

UNIVERSITY IN NIGERIA

Ambrose Alli University, Ekpoma, Edo State, Nigeria

I first heard about Ambrose Alli University from Pastor Osagie Egoro-Ighalo, who comes from the town which houses it. Ekpoma is a small country town, 45 minutes drive from Benin City; which is the biggest town in Edo State. Benin City is still ruled by a king whose function in governing with elected officials in completely beyond my comprehension.

Pastor Egoro trained as a teacher when the university was called Bendel State University. He was looking for connections for MJoTA when he heard from his brother-in-law, architect Professor Simon Osuide, that Professor Ekundayo was very popular with the students, and thought she would be a good contact for me. (Professor Osuide is the brother of Professor GE Osuide, the first head of the Nigerian National Agency for Food and Drug administration and Control, known as NAFDAC.)

Pastor Egoro visited the Dean of Natural Sciences, Professor Afe Ekundayo, early in 2007. Professor Ekundayo was the both the only woman dean in the university, and one of the youngest deans.

I called her from the United States, and adored her from the first chat. When I told her I was coming to Nigeria, Professor Ekundayo invited me, on behalf of Ambrose Alli University, to give a public lecture on diabetes, and stay in Ekpoma for a week during August 2007 and give workshops on medical writing. This trip was an amazing high for me, and totally undeserved.

Before the lecture, Professor Ekundayo led me and about 20 Natural Science faculty to meet the Vice-Chancellor, Professor DO Aigbomian. The Vice-Chancellor, a physicist, is a gracious, reserved man whom I was told was greatly loved, and a tireless fighter for his faculty, students and staff.

The reception they gave me for the lecture was overwhelming. Professor Ekundayo led me across the campus, across the grass and concrete and red soil, and settled ourselves into the front seats of the

Public lecture, Diabetes: Diagnosis, Biochemistry and Treatment, delivered by MJoTA Publisher at Ambrose Alli University, Edo State, Nigeria.

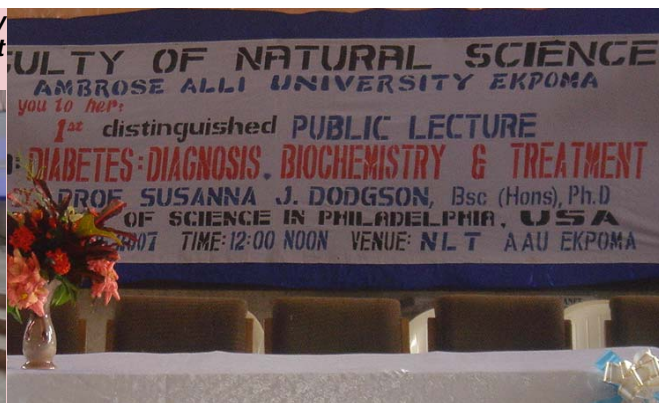


Osuide SO. The 1988 Nigerian population policy. Habitat Int. 1988;12(4):119-23.

The population of Nigeria is one of the fastest growing rates in the world at 2.5-3.5%/ year. The estimated population was 101.11 million in 1987 and by 2015 is projected to be 280 million. Nigeria was the 10th most populous country in 1985 and by 2025 it would be 4th. The average number of children for each woman is 6 to 7 and the death rate is 16/1000. A recent government policy has restricted women to 4 children. 47% of the population is under 15 years of age. Goals of the government include reducing the growth rate, improving the standard of living, and balancing the population distribution between urban and rural areas. To do this they will need to promote awareness of their population situation to all citizens, educate young people on family planning, and to enhance development in rural and urban areas by slowing the migration to the cities. Most Nigerians view this policy as discriminatory against women, and ineffective in curbing present growth in population. Religions including Catholicism, Islam and some Christian groups do not promote birth control. Although many groups oppose this policy, most realize that the country is over populated and that with the present economic situation, a reduction in growth is needed. A more acceptable policy would restrict Christians, who marry only 1 wife, to 4 children and Moslems, who can have up to 4 wives, could have only 1 child/wife or 4 children for the man, in each family. A better method would be to encourage 3 children/family because of the young age structure in the population. Even if the fertility would decline to 2 children/family there would be substantial growth for many years to come. (Abstract reproduced from PubMed)

auditorium. Not so many in the audience, maybe 50.

