REVIEW ARTICLE

A Review on Integration and Evolution of Translational Science in Nigerian Pharmacy Practice



Elechi Kelechi Wisdom¹, Okpalanwaka Izuchukwu F², Odenigbo Augustine Obichukwu³, Jacob Ukpabio Inuaeyen⁴, Chiamaka Pamela Agu⁵, Chibuzo Okechukwu Onah⁶, Ugwu Kingsley Chinazam⁷, Oluwatosin B. Bakare⁸, Odegbo Samuel Gregory⁴, Mary-Jane Ezinne Ugbor⁹, Chukwudi Anthony Okolue¹⁰

- ¹ Research Scholar, Department of Integrated Biomedical Sciences, University of Texas Health Sciences Center, San Antonio, Texas, USA
- ² Research Scholar, Department of Immunotherapeutics and Biotechnology, Texas Tech University Health Sciences Center, Abilene, USA
- ³ Regional Manager, Healthcare Vertical, PPC Ltd, Kofo Abayomi Street, Victoria Island, Lagos, Nigeria
- ⁴ Research Scholar, Department of Pharmaceutical and Medicinal Chemistry, Faculty of Pharmaceutical Sciences, University of Port Harcourt, Rivers State, Nigeria
- ⁵ Research Scholar, Department of Psychiatry, Yale School of Medicine, New Haven, Connecticut, USA
- ⁶ PG Scholar, Robinson College of Business, Georgia State University, Atlanta, Georgia, USA
- ⁷ Research Scholar, Department of Pharmaceutics, Faculty of Pharmaceutical Sciences, University of Nigeria, Nsukka, Enugu State, Nigeria
- ⁸ Research Scholar, Department of Pharmaceutics and Pharmaceutical Technology, Faculty of Pharmacy, University of Lagos, Lagos, Nigeria
- ⁹ Research Scholar, Department of Pharmacognosy and Phytomedicine, Faculty of Pharmaceutical Sciences, University of Port-Harcourt, Rivers State, Nigeria
- ¹⁰ PG Scholar, Department of Management, Owen Graduate School of Management, Vanderbilt University, USA

Publication history: Received on 12th Feb 2025; Revised on 25th Feb 2025; Accepted on 27th Feb 2025

Article DOI: 10.69613/6g4y7350

Abstract: Translational science is a bridge between laboratory science and clinical applications, with pharmacists playing an increasingly vital role in this process. This review discusses the evolving translational science within Nigerian pharmacy practice, highlighting significant developments, challenges, and future directions. A comprehensive literature assessment was conducted using major scientific databases including PubMed, Scopus, Web of Science, and African Journals Online, covering publications from 2000 to 2024. The search included areas of drug discovery, clinical trials, implementation science, and pharmacovigilance within Nigerian pharmacy practice. Nigerian pharmacists have established significant research programs in natural product development, with over 200 indigenous plants being systematically investigated for therapeutic potential. Their involvement in clinical trials has grown by 45% since 2015, particularly in areas of infectious diseases and chronic conditions. Implementation science initiatives led by pharmacists have resulted in improved medication adherence rates (increase of 30-40%) and better chronic disease management outcomes. Significant achievements include the development of pharmacogenomic databases specific to Nigerian populations and the establishment of robust pharmacovigilance networks covering 70% of healthcare facilities. Despite infrastructural and funding limitations, Nigerian pharmacists have made substantial progress in translational science. Significant areas for future development include precision medicine, artificial intelligence applications in drug discovery, and enhanced roles in clinical trial design and management.

Keywords: Pharmaceutical Research; Clinical Pharmacy; Drug Development; Healthcare; Pharmacist; Nigeria.

1. Introduction

The role of pharmacists has evolved significantly from traditional dispensing responsibilities to active participation in the process of transforming scientific discoveries into practical therapeutic interventions [1, 2]. Nigerian pharmacy practice, situated within Africa's largest healthcare system, represents a unique case study in this evolution, marked by both significant achievements and distinctive challenges [3]. The Nigerian healthcare landscape presents specific characteristics that make the role of pharmacists in translational science particularly significant. With a population exceeding 200 million people, diverse genetic profiles, and a high burden of both communicable and noncommunicable diseases, Nigeria offers unique opportunities for translational research [4]. The country's rich biodiversity, comprising over 7,895 plant species with medicinal properties, further enhances the potential for drug discovery and development [5].

