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Review Article

Globalization and Multinational Corporations: The Agents of Pharmaceutical Colonialism in Nigeria

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Abstract: Globalization facilitates proliferation of various Multinational Corporations (MNCs) whose operations in developing countries are argued to be exploitative. MNCs are often considered as agents of imperialism since the era of primitive accumulation (Slave Trade Era) to the contemporary period of globalization. Some scholars viewed globalization as pathfinder for the penetration of MNCs into erstwhile colonies of Western developed nations and the USA. Their perception of globalization is that, it is an extension of colonial exploitative operations of MNCs to the post-colonial period. A number of manufacturing and marketing as well as distributing MNCs operate in Nigeria including pharmaceutical companies. The exploitative nature of pharmaceutical MNCs especially in the conduct of clinical drug trials and excessive pricing of pharmaceutical products in Africa led to the emergence of the term "Pharmaceutical Colonialism". It is against this backdrop that this paper examined the relationships between Globalization and MNCs as agents of pharmaceutical colonialism in Nigeria. The paper argues that the operations of pharmaceutical MNCs in Nigeria have negative impact on the standard of health of Nigerians.

Keywords: Globalization, Multinational Corporation and Pharmaceutical Colonialism.

Introduction

Scholars like Silverman, Lee and Lydecker, (1982) and Agarwal, (1978) are generally critics of globalization as well as operations of multinational companies in the Third World. According to them, drug multinational companies have been monopolizing a very profitable industry; repatriating huge profits out of the developing countries through transfer pricing, royalty payments and dividends; producing profitable lines such as cough syrups and vitamin pills instead of lifesaving drugs; inducing medical personnel to prescribe unnecessary drugs; spending three times more on sales promotion than on research and development; conducting unethical trial of drugs and not allowing the national sector of the industry to grow (Silverman, Lee and Lydecker, 1982 and Agarwal, 1978). The history of pharmaceutical multinational companies in Nigeria dates back to colonial period. Precisely, the issue of such companies began when two separate Patent Ordinances were applied in the Colony of Lagos and that of Northern and Southern Protectorates of Nigeria respectively, sometimes before 1914 (NAK/SOKPROF/6505). But with the amalgamation of the Northern and Southern Protectorates into a single entity called the Colony and Protectorate of Nigeria, the Patents Ordinance of 1916 was applied to the country as a whole (Patent Ordinance, 1916) (NAK/SOKPROF/6505). These ordinances and many subsequent others were enacted in order to ensure monopoly and exploitation of Nigerians by foreign pharmaceutical companies operating in the country. The objective of this paper is to examine the extent to which pharmaceutical MNCs continued to exploit Nigerians with over-pricing system, sale of counterfeit drugs, inducing artificial scarcity of their products as well as clinical trials of the products under the shield of globalization in Nigeria.

Understanding the Links between Globalization and MNCs

This segment revealed that globalization facilitates pharmaceutical multinational companies' exploitative operations in a developing country of the globalized world. Thus the discourse is on the definitions of the concepts of globalization and

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Multinational Corporation as well as their inter-connectivity with public health in Nigeria.

I. Globalization

A number of varying perspectives on the definition of globalization exist. However, some few definitions are utilized herein to guide the focus of this discussion. Beginning with Lee and Dodgson (2000a), globalization is a set of processes that intensify human interactions by eroding boundaries of time, space, and ideas that have historically separated people and nations in a number of spheres of action, including health, environmental, technology and political and institutions (see Mori *et'al*, 2004: 183 and Lee, 2000b: 254). Globalization is also defined to refer to a broad range of issues regarding the movement of information, goods, and services through print and electronic media and trade liberalization, and to the movement of people through migration and global travel (Novotny, 2007: 3-4). Moreover, Lee (2000c: 6) offers another definition of the concept as to include changes to patterns of economic production and exchange, increased inequalities in power within and across countries, corporate strategies towards global economies of scale, increased concentration of ownership of mass media worldwide, the declining ability of states to make effective social policies, and the changing legal concepts of sovereignty and national citizenship. Finally and most importantly, Mori *et'al* in their Health, Human Security and the Peace-building Process (2004: 192) puts globalization to mean movement of people and health related issues across countries.