I chatted with Professor Ekundayo, held her hand as she prayed with me for a successful presentation. I



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looked up, and around. Every seat was filled. How many in the audience? Maybe 800, certainly around that. I have worked on diabetes animal models in laboratories in Philadelphia, in Hershey and in Uppsala Sweden, written sales training manuals and web-sites on diabetes oral therapies, slide presentations on injected insulins: diabetes is my favorite therapeutic area and I was calm and confident explaining what is done for humans suffering from diabetes in the United States, and describing the oral and injected therapies. The questions focused on exercise, the concept of less exercise killing humans from diabetes is a hard one for a nation



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upwardly mobile, doing everything they can to get an education and get away from physical work.

I spoke with many faculty, staff and students. Professor Ekundayo brought me into her office and introduced me to everyone: the staff, students, faculty. One faculty member told me that after the Nigerian naira collapsed in 1986, he felt that the world had deserted Nigeria. On the previous page I include pictures I took of the chemistry and microbiology laboratories, which lacked basic equipment. A lecturer told me he mostly taught practical chemistry with blackboard and chalk. The chemistry laboratory had no students at the benches during my visit.

The microbiology laboratory lacked a functional laminar flow hood, lacked a functional incubator, lacked most things a microbiology laboratory needed, but was filled with eager students in neatly pressed gleaming white coats.

The biochemistry laboratory was also filled with students. This laboratory was the best equipped: they had a single functional pH meter, and a shaking water bath that would be functional if the power had not gone off during our tour.

As throughout most of Nigeria, Ekpoma has power about half the time. In some parts of Nigeria, like the capital city Abuja, it is on more frequently. In other parts, like Surulere, where I was working in Pastor Edooro's movie studio, it is mostly off most of the time. How businesses and institutions cope with power shortages is they have power generators which are run on petrol, also known as gasoline. This is expensive power, and when the power is off at Ambrose Alli University, classes just go on anyway. And buckets of water, always being filled, are used to flush toilets. Because when the power is off, the water is not piped in.

Professor Ekundayo also took me on a tour of the library, where the busiest room was the book repair room. The periodicals room had journals that were at least 7 years old; anything bought after the naira collapsed had been donated from abroad.

Iyalomhe GB, Imomoh PA. Ethics of clinical trials. *Niger J Med.* 2007 Oct-Dec;16(4):301-6.

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BACKGROUND: Research in man, especially clinical drug trials, must now take into account ethical and legal requirements. **METHOD:** An internet search and a perusal of the literature on the history of clinical trials, medical ethics and good clinical practice, reveal that apart from laying a general principle, the Oath of Hippocrates did not provide a guide on the specific ethical problems involved in undertaking research, an important arm of advancement in medical knowledge. Hence, to avert continued ethical abuses of subjects during clinical research, the current reference guideline--the Helsinki Declaration of 1964 (revised in 1975), was adopted by the World Medical Assembly. It emphasized four major principles: autonomy, nonmaleficence, beneficence and justice. In applying these principles, the researcher must obtain a written free and well informed consent from patients who should be aware of their right to withdraw from trial at any moment. Where possible, a new drug should always first be compared to placebo in order to prove its superiority. He must ethically monitor and assess risks and benefits of the trial throughout its duration and use a fair procedure in selecting research subjects and must respect the concept of inviolability of the human person. Ethical challenges confronting clinical trials include the appropriateness of the proposed research, obtaining free informed consent, use of medications after completion of drug trials, drug toxicities and long-term side effects as well as the release and publication of research result. **CONCLUSION:** To improve protection for research subjects and have ethically sound clinical trials, there is need to adhere to global standards and legislations; establish, strengthen and empower regulatory bodies; develop partnership among stakeholders; intensify public enlightenment and train research personnel.

What is amazing, and wonderful, is that basic research is going on, students are being given the best education they can, the spirit of the university is high. The faculty tries hard with what they have. A story Professor Ekundayo is in the next issue.

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