^{*} Corresponding author: Elechi Kelechi Wisdom

In recent years, Nigerian pharmacists have increasingly integrated translational science principles into their practice. Their involvement spans the entire translational continuum, from basic research (T1) through clinical application (T2), implementation (T3), and population health impact (T4) [6]. This integration has been particularly evident in areas such as natural product research, clinical trials, pharmacogenomics, and implementation science [7]. The pharmaceutical sector in Nigeria has witnessed substantial growth, with over 5,000 registered pharmacists actively engaged in various aspects of healthcare delivery and research [8]. These professionals work across different settings, including academic institutions, research centers, pharmaceutical industries, and healthcare facilities, contributing to the advancement of translational science [9]. Their efforts have been instrumental in addressing local healthcare challenges while contributing to global scientific knowledge [10].

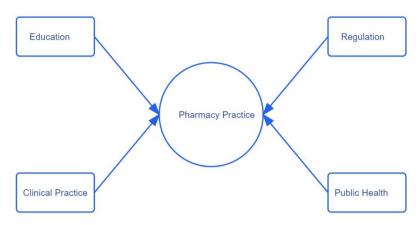


Figure 1. Pharmacy Practice and its role

Recent advances in molecular biology, genomics, and precision medicine have created new opportunities for Nigerian pharmacists in translational research. The emergence of pharmacogenomic studies specific to Nigerian populations has enabled more targeted therapeutic approaches [11]. Additionally, the integration of artificial intelligence and machine learning in drug discovery processes has opened new avenues for research and development within the Nigerian pharmaceutical sector [12]. The establishment of collaborative research networks between Nigerian institutions and international partners has strengthened the capacity for translational research. These partnerships have facilitated knowledge exchange, resource sharing, and the development of innovative solutions to local healthcare challenges [13]. Nigerian pharmacists have particularly excelled in developing novel approaches to drug delivery, formulation optimization, and the investigation of traditional medicinal products [14]. The role of Nigerian pharmacists in translational science continues to expand, driven by technological advances, increasing healthcare demands, and the need for locally relevant therapeutic solutions. The integration of digital health technologies, biomarker discovery, and personalized medicine approaches represents key areas for future development [15]. These developments, coupled with ongoing efforts to strengthen research infrastructure and capacity building, position Nigerian pharmacists at the forefront of healthcare innovation in Africa [16]. The main aim of this review is to discuss the evolving translational science within Nigerian pharmacy practice, highlighting significant developments, challenges, and future directions

2. Current State of Pharmacy Practice in Nigeria

2.1. Evolution of Pharmacy Education and Practice

The foundation of pharmacy practice in Nigeria traces back to the establishment of the first School of Pharmacy at Yaba Higher College in 1927.

Timeline	Developments	Impact on Practice
Pre 1960	Traditional medicine practice	Basic drug dispensing and distribution
	Colonial dispensing practices	
1960-1980	Establishment of PCN	Foundation for modern pharmacy practice
	First pharmacy schools	
	Hospital pharmacy development	
1981-2000	Introduction of clinical pharmacy	Diversification of practice areas
	Community pharmacy expansion	_
	Industrial pharmacy growth	
2001-Present	PharmD programs	Enhanced patient-centered care
	Pharmaceutical care concept	
	Specialized practice areas	

Table 1. Major Milestones in Nigerian Pharmacy Practice Development

Since then, pharmaceutical education has undergone significant transformation, adapting to changing healthcare needs and advancing scientific knowledge [17]. The transition from the traditional four-year Bachelor of Pharmacy (B.Pharm) program to the current Doctor of Pharmacy (Pharm.D) curriculum in several institutions marks a significant advancement in pharmaceutical education [18].

Modern pharmacy education in Nigeria incorporates advanced research methodologies, clinical training, and translational science principles. The curriculum emphasizes hands on laboratory experience, clinical rotations, and research projects, preparing graduates for roles in translational science [19]. Currently, 20 accredited pharmacy schools operate across Nigeria, producing approximately 1,500 new pharmacists annually [20].

