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L-R: Pharm. (Dr) Kingsley Amibor, national chairman, Association of Hospital & Administrative Pharmacists (AHAPN); Prof. Noel Wannang, keynote address speaker; and Pharm. (Mazi) Sam Ohuabunwa, PSN president, during the opening ceremony of the 21st Annual Scientific conference of AHAPN held in Sokoto, recently.

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## Hospital pharmacists chart path to innovative practice at Sokoto conference

- As Ohuabunwa, Wannang, Erhun charge AHAPN to embrace innovative disruptions

By Yusuff Moshood

The Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) has restated its commitment to innovative methods and ideas that will not only help elevate hospital pharmacy practice in Nigeria

but also help enhance healthcare delivery. According to Pharm. (Dr) Kingsley Chiedu Amibor national chairman, AHAPN, hospital and administrative pharmacists in the country are committed to embracing innovative disruptions,

not just to remain relevant in the scheme of things but to reposition hospital and administrative practice in the country. Speaking during the opening ceremony of the 21<sup>st</sup> National

continued on page 21

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**Dr Mohammed Otuofu Amali** is a lecturer in the department of Pharmacology and Toxicology and the sub-dean of Faculty of Pharmaceutical

Sciences, University of Ilorin (UNILORIN).

Born in the ancient city of Ibadan, Amali is a native of Otukpo in present-day Benue State. He bagged a Bachelor of Pharmacy (B.Pharm) degree from University of Jos (UNIJOS) in 2003. After his one year mandatory internship at the University of Ilorin Teaching Hospital (UITH), he was posted to State House Clinic in Abuja for the National Youth Service scheme (NYSC) in 2004.

On completion of his youth service programme, Amali was appointed a lecturer in the department of Pharmacology and Toxicology, UNILORIN. A few years later, he bagged an M.Sc. in Pharmacology from the prestigious Obafemi Awolowo University (OAU), Ile-Ife.

Five years after, Amali improved on this feat by clinching his PhD in Pharmacology from the University of Liverpool, United Kingdom (UK) in 2015, with his thesis focusing on "Characterisation of the B-lymphocyte Response in Delayed Type Piperacillin Hypersensitive Reactions."

An industrious fellow, Amali gradually worked his way up the rung of the academic ladder before being officially announced as sub-dean of the faculty in 2016.

Amali is a recipient of the following awards - University of Ilorin 2010 Senate Research Grant Award; 2011 Tertiary Education Trust Fund Academic Staff Training (TETFUND-AST) award for Postgraduate study at the University of Liverpool United Kingdom; and University of Ilorin 2018 TETFUND Institutional Based Research.

The sub-dean is also a member of Pharmaceutical Society of Nigeria (PSN), British Society of Immunology (BSI), National Association of Pharmacists in Academia (NAPA) and West African Society of Pharmacology (WASP).

Among other things, his research interest lies in drug discovery from natural plants; immunopharmacology, which encompasses immune cell culture, T and B cell cloning, immunoassays, enzyme-linked immunosorbent assay (ELISA) with emphasis on the molecular basis of drug hypersensitivity reactions.



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mistakes. It's ok; we all make them. Learn from them so they can empower you!" — **Steve Maraboli**

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"Each new day is a blank page in the diary of your life. The secret of success is in turning that diary into the best story you possibly can." — **Douglas Pagels**

"Keep to active learning. You must learn, research and be so passionate about new ways and methods of doing things to be and remain relevant." — **Israelmore Ayivor**

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Celebrating 40 Years of Uninterrupted Monthly Publication (1979-2019)

The recent announcement by the World Health Organisation (WHO) that it is set to launch, on 17 September, a global campaign to create awareness on patient safety and urge caregivers to show commitment to making healthcare safer, has further underscored the centrality of patient safety in health service delivery.

The WHO, in making the announcement, had defined patient safety as the “absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum.” It further described “acceptable minimum” as the collective notions of given current knowledge, resources available and the context in which care was delivered weighed against the risk of non-treatment or other treatment.

This initiative is indeed commendable and pertinent, considering the numerous incidents - documented and undocumented - of harm to patients while receiving healthcare. There have been cases of patients suffering serious mishaps as a result of negligence or wrong treatment procedures by caregivers.

Some patients have been exposed to severe infections, due to poor hygiene in care centres, and some others have been maimed as a result of medication errors. Yet, while the infected and maimed patients may, at least, be considered fortunate to be alive, many others have lost their lives through

## Patient safety as public health emergency

such avoidable circumstances. Indeed, according to the WHO, as many as one in four patients are harmed while receiving primary and ambulatory healthcare, while 134 million adverse effects occur in hospitals, contributing to 2.6 million deaths annually due to unsafe care. Medication errors, the WHO also disclosed, cost an estimated 42 billion US dollars annually.

It must be noted, however, that while the issue of patient safety has become a major source of concern globally, as the WHO's ongoing decisive campaign clearly affirms, developing nations, such as Nigeria, with weak health systems and significant deficits in healthcare infrastructure, have much more to do in tackling the challenge.

Nigeria, in particular, must

be at the forefront of adopting and domesticating the WHO's initiative on patient safety. There is no gainsaying the fact that the nation's health system is weak and many of our hospitals are bereft of basic amenities needed to provide the needed care for patients.

There have been reports of hospitals not having something as basic as good water supply - even in teaching hospitals which are the apex healthcare centres and are supposed to be centres of excellence in healthcare. This invariably portends serious consequences on hygiene. Of course, Nigerians will not be quick to forget the criticism that the first Lady Aisha Buhari, levelled against Aso Rock Clinic two years back, in which she claimed that things were so bad that for

patients to get even syringes was a problem.

Moreover, many patients who visit care centres in the country, especially the government-owned hospitals (more commonly referred to as “general hospitals”) can attest to the hostile and indeed traumatising manner in which most of the caregivers relate with their patients. But, away from this, there have also been numerous cases of hospitals becoming breeding grounds for anopheles mosquitoes with many incidents of patients on admission for other health conditions getting infected with malaria.

It is our view therefore that Nigeria, perhaps more than any other nation, must embrace this new drive by WHO, as well as holistically adopting its template for patient safety, which entails having clear policies on patients' safety, demonstrating organisational leadership capacity, recruiting skilled healthcare professionals and devising ways to effectively involve patients in their care.

The Nigerian government must begin to see patient safety as a public health emergency because it is a major reason for avoidable complications and deaths of patients from treatable conditions. It is only when this is done that the nation can have significant and sustainable improvement, not just in patient safety but in general healthcare delivery - which will ultimately help in halting the exponentially increasing incidence of health tourism by Nigerians.

**It must be noted, however, that while the problem of patient safety is a major source of concern globally, as the WHO's ongoing decisive campaign clearly affirms, developing nations, such as Nigeria, with weak health systems and significant deficits in healthcare infrastructure, have much more to do in tackling the challenge.**

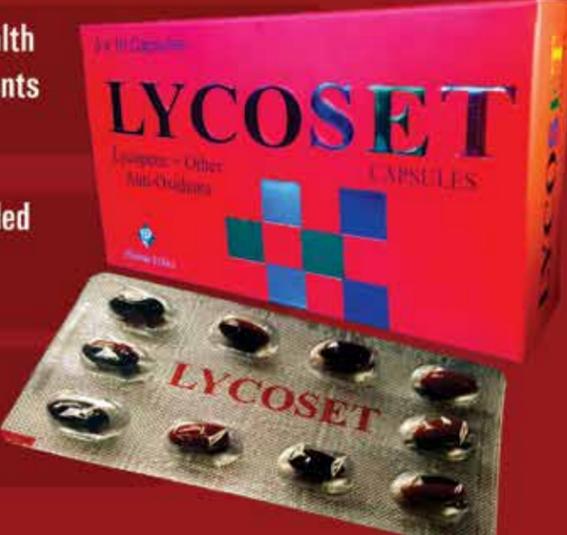
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## Born for a purpose

By Sir Ifeanyi Atueyi

Your conception in your mother's womb was known and planned by God before it took place. Therefore, your birth is not an accident. Sometimes couples have babies by accident because they did not plan for them. We know of some wicked mothers who dump their unwanted babies because they never knew their sexual activities would result in pregnancy.

Psalm 139:16 (NLT) says, "You saw me before I was born. Every day of my life was recorded in your book. Every moment was laid out before a single day had passed. How precious are your thoughts about me, O God?"

There is no human that comes into this world without the knowledge and plan of God. All the things the person is expected to do on earth are already recorded by God even before birth. Everyone is uniquely shaped and destined for a purpose. God also provides the necessary gifts, talents, abilities, time and facilities to fulfil the purpose.

God has crafted us with skills for His purpose and takes full responsibility for who we are. Ephesians 2:10 (NLT) says, "For we are God's masterpiece. He has created us anew in Christ Jesus, so we can do the good things he planned for us long ago."

It is not just our bodies that God has designed but the whole of our situation. Isaiah 64:8 (NKJV) says, "But now, O Lord, You are our Father; We are the clay, and You our potter; And all we are the work of Your hand." Like the potter, God makes us into shapes and designs for different purposes. He sees us as finished products. Therefore, we need not compare ourselves with others.

Specifically, we are "created in Christ Jesus for good works." Good works are absolutely meant to be the result of our salvation. We have been saved to serve Him. God prepared what He wanted us to do for Him long ago. Therefore, we do not need to copy someone else or what he is doing. He has a unique plan for each of us to serve Him in this world. He has endowed us with certain spiritual gifts to enable us serve Him.

God knows what those good works are and will lead us to them. He works with and through us. When we face trials, we just look back at our salvation and remember the good works He has designed for us to do. We trust Him and move on. Whatever God wants us to do are good works. Sharing the gospel is a good work, working in the bank is a good work. A mother taking care of the children is a good work. In fact, whatever you do is a good work, as long as it is pleasing to God and gives Him glory.

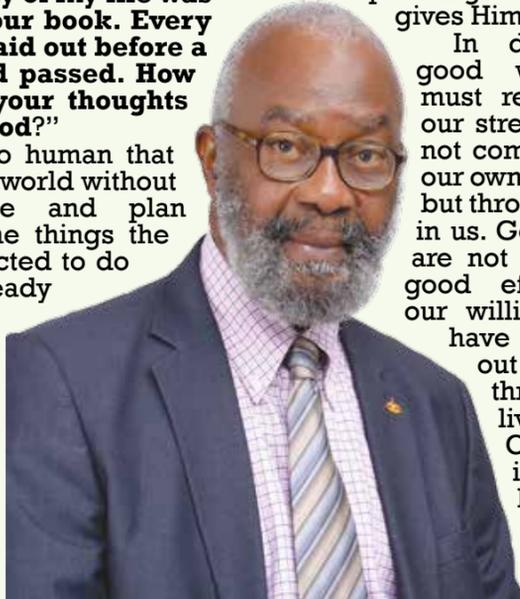
In doing the good work, we must realise that our strength does not come through our own willpower but through Christ in us. Good works are not just our good efforts but our willingness to have Christ live out His life through our lives. As Christ lives in our lives, He wants us to continue doing good works as

He did on earth. Apostle Paul says in Phil. 4:13NKJV, "I can do all things through Christ who strengthens me."

God has appointed our work before we were born. Therefore, it behoves us to search out for these good works whether big or small and be busy doing them. We need to meet with God each day seeking Him and His will. As we draw close to Him, He will reveal His plans to us.

We must realise that the enemy will oppose us as he did to Jesus Christ. The enemy always opposes the plans and will of God and tempts us to fail and displease God. Therefore, we must be vigilant always. He is always looking for someone to devour. We must never forget the He that is in us is greater than he that is outside.

Do not despise small beginnings or little assignments that God has given you. Many a time He trains and tests us with little assignments. If you are not faithful with little things how can you be trusted with big things? When you pass the tests, He will give you bigger assignments. Remember that David cared for sheep before he ruled the nation of Israel. He fought lions before he fought a giant named Goliath.



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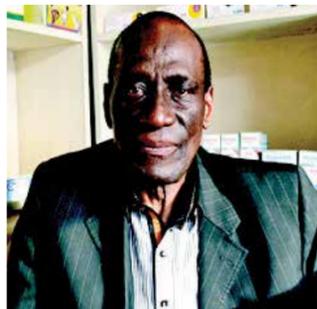
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Celebrating 40 Years of Uninterrupted Monthly Publication (1979-2019)

## Like good wine, Pharmanews has matured with time - Okonkwo



On this auspicious occasion of the celebration of the 40<sup>th</sup> anniversary of **Pharmanews**, it is my pleasure to congratulate the publisher, Pharm. (Sir) Ifeanyi Atueyi, for his uncommon determination and courage to abandon his well-paid job at R.T Briscoe Pharmaceuticals in 1979 to dabble into the unknown territory of pharmaceutical journalism.

When Atueyi, popularly called "Atus", came to my office in Glaxo Nigeria Limited to intimate me of his decision to leave his paid job to enter the uncharted realm of publishing, my first reaction was that my good friend and classmate was on his way to "Yaba Left" (Psychiatric Hospital).

When I realised that all my entreaties to dissuade him from the venture fell on deaf ears, I had no choice than to reluctantly support his weird ambition. In demonstration of my support, I sent him an article for the maiden edition, titled "Communication is the Link". There was also an advert from Glaxo Nigeria Ltd at the back cover of the maiden edition.

It is on record that soon after the maiden edition of **Pharmanews**, some other people started their own journals. Some of them that sprang up after the birth of **Pharmanews** died on arrival while others lingered on for some time before the aura of **Pharmanews** snuffed them out of existence, leaving **Pharmanews** as the one and only reputable pharmaceutical journal in Nigeria.

Like good wine, **Pharmanews** has matured with time. It is no surprise then that the journal which was first published in 1979 (40 years ago) has continued to maintain a commanding height in its vision and mission by collecting accolades and awards in its category of journalism in the past few years both in Nigeria and abroad.

Once again, I wish to congratulate Pharm. (Sir) Ifeanyi Atueyi and all the staff of **Pharmanews** for the uninterrupted monthly publication of the journal for 40 years. Congratulations.

Pharm. Eugene Okonkwo

## Congrats on awesome achievement - Akubue

We rejoice and send you our warmest congratulations, as you mark 40 years of uninterrupted publication of **Pharmanews**. This is a record achievement for a health periodical not belonging to a Society. **Pharmanews** has over the years grown and impacted people in more ways than one. It has provided information on health and drugs; on conferences and outcomes most valuable to all and sundry; provided training activities of no mean order on various areas of health, as well as very topical reviews on health matters, drugs and diseases. This is besides advertisements on drugs which are sources of information on drugs.

