raw materials and finished products should also be considered.

NAFDAC recently claimed that Nigeria's local manufacturing capacity has improved from 70:30 to 50:50, yet many Nigerians still cannot access quality and affordable medicines. Why the paradox?

Let's establish that there are quality products in circulation, be they imported or locally manufactured. Access only poses an issue where there is an absence of qualified pharmacists, community pharmacies, registered patent medicine practitioners or registered hospitals, whether private or public. So, to a large extent, urban dwellers can be said to have better access to medicines than rural dwellers.

Affordability of drugs is predicated on a number of factors, not limited to the downward trend of our economy, reduced purchasing power of the people, and the almost outright out-of-pocket spending on medications, as health insurance coverage is still low, just to mention a few. Of course, the relatively high cost of some medicines due to Nigeria's import dependence is not helping matters. We should not neglect the high operational costs across the pharmaceutical distribution chain, ranging from the cost of power, transportation, maintenance and rent.

What is that future ambition you strongly nurture as a community pharmacist who loves his country and profession?

As you may be aware, the 99th Annual National Scientific Conference of the PSN comes up between the 2nd and 6th of November 2026 in Awka, Anambra State, and is tagged "Ijele '26". This event offers me the opportunity to contest for the position of the national secretary of our great Society. It is thus my desire that it may please the majority of my colleagues at the AGM to vote me into office. I shall bring to bear my talents, contacts and wealth of experience garnered over the years, having served as assistant national secretary in councils of the ACPN (state and national) and the PSN, alongside so many strategic committees. My performance record speaks for itself at every stage and level of service.

Running an open, all-inclusive, transparent and accountable national secretariat is a sure pact I have with my colleagues. It is my fervent desire that my tenure in office should be remembered as one that birthed unity, an unprecedented rise in the fortunes of the PSN and its members, and a leap in the relevance of our profession in Nigeria. I urge my colleagues to follow my campaign up to my manifesto as I unveil the ideas, strategies and structure that guarantee us opportunities and prosperity. The upcoming package is a result of my creative thinking capacity. May God Almighty bless the PSN and the pharmacy profession and its members.

What would be your most candid advice to the federal government concerning supporting local pharmaceutical manufacturers to scale up their capacity?

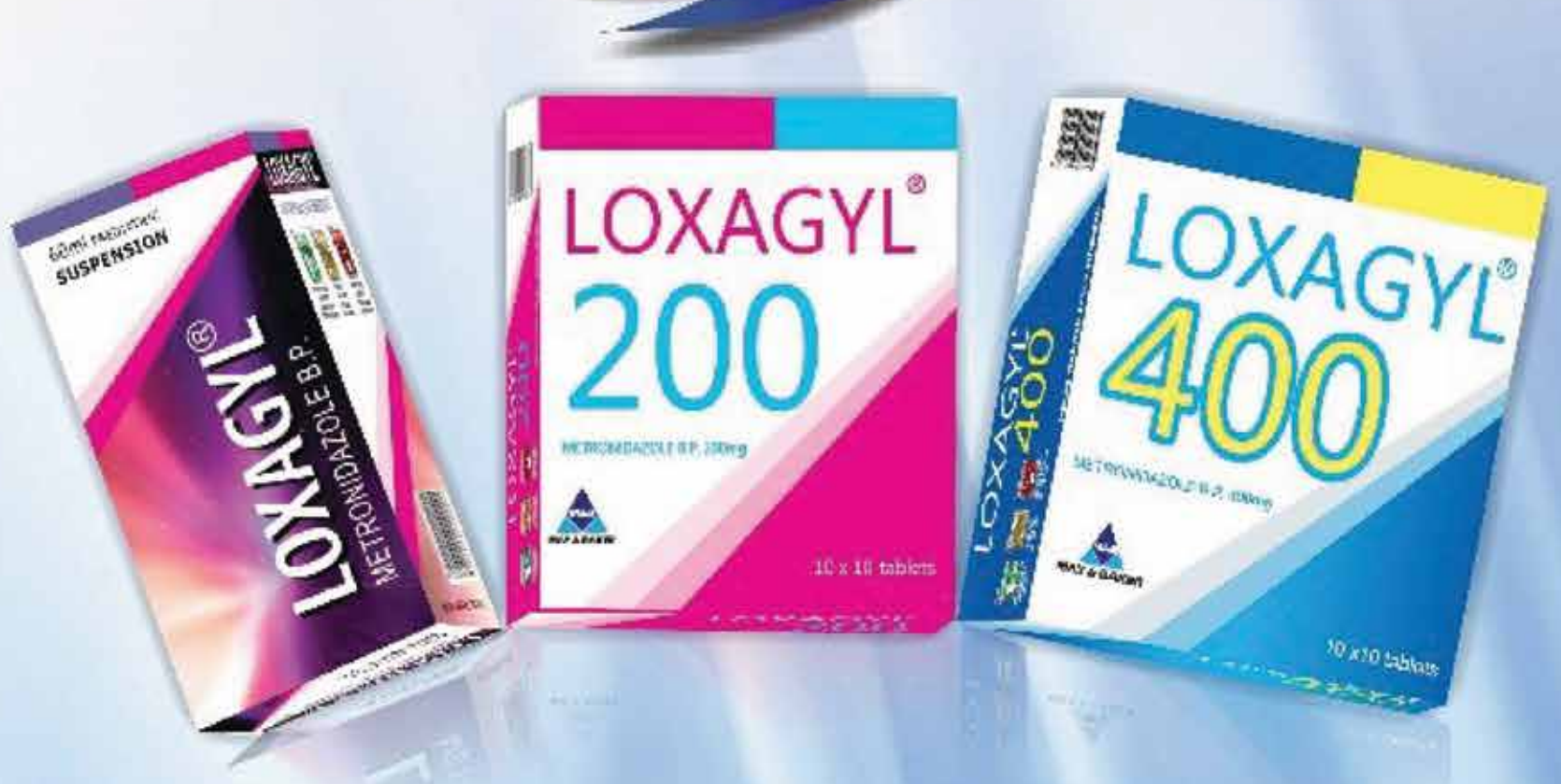
I give my 100 per cent support for the federal government to encourage local pharmaceutical manufacturers to scale up. But this must come with deliberate incentives that make it easy for manufacturers to accept and be willing to comply with whatever conditions are attached. So, the government should consider a special fund dedicated to giving life to such a policy. There must also be a deliberate effort by the government to sanitise the distribution chain

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Mitigating myths, misinformation about HPV vaccine among Nigerians

By Temitope Obayendo

"The vaccine is intended to reduce Nigeria's population.

So I was told by my neighbour," said Mrs Ireti Adekola. "Do not allow them to give your daughter the vaccine in school," her neighbour added.

The human papillomavirus (HPV) vaccine, according to the World Health Organisation (WHO), is a safe and highly effective public health measure designed primarily to prevent cervical cancer and other diseases caused by HPV. It works by stimulating the immune system to produce antibodies against specific types of the virus, thereby helping to prevent cervical cancer, other HPV-related cancers and genital warts.

Introduced in Nigeria in October 2023, with the goal of vaccinating more than 16 million girls through mass campaigns in schools, communities and public places, the HPV vaccine has been confronted by widespread myths and misconceptions. These have prevented some parents from allowing their daughters to receive the vaccine, potentially leaving them vulnerable to cervical cancer later in life.

While young adolescent girls aged 9–14 are the primary target group for HPV vaccination in most countries, WHO recommends a one- or two-dose schedule for girls aged 9–14; a one- or two-dose schedule for girls and women aged 15–20; two doses, with a six-month interval, for women older than 21; and at least two doses, and where possible three doses, for immunocompromised individuals, including those living with HIV.

Myths about HPV vaccine

Another mother, Mrs Berky Kanu, opened up about other forms of misinformation she had been exposed to, which influenced her decision not to give consent for her two daughters to receive the vaccine.

"I have heard several times that giving the vaccine to young girls will encourage promiscuity or early sexual activity; that a girl who is morally upright or not sexually active does not need the vaccine; that the HPV vaccine is unnecessary because the girls are too young; and that the HPV vaccine causes infertility or sterility," she said.

"Although health workers and government officials tell us that these are not true, who do we believe in this situation?" she asked. "This is the main reason I prevented my children from accepting the injection."

Cervical cancer mortality in Nigeria

In Nigeria, cervical cancer is ranked among the leading cancers affecting women. According to data from the International Agency for Research on Cancer's GLOBOCAN estimates, cervical cancer remains a significant public health concern in the country.

However, cervical cancer is largely preventable through HPV vaccination, screening and timely treatment of precancerous lesions. Interestingly, the GLOBOCAN data from 2020 to 2024 indicate a consistent decline in estimated cervical cancer mortality in Nigeria. This highlights the possibility of preventing further deaths through improved vaccination, screening, early detection and treatment. From 7,968 deaths in 2020 to 7,093 in 2022, and now 6000 deaths in 2024, which is the latest statistics. The figures underscore the need for sustained interventions to prevent more Nigerian women from dying from a largely preventable disease.



Dr Kehinde Ososanya
Public health expert, LSPHB

"The loss of about 6,000 Nigerian women yearly from a disease that is preventable is completely unacceptable," says Muhammad Ali Pate, the Coordinating Minister of Health and Social Welfare, at one of the vaccination campaigns.

"Cervical cancer is mostly caused by HPV, and parents can avoid physical and financial pain by protecting their children with a single dose of the vaccine," he added.

Dispelling myths and misinformation on HPV vaccination

Contrary to the numerous myths about HPV vaccination propagated by anti-vaccine groups, medical experts have described the claims as misinformation, stressing that the vaccine is an important measure for protecting Nigerian girls against cervical cancer later in life.

As part of efforts to convince mothers of the importance of HPV vaccination and why parents should grant consent for their daughters to receive the vaccine, the Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, disclosed publicly that he had consented to his four daughters receiving the vaccine to protect them against cervical cancer in the future.

"As a parent myself, I have four daughters; all of them have had the same HPV vaccine to protect them against cervical cancer. I'd like to implore fellow parents to dutifully ensure that this generation of our girls disrupts the preventable loss of lives to cervical cancer, in addition to other untold hardship, loss and pain," he pleaded.

Speaking in an exclusive interview with Dr Kehinde Ososanya, a public health physician with the Lagos State Primary Healthcare Board, on how to mitigate misinformation about HPV vaccination in local communities, he noted that maternal health is of utmost importance to the nation because a healthy woman helps to raise a healthy family and build a healthy community.

"That is why the Primary Healthcare Board is very particular about maternal health," he said, adding that the board places emphasis on preventive measures to prevent diseases that could cut short the lives of mothers and infants.

The public health physician, who acknowledged the existence of myths about HPV vaccination in communities, said awareness campaigns through health education were necessary to counter the misleading information surrounding the vaccine.

While HPV vaccination has been introduced into the routine immunisation programme in the country, he said some parents were still hesitant to bring their daughters for vaccination.

To address the misinformation, he said the Primary Healthcare Board had deployed health officers to educate parents and community members on the importance of HPV vaccination and other healthcare programmes available at primary healthcare centres.

"This is all about creating awareness; it's all about health education, and it's all about mingling with our people at the community level so that they understand, in local terms, the importance of primary healthcare, the importance of coming to vaccinate their children or bringing their children for vaccination.

"The importance of coming to the clinics for family planning, the importance of food demonstration, in addition to routine immunisation, and ensuring that you have proper care, you know, amongst other things.

"We have people who are specialised in ensuring that they go into the communities to educate our people. We have community health officers and workers who also do not stay in the health facility, but are found within the communities, ensuring that people are well informed about healthcare and the steps they can take in ensuring that they have good health and good access to quality healthcare," he explained.

Ososanya, who is the deputy director/service delivery programme manager at the Primary Healthcare Board, further disclosed that HPV vaccines are available free of charge at healthcare facilities across Lagos State for girls aged 9–14, urging mothers to disregard the myths and take their daughters for the vaccination.

He also highlighted other programmes offered at primary healthcare centres, including family planning, food demonstration and routine immunisation.

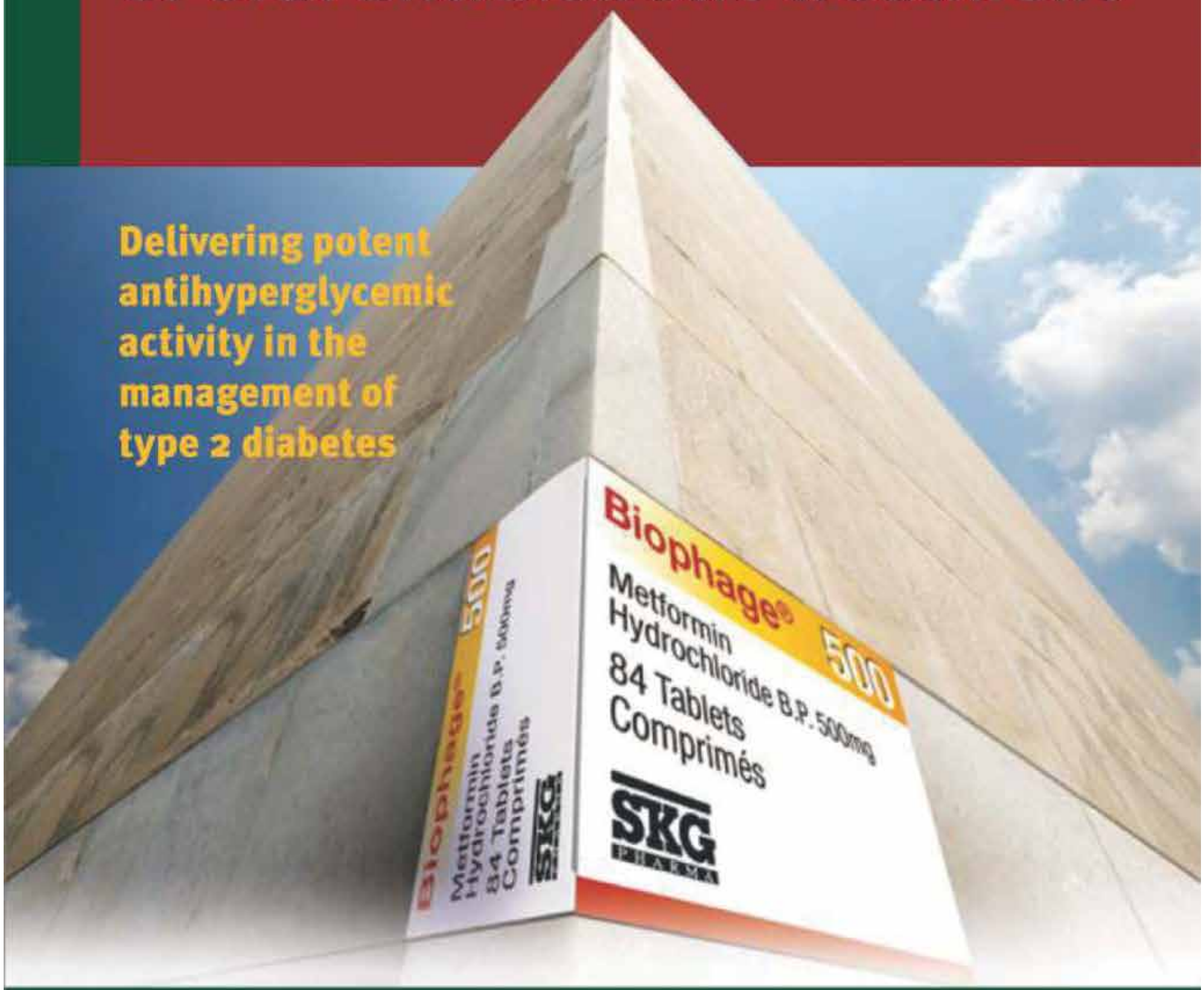
Initially, he disclosed, the grassroots medical team visited schools, communities and other public places to sensitise the populace about the importance of the vaccine. Beyond this, he said, the team had trained community leaders to serve as local mobilisers, educating residents about activities at primary healthcare centres and encouraging them to maximise the available programmes for healthier lifestyles.

To rid the nation of cervical cancer, he urged mothers, parents and guardians to take their girls for HPV vaccination before it becomes too late. "This is an opportunity to inform our mothers, parents and guardians to permit and ensure that they bring their girls between the ages of 9 and 14 to get the HPV vaccine, which they will get at the primary healthcare centre free of charge, because prevention is better than cure," he said.

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Nigeria must break barriers to scale health innovations - NAPPSA President

By Temitope Obayendo

Pharm. (Dr) Adekunle Tometi is the president of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA). In this Diaspora edition, he discusses key outcomes of the association's recently concluded 20th Annual Scientific Conference and Expo, held at the Hyatt Regency Aurora-Denver Conference Centre in Aurora, Colorado, USA. Drawing the attention of the Nigerian government to the bottlenecks hindering the scaling up of healthcare innovations, he stresses the urgency of addressing them to achieve meaningful healthcare reforms. He also highlights the need for Nigeria to develop structured collaboration platforms that will enable stakeholders, including pharmacists, researchers, industry leaders, policymakers and technology developers, to work together to meet patients' needs. Excerpts:



L-R: Pharm. (Dr) Adekunle Tometi, NAPPSA president and Pharm. Bankole Ezebuilo, NAIP national chairman, at the NAPPSA Conference.

Congratulations on your successful 20th Annual NAPPSA Scientific Conference and Expo. From the theme of the conference, "Globalising Innovations in Healthcare: Bridging Science, Access and Impact", what are the biggest barriers preventing healthcare innovations from moving from scientific discovery to widespread use, particularly in Nigeria?

Nigeria must address barriers preventing health innovations into widespread use The core barriers are fragmented systems, weak translational pathways, regulatory delays, inadequate manufacturing capacity, and limited investment in implementation science.

From the conference deliberations, several themes emerged. While Nigeria has brilliant scientists and innovators, the journey from discovery to widespread use is slowed by weak translational research infrastructure - discoveries rarely progress into prototypes, clinical validation, or commercialisation; regulatory bottlenecks - approval timelines for diagnostics, digital tools, and therapeutics remain slow and unpredictable; limited local manufacturing capacity, forcing reliance on imports and slowing adoption of new technologies; poor integration between academia, industry, and practice - innovations remain siloed; insufficient funding for scaleup and implementation scienceNigeria invests heavily in discovery but minimally in adoption pathways

NAPPSA 2026 highlighted that innovation is not the challenge - translation is. How can Nigeria strengthen collaboration among pharmacists, researchers, pharmaceutical industries, policymakers and technology developers to ensure that locally developed healthcare innovations reach the patients who need them?

Nigeria needs structured collaboration platforms, shared innovation hubs, and policydriven incentives that force crosssector engagement. Key strategies include national innovation consortia that links universities, teaching hospitals, pharmaceutical manufacturers, and tech companies; pharmacyled translational hubs modelled after NAPPSA's diaspora networks, where pharmacists serve as the bridge between science and patient care; governmentmandated multistakeholder review boards for new technologies, ensuring early alignment between regulators, industry, and innovators; joint funding schemes where government provides seed funding and industry provides scaleup capital; as well as diaspora–Nigeria innovation pipelines leveraging NAPPSA's expertise to support mentorship, regulatory navigation, and commercialisation. To achieve all these strategies, collaboration must be institutionalised, not voluntary.

It has been observed that access remains a major challenge in healthcare, especially for patients in low- and middle-income countries. What strategies should Nigeria adopt to make innovative medicines, diagnostics and digital health solutions both accessible and affordable?

Nigeria must combine policy reform, local manufacturing, reimbursement innovation, and digital infrastructure expansion. NAPPSA 2026 emphasised several actionable strategies, including: Expand local manufacturing through tax incentives, technology transfer agreements, and diasporasupported GMP training; adopt valuebased reimbursement models, so innovative therapies are covered based on outcomes, not cost alone; strengthen NHIA coverage for diagnostics, chronic disease management tools, and digital health services; invest in digital infrastructure -broadband access, interoperable health records, and telehealth reimbursement; bulk procurement and pooled purchasing for innovative medicines to reduce cost; public–private partnerships to subsidise highimpact technologies used in everyday diagnostic, testing, and AIenabled tools. Nigeria must treat access as a policy priority, not an afterthought.

What role can Nigerian pharmacists and pharmaceutical scientists play in global health innovation, rather than simply adopting innovations developed in other countries?

Nigerian professionals must shift from consumers of innovation to cocreators and global contributors. NAPPSA2026showcasedhowNigerian pharmacists can lead globally by driving practicebased research in community and hospital settings; participating in global clinical trials through diasporasupported site development; developing contextspecific digital health tools for chronic disease management, maternal health, and infectious diseases; leading pharmacovigilance and realworld evidence generation across Africa; and contributing to global manufacturing and supply chain resilience through Nigeria's emerging pharmaceutical industrial zones.

Pharmacists are uniquely positioned because they sit at the intersection of science, patient care, and policy.

How important is investment in research and development to Nigeria's ability to develop home-grown healthcare solutions, and what changes are needed in government and private-sector funding of health research?

Nigeria must triple its R&D investment, diversify funding sources, and create incentives for privatesector participation. Key changes needed include: Increase national R&D spending from <0.5 per cent of GDP to at least 2 per cent over five years; create competitive grant programmes for translational research, not just academic studies; offer tax credits for pharmaceutical companies investing in R&D; establish innovation funds jointly financed by government, banks, and private investors; and support diasporaled research collaborations through NAPPSA and similar bodies. R&D is the foundation of homegrown innovation. Without investment, Nigeria will remain dependent on imports.

As artificial intelligence, digital health, precision medicine and other emerging technologies transform healthcare, how can Nigeria embrace these innovations while addressing concerns around regulation, patient safety, data protection and health inequities?

Nigeria must adopt a "responsible innovation" framework: embracing new technologies while protecting patients. NAPPSA 2026 emphasised developing national AI and digital health regulations aligned with global standards; strengthening data protection laws and enforcing compliance in healthcare settings; training pharmacists and clinicians in AI literacy, digital therapeutics, and genomic medicine; ensuring equitable access by subsidising digital tools for rural and underserved populations; creating regulatory sandboxes where innovators can test technologies under supervision; and building national health data repositories with strict governance. Nigeria must innovate with guardrails.

Looking ahead, what measurable impact would you like to see from the globalisation of healthcare innovations in Nigeria, and what should the government, professional bodies and industry do now to make that impact a reality?

Nigeria should aim for measurable improvements in access, outcomes, manufacturing capacity, and global competitiveness. Desired measurable impacts include reduced diagnostic delays for cancer, infectious diseases, and chronic conditions; increased local manufacturing of essential and innovative medicines; expanded NHIA coverage for digital health and precision medicine; improved patient outcomes through AIenabled decision support; greater participation in global clinical trials and research networks; and stronger export capacity for Nigerian pharmaceutical products.

To achieve this, government, professional bodies, and industry must implement a national innovation roadmap aligned with NAPPSA's diaspora expertise; invest in infrastructure - labs, manufacturing plants, digital networks; reform regulatory processes for speed, transparency, and innovationfriendliness; support workforce development through continuous professional training; and create incentives for privatesector investment in R&D and manufacturing. Nigeria must move from aspiration to execution.

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

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APDA, PWDAN seek secure, traceable drug supply chains across Africa

- As stakeholders call for stronger defences against fake medicines

By Adebayo Oladejo

African pharmaceutical stakeholders have called for stronger continental cooperation, improved regulatory coordination and traceable medicine supply chains to combat falsified medicines and protect patients across the continent.

The call was made at the main conference of the fourth Thematic General Assembly of the African Pharmaceutical Distributors Association (APDA), hosted by the Pharmaceutical Wholesalers and Distributors Association of Nigeria (PWDAN) in Lagos recently. The conference attracted delegates from English- and French-speaking African countries.

Representing APDA President, Dr Lahcen Senhaji, the association's Vice-President for the Central Region, Dr Yolande Djomo, said African countries face common pharmaceutical distribution challenges that require stronger cooperation and shared solutions.

She said the assembly provided an opportunity for stakeholders to exchange experiences and develop practical approaches to strengthening medicine supply chains. Established in October 2019, APDA has continued to promote dialogue and collaboration among pharmaceutical distribution stakeholders, she said, recalling previous assemblies in Dakar, Senegal, in 2022; Kigali, Rwanda, in 2023; and Douala, Cameroon, in 2024.

In his welcome address, PWDAN Chairman, Pharm. Ogheneochuko Omaruaye, warned that falsified medicines and the criminal networks behind their circulation exploit weaknesses in pharmaceutical supply chains, threatening treatment outcomes, public confidence and healthcare delivery.

He said distributors had a critical responsibility to preserve medicine quality and integrity from storage through transportation and delivery to ensure that patients received safe and effective products.

Omaruaye called for visible, traceable and accountable supply chains supported by technology, effective regulation and collaboration among manufacturers, distributors, regulators and governments. He stressed that the conference should produce practical solutions to prevent falsified medicines from entering legitimate distribution channels.



L-R: Dr Yolande Djomo, APDA vice-president for the Central Region; Pharm. Ogheneochuko Omaruaye, chairman, PWDAN; Prof Moji Adeyeye, DG, NAFDAC and Guest of Honour, at the 4th Thematic General Assembly of the APDA, hosted by the PWDAN in Lagos.



A cross-section of the delegates at the 4th Thematic General Assembly of the APDA, hosted by the PWDAN in Lagos, recently.

The keynote address was delivered by Pharm. Remi Adeseun of Advisory Inc on the theme, "Advancing Pharmaceutical Distribution in Africa: Building Secure Supply Chains Against Falsified Medicines."

Chairman of the occasion, Dr Clare Omatseye, founder and managing director of JNC International Limited and founder of Vaccipharm Limited, said medicine distribution should be regarded as a patient-safety system rather than merely the movement of products.

She noted that every transfer of a medicine presents an opportunity to preserve its quality and prevent compromise. She called for stronger collaboration among manufacturers, distributors, regulators, customs officials, security agencies and governments, stressing that no single group could tackle falsified medicines alone.

The President of the Pharmaceutical Society of Nigeria (PSN), Pharm. Ayuba Tanko, represented by the Society's National Secretary, Pharm. Gafar Olanrewaju Madehin, underscored the importance of professional accountability, effective regulation and collaboration in safeguarding medicine quality.

Similarly, the National Chairman of the Association of Community Pharmacists of Nigeria (ACPN), Pharm. Ambrose Ezeh, highlighted the role of community pharmacists in ensuring that medicines supplied to patients come through legitimate distribution channels.

The Director-General of the National Agency for Food and Drug Administration and Control (NAFDAC), Prof. Mojisola Adeyeye, who was the guest of honour, also emphasised regulatory enforcement and collaboration with industry stakeholders as essential to protecting medicine quality.

Dr Njide Ndili, Country Director of PharmAccess Nigeria and President of the Healthcare Federation of Nigeria, called for better coordination among private-sector associations, stronger quality practices and improved access to financing. She urged stakeholders to translate the conference discussions into practical outcomes.

The three-day assembly featured capacity-building activities and industry engagements before culminating in the main conference and closing programme. Participants also took part in a panel session that examined the security and reliability of pharmaceutical distribution in Africa, highlighting the need for stronger collaboration among industry players, regulators and governments to close supply-chain gaps exploited by purveyors of falsified medicines.

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PSN Oyo awards 111 pharmacists, supporters

- Urges awardees to deepen service to Pharmacy

By Adebayo Oladejo

The Pharmaceutical Society of Nigeria (PSN), Oyo State Branch, has honoured 111 pharmacists and supporters of the profession for their contributions to pharmacy, urging them to use the recognition as a renewed call to service and deepen their contributions to the profession and healthcare delivery.

The awardees were honoured at the branch's World Pharmacists Day 2026 Awards Ceremony, held at Mauve 21 Event Centre, Ring Road, Ibadan, where the PSN Oyo State Chairman, Pharm. (Col.) Victor Segun Ajanaku (rtd.), challenged them to build on their achievements and contribute more to the advancement of pharmacy.

Ajanaku, who was also among the recipients, said professional recognition should inspire greater commitment to the growth of the profession and the improvement of healthcare services. Speaking on the World Pharmacists Day theme, "Empowering Pharmacists for Healthier Futures", he highlighted the importance of supportive policies, digital integration, continuing professional development and access to appropriate practice tools in strengthening pharmacists' contributions to healthcare.

He reaffirmed the branch's commitment to bridging healthcare gaps, combating fake and substandard medicines, promoting disease prevention and improving patient counselling.

Also speaking, the Chairman of the Association of Community Pharmacists of Nigeria (ACPN), Oyo State Branch, Pharm. Adebayo Gbadamosi, said the awards recognised individuals whose contributions had advanced the PSN and the pharmacy profession over the preceding three years.

Gbadamosi, who chaired the awards planning committee, urged the recipients to regard the honour not as an end in itself but as an encouragement to do more. "The reward for more work is more work," he said, explaining that the number of awardees reflected the three-year period covered by the recognition.

Among the 111 recipients, 12 professionals received Lifetime Achievement Awards. They were Olubukola Abiola Peller, Rasaq A. Adeyanju, Lukman B. Akinwande, Abiodun Gbadamosi, Obajimi Jaiyesimi, Taofik O. Odukoya, Adegboyega Oguntoye, Hamidu Adediran Oluyedun, Taiwo Onasile, Oluyemisi Moradeke Oyewo, Titilope Sopeju and Aderemi Olayinka Omotosho.

Speaking after receiving his award, Oluyedun described the recognition as meaningful to him and his family. He said his contributions to the profession included mentoring younger pharmacists and promoting pharmacy nationally and internationally. He called for stronger collaboration between the profession and government on policies affecting pharmacy, stressing the need to make the profession more attractive to younger generations.

The Merit Award category had 52 recipients: Tijani Ademola Abu, Omobolanle Fausat Adekoya, Dada A. Adekule, Mose A. Adewole, Adefoyeke B. Adewumi, Olayinka O. Adeyemi, Samuel O. Adeyemi, Adedolapo D. Adeyemo, Olubunmi A. Agbaje, Olubunmi A. Ajagunna, Moses Olatubosun Ajayi, Adedayo A. Akala, Babatunde A. Akindiji, Akinniyi Akinbiyi Aje, Samuel Olufade Aluko, Hamidat Atere-Akeukereke, Olubukola O. Ayinde, John O. Ayorinde, Akeem O. Azeez, Kamoru Olakan Bakare, Johnson Sunday Bamibe, Morenike Eunice Coker, Olajide Egbeyemi Elemide, Mopelola A. Fadayomi, Abayomi Olugbenga Falodun and Saheed Olawale Fatai.

Others were Olufemi O. Femi Adeyoe, Adebayo O. Gbadamosi, Olajumoke O. Idowu, Muhammed Isa Abubakar C, Oluwatosin John Ishola, Iyiola M. James, Olurotimi Ololade Joel, Amudalat Olabisi Ogunjimi, Adenike Mercy Ogunlola, Kayode Odunayo Ogunsesan, Isioma E. Ogunwale, Joseph Olabisi Ojo, Oladipo Joshua Ojo, Adenike A. Okunlola, Bolanle S. Oladokun, Olayemi O. Ola Elujoba, Micheal Adisa Olasode, Babatunde AbdulSalam Olayiwola, Victor Kaiobari Ollornwi, Adekunle Vincent Omole, Adebunmi O. Onobumhe, Elizabeth A. Oriade, Omosolape Dupe Oshin, Oyefemi Moses Oyedokun, Monsurat O. Quadri and Oyetola M. Salawu.

The Distinguished Service to Pharmacy Award went to Ololade D. Adeleye, Mercy Titilope Adenusi, Adedotun T. Ajayi, Ifeoluwa S. Adedeji, Chiedu N. Ajufo, Olaniyi A. Akindoyin, Sikiru O. Amoo, Elizabeth Oluwatoyin Amoo, Taoheed A. Arogundade, Oluwafemi Joseph Dada, Omowunmi Oluwakemi Ekundayo, Hanny Esiorho, Oluwaseun E. Filani, Florence I. Ogunfowora, Morzooq Morohunkeji Hameed, Rapheal Omoniyi Mafo, Adebanke Oladimeji, Olalekan Orokotan, Joseph G. Oshin, Aderemi S. Owoade, Veronica O. Akintayo, Abdulazeez B. Salahudeen and Barakat O. Oyeleye.

Recipients of the Icon of Pharmacy Award were Mopelola O. Adetoro, Dauda Aderemi Ajuwon, Jokotade Ajike Araromi, Raphael I. Ogunye, Emeritus Prof. Kolawole Timothy Jaiyeoba, Mojisola Osonubi, Olalekan Fashesin, Olaniran Amoo Sofela and Rahamon Amidu Oyewole.

The Exemplary Leadership Award went to Faderemi I. Adekunle, Adesola O. Adeboye, Victor Segun Ajanaku, Omobolanle A. Ajao, Abiodun Ajibade, Olukemi Clara Akinbami, Abideen A. Ganiyu, Olubukola O. Olumide, Olusola O. Porter and Samuel O. Taiwo.

The four Pillar of Support Award recipients were A. Ajanaku, Abiola Adekunle, Babatunde Dawodu Olamide and Olumide B. Akintayo, while Dr Oluwaserimi Adewumi Ajetunmobi received the Friend of Pharmacy Award.

The ceremony rounded off a week-long programme organised by PSN Oyo to mark the 2026 World Pharmacists Day, featuring professional engagements and a medical outreach.



L-R: Pharm. Bukola Ayinde; Pharm. Adekunle Dada; Pharm. (Col.) Victor Segun Ajanaku (rtd), chairman, PSN; Pharm. Adebayo Gbadamosi, chairman, ACPN; Pharm. Adedayo Akala, secretary, Oyo State PSN; and Pharm. Adegboyega Oguntoye, national vice-chairman, ACPN, at the Oyo State PSN World Pharmacists Day Awards Ceremony in Ibadan, Oyo State.



A cross-section of dignitaries and guests at the Oyo State PSN World Pharmacists Day Awards Ceremony in Ibadan, Oyo State.

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Empowering pharmacists for healthier futures

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

Why the profession needs both enabling systems and the power built from within



The future of Pharmacy will depend not only on the authority, recognition and opportunities society gives pharmacists, but also on the competence, character and relevance pharmacists build for themselves. Nigeria needs both forms of empowerment if the profession is to deliver better health outcomes and help shape the future of healthcare.

The theme of the 2026 WORLD PHARMACISTS DAY, "Empowering Pharmacists for Healthier Futures", invites a question that the profession must answer honestly: who empowers the pharmacist? Is it government, the Pharmacy Council of Nigeria, the Pharmaceutical Society of Nigeria, universities, employers, patients or technology? Or does the pharmacist also bear responsibility for his or her own empowerment?

Empowerment is often understood as the granting of authority, freedom, confidence or strength to act. In Pharmacy, this has two inseparable dimensions. There is empowerment from without: the laws, policies, education, recognition, remuneration and working environment that enable pharmacists to practise effectively. There is also empowerment from within: the competence, character, confidence, innovation and capacity that pharmacists deliberately develop in themselves.

The future of Pharmacy will depend both on the opportunities society gives pharmacists and on the capacity pharmacists build to recognise, create and seize those opportunities. External empowerment creates opportunity; internal empowerment creates capacity. A profession that receives authority without developing the competence to use it will squander opportunity. Conversely, a profession that develops exceptional capacity while remaining structurally excluded will eventually become frustrated. Pharmacy needs both.

The world is changing and pharmacy must change with it

Healthcare is passing through one of the most consequential periods in its history. Artificial intelligence is transforming knowledge work. Digital health is changing how patients access information and care. Precision medicine is challenging the traditional one-size-fits-all approach to treatment. Populations are ageing, non-communicable diseases are increasing, antimicrobial resistance threatens medicines that once transformed human survival, and recurring supply-chain disruptions have reminded nations that medicine security is inseparable from national security.

Patients have changed as well. The patient of yesterday came to the healthcare professional primarily for information. Today's patient may arrive after consulting Google, social media, an artificial intelligence platform, friends, an online pharmacy and perhaps an influencer. Knowledge remains fundamental, but possession of information alone can no longer be the pharmacist's defining advantage.

That advantage must increasingly lie in judgement, interpretation, clinical reasoning, communication, ethical leadership, trust, and the ability to convert pharmaceutical knowledge into better outcomes for human beings. Technology can retrieve information, identify interactions, analyse vast amounts of data and automate routine processes. Healthcare, however, ultimately concerns a human being, not merely a medicine or a dataset.

The pharmacist of the future must therefore move beyond being predominantly a custodian of medicines to becoming a custodian of medication outcomes. This is not a rejection of the profession's traditional responsibilities. It is their logical completion.

From dispensing medicines to delivering outcomes

For generations, pharmacy established its importance around medicines: their discovery, formulation, manufacture, procurement, storage, distribution and dispensing. These functions remain indispensable. Yet the question society increasingly asks is no longer simply, "Who supplied the medicine?" It is, "Did the medicine make the patient better?"

That apparently small change has enormous implications. The pharmacist must be concerned not only that the correct medicine reaches the correct patient, but also that it produces the best attainable outcome, at an affordable cost and with minimal harm. Did blood pressure improve? Was diabetes better controlled? Was an adverse drug reaction prevented? Was adherence improved? Was unnecessary hospitalisation avoided?

This moves pharmacy from a predominantly product-centred orientation towards an outcome-centred profession. Nigeria does not merely need more medicines; it needs better health outcomes from the medicines it already consumes. Pharmacists should be visible in prevention, primary healthcare, medication optimisation, chronic disease management, pharmacovigilance, public health, research, manufacturing, medicine security, policy and technology. Pharmaceutical expertise should be present wherever decisions about medicines and health outcomes are made.

The difficult question is whether pharmacists are adequately preparing for these roles or merely demanding recognition for them. Recognition without demonstrable value is fragile. Sustainable professional influence rests on evidence that patients, institutions and the health system perform better because pharmacists are involved.

Empowerment from without

There are legitimate external barriers to the advancement of Pharmacy, and they should not be minimised. A pharmacist cannot practise to the full extent of competence where laws and policies unnecessarily constrain professional practice. Pharmacists cannot maximise their contribution where reimbursement systems recognise products but fail to recognise cognitive and clinical services. They cannot fully contribute where multidisciplinary structures exclude pharmaceutical expertise from decisions in which it is indispensable. Young pharmacists cannot become globally competitive if their education remains disconnected from scientific, technological and practice change.

Government, regulators, universities, healthcare organisations, employers and professional bodies therefore have clear responsibilities. Nigeria needs progressive regulation, stronger pharmacy education, competency-based continuing professional development, appropriate recognition and remuneration for professional services, meaningful integration of pharmacists into primary healthcare and national health programmes, expanded collaborative-practice opportunities, and greater investment in research, innovation and local pharmaceutical manufacturing.

Professional recognition must also be matched by responsibility and accountability. Expanded authority is most defensible when the profession can demonstrate rigorous standards, ethical conduct and measurable benefits to patients. Advocacy remains necessary, but advocacy is strongest when it is supported by results.

There is, however, a danger: a profession can become so preoccupied with what others have failed to do for it that it stops asking what it has failed to do for itself. This is why empowerment from within is equally important.

Empowerment from within

Some doors must be opened for pharmacists, but some doors will open only when pharmacists become impossible to ignore. There is a form of power that no government can legislate into existence: the power of competence, character, relevance, innovation, economic contribution, leadership and the consistent ability to solve problems that matter to society.

A pharmacist who continually upgrades professional knowledge is building personal power. A pharmacist who develops competence in digital health and artificial intelligence is preparing for emerging practice. A community pharmacist who transforms a premises from merely a place where medicines are sold into a genuine healthcare destination is empowering the profession. A hospital pharmacist who demonstrates measurable improvements in medication outcomes strengthens the case for pharmaceutical care. An industrial pharmacist who builds a sustainable manufacturing enterprise advances medicine security. An academic pharmacist whose research solves real health problems creates societal value.

The young pharmacist who develops competence beyond the minimum required for registration is investing in the future. The pharmacist whose integrity is so established that his or her word can be trusted is accumulating perhaps the most valuable professional capital of all: credibility.

This internal form of empowerment does not excuse institutional failure. It ensures that pharmacists are prepared to use opportunity when it comes, and capable of creating opportunity when it does not. (Continues next edition)

Government, regulators, universities, healthcare organisations, employers and professional bodies therefore have clear responsibilities. Nigeria needs progressive regulation, stronger pharmacy education, competency-based continuing professional development, appropriate recognition and remuneration for professional services, meaningful integration of pharmacists into primary healthcare and national health programmes, expanded collaborative-practice opportunities, and greater investment in research, innovation and local pharmaceutical manufacturing.

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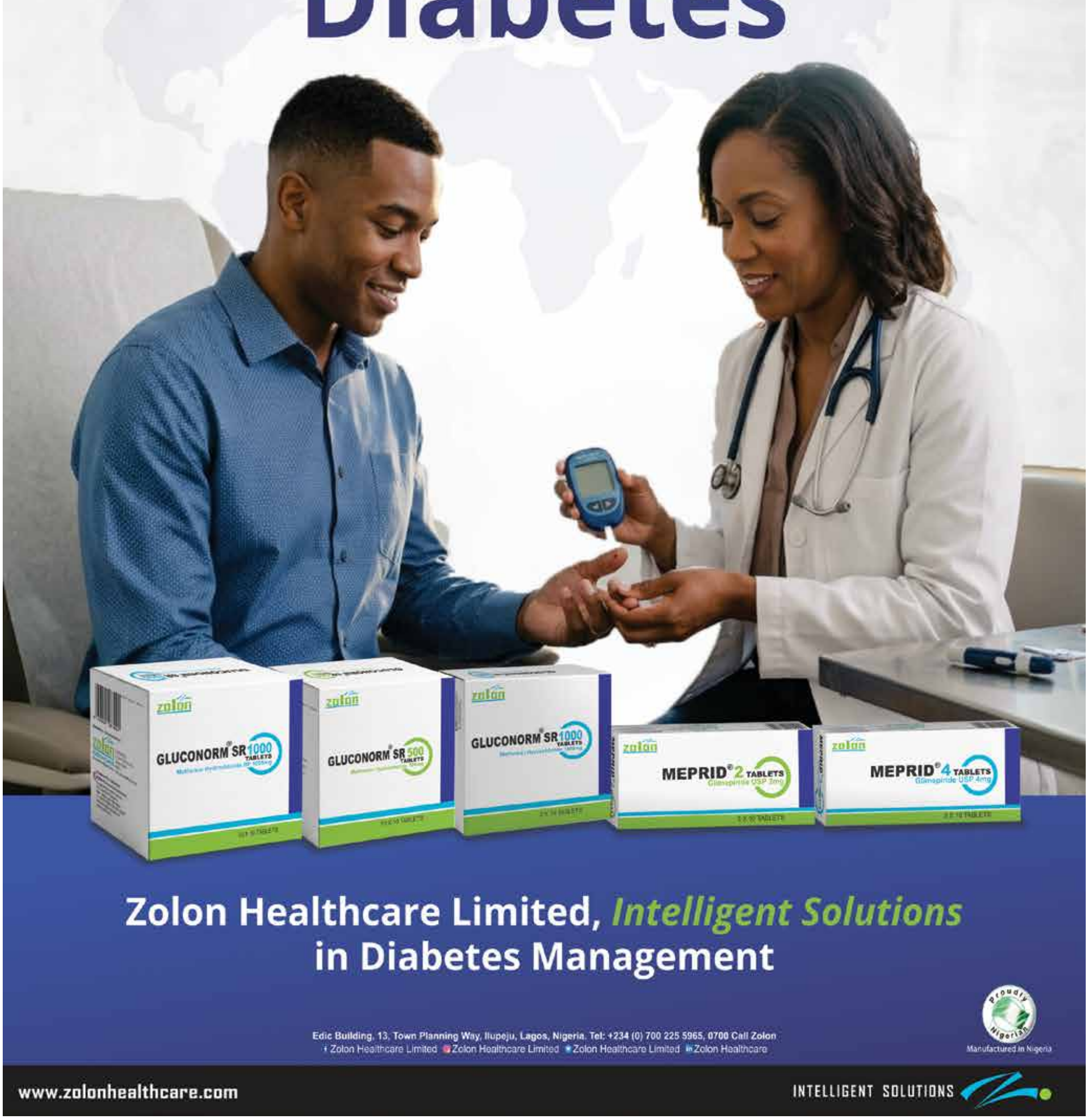
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Babalola tasks PSN president on accountability, medicine affordability, pharmacists' welfare

By Temitope Obayendo

Former Vice-Chancellor of Chrisland University, Professor Chinedum Peace Babalola, has outlined a set of priorities for the President of the Pharmaceutical Society of Nigeria (PSN), Pharm. Tanko Ayuba, to address during his remaining year in office. In an exclusive chat with ***Pharmanews***, Babalola said the priorities include accountability, medicine affordability, pharmacists' welfare and stronger institutional reforms.

While acknowledging the reported progress made under Ayuba's administration in professional advocacy, regulatory matters involving pharmaceutical technologists and veterinary medicines, and internship placement, Babalola called for a clear assessment of the administration's achievements during its first two years. She also urged the PSN president to develop a well-defined action plan for his final year, particularly as the Society approaches its centenary.

The first female professor of pharmacy at the University of Ibadan said the president should prioritise medicine affordability by promoting quality-assured local production and strengthening collaboration among the PSN, the Nigeria Association of Industrial Pharmacists (NAIP), academia, manufacturers, the National Agency for Food and Drug Administration and Control (NAFDAC), and government. Such collaboration, she said, should produce practical solutions to high production costs, dependence on imported pharmaceutical inputs, limited bioequivalence testing capacity and inadequate access to affordable, quality-assured medicines.

Babalola also called on the PSN president to improve pharmacists' welfare, particularly that of those in academia. She maintained that the expansion of pharmacy schools must be accompanied by adequate facilities, sufficient qualified personnel and better working conditions.

"We should not measure progress only by the number of schools established. We must strengthen existing institutions, improve staff welfare, retain our best academic talent and ensure that expansion is matched by capacity," she said.

She further urged the Pharmacy Council of Nigeria (PCN), as the regulator of pharmacy education and practice, to work with universities and other relevant authorities to assess academic manpower requirements, vacancies, specialist disciplines, projected retirements and future training needs.

As the PSN approaches its centenary, Babalola said Ayuba should aim to leave behind a stronger institution characterised by greater unity, improved member welfare, better prospects for academic pharmacists, stronger regulatory collaboration and demonstrable progress in medicine security.

"My assessment, therefore, is that the administration has kept important professional and regulatory matters on the agenda. The opportunity in the remaining period is to move from advocacy to implementation, from reported achievements to verifiable outcomes, and from individual initiatives to lasting institutional reforms. That would be a meaningful contribution to the Society's next century," she said.



Professor Chinedum Peace Babalola

Speaking on the forthcoming 99th Annual National Conference of the PSN, tagged *Ijele 2026*, Babalola described the theme, "One Health, One Pharmacy: Bridging Knowledge, Practice and Policy for National Impact", as exceptionally apt and timely. She said it challenges pharmacists to recognise that human health cannot be considered in isolation from animal health, the environment, food safety and the wider systems that influence population health.

To prevent conference deliberations from ending with the presentation of a communiqué, she proposed establishing a Conference Resolutions Implementation Committee to select one or two priority resolutions, assign responsibilities, set timelines, identify resources and report progress to members.

Babalola further discusses her expectations for the conference, practical strategies for reducing medicine costs, the need to strengthen local pharmaceutical production and the priorities she believes the PSN should pursue as it prepares to enter its second century.

Below is the full interview:

The PSN National Conference is around the corner, with the theme, "One Health, One Pharmacy: Bridging Knowledge, Practice and Policy for National Impact." In your view, how apt is this theme at this time, and what does it mean for the pharmacy profession and the wider healthcare system?

Nigeria faces several interconnected health challenges, including antimicrobial resistance, infectious diseases, environmental contamination, the circulation of substandard and falsified medicines, and inadequate access to affordable, quality-assured medicines. These challenges cannot be resolved by one profession or agency acting alone.

Consider antimicrobial resistance. The inappropriate use of antibiotics in humans and animals, poor infection prevention and the release of pharmaceutical residues into the environment can all contribute to a problem that threatens the effectiveness of existing treatments. Pharmacists must work with physicians, veterinarians, microbiologists, environmental scientists and public health authorities to promote antimicrobial stewardship, strengthen surveillance and protect the effectiveness of our medicines.

The theme is also relevant to medicine quality and national pharmaceutical security. We must look beyond whether a medicine is available and ask whether it is authentic, safe, effective, properly stored and affordable. Pharmacists contribute throughout the medicine lifecycle, from research and formulation to manufacturing, quality assurance, distribution, dispensing and post-market surveillance.

However, the phrase "bridging knowledge, practice and policy" is particularly important to me. Nigeria has capable researchers, universities, pharmaceutical manufacturers and regulatory institutions. We have generated considerable scientific knowledge, but we must do more to translate that knowledge into products, professional practice, policy decisions and measurable improvements in public health.

We must invest in relevant research that addresses Nigerian health needs, including medicine quality, antimicrobial resistance, pharmacokinetics, drug safety and pharmaceutical innovation. We must also ensure that research findings influence the work of pharmacists and other healthcare professionals in hospitals, community pharmacies, laboratories, industry and public health programmes. Equally important is the translation of scientific evidence into appropriate regulations, funding decisions, procurement policies, professional standards and sustainable health programmes.

I therefore believe the PSN should not allow this theme to remain a conference slogan. I would like to see a practical One Health action framework with clearly identified partners, timelines and indicators of progress.

Ultimately, the success of One Health, One Pharmacy will not be measured by the eloquence of our presentations, but by whether our collaboration protects lives, improves access to quality medicines, strengthens pharmaceutical security and contributes to a healthier Nigeria.

The rising cost of medicines remains a major concern for patients. What practical steps can the PSN, in collaboration with NAIP and other stakeholders, take to reduce the cost of local pharmaceutical production and

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Babalola tasks PSN president on accountability, medicine affordability, pharmacists' welfare

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ultimately make medicines more affordable and accessible to Nigerians?

The rising cost of medicines is a serious public health and socioeconomic concern. When medicines become unaffordable, patients may delay treatment, skip doses, buy incomplete courses or resort to products of uncertain quality. The consequences can include worsening illness, treatment failure and greater financial pressure on families.

In my view, we must go beyond asking manufacturers to reduce prices. We need to address the structural factors that make pharmaceutical production expensive in Nigeria, including dependence on imported active pharmaceutical ingredients (APIs) and excipients, foreign exchange fluctuations, energy and logistics costs, expensive financing, and the cost of meeting quality and regulatory requirements.

My central proposal is a structured partnership among industry, academia, regulators and government. The PSN and NAIP should jointly champion a mechanism that connects our research capacity to the practical needs of pharmaceutical manufacturers and the health system.

One opportunity is to develop pharmaceutical raw materials from locally available resources. Nigeria has agricultural, chemical and petrochemical resources that could support the production of selected pharmaceutical inputs. Cassava can provide starch for pharmaceutical excipients and, through appropriate processing, feedstocks for industrial ethanol production. Maize and other agricultural materials may provide starches, cellulose, gums, oils and mucilages with pharmaceutical applications. Petrochemical industries may also supply selected solvents and chemical intermediates.

Nigerian researchers have already investigated some of these possibilities. We must now establish a stronger pathway from laboratory findings to industrial-scale production. This will require product characterisation, purification, standardisation, quality assurance, investment and dependable markets. Locally sourced materials must meet pharmaceutical standards; their availability alone does not make them suitable for medicinal use.

Another priority is to translate promising research into products. Our universities and research institutes have expertise in formulation development, medicinal chemistry, pharmacokinetics, drug delivery and medicinal plants. Yet promising research can remain in academic journals without reaching manufacturers or patients.

I propose a national industry-academia-regulatory collaboration platform involving the PSN, NAIP, universities, the National Institute for Pharmaceutical Research and Development (NIPRD), NAFDAC, pharmaceutical manufacturers, investors and relevant government agencies. The platform should identify promising research, match researchers with industrial partners, facilitate access to pilot plants and analytical laboratories, clarify intellectual property and licensing arrangements, and establish early agreement on the regulatory evidence required for product development.

We should also invest in our medicinal biodiversity. Nigeria has a rich heritage of medicinal plants and locally available food plants that researchers have investigated for possible antimicrobial, antimalarial, anti-inflammatory, metabolic and other therapeutic effects. This presents opportunities to develop scientifically validated medicines and nutraceuticals.

Drug repurposing is another area worth exploring. Some existing medicines may have potential for new indications, including selected cancers and other conditions associated with substantial treatment costs. Repurposing can sometimes shorten parts of the development process because information about an existing medicine is already available. However, this does not automatically establish its safety or effectiveness for a new indication. Appropriate studies, ethical oversight and regulatory approval remain essential.

We must also address the cost of bioavailability and bioequivalence (BA/BE) studies. These studies can be expensive for local manufacturers seeking to demonstrate that eligible generic medicines perform comparably to reference products. I would encourage a public-private partnership to establish or strengthen competent contract research organisations and shared BA/BE facilities. Government, industry, academia and development partners could share investment, expertise and infrastructure, while NAFDAC provides appropriate regulatory oversight. Reducing costs must never come at the expense of scientific integrity.

Finally, we must translate policy incentives into measurable benefits for patients. The Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC) and the Federal Government's policy measures to promote local production provide an important foundation. The next step is effective implementation, supported by financing, technology transfer, infrastructure, predictable procurement and measures to strengthen quality-assured domestic production.

Government incentives should deliver public value. Where public funding or procurement commitments support manufacturers, there should be transparent expectations regarding product quality, reliable supply and price competitiveness.

"My assessment, therefore, is that the administration has kept important professional and regulatory matters on the agenda. The opportunity in the remaining period is to move from advocacy to implementation, from reported achievements to verifiable outcomes, and from individual initiatives to lasting institutional reforms. That would be a meaningful contribution to the Society's next century."



Prof. Chinedum Peace Babalola

As the PSN prepares for its 99th Annual National Conference, what are your expectations regarding the organisation of the conference, delegates' welfare, the quality of speakers and presentations, professional networking and the overall experience?

My expectations for the 99th Annual National Conference of the Pharmaceutical Society of Nigeria, Ijele 2026, are high. As the Society approaches its centenary, this conference should demonstrate not only the strength of our professional community but also our capacity for excellence, innovation and effective organisation.

Delegate safety and welfare must be priorities. Transportation should be convenient, information should be communicated clearly, and accommodation, hospitality and programme coordination should meet reasonable expectations. There should also be opportunities for entertainment, cultural engagement and relaxation. We want delegates to enjoy Awka, appreciate Anambra State and return home with a lasting, positive impression of the PSN.

Regarding the quality of speakers and presentations, I expect distinguished resource persons who can offer evidence-based insights, fresh perspectives and practical solutions to the challenges facing pharmacy and healthcare delivery in Nigeria. The conference should also provide meaningful opportunities for professional networking, mentorship for younger pharmacists, and stronger partnerships among academia, industry, regulators, government and development partners.

I would particularly welcome discussions that move beyond identifying problems to proposing workable solutions in areas such as pharmacists' welfare, academic workforce development, medicine affordability, local pharmaceutical manufacturing, medicine quality, public health and the implementation of pharmacy education reforms.

However, there is one issue I consider especially important: what happens after the conference?

We often organise conferences with excellent speakers, stimulating discussions and well-written communiqués. Yet implementation can remain a challenge. We must not allow our resolutions to become recurring declarations that are revisited at successive conferences without sufficient progress.

I therefore recommend that the PSN establish a Conference Resolutions Implementation Committee with a clear mandate to select one or two priority resolutions, assign responsibilities, establish timelines, identify resources and report progress to members.

The priorities could include improving pharmacists' welfare and conditions of service, particularly by addressing the remuneration and retention challenges facing academic pharmacists. Another could be strengthening access to quality-assured and affordable medicines through collaboration among the PSN, NAIP, academia, industry, NAFDAC, the PCN and government.

The Society does not have to solve every challenge at once. However, if each conference identifies a small number of achievable priorities and follows them through to completion, we will gradually build a culture of accountability and measurable progress.

As we approach 100 years of the PSN, we should be proud of the foundations laid by successive generations of pharmacists and leaders. We should also be bold enough to ask how we can improve our institutions, strengthen our influence on national policy and deliver greater value to our members and the public.

I want Ijele 2026 to be remembered for excellent organisation, warm hospitality, outstanding presentations, meaningful professional connections and, above all, tangible outcomes.

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Pharmacy leaders commend Agbeniyi as she retires at 60

By Temitope Obayendo



L-R: Medical Officer of Health (MOH) Agege LGA, Dr Olubunmi Ayegbusi; Executive Chairman Agege LGA, Hon. Abdulganiyu Vinod Obasa, who was also chairman of the ceremony; the Celebrant, Pharm. (Mrs) Olufunmilayo Agbeniyi; and Director of Pharmaceutical Services, Lagos State Primary Heath Care Board, and Pharm. (Dr) Shakirat Adeosun, at the event.

Leaders in the pharmaceutical sector and the Lagos State Primary Health Care Board have praised the diligence, dogged commitment and dedicated public service of Pharm. (Mrs) Olufunmilayo Agbeniyi, deputy director of pharmaceutical services, Agege LGA, District I, Lagos State Primary Health Care Board, who recently celebrated her 60th birthday and retired from service.

The practitioners, who took turns to celebrate their retiring colleague, described her as dependable, diligent, trustworthy, hardworking, compassionate, supportive, honest, amiable and adept at solving problems.

The Director of Pharmaceutical Services, Lagos State Primary Health Care Board, Pharm. (Mrs) Shakirat Adeosun, described Agbeniyi as a woman of honour, integrity and compassion. Adeosun, who said she had worked with Agbeniyi for 13 years, praised her diligence, honesty, support for colleagues and commitment to the communities she served.

"She goes all out to ensure that pharmaceutical services are delivered. She is trustworthy, hardworking, the voice of the voiceless, diligent and truthful. She is supportive and caring. If you have a problem and want it solved, call Pharmacist Funmilayo," Adeosun said.

She added that Agbeniyi often went beyond the call of duty, working late and serving in several local government areas to meet residents' needs.

"Staying longer than usual and closing late is difficult, but because of the community she serves, this woman worked not only as a caregiver but also in several other LGAs. At one point, she worked at the primary healthcare level as my assistant," Adeosun said.

The director also recalled that the Permanent Secretary of the Primary Health Care Board had initially questioned Agbeniyi's age because of her continued diligence and commitment to work.

"He repeatedly asked whether she was actually 60 years old. 'Are you sure she is 60?' was the question posed by the permanent secretary," Adeosun said.

Similarly, the Director of Pharmaceutical Services, Lagos Health District III, Pharm. Ololade Oloyede, described Agbeniyi as a passionate and goal-oriented professional who excelled in every assignment. Oloyede, who said she had known Agbeniyi since their university days at Obafemi Awolowo University and later in Barbados, recalled that they eventually reunited at the Lagos State Primary Health Care Board.

She praised Agbeniyi's effectiveness as the board's social and welfare secretary, noting that she ensured colleagues' birthdays and other celebrations were properly organised.

"As our social and welfare secretary at the Lagos State Primary Health Care Board, she made sure she organised everything well. If anyone is celebrating a birthday, she will not let you rest. She will ask for your picture, ask what you want and post on all the social platforms. So, we are going to miss her greatly," Oloyede said.

The Chairman of the Lagos Chapter of the Health Care Providers Association of Nigeria, Pharm. Abiola Paul-Ozieh, described Agbeniyi as a dependable civil servant who had earned a fulfilling retirement through meritorious service. She encouraged her to embrace the opportunities that come with life after government service, stressing that retirement should not mark the end of her contributions to humanity.

"For a person like Pharmacist Agbeniyi, although she is retiring, she is not tired. There are several opportunities for her to impact more lives through her own initiatives and service to humanity," she said.

She added, "There is still more for her, more in her future and more for her to offer to humanity. I wish her goodness and new opportunities as she retires at 60."

The Medical Officer of Health, Agege Local Government Area, Dr Olubunmi Aiyegbesi, described Agbeniyi as a loyal and committed team member who was always willing to go the extra mile to deliver excellent service.

Aiyegbesi commended her for bringing her career to a successful close and prayed that her retirement would bring her peace, fulfilment, joy and happiness.

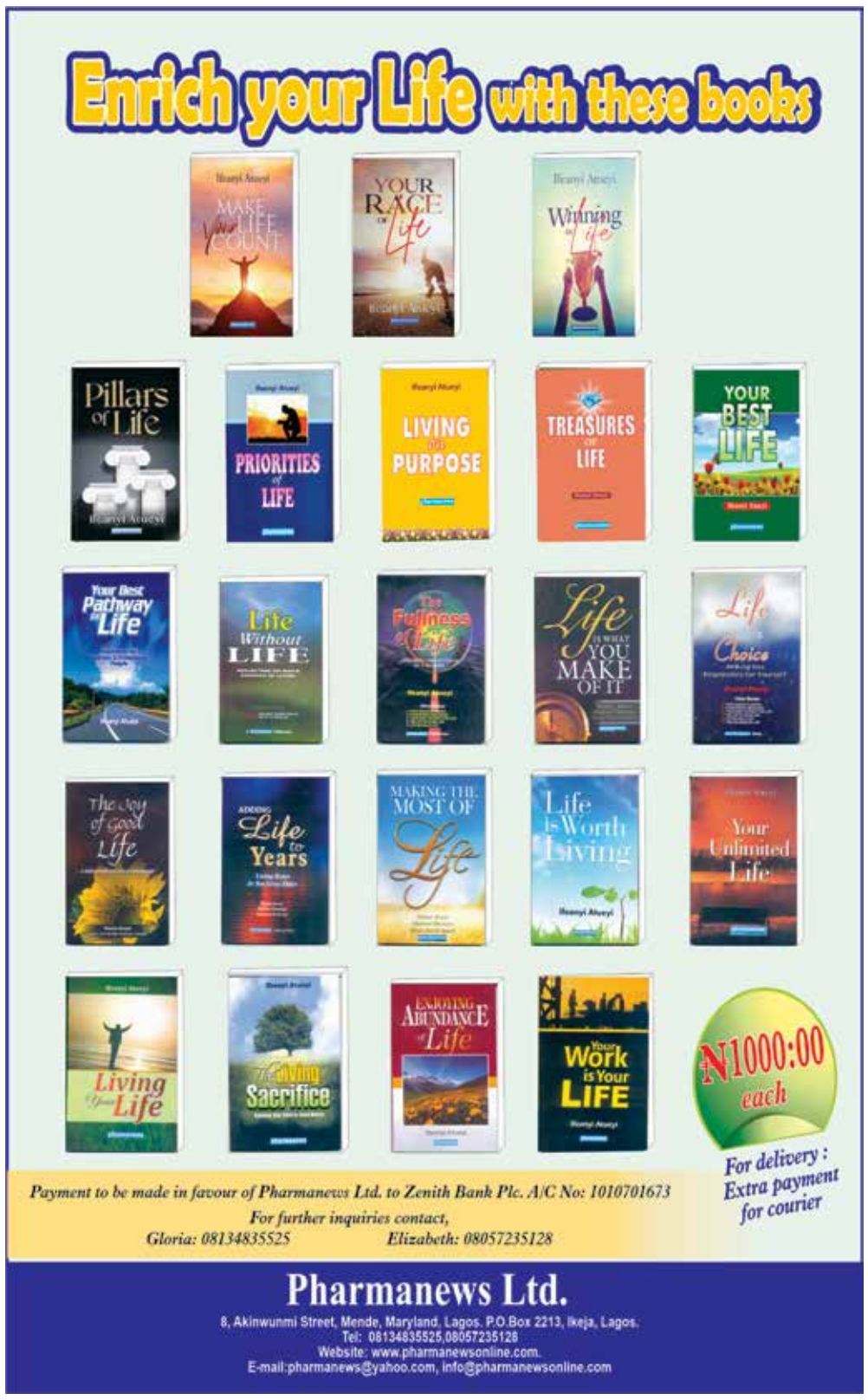
"This new chapter that you are about to embark on, I pray that God may grant you peace of mind, fulfilment, joy and happiness. Happy retirement and congratulations," she said.

The Director of Pharmaceutical Services, Health District I, Pharm. Nafeesah Akindele, also expressed appreciation for Agbeniyi's invaluable contributions over the years. She noted that the retiree had worked with various bodies, interacted with diverse personalities and contributed significantly to the development of the health sector. She added that Agbeniyi's experience, professional insight and support had positively influenced the department and her colleagues.

"Retirement, therefore, is not the end of your journey, but the beginning of another fulfilling phase of life; a time to reflect on the satisfaction of a career well spent, the lives you have touched and the invaluable contributions you have made," Akindele said.

She urged Agbeniyi to use her retirement to spend more time with her family, pursue personal interests and enjoy the fruits of her labour. On behalf of the Department of Pharmacy, Akindele expressed gratitude to Agbeniyi for her years of dedicated service, selfless sacrifices and contributions to the department and the wider healthcare system.

The event was graced by several other dignitaries, including the Executive Chairman of Agege LGA, Hon. Abdulganiyu Vinod Obasa and former PSN presidential aspirant, Pharm. Anthony Oyawole.



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*Ajuwon et al. BMC Infectious Diseases (2021) 21:1120

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PCN inducts 115 ABUAD pharmacy graduates, as Emeje advocates indigenous medicine

By Ranmilowo Ojalumo



L-R: Registrar, PCN, Pharm. Ibrahim Babashehu Ahmed presenting PCN award to the best graduating student, Pharm. Dr Ezekiel Onyema, supported by his mother, Mrs Onyema, and Provost of the College of Pharmacy, Afe Babalola University, Ado Ekiti, Prof. Mbang Femi-Oyewo (right) during the university's second induction/oath taking ceremony for Doctor of Pharmacy recently.

The Pharmacy Council of Nigeria (PCN) has inducted 115 Doctor of Pharmacy graduates of Afe Babalola University, Ado-Ekiti (ABUAD), with the council's Registrar, Pharm. Ibrahim Babashehu Ahmed, urging them to uphold the highest ethical standards and demonstrate integrity, professionalism and excellence as they begin their careers.

The graduates were inducted at the university's second induction and oath-taking ceremony for Doctor of Pharmacy graduates. Of the 115 inductees, 35, comprising 23 females and 12 males, graduated with distinctions.

Ahmed told the graduates that entry into the profession came with a lifelong obligation to serve patients and society responsibly."By taking the Pharmacist's Oath, you have solemnly embraced a lifelong commitment, not only legally and ethically but also morally, to serve with unwavering duty, integrity, compassion, and the highest standard of responsibility in the service of others," the registrar said.

He urged them to abide by the professional standards established by the council and contribute to sustainable healthcare delivery in Nigeria. He also reminded them that graduation and induction marked the beginning of continuous professional development, particularly in view of rapid scientific advancements, changing disease burdens and growing concerns about patient safety.

The registrar explained that pharmacy graduates are required to undergo a one-year internship under the supervision of a registered and licensed pharmacist at a PCN-accredited centre. He noted that the internship is not merely a regulatory requirement but also an opportunity to prepare graduates for their professional responsibilities.

Ahmed added that the council organised Mandatory Continuing Professional Development (MCPD) programmes to enable practising pharmacists to update their knowledge, skills and competencies in response to developments in healthcare delivery. He said the programmes are accessible online and in person at accredited centres, allowing pharmacists to remain relevant and effective in a rapidly changing professional environment.

He further clarified that the PCN does not impose sanctions for professional misconduct arbitrarily. Allegations, he explained, are investigated by the council's Investigating Panel and, where wrongdoing is established, referred to the Disciplinary Tribunal. He said the process is designed to uphold professional ethics, protect the public interest and preserve the integrity of the pharmacy profession.

Ahmed urged the inductees to become worthy ambassadors of the council and ensure that their practice was guided by integrity, excellence, professionalism and care.

Delivering the keynote address, the Director-General of the Nigeria Natural Medicine Development Agency (NNMDA), Prof. Martins Emeje, called for increased local drug production through the integration of indigenous medicinal knowledge, digital innovation and scientific research. He urged the newly inducted pharmacists to explore medicinal resources in their immediate environments and contribute to reducing Nigeria's dependence on imported medicines.

Speaking on the theme, "Advancing Pharmacy Practice in the 21st Century: Integrating Digital Innovation, One Health and Indigenous Knowledge Towards Global Medicine Security," Emeje said Nigeria could strengthen its pharmaceutical security by harnessing local resources and combining traditional medical knowledge with modern scientific methods.

He urged healthcare professionals to look beyond conventional approaches to disease management and invest in natural and traditional medicine, while ensuring that indigenous remedies are properly researched, scientifically validated and safely integrated into contemporary healthcare practice.

"The major contribution you have for the world is to ensure that there is local drug production from the local environment in our society," Emeje said.

He argued that medicinal resources available within local environments could provide opportunities to develop solutions to diseases affecting communities. He stressed the need for healthcare professionals to improve their understanding of indigenous medicine and its potential applications.

"Any disease that is surviving in any environment, the solution to that disease is in the environment. If you don't know, it's because you are not efficient," he said.

Emeje maintained that nature-based healthcare and traditional medicine could contribute to improved physical and mental well-being, particularly when supported by scientific research and the sustainable use of natural resources.

He said the approach could strengthen healthcare delivery and create opportunities for economic growth through local pharmaceutical production, medical technology development and research.

According to him, greater investment in indigenous medicine could reduce dependence on imported drugs, preserve traditional knowledge, promote preventive healthcare, encourage the sustainable use of biodiversity and create high-quality jobs.

The NNMDA director-general also highlighted the growing importance of digital technology in modern pharmacy practice, noting that artificial intelligence (AI), big data, telepharmacy and connected healthcare systems are increasingly shaping how medicines and health services are developed and delivered.

"Digital technologies are becoming the core infrastructure for pharmacy. AI, big data, telepharmacy and connected systems can convert information into intelligence, prediction and timely action," Emeje said.

He, however, cautioned that the adoption of AI must be accompanied by professional accountability, reliable data and appropriate validation.

"AI should augment professional judgement, not replace accountability," he added.

In her remarks, ABUAD Vice-Chancellor, Prof. Smaranda Olarinde, charged the newly inducted pharmacists to uphold integrity, professional commitment and compassion in their dealings with patients.

She urged them to place patients' well-being at the centre of their professional responsibilities, stressing that pharmacy practice require not only technical competence but also ethical conduct and a strong sense of responsibility.

Olarinde also highlighted the importance of maintaining the university's standards of academic and professional excellence as the graduates begin their careers in the healthcare sector.

Earlier, the Provost of the College of Pharmacy, Prof. Mbang Femi-Oyewo, said the induction marks a significant transition in the lives of the graduates as they move from academic training into a profession carrying substantial responsibility for human health and well-being.

She reminded the inductees that their white coats represent public trust, which they must continually earn through competence, compassion, integrity and service.

"Today, you have earned more than a qualification; you have accepted a calling," Femi-Oyewo said.

She explained that the university was preparing pharmacists not merely to participate in the existing healthcare system but also to help shape the future of healthcare delivery.

According to her, the ceremony's theme challenges the profession to move beyond conventional practice by combining digital innovation with human compassion, applying the One Health approach through interdisciplinary collaboration, and integrating indigenous knowledge with scientific validation to strengthen global medicine security.

The provost disclosed that the College of Pharmacy had produced 210 Doctor of Pharmacy graduates within two years, describing the achievement as a significant contribution to Nigeria's pharmaceutical workforce.

She said the graduating cohort included 35 students who earned distinctions, comprising 23 females and 12 males. She attributed the achievement to the college's academic standards, industrial and clinical training, and commitment to student-centred education.

Femi-Oyewo urged the inductees to pursue continuous professional development, protect their integrity, practise empathy, embrace innovation and remain committed to serving humanity. She particularly reminded them that behind every prescription was a patient whose circumstances required understanding. Pharmacists, she said, must recognise the needs of children, older people and others who might struggle to understand or afford their medication.

"Your knowledge should improve lives. Your research should solve problems. Your innovation should expand access. Your leadership should strengthen health systems, and your character should inspire trust," she said.

The provost also encouraged the inductees to remain steadfast when faced with professional pressures, stressing that their conduct and character would determine the impact they make on the profession.

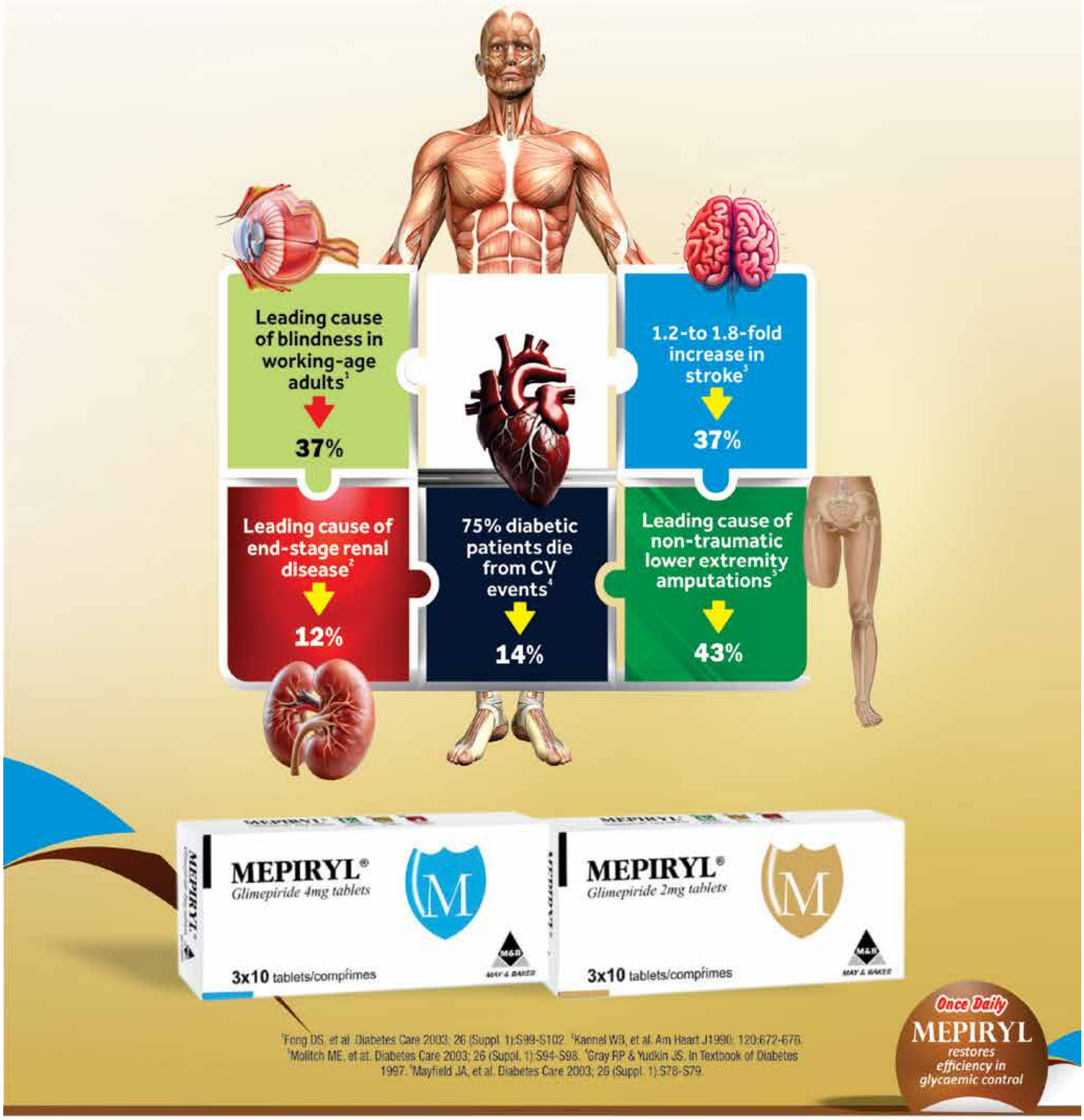
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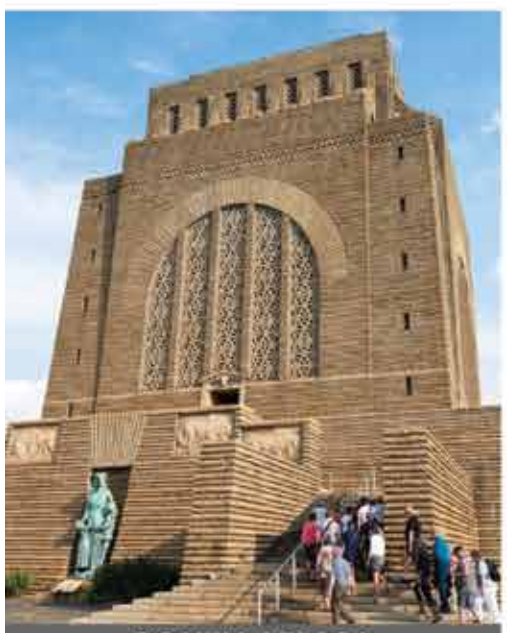
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ACPN secretariat must be a centre of action not just an office — Ikwu

Effective leadership of a professional association requires efficient administration, timely communication and a commitment to serving members. For the Association of Community Pharmacists of Nigeria (ACPN), these are important priorities as practitioners confront challenges in sustaining their businesses and adapting to changes in healthcare delivery. In this interview with ***Adebayo Oladejo****, Pharm. Obiageri Ikwu, the newly elected national secretary of ACPN, speaks on her emergence at the association's last national conference in Abuja. She also highlights her INNOVATE2EXCEL agenda, the challenges facing community pharmacy and the need for a more responsive secretariat. Excerpts:*

What does your emergence as ACPN national secretary mean to you?

It is both an honour and a call to service. I am grateful to God and ACPN members for the confidence they have placed in me. I see the position as an opportunity to contribute to the growth of the association and the advancement of community pharmacy practice in Nigeria.

Through my INNOVATE2EXCEL agenda, I hope to build a more efficient, transparent, responsive and united ACPN, with a secretariat that serves as a one-stop centre for members through improved communication, proper documentation, inclusion and timely implementation of decisions.

How has your professional experience prepared you for the role?

My experience in community pharmacy has taught me empathy, problem-solving and the importance of listening to people. My previous service within ACPN, particularly as national financial secretary, also strengthened my understanding of accountability, documentation and effective communication.

These experiences have prepared me for the administrative and leadership responsibilities of the office. I believe effective leadership requires diligence, collaboration and a willingness to listen to members while ensuring transparency in decision-making.

What are the biggest challenges facing community pharmacy in Nigeria?

Major challenges include the sustainability of community pharmacies, regulatory issues, access to quality medicines, professional development and the changing healthcare environment. These concerns require deliberate efforts to protect practitioners' interests while ensuring that patients receive safe and effective pharmaceutical care.

ACPN must respond through sustained advocacy, member empowerment, stakeholder engagement and professional development. We must also support initiatives that make community pharmacies more sustainable and better equipped to meet Nigerians' evolving healthcare needs.



Pharm. Obiageri Ikwu

How can pharmacists remain relevant in the age of AI and digital health?

Pharmacists must embrace change and move beyond dispensing medicines to provide broader pharmaceutical care. Health education, screening, vaccination and other appropriate clinical services offer opportunities to make greater contributions to patient care and public health.

Technology and artificial intelligence can improve efficiency, but they should not replace professional judgement or the human side of healthcare. Pharmacists must continue to develop their skills and use innovation to improve patient outcomes while maintaining professional standards.

How can Nigeria stem the migration of pharmacists?

We must create an environment where pharmacists can build rewarding careers in Nigeria. This requires better professional development opportunities, sustainable pharmacy practice, mentorship and career pathways that allow young pharmacists to grow and contribute meaningfully.

We should not simply ask young pharmacists to stay; we must help create conditions that make staying and building a career here worthwhile. Professional associations, government and other stakeholders all have roles to play in making the practice environment more supportive and attractive.

My INNOVATE2EXCEL agenda emphasises an efficient, responsive and digitally driven Secretariat. We want to strengthen documentation, improve information dissemination, enhance communication with state chapters and ensure that important decisions and activities are properly recorded.

What changes do you plan to introduce to ACPN's administration?

My INNOVATE2EXCEL agenda emphasises an efficient, responsive and digitally driven Secretariat. We want to strengthen documentation, improve information dissemination, enhance communication with state chapters and ensure that important decisions and activities are properly recorded.

We have also started a monthly newsletter to disseminate information to community pharmacists across Nigeria and keep members informed about ACPN activities and relevant developments. Information should not get lost, and members should not be left wondering what is happening within their association.

What message does your emergence send to women in Pharmacy?

Women have an important place at every level of pharmacy leadership. My advice to young women is to prepare themselves, remain teachable, build meaningful relationships and develop the competence required to take on greater responsibilities.

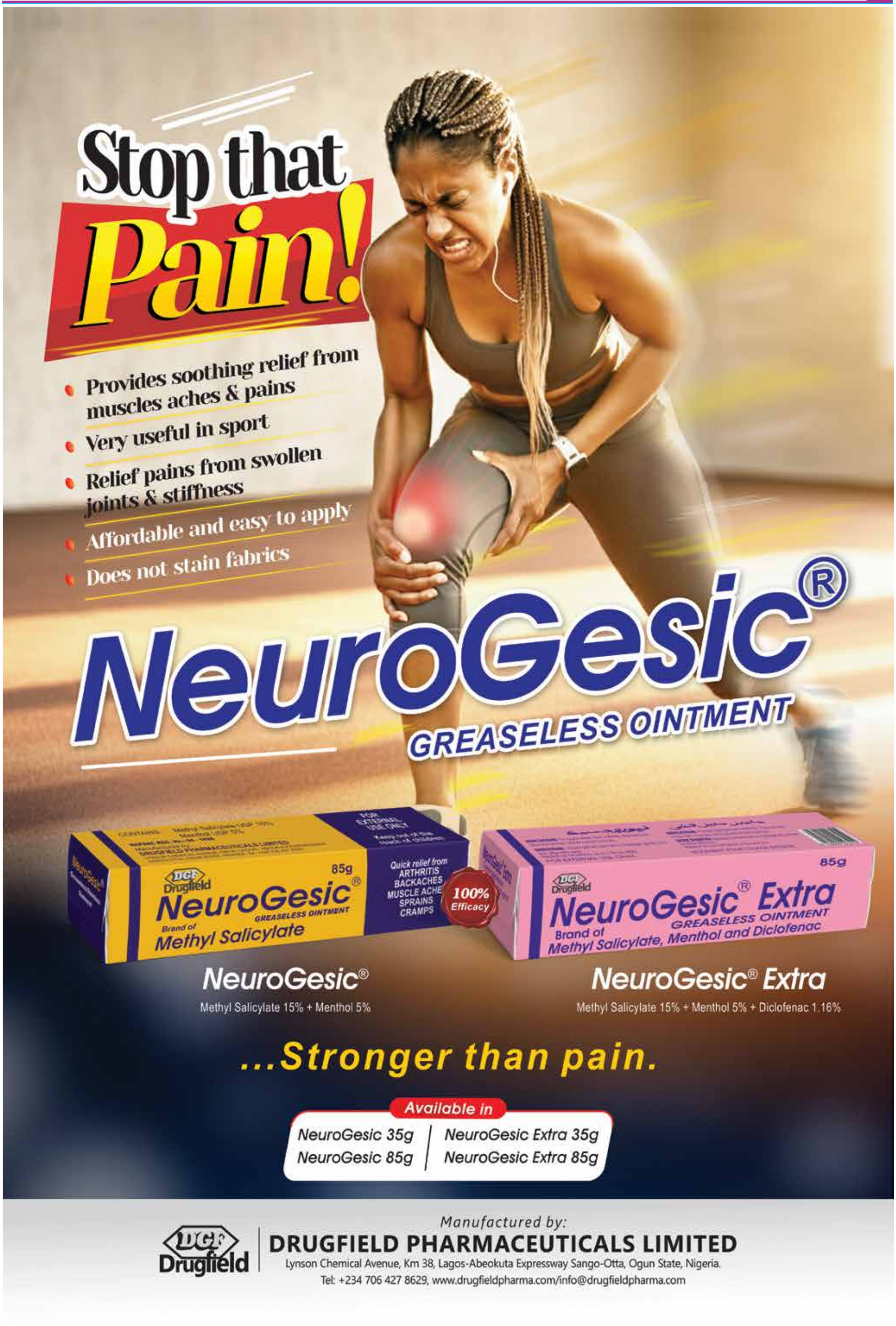
Leadership requires commitment, integrity and accountability. Women can lead with empathy while remaining decisive and firm. I encourage aspiring female leaders to believe in their abilities, continue learning and seize opportunities to contribute meaningfully to the profession.

What legacy do you hope to leave in ACPN?

I want members to look back and say that the secretariat worked better because of the efforts we made during our tenure. I hope to contribute to better communication, stronger documentation, greater digital efficiency and more inclusive engagement with members.

These improvements should become sustainable systems that continue to serve ACPN beyond any individual's tenure. If members can say, "We were informed, included, heard and ACPN moved forward," I would consider that a meaningful contribution.

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Daily-Need Industries *Celebrates Unity in Diversity at 2026 Cultural Day*

Daily-Need Industries proudly celebrated the rich cultural heritage and diversity of its staff during the 2026 Cultural Day Celebration held on July 10th, 2026. The celebration highlighted the company's commitment to fostering an inclusive workplace where cultural diversity is valued, respected and embraced.

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Empower pharmacists to drive Nigeria's healthcare transformation, expert says

- As Ogun NAIP distributes free medicines to mark World Pharmacists Day

By Ranmilowo Ojalumo

Pharmacists must be equipped with the right skills, knowledge and working environment to play a greater role in transforming Nigeria's healthcare system, an expert in the pharmaceutical sector has said.

The call was made at the World Pharmacists Day celebration organised by the Ogun State Zone of the Association of Industrial Pharmacists of Nigeria (NAIP), where discussions focused on the need for pharmacists to expand their competencies and contribute beyond their traditional role of dispensing medicines.

The event, which featured the distribution of free medicines to residents of Sango-Ota, also highlighted the vital role of pharmacists in healthcare delivery and the importance of continuous professional development in meeting the evolving demands of the health sector.

Delivering the keynote address, the Head of Plant Operations and Superintendent Pharmacist at Shalina Healthcare Nigeria Limited, Dr Lawrence E. Agada, said the theme of the 2026 World Pharmacists Day, "Empowering Pharmacies for a Healthier Future", was particularly relevant at a time when the profession is increasingly being challenged to demonstrate its broader value to the healthcare system.

Agada noted that pharmacists receive training in diverse fields, including pharmacology, pharmaceutics, pharmaceutical chemistry, pharmaceutical microbiology, healthcare and law. However, he stressed that this broad-based training must translate into greater impact on healthcare delivery.

He urged pharmacists to look beyond dispensing medicines and develop the depth of knowledge and professional competence required to address wider healthcare challenges.

"We are talking about empowering pharmacists, and empowering pharmacists means equipping them with the competencies, recognition and working environments necessary to meet evolving health needs," he said.

According to him, empowerment should enable pharmacists to apply their knowledge and skills to solving healthcare problems rather than limiting themselves to routine professional functions. He explained that pharmacists need to understand not only the medicines they dispensed or manufactured but also the science, research and processes underpinning their development and production.



L-R: Superintendent Pharmacist, Geneith Pharmaceutical Ltd, Pharm. Uzokwe Obianuju; Deputy Managing Director, Drugfield Pharmaceuticals Nigeria Ltd., Dr Olabode Ekundayo; Head, Plant Operation and Superintendent Pharmacist, Shalina Healthcare Nigeria Ltd., Dr Lawrence Agada; Regulatory Affairs Manager, Emzor Pharmaceutical Industries Ltd., Pharm. Colette Okwuchi; Chairman of NAIP Ogun Zone, Pharm. (Mrs) SarahPearl Kolade and PANS President, OOU, Mr Onifade Bolaji, at the occasion marking the World Pharmacists Day by NAIP, Ogun State Zone.

Agada said this is particularly important in industrial pharmacy, where professionals needed a sound understanding of pharmaceutical manufacturing processes, product development and quality assurance.

He encouraged pharmacists to embrace continuous learning, noting that professional development should extend beyond formal academic qualifications.

"Education goes beyond just academics, though it includes academics. It includes international forums like this," he said, adding that professional gatherings provided opportunities to acquire knowledge and insights that might not be readily available within academic institutions.

The Shalina Healthcare executive also emphasised the importance of professional competencies, describing them as a combination of skills, knowledge, attitudes and behaviours needed to discharge professional responsibilities effectively.

He urged younger pharmacists to cultivate a habit of learning and develop a genuine interest in understanding the principles and processes underlying pharmaceutical practice and manufacturing.

Drawing on his professional experience, Agada explained that his career progression from community pharmacy to pharmaceutical sales and eventually manufacturing has been driven by his desire to deepen his understanding of medicines and pharmaceutical processes.

He advised pharmacists not to focus solely on passing examinations or obtaining qualifications but to strive to understand and apply the knowledge they acquired.

"It's not about you just passing an exam. It's about you understanding and carrying and living with the knowledge that you keep building up," he said.

Also speaking at the event, the Deputy Managing Director of Drugfield Pharmaceutical Nigeria Limited, Dr Olabode Ekudayo, urged pharmacists to remain curious and committed to learning, describing curiosity as an essential driver of professional growth.

He observed that pharmacists who consistently asked questions and sought deeper understanding would be better positioned to identify knowledge gaps, acquire new skills and improve their contributions to healthcare delivery.

Ekudayo encouraged practitioners to broaden their knowledge and remain open to learning as the profession evolved.

"Pharmacists should be curious. Curiosity will push you to want to know more, and many things. It will push you to learn, and know what you need to know," he said.

Earlier, the Chairman of NAIP Ogun Zone, Pharm. (Mrs) Serah-Pearl Kolade, urged pharmacists to sustain their commitment to professional growth and continually equip themselves with relevant knowledge and skills.

She encouraged practitioners to take personal responsibility for their development by pursuing learning opportunities and strengthening their capacity to contribute meaningfully to the healthcare system.

Kolade also urged pharmacists to remain committed to the profession and uphold its values and standards to advance pharmacy practice.

Beyond the professional discussions, the celebration provided an opportunity for NAIP Ogun Zone to extend its activities to the wider community.

As part of the programme, the association distributed free over-the-counter (OTC) medicines to residents of Sango-Ota and educated community members on the dangers of drug abuse.

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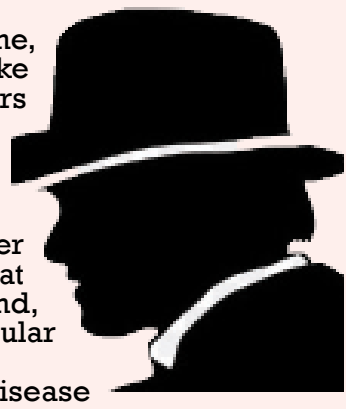


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Your heart after 40

By Ola Aboderin



Forty is often rightly described as a milestone, but it is also a crucial point at which to take a closer look at the heart. By this age, years of diet, physical activity, stress, sleep, blood pressure and other influences have begun to leave their mark on the cardiovascular system.

The heart does not suddenly become vulnerable at 40, but the cumulative effect of earlier choices can become increasingly important. What happens in the next few decades may depend, in part, on what attention is paid to cardiovascular health now.

This is critical because cardiovascular disease remains the leading cause of death worldwide. The World Health Organisation estimates that 19.8 million people died from cardiovascular diseases in 2022, representing about 32 per cent of all deaths globally. More than three-quarters of these deaths occurred in low- and middle-income countries.

For anyone approaching middle age, therefore, looking after the heart should not be postponed until retirement.

What changes with age?

As we grow older, the heart and blood vessels undergo gradual changes. Arteries can become less flexible, making it harder for them to expand and contract as efficiently as they did when we were younger. The heart may also become less able to respond quickly to physical demands.

These changes are part of normal ageing and do not necessarily mean that a person has heart disease. The greater concern is what happens when normal ageing is combined with years of high blood pressure, high cholesterol, diabetes, smoking, physical inactivity or an unhealthy diet. In other words, a 50-year-old person may have an older cardiovascular system than another person of the same age because of accumulated risk factors.

Blood pressure deserves attention

Among the threats to the ageing heart, high blood pressure is particularly important because it can remain unnoticed for years.

WHO estimates that 1.4 billion adults aged 30 to 79 worldwide had hypertension in 2024. Yet about 44 per cent of people with the condition were unaware that they had it. The Nigerian situation is particularly grim. WHO data put the age-standardised prevalence of hypertension among Nigerians aged 30 to 79 at about 36 per cent in 2019. A 2026 systematic review and meta-analysis involving more than 49,000 Nigerian adults estimated a pooled prevalence of 34.2 per cent, although the researchers noted considerable variation between studies.

Persistent high blood pressure places extra strain on the heart and damages blood vessels. Over time, it can contribute to heart failure, stroke, kidney disease and other complications.

The years begin to count

Cardiovascular health is determined over the life course. The habits that may seem harmless in one's 20s and 30s can become more significant when repeated for decades. For example, smoking, physical inactivity, excess salt, an unhealthy diet, poor sleep and uncontrolled blood pressure or blood sugar can gradually increase cardiovascular risk. This is why the years after 40 are a useful time to become more deliberate about heart health, rather than waiting for symptoms.

The American Heart Association's *Life's Essential 8* brings these considerations together: eating well, being physically active, avoiding nicotine, maintaining a healthy weight, controlling cholesterol, managing blood sugar, controlling blood pressure and getting adequate sleep.

Protecting the heart for the years ahead

This is not to say 40 is a deadline. It is better viewed as an opportunity to take stock. Regular blood pressure checks and appropriate assessment of cholesterol and blood glucose can reveal problems before they become obvious.

Physical activity, a balanced diet and adequate sleep also support cardiovascular health. Adults are generally advised to aim for seven to nine hours of sleep each night, and sleep is now recognised as one of the American Heart Association's eight key measures of cardiovascular health.

For people already living with hypertension, diabetes or high cholesterol, proper treatment and adherence to prescribed medicines are equally important.

The heart does not just age. It bears the history of years of habits, illnesses, exposures and care. Growing older may be inevitable, but much of the damage that makes cardiovascular ageing dangerous is preventable or manageable. The earlier that work begins, the more healthy years the heart may have ahead.

Pharmanews Facts

1. PN is the leading healthcare journal in Nigeria.
2. PN has been published monthly without interruption since 1979.
3. PN is the widest circulating healthcare journal in Nigeria.
4. PN has the highest readership among health journals.
5. PN is available online as mobile App and PDF.
6. PN has over 18 million cumulative monthly website hits.
7. PN is the journal of choice for advertisers.
8. PN is the Winner, 2017, 2018,2019, 2021, 2022, 2023, 2025 and 2026 Nigerian Healthcare Media Excellence Awards (NHEA).

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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
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69.	Madueke Anthony	4/09/42	Anambra
70.	Adeleke Ebenezar	23/09/42	Kwara
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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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ACPN Lagos breaks ground for multimillion-naira ultra-modern commercial hub

- Targets completion in three years

By Adebayo Oladejo

The Association of Community Pharmacists of Nigeria (ACPN), Lagos State Branch, has broken ground for the construction of a multimillion-naira ultra-modern commercial hub and permanent secretariat at 3 Ogunbanwo Street, Ketu-Alapere, Lagos, with the project expected to generate sustainable revenue for the association.

The project is being developed under the theme, "Building for Enduring Legacy."

Speaking at the groundbreaking ceremony, Chairman of ACPN Lagos, Pharm. Tolu Ajayi, said about N150 million had already been expended on the acquisition of the property, documentation and other processes, while the construction component was estimated at about N650 million.

Ajayi said the total investment could rise towards N1 billion as construction progresses and variations arise, explaining that the project was conceived not merely as an administrative secretariat but as a commercial facility that would continuously generate income for the association.

He said the revenue generated from the facility would help reduce the association's dependence on members' dues and provide additional resources for its programmes and activities.

Ajayi said the project was the product of teamwork and contributions from successive administrations of ACPN Lagos, while acknowledging the roles played by past chairmen.

He said the acquisition of the property was completed during the first year of his administration, government approvals were obtained in the second year, while construction commenced in the third year.

He added that the project is expected to be completed within three years, although completion would likely involve the next administration because of the scale of the development.

"Governance is a continuum," Ajayi said, explaining that successive leaderships of the association are obliged to key into the project so as to preserve this legacy.

Earlier, National Chairman of ACPN, Pharm. Ambrose Ezeh, described the groundbreaking as more than the commencement of a construction project, saying it represented the laying of a foundation for the future of community pharmacy in Lagos State.

Ezeh said the proposed secretariat would represent the identity, unity, institutional development and institutional memory of ACPN Lagos, while providing a permanent home for professional activities.

He commended the Lagos branch for the initiative, saying the project demonstrated what could be achieved through united leadership and a shared commitment to building an institution that would outlive individual leaders and generations.

The ACPN national chairman urged the branch to develop the facility into a centre for professional development, member engagement, innovation, advocacy and service to Lagos and Nigeria.

Also speaking, President of the Pharmaceutical Society of Nigeria (PSN), Pharm. Tanko Ayuba, congratulated ACPN Lagos on the milestone and commended the branch for embarking on the building project.

Ayuba noted that several branches of PSN and ACPN are establishing their own facilities, describing the development as a step in the right direction. He also commended Ajayi for his commitment to the development of ACPN Lagos and prayed for the successful completion of the project.

Chairman of PSN Lagos State Branch, Pharm. (Chief) Olaitan Ogunlade, pledged the support of PSN Lagos to the project, recalling that the society had been part of the ACPN Lagos journey, including during the acquisition of the property.

Giving details of the proposed building, Chairman of the Building Committee, Pharm. Isaac Olufuminiyi, said the structure would comprise a ground floor and three additional floors.

He said the ground floor would provide parking space and accommodate facilities including drainage and a water treatment system, while the building would also have an elevator and two staircases for emergency situations.

Olufuminiyi said the first floor would be multipurpose, the second floor would contain offices, while the third floor would accommodate a boardroom, seminar room and additional offices.

He called on professionals with relevant building and technical expertise to support the project as construction progresses.



L-R: Pharm. Ambrose Ezeh, national chairman, ACPN; Pharm. (Chief) Olaitan Ogunlade, chairman, Lagos PSN; Pharm. Deji Osinoiki, Chairman, BOT, Lagos ACPN; Pharm. Tanko Ayuba, president, PSN; Pharm. Tolu Ajayi, chairman, Lagos ACPN; and Pharm. Anthony Bola Oyawole, at the official groundbreaking of the Lagos ACPN Commercial Hub and Secretariat.



L-R: Pharm. Isaac Olufuminiyi, chairman of the Building Committee; Pharm. Issa Mohammad; Elder Deji Osinoiki, chairman, ACPN Board of Trustees; Pharm. Tolu Ajayi, chairman, Lagos ACPN; Pharm. Ayuba Tanko, president, PSN; Pharm. Bolanle Adeniran, former chairman, Lagos PSN; Pharm. (Chief) Olaitan Ogunlade, chairman, Lagos PSN; Pharm. Babayemi Oyekunle, immediate past chairman, Lagos PSN; and Pharm. Oby Ikwu, national secretary, ACPN, at the official groundbreaking of the Lagos ACPN Commercial Hub and Secretariat.

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Prioritise medicine security, establish implementation group, NAIP chairman tells PSN leaders

*Pharm. Sir Bankole Aminu Ezebuilo is the national chairman of the Association of Industrial Pharmacists of Nigeria (NAIP). In this interview with **Ranmilowo Ojalumo**, he urges the Pharmaceutical Society of Nigeria (PSN) to place medicine security at the centre of its 99th Annual National Conference and establish a group to drive the implementation of conference resolutions. He also discusses the challenges facing Nigeria's pharmaceutical industry, the fight against substandard and falsified medicines, and initiatives to strengthen local manufacturing. Excerpts:*

What is your general assessment of the current state of the pharmaceutical industry?

Nigeria's pharmaceutical industry has considerable potential, but this has yet to translate into a sufficiently resilient medicine supply system. The country has experienced pharmacists, established manufacturers, research institutions and a large population whose medicine needs should provide a strong basis for investment. Yet access to medicines remains vulnerable to imports, dependence on imported manufacturing inputs and disruptions beyond our borders.

The World Health Organisation's 2025 Nigeria health systems profile identifies limited domestic production and dependence on imports as important weaknesses. This points to a structural gap rather than providing a real-time assessment of production levels. The central concern is that our capacity to meet essential medicine needs locally remains inadequate.

For an industrial pharmacist, the challenge goes beyond producing a tablet or capsule. A dependable pharmaceutical industry requires validated processes, functional laboratories, trained personnel, reliable utilities, appropriate storage facilities and sufficient working capital. When manufacturers face high financing costs and unpredictable input prices, upgrading facilities, maintaining stocks and offering competitive prices become more difficult. Patients ultimately bear the consequences through reduced affordability and availability.

The government has recognised the need for change through the Presidential Initiative for Unlocking the Healthcare Value Chain and fiscal measures designed to support domestic production. In March 2025, the Nigeria Customs Service published implementation guidelines covering eligible pharmaceutical manufacturing inputs. These are useful policy measures, but their effectiveness must be assessed by how readily manufacturers can access the benefits and the extent to which they improve medicine supply.

We should progressively strengthen domestic capacity, prioritising essential medicines and products that Nigeria can manufacture competitively while meeting quality standards. Imports will continue to play a role. The objective should be a balanced pharmaceutical supply system that can withstand disruptions and provide Nigerians with dependable access to the medicines they need.

As pharmacists gather in November for another PSN conference, what paramount issue would you want the society to pay attention to?

I would place medicine security at the centre of the conference. By medicine security, I mean the ability to provide safe, effective, quality-assured and affordable medicines consistently, including during economic difficulties, emergencies and international supply disruptions.

This is a professional issue with direct consequences for households.



Pharm. Sir Bankole Aminu Ezebuilo

A prescription is of limited value if the medicine is unavailable, unaffordable or of uncertain quality. We should therefore measure our professional contribution by whether patients can complete their treatment safely and reliably.

The PSN can bring together the different parts of the pharmaceutical system. Industrial pharmacists understand manufacturing and product quality, while community and hospital pharmacists encounter challenges relating to medicine availability, affordability and treatment interruptions. Academics and researchers can contribute to product development, evidence generation and professional training. Bringing these perspectives together would make the conference's recommendations more relevant and practical.

I would like the conference to examine which essential medicines experience supply shortages, what prevents reliable local production, where distribution systems break down and how procurement can support dependable supply. These questions should be addressed using data rather than impressions alone.

Workforce competence must also feature in the discussions. Nigeria needs pharmacists who can work effectively in formulation development, quality assurance, regulatory affairs, manufacturing and supply chain management. We should consider how pharmacy education, practical placements and continuing professional development can be aligned with these needs.

The conference should produce a shared understanding of the challenges and identify a manageable number of priorities that the profession can pursue collectively. Medicine security is broad enough to unite pharmacists across practice areas, but it must be translated into specific actions to deliver meaningful results.

We should progressively strengthen domestic capacity, prioritising essential medicines and products that Nigeria can manufacture competitively while meeting quality standards. Imports will continue to play a role. The objective should be a balanced pharmaceutical supply system that can withstand disruptions and provide Nigerians with dependable access to the medicines they need.

What major issue should the conference discuss and back up with immediate action?

The immediate priority should be to remove the practical barriers to the reliable production and distribution of quality-assured essential medicines. Another broad resolution will have limited value unless someone is responsible for implementing it.

I would recommend that the PSN convene a focused implementation group involving NAIP, pharmaceutical manufacturers, relevant regulators, procurement institutions, researchers and financing partners. This is a proposal for the conference to consider, not an announcement that such a programme has already been established.

Within the first 30 days, the group should agree on a manageable set of priorities and gather evidence from manufacturers and medicine users. Within 60 days, it should identify the main constraints, the institutions responsible for addressing them and the decisions required. Within 90 days, it should present an action plan with designated leads, realistic timelines and a mechanism for reporting progress.

The agenda should cover access to appropriate financing, the implementation of manufacturing incentives, essential infrastructure and predictable demand. Long-term investment in manufacturing facilities and short-term working capital require different financing arrangements. A manufacturer may be able to purchase equipment but still struggle to finance raw materials, testing and distribution while awaiting payment.

Workforce development must form part of this immediate action. NAIP is partnering with UNICEF to train young graduates in pharmaceutical manufacturing, with participants receiving payment during their training. This approach helps bridge the gap between academic preparation and industrial practice while providing financial support as graduates develop their skills. It is a practical example of investing in the people needed to sustain local production.

The conference should consider how to support and expand such opportunities through partnerships with industry. Training should be assessed by the competencies participants acquire and their progression into productive roles. Stronger pharmaceutical factories need personnel who can operate processes correctly, maintain accurate records and uphold quality standards. Investment in equipment and workforce development should therefore proceed together.

Alongside manufacturing finance and workforce development, we must address access to sustainable markets. Manufacturers need confidence that their quality products will reach dependable buyers. NAIP's collaboration with the African Resource Centre for Excellence in Supply Chain Management (ARC-ESM) and state Drug Management Agencies on pooled procurement is also relevant to this discussion.

