SPOTLIGHTING REGULATORS: A VERITABLE TOOL TO FACILITATE UNIVERSAL HEALTH COVERAGE

Paper presented by Pharm. (Dr.) Joseph I. Odumodu at the First Plenary Session of the 2023 Annual National Conference of the Pharmaceutical Society of Nigeria (PSN) in Gombe State (JEWEL CITY2023) on October 31, 2023.

The Chairman of the First Plenary Session
The President, PSN
Chairman, Board of Fellows of the PSN
Fellows of the PSN
Members of the LOC, Gombe 2023
Ladies & gentlemen

I feel honoured to be called upon in the midst of very distinguished and erudite members of our honoured profession to present the lead paper at the First Plenary session of this year's conference. I thank the LOC and the PSN leadership for this honour. .

The topic I am asked to discuss with us today *Spotlighting Regulators: A Veritable Tool to facilitate Universal Health Coverage* is a very crucial one. Crucial in the sense that it touches on a critical aspect of society and is at the heart of our profession of pharmacy. Universal Health delivery is a fundamental component of societal wellbeing and a veritable tool for measuring human development index of any country. Its regulation is therefore of immense value in ensuring effective delivery and in measuring the success or failure of both public and private facilities dedicated to achieve set goals.

The topic as I understand it is asking us to spotlight the workings of regulatory agencies in Nigeria and how they can better assist to deliver more effective and more efficient healthcare to Nigerians.

Having played on the side of a provider and that of a regulator I have a fair understanding of the workings in the sector and the challenges of regulatory supervision in our environment. In both situations I have encountered experiences which teach a lot of lessons for both operators and regulators.

Regulation of healthcare delivery in Nigeria is fragmented with different agencies having oversight over different aspects of the healthcare. Some are inclined to the supervision of medicine, some to pharmacy and others to technical and ancillary services in the sector. What I am saying is that the Nigerian healthcare eco-system operates without an integrated framework focussed on patient safety and effectiveness of therapy. There are over a dozen different regulators within the HealthCare ecosystem ,. That is apart from other regulators covering non healthcare system but whose roles and functions touch on operators in healthcare.

Counting the Healthcare Regulators

1.The Medical and Dental Council of Nigeria (MDCN)

2.Nursing and Midwifery Council of Nigeria (NMCN)

3.Medical Rehabilitation Therapist Board (MRTB)

4.Radiographers Registration Board of Nigeria (RRBN)

5.Optometry and Dispensing, Optician Registration Board of Nigeria (ODORBN)...

6.National Institute for Pharmaceutical Research & Development (NIPRD);

7.National Agency for Food and Drug Administration & Control (NAFDAC);

8. Pharmacist Council of Nigeria (PCN)

9. Health Facility Monitoring and Accreditation Agency (HEFAMMA)

10.National Primary Healthcare Development Agency (NPHCDA)

11.State Primary Healthcare Development Agencies (SPHCDAs)

The Structure of Healthcare Delivery in Nigeria

To understand the performance of regulators in the healthcare eco-system, we must first appreciate the way the healthcare system in the country runs. Healthcare delivery in Nigeria is both a private and government business. The Federal and State government are allowed to set up hospitals and other health facilities. Each state can run its own healthcare system, with general hospitals (providing largely secondary care) and primary healthcare facilities (providing primary care). The federal government manages tertiary care comprising mainly federal teaching hospitals across the country.

While government owns the most facilities, private healthcare is significant and currently forms about 60 per cent of all healthcare accessed in the country. From hospitals to pharmaceutical businesses, from diagnostics to telemedicine providers, health maintenance organisations to private insurance companies, from contract research organisations to faith-based organisations which offer health services at various levels, there is a large pool of healthcare actors in the private health space. Furthermore, there are significant opportunities for healthcare businesses to thrive, given the huge population and considerable health needs.

There is an increasing government commitment to universal health coverage demonstrated most recently through health insurance legislations. If effectively implemented, this is likely to have positive impacts on health access. Telemedicine and other digital health services are also increasingly being implemented in the country by emerging healthcare businesses. While these developments are taking place, the regulatory environment remains fragmented and relatively underdeveloped.

Developments in Healthcare Ecosystem

It was not until as late as 2014 that the first law to make an attempt at describing the national health system, the National Health Act of 2014 was made. That was the first legislation aimed at managing the national health ecosystem covering government administrative agencies including the federal and state ministries of health, the grassroots committees including the ward and village health committees, but also alternative providers (of which there are a significant number in the country) and private healthcare providers. Under the Act, the Federal Ministry of Health provides a broad umbrella for key agencies working in diverse areas. The same applies to the Ministries of Health at the state level.

There are few demarcations or special categories of services for older persons, persons with disabilities, although special effort is made by government to ensure that maternal and infant care receives special attention in public facilities. Digital health services, such as virtual consulting, are emerging but have yet to take root, while others such as those supporting pharmaceutical supply chains or health maintenance organisations (HMOs) are becoming key players in the healthcare market.

Citizens can access care under the public health insurance scheme, with special schemes dedicated to military personnel in particular. Non-citizens are able to access healthcare through the myriad private sector providers in the country.

Universal health coverage (UHC) measures the ability of every country to ensure that every person has access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course. In other words, the World Health Organisation (WHO) explains Universal Health Coverage (UHC) to mean *that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.*

The delivery of these services requires health and care workers with an optimal skills mix at all levels of the health system, who are equitably distributed, adