

MED+Chronicle

The doctor's newspaper

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SAHPRA'S new CEO

Heading up the South African Health Products Regulatory Authority (SAHPRA) and tackling the chaos left behind by the defunct Medicines Control Council (MCC) was always going to take someone exceptional. In Dr Boitumelo Semete-Makokotlela, the SAHPRA board may well have found the answer.

By Nicky Belseck, medical journalist

IN THIS EXCLUSIVE interview, with less than a month on the job, Dr Boitumelo Semete-Makokotlela speaks to *Medical Chronicle's* Nicky Belseck. Confident she's up to the challenging role of SAHPRA chief executive officer (CEO), Dr Semete-Makokotlela believes her hands-on approach is exactly what the authority needs. "When I look at where the organisation is, it really needs someone who is very operational because there are just so many moving parts. You don't want someone who comes with some grandiose far-fetched plan and doesn't come back down to ground with practical solutions," she said. Although she doesn't have a regulatory background, with a degree in genetics, a PhD in biochemistry, and a MSc in

Finance and Investment from Wits Business School SAHPRA's new CEO certainly has the grounding necessary.

"A benefit of not having a regulatory background is that I ask a lot of questions," said Dr Semete-Makokotlela. "There may be different ways we could do things, and in asking the questions I see things from a different perspective. I see the fact that I'm not a pharmacist and I don't have a regulatory background as an advantage for the organisation. I have a strong chief regulatory officer (Portia Nkambule) who will fill that gap for me. My role is to ask why we do things a certain way, and how can we do them better? My international research experience and entrepreneurial thinking enables me to develop innovative strategies."

Particularly passionate about innovation Dr Semete-Makokotlela has experience in nanotechnology drug delivery systems,

publications in high impact factor journals, and has supervised PhD and MTech students. She also worked in management consulting at McKinsey and Company – where she assisted pharmaceutical and other companies with their pressing business challenges in the African context, to grow in the continent, and reach their financial objectives – while also lecturing in immunology and nanotechnology at the University of Pretoria. Dr Semete-Makokotlela was head of R&D and Innovation office at The Innovation Hub, leading the BioPark incubator prior to joining the Council for Scientific and Industrial Research (CSIR) as the executive director for Biosciences.

A NEW CHAPTER

Following a time of introspection, Dr Semete-Makokotlela welcomed her

Dr Boitumelo Semete-Makokotlela

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Microneedling - a revolutionary approach

CPD POINTS INSIDE

Aldara[®]

CHANGING THE NATURE OF TREATMENT



Consider Aldara as a first choice

Worldwide, more dermatologists prefer 5% imiquimod to 5% 5-FU for treatment of actinic keratosis (AK)¹

5% Imiquimod cream is superior to both MAL-PDT and 5% 5-FU cream and considered a first choice by dermatologists for superficial basal cell carcinoma (sBCC)²

Imiquimod is recommended as a first-line treatment for external genital warts (EGW) by 14 global experts³

5-FU: 5-fluorouracil; MAL-PDT: methyl aminolevulinate photodynamic therapy.

¹Evidence- and consensus-based (S3) Guidelines for the Treatment of Actinic Keratosis – International League of Dermatological Societies in cooperation with the European Dermatology Forum: imiquimod had a higher agreement (> 75%) than 5-FU (> 50%) as suggested treatment for single or multiple AK lesions¹

²A 5-year follow-up study of 601 patients with sBCC concluded that imiquimod is considered first choice for non-invasive treatment of most primary sBCCs because it was superior to both Photodynamic therapy and 5-FU in terms of efficacy of sBCC²

³The 2019 Position Statement for the diagnosis and management of anogenital warts recommends imiquimod first-line when > 5 warts are present, and prior to surgical removal of large warts to reduce recurrence³

References: 1. Werner RM, et al. Evidence- and consensus-based (S3) Guidelines for the Treatment of Actinic Keratosis – International League of Dermatological Societies in cooperation with the European Dermatology Forum – Short version. *JEADV* 2015;29:2069-2079. 2. Jansen M, et al. Five Year Results of a Randomized Controlled Trial Comparing Effectiveness of Photodynamic Therapy, Topical Imiquimod, and Topical 5-Fluorouracil in Patients with Superficial Basal Cell Carcinoma. *J Invest Dermatol* 2018;138:527-533. 3. O'Mahony C, et al. Position statement for the diagnosis and management of anogenital warts. *JEADV* 2019;33:1006-1019.

