

# PHARMACY POLITICS IN NIGERIA

Strategic Pathways to Political Influence,  
Appointments, and Policy Power

Olafusi Omotiba



Pharmacy Politics in Nigeria- Olafusi Omotiba

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Policy Power

**OLAFUSI OMOTIBA**

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This is a work of nonfiction based on research, professional experience, and publicly available information on pharmacy and health policy in Nigeria

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## DEDICATION

This book is dedicated to Nigerian pharmacists, past, present, and future, who have committed their lives to the quiet but vital work of healing and protecting public health. Your diligence in the dispensary, your commitment to patient safety, and your daily efforts to ensure that Nigerians have access to quality medicines have shaped the foundation of this profession.

It is also for the pioneers who dared to imagine a pharmacy profession that does more than dispense medicines, a profession capable of shaping policy, influencing governance, and transforming the health of our nation. And for the visionaries who understood that the power to heal must be matched with the courage to speak up, to lead, and to drive lasting change.

To my family, whose patience, support, and sacrifices made this work possible, I am deeply grateful. And to everyone who believes that pharmacy in Nigeria can, and must, claim its rightful place in the corridors of decision-making, this book is written for you.

May it inspire a new generation of pharmacist-leaders.

**Olafusi Omotiba**  
Olafusi Omotiba

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*Olafusi Omotiba*

Olafusi Omotiba



# **Chapter 1: Introduction: Pharmacy Beyond the Dispensary**

In Nigeria's complex and often challenging public health system, the role of pharmacists has long been limited mainly to technical and dispensing duties. It is a profession that is largely understood through the lens of the dispensary, a place of drug production, meticulous distribution, and the assurance of patient safety. While this perception is not inaccurate, it is profoundly restrictive from a political standpoint. It casts pharmacists as the executors of policy, the final link in a long chain of command, rather than as the architects and creators of the policies that govern their own professional lives and the health of the nation. As a result, the profession has remained largely absent from key political spaces where health priorities are discussed, budgets are decided, and regulatory authority is shaped. And yet, it is the world of pharmaceuticals that sits at the very heart of Nigeria's health system and its complex political economy. The procurement of drugs consumes a substantial portion of public health expenditure at both the federal and state levels, making it a focal point of economic and political interest. Critical issues such as the proliferation of counterfeit medicines, the push for local drug manufacturing, the nation's deep-seated dependency on imports, and the contentious matter of pricing controls are not merely technical

challenges to be solved by experts in white coats. They are, in fact, deeply political questions that touch upon the sensitive nerves of trade policy, industrial development, national security, and the fragile fabric of public trust. Despite the centrality of these issues to their profession, Pharmacists are rarely present in the rooms where final decisions are made. This book argues that the political marginalisation of pharmacists in Nigeria is not an immutable fact of nature. It is, rather, the cumulative product of historical choices, of persistent institutional weaknesses, and of a collective failure to translate deep professional expertise into tangible political leverage. The Nigerian health policy arena is a crowded and competitive space, where power, not merely evidence, dictates outcomes. Within this arena, influence is fragmented, shared between political appointees, senior civil servants, powerful donor agencies, and the influential legislative committees of the National Assembly. It is a space where the Nigerian Medical Association (NMA) has historically wielded considerable power, routinely shaping negotiations on everything from hazard allowances to key leadership appointments. In stark contrast, pharmacists are conspicuously underrepresented. Nigeria has never, in its history, appointed a pharmacist as its Minister of Health, a symbolic yet telling indicator of the profession's political standing. Even in the rare instances where pharmacists have risen to positions of significant authority, their success has often been seen as the result of individual talent or unique circumstances, rather than a wider political awareness within the profession. The core question this book seeks to address is not whether

pharmacists should engage in politics, but whether they can afford not to. In a system where power determines outcomes, professional silence becomes a strategic weakness. The cost of political neutrality in a deeply politicized system like Nigeria's is not benign; it is profoundly costly. When pharmacists abstain from politics, others define pharmaceutical policy on their behalf. This has resulted in a cascade of negative consequences: weak enforcement of pharmacy laws at state and local government levels, inconsistent regulation of patent and proprietary medicine vendors (PPMVs), poor implementation of drug distribution guidelines, and chronic underinvestment in local pharmaceutical manufacturing. Policies affecting pharmacists are often reactive, poorly coordinated, or driven by external actors who lack a deep understanding of the pharmaceutical system.

The National Drug Distribution Guidelines (NDDG), for instance, have struggled with implementation due to weak political buy-in at sub-national levels, an outcome directly linked to insufficient pharmacist representation in state executive and legislative structures. This is not a failure of technical design, but a failure of political will, a will that the profession has been unable to muster or influence. The NDDG experience illustrates a central argument of this book: policy authority without political power is fragile. Regulatory gains, while important, do not automatically translate into durable political influence. Without deliberate engagement with political institutions, the profession remains vulnerable to policy exclusion. Pharmacy expertise intersects with multiple national priorities, creating opportunities for pharmacists to position themselves as

indispensable policy actors rather than peripheral professionals. These intersections include public health security, industrialization and local manufacturing, trade and import regulation, intellectual property and patents, and the ambitious goal of Universal Health Coverage (UHC). However, seizing these opportunities requires a deliberate and fundamental shift—from seeing politics as a dirty game to be avoided, to recognising it as a necessary extension of professional responsibility. Countries that have successfully integrated pharmacists into policy leadership, such as the United Kingdom, Canada, and India, did so not by chance, but through sustained political participation, professional unity, and strategic appointments. Nigeria presents a similar opportunity, but it remains largely unrealized.

This book proceeds from a simple but uncomfortable premise: pharmacists in Nigeria will remain vulnerable until they learn to compete for power, not just relevance. The chapters that follow will trace the historical roots of this political marginalization, dissect the complex architecture of power in the Nigerian health sector, analyze the institutional and strategic failures of the profession's representative bodies, and chart a practical roadmap for a more politically engaged and influential future. It is a call to action, a plea for the Nigerian pharmacist to step out of the dispensary and into the arena, to embrace the challenges and the responsibilities of political engagement, and to claim their rightful place in the shaping of their nation's destiny.

The Nigerian health policy arena is a complex and contested space. Understanding who holds power within it is the first step towards

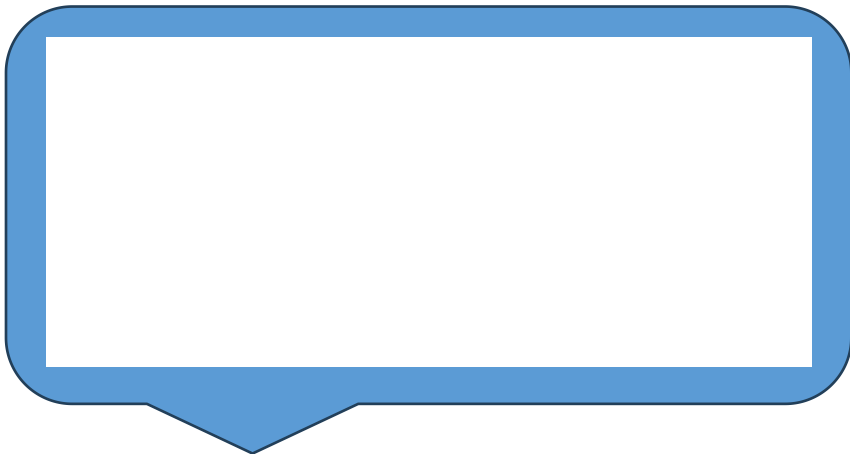
claiming a share of that power. Health policy in Nigeria is shaped less by evidence and more by power dynamics. While the Federal Ministry of Health (FMOH) nominally coordinates national health policy, real influence is fragmented across political appointees, senior civil servants, donor agencies, and legislative committees. Key decision-making nodes include the Federal Executive Council, the National Assembly Committees on Health, State Executive Councils, budget and procurement units, and international development partners such as the World Health Organization (WHO), the United States Agency for International Development (USAID), and the Global Fund. Within these spaces, pharmacists are underrepresented. Medical doctors dominate ministerial appointments. Agencies with direct pharmaceutical relevance, such as the National Agency for Food and Drug Administration and Control (NAFDAC) and the Pharmacists Council of Nigeria (PCN), remain exceptions rather than the rule. Even at NAFDAC, where pharmacists like Prof. Dora Akunyili demonstrated extraordinary policy and enforcement power, such influence has not translated into a broader political awakening within the profession. Her tenure is remembered as a personal achievement. Her tenure is remembered as a personal achievement rather than a model that can be repeated. Nigeria has over 30,000 registered pharmacists, according to PCN records, with thousands more in training. Pharmacists are present in community practice, hospitals, industry, academia, the military, and regulatory agencies. In raw numbers, the profession is large enough to constitute a meaningful political constituency. However, numbers alone do not produce power. Political relevance requires organization,

strategic alignment, and a willingness to engage in the political process. Compared to other professions, particularly medicine and law, pharmacists have failed to convert professional density into political influence. The Nigerian Medical Association (NMA) routinely influences health-sector negotiations, including hazard allowances, leadership appointments, and industrial actions. Lawyers dominate legislative chambers, constitutional drafting, and executive advisory roles. Pharmacists, by contrast, are largely absent from elective offices, party leadership structures, and high-level political appointments. This absence is not due to lack of competence, but to a political culture within pharmacy that prioritises professional neutrality over strategic engagement. This book seeks to change that culture. It offers a new way of thinking about the relationship between pharmacy and politics and provides a practical guide for pharmacists who want to engage politically. The structural exclusion of pharmacists from political power has far-reaching consequences that extend well beyond the profession itself. When those who understand the pharmaceutical system most intimately are absent from the rooms where policy is made, the result is often a cascade of poorly designed, inadequately funded, and inconsistently implemented policies. The National Drug Distribution Guidelines, which were intended to rationalize the chaotic and often dangerous drug supply chain, provide a stark illustration of this dynamic. Despite being technically sound, these guidelines have struggled with implementation, largely because they lacked the sustained political sponsorship that is necessary to overcome the entrenched interests of those who profit from the status quo. This is not a failure

of technical design; it is a failure of political will, a will that the pharmacy profession has been unable to influence. The implications of this political marginalization are particularly acute in the area of drug quality and safety. Nigeria has long been plagued by the scourge of counterfeit and substandard medicines, a problem that claims countless lives each year and undermines public trust in the entire healthcare system. While regulatory agencies like NAFDAC have made significant strides in combating this menace, their efforts are constantly hampered by a lack of political support at the state and local government levels. Governors and local officials, who are often more responsive to the interests of powerful market actors than to the concerns of public health professionals, can and do undermine enforcement efforts. The result is uneven regulatory enforcement. Some parts of the country benefit from relatively strong protection, while others are left largely unregulated and vulnerable to fake drug sellers. The economic dimensions of this problem are equally significant. The pharmaceutical sector is a major component of the Nigerian economy, encompassing everything from the importation and distribution of finished products to the nascent but growing local manufacturing industry. The policies that govern this sector—tariff structures, import regulations, intellectual property rules, and industrial incentives- are all matters of intense political contestation. Yet, in these debates, the voice of the pharmacy profession is often muted or absent. The result is a policy environment that is shaped more by the interests of importers, distributors, and foreign manufacturers than by a coherent vision for the development of a strong and self-reliant local pharmaceutical

industry.

The path forward requires a fundamental reorientation of the profession's relationship with the political process. This is not a call for pharmacists to abandon their professional ethics or to become mere politicians. It is, rather, a call for a more expansive understanding of what professional responsibility entails. In a system where power determines outcomes, the responsible professional cannot afford to be politically naive. The health of the nation depends, in no small part, on the policies that govern the pharmaceutical sector. And those policies will be shaped, for better or for worse, by those who have the power to shape them. If pharmacists are not at the table, they will be on the menu. This book is an attempt to provide a roadmap for getting to that table.





## **Chapter 2: Historical Context of Pharmacy and Governance in Nigeria**

The political marginalization of the Nigerian pharmacist is not a recent phenomenon. Its origins are deeply embedded in the very foundations of the nation's regulatory and administrative structures, dating back to the colonial era. The governance of pharmacy in Nigeria was not born from indigenous public health planning or a desire for professional empowerment. Instead, it emerged as an instrument of colonial control, designed to serve the administrative and commercial imperatives of the British Empire. The primary focus of the colonial authorities was on managing the importation, storage, and distribution of medicines to safeguard the health of the expatriate population and protect burgeoning commercial interests. Consequently, the earliest pharmaceutical laws were crafted as tools of administrative convenience rather than as frameworks for professional development and political participation. The Pharmacy Ordinance of 1946 stands as the first comprehensive legal framework to govern pharmacy practice in the territory that would become Nigeria. While this ordinance introduced critical standards for registration and licensing, its ultimate authority remained firmly in the hands of colonial administrators. Nigerian pharmacists, though subjected to these new regulations, were granted minimal, if any, role in their formulation. This foundational act of

exclusion established a long-standing and pernicious pattern: pharmacists were positioned as the regulated, not the regulators; as subjects of policy, not as its authors. The defining ethos of the profession became one of compliance and technical adherence, a stark contrast to the political engagement and strategic maneuvering that would come to characterize other learned professions. This historical position created a culture of political silence that has remained strong, shaping how the profession thinks and acts for decades.

Nigeria's attainment of independence in 1960 did little to disrupt these inherited governance structures. The Pharmacy Act of 1964, which replaced the colonial ordinances, was more a gesture of continuity than a radical break from the past. It preserved the technocratic and administrative orientation of its predecessor, granting pharmacists a greater degree of professional recognition but failing to provide them with meaningful influence over the broader landscape of health governance. During the critical nation-building years of the First and Second National Development Plans (1962–1974), the government's health sector planning was overwhelmingly focused on the construction of hospital infrastructure and the development of medical manpower. In this paradigm, pharmaceutical policy was not treated as a distinct and vital area of national concern, but rather as a subordinate sub-component of medical services. This further strengthened the dominance of the medical profession in health governance, reinforcing the view of pharmacy as a secondary and supportive field. In this formative period, the nascent professional organizations, most

notably the Pharmaceutical Society of Nigeria (PSN), which was founded decades earlier in 1927, directed their energies inward. Their focus was on professional consolidation—establishing robust education standards, defining a code of ethics, and forging a distinct professional identity. While these were undoubtedly crucial and necessary endeavors, they came at the cost of political engagement. The strategic choice to prioritize internal professional matters over external political positioning meant that the profession lacked a powerful, unified voice during the very moments when the foundational policies of the new nation's health sector were being forged. This inward focus reduced the profession's influence and allowed important political ground to be lost, a setback it has not fully recovered from. The legacy of this historical trajectory is a deeply ingrained culture of subordination. The early colonial framework defined the pharmacist as a technical functionary, and the post-independence era solidified this role by prioritising medical dominance in health policy. The profession's own strategic choices, while understandable in the context of a newly independent nation, further contributed to its political isolation. This history created a self-perpetuating cycle: because pharmacists were not seen as political actors, they did not engage in the political process; and because they did not engage, they were not seen as political actors. Breaking this cycle requires a conscious and deliberate effort to understand and overcome the weight of this historical inheritance, a necessary first step in the journey toward political empowerment and a more influential future for the pharmacy profession in Nigeria. The post-independence period also saw the emergence of a complex

federal structure that would have profound implications for health governance. The division of responsibilities between the federal, state, and local governments created a multi-layered system of authority, with each tier possessing its own set of powers and responsibilities in the health sector. While the federal government retained control over national policy formulation and the regulation of standards, the states were granted significant autonomy in the implementation of health programs and the management of secondary healthcare facilities. Local governments, in turn, were tasked with the delivery of primary healthcare, the frontline of the nation's health system. This decentralized system was meant to bring government closer to the people, but it also created a fragmented policy environment, where the influence of any single professional group was spread thin across multiple centres of power. For pharmacists, this federal structure presented both challenges and opportunities. On the one hand, it meant that influencing health policy required engagement at multiple levels: federal, state, and local, a daunting task for a profession that was already struggling to find its political voice at the national level. On the other hand, it also meant that there were multiple entry points into the political system, multiple arenas in which pharmacists could potentially make their mark. The state and local government levels, in particular, offered opportunities for pharmacists to engage directly with policymakers, to demonstrate their value, and to build the kind of grassroots political capital that is essential for long-term influence. However, these opportunities were largely unrealised, as the profession continued to focus its limited political energies on the federal level,

neglecting the sub-national arenas where much of the real work of health governance takes place. The historical record also reveals a recurring pattern of missed opportunities. At several critical junctures in the nation's history, pharmacists had the chance to assert their political relevance and to claim a more prominent role in health governance. The debates surrounding the establishment of NAFDAC in the early 1990s, the reforms of the PCN Act in 2004, and the passage of the National Health Act in 2014 all presented opportunities for the profession to embed itself within the political decision-making structures. In each instance, however, the profession's engagement was largely consultative rather than transactional. Pharmacists provided technical input, but they failed to leverage these moments to secure lasting political gains. This pattern of engagement, technically competent but politically ineffective, has become a defining characteristic of the profession's relationship with the Nigerian state. Understanding this history is not merely an academic exercise. It is a necessary precondition for any serious attempt to change the profession's political trajectory. The weight of history is heavy, and the patterns of behaviour it has created are deeply ingrained. But history is not destiny. The choices made by past generations of pharmacists do not have to bind the choices of the present and future generations. By understanding how the current state of affairs came to be, pharmacists can begin to identify the points of leverage, the opportunities for intervention, and the strategies for change that can lead to a more politically empowered future. The past cannot be undone, but its lessons can be learned, and its mistakes can be

avoided. This is the first step on the long road to political influence. The emergence of the Nigerian pharmaceutical industry in the post-independence era was shaped by a complex interplay of colonial legacies, nationalist aspirations, and the practical realities of a developing economy. In the early years of independence, the government made ambitious plans to develop a local manufacturing capacity, recognizing that dependence on imported medicines left the nation vulnerable to supply disruptions and price manipulation. However, these plans were never fully realised. The capital-intensive nature of pharmaceutical manufacturing, the lack of a skilled workforce, and the challenges of competing with established multinational corporations all conspired to limit the growth of the local industry. As a result, Nigeria remained heavily dependent on imports, a dependency that persists to this day. The role of the pharmacist in this evolving landscape was primarily that of a gatekeeper and a quality assurer. Pharmacists were responsible for ensuring that the medicines that entered the country and reached the patient were safe and effective. This was, and remains, a vitally important function. However, it was a function that was largely divorced from the political and economic decisions that shaped the broader pharmaceutical environment. The policies that determined which drugs were imported, at what price, and under what conditions were made by politicians, bureaucrats, and business interests, with little input from the pharmacy profession. This pattern of exclusion from the higher-level policy debates became a defining characteristic of the profession's relationship with the state. The educational system for pharmacists also played a role in shaping

the profession's political trajectory. The curriculum in Nigerian pharmacy schools has traditionally been heavily focused on the technical and scientific aspects of the profession—pharmacology, pharmaceutical chemistry, and dispensing. While these subjects are undoubtedly essential, they have often come at the expense of training in areas such as health policy, health economics, and political advocacy. The result is a generation of pharmacists who are highly skilled in the science of medicines but who are often ill-equipped to navigate the political and policy environments in which they must operate. This educational gap is a significant contributing factor to the profession's political marginalization, and addressing it must be a priority for any serious effort to build political influence. The international context also played a significant role in shaping the development of pharmacy in Nigeria. The World Health Organization and other international bodies have long promoted the concept of the "essential medicines list," a standardized set of drugs that are considered necessary to meet the basic health needs of a population. While this concept has been instrumental in improving access to medicines in many developing countries, it has also had the unintended consequence of framing pharmaceutical policy as a primarily technical, rather than political, issue. The focus on standardized lists and evidence-based selection criteria has tended to marginalize the role of domestic political actors, including pharmacists, in shaping pharmaceutical policy. This international dimension of the problem must be understood if the profession is to develop effective strategies for building political influence in the contemporary era.

## **Chapter 3: Military Rule and the Technocratic Trap**

The prolonged period of military rule in Nigeria, spanning from 1966 to 1999 with only a brief interlude, fundamentally reshaped the nation's governance culture and had a profound and lasting impact on the political development of its professional classes. For pharmacists, this era was a double-edged sword. It was a time that offered unprecedented regulatory visibility, yet it did so at the cost of entrenching a deep-seated political dependence. The nature of military governance, centralised, opaque, and personality-driven, created a system where professionals were often co-opted as technocrats, valued for their technical expertise but stripped of any democratic accountability or independent constituency power. They were appointed to address specific problems, but their authority depended entirely on the support and approval of the ruling military elite.

This dynamic was perfectly encapsulated in the establishment of the National Agency for Food and Drug Administration and Control (NAFDAC) by Decree No. 15 of 1993. The birth of NAFDAC was not the result of a proactive, pharmacist-led political campaign for greater regulatory power. Instead, it was a reactive measure, a desperate response to a catastrophic and escalating public health crisis: the inundation of the Nigerian market with fake and counterfeit drugs. By the late 1980s and early 1990s, the country had become a global dumping ground for substandard pharmaceuticals,



leading to countless preventable deaths and a catastrophic loss of public faith in the healthcare system. The military government, facing both domestic and international pressure, created NAFDAC as a powerful new instrument of control. While pharmacists were chosen to staff and lead this new agency, its authority was not inherent; it was a direct extension of the executive power of the military regime. This created a “technocratic trap”: pharmacists were given the tools to regulate, but their authority was limited by the political whims of the military leaders. The most prominent and celebrated example of this technocratic power came with the appointment of Professor Dora Nkem Akunyili as the Director-General of NAFDAC in 2001, shortly after the return to civilian rule but in an institution forged by military decree. Her tenure remains the high-water mark of pharmacist-led policy enforcement in Nigeria's history. Professor Akunyili waged a relentless and remarkably successful war against the counterfeit drug trade, a campaign that earned her international acclaim and the gratitude of millions of Nigerians. Her success, however, was a testament to her extraordinary personal courage, her masterful use of the media, and, crucially, the unwavering political backing she received from President Olusegun Obasanjo. Her influence was personalized, not institutionalized. The pharmacy profession, as a collective, failed to translate the immense public goodwill and political capital generated by Akunyili's crusade into lasting political structures or a broader political awakening. Her success was viewed as an anomaly, the result of a unique confluence of a singular personality and a supportive political

principal. It was not seen as a replicable model for how the pharmacy profession could systematically build and wield political power. The profession celebrated her as a hero but did not learn from her as a political strategist. As a result, when she eventually left NAFDAC, the immense influence she had personally accumulated did not automatically transfer to the institution or to the profession at large. The technocratic trap had taken hold: pharmacists saw what could be achieved with borrowed authority, but they had not learned how to build their own independent power. The return to civilian rule in 1999 opened up political space, creating new opportunities for political participation. However, this democratic transition did not automatically lead to the inclusion of pharmacists in the corridors of power. While other professional groups, particularly lawyers and medical doctors, rapidly adapted to the new political landscape—populating legislative chambers, securing key executive appointments, and shaping the agendas of the newly empowered political parties—pharmacists largely remained confined to their traditional roles in regulatory agencies and technical advisory committees. The Pharmacists Council of Nigeria (PCN) Act was updated in 2004, strengthening professional regulation, but this significant institutional achievement did not translate into a tangible increase in the profession's participation in the broader political decision-making process. The democratic era, which should have been a moment of political opportunity, instead highlighted the enduring consequences of the profession's historical and military-era marginalization. The expanded political space was taken by those already prepared to compete for it, leaving pharmacists once again

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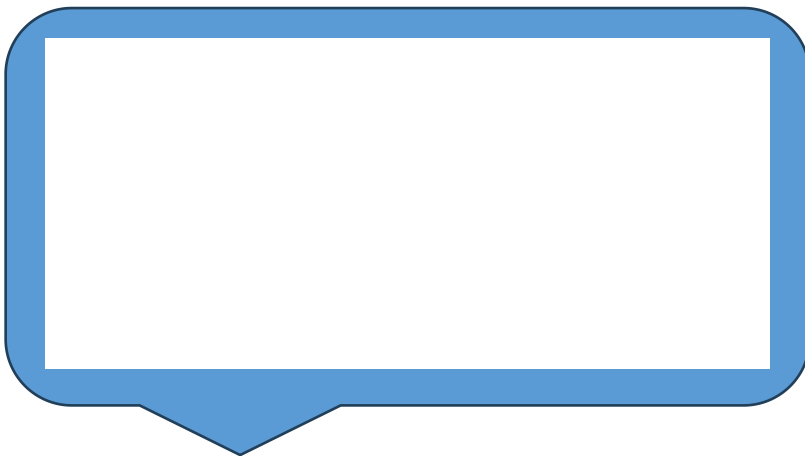
outside.

The military era also left a lasting legacy in the form of a governance culture that prioritises executive power and patronage over legislative deliberation and professional autonomy. In this culture, access to the executive, whether a military head of state or a civilian president or governor, is the key to political influence. Those who lack such access are relegated to the margins, regardless of their technical expertise or the importance of their work. For pharmacists, who had been conditioned by decades of military rule to see their role as primarily technical and advisory, adapting to this new reality has proven to be a significant challenge. The skills required to navigate the world of executive patronage, networking, political bargaining, and strategic alliance-building are not the skills that are typically emphasised in pharmacy education or professional training. The gap between the skills pharmacists have and the skills the political system values is a major barrier to the profession's political progress. The technocratic trap also has a psychological dimension. Decades of operating within a system where their authority was borrowed and contingent has created a certain mindset within the profession, a mindset that is characterized by caution, deference to authority, and a reluctance to engage in the rough-and-tumble of partisan politics. This mindset is understandable, given the profession's history, but it is also a significant impediment to political progress. To escape the technocratic trap, pharmacists must not only acquire new skills and build new networks; they must also undergo a fundamental shift in their collective self-perception. They must come to see themselves not merely as technical experts who

serve at the pleasure of political masters, but as political actors in their own right, with the capacity and the responsibility to shape the policies that govern their profession and the health of the nation. The transition from military to civilian rule also brought with it a new set of challenges related to the federal structure of the Nigerian state. Under military rule, power had been highly centralised, with the federal government exercising dominant control over all aspects of governance. With the return to democracy, however, the states regained a significant degree of autonomy, and the local governments were revitalized as important actors in the delivery of public services, including healthcare. This decentralisation of power created new arenas for political engagement, but it also fragmented the policy landscape, making it more difficult for any single professional group to exert influence at the national level. For pharmacists, this meant that the strategies that had been developed during the military era, focused primarily on influencing the federal executive, were no longer sufficient. A new, more comprehensive approach was needed, one that engaged with all three tiers of government and that built political capital at the grassroots level as well as at the apex of the political system. The institutional legacy of the military era continues to shape the governance of the pharmaceutical sector in important ways. The centralised, top-down approach to policy-making that characterised military rule has proven remarkably resilient, even in the democratic era. Decision-making in the health sector remains heavily concentrated in the executive branch, with the legislature and civil society playing relatively marginal roles. This concentration of

power creates both challenges and opportunities for the pharmacy profession. On the one hand, it means that access to the executive—whether at the federal or state level—is the key to political influence. On the other hand, it means that a relatively small number of well-placed allies can have a disproportionate impact on policy outcomes. The experience of Professor Dora Akunyili at NAFDAC also offers important lessons about the relationship between personal leadership and institutional capacity. While her tenure was undoubtedly a success, it also exposed the fragility of reforms that are dependent on a single individual. When she left NAFDAC to take up a ministerial position, the agency's effectiveness arguably declined, as the new leadership lacked her unique combination of personal courage, media savvy, and political backing. This experience underscores the importance of building institutional capacity that can survive changes in leadership. For the pharmacy profession, this means investing not only in individual leaders but also in strong institutions and networks that can maintain political influence over the long term. The transition to democracy also brought with it new challenges related to the proliferation of political actors and the fragmentation of power. Under military rule, the chain of command was relatively clear, and a decision made at the top could, in theory, be implemented throughout the system. In the democratic era, however, power is dispersed among a multitude of actors, federal and state governments, legislators, political parties, civil society organizations, and the media—each with their own interests and agendas. Navigating this complex and often chaotic landscape requires a different set of skills than those that were required under military

rule. It requires the ability to build coalitions, to negotiate with multiple stakeholders, and to adapt strategies to changing circumstances. These are skills that the pharmacy profession must cultivate if it is to thrive in the democratic era. The military era also left a legacy of distrust between the state and civil society, including professional associations. The military governments were often suspicious of organized groups that they could not control, and they frequently sought to co-opt or suppress independent voices. This legacy of distrust has made it more difficult for professional associations like the PSN to engage constructively with the government. It has also contributed to a culture of political passivity within the profession, a sense that engagement with the state is futile or even dangerous. Overcoming this legacy of distrust is essential if the profession is to build the kind of constructive and mutually beneficial relationships with political actors that are necessary for sustained political influence.



## **Chapter 4: Regulatory Structures and Political Gatekeeping**

To comprehend the political predicament of the Nigerian pharmacist, one must first understand the complex and often labyrinthine architecture of power within the nation's health sector. It is a landscape where formal authority, as outlined in official documents and statutes, frequently diverges from the reality of how decisions are made and implemented. Health policy in Nigeria cannot be deciphered by merely reading the National Health Act or the strategic plans of the Federal Ministry of Health. While these texts delineate formal responsibilities and procedural hierarchies, the real currency of influence lies in a more nebulous and dynamic interplay of informal political networks, executive discretion, budgetary control, and the pervasive influence of international donor agencies. Power in Nigeria's health sector is, therefore, fundamentally relational rather than procedural. It is a system where the actors who control access to political authority, fiscal resources, and the mechanisms of implementation consistently wield more influence than those who merely possess technical expertise. This reality has major implications for the pharmacy profession, which has traditionally been limited to giving technical advice, far from the decision-making centres that shape the health system. Formally, Nigeria operates a three-tiered health governance system, a structure that reflects its federal character. The Federal Government is tasked with national policy formulation, the regulation of standards, and the administration of tertiary care. The State Governments are

responsible for secondary care, the implementation of national policies, and their adaptation to local contexts. Finally, the Local Governments are charged with the delivery of primary healthcare, the frontline of the nation's health system. The Federal Ministry of Health (FMOH) sits atop this structure as the central coordinating body, supported by a constellation of parastatals and agencies, including the National Agency for Food and Drug Administration and Control (NAFDAC), the Pharmacists Council of Nigeria (PCN), the National Primary Health Care Development Agency (NPHCDA), and the National Health Insurance Authority (NHIA). However, a wealth of research and on-the-ground experience consistently demonstrates that these formal mandates do not equate to practical control. The power of the purse, the authority to make key personnel appointments, and the capacity for enforcement are often exercised outside of these formal ministerial channels, most notably by powerful state governors and by political officeholders who hold sway over budgetary discretion. Executive authority, particularly at the federal and state levels, represents the most decisive locus of health policy power in Nigeria. The appointment of ministers, commissioners, special advisers, and the heads of agencies is a process driven primarily by political considerations. Loyalty to the ruling party, the delicate calculus of ethno-regional balancing, and the intricate webs of political patronage are far more determinative factors than professional background or technical competence. Since Nigeria's return to democracy in 1999, a clear and consistent pattern has emerged: the majority of health ministers and state health commissioners have



been medical doctors or career politicians. As previously noted, a pharmacist has never been appointed to lead the Federal Ministry of Health. This pattern reinforces a rigid hierarchy in which pharmacists are positioned to implement or regulate decisions that are conceived and approved elsewhere. Even the leadership of the so-called technocratic agencies, such as NAFDAC and PCN, is heavily politicised and dependent on executive backing, a reality that severely limits their institutional autonomy and curtails their ability to act independently of the prevailing political winds. The legislative branch, the National Assembly, plays a critical, albeit often underestimated, role in shaping the health sector through its powers of legislation, budget appropriation, and oversight. Yet, it is an arena where the voice of pharmacy is almost entirely absent. An analysis of electoral data reveals that pharmacists constitute a statistically negligible fraction of federal and state legislators, a stark contrast to the significant presence of lawyers, medical doctors, and business professionals. The powerful health committees in both the Senate and the House of Representatives, which are responsible for scrutinizing health-related legislation and budgets, are consequently dominated by non-pharmacists. This lack of representation means that legislative priorities are often shaped by political expediency rather than by a deep, evidence-based understanding of the needs of the pharmaceutical system. Drug-related legislation often lacks strategic sponsorship, pharmacy-specific reforms struggle to find legislative champions, and the crucial oversight of the pharmaceutical supply chain is rarely given the priority it deserves. The senior civil service, often overlooked in discussions of political

power, also plays a crucial gatekeeping role. Permanent secretaries, directors, and procurement officers wield significant influence over the implementation of policy and the allocation of resources. These individuals are not merely neutral administrators; they are political actors in their own right, with their own interests, networks, and agendas. For pharmacists seeking to influence policy, building relationships with key civil servants can be just as important as cultivating ties with ministers and legislators. However, the profession has historically paid insufficient attention to this arena, focusing its limited political energies on the more visible, but not necessarily more powerful, elected and appointed officials. Finally, the influence of international donors and development partners adds another layer of complexity to the power map. Organizations such as the World Health Organization (WHO), the Global Fund, the United States Agency for International Development (USAID), and various bilateral aid agencies are not merely passive funders; they are active participants in the policy process. They provide technical assistance, fund critical health programs, and often play a significant role in shaping the policy agenda, particularly in areas like infectious disease control and primary healthcare. While their contributions are invaluable, their influence can also have the unintended consequence of shifting the focus of agenda-setting away from domestic professional groups and towards externally defined metrics and priorities. Pharmacists frequently interact with these donor agencies, but almost always as implementers or technical consultants, a role that reinforces their technical expertise but does little to enhance their political standing.

This complex architecture of power—a blend of formal structures, executive dominance, legislative absence, bureaucratic gatekeeping, and donor influence—creates a formidable set of challenges for a profession seeking to translate its expertise into meaningful political power.

Much of Nigeria's health policy power also operates through informal channels that exist outside the formal structures of government. Party caucuses, governor's advisory circles, patron-client networks, and ethno-regional balancing arrangements are all arenas where critical decisions are made and where political influence is exercised. These spaces are largely inaccessible to professionals who avoid partisan engagement. Pharmacists, who traditionally view politics as incompatible with professional ethics, are therefore excluded from the arenas where final decisions are made. This exclusion explains why technically sound policies such as the National Drug Distribution Guidelines fail without sustained political sponsorship. The formal policy may be well-designed, but without the informal political backing to ensure its implementation, it remains a dead letter. Understanding and engaging with these informal power structures is therefore essential for any pharmacist who seeks to move beyond the role of technical adviser and to become a true political actor. In summary, pharmacists currently occupy regulatory space (PCN, NAFDAC), technical advisory roles, and implementation-level positions. They are largely absent from executive political offices, legislative chambers, party leadership structures, and strategic budget negotiation forums. This structural positioning explains the

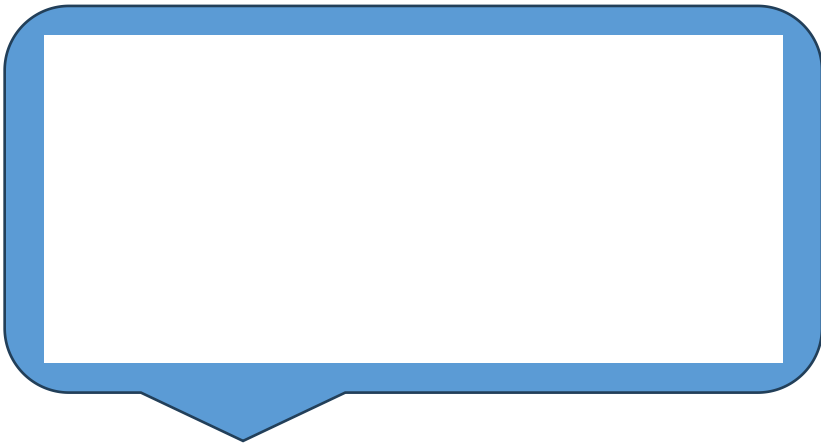
profession's limited policy leverage despite its centrality to health system functionality. Understanding Nigeria's health policy power structure leads to a critical conclusion: influence follows power, not expertise. For pharmacists to shape health policy meaningfully, they must reposition themselves within political parties, executive appointment pipelines, legislative processes, and informal power networks. This is the challenge that the following chapters will address.

The budgetary process is another critical arena of power that is often overlooked in discussions of health governance. The allocation of resources—how much money is spent on health, and how that money is distributed among competing priorities—is a fundamentally political decision. In Nigeria, the health sector has historically been underfunded, receiving a share of the national budget that falls far short of the targets set by international agreements such as the Abuja Declaration. Within this already constrained budget, pharmaceutical expenditure must compete with other priorities, such as hospital infrastructure, personnel costs, and disease-specific programs. The outcome of this competition is determined not by technical assessments of need, but by the relative political power of the actors who advocate for different priorities. Pharmacists, who are largely absent from the budget negotiation process, have little influence over these critical decisions.

The role of the private sector in Nigeria's pharmaceutical landscape adds another layer of complexity to the power map. The majority of pharmaceutical services in Nigeria are delivered by the private sector, including community pharmacies, patent medicine vendors, and

private hospitals. This private sector is itself a diverse and politically significant actor. Large pharmaceutical importers and distributors, for example, have significant economic interests that they actively defend through lobbying and political contributions. These private sector interests do not always align with the public health goals that the pharmacy profession espouses. In some cases, they may actively oppose reforms that would improve drug quality or rationalize the supply chain, if those reforms threaten their profits. Understanding and navigating these private sector interests is an essential component of any effective political strategy for the profession. The media, both traditional and social, is an increasingly important player in the health policy arena. The ability to shape public opinion and to set the agenda for public debate is a significant source of political power. Health crises, such as outbreaks of counterfeit drugs or disease epidemics, often receive extensive media coverage, creating windows of opportunity for policy change. Pharmacists who are skilled in media engagement can leverage these moments to advance the profession's policy agenda. However, the media can also be a source of risk, as negative coverage of pharmacy-related issues can damage the profession's reputation and undermine its political standing. Developing a sophisticated and proactive media strategy is therefore an essential component of the profession's political toolkit. The judiciary is another institution that plays a role in health governance, though its influence is often indirect. Court decisions on issues such as intellectual property, drug regulation, and professional licensing can have significant implications for the pharmaceutical sector. However, the judiciary in Nigeria is often slow, under-

resourced, and subject to political pressure, limiting its effectiveness as a check on executive power. For the pharmacy profession, the judiciary is unlikely to be a primary avenue for political influence, but it remains an important institution to monitor and, where appropriate, to engage with through strategic litigation.



## **Chapter 5: Professional Bodies as Political Vehicles (PSN, PCN, Unions)**

In any political system where access to power is mediated through organized interests, professional associations are far from neutral entities. They are, by their very nature, political vehicles, designed to advance the collective interests of their members through advocacy, collective bargaining, agenda-setting, and the cultivation of elite networks. Their political relevance is not determined by their statutory recognition alone, but by their demonstrated ability to mobilize their members, to influence decision-makers, and, when necessary, to impose tangible costs on political actors who ignore their demands. Within the Nigerian health sector, the political role of professional associations has been a defining feature of its development. The Nigerian Medical Association (NMA) and the various organized labour unions have repeatedly demonstrated that professional cohesion, when strategically deployed, can be a potent force, capable of shaping policy outcomes, securing favorable appointments, and halting the machinery of the health system itself. The professional bodies of pharmacy, however, have a far more ambivalent and less successful political history, having struggled for decades to translate their significant organizational presence into sustained political leverage. The Pharmaceutical Society of Nigeria (PSN), founded in 1927, stands as the oldest and most prominent professional association for

pharmacists in the country. Its constitutional mandate is broad, encompassing professional advocacy, the promotion of ethical standards, and direct engagement with the government on all matters of pharmaceutical importance. Yet, despite its long history and its national reach, the PSN has remained a politically cautious and largely conservative institution. Its leadership structure, which is anchored in a complex system of elections, zonal representation, and technical interest groups, is designed to prioritize internal consensus over external confrontation. This has undoubtedly produced a high degree of institutional stability, but it has come at the significant cost of political assertiveness. The PSN's engagements with the government have been predominantly consultative rather than transactional. The society's primary tools of influence have been the submission of position papers, the arrangement of courtesy visits to political officeholders, and participation in stakeholder meetings. Direct and robust political mobilization—such as sustained legislative lobbying, the strategic endorsement of political candidates, or the coordination of public pressure campaigns—remains a largely underdeveloped aspect of its strategic playbook. This stands in stark contrast to the NMA, which has historically and effectively leveraged industrial action, media pressure, and direct political negotiations to secure its objectives. Several policy moments presented PSN with opportunities to assert political relevance. The implementation of the Pharmacists Council of Nigeria Act of 2004, the debates surrounding the National Drug Distribution Guidelines, and the health sector reforms under the National Health Act of 2014 all offered openings for the profession



to embed itself within political decision-making structures. In each instance, PSN provided technical input but failed to leverage these moments to secure lasting political gains. Engagements were framed as professional advocacy rather than political negotiation, limiting their impact. Internal divisions—between community pharmacists, hospital pharmacists, industrial pharmacists, and academia—further weakened PSN's bargaining position. These sectoral interests often translated into competing priorities rather than unified political demands.

The Pharmacists Council of Nigeria (PCN), established as a statutory regulator under the PCN Act of 2004, wields considerable authority over the registration, licensing, inspection, and enforcement of pharmacy practice standards. It is the legal and institutional backbone of the profession. However, its regulatory power is not matched by political autonomy. The leadership of the PCN is appointed by the executive branch, making the institution's effectiveness and assertiveness heavily dependent on the prevailing political interests of the government of the day. This political dependence severely constrains its ability to act as an independent and forceful advocate for the profession. Furthermore, the PCN's enforcement capacity, particularly at the state and local government levels, is contingent on the cooperation of governors, commissioners, and local officials. Without the active buy-in of these political actors, the PCN's regulatory directives are often ignored, selectively enforced, or actively undermined. The PCN thus exemplifies a central paradox of the pharmacy profession in Nigeria: it possesses significant regulatory authority on paper, but this power is fragile

and often proves insufficient in the absence of genuine political backing.

Adding to this challenge is the historical underutilization of trade unionism as a political lever. Unlike their counterparts in medicine and nursing, pharmacists have not developed a strong, militant union culture. While organizations such as the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) and the National Association of Industrial Pharmacists (NAIP) exist, they function more as professional interest groups than as powerful unions capable of engaging in robust collective bargaining. Hospital pharmacists are often subsumed within the broader Joint Health Sector Unions (JOHESU), where their specific professional concerns can be diluted by the competing interests of a diverse coalition of health workers. Industrial pharmacists operate largely outside the public sector, limiting their collective action potential. This lack of an autonomous and powerful union structure deprives the profession of one of the most effective tools for exerting pressure on the government. The willingness of the NMA and JOHESU to weaponize strikes and industrial action has been a key factor in their ability to influence government decisions on remuneration, working conditions, and health policy. The relative industrial peace within the pharmacy profession, while perhaps commendable from a public service perspective, has come at the cost of diminished political bargaining power.

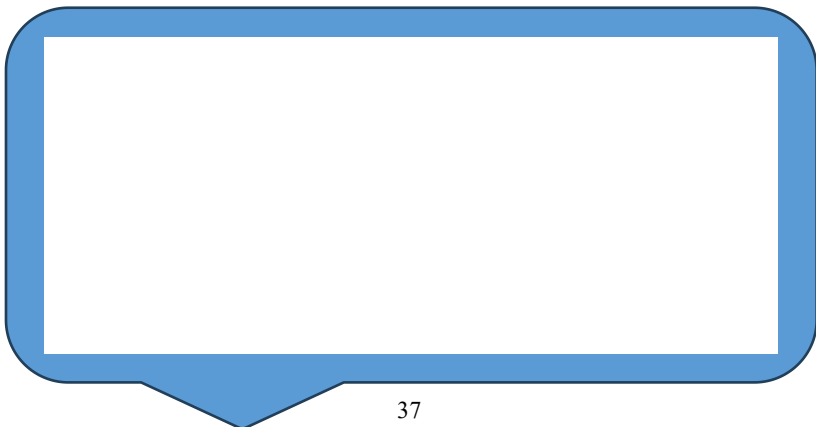
Comparative analysis reveals that professional bodies succeed politically when they control labour supply or service delivery, act cohesively across subgroups, engage directly with political

institutions, and are willing to impose political costs. Pharmacy bodies in Nigeria meet the first condition partially but fail on the others. Their reluctance to politicize professional struggles has left them vulnerable in negotiations. Beyond advocacy, professional associations also serve as pipelines into political elite networks. Leadership roles provide visibility, credibility, and access to decision-makers. In Nigeria, PSN leadership has rarely transitioned into elective or executive political offices. This stands in contrast to medical and legal associations, where professional leadership often precedes political appointment. The failure to convert association leadership into political capital reflects a strategic blind spot rather than structural impossibility. Finally, the profession's political influence is further weakened by deep-seated internal divisions. The interests of community pharmacists, hospital pharmacists, industrial pharmacists, and academic pharmacists do not always align. These sectoral interests often translate into competing priorities and a fragmented approach to political advocacy, preventing the PSN and other bodies from presenting a truly unified front. This internal fragmentation stands as a significant obstacle to the kind of collective action that is necessary to build and sustain political power. To become effective political vehicles, the professional bodies of pharmacy must undergo a fundamental strategic reorientation. They must move from a culture of consensus-seeking to one of strategic bargaining, from a stance of professional neutrality to one of active political engagement, and from a pattern of episodic advocacy to one of sustained and professionalized lobbying. This does not require an abandonment of

professional ethics, but rather a redefinition of those ethics to include a deeper and more urgent sense of political responsibility. The governance structures of the professional bodies themselves are a critical factor in their political effectiveness. The PSN, for example, operates through a complex system of national, zonal, and state-level structures, as well as a variety of technical and special interest groups. While this structure provides broad representation, it can also lead to fragmentation and a diffusion of political energy. Decisions must often be negotiated among multiple internal constituencies, a process that can be time-consuming and that often results in lowest-common-denominator positions. Reforming these internal governance structures to enable more agile and decisive political action is a necessary, though challenging, task. The financial resources of the professional bodies are another constraint on their political effectiveness. Effective lobbying and advocacy require significant investment—in staff, in research, in communications, and in political networking. The PSN and other pharmacy bodies, which rely primarily on membership dues for their funding, often lack the resources to mount the kind of sustained and professionalized advocacy campaigns that are necessary to compete with better-funded interests. Exploring alternative funding models, such as corporate sponsorships or dedicated advocacy funds, may be necessary to enhance the profession's political capacity. The relationship between the PSN and the PCN is another important dynamic in the politics of the pharmacy profession. While both organizations share the goal of advancing the interests of pharmacists, they have different mandates and different constituencies. The PSN

is a voluntary professional association, focused on advocacy and member welfare. The PCN is a statutory regulatory body, focused on licensing and enforcement. These different mandates can sometimes lead to tensions or to a lack of coordination in political strategy. A more deliberate and structured approach to collaboration between these two bodies could significantly enhance the profession's overall political effectiveness.

The role of pharmacy education in shaping the political culture of the profession should not be underestimated. The values, attitudes, and skills that are instilled in pharmacy students during their training have a lasting impact on how they engage with the world. If pharmacy education continues to emphasize a narrow, technical understanding of the profession, it will continue to produce pharmacists who are ill-equipped for political engagement. Conversely, if pharmacy curricula are reformed to include training in health policy, advocacy, and leadership, a new generation of pharmacists may emerge who are more willing and able to engage in the political arena. The faculties of pharmacy in Nigerian universities have a crucial role to play in this transformation.



## **Chapter 6: The Nigerian Medical Association (NMA): A Comparative Study in Political Dominance**

No analysis of the political landscape of the Nigerian health sector would be complete without a thorough examination of the Nigerian Medical Association (NMA). The NMA stands as a colossus, a professional body that has successfully transformed its professional authority into formidable and enduring political power. For decades, it has been the most influential and politically adept of all the health professional associations in the country, serving as a powerful interest group, a formidable bargaining unit, and a crucial pipeline for leadership positions within the health sector. A comparative analysis of the NMA's history, strategies, and successes offers a series of invaluable, if sometimes uncomfortable, lessons for the pharmacy profession. Understanding how the NMA has achieved and maintained its political dominance is essential for any pharmacist who seeks to chart a new, more influential course for their own profession. The NMA's history is one of sustained and unapologetic political engagement. From its inception, the association has understood that the interests of its members and the direction of the health sector are inextricably linked to the political process. It has never shied away from using its collective power to shape policy, influence appointments, and advocate for the economic and professional well-being of its members. The NMA's strategies have been multifaceted and adaptive, employing a combination of insider lobbying, public

advocacy, and, most notably, the strategic use of industrial action. The strike has been the NMA's most potent weapon, a tool it has wielded with considerable frequency and effectiveness. By withdrawing their services, doctors can bring the nation's hospital system to a standstill, creating immense pressure on the government to accede to their demands. This willingness to impose significant political and social costs is a critical source of the NMA's bargaining power, and it stands in stark contrast to the more conservative and less confrontational approach of the pharmacy professional bodies. Beyond the use of industrial action, the NMA has been highly effective at cultivating and maintaining its influence within the formal structures of government. It has successfully positioned itself as the primary and indispensable source of expert advice for the government on all matters of health. This has been achieved through a combination of formal and informal mechanisms. The NMA actively lobbies ministers, legislators, and senior civil servants, providing them with policy briefs, technical advice, and a clear articulation of the medical profession's perspective. It has also been remarkably successful in ensuring that its members occupy key leadership positions throughout the health sector. As has been noted, the vast majority of Nigeria's health ministers and state health commissioners have been medical doctors, a testament to the NMA's success in creating and sustaining a powerful elite pipeline. This dominance of leadership positions creates a self-perpetuating cycle of influence: doctors in positions of power are more likely to be sympathetic to the NMA's agenda, and the NMA's influence, in turn, helps to ensure that more doctors are appointed to those positions.

The NMA's political success is also a product of its high degree of internal cohesion, at least when it comes to its external political engagements. While the medical profession is itself diverse, with various specializations and interest groups, the NMA has been largely successful in presenting a unified front in its negotiations with the government. This unity gives it a powerful and singular voice, a stark contrast to the fragmentation that has often plagued the pharmacy profession. The NMA's control over the narrative of healthcare in Nigeria is another key source of its power. It has successfully framed the medical doctor as the undisputed leader of the healthcare team, a narrative that has been widely accepted by the public and by policymakers. This has had the effect of marginalizing other health professions, including pharmacy, and reinforcing the hierarchical structure of the health system. For the pharmacy profession, the lessons from the NMA's success are clear. First, political power is not given; it is taken. It requires a willingness to engage in the often-messy business of politics, to build coalitions, to mobilize members, and to impose costs on those who stand in the way of the profession's objectives. Second, professional unity is a prerequisite for political power. A fragmented profession speaks with a divided voice and is easily ignored. Third, the control of leadership positions is a critical source of influence. The pharmacy profession must develop a more strategic and long-term approach to identifying, mentoring, and promoting its members for leadership roles in government and politics. Finally, the control of the public narrative is essential. Pharmacists must work to reframe their public image, moving beyond the dispensary to position



themselves as indispensable experts in medicines management, public health, and health policy. The relationship between the NMA and the other health professional bodies, including the PSN, has often been characterised by a deep and persistent inter-professional rivalry. This rivalry, which is rooted in a struggle for professional status, remuneration, and control over the health system, has often been a significant obstacle to the kind of inter-professional collaboration that is needed to address the nation's complex health challenges. The NMA has, at times, actively resisted attempts by other professions to expand their scope of practice or to claim a greater share of the health policy pie. While the NMA's dominance is a source of frustration for many pharmacists, it is also a powerful and proximate example of what is possible when a profession embraces the political dimensions of its work. The NMA's success provides not a model to be blindly imitated, but a case study to be carefully analyzed and a benchmark against which the pharmacy profession can measure its own political aspirations. The NMA's success also highlights the importance of a long-term strategic vision. The association's political dominance was not achieved overnight; it was the result of decades of sustained effort, strategic investment, and a consistent commitment to political engagement. The pharmacy profession, if it is serious about building its political influence, must adopt a similar long-term perspective. It must be willing to invest in the slow and often unglamorous work of institution-building, leadership development, and grassroots organizing. It must recognize that political influence is cumulative, that the gains of today build upon the foundations laid yesterday, and

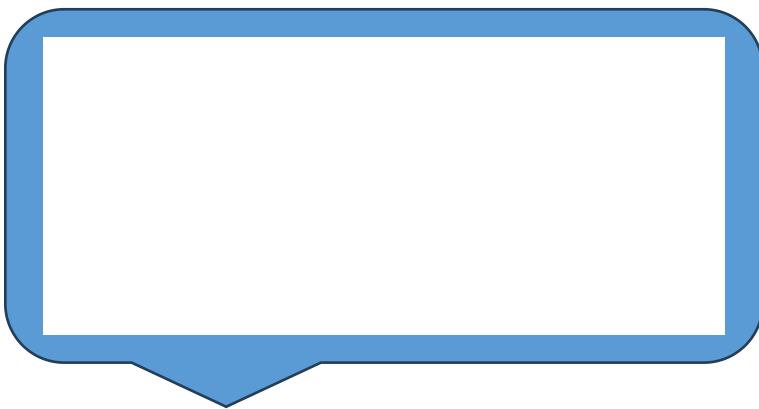
that the efforts of the current generation will bear fruit for the generations to come. This is the mindset that has made the NMA the political force it is today, and it is the mindset that the pharmacy profession must embrace if it is to achieve a similar level of influence.

The NMA's success is also rooted in its ability to frame its interests in terms of the broader public good. When the NMA advocates for higher salaries or better working conditions for doctors, it does so not merely as a matter of professional self-interest, but as a matter of public health. The argument is that better-compensated and better-supported doctors will provide better care to patients. This framing is politically powerful because it aligns the interests of the profession with the interests of the public. The pharmacy profession could learn from this approach. By framing its advocacy in terms of patient safety, drug quality, and access to medicines, rather than in terms of narrow professional interests, it can build broader public support for its policy agenda.

The NMA has also been effective at building alliances with other powerful actors in the health sector and beyond. It has cultivated relationships with politicians, civil servants, and media figures, creating a network of allies who can be mobilized in support of its objectives. It has also, at times, formed strategic alliances with other health professional groups, presenting a united front on issues of common concern. The pharmacy profession, by contrast, has often been more isolated, engaging in inter-professional rivalries rather than building coalitions. A more strategic approach to alliance-building could significantly enhance the profession's political

leverage.

The NMA's willingness to engage in confrontational tactics, including strikes and industrial action, is a double-edged sword. On the one hand, it has proven to be an effective tool for extracting concessions from the government. On the other hand, it can also alienate the public and damage the profession's reputation. The pharmacy profession must carefully consider the costs and benefits of different tactical approaches. While a more assertive posture is clearly needed, it must be calibrated to the specific political context and must be mindful of the need to maintain public trust. The inter-professional rivalry between medicine and pharmacy is a complex and often counterproductive dynamic. While some degree of competition between professions is natural and even healthy, the rivalry in Nigeria has often descended into acrimony and mutual recrimination. This rivalry distracts both professions from the more important task of improving the health system and weakens their collective bargaining power vis-à-vis the government. A more mature and collaborative approach to inter-professional relations, one that recognizes the distinct but complementary roles of different health professions, would benefit all parties and, most importantly, the patients they serve



## **Chapter 7: Pathways to Political Influence for Pharmacists**

For a profession seeking to escape the confines of the technocratic trap and claim a meaningful stake in the governance of the health sector, the pathways to power must be clearly understood and strategically navigated. In the context of Nigeria's democratic system, the most direct and potent of these pathways runs through the landscape of partisan politics and elective office. While the cultivation of informal influence and the pursuit of appointive positions are crucial and viable strategies, they are often dependent on the goodwill of those who hold formal political power. The ultimate source of that power, however, lies in the ability to win elections and to command influence within the structures of the nation's political parties. For the pharmacy profession, which has historically shied away from the partisan arena, a deliberate and sustained engagement with party politics and the electoral process represents the most fundamental and transformative step it can take towards building a future of genuine political influence. In Nigeria, political parties are the primary gatekeepers of political power. They are the vehicles through which candidates are nominated, elections are contested, and the spoils of victory—including ministerial appointments, board chairmanships, and the control of legislative committees, are distributed. To remain outside of these party structures is to be a perpetual outsider, a supplicant

who must lobby for influence from the sidelines. To be an insider, however, is to have a voice in the selection of candidates, a role in the formulation of party policy, and a seat at the table where the real decisions are made. For pharmacists, this means moving beyond the traditional comfort zone of professional associations and embracing the often-unfamiliar world of ward meetings, party caucuses, and campaign trails. It requires a fundamental shift in mindset, from viewing politics as a dirty game to be avoided, to seeing it as an essential arena for professional and civic engagement. The strategies for this engagement can begin at the most foundational level of the political system: the grassroots. Joining a political party at the ward or local government level is a simple yet powerful act. It provides an unparalleled opportunity for networking, allowing a pharmacist to build relationships with a wide range of community leaders, businesspeople, and aspiring politicians. It is at this level that political credibility is often first established. By contributing their time, their expertise, and their resources to the activities of the party, pharmacists can begin to build a reputation as reliable and valuable members of the political community. They can offer their expertise to help shape the party's local health agenda, providing informed perspectives on issues such as the provision of primary healthcare, the management of local drug supplies, and the regulation of community pharmacies and patent medicine vendors. This grassroots engagement is the essential groundwork for any future political ambition.

From this foundation, the next logical step is to contest elections. While the prospect of running for office can be daunting, it is the

most direct way to acquire formal political authority. The journey can begin with aspirations for local office, such as a seat on a local government council. These positions, while often overlooked, can be powerful platforms for influencing community health policy and for demonstrating tangible results to a local constituency. Success at the local level can then serve as a springboard for higher office, such as a seat in a State House of Assembly or even the National Assembly. While the number of pharmacists who have successfully contested and won elections in Nigeria remains small, their examples, though few, demonstrate that it is an achievable goal. These pharmacist-legislators, by their very presence in the halls of power, can serve as powerful advocates for the profession, sponsoring bills, influencing budget allocations, and ensuring that the voice of pharmacy is heard in the legislative process. Of course, the realities of electoral politics in Nigeria are fraught with challenges. The financial costs of running a campaign can be exorbitant, the process of securing a party's nomination can be intensely competitive and often opaque, and the political environment can be volatile and unpredictable. These are significant hurdles, and they should not be underestimated. However, they are not insurmountable. By building a strong grassroots base, by cultivating a network of political allies, and by leveraging the collective resources of the pharmacy profession, it is possible for pharmacist-candidates to mount viable and successful campaigns. The key is to approach electoral politics with the same level of strategic planning and long-term commitment that is applied to any other professional endeavor.

For the pharmacy profession as a collective, a more strategic approach to electoral politics is required. This could involve the creation of a political action committee to identify, train, and financially support promising pharmacist-candidates. It could involve a more concerted effort by the PSN and its state branches to encourage their members to become politically active and to provide them with the tools and the knowledge they need to navigate the political process. It could also involve a more strategic approach to political endorsements, with the profession lending its collective weight to candidates who have demonstrated a commitment to advancing the cause of pharmacy and public health. The journey into the world of party politics and elections will not be easy, but it is a necessary one. It is the pathway that leads from the margins to the mainstream, from the dispensary to the heart of political power. Beyond electoral politics, pharmacists can also exercise significant influence through strategic engagement with the legislative process. Even without holding elective office, pharmacists can shape legislation by serving as technical advisers to legislators, by participating in public hearings on health-related bills, and by collaborating with sympathetic lawmakers to draft and sponsor legislation that advances the interests of the profession and the public health. This form of legislative engagement requires a different set of skills than electoral politics—skills such as policy analysis, persuasive communication, and relationship-building—but it can be equally effective in shaping the legal and regulatory framework within which the profession operates. The PSN and the PCN should invest in building their capacity for this kind of legislative

engagement, developing a cadre of pharmacists who are skilled in the art of lobbying and who can serve as the profession's voice in the halls of the National Assembly and the state legislatures. The financial barriers to political participation are a significant obstacle for many pharmacists. Running for elective office in Nigeria is an expensive undertaking, requiring significant resources for campaign activities, party registration fees, and the various informal payments that are often expected in the political process. These costs can be prohibitive for pharmacists who are not independently wealthy or who do not have access to wealthy patrons. Addressing this barrier requires a collective effort by the profession. The PSN and other professional bodies could establish political action funds to support pharmacist-candidates, or they could work to identify and cultivate relationships with potential donors who are sympathetic to the profession's goals. The time demands of political engagement are another significant barrier. Building a political career requires a substantial investment of time—time for attending party meetings, for networking with political actors, for campaigning, and, if successful, for the actual work of governance. For pharmacists who are already juggling the demands of their professional practice, family responsibilities, and other commitments, finding this time can be a major challenge. This is particularly true for women pharmacists, who often bear a disproportionate share of domestic responsibilities. Creating support structures that enable pharmacists to balance their professional and political commitments is essential if the profession is to increase its political participation.



The risks of political engagement should also be acknowledged. Politics in Nigeria can be a rough and sometimes dangerous game. Those who enter the political arena may face personal attacks, threats, and even violence. They may also face professional repercussions, as political involvement can sometimes create conflicts with employers or regulatory bodies. These risks are real, and they should not be minimized. However, they should also not be used as an excuse for inaction. The risks of political engagement must be weighed against the risks of political disengagement, the risk that the profession will continue to be marginalized, that its concerns will continue to be ignored, and that the health of the nation will continue to suffer as a result.

The role of mentorship in developing political leaders cannot be overstated. Aspiring pharmacist-politicians need guidance from those who have successfully navigated the political landscape. They need to learn the unwritten rules of the game, to understand the pitfalls to avoid, and to develop the networks and relationships that are essential for success. The profession should establish formal mentorship programs that connect aspiring political leaders with experienced mentors, both from within the profession and from the broader political world. This investment in human capital is essential for building a sustainable pipeline of pharmacist-leaders.

## **Chapter 8: Political Appointments and Public Office Opportunities**

While the path of electoral politics offers the ultimate prize of direct, constituent-backed authority, it is a long and arduous road that is not suited to every temperament or circumstance. A more immediate, and in many ways more accessible, pathway to policy influence lies in the intricate and highly consequential world of political appointments. For every elected official, there exists a vast ecosystem of appointed advisers, commissioners, agency heads, and board members that are essential to the functioning of government. These are the roles that translate the broad visions of politicians into the concrete realities of policy and regulation. For the Nigerian pharmacist, mastering the art of the appointment game is a critical and indispensable strategy for securing a seat at the decision-making table. It is a game governed by its own unique set of rules, a complex interplay of professional credibility, political networking, and strategic positioning.

The avenues for appointments are numerous and span all three tiers of government. At the federal level, the opportunities, though highly competitive, are also the most powerful. These include leadership positions within the key health sector parastatals, such as the Director-Generalship of NAFDAC or the Registrar of the PCN. They also include crucial, though less visible, roles such as the Director of Pharmaceutical Services within the Federal Ministry of Health, a position that holds significant sway over national pharmaceutical

policy and procurement. Furthermore, the role of a Special Adviser to the Minister of Health or even to the President on matters of pharmaceutical policy represents a pinnacle of appointive influence, offering direct access to the highest levels of executive power. At the state level, the opportunities are more numerous and often more attainable. The position of State Commissioner for Health, while still dominated by medical doctors, is not entirely beyond the reach of a politically savvy and well-connected pharmacist. More realistically, the role of a Special Adviser on Health to a state governor, or the directorship of a state's drug management agency, offers a powerful platform for shaping policy at a sub-national level. And at the local government level, appointments to health committees and advisory boards provide a crucial entry point for influencing primary healthcare delivery and for building the political capital necessary for higher office.

The politics of these appointments are complex and multifaceted. While professional competence and a demonstrable track record of achievement are essential prerequisites, they are rarely sufficient on their own. The appointment process is, at its core, a political one. Loyalty to the ruling party, a close relationship with the appointing authority (such as a governor or a minister), and the backing of influential political godfathers are often the decisive factors. This is a reality that the pharmacy profession has often been reluctant to embrace, preferring to believe that merit alone should be the determining criterion. However, to succeed in the appointment game, pharmacists must learn to navigate this political terrain. This requires the cultivation of a broad network of political contacts, a deep

understanding of the informal power structures that underpin the formal institutions of government, and a willingness to engage in the kind of political horse-trading and alliance-building that is the lifeblood of the Nigerian political system. Building the profile for a political appointment is a long-term strategic endeavor. It begins with the establishment of a strong foundation of professional credibility. This means not only excelling in one's chosen area of pharmacy practice, but also actively contributing to the broader professional community. Taking on leadership roles within the PSN or other professional bodies, publishing articles in professional journals, and speaking at conferences are all ways to build a public profile and to establish oneself as a thought leader in the field. This professional visibility must then be paired with a deliberate and sustained effort to build political networks. This involves attending political events, volunteering for campaigns, and actively seeking out opportunities to interact with political officeholders. It is about being in the right place at the right time, and ensuring that when an appointment opportunity arises, one's name is on the list of credible and politically acceptable candidates.

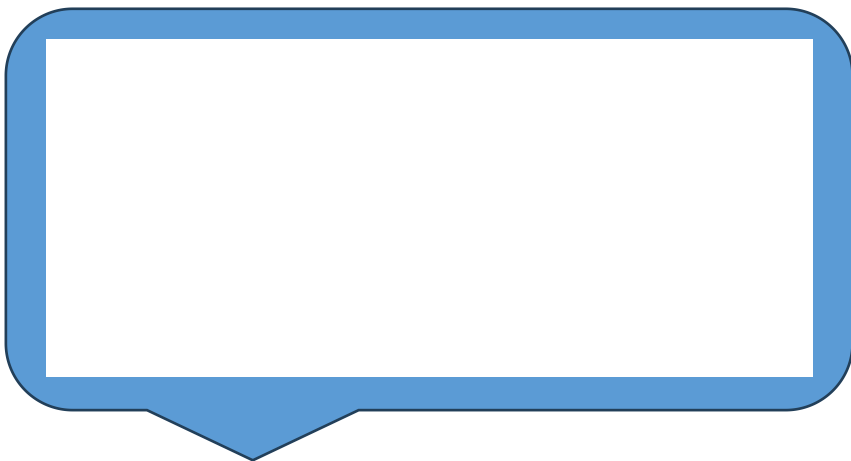
A hypothetical case study illustrates this journey. Consider a young, ambitious pharmacist working in a teaching hospital. She begins by excelling at her clinical duties, but she does not stop there. She becomes active in her local branch of the PSN, eventually rising to a leadership position. She writes articles for pharmacy journals on the challenges of drug supply chain management in the public sector. She begins attending town hall meetings and political rallies, making

a point of introducing herself to local politicians. She volunteers to serve on a health policy subcommittee for a political party. Through these activities, she builds a reputation as a bright, articulate, and politically engaged professional. When a new governor is elected in her state, her name is put forward by her political contacts for a position on the state's hospital management board. She excels in this role, and a few years later, when the position of Director of Pharmaceutical Services in the State Ministry of Health becomes vacant, she is a natural and well-positioned candidate. Her journey, a product of both professional excellence and political acumen, demonstrates that the path to an influential appointive position is a marathon, not a sprint. It is a path that requires patience, persistence, and a deep understanding of the unwritten rules of the appointment game.

The appointment game also requires an understanding of the importance of timing and opportunity. Political transitions—such as the election of a new governor or the appointment of a new minister—often create windows of opportunity for new appointments. Pharmacists who are politically aware and well-networked are better positioned to take advantage of these moments. They are the ones who have their names on the shortlists, who have the relationships with the key decision-makers, and who are ready to step into positions of influence when the opportunity arises. This requires constant vigilance, a finger on the pulse of the political landscape, and a readiness to act when the moment is right. It is a demanding and often exhausting game, but for those who are willing to play it, the rewards can be substantial.

The importance of timing in the appointment game cannot be overstated. Political transitions, the inauguration of a new president, the swearing-in of a new governor, the appointment of a new minister—create windows of opportunity for new appointments. Those who are well-positioned and well-prepared can take advantage of these moments to secure influential positions. This requires a constant vigilance, a finger on the pulse of the political landscape, and a readiness to act when the moment is right. Pharmacists who aspire to appointive positions must cultivate this political awareness and must be prepared to move quickly when opportunities arise. The role of political godfathers and patrons in the appointment process is a reality that must be acknowledged. In Nigerian politics, access to power is often mediated through influential individuals who can sponsor and promote the careers of their protégés. These patrons may be politicians, businesspeople, or other influential figures. Building relationships with potential patrons is an important, if sometimes uncomfortable, aspect of the appointment game. This does not mean compromising one's integrity or becoming beholden to corrupt interests. It does mean recognizing that political influence is relational and that building a network of powerful allies is essential for advancement. The challenge of maintaining professional integrity while navigating the political appointment process is a significant one. The pressures to compromise, to cut corners, or to prioritise political loyalty over professional competence can be intense. Pharmacists who enter the world of political appointments must be clear about their values and must be prepared to defend them. They must also be prepared to

walk away from opportunities that would require them to compromise their integrity. In the long run, a reputation for honesty and competence is the most valuable asset a pharmacist can have in the political arena. The importance of building a track record of success in appointive positions cannot be overstated. Each appointment is not just an end in itself, but a stepping stone to future opportunities. A pharmacist who excels in a state-level advisory role, for example, builds the credibility and the network that can support a bid for a federal appointment. Conversely, a pharmacist who fails in an appointive position, or who is perceived as ineffective or corrupt, may find their political career effectively over. This underscores the importance of taking every appointment seriously, of delivering results, and of building a reputation for excellence.



## **Chapter 9: Policy Power Beyond Elected Office**

While the pursuit of elective office and the strategic acquisition of political appointments represent the most direct routes to formal authority, they are by no means the only avenues for wielding policy influence. In a political system as complex and multi-layered as Nigeria's, where informal networks and non-state actors often hold significant sway, there exists a vast and potent landscape of influence that lies beyond the traditional corridors of power. For the pharmacy profession, which has historically been underrepresented in both elective and appointive office, the cultivation of this indirect policy power is not merely an alternative strategy; it is an essential and indispensable one. It is a form of influence rooted in expertise, advocacy, coalition-building, and the strategic shaping of public and political opinion. It is the power to set agendas, to frame debates, and to exert pressure on decision-makers from the outside in. At the heart of this indirect power is the strategic use of research and evidence. The pharmacy profession is, by its very nature, a knowledge-based one. Pharmacists possess a deep and specialized understanding of medicines, their use, and their impact on public health. This expertise, when systematically harnessed and effectively communicated, can be a powerful tool for influencing policy. By conducting and disseminating credible, evidence-based research on critical issues such as the prevalence of counterfeit drugs, the patterns of antimicrobial resistance, the inefficiencies in the drug



supply chain, or the impact of different health financing models on access to medicines, pharmacists can play a crucial role in shaping the policy agenda. Research findings, when published in reputable journals, presented at policy forums, and transformed into accessible policy briefs, can provide the empirical foundation for regulatory reform and can arm advocates with the data they need to make a compelling case for change. This evidence-based influence allows pharmacists to position themselves not merely as practitioners, but as indispensable knowledge authorities whose expertise cannot be ignored.

This evidence, however, does not speak for itself. It must be actively and strategically deployed through the art of advocacy and lobbying. This involves a sustained and professionalised effort to engage with legislators, ministers, and senior civil servants, to provide them with timely and relevant information, and to build long-term relationships based on trust and credibility. It involves careful monitoring of the legislative and policy-making process, the identification of key opportunities for intervention, and the drafting of specific and actionable policy recommendations. It also involves a more public-facing form of advocacy, one that seeks to build a broad base of support for the profession's policy objectives. This can be achieved through partnerships with civil society organisations, patient advocacy groups, and other health professional bodies. By forming broad-based coalitions, pharmacists can amplify their message, increase their bargaining power, and demonstrate that their concerns are not merely narrow professional interests, but matters of broad public concern.

The media is a particularly powerful force multiplier in this regard. By cultivating relationships with journalists and by learning to effectively communicate their message to a lay audience, pharmacists can play a significant role in shaping public opinion and, by extension, the political calculus of decision-makers. Well-placed op-eds, insightful interviews, and the strategic use of social media can be used to highlight public health risks, to expose regulatory failures, and to build public pressure for reform. The celebrated case of Professor Dora Akunyili's tenure at NAFDAC is a powerful testament to the efficacy of this approach. Her masterful use of the media was not merely a public relations exercise; it was a core component of her regulatory and political strategy, a way of mobilising the public as a powerful ally in her fight against the counterfeit drug trade. Finally, the professional bodies themselves, particularly the PSN, have a crucial role to play as vehicles for this indirect policy influence. By consolidating the voices of their members, by coordinating lobbying campaigns, and by issuing authoritative position papers on key policy issues, they can act as a powerful and unified advocate for the profession. However, to be effective in this role, they must move beyond their traditional, conservative posture and embrace a more proactive and politically assertive approach. This requires a significant investment in building their internal capacity for policy analysis, advocacy, and strategic communication. It also requires a greater willingness to engage in the kind of coalition-building and public mobilization that is necessary to build a powerful and independent political voice.

Of course, the pursuit of this informal policy power is not without its ethical challenges. Pharmacists who engage in advocacy and research must be vigilant in avoiding conflicts of interest, ensuring that their public positions are not compromised by their private financial or professional interests. They must maintain a high degree of transparency and intellectual honesty, ensuring that their advocacy is grounded in credible evidence and a genuine commitment to the public good. The pursuit of influence must never come at the cost of professional integrity. However, these ethical challenges are not a reason to shy away from the political arena. They are, rather, a call for a more thoughtful and ethically grounded approach to political engagement, one that recognizes that the responsible exercise of professional power includes a duty to advocate for a more just, effective, and equitable health system for all Nigerians. Alliances with policy elites and professional coalitions are also critical. Informal alliances often dictate policy outcomes more than formal rules. Pharmacists can build political capital by aligning with influential ministries and agencies, such as the Ministry of Finance for procurement policy or the NPHCDA for primary health care supply chains. Joining coalitions with other health professionals increases legitimacy and bargaining power. Engaging civil society and donor networks provides platforms for policy influence. Strategic coalition-building requires negotiation skills, timing, and credibility, rather than just professional authority. Even without formal office, pharmacists can influence policy through research and evidence dissemination, media engagement, legislative liaison, and

coalitions. This informal influence can catalyze regulatory and legislative action even without formal office.

## **Chapter 10: Pharmacy Politics at State and Local Government Levels**

While the allure of federal power and the high-stakes drama of national politics often capture the lion's share of attention, the real, tangible impact of health policy is most keenly felt at the sub-national level. For the vast majority of Nigerians, the healthcare system is not an abstract entity governed by federal decrees from Abuja; it is the local primary healthcare center, the state-run general hospital, and the community pharmacy down the street. It is at this level that policies are either successfully implemented or left to wither on the vine. Nigeria's federal structure delegates a vast and consequential set of responsibilities to its state and local governments, including the procurement and distribution of drugs, the enforcement of licensing and practice standards, the management of primary and secondary healthcare facilities, and the crucial oversight of the ubiquitous patent and proprietary medicine vendors (PPMVs). For the politically engaged pharmacist, this sub-national arena, though often overlooked, offers the most direct and immediate opportunities to shape the health system and to build a demonstrable track record of policy success. Each of Nigeria's 36 states operates its own Ministry of Health, typically headed by a politically appointed Commissioner and staffed by a cadre of civil servants, including a Director of Pharmaceutical Services. These state-level institutions hold significant power. They control the budgets for state-owned health facilities, they manage

their own drug procurement and distribution systems (often referred to as Drug Management Agencies or DMAs), and they are responsible for the on-the-ground enforcement of both state and federal health regulations. This decentralized structure creates a multitude of entry points for pharmacists seeking to exert influence. The most direct of these is through political appointments, such as a Special Adviser on Health to the governor, a position that can offer immense influence over the state's health agenda. Even appointments to less visible but highly strategic roles, such as the head of the state's DMA or a position on a state's essential medicines committee, can provide a powerful platform for driving reform in drug procurement, promoting rational prescribing, and improving the overall quality of pharmaceutical services.

The local government level, though the most resource-constrained tier of the governance structure, is arguably the most critical in terms of its direct impact on the health of the population. Local governments are responsible for the administration of the primary healthcare centres that are the first, and often only, point of contact with the formal health system for millions of Nigerians. Pharmacists who can secure a role in this local policy arena, whether as an appointed member of a local health committee or simply as a trusted and engaged community adviser, can have a profound impact. They can influence decisions on the staffing of primary healthcare facilities, the management of essential drug supplies, and the implementation of public health campaigns. Moreover, success at the local level is often a powerful political credential. A pharmacist who can demonstrate a track record of improving health outcomes in their

local community is well-positioned to build the political capital and the public profile necessary for advancement to higher political or regulatory roles.

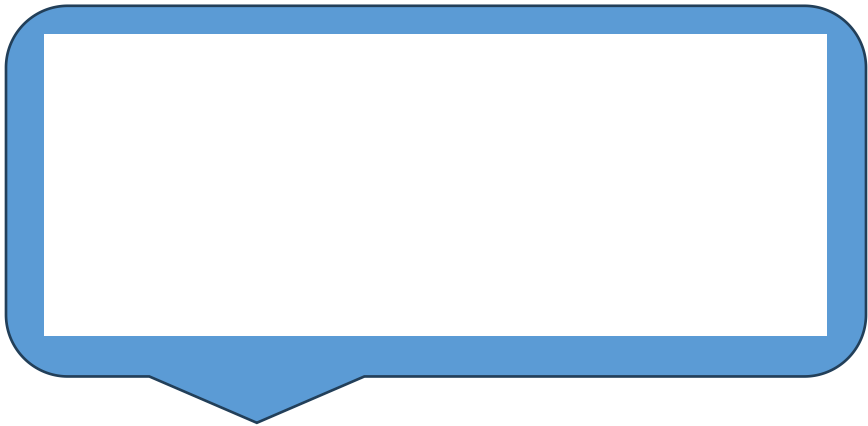
Success in the sub-national political arena, however, is not simply a matter of individual ambition. It requires the strategic and coordinated use of the profession's collective resources. The state branches of the Pharmaceutical Society of Nigeria (PSN) and the state offices of the Pharmacists Council of Nigeria (PCN) are particularly crucial in this regard. Because of their proximity to state-level decision-makers and their deep understanding of the local political and social context, these sub-national professional bodies are often far more effective than their national counterparts at driving concrete policy change. They can serve as a vital technical resource for state ministries of health and local governments, providing them with the expertise they need to design and implement effective pharmaceutical policies. They can organize targeted advocacy campaigns, build coalitions with other local health professional groups and civil society organisations, and facilitate crucial networking opportunities between their members and state-level policymakers.

Coalition-building is critical at the state and local levels. Professional coalitions, collaborating with doctors, nurses, and public health officers, increase legitimacy and bargaining power. Civil society partnerships, working with NGOs, patient advocacy groups, and donor-funded projects, amplify influence. Political alliances, engaging local party leaders, can secure appointments or support for regulatory initiatives. Local media, town hall meetings, and

community workshops provide pharmacists with platforms to influence policy and build public support for reforms. Key strategies include highlighting drug quality issues by engaging local media to report counterfeit or substandard medicines, community education campaigns explaining proper drug use and regulatory frameworks and advising local councils on health priorities to position pharmacists as indispensable policy experts. This public visibility often pressures state and local officials to act on pharmaceutical issues, strengthening the profession's influence. The case of the pharmaceutical reforms in Kaduna State in the late 2010s provides a powerful example of what is possible when pharmacists engage strategically at the sub-national level. Faced with a chaotic drug distribution system and a high prevalence of substandard medicines, a coalition of actors, including the state branch of the PSN, the zonal office of NAFDAC, and some local civil society groups, came together to push for reform. They worked closely with the state government to strengthen the enforcement of PCN licensing standards, to crack down on the activities of illegal drug sellers, and to provide training and support to the state's PPMVs. The result was a measurable improvement in the quality of pharmaceutical services in the state and a significant enhancement of the political standing of the pharmacy profession. The Kaduna case demonstrates that with strategic coordination, a deep understanding of the local context, and a willingness to build broad-based coalitions, pharmacists can achieve significant and lasting policy victories at the state level, victories that can serve as a model and an inspiration for the rest of the country.



Despite opportunities, pharmacists face challenges in sub-national politics. Political interference may hinder regulatory enforcement by local political actors. Resource constraints limit funding for enforcement and capacity-building. Fragmented professional engagement and a lack of cohesion among pharmacists reduce negotiating power. Resistance from informal providers, such as PPMVs and market actors, may undermine state-level reforms. Addressing these challenges requires strategic coalition-building, negotiation skills, and ethical engagement, balancing professional integrity with political realism.



## **Chapter 11: Strategies for Building Sustainable Political Influence**

Political influence, particularly in a dynamic and often volatile environment like Nigeria's, is not a static achievement. It is a fluid and perishable commodity that must be constantly nurtured, defended, and renewed. A hard-won legislative victory, a landmark policy reform, or a strategic political appointment can be easily reversed or rendered meaningless by a change in government, a shift in political priorities, or the departure of a key individual. For the pharmacy profession, the ultimate goal cannot be merely to achieve episodic moments of influence, but to build a political presence that is both sustainable and institutionalized—an influence that is woven into the very fabric of the health governance system and is resilient enough to withstand the inevitable shocks and vicissitudes of the political process. This requires a long-term strategic vision, a commitment to building institutions as well as individuals, and a clear-eyed understanding of the difference between temporary visibility and lasting power. At the foundation of any strategy for sustainable influence is the consolidation of the profession's own authority and credibility. Political leverage is ultimately rooted in the perception that a group possesses a unique and valuable form of expertise. For pharmacists, this means a relentless commitment to technical excellence in all areas of practice. It means ensuring that every community pharmacy

is a model of regulatory compliance and best practice, that every hospital pharmacist is a leader in promoting the rational use of medicines, and that every industrial pharmacist is at the forefront of quality manufacturing. This professional excellence must be paired with a more strategic effort to institutionalize the profession's expertise. This involves a greater investment in policy-relevant research, the development of specialized training programs in areas such as health economics and policy analysis, and a more systematic approach to mentoring the next generation of pharmacist-leaders. The goal is to create a deep and renewable reservoir of talent and knowledge that can be consistently deployed in the service of the profession's political objectives. This professional authority must then be channeled through more effective and politically astute professional bodies. As has been argued throughout this book, the PSN and the PCN must be reimagined as proactive political vehicles, not merely as passive regulatory or welfare organizations. This requires a fundamental shift in their strategic orientation. They must invest in building their internal capacity for professional lobbying, strategic communication, and political organizing. They must move beyond the reactive issuance of press releases and the arrangement of courtesy calls, and towards the proactive development of sophisticated, multi-year advocacy campaigns. They must also become more effective at building and leading broad-based coalitions, recognizing that their political power is magnified when they can align their interests with those of other health professional groups, patient advocacy organizations, and the broader civil society. The goal is to transform

the professional bodies into permanent and powerful fixtures in the political landscape, organizations that no serious policymaker can afford to ignore. Sustainability also requires a more strategic and long-term approach to the cultivation of political leadership. The profession cannot rely on the chance emergence of a few charismatic individuals. It must, instead, create a systematic pipeline for identifying, training, and supporting its members for leadership roles in both politics and government. This could involve the creation of a dedicated leadership development academy, the establishment of a political action committee to support pharmacist-candidates for elective office, and a more deliberate effort to place promising young pharmacists in internships and fellowships within government ministries and legislative offices. The aim is to create a critical mass of pharmacists who possess not only the technical skills of their profession, but also the political skills of negotiation, coalition-building, and public persuasion. It is this cadre of politically astute professionals who will form the backbone of the profession's long-term political influence. Political party engagement is also essential for sustainable influence. To secure influence in appointments or legislation, pharmacists must engage strategically with political parties. Grassroots participation means joining local party structures and serving on committees. Policy contribution involves advising party platforms on pharmaceutical and health policy. Candidate development encourages pharmacists to contest elective positions at local and state levels. Party engagement creates access to nominations, appointments, and legislative advocacy opportunities.

Finally, the pursuit of sustainable influence requires a commitment to a set of core ethical principles. The use of political power, particularly in a country like Nigeria where the temptations of corruption are ever-present, is fraught with moral hazard. The profession must be vigilant in ensuring that its pursuit of influence does not come at the cost of its integrity. It must establish clear ethical guidelines for its members who engage in the political process, guidelines that address issues such as conflicts of interest, transparency in lobbying, and the responsible use of professional authority. The long-term legitimacy of the profession, which is the ultimate source of its power, depends on its ability to maintain the trust of the public and to be seen as a consistent and credible advocate for the public good. The pursuit of power without a strong ethical compass is not only morally corrosive; it is also, in the long run, strategically self-defeating. Building sustainable political influence is not a simple or a short-term project. It is the work of a generation. It requires patience, persistence, and a willingness to invest in the slow and often unglamorous work of institution-building. It requires a shift from a culture of individualism to one of collective action, and from a mindset of professional neutrality to one of active and responsible political engagement. It is a challenging path, but it is the only path that leads to a future where the pharmacy profession can fulfill its true potential as a powerful and positive force for change in the Nigerian health system.

## **Chapter 12: A Practical Roadmap for Nigerian Pharmacists**

This book has, thus far, been an exercise in diagnosis. It has traced the historical roots of the pharmacy profession's political marginalization, dissected the complex architecture of power in the Nigerian health sector, and analyzed the institutional and strategic failures that have left pharmacists on the periphery of decision-making. Diagnosis, however, is not an end in itself. It is a means to an end, and that end is the formulation of a practical and actionable cure. This chapter, therefore, shifts from analysis to prescription. It synthesises the insights of the preceding chapters into a concrete and incremental roadmap, a step-by-step guide for the individual pharmacist and the professional bodies as they embark on the long but necessary journey of building sustainable political influence. This is not a theoretical treatise, but a call to action, a practical guide for transforming professional expertise into tangible political power. The journey begins with the individual. The foundation of all collective power is the commitment and the action of individual members. The first step for any pharmacist who is serious about this project is to make a personal commitment to political literacy. This means moving beyond the headlines and the social media chatter to develop a deep and nuanced understanding of the political process. It means reading the manifestos of the major political parties, following the proceedings of the National Assembly, and understanding the intricacies of the national and state budgets. It means, in short,

becoming a student of power. This personal commitment to political education must be paired with a commitment to grassroots political engagement. As has been argued, joining a political party at the local level is a powerful and accessible first step. It is in the ward meetings and the local government caucuses that the foundational relationships of politics are built. It is here that a pharmacist can begin to build a reputation, not just as a healthcare professional, but as a politically engaged and community-minded citizen. The second step is to establish professional credibility. This means demonstrating excellence in practice by ensuring compliance with PCN regulations and best pharmaceutical practices, and specialising in high-impact areas such as regulatory affairs, drug supply chain management, or public health pharmacy. It also means engaging in research and publications by conducting studies on drug quality, distribution, access, and health outcomes, and publishing in peer-reviewed journals and producing policy briefs for government agencies. Professional mentorship is also crucial, training junior pharmacists in leadership, advocacy, and policy engagement to ensure the sustainability of influence. This establishes legitimacy and positions the pharmacist as a trusted authority in pharmaceutical policy.

As the individual pharmacist is building their political literacy and their grassroots networks, the professional bodies, particularly the PSN, must embark on a parallel process of institutional reform. The first and most critical step is to make political advocacy a core and well-resourced function of the organization. This means moving beyond the current ad-hoc and often reactive approach to lobbying,

and towards the creation of a permanent and professionalized government affairs department. This department should be staffed by individuals with expertise in policy analysis, legislative tracking, and strategic communication. It should be tasked with developing a clear and proactive policy agenda for the profession, and with building the long-term relationships with legislators, ministers, and civil servants that are the lifeblood of effective lobbying. The PSN must also invest in the political education of its members, providing them with training on topics such as advocacy, media engagement, and the mechanics of the political process. The third step is to leverage professional bodies strategically. This means holding leadership roles by seeking positions in national, state, or local chapters to gain visibility and networks. It means coordinating collective action by advocating policy reforms, regulatory enforcement, and improved health system functioning. It also means engaging in coalitions by partnering with other health professions, civil society, and donor agencies to amplify impact. This transforms professional expertise into systemic political leverage. The fourth step is to engage political parties and grassroots structures. This means joining party structures at local and state levels by serving on committees, advisory boards, or policy teams. It means contributing expertise to party platforms by influencing party health policies and creating visibility as a policy advisor. It also means contesting elective positions strategically by beginning with local councillor or state assembly roles, building a track record before federal ambitions. This creates access to nominations, appointments, and legislative influence.



The fifth step is to secure appointments and public office. This means targeting state-level roles first, such as commissioners, directors of pharmaceutical services, and special advisers. These roles often require less political capital than federal appointments and allow measurable impact. It then means scaling to federal appointments, such as agency leadership at NAFDAC, PCN, or NHIA, and ministerial advisory positions. Maintaining networks and visibility throughout is essential. The next step in this roadmap is the strategic cultivation of a new generation of pharmacist-leaders. This is a long-term project, but it is perhaps the most critical of all. PSN, in collaboration with the faculties of pharmacy in the nation's universities, should develop a national leadership development program. This program would identify promising young pharmacists who have demonstrated a passion for leadership and public service, and provide them with the skills, the knowledge, and the networks they need to succeed in the political arena. The curriculum would include not only the traditional subjects of pharmacy practice, but also courses on health policy, political science, public speaking, and strategic negotiation. The goal is to create a cadre of politically astute and well-prepared pharmacists who are ready and able to compete for leadership positions in both government and politics. As this new generation of leaders is being cultivated, the profession must also become more strategic in its approach to the media. The PSN should establish a rapid response communication team, a group of articulate and media-savvy pharmacists who can be deployed to speak on behalf of the profession on television, on the radio, and in

the print media. The profession must move beyond its traditional posture of media shyness and learn to proactively shape the public narrative about pharmacy and public health. This means not only responding to crises, but also proactively pitching stories to journalists, writing op-eds for major newspapers, and using social media to engage directly with the public and with policymakers. Finally, this entire project must be undergirded by an unwavering commitment to ethical conduct. The pursuit of political power is a journey fraught with moral peril. The profession must develop and enforce a clear and robust code of ethics for its members who engage in the political process. This code must address issues such as conflicts of interest, financial transparency, and the responsible use of professional influence. The long-term success of this entire endeavor depends on the ability of the pharmacy profession to convince the public and the political class that its pursuit of power is motivated not by narrow self-interest, but by a genuine and selfless commitment to the health and well-being of the Nigerian people. This roadmap is not a guarantee of success, but it is a blueprint for a more powerful and influential future. It is a call for the Nigerian pharmacist to step out of the dispensary and into the arena, to embrace the challenges and the responsibilities of political

## **Chapter 13: Measuring and Sustaining Policy Impact**

The pursuit of political influence is not a game of abstract victories and symbolic appointments. It is a means to an end, and that end is the achievement of tangible and lasting improvements in the health of the Nigerian people. The ultimate measure of the pharmacy profession's political success will not be the number of its members in high office or the frequency of its mentions in the media, but its demonstrated ability to shape and sustain policies that lead to a more effective, equitable, and resilient pharmaceutical sector. This requires a shift in focus, from the mere acquisition of influence to the strategic and systematic measurement of its impact. It also requires a deep and abiding commitment to the long-term work of institutionalizing reforms, ensuring that hard-won policy victories are not ephemeral triumphs, but enduring features of the health governance landscape.

