



Research Article

# Navigating Market Access Challenges in Community-Based Pharmacy Business within Uyo Metropolis

Imoh C. Uford <sup>1,\*</sup> 

<sup>1</sup> Department of Marketing, Akwa Ibom State University, Obio Akpa Campus, Nigeria

\* Correspondence: [praisebill2@yahoo.com](mailto:praisebill2@yahoo.com); [imohuford@aksu.edu.ng](mailto:imohuford@aksu.edu.ng)

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**Abstract:** The community-based pharmacy practice has evolved and nowadays has been a combination of enhanced pharmacy services and engagement for the stakeholders and business opportunities for standalone establishments all over the world. This study explores market access challenges faced by community pharmacies in Uyo metropolis and identifies strategies to overcome them. The re-searcher adopted an exploratory research design and utilized an open-ended questionnaire to collect data from registered community-based pharmacists in Akwa Ibom State and their customers who were 105 in attendance, and they participated in a Focus Group Discussion (FGD) held at Ibom Hall, IBB Way, Uyo, on June 19, 2025. Findings reveal that a customer-centric approach is required to build strong relationships with stakeholders within the pharmaceuticals industry. This includes understanding the needs of policymakers, patients, and payers, and demonstrating the value of a product through data and analysis and regular customer engagements and relationship building. This could be achieved by implementing strategies like Strategic Account Management (SAM); community pharmacies can create collaborative relationships, build trust, and improve market access. Other strategies include; analyzing the costs and benefits of a product/services through the Health Economics and Outcomes Research (HEOR) compared to other treatments can demonstrate its value to payers, utilizing digital initiatives like; patient support programs, digital marketing & data analytics “and” adapting to the evolving Healthcare Landscape like; technology etc. These were the other major findings.

**Keywords:** community-based pharmacy; market access challenges; customer engagements; relationship building; Uyo metropolis

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## 1. Introduction

The conventional “commodity type” previously called chemist stores in Nigeria, are now slowly evolving as community pharmacies and are offering added health services (Doucette & McDonough, 2002; Ogunyinka et al., 2021) and, but not limited to: clinical services, vaccination, online selling, etc.) together with counselling activities (Tootelian et al., 2005; Christensen & Farris, 2006), and are faced with a new challenge of marketing these services to their customers in a developing economy like Nigeria. According to Gargantiel Maryglen and Faller Erwin (2022), developing the scenario wherein pharmacy engagement towards the customer via the pharmacists’ delivery of healthcare services has changed the atmosphere in the community leading to enhanced customer devotion and improved loyalty to the pharmacy business. Similarly, Sin et al. (2021) opined that computerized physician order has yielded significant customer loyalty among community pharmacy businesses that have adopted this approach.

Willink and Isetts (2025) elaborated on ways to becoming ‘indispensable’ in developing innovative community pharmacy practice. Their finding revealed that four pharmacists who are successfully incorporating pharmaceutical care services into their pharmacy practices were identified for inclusion by key informants. Sites considered for inclusion were within 300 miles of the University of Minnesota College of Pharmacy. The four innovative community pharmacy practices were in Maquoketa, Iowa, and in Bemidji, Anoka, and Minneapolis, Minn. Published articles identified through a Medline search-using the terms: pharmaceutical care, Medicaid, Medicare, pharmacist, pharmacy, and collaborative practice-provided information

to prepare for pharmacist interviews. Through a data set from (Richard, et al., 2021), they concluded that advanced pharmacy services delivered within pharmaceutical care practices can be a successful business opportunity for community pharmacists. Community pharmacists motivated to develop innovative practice and provide pharmaceutical care services can use the checklist tool during practice implementation.

In a contrasting view, Meckley and Abel (2005) established that the community-based pharmacy market is quite a unique opportunity characterized by emerging features. This distinct nature makes it very difficult to serve. They described it as heterogeneous market and requires very clear understanding to mitigate the challenges of accessibility and sustainable market growth. Thus, no particular marketing model is suitable for every community-based pharmacy business. These assertions have necessitated a research gap which this study intends to fill.

Consequently, this study is an attempt to explore suitable marketing options for community-based pharmacies and potential community-based pharmaceuticals within Uyo metropolis in Nigeria.

Innovative healthcare and clinical services are now provided by community-based pharmacist practitioners in community-based settings beyond preparing and dispensing prescription products (Desselle & Zgarrick, 2020). In conjunction with the business innovations, community pharmacies have struggled with the marketing and delivery of clinical services to patients, and not much research has been done to determine successful models for marketing these available and offered services, especially in developing economies where adequate data management is still far from reality (Holdford, 2003). The case of Nigeria is not an exception; hence the interest of the researcher has been aroused to reduce the research gap within this emerging business field in most African economies

The primary aim of this study is to explore strategies for overcoming market access challenges in community-based pharmacy businesses within Uyo metropolis. Specifically, the objectives are as follows:

1. To identify the key market access challenges faced by community-based pharmacies in Uyo metropolis.
2. To assess the level of awareness and perception of extended pharmacy services among patients, policymakers, and other stakeholders.
3. To evaluate the effectiveness of existing marketing and engagement strategies employed by community-based pharmacies.
4. To propose strategic approaches; such as customer-centric models, Strategic Account Management (SAM), and digital initiatives or not, for improving market access and stakeholder relationships.
5. To recommend actionable solutions for integrating Health Economics and Outcomes Research (HEOR) and other evidence-based practices into community pharmacy operations to enhance service delivery and sustainability.

## 2. Literature Review

### 2.1. *What is Market Access in Pharmacy Business?*

A team of researchers (Fatoye et al., 2024) recently published the first comprehensive meta-analysis on the conceptualization and role of market access in the pharmaceuticals industry. Contrary to many other industries, where market access deals primarily with supply, demand, and macroeconomic conditions that control commodity availability, in the healthcare and life sciences, market access is all about finding the “right” distribution model. This perhaps express the dire need to not just know your market and potential audience but have a full understanding of how it works. In summary, market access in community-based pharmacy business is strongly enveloped by market contingencies and no one marketing model is suitable for its achievement.

In a similar view, Meckley and Abel (2005) pointed out that getting the right distribution model, and maintaining access for qualified patients, requires intentionality from pre-commercial market shaping and development through distribution models and network selection and ongoing relationship management. This exercise presents the need to painstakingly undergo a thorough market analysis to the extent of ensuring that the market analysis report is from a reputable verifying source(s). Again, this underpins the need for proper understanding of the market demographics and defines the community-based pharmacy market as unique.

Smith et al. (2017) narrated that community-based pharmacies are optimizing for



availability and affordability: they want to make treatments available at prices patients can afford. In practice, this amounts to optimizing the patient and prescriber experience with a specific product. Is it efficacious, is it covered by insurance companies, and is it readily available for qualified patients? These are the kinds of questions pharma market access professionals are contending with, and the most forward-thinking firms are investing heavily in internal access and patient services organizations to help streamline the patient journey and optimize access, affordability, and adherence.

Tootelian et al. (2005) studies consumer receptiveness to non-traditional roles for community pharmacists. They mentioned that as community pharmacies are implementing increasingly more clinical services, they are faced with a new challenge of marketing these services. They emphasized that healthcare is in a state of transition as providers are seeking to redefine their roles to accommodate marketplace pressures. The focus of their study was to examine consumer interest in receiving a portion of their healthcare services from community pharmacists. Overall, while consumers see value in pharmacists' services directly related to their medications, they may not be thinking of pharmacists in broader healthcare roles. If so, a strong marketing program will be needed to educate consumers on the qualifications of pharmacists and how there is value in the services they could provide.

Another empirical study by Wood et al. (2011) on strategies for success in community pharmacy marketing, focused on the Ohio State University College of Pharmacy Clinical Partners Program's (Clinical Partners) experiences in marketing clinical services to patients, barriers encountered through these experiences, and presents suggestions for future marketing of services. Their field experience revealed that clinical partners developed two targeted marketing projects and evaluated impact on patient enrollment in services. In January 2008, the pharmacy ran a series of radio advertisements, newspaper print advertisements, and face to face marketing in the community with the focus of each being patient care services. During this project, five individuals expressed interest in clinical partners' services. Four indicated that they heard about clinical partners through the radio ad and one through the pharmacy website, though none chose to enroll in services.

Also, Wood et al. (2011) reported that clinical partners focused on marketing Medication Therapy Management (MTM) in the form of a comprehensive medication review to current patients already enrolled in its anticoagulation management service. Following a three-month period, 6 patients (8%) of the 71 patients receiving the marketing intervention chose to enroll in MTM. Four additional patients have enrolled in MTM since conclusion of the project. Their discussion focused on these projects and a review of available literature revealed barriers that pharmacies encounter when marketing clinical services to patients in an outpatient setting including patients' unawareness of the role a pharmacist can play outside dispensing medications, patients' belief they do not need clinical services, and patients' unwillingness to pay a pharmacist out of pocket for services. Future Implications: To overcome these

Finally, Doucette and McDonough (2002) argued that pharmacists should shift from traditional, transaction-based marketing (the 4Ps: Product, Price, Place, Promotion) to relationship marketing to enhance the value of pharmaceutical care services. They advocated for building strong, mutually beneficial, and long-term relationships with patients and partners to increase demand for clinical services. Their study stressed on the need for community-based pharmacies to move beyond selling pharm-products to fostering patient-centered, relation-ship-driven care. This will further establish a lasting platform to a sustainable pharmaceutical marketing and breaking competitive ties. In summary, their approach helps in building value and demand, illustrated by success in a weight control and wellness program which they experimented.

## *2.2. Barriers and Mitigants of Extended Community Pharmacy Services*

To overcome the difficulties of marketing these new value-added clinical services to the community, it is imperative for the community pharmacists to consider the integration of marketing techniques such as, but not limited to; customizing or tailoring the marketing to a target population, engaging and establishing relationships with patients, and looking to past marketing successes in developing marketing plans (Meckley & Abel, 2005).

Furthermore, pharmacists should also find creative solutions to barriers encountered by being adventurous in exploring new ways to promoting pharmacy clinical services offered in their establishments. More so, pharmacists should develop and implement the applicable marketing strategies of the pharmacy to grow the realm of clinical services offered to patients; and for the development of the profession, it is important that these services can be embraced by patients and the health care community for the development of a long-term relationship



(Rupp & Peters, 2002). They noted patients' unawareness of the pharmacist's role outside dispensing medications; low perceived need for additional services and reluctance to pay-out-of-pocket for non-dispensing services as common barriers.

To address challenges, Doucette and McDonough (2002) suggested utilizing relationship marketing while using methods of advertising that have worked successfully for the pharmacy in the past marketing of products if applicable; targeting specific patient populations who have a need for the service and participating in local and national pharmacy and disease state promotional.

Complementing these academic sources, Glaveli et al. (2021) provided a practical framework for strengthening customer experience and service utilization. It recommends using the 'Connect and Attract' strategy which involves advertising in the local newspaper, partnering with doctors' offices by putting flyers with contact numbers for easy access to your pharmacy and maintaining a clear recognizable brand. Next is the 'Orient' strategy which emphasizes customer loyalty program such as spend money-earn points, get money back setup, or more sophisticated membership models.

The next phase according to Abraham et al. (2023) is the 'Transact, Extend and Retain' strategy which underscores the importance of well-trained staff who can consistently deliver positive experience to the patients. Next, build trust by 'Advocating and Sharing the Journey'. They further recommend ensuring that 'Every Touch Point Uniquely Yours' by doing something that your competition cannot or would not do, being creative and learning from others' success stories. Finally, they encouraged pharmacies to 'Fight Through It', because even when these innovations can improve the overall customer experience and growth of your business, none of these are instant fixes. They still need to be surrounded with solid, dedicated passionate staff and partners who can support you as you work together to turn a simple transaction at your store into an experience your customers will love and share with others.

In combination, these findings reinforce that improving market access of pharmacies goes beyond a marketing exercise to cultivating trust, elevating patient awareness and creating an experience driven environment for patients.

Furthermore, recent synthesis research has provided deeper insight into the conditions that enable the successful implementation and long-term sustainability of expanded community pharmacist-led services. In a PRISMA-guided scoping review of studies published between 2005 and 2024 across Organisation for Economic Cooperation and Development (OECD) member countries, Karia et al. (2025) examined stakeholder experiences using the Mixed-Method Appraisal Tool (MMAT). Their thematic analysis identified several recurring facilitators of implementation, including clearly defined professional roles, motivated personnel, structured service delivery models, strong collaboration with other healthcare professionals, and the availability of financial incentives. At the same time, the review highlighted persistent challenges related to workload pressures, time limitations, general practitioner pushback, low consumer awareness and remuneration, indicating that even within highly institutionalized healthcare systems, implementation success depends heavily on organizational coherence and sustained financial support.

Evidence on the public health role of community pharmacists further illustrates the scope of services already embedded in routine practice. Drawing on UK and international literature published between 1985 and 2010, Agomo (2012) documented pharmacists' involvement in smoking cessation, lifestyle counselling, emergency hormonal contraception, infection prevention and control, cardiovascular health promotion and blood pressure monitoring, as well as interventions addressing drug misuse and addiction. However, the review also revealed significant gaps in the evidence base, particularly with respect to systematic evaluation, documentation, and under-researched public health domains. This suggests that while pharmacists' public health contributions are substantial, they have not always been fully captured or formally integrated into health system policy and accountability frameworks.

Insights into service feasibility are further provided by Fathima et al. (2019), who explored community pharmacists' perspectives on delivering chronic obstructive pulmonary disease (COPD) screening services using a mixed-methods approach. Although pharmacists expressed strong professional motivation and clear support for early disease detection initiatives, implementation was constrained by limited time, inadequate disease-specific training, documentation challenges, financial barriers, and sub-optimal collaboration with general practitioners. The authors emphasized that successful implementation requires

targeted training, practical service tools, and structured pathways for interprofessional collaboration.

Financial considerations also emerge consistently as a key determinant of service sustainability. In a narrative synthesis of global community pharmacy remuneration models, Hussain and Babar (2023) demonstrated marked variation in how pharmacist-provided cognitive and clinical services are reimbursed across different jurisdictions. While some countries have established reimbursement structures that formally recognise professional pharmacy services, others continue to rely largely on revenues from medicine supply. The authors concluded that the expansion and sustainability of community pharmacy services depend on more standardized and consistent remuneration approaches that adequately acknowledge pharmacists' clinical contributions.

Industry-based analyses provide additional context to these academic findings. Kamal and Surji (2025) identified a range of operational challenges currently confronting community pharmacies, including reimbursement pressures, administrative burden, workforce shortages, and increasing competition from large chains and alternative care models. Similarly, Crouse and Christel (2024) described the increasingly prominent role of community pharmacies in delivering vaccinations, test-and-treat services, and chronic disease support, while also highlighting systemic financial and structural pressures that contribute to pharmacy closures and ongoing service instability.

Much of the existing literature is drawn from highly institutionalised systems and offers limited insight into how these challenges are experienced, interpreted, and negotiated by community pharmacists operating in emerging urban healthcare markets. This gap necessitates a context-specific, exploratory examination of market access challenges at the practice level. Accordingly, the present study employs a Focus Group Discussion (FGD) approach among registered community pharmacists in Uyo metropolis to capture practitioner perspectives on market access constraints and to identify locally relevant, stakeholder-oriented strategies such as relationship building and customer-centric engagement through which community pharmacies can navigate and respond to these challenges.

## 2. Materials and Methods

This study adopted a qualitative exploratory research design to gain in-depth insights into market access challenges faced by community-based pharmacy businesses in Uyo metropolis. The choice of an exploratory approach was informed by the limited existing research on this subject within developing economies, particularly Nigeria.

The researcher used an open-ended questionnaire as data collection instrument to obtain relevant information from registered community-based pharmacists and their customers in Akwa Ibom State who were 105 in attendance during a FGD held at Ibom Hall, IBB Way Uyo, on June 19, 2025. The open-ended questions were designed to elicit participants' experiences, perceptions, and recommendations regarding market access challenges and potential solutions.

In general, focus groups are 'collective conversations', which can be small, or large (Kamberelis & Dimitriadis, 2008). Focus groups are group discussions which are arranged to examine a specific set of topics. According to Kitzinger (1994), the group is focused because 'it involves some kind of collective activity' (for example debating a specific set of social or health issues, reflecting on common perspectives or experiences, or discussing on a welfare campaign or an emerging topic within an economy).

One major objective of FGD is to generate fresh information and advantage of ideas as concerning them. Uford (2018) stressed that focus group is an economical, fast, and efficient method for obtaining data from multiple participants; thus, potentially increasing the overall number of participants in each qualitative study. Based on the above, the researcher considered this approach suitable for this study, and 105 participants were involved in the discussion.

FGDs were chosen for their ability to generate diverse perspectives through interactive discussions. This method encourages participants to share experiences and collaboratively explore solutions, making it suitable for studies addressing practical business challenges.

Responses from the FGD were transcribed and analyzed using thematic analysis. Themes were developed inductively to capture recurring patterns related to market access barriers, stakeholder engagement, and strategic interventions. The analysis focused on identifying actionable insights that align with the study objectives.

Participation was voluntary, and informed consent was obtained from all participants.



Confidentiality was maintained by anonymizing responses, and data were used solely for academic purposes.

### 3. Results and Discussion

Following a detailed discussion with above industry players on June 19, 2025 at the Ibom Hall, IBB Way, Uyo; the following relevant information and facts were gathered and here's a more detailed breakdown of how customer engagement and relationship building can help overcome market access challenges.

It was gathered from most of the participants that it is pivotal to first and foremost understand the needs of the stakeholders, particularly the industry policymakers. The discussion revealed that most stakeholders need evidence of a product's value, including cost-effectiveness and impact on patient outcomes. Similarly, it was gathered that patients need information about the product, its benefits, and how it can improve their lives. More specifically, patients exhibit price sensitivity and require clear benefit messaging in bilingual formats (English and Ibibio). The Payers (HMOs/NHIS) were also identified as one of the stakeholders and they need to understand the value proposition of a product, including its cost and potential impact on the healthcare system before they pay. Another key stakeholder are the community pharmacies' employees (Healthcare Providers): They need data and clinical evidence to justify the use of a new product in their facilities. These and many more points revealed an implication for Uyo to develop stakeholder-specific briefs and bilingual (English and Ibibio) communication strategies to enhance service delivery.

Furthermore, the discussion indicates that trust-building and relationship development constitute central mechanisms for overcoming market access constraints through the application of SAM. Establishing dedicated account leadership for health maintenance organizations, complemented by periodic reconciliation engagements, may strengthen institutional collaboration and continuity of care. At the community level, engagement with established social structures, including church health ministries, market associations, and local radio platforms, enhances credibility and facilitates culturally embedded communication. In parallel, the formalization of referral pathways through partnerships with clinics and educational institutions, supported by standardized documentation and feedback mechanisms, contributes to more efficient patient navigation. Collectively, these strategies suggest that community-based pharmacists can enhance their positioning within the Uyo market by institutionalizing structured relationship management practices, incorporating designated liaison roles and visible indicators of service quality to reinforce trust.

The discussion further highlights the necessity for pharmacies to demonstrate value through measurable health outcomes and affordability. The integration of HEOR and real-world evidence approaches enables the use of practical indicators such as blood pressure control rates, medication adherence, and reductions in emergency care utilization to substantiate service effectiveness. The incorporation of such outcome data into payer submissions may facilitate more efficient claims adjudication processes. Simultaneously, the articulation of patient-centered value through bundled pricing models and transparent cost-benefit communication enhances both accessibility and perceived service utility. This approach underscores the importance of systematically capturing and reporting performance indicators to support continuous engagement with payers and stakeholders.

In addition, the findings suggest that digital communication strategies can serve as effective tools for mitigating market access barriers. The use of widely adopted platforms such as WhatsApp and Facebook enables the dissemination of bilingual health information, medication reminders, and community outreach initiatives. The segmentation of consented patient data-bases according to clinical conditions allows for more targeted and relevant messaging, thereby improving engagement. Moreover, the application of basic analytical techniques, including comparative testing of message formats and timing, supports the optimization of communication strategies. For instance, evaluating the differential impact of monolingual versus bilingual messaging on patient response rates may provide actionable insights into improving adherence behaviors. Such data-driven digital interventions offer a scalable means of addressing access challenges while reinforcing patient engagement and continuity of care.

More specifically, adapting to the evolving healthcare landscape through operational readiness underpins sustainable market access. The participants at the focused group discussion identified that prioritizing Standard Operating Procedures (SOPs), digital temperature logs, backup power plans, and policy briefings for staff as strategies to achieving

swift adaption to the evolving healthcare landscape. In details, Policy Alignment: Stay updated on NHIS/HMO changes and align service descriptors with benefit language, Infrastructure: Address power reliability and cold chain management sensitive medications and Workforce Development: Implement SOPs, and monthly micro-trainings for consistent service delivery as pivotal elements in achieving this.

Richard et al. (2021) studied performance-based pharmacy payment models (PBPPMs): key components and critical implementation considerations for successful uptake and integration. Their study identified 4 major components of US PBPPMs: attribution, performance and quality measures, incentive structures, and patient care services. Several barriers (e.g., lack of alignment) and recommendations to improve the current structure of PBPPMs (e.g., the need for adequate incentives to facilitate change) were highlighted. Notable implementation considerations centered around (1) establishing common ground among stakeholders to avoid misalignment and encourage engagement; (2) the importance of a quality-driven, innovative, and flexible organizational culture with access to data infrastructure, adjusted workflows, and relevant trainings; (3) supporting the cultural transition to value-based health care; and (4) application of financial incentives at the pharmacy or pharmacist level. They concluded that to develop and implement PBPPMs, it is first critical to understand the key components that define these models and the needed changes to their structure. In addition, identifying the contextual and motivational factors that influence their successful integration can improve future uptake. This study illustrates the landscape of PBPPMs in the United States, as well as makes recommendations for improvement in their design. To improve future development and implementation of these models, the following recommendations are highlighted: (1) increase transparency and alignment of measures with the incentive structure; (2) embrace innovative business models; (3) carefully plan and use roadmaps that outline successful uptake and implementation; and (4) foster culture of quality at all levels of health care.

Furthermore, Smith et al. (2017) studied Strategies for community-based medication management services (MMS) in value-based health plans. Their results revealed that health plan executives agreed conceptually that MMS could be a valuable program and recognized its potential. However, the most substantial barriers that health plan executives expressed were funding MMS in today's fee-for-service payment models; lack of physician infrastructure to implement and manage MMS; and difficulty in collecting timely, accurate data to execute and assess MMS programs. Community pharmacists identified the most serious barrier to altering health outcomes through MTM as the current lack of integration of MTM with a coordinated health care team. MTM services are conducted as a separate program by pharmacists who do not have access to patient health records, are time-constrained, and poorly incentivized. More so, their findings can inform the development of successful strategies for pharmacist-provided MMS that align with emerging value-based health plans and alternative provider payment models. Current MTM program barriers and facilitators are identified that could be addressed in future program policy changes.

Similarly, Joseph et al. (2017) studied integration strategies of pharmacists in primary care-based accountable care organizations: a report from the accountable care organization research network, services, and education. Their findings revealed that as experts in medication management, pharmacists perform direct patient care and assist in the transition from one provider to another, which places them in an ideal position to manage multiple aspects of patient care. Pharmacist-provided care has been shown to reduce drug expenditures, hospital remissions, length of stay, and emergency department visits. Although pharmacists have become key team members of interdisciplinary teams within traditional care settings, their role has often been overlooked in the primary care-based pharmacies. Although they highlighted several challenges and barriers that prevent the full integration of pharmacists into primary care-based pharmacies include; lack of awareness of pharmacist roles in primary care; complex laws and regulations surrounding clinical protocols, such as collaborative practice agreements; provider status that allows compensation for pharmacist services; and limited access to medical records, they concluded that by understanding and maximizing the role of pharmacists, several opportunities exist to better manage the medication-use process in value-based care settings.

The emphasis placed by participants on structured service delivery, clearly defined roles, and staff motivation reflects broader evidence on the implementation of pharmacist led professional services. Similar patterns are reported by Karia et al. (2025), who identified role clarity, formalized service models, and collaborative engagement as key enablers of successful service delivery. In the present study, this was reflected in calls for designated account

managers for HMOs and other institutional stakeholders, aimed at strengthening coordination, accountability, and continuity of care. While much of the existing literature examines these mechanisms within highly institutionalized healthcare systems characterized by formal governance, standardized reimbursement structures, and mature regulatory frameworks such as the OECD member countries studied by Karia et al. (2025), the findings from Uyo indicate that effective implementation also depends on integration within local social and community structures. Acceptance within community and cultural networks emerged as an additional, context specific layer shaping trust and service uptake, underscoring the need to adapt structured service models to local realities.

In addition to service delivery, the findings highlight the expanding public health orientation of community pharmacies, particularly in preventive care and chronic disease management, as reflected in the reported emphasis on community health outreach, routine blood pressure monitoring, medication adherence support, and patient education activities. This aligns with earlier evidence documented by Agomo (2012), who reported a broadening of pharmacists' roles into areas such as cardiovascular risk management, lifestyle counseling, and infection prevention. Participants in the present study similarly positioned pharmacists as accessible healthcare providers capable of addressing unmet community health needs. Notwithstanding this alignment, these findings also identified persistent gaps in the systematic evaluation of pharmacy led services (Agomo, 2012). These gaps remain evident in the current findings, as the lack of routine outcome measurement continues to limit the formal recognition of pharmacists' contributions by payers and policymakers. This constraint has direct implications for market access, as services that are valuable to the communities may not be reimbursed in the absence of documented performance indicators.

Finally, at the operational level the challenges identified by participants particularly those relating to time pressures, training needs, documentation requirements, and financial support are consistent with barriers reported in prior studies of pharmacist-led service delivery. For example, Fathima et al. (2019) similarly found that while pharmacists demonstrated strong professional motivation to deliver COPD screening services, implementation was constrained by workload pressures, limited training, and inadequate remuneration structures. While that study focused on disease specific screening pro-grams, the present findings situate these challenges within a broader market access framework. Participants emphasized that without adequate operational readiness, including standardized operating procedures, continuous workforce development, and using digital systems, community-based pharmacy businesses in Uyo are unlikely to achieve long term sustainability.

#### 4. Conclusions

This study explored market access challenges faced by community-based pharmacy businesses in Uyo metropolis and identified strategic approaches for overcoming these barriers. Findings from the FGD revealed that improving market access requires a customer-centric approach anchored on stakeholder engagement, trust-building, and value demonstration. Specifically, pharmacies must understand the unique needs of policymakers, payers, patients, and internal teams, and tailor communication and service delivery accordingly.

The study concludes that SAM, HEOR, and digital initiatives are critical enablers for sustainable market access. Additionally, operational readiness through SOPs, staff training, and infrastructure improvements remain essential for quality assurance and compliance. By integrating these strategies, community pharmacies in Uyo can transition from traditional dispensing outlets to community health platforms, thereby improving service uptake, patient adherence, and financial sustainability.

Based on the findings, the actionable recommendations are proposed. They are given below:

Enhancing stakeholder awareness and engagement represents a foundational step in strengthening the role of pharmacies within the healthcare ecosystem. This can be achieved through the adoption of bilingual communication strategies in English and Ibibio, alongside the organization of town-hall meetings and community forums that promote dialogue, inclusivity, and trust-building among diverse patient populations. Such participatory approaches contribute to improved transparency and foster stronger relationships between pharmacies and the communities they serve.

In addition, the implementation of SAM provides a structured framework for improving interactions with payers. The designation of dedicated account managers for health



maintenance organizations and national insurance schemes, combined with regular reconciliation sessions and the use of standardized documentation, is likely to reduce claim denials while enhancing administrative efficiency and strengthening institutional relationships.

Equally important is the need for pharmacies to demonstrate value to payers through systematic use of data and measurable outcomes. By monitoring key performance indicators such as medication adherence, blood pressure control, and repeat patient visits, pharmacies can generate evidence of service effectiveness. The periodic sharing of such data with payers and policymakers supports more informed reimbursement decisions and reinforces the clinical and economic relevance of pharmacy services.

The integration of digital tools further enhances patient engagement and service delivery. Platforms such as WhatsApp and Facebook offer accessible channels for disseminating health information, issuing medication reminders, and promoting community events. The application of basic analytical techniques, including comparative testing of message formats and timing, enables pharmacies to refine communication strategies and maximize patient responsiveness.

Strengthening operational capacity and ensuring regulatory compliance are also critical to sustaining service quality. The development of SOPs for high-demand services, investment in reliable infrastructure such as backup power systems and digital temperature monitoring, and the implementation of regular staff training initiatives collectively contribute to consistency, safety, and efficiency in service provision.

Finally, pharmacies must remain responsive to evolving policy and technological landscapes. Continuous monitoring of reimbursement frameworks associated with national insurance schemes and health maintenance organizations allows for timely alignment with regulatory requirements. At the same time, the exploration of emerging technologies in data analytics and patient support systems offers opportunities to enhance service innovation and maintain competitiveness within a rapidly changing healthcare environment.

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