

THE MEDICAL LABORATORY SCIENTIST

NEWS BULLETIN

THE OFFICIAL BULLETIN OF THE MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA

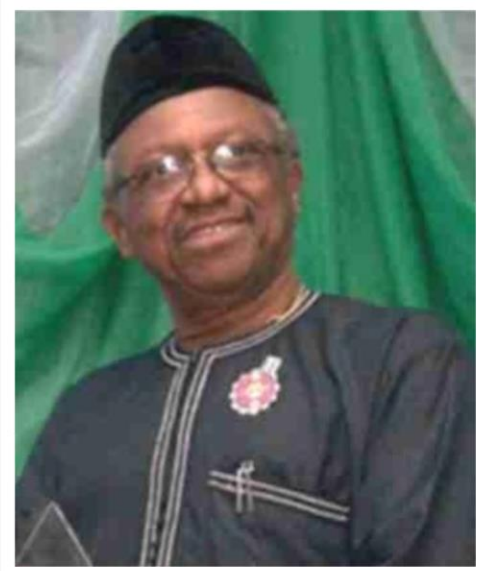


MLSCN AT 50: FRONTROW ACCOUNT OF THE CELEBRATIONS

MLSCN @50: OUR EXPERIENCES THROUGH THE YEARS - EMINENT SCIENTISTS SPEAK.



I HAVE HAD AN AGE-LONG PASSION TO SERVE THE ASSOCIATION AND THE PROFESSION - DR. BASSEY ENYA BASSEY, AMLSN National President.



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Nigeria Loses \$2bn Annually in its Health Care System, Says Minister



MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA

Plot 1166, Mohammed N. Umar Lane, Durumi Pahse II, Garki, Abuja

www.mlscn.gov.ng



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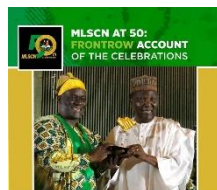


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Editorial Suite



EDITORIAL SUITE

This is a special edition of the "Medical Laboratory Scientists", your favourable companion in matters relating to the Medical Laboratory Science Council of Nigeria as well as the profession. In this edition, we have reached new levels, and stretched our resources to the full to ensure that what we are offering is a collector's item. This is an edition our patrons would do well to keep; after all, it is said that no one climbs the iroko tree a second time, so make hay while the sun shines.

It is no longer news that MLSCN marked its 50th anniversary in Abuja, on Tuesday, December 4, 2018. That was the day of the opening ceremony where the crème de la crème as well as friends and other stakeholders of the profession converged at the prestigious Abuja International Conference Centre. They had gathered to celebrate the Council and the profession which, like two peas in a pod, have a common history as well as common destiny. From its humble beginning, having being birthed by Decree 56 of 1968, MLSCN has recorded giant strides and is today the envy of other regulatory agencies in the health sector, apart from attracting global attention for the right reasons. How fitting, therefore, that the main event was chaired by no other person than Gen. (Dr.) Yakubu Gowon, GCFR, former Head of State, Commander-in-Chief, Armed Forces of the Federal Republic of Nigeria, who signed the decree into law. This edition of the bulletin being dedicated to the 50th anniversary features all segments of the weeklong event, including Dinner/Awards where over 50 individuals and corporate

organizations were honored for their contributions towards the growth of the profession.

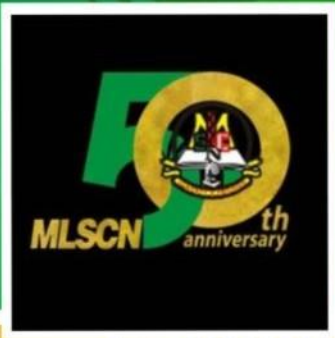
In the run-up to the event, members of the editorial crew had transverse the length and breadth of the country, engaging some of the renowned Medical Laboratory Scientists whose lives have also been intertwined with the profession these past few decades. We thought it would interest our readers if we got such people to speak from their vantage positions rather than relying on secondary sources of information. Thus, this package also features accounts from Chief Dustan Tabansi, Prof Dennis Agbonlahor, both past chairmen of the Governing Board, in addition to Lady E.U. Okonkwo, past Registrar/CEO, and other eminent figures. These accounts have helped in raising the value of this edition beyond what was initially envisaged, and it is doubtful whether there would ever be another collection of such narratives from the same people!

Asides the highlights of the 50th anniversary, we have also included other materials in this edition. Variety, it is often said, is the spice of life. There is a robust and illuminating interview with the National President, Association of medical Laboratory Scientists of Nigeria (AMSLN), Dr Bassey E. Bassey. He had been on our radar for a while, and for good reason too, as we many of our readers continued to ask when he would be featured. The man's hectic schedules had been in the way. Thus, we are quite pleased to finally get him and to publish the result of that interesting encounter.

Also, to complete the special edition, we are serving a compelling interview with the eminent virologist, former President, Nigeria Academy of Science, as well as former Vice Chancellor, Redeemer's University, Prof Oyewale Tomori. The renowned scientist is always engaging when he can find the time for an interview and this episode is not different. From the menace of Lassa Fever to other sundry issues, the piece covered all and would be difficult to put down once anyone picks it up. It is that compelling, and that's why we could not ignore it!

In all, we are gratified by the quality of material we are serving in this edition, and we hope that as usual, our readers would find reading them as rewarding as we have found putting them together. We wish to thank all of you- out respected and loyal patrons for your contributions and encouraging feedback. Without you, there would be no publication. In appreciation, we would continue to do our utmost to serve you well. Happy New Year!

ERHABOR, TOSAN
Ag. Registrar/CEO



MLSCN AT 50: FRONTROW ACCOUNT OF THE CELEBRATIONS



DAY ONE: Health Walk and Free Medical Laboratory Testing

After months of planning and sensitization of stakeholders as well as the general public, the 50th Anniversary Celebrations of the Medical Laboratory Science Council of Nigeria (MLSCN) finally commenced on Monday, December 3rd 2018. The Management and staff of the Regulatory Body, along with stakeholders of the profession, including the Association Medical Laboratory Scientists of Nigeria (ASMLSN), Young Medical Laboratory Scientists Forum (YMLSF), Guild of Medical Laboratory Directors, Private Medical Laboratory Practitioners Association and other health workers converged in front of Guarantee Trust Bank, Area 3 Garki, Abuja at about 6.30am.

The aim was to hold a light session of aerobics to warm up and prepare for the commencement of the historic Walk at 7am. The Health Walk was part of the campaign to encourage health and fitness regimes among the populace, and it was led by the Acting Registrar/CEO, MLSCN, Sir Tosan Erhabor.

Participants came out in their numbers and in high spirits, dressed in matching branded T-Shirts and baseball caps that added color to the event. Officers and men of the Federal Roads Safety Corps (FRSC) were on ground to provide security and general support to MLSCN. The participants whose enthusiasm was palpable walked through the streets around Area 3 and Area 1 before rounding off around Durumi Phase II where the permanent

Headquarters of MLSCN is located. While expressing satisfaction with the conduct of the Health Walk, the Acting Registrar/CEO thanked those who defied the rampaging harmattan cold to join hands with the Council for the exercise. "The huge turnout and the enthusiasm of the participants indicated that all the hard work of the past few months is already yielding the desired result, and we are hopeful that the MLSCN 50th Anniversary celebrations would achieve the expected level success" he said.

As the Health Walk was drawing to a close, another event was unfolding on the MLSCN premises where Free Medical Laboratory Testing had been scheduled. The exercise was part of the agency's corporate social responsibility (CSR) and was coming on the heels of massive sensitizations across the media particularly in the Federal Capital Territory (FCT). Many of the participants expressed satisfaction at the orderly manner the tests were conducted while thanking the Management of MLSCN for giving back to the society. One of the participants who identified himself as Victor Uko, a technician, said he had been planning to go for a medical laboratory tests but procrastination and the fear of being asked to pay a huge price always got in the way. "We really appreciate this opportunity and hope that Medical Laboratory Science Council of Nigeria will organise this sort of exercise from time to time at least to help the poor, he said. The exercise was conducted in partnership with Kings Science Wares Nig. Ltd.

Day Two-Opening Ceremony

The main event was held at the Abuja International Conference Center under the distinguished chairmanship of Gen (Dr). Yakubu Gowon, (Rtd) GCFR, former Head of State, it could be recalled that

it was during his tenure Decree 56 of 1968 was enacted, thus establishing the then Institute of Medical Laboratory Science Technology (IMLT) as the Council was then known. Keynote lectures were delivered by two eminent Medical Laboratory Scientists, namely Prof Dennis Agbonlahor, former Chairman, Governing Board, MLSCN and former Vice Chancellor, Ambrose Alli University, Ekpoma, Edo State, and Professor Oluyemi Akinloye, former member, Governing Board; MLSCN and Head, Department of Medical Laboratory

Science, University of Lagos.

According to Gowon, the Institute of Medical Laboratory Technology Decree No. 56 of 1968 which came into effect from the 19th of November the same year, set the tone for the commencement of full training of Medical Laboratory Technologists in Nigeria. This is with the view of creating a sound laboratory base as bedrock for quality health laboratory system. "The profession has attained laudable achievement through an unimaginable transformation as a result of the Act 11 of 2003," he noted adding that "the transformation from Institute to Council was very unique just as it came with fundamental responsibilities" Furthermore, he observed that, as a result of more organizations coming on board to the knowledge driven world of laboratory science it had become a high powered profession, the elder statesman urged Medical Laboratory Scientists to be rather challenged by the accomplishments they had so far recorded and to always consider the interests of the younger generation.

The Hon, Minister of State for Health, in a goodwill message, which he delivered at the event, noted that MLSCN had fulfilled the expectation to provide the needed framework within which a tradition of high quality medical laboratory science service is developing and to be part of the National Health System "It is therefore contributing its quota towards healthcare as we march towards Universal Health Coverage and by its effort of carving a niche for Medical Laboratory Science. I commend your achievements". He said.

The Minister said the Federal Ministry of Health would continue to monitor MLSCN's progress and explore ways of strengthening the cordial relationship existing between the two organizations. "We shall also be glad to continue to support the Council in its endeavor to enhance the function and image of Medical Laboratory Science, while also reminding you that the call of the present administration for "Change" applies most especially to those of you in service delivery.

It is a call for more probity, efficiency, diligence, honesty and better attitude to your daily work," he said.

Earlier in his welcome address, the Acting Registrar/CEO, MLSCN, Erhabor Tosan noted that General Gowon encapsulated the genuine desires of the pathfinders of the profession, which led to the

establishment of the Institute of Medical Laboratory Technology of Nigeria (IMLT) in 1968. According to him, "The Institute was given the charge to train Medical Laboratory Technologists in Nigeria for the generation of accurate, reliable, reproducible and cost effective medical laboratory test results for the quality and cost effective management of our patients' health.

He further noted that having been established by Decree 56 of 1968, the organization was transformed to the Institute of Medical Laboratory Science and Technology of Nigeria Decree 54 of 1999 while the Medical Laboratory Science Council of Nigeria came into being through the Act 11, 2003 and brought with it fundamental responsibilities.

"Apart from determining the standard of knowledge and skill to be possessed by persons desiring of becoming practitioners, "MLSCN", the Acting Registrar noted, "also regulates the profession through periodic accreditation of training institutions as well as public and private medical laboratories. As a Council, it also regulates the production, importation, sales and stocking of diagnostic laboratory reagents and chemicals among other functions.

In the area of Medical Laboratory Science (MLS) education, Erhabor said the organization and the profession had witnessed profound transformation in the last decade. From availability of only award of Associate Certificate intermediate training, the Institute of those days moved on to complete the wholesome training of Medical Laboratory Technologists in Nigeria with the "Today 25

Universities are running the BMLS programme in Nigeria. As I speak to you now, the BMLS programme is one of the most sought after in our Universities throughout the federation. Our Register of membership has grown beyond imagination. Today we have 28966 MLS, 24435 MLT and 15253 MLA" he said.

The high point of the event was the presentation of distinguished personality award to the Chairman of the day, the former Head of State, Gen. Yakubu Gowon (Rtd.), GCFR, it would be recalled that the Guild of Medical Laboratory Directors also mounted a Free Medical Laboratory Testing Programme on December 4, at the gates of the Abuja International Conference Centre, (ICC) in support of the MLSCN 50th Anniversary Celebrations.

Still on Day Two-Dinner/Awards

The day's activities were brought to a fitting climax with a colorful Red-carpet Dinner and Award Ceremony. It was a platform used by MLSCN to bring together a host of individuals and groups, whose support and sacrifice in the course of the past five decades had contributed towards the success for which it had rolled out the drums. In attendance were the following among others: The Minister of State for Health Dr. Osagie Ehanire who chaired the programme, Dr. Dakuku Adolphus Peterside, Director General Nigeria Maritime Administration and Safety Agency (NIMASA), the Acting Registrar/CEO Mr. Tosan Erhabor, past Chairmen of the Governing Board of MLSCN, past Registrar/CEOs of the agency, as well as past Presidents of the Association of Medical Laboratory Scientists of Nigeria (AMLSN). Over 50 individuals and corporate organizations received various awards from MLSCN.

The event ended with a Jumaat Service on Friday December 7, and Thanksgiving Service on Sunday, December 9, 2018.



Federal College Of Veterinary & Medical Laboratory Technology

Federal Ministry of Agriculture & Rural Development

Provost/CEO:

Associate Professor **A. E. J. Okwori** (FMLSCN, FIBMS (UK), PhD)

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21st November, 2018

GOODWILL MESSAGE

The Provost, Management, Staff and entire students of Federal College of Veterinary and Medical Laboratory Technology, Vom, Plateau State heartily felicitate with the Medical Laboratory Science Council of Nigeria (MLSCN) on the occasion of her 50th Anniversary and Mentorship. This ground breaking event will go down into our professional annals of history as yet another remarkable milestone.

The Federal College of Veterinary and Medical Laboratory Technology, Vom established since 1956 is known for the training of middle level manpower in Medical Laboratory and Environmental Sciences. The Alumni of this College over the years have been well equipped with the capacity to work in all Veterinary and Medical Laboratory facilities; University Teaching Hospitals, Federal Medical Centres, Specialist Hospitals and Veterinary Clinics.

The College specially congratulates the Ag. Registrar/CEO Mr. Tosan Erhabor for his dynamic leadership qualities and doggedness.

Long live Medical Laboratory Science Council of Nigeria (MLSCN)!

Long live Medical Laboratory Science!!

Long live the Federal Republic of Nigeria!!!

B. A. Umar

Ag. College Registrar



PREAMBLE

Medical Laboratory Science Council of Nigeria (MLSCN) has attained a landmark. 19th November 2018 marks the 50th year since the establishment of the body that regulates medical laboratory practice in Nigeria. Anyone, or any enterprise, that reaches 50 years of existence deserves to be celebrated.

The Medical Laboratory Science Council of Nigeria came about as a child of necessity. As a Federal Government statutory regulatory agency established by Act 11 of 2003, the Council is charged with the responsibilities of regulating Medical Laboratory Services through registration, licensing of medical laboratories, medical laboratory practitioners and regulating the training of Medical Laboratory Scientists, Technicians and Assistants. The Council is also responsible for mandatory laboratory inspection mentoring for quality improvement, accreditation, monitoring and evaluation as well as certification of laboratories test kits and reagents. Ibadan.

Prior to the enactment of Act 11 of 2003, which brought a paradigm shift in the practice of Medical Laboratory Science in Nigeria, the Council was under a different nomenclature and system. The Association of Medical Laboratory Scientists of Nigeria (AMLSN) had preceded the regulatory body and played a significant role in the establishment of legal framework for the agency which has exceeded all expectations.

Early Training in Medical Laboratory Science

As Medical Laboratory practitioners from all over the country gear up to congregate in Abuja on December 4th 2018, for the Golden Jubilee anniversary, captured below is the summary of the chronicles of MLSCN.

The training of Medical Laboratory Technologists (the progenitors of Medical Laboratory Scientists) started during the colonial era. It started in the 1920s when the practitioners were regarded as mere errand boys, through semi-formal evening classes which led to intermediate and final diplomas of the Institute of Medical Laboratory Technology in the United Kingdom. It is worth noting that the development of the training and subsequent practice of Medical Laboratory Science in Nigeria has gone through an agonizing expedition in search of profession survival, recognition and excellence. The journey began with the recruitment of school certificate holders who were initially recruited for Laboratory exposure with the view to carrying out basic staining techniques and basic microscopy. This exercise began in three institutions: General Hospital, Broad Street Lagos; National Veterinary Research Institute (NVRI), Vom and Adeoyo General Hospital, Ibadan.

The first Pathology Laboratory in the country was at the General Hospital, Broad Street Lagos, established in 1912. That was the laboratory where the early Medical Laboratory Technologists and Technicians in Nigeria had their initial training and exposure. School certificate holders with good results were recruited into the laboratory from the 1940s as Laboratory Attendants by Pathologists who were brought from the United Kingdom. Later, a training school, the Federal Laboratory Service Training School was established in 1958. The school known as Federal School of Medical Laboratory Technology, later relocated to Jos, Plateau State in 1978.

At the National Veterinary Research Institute Vom, Plateau State [which was established in 1924] workload piled and the need for more hands to supplement the expatriate veterinary doctors and researchers, to carry out research work in animal diseases and vaccine production was identified. That led to the recruitment of R.A.O. Shonekan in 1942 as Technical Assistant, but he later passed Intermediate Membership Examination of the Institute of Medical Laboratory Technology of Great Britain in 1949. In 1950, he passed the final Associate Membership Examination and specialized in Parasitology. The qualification made him the first African to hold the colonial diploma and therefore the first Medical Laboratory Technologist. Shonekan later set up the Laboratory Technicians Training School (ITTS), Vom in 1955. The school successfully gained accreditation from the London Institute thereby becoming the first Institution in Nigeria to train Medical Laboratory Technologists/Scientists.

Subsequently, LTTTS Vom, University College Ibadan and the General Hospital Lagos, were granted provisional approval to become centers for Intermediate Examination in Nigeria by the Institute of Medical Laboratory Technology London.

The Pathology Department of Adeoyo General Hospital (which was later converted into University College Hospital) Ibadan, established a formal school for Medical Laboratory Technicians Training in 1953. That milestone was made possible by Professor Joseph Chike Edozien (now His Royal Highness, Asagba of Asaba) on assumption of duty as a lecturer in Chemical Pathology at the Adeoyo General Hospital in 1952.

Edozien's initial task was to kick off the training of Medical Laboratory Technicians akin to what obtains in the United Kingdom where he was trained. The course was designed for students to specialize in Histology, Chemical Pathology, Medical

Microbiology or Hematology and Blood Group Serology.

Formation of National Association of Medical and Veterinary Technologists of Nigeria.