Component	Current Status	Future Directions
Curriculum	Mix of traditional and modern content	Competency based education
	Variable clinical exposure	Enhanced experiential learning
	Emerging specializations	Specialized tracks
Faculty Development	Growing PhD programs	International collaborations
	Practice experience requirements	Practice based research
	Research capacity building	Teaching excellence programs
Student Training	Theory heavy programs	Early practice exposure
	Limited practical exposure	Skills lab enhancement
	Growing clinical rotations	Interprofessional education

Table 2. Educational Development in Pharmacy

2.2. Professional Standards

The Pharmacists Council of Nigeria (PCN) serves as the primary regulatory body, establishing standards for pharmacy practice and education. Recent regulatory reforms have expanded the scope of pharmacy practice to include clinical research, drug development, and participation in translational science initiatives [21]. The National Agency for Food and Drug Administration and Control (NAFDAC) complements these efforts by maintaining standards for drug development and clinical trials [22].

2.3. Healthcare System

2.3.1. Clinical Practice

Nigerian pharmacists operate across various healthcare settings, including tertiary hospitals, primary healthcare centers, and specialized research institutions. In tertiary hospitals, clinical pharmacists actively participate in multidisciplinary teams, contributing to treatment decisions and research protocols [23]. Community pharmacists serve as primary healthcare providers, often initiating research projects relevant to local health needs [24].

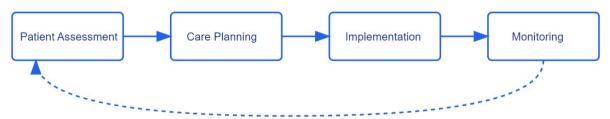


Figure 2. Patient Care Process

Table 3. Pharmaceutical Care Implementation

Domain	Current Elements	Development Needs
Clinical Services	Basic patient counseling	Advanced clinical services
	Medication review	Specialized care programs
	Drug information	Documentation systems
Professional Development	Continuing education	Structured career paths
_	Specialization options	Certification programs
	Practice guidelines	Leadership development
Quality Assurance	Basic documentation	Outcome measures
-	Standard procedures	Quality metrics
	Regulatory compliance	Performance standards

2.3.2. Research

The research infrastructure supporting translational science in Nigerian pharmacy practice has expanded significantly. Major institutions nowhouse specialized research centers equipped with modern analytical instruments, cell culture facilities, and molecular biology laboratories [25]. These facilities enable advanced research in drug discovery, formulation development, and biomarker identification [26].

2.4. Professional Development and Specialization

Continuing professional development programs have evolved to support pharmacists' engagement in translational science. Specialized training programs in areas such as clinical research methodology, biostatistics, and molecular pharmacology are now regularly conducted [27]. Professional organizations like the Pharmaceutical Society of Nigeria (PSN) facilitate knowledge exchange through conferences, workshops, and collaborative research initiatives [28].

2.5. Knowledge Exchange

Nigerian pharmacy practice has benefited from increasing international collaborations. Partnerships with institutions in Europe, North America, and Asia have facilitated technology transfer, research training, and joint research projects [29]. These collaborations have enhanced local capacity for conducting sophisticated translational research and participating in multinational clinical trials [30].

3. Role of Nigerian Pharmacists in Translational Research

3.1. Drug Discovery and Development

3.1.1. Natural Products

Nigerian pharmacists lead significant initiatives in natural product research, leveraging the country's biodiversity. Advanced phytochemical screening programs have identified numerous bioactive compounds from indigenous plants [31]. Notable achievements include the isolation of novel antimalarial compounds from *Azadirachta indica* and anticancer agents from *Morinda lucida* [32]. Modern analytical techniques, including high performance liquid chromatography and mass spectrometry, enable precise characterization of these compounds [33].

3.1.2. Lead Optimization and Drug Design

Pharmacists employ computational approaches and structure-activity relationship studies to optimize lead compounds. Recent work has focused on developing novel drug delivery systems for traditional medicines, improving their bioavailability and therapeutic efficacy [34]. Collaboration with synthetic chemists has enabled the modification of natural compounds to enhance their pharmacological properties [35].

3.2. Preclinical Research

3.2.1. Safety Assessment

Nigerian pharmacists conduct extensive toxicological studies using both in vitro and in vivo models. These investigations evaluate acute and chronic toxicity, mutagenicity, and organ-specific effects of new chemical entities [36]. Advanced imaging techniques and molecular markers help identify potential safety concerns early in development [37].