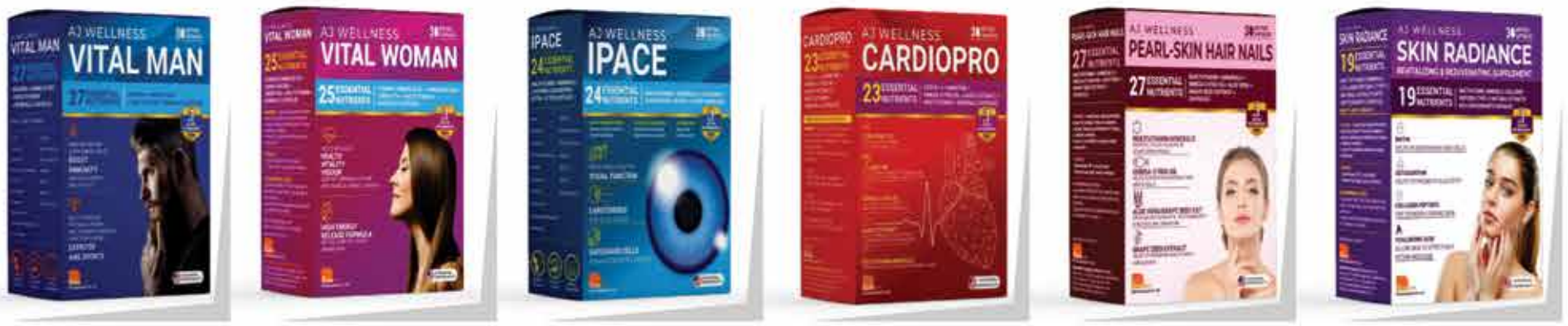
Consolidating purchasing needs can generate larger, more predictable demand and strengthen buyers' negotiating positions. For qualified local manufacturers, greater visibility of expected demand can support production planning, investment decisions and more efficient use of capacity. The conference should examine how Nigerian manufacturers can

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The Inner Architecture of Leadership

Real leaders don't climb alone, they build stairs for others to rise



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

"Whoever wants to become great among you must be your servant." — **Matthew 20:26**

"The function of leadership is to produce more leaders, not more followers." — **Ralph Nader**

Many people mistake success for leadership. Success is reaching the top, while leadership is ensuring that others can get there too. There is a profound difference between climbing a mountain alone and building a staircase that enables countless others to ascend long after you are gone. The first earns admiration, but only the second creates a legacy. Real leaders are measured not by how high they rise but by how many people rise because they led.

The difference between achievement and legacy

Achievement is personal, whereas legacy is transferable. A successful executive may build an outstanding career, but a true leader builds outstanding people. A brilliant entrepreneur may create a thriving business, yet a true leader develops entrepreneurs who go on to build businesses of their own. In the same way, a distinguished professor imparts knowledge, but a true educator inspires students to become teachers, researchers, innovators and nation builders.

In each case, the personal accomplishment is admirable but limited by the span of one person's life and energy. What a leader pours into others is not subject to that limit, because it is carried forward by every person who receives it. Leadership reaches its highest expression when it multiplies itself, and the greatest contribution any leader can make is collective advancement rather than personal success.

Every stair represents an opportunity

A staircase is built one step at a time, and so is leadership. Every encouragement you give is a step. Every person you mentor, every opportunity you create, every lesson you share, every door you open and every introduction you make adds another. Each young person you believe in becomes one more step toward a stronger society. None of these actions may seem remarkable on its own, but laid down consistently over the years, they form a structure that others can climb with confidence.

Most of us can recall those who gave us a chance long before we deserved one. Someone opened a door for you. Someone believed in you when your record gave little reason for it. Someone shared wisdom without expecting anything in return, and someone introduced you to an opportunity that changed the course of your life. You did not build that staircase yourself; you were helped onto it. Leadership is completing the cycle by becoming that person for someone else.

Ladders lift individuals; stairs lift communities

A ladder usually accommodates one person at a time, and the person ahead must often be out of the way before the next can climb. A staircase allows many people to ascend together, at their own pace, with those who are steadier helping those who are less sure of their footing. Self-centred leadership resembles a ladder, while servant leadership resembles a staircase.

The world does not suffer from a shortage of ambitious people. It suffers from a shortage of leaders who intentionally develop others. Communities flourish when experienced leaders transfer knowledge rather than hoard it, and organisations endure when succession is planned rather than postponed. Nations prosper when leadership becomes an ecosystem instead of an individual achievement. Indeed, the greatest institutions in history were built by leaders who invested in people they might never personally benefit from, and who accepted that the harvest would be reaped by others.

The courage to share the spotlight

Insecure leaders fear being replaced, whereas secure leaders prepare their replacements. Weak leaders compete with their teams, but wise leaders complete them by recognising what each member can do better than they can. Some leaders measure success by how indispensable they have become, yet exceptional leaders measure it by how capable others have become without them. An organisation that cannot function in its leader's absence has not been led well; it has merely been held together.

Your leadership reaches maturity when your greatest satisfaction comes not from receiving applause but from seeing someone you mentored surpass your own accomplishments. That requires humility, and it requires a settled confidence in who you are apart from your position. There is no greater testimony to leadership than watching others exceed your expectations because you invested in their potential.

Leadership is stewardship

Every position of influence is temporary. Titles change, offices change, organisations evolve and generations succeed one another. What remains is the impact made in people. Leadership is therefore not ownership but stewardship, for we are custodians of opportunities entrusted to us for the benefit of others. A steward does not ask what he can keep; he asks what he can hand on in better condition than he received it.

The question every leader should ask is not "How high have I climbed?" but rather "How many people can climb because I was here?" That is the true measure of influence.

Jesus: The master builder of stairs

Jesus Christ never sought earthly status or personal recognition. Instead, He invested deeply in ordinary men, among them fishermen and tax collectors, and equipped them to accomplish extraordinary things after His earthly ministry ended. He taught them, corrected them, sent them out and trusted them with a mission that would outlast His presence among them. He even washed their feet, showing that the highest position in His kingdom is the lowest place of service.

His greatest miracle was not merely changing lives during His lifetime. It was developing leaders who continued transforming the world long after He had departed. That is enduring leadership: leadership that multiplies, that outlives the leader and that becomes a staircase for generations.

Build what outlives you

One day, your office will belong to someone else. Your title will be inherited, and your achievements will become history. But the people you mentored, the lives you transformed, the leaders you developed, the opportunities you created and the values you modelled will continue speaking long after your voice grows silent. That is why real leadership is never about climbing higher than everyone else. It is about bending low enough to build a staircase that enables others to rise higher than you ever did.

The world does not need more people desperate to reach the summit alone. It needs more leaders who are willing to stop, turn around, extend a hand and build pathways for others. In the end, history rarely remembers those who climbed the highest. It remembers those who made it possible for others to climb.

Real leaders don't climb alone. They build stairs for others to rise. That is the architecture of significance, the essence of servant leadership and the legacy worth leaving.



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Prioritise medicine security, establish implementation group, NAIP chairman tells PSN leaders



Pharm. Sir Bankole Aminu Ezebuilo

participate effectively and what quality, supply and contracting requirements they must meet.

Pooled procurement must be supported by transparent supplier selection, rigorous quality assurance, realistic delivery schedules and timely payments. Consolidating orders alone will not solve supply problems if manufacturers cannot finance production or purchasing institutions delay settlement. Our objective should be a procurement system that promotes reliable supply and better value for patients while giving capable manufacturers a fair opportunity to compete.

Progress should be measured against a few meaningful indicators, including supply lead times, stock availability, quality compliance and payment performance. The PSN should report what has changed, what remains unresolved and what requires government intervention. This would ensure that conference resolutions remain relevant long after the closing ceremony.

What is your key message to the leadership of the PSN and the Nigerian government?

To the PSN leadership, my message is that our professional credibility should underpin sustained, evidence-based advocacy. We need a clear agenda that connects the concerns of pharmacists with patients' needs and the country's development priorities.

The PSN should coordinate its technical groups around common goals while drawing on their respective areas of expertise. It should maintain dialogue with the government throughout the year, document the evidence supporting its recommendations and report progress on major commitments. This would make our advocacy easier to evaluate and harder to dismiss.

To the government, my message is that pharmaceutical investment requires policy continuity and effective implementation. Manufacturers make decisions that span several years. They need confidence that approved incentives will be accessible, administrative requirements will be clear and policy changes will be communicated predictably.

The government's published manufacturing incentives provide a useful foundation. The next step is to ensure that eligible companies can access them without avoidable delays and that the benefits translate into increased production and improved patient access. Implementation should be monitored transparently, while any extension or modification of time-limited measures should be communicated early enough for businesses to plan.

Financing arrangements must also reflect the needs of the sector. Manufacturing facilities, quality systems and research cannot always be funded on terms designed for rapid commercial turnover. The government and financial institutions should develop arrangements that recognise investment lead times while maintaining sound commercial discipline.

Public support must come with accountability. Beneficiary companies should demonstrate compliance with quality standards, responsible use of support and credible improvements in medicine supply. Industry, in turn, must provide transparent evidence of what it can deliver.

Ultimately, the test is straightforward: are Nigerians obtaining quality medicines more reliably and at prices they can afford? That question should guide the relationship between the government, the pharmaceutical profession and industry.

What is your take on fake medicines in Nigeria, and what is NAIP doing about the problem?

Substandard and falsified medicines threaten lives and undermine public confidence in the healthcare system. They also disadvantage legitimate businesses that invest in proper manufacturing, testing and regulatory compliance. However, I would avoid claiming that their prevalence is increasing without comparable surveillance data. An increase in detections may reflect more wrongdoing, improved surveillance or a combination of both.

We need to distinguish between the different categories of poor-quality medicines. Falsified medicines deliberately misrepresent their identity, composition or source. Substandard medicines are authorised products that fail to meet the required quality standards or specifications. Quality failures may result from manufacturing deficiencies or deterioration during storage and transportation. Although these categories require different investigations, both demand prompt action to protect patients.

Public alerts issued by the National Agency for Food and Drug Administration and Control (NAFDAC) demonstrate the need for vigilance and purchasing through authorised suppliers. The appearance of a product or the presence of a printed registration number should not, on its own, be regarded as conclusive proof of authenticity.

NAIP represents the pharmaceutical industry, including manufacturers, importers, Nigerian companies representing overseas firms and pharmacists involved in consultancy. Our responsibility is to promote the professional competence and ethical conduct required to protect product quality throughout the medicine lifecycle. This includes sound formulation, validated manufacturing processes, accurate documentation, appropriate testing, controlled storage and effective responses to complaints or suspected defects.

The capacity-building partnerships we are pursuing provide a platform for strengthening these capabilities. Quality management systems, good manufacturing practice and professional accountability are essential priorities. We must encourage our members to report suspected falsified products, cooperate with investigations and support prompt recalls where necessary.

We must also be clear about institutional responsibilities. NAIP is a professional association and does not replace NAFDAC or other statutory bodies in enforcement. Our contribution is to strengthen professional practice, support informed policymaking and encourage cooperation with regulators. I would not claim that NAIP has reduced the prevalence of falsified medicines without evidence to substantiate such a claim.

How can Nigeria, as a nation, solve the problem?

Nigeria needs a system that makes unsafe medicines harder to introduce into the market, easier to detect and more costly to trade in. Enforcement is essential, but it must be supported by reliable supplies, accountable distribution systems and informed purchasing.

First, medicines should move through authorised and traceable channels. Suppliers must be identifiable, transactions documented and storage conditions appropriate. When a defective batch is discovered, there should be sufficient information to establish where it has been distributed and retrieve it promptly.

Second, pharmaceutical traceability should be implemented practically and consistently. NAFDAC has published the Pharmaceutical Products Traceability Regulations, 2024. Traceability can support authentication, investigations and targeted recalls, but it depends on reliable data and participation across the supply chain. A code on a medicine pack cannot replace laboratory testing, inspection or sound procurement practices.

Third, regulatory agencies need adequate resources for risk-based inspections, laboratory analysis, market surveillance and timely public communication. NAFDAC, the Pharmacy Council of Nigeria, the Nigeria Customs Service and relevant security agencies should cooperate within their respective mandates. Sharing intelligence can help identify repeat offenders and the distribution routes used to circulate unsafe medicines.

Fourth, deliberate falsification requires effective investigation and prosecution. Enforcement should target those financing and organising the trade while safeguarding the integrity of evidence and due process. Manufacturers must also investigate genuine quality failures and take corrective action rather than dismissing every complaint as counterfeiting.

Fifth, we must address the conditions that expose patients to unsafe sources of medicines. Affordable and dependable supplies of quality-assured products are part of the solution. Public education should encourage people to purchase medicines from licensed outlets and explain how to report concerns, while recognising that patients cannot reliably determine pharmaceutical quality by appearance alone.

Success should be measured through surveillance evidence, faster detection and recalls, improved regulatory compliance and more dependable legitimate supplies. The number of raids alone cannot establish whether patients are becoming safer.

You have embarked on activities since becoming NAIP chairman. Kindly take us through your initiatives and outcomes.

Since assuming office in July 2025, my focus has been on strengthening NAIP's contribution through industry dialogue, professional development and partnerships capable of delivering practical benefits. These remain ongoing responsibilities, and I believe it is important to distinguish between activities undertaken and outcomes that still require measurement.

Our 2026 Economic Outlook and CEOs Forum in Lagos centred on the theme *Reimagining Nigeria's Health Security*. It provided an opportunity to bring industry concerns into a broader discussion on investment, policy and dependable medicine supply. Engagement with industry leaders and regulatory stakeholders is valuable because many of the constraints facing pharmaceutical companies require decisions beyond the control of individual businesses.

Our training conference in Ilorin, themed *Collaboration and Innovation*, combined professional engagement with community service. The outreach included a health walk, free medical services at the Emir's Palace, the opening of a health centre and medicine donations valued at approximately N5 million. These activities connected professional discussions with practical service to the community.

During my first year as national chairman, we have focused on strengthening NAIP's support for members through strategic partnerships, practical capacity-building initiatives and direct engagement with pharmaceutical companies.

We have signed a memorandum of understanding (MoU) with the African Resource Centre for Excellence in Supply Chain Management (ARC-ESM) to provide supply chain management training aimed at strengthening the skills required to manage pharmaceutical supply chains effectively.

Our MoU with the Indian High Commission focuses on addressing the technical and equipment-related challenges facing NAIP members. The partnership is intended to connect companies with relevant expertise and support.

What does NAIP anticipate in the near future for the advancement of industrial pharmacy in Nigeria?

Our focus is on strengthening technical competence, building practical partnerships and creating better opportunities for industrial pharmacists at different stages of their careers.

The PSN should coordinate its technical groups around common goals while drawing on their respective areas of expertise. It should maintain dialogue with the government throughout the year, document the evidence supporting its recommendations and report progress on major commitments. This would make our advocacy easier to evaluate and harder to dismiss.

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Contraception for adolescent girls: Responsible or bad parenting?

*As teenage pregnancy and adolescent sexual health remain subjects of concern, parents face the challenge of teaching abstinence while ensuring their children have accurate information about contraception. Does such education protect adolescent girls or encourage early sexual activity? In this edition of Viewpoint, our reporter, **LUCILLE NWABUKO**, asked Nigerians whether educating adolescent girls about contraception amounts to responsible or bad parenting. Their views are presented below.*

Open conversations are responsible parenting



Educating adolescent girls about contraception is responsible parenting. Parents' duties go beyond providing basic needs to include honest discussions about sex and sexual health. Avoiding these conversations does not prevent sexual activity; rather, adolescents need accurate information to make informed decisions.

Sex education should begin around ages 14 to 15. While abstinence should be encouraged, it should be accompanied by discussions about contraception and safe sexual practices. Supporting sexually active adolescents in accessing contraception can help prevent unintended pregnancies and ensure they rely on accurate information.

Omogbolahan Akinyemi
Lagos

Early education promotes informed choices



Educating adolescent girls about sexual health and contraception is responsible parenting. As teenagers encounter information from different sources, parents should provide accurate guidance at home before they are exposed to misleading information elsewhere.

Sex education should begin between ages 13 and 15, covering sexual health, the consequences of sexual activity and responsible decision-making. Knowledge of contraception does not necessarily encourage sexual activity but can help protect adolescents who become sexually active from unintended pregnancies.

Divinefavour Origho
Delta

Abstinence and contraception education should go together



Educating adolescent girls about contraception is responsible parenting because it equips them to make informed decisions and understand the consequences of their actions. As teenagers mature and experience hormonal changes, parents should provide age-appropriate sexual health education.

Although parents should uphold cultural values and discourage early sexual activity, they must recognise that they cannot always control their children's choices. Where adolescents become sexually active, knowledge of contraception is important in preventing unintended pregnancies that could disrupt their education and future aspirations.

David Meniru
Lagos

Abstinence should remain the priority



Sexual education should be part of every adolescent's upbringing, covering abstinence, personal boundaries, responsible decision-making and contraception. Such education should begin early enough to prepare children for puberty and help them recognise situations that could expose them to abuse.

However, abstinence should remain the priority. Although adolescents should understand how contraception works and its possible disadvantages, parents should not encourage its use as a lifestyle choice because this could promote early sexual activity. Parents must provide the right knowledge while emphasising responsible decisions.

Precious Ukanna
Benin

Education should prepare, not encourage early sex



Parents should educate adolescent girls about contraception early enough to equip them to make informed decisions about their sexual health. Since young people may obtain information elsewhere, parents should explain contraception's benefits, risks and possible side effects.

Although contraception may encourage some adolescents to engage in sexual activity by making them feel protected against unwanted pregnancy, parents should support those who are already sexually active in accessing contraception to prevent unintended pregnancies and the risks of unprotected sex.

Ademola Omotosho
Lagos

Abstinence should come first



Parents should educate their children about sexual health and contraception from around age 16. Without proper guidance at home, adolescents may turn to outsiders for information and be misled. Abstinence should remain the primary message, but contraception should also be discussed with those who may become sexually active.

Teaching children about contraception is neither inherently good nor bad parenting. What matters is providing balanced information and guidance that helps adolescents make informed decisions rather than relying on what they hear from others.

Ebele Arinze
Lagos

Education is necessary, but access should be restricted



I believe sex education and access to contraceptives should be treated differently. While girls below 15 are considered too young for contraception education, discussions are suggested from age 23 and above.

Although young people may obtain information online or at school, the interviewee considers educating adolescents about contraception responsible parenting but believes access to contraceptives should be restricted.

Ozioma Anthonia
Lagos.

Early conversations can protect a girl's future



Parents should discuss sexual health and contraception with their children early while emphasising abstinence. Teenage pregnancy can interrupt a girl's education and limit her opportunities to achieve her ambitions, making parental guidance essential.

Although abstinence should be encouraged, parents must recognise that children have different needs. Discussing contraception, including its possible side effects, where necessary can help prevent unintended pregnancies and protect girls' futures. Supporting access to contraception can therefore be responsible parenting, provided parents do not neglect their duty to teach abstinence.

Favour Osasogie
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FG urges pharma firms to tap Nigeria's plant resources for new medicines

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particularly through the systematic exploration of the country's biological resources and their conversion into safe, effective and commercially viable health products.

He noted that plants had contributed to the development of several important medicines, including antimalarial drugs, opioid analgesics and cancer chemotherapeutics, stressing that Nigeria should pay greater attention to its own biological resources as potential sources of healthcare solutions. "Africa is home to about 25 per cent of the world plant genetic resources. This is the time for Nigeria to pay more attention to them as potential healthcare resources," he said.

The minister urged major pharmaceutical companies to collaborate with government and research institutions to develop Nigeria's phytomedicinal resources and translate scientific discoveries into products that could be made available to healthcare practitioners and patients.

"I invite our pharmaceutical giants to collaborate with us in developing our phytomedicine resources and put them on our shelves for use by our medical practitioners," he said, positioning greater industry involvement in research as an important step towards converting Nigeria's biological wealth into practical healthcare solutions.

Salako said the need to strengthen indigenous pharmaceutical research has become more urgent following the disruption of global medicine supply chains during the COVID-19 pandemic, when pharmaceutical nationalism threatened access to essential medicines in many countries. He argued that Nigeria's pharmaceutical ambitions must therefore extend beyond the importation of active pharmaceutical ingredients, excipients, packaging materials and technologies for final assembly, to the development of domestic capabilities across the entire value chain, from research and raw materials to formulation, manufacturing, quality assurance and distribution.

"Localisation cannot simply mean importing active pharmaceutical ingredients, packaging materials and technologies, assembling the final product in Africa," Salako said, stressing that the country must progressively develop capacity in research and development, upstream sourcing of APIs, excipients and other raw materials, commercial formulation, manufacturing, quality assurance and distribution.



Dr Iziaq Adekunle Salako
Minister of State for Health and Social Welfare

According to him, the same approach must eventually extend to vaccines, biologics, diagnostics and other critical health technologies. He said the National Institute for Pharmaceutical Research and Development (NIPRD) is already contributing to this effort through its API Capacity Building and Concept Production Centre, which he described as West Africa's first dedicated API training and development hub, established with support from the African Export-Import Bank (Afreximbank).

Salako disclosed that the NIPRD centre is now fully operational and has helped catalyse the development of what he described as sub-Saharan Africa's first commercial active pharmaceutical ingredient production plant in Ogun State. He also said NIPRD is working with the European Union and other partners to develop a roadmap aimed at strengthening medicines security and reducing the risk of Africa being marginalised during future global health emergencies.

The minister further highlighted the €18 million Manufacturing and Access to Vaccines, Medicines and Health Technologies (MAV+) project, describing it as a major initiative for strengthening research, development and local manufacturing capacity in vaccines, biologics, diagnostics and medical devices. He said the project is expected to strengthen the capacity of relevant stakeholders, including local manufacturers, to improve access to critical health technologies.

Beyond research and development, Salako said Nigeria must create the market conditions necessary for pharmaceutical manufacturers to invest confidently in domestic production. He cited the Federal Executive Council's approval in May 2025 of Medipool, Nigeria's first national Group Purchasing Organisation for essential medicines and medical commodities, as an intervention designed to aggregate the purchasing needs of healthcare facilities, negotiate bulk purchases with manufacturers and suppliers, and coordinate procurement and distribution. He said Medipool is expected to reduce costs, improve supply-chain efficiency and provide more predictable demand for domestic pharmaceutical manufacturers, thereby strengthening the link between local production, procurement and healthcare delivery.

Salako also urged manufacturers to look beyond Nigeria's domestic market and take advantage of regional integration to achieve the scale required for competitive pharmaceutical production. Rather than treating countries such as Ghana, Kenya, Rwanda and Côte d'Ivoire as isolated markets, he said manufacturers should leverage the African Continental Free Trade Area to access a wider market. "This is the economic logic of regional manufacturing which is not merely manufacturing for Africa, but making Africa a competitive manufacturing base for the world," he said.

Salako said Nigeria's pharmaceutical future should ultimately be defined by its ability to convert its scientific knowledge, natural resources and manufacturing capacity into products capable of meeting the health needs of its people and other African populations. "Let us therefore move from dependency to capability, from fragmented markets to regional scale, and from localization to genuine African pharmaceutical sovereignty," he said.

He called for stronger collaboration among government, pharmaceutical manufacturers, universities, research institutions, investors and development partners, stressing that "our health as a country and as a continent will not be secured only in hospitals and laboratories. It will also be secured in our factories, universities, research centres, supply chains and investment decisions."

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NAFDAC projects 60% GMP compliance among drug manufacturers by 2027

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opening ceremony of the 2026 week of the Association of Industrial Pharmacists of Nigeria (NAIP), Ogun State Zone, held at Ijoko, Ogun State.

Adeyeye who was represented by the Chief Regulatory Officer and Lead GMP Inspector at NAFDAC, Pharmacist Samson Fatoki, said the significant improvement in GMP compliance is the result of several regulatory reforms and interventions introduced by NAFDAC to strengthen the pharmaceutical manufacturing sector and improve the quality of medicines produced in Nigeria.

Speaking on the theme, "Production Innovation, Quality Standard: Collaboration and Advancement in Technology of Pharmaceutical Industry in Nigeria," the NAFDAC boss said the agency is encouraged by the progress being made by local manufacturers and is confident that the industry would achieve a much higher level of compliance in the coming year.

She said the number of pharmaceutical manufacturing sites in Nigeria had increased from 165 in 2019 to 184 as of September 2026, while the percentage of manufacturers meeting GMP standards has also risen substantially.

According to her, only about five per cent of manufacturers met GMP standards in 2019, while about 32 per cent were compliant as of March 2026. She added that the figure is gradually approaching 40 per cent based on the latest inspections.

"I can tell you that, based on the figures that we have and what we are seeing during our site inspections, by this time next year, we should be having about 60 per cent of our manufacturers meeting global GMP standards", she said.

Adeyeye described the anticipated improvement as a major development for the pharmaceutical industry, saying it would further strengthen confidence in medicines manufactured in Nigeria and create opportunities for greater investment in the sector.

She said the progress has already begun to attract foreign direct investment, with foreign companies showing increasing interest in establishing pharmaceutical manufacturing operations or partnering with Nigerian manufacturers.

The NAFDAC DG recalled that the GMP roadmap carried out between 2017 and 2019, with support from UNIDO and the United States, had revealed that more than 85 per cent of pharmaceutical manufacturers in Nigeria were classified as high-risk, while less than five per cent were meeting the required quality standards at the time.

She said NAFDAC subsequently introduced several measures to reverse the situation, including mandatory layout reviews, centralised GMP inspections, risk-based regulatory approaches and increased engagement with manufacturers.

Adeyeye said the agency has reviewed more than 200 pharmaceutical plant layout applications since 2021, covering new facilities as well as existing manufacturers upgrading their plants to comply with World Health Organisation GMP requirements.

She noted that many manufacturers had responded positively by retrofitting old facilities, constructing new plants and investing in modern manufacturing technologies. According to her, the regulatory reforms were also contributing to a gradual reduction in Nigeria's dependence on imported medicines.



A cross-section of dignitaries at the opening ceremony of the Ogun State Zone of NAIP Week, held recently.

"In 2021, we had more than 450 billion metric tonnes of drug into the country. As of today, it has dropped to about 100 billion metric tonnes. There has been a drastic reduction. That's more than 70 per cent", she said.

She attributed part of the development to the 5+5 regulatory policy, which provides a framework for importers of certain medicines to migrate their products to local manufacturing. Under the policy, she explained, importers are given an initial five-year window and another five-year period, after which they are expected to establish local manufacturing capacity for the affected products.

Adeyeye said the policy has encouraged several companies previously dependent on imports to establish manufacturing facilities in Nigeria, while local manufacturers have also expanded their capacity.

She also disclosed that NAFDAC has expanded its ceiling list from nine to 36 products, preventing the importation of medicines that Nigerian manufacturers have demonstrated the capacity to produce locally.

As of March 2026, she said, 78 products had shown potential for migration to local manufacturing, adding that the trend is expected to continue as regulatory policies increasingly favour domestic production.

She urged pharmaceutical manufacturers to embrace innovation and technological advancement, warning that the rapidly changing global pharmaceutical environment means that the Nigerian industry cannot afford to remain tied to outdated manufacturing practices.

Adeyeye said developments in artificial intelligence, biotechnology, personalised medicines and advanced therapy medicinal products are changing the global healthcare landscape, stressing that Nigerian manufacturers must position themselves to benefit from the emerging opportunities.

She also highlighted NAFDAC's efforts to strengthen the pharmaceutical supply chain through technology-driven initiatives such as the Scan to Verify application, NAFDAC Green Book, MedSafety application and Mobile Authentication Service.

According to her, the initiatives would help consumers and healthcare professionals verify medicines and guard against the infiltration of substandard and falsified products into the supply chain.

She further disclosed that NAFDAC is working towards attaining WHO Maturity Level Four and advancing its participation in international regulatory frameworks, including the Pharmaceutical Inspection Co-operation Scheme (PIC/S). Adeyeye said improved regulatory standards will not only protect public health but also position Nigerian pharmaceutical manufacturers to compete favourably in international markets.

Also speaking, the Father of the Day and Managing Director of Jawa International, Chief Varkey Verghese, called on pharmaceutical manufacturers to make continuous innovation a priority, particularly in product formulation, packaging and production processes.

Verghese said innovation have transformed different sectors globally and should equally drive the pharmaceutical industry in Nigeria. He cited developments in drug formulations and packaging as examples of how innovation could make medicines easier to administer, transport and produce, urging manufacturers to continually explore new technologies and formulations.

He commended Nigeria's progress in pharmaceutical regulation and expressed optimism that the country's movement towards WHO Maturity Level Four would further boost confidence in medicines manufactured locally.

He said compliance with regulatory requirements should be regarded as part of the pharmaceutical industry's ethical responsibility rather than merely a requirement imposed by regulators. "The pharmaceutical industry plays a critical role in safeguarding public health, and maintaining the quality, safety and efficacy of medicines must remain our collective priority", he said.

He also stressed the importance of pharmacovigilance and post-marketing surveillance, saying continuous monitoring of medicines after regulatory approval is necessary to identify safety concerns and protect patients.

The NAIP National Chairman, Pharm. (Sir) Bankole Ezebuilo who was represented by Pharmacist Emeka Ndineche, commended the Ogun State Zone for its contributions to the development of the association.

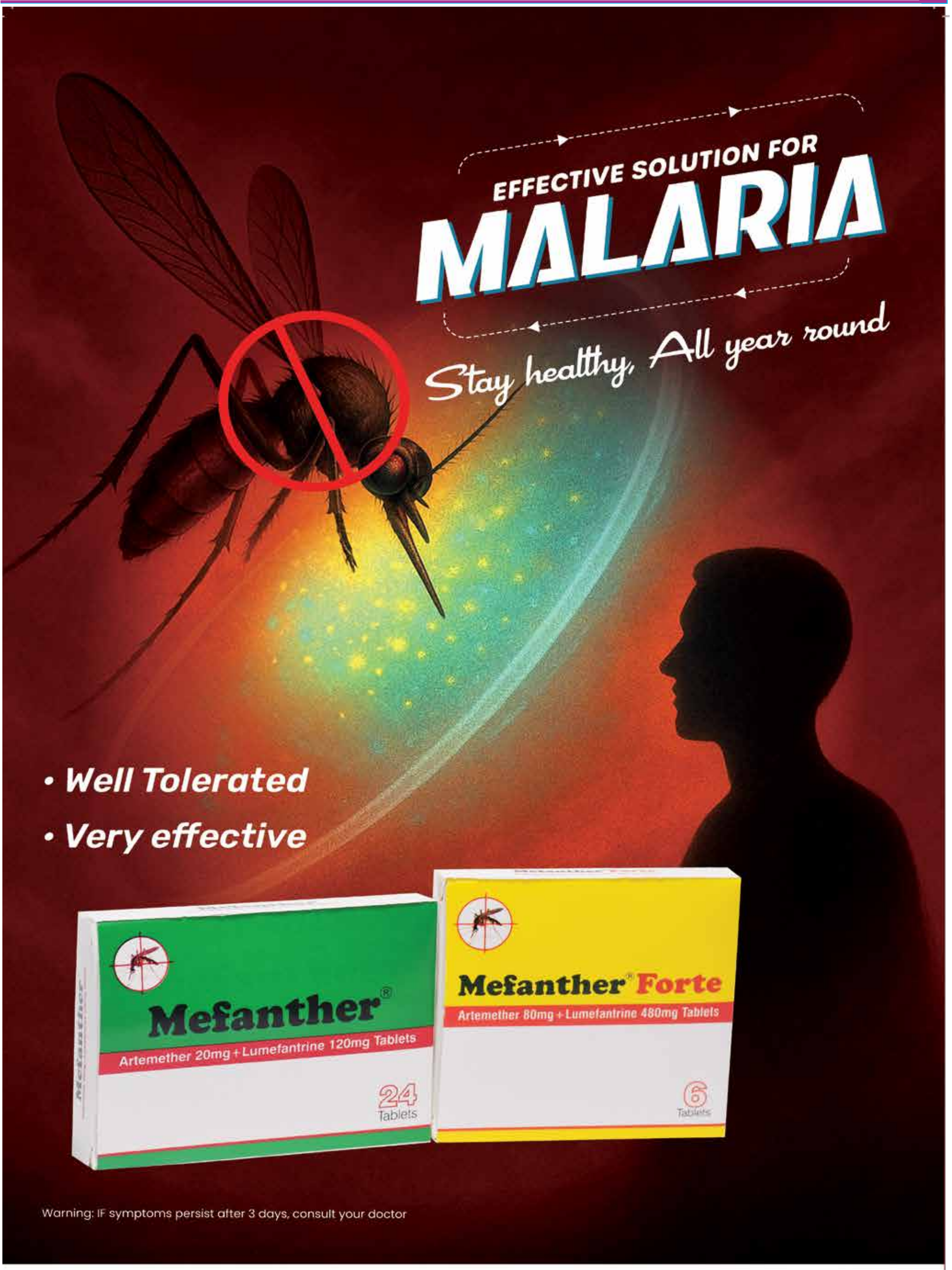
He described Ogun NAIP as one of the most reliable branches of the association and urged the state chapter to sustain its achievements while scaling up its activities. He assured the chapter of the national body's continued support, saying the leadership is encouraged by what the Ogun State zone had achieved.

Earlier in his remarks, the Chairman of NAIP Ogun State Zone, Pharmacist (Mrs.) SerahPearl Kolade, called for greater cooperation among pharmacists, pharmaceutical manufacturers and other stakeholders to strengthen the pharmaceutical industry in the state. Kolade stressed the importance of collaboration, innovation and quality production in addressing the challenges confronting the pharmaceutical sector.

The event featured two plenary sessions involving experts from the pharmaceutical industry. The first plenary, with the topic "Safeguarding Medicines: Advancing Innovation, Compliance and Patient Trust," was moderated by the Production Head, May & Baker Plc, Pharm. Ariike Mbaneme; while the second plenary with the topic, "Ensuring Drug Product Safety: Control Strategies from Development to Distribution," was moderated by Pharm. Emmanuel Ogana, Superintendent Pharmacist at Ranbaxy-Sun Pharma Nigeria Limited.

The association also used the occasion to launch its brand-new bus as part of activities marking the NAIP Ogun State Week.

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FG urges pharma firms to tap Nigeria's plant resources for new medicines

By Patrick Iwelunmor

The Federal Government has challenged pharmaceutical manufacturers and researchers to intensify efforts to harness Nigeria's rich plant resources for the development of new medicines, saying indigenous phytomedicinal resources could play a greater role in addressing the country's health challenges and strengthening its pharmaceutical industry.

The Minister of State for Health and Social Welfare, Dr Iziaq Adekunle Salako, gave the charge recently at the opening ceremony of the 8th Nigeria Pharma Manufacturers Expo (NPME), held at Harbour Point Event Centre, Victoria Island, Lagos. Salako said research and development must occupy a central position in Nigeria's pharmaceutical transformation,

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L-R: Executive Secretary, PMG-MAN, Pharm. Frank Muonemeh; Minister of State for Health and Social Welfare, Dr Iziaq Salako; Managing Director, Daily Need Industries, Mr Oluwatosin Jolayemi; and Founder and CEO of GPE Expo Pvt Ltd, Mr Paresh Jurmarwala, at the Nigeria Pharma Manufacturers' Expo 2026 in Lagos.

NAFDAC projects 60% GMP compliance among drug manufacturers by 2027

- As stakeholders call for innovation, quality, collaboration in pharma sector at Ogun NAIP Week

By Ranmilowo Ojalumo

The National Agency for Food and Drug Administration and Control (NAFDAC) has projected that about 60 per cent of pharmaceutical manufacturing facilities in Nigeria will meet global Good Manufacturing Practice (GMP) standards by this time next year.

The agency also disclosed that drug imports into the country have dropped by more than 70 per cent, from over 450 billion metric tonnes in 2021 to about 100 billion metric tonnes currently, as local pharmaceutical manufacturing continues to expand.

The Director-General of NAFDAC, Prof. Mojisola Adeyeye, disclosed this recently at the

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