Scheduling status: Proprietary name and dosage form: ALDARA Cream. Composition: Each 2.0 g cream pump contains 5% Imiquimod (100 mg). ALDARA Cream Sachet. Composition: Each 250 mg cream sachet contains 5% Imiquimod (12.5 mg). Preservatives: Methyl hydroxybenzoate 0.2% m/m, Propyl hydroxybenzoate 0.02% m/m, Benzyl alcohol 2% m/m. Pharmacological classification: A 34 Other. Indications: ALDARA Cream is indicated for the topical treatment of superficial basal cell carcinoma (sBCC), and of external genital/perianal warts (condyloma acuminata) and clinically typical, non hyperkeratotic, nonhypertrophic actinic keratosis (AKs) on the face or scalp in adult patients. Registration number: 32/34/0541. Name and business address of the holder of the certificate of registration: Inova Pharmaceuticals (Pty) Ltd. Co. Reg. No. 1952/001640/07, 156 Riley Road, Bedfordview. Tel. No. 011 087 0000. www.inovapharma.co.za. For full prescribing information, refer to the package insert as approved by the SAHPRA (South African Health Products Regulatory Authority). Further information is available on request from Inova Pharmaceuticals. IN3640/20

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fortieth birthday last November. "What's exciting is there's this calmness that being forty brings. You don't stress about the things you used to and you're happy in your skin," she said. The timing couldn't be better, because her new job as SAHPRA CEO is going to keep Dr Semete-Makokotlela on her toes.

PURSuing SCIENCE

Dr Semete-Makokotlela was first introduced to genetics in high school. "I was intrigued by the fact that a single gene could determine the colour of your eyes or hair, and in particular why one person gets a disease, and another does not. I wanted to know everything I could. Fortunately, I had an exceptional biology teacher who was really passionate, and she fuelled my curiosity."

THE NEW SOUTH AFRICA

Growing up in post-apartheid SA Dr Semete-Makokotlela credits her parents for shielding her and her siblings. "Apartheid had more of an impact on my parents than me, in terms of opportunities, education, jobs and income. They didn't have access to the same opportunities I did. However, my experiences were to a certain extent limited to what they could afford. For example, I couldn't go to the top schools because they simply couldn't afford it, and I didn't learn how to swim until much later when I could personally pay for lessons," said Dr Semete-Makokotlela. "I definitely wasn't exposed to many of the things my children are today. They have access to far more opportunities at a much younger age than I did.

HARD WORK & EDUCATION

"On reflection, my parents never really sat and spoke to us about the importance of hard work and education, but rather it's through their actions that we learned their value.

"I think I got my work ethic from my dad, although I don't think I actually realised that till December (2019). My dad is an incredibly hard worker. He's retired now but is still just as busy with all sorts of projects and is

making money," said Dr Semete-Makokotlela. "My mom sacrificed so much, just so that my siblings and I could get an education. And I think that sacrifice indirectly communicated the value of education. My mom would resign from a position just so she could get the pension pay-out so she could afford to send us to school. Then she would go and get another job and do it again. As a result, the pension that she gets now isn't what it could have been.

"I do sometimes wonder, had I been exposed to more, where I'd be in my life? But as a result, I had this deep desire to learn and to be able to afford whatever I want, and I resorted to working hard. As soon as I finished matric, I started waitressing. I was going to Tuks (University of Pretoria), where I knew I'd be meeting students from top schools and I was determined to be able to afford a good pair of jeans and have decent clothes in my wardrobe," Dr Semete-Makokotlela said.

"I waitressed my entire undergrad to ensure I had enough money and I didn't have to worry about not having a textbook that my parents couldn't afford to pay for. After all I still had two younger siblings for whom my parents had to provide."

THE ROAD TO CEO

"I've always known that I didn't want to be a professor, I'm not an academic. I have a natural curiosity, but I knew I didn't want to stay in a university and teach, I'm not patient enough to teach, or to churn out publications. I knew I wanted to go into management, commercialisation, etc.," said Dr Semete-Makokotlela.

"The thing about science is you have to have a base. I knew I needed to have a very strong scientific foundation, if I wanted to be taken seriously. A PhD is a basic necessity in our field, and I knew I needed to be published, so I spent time in the lab doing research, publishing, etc. But because I knew I wasn't planning to stay in academia, when McKinsey approached me, I jumped at the opportunity to do something different.

"It was when I was at McKinsey that I realised I need a finance background. In our

field you're exposed to colleagues across the globe and increasingly you're seeing scientists that are in management and leadership who have an MBA or finance degree. It's not that it's a requirement, but it's becoming more and more common to have a PhD and something else. I love learning and knew I wanted to go the management route, but I didn't want to do an MBA, so when I came across the finance programme at Wits, I knew it was the right fit.

When companies are forced to look for people within certain parameters (BEE) and find someone within those parameters who is good at what they do, it's a good combination

CAPITALISING ON OPPORTUNITIES

"I valued hard work and education because I realised, it opened doors. The benefit of those two things in the context of black economic empowerment (BEE) and having women in certain positions, is when exposed to certain circles people can see exactly what I've done, what I've achieved, and they want to work with me," said Dr Semete-Makokotlela. "When companies are forced to look for people within certain parameters (BEE) and find someone within those parameters who is good at what they do, it's a good combination.

"I have benefitted from the current legislative requirements. If they were not in place would I be here? I doubt it. Because I may not have had the opportunities I have. I'd still have been great and hardworking in whichever space I was, but I probably wouldn't have been CEO by the age of 40, it probably would have taken me longer, perhaps only by the age of 45." **MC**

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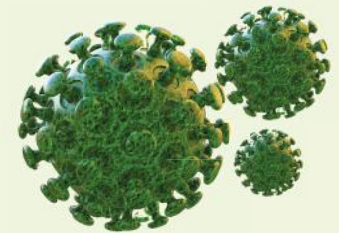
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Legalities surrounding cannabis

ED'S NOTE

DEAR READER

Welcome to our February issue. I hope that you enjoy all the features that we have lined up for you. If you are looking to update your CPD points, we have a selection of interesting and topical articles in this issue, for a total of 3 points.



Firstly, we look at the legalities surrounding cannabis. The South African Health Products Regulatory Authority has answered frequently asked questions about cannabis and related substances. Keep abreast with developments in this evolving field.

On the topic of ethics, Donald Dinnie, Director: Insurance Litigation, Norton Rose Fulbright, takes us through expert reports and privilege in disputes. In any medico legal litigation, the judge or arbitrator is usually assisted by expert evidence given by experts for both parties. Usually oral evidence is given to the court or tribunal where the expert may be

cross-examined. Before that evidence is lead, the parties exchange in writing a report of the evidence to be provided by their experts summarising the opinions and reasons. Find out more on page 14. Anaemia is a very common blood disorder that results from a reduction in either the number of red blood cells or the amount of haemoglobin in the blood. In this, our main CPD article, Combating Nutrient Deficiency Anaemia, we find out more about this prevalent condition. Have you heard of microneedling for scar reduction? Moira Wilson, physiotherapist in private practice at Netcare Milpark Burns and Trauma Unit, and allied health representative for South African Burns Society, looks at microneedling therapeutic regenerative skin treatment by percutaneous collagen induction.

All of these articles are available on our CPD platform, www.medicalacademic.co.za. Log in, go to the CPD section, and look out for the Medical Chronicle February edition CPD post. Fill out the questionnaire online and receive your certificate immediately. **MC**

Happy reading! Claire