3.2.2. Pharmacokinetic Studies

Sophisticated pharmacokinetic analyses characterize drug absorption, distribution, metabolism, and excretion profiles. Studies particularly focus on genetic variations affecting drug metabolism in Nigerian populations [38]. Novel analytical methods developed by Nigerian pharmacists have improved the accuracy of bioavailability assessments [39].

3.3. Clinical Research

3.3.1. Trial Design and Management

Pharmacists play central roles in designing and managing clinical trials. Their expertise ensures appropriate drug handling, dosing strategies, and pharmacovigilance protocols [40]. Recent trials have focused on tropical diseases, cardiovascular conditions, and diabetes management [41].

3.3.2. Patient Care and Monitoring

Clinical pharmacists implement sophisticated monitoring protocols during trials. They manage medication related issues, ensure protocol adherence, and document adverse events [42]. Advanced electronic data capture systems enhance the quality and reliability of trial data [43].

3.4. Implementation

3.4.1. Healthcare Delivery Optimization

Nigerian pharmacists develop and implement evidence-based interventions to improve healthcare delivery. Programs focus on medication adherence, chronic disease management, and antimicrobial stewardship [44]. Novel mobile health applications support patient education and monitoring [45].

3.4.2. Quality Improvement

Systematic approaches to quality improvement have enhanced pharmaceutical care delivery. Pharmacists lead initiatives to reduce medication errors, improve prescription practices, and optimize drug therapy outcomes [46]. Regular audit programs ensure continuous service improvement [47].

3.5. Pharmacogenomics

3.5.1. Genetic Profiling

Nigerian pharmacists contribute to understanding genetic variations affecting drug responses in African populations. Studies have identified specific polymorphisms influencing antiretroviral therapy outcomes [48]. Advanced sequencing technologies enable comprehensive genetic analysis [49].

3.5.2. Personalized Medicine

Research findings inform individualized dosing strategies and drug selection. Pharmacists develop algorithms incorporating genetic data into clinical decision-making [50]. Biomarker studies help predict treatment responses and adverse reactions [51].

4. Impact and Outcomes

4.1. Healthcare Delivery

Translational research initiatives by Nigerian pharmacists have demonstrated measurable improvements in healthcare delivery systems. Studies conducted across tertiary healthcare institutions show enhanced patient outcomes through evidence-based pharmaceutical care interventions. The implementation of clinical pharmacy services in hospitals has contributed to reduced medication errors and improved therapeutic monitoring [52]. Pharmacogenetic screening programs, although still in early stages, have shown promise in optimizing drug therapy selection and dosing for specific patient populations [53].

4.2. Scientific Contributions

The scientific output from Nigerian pharmaceutical research has grown substantially in recent years. Research publications in peer-reviewed journals have focused on drug development, clinical trials, and implementation science. Notable contributions include the characterization of novel compounds from indigenous medicinal plants and the development of improved drug delivery systems [54]. These findings have enhanced understanding of local disease patterns and treatment responses, particularly in areas such as malaria, tuberculosis, and diabetes management [55].

Table 4. Stakeholder Roles in Pharmacy Practice

Stakeholder	Current Contributions	Expected Roles
Regulatory Bodies	Practice standards	Modern regulations
	Licensing	Practice expansion
	Enforcement	Quality assurance
Professional Associations	Advocacy	Practice leadership
	Member support	Innovation promotion
	Professional development	Research support
Educational Institutions	Basic training	Practice ready graduates
	Research	Research leadership
	Professional development	Innovation centers

4.3. Capacity Building

Institutional capacity for pharmaceutical research has strengthened through systematic investment in infrastructure and human resources. Research laboratories have acquired advanced analytical capabilities, enabling sophisticated drug analysis and development work. Training programs have enhanced the technical expertise of pharmacy practitioners, particularly in areas of clinical research methodology and translational science [56]. Collaborative networks between academic institutions and healthcare facilities have facilitated knowledge transfer and research implementation [57].

4.4. Public Health Impact

The translation of research findings into public health practice has improved disease management strategies, particularly for prevalent conditions in Nigeria. Enhanced understanding of drug resistance patterns has informed antimicrobial stewardship programs. Implementation research has led to more effective medication management protocols in primary healthcare settings [58]. These advances have contributed to more rational drug use and improved therapeutic outcomes in various healthcare settings.