Measuring policy impact is a complex but essential task. It requires the development of a clear and robust set of metrics that go beyond simplistic and often misleading indicators of activity. It is not enough to count the number of advocacy meetings held or the number of press releases issued. The profession must, instead, focus on measuring concrete outcomes. In the realm of regulatory compliance, for example, key metrics would include a demonstrable increase in the percentage of pharmacies and PPMVs that are fully compliant with PCN standards, a measurable reduction in the prevalence of

substandard and counterfeit medicines in the market, and a clear improvement in the outcomes of drug quality inspections. In the realm of policy adoption, the profession should track not just the number of its proposals that are accepted, but the extent to which those proposals are actually funded and implemented. And in the realm of health outcomes, the ultimate, albeit most challenging, metric of success is a measurable improvement in the health status of the population, such as a reduction in morbidity and mortality from drug-treatable diseases.

Sustaining policy impact is an even greater challenge than measuring it. It requires a deliberate and proactive strategy for institutionalising reforms, for embedding them so deeply in the structures and processes of government that they can withstand the winds of political change. This can be achieved through a variety of mechanisms. One of the most effective is to translate policy reforms into binding legislation. A policy that is enshrined in an Act of the National Assembly is far more durable than one that is merely a ministerial guideline or a presidential decree. Another key strategy is to build strong and resilient institutions to oversee the implementation of reforms. This means not only securing the appointment of competent and committed individuals to lead these institutions, but also ensuring that they are adequately funded, that their staff are well-trained, and that their internal processes are transparent and accountable. It also means building a broad-based constituency of support for reforms, both within and outside of government. A policy that is understood and valued by the public, by civil society, and by a wide range of professional stakeholders is far

more likely to be sustained over the long term. The case of the pharmaceutical reforms in Kaduna State, which was briefly discussed in a previous chapter, provides a powerful illustration of these principles in action. The success of that initiative was not merely in the initial crackdown on illegal drug sellers, but in the long-term strategy for sustaining the reforms. The coalition of actors behind the initiative worked closely with the state government to embed the new licensing and enforcement standards into state-level health regulations. They invested heavily in the training of a new cadre of pharmaceutical inspectors, creating a permanent and professionalized capacity for ongoing enforcement. And they established a formal partnership with local civil society organizations to create a system of community-based monitoring, ensuring that there would be a permanent and independent check on the performance of the regulatory authorities. The Kaduna model is a powerful testament to the fact that sustainable reform is not the result of a single, heroic intervention, but of a patient and systematic process of institution-building. It is a model that the pharmacy profession would do well to study and to replicate in its pursuit of a more influential and impactful future. Integrating pathways for sustainable influence requires a comprehensive approach. Professional credibility through research and regulatory enforcement provides the foundation for all political engagement. Professional bodies like PSN and PCN serve as advocacy platforms to coordinate collective bargaining and lobbying. Party engagement through grassroots participation and policy advising creates access to nominations and appointments.

Appointments at federal, state, and local levels provide decision-making authority and visibility. Informal influence through media, research, and coalitions amplifies impact and pressures policymakers. State and local engagement through advisory roles and committees demonstrates results and builds networks for higher office. Success is cumulative—visibility, credibility, networks, and strategic alliances reinforce one another across levels of engagement. The profession must also develop mechanisms for learning from both its successes and its failures. This requires a commitment to honest and rigorous self-assessment, a willingness to acknowledge when strategies are not working, and the flexibility to adapt and change course when necessary. It also requires a culture of knowledge-sharing, where the lessons learned by one group of pharmacists are systematically disseminated to the rest of the profession. The PSN and the PCN should play a leading role in this process, creating platforms for the exchange of best practices and the documentation of case studies that can inform future efforts. By learning from the



## **Chapter 14: The Future of Pharmacy Politics in Nigeria**

As this book draws to a close, it is fitting to cast our gaze forward, to contemplate the future of pharmacy politics in Nigeria and to consider the emerging opportunities, the persistent threats, and the strategic directions that will shape the profession's political destiny in the decades to come. The landscape of healthcare in Nigeria, as in the rest of the world, is in a state of profound and accelerating flux. The rise of new technologies, the shifting demographics of the population, and the ever-present threat of new and re-emerging infectious diseases are all creating a new and more complex set of challenges and opportunities for the health system. For the pharmacy profession, this era of change represents a critical juncture, a moment of both peril and promise. The path it chooses in the coming years—whether it continues on its traditional course of political quietism or embraces the more challenging but ultimately more rewarding path of active and strategic political engagement—will determine its relevance and its influence for a generation to come.

The opportunities are significant. The digital revolution, which is already reshaping so many aspects of Nigerian life, is poised to transform the delivery of pharmaceutical services. The rise of e-pharmacy, telemedicine, and digital health platforms creates a new and powerful set of tools for improving access to medicines, for promoting rational prescribing, and for enhancing the quality of

patient care. For pharmacists, this digital frontier represents a unique opportunity to position themselves as leaders in the design and regulation of these new technologies, to ensure that they are deployed in a way that is safe, effective, and equitable. The growing public and political concern over the threat of antimicrobial resistance also provides a powerful platform for pharmacists to assert their expertise. As the custodians of antimicrobial stewardship, pharmacists have a critical role to play in advocating for and implementing the policies that are needed to preserve the effectiveness of these life-saving medicines. Furthermore, the growing momentum towards Universal Health Coverage (UHC) in Nigeria creates a new and more inclusive policy arena, one where the voice of pharmacy can and must be heard. However, the threats are equally real. The same digital technologies that offer so much promise also pose a significant threat to the traditional model of community pharmacy, and the profession must be proactive in adapting to this new reality. The persistent and deeply entrenched problem of inter-professional rivalry, particularly with the medical profession, remains a significant obstacle to the kind of collaborative and team-based approach to healthcare that is essential for tackling the nation's complex health challenges. And the ever-present threat of political instability and corruption continues to undermine the foundations of good governance and to create a challenging and unpredictable environment for long-term policy reform.

In the face of these opportunities and threats, the strategic directions for the profession should be clear. First, it must embrace a posture of



continuous learning and adaptation, constantly scanning the horizon for new trends and challenges and proactively developing the skills and the strategies that are needed to navigate them. Second, it must redouble its commitment to building a more unified and cohesive professional identity, recognizing that its collective power is its greatest political asset. And third, it must deepen its commitment to the long-term and often unglamorous work of political engagement, of building institutions, of cultivating leaders, and of earning the trust of the public and the political class. The global context also presents both challenges and opportunities for Nigerian pharmacists. The COVID-19 pandemic, which swept across the world, exposed the fragility of global pharmaceutical supply chains and underscored the critical importance of local manufacturing capacity. This has created a renewed political impetus for the development of a robust local pharmaceutical industry in Nigeria, an initiative in which pharmacists must play a leading role. The pandemic also highlighted the essential role of pharmacists in the delivery of public health services, from the distribution of vaccines to the provision of accurate health information to the public. This enhanced visibility, if strategically leveraged, can be a powerful tool for building the profession's political capital. The demographic trends in Nigeria also point to a future of increasing demand for pharmaceutical services. Nigeria's population is young and rapidly growing, and the burden of both communicable and non-communicable diseases is expected to increase in the coming decades. This will create an ever-greater need for the services that pharmacists provide, from the dispensing of medicines

to the management of chronic diseases. However, this increased demand will also create new pressures on the health system, and the profession must be prepared to advocate for the resources and the policies that are needed to meet this challenge. This book has been a call to action, a plea for the Nigerian pharmacist to awaken from a long political slumber and to embrace the full measure of their professional and civic responsibilities. It has been an argument for a new kind of pharmacist, a professional who is not only a master of the science of medicines, but also a student of the art of power; a professional who is as comfortable in the corridors of power as they are in the dispensary; a professional who understands that the health of their patients and the health of their nation are inextricably linked to the messy but essential business of politics. The future of pharmacy politics in Nigeria is not preordained. It will be written by the choices and the actions of the current and the next generation of pharmacists. It is a future that is waiting to be claimed. The vision of a politically empowered pharmacy profession is not a utopian fantasy. It is a realistic and achievable goal, one that is being pursued by pharmacists in other countries around the world. In the United Kingdom, pharmacists have successfully expanded their scope of practice to include a wide range of clinical services, a transformation that was achieved through sustained and effective political advocacy. In the United States, the American Pharmacists Association is a powerful lobbying force, with a significant presence on Capitol Hill and a track record of shaping federal health policy. These examples demonstrate that the political marginalization of the

pharmacy profession is not an inevitable or universal phenomenon. It is a condition that can be overcome through strategic action and collective will.

The path to this future will not be easy. It will require a fundamental transformation in the culture and the mindset of the profession. It will require individual pharmacists to step out of their comfort zones and to embrace the often-unfamiliar world of partisan politics. It will require the professional bodies to become more assertive, more strategic, and more willing to engage in the rough-and-tumble of political bargaining. It will require a new generation of pharmacist-leaders who are as skilled in the art of politics as they are in the science of pharmacy. And it will require a sustained and long-term commitment, a recognition that the building of political power is not a sprint, but a marathon. But the rewards of this journey will be immense. A politically empowered pharmacy profession will be better able to protect the public from the scourge of counterfeit and substandard medicines. It will be better able to advocate for policies that improve access to essential drugs and promote the rational use of medicines. It will be better able to shape the development of a strong and resilient local pharmaceutical manufacturing industry. And it will be better able to ensure that the voice of pharmacy is heard in the halls of power, where the decisions that shape the nation's health are made. The future of pharmacy politics in Nigeria is not yet written. It is a story that will be authored by the pharmacists of today and tomorrow. It is a story that can be one of continued marginalization and missed

opportunities, or one of transformation, empowerment, and lasting impact. The choice is ours to make.

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## ABOUT THE AUTHOR

**Olafusi Omotiba** is a public health pharmacist, Business Manager, Author, and mental health advocate with a deep commitment to advancing the pharmacy profession and improving healthcare outcomes in Nigeria. With extensive experience in pharmaceutical care, project management, business analysis, and community outreach, he brings a unique blend of public expertise and strategic insight to his work.

Throughout his career, Olafusi has been at the forefront of efforts to bridge the gap between pharmacy practice and public policy. He understands that the challenges facing Nigeria's healthcare system, from the proliferation of counterfeit medicines to the chronic underfunding of essential services, are not merely technical problems, but deeply political ones that require pharmacists to engage actively in the corridors of power. This conviction lies at the heart of *Pharmacy Politics in Nigeria: Strategic Pathways to Political Influence, Appointments, and Policy Power*

Beyond his work in pharmacy and health policy, Olafusi is a passionate mental health advocate dedicated to supporting individuals facing addiction and emotional challenges. His experience in drug-abuse prevention and counselling has given him a profound appreciation for the human dimensions of healthcare and the importance of compassionate, patient-centred practice. He believes that pharmacists, as the most accessible healthcare professionals in many communities, have a unique responsibility to address not only the physical but also the psychological and social needs of those they serve.

Olafusi's writing is driven by a desire to give voice to the silent struggles that many people face, whether they are patients battling addiction, pharmacists navigating a challenging professional landscape, or communities grappling with inadequate access to quality medicines. He is committed to telling practical stories that illuminate realities, inspire action, and encourage those in difficult seasons to seek help, embrace growth, and reclaim their lives.

Pharmacy Politics in Nigeria represents a culmination of Olafusi's professional journey and his vision for the future of the pharmacy profession. He hopes that this book will inspire a new generation of pharmacist-leaders to step beyond the dispensary, to engage with the political process, and to claim their rightful place in shaping the health policies that affect millions of Nigerians.

When he is not writing or advocating for change, Olafusi enjoys mentoring young pharmacists, participating in community health initiatives, and exploring innovative approaches to healthcare delivery. He remains firmly committed to the belief that recovery, transformation, and progress are not only possible but can lead to a stronger, clearer, and more compassionate version of ourselves, our profession, and our nation.

Other books authored by Olafusi Omotiba

- *Finding True Pathway (A Journey Through Addiction, Breakdown, and the Fight for Recovery)*
- *Pathways To Overcome Anxiety and Depression (Take Control, Break the Cycle, Heal, Grow, And Thrive)*

## Pharmacists in Nigeria are poised to be more than healthcare providers, they can be policy shapers and political leaders

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- ✓ Secure political appointments at federal, state, and local levels.
- ✓ Influence policy through research, media, and grassroots engagement.

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- ✓ Sustaining policy impact beyond office.
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POLITICAL APPOINTMENTS



COMMUNITY IMPACT



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