II. Multinational Corporation

The concept of Multinational Corporation (MNC) has been defined by a number of scholars. MNCs, also called Transnational Corporations, International Business Enterprises or Multinational Enterprises have many dimensions and are viewed from different perspectives and models. The entities are regarded as evils that have persistently and systematically devastated environments and crippled social and economic developments in various parts of the globalized world. MNCs are historically regarded by Marxists as the apparatus for the spread of exploitative capitalism at international level (Onimode, 1982: 258 and John, 1998: 12). Sherman (2001), views MNCs with positive impacts on the economies and societies of the Third World through Foreign Direct Investment, transfer of technology, connecting the economies of the countries to the global market, employment generation, revenue generation and scholarship. A typical multinational company functions with a headquarters based in one country especially technologically developed one, while other facilities are located in various other countries (Rugman *et'al*, 1985: 7). The major objective of MNCs is to obtain the least costly production of goods and services for global market, and this makes the entities to look for the most efficient locations for production facilities or obtaining taxation concession from the host government. Therefore, they are businesses that try in every way possible to cut down expenses and maximize profits (Ozoigbo and Chukuezi, 2011: 380).

Critics of MNCs offer comprehensive definitions that entail the imperialistic nature of the entities. Agbodike (1998: 163-4) views MNC as a foreign monopolistic company that has an imperial policy to invest, manipulate, and control most of the strategic economic activities in the host countries. According to him, a MNC is always supported by its home government which usually guarantees and assures the safety of its investments. It is clear that Agbodike defined the term in its practical monopolistic and colonialist operations of MNCs in Africa. Although, his definition is general in its conceptualization; it presents a working contextual meaning of pharmaceutical MNCs for the paper.

Moreover, it is important to note that, almost, all the largest MNCs are of North American, Japanese and Western European origins. However, the MNCs of today are categorized into groups based on country or region of origins. They are: the US MNCs, the UK MNCs, France MNCs, German MNCs, the Netherland MNCs, the Nordic countries MNCs, the rest of Europe MNCs, Japan MNCs and the rest of the world MNCs (Sherman, 2001). Apparently, most of drug MNCs in Nigeria today are of Asian origins precisely Indian and Malaysia, thus belong to the rest of the world category. However, it is important to note that the MNCs are of Indian origins only because of some circumstances especially the availability of pharmaceutical ingredients but the nationals of Western developed countries have very lager shares in them. Likewise, one of the leading pharmaceutical MNCs in terms of production and exploitation in Nigeria, Pfizer is of US category and origin as well.

III. The Linkage between Globalization and MNCs

From the foregoing discourse on the concepts of globalization and MNCs it is clear that, the MNCs are largely owned by the erstwhile colonial masters of African countries including Nigeria; and their exploitative ambitions as well as operations are sustained by globalization till today. Globalization creates opportunities for MNCs that aim at economic opening across border flows of goods, services, capital, people, ideas, information and institutions. It thus became a mechanism whereby the owners of MNCs develop strong affiliations with international socio-economic and political capacities that have global reach. This mechanism is developed and propagates by MNCs' owners who are mostly motivated to forge a global alliance for their interests. Globalization is thus, fundamentally influenced by developed nations to protect their strategic interests globally. These interests are usually driven and expressed in their tendency and

hunger for the control of global economy as it is highly influenced and exploited intensively through secret and sometimes open manipulations of global policies. This has been possible over the years because policymakers at the General Assembly of United Nations, North Atlantic Treaty Organization, European Union and World Trade Organization and other international platforms are the major owners of MNCs and naturally, the collaborators in the globalizing mission as well (Umunnah, 2016).

According to Umunnah (2016), there are three tiers of globalization today among which one is the most important here. It is the globalization at the apex founded, controlled and advocated within the praxis of USA, Western Europe and Japan; including the control of International Monetary Fund and World Banks' financial benchmarks and policies in partnership with World Trade Organization for the benefit of MNCs. This means that at international arena, globalization in the marketplace is centrally controlled by USA and Canada, Western European, (France, Britain, Germany, Italy,) and Japan (Umunnah, 2016).

Brief on Pharmaceutical Multinational Corporations in Nigeria

Regarding the history of pharmaceutical multinational companies in Nigeria, marketing of modern pharmaceutical products could historically be traced to the United African Company sometimes before 1914. During this period, there was not a single manufacturing or even import substituting pharmaceutical industry in Nigeria. Local authorities under colonial Nigeria purchased pharmaceutical products from Licensed Crown Companies such as John Holt & Company Limited, Unilever Limited, West African Drug Co. Limited, Kingsway Stores Nigeria Limited and UAC Litd (NAK/SOKPROF/FILENO.S.695/16). Archival sources indicate that there were a number of ordinances passed by the Colonial Government to ensure the availability of Nigerian market for the Crown Companies that dealt in pharmaceutical products. For example, Pharmacy Ordinance of 1945 out-rightly legalized and confined the sale of such products to UAC and John Holt operating in Northern Nigeria (NAK.SOKPROF/6505).

Moreover, the period immediately following the independence to 1980s witnessed the expansion and consolidation of pharmaceutical MNCs with the establishment of production plants in Nigeria. The early pharmaceutical production MNCs in Nigeria included Glaxo (1958), Pfizer (1962), Sterling (1963), Wellcome (1967), PZ (1968) and Pharchem (1968) (Attaran, 2002: 682). With the beginning of the dependent era of patent system (see the subsequent section) which fed the expansion of foreign economic interests; two more pharmaceutical plants were established in Nigeria, namely, Smithkline Beecham (1973) and Mayer & Baker (1977). It is pertinent to note that, the Mayer & Baker plant was the first WHO pre-qualified pharmaceutical facility in Nigeria. It was opened and patented to add 30 billion tablets and 25 million bottles per annum to the company's existing capacity and it gave the company a huge share of market in Nigeria (Adewopo, 2011: 174-175).

Today, with the force of globalization pharmaceutical production, marketing and or packaging as well distributing MNCs became ubiquitous in Nigeria. Some of the notable ones include: Afrab-Chem Ltd, Norvatis Chem Ltd, Clarion Medical Ltd, Mzor Pharm, Pfizer Pharm, Roche Pharm, Mayer & Baker Pharm, Glaxo Smith Kline Pharm, Evans Pharm, Strides Pharm, Elbe Pharm, IPCA Pharm, Dana Pharm, Juhel Pharm, Green Life Pharm and Hovid Pharm. Although, some of them seem to be national, it is important to note that, they were only Nigerian in terms of packaging and distributing. For instance, Green Life Pharmaceuticals is Nigeria packaging company for some Indian Pharmaceutical MNCs. Hovid Pharmaceutical also packages and distributes products of Malaysian and Indian MNCs, Elbe Pharm packages and markets products by Micro Labs Ltd (Indian), Kwality Pharm packages and distributes products by Pauco Pharmaceuticals Industries also Indian, Swiss (Swipha) packages and distribute products by Vapi Care Pharmaceutical PVT Ltd (Indian) (*Oral Interview* with Pharmacist Nasir).

With regard to production MNCs operating in Nigeria, it is also noteworthy that, the companies import most of their required Active Pharmaceutical Ingredients (APIs) from India, Malaysia and China. Thus, this means even there, the production takes place at secondary level and with some tertiary level activities. Likewise most of pharmaceutical MNCs concentrate on production of less sophisticated products such as simple antibiotics, cough and other cold preparations, analgesics and antipyretics, sedatives nutraceutical, anthelmintics and antimalarial. Most technologically sophisticated pharmaceutical products like IV Fluids and more advanced antibiotics like cepholosporins are not produced locally by the plants but rather imported from the headquarters outside (*Oral Interview* with Pharmacist Nasir). Therefore, Sudip *et'al* (2010: 2) put that most of the imported medicines are sourced largely from Indian generic manufacturers. Consequently, the advocacy that there is technological transfer as parts advantages of MNCs operating in developing does not arise in Nigeria.

Multinational Corporations and Pharmaceutical Colonialism

The analysis here is on the exploitative operations of pharmaceutical MNCs in Nigeria. It emphasizes on how the intellectual property regime ensures the monopolistic and extortive sale of pharmaceutical products and also on the unethical clinical trial of drugs by pharmaceutical companies in

the country. Beginning with intellectual property regime, patents grant a monopoly right over a particular invention, as a result of which, patent owners can charge exorbitant prices because there is no competition to keep prices low. This abuse is profound within the pharmaceutical companies where demand is inelastic[1] and this means that, the system allows pharmaceutical companies to charge unnecessarily high prices for their drugs (www.cptech.org/ip/health). A patent is a legally binding monopoly granted by government to inventors to exclude others from manufacturing, selling or using the patented invention, without the patentee's consent for a defined period usually 20 years. The grant of monopoly allows the patentee or its assignees the exclusive right to exploit the patented invention as trade-off between him (the patentee) and the government for the disclosure of the invention. The public interest in a patent system is the utility of the patent which cannot be used to protect abstract ideas but only applied technology, for the benefit and welfare of the society. The private interest is the reward for ingenuity based on which there is the incentive to further innovate and, to continue the cycle of inventive activity, reward and public good. (Adewopo, 2011: 167).