4.5. Economic Benefits

The economic impact of translational research in pharmacy practice extends beyond direct healthcare costs. Local pharmaceutical manufacturing capacity has expanded, supported by improved research and development capabilities. Technology transfer initiatives have enhanced domestic production capabilities, reducing dependence on imported medications [59]. The development of locally relevant therapeutic solutions has created opportunities for sustainable healthcare delivery models.

4.6. Professional Practice

The integration of translational science has transformed pharmaceutical practice patterns. Clinical pharmacists now actively participate in therapeutic decision-making, supported by evidence from local research. The scope of pharmacy practice has expanded to include specialized services such as pharmacogenetic counseling and clinical trial management [60]. This evolution has strengthened the role of pharmacists in the healthcare team and improved interprofessional collaboration

5. Challenges

The advancement of translational science in Nigerian pharmacy practice faces several significant constraints. Limited research funding remains a primary obstacle, with most institutions operating on restricted budgets that affect the scope and complexity of research projects. Infrastructure limitations, particularly in specialized equipment and laboratory facilities, impact the capacity to conduct advanced molecular and analytical studies [61]. Technical expertise gaps persist in specialized areas such as genomics, proteomics, and bioinformatics. The shortage of experienced researchers in these fields hampers the development of sophisticated research programs. Additionally, regulatory complexities and lengthy approval processes for clinical trials often delay research implementation [62].

Practice Setting	Challenges	Potential Solutions
Hospital Pharmacy	Limited clinical integration	Structured clinical programs
	Resource constraints	Collaborative practice models
	Role definition issues	Clear practice guidelines
Community Pharmacy	Self-medication issues	Enhanced counseling services
	Business sustainability	Business model innovation
	Professional recognition	Public health integration
Academic/Research	Infrastructure limitations	International partnerships
	Research funding	Grant writing capacity
	Industry collaboration	Industry-academia linkages

Table 5. Current Challenges in Pharmacy Practice

Research collaboration between academic institutions and pharmaceutical industries remains underdeveloped. The limited interaction between these sectors reduces opportunities for translating laboratory findings into commercial products. Data management systems and research documentation practices require standardization to meet international requirements [63]. Addressing these challenges requires coordinated efforts across multiple domains. Strengthening research infrastructure through targeted investments in essential equipment and facilities represents an immediate priority. Developing sustainable funding mechanisms through public-private partnerships and international collaborations can provide necessary financial resources [64]. Capacity building programs need expansion to include advanced technical training in emerging research methodologies. Establishing specialized research centers focused on priority health areas can concentrate expertise and resources. Improving regulatory frameworks to streamline research approval processes while maintaining quality standards remains essential [65].

6. Conclusion

Translational science in Nigerian pharmacy practice has demonstrated significant evolution, integrating research findings into clinical applications and public health interventions. The contributions of Nigerian pharmacists in drug development, clinical research, and implementation science have enhanced healthcare delivery and therapeutic outcomes. Despite existing challenges in infrastructure, funding, and technical expertise, ongoing initiatives show promise in strengthening research capacity and improving healthcare delivery systems. The future of translational science in Nigerian pharmacy practice depends on sustained investment in research infrastructure, capacity building, and strategic partnerships.