To reach 40 years of uninterrupted publication is an awesome achievement. The

founder and publisher, Pharm. Sir Ifeanyi Atueyi, is highly commended for his dogged determination to make the periodical achieve greatness, which I am sure is beyond his expectation. I must say that it is not just 40 years of publication but 40 years of continuous and enviable growth.

**Pharmanews** is no doubt a choice periodical for health professionals, as well as for some non-health professionals. For example my wife (a professor of social science education) will always grab a new copy of **Pharmanews** to read articles of interest to her.

The editors and all the staff of **Pharmanews** deserve open admiration for the height which **Pharmanews** has reached. It is the unalloyed devotion and acceptance of the direction

of the leader that helped the periodical to develop and reach the enviable height.

It is with great pride that I record my appreciation to the founder and publisher of **Pharmanews** for the complimentary copies I am privileged to receive over the years. It is also to be noted that **Pharmanews** is distributed to Faculties of Pharmacy in Nigeria at no cost to them. This is a great contribution to pharmacy education.

My prayer and wish is that **Pharmanews** will continue to grow in strength, depth and spread, and live to celebrate a centenary and beyond.

Emeritus Professor Iwe P. Akubue

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## Pharmanews, a star in journalism circles - Wada

On behalf of my family, friends and myself, I wish to congratulate Pharmanews on the recent milestone of marking 40 years of uninterrupted monthly publication of the first healthcare magazine in Nigeria – **Pharmanews** - as well as clinching the Nigerian Healthcare Media Excellence Award consecutively from 2017 to 2019.

**Pharmanews** is already a myth in the Nigerian journalism circles as a star and one of the most exceptional years of patriotic service, professional astuteness and exemplary consistence.

While rejoicing with you on your new cap. Please accept my congratulations and best wishes to the Pharmanews Limited.

**Yusuf Hassan Wada**  
Faculty of Pharmaceutical Sciences,  
Usmanu Danfodiyo University, Sokoto State



## Pharmanews now largest circulating health journal - Adigwe

On behalf of the management and staff of the National Institute for Pharmaceutical Research and Development (NIPRD), permit me to congratulate you and your team on the 40<sup>th</sup> anniversary of Pharmanews Ltd.

There is no doubt that the Pharmanews had grown since its inception in 1979 to become the largest circulating health journal in Nigeria.

At NIPRD, we promise to remain committed to working with you, particularly with respect to initiating innovative

research and development projects, such as the Contextual Processing Protocol (CPP).

Such interventions and projects will not only improve access to healthcare, but will also enable the expeditious achievement of relevant socioeconomic objectives, such as job creation, capacity building and skills acquisition.

**Once again, congratulations!**



**Dr Obi P. Adigwe**  
Director General/Chief Executive Officer  
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## Pharmanews records unprecedented - Ifudu

The record you have set in terms of regularity of **Pharmanews** and the quality of your output in the past 40 years remains unprecedented. **Pharmanews** has been of immense contribution to the pharmaceutical industry in Nigeria and beyond. Hearty congratulations for the recent Nigerian Healthcare Excellence

Media Award (Print) which you have won for three consecutive years. Cheers and remain blessed.

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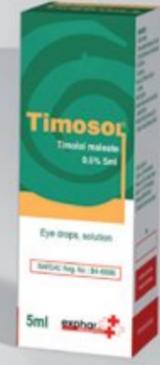
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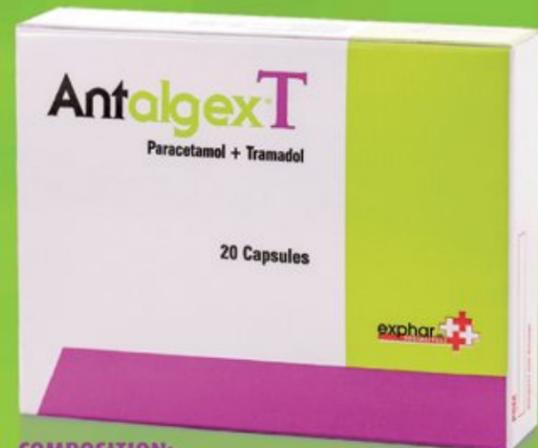


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# Chukwuma Agubata – Beacon of a new frontier in malaria research

By Solomon Ojigbo



**Chukwuma Agubata**

Malaria has for many years been a major public health concern in Nigeria. The disease accounts for more deaths and morbidity in Africa's most populous nation than in any other country in the world. This challenge has spurred many researchers, especially those from Nigeria, to look for more effective ways of treating the deadly disease despite inadequacy of resources and unfavourable research environment. One of such assiduous researchers is Dr Chukwuma Agubata, the joint winner of the 2017 NLNG Nigeria Prize for Science.

The award, sponsored by the Nigeria Liquefied Natural Gas company (NLNG), is Nigeria's highest scientific award, which celebrates excellence in science breakthroughs and comes with a cash prize of

\$100,000. The 2017 edition of the award sought to find solutions to malaria through its theme for the year, "Innovations in Malaria Control".

There are an estimated 100 million malaria cases, with over 300,000 deaths per year in Nigeria. This means that about 34 Nigerians die per hour due to malaria.

Dr Agubata's research "**Novel lipid microparticles for effective delivery of Artemether antimalarial drug using a locally-sourced Irvingia fat from nuts of Irvingia gabonensis var excelsa (ogbono)**", along with two other entries, emerged joint winners out of 27 entries for the 2017 award cycle. The other two joint winning entries were "**Improving Home and Community Management of Malaria: Providing the**

**Evidence Base**" by Ikeoluwapo Ajayi, Ayodele Jegede and Bidemi Yusuf; and "**Multifaceted Efforts at Malaria Control in Research: Management of Malaria of Various Grades and Mapping Artemisinin Resistance**" by Olugbenga Mokuolu.

Agubata's entry was recommended because of the demonstration of its productive scientific application, which identified the potency of the use of "ogbono" oil to ensure that administered anti-malaria (artemether, a derivative of artemisinin) drug is well absorbed.

One of the important problems associated with malaria treatment is ineffective drug absorption by cells. Artemisinin, one of the widely used antimalaria drugs, has the advantage over other drugs in having an ability to kill faster and kill all the life cycle stages of the parasites. However, its low bioavailability (i.e the proportion of the drug absorbed into the body's systemic circulation) and other poor pharmacokinetic properties, such as short shelf-life, are the major drawbacks of its use as a monotherapy for malaria.

Interestingly, Agubata's discovery on the use of novel lipid microparticles for effective delivery of artemether antimalarial drug using fat from the nuts of ogbono grown in Nigeria provides some interesting opportunities for local approach to addressing the limitations of Artemisinin therapy. Good absorption will lead to high levels of the antimalarial drug in the systemic (blood) circulation which in turn will increase cure rates and reduce the chances of emergence of resistance to artemisinin by the malaria parasite.

## Background and education

Agubata was born on 8 August, 1976 in Lagos. He had his primary education at Army Children School (NAFRC) Oshodi, Lagos, before proceeding to Bishop Crowther Seminary School, Awka, for his secondary education.

Agubata graduated from the Faculty of Pharmaceutical Sciences, University of Nigeria, Nsukka, with a Bachelor of Pharmacy degree (B.Pharm) in 2001. He subsequently obtained his master's and PhD degrees in Pharmaceutical Technology and Industrial Pharmacy respectively from the same institution.

After brief stints with some pharmaceutical companies, Agubata joined the Anambra State civil service in 2006 and worked in the Department of Pharmaceutical Services, Ministry of Health. Four years later, he got an appointment as Lecturer II in the Department of Pharmaceutical Technology and Industrial Pharmacy, University of Nigeria Nsukka (UNN). He has remained with the department till date, and is currently a senior lecturer in the department.

Agubata has published several articles in peer-reviewed journals. He has a patent in drug delivery involving lipids derived from Irvingia species (*ogbono*). He is a beneficiary of TetFUND institution-based research grant.

Agubata is the principal investigator of Good Manufacturing Practice Research Group, UNN. He is also the editor-in-chief of *Journal of Pharmaceutical Development and Industrial Pharmacy*, as well as being a guest editor for Hindawi publishers.

Agubata is a member of Pharmaceutical Society of Nigeria (PSN) and a Fellow of the Institute of Corporate Administration.

His research interest areas include Drug Delivery, Tablet Technology, Lipid-Based Formulations, Pharmaceutical Nanotechnology, Transdermal and Topical Products.

Agubata is from Enugwu-Ukwu, Njikoka local Government Area of Anambra State, Nigeria. He is happily married with children.

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# The 10 most common genetic diseases

By Adam Sinicki

**A** genetic disease is a terrible thing – an illness that is written into your very biological code that it can be very difficult to avoid or sometimes even impossible. For parents this can mean giving birth to someone who will never be “well” in the traditional sense, and no amount of exercise or healthy living can help that.

The fortunate news is that genetic disorders are relatively uncommon, but that said they are still a real danger and some are certainly more common than others. Here, we will look at some of the most common genetic diseases, in no particular order.

**Cystic fibrosis:** The most common genetic disease is cystic fibrosis. This condition causes an abnormality in the fluids of the lungs which causes a chronic infection and also affects the pancreas, liver and intestine. Other symptoms caused by this include poor growth and weight gain, infertility in males and a salty tasting skin.

**Haemophilia:** In haemophilia the blood doesn't clot properly when the patient is injured, which leads to continual blood loss. Of course this can be highly dangerous and means that

what would be a minor accident for anyone else can become a life-threatening injury. It also causes complications during surgery and it's important that those with haemophilia identify themselves as suffering with it.

**Sickle cell anaemia:** Sickle cell anaemia is a genetic condition affecting many people in America and Africa in particular, where the red blood cell becomes “sticky” and “C-shaped” and loses oxygen. These cells then block the blood vessels, causing pain, tiredness and damage to the organs.

**Down syndrome:** Down syndrome or DS is a chromosomal syndrome which occurs as a result of an extra chromosome and is the most common disorder of that type. Symptoms include distinctive spacing of the facial features, impaired cognitive ability, stunted physical growth and an increased risk of congenital heart disease.

**Huntington's disease:** Huntington's disease actually isn't highly common, affecting around five to ten individuals in every 100,000, but the severity of the symptoms and the relative prevalence in the West means

it's one of the better known conditions. This is an autosomal dominant mutation that can affect either of the two copies of any gene, giving a child a 50 per cent chance of inheriting the condition. Symptoms normally begin between the age of 35 and 40, and cause gradual cognitive decline (it is related to Alzheimer's) followed by impairment in physical ability until the individual begins to find any kind of movement incredibly difficult.

**Thalassemia:** This is a condition affecting the blood in which the body doesn't produce enough red blood cells or alternatively does not produce them efficiently enough, resulting in a heightened chance of anaemia.

**Tay-Sachs:** Tay-Sachs is a serious and ultimately fatal condition in which an enzyme called “hexosaminidase” is missing resulting in the progressive deterioration of both cognitive and physical function as a result of the degradation of the central nervous system.

**Angelman syndrome:** Angelman syndrome is a neurogenetic disorder which

causes intellectual disability as well as sleep disturbances, jerky movements, frequent laughter and smiling and an “unusually” upbeat disposition. Sufferers may also have a more “youthful” appearance (and a delayed growth in head circumference) and hypopigmentation. It is caused by the lack of the maternal element of chromosome 15.

**Duchenne Muscular Dystrophy:** DMD is a recessive X-linked condition causing muscular dystrophy and ultimately death and affects around 1 in 3,600 boys beginning before the age of five. As the condition progresses it can cause abnormal bone developments and usually the aid of a wheelchair will be necessary by the age of 12.

There are many other types of genetic disorders from fatal familial insomnia to colour blindness – though many of these are either very rare (the former) or not typically considered “diseases” (the latter). Meanwhile many of the other conditions and illnesses that we experience have a genetic element, and it is possible to be genetically more “prone” to conditions such as diabetes and even obesity.

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## Erectile dysfunction / Infertility

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antidepressants, narcotic pain relievers, narcotics, as well as medications prescribed to control high blood pressure and sedatives.

### Physical cause

In many cases, erectile dysfunction is caused by some physical health challenges such as:

### Heart disease

Clogged blood vessels (atherosclerosis)

High cholesterol  
High blood pressure  
Diabetes  
Obesity

Metabolic syndrome — a condition involving increased blood pressure, high insulin levels, body fat around the waist and high cholesterol

Parkinson's disease  
Multiple sclerosis

Certain prescription medications

Tobacco use

Peyronie's disease — development of scar tissue inside the penis

Alcoholism and other forms of substance abuse

Sleep disorders

Treatments for prostate cancer or enlarged prostate

Surgeries or injuries that affect the pelvic area or spinal cord

### Psychological cause

The brain plays a key role in triggering the series of physical events that cause an erection, starting with feelings of sexual excitement. A number of things can interfere with sexual feelings and cause or worsen erectile dysfunction.

These include:

Depression, anxiety or other mental health conditions

Stress

Relationship problems, due to stress, poor communication or other concerns.

### Symptoms and complications

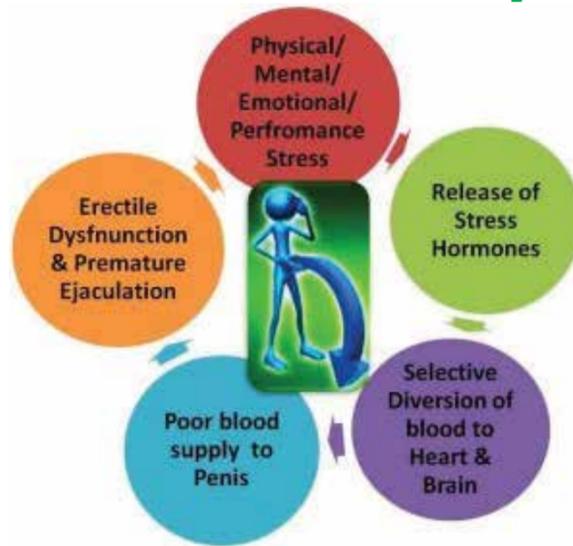
A man may sometimes have erections, (e.g., when he wakes up in the morning), but he is unable to get an erection during sex with his partner. This is often a sign of a psychological problem that may or may not have to do with that particular relationship.

If a man had regular erections in the past, but suddenly begins to have problems getting an erection, there's a chance that it's a nerve or hormonal problem, a circulatory problem, or the effect of alcohol, drugs, or medicine.

If a man still gets erections but they're not as hard or long lasting as in the past, it's quite likely that a circulatory problem is causing the dysfunction.

If surgery or injury is involved, the sufferer may already know what's causing the erectile dysfunction. A doctor should be consulted about possible solutions.

