

flourish

A Publication of Pharmalliance, Africa's Premier Retail Pharmacy Business Support Network

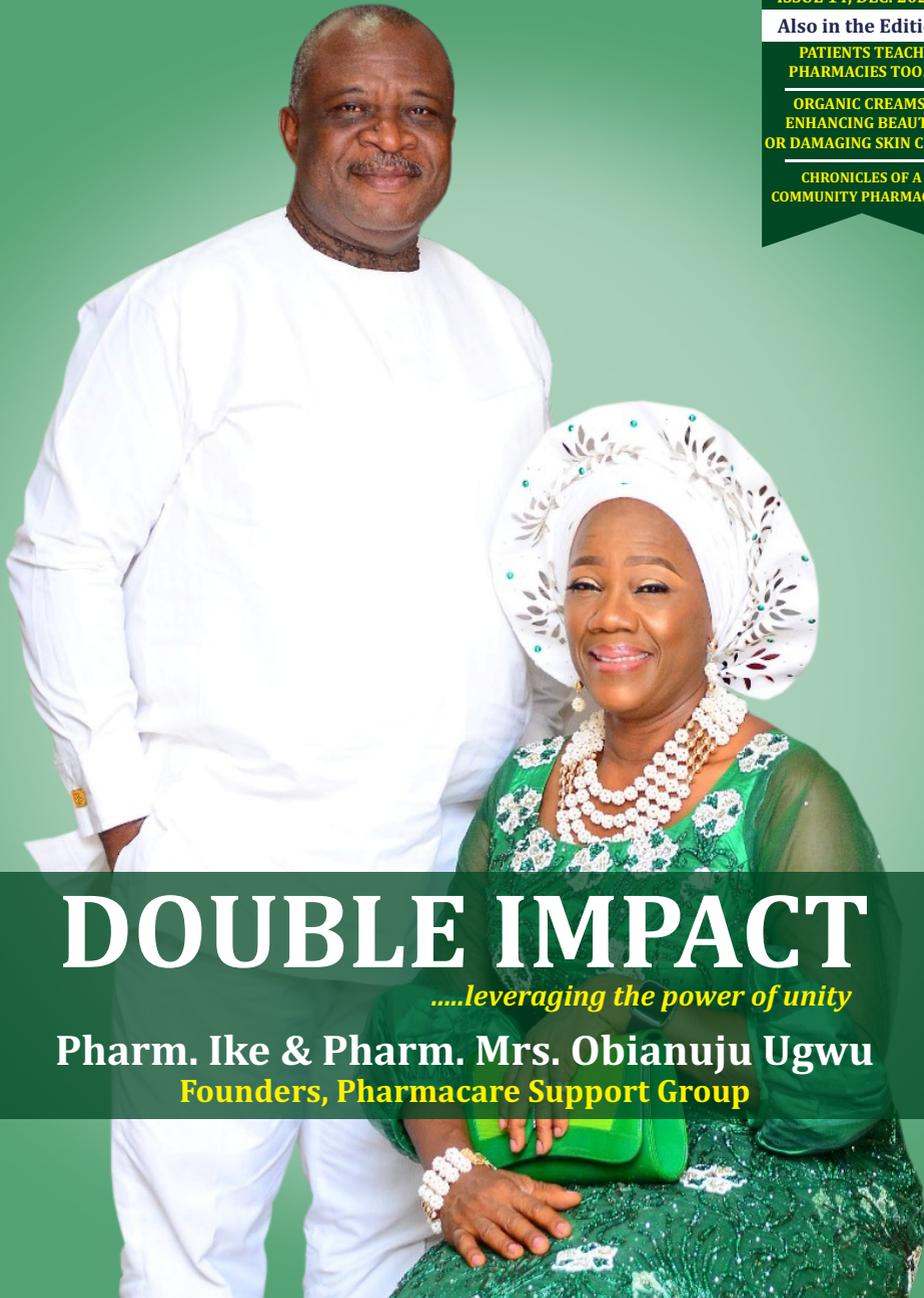
ISSUE 14, DEC. 2022

Also in the Edition

PATIENTS TEACH
PHARMACIES TOO...

ORGANIC CREAMS;
ENHANCING BEAUTY
OR DAMAGING SKIN CELLS

CHRONICLES OF A
COMMUNITY PHARMACIST



DOUBLE IMPACT

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Founders, Pharmacare Support Group



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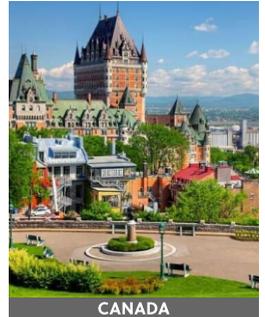


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EDITOR'S NOTE

Thank you for staying with us all these years, supporting and sharing this magazine. It is my pleasure to introduce the 14th Edition of Flourish to you.

In this edition, we seek to shine the light on a few aspects of Pharmacy practice that are not really spoken about. From leveraging data to make decisions in the retail pharmacy business, to the clinical management of Diabetes in the community pharmacy, and to a personal favourite, what can your patients possibly teach you? Flip the pages to find out.

The cover page interview explores the unique dynamics of Pharm. John Ugwu and Pharm. Obianuju Ugwu a “Pharma Couple” building Pharmacare Support Group, and how they strike a balance between their work life and their marriage. It is a must read if you're trying to identify talent that can help you build a lasting legacy!

We also have an interview with Pharm. Oluyemi Daramola-Abiola, a seasoned pharmacist and Chief Operating Officer at Fortis Pharmacy and Stores, a member of Pharmalliance.

We thank our consistent advertisers, and we remain committed to delivering on our promise of providing value to retail pharmacy businesses in our network and beyond.

As you flip through the pages of this edition, we hope you learn and share with people in your network. Also, please leave feedback for the team via forflourishmag@gmail.com

I look forward to hearing from you.



Yimika Oguns

Editor in Chief

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CHRONICLES

OF A COMMUNITY PHARMACIST

Mavis Muo



They say practice makes perfect, well that's applicable but surely, you will agree with me that at the pharmacy, practice breeds wonders. The profession, especially serving the community, is not for the faint of heart. The community practice is the beauty of the profession, coming with firsthand experience and contact with the patient.

Pharmacists are vessels used by God daily to cater for the health of his people alongside other health professionals and just like Pharm gee would say: *"For this profession we dey so, we just dey try our best. Las las na God dey heal!"* As a community Pharmacist, you get to meet patients who feel it's your job to outperform

today and the next day, you meet those who do not even wish to share vital information or ask questions to help with their therapy. These people are those who usually practice self-medication and this sometimes has crazy end results.

"Pharm! Pharm!! Pharm!!!" Aunty Fatima calls out loudly as she enters the pharmacy. Aunty Fatima is a regular customer, a nursing mother of 9 and counting probably because Mr. Aliyu, her husband, decided there was no need to use condoms while copulating.

"Good morning and welcome aunty Fatima, how are you?" She exclaimed *"I am dead!!!"*
"Argh aunty Fatima, surely you're

trying to exaggerate, tell me, what is the problem" "Pharm! Again, again oh! I am pregnant again, even after all the lecture you gave my husband, he has refused to use condom but pharm I took Andrew's liver salt and Beecham Ampiclox to wash of, so I am probably not expecting but I came by to ask because you always tell me to"

I smiled, "Aunty Fatima for starts, we are going to take a confirmatory pregnancy test, just to be sure and then I would also like to let you know that Beecham Ampiclox and Andrews liver salt is never the medication to prevent pregnancy after sex ...you can make use of the morning-after pill"

"Nooo! they said it closes the womb oh hmmm"

"It will not close ma, so far you take as I tell you, ma'am I just want you to understand that self-medication is wrong just like I always say ask your pharmacist" She thanks me and leaves to return for the test.

As she left, the nurse enters the office, "Pharm! Pharm!! remember Musa, the one that always buys alabukun, he is dead oh!

Like they say "the stubborn fly follows the corpse to the grave".

Musa was one patient who abused Alabukun. He buys not less than 5 packs a day which was alarming, so I had to ask what he used it for.

Musa said it helped him consume more alcohol because whenever he takes it, he is able to take more bottles without getting drunk.

On hearing this, I tried talking him out of it but Musa turned a deaf ear.

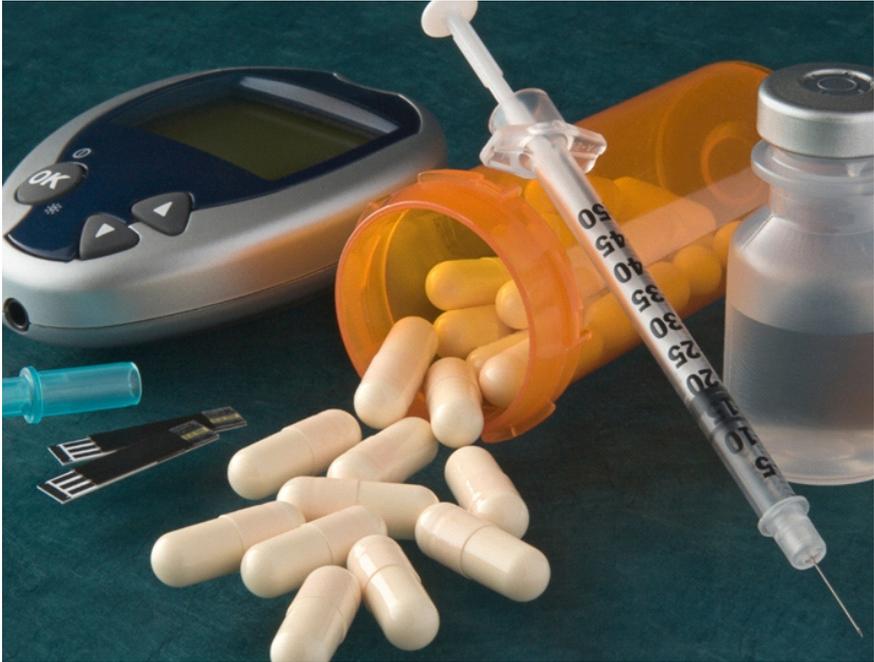
I had to take strict measures of not selling to him anymore knowing fully well the dangers that come with overdose, misuse and abuse of drugs. He decided to turn to the next nearby pharmacy to continue in his ways and now he has been reported dead, probably due to intoxication. May his soul rest in peace, Amen!

The wonders at the community Pharmacy, is really for the strong at heart. However, as community pharmacists, let's encourage our communities to desist from self-medication, abuse and misuse of drugs. Let's join hands to enlighten them and also implement strategies to help them. Let's raise the banner that says

"Always ask your pharmacist" because like Pharm gee would say "na God dey heal, we are just his vessels"

COMMUNITY PHARMACISTS AND MANAGEMENT OF DIABETES

Sejoro Tonuewa



Diabetes is increasingly becoming a public health burden. The metabolic disorder has been recorded to be a major cause of several micro and macro vascular disorders. A common cause of blindness in adults, kidney failure, stroke, leg amputation, as well as cardiovascular diseases such as heart attack. Globally, about 422 million people are living with diabetes, a drastic increase from 108 million in 1940. Diabetes is also attributed to be responsible for about 1.5 million deaths yearly. Majority of people living with diabetes are from low- and middle- income countries, an economic division to which most African countries belong.

It is estimated that about 24 million adults between the ages of 20-79 are living with Diabetes in the IDF (International Diabetes Federation) region of Africa this number is expected to increase to 55 million by 2045. Of this 24 million, about 13 million are undiagnosed with diabetes accounting for 416,000 deaths in 2021 alone.

In this same region, 55 million people have Impaired Glucose Tolerance and are at risk of developing Type 2 Diabetes Mellitus and this number is expected to increase to 117 million by 2045.

Pharmacists in general represent the third largest group of healthcare service providers after doctors and nurses, majority of which are found in community practice. Although largely underutilized, these professionals are a set of highly skilled professionals. Community pharmacists will be found practising in community pharmacies which could be chain drug stores, independent pharmacists, section of supermarkets etc. With the ever increasing amount of people living with diabetes, Community Pharmacists are well suited to provide care for diabetic patients in collaboration with other healthcare providers.

The role of pharmacists has changed over the years from product oriented where the focus is mainly on dispensing of drugs to service oriented where Pharmaceutical Care is at the centre. As a definition, Pharmaceutical Care is the responsible provision of medication related care for the purpose of achieving a specific and defined outcome that will improve the patient's quality of life. It involves not only the provision of medications but also decisions about medications used on patients. Several factors make Community Pharmacists suitable to provide healthcare for people living with chronic diseases such as diabetes. These include:

- The education and professional training of pharmacists is robust and includes clinical experience.
- Community pharmacies are usually the first point of call for people seeking healthcare. This is because of their accessibility to the people, long time of operations, convenient positioning as well as the fact that they can be accessed without prior appointments or payment of consultation fees.
- Community pharmacists in most ethnic communities often speak the same language as members of the

community making communication with their patients easier.

These and many more are reasons why Community Pharmacists are in a good position to provide appropriate care for Diabetic patients. The importance of interventions of Community Pharmacists in management of diabetes has been backed up by several researches. In a review by Okoro and Nduaguba in 2020, at least two researches carried out in India showed that intervention by Community Pharmacists significantly reduced patient's glycaemic index and also increased their adherence to medications. In another study in Turkey, there was an observed increase in number of patients who reached their targeted blood glucose level as a result of interventions by Community Pharmacists. Similarly, a study in Malaysia showed that Community Pharmacists' interventions significantly reduced glycosylated haemoglobin (HbA1C) by up to 1.2%, post-prandial two hours blood glucose by 3.34 mmol/L, total cholesterol by 0.37 mmol/L, Systolic Blood Pres by 9.1 mmHg, Diastolic BP by 4.8mmHg, also, medication adherence and satisfaction with clinical pharmacy services were improved. Such studies have also been replicated in South America and Europe. These prove the importance and impact that Community Pharmacists can have in the management of Diabetes.

In another study, it was concluded that intervention by Community Pharmacies in the management of healthcare is *"feasible, accessible, acceptable to those taking part, and capable of providing improved health outcomes"*. Furthermore, compared with interventions led by other healthcare providers, those led by pharmacists



have shown at least comparable effectiveness in lowering blood sugar. The interventions Community Pharmacists can provide apart from sale of medications include: educating patients about their disease and their medications including proper administration and storage, lifestyle modification, importance of regular self blood glucose check and how to interpret results as well as the importance of self management. In addition, Community Pharmacists can provide point of care testing for patients who cannot afford glucometers, monitor patients' blood glucose levels, provide regular medication review, monitor and promote medication adherence,

prevent, identify and resolve drug therapy problems, remind and encourage patients on the need to check for complications of diabetes regularly, educate patients on foot care as well as provide home delivery of medications. Studies have shown that education interventions combined with pharmacy care have the greatest impacts. It is true that Management of Diabetes rests largely on self management practices and Community Pharmacists are adequately equipped and positioned to not only empower people living with diabetes but also help them get the best out of their therapy



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DOUBLE IMPACT

PHARM. IKE AND PHARM. MRS. OBIANUJU UGWU

Having met as Pharmacy students at the prestigious University of Nigeria, Nsukka, these two erudite Pharmacists have gone ahead to build one of Nigeria's foremost retail pharmacy brands. The flourish crew sat with Pharm and Pharm Mrs Ugwu to discuss their journey of over 30 years and also take a peak into the future. Flourish crew reports.

Temitope Ben-Ajepe



Flourish Crew

It is indeed a pleasure meeting both of you. You will be first Pharma couple we would be featuring in our Magazine. Let's start from the very beginning. Ma, please how did you two meet?

Pharm. (Mrs) Obianuju Ugwu

We actually met at the University of Nigeria, Nsukka. He was a year ahead of me in Pharmacy school and we courted for about 10 years before we got married.

Flourish Crew

Did you always know that from your days in School and during courtship that you would be running your business together?

Pharm. (Mrs) Obianuju Ugwu

Well, at the beginning I would say No. This is because when we left school, I worked with Nigerian Ports Authority while he worked as a Personal Assistant to the Chairman of a Group of Companies which had a Pharmacy subsidiary in Abuja. So, at the time, we were both pursuing our individual careers. It was after marriage and then the arrival of our first child that we decided to go into Community Pharmacy and retail business. Interestingly, he was even more inclined toward wholesaling than retail at that time.

Flourish Crew

That's really interesting. So Sir, kindly take us down memory lane. how did you get here?

Pharm. Ike Ugwu

As a student, I was active in PANS. In fact, I was the PANS NATIONAL Liaison Secretary in 1979/80. This position means I also served as International Pharmaceutical Students Federation (IPSF) Liaison Secretary. I attended the IPSF Congress in Madrid, Spain in 1980 and in Belfast, Northern Ireland in 1981. I became IPSF Commissioner for West Africa. When we came out of school, we both worked. For my internship, for instance, I worked at the National Orthopedic Hospital, Enugu. Even from my student days, I was always engaged in endeavors or business that earned me extra income. For instance, during my internship, I was teaching extra murals in IMT. I was also engaged in other businesses during that period that earned me enough money to buy a brand-new car even before I went for youth service. When I came back from Youth Service, I approached a very senior Pharmacist in Enugu who graciously outsourced the bottling of his brand of Methylated spirit to me. I was doing this contract until the

embargo on private practice (PP) for young Pharmacists (less than 5 years post-graduation) was lifted in 1984. I made a decision to open my own pharmacy and was working on the project when I got a call from my University Professor Dr Johnbull Nwaiwu who took me to Abuja and gave me my first job. That's how I got the first and only job in my career. It was a very good job as Managing Pharmacist and Divisional Head. I didn't apply for the job. It was by the grace of God and the kindness of Dr Nwaiwu. My Company was more into other businesses than pharmacy. The Chairman made me his PA in addition to my Pharmacy job. We were always coming to Lagos and I learned a lot about business and Importation. While we were still dating, I incorporated a company in which she was listed as one of the directors. Somehow, we knew that our friendship would end up in marriage. Initially, I didn't like the retail business and it's not even as if I liked the wholesale. All I wanted at the time was something Corporate. However, in the process a lot of things changed and like they say, the rest is history. Maybe I would have loved to be like Pharm Adeshina Opanubi of Pharmalliance -doing what I love to do.

Flourish Crew

We would like to know if any of your children followed in your footsteps?

Pharm. Ike Ugwu

Our Son Obinna went into the University of Wisconsin in Madison to do a PharmD. After one year, he came back and called a family meeting, and said, he didn't want to be a pharmacist. He rather wanted to study business and finance. And that's what he did. So now, he's back in the family business handling finance and other strategic functions.

Flourish Crew

Wow! That's interesting. Having worked together in the Nigerian Pharma industry for over 30 years, we see that your organization has grown in leaps and bounds. Kindly give us an insight into how

you have managed to sustain your growth trajectory inspite of the challenges of doing business in Nigeria.

Pharm. Ike Ugwu

First and foremost, it is by God's grace that we are where we are today. Our own bit is just to make the effort. It is God that blesses effort with success. Having said that, from the outset, it was clear in our mind that we needed to have a good understanding of how successful businesses work. We knew, for instance, that we needed to work not only hard but also smart. And because both of us are pharmacists, we found it very natural to go into our profession. Within the Pharmicare Support Group, we have other non-pharmacy and non-retail businesses . Our focus was to build an agile and resilient organization that can adapt to different situations. And indeed we have been adapting and continue to adapt to the realities of our times. In fact, the economy is so unpredictable that the moment you think you have got it right, something else will happen. If you're not agile, resilient and grounded then you're likely to wake up one morning and find out you have been swallowed. And that has been a struggle for everybody.

Flourish Crew

It has really been a tough journey getting here but I guess the consolation is the fact that you have been successful at it?

Pharm. Ike Ugwu

Yes, it looks like we are succeeding. But imagine how much more we would have achieved if we didn't have such a hostile economic environment to operate in. We are basically fighting our way through but more importantly, we enjoy what we do.

Flourish Crew

With the way technology has evolved since you started your business several years ago, how have you been able to keep pace with the changes technology has brought into our daily lives and business operations.

Pharm. Ike Ugwu

Well, from the onset, we have always embraced technology. From inventory management software, to accounting and payroll management, our operations are fully automated. We recently acquired Healthserves for practice documentation. Our security system is also supported by internet enabled CCTV. So those are some of the ways we are using technology to help our business.

With the deployment of technology for The POS system, inventory control and then the accounting software, we get timely management information that we need for decision making. Currently, we operate from 9 locations and sometimes we want to know our best sellers by volume and value or we also want to know the profitability by product. All these outcomes can only be achieved with the deployment of robust technology. There are times when items are needed in a particular location. Rather than initiating a fresh purchase, we simply move the product from one location to another. This is seamlessly done because at the center, key staff have full visibility of our inventory holding and can take decisions based on the information available on the software.

One of the challenges with technology adaptation is resistance by the people who are supposed to use it. For instance, when we introduced the new HealthServes patient management application, we encountered resistance both from the Pharmacists and even the patients. Patients feel it takes time so when you ask them to be patient so that they can be properly clerked, many of them protest. But then that's not to say we give up.

Flourish Crew

What challenges have you faced with technology adaptation when it comes to Pharmacists?

Pharm. Ike Ugwu

I guess part of the main Challenge is not wanting to be held accountable. If you ask a pharmacist to explain to you what he or

she has done for their shift or day, they'd say, "I saw patients." This answer cannot answer the rest questions like How many patients? What did you do for the patients? They don't want to be held accountable. The use of Healthserves can supply all the answers and more. That's not to say they are not using the application. The uptake is just not where we would like it to be.

Pharm. (Mrs) Obianuju Ugwu

In addition, some Pharmacists think it is a waste of time especially during peak periods. This is complicated by patients who just want to pick their medications and leave. So for us, I guess we have to be a little patient with them as they get comfortable with the system. Starting with a percentage of patients seen per day and gradually increasing the use till all patients seen are enrolled on the software.

Flourish Crew

How do you strike a balance between the service and commercial components of Community Pharmacy?

Pharm. (Mrs) Obianuju Ugwu

Well, our goal in providing service to patients is really to deliver value. You provide the products they need at the best possible price, then it's bundled with pharmaceutical care. Now, the level of care and advice you give to a patient also depends on the willingness of that patient to wait and get it. Our pharmacists are always available to give all the advice and help patients make the best use of their medicines. But sometimes you have patients who come in and all they want is the product. But we will always have to have a balance between selling and at the same time giving pharmaceutical care especially to those needing and willing to receive it.

Flourish Crew

With many stores within the Pharmacare Support Group, how do you maintain the high-quality service delivery across all stores?

Pharm. Ike Ugwu

We operate as a franchise model. So we built a prototype model, then we went ahead to create replicas of this prototype model. So, when you come to any of our outlets even if they are not the same shape and size, you must be able to see and feel that this is Pharmacare Place. Even if the name is Oxpharm Specialties Ltd, like 2 of our locations are, you will still know that it is Pharmacare, from our colors, from the arrangement of our shelves and from our processes. We also focus a lot on documentation of our processes. That falls within my purview because I am responsible for business strategy. So, we drafted some operation manuals, which act as our SOP. This serves as a guide to our staff so they know what to do under various circumstances even without calling anyone. Then we train and retrain our staff continuously. It's not just about setting standards and training; we also enforce the standards set. This is where technology comes in as an enabler. For instance, with CCTV even if I'm out of town or location, I can and could know IN REAL TIME what is going on in every outlet. Truancy and late coming was an issue at a point in the organization. We resolved this by acquiring and installing Time and Attendance machines with biometric capabilities where you clock in with your thumbprint. And then there was no dispute anymore.

Some of the strategies may be unorthodox like we require every supervisor who opens the store in any location to use the official phone of the location to dial the ED's official phone as proof of the time when that store was opened. These measures have helped drive compliance when it comes to punctuality. We have other measures for other aspects of the business.

Flourish Crew

As a thriving Retail Pharmacy business, I would like to know how you balance sometimes conflicting issues like profitability, pricing, responsible retailing, pharmaceutical care. Are you sometimes tempted to trade one in for the other?

Pharm. Ike Ugwu

We are ethical in our dealings. We not only present the right products and services to our customers but give it at the best possible price. We use REBECA (Retail Break Even Calculator), an application that helps community pharmacists calculate their break-even point and are very conscious of our costs. We promote sales to cover our costs and leave us with a fair margin of profit. When a patient has need for say Amlodipine. It would be wrong for the pharmacist, our pharmacist, in particular, to look at the patient and profile him, especially in a condescending manner and conclude for instance that since this man is a driver, he probably can only afford the cheapest amlodipine. If our Pharmacist presented him with Novasc which is more expensive and he is able to pay, we do not have any moral, ethical or conscience issues because in our assessment we have presented him the best brand of Amlodipine available. But if we present Norvasc and he says he is unable to afford it, then we can present other brands which cost less until he is okay with the price. Note that all the brands we stock are registered so they are expected to meet the minimum standards. We do not give our Pharmacists target, but we just teach them selling skills that they can use to drive sales. If I was to take amlodipine for instance, I will take Norvasc and that is what I would love to offer to my client first. What we want to give is value. In value, you must match the price with quality.

Flourish Crew

From your vantage position, having practiced Retail Pharmacy at the highest level, what are some of the things that you have found to be true about Pharmacy practice in Nigeria that you wish more people would leverage to advance the profession?

Pharm. Ike Ugwu

I have at least 2 and both are related to the business and practice of Pharmacy. The first one is what Michael E. Gerber of E

Myth Inc calls the FATAL ASSUMPTION. This is an assumption that is made by professional people- Doctors, Pharmacists, Engineers etc who possess technical skills in their professions and who think that those skills are all they need to run organisations that provide those professional Services. For instance a Doctor assumes that because he is a Doctor he is eminently qualified to run a hospital or a Pharmacist who has a B.Pharm or Pharm D believes that he has all it takes to run a successful Community Pharmacy. It is a failure on the part of these professionals to separate the role of the Professional as a Practitioner and the role of the organisation which they own or work for as a Provider. For the Pharmacist it is the difference between being a Pharmacist-practitioner and a Pharmacist-business owner. Only Entrepreneurial Pharmacists who acquire the necessary mindset and skills to run Community Pharmacy practice-business-enterprise should bother themselves with going into business. Others may do well or even better working as Pharmacist Practitioners and employees of Pharmacy Service providers which Community Pharmacies are.

Then the second one is the Distinction between practice and business. Pharmacy is a practice but a typical Community pharmacy is more importantly is a Small business. A typical Community Pharmacist is a Small business owner. Practice is the smallest form that a Community Pharmacy business can take. In this Practice, most of the things that happen there is dependent on the Pharmacist – the owner and on his presence. There is a limit to how far you can grow if everything depended on you the pharmacist owner and your presence. But this is what many of us are doing-working inside our practices. To be successful or more successful in Life and be recognized as such, we need to grow our Pharmacy practice into Pharmacy business and to get other people (including other Pharmacists) to play roles.

And when our pharmacy business can be replicated, we now have Pharmacy Enterprise. Community pharmacy owners should focus more on the business of pharmacy.

Flourish Crew

One of the biggest issues Pharmacies face today is the issue of employee attrition. Getting and keeping Pharmacists seems to be a big challenge these days. Is that a challenge that you face? What would you advise other business owners? How can they overcome employee attrition, so people just don't come in and then leave?

Pharm. (Mrs) Obianuju Ugwu

Well, I think it's something that you can't entirely prevent. People leave for various reasons. Depending on the cadre, the reasons vary. For the lower cadre, they could leave for reasons such as educational advancement, relocation of their parents and guardians amongst other things. Many of our Pharmacist-Employees have left to set up their own Community Pharmacies. What is important for the business owner is to ensure the conditions of service are fair because in spite of your best efforts, your people will still leave so it is best to plan for the exits while doing your best to retain good hands. At Pharmicare, we have a number of long-serving staff some working with us for as long as 25 years. But at the same time, you also have staff who come and all they want is the money. They really don't want to work. Sometimes, the pharmacist just wants to sit in the office until somebody says I want to see a pharmacist, that's when they come out. They don't want to get involved in operational issues like inventory control and other operational activities. That is wrong.

Pharm. Ike Ugwu

Well, maybe I can add something to it. A business that wants to mitigate against such things needs to have a good system in place. One that works. A system that is easy to teach and to understand. That way, people can come and go but your

operations are largely unaffected. Like they say, soldiers go and soldiers come, but the barrack will remain. An example of a Staff that has stayed with us for a long time, is our present Operations Manager who started as a cashier in the company. But she's risen to the position of operations manager. And there are many like that. Many of the supervisors are people who started as sales Assistants and kept climbing. For them, maybe they'll call it a career path and they are patient enough to make the progression. Some others are not so patient. We have had a case of an intern who worked with us for two or three months only to abandon the job without notice because she got employment in one government institution where the salary is higher.

Pharm. (Mrs) Obianuju Ugwu

They literally just disappear. Recently, a staff member at the pharmacy just stopped working, and she sent me a text message. I was even out of town. She stopped that very day that she got an appointment elsewhere and this is somebody who has worked for two years.

Pharm. Ike Ugwu

She got a juicy appointment and I actually empathize with her. Jokes apart. All you need as an employer is strive to provide value to your employees beyond their expectation (if you can) and for the employees to leave a good mark wherever they work.

Flourish Crew

From your experience, what would you say is the advantage of being a couple in business?

Pharm. Ike Ugwu

How I wish we knew? There is no one size fits all answer. Different strokes for different folks. However, in our own case it has worked very well because like she said earlier, we were friends for 10 years before we got married. We started our first Community Pharmacy in 1991 so this is the 31st year. But we had been in other businesses as well.

DOUBLE IMPACT...

Some people see a disadvantage in a couple being engaged in the same business. They reason that it is not good for husband and wife to be working in the same place. They also reason that if anything affects the business, then it affects the family fortunes.

In our own case we believe that being a couple makes it easier for us to maybe talk about the business, discuss our challenges and improve the business.

Flourish Crew

Does it mean that things are always cordial, and you are always on the same page on all issues?

Pharm. Ike Ugwu

No, things are not always cordial. Sometimes we start from different pages. That's why I say that we are more at risk. If we are not understanding, we can quarrel in the business and bring it home to the bedroom. But we have managed over time. We are spouses but we are also really good friends. Over the years, we have come to understand our roles and to trust and complement each other. We almost always arrive at the same page for critical issues. In the business I am more into strategy and she is more into operations. It's still a work in progress though.



Flourish Crew

Any final words from you for our readers, for young people, for other business owners?

Pharm. Ike Ugwu

I would just like to lend my voice and advice the young people. I need to remind them that the older and more established Professional Colleagues were once young like them and rose to their present positions through hard work, smart work and patience. Many young Colleagues don't want to climb the ladder of success. They want to use the elevator and many feel very entitled. A pharmacy graduate is special, but so are other graduates in similar or other disciplines. A lot could go wrong with the level of impatience and false sense of entitlement. So, my advice to them will be to remain calm and not join the bandwagon. To be patient, innovative and try to put in a lot of hard and smart work in their endeavors while still young and to pray that God will bless their efforts. And God will usually bless it. For my other Fellow business owners young and old, they should endeavor to enjoy the pleasure and pain of growing their Community Pharmacy practice to a Pharmacy business and then ultimately a Pharmacy enterprise.

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DATA AND THE COMMUNITY PHARMACY

Mavis Muo



Dear Reader,

Today, a lot of professionals in different sectors of both business, communications, health and more have sought to find the next big thing. Something indispensable, that could evolve and be processed through different stages to get a refined product. Something like the internet and the “www” boom which would be the new gold of this era and many to come. That one thing that would have a lot of benefits added to it. In the pre-internet era, one of the biggest changes for businesses was the communication technology enabled by the internet. The way people communicated with one another, shared files, made purchases and also collaborated completely shifted with the introduction of the internet and became widespread.

You could now easily connect to your corporate network from anywhere and instantly send the necessary information. This improved company performance and sped up the business processes giving certain organizations the upper hand against their competitor. And now, just like

the internet, we are in the race to find the next big thing which has come to stay.

DATA!

In recent times, so many people have said that the next big thing we seek is likely to be the world of DATA. But how?

Like Clive Humby stated “Data is the new oil” and just like oil, data is shaping the new world. For businesses or brand retailers like the community pharmacies, this translates to capturing more information than ever before; about the products and patients. Geoffrey Moore also stated that without data you are blind and deaf in the middle of a freeway. This confirms the statement, knowledge is power because knowledge comes from being highly informed and there is no information without data. It clearly implies that 'Data is Power'. With this being said, it is obvious that the use of data is necessary for the community pharmacies. However, first things first! Remember data is like oil, it needs to be processed before use. And this brings us to certain steps

within our pipeline of which **Data Collection** is first. This includes the collection of patient data such as demographics (name, age, gender etc.), medication records, product data, inventory data, sales data and more. The collected data is then processed and analyzed to glean information such as the revenue performance of the pharmacy, patient medication compliance and a lot more. In the United Kingdom, there exists software packages available for analyzing the community pharmacy's performance with data collected. Some of these packages such as Pharmadata even allows you to compare your pharmacy's performance within a particular period to the performance of other community pharmacies close by. The Royal Pharmaceutical Society has confirmed data collection is vital to healthcare as it helps each organization offer a couple of improved services such as ;

- Provision of personalized healthcare
- Easy follow up and enhanced compliance
- Keeping of patient medication records and more

Provision of personalized healthcare

Data collected from patients can include the patient complaints and observed/report adverse reactions to previous medications used. This will help the pharmacy to easily provide the best treatment options based on an individual's specific medical issues and personal preferences, encouraging the formation of lifelong customer relationships.

Easy Follow Up and Enhanced Compliance

Combining data and tech services, the community pharmacy can make use of user-friendly websites or mobile apps where patient data and medication records are collected, processed and analyzed. These records can easily help the pharmacist follow up on each patient personally. These apps can also create reminders for the patients once it is time to take their medications, thereby improving patient compliance.

Patient Medication Records

With the use of collected data on patient medication usage, the community pharmacist can also easily review prescriptions over time to prevent the duplication of medicines and recurrence of drug related problems. Also, data can be organized to tell stories when partnering with physicians and other healthcare professionals to expand community-based patient care.

Loyalty Schemes

With the use of mobile apps, some loyalty schemes can be created and brought to the notice of certain patients only if the individual data is available to the pharmacy. For example, a patient walks in to purchase a bottle of ABC which is used in the long term management of hypertension for the first time at your premise. As your interaction proceeds and the health history of your new patient is collected via registering on your website or mobile app, seeing that this new customer is a high profit patient and would likely be using this medication for a long time, you can decide to offer a discount on monthly refills for this medication. This single offer can bring this particular patient back to your pharmacy converting that patient to a loyal client. You can easily offer healthcare tips and advice on the use of their medications and more. This will cause the patient to trust your pharmacy and they get to refer you to friends and family. The more they trust you, the more they buy from you that implies, the more they choose you over your competitor.

Being in possession of individual and population data. You can use these powerful tools to better the health of the communities you serve. When stories are supported by data, the outcomes can be powerful and it can sustain practice transformation. With these benefits and more, it is clear that data is the next big thing as it can be really useful at all kinds of services offered in healthcare and particularly in the community pharmacy at large

ORGANIC CREAMS; ENHANCING BEAUTY OR DAMAGING SKIN CELLS?

Firinajoyisopin Oyetunde Oyelude



Dating back to the nineteenth and early twentieth centuries, skin bleaching has been popular amongst African Americans in the United States as most blacks especially the women were not comfortable in their skin. The New Negro era came with a lot of attention being paid to skin aesthetics with racism being the order of the day. The society as at then painted the picture that the white skin is superior to the black skin; even to the extent that some whites use organic creams to maintain their skin color. The ideology is that having a light skin automatically equates to a higher status, more privileges and being attractive.

The 21st century is no different; most women and some men feel the urgency or need to beautify their skin resorting to bleaching, skin whitening and toning. Indiscriminate use of high potency

steroids and hydroquinone mixtures remains the order of the day. Skin bleaching is defined as permanent or temporary alterations to the skin structure as such affecting pigmentation. This can be deliberate and sometimes it might lack intentionality. In the process of trying to clear a black spot or blemish, a few people end up bleaching their skin.

The closer the damage to the outer surface of the skin, the easier the skin anomaly can be corrected. Pigmentation appears on the dark skin conspicuously and is best left alone to aid natural healing. The skin surface can in the period of healing be improved with make-up. Laser surgery and dermatological intervention is the permanent solution for this. The downside to skin bleaching is numerous; the skin ends up looking unhealthy, without its protective cover and can cause systemic

diseases like psoriasis. The UVB part of the ozone layer from sunlight burns the skin and predisposes it to skin cancer. The black skin has higher chances of protection from UV rays than white skin due to presence of melanin thus protecting it from the harmful effect of sunlight. So it is not surprising when white folks use a lot of sunscreen and keep to the habit of tanning their skins.

Tyrosine inhibitors such as kojic acid, arbutin and arctocapanone are said to have multifunctional skin whitening ability with potent antioxidant properties. They are frequently used in cosmetic products and are believed to have a lower cytotoxic effect on cell proliferation. These products sedate the production of melanin and give a white-like tone to the skin yet their safety is not at the moment 100% asserted. The fad now is that vendors sell and advertise “organic skin care” products consisting of mostly harsh chemicals. What is meant to restore, nourish, rejuvenate and remove dead skin cells in the process of exfoliation does the exact opposite.

The populace needs to be careful of the skin care experts that they patronize. A beautician that promotes only light skin clients might be selling fake organic products. Organic in the real sense means “natural”. Ladies are advised to read the ingredients of whatever skincare products they are about to purchase. Research about the client base of a skin care brand should be done before patronage. It is also important to purchase skincare products that suit specific body types and textures. An unhealthy skin could be as a result of inadequate nutrients intake; fruits and vegetables come highly recommended. Taking lots of water is as key as sticking to a good skincare brand.

Turmeric and lemon come in handy for damages done to the outer skin layer only. Spot removal creams are best avoided because they do more harm in the long

run. A sunscreen with a chemical blocker and a sun protection factor (a measure of how well the skin is protected from sunburn) of at least 30 is recommended by a dermatologist. The amount of exposure to the sun should be reduced. Glycolic and tea tree wash could be of optimum use in every day skin care routine. To protect the good bacteria on the skin the use of medicated bathroom soaps should be reduced drastically. Liquid disinfectants should be used sparingly. Triple action creams should not be mixed with shea butter or used singly as daily body cream. These are all bad dermatological practices.

In conclusion, the dark skin is beautiful and should be well taken care of and not scorned. Women especially need to be proud and comfortable in their skin; the use of adulterated organic creams for light skin privilege is a sham and should be condemned.



PHARMALLIANCE INTERVIEW

PHARM. OLUYEMI DARAMOLA-ABIOLA



Temitope Ben-Ajepe

management programmes at The Lagos Business School. I have previously worked in various sectors of the pharmaceutical industry in Nigeria, including hospital, community, sales and marketing as a medical representative, Team Lead, and Product manager. Also, I served as a brand manager, Marketing Manager, and Head of Marketing & Strategy, managing several portfolios.

1. Why did you become a pharmacist?

I had always desired a career in the health sector; but I knew deep within me that I was not cut out to be a medical doctor. The sight of blood was disgusting and scary to me when I was growing up, so I started researching other professions that I could do to fulfil my desire of working in the health sector. Nursing was out of it for the same reason and I remember my uncle suggested Physiotherapy, but it just didn't resonate.

I was informed about the Pharmacy profession during one of the career talks in secondary school.

It sounded like something close to being a physician but without dealing with the sight of blood and still being able to care for people, although I didn't understand the research, development and drug formulation part at that time.

Please introduce yourself briefly?

My name is Oluyemi Daramola-Abiola, a Pharmacist and the Chief Operating Officer at Fortis Pharmacy and Stores, and a Director at FilGap Healthcare Ltd. I am happily married to Olufunmi Daramola - Abiola, a lawyer and the Executive Director at Fortis Pharmacy & Stores, and we are blessed with two amazing boys.

I have a master's degree in business administration (MBA) from Obafemi Awolowo University, Ile Ife (OAU) and a B.Pharm degree earlier obtained from the University of Ibadan (UI). I have attended various marketing certifications, including several marketing

2. Tell me about your experience as a pharmacist?

My experience cuts across many pharmacy practice areas and sectors. I was an Intern Pharmacist at the University College Hospital Ibadan and also a Corper Pharmacist at the Federal Medical Centre Yola (formerly State Hospital, Yola). I also spent a considerable number of my practice years in the Pharmaceutical Industry as we call it, majorly in different sales and marketing roles. I worked at Pharmabase Nig. Ltd, Emzor Pharmaceuticals Nig. Ltd, Zolon Healthcare Ltd and currently FilGap Healthcare Ltd as a director. In all these roles, I always had a soft spot for community pharmacy practice, largely because of the opportunity it affords for constant interactions with patients and other clients across all spectra of the society. During my internship and NYSC, I practised in community pharmacies, it's not surprising that we ended up setting up a community pharmacy practice in a bid to plug the gaps we realized in previous years of practice in order to afford our communities the best that Pharmacy has to offer.

3. What do you like best about being a pharmacist?

Being a pharmacist is one of the most rewarding professions because we have the opportunity to touch a lot of lives. Pharmacists get a great sense of accomplishment to know that their patients get better with the interventions and counsel. It is awesome, and then there's the smile on their faces and the appreciation that goes with that. Another great thing about pharmacy is the preparation for life that the profession gives in training. There is hardly any challenge pharmacists cannot face, they can comfortably change jobs and career paths because of the doggedness afforded by the process and exposure. Pharmacists are one of the most trained professionals.

4. What do you like least about being a pharmacist?

Of course, there is no profession without its challenges, and we are facing ours headlong. The challenges, however, are opportunities for innovation. One challenge facing pharmacists, particularly in our clime is "overtraining". It seems we know too much about the roles we currently play, my guess is most pharmacists would prefer a situation where we can specialize earlier so you are not faced with studying all the aspects of pharmacy that you may end up not using. Like I said earlier, new ideas are currently being implemented while we are also clamouring for some innovation in the curriculum. It should be such that clinically oriented pharmacists are exposed earlier to that aspect while those interested in research and formulations can get grounded earlier while studying pharmaceutical sciences and pharmaceuticals.

5. What is your greatest accomplishment so far?

It will be too early in our journey to say we have our "greatest" accomplishments. We have had the opportunity to train and impact hundreds of men and women as marketing & sales professionals in the pharmaceutical industry. Many of them grew as pharmacist entrepreneurs in the community pharmacy space, and have gone ahead to do even greater things, giving some sense of accomplishment. Also, working as a product development specialist with many of my colleagues, superiors and mentors to develop and launch great products into the pharmaceutical industry space, and these products are waxing stronger by the day. When I see these products on the shelves in pharmacies, I smile.