The introduction of patent law in Nigeria emanated from the Paris Convention which empowered colonial masters to extend their patent laws and systems to their colonies (Penrose, 1951: 53). A critical examination of the evolution of patent law showed that the law was not based on the justification for patent but for the interest of the British and the sustenance of their industrial and MNCs interests in Nigeria. The introduction of patent law in Nigeria as underscored by Yankey (1987: 106) was "never meant to encourage indigenous inventive activity, local research and development and effective transfer of technology. It was geared rather towards the protection of property rights in machinery technology relevant for the exploitation of gold and other mineral and human resources in the colonies." Intellectual property regime in Nigeria began when two separate Patent Ordinances were applied in the Colony of Lagos and Northern and Southern Protectorates respectively sometimes before 1914 (Adewopo, 2011). By the amalgamation of the Northern and Southern Protectorates, the Patents Ordinance of 1916 was applied to the whole of the new country Nigeria (Patents Ordinance N0. 30 1916, Cop 141). Moreover, the 1916 Ordinance was replaced with the Registration of United Kingdom Patents Ordinance of 1925 (Registration of United Kingdom Patent No. 6 of 1925). The 1925 Ordinance in turn ushered in the dependent patent regime which brought an end to the 1916 independent patent system. The effect of the dependent patent system, which lasted for over five decades, was merely to allow for the registration in Nigeria of patents that must have been granted in the UK. This became clear that colonialist exploitation of market was the idea of patent law in Nigeria. The objective was not encouraging inventions or promoting innovation but monopolization of Nigeria market for the British pharmaceutical MNCs. This phenomenon continued till independence and afterwards whereby a Nigerian citizen had to first apply to the UK patents office for grant of patent and then proceeded to register in Nigeria before it could be used (Adewopo, 2011).

The first national patent law (post-independence), began with the introduction of the Patent Rights (Limitation) Act 12 in 1968 and thereafter the Patent and Designs Act 1970 (PDA) (Patent Rights (Limitation) Act No. 8 1968). Moreover, there was a related development in which an agreement known as Trade-Related Aspect of Intellectual Property Rights (TRIPS) was signed under World Trade Organization in 1994. Nigeria was a signatory and article 27 of TRIPS allows the availability of patents for any inventions in all fields of technology including pharmaceuticals provided the inventions are new, involve inventive step and are capable of industrial application (Adepowa, 2011: 179).

Pharmaceutical companies charge exorbitant prices for their products claiming that the prices are necessary to recover Research and Development (R&D) expenses, otherwise R&D would be stifled. For example, the high prices of HIV/AIDS drugs are unaffordable to most living within developing countries including Nigerians. This is evidenced by the AIDS pandemic in Africa, where approximately 24.5 million are infected, which accounts for over two third of sufferers worldwide. MNCs charge nothing less than $1,200 for antiretroviral drugs per patient annually (http://www.cnn.com/SPECIALS?2000?aids/stories/overview).

However, the MNCs present exaggerated R&D figures and drug prices are inflated due to marketing and administration (M&A) and political lobbying expenses. Statistics shows that M&A can be up to nearly three times as much as R&D expenditure. For example, the popular Pfizer which is one of the leading US pharmaceutical MNCs in Nigeria spent $11.4 billion on M&A and $4.4 billion on R&D annually. Similarly, a US study in 1991 predicted that the industry spent at least $5 billion per year on M&A, which works out to represent more than $8000 for every physician in the US, based on these statistics, that really is an enormous transfer of knowledge (Plumb, nd). But the company's

[1] An inelastic product is one where a change in price will only witness a slight change in demand for a product, if at all. As pharmaceuticals are a necessity product they fall into this category, meaning that the industry can charge extortionately high prices and demand will not falter. If a product is price-insensitive then the demand will not decrease as the price of the product increases, because, for example, it is a necessity item.

spokesman, Brian McGlynn, tried to justify these statistics:

> Yes, we spend a lot of money on advertising and marketing. But we don't sell soda pop. It's an enormous transfer of knowledge from our lab scientists to doctors, through those salesreps (www62.homepage.villanova.edu/jonathan.doh/South%20Africa_AIDS%20Case.revised.doc)

In addition, innovation is not necessarily reliant on patent protection, which is one of the justifications for the intellectual property regime, and high drug prices do not necessarily mean more R&D, or for that matter R&D into worthwhile areas. High drug prices are actually aimed at maximising profits and are not for the purpose of recouping R&D expenses and securing future scientific development. All that the patent system is currently doing is ensuring that a person's, or more commonly a corporation's, right to protection of their intellectual property is set above a person's right to life (Plumb, nd).