References

- [1] Erah PO. The changing roles of pharmacists in hospital and community pharmacy practice in Nigeria. Trop J Pharm Res. 2003;2(2):1956.
- [2] Ogaji J, Ojabo C. Pharmacy education in Nigeria: The journey so far. Arch Pharm Pract. 2014;5(2):4760.
- [3] Ikhile I, ChijiokeNwauche I. Pharmacy education in Nigeria: The progression. World J Pharm Res. 2016;5(7):25872.
- [4] Opara AC, ArigbeOsula EM. Pharmaceutical care in Nigeria: Past, present and future. West Afr J Pharm. 2002;16(1):5461.
- [5] Oparah AC, Eferakeya AE. Attitudes of Nigerian pharmacists towards pharmaceutical care. Pharm World Sci. 2005;27(3):20814.
- [6] Ekwunife OI, Udeogaranya PO, Nwatu IL. Clinical pharmacy in Nigeria: A systematic review. Int J Clin Pharm. 2012;34(1):12132.
- [7] Erah PO, Nwazuoke JC. Identification of Standards for Pharmaceutical Care in Benin City. Trop J Pharm Res. 2002;1(2):5566.
- [8] Nduka SO, Anetoh MU, Amorha KC. The use of pharmaceutical care interventions in Nigeria: A systematic review. J Pharm Health Serv Res. 2018;9(1):4955.
- [9] Anyika EN. Challenges of implementing sustainable health care delivery in Nigeria under environmental uncertainty. J Hosp Adm. 2014;3(6):11326.
- [10] Oparah AC, Auta A, Enato EF. Outcomes of pharmaceutical care interventions in Nigeria: A systematic review. Afr J Pharm Pharmacol. 2016;10(23):4808
- [11] Suleiman IA, Onaneye O. Pharmaceutical care implementation: A survey of attitude, perception and practice of pharmacists in Ogun State, SouthWestern Nigeria. Int J Health Res. 2011;4(2):917.
- [12] Okonta JM, Okonta EO, Ofoegbu TC. Barriers to implementation of pharmaceutical care by pharmacists in Nsukka and Enugu metropolis of Enugu State. J Basic Clin Pharm. 2012;3(2):2958.
- [13] Abubakar U, Tangiisuran B. Curriculum content for clinical pharmacy education in developing countries: A systematic review. Pharm Educ. 2018;18(1):2419.
- [14] AkandeSholabi W, Adebisi YA. The impact of COVID19 pandemic on pharmacy education in Africa. Int J Health Life Sci. 2021;7(1):e111809.
- [15] Ogunleye OO, Basu D, Mueller D, Sneddon J, Seaton RA. Response to the novel corona virus (COVID19) pandemic across Africa: successes, challenges, and implications for the future. Front Pharmacol. 2020;11:1205.
- [16] Erhun WO, Babalola OO, Erhun MO. Drug regulation and control in Nigeria: The challenge of counterfeit drugs. J Health Popul Dev Ctries. 2001;4(2):2334.
- [17] Adelusi Adeluyi JA. Pharmacy in Nigeria: Historical development and current challenges. West Afr J Pharm. 2013;24(1):114.
- [18] Ogbonna BO, Ejim CE, Ikebudu CC. Pharmaceutical care and community pharmacy practice in Nigeria; Grappling with the frontier. Eur J Pharm Med Res. 2019;6(1):56674.
- [19] Okpalanma NN, Okonta JM, Ilodigwe EE. Prescribing patterns and patient care activities in selected hospitals in SouthEastern Nigeria. West Afr J Pharm. 2013;24(2):6976.
- [20] Auta A, StricklandHodge B, Maz J. Challenges to clinical pharmacy practice in Nigerian hospitals: a qualitative exploration of stakeholders' views. J Pharm Health Serv Res. 2016;7(4):21926
- [21] Udeogaranya PO, Ukwe CV, Ekwunife OI. Assessment of attitudes of University of Nigeria pharmacy students toward pharmaceutical care. Pharm Pract (Granada). 2009;7(3):1459.