6. How do you make yourself a better pharmacist?

Constant personal development is critical if we want to stay relevant in these times. It's been said that current information becomes obsolete every four years, so to

stay relevant, I engage in paid and unpaid training sessions to unlearn, learn and relearn. Pharmalliance is an example of paid sessions where we stay up to date with current advances in the retail/community pharmacy space and life in general. Great books on life, leadership and entrepreneurship are constantly reviewed, so we have a pipeline of great ideas that we try to adapt and implement daily.

7. How do you stay up-to-date on new medications and trends?

We subscribed to a good number of pharmacy-related journals and set up clinical training sessions in our organization. There, we have both internal and external facilitators from innovative companies come around to update us on new medications and global trends. We attend Pharmacy exhibitions and shows regularly to enable us to stay up-to-date. Panel 14 (The biggest retail pharmacy event in Nigeria) comes up in August 2022 and it is compulsory to attend. We also go for ACPN and PSN events.

8. How do you ensure that patients are educated about their medications?

One policy that we implemented from the first day in Fortis Pharmacy & Stores was not to have a 'transactional' pharmacy practice for want of a better word. We envisioned a pharmacy that serves as a drug information and drug counselling centre. These were novel ideas in the community where we started our practice. We ensured that a pharmacist was always on duty across all our locations even when the business could not entirely afford it. It was a bold statement, and our clients noticed a remarkable difference in the quality of our services. That was because we ensured that people not only have access to medicines but also have access to quality drug information. Thus, we became known as the go-to place when you want quality pharmaceutical advice, and this we have continued to this day. Commendably, other community

pharmacies around us adopted this practice. We have also been able to raise the bar and empower the consumers of pharmacy services in our various locations.

9. How do you balance customer service and efficiency?

In today's world, there is information democracy. Our clients know where and when quality information is disseminated, and great customer experience and services are available. Thus, we go a step further in employing information technology gadgets and tools and deploying organizational structures and strategies to support our customer engagement processes. It starts from inventory management and control to point-of-sales and point of care tools and devices. We also have customer interactive platforms for feedback through WhatsApp, other social media, and delivery services.

10. How do you attract talent at Fortis?

Talent attraction and retention is a great strategy in the increasingly competitive business landscape globally. This has been further complicated by the COVID-19 pandemic in which the barrier around international recruitment and access to remote jobs has been shattered. We are doing our best by deploying local and global best practices in attracting and retaining talents. There is a global movement of talents and there are organizations with deeper pockets competing with us for limited talents and resources. Yet, we are more concerned with ensuring that our talents have the best of experience and training while working with us and they can recommend other great talents to our business; they also keep in touch after exiting. We are also big on training, so we recruit for great attitude and basic qualifications not necessarily long years of experience. Here, we grow their ability to deliver value to our clients and the organization.

11. What are your biggest challenges?

Currently, our biggest challenge is the operating environment, and electricity is a significant issue. We have to largely generate our own power while the national grid is the standby option. Diesel cost is crazy right now, and we cannot pass all the constantly increasing overhead to our customers. This problem greatly impacts the bottom line. The industry is also currently experiencing a scarcity of pharmacists and other professionals because of the recent heavy migration to first world countries which is actively attracting our young brains - and what is a pharmacy without a Pharmacist? Another major challenge is Forex. This is impacting negatively on the cost of goods, we are being buffeted on every side, but we are deploying various strategies to stay well above the waters and continue to deliver value to our clients despite all these challenges

12. Tell us how you joined Pharmalliance?

Fortis Pharmacy & stores started operations in April 2016, but we have followed the trajectory of ST - Shina Opanubi from the very first PANEL edition (I mentioned earlier that I have always had a soft spot for community practice and the goings-on around it). Therefore, it was a no-brainer when the opportunity came for a franchise Pharmalliance centre in Ibadan around November/December of that year. We grabbed the opportunity with both hands, and we have remained a committed member of Pharmalliance since then. We got a gift for our 5th anniversary not too long ago.

13. How has your membership at Pharmalliance impacted your business?

In many ways that we cannot count. From the network of great businesses and colleagues to the monthly impactful business sessions to the hands-on practical policy development tools to shared learnings and experiences to getting business contacts. Peer review sessions, clinical sessions and

several opportunities for growth and development. The Pharmalliance network puts us on our toes as we get constantly challenged to improve and innovate.

14. What other value does your Pharmalliance membership gift you?

As I mentioned earlier, the regular training opportunities and networking opportunities are the most valuable benefits as a Pharmalliance member.

15. If not Pharmacy, what?

I would probably still end up in some form of entrepreneurship. I may have studied one of the physical science courses like Engineering and probably end up on the business side of that too. I remember that my secondary school teachers were surprised when I opted to study pharmacy, they thought I was going to end up in Engineering or the like. I was an all-rounder, they knew I didn't want to be a Medical doctor, so they probably thought I would opt for the physical sciences. So to answer your question, I will say Engineering – Civil or Electrical / Electronics.

16. If you could say anything at all to a room full of community pharmacists like you or aspiring to be like you, what would it be?

Knowledge is power. Running a community pharmacy is much more than being a Pharmacist.

Thus, your clinical knowledge is vital, but you need much more than that to grow the organization. You must be able to harness technical knowledge, human and material resources as well as leadership skills to grow, expand and stay relevant.

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THE COMMUNITY PHARMACY AND THE PHARMACIST

Alade John Adeniyi



According to the database of the Pharmaceutical Council of Nigeria, there are three thousand six hundred and seventy-eight registered community pharmacies across the thirty-six states of Nigeria. The role of the community pharmacy has proven pivotal in the pharmaceutical practice over the years; Because of its easy accessibility to patients and customers—it has continued to define its role as the number one point of pharmaceutical care in all the layers of the pharmaceutical profession. Management of case presentation is seamless as possible by the community pharmacist on duty at the point of consultation. The pharmacist does most consultations over the counter, or in the cases of other facilities and conducts consultations in special consultation rooms. The pharmacist engages the patient and

clerks the patient on various questions ranging from the duration of the illness, signs and symptoms experienced by the patient, recent history of the ailment, current medications used by the patient to treat other cases not related to the particular illness and also previous drugs used by the patients to ease the illness. After retrieving this set of information from the patient, the pharmacist takes action and educates the patient on his current case, and drafts out plans to ensure that the patient receives optimum pharmaceutical care. The pharmacist also prescribes drugs to the patient, including informing the patient on the correct dosing of the drugs, the effect of the drugs, and ensuring the patient completes the dosing of the drugs to avoid future resistance to the present condition.

The pharmacist also collects useful personal information from the patient to update the patient in their customers' database. Community Pharmacists provide educational consultations, medication management for customers, and medication optimization. They also provide consultations for chronic diseases sometimes. There have been areas of advancement in community pharmacies in recent times, especially with the inception of a customer database in a couple of community pharmacies. The customer database is a catalog of various information gathered from the patients during consultations, followed up with regular customers that patronize the store. This method additionally makes health promotion among the patients easier with every patient accounted for and monitored till they reach their optimal health status. The presence of an astute antibiotic stewardship practice in major community pharmacies is another highlight of the remarkable advancement in vogue. This practice has been efficient in curbing the existing dilemma faced with antibiotic abuse among the Nigerian populace. Antibiotics are dispensed based on patient/customer complaint (s) and paid according to the required period for that dosage and ensure the patient takes the drug. Despite this advancement within community pharmacies across the country; there are tons of issues still faced in the community pharmacy practice. One of the major issues of community practice is the underwhelming salaries dished out to the pharmacists employed by the organization. There have been complaints by young pharmacists of constant exploitation by senior colleagues in the profession on the point of employment. They also complained that the workload did not complement the meagre remuneration received. Another issue faced by other colleagues is the difficulty faced to practice adequate pharmaceutical care while on duty. We can attribute this to the fact that most communities essentially run on a profit-based system rather than actual patient health outcomes.

The need to prescribe unnecessary drugs—drugs that are not about the present health conditions of the patients—to boost sales rather than dwell on the patient's existing conditions backs this up. Over previous years and even till now; the community pharmacy is renowned for being a point of constant improvement for young pharmacists at the threshold of their careers. It can encourage pharmacists in this space to perform their best services if measures put in place in the community pharmacy align with the expectations of the pharmacist.

The provision of incentives to pharmacists by their bosses proves to improve their performance while working in the community pharmacy. The availability of essential drugs in the pharmacy can stimulate a pharmacist to prescribe the medicine after consultation with the patient. Flexible overall working policies will always bring out the best in most community pharmacies. The pharmaceutical premises can start the organization of monthly medical outreaches by community pharmacies to encourage the motivation of their staff. Overall, there is a need for more pharmaceutical care-oriented goals among major community pharmacies alongside their monetary goals. The balance is required to present the profession as noble in the presence of miscreants that continue to reflect the professional in a poor light. Pharmacies are well equipped, stocked up with drugs, have a functioning customer / patient database, and Pharmacists should possess expert knowledge in pharmaceutical care, marketing skills, fantastic communication skills, and commendable communication skills.

PATIENTS TEACH PHARMACISTS TOO!

Nkem Obiakor



If there was one aspect of pharmacy with diverse kinds of experience, it would be the community pharmacy practice. Despite the fact that a lot of these experiences are predictable, the community Pharmacist is still liable to have new encounters once in a while. These encounters typically range from different character display by clients, burnout moments, situations that compel innovation, and more importantly, eye openers. In fact, I would say the community pharmacy is a place to expect the unexpected. As a pharmacist, the advent of individualized therapy teaches us to treat patients as individuals rather than as a group. However, this practice employs a lot

of empirical approaches when it comes to drug therapy. The detection of any unusual symptom while managing patients is first preceded by the pharmacist paying astute attention to the signs. As drug experts, we are aware that there is no limit to the number of possible drug interactions or adverse effects which can occur during Medicine therapy. Some common examples of adverse effects from medicines are: The rare adverse reaction to paracetamol which was observed through pharmacovigilance as well as patient interaction with Sulfonamide containing drugs such as Septrin. While medication interaction seems quite well known, practicing as a pharmacist has

also allowed me to observe a number of other kinds of effects such as Starchy food allergy and the one patient who suffers gastric reflux whenever he consumes Bread. It therefore goes without saying that a very important/Sensitive aspect of pharmaceutical care involves detailed collection of patient history. However, there is the temptation to skip through the process of patient clerking or to even generalize even though it is evident that every individual differs from the other in numerous ways. But as a Pharmacist, I would say that our patients are sources of great information. New adverse drug reactions, side effects, medical conditions, allergies, medication resistance, etc can be discovered via a single patient encounter. Through interaction with patients and other pharmacists, Community pharmacies are pivotal centers for pharmacovigilance and should be treated as such. The number of patients seen in a day could range from a few tens to a few hundreds, depending on the environmental and structural factors of the premises. Hence, the possibility of stumbling on a new condition first-hand should always be borne in mind.

Also, there are first hand experiences of existing conditions to be gained while working in a community pharmacy. A myriad of experiences has taught me (and a lot others, if I may add) that patients could also hold information that we either may not have come across or reflected on. Hence, patient clerking is both an opportunity to probe into conditions and learn new things. Therefore, a patient is both a target for Health education and a source of insight. Finally, a hurriedly carried out drug dispensing makes a community pharmacy more of a business place than a professional one. Even as a highly profitable venture, it is worthy of reminding us that pharmaceutical care also comprises humanistic outcomes and should be part of the priority. Therefore, a patient is both a target for Health education and a source of insight. Finally, a hurriedly carried out drug dispensing makes a community pharmacy more of a business place than a professional one. Even as a highly profitable venture, it is worthy of reminding us that pharmaceutical care also comprises humanistic outcomes and should be part of the priority.

PHARMALLIANCE IN PICTURES VACCINATION TRAINING

Pfizer sponsored pharmacy based vaccination training held at Radisson Blu Hotel



Opening remarks by Pharm. Ayo Akanbi, Country brand lead for Pfizer, the event sponsors



Donation of vaccination training materials to the Dean, Faculty of Pharmacy University of Lagos, Prof. Adepoju Bello



Remarks by program coordinator, Prof. Arinola Joda



Practical hands-on demonstration by participants under the supervision of faculty staff



Injection administration training by faculty



Cross section of audience

PHARMALLIANCE IN PICTURES GHANA WORKSHOP

Ghana Workation: A trip to Ghana by Pharmalliance members for a best practice sharing session with community pharmacists in Ghana



Arrival at the Kotoka International airport in Accra



Group photograph with some Ghanaian Community pharmacists



All work and no play



Field trip to Alphadelta pharmacy



Relentless Pharmalliance ladies



Bridge building between the National Chairman of Community practice pharmacists association, Dr. Emmanuel Ireland and National Vice Chairman of ACPN, Pharm. Bridget Otote

PHARMALLIANCE IN PICTURES GHANA WORKSHOP



Cross section of Ghanaian community pharmacists



Field visit



Canopy walk several metres above ground level



Classroom strategy session led by Isaac Adupong of blazing impact consulting



Pharmalliance team at elmina slave castle



Chilling at the beach after a very successful 5 day workation

PHARMALLIANCE IN PICTURES

PANEL 14



Keynote speaker Audrey Joe Ezigbo and some conference delegates



Mrs. Audrey Joe Ezigbo and her painting



Cross section of audience



Ongoing keynote session with Mrs. Audrey Joe Ezigbo



Teabreak that went to harvard from Licious Desserts



Registration booth

PHARMALLIANCE IN PICTURES

PANEL 14



Speed painting of Paul Onwuanibe by celebrity painter, Pharm. Francis Jide



Presentation of the painting



Presentation of Pharmaalliance Retail Legend Award to Pharm. U.N.O Uwaga



Business session facilitated by Pharm. Taofik Odukoya of Vanguard Pharmacy



Photograph of the Nett Pharmacy delegation



Group photograph of pharmaalliance members

PHARMALLIANCE IN PICTURES

PANEL 14



Presentation of speed painting to Dr. Larry Izamoje



Ongoing keynote session by Dr. Larry Izamoje



Ongoing keynote Pharm. Augustine Okeke, winner of the grand prize of \$1000 session by Dr. Larry Izamoje



Presentation of Retail Inspiration award to Pharm Johny Amadasun of Safari Pharmacy



Business session presentation by Pharm. Josephine Ehimen of Nett pharmacy



Pharm Josephine Olaleyeye on the 360 degree photo booth



The country man performing at the closing cocktail of the conference



Presentation of Pharmalliance Leadership award presented to the Zonal director of PCN Lagos Office, Dr Ukamaka Okafor



Pharmalliance group photograph

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