Moreover, patents encourage R&D into rich people's diseases, instead of focusing on more pressing life threatening diseases. This means that the patent system allows for market-focused decisions to be made rather than needs based decisions. The pharmaceutical companies carry out R&D in areas that will reap high returns, that is to say diseases of the rich people like diabetes. This inevitably means that less R&D is carried out into diseases which affect mainly the third world including Nigeria. From 1975-1999, 1393 new molecular entities were marketed and only 16 of them were for tropical diseases. Likewise it became clear that only 10% of the global R&D is directed towards diseases of the poor countries (Trouiller et'al, nd).

Similarly, pharmaceutical MNCs take advantage of the opportunities afforded by globalization and patent system in Nigeria and perform some clinical trials of their drugs. Their unethical clinical trials in the country are associated with serious negative effect on Nigerian health security. In the today's globalizing world, Nigeria is dependent on pharmaceutical MNCs and thus, it is vulnerable to a number of health problems. For example, Pfizer exploited a poverty induced medical crisis in Nigeria to extract data and profits, in a medical experiment that left a number of children dead or seriously ill. This is typically a one-way colonial extraction. In 1996 there was an outbreak of meningitis in Kano State of Northern Nigeria, that affected thousands of children and Pfizer took advantage of this opportunity to test a new oral antibiotic called Trovan (Trovafloxacin) (Lyons, 2008: 2). The problem was, according to SOMO, that "Pfizer arrived several weeks after Médecins Sans Frontières" (MSF) creating some confusion about their role as doctors and researchers.

> The drug was tested on children without parents' informed consent, patients were unaware of the experiment, and the trial was not approved in advance by an ethical review committee. Out of 190 children that were enrolled in the trial, five receiving trovafloxacin and six receiving the existing treatment ceftriaxone [the injectable Rocephin] died. Others suffered brain damage and paralysis (SOMO, 2008).

Moreover, the outcome of an action taken against Pfizer by 30 Nigerian families involved in the trial may change these attitudes. Although, the case was dismissed twice in the US court in 2005 but in January 2008, the Nigerian High Court issued a warrant of arrest against eight former directors of Pfizer. However, the company continued to deny that the drug trial was unethical as the company initially did on its Trovan Fact Sheet since on the 15th May, 1996 (Lyons, 2009: 10; Somo, 2008 and Pfizer, Trovan Fact Sheet of May 1996).

MNCs always want to keep on monopolized Nigerian markets and sometimes create artificial shortages of drugs to achieve that. They contributed to the scarcity of drugs by delay in the supply after orders. The delay was created as a result of corruption among the pharmacies; medical staff and other officers in-charge of drug distribution and management and this permeated down to the nurses and other health care workers. In collaboration with the local agents of pharmaceutical MNCs, large quantities of drugs used to be stolen as soon as they were supplied to the hospitals or any other health institutions only to be given to relations and friends as well as sold on the black market (Wali, 1984).

CONCLUSION

In the final analysis, it is clear that globalization and property intellectual regime facilitate the monopolistic and exploitative operations of Pharmaceutical MNCs in Nigeria and Africa in general. The fact that globalization is advocated by the erstwhile colonial officers, who were in most cases the owners of the MNCs provided ground for perceiving the operations of MNCs geared as a continuation of colonialism or now neo-colonialism. The extent to which pharmaceutical MNCs impact on Nigerian public health negatively is clear from the foregoing discussion and Nigeria authorities failed to checkmate the excesses of such companies in the country. Although, the issue of patent system was in order to provide accessible and affordable effective drugs, but the situation in Nigeria prove unsuccessful. For example, According to WHO (2005: 1), about half of the population in Nigeria lacks regular access to essential medicines, and about 90% of medicines are imported by marketing pharmaceutical MNCs. By importing not producing locally the issue of technological transfer is nowhere to be found.

Nigeria Government has been taking measures to minimize the problems of MNCs especially sale of counterfeit and substandard drugs and lack of accessible and affordable pharmaceutical products in the country. For instance, the establishment of National Agency for Food, Drug Administration & Control (NAFDAC) to combat fake and substandard as well as expired drugs and other products. However the inconsistency in the government policies over the years affected the country's efforts. Consequently, the issue of over-pricing pharmaceutical products and proliferation of fake products continued unabated in the country. Thus, the paper submits that more transparent and effective measures on the manufacture, trials and sale of pharmaceutical products are critical to controlling the negative effect of such MNCs on the Nigerian public health.

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