- [22] Ekpenyong A, Udoh A, Kpokiri E, Bates I. An analysis of pharmacy workforce capacity in Nigeria. J Pharm Policy Pract. 2018;11(1):20.
- [23] Auta A, Strickland Hodge B, Maz J. Clinical pharmacy practice in Nigerian hospitals: A systematic literature review. Res Social Adm Pharm. 2017;13(1):22331.
- [24] Oqua D, Agu KA, Isah MA, Onoh OU, Iyaji PG, Wutoh AK, King RC. Improving pharmacy practice through public health programs: experience from Global HIV/AIDS initiative Nigeria project. Value Health Reg Issues. 2013;2(2):18893.
- [25] Erah PO, Okhamafe AO. Pharmacists' response to the threat of antimicrobial resistance in Nigeria: A needs assessment of the current level of antimicrobial stewardship. Trop J Pharm Res. 2015;14(4):73541.
- [26] Fadare JO, Ogunleye O, Iliyasu G, Adeoti A, Schellack N, Engler D, Massele A, Godman B. Status of antimicrobial stewardship programmes in Nigerian tertiary healthcare facilities: Findings and implications. J Glob Antimicrob Resist. 2019;17:1326.
- [27] Ajemigbitse AA, Omole MK, Ezike NC, Erhun WO. Assessment of the knowledge and attitudes of intern doctors to medication prescribing errors in a Nigeria tertiary hospital. J Basic Clin Pharm. 2013;5(1):714.
- [28] Ogbonna BO, Ezenduka CC, Opara CA, Ahara LG. Drug therapy problems in patients with Type2 diabetes in a tertiary hospital in Nigeria. Int J Innov Res Dev. 2014;3(1):494502.
- [29] Abubakar AR, Simbak NB, Haque M. A systematic review of knowledge, attitude and practice on adverse drug reactions and pharmacovigilance among doctors. J Appl Pharm Sci. 2014;4(11):11727.
- [30] Oparah AC, Enato EFO, Akoria OA. Assessment of patient satisfaction with pharmaceutical services in a Nigerian teaching hospital. Int J Pharm Pract. 2004;12(1):712.
- [31] Okpe M, Bello S, Garba M, Orubu S. Pharmacovigilance capacity strengthening initiatives in Nigeria: a study on knowledge, attitudes and practice of healthcare professionals on adverse drug reaction reporting. Expert Rev Clin Pharmacol. 2020;13(10):113543.
- [32] Olayemi SO, Akinyede AA, Oreagba IA. Prescription pattern and antibiotic sensitivity of bacterial isolates from patients in Lagos University Teaching Hospital. J Clin Sci. 2018;15(4):1804.
- [33] Oshikoya KA, Oreagba I, Adeyemi O. Sources of drug information and their influence on the prescribing behaviour of doctors in a teaching hospital in Ibadan, Nigeria. Pan Afr Med J. 2011;9(1):13.
- [34] Ogunleye OO, Fadare JO, YinkaOgunleye AF, Anand Paramadhas BD, Godman B. Determinants of antibiotic prescribing among doctors in a Nigerian urban tertiary hospital. Hosp Pract. 2019;47(1):538.
- [35] Nworu CS, Udeogaranya PO, Okafor CK. Perception of pharmacy students and pharmacists on pharmaceutical care practice in Nigeria. Int J Pharm Sci Res. 2015;6(4):150211.
- [36] Auta A, Omale S, Shalkur D, Abiodun AH. Patients' satisfaction with healthcare services in Nigeria: A systematic review. J Pharm Health Serv Res. 2018;9(1):311.
- [37] Ogaji JI, Ojabo CE. Elements of pharmaceutical care practice in Nigeria: Systematic review. West Afr J Pharm. 2014;25(2):10620.
- [38] Oparah AC, Ukwe CV. Pharmaceutical care in a developing country: Focus on Nigeria. In: Pharmacy Practice Research Methods. Springer, Cham; 2015:11532.
- [39] Ihekoronye MR, Osemene KP. Assessment of medication therapy management services in selected tertiary hospitals in SouthWestern Nigeria. J Pharm Pract Res. 2017;47(6):4617.
- [40] Akoria OA, Isah AO. A comparison of two instruments for the assessment of medication prescribing in a Nigerian tertiary hospital. Niger Postgrad Med J. 2009;16(1):237
- [41] Adisa R, Fakeye TO, Fasanmade A. Medication counselling and dispensing practices at community pharmacies in two Nigerian cities. Afr J Biomed Res. 2011;14(3):28794.
- [42] Fadeyi I, Lalani M, Mailk N, Van Wyk A, Kaur H. Quality of the antibioticsamoxicillin and cotrimoxazole from Ghana, Nigeria, and the United Kingdom. Am J Trop Med Hyg. 2015;92(6 Suppl):8794.
- [43] Eniojukan JF, Adeniyi A. Community pharmacists' involvement in primary health care. J Community Med Prim Health Care. 2016;28(1):528.
- [44] Ajemigbitse AA, Omole MK, OsiOgbu OF, Erhun WO. A qualitative study of causes of prescribing errors among junior medical doctors in a Nigeria inpatient setting. Ann Afr Med. 2013;12(4):22331.

