EXECUTIVE SUMMARY

Strategic direction

The 2026–2028 Strategic Plan is a two-year transformation agenda for the Nigerian Medical Association, Oyo State Branch. It responds to the pressures confronting doctors—including workforce migration, inadequate remuneration, inflation, workplace insecurity, quackery, regulatory vulnerability and changing member expectations—while building an Association that is credible, responsive, financially resilient and capable of sustaining progress beyond a single tenure. Its unifying theme is "Restoring Dignity, Unity and Enhancing Welfare."

The plan's vision is a united, respected, responsive and financially sustainable professional association that protects the dignity, welfare and future of every doctor in Oyo State. It commits the Branch to courageous, inclusive and accountable leadership; the advancement of members' professional interests; constructive influence on health policy; protection of ethical medical practice; and prudent stewardship of NMA assets. Integrity, inclusion, service, courage, accountability, professionalism and sustainability will guide decisions and relationships.

THE SIX-PART PROGRAMME

Pillar 1: Welfare

The Branch will make member welfare more responsive, consistent and equitable. It will strengthen advocacy for improved remuneration and implementation of agreed benefits, press for recruitment into understaffed institutions, and address excessive workload and declining morale. A structured welfare system will provide clear intake, assessment, escalation and emergency-support processes so that members facing hardship or professional difficulty receive timely assistance. Regular member engagement will help the Association identify emerging needs and refine its interventions.

Pillar 2: Institutional Respect, Security and Anti-Quackery

NMA will defend doctors' dignity and create a stronger system for professional protection. The plan provides for legal guidance and representation, rapid response to workplace violence and other incidents, and formal security protocols with health institutions and relevant authorities. Anti-quackery work will move from isolated reactions to coordinated enforcement, legislative engagement and sustained collaboration with regulators and law-enforcement agencies. The Branch will also document cases and resolutions to strengthen institutional learning and public confidence.

Pillar 3: Transparency, Accountability, Financial Growth and Sustainability

The Association will improve trust through disciplined financial governance and regular disclosure. Budgets, procurement, payments, audits, investments and asset management will operate under documented approvals, separation of duties and independent assurance. NMA will diversify income beyond dues by improving the productivity of its guest house, hall, bus and other assets, while exploring carefully assessed ventures and partnerships. Reserves will be protected, investments will prioritise capital preservation and liquidity, and no major project will proceed without a business case, funding plan and affordability review.

Pillar 4: Advocacy, Policy Influence and Strategic Collaboration

The Branch will position NMA at the centre of Oyo State health policy and public discourse through evidence-based proposals, sustained access to government, strategic partnerships, public health communication and medical outreach. A dedicated private health-sector programme will advocate tax relief, harmonised levies and an end to multiple taxation; engage state, local-government and revenue authorities; and protect private hospitals and medical directors from inspections or enforcement outside lawful jurisdiction. A liaison desk or committee will coordinate complaints and engagement. NMA will also create a verified online directory of private hospitals and a secure employment platform connecting verified vacancies with young doctors.

Pillar 5: Inclusive Leadership and Career Growth

The plan will make participation broader and career development more deliberate. Affiliates, cadres, locations, genders and career stages will be represented in consultation and programme design. A structured mentorship platform, continuing medical education and leadership-development opportunities will support young doctors and strengthen professional competence. Medical elders and experienced members will contribute to mentorship, institutional memory and continuity

Pillar 6: Infrastructure and Digital Transformation

NMA House will be modernised as a safe, accessible and productive institutional asset. Planned improvements include alternative energy, CCTV and access controls, safer external access, renovation of the guest house and better management of the event hall and other facilities. Digital transformation will create a secure member database and identity system, online payments, electronic welfare and legal requests, document management, virtual learning and mentorship, and management dashboards. The private-hospital directory and employment-matching service will form part of this platform.

How the plan will be delivered

Implementation will proceed in deliberate stages: foundation and baseline work; mobilisation of policies, teams, procurement and partnerships; delivery of priority infrastructure and digital services; mid-term consolidation; expansion of successful programmes; process optimisation; institutionalisation through standard operating procedures and succession planning; and final evaluation and transition. This sequencing allows NMA to achieve visible improvements while protecting quality, affordability and continuity.

Governance responsibilities will be explicit. The State Executive Council will provide direction and approvals, while officers and committees will own defined workstreams. High-value procurement, investment and payment processes will not be controlled by one person from initiation to reporting.

Communication and change management will keep members and stakeholders engaged through regular briefings, affiliate consultation, government dialogue, media communication, partner engagement and an elders' forum. Mid-term and end-term reviews, documented lessons, asset and contract records, standard operating procedures and a formal handover will preserve institutional memory.

Taken together, the plan is intended to produce an Association that responds faster, protects doctors more firmly, speaks with greater policy authority, manages resources responsibly, develops its members and leaves stronger institutions for the future.

Olufemi Aworinde