While erectile dysfunction is inevitably going to cause some anxiety, it's vital for sufferers to keep their relationship with their partner or spouse as regular as



possible until a solution can be found. Modern medicine and therapeutic techniques can help over 90 per cent of erection problems.

may be used to identify the nature of erectile dysfunction. Blood pressure tests and tests of hormone levels are standard.

There are tests that aim

### Diagnosis

To find out what's causing erection problems, a doctor will begin by asking about other medical conditions the man might have, what medications he's taking, when his erection problems occur, and what form they take.

Standardised questionnaires or surveys about erectile function and the satisfaction of sexual intercourse

to distinguish between psychological, nervous, and circulatory causes. One is the nocturnal penile tumescence (NPT) test. A measuring device is attached to the penis to monitor erections during sleep. Men without physical disorders usually have erections during REM (rapid eye movement) sleep.

Several devices, including a Doppler radar, can track blood flow in and out of the penis and identify circulatory problems.

### Treatment

There's a wide range of treatments for erectile dysfunction. Some are pills, and others are injections or devices that should be used just before sex. There are also treatments involving surgery.

Medications for erectile dysfunction include phosphodiesterase inhibitors, prostaglandins, and testosterone.

continued on page 15

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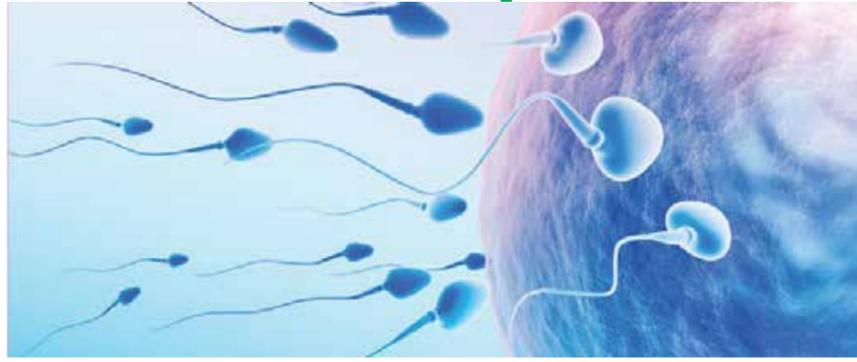
# Erectile dysfunction / Infertility

continued from page 13

**Phosphodiesterase inhibitors:** This class of medications includes sildenafil, tadalafil, and vardenafil. They work by inhibiting an enzyme called phosphodiesterase type 5 (PDE-5). This enzyme normally breaks down a molecule called cGMP. Inhibiting the enzyme makes more cGMP available, which leads to relaxation of smooth muscles in the penis, allowing more blood to enter and helping to produce an erection.

These medications are taken before sex and will cause an erection only when the man is sexually stimulated. The time the dose should be taken and how long the effects last depend on the medication used. The most common side effect of these medications is a headache. However, there is a potential for certain dangerous drug interactions. Anyone taking this medication must let his doctor know about any medications he's on, and especially if he's taking nitrates (e.g., nitroglycerin spray, nitroglycerin pills, or nitroglycerin patch) for heart problems.

**Prostaglandins (alprostadil):** Alprostadil can be injected into the penis or inserted as a pellet through the urethra. It causes an erection that usually lasts about 60 minutes. The danger with this method is that too high a dose can cause priapism, an erection that



won't go away. This condition can cause serious bruising, bleeding, and pain. Once the doctor is sure of the right dose, the man can self-inject at home. Some doctors may prescribe a combination of alprostadil with additional ingredients such as phentolamine to help the medication work more effectively. This mixture is prepared by the pharmacy according to the directions of the prescribing doctor. It is injected into the penis before sex.

**Testosterone:** This is only useful for people with specific disorders like hypogonadism (small testicles) that result in lower than normal amounts of testosterone in the blood stream. Testosterone increases interest in sex, as well as erections. Common non-medication ways of treating erectile dysfunction include vacuum devices and penile implants.

involves placing a tube over the penis, forming an airtight seal around the base. By pumping air out of the tube, blood can be drawn into the penis. Placing a ring around the base of the penis will maintain the erection.

**Penile implants:** This treatment involves permanent implantation of flexible rods or similar devices into the penis. Simple versions have the disadvantage of giving the user a permanent erection. The latest (and most expensive) device consists of inflatable rods activated by a tiny pump and switch in the scrotum. Squeezing the scrotum stiffens the penis, whether the person is aroused or not. The penis itself remains flaccid, however, so the diameter and length are usually less than a natural erection, and hardness is lacking, although it's sufficient for intercourse.

**Vacuum devices:** This

Prevention There are two broad

categories that the causes of erectile dysfunction (ED) fall into: physical and physiological. Physical health problems are the most likely cause of erectile dysfunction as earlier mentioned, particularly in older males. Common chronic diseases such as obesity, diabetes and high blood pressure are often associated with ED and therefore, a healthy lifestyle is the best way to avoid ED.

For younger men, ED is often related to anxiety, stress or psychological trauma due to a distressing sexual experience.

Pills, such as Viagra can help a man overcome psychological obstacles and give him confidence that everything is working perfectly. However, for older men, consulting a doctor can be an important step towards uncovering and treating underlying physical causes.

The seven top tips to achieve better health, both physical and physiological, are:

**Lose weight:** if you are in the overweight bracket, the excess weight may be putting your cardiovascular system under strain;

**Quit smoking:** this affects blood flow and neuro-signals which normally ensure correct blood flow into the penis;

Avoid drinking too much alcohol (no more than two drinks a day);

Maintain a balanced diet; Control and monitor your

continued on page 17

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8 to <	1130 + 240
11 to <	1740 + 320
17 to <	2560 + 480
25 to <	3880 + 640
36 to <	60120 + 960
60 to <	80160 + 1280
>80	200 + 1600

Source - World Health Organisation, 2015

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# Erectile dysfunction / Infertility

continued from page 15

blood pressure and cholesterol levels;

**Be physically active:** just 30min per day can improve your blood flow, state of mind and stress levels;

Reduce stress and get enough sleep (at least seven hours a night).

In most cases, blood vessel deterioration is the main cause of erectile dysfunction, so you want to make sure that your blood vessels are in good condition to allow normal blood flow. Depending on the state of your health, taking pills might not always prove the most effective solution.

### BEWARE OF DIABETES

Diabetes is risk factor for erectile dysfunction that is often overlooked. The damage caused to the blood vessels by abnormal blood sugar levels can, in the long run, result in ED.

Type 2 diabetes stems primarily from unhealthy diet and lack of exercise (yet another reason to maintain a healthy lifestyle to prevent ED).

### Relationship issues and erectile dysfunction

While you are working out the causes of your problem or being treated, it's fundamental that you focus on your relationship.

Couples who have difficulties communicating on both sexual and heart matters

are more likely to develop issues related to intimacy and sex. Talking about your feelings and anxieties, although this may sound difficult, is crucial: your partner needs to understand how you feel and what you need.

Just remember, if you are having problems with your impotence, your partner will be affected by this too. There is nothing to lose by talking about it; so it's often beneficial to be pro-active by raising the issue and then working through it together. You may well find yourself addressing broader issues in your life, which can also improve your mood and relationship.

### INFERTILITY

Infertility is a health condition common in both males and females. It is the inability to conceive or produce offspring, despite having regular unprotected sex. It occurs when

a poor reproductive system impairs the ability of the body to perform necessary functions of reproduction.

### Statistics of infertile women in Nigeria

Infertility affects nearly 25 per cent of couples in Nigeria and experts claim that 40 to 45 per cent of all consultations in gynaecological clinics are infertility-related.

There are two types of infertility:

**Primary infertility:** where a woman who has never conceived a child in the past has difficulty conceiving and;

**Secondary infertility:** where a mother who has had one or more pregnancies in the past, is having difficulty conceiving again.

### Causes

There are many causes of infertility. Common causes of

infertility in women include lack of regular ovulation (the monthly release of an egg), blockage of the fallopian tubes, age and endometriosis.

### Treatment options

Infertility can be treated with therapies such as medication or surgery. The most common types of fertility treatments available include:

Medical treatment for lack of regular ovulation

Surgical procedures, such as treatment for endometriosis

Assisted conception, which may be intrauterine insemination (IUI) or in-vitro fertilisation (IVF)

There are numerous clinics and medical centres in Nigeria that can help couples having difficulty conceiving children. The cost for fertility treatments varies, with IVF treatments costing between N800,000 and N1,000,000 (as at the time of compiling this report).

Note that while some couples find it easy to get pregnant quickly, it can take longer for others. However, if you have been unable to conceive after one year of trying, it's time to consult your doctor or medical provider.

**Report compiled by Adebayo Folorunsho-Francis with additional information from Health Line, Mayo Clinic, Science Alert; Health Bridge Limited and WebMD.**



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# Healthcare financing in Nigeria: Between profit and public good (4)

By Comrade Olubunmi Akinola, Assistant Gen Secretary, Ogun State NANNM

The Nigerian government intends to use CBHI to cover people employed in the informal sector and in the rural areas (Adinma & Adinma, 2010). It has been piloted on a small scale in three states (Anambra, Lagos and Kwara) (Ayeleso, 2011). About 110 communities across the country have been identified to benefit from this and there are about 100 others that have approached the NHIS to roll out the scheme in their communities.

The scheme is contributory, in that individuals are expected to make regular financial contributions of N150 per head into a pool. The scheme's sustainability is however often threatened by low enrolment as a result of skepticisms by the community in the organisers or managers of the scheme, attractiveness of the benefit package, affordability of the premium, and the quality of the healthcare delivery (Onoka et al., 2011).

This has led to equity issues in the community-based health insurance scheme. For instance, despite the trifling amount of premium paid by the enrollees in the Southeast Nigeria, scheme enrolment was very low and contributions were observed to be retrogressive (Onoka et al., 2011).

### Priority of public good

As earlier mentioned, the basic goals of healthcare financing systems are to keep people healthy,

treat the sick and protect families against financial ruin from medical bills (Anyasor, 2017). It has also being argued that the objectives of health care financing are to make funding available; ensure appropriate choice and purchase of cost-effective interventions; give appropriate financial incentives to providers and ensure that all individuals have access to effective health services; achieve equity and efficiency in use of healthcare spending; ensure that essential healthcare goods and services are adequately provided for; and ensure that the money is spent wisely so that the Millennium Development Goals MDGs could be achieved (Uzochukwu, 2013; Soyibo et al, 2005).

It is clear from the above that healthcare is and should be run as a public service and not a business. The expenditure in healthcare services should be seen as investments in the economy of any nation and the return on investments is to be obtained from a healthy populace especially a workforce that exhibit reduced number of revenue lost to illnesses or ill-health. Healthcare services like any other public services should not be run with the mindset of profit making as they are a prerequisite to the improvement of human right.

### Problem of privatisation

The demand for privatisation

or public-private partnerships (PPP) within the health sector from some quarters does not have any intention for public good but to advance the personal or selfish interest of "putting the resources of the larger public into the pockets of a few elites".

One valid argument for privatisation and PPP is that the private sector is more efficient than the public sector. However, the falsehood behind this argument has been exposed. For instance, a global survey found that "privatised sectors perform significantly worse" than telecom companies remaining in state hands (PSIRU, 2014).

Privatisation or public private partnership does not necessarily lead to greater technical efficiency or effectiveness in providing services. Though it aims for cost-effectiveness, this often results in lower level of service or pay-cuts for workers, job insecurity and job losses - all of which have their own stifling effects on the wider economy (Godrej, 2015).

Godrej further posited that privatisation has been thoroughly scrutinised; there are numerous studies, surveys and, indeed, surveys of surveys of its effects. The consistent conclusion in all, however is that there is no evidence of greater efficiency. So, the best outcome one can hope for is that private-sector ownership or involvement is no worse than what



the public sector provides – hardly a turn-up for the books.

The largest study of the efficiency of privatised companies looked at all European companies privatised between 1980 and 2009. It compared their performance with companies that remained public and with their own past performance as public companies. The result showed that the privatised companies performed worse than those that remained public and continued to do so for up to 10 years after privatisation.

Even in the super-competitive telecoms sector, where customers have benefited from lower costs and increasing variety of services

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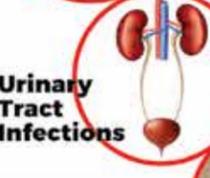
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## Hospital pharmacists chart path to innovative practice at Sokoto conference

*continued from front page*

Annual Scientific Conference of the AHAPN, themed "Innovative Disruptions In Pharmacy Practice: A Road Map for Hospital & Administrative Pharmacy Practice in Nigeria" and held at the International Conference Centre, Sokoto, Sokoto State, recently, Amibor reiterated that hospital pharmacists must innovate now to demonstrate their competence and relevance or get disrupted by current trends.

Speaking further at the remarkable ceremony, chaired by Pharm. (Alh.) Al-Mustapha Othman Ali, permanent secretary, Sokoto State Ministry of Health, the AHAPN boss said that there is an urgent need to reposition hospital practice in Nigeria.

He noted that this informed the theme of the conference, which had been chosen as a result of current disruptions in the healthcare sector in the country.

The AHAPN helmsman stated further that the association is committed to working towards adopting pharmaceutical care as a new philosophy of practice in Nigeria, disclosing that this informed its decision to set up the Pharmaceutical Care Implementation Committee, an international committee comprising members of AHAPN, and a representative each of ACPN, PCN and NAPPSA.

He revealed that the pharmaceutical care project is on course, noting that AHAPN is on the verge analysing the result of a national survey carried out among community and hospital and administrative pharmacists in Nigeria on the desirability and modalities for practising pharmaceutical care in Nigeria.

Speaking in the same vein at the opening ceremony, Prof. Noel Wannang, secretary general, West African Postgraduate College of Pharmacists (WAPCP), who was the keynote speaker, stated that hospital pharmacy practice had shifted from that of drug provider to patient-centred practice, stressing that hospital pharmacists should leave dispensing completely to pharmacy technicians and begin to create a niche for themselves in the wards by having direct contacts with the patients.

The distinguished keynote speaker argued that the health system, like every other system, is dynamic; adding that Nigeria doesn't need magicians nor a perfect environment because the nation will never get such.

What the nation needs, he said, are professionals that will do the right things to help the citizens and professionals that have the courage to act because they do not want to become irrelevant.

Wannag urged hospital pharmacists to let their training be their roadmap, noting that Nigeria is in shortage of the expertise of Pharmacy. This, he said reflects in the WHO's low ranking of the nation, as well as the nation's high mortality rate.

Hospital pharmacists, he stressed, must embrace innovative disruption to



**L-R: Dr. Muhammad Ali Nname, commissioner for health Sokoto State; Pharm. (Alh) Al-Mustapha Othman Ali, chairman of the occasion and Pharm. (Dr.) Kingsley Chiedu Amibor, national chairman, AHAPN, during the opening ceremony.**



**The leadership of AHAPN in a group photograph with some top dignitaries at the opening ceremony**

tackle the old and emerging challenges of their practice or get permanently disrupted.

He also urged hospital pharmacists to embrace specialisation as, according to him, this will make them to be more involved in evaluating patients' therapeutic options and provide better care at better cost.

In his presentation at the event, Prof. Wilson Erhun, dean, Faculty of Pharmacy, Obafemi Awolowo University, who spoke on the topic "Taking Hospital Pharmacy to the Next Level: An Expected Role of AHAPN", tasked hospital pharmacists to identify areas they want their pharmacies to be excellent in and pursue such

He listed the ten steps for them to follow to achieve result to include personal capacity building, clinical pharmacy

practice, drug storage, drug procurement, rational use of drugs, hospital formulary and drug list, drug information service, drug and therapeutic committee, drug revolving fund and research and documentation.

While also speaking at the opening ceremony, Pharm. (Mazi) Sam Oluabunwa, president, PSN, stated that the pharmacy profession is under siege by many forces seeking to disrupt both the profession and its various forms of practice, adding that such forces are from within the healthcare team, medicine trader community and the underground and grey markets.

The PSN helmsman stressed that the AHAPN holds significant ace in evolving policies, laws and regulations that will help the profession to adopt proactive and innovative disruption for

pharmacy practice.

He stated that Pharmacy needs a customer centric or and patient-focused pharmaceutical care concept, noting that pharmacy must continue to innovate and disrupt the status quo.

Other dignitaries at the opening ceremony were Dr Muhammad Ali Inname, commissioner for health, Sokoto State who represented Rt. Hon. Aminu Waziri Tambuwal, governor of Sokoto State; Pharm. (Mrs) Uche Ezech, chairperson, AHAPN, Sokoto State; Pharm. Munir Elelu, deputy president, PSN; Prof. Wilson Erhun, dean, Faculty of Pharmacy, Obafemi Awolowo University; Pharm. Dan Orumwense, a Fellow of the PSN; and Pharm. Mustapha Bello, chairman, Conference Planning Committee (CPC).



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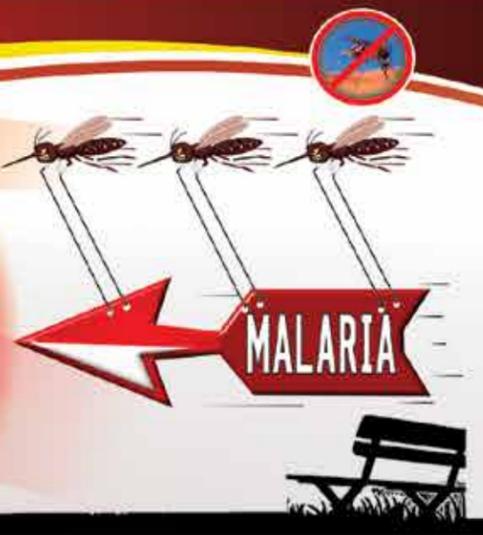
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## Healthcare financing: Between profit and public good (4)

*continued from page 19*

over the years, this result holds. A global survey found that “privatised sectors perform significantly worse” than telecom companies remaining in state hands (PSIRU, 2014). Considering healthcare now, in the US, where healthcare spending is at its peak, with private spending on healthcare exceeding public spending, basic health outcomes are worse than in Cuba – which spends a fraction of the US amount per person in a totally public healthcare system (PSIRU, 2014).

### Truth behind privatisation

The real idea of privatisation is “profit before people” and it is about restoring rate of profit, curbing the power of the people, accumulation by dispossession and reallocating the common wealth for appropriation by the one percent (Baba Aye, 2017).

According to a 2012 report by the United States Institute of Medicine, “30 cents of every medical dollar goes to unnecessary healthcare, deceitful paperwork, fraud and other waste. The \$750 billion in annual waste is more than the Pentagon budget and more than enough to care for every American who lacks health insurance... Most of the waste came from unnecessary services (\$210 billion annually), excess administrative costs (\$190 billion) and inefficient delivery of care (\$130 billion)” (Godrej, 2015).

Also in Britain, creeping privatisation of the National Health Service through outsourcing has led to similar “penny wise, pounds foolish” outcomes. One example: in Cornwall, the private contractor Serco, which provided call-centre cover for out-of-hours GP services, decided to economise by replacing clinicians with call-handlers without medical training, who followed a set of computerised cues to make decisions about ambulance call-outs. This resulted in a very expensive four-fold increase in ambulance call-outs with the cost to be borne, of course, by the taxpayer (Simms, 2013).

According to Barr (2007) public private partnerships that go beyond disease specific objectives into health service delivery to patients have been without skepticism and opposition. “These partnerships should be regarded as social experiments; they show promise but are not a panacea”. It is presumed by PPP proponents that health outcomes will improve by putting the health care sector in a competition atmosphere. Yet, literature suggest that this is not necessarily the case (Boardman & Vining, 2012). And if it were to be true, the question remains: better health outcomes for who? Who are the beneficiaries of PPP efforts? Contentions on rising medical fees due to PPP arrangements suggest that poor patients will not benefit from the enhanced infrastructure and services (Swertvaegher, 2015).

According to Swertvaegher, the potential contributions of PPPs lie in the improvement of dilapidated health facilities and an increase of available technology and equipment. Yet, these do not address the greatest defaults of the system and therefore should not be prioritised. Priorities do not lie in specialised health care facilities in urban centers. A more effective referral system, with a

strong primary care basis, with rationalised health spending and an adequate workforce, are the priorities. Even worse than contributing to the real needs of the health system, PPPs might hold the risk of potential aggravation of the deficiencies that burden the system.

Firstly, preventive care should be prioritised over curative care. Spending on primary care will eventually generate better returns than wasting on curative care. Yet, this is where the money lies and it hardly attracts the “for-profit” private sector as improved infrastructure on the other hand, offers opportunities even before service delivery begins.

### Conclusion

Healthcare financing by any responsible government should be targeted at benefitting the populace. Tax-based revenue funding, exemptions and a well-

managed health insurance scheme are financing models that can attain the goals and objectives of a healthcare system. Out-of-pocket payments and calls for privatisation are solely targeted at profit-making, which is not a goal of the healthcare system.

The overall objective of a health system is service delivery for the enhancement of public good, while the driving force behind PPPs and privatisation is maximisation of profit, which in turn, results in higher cost and reduced access as a result of inability to afford services. Rather than look into PPPs and privatisation initiatives that will take healthcare within the reach of the masses, governments should focus on primary healthcare, which serves the largest proportion of the population who do not have access to the private health sector.

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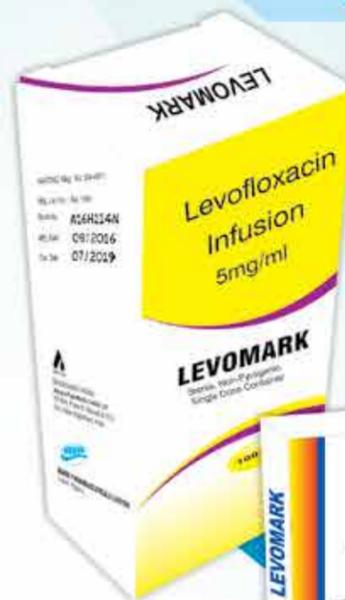


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**Y**our thoughts determine the quality of your life. As simple as this sounds, it is the gospel truth. If you change your DOMINANT thoughts, you can transform your life like night and day. American theologian Tryon Edward commented, "Thoughts lead on to purposes, purposes go forth in action, action forms habits, habits decide character and character fixes our destiny."

All innovations and inventions have one fundamental thing in common: they are products of thoughts. Recall those things you consistently thought about to improve your wellbeing in the last five years that you went ahead to take consistent actions on, and you will find out that they are part of your life now.

Man has moved quickly to the era of efficiency and effectiveness through thought. Think about it, how would transportation have been easy without airplanes, ships, trains and cars? How would communication have been without phones, Internet, or fax? How much fun would there have been without television, radio, computer, satellite link, or social media? How much information would you have had without books, newspapers, magazines, or electronic media? How much quality of life would we have had without electricity, medicines and sewage system?

The genesis of all inventions is thought. The most interesting aspect of thought is that as long as you can think about something, you can achieve it. Thought is an unstoppable instrument bestowed on all human beings; but if it is not well channelled, it leads to failure.

We have positive thoughts and negative thoughts. What shapes our life positively is to develop the habit of positive thinking. Negative

**By Pharm. Sesan Kareem**

thoughts lead to negative actions and negative results. On the other hand, positive thoughts lead to positive emotions which give rise to positive actions and results.

Your thoughts shape your life in a significant way, whether you are aware or not. Do your own thinking; do not be a rubber stamp which puts the same imprint on every type of surface. Even modern rubber stamps, with their alterable interface (for instance, date stamps can be configured to reflect the current date) still serve the singular purpose of giving official approval as a mere matter of routine.

Until you do your thinking and navigate your life from your thoughts, you may not achieve your full potential. Your creator has bestowed on you the thought faculty, ability, blueprints and intuition you need to solve problems, create solutions, chart a path, set goals, take action, change course as necessary, and achieve anything you set your mind on. Your greatness lies in your thoughts - how well you are utilising it.

Learn to control your thoughts, then you can control your destiny. American essayist and lecturer, Ralph Waldo Emerson remarked, "It is impossible for man to be cheated by anyone but himself."

Our best friends and worst enemies are the thoughts we have about ourselves. The enemy is not outside of us, it is within. Our self-imposed limitations which are products of our thoughts are the greatest battle we must defeat if we are keen of achieving our full potential and maximizing our one shot at life. Norman Vincent Peale advised, "Do not build obstacles in your mind."

As a man thinketh in his heart, so he becomes. Think about your environment. Think about new ideas and new approach to things. Think about what you want, not what you don't want. Think about how you can achieve your goals, not the challenges you are facing. Think about progress, success, happiness, and greatness all the time.

For you to be great, you must cultivate the habit of positive thinking, and you must scrupulously observe and carefully scrutinise things. Eddie Rickenbacher encourages, "Think positively and masterfully. With confidence and faith, life becomes secure, more fraught with action, richer in achievement and experience."

Your thought can never be defeated. As long as you have the confidence and faith to back it up, it will become a reality. H. F. Dunning wrote, "All the training programmes in the world, all the congenial climates in which to work, all the opportunities and challenges that can be put, will not amount to a thinker's clan, unless the individual does the basic thinking, makes the basic application of his energy and does 95 per cent of the so-called development job himself." Who knows, your thought may be what will pioneer man to a better life. So start thinking- positively.

Barack Obama thought of becoming the first African-American President and he achieved it. Nelson Mandela thought of uniting the black and white population in South Africa and he did. Mike Zuckenber thought of connecting the world on social media platforms and he accomplished it. Mike Adenuga thought of building an Africa telecommunications giant company and he did it.



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

Thomas Edison thought of lighting up every home in the world and he actualised it. Michael Jordan thought of becoming the greatest basketball player in history and he made it happen. Wole Soyinka thought of becoming a literary icon and he won the Nobel Laureate.

Thought is the beginning of greatness. But thoughts must be backed up with actions; actions with consistency; consistency with perseverance; perseverance with commitment - if you want to achieve greatness and enjoy its numerous benefits.

As a man thinketh in his heart, so is he. Therefore, if you think you are blessed, you are blessed. If you think you are highly favoured, you are highly favoured. If you think it will be well, it will be well. If you think otherwise too, you are right. So be wise and think positive all the time.

**ACTION PLAN:** Focus your thoughts on what you want, not what you don't want. Be aware of your thought pattern; when a negative thought come to your mind, immediately change it to positive thought.

**AFFIRMATION:** I think positively, creatively and masterfully. I am blessed and highly favoured.

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# How I emerged winner of *Pharmanews* PANSite award - Wada

By Temitope Obayendo and Omolola Famodun



R-L: Sir Ifeanyi Atueyi, managing director, Pharmanews Ltd, presenting the PANSite of the Year 2019 award plaque to Yusuf Hassan Wada, while his relative, Abdullahi Isyaku, looks in admiration.

**Y**usuf Hassan Wada, a 21-year-old pharmacy student of Usmanu Danfodiyo University, Sokoto, is the winner of the recent *Pharmanews* PANSite of the year award. In this interview with *Pharmanews*, he explains how he achieved the feat, while encouraging other youths to follow their passion, regardless of difficulties, stating that it will pay off in the end. Excerpts:

## Tell us a little about your early life.

I was born on 12 July 1997, and I started my education in Lagos, precisely in Festac. My father had been working here, but he was later transferred out of Lagos. I concluded my primary school education in 2006, and was enrolled into a boarding school in Jigawa, same year. I graduated from secondary school in 2013.

I went to Usmanu Danfodiyo University for a remedial programme because I couldn't make it for UTME that year. I got admission into Usmanu Danfodiyo University School of Matriculation Studies, for a year programme, which qualified me for admission to study Pharmacy in 2014.

Presently I am a 500-level student of Pharmaceutical Science, looking forward to my graduation by November 2019.

## Why did you decide to study Pharmacy?

Actually, as at when I went to the School of Matriculation Studies, I didn't know much about Pharmacy, but I've always had a passion to serve humanity. I look forward to solving many problems facing my society, one of which I discovered was drug abuse. I was also on the lookout for the profession which would enhance my campaign against drug abuse in my community. And then I realised Pharmacy would be of great help to my vision, so I went for it.

When I was in secondary school, I didn't have a passion for any medical course because I had the notion that most medical practitioners don't usually have time to rest. However, as

soon as I got into the School of Matriculation Studies, I met a lot of people who encouraged me to go for Pharmacy.

As a student, I have started so many things. I have presented so many articles on drug abuse, and currently I am undergoing a state survey in Sokoto. I am carrying out a survey on the menace of drug abuse amongst students. We got approval from the state government early this year, and we are looking at the possibility of publishing it this year.

## So how has the journey been, combining your studies with social and community activities?

It has been a long journey for me; a long journey in the sense that it is not an easy task combining writing, doing researches, engaging in pharmaceutical work and also being active on social media and community campaigns. But, then, everything has been purposeful and we are here now.

## What prompted your advocacy activities?

Actually, my passion to rid my community of drug abuse and misuse triggered my campaign against the menace. The journey began when I started writing articles on drug abuse, and I have more than 25 articles published already. I started writing for national dailies just last year, and my awareness campaign on drug abuse in secondary schools was along that line too.

The vision for advocacy against drug abuse has taken me to several places I wouldn't have gone by myself. I was at the health minister's office at

one time to seek approval for my advocacy. I became a member of the Arewa Foundation, and I was given several portfolios, such as the marketing manager and the programme coordinator. We took our advocacy and television programme to almost 35 schools in the first phase last year, and we have many programmes still running. We are trying to see how we can incorporate more schools into the programme.

## How were you able to reach out to so many secondary schools within a short period of time?

I don't live in Sokoto, but I was able to maximize my time during the strike from October 2018 to February 2019. I used that opportunity to impact the students as we did the campaign for four weeks, and went to two schools a day and sometimes three in a day. It depended on the location. We reached out to almost 1000 students in a day and collaborated with NDLEA and also some clerics.

## What were some of the responses you got from the students?

The truth is that most students do not know that drugs or substances should not be abused. In fact, they don't have enough information on the dangers of drug abuse. Thus, most times when we ask them what they have gained from our presentations, they come out to say we have really impacted their lives through our lectures.

Also at the 53<sup>rd</sup> Annual Convention of Science Association of Nigeria, I presented a paper on drugs and substance abuse among youths

in Nigeria, and I was given a certificate of participation. I was also one of the facilitators at the Annual National Conference of Hospital and Administrative Pharmacists of Nigeria in Sokoto, where I presented a paper on drug abuse.

## Have you had any collaboration with NAFDAC, or their representatives?

We haven't done that yet, but I have met some NAFDAC officials and we have talked at length to see how we could collaborate with them in the future.

## How did you feel when you were nominated for the *Pharmanews* PANSite of the Year award?

I was not aware of the nomination initially. I just received a call from a friend who told me that a lot of people had been nominating me for *Pharmanews* award. So I checked the website and saw it. To be very sure of the whole thing, I asked some of my friends if they had heard of something like this before, but they said not at all.

Still bewildered about the initiative, I tried to call up a few of those that called that they had nominated me, asking why they did so. And to my greatest surprise, they said they had been appreciating the work I am doing and they felt winning this award would just be a token reward for my efforts in drug abuse advocacy.

Then coming to the voting stage, I also received a call that my name had been shortlisted for those that they would vote for, and I was overwhelmed. I first thanked God that I was even one of those that were nominated for the award, and then pleaded with my friends to vote for me. They assured me of their votes and added that they would even mobilize others to vote for me. And lo and behold, at the end of the poll, I emerged the winner.

I wish to use this medium to thank all friends and colleagues who voted me for this award. I am most grateful, very excited and delighted to be the first winner of the *Pharmanews* PANSite of the year award.

## Now that you have won, what's next?

Like I said earlier, I believe in service to humanity and contributing my quota to the advancement of my society. Prior to winning this award, I had the vision of bringing more people into public health and drug abuse advocacy. I also have great passion for pharmaceutical journalism; that was why I started writing from my secondary school days, although there was a lot of discouragement then.

My vision is to encourage more youngsters to follow their passion and keep at it, even in the face of several challenges; definitely, they will overcome them all. For pharmacy students, I want to admonish those who have a flair for writing to develop the skill as there are few pharmacists practising pharmaceutical journalism.

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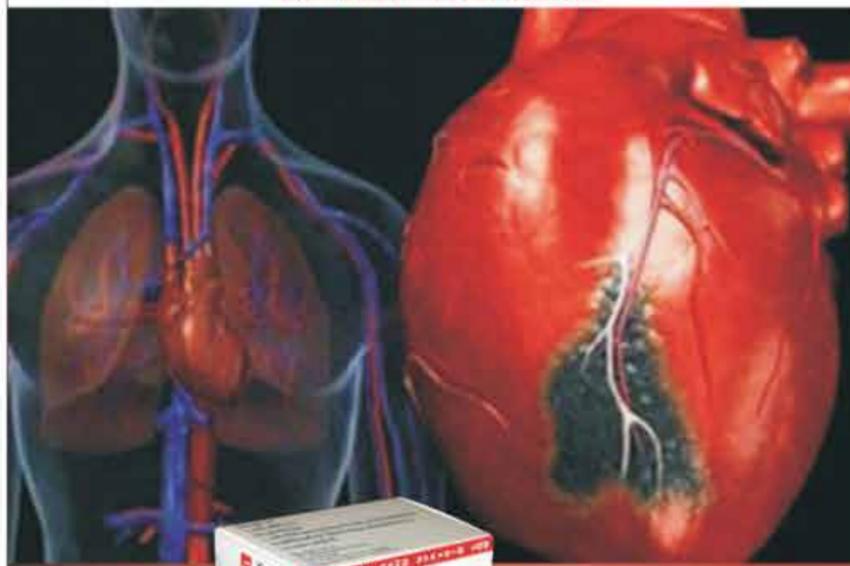


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## Mango, king of fruits

Pharm. Ngozika Okoye  
MPH, MSc, FPCPharm  
(Nigeria Natural Medicine Development Agency)

**M**angoes, botanically known as *Mangifera indica*

(fam: Anacardiaceae) make for one of the most popular fruits across the world. There are hundreds of types of mangoes, each with a unique taste, shape, size and colour. The colour of ripe mango could be yellow, orange or red, while the unripe mango is green in colour.

### Constituents

Mango contains calories, protein, carbohydrates, fat, dietary fibre, folate, vitamins C, B1, B2, B6, B5, A, E, K, niacin, potassium, manganese and magnesium. Also contained in mango are antioxidants, such as isoquercitrin, quercetin, astragalin, gallic acid, fisetin, methyl gallate, tartaric acid, malic acid, citric acid and glutamic acid, which is an important alpha-amino acid for the brain. The leaves of mango contain mangiferin and tannins.

### Preparations

Mangoes are usually eaten raw; they may be cut in pieces and added to salads or to ice creams.

Mashed mango may be mixed with milk and honey forming a paste to be used as body scrub.

Mango leaves may be prepared as an infusion by boiling and soaking overnight.

Mango fruit may be dried and serve as snacks, juiced, or canned and used to make sauces, stew



*Mangifera indica*

and preservatives.

### Pharmacological actions and medicinal uses

Mango, the king of all fruits, has been shown to have many health benefits.

Mangoes could help facilitate healthy digestion. They are reported to contain enzymes that aid the breakdown and digestion of protein, and also fibre, which keeps the digestive tract working efficiently, while inducing a feeling of satiety. The phytochemicals in the mango skin act as natural fat-busters. Thus, mangoes, when eaten in moderation, could also help in weight loss.

The dietary fibre in mango helps regulate blood sugar

levels. Studies in Japan and Mysore, respectively, proved that the extract of a mango peel has anti-diabetic properties with beneficial effects on type 2 diabetes patients. Mango leaves are reported to help regulate insulin levels. They also serve as a stomach tonic.

The beta-carotene in mangoes help in the production of Vitamin A, the powerful antioxidant that helps improve vision and boosts overall eye health. According to a Boston study, mangoes contain a carotenoid called cryptoxanthin that was found to reduce the risk of age-related macular degeneration in elderly Japanese people.

Mango has antioxidants which protect the body against breast,

colon and prostate cancers, as well as leukaemia. Mangiferin has also been found to inhibit the growth of colon and liver cancer cells and other tumor cells as well.

Mangoes have the ability to increase virility in men because of the vitamin E content. The fruit may aid menopausal and pregnant women because of its high iron and calcium levels.

In some parts of the Caribbean Islands, the mango leaf decoction is used to treat diarrhoea.

Mangoes are also found to exhibit anti-ulcer activity, given the presence of tannins, flavonoids, and saponins.

### Adverse effects

Excessive consumption of mangoes hinder weight loss plan, increase blood sugar levels. Indigestion and mango mouth can especially be caused by immature mango. Other adverse effects of excessive mango consumption include Salmonella infections, allergic reactions (watery eyes, respiratory problem, colds, sneezing and abdominal pain).

### Economic potentials

Experts believe mango has enormous potential that can transform the economy like other traditional export produce, such as cocoa. It has been reported that a mango farm belonging to a former northern governor generated as much as ₦5 billion yearly. There are opportunities in farming, exportation, local sales and processing of mango.

Mango may also be explored as a raw material in the pharmaceutical and food industry.



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## Events in Pictures



L-R: Prof Noel Wannang, keynote address speaker; Dr. Kulu Abubakar, commissioner for Science and technology, Sokoto State; Pharm. (Dr.) Kingsley Amibor, national chairman, AHAPN, Dr. Muhammad Ali Nname, commissioner for health, Sokoto and Pharm. (Mazi) Sam Oluabunwa, president, PSN, during the opening ceremony of AHAPN, held in Sokoto recently.



L-R: Pharm. Hafiz Akande, national secretary, AHAPN; Dr Kingsley Amibor, national chairman; Pharm. Abdulalu Ameh, national vice chairman and Dr Francis Odigie, national publicity secretary during the AHAPN conference in Sokoto.



Pharm. (Dr.) Dan Orumwense, chairman, Group Dynamics Pharmaceutical Care Practices Competition (5th from left) with other judges and participants during the 21st conference of 2019 AHAPN Conference, held in Sokoto, recently.



L-R: Pharm. (Chief) Yetunde Morohundiya; Prof. Olukemi Odukoya, addressing participants at the ALPs Day programme, and Pharm. Glory Okwuoma, at the ALPs Day programme of the 2019 Lagos PSN Scientific Week.

## Coming Events

### NAPharm AGM / dinner holds at Sheraton Hotel Lagos

The annual general meeting (AGM) of Nigeria Academy of Pharmacy (NAPharm) will hold at Sheraton Lagos Hotel, Ikeja, Lagos on 5 September, 2019.

The AGM which will also feature an induction ceremony for new Fellows is slated have in attendance several dignitaries from the pharmaceutical industry and other socio-economic sectors.

### Pharmacy Show 2019 holds in UK

From 6 October, 2019, a two-day Pharmacy Show will take place at the National Exhibition Centre (NEC), Birmingham, United Kingdom (UK). It provides the attendees an opportunity to join pharmacy experts and

key opinion leaders, new and existing suppliers and policymakers to keep up with all latest developments, grow attendees' businesses, improve patient outcomes and get all the practical training and advice attendees need.

### Atlanta USA to host 2019 NAPPSA conference

The 2019 Annual Conference of the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA) is slated to hold 12-15 September, 2019 at Westin Buckhead Atlanta, US. Participants are expected to be exposed to current advances in pharmacy practice and pharmaceutical education, as well as drug discovery, development, regulatory and safe utilisation.

In addition to distinctive networking opportunity with colleagues and friends, the NAPPSA Conference is designed to provide pharmacists and pharmaceutical scientists with timely information and resources to enrich their career and practice. A continuing pharmaceutical education programme of over 22 pharmacy credit hours, covering different areas of the pharmaceutical profession, including pharmaceutical care, funding for pharmaceutical projects, mentoring sessions, and Deans Workshop will be offered.

### Abu Dhabi hosts 79th FIP Congress

The 79th FIP World Congress of Pharmacy and Pharmaceutical Sciences has been scheduled to hold in Abu Dhabi, United Arab Emirates from 22 to 26 September 2019.

Themed "New Horizons For Pharmacy – Navigating Winds Of Change", the event is billed to focus on topics such as "New Trends In Science, Practice And Education"; "New Roles, Opportunities, And Responsibilities"; "Responding To The Challenges Of Today" and "Targeting Special Interest".

### 92nd PSN Conference holds in Kaduna

The 92nd Annual Conference of the Pharmaceutical Society of Nigeria will hold at Kaduna Trade Fair Centre, Zaria Road, Kaduna State from Monday, 4 November to Saturday, 9 November 2019.

Themed "Navigating the Winds of Change in Professional Practice in a

Volatile Economy," the opening ceremony is scheduled to feature dignitaries like Mr Boss Mustapha, secretary to the federal government and chief guest of honour; Sen. (Mrs.) Uche Ekwunife, special guest of honour; and His Excellency, Malam Nasir Ahmad El-Rufai, executive governor of Kaduna State and chief host.

### Nursing conference holds in Lagos

ATECAM's Global Nursing and Health Care Conference is scheduled to be hosted at the Lagos Chamber of Commerce & Industry (LCCI) Conference Centre, Dr Nurudeen Olowopopo Way, Agidingbi,

Ikeja on 11 December, 2019. ATECAM LLC is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Centre's Commission on Accreditation

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  - ✓ Repeat 12 hrs later to the centre of the affected area.
- See pack for more details



...promotes hair growth

- ALOREPAIR is contra-indicated in patients with: skin infections, hypersensitivity, who are hypersensitive to minoxidil, propylene glycol or ethanol and any other components of the preparation, pregnant and lactating.  
 NOTE: you may experience the following adverse effects, itching and other skin irritations of the treated area of the scalp.  
 \* Please refer to the product insert for more information.

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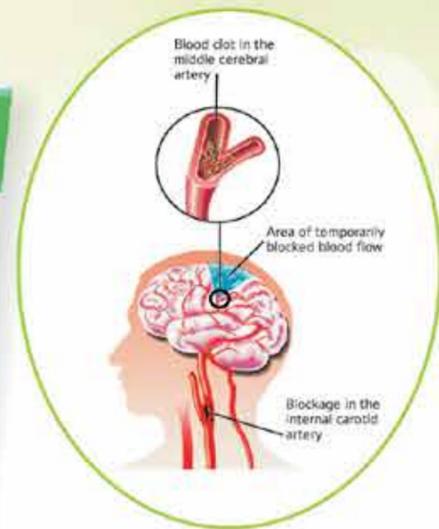
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# AHAPN sends Isah off in style

continued from back page

Organising Committee (LOC), led by its chairman, Pharm. Ugwah Oguejiofor Micheal, for not leaving any stone unturned in making the conference memorable.

Amibor also congratulated Isah for his selfless service to Pharmacy and AHAPN, noting that he was more than worthy of the meritorious retirement award bestowed on him by the AHAPN.

In his remarks after receiving the AHAPN award, Isah thanked the executives of the association for deeming it fit to celebrate him, stating that he was grateful for the recognition.

While also thanking God for making it possible for him to get to the peak of his career, Isah equally thanked the Niger State government for not only providing him scholarship for training but also giving him the platform and enabling environment to practise as a professional.

The highlights of the event were the cutting of the retirement celebration cake and presentation of gifts to Pharm. Maji Isah.



L-R: Pharm. Yakubu Maji Isah in a warm handshake with Pharm. (Dr.) Kingsley Amibor, national chairman, AHAPN during the banquet.

## Healthcare financing: Between profit and public good (4)

continued from page 23

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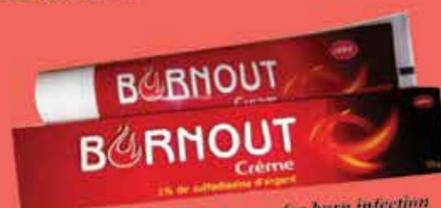


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# Plaudits, as Brookes, Pharmaplus launch Pyodine range of antiseptics

By Adebayo Folorunsho-Francis

To aid surgical and healing process in patients, Brookes Pharmaceuticals – a Pakistan-based pharma company, in collaboration with Pharmaplus Nigeria Limited, has unveiled Pyodine range of antiseptics into the Nigerian pharma market.

The unveiled products included Pyodine Solution (60ml & 450ml), Pyodine Surgical Scrub, Pyodine Gargle & Mouth Wash (for oral & throat care) and Pyodine Gel.

The colourful ceremony, which took place at Sheraton Hotel, Ikeja GRA, Lagos, on 30 July, 2019, had eminent pharmacists, nurses, doctors and several dignitaries in attendance.

In his welcome remark at the event, Pharm. Ahmed Yakasai, managing director, Pharmaplus Nigeria Limited, explained that, as a past president of the Pharmaceutical Society of Nigeria (PSN), he understands the importance of safety and quality assurance.

“It is not only about quality, the safety of patients should be utmost in the mind of every health worker,” he said.

Yakasai, who is fondly called “Consul-General of Pakistan in Nigeria,” disclosed that his attention was drawn to the quality of pharmaceuticals in Pakistan by the late Director General of National Agency for Food and Drug Administration and Control (NAFDAC), Dr Dora Akunyili.

“With that in mind, I can confidently tell you that there is no better product range presently in the market than Pyodine. It is a broad spectrum antiseptic for wound care,” he stressed.

In his address, Major Gen. Waqar Ahmad Kingravi (retd), high commissioner of Pakistan to Nigeria, congratulated both companies doing the unveiling, adding that in the whole of Pakistan, Brookes Pharma stands out as a leader in producing premium and affordable antiseptics.

“Beyond that, Pakistan is a vibrant country that boasts of great pharma companies. The industry is open for collaboration, deliberation and cooperation with pharma companies in Nigeria.

“Once again, I congratulate Yakasai and Brookes on this novel products unveiling and wish them all the best,” Kingravi remarked.

Appreciating the audience, Adnan Ali Khan, director, global business, Brookes Pharmaceuticals, announced that he was pleased to visit Nigeria whose pharma industry he admires so much.

“We are proud to be the brand leader in the antiseptic market, with our dedicated and fully automated manufacturing facility. If you ask me, I would say our brand is known more than our company in almost all private, public and government hospitals,” he enthused.

While reiterating that Brookes is into management of chronic wounds treatment, the director also declared that his company welcomes constructive criticism, suggestion and direction on ways to improve on the brands.

Apparently impressed with the product launch, Pharm. Anthony Oyawole, former PSN presidential aspirant, opined that he hoped the quality be sustained.

“In attestation of Yakasai’s



L-R: Sir Ifeanyi Atueyi, managing director, Pharmanews Limited; Major Gen. Waqar Ahmad Kingravi (retd), high commissioner of Pakistan to Nigeria; Pharm. Ahmed Yakasai, managing director, Pharmaplus Nigeria Limited; and Adnan Ali Khan, director, global business, Brookes Pharmaceuticals, at the launch.



L-R: Pharm. Ismail Kola Sunmonu, zonal coordinator, Ipaja, Dopemu, Egbeda and Akowonjo (IDEA), ACPN; Pharm. Anthony Oyawole, former presidential aspirant, PSN; Chief (Mrs) Yetunde Morohundia, Fellow of PSN; and Iyiola Gbolagade, immediate past national secretary, PSN, at the event.

vision of quality pharmaceutical service, He has come to demonstrate it. One thing is preaching, another is practising it. Indeed, he is a man of his word,” he declared.

In a related development, Santosh Kumar, managing director, Worldwide Commercial Ventures (WWCV) has announced that he is proud to be associated with Yakasai and Brookes Pharma.

“WWCV has a track record of distributing top quality products over the years and we have no doubt that Pyrodine will do well,” he said.

Pharm. Chibuzor Opara, co-founder, DrugStoc Nigeria Limited, seemed to be in agreement with this view.

In his words, “We are quite excited about the products after our findings from the research we carried out. I think Brookes has done well. I want to thank Yakasai and WWCV for getting it across to Nigerians. The industry will benefit a lot from it.”

Additionally, Pharm. Margaret Obono, director of pharmacy and

head of pharmacy department, National Orthopaedic Hospital, Igbobi has endorsed the newly unveiled products.

She said, “As a hospital pharmacist, most antiseptic products you see around are so expensive. The affordable ones we had in the past also disappeared after sometime.

“When I heard about these products through Yakasai, I was happy because he has pedigree and integrity. That is why I came here today with the nursing head of the orthopaedic hospital.”

Other dignitaries in attendance included Pharm. Ade Popoola, managing director, Reals Pharmaceuticals; Sir Ifeanyi Atueyi, managing director, Pharmanews Limited; Adham Yehia, co-founder, DrugStoc Nigeria Limited; Dr Arif Siddiqui, advisor on regulatory & marketing affairs, Brookes Pharma; Sandar Rahin, assistant secretary, commercial, Pakistan High Commission and Tahir Abbas, commercial secretary, Pakistan High Commission.

Brookes Pharma began with the establishment of a nascent pharmaceutical company based on a philosophy that regarded quality as the highest value in 1986.

It started out with production of injectible products – a segment that needs great sophistication of equipment and expertise. Brookes was also the first pharmaceutical of Pakistan to introduce research novelties for treatment of liver related diseases.

The pharmaceutical giant is equally the foremost national company to have 4 international certifications including ISO-9001, ISO-14001, ISO-17025, OHSAS-18001 certifications. Aside maintaining a world class standard of quality in operations, it has continually expanded its portfolio with timely introduction of new molecules.

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# PSN gets massive support for Pharmacy Tower - As eminent Nigerians, pharmacists donate to project

By Yusuff Moshood

The quest of the Pharmaceutical Society of Nigeria (PSN) to build Pharmacy Tower, the proposed new secretariat of the Society, which will also serve as National Drug and Poison Information Centre and Emergency Response and Research Centre, has gained further momentum, as eminent Nigerians and pharmacists have declared their support for the project.

The show of support came during the recent unveiling ceremony of the project, held at Sheraton Hotel, Ikeja, Lagos, and graced by distinguished pharmacists and friends of Pharmacy. The event was also used to raise funds for the project expected to cost about 2.6 billion naira.

Among the prominent personalities at the grand ceremony who declared their support for the project were Pharm. (Mazi) Sam Oluwabunwa, president, PSN; Sir Ude Oko Chukwu, deputy governor, Abia State; Mr Goodie Ibru, chairman, Ikeja Hotels Plc; Prince Julius Adelusi-Adeluyi, president, Nigeria Academy of Pharmacy; Mr Mao Arukwe Oluwabunwa, immediate past senator representing Abia North; Pharm. (Dr) John Nwaiwu, Chairman, PSN Project Committee; Pharm. (Sir) Nnamdi Obi, managing director, Embassy Pharm. & Chem. Limited and Pharm (Mrs) Talatu Uwa-Ebune.

Speaking at the memorable event, Mazi Oluwabunwa said that the Pharmacy Tower, will be a magnificent eight-storey edifice that will house the Medical Information Centre, which he said will be a source of information on drugs and poisons to the community, emergency medical services personnel, healthcare providers and public health agencies.

The PSN president stated further that with the centre in operation, it is envisaged that there will be a significant reduction in the number of fatalities arising from exposures to adverse drug reactions, poisons, substances of abuse as well as suicide attempts, since the centre will be able to mobilise all manner of professionals as an emergency response team at any time of the day in Nigeria.

While urging all Nigerians and pharmacists in particular to join hands to help build the structure that will be located on Afribank Street, Victoria Island, Lagos, Oluwabunwa thanked all those who had supported him and the PSN so far.

Also speaking at the event, Pharm. (Sir) Obi, who was the project mobiliser, urged all pharmacists in Nigeria to see the Pharmacy Tower as a personal project that they should support and invest in, noting that finishing the construction on time will be possible if all pharmacists in the country support the project financially.

Aside from pledging the support of his company, Embassy Pharm. & Chem.



L-R: Mr Mao Arukwe Oluwabunwa, immediate past senator representing Abia North; Sir Ude Oko Chukwu, deputy governor, Abia State and Pharm. (Mazi) Sam Oluwabunwa, president, PSN, during the event.



Pharm. (Prince) Julius Adelusi-Adeluyi and Pharm. (Mrs) Talatu Uwa-Ebune

Limited and announcing the support of other companies who were also backing the project, Sir Obi stated that he will work to ensure the project gets all the necessary support it needs till it is completed.

Prince Adelusi-Adeluyi, the project ambassador, in his remarks at the event, reiterated that all pharmacists should see the Pharmacy Tower as a personal project, as stated by Sir Obi, stating that with that attitude, the project will be completed in no distant time.

He praised the leadership of the PSN and the Pharmacy Tower Project Committee led by its chairman Dr Nwaiwu for organising the event and

pledged the support of the Nigeria Academy of Pharmacy for the project.

The high points of the occasion were the unveiling of the edifice designed by Architect Akose Enebeli and the raising of funds for the project from dignitaries at the event.

At the end of the fundraising, millions of naira were realised, with many of the dignitaries promising to lend more support as the construction work progresses.

Other eminent personalities at the event were Prof. (Mrs) Mbanga Femi-Oyewo, chairman, Board of Fellows (BOF) of the PSN; Pharm. (Sir) Ifeanyi Atueyi, managing director, Pharmanews

Limited; Pharm. Olumide Akintayo, past president, PSN; Pharm. (Dr) Lolu Ojo, past national chairman, NAIP; Pharm Ignatius Anukwu, national chairman, NAIP; Dr Kingsley Amibor, national chairman, AHAPN; Chief Emmanuel Umenwa, MD/CEO, Geneith Pharmaceuticals; Mr Jude Onwusonye, MD/CEO, Goldmore International Pharmaceutical Limited; Pharm Anthony Bola Oyawole, former chairman, PSN, Lagos State; Pharm. (Prince) 'Gbenga Falabi, former national chairman, NAIP; Pharm. Bolanle Adeniran, chairman, PSN, Lagos State and Pharm. Chima Ogbu, chairman, PSN, Rivers State chapter.

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# Experts advocate new government policy for non-communicable diseases

## - As Norvatis holds 5<sup>th</sup> International Cardiovascular Summit in Lagos



**Emeritus Professor Ayodele Olajide Falase, chairman, 5th Norvatis Cardiovascular Summit (middle) flanked by other distinguished experts after the summit, held at Sheraton Hotel, Ikeja, Lagos, recently.**

scientific plenary for hypertension, according to the communique, is that strategies aimed at blood pressure control should be both physician-oriented and patient-oriented.

Some of the takeaways from the scientific plenary on heart failure are: There are at least 37 million people with heart failure worldwide, with over a million new case every year; one in five adults over 40 years will have heart failure in their lifetime; and that Heart Failure Networks should involve a multi-disciplinary team approach by all stakeholders to which the patient is most central and most important.

The takeaways from the plenary session on diabetes at the conference, according to the

Leading experts in cardiovascular disease management have advocated for a change in government policy towards non-communicable diseases (NCDS) especially the cardio metabolic disorders.

The experts' position was contained in a communique issued at the end of the 5<sup>th</sup> Norvatis International Cardiovascular Summit, held recently at Sheraton Hotels, Ikeja, Lagos, and graced by distinguished experts in cardiovascular disease.

According to the summit's communique, signed by the chairman of the summit, Emeritus Professor, Ayodele Olajide Falase, there is also a need for increased investment in the health sector which can be achieved through increased budgetary allocation and the establishment of levy/tax on sugar-containing products and beverages, which can in turn be ploughed back into the health system for prevention and control of NCDS.

The summit also urged all stakeholders in the sector to come together to actualise the full implementation of the National Health Act, noting that this would help in tackling the burden of cardiovascular diseases.

The summit's communique equally called for the coordination of the involvement

of professional groups like the Nigerian Cardiac Society (NCS), Endocrine and Metabolism Society of Nigeria (EMSON), Nigerian Society of Nephrology (NSN) and other groups towards advocating for NCDS.

The summit also urge for a National Diabetes/NCDS survey to generate baseline data for planning and implementation of programmes while also working towards increasing access to care, drugs and consumables for NCDS

Other recommendations of the summit are the need to develop and disseminate clinical practice guidelines for all NCDS; have collaborative efforts in advocating for prevention strategies for NCDS; ensure capacity building in order to improve the care and support for people living with NCDS; engage key health decision makers; and reach out to advocacy partners in the health sector and donor agencies.

According to the communique, the key takeaways from scientific plenaries on neurology are that stroke still remains the commonest cause of death in neurologic patients in Nigeria; that awareness is still very poor; that there is a strong need for advocacy for stroke units in hospitals and; that emergency response should apply caution in lowering the blood pressure early in management with careful assessment.

Other takeaways are that all patients admitted to hospital with suspected acute stroke should have non-contrast CT brain imaging on arrival to hospital within 20 minutes; ischemic strokes can be improved upon with the use of tissue plasminogen activator for conservative management; and that challenges in stroke management in Nigeria include delayed average presentation time for CT imaging following stroke onset.

The takeaways from the scientific plenaries on hypertension, according to the communique, are that elevated systolic blood pressure is the leading preventable cause of premature deaths globally with over 200 million daily adjusted life years; and that the definition of hypertension is beyond Systolic BP/Diastolic BP values, as it should be defined in terms of blood pressure levels.

Other takeaways are: advocacy for wider use of out-of-office measurement with blood pressure monitoring as an option to confirm diagnosis, detect white-coat and masked hypertension as well as monitor control while screening programmes should be done every five years in subjects with optimal blood pressure, every three years in subject with normal BP and annually in those with high blood pressure.

The last takeaway from the

communique are: diabetes mellitus is the fastest growing epidemic in the world as 630 million people are presently suffering from it; that if people living with diabetes with diabetes mellitus were asked to live together in a place, they will constitute the 3rd country in the world.