- [45] Kalungia AC, Godman B. Implications of COVID19 on pharmacy practice in Africa. Res Social Adm Pharm. 2021;17(1):20025.
- [46] Abubakar U, Sulaiman SA, Usman MN, Umar MD. Nigerian pharmacists' selfperceived competence and confidence to plan and implement pharmaceutical care services. Int J Clin Pharm. 2018;40(5):1193201.
- [47] Chiazor EI, Evans M, van Woerden H, Oparah AC. A systematic review of community pharmacists' interventions in reducing major risk factors for cardiovascular disease. Value Health Reg Issues. 2015;7:921.
- [48] Ezeudo EN, Okonta JM, Esimone CO. Pharmacy education in Nigeria: The progression. Res J Pharm Biol Chem Sci. 2014;5(2):19338.
- [49] Suleiman IA, Olaniyi O. Drug use pattern in selected community pharmacies in Nigerian cities. Trop J Pharm Res. 2015;14(10):192330.
- [50] Oparah AC, Okojie OO. Health promotion perceptions among community pharmacists in Nigeria. Int J Pharm Pract. 2005;13(3):21321
- [51] Auta A, StricklandHodge B, Maz J, David S. Pharmacists' roles in pharmacy education and training in Nigeria: Barriers and opportunities. Pharm Educ. 2017;17(1):26773.
- [52] Ogbogu P, Idoko J, Olayide S, Rossouw T. The role of pharmacists in antiretroviral therapy programs in Nigeria. AIDS Care. 2016;28(sup3):15.
- [53] Fadare JO, Desalu OO, Enwere OO, Sunmonu TO. Knowledge of pharmacovigilance among healthcare professionals in Nigeria: A crosssectional survey. Int J Risk Saf Med. 2015;27(4):17785.
- [54] AkandeSholabi W, Ajamu AT, Adisa R. Prevalence, knowledge and perception of selfmedication practice among undergraduate healthcare students. J Pharm Policy Pract. 2020;13:56.
- [55] Isah AO, Pal SN, Olsson S, Dodoo A, Bencheikh RS. Specific features of medicines safety and pharmacovigilance in Africa. Ther Adv Drug Saf. 2012;3(1):2534.
- [56] Agu KA, Obi EI, Eze BI, Okenwa WO. Attitude towards informed consent practice in a developing country: a communitybased assessment of the role of educational status. BMC Med Ethics. 2014;15:77.
- [57] Ekama SO, Herbertson EC, Addeh EJ, GabOkafor CV, Onwujekwe DI, Tayo F, et al. Pattern and determinants of antiretroviral drug adherence among Nigerian pregnant women. J Pregnancy. 2012;2012:851810.
- [58] Olayemi OJ, Olayinka BO, Musa AI. Evaluation of antibiotic selfmedication pattern amongst undergraduate students of Ahmadu Bello University (Main Campus), Zaria. Res J Appl Sci Eng Technol. 2010;2(1):358.
- [59] Erhun WO, Rahman MA. The evaluation of pharmacists' involvement in public health activities in Nigeria. J Pharm Pract Res. 2019;49(2):15661.
- [60] Oreagba IA, Ogunleye OJ, Olayemi SO. The knowledge, perceptions and practice of pharmacovigilance amongst community pharmacists in Lagos state, south west Nigeria. Pharmacoepidemiol Drug Saf. 2011;20(1):305
- [61] Auta A, Banwat SB, Sariem CN, Shalkur D, Nasara B, Atuluku MO. Medicines in pharmacy students' residence and selfmedication practices. J Young Pharm. 2012;4(2):11923.
- [62] Yusuff KB, Tayo F. The reliability of patients' selfreported adherence to chronic medicines in a Nigerian hospital. West Afr J Pharm. 2015;26(1):19.
- [63] Fadare J, Olatunya O, Oluwayemi O, Ogundare O. Drug prescribing pattern for underfives in a paediatric clinic in SouthWestern Nigeria. Ethiop J Health Sci. 2015;25(1):738.
- [64] Oshikoya KA, Senbanjo IO, Amole OO. Interns' knowledge of clinical pharmacology and therapeutics after undergraduate and ongoing internship training in Nigeria: a pilot study. BMC Med Educ. 2009;9:50.
- [65] Oyetunde OO, Aina BA, Tayo F. Impact of training on Nigerian pharmacists' knowledge of pharmaceutical care implementation. Int J Pharm Pract. 2014;22(6):40510.