Medical Laboratory Technologist, sponsored to acquire skills and qualifications in the United Kingdom, kept growing in number and began to consider forming an association. They recognized the need to form groups that would not only ensure the recognition of Medical Laboratory Technologists, but would also be a tool to influence government policies. Associations, it was thought, would also ensure proper communication amongst the practitioners, and between them and their employers. These trainees picked automatic jobs, on returning from the United Kingdom, Ibadan, Lagos, and Vom. Groups were formed in these three locations in the mid-1960s, with the group in Ibadan being the most effervescent. These groups held meetings regularly, and discussions were mostly centered on the institute in the United Kingdom.

Following their return from the United Kingdom, the Medical Laboratory Technologists identified with the local groups and developed a positive zeal towards having a strong association. This zeal was based on the drive to augment communication and ensure their welfare and good conditions of service. The group in Ibadan metamorphosed into National Committee responsible for members' welfare and training of practitioners. Their persistent struggles resulted to the founding of the Nigerian version of Institute of Medical Laboratory Technology. The Lagos group on the other hand, was poised to form a unified national body that will be strong enough to negotiate with the government on conditions of service.

In March 1964, that agitation was actualized with the formation of Association of Medical and Veterinary Laboratory Technologists of Nigeria. The Association had the following pioneer executives:



General Hospital, Broad Street, Lagos



FCVMLT, VOM



Adeoyo Specialist Hospital, Ibadan

MS.O. Nwachukwu	President
L.S.D. Jaja	Vice President
O U. Osoagbaka	National Secretary
F. A. Fasan	Assistant National Secretary
Mr. S. Cooker	Financial Secretary
Mr. T.J.T Princewill	Ex-Officio (North)
Mr. P.F. Idowu	Ex-Officio (West)
Mr. L. I. Egonu	Ex-Officio (East)

Three years later, the ensuing civil war disrupted the association and led to the relocation of the President and the National Secretary away from Lagos. Consequently, the association became ineffective. Later, Chief B.E. Bassey and Mr. J.O. Ogunlewe were elected to fill the vacuum as President and National Secretary respectively.

The Association played a key role in boosting the image of the profession and in lobbying for the inauguration of the first statutory council of the Institute of Medical Laboratory Technology of Nigeria.

Establishment of the Institute of Medical Laboratory Technology of Nigeria

The branch committee of the Institute of Medical Laboratory Technology of the United Kingdom based in Ibadan had been nursing the intention of establishing the Nigerian Institute. They sold the idea to the parent association in Nigeria and the struggle intensified.

After the independence the struggle was reinforced, and a working committee was set up. The committee worked in tandem with some conscientious Pathologists, especially Professor Edozien and officials of the Federal Ministry of Health to actualize the proposal. The Ibadan group of the association, with the support of the management of UCH Ibadan, and the Director, Hospital Services at the Federal Ministry of Health, released their administrative staff to work in synergy to see to the establishment of Institute of Medical Laboratory Technology of Nigeria.

An inaugural Committee was constituted by the Federal Ministry of Health with Professor Edozien as Chairman. R.A. Shonekan was the secretary of the Curriculum, Syllabus and Examination Subcommittee. This subcommittee drafted the syllabus that was used for many years. The Ministry

appointed draftsmen to prepare a document from the inputs submitted by Medical Laboratory Technologists in Nigeria and examiners from the Institute in the United Kingdom.

The struggle paid off after a long struggle and hard work, and on the 19th November 1968, the Federal Government, under the Military Head of State, General Yakubu Gowon, promulgated Decree Number 56 which established the Institute of Medical Laboratory Technology of Nigeria.

Subsequent changes in statutory laws later modified the nomenclature and mode of practice, but this pivotal Decree will go down in history as the pioneer cover for medical Laboratory practitioners in Nigeria.



The humble beginning of IMLTN in a 2 Room portacabin at Yaba Lagos; 2nd Headquarters: Animal House, Nigerian Institute of Medical Research, Yaba

The first statutory council of the institute was inaugurated on 10th March, 1970, by Dr J.E. Adetoro, the Federal Health Commissioner. The Chief Medical Adviser to the Federal Military Government, Dr. S.L. Adesuyi was appointed Chairman. Those appointed to assist him were: Alhaji J. B. Agella, Mr. E. I. Gemade, Mr. Pashisko, Mr. D.I. Tabansi, Mr. S.O. Jemitola, Chief B. E. Bassey with Mr. E. I. Madojemu appointed as Secretary/Registrar.

The Institute of Medical Laboratory Technology of Nigeria was by the provision of the Decree, saddled with the following functions:

1. Determine the standard of knowledge and skill to be obtained by persons seeking to become Medical Laboratory Technologists, Technicians and Assistants in Nigeria, and raising those standards from time to time as circumstances permit.
2. Establishment and maintenance of a register of Medical Laboratory Technologists, Technicians and Assistants and publication from time to time of lists of any persons qualified as Technologists.
3. Professional discipline of Technologists.
4. Approval of training schools.
5. Supervision of training and examinations.

With these terms of Reference, the Institute led the groundwork for the training of Medical Laboratory profession in Nigeria.

Development of Medical Laboratory Technology in Nigeria under the Institute.

The establishment of the Institute of Medical Laboratory Technology (IMLTN) by Decree 56 of 1968 heightened the growth of the profession; It also resulted to educational development and professional advancement. Training institutions sprang up, especially with the establishment of more Tertiary and Secondary Health facilities across the country.

Mr. P. E. Idundun was appointed the pioneer Registrar in acting capacity. He was followed by Mr. R. A. Johnson (also in acting capacity), who was saddled with the responsibility of re-registering all Nigerian Technologists trained in the United Kingdom. In 1972 Mr. E.I. Madojemu was appointed the first substantive Registrar of the Institute. Mr. Madojemu used his influence as a friend to Prince Akenzua (who later became the Oba of Benin), who was then a Federal Permanent Secretary, to secure a two-room office accommodation at the Nigerian Institute of Medical Research (NIMR), the first office to be utilized for the institute's official activities. Soon after, Mr. Madojemu passed away and was succeeded by Mr. Ben Akhile who served in an acting capacity for one year before Mr. G.W. Park was appointed as substantive Registrar. Mr. Park served for 15 years (1973-1988). It was under him that the Institute moved to No. 8 Harvey Road, Yaba in 1981.

In 1973, IMLTN produced its first set of 21 Medical Laboratory Technologists trained and examined in the country. They are as follows:

PARASITOLOGY:

Igiebor, H.N.	UCH Ibadan
Ogunji, F. O.	UCH Ibadan
Thiliza, T.D.	ABU Zaria

VIROLOGY:

Babarinde, Z O.	UCH Ibadan
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BACTERIOLOGY:

Adebayo, J.O.	UCH Ibadan
Ak. omolafe, T.M. (Miss)	UCH Ibadan
Coker, S. O.	UCH Ibadan
Erhabor G.O. Lt.	LUTH Lagos
Osibor, A. S.	UCH Ibadan
Usibaifo, P.E.	LUTH Lagos

CHEMICAL PATHOLOGY:

Ishiekwene, C.O.	UCH Ibadan
Mokebe, T.C.	ABU Zaria
Udoh, A.E.	UCH Ibadan

HISTOPATHOLOGY:

Adediran, E.A.F.	UCH Ibadan
Adelaja, O. I. (Miss)	LUTH Lagos
Adeyeye, O.A.	UCH Ibadan
Obi, E. N. (Miss)	ABU Zaria
Shabiolegbe, K. O.	LUTH Lagos

HAEMATOLOGY AND BGS:

Saliu Idris	UCH Ibadan
Sorunmu, M. A. (Mrs.)	Adeoyo Ibadan
Uwaifo, A.E.	UCH Ibadan

Subsequently, the Institute reviewed the curriculum and approved more training institutions across the country.

Council Regulated Programmes

Before the Institute of Medical Laboratory Technology of Nigeria got transformed and rechristened following the enactment of Act 11 of 2003, there were a number of programmes that were introduced. These resulted in the growth of the profession. When the Council was established, the programmes were modernized and standardized. In keeping with International best practices, the Council introduced new programme.



1st graduation ceremony of Medical Laboratory Technologists in Nigeria. 1st right (pix above) is Mr. Idris Saliu

Some of the original programmes were accordingly phased out or modified.

- A. **Associate Programme:** The curriculum for this programme was structured in line with what obtains in the United Kingdom. It was a 4-year training programme divided into two major parts of two years each with emphasis on practical examination.
- B. **Graduate Conversion Programme:** This was introduced by IMLTN, and designed to enable graduates of basic sciences to undertake a 12-month attachment and subsequently sit for an oral examination. A variant was later introduced in 1991 which extended the period to 24 months. This programme led to the emergence of several Medical Laboratory Scientists.

C. **Fellowship Programme:** This is a postgraduate programme for Associates. It was structured into two: Fellowship by Course Work and Fellowship by Thesis. Successful attendees are addressed as Fellows of Medical Laboratory Science Council of Nigeria.

D. **Degree Programme:** Bachelors of Medical Laboratory Technology was first introduced in 1963 by University of Ibadan but was suspended by the Institute four years later. In the 1980/81 academic session, Rivers State University introduced the programme, while the University of Nigeria and University of Calabar followed suit in 1982 and 1983 respectively. In 1987, the Institute developed a 5-year harmonized curriculum for the Bachelor of Medical Laboratory Science (BMLS) and got it submitted to the National University Commission for inputs and approval. The programme, after approval was wholly adopted by Universities across the country. The BMLS programme has produced the largest number of Medical Laboratory Scientists in the country.

E. Medical Laboratory Technician Programme

The MLT programme is a 3-year professional certificate programme which leads to certification by the Council. The programme originally begun in NVRI Vom, the Institute adopted it in 1985. Qualified MLT are expected by law to work under a licensed Medical Laboratory Scientist.

F. **Medical Laboratory Assistant:** The MLA programme is a 2-year professional certificate programme. Medical Laboratory Assistants are also required to work under the supervision of a licensed Medical Laboratory Scientist. Rumors have it that the Council will soon phase out this programme.

Emancipation of Medical Laboratory Science Practice in Nigeria

*"Freedom is the emancipation
From the arbitrary rule
of other man"*

Morlimer Johnson

Right from inception Medical Laboratory Science practitioners have been fighting for emancipation from the shackles of slavery imposed by enemies from within and outside. The early practitioners were addressed as "lab boys" and seen as mere hospital errand boys, as professionalism in healthcare was monopolized by certain group who consider themselves insuperable. The quest for professional recognition seemed far-fetched, but the combined effort of the Association of Medical Laboratory Scientists and the Institute of Medical Laboratory Technology of Nigeria later paid off and resulted in the emancipation of Medical Laboratory Science practice in Nigeria.

In 1999, during the tenure of late Dr. NN. Shidali led Executive of AMLSN, Decree 54 was promulgated, this decree paved way for the establishment of the Institute of M Medical Laboratory Science and Technology. The struggle continued and, in 2001, the National Council of Establishment approved a new Scheme of Service which gave the leeway for Medical Laboratory Scientists in the civil Service to rise to Grade Level 17 as Director of Medical Laboratory Services. A year earlier, in the year 2000, a Governing Board of the Institute comprising for the first time of almost 100% Medical Laboratory Scientists, was inaugurated with the ever-green Dustan Tabansi as Chairman and Mrs. E.U. Okonkwo as Secretary/Registrar.

At the 2000 Annual Scientific Conference/AGM in Abuja, Dr. (now Professor) Anthony Emeribe took over from Dr. Shidali as National President of AMLSN. The first major task set out by the new executives was to trigger the process of lawfully changing the practitioners' nomenclature and introducing changes into the obsolete Decrees 56 of 1968 and 54 of 1999. The Association worked closely with Hon. Kunle Jenrade, a robust Medical Laboratory Scientist who was then chairing the House Committee on Science and Technology, to push through the intensified clamor. So many Medical Laboratory Scientists from across the country joined hands and worked assiduously and on 26th June 2003 the efforts yielded result: Act 11 of 2003, was assented to by the President, Chief Olusegun Matthew Okikiola Aremu Obasanjo, which established the Medical Laboratory Science Council of Nigeria (MLSCN). Finally, the profession of Medical Laboratory Science in Nigeria was emancipated. The enabling Act went a long stretch to empower the Council to determine the skills and body of knowledge required by practitioners.

The Medical Laboratory Scientist

It also regulates the practice of the profession in Nigeria. The Act broadly charged the Council with the core responsibilities of regulating Medical Laboratory Services through registration and licensing of Medical laboratories and practitioners. Mandatory Inspection, mentoring for quality improvement, accreditation, monitoring and evaluation as well as certification of laboratory test kits and reagents.



The old Headquarters of MLSCN at Harvey Road, Yaba

The Aftermath of Act 11 of 2003.

Act 11 of 2003, not only strengthened the Council, it also resulted to the liberation of Medical Laboratory Scientists from tyranny and oppression. The practitioners suffered through years of bondage, regarded as mere errand boys and dismissed as lab boys, even with some acquiring higher *degrees*. Following the enactment of the Act, the detractors continued to blatantly criticize the government for encouraging and allowing Medical Laboratory Science profession to grow and prosper in Nigeria.

The Association, led by Prof Emeribe formed strong ties with the Council to implement various clauses of the Act. although the relationship between the Association and the Council later became frosty, but the Governing Board led by Prof. Dennis Agbonlahor as chairman later restored the relationship. It was the first Governing Board since the regulatory body became a Council - MLSCN.

The new Board worked in tandem with the Association to strengthen ties and prompt up measures aimed at reducing the cankerworm of quackery in the profession. In order to reinforce that resolve, the Council established three zonal offices in Kano, Benin City, and Awka.

The zonal offices will later be increased, with each of the geopolitical zones in the country having an office. The relationship between the Association and the Council was again visited and strengthened when Prof. Francis Useh was elected as the National President of AMLSN in Abuja. This relationship was consolidated by subsequent National Presidents of the Association.

Following the appointment of Prof. Emeribe as the Council Registrar/CEO in 2010, the Council was relocated from Lagos to Abuja. The relocation became necessary for ease of communication with the Federal Ministry of Health. A rented building in Asokoro was initially used temporarily to house the headquarters of the Council before the leadership of the Council sensitized the Federal Ministry of Health and Medical Laboratory Scientists to contribute towards securing a permanent Council headquarters at Durumi, Abuja.

Based on the provision of the Act relating to the regulation of the manufacture, importation, stocking and distribution of In-vitro Diagnostic, in 2013 the Council established the Public Health Diagnostics Control Laboratory in Lagos. The laboratory was officially commissioned by President Goodluck Ebele Jonathan. The Council also went on to gain recognition as a member of the World Governing Boards of SLMTA and also recognized as the WHO SLIPTA focal agency for Nigeria. The Council Registrar, as a member of the Governing Board of ASLM, influenced the appointment of Prof. D. E. Agbonlahor as the ASLM Ambassador for Nigeria. In November 2013, the Federal Government appointed a new Governing Board of the Council with Dr. N.N. Shidali as Chairman. The Council, as mandated by Act 11, established, in collaboration with Axios Foundation, the National External Quality Assurance Laboratory (NEQAL) in Saye, Zaria.

In the aftermath of the publication of new Scheme of Service in 2001 there was a distinction between Medical Laboratory Technologist and Medical Laboratory Scientist. Act 11 of 2003 nullified the dichotomy, but hecklers kept on attempting to cause commotion between Medical Laboratory Scientist. That was finally settled by Federal Ministry of Education which equated the Associate previously awarded by MLSCN as a Degree.



The MLSCN temporary headquarters at Asokoro, Abuja.

Roll Call of Council's Leadership

In August 2016, Tosan Erhabor. Wakilin Tsafta of Tsafe Emirate, in Zamfara State became the Acting Registrar/CEO of the Council following the demise of Mrs. Olufunke Omotuyi who was the Acting Registrar succeeding Prof. A. O. Emeribe. The current CEO of the Council has succeeded a number of dedicated and administrative-savvy Chief Executives whose tremendous efforts helped in placing the Council in the high echelons of health regulating Councils in Nigeria.

Below is the list of Registrars of IMLTN/MLSCN:

1. Mr. R. A. Johnson (Acting) January-March 1970
2. Mr. E.I. Madojemu (Substantive) 1970-1972
3. Mr. B. A. Akhile (Acting) 1972-1973
4. Mr. G.W. Park (Substantive) 1973-1988
5. Dr S. M. Osuoha (Substantive) 1988-1994
6. Lady E.U. Okonkwo (Acting) 1994-1996
(Substantive) 1996-2010
7. Mrs. O.F. Omotuyi (Acting) March-May 2010
8. Dr. S. N. Etukudoh (Acting) May – July 2010

9. Prof. A. O. Emeribe {Substantive} 2010-2016
10. Mrs. O.F. Omotuyi (Acting) Feb.-June 201
11. Sir Tosan Erhabor {Acting} 2016-Date

List of Chairmen of Governing Board of IMLTN/MLSCN

- | | | |
|---|-------------------|------------|
| 1 | Dr. .S.LAdesuyi | 1971- 1975 |
| 2 | Dr.T.C.O. Chiori | 1975-1984 |
| 3 | Dr. Suleiman Sani | 2001-2004 |
| 4 | Mr. D.I.Tabansi | 2005-2007 |
| 5 | Prof.D.E. | 2007-2011 |
| 6 | Dr. N.N. Shidali | 2013-2015 |

Acknowledgments

In the course of compiling this series of the Chronicles

of Medical Laboratory Science Council of Nigeria, in commemoration of the council's Golden Jubilee Anniversary, I consulted a number of publications, articles and newspaper stories. Prominent among these is the book "Evolution of Medical Laboratory Science Profession Nigeria", compiled by Prof Dennis Agbonlahor, Dr. Godswill Okara, Mr. Idris Saliu and Mr. Godwin Ihiemekpen. The veteran MLS, Mr. Ihiemekpen guided me verbally and electronically. He even took time to make corrections when we met in Karo during the NEC meeting. I made references to articles online from Daily Trust, Dally Post, The Punch and The Guardian. I also got some advice from my young but inventive colleague, Abubakar Musa. I acknowledge all these for the guidance.

Tammiu Umar is a Deputy Director, Medical Laboratory Services with Gombe State Ministry of Health, Gombe, Nigeria.

MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA (MLSCN)

50th Anniversary CELEBRATIONS

Under the Chairmanship of
His Excellency
General (Dr) Yakubu Gowon (Rtd) (GCFR)
Former Head of State, Commander-in-Chief, Armed Forces of the Federal Republic of Nigeria

Theme:
"MEDICAL LABORATORY SCIENCE PROFESSION IN NIGERIA: PAST, PRESENT AND FUTURE"

Special Guest of Honour
Mr. Boss Gida Mustapha (SGF)

Chief Host
Prof. Isaac Adewale, FAS, DSc (Hons)

Guest of Honour
Dr. Osagie Enahire, MD, FWACS

Host
Erhabor Tosan

Date:
Tuesday December 4th, 2018

Venue:
International Conference Centre, Abuja

Time:
9:00am prompt

KEYNOTE SPEAKERS
Prof. D. E. Agbonlahor (FSA)
Prof. Oluyemi Akinlove, JP (FRCPath, UK)

MLSCN @50: OUR EXPERIENCES THROUGH THE YEARS - EMINENT SCIENTISTS SPEAK.



MLSCN turned 50 on the 19th of November 2018, for the crew of the news bulletin "The Medical Laboratory Scientist" it was an opportunity to reach out to the elders of this profession who were there at the early stages of the Council to tell their stories, express the way forward.

Our journey started with the promulgation of Decree 56 of 1968. - Pa Dunstan I. Tabansi.



The Medical Laboratory Science Council of Nigeria started with the signing of Decree 56 of 1968. That decree gave us a strong footing to start the journey. There were people like Mr. S. Adesuyi, the first Chairman of the Board and the legendary Majodemu, who was the first Secretary/Registrar of the Institute. He really worked hard as he took the work as his personal project. Then I was a junior Technologist having

qualified in 1959. He took up the job in 1970 and within two years there was an Intermediate examination. He wasn't feeling very well at the time and was hospitalized but had to come back to see how the exam was going. Unfortunately, he died before we could finish the exams. He worked closely with the former Oba of Benin, Oba Akenzua, then the Permanent Secretary, Federal Ministry of Health. Before he became the Secretary/Registrar, Mr. Idundun acted as the First Secretary Registrar. When he retired from service in 1969, Mr. A A Johnson became the Acting Registrar before Mr. Majodemu. It was after his death that Mr. Ben Akhile became the Acting Registrar. Fortunately, he was near enough to Mr Majodemu to learn the rudiments of the job. After some time, the position was advertised by the government, and Mr G.W. Park and Mr. S.O. Nwachukwu applied, but Mr. Park was employed for the position. It was after he retired that Dr S. M. Osuoha took up the position but I didn't know what happened and he relinquished the position and Mrs. Elizabeth Okonkwo became the Acting Registrar and later on the substantive Secretary/Registrar.

It was during Mrs. Okonkwo's era that I was made the Chairman of the Institute which was the first time a Medical Laboratory Scientist was made the Board Chairman of the Council. It is of note that before Mrs. Okonkwo, the position of a Registrar was not an attractive one so when I came in and saw what

was happening I decided to do something to uplift it. Dr. Suleiman Sani was the Director of Hospital Services at the time and I went to seek audience with him in Abuja, that was the day all the Chief Medical Directors of Nigerian-owned Teaching Hospitals were there to defend their budgets. I must say he contributed in no small measure to the growth of the Medical Laboratory Science profession during his tenure as the Director, Hospital Services. The way I spoke to him during our encounter, stating the duties of a Secretary/Registrar, and how the past ones had been treated in the scheme of things, he saw reason with me and said no one has brought their case to his attention and promised to do something about it.

Later, he wrote a letter recognizing the Position of the Secretary/Registrar as the Chief Executive of the Council with full paraphernalia and entitlement due to the office. That made the position very attractive though some people criticized me for this but the import of what we did that time came when Mrs. Okonkwo retired, and 15 Medical Laboratory Scientists applied for the job including two professors. That was what I wanted and I achieved it.

During my era we were able to modify the examinations of the Council. Before then they were doing the examinations in parts: part 1 A and B, then 2A and B, so we decided to modify the pattern and bring in more credit, to fit a profession such as this. We saw that we could group the sciences into subjects together and the professional areas together and we did that. Again, as at the time I took over, it seemed we were starting from the scratch as we had to give the Council a facelift, including purchasing new vehicles

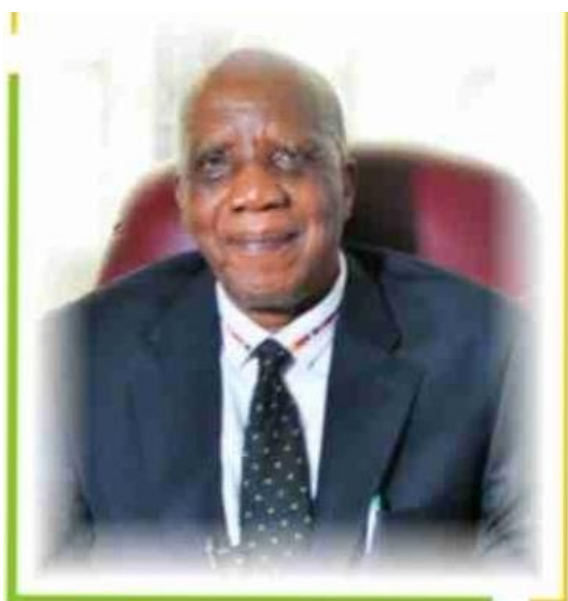
and furniture to give the kind of physical appearance it deserves.

However, despite the numerous achievements recorded by the Council right from its days as an Institute, there have also been notable challenges at that time but professional rancor has always been there although not as pronounced as it is now.

Prof Dennis Agbonlahor, whom I have a lot of respect for, was the President of the Association for eight years, then people were begged to take up the position, but now it is no longer so. When the Council needed a shoulder to fall on, during the BMLS saga when the old Associate programme was winding down, Prof. Agbonlahor was there to bail the profession out. He was the Vice Chancellor of Ambrose Alli University, at the time and that made the profession grow in leaps and bounds and has given birth to 25 Universities offering Medical Laboratory Science as a course as at now.

As for the younger generation, who represent the future of the profession, I know that they are diversifying into different medical areas, but let us continue to see ourselves as Medical Laboratory Scientists. Let us always know that where we are now is not our limit, and that we are on a crescendo. Also, as we grow, we have to see ourselves as the mirror in which the world sees this profession so we must grow morally, ethically, and otherwise. Let us put the reputation of this profession first and money will come at last because we are a noble profession.

Whatever the Council achieved these past 50 years was not gotten on a platter of gold - Prof. Dennis Edo Agbonlahor



Prof, you have been described as an 'Institution' in this profession, kindly tell us the stage your professional members thought that you were ripe enough to leave the tutelage of the British IMLT.

At the beginning there was no regulatory body or association for Medical Laboratory Science in Nigeria. The training for the profession was done in Great Britain by the British Institute of Medical Laboratory Technology.

The profession started in Nigeria when the British colonial masters came and established a general Hospital on Broad Street in 1912, twelve years later, they established the Federal Veterinary Research Institute at Vom near Jos in 1924. They also built another one in 1932 in Adeoyo area of Ibadan which later metamorphosed to UCH Ibadan. The informal professional training started in these three places. The young school certificate leavers that were recruited at these three places were called errand boys, bench or lab. boys or girls.

They were trained informally with evening classes. They were taught how to clean the labs, prepare reagents and how to use the microscope. The British colonial masters who came were Pathologists.

As time went on, the errand boys were sent to United Kingdom by the Nigerian government on scholarship to study there. After their studies some of them decided to come back in the early 1950s, the first person that came back was Pa R.A. Shonekan, the brother of the former Head of the Interim National Government, Chief Ernest Shonekan. As he came back he was promoted by the authorities and he set up a training school called Laboratory Technicians Training School (LTTTS). Pa I dundun came back three years after, to Lagos, from where he was sent. With the aid of the government he also set up a school. He was the first Principal, Federal School of Medical Laboratory Technology in Lagos which was later moved to Jos now affiliated to University of Jos and signed into law recently.

As they came back and their number increased they felt the need to come under one umbrella as an association pioneered by late Eze Prof Osoagbaka. That was how the association was formed and had Mr. S.O Nwachukwu as its first Chairman.

As the years went by, they saw the need to have an indigenous regulatory body distinct from the British IMLT that was training and certifying them for practice. This group of gentlemen and ladies by Pa Shonekan, Mr. Nwachukwu, Mr. Modejemu and Mr Ben Akhile supported by Prof Chief Edozien, a Pathologist in the Federal Ministry of Health mounted pressure on the government of that time for Nigeria to have its own regulatory body, to be stereotyped like the British IMLT.

On 19th November 1968, the government succumbed to the pressure and signed into law, Decree 56 of 1968, marking the birth of Institute of Medical Laboratory Technology of Nigeria by the then Head of State, Gen. Yakubu Gowon GCFR. With this decree our members could do their intermediate and finals here without going to Britain.

Initially, we did not bother about the content, all we wanted was just to be free but later when it was studied critically, it dawned on us that the decree was not favorable to the profession as we were not entirely independent due to some of its contents. A situation where a member of another profession will be Chairman, other nine members of the board will be from the same profession - pathologists while about two or three spaces were left for medical lab scientists as it were, was an aberration and we decided to change it. Surprisingly it took us another 20 years, fighting and trying to change some of the clauses, until 1990/1991 when the name was changed to Institute of Medical Laboratory Science and Technology of Nigeria.

Maybe that was what the ministry wanted as at that time. We took that for a start but the struggle continued because we wanted full independence. The chairman of the board must be a Medical Laboratory Scientist including all the members who must represent all the zones and facets of the profession.

Secondly we needed the name changed to Medical Laboratory Science as we didn't want the technology tag any more. The Association was working in tandem with the Council as a group because we are one. When we wanted that name changed we even went to the Corporate Affairs Commission Abuja and registered the name Medical Laboratory Science Council of Nigeria. Even before Act 11 of 2003 came out, we had started calling ourselves medical lab scientists but the government did not want it until Act 11 2003 was enacted and signed into law by President Olusegun Obasanjo. The Act gave us the leverage and independence that we wanted, to regulate the practice and train all cadres of the profession which includes medical laboratory scientists, technicians and assistants.

At what point did you people think that it was necessary to set up resemblance to British System, and within the context of training, what was it like?

At the beginning as you know, we were an off-shoot of the British IMLT, our syllabus and curriculum were done in their style, except that we included into our training parasitology and virology because we are in the tropics. On their own, there was no emphasis on parasitology and virology but we kept on training along this line, copying the British in intermediate and finals. Later on, we changed to part 1A and 1B, 2A and part 2B. With all these, we were still being addressed as a middle level manpower by the government and this annoyed some of us who thought that we were doing more than enough in our own pathway to deserve being regarded as high level manpower and yet less recognized, so we decided to restructure the curriculum to a five-year degree programme.

The passion for a degree didn't first start with us it started in 1960 with Prof Edozien, a pathologist who was an ardent lover of this profession, who later became the Dean of the Faculty of Medicine in the University of Ibadan in 1961. He was the first person that called us medical laboratory technologists. He thought about it and started the degree programme in 1967, the first batch graduated in 1970 but, unfortunately, the programme became aborted due to the Nigeria civil war, as he had to relocate to the east for his safety. Ten years or so later, the Rivers State

University of Science and Technology in 1981 commenced another 4-year degree programme in Medical Laboratory Science under Prof Sam Abbey. Meanwhile the Institute of Medical Laboratory Science and Technology under Mrs. E U Okonkwo as the Secretary/Registrar, and I as the President of Association of Medical Laboratory Scientists of Nigeria (AMLSN) wrote a document and suggested a five year programme, took it to NUC for sighting. They saw it and fell in love with it and sold the idea to other universities including RSUST that were already running the four-year programme. As we speak, so many universities have embraced the idea of a five-year BMLS programme. Though it was granted, but it was not without a fight from our detractors.

As year 2000 drew near, there was need to phase out the old diploma pathway, the then Chairman of the new IMLSTN, Mr. Dunstan Ikem Tabansi and the Secretary/Registrar, Mrs. E.U Okonkwo thought there was an urgent need for them to approach a University that was already running a degree program, so that the schools that were already running the old medical laboratory technology diploma programme could be affiliated to such a university which will in turn have an understanding with the Council on the training of the students. The Institution that came to their mind was Ambrose Ali University (AAU) where they had a member of the profession as the Vice Chancellor. They had a chat with me and I bought the idea and advised them to write to the authorities of AAU, they did that and the idea was embraced. Although the Council had already written to University Teaching Hospitals in Nigeria, two years before this time over this same idea but most of them refused outright, while some were very reluctant to embrace the idea. It was a stop gap arrangement and we started without any backing permission from NUC. I say vehemently that I don't have any regret for doing that for we just wanted the profession to progress and it did progress.

At AAU. because of the affiliation with the Council, we were training our colleagues across the states coordinated by the Council. As this continued and many different teaching hospital staff started coming to AAU for their training, their management to had a rethink, and as I talk to you that arrangement has given birth to 25 different Nigerian universities offering the 5-year Medical Laboratory Science in Nigeria and since then the old diploma programme has been phased out by the Council. The degree programme changed the whole outlook of Medical Laboratory Science education in Nigeria. I

Apart from the educational approach Sir, there is every tendency of professional jealousy, how did you handle that at that time ?

When I was telling you the story about our humble beginning, I spoke about the people like Prof. Edozien

a pathologist who felt that other professions at that time should grow, late Oba Akenzua and as time went on we had someone like Prof. Tomori who up till now still supports Council in every way he can. There is also Prof, Odugbemi, these are people of great minds. Just as we had people that were supporting us, at the same time we had people from the other side of the divide who were afraid of the great strides the profession was making. We have a common ground where we usually meet which is in the laboratory, they always want to put us down, become bossy and remind us about where we were coming from and refusing to accept that the yesteryears errand boys and girls have grown to be Professors, politicians, great academics and others making waves all over the world and I believe they are not happy about the rapid growth that is taking place in the field of Medical Laboratory Science forgetting that it is the prayer of any parent for their children to be better than them. After all these years the bickering is still there as I speak to you.

Sir, according to you, it has been 50 years of sweat, in a nutshell, describe how far you have come?

50 years ago, the appellations were "errand boys/ bench boys" and so on. We struggled but we were dogged in our approach, knowing that nothing in life comes easy, today we are not whom we were. but those that chose to be static, are now envious, but we didn't tell them to be so. We are proud to say that we have Medical Laboratory Scientists that are doctors, professors, readers, legislators, and directors all over the place. Schools that were scanty are now overflowing with students, from three training institutions to 25 universities offering medical laboratory science as a course, with many colleges of health training the lower cadre of this profession. We are quite grateful, the sky is our stepping stone, and it is normal for people to be jealous. The next 50 years I believe will see more positive growth in this profession.

Just like Pa R.A. Shonekan was elated when we went to interview him about the profession when we were writing a book on the profession, I am quite happy, humble me, to be alive to witness this auspicious time in the history of this profession and Council because the two of them are one.

What is your advice to the Patients and Practitioners at this time?

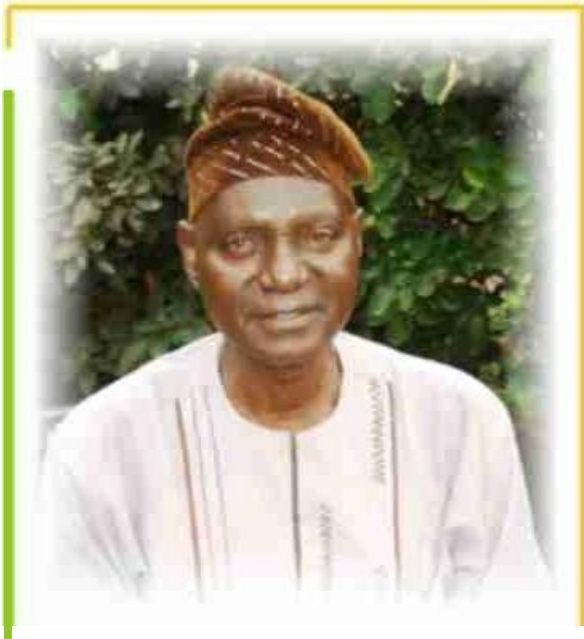
The patients out there are people seeking help about their health. It is important for them to become well, it is usually a teamwork, no doctor worth their salt will not want to work with a Medical Laboratory Scientist to find out the etymological cause of the problem before treating a patient. Doctors are not magicians, they know what they know but anything

happening to the body, physiological problem, it is the work of the Medical Laboratory Scientist to Diagnose and know the causation of the problem and advise the doctor to prescribe this drug or not, microbes are living things and no living thing no matter how small will want to die. So as human beings strategize, so do microbes.

So it is the duty of the medical lab scientist to tell the doctor the one that the microbes are resistant to for the patient to be treated.

So in the treatment of a patient in the health sector, it is team work, teamwork, doing it any other way the patient will suffer and we don't want that because they are the main bane of our training.

The MLSCN Act 11 of 2003 solidified our grip on the practice of Medical Laboratory Science Profession - Hon Kunle Jenrade.



I have been part of the emancipation of this profession right from my student days. I was part of the students that were trained at Adeoyo Specialist Hospital now Adeoyo Teaching and Maternity Hospital. This was one of the places where medical laboratory training started in Western Nigeria having started earlier at General Hospital Lagos. The mode of training then was that you will be employed on level 5, and as you work you do your training in the evenings. You will start from 1A and do the training for six months or more and if you do examinations and pass you will go to another stage.

Those that entered from UCH started from 1B but we from Adeoyo started from 1A until the final. Those before us, after they did their 1B, they went to Britain for their finals and also registered there before coming to the Institute of Medical Laboratory Technology Nigeria, where they were in Animal House in the Institute of Medical Research Yaba. That was before they moved to No. 8 Harvey Road, Yaba.

Let me tell you what made the Institute to relocate to Harvey Road. That year there were two sets of final year students that were graduating at the same time but the Institute said that they were not going to accommodate us all because of the limited space at NIMR, and that the two sets should graduate separately that means that the set that steps down

will graduate the following year. This led us to form a five-man committee which looked into this and thus decided that we would go to Lagos and complain to the Minister of Health about our plight. We galvanized the students all over the country to wear their lab coats and all of us marched to the Ministry of Health without telling our lecturers of our intentions.

This was during the tenure of Mr. G.W Park as Secretary/Registrar. After listening to us, the Minister summoned the then Secretary/Registrar, when he came and met us there, he feared for his job but we assured him that his job was intact, and that our interest was how to write our examinations. When he was asked to explain the reason for not allowing us to do the examination, his reason was the shortage of space at NIMR and funds for the examinations. He was asked the amount for that purpose, and he said it was 60,000 pounds which was given to him. But with respect to accommodation, he was asked to relocate from NIMR to 8 Harvey Road Yaba. The Institute was established by Decree 56 of 1968, when we wanted to change it due to its unfavorable contents, many people fought to make sure the name was not changed. Even in Oyo State here we fought to be what we are today. We took our fight to the House of Assembly and they were ready to help us before the toppling of the Shagari regime.

When Medical Laboratory Scientists in Oyo state was marginalized during the comprehensive collation of workers in Oyo state by the Ministry of Establishment in Oyo state, our names were omitted because nobody informed us of the development until the exercise had closed. As a result of that, I led a delegation of my bosses and teachers; Mr S.M Olanisebe, Mr. Idris Saliu, Mr Oyangoke and others to the Ministry of Health. When we got there they said that they did not know that there was a good profession like Medical Laboratory Science and after that the Secretary to the Government ordered that before they submit anything they should listen to us. Dr. Ipadeola, a Pathologist who was the then Permanent Secretary said that he knew that medical laboratory technologists were very intelligent people who had MSc, doctorate degrees and some were even professors, but what we lacked was political power "Jenrade go and tell your people to get political power". This time was the time NRC and SDP, as two political parties in the country.

Later on, the Military struck and that democracy was truncated, the scheme of service did not see the light of the day.

When democracy returned in 1999, I embraced it and contested under Alliance Democracy (AD) and was elected a member, Federal House of Representatives. When I got to the House I was prepared to do my best to ensure that Medical Laboratory Science Council came into being. Before that time, the then President of the Association, Prof. Anthony Emeribe and his predecessor Dr. Shidali had started making efforts from another angle but those people later directed to them to the National Assembly.

To tell you the truth, the process of passing an individual bill in the National Assembly is not always an easy thing. As the days went by, I was busy preparing my bill looking forward to presenting it to the House. As at that time the Secretary/ Registrar, the then Chairman of the Governing Board, Mr. D.I. Tabansi and Prof D.E. Agbonlahor called a stakeholders meeting and although I was not invited, Mrs. Okonkwo and Prof Agbonlahor insisted that I should attend. The Association led by Prof. Anthony Emeribe had developed a draft document, we looked at it and merged it with the one I had with me, with a great help from the present President of AMLSN, Dr Bassey E. Bassey. There was backstabbing from our members but I was not bothered as I had already resolved to go on with the bill.

"I started with advocacy by distributing flyers, placing service. them on the bonnet of cars in the car park at the National Assembly, I also wrote memos to all that mattered making sure a lot of our members knew about the bill.

In all these I had Dr. Bassey helping me tremendously and people thought he was my PA due to his zeal for the change of name. It took a lot of time for people to understand our quest due to the medical terms involved. We had to educate them get used to our terminologies in order to familiarize them with our proposal and it cost us a lot of money.

The first reading of bills is usually easy, but the second reading is always problematic. You have to make committee members understand things from your perspective. I was the only medical lab scientist in the House at the time and I had to make everyone understand me. I had to lobby people to support us. It went for second reading, I had to take my members to Jos, to lobby them again for support for the third reading. We were at the verge of going for the third reading when the British MLS changed their name to Biomedical Science, but I knew that any attempt to stop at the time could take us back to the starting point again, so I decided to leave things as they were and the House passed the bill. When it got to Senate unfortunately was the time the Senate was winding down but luck being on our side, we were able to do it.

Let us respect the profession all of us fought to build - Mrs. Elizabeth U. Okonkwo



Let us look at the beginning as someone who was there when it was pull and draw, every profession has its teething age and it comes with problems. How did you at your own time get the Council recognized.

It was all about God, I didn't recognize the importance really but, in retrospect, I wonder how I was able to do those things that were not done before I came. I used to think it was me but not knowing it was God's hand at work.

I joined the then Institute of Medical Laboratory Technology now the Medical Laboratory Science Council in 1983, the reason was my dislike for call duty due to the fact that it was not always easy for us to get transport back home after work. Thus I was paying someone to do my call. At a point I had a rethink that if anything goes wrong and my name was on the roster I will be in trouble. So when I saw the advert that a Medical Laboratory Technologist was needed at the Institute, I applied for the position and was taken though many of my friends advised me against it but I continued.

When I got to IMLT I was like a fish out of water, as there was nothing in my training that prepared me for the work I met there. It was a different ball game all together. I did not know about administration but I learnt in a hard way under a master, Mr. G.W. Park who pushed me

hard and I learnt from the scratch. I used to ask the clerks especially one Richard, the meaning of some core administrative abbreviations like KIV, FNA etc.

I was always reading a file from bottom up before I treat. My boss, Mr. Gordon William Park will throw a file at you and say go and treat it, and afterwards he will take his time to go through it, and make corrections where necessary. I liked writing memos. As time went on, I started doing so to those that learnt from me. We were alone, I and Mr. Park as the only Medical Laboratory Scientists. Then the Institute was only about registration, examinations and licensing. I always knew when my boss comes to work and when his car leaves for home, he had a routine.

After some time, Mr. Park retired and I was left alone like an orphan before Dr. S. Osuoha, my Principal when I was a student came as the Secretary/ Registrar of IMLT. He had the same handicap as I did, but if you can read Medical Laboratory Science, you can cope in any other field because the profession is not for dullards, the same requirement for Medicine and Pharmacy, you must pass your five credits with the sciences, Mathematics and English. So, if you wanted to do any other thing it is possible.

Let's look at how the Council began to organize all the students and examinations.

I started acting below 40 years at level 12 with the issue of my promotion still lingering because Dr. Osuoha retired and I was the only one and I said to myself this job is demanding and we are only doing registration licensing and examination. Then the dreams for higher education came though they had already started the Bachelor of Medical Lab Science at the University of Nigeria, Nsukka, but was moved to the University of Calabar when they separated. I started preaching the gospel of BMLS anywhere I visited. I even discussed the BMLS in Zamfara even in the heat of Sharia Law. I preached the gospel of acquisition of a higher degree programme. This Job should be more than licensing, examination and registration. I pushed the BSc holders working in the labs to upgrade themselves and acquire more qualification. I also started with accreditation and licensing. Any medical laboratory facility I entered without meeting a licensed practitioner I will close it and advise the management to send their people for re-training for two years.

As you know we were fighting so many things at the same time, the issue of getting a Governing Board was always there, the Ministry wanted to give us a board but we

refused, because the profession did not want a non-med lab scientist as the board chairman as it was before but after some time and efforts, they gave us Mr. Dustan Ikem Tabansja man that had so much energy and so much positive and selfless plans for the profession. I must tell you God used that man in a special way to achieve so many things for the Council.

We will have board meeting and this man will stay as late as midnight, so full of energy and knowledge, and if he had things to do, he must finish them. He brought about so many policies because that is really the work of the Council. As we were doing all these, things were moving and people were happy except some few ones. We also had the lower cadre of the profession that we needed to carry along in their training and professional ethics and so on.

Obviously there were obstacles on the way, what were your major obstacles while trying to drive these causes?

Our major obstacle was funds. There were not enough funds, and we had a lot to do, so we had to look inwards for solution. We had to look at our law, set up a committee to review our fees; I must tell you that that was where I got the worst knock from. After the work of the committee that had the head of our external auditors as Chairman, I took it to the board and asked them to reduce it, which they did before they adopted the fees. The next thing I heard was that I was increasing the fees so that I will use it to dress well. Another was when there was an increase in the examination fees being paid by students. Someone went and instigated them to come and protest in the Council but after talking to them about the various challenges we were facing and our reason for doing what we did, they went home sober and thanking us as they left more informed about different issues facing us than they came. There was a question I asked them, if I remember correctly, "When you qualify as medical laboratory scientists, will you want to be treated badly?" they said no, again I asked them, how much do you pay for examinations and how much are your examiners paid? After that they started regretting their actions and thanked me for enlightening and clarifying issues to them.

What was your major obstacle and relationship with the Ministry?

Surprisingly, I enjoyed a good relationship with the Ministry. I was privileged to be a member of the first health summit in this country, then I was doing a management programme at the University of Lagos, and so there I had to put what I was taught into use.

At that summit you were allowed to talk and I understood what they were discussing more than most of the Professors there. That gained me and my profession a lot of respect.

Another time they organized a management programme for CEOs, I already had a management degree from the University of Lagos, so I understood what they were saying. I had to explain to the Professors there the meaning of what we were being taught, so that left a lasting effect on them about 'the woman from medical lab'. This was during Dr. Madubiuke's time; they all became my friends. When government, through the Federal Ministry of Health said they wanted the CPD programme, they told us to bring proposals to the Ministry. I must tell you that it was only Medical Laboratory Science Council that got it right and our own copy became the sample and guideline for others to follow. I saw myself as a committee person that was there to contribute and learn from others.

I came back and organized the first Continuous Development Programme for health sector in this country. The day of that CPD was the day this news bulletin that is running till now was launched. The CMDs were to have their group meetings in Benin at that time and I met one or two of them and told them that I was coming to their meeting. I did as I told them I went to Benin with a letter informing them that my Office was having her first CPD and that they were expected to send their staff for the programme to enhance productivity in the work place, they embraced it and promised to send the number of them, which they did; remember I have developed a good relationship with them earlier.

In fact, the day the first CPD was supposed to hold was the day Dr. Nnamdi Azikiwe, the first president of Nigeria died and a public holiday was declared. Already people had come from far and near for the event and there was nothing else I could tell them; I went to the Minister and insisted that he should come and declare the programme open because I didn't know what to tell the people.

He came and opened the programme and everyone was happy. I remember he was the Chairman of the health summit and I must say that when you interact with people anywhere, you generate a close relationship with them and that was what happened in that case.

We were supposed to have a Chairman, according to that IMLSTN law and the person was Dr. Suleiman Sani, a medical doctor, who understood what was happening at that time. If there was anybody that did anything for medical lab, it was that man. Everything we wanted he helped us to achieve. He was an amiable gentleman who took the problem of the Medical Laboratory Science profession as his personal task. I can say that without fear of contradiction. I will leave Lagos and be in their office in Abuja before they come to work. We were working late when we were in Lagos, you have to put extra effort being a woman, and you don't have enough staff and funds. Who are you going to tell that that was your reason for failing? Then I had this young staff, I had to train them beyond their scope and level. I must commend them; they were the best.

Then there was an opening for Medical Laboratory Scientists in the Council and we employed two of them. We also opened zonal offices which was targeted at getting the Council closer to the members. But it was because of the stationing of the South East liaison office that I got another knock, as it was said that I took it to my state but the truth was that I was not the one that suggested it, it was a total stranger that came visiting that made the suggestion.

Let us now do a comparison of what it was like being a Medical Laboratory Scientist then and now, knowing you people were growing from one stage to the other, in a nutshell what was it like?

I won't be able to tell you exactly what happens in the lab now but I assume that it is better now because of technology. The training I started for my staff, I sought for implementing Partners who sent them abroad for training, they were in France and South Africa for training, we had an understanding with them and set up a lab at Zaria for national external quality assurance, we employed staff and paid them salaries while our developmental partners supplied the equipment. They were to give us grant but when the money came I was not there, they called me and I referred them to the person there as at then but I believe that the funds were well spent for the purpose.

We saved a lot of money from penalty for defaulting members, if you are a professional and there is no license in your file and you want anything from the Council, you will not get it. How would you want to fight a quack when you, a professional, don't have a practicing license? It means you are also a quack. you cannot claim to be a professional without being responsible.

Let us talk about quackery because in every profession there are quacks and for you to stand firm you must have had fist cuffs with them, how did you do that?

What was your relationship with the other professions considering what is obtainable in the Health Sector? It was like you had a personal charm around.

I will not pretend there were no quacks because we had a lot of them so we decided to conduct inspection exercise in all the states. The first state we inspected was Edo. We did that in collaboration with the state branches. When we enter your lab and you don't meet the criteria we will close it. That inspection brought attention to us and people were happy that we came. I must commend the Edo State Chapter of AMLSN, the first state we visited and did most of the closing, people were happy that we came to show them the right way to do things.

The professionals there made sure you don't open your closed lab or they will hand you over to the police, and the police was happy to do their job. That put some sanity into the system. Let me tell you, some of the professionals were going above their scope, you can't be talking about others that were doing the wrong thing, doing what they were not supposed to do and you are doing the same thing. If we saw something wrong and we closed your facility, I stood my ground and made sure they paid and corrected the anomaly before they were allowed to re-open. That was why many liked it when I didn't come with the team but most times when I went with them we closed the labs that didn't meet up with the standard.

Looking back now, how would you want to paint the picture of what the future holds for the Medical Laboratory Science Profession in Nigeria?

The people now have the opportunity we didn't have. We struggled to be where we are, we expect them to do better. They should try and go beyond the bench practice. When I was there few people tried doing some new things, our members should go into research, partner with other professional colleagues, they should go into manufacture, there is so much research to do in the health sector. The way we practiced, there was opportunity to open private labs because it was all in our hands, then we were handicapped educationally, but now we have people that are more educated who can compete anywhere, they should look beyond opening of medical laboratories and their immediate scope and partner with each other. They should not joke with our achievements because we struggled to be where we were before they came to meet us, we respect their achievements but we expect them to do better than we did.

I look forward to a time I will do a laboratory test in this country and take it abroad and it will come out the same without my marketing it to them. I will want my children who are professionals in their own

field to be proud of me and my profession and tell the world that my mother was the Registrar of this regulatory body of Medical Laboratory Science in Nigeria.

I spent my youthful years trying to build this Council, I was below 40 when I became the Registrar of this Council so I hold anything that happens here so dear to my heart. I became the Secretary/Registrar in 1994 and the letter was given to me in 1996, don't forget I had been acting before then. When we became a Council I was the first Registrar /CEO.

Having done all these for your profession, what will you tell the people out there about this profession that you love so much.

I will tell them to have faith in the growth of this profession. I will tell them to look for the practicing licence of the operator anytime they walk into a lab, and if they find anything fishy about their result they should please report to MLSCN. I will also advise them to patronize the professionals rather than quacks that will do them no good. Beware of half-baked professionals; you have the right to ask questions.

My regret in this country is that we have no litigations culture so people get away with so much and it is wrong. It is not limited to medical laboratories alone, it is everywhere in the health sector. By law we are supposed to call our members to order. Until someone pays for negligence in this country people will not sit up. People cover evil for others and it is not funny, they get away with so much toying with people's lives and it is so heartbreaking. But when they begin to see cases in court, people will sit up. If I am not a professional and they tell me to do the work of a professional, I will say no because, if anything happens, I will be held responsible. I don't subscribe to a medical laboratory scientist sitting in his/her office and writing a result or a doctor sitting in his office and writing prescription without first waiting for test result. Don't be a master of all, don't do another person's work. If you are paid to be a pharmacist, doctor, or medical lab scientist, do the job you are paid for, know the limit of your call. People are doing things that they are not supposed to do and not saying that it is what every other person is doing but if there is anyone doing it at all it is wrong and we have to fight it. People who are not medical lab scientists should leave the work for professionals who are trained for the job. Let us respect the profession all of us struggled to build.

WE USED TO DEVELOP VACCINE FOR DIFFERENT AILMENTS

- Mallam Babandi Abubakar



I joined the Medical Laboratory Science profession after completing my secondary school, when my state government sent me to Broad Street, Lagos. That was during the Nigerian civil war. There I met Mr. Idundun the Principal, after him Mr. S. O. Nwachukwu took over as the Principal.

Before then medical laboratory scientists were known as medical laboratory technologists, and used to be trained in Britain for the finals. I belong to the group that was stopped from going to Britain but were rather trained in Nigeria. Then the Institute of Medical Laboratory Technology was located at Yaba, Lagos. At various periods in those early days, we had Mr. Madojemu, Mr. Johnson, Mr. Ben Akhile and Mr. G.W. Park as Registrars of the Institute.

When my Principal at Federal School, Jos, Mr. G W Park became the Secretary/Registrar of the Institute, he made it possible for me to be reintegrated into the scheme of things there from 1975-76. I had always been invited to the Council to contribute my quota to the growth of the profession. Back then, there were not many medical technologists in the country. I graduated in 1979 not because I was failing my exams but because back then I recall that those of us from the North were usually called back by our state government to come back and work for some time in hospitals before going back to school. When Mr. Park became Secretary/Registrar, he engaged me in different activities of the Council. For example, I was among the ad hoc committee members for eight years at a stretch. After Mr. G.W Park retired, Dr S.M. Osuoha became the Secretary/ Registrar and he also contributed his quota at that time. I was amongst the Association's Executive, as I was the 2nd Vice President, while

Dr. (now Prof.) Dennis Agbonlahor was our President, and Prof. Anthony Emeribe was Secretary and we held the position for eight years. So many things were achieved during our tenure. Subsequently, when the civilian government came on board, following the concerted efforts of all the stakeholders in the profession, the Federal Government enacted Act 11 of 2003, that was during the tenure of Chief Olusegun Obasanjo.

It is gratifying to note that the Council has succeeded in regulating the Medical Laboratory Science profession. This is partly due to the cooperation between the Association and the Council. There is enough synergy between the two parties and this has brought tremendous success to the Council. In fact, during the time of Dr. Osuoha, and Mrs. Okonkwo as Secretary/ Registrars, the Association was holding meetings at the Council chambers and they gave us all the support we needed. The cooperation that existed between the Council and the Association was noticed by Chief Olusegun Obasanjo when he was the President, and a combined delegation of the Association and the Council went to appreciate him after he had signed into law Act 11 of 2003. He was astonished that the then National Association President, Prof. A.O. Emeribe was able to introduce us by name, one after the other. He said "I can see that you people are united."

Again, look at the Council's permanent headquarters, it is something we are proud of. Every member of this profession contributed towards the building of this edifice, the MLSCN House and we are happy about it. This has made us stand tall amongst other professions in the health sector. Even in the states, our profession is now given high regards in the scheme of things. A lot of recognition is being accorded to us and that is very encouraging.

However, one cannot overlook some of the challenges facing the profession. For example, in the hospital setting, it is only the medical laboratory scientist that can stand up to the doctors. During the time of Dr. Ransome Kuti they wanted to impose a non-medical laboratory scientist on us as Chairman of the Board, but we resisted the attempt and, since then, everything has changed as they have started appointing us to appropriate committees.

Another challenge is the non-appointment of our members as directors in the states as well as hospital boards. Although some states have taken the bull by the horn and implemented it like Katsina state, and even the FCT, but some are yet to do that and we are not happy about it. Also the non-appointment of our members into committees of the Federal Ministry of Health is not a healthy one, because we are a unique profession and should be accorded the due respect we deserve in the scheme of things in the health sector.

Now, looking into the future, we would want the young medical laboratory scientists that are in academics to join hands with the Council and establish a research center to build on what we have already done. I remember when Prof D.E Agbonlahor was the President and some whites wanted to come to Benin to build a reference laboratory, robbers attacked them on the way and carted away

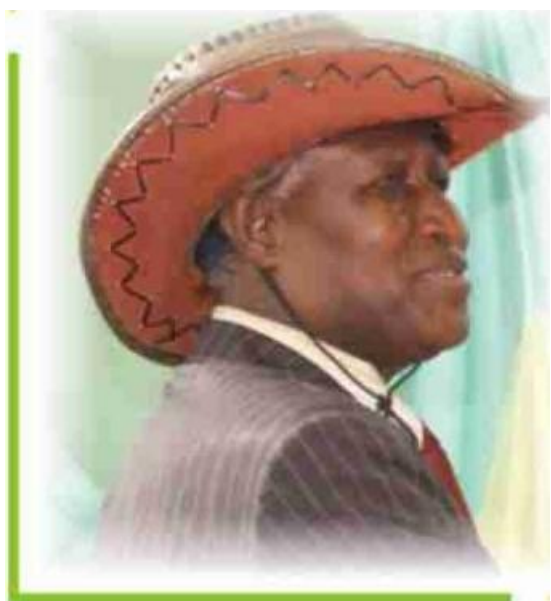
all they came with which was what killed the dream. But we should not give up on such a laudable idea.

I understand that the current government wants to build research institutes or centers for Lassa fever and Ebola diseases in the country; that is very encouraging. I remember when we were at Broad street we used to develop vaccine for different ailments, but that was not sustained. However, with the willingness in the present government, I think the programme could be resuscitated.

I would also advise the younger generation of MLS to be vigilante, endure, and be steadfast in promoting the profession. They should spend time in research, if there is a new grant for research they shouldn't fail to key into it. They have to safeguard what we handed over to them, be professional in their dealings both in academics and practice, and also work hand-in-glove with the government of the day to move the profession and the country forward.

AT THE BEGINNING WE WERE FEW SO WE KNEW EACH OTHER

Mr. Idris Saliu



Please help us to recount as much as possible the origin of the Council/profession in this country, it is said that the two had humble beginnings.

The profession of Medical Laboratory Science in Nigeria had its roots in the British system. In those days people who wanted to study Medical Laboratory Science were trained in England. Firstly, it was the Intermediate and Final Examinations. As time went on, the British Institute of Medical Laboratory Technology came here for an onsite assessment on the training facilities here.

After finding our standards satisfactory, they approved that the training and examinations of Intermediate be conducted locally here under the supervision of the British as there was no regulatory body for the profession as at then in Nigeria. The finals were still held in Britain. Over the years the numbers increased and it was going to be a lot of spending in foreign exchange for the country so the wise people of this profession sat down and proposed to have an Institute that will oversight the function of Medical Laboratory Science service in Nigeria. Thus they made a request to the Nigerian government headed by Gen Yakubu Gowon, that an Institute of Medical Laboratory Technology be established in Nigeria. It was therefore established by Decree 56 of 1968, and signed into law by Gen Yakubu Gowon, GCFR, the then Head of State and Commander-in-Chief of the Armed Forces of the Federal Republic of Nigeria, and so the Institute came to be.

Even after the Decree 56, the status quo was still maintained as the Intermediate examination was still holding in Nigeria while the training as well as the examinations for Final was in England. As time went on they observed that our processes have become grounded and approved that the training and Final examinations be taking place in Nigeria. I was privileged to be amongst the first set that graduated in Nigeria, my number is 001.

MLSCN @ 50: THE PICTURE GALLERY



Health Fitness Walk kick-started the events of the day



Sir Tosan Erhabor (3rd Left) leading the health fitness walk



The Golden Jubilee Mcs: L-R: Kate Henshaw,



Arrival of the Chairman of the Occasion, Gen Yakubu



R-L Dr Ehanire, Gen Yakubu Gowon Rtd, (GCFR) and Sir Toson Erhabor. Ag Registrar/CEO, MLSCN



Hon Minister of State for Health, Dr. Ehanire, flanked by the Rep of the Head of Civil Service and Sir Toson Erhabor (L)



Cross section of Guests at the opening ceremony



Some members of the High Table during the Opening Ceremony

MLSCN @ 50 : THE PICTURE GALLERY



The Ag. Registrar / CEO of MLSCN with the former Registrar / CEO, Lady E. U. Okonkwo



His Royal Majesty (Prof.) Princewill T.J.T. and his wife with Acting Registrar, MLSCN



The Hon Minister of State for Health, **Dr. Ehanire** presenting his address during the Opening Ceremony



The Chairman of the Occasion, **Gen. Yakubu Gowon Rtd. (GCFR)** Presenting his address during the Opening Ceremony



Prof Dennis Agbonlahor, the main keynote speaker presenting his paper at the event.



Presentation of Lifetime Achievement Award by the Council to Chairman of the Occasion, Gen. Yakubu Gowon Rtd. (GCFR)



Prof. Oluyemi Akinloye, one of the keynote speakers presenting his paper at the event



Cutting of the MLSCN's 50th Anniversary Cake



The golden Registrar with the Anniversary cake

MLSCN @ 50 : THE PICTURE GALLERY



Arrival of the Minister of State for Health for the Dinner



The Ag. Registrar/CEO with some Foreign partners during the Dinner



Corporate Awards for NIMASA received by the DG, Hon Dr Dakuku Peterside



Honorary Fellowship of MLSCN presented by the Ag. Registrar/CEO to the Minister of State for Health



Merit Award for the 1st Medical Laboratory Scientist to become a Professor, His Royal Majesty Prof. Princewill TJT



Award presentation to the former Registrar/CEO, Lady E. U. Okonkwo



Award presentation to the former Board Chairman of MLSCN, Prof. Dennis Agbonlahor



MLSCN @ 50 : THE PICTURE GALLERY



MLSCN Merit Award for Past and Serving Presidents of AMLSN



Merit Awardees of MLSCN Past and Serving Registrars



Merit Award for Post Board Chairmen of Council



Corporate Organisation Awardees with the Ag. Registrar/CEO



Individual Achievers Award



The Ag. Registrar / CEO (L) with DG of NIMASA, Dr. Dakuku Peterside (centre), the Hon Minister of State for Health, Dr. Ehanire (2nd right) and the former Registrar / CEO, Lady E. U. Okonkwo



Thanksgiving Service



MLSCN @ 50 : THE PICTURE GALLERY



Members of staff of MLSCN during the church thanksgiving



Cutting of the Anniversary Cake during the church thanksgiving



The Ag. Registrar/CEO during the Church th



Chairman, Organising Committee, Prof. Useh, with the Ag. Registrar/CEO during the Church thanksgiving



Special prayer session being held after the Jum'at Service

As at the time the professional examination started holding in Nigeria, how did the government of that time take it, what was the level of involvement of the government and other stakeholders in the Council's activities?

At the outset the government was very responsive. They employed the staff and funded the Institution. We used to have annual the meeting just like what we have now in the Association until when government thought it was no longer feasible to bring everyone together to a common place to discuss the Institution. There were representatives from the 12 states of the federation then. The system then was patterned after the British system. We had some kind of faculties or examination board whereby the examiners for different subjects were chosen at the Council meetings. Then there were chief examiners and assistants and the rest of them; if one is absent another one takes over. The examinations were taken very seriously by both the Institute and the government at that time and the training institutions were more or less regulated by the Institute.

As at that time, the intake for the intermediate was always high but, during the final, they pruned the size according to the facilities, staff and space available in the subjects. The institutions were basically mentoring institutions whereby people were supported.

It has been noted that three Institutions were pivotal to the growth of the profession in the early days. What do you know about them?

The room and parlor Porta Cabin at Central Laboratory Yaba, served as the headquarters of the then Institute, now Medical Laboratory Science Council before it moved to the Animal House at Nigerian Institute of Medical Research NIMR, Edmund Crescent, then to the medical compound at 8 Harvey Road all in Yaba before it was moved to Mamman Nasir Street, Asokoro Abuja, a rented property, then to the permanent site of the Council, the MLSCN House in Durumi, Abuja.

FCVMLT Vom played a major role in the training of medical laboratory technologists as at then. It was where the Intermediate students were trained before they proceeded to England for their Final examinations. It is one of the oldest training institutions and it trained a lot of people before the emergence of UCH, LUTH, Zaria and Enugu.

Adeoyo Specialist Hospital, Ibadan was where the training of medical laboratory technology started in

the western region before UCH, but two of them were used concurrently for training of medical laboratory technologists as at then.

We were told that, in those days, medical lab technologists were perceived as "lab boys" or "errand boys" what has really changed compared to those days?

As Medical Laboratory Technologists then, we were not doing anything that was different from what we are doing now, but what we have not done is that we have not tried to change in the aspect of technology. I will not deceive you, the British that are our founding fathers have taken the profession to a higher level but we are still crawling, that is the difference. Then if you graduate in Nigeria, you could be posted to a laboratory anywhere even in Britain, you will not be a failure amongst your colleagues. Presently, the course content, practical experience, and ethics of practice are the same, the only difference is their technological advancement.

As the profession grew bigger and technology developed very fast, we were unable to catch up with technology. In terms of state-of art-equipment and new discoveries we are lagging behind. However, let me say this, with the training we had and the one we are still having now we are able to deliver good results but we wish we could get to where they are in terms of technological advancement and new discoveries.

The advantage in all these is that we are aware that people are doing best practice there with new discoveries but being aware that we are disadvantaged because of technology, we wish we can get the appropriate technology here in Nigeria, but it is not cheap, so we have to make our practice to be as qualitative as possible.

Are you implying that what you lack in terms of technology you make up with practical experience?

Yes, our work is based on the available technology. Let it be known that in the area of Medical Laboratory Science, Nigeria is not at the peak yet, we are still lagging behind. We know what to do but we may not have the means to do it technologically.

How was the Institute able to operate, and how did its functions affect the few technologists at the time?

At the beginning we were very few so everyone knew each other but now we have increased in number. At the time I qualified as a Fellow, my number was 216 which means there were 215 people before me, yet everybody knew everyone. Now, the profession has expanded, discipline by discipline, some don't even know those that are in the same discipline with them.

But despite the expansion, we are still under producing. However, as beautiful as the expansion is, the inability of the government to make available space for the absorption of new graduates is a problem.

The Medical Laboratory Science profession had from outset been divided into different cadres, everyone has his functions - Medical Laboratory Assistants/Technicians, and the Medical Laboratory Scientist that have been trained for the job. But because of funds people tend to employ people of a lower cadre for a position of a higher cadre, thus making those that are trained for the higher cadre job to be unemployed. Then it was not so, we were in short supply and in high demand and one could change job easily.

Right now we are getting more or less saturated especially government establishments, while the private ones are not ready to pay the practitioners well, so that is part of the challenges. In terms of manpower development, the profession was one of the first to start continuous professional development (CPD) especially in the health sector way back in the late 70s and 80s. The idea was trying to keep retraining people and keep them on their toes, and now it has become mandatory, whereas to the professionals it is not new. Clearly the Council has fared well, as it had a humble beginning, having started in a room and parlour Porta Cabin and look at where we are today. Then we were one family; the day they were releasing our results coincided with the day Mr. Akhile, the Acting Secretary/Registrar after the death of Mr. Madojemu, was handing over to Mr. G. W. Park, that day also doubled as the day they moved their office from Central Laboratory compound to NIMR. After the release of result, we were the ones that arranged the new office for Mr G.W Park. That was the kind of relationship we had then.

Do you have any memory of the Institute under Mr Ben Akhile?

I was a student then, the day our result was released was the day they moved office as I said earlier, the structure and size of the office was the same. There was one Mr Urakpa, who was a very good secretary to the Acting Secretary/Registrar, Mr Ben Akhile, who was an astute Medical Laboratory Scientist with an impeccable character and a tremendous administrative acumen. He took over from Mr. Madojemu, who was also an enviable human being. They maintained the status quo. As at the time we were qualifying in Nigeria, some students were still in the United Kingdom but when they finished they came back and worked with us and they were not superior to us, rather we worked together showing that the system then was the same.

The Medical Laboratory Scientist

How was the Institute funded knowing what is happening now, was there any funding from government or was the funding from another place?

It was mandatory then for every member to pay their dues. Once you qualify, you register as a member, then in subsequent years you pay your dues and have your license. If one didn't pay and something happened the person will be regarded as a quack. The institutions were very conscious of it. If you didn't pay your annual dues and get your annual license, if there is any medico-legal problem, you will be regarded as a quack and nobody will come to your aid. So everyone wanted to pay their dues and be licensed as soon as possible. Moreover, as the institute had been a government establishment so the government was giving it subvention and also paying the staff salary.

If one may ask Sir, were there private Medical Laboratories in those days and can you recall how they came about?

One of the best things that happened to our profession is that we are licensed to practice in both private and public sectors. I can recall that when I was a student in Ibadan in 1972/73, before my finals, I remember that there was a private laboratory that existed as at then, the existence was not because of the boom in the training of medical laboratory scientists, private labs had always been there. People in the public sector then usually helped their friends in the private sector when the latter were going on leave. But what I don't know was whether there is any one set up by the British citizens in Lagos. Knowing Lagos and its antecedents, it is not impossible for that to happen, but private hospitals and medical laboratories were employing Medical Laboratory Scientists as far back as 1970s.

At the beginning there was the Institute of Medical Laboratory Technology of Nigeria, later Institute of Medical Laboratory Science and Technology, now Medical Laboratory Science Council of Nigeria. What necessitated the changes?

There were issues that necessitated the changes: national, international and developmental issues. When we were called medical laboratory technologists people were confused in distinguishing between who was a Medical Laboratory Technologist and who was not. When that issue came up we had to go along with the British system as far as 1964, the British had started thinking about changing their nomenclature to Medical Laboratory Science, there were chronological changes in the UK and we followed suit.

But recently they have moved on to name theirs as Biomedical Laboratory Scientist. Another thing was that so many other people trying to do so many things in the laboratory, so we needed to distinguished ourselves from quacks who were bent on reaping where they did not sow. Also we are members of the International Federation of Laboratory Scientists and therefore we have to go by their norms. Medical Laboratory Science is not indigenous to Nigeria, we are a product of the British system and we have followed their footsteps.

The logical follow up question now that Council is celebrating her golden jubilee is: when you look into the near future what type of Council do you want to see?

I would want to see a fully digitalized Council, where the Registrar will sit at the comfort of his Office and know the records of all the members. By pressing a button, he would know which is training who, what development is going on in the system. At the beginning, the Institute was in charge of regulation and training but now the training has been taken over from us by universities. I want to see a situation where the training of those in the private universities and public are harmonized, a situation whereby a BMLS in a private university and that of public are equitable, like during the time of Associate and Fellowship. They should have an agenda that can monitor the institutions offering Medical Laboratory Science. Also between NUC and Council there must be synergy, in that they must speak with one voice during accreditation of institutions. There should not be dissenting voices, I pray that the Council will have modernized facilities for CPDs that will be coordinated by it. I want to see a Council that will always have a healthy relationship with AMLSN, that is very important because we are partners in progress.

On a personal note, given the journey that you have passed through and hearing that the Council is celebrating her 50th Anniversary with the presence of General Yakubu Gowon, who signed the decree that established the Institute, how do you feel?

First and foremost, I have purchased my anniversary cloth and that of my wife because she is a Lab Scientist. It is a good feeling that I am alive to witness it. This shows that I have been practising medical laboratory for almost 50 years having qualified in 1973 four years after the Institute, now Council, was established. It is also gratifying to hear that Gen Yakubu Gowon who signed Decree 56 establishing the Institute will be around. I see it as a way of bringing alive the founding fathers of this profession that had passed on. We talk about African leaders, it feels good that that a young officer that signed the decree that brought about the profession 50 years ago is here to celebrate with us, and this says a lot about our journey.

For the Council, I have been part of it for several years from when it was the Institute and now Council. I have been a pupil examiner, a professional examiner, an assessor and coordinator in all Councils examinations; I have given lecture during World Accreditation Day and other platforms. We took part in CPDs at the outset of HIV in Nigeria, during Mrs. E. U. Okonkwo's tenure and even during Mr. G. W Park, I have taken part in inductions and finally, I was a member of the Governing Board of the Institute, so I have had a great time with the Council and I'm happy about it.

**The Council has done well; all we need is to consolidate
- Mr. Godwin Ihiemekpen**



I got into the lab on May 2 1967, then the lab service used to be at Federal Laboratory Services, Yaba I met people like Prof. Sam Abbey who was doing his Intermediate training there then. Mr. Idundun was the most Senior Medical Lab Scientist at that time. I used to hear them talk about the Nigeria Institute of Medical Laboratory Technology in Yaba, but we didn't know much because we were far too junior and that was during the war.

Then we would work in the mornings and go for lectures in the evenings. When the states were created in the year 1967, they moved some of us to Federal School and some to Lagos State, especially those that were yet to pass their Intermediate examinations.

In 1968 no new students came in due to the war. We were supposed to write the examinations after three years so we did ours on 1st April, 1970. In 1969, Mr. Idudun retired and Mr. R.A. Johnson became the most senior Scientist and First Acting/Registrar of the Institute. Mr. Park came back from England and became the Principal of Federal School Jos. When I was in Jos. I was close to Mr. S.O. Nwachukwu and he gave me some of the notes on the early beginning of the Council.

The Lagos State Government sent us to England for further studies even though none of us was from Lagos, that was when we were one Nigeria. When I came back, I noticed that some of the people there were not yet promoted but later there was opening for a Med Lab Technologist in Jos and I applied for it. I went to register in the Institute and my number is RF 120 then. By then Mr. Park had moved to IMLT in Yaba. Mr. Nwachukwu and Mr. Park had vied for the position and Mr. Park was given the position.

The Institute was operating from Broad Street until they got an accommodation in Yaba when Mr. E. I Majodem became the Registrar. He was here for two years before his death. Mr. Ben Akhile succeeded him as the Acting Registrar before Mr. Park took over. It was said that it was Mr. Madojemu that facilitated that accommodation at Central Laboratory Yaba, because of his closeness to Oba Akenzua, the late Oba of Benin.

Those were the early days when some people used to refer to us as "lab boys" or "bench boys". When I joined the Federal School, my experience on the bench was limited, we were going to the lab because our students were there. We were being paid by the federal government, so we didn't put much attention to the bench work. Even at that time, we had this diploma/degree issue going and I knew that there was this progressive development to go into a degree programme. I think that was why the Institute started the Basic Science and Medical Science programme that they later coined as part 1A and Part 2A. At a point we were doing Biochemistry, Physiology and Histology and there was a caveat, because there were very few people going into Histology and we thought we needed to do something about it.

When I was in Jos I was the head of Basic Science and got to know some people, including the late Prof Onwuliri, the wife, and some Indians in the Department of Anatomy of the University of Jos. I told them to write a proposal for a 20 hour programme in anatomy, they did and I took it to Mr. Park in Lagos. He threw it away and said that people were saying what they had was much and yet I was bringing more work for them. I went back and told Mr. Nwachukwu and he said he knew that Mr. Park was not going to accept it, but we later found out the thing sank in and he even made it 40 hours.

Then people that were used to the job required the mechanical aptitude, then automation had started coming in gradually. You can also recall that BMLS programme had started in Ibadan in 1968 and the first students graduated in 1970. We heard that our people snubbed them, that the training was more academic than practical, this also happened to the earlier British IMLST, as the first graduates were not received. The way the body of knowledge was growing, it was inevitable for us to do away with that kind of training in order to get the acceptable form of training that would lead us to the part of the steady growth of the Part 1 and 2. That gave rise to this degree programme subsequently.

As for the relationship between the technologist of those days and the Institute, they were quite happy about the ownership of the Nigerian Institute. It was a dream come true, all those in Vom, Lagos and Ibadan, worked together to see that happen. To tell you the truth, the British were not happy that Nigeria broke away from them. Nigeria was the first British colony that held first Intermediate Examinations outside Britain. It was Mr. R.A. Johnson that opened the first register in the Institute in which all those people that qualified in England were registered. We were paying dues, but it really started in 1970, after Mr. Idudun retired in 1969. The fee then was 2 pounds, that was during the time of General Gowon.

There were also private laboratories but they were owned by the whites except the one owned by Dr Akinola Maja. People were patronizing the lab so much. But the atmosphere was good in the labs whether public or private. It is also worth recalling that the first Chairman of the Institute was Dr. S. Adesuyi, who was the Deputy Chief Medical Adviser to the Federal Government. The pioneer medical laboratory practitioners then didn't have the kind of opportunity that we had. Everyone took their jobs seriously both pathologist and doctors. We did our jobs on daily basis. Disharmony amongst the professionals was minimal, although there was one Dr. Laja, who was over bearing, maybe that was his character, and many of us didn't like him, we named him 'Hitler'. Our take home then was 40 pounds.

The impetus to change from the Institute of Medical Technology to Institute of Medical Laboratory Science and Technology came from Britain. The British Institute in 1948 became Institute of Biomedical Laboratory Science. The agitation for it came fully when Dr. (now Prof) D.E Agbonlahor became the President of the Association and some people in the Ministry didn't like it. As at that time, Prof Ransome Kuti's wife claimed she studied Medical lab science and Mr. G.W. Park refused to register her, because she had a BSc and did not do internship, so when the agitation came for the change of name of the Council and the husband was a Minister, it became an issue.

In fact, I got a query for using “Science” instead of ‘Technology’. Dr. Kuti ordered that I should be issued a query.

The agitation continued until they brought Dr. Suleiman Sani from the north. Because of his pedigree, he understood what the profession was going through and really helped the Council and the profession to achieve their cause regarding the science issue. He was very sympathetic with the cause of the medical laboratory scientist. It seemed that he was influenced by his association with some scientists of medical lab then in Ahmadu Bello University, Zaria. He was instrumental to my going to the headquarters of the Federal Ministry of Health.

When the Minister was not around and he was the one that represented him at Federal Executive Council meeting, I prepared the document and added Institute of Medical Lab Science but when it came out they added Technology and I complained he said that I should write a letter to that effect, but later thought that people would start wondering how I knew about the decision at the Federal Executive Council. What we wanted was Institute of Medical Laboratory Science and that was what I wrote for but they added “Technology”.

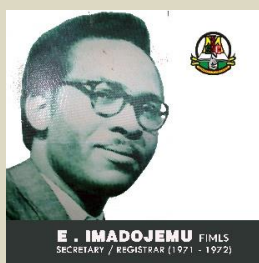
We took it like that and continued to push, the goodwill or Dr. Suleiman Sani got us that, and we had to take it like being that it was a step in the right direction and one thing at a time.

But the main push was more from the Association. They thought that with the Council we would have more autonomy. At the level of the Institute we had only four scientists in the board whereas there were 12 pathologists then. When Prof. Ransom Kuti was the Minister and Dr. Edozien was the Director Hospital Services, they tried to reconstruct the board, and tried to impose those that were not really interacting with the Council as the Chairman of the board, but we refused and it took us another 17 years to have a board.

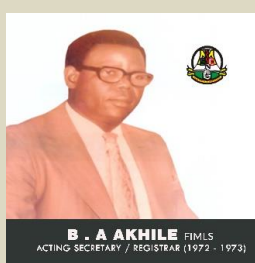
I must conclude by congratulating our members and the Council for this milestone in the discharge of its statutory functions in the regulation of Medical Laboratory Science just came back from Italy, and I was complaining that it is only Nigerians that were there and they replied that what our Council has achieved is not comparable to any other country in Africa. So all we need to do is to consolidate and get our data right in that anybody asking for anything can get it at a snap of the fingers in all statutory duties of Council, I don't think there is anything to add. In terms of technology and data keeping, we need to step up, that's all.

The Council has done well and people are envious of us, it is now left for us to sit down and put that side together, that is the only way we can improve. I'm elated because the Council has done well and also happy about the celebration.

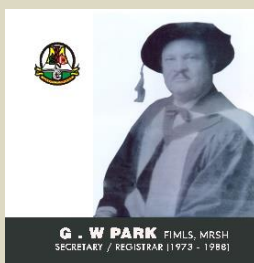
Registrar/CEO's of Council Since Inception



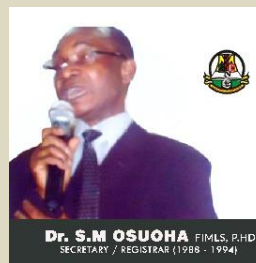
E. IMADOJEMU FIMLS
SECRETARY / REGISTRAR (1971 - 1972)



B. A AKHILE FIMLS
ACTING SECRETARY / REGISTRAR (1972 - 1973)



G. W PARK FIMLS, MRSH
SECRETARY / REGISTRAR (1973 - 1988)



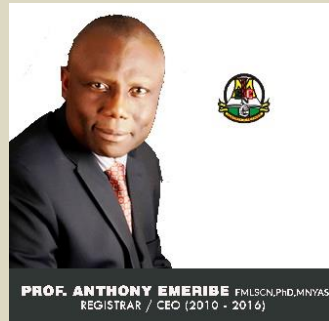
Dr. S.M OSUOHA FIMLS, PHD
SECRETARY / REGISTRAR (1988 - 1994)



LADY E.U OKONKWO FIMLS, MPA
SECRETARY / REGISTRAR (1994 - 2010)



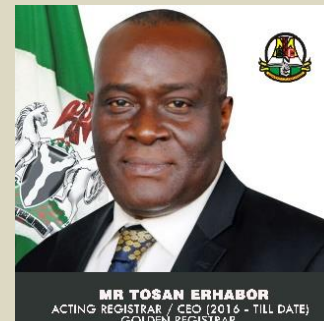
DR. SUNDAY N. ETUKUDO
ACTING REGISTRAR / CEO (MARCH - JULY 2010)



PROF. ANTHONY EMERIBE FIMLS, PHD, MNYAS
REGISTRAR / CEO (2010 - 2014)



LATE OLUFUNKE F. OMOTUYI (MRS)
ACTING REGISTRAR / CEO (FEB. - JUNE 2014)



MR TOSAN ERHABOR
ACTING REGISTRAR / CEO (2014 - TILL DATE)
GOLDEN REGISTRAR

Nigeria Loses \$2bn Annually in its Health Care System, Says Minister

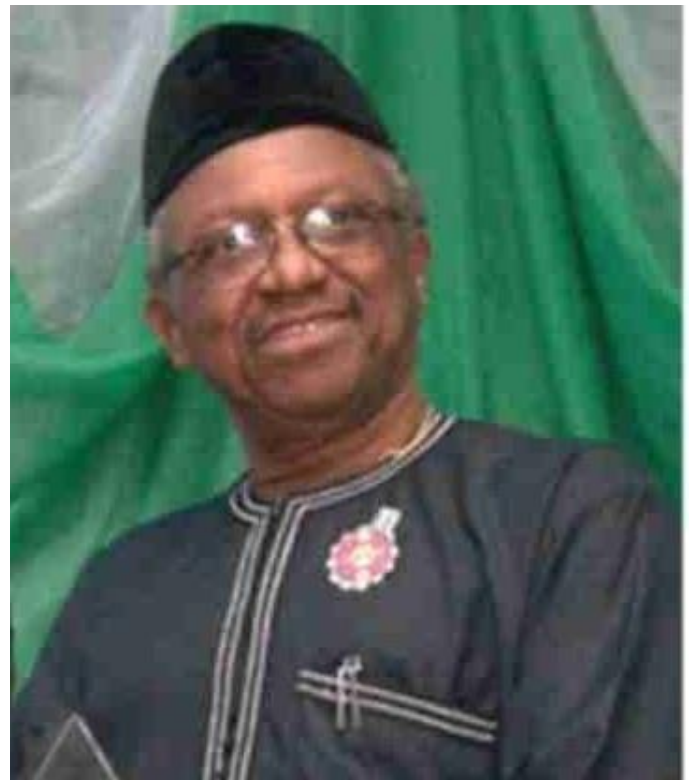
Nigeria is said to be suffering a huge drain in foreign exchange estimated at about \$2bn annually, due to loss of confidence in its health care system. This disclosure was made by the Hon. Minister of State for Health, Dr. Osagie Ehanire at the 54th Annual Scientific Conference and Scientists Workshop of the Association Medical Laboratory of Nigeria (AMLSN) held in Jos, Plateau State. The conference had the theme: **Local Vaccine Formulation and Production in Nigeria: Challenges, Threats and Opportunities**.

The Minister who was represented at the occasion by the Chief Medical Director of Jos University Teaching Hospital, Prof. Edmund Banwat, expressed concern over what he described as lack of teamwork in the health sector, which is the leading cause of rivalry between medical doctors, pharmacists, medical laboratory scientists and other allied workers.

Ehanire, while decrying the rate of decay and lack of maintenance culture in Nigeria, noted that: "Nigeria has over the past decade fallen behind the rest of the world in many areas of human and social endeavor, be it infrastructural development, energy and transportation development, food production, quality of education, and health care delivery due to maintenance culture." He added that, among many manufacturing facilities that also became moribund during past administrations was a government-owned Yellow fever vaccine production laboratory in Yaba, Lagos. According to him, the facility "If operational today, would have saved this country a lot of foreign reserve."

Also, the Head of Civil Service of the Federation, Winifred Oyo-Ita, said the Federal Government had directed chief executives of parastatals to fully implement all approved schemes of service and circulars affecting the career progression and conditions of service of Medical laboratory scientists in their establishments.

The HoS, who was represented by the Director (Special Services) in the Office of the Head of Civil Service of the Federation, James Olusoji, said the directive was given in the spirit of fairness, equity



Dr. Osagie Ehanire

and justice in the treatment of all staff in the public service of the federation in line with the intent of the President of the Federal Republic of Nigeria. She added that "The issue of creating a department of Medical Laboratory Science in the Federal Ministry of Health has been brought to my attention. The request is still undergoing examination, be assured that whatever decision must be to the benefit of the practice of Medical Laboratory Science in the country."

While urging Medical Laboratory Scientists to always use dialogue to resolve issues with the management of their various workplaces, as incessant strikes in the public sector are counterproductive, especially in the health sector, she added: "There is a need for all health care professionals, such as medical doctors, pharmacists, nurses and researchers, to work in harmony with trust and due respect for each other's expertise in promoting the health of the patients seeking their services."

Earlier in his address, the National President of AMLSN, Dr. Bassey Enya Bassey, called on the Federal Government to properly regulate the nation's healthcare sector. According to him, the need for proper regulation of the health care system in any country cannot be over emphasized as an unregulated system will breed quackery and unwholesome practices that will adversely affect healthcare delivery.

He also appealed to President Muhammadu Buhari to reconstitute the Board of Medical Laboratory Science Council of Nigeria and other health regulatory bodies so as to guarantee top quality and regulated health services in the country.

Meanwhile, the Acting Registrar/CEO, MLSCN, Mr. Tosan Erhabor appreciated the new leadership of the AMLSN under Dr. Bassey Enya Bassey for its accomplishments so far and for the cordial relationship existing between the Association and MLSCN. "The destinies of the two entities" he noted "are delicately interwoven as what affects one also affects the other as the regulator and practitioner. He therefore called on all members to join hands with MLSCN to entrench a culture of accuracy and reliability in the medical laboratory science system.

Furthermore, the Acting Registrar sounded a note of warning to quacks and forgers of Council's documents that it would no longer be business as usual as the Council intends to do everything possible to secure its sensitive documents against forgery and unauthorized usage. To achieve this, he said, the Council had entered into partnership with a German global security company, and also come January 2019, the Council will commence the embossing of passport photographs on practicing license.



I HAVE HAD AN AGE-LONG PASSION TO SERVE THE ASSOCIATION AND THE PROFESSION

DR. BASSEY ENYA BASSEY,
AMLSN National President.



Dr. Bassey Enya Bassey took over the mantle of leadership of this great association after his overwhelming victory at the Kaduna conference in 2017. Due to his busy schedule, the crew has been on his trail without success, so when the opportunity came our way at the AGM in Jos Plateau State, the crew utilized it and spoke to the energetic National President. During the interview, he passionately spoke about his plans for the profession, and the package is worth the wait. Excerpts:

In Kaduna in 2017 you emerged the national president of this great profession having won the election overwhelmingly, how did you feel about the landslide victory?

In 2011 if you remember. I contested against Dr. G.C. Okara in Makurdi, I got two hundred and something votes. In 2014 in Akure, I contested against my predecessor, Dr. Toyosi Raheem and surprisingly lost by 20 votes.

I must tell you that in those two times that I lost, I presumed most of our members especially the senior ones knew I had the capabilities to lead this great Association but were afraid that I could be inimical to their interest in the profession. But their fears have been allayed because since I came on board I have reached out to both old and young members of this Association, I consult them

Regularly, seeking their views and advice on how to move the profession forward. Although I won in the Kaduna election, the victory didn't come easy.

You contested a few times in the past but failed as you mentioned, some other persons in your shoes would have given up but you persisted, this shows that there must be a strong conviction or a driving force that propelled you to continue apart from the ambition of being the president of this association. What is that convictions?

My quest for this post was ignited long ago when I attended AMLSN National Executive Council (NEC) meeting in Benin during my undergraduate days in 1988. In that meeting, what was discussed amongst other issues was the proposal for the abolition of the Associate programme and their intention to replace it with the BMLS programme. That meeting acted as an eye opener to me on the enormous challenges facing this noble profession and I must say they have not abated until now.

That meeting got me thinking and when I got back to school I galvanized my friends and we wrote the Senate of the University of Calabar that the BSc degree that they wanted to award us at graduation should be changed to BMLS and copied the Institute of Medical Laboratory Science and Technology of Nigeria headed then by Dr. S. M. Osuoha. When the Provost of the College, Prof. J. J. Alu heard it, he called for my suspension, his reason was that I had committed two offences: I wrote the University Senate and the Secretary/Registrar of the Institute without following due process. In order to avert the suspension, I went to the Obong of Calabar and politically blackmailed the Provost by saying, 'Look, the Provost is working against this kingdom, and he wants to close the College in your domain, because he is not from this State, he is from Akwa Ibom'. Consequently, the Obong waded in and that was what settled the matter; he thus gave an order that "anybody who tries to expel Bassey, will be expelled from this domain! "

The magnitude of the marginalization and challenges facing the profession that I learnt of on that day as a student became a propelling force for my perseverance in vying for this position. I also resolved within me to try as much as possible to reduce it to its barest minimum.

To achieve this, I knew it was not going to be an easy ride for me, I thought that I would galvanize our people and others of like mind, who can help to create the kind of structure that will ease the prevailing challenges. That date became a reminder that there is work to be done for this profession to be elevated and I decided that no matter how long it takes, I would want to join forces with our elders to minimize or eradicate these problems. From then, I envisaged that a time will come when they will be tired and we the younger generation will take up the baton from where they stopped.

Looking at my pedigree from the time I was a student, I was the chairman of the University of Calabar, Medical Laboratory Scientist Students Association, I was a National Financial Secretary, the National Secretary and presently the President, I have had the privilege of serving in different parts of the country; I served in Kaduna, FCT and Makurdi, I observed that the challenges are the same. When I was in Kaduna and Makurdi, I participated actively in the Association.

In FCT, my records are there for all to see because I galvanized every one of us to form a formidable force. So what I am today is not accidental.

Another aspect that contributed to my quest was that I noticed that our members that are supposed to drive the process and be at the forefront are now lagging behind. I felt that there must be capacity building to strengthen our colleagues to stand up for the profession. So, listening to my story, you can see where my drive is coming from- that NEC meeting, of 1988.

You have been at the helm of affairs of this noble Association for these months. How far do you think you have gone in actualizing your vision, do you think you are on the right track?

The problem we have in Nigeria is the absence of a central coordinating place especially in Medical Laboratory Services. It is a major challenge, take for example in South Africa, they have a National Health Laboratory Service Institute. It acts as a warehouse of diagnostic service in that country. It serves as a data processing collection center in that country, anywhere you do laboratory test, the result will come to that center. It houses the South African vaccine initiative, as well as the national cancer registry that takes care of detection of new cancer cases in that country and that helps them in keeping cancer indices in that country. They also have the National Institute of Communicable Diseases which is equivalent to the National Centre for Disease Control (NDDC) in Nigeria.

So you can see the enormous responsibility a national coordinating body has and what it can do for a country like South Africa, and you can imagine the kind of impact such would have on the health indices in Nigeria. But that is lacking here. I was a member of the national committee that drafted the national medical laboratory policy for Nigeria in 2007; one of the major recommendations was that there shall be an establishment of a singular department for Medical Laboratory Services in the Federal Ministry of Health. This policy was sponsored by CDC/USAID because they know the importance of having such a coordinating department and its impact in the health system but to date this has not been implemented in Nigeria in the 21st century, yet we are "the Giant of Africa".

Thus I have taken it upon myself to achieve this even if it is the last thing I will do for this country and my profession. If you listened to the Head of Service's remarks at the Opening Ceremony of the conference, you will understand that we have done so many things underground which we don't want to shout about until we get to a point where it will no longer be sabotaged by the enemies of the profession. I have taken the establishment of a directorate of medical laboratory services in the Federal Ministry of Health as my number one task, though there are so many other tasks we are working on, but that is my major task and I am focused on it. I am ready to do whatever it takes, including involving my personal/Association resources to see that this is achieved.

At the time you took over some people were of the view that the Association had been divided along ethnic lines and it became something people were murmuring about. But hearing you talk about your good plans for the Association, one begins to wonder what efforts you are making to bring this family back together?

To be frank, you are not far from the truth. At the point of our taking over, the Association was divided along different ethnic cleavages or geographical undertones: South West, North, South East, South-West, South - South, and that was not healthy for this profession. When we came to power, in order to stem this ethnic division, we created committees and made sure every ethnic group has equal representation in them, and that we did to restore confidence in our people and reassure them that we are still the same big family. We made sure that the committees were all encompassing.

To buttress this, as you are aware, I am from Cross Rivers State, my Chief of Staff is from Delta State; my PA is from Borno State. From our appointments people have known the direction we are headed, that we don't have any grudge against any ethnic group, that our mission is to carry everyone along and develop the Medical Laboratory Science profession in the country and not to divide it. We recognize that our members are aggrieved and we are looking at setting up a peace committee to bring our members together. Most of them are pained and the injury sustained in the process is so deep and will never heal until we bring up a true reconciliation committee that will bring everyone together and ease the pain. As a leader, you belong to everybody and this you must show in your attitude towards executives and to everybody not a particular section of the country.

How do you think the various groups are seeing this, are they positive about it, are they giving you the support knowing you are trying to bring the family together and do away with ethnic cleavage and are you encouraged by the feedback from the members?

Of course, I am greatly encouraged by the feedback we are getting from our members and stakeholders. Look at the conference, I had to sneak out of the venue from the back door because of the surge of people coming to greet me, I know they would have mobbed me if I had ventured through the main entrance.

We are encouraged by the positive comments we are getting from every divide of this country. One thing we must do as leaders, is not to portray ourselves or position as being there just for a particular section of the country. The service which you provide should be for everybody and that is what we are trying to do. Amongst my executives, if we sit to discuss, we interact like people from the same parents, we have people from all the zones except for the North East. We don't have dissenting voices. I am encouraged by the feedbacks and good advice I get from our members and other stakeholders on how to move the association forward.

Talking about the conference, it was pleasant surprise seeing this sort of turnout and given that this is not an election year, it is quite encouraging, showing that something has been done right. This brings us to the conference registration fee, which you reduced to N5,000. Looking back now, how do you think this has played out, do you think it was a wonderful decision?

No regrets at all. At the table someone sent a note to me suggesting that I should raise the amount to N10,000 and had planted some boys to move the motion to that effect. I felt too bad, and said no. It is going to be a distraction to us, I said that the N5,000 should be sustained. What we have simply not done is to harness the potential we have as an Association with the number of members we have. For people to pay N5,000 even if everybody pays and attends, we will still cater to them, that is why we had period for registration for the conference, to give us room to plan with the number we have. Take for instance now, we did not have shortage of materials or items, we still have some bags left after the conference. We planned for the over two thousand three hundred and something people that registered online. This also brings us to the process of early registration; It gives us the leverage for quality planning. It is worthy to note that it is not the amount you pay that determines the quality of service you get but your ability to plan and maximize the amount of money you have. bags

The local organizing committee {LOC} met and gave us the estimate of 43 million naira, we sat with them and reduced it to 20 million naira. As I am talking to you we are not owing anybody except the food vendor that they seem to be contesting the figures she presented and that will be sorted out, so I'm elated, the way things went and it is because of the kind of planning that went into it.

When the LOC Chairman was making his presentation, he said that your Exco members were not part of LOC as was done in the past, why did you decide to exclude them?

I wanted to insulate the LOC from the influence of my national Exco members. I was the person that coordinated the conference in Abeokuta in 2003 and in Port Harcourt 2004. I was the National Organizing Committee Chairman in Ilorin so I know the influence the National Exco could have on the LOC. The one in Kaduna, we are still running after them for the report till today. They said they raised 57 million naira at the AGM and spent 58 million. It is quite ridiculous. I have a policy, if I give you a job, I will give you free hand to do it, if you derail I will call you to order, second time I will do same, the third time I will take over the responsibility. We have already set up the committee for Abuja Conference, I'm sure you heard the report of the LOC and we are going to improve on that, none of my Excos will serve as members of the Abuja conference LOC.

How are your Executive Committee Members reacting to their exclusion?

No, it is not exclusion! In my life in everything I do I give justification for my actions. We laid it on the table for everyone to see and contribute to what we wanted to do and they said we will go your direction. The reason for my action is to insulate them in preparation for tomorrow. I know some of them might want to aspire for the position of National President tomorrow, I told them you can't be part of it because as the head everyone of them is my child, and many of them are politicians. I give them equal opportunity with this I am exposing them to the harsh weather outside so as to harden them for the challenges to come. If not they will be blown away by it, As the head, all responsibilities fall on my shoulders, not that we are not involved we are, after the planning every other thing still falls back to us for fine-tuning, so we are involved indirectly. Take for instance, when they brought the bill

For this conference, all of us sat down and deliberated on it and pruned it down to 20 million. Had it been we were involved at the beginning we won't be able to refuse some things, they will now want to gag us to work along with their own project.

Just to digress a bit, the AMLSN secretariat project which was named "Legacy House" is there any update on it?

You see, it is an aberration for one to name an unborn child. You cannot because your wife is pregnant and you have not gone for scan to know the sex of the unborn baby and then you resort to giving that child a name; that will be regarded as an aberration. The process we want to drive is not about self, It is rather about the profession, but when you start giving names it becomes about self. I am not a member of the Board of Fellows of this profession but Prof. Emeribe and I drove the process; we institutionalized that Board. Each time they wanted to do the nomination they will say that I should put my name but I always refused and told them I will not do that until I relinquish my post. When I became the National Secretary, I helped in putting many notable Scientists in the Board.

The moment I left they forget me and since then, the Board has not nominated new Fellows. Since 2008 nobody talked about me, that is Nigeria for you.

It is not about self but all about the profession and service to humanity. The problem we have in this profession is multifaceted, and because of that we want everyone to bring solution on how to help the profession. That is why we are calling on other institutions to come and help to build the profession.

About the secretariat, while we were at the conference the lawyer called and said the C of O of the land is ready. He said the money is 9 million naira only. The moment we get to Abuja we are going to pay. Also we are going to mobilize the engineers to continue work on the site.

This is our project. The money for the Association is not my money, but it is for us to do the work and uplift the Association. The edifice Prof. Emeribe built, the MLSCN House, are you not happy about it? The pride and respect we earn when we bring people there, can it be bought in the market? The answer is no. If he had lavished the money, would we have had such an edifice like we have there today? The answer is no! The secretariat project is a task that must be accomplished in my time.

Just as a follow up, you mentioned something about the Reforming and reviving the Board of Fellows. Could you please explain further?

The purpose of setting it up was it to act as a support or help mechanism in driving the profession. It is in the constitution of the Board to act as a help to the Association in time of need. Like the chairman said, they are here to act as big brother to AMLSAN.

One other thing that became a focal point of the opening ceremony was the use of ICT at every stage of the Jos Conference, what are you going to do in Abuja that is going to be different from this, as you said?

We deployed ICT because we wanted to make the registration at the conference seamless. Another reason was because, so many people don't really know us especially in Nigeria. When I tell people that I am a doctor, they always think I am a medical doctor. So we need a lot of advocacy to blow our trumpet ourselves, and the use of ICT will make people know more about the medical laboratory science profession as it has turned the world to a global classroom.

Apart from God, the Medical Laboratory Scientist is the only person that can predict correctly the lifespan of an individual depending on findings during diagnosis. We are the only ones that can tell the doctor what to treat, without us medical treatment will be in chaos. As Medical Laboratory Scientists, God gave us wisdom to diagnose people by looking at them with the use of samples even when they are long gone from the clinic.

So employing ICT in our functions will help in projecting our services to the world. To tell you the truth, we wanted to bring Channels Television live to the conference if not for the bill which we think was high, they would have covered the Opening Ceremony live. We want people to know us and what we do as Medical Laboratory Scientists. We must make our presence known and felt by all. The opening ceremony of this conference was streamed live and people were excited as we have been getting feedback through text messages, calls, WhatsApp etc., from people all over the world congratulating us. We promise to improve on that in the Abuja conference as we are going to start the preparation early.

It has been observed that in various fora when you speak about the health sector as it concerns the profession, you normally speak with so much anger in your voice. What is it that really upsets you about the health sector in relation to the medical lab profession?

Thank you for your observation. Like I said earlier, in South Africa, they have a central coordinating system that coordinates the tests and results emanating from their laboratories. You can sit in your office or parlor and get your medical laboratory results. I must say here that this is where my annoyance emanates from, I must say that there are three factors that are endangering the Health Sector and all of them point to Federal Ministry of Health in Nigeria. Why should a medical doctor be made a CMD of a teaching hospital when we have health administrators, who had been trained in that field? They go and buy obsolete equipment, every year they still appoint them without looking inwards. They destroy the infrastructure, the one they have they cannot maintain, the Minister is busy supporting the doctors above other professionals in the health sector because he is a medical doctor. How will the system work with this kind of attitude? What we need in the health sector is teamwork. How can we collaborate when one profession is being magnified more than others in the health sector but the same doctor cannot administer drugs, be a radiographer, a medical lab scientist or nurse, at the same time do his job? Everybody is important in the treatment of a patient but what we are practicing is "the winner takes it all". Because the doctors are in position of authority they want to usurp the duties of others as far as there is money there.

In Nigeria, the moment a medical doctor becomes a consultant, they will leave the hospital where they earn salaries every day without doing any work. Some of them earn double salaries; in the teaching hospitals and in the universities they cheat the government out of the money they would have used to develop the system. Tell me, how will the system work with this kind of attitude? It is not possible. In short the Federal Ministry of Health as I said before is the problem we have in the health sector in Nigeria. We are our own enemy and that is why the health sector will not work until the Federal Ministry of Health is restructured.

The restructuring I mean is that the hospital administrators should be allowed to manage our hospitals. The Federal Ministry of Health should sit down and create specialized departments like medical laboratory services department, nutrition, pharmaceutical departments etc. This is because we drive the process. Doctors are only interested in making money than providing services to the Nigerian people. It is only where they suspect there is money, in a place they are not needed which is the medical laboratory, that is where the pathologists will be interested in occupying.

We know you are a very busy person; how have you been able to balance the family, career, and service to this profession that you love so much?

What I know is that I don't have a social life, but every other thing I do in my life I plan for to the extent of my family. You know I live alone most of the time because of my job. So to meet up, I have a routine for all my activities. I have a routine of when to wake up, say my prayers, clean the house, prepare my breakfast and go to the office. When I come back I switch off my phone and have quite time to allow my brain to rewind then I have my dinner.

By 9pm, I check and treat my mails on Association matters till 12 midnight. After that, I switch over to my official e-mail till 4am, then I will have a 2-hour sleep before morning - that's my routine. You can see, I plan for everything.

I like living a quiet life sometimes even to the extent that my wife complains about it but I always explain to her that it is not about her but the way I want to live my life. People think I am a shy person but I am not, only that I am not a loud person, but an introvert. Why I don't like social life is that sometimes it can lead one to imbibe some negative social vices from friends. If I want an outdoor life after work I usually drive to a quiet place buy a bottle of soft drink and sit quietly by myself spend like an hour or two and drive home afterwards.

Finally, in all you have passionately spoken about, where do you want to see the Association in the next five to seven years even when you have left this position of President?

In the next couple of years, I want to see a Medical Laboratory Science profession in Nigeria that dominates the health sector, and has its own department in Federal Ministry of Health. When I say dominate, I mean the health sector, that provide services to patients who in the first place are the reason why we are here. We must fight for the patient to be alive. As Medical Laboratory Scientists we have the capacity to team up with other professionals in the health sector to ensure quality service delivery to the patients; so I want to see a medical laboratory service that can team up with its counterpart in the health sector, in a harmonious environment without any hindrance, with better job satisfaction, that's what I want for this profession.

Thankyou.

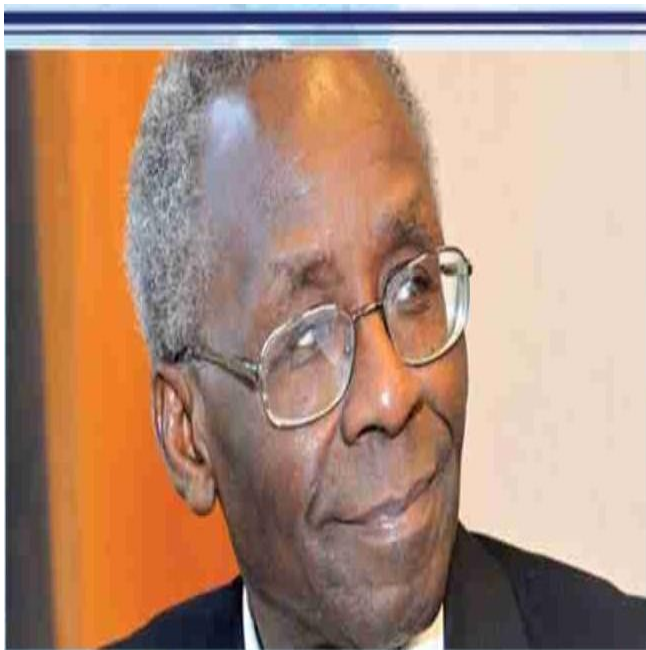
WORDS ON MARBLE

- *“What We Need in the Health Sector is Team Work*
- *Also, the Hospital Administrators should be allowed to Manage Our Hospitals.”*

Dr. Bassey E. Bassey

Why Nigeria Cannot Start Producing Vaccines Now.

- Professor Oyewale Tomori



Oyewale Tomori is a professor of Virology, an educational administrator, and a former vice chancellor. He is a Fellow of several organizations, including the Academy of Science in Nigeria, the College of Veterinary Surgeons of Nigeria, and the Royal College of Pathologists of the United Kingdom.

Prof. Tomori is currently the Chairman of Bio-vaccine Board, the company commissioned by the Federal Government for local production of vaccine in Nigeria, and a board member of the Global Alliance for Vaccine and Immunization (GAVI). He led the development of the Africa Regional Polio Laboratory Network and has been an active researcher on Lassa fever in Nigeria for the past 49 years.

In this interview with Ayodamola Owoseye and Nike Adebowale of PREMIUM TIMES, Prof Tomori speaks on the challenge in tackling diseases such as polio, Yellow fever and viral diseases in the country. He also talked about the challenges Nigerian scholars face in the course of their works.

You have been an active participant in Lassa fever management Nigeria for the last 49 years. What is the country still not getting right in the management of the disease?

Once the foundation, the basic things are not there. good governance etc., it affects everything we do. It is not just about Lassa fever, it affects education. It affects the normal way of life. I wouldn't have gone to school if not for a governor that introduced great things for the people. In Awolowo days was the time when there was no oil. We only had groundnut in the North, cocoa in the West and palm oil in the East. But the little they had, they managed the money well. I am not saying they were not stealing but they managed our money well. And that is why the whole Western region then, could end up having free primary education which encouraged everyone to attend school.

So, the number one thing is good governance and that is why it is affecting everything we have done, including this Lassa fever disease we are talking about. Lassa fever came in 1969, going to be 50 years next year and there is going to be a conference tagged "50 years of Lassa fever in Nigeria" January, next year. Before then, we were managing and taking good care because the hospitals were good, disease surveillance was okay. But somewhere along the line, just after the civil war, everything went crazy. I guess there was too much money that came to us too suddenly and too fast and then we lost respect for the good things. We abandoned those days of integrity that we had and so that is why it has affected everything we have done from Lassa fever to even the roads, to building some things we have around us. So that is what has happened.

This year's outbreak was the largest so far. What measures should be put in place to effectively curb the spread of disease in the nearest future?

I'm glad you said largest so far because we do not know what next year is going to bring. It may even be larger than this because we have not put in place the things to prevent what we are talking about. The good thing about Lassa fever is that, it is a disease we know occurs every year. If you check the record of the ministry, we have about 10 to 20 cases every month reported from different parts of the country. And then, in the dry season we have this big upsurge which will start around October, November and go on till about March before the rain starts.

Being the largest, it had been coming on us gradually and we were not taking note. In the early days when Lassa fever started, it was just in about three or four states that it was occurring, like places we call the old North-east. But then in the last 10 years or so, we have had more occurrence in more states than we had before. Now the average between is 20 and 25 states report Lassa fever every year.

A lot of people are thinking, is the virus changing or whatever? But I do not think it is. If you know the epidemiology of Lassa fever, it is a rodent borne disease. The rodents which are associated with Lassa fever are actually found farms, especially in the North if you have been to the North, you will find that their houses and storage silos for corn are built almost side by side. During the wet season, the rodents have enough food out there to eat. As we burn the bush, and store the grains they come in to invade the houses and it increases the contact.

This in turn contaminates foods if they are not properly stored. But now, we are speculating that the population of rodents has increased particularly when you look at the environmental condition in the country. In those days, everybody cleans their house on a daily basis but now, we wait on a monthly basis. While waiting for the monthly environmental, you pile up refuse which attracts more rodents. Invariably, a lot of the cases start in the rural areas and then, occasional cases come into the hospital. So things have evolved now.

First our surveillance is not that sensitive enough to know when we reach our threshold. And then, we are not making use of our data. Over the years; we have gathered enough data to be able to say, very like Lassa fever is going to start in October. I would have expected that as part of the national day celebration of October 1st, one of the things we do is to get ready for Lassa fever. Alert the people about the coming of the disease, so they need to prepare. Tell them what to do to prevent the disease, like taking care of their environment and making sure there is no contamination with rodents.

Doctors are wary because when these fever cases come in from the rural areas, especially at the beginning of the dry season; there should be no thinking of 'could this be Lassa?' But usually, you do not get that one. In Ebonyi and some few other States, doctors died from Lassa fever because they did not know what was coming in. They operated on these people, thereby getting exposed in the process. They did not practice infection control well, which is a normal thing. Before you touch any patient, put your gloves on and wear your face mask: but the government will not provide all these things.

In 1999, we had the most horrific situation in a place called Aboh Mbaise. There was a case in Aba and the doctors there closed the place. Some of the doctors were brought to Owerri, one of the patients named Peace Mba was ill and went to her place called Aboh Mbaise. There was a young doctor, who set up a private clinic in the town so anybody that is sick visits the hospital. So Peace came in with Lassa but because of the poor system of medical practice, the disease spread and even the doctor got infected. I think they lost about 19 people over a period of three to four weeks. So the hospital had to be closed down.

Yet, doctors have not learnt their lesson of 'simple wash your hands'. We were doing that during the Ebola outbreak why are we stopping? I think it is because we lost respect for Lassa fever. Until we improve on the people's awareness and put other things in place, we will continue to have Lassa fever.

You once said there was meant to be three Lassa fever management hospitals in Nigeria before this year, but only Irrua specialist seems to be functional. What happened to the others?

You cannot find a better hospital or more dedicated group of people than those at Irrua. Everybody takes their case to Irrua for diagnosis. Those guys are there working day and night. One of the reasons you know

they are doing a good job is, if you read about doctor dying from Lassa, it's either from Ebonyi, but you will not hear anybody died from Irrua and they treat about 40 to 50 cases at a time. There is no time you go in and will not find a Lassa fever patient. That's the kind of team we are to have in Maiduguri. The idea was to have one laboratory in Maiduguri and the other, Irrua. Lassa fever came from Borno State, so there was this idea of putting it at that location, they don't have much cases anymore compared to that of Ekpoma, Irrua. There was a building which the government was supposed to expand in Irrua because of the large number that comes there but that building has been abandoned for the past 10 years. With so many cases coming in this year, they had to convert an uncompleted building to create more hospital beds. Again these are some of the issues about the government. Irrua is the only competent place for diagnosis in this country. That is a cool spot for the country.

We could have done it in any of our places here in Abuja, because if someone has Lassa fever in Gombe, why take a sample all the way to Irrua? If we can get one more hospital in Abuja and one more in the north, then the access is easier than everybody going all the way to Irrua for diagnosis. So if we have had same establishment in Maiduguri, more people would have a chance to survive.

Nigeria has of recent relied majorly on international partners and western experts in coordinating disease control. Is it that we don't have enough specialized personnel to handle disease management in the country?

We have more than enough capacity, human resources to deal with the disease epidemic in the country. It is just that a lot of Nigerians are going outside. We were dealing with disease epidemic before. Each of the states had its own disease surveillance department, epidemiology. So problems were sorted before they became federal. Federal were only to provide support after they are not able to handle it. So now, all the states abandoned their responsibility and it became a federal thing and then, the federal was overwhelmed. Nigeria turns our experts into novices because we don't give them the resources and environment to function. You can bring a doctor from Harvard into my village but his degrees from the University will not make him perform any miracle, because he requires certain things to be able to do the work. So we have abandoned basic essentials, we have not provided the basic infrastructure for proper practice. Even though we have the experts, they cannot function.

There was a problem about laboratories in the country, and of course, typically my country calls WHO. WHO sent somebody who came in about five years after I joined the Organization and worked with me.

I advised other African countries about laboratories and now my country is calling somebody from outside to do it. This is what I am saying. We have people who have the experience but if we don't have the resources... But when he comes from WHO, he will be given everything he requires.

He will be given cars to go around and also provided with reagents. But we don't give that to our people and yet, they say we are not competent. We have no respect for our own experts, we don't provide resources for them to function and that is why we are where we are.

Look at the issue of GAVI funding, how much are we asking for? We shouldn't be with GAVI. We should be the one giving GAVI money, if we spend our money well. Even the money GAVI gives to us, we misuse it. How much is GAVI putting in for the 10 years? About \$1 billion. But Nigeria is putting \$2 billion and nobody is talking about that. This shows we have no respect for ourselves. I tell people that, if the donor can do the work without you, they won't call you. They will do everything without you. You have to also recognize the expertise.

Many of us forget our contribution and focus on donor money. But when you break it down, again what is donor money? They give a billion and use \$800 million for vaccines. They produce these vaccines from their country. This tells us that we also got to improve the industry which is what we never think about. All the consultants that come to the country stay in Transcorp Hotel. Most consultants don't even know anything about what they do and then you put them in hotels. The payment for each day they spend is all part of the \$1 billion they are giving us. GAVI has been boasting that they gave us 500 million over a period of 10 years. That was during my first meeting GAVI. The amount is nothing compared to Dasuki's \$2.3b (amount for arms procurement that former National Security Adviser allegedly mismanaged). So, what are they boasting about? Add up all the EFCC under Ibrahim Magu has recovered it is more than what the donors are giving us. Because we have mis-spent our money, out of our \$2 billion Nigeria will be borrowing money from World Bank and few other people to put up. So we don't need donor money, we can do all this with our money if we spend well.

We were saying that the state used to take care of their epidemiological challenges some years back. Is it that they don't have enough resources to channel into that anymore? Maybe that is why they are leaving it for the Federal Government

In those days, during the time of real federalism when we had Western Region, and Eastern Region, they had a little autonomy but over the years, things have changed. Lagos State doesn't really need anybody's money because they do their taxes well and also their resources. Many of the states are not enterprising enough, they can raise enough money within for their legitimate needs. Each of the states can raise enough money within through taxes and other legit means. When a governor goes to put up the statue of Zuma in his state when, in his country, Zuma is being prosecuted for fraud. And this same governor has not paid workers salary. Yet he puts up the statue of a thief!

So people say states do not have money but the truth is they have money. In those days, states and even local government areas had health departments. Before even it gets to the state level, the local government level has already sorted it out. It is only when it is beyond them that they call the state level. That is division of labor. If states manage their resources well, they can provide basic essentials for their people. They all depend on the allocations from the federal government, yet they end up in building hotels with the money. Good governance includes accountability, getting the right priority. Should you build a statue or should you build a school? In most of the governors' houses, you find 10 to 30 cars and all required is just one for health workers to go on fieldwork when there is an epidemic.

Polio eradication is a priority for the country, and you said Nigeria is not the only country in Africa that has not yet interrupted transmission.

Nigeria is the only country that has not yet interrupted transmission. We cannot tell when polio will be interrupted in the country because we don't know how many people are yet to be reached in the North-East. No surveillance is being done, so we do not really know until we clear and have access to that place before we know when we are finishing. You know, when the federal government took over certain parts like Gwoza, it was then we found four cases of polio, which have been circulated four years before that time. So we do not know what is going on there.

So each time we say Nigeria has not had polio for the last 16 months, always qualify it in the area where we have access.

So we cannot say when. But it is an unfortunate thing, because this is a disease we would have cleared in no time. Countries in Africa that have cleared polio did what is called supplementary measures. With two or three campaigns, they cleared polio. Their routine was 80 per cent and above, what it required was just a little supplement to mop up those who don't have immunity. But when your country is having three per cent coverage, how much campaigns will you do to cover up for the remaining 97 per cent? Routine immunization has gone crazy for years and we are facing the repercussion now. Before Boko Haram, we had the chance to eradicate polio but we misused the money. Even the people who go to the field to vaccinate, pour away the vaccine and tick their registers. Lack of integrity is also a major problem. States do not give the money required and when they give it, someone is stealing it, local government is stealing it. So long as that is going on we will continue to have same issues that we have.

Can we say there is no polio in any other place in the country, asides from the North-East?

We have activities we check regularly to know whether we have polio. There is something we call AFP surveillance. Your surveillance will reach a level that you can detect every AFP case. Laboratories must be good enough to test any AFP case and know that this is AFP case but not due to polio.

The evidence of vaccination should reach virtually every child the country. At least 90–95 per cent of the children in a country should be vaccinated although it is not only vaccination that protects children good sanitation is important. How do people get polio? People defecate in a wrong place, the water would flush it to your water system and it finds its way into the food. But if you have good sanitation, fewer and fewer people will have polio because they have been immunized and the rest of us are protected.

And gradually, the disease will die out because there is no way to spread it. We can do that with polio and small pox. But when you have an intermediate vector; that is, something else is doing the transmission between two people, then that becomes a major problem because you also have to take care of the vector. That's why we cannot eradicate yellow fever, we can only put it under control.

If we are certified polio - free today, and with the culture of laxity in this country, whereby immunization level can drop, what plans do we have in place to keep the status quo and ensure the disease never resurfaces again?

There are some countries we said are free of polio but in monitoring their immune immunization cases, they are far below and they are been called back. So long as there is one or two countries with polio, every country must continue to vaccinate and keep the immunity level up. So it is a continuous thing. There was a time Nigeria went to Hajj and infected some people in Yemen, who took it back to their country.

With your experience as a scholar and a field researcher, what lessons have you learnt from epidemic control in Nigeria?

I thought we were wise but unfortunately we are stupid. The basic things we need are there. We have controlled epidemic in this country before, then why can't we do it now? It is not because we do not know what to do, but it is because we do not want to do the right thing. We do not focus on what needs to be done, we will not provide resources to change these things and that is why we are stupid.

On the slash of HIV budget, cancer management, and in fact the health sector budget has suffered a major cut. What is the implication of this for Nigeria?

Unfortunately, I have not read the full details concerning the cut in the budget. Like they said, they have to because they are representing your community and my community. But it is not enough reason to cut off essential things. Why would you want to put up 6,000 new projects in one-year budget? A few are understandable but there are some essential things that should be left. And that is why I said, I do not understand this batch of people. They are not putting it there because they want to work, but because they will go to the back to collect the money. Nobody is saying you must approve every budget the federal government

brings but put some senses. For me, it is just to say that it is unfortunate that such a thing happened. And people are saying, why should he sign? If he didn't sign, it is the same people that will criticize.

They made a point about people not coming to defend their budget and that was the reason it was delayed. If I bring a budget to you and say, I want to spend N600, and they call me to defend and I didn't show up. That means you can give me whatever you wish. So why waiting for people to defend their budget? Give them whatever you think they need. Most of them, including the LGAs take whatever they are given because they go to share the money, this is one of the reasons I never worked with the government.

There is the scare that the world will face another unpredictable epidemic, of which most countries are not prepared to find, stop and prevent its spread, including Nigeria. If this happens, can Nigeria see a way out?

In most epidemics, there is always a way out even if it kills 200 million people. It is obvious that we are not prepared. Today it is Cerebral Spinal Meningitis, tomorrow is Lassa fever and so on. One point I will like to raise is, how did we succeed with Ebola? Because we were scared. The fear of Ebola made the government put so much resources to stop the spread of the disease. But they do not have respect for these other diseases because they don't affect people at the top. Almost on a daily basis during the Ebola outbreak, the Minister of Health was always giving the number of cases because they were scared. Self-preservation made us deal with Ebola.

When Ebola came, we were very lucky as a country. Because if the sick person that came into the country got to Calabar which was his destination, so many people would have died. At the time he came, doctors were on strike so he ended up in a private hospital. Even at the hospital, it took them three days to discover it was Ebola. So many people got infected already, this shows that preventive measures were not taken. During this incident, they allocated over N1 billion but where is the money now? They have misused it again. So we are not ready for the next one that is coming. It is sad to say, but if another disease outbreak occurs my country will not be ready.

What stage are we on vaccine production in the country?

We must understand that vaccine production is not like drug production, or *suya* making. People's lives depend on it. So extra care must be taken in ensuring that what

we produce will not harm anybody. And to do that, you have to get yourself out of this Nigerian attitude of doing things. It takes about 10 to 12 years to produce vaccines. So far what the board has done is to identify what needs to be produced for the country. So we are working with NPHCDA on that.

So long as we are under GAVI transition, there is no way we can compete with GAVI. So we have to look out for the vaccines nobody is producing. Number one is, are there diseases in Nigeria which nobody is producing vaccine against? Are there vaccines Nigeria is buying which are not being supported? These are what will determine the vaccines to produce and also there are two approaches. The partners we have are producing X vaccines in bulk, then we can bring it to Nigeria and then finish it up. That is also a training programme for us when we finish our own.

In the interval, we can say this vaccine which nobody is producing is a problem in Nigeria, let's work with that one. Or this vaccine being produced outside before, nobody is interested in it. Should we take it up? We need at least eight years to put the building in full state. So far now, the May and Baker have a plot of land in Otta where the factory will be built. We are in discussion with NPHCDA. Because of this transition issue, we had to wait. If they would not support us, what do we do? It is now we know we will be getting their support, so we had to start planning with that in mind.

So are you saying in the next 10 years, Nigeria will be able to stand and say yes, we are producing vaccines?

I believe we can. Once we lay the foundation for integrity, commitment and accountability then we can make it. It is for the company to make up its mind. After all, drug companies are making money. But the major problem in Nigeria is succession.

What is stopping us from having Lassa fever vaccine?

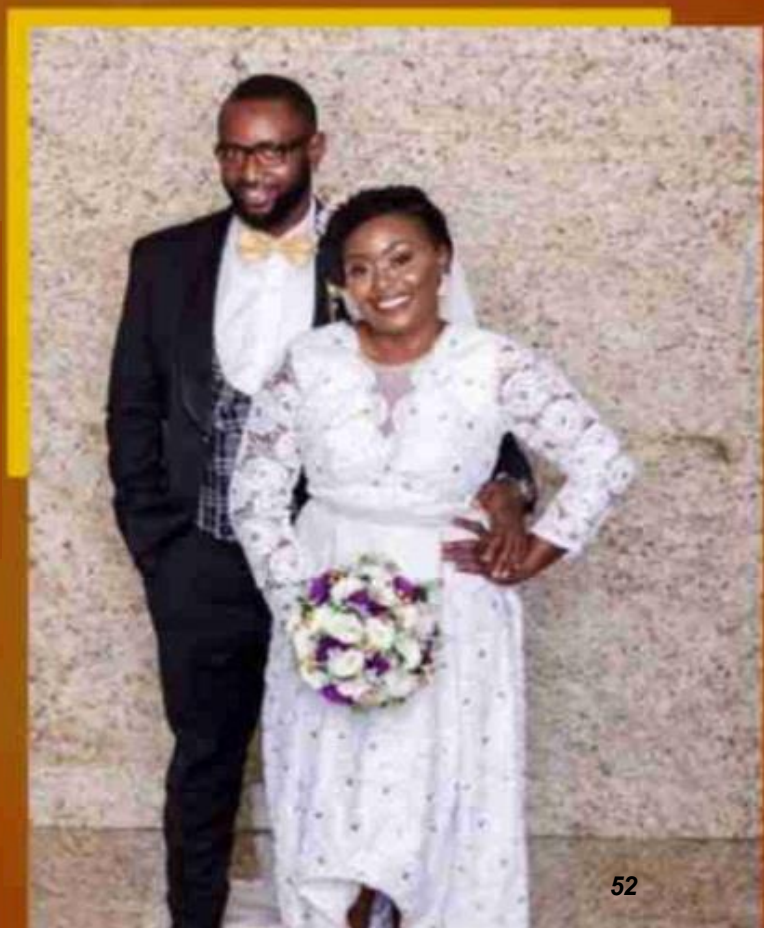
Decisions about vaccines to use comes from outside. Nobody talked about Ebola until they had cases in some countries like Spain. But humanitarians say children are dying so they want to help but it is not for them to decide for us. It is not for GAVI to come take care of my child for me because when I was making the child, I didn't call GAVI. China are making their own vaccines for their people to stop dying, they don't want to sell it to you. And when they want to sell it to you, they get WHO approval.

But the first thing in their mind is that, I am not going to produce anything that will harm my people. Like in Emzor where one of the workers was caught on camera selling codeine, yet it affected the entire company. All that is required is for one character to mess up. Someone is messing up in a company and you are saying you do not want to be a whistle blower? But when that person damages the image of your organization, it affects you.

SOCIAL Diary

MLSCN did not only celebrate her 50th anniversary but also had golden jubilee couples who quitted bachelorhood and spinsterhood at this time on 1st and 15th of December, 2018 respectively.

Miss Obia Amos of PRD Department (right) and Mr. Emeka Ani of Office of the Registrar MLSCN (left), changed their marital status, from the Management and staff of MLSCN, this is wishing our golden couples a blissful married life.





STAFF BIRTHDAYS

FOR 2ND HALF OF THE YEAR

JULY

MR AHMED SHEHU JARDA	1 ST
MR GEORGE AKINTUNDE OLAJIDE	7 TH
MRS STELLA UDO	8 TH
MR LINUS OJOBO	21 ST
MR TOSAN ERHABOR	22 ND
MRS PATIENCE ONOJA	26 TH
MR M. A. AKHIGBE	26 TH
MRS JOY ONYERI	30 TH
MR IBRAHIM DEJI	30 TH

AUGUST

MR MUHAMMED SULEIMAN	2 ND
MISS OBIA AMOS	5 TH
MR CHIMEZIE AKALEZI	5 TH
MR OBINNA OKEKE	8 TH
MR IDIM IME BASSEY	9 TH
MR AKINWALE AKINLABI	9 TH
MR AHAMEFULA UBANI	12 TH
MR BALA KABIR YUSUF	12 TH
MR BENJAMIN IPINLAYE	13 TH
MR OGBONNA UGWU	14 TH
ISAH SHEHU DANTANI	15 TH
MR FAMOUS NSIKAK	18 TH
MRS AUGUSTINA CHUKWUBA	23 RD
MR JOSHUA BITRUS BARDE	26 TH
MRS REBECCA ELIAS	30 TH

SEPTEMBER

MR I. OLASUNKAMI	2 ND
MRS NKECHI MODEKWE	3 RD
MRS NGOZI Manu	6 TH
MRS RUTH EKPEN OBASEKI	7 TH
MISS BASIRAT AKINLABI	8 TH
MR UDEH NWABUEZE	10 TH
MR OLUSEGUN M. AMUSA	14 TH
MISS ADESUWA AGBONLAHOR	15 TH
MR TUKURSUK ISAAC	17 TH
MR IDOWU OKEGBENRO	18 TH
MR KELECHI NGOKA	21 ST
MRS SADIYA GOWON	24 TH
MR SUNDAY ILAWAGBON	27 TH
MR FESTUS EGBO	30 TH

MR NASIR HARUNA	8 TH
MR SANNA YUSUF	10 TH
MR SULIMAN ABDULLATEEF	10 TH
MR OPARANOZIE, JUDE .A.	13 TH
MRS FLORENCE CHIBUEZE	15 TH
MR ASONYE MARCUS	15 TH
MR JOE ITAMAH	22 ND
MR SANNA GARBA	25 TH
MRS ABUDUL RAUF AISHA	28 TH
MISS ODITA UCHE	31 ST

NOVEMBER

MRS JULIET EDEM	3 RD
Mrs JANE ELEGAM	5 TH
MS ONYEKA OKEKE	5 TH
MRS MARTHA ROTOYE	8 TH
MR FELIX ALI	11 TH
MR USMAN SARKI	11 TH
MR ALABAMU IRO	11 TH
MR JUBRIN MOHAMMED	11 TH
MRS UGONMA EWAMA	14 TH
MR SAHEED JAFAR ISHAQ	14 TH
MISS TEJUMOLA OMOLE	16 TH
MR OKECHUKWU ASONYE	16 TH
MISS HOPE AGOHA	18 TH
MRS OLANMA DIKE	20 TH
MR OBIORA NWOBU	21 ST
MR IKECHUKWU OHALE	22 ND
MRS JENEVINE UCHENDU	22 ND
MISS AISHA JENRADE	23 RD
MR SATI BARNABAS	25 TH
MRS ANULIKA SOPURUCHUKWU	26 TH
MRS IFEYINWA NWAOGU	28 TH
MRS NGOZI AMOBI	30 TH

DECEMBER

MRS IFEYINWA UDOBUNDU	2 ND
MR JONATHAN OHAECHE	4 TH
MRS FIDELIA GINIKANWA	20 TH
MR EMEKA OFODEME	25 TH
MRS OLIVIA N. IGBOZURUIKE	26 TH
MR SAMSON ANI	28 TH
MISS FELICIA UKO	28 TH
MRS GLORIA EKEOBA	29 TH
MR AMINU HASSAN	31 ST
MR HUMPHREY ELENDU	31 ST



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