Other take aways from the plenary session are: That the number of deaths from diabetes mellitus is averaging about 5 million per year and is more than the combined totality of deaths from HIV/TB and malaria put together and that community-based prevalence in Nigeria in Nigeria show rural preponderance of 1 to 2 percent and 6 to 10 percent in urban population translating to about 5 million people.

Another takeaways from the last plenary session which was on nephrology, according to the communique was that one-third of the global population is at increased risk of Chronic Kidney Disease (CKD) and that the risk for the development of diabetic nephropathy has a genetic component that is likely polygenetic, of which Africans have a high genetic risk.

The takeaway from the session was that diabetes nephropathy is the leading cause of end-stage kidney disease.



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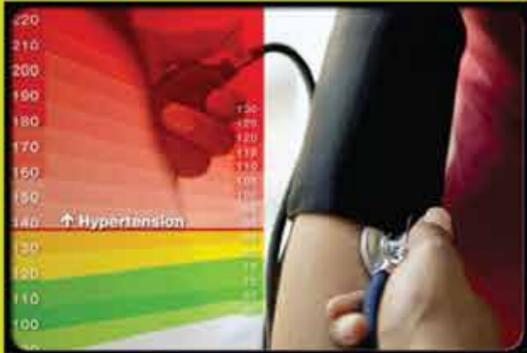
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# Dealing with suicide the “write” way

By MacJob O.E

There is hardly a day that passes without a fresh news report about someone somewhere who committed suicide or another who was caught while attempting the act. If the World Health Organisation (WHO) proclamations can be referred to, that a suicide death occurs every 40 seconds globally, then before I am through with the third line of this write up maybe no fewer than two people would have committed the act somewhere in the world.

Despite the fact that suicide cases are underreported, about one million suicide deaths occur every year on the average globally, which is estimated to rise to about 1.5 million by year 2020. Going by some of the data revealed by the Suicide Research & Prevention Initiative in Nigeria (SURPIN), Dr Emeka Ogbolu, a consultant Psychiatrist at the Lagos University Teaching Hospital and key stakeholder at SURPIN, has stated that suicide prevalence among young Nigerians within the age bracket of 20 and 39 is around 75. However, even more disturbing besides the suicide act itself is the copycat effect of suicide on its prospective

victims.

Contrary to some schools of thought, I do not think it appropriate to criminalise the act itself because, fundamentally, whoever is contemplating committing suicide is not mentally healthy. Simply put, it's a mental health challenge, and such people need help. However, the approach to curbing this act has rather been more of a kneejack rather than tackling the challenge from the root causes before spiraling into full blown suicide act.

In recent times, the decision of the government has been to ban some products or substances which have been identified as the “go-to” substances, as it were, for a fast ride to the suicide world. But, the question is, would that be a lasting solution to this? Would this scarcity not create a lacuna so strong that another “go-to” substance is discovered to take prospective victims on that suicide journey?

If it becomes commonplace that most suicide victims die by jumping into the water under the third mainland bridge, would the best option be to dry up the water so that whoever is getting suicidal would not

jump inside it?

Perhaps one major approach which has helped two countries with a very large population like India and China from a February 7<sup>th</sup> 2019 report is a combination of suicide prevention activities. These activities are of concern in the article. How can we drastically reduce the figures, as China dropped the suicide rate up between the 1990s and 2016?

We should get one thing very clear, suicide is a journey most of its victims got into long before they decided to commit the act itself. They had been dying progressively without many noticing. These days, we spend much more time asking Google questions we can even ask one another as an avenue to foster good fellowship. There are quite a number of cues which are more of redflags that should have been noticed by friends or loved ones around these “prospects” well ahead of time which could have sufficiently aborted the process but the real challenge is that how many out there can sufficiently identify these red flags wherever they appear - be it on social media posts, physical appearances or even in the handwriting?



Are there traits in the handwriting of people that are red flags to the propensity of terminating one's life? Watch out for the next edition, you don't want to miss the concluding part of this article. Till I come your way next time, always remember that if you must get it right, you must do it the “write” way, “write” away.

MacJob O.E (@dipomacjob)



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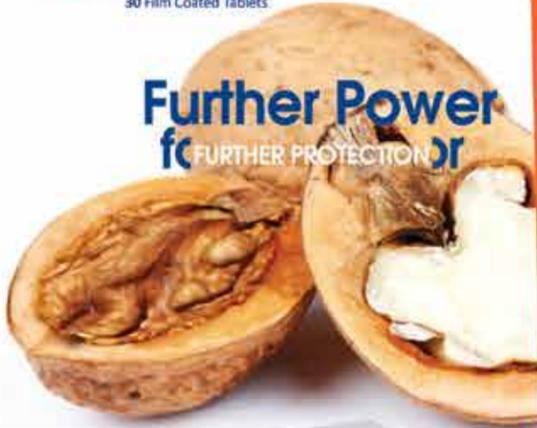
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continued on page 48

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# Ohuabunwa wins Pharmalliance Leadership Award

## - As Mordi, others win in other categories

By Adebayo Folorunsho-Francis

In appreciation of his contribution to the Pharmaceutical Society of Nigeria (PSN) in less than nine months of assumption of office, Mazi Sam Ohuabunwa, president, PSN, has been voted as the winner of the 2019 Pharmalliance Leadership Award.

The award presentation took place at the 11<sup>th</sup> edition of The Panel summit, held at Classique Event Centre, Oregun, Lagos, on 7 August, 2019.

Organised under the aegis of Pharmalliance Network, The Panel summit, has continued to enjoy rave reviews among young pharmacy professionals, community pharmacists and pharmaceutical giants like HealthPlus, Alpha Pharmacy, Biofem Pharmaceuticals, PharmacyPlus, New Heights, Sylken Pharma and Vanguard Pharmacy.

According to Pharm Adeshina Opanubi, convener of the programme, recipients of Pharmalliance Leadership Award are usually pharmacy professionals who have passed through the leadership rank of Pharmaceutical Society of Nigeria (PSN), Association of Industrial Pharmacists of Nigeria (NAIP), National Association of Pharmacists in Academia (NAPA) as well as Association of Community Pharmacists of Nigeria (ACPN).

He further explained that The Panel is an annual summit aimed at bringing innovation into retail pharmacy business across Africa.

In other categories, Pharm. Chiedu Mordi, immediate past chairman, PSN Board of Fellows clinched Pharmalliance Retail Legend Award; while Pharm. Hakeem Ikolaba, founder, Pill Box Pharmacy, won Pharmalliance Retail Inspiration Award.

Pharm. Amaju Ezenduka clinched a four-day luxury ticket to Dubai (courtesy of Reload Multivitamins), while Vicamen Pharmacy was announced as the lucky winner of a Ford SUV on display at the event.

Additionally, the Moxie YPG Challenge produced three winners - Pharm Tosin Adeyemi (N250,000), Kester Onwuka (N150,000) and Israel Oni (N100,000).

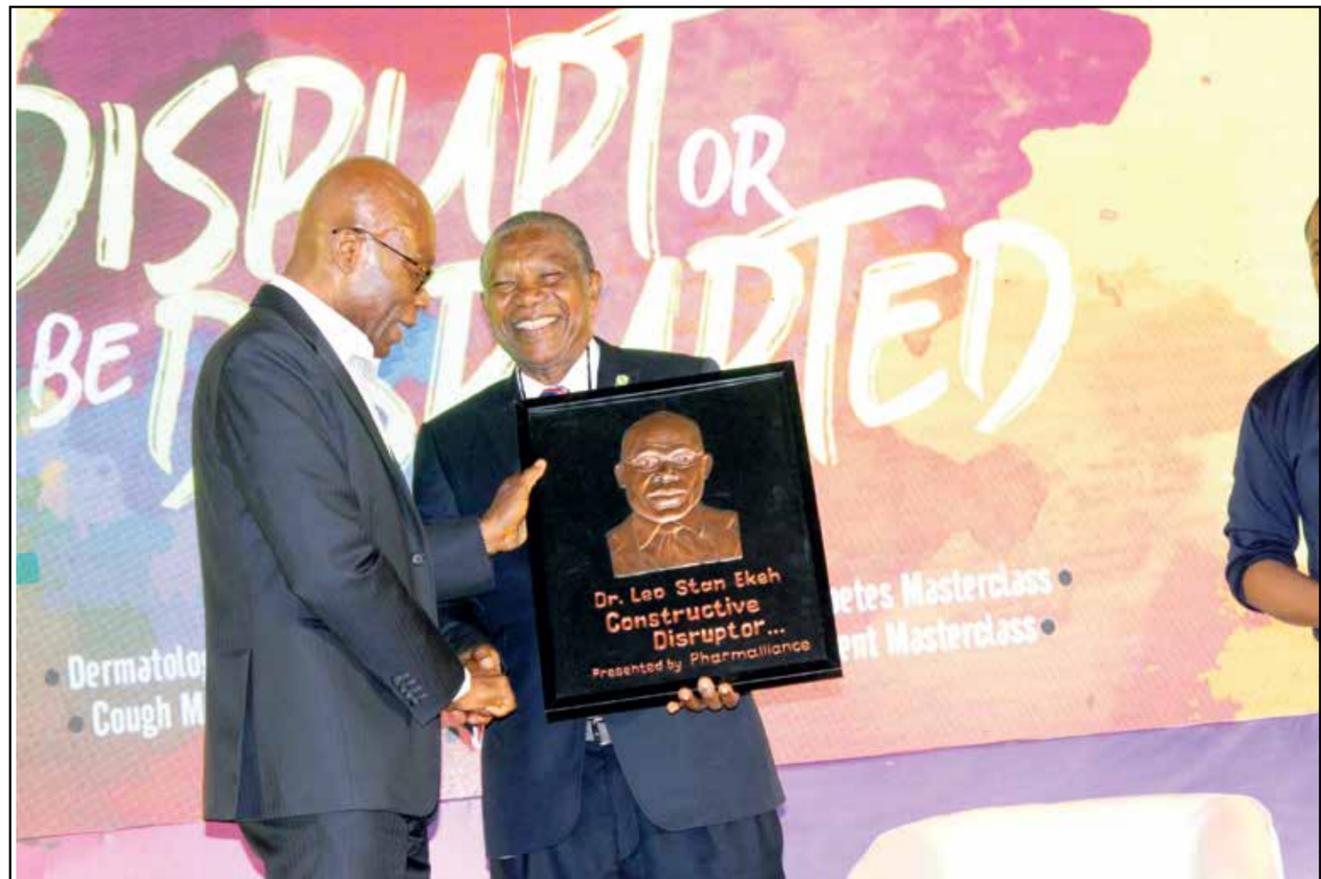
In his keynote address at the event, Dr Leo Stan Ekeh, founder of Zinox Technologies, challenged participants to always innovate instead of seeking to duplicate someone else's efforts.

Speaking on the theme, "Disrupt or be Disrupted," Ekeh encouraged pharmacists to learn to anticipate the future.

While narrating his journey to the top in the corporate world, the Zinox boss noted



**L-R: Pharm. Bukky George, managing director, HealthPlus Pharmacy, presenting the Pharmalliance Leadership Award to Mazi Sam Ohuabunwa, president, Pharmaceutical Society of Nigeria (PSN) at the event.**



**R-L: Mazi Sam Ohuabunwa, president, Pharmaceutical Society of Nigeria (PSN) presenting a sculpture-portrait to Dr Leo Stan Ekeh, keynote speaker at The Panel 2019 programme.**

that it took him grit and guts to be where he is today.

He said, "For every entrepreneur, your passion must pay your bill. Trying to associate yourself with most of these Nigerian billionaires will ruin you. Of course, many of you have seen how much they owe in the papers.

"What many of them do is to engage the media to package them as self-made billionaires

to scam people abroad. This is why I keep saying we have a serious leadership challenge in this country."

In addition to the keynote session, there were five clinical masterclasses facilitated by Prof. Anthonia Ogbera, consultant endocrinologist and Provost of LASUCOM, as well as other seasoned healthcare professionals.

Beyond the shared

intelligence that has become the trademark of The Panel programme, gifts and prizes were also won by participating delegates.

Sponsors at this year's event included Business School Netherlands, Reckitt Benckiser, Pfizer, GSK, Molfix, Moxie, Nett Pharmacy, Bydow Pharmacy Bayer, New heights, Oakleaf, Servier, Johnson and Johnson, Janssen, and Sanofi, among others

# Overdependence on imported drugs killing Nigerian pharma sector, says Daily-Need boss

By Adebayo Folorunsho-Francis

**A** renowned industrialist, Mr Oluwatosin Jolayemi, has declared that the only way a nation can grow, particularly a nation like Nigeria, is to completely stop being dependent on foreign goods.

Speaking in a recent interview with *Pharmanews*, Jolayemi, who is the managing director of Daily-Need Industries, described the Nigerian pharmaceutical industry as a growing market that is in dire need of policies that will accelerate its progress.

According to him, "Whether in the area of pharmaceuticals or pharma manufacturing, the only way a nation can grow, particularly in this clime, is to stop being dependent on foreign goods.

"And the way to do this is simple. When local capacity is exhausted, government should not allow importers to bring in products that could be procured locally into the country."

To further drive home his



**Mr Oluwatosin Jolayemi**  
managing director,  
Daily-Need Industries

point, the Daily-Need boss made an exemption to the rule by indicating that some drugs could be granted waivers.

"Some products that we

don't have capacity to produce or that cannot be manufactured in the country can be exempted pending the time we have investors in those areas.

"Until when the policies of NAFDAC, FMH and the Nigerian government as a whole favour our manufacturing industries, we cannot begin to talk about growth. We are just going to be talking about traders and volumes growth which does not necessarily mean growth," he opined.

Described as a pharmaceutical giant, Daily Need Industries has been in operation since 1972 when it started out as Paulina Cosmetics. Its pharmaceutical section started 10 years later.

When asked to comment on the experience so far, Jolayemi said, "In truth, it is both sweet and sour. I believe that is essentially what life is all about. But take more of the sweet part and see how you can turn it into a sweet-and-sour sauce,".

It would be recalled that the management of Daily-Need Industries recently entered into a Memorandum of Understanding (MoU) with World Wide Commercial Ventures (WWCV).

At the official partnership signing ceremony, which held at WWCV's head office in Matori, Lagos, Jolayemi explained that Daily-Need pharmaceutical company felt the need to further create an in-route for smooth distribution of its products.

He disclosed that the company has taken a position that the only way to expand, at least to a reasonable capacity, is to go into partnership with a logistics and distribution outfit that could give the company visibility, reach and a good market share.

## News

# PANS-UNILAG visits Pharmanews

By Adebayo Folorunsho-Francis

**A**midst a tight academic session, the new leadership of Pharmaceutical Association of Nigeria Students (PANS), University of Lagos (UNILAG) chapter, recently paid a scheduled visit to Pharmanews Limited.

The courtesy call which took place on 1 August, 2019, at the company's corporate office in Lagos had, in attendance, Sir Ifeanyi Atueyi, managing director, Pharmanews; Sultan Yussuf, president, PANS; Adekunle Adeleke, editor-in-chief, PANS; Moses Dike, business development manager, Pharmanews; Ola Aboderin, sub-editor, Pharmanews; and Omolola Famodun, digital marketing executive, Pharmanews, in attendance.

Explaining the purpose of the visit, Yussuf explained that it became imperative for several reasons, one of which was to appreciate Pharmanews for its moral, financial and media support over the years.

The PANS-UNILAG president further disclosed that since he and his team were sworn into office in February, they had drawn up a robust schedule of activities for their members in such a way that the dates of the activities will not clash with the school's academic calendar.

According to him, some of the scheduled activities include freshers' orientation; freshers tutorial; novelty match; movie night; first aid training; examination meal tickets; annual sports week competition; exhibition for young entrepreneurs to market their wares and



**L-R: Ola Aboderin, sub-editor, Pharmanews; Adekunle Adeleke, editor-in-chief, PANS; Sir Ifeanyi Atueyi, managing director, Pharmanews; Sultan Yussuf, president, PANS; and Moses Dike, business development manager, Pharmanews.**

services; industrial visits to pharma manufacturing plants; skills acquisition workshop; annual health week; academic symposium with medical professionals; health awareness walk and outreach; debate and essay competition; staff appreciation/traditional day; dinner and awards night; as well as magazine launch.

In his remark, Adeleke, PANS-UNILAG editor-in-chief, enthused that amid a tight budget, the association had already managed to host a handful of programmes since they assumed office.

"Unfortunately, funding is a

major problem. This explains why PANS magazine has not been consistent, as Sir Atueyi observed. For instance, being the editor, most of the time, I have to use my personal money to facilitate the publication," he noted.

Applauding the team's efforts, the Pharmanews boss, Sir Atueyi, noted that he was quite aware of the daunting task of running an office like that of PANS.

He equally encouraged the PANS-UNILAG leadership to streamline its programmes for easy execution before leaving

office.

"The essence is to be remembered for something long after your hand-over. That is what you can call an achievement," he stressed.

The Pharmanews publisher, who is known to be keenly interested in PANS-related activities, urged the students to take their academic seriously.

"Despite the pressure of holding offices, you need to take your academics seriously. Above all, you must learn to add value to people. There is fulfilment in doing that. Service to people is key in any leadership position," he emphasised.

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## PSN, ACPN, ALPs, others applaud NHC Pharma's new outlet in Abeokuta

*continued from back page*

wholesalers don't strictly follow what is written on their licences. Most combine retail with wholesale and even veer into importation.

"But NHC Pharma is different. She has remained steadfast in her calling and doing exploit in that regard. Besides, I am happy the management took my advice to site the branch in Ogun."

In a similar development, Femi Soremekun, managing director, Biofem Pharmaceuticals has applauded Pharm. Laide Soetan, managing director of NHC Pharma, noting that he was highly impressed with her level of discipline.

It would be recalled that the NHC boss was a former regional manager at Biofem before she found her calling in wholesale and cold chain business.

Soremekun further explained that the reason he kept checking up on Soetan from time to time was to ensure she did not repeat the mistakes that many pharma owners had made in the past.

"I am so happy for her because she has learnt from the experiences of others. Today's business world is undergoing disruptive technological advancement and I would need us all to be proactive in that regard.

"Now that we have started having the likes of Konga, Jumia and other e-commerce platforms making foray into community pharmacy, it is only a matter of time before they take over the retail space," he warned.

The Biofem boss further urged pharmacies in the community not to look at the newly commissioned wholesale & pharma logistics outlet as a competitor.

"Being a wholesale business, NHC Pharma is here to service you. Therefore, let us come together and patronise her," he urged.

Pharm. Oyesunlola Okunuga, chairman, Ogun State chapter of the Association of Lady Pharmacists (ALPs) also declared that NHC Pharma looks every inch what a standard wholesale outlet should look like.

Also in a congratulatory mood, Pharm. Babajide Giwa, Chairman, Association of Community Pharmacists of Nigeria (Ogun State branch) announced that his members were happy with the location of the new company.

He added that NHC Pharma has provided an alternative to the chaos that exists in the drug distribution system in the State.

"It is pleasurable listening to Pharm. (Femi) Soremekun talk about disruptive technology because it is the future. A time will come when most of our acquired knowledge would become irrelevant in another five to ten years.

"This was exactly how the introduction of GSM revolutionised our thinking, business and way of life. Once again, I congratulate NHC Pharma on this landmark," he enthused.

Another member of ACPN, Pharm. Rotimi Ogunbade, founder of Fontana Pharmacy, Ogun State however declared that it was not yet uhuru as there was still room for improvement.

He reminisced that his first experience at the annual FIP event exposed him to the wide gap between the state of development in Africa and the West.



**L-R: Pharm. Oyesunlola Okunuga, chairman, Ogun State chapter of Association of Lady Pharmacists (ALPs); Pharm. Lawrence Aiyelabola, chairman, Pharmaceutical Society of Nigeria (Ogun Chapter); Pharm. Rotimi Ogunbade, founder of Fontana Pharmacy, Ogun State; Pharm. Laide Soetan, managing director of NHC Pharma; Adeniyi Soetan, hubby; Khadijah Junaid, managing director, Deft Consult and Solomon Kigbu, resident pastor, Dunamis Church at the official unveiling ceremony of the new outlet in Abeokuta.**



**Pharm. Laide Soetan showing guests around the new outlet.**

"I was astounded by what I saw. While you are here deliberating on the need to computerize pharmacies nationwide, we saw robots collecting prescription and dispensing drugs. That is the power of disruptive technology.

"I like Laide as a person because she is daring and stops at nothing until she hits her target. Are you still surprised seeing even her former boss (Soremekun) coming all the way from Lagos just to honour her invite?" he noted.

The secretary of the Ogun State chapter of Nigerian Association of Patent Proprietary Medicine Dealers (NAPP-MED) was not left out in the encomiums.

While referring to the management of NHC Pharma as NAPP-MED's partners-in-progress, Mrs Ouwaseun Ayan, representative of NAPP-MED described the siting of NHC Pharma in Ogun State as a welcome development.

"I had known Laide for a long time but didn't realise she is the owner of NHC until today.

As someone said earlier, we are together and shouldn't be seen trying to compete against one another," she urged.

In appreciation of the felicitations and goodwill messages, Pharm. Olaide Soetan reiterated the fact that NHC Pharma is solely into wholesale distribution and has no intention of competing with the same retail outlets she ought to service.

"Ideally, your wholesaler should be an extension of your back office and help to strengthen your practice and that is what NHC intends to deliver.

"I want to specially thank the PSN chairman of Ogun State (Aiyelabola) for encouraging me to reach the decision to come to Ogun State. It is a dream that has come true. My sincere appreciation to my former boss (Soremekun) for also coming all the way," she said.

Soetan also counselled the community pharmacists in attendance to adopt the principle of

"just-in-time" ordering, a concept made popular by Toyota, to reduce waste and increase efficiency of resources.

"This becomes more practicable when you have a wholesaler who has your interest at heart and partners with you to prevent over-stocking," she said.

In her opinion, it is safer and wise to buy based on demand for products.

"Except those products are for everyday use, don't bother to buy in volume. This is why we are here for you. In line with NHC motto - Adding value - we also offer free sales workshop, collaboration, accounting training, social media training and several other initiatives geared at helping our customers run their businesses better," she stressed.

The expansive office was declared open by the Chairman of Fontana Pharmacy Ijebu Ode, Pharm Rotimi Ogunbade.

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**SIDE EFFECTS**  
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**ADVERSE EFFECTS**  
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**CONTRA-INDICATIONS**  
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**SIDE EFFECTS**  
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**ADVERSE EFFECTS**  
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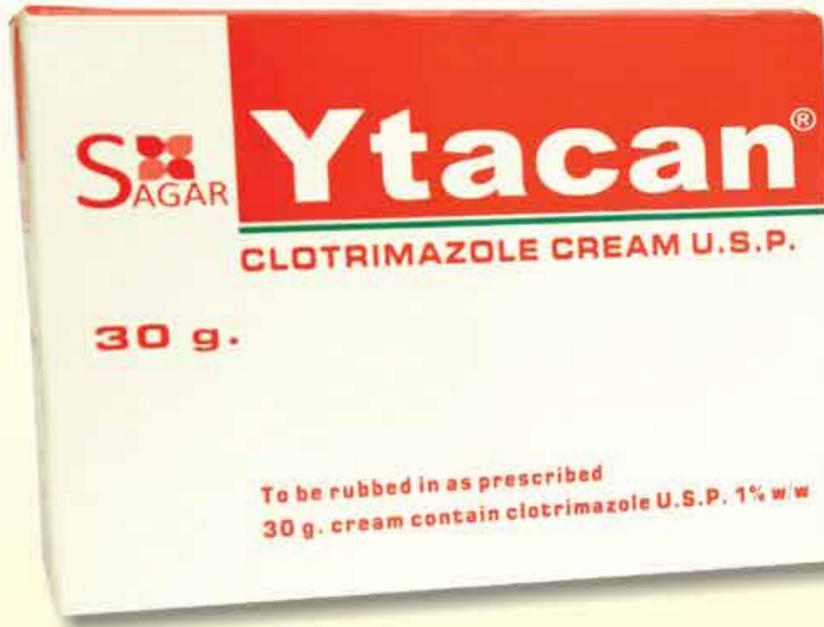
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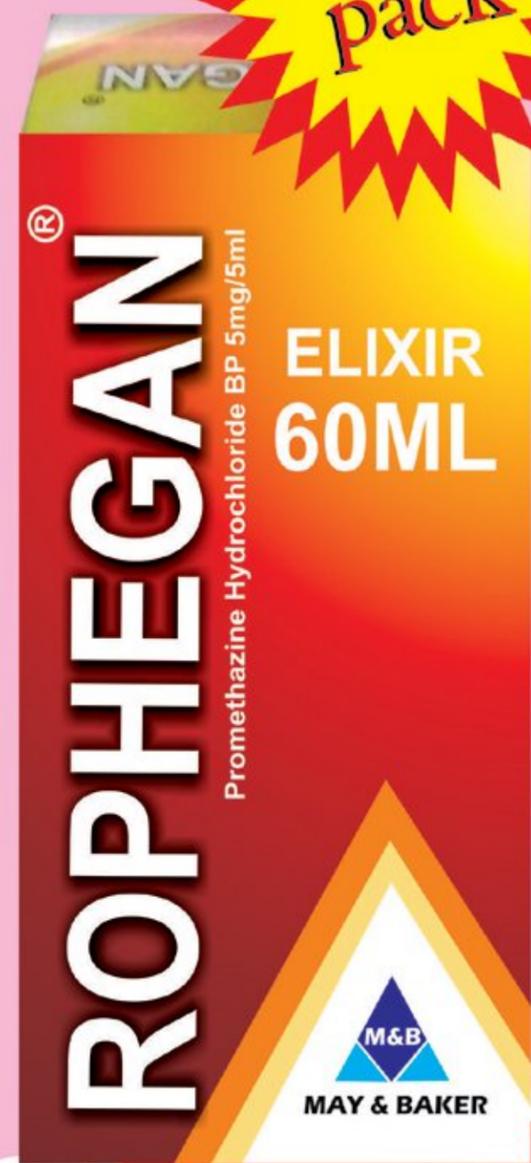
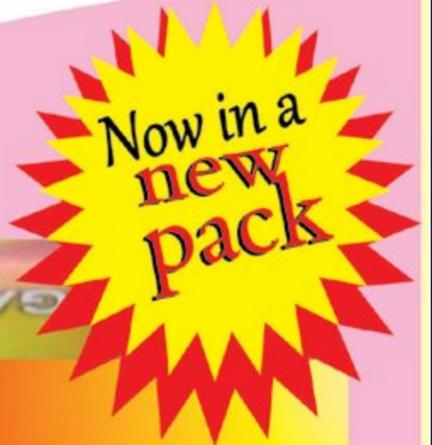
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## PSN, ACPN, ALPs, others applaud NHC Pharma's new outlet in Abeokuta

By Adebayo Folorunsho-Francis

In a show of solidarity at the opening ceremony of its branch office in Abeokuta, acclaims from friends, professional colleagues and neighbouring pharmacies have continued to pour in for NHC Pharmaceuticals.

Speaking at the official opening of the company's new premises in Ita-Oshin area of Abeokuta, Ogun State on 8 August, 2019, Pharm. Lawrence Aiyelabola, chairman, Pharmaceutical Society of Nigeria (Ogun Chapter), thanked the management of NHC Pharma for siting the new branch in the state.

"The company's presence has helped our members, especially those in community pharmacy tremendously. Of course, we know drugs not properly handled are open to abuse and pose a security risk to the population," he noted.

Aiyelabola disclosed that aside from giving prompt attention to customers' complaints, NHC Pharma had displayed a high level of professionalism so far.

According to him, "It is no longer a secret that most licensed



L-R: Mr Femi Soremekun, managing director, Biofem Pharmaceuticals; Pharm. Laide Soetan, managing director of NHC Pharma and Pharm. Lawrence Aiyelabola, chairman, Pharmaceutical Society of Nigeria (Ogun Chapter) at the unveiling NHC Pharma ceremony in Abeokuta.

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## AHAPN sends Isah off in style

By Yusuff Moshood

In appreciation of his service to the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) and his meritorious contributions as a hospital pharmacist, members of the AHAPN recently held a sendoff celebration for Pharm. Yakubu Maji Isah at the closing banquet of its 21<sup>st</sup> Annual National Conference, held in Sokoto State recently.

The memorable event, held at Giginya Hotel, Sokoto and chaired by Pharm. Ibrahim Binji Haliru, vice chairman, Board of Fellows (BOF) of the Pharmaceutical Society of Nigeria (PSN), was also graced by Pharm. (Alh.) Al-Mustapha Othman

Ali, permanent secretary, Sokoto State Ministry of Health; Pharm. (Dr) Dan Orumwense, a fellow of the PSN; and Pharm. Munir Elelu, PSN deputy president, North.

Speaking at the banquet dinner, Pharm. (Dr) Kingsley Amibor, national chairman, AHAPN thanked all those who had made it possible to hold the conference in Sokoto, despite different challenges and fear of insecurity in the north. He particularly praised the Conference Planning Committee (CPC), led by its chairman, Pharm Murtala Bello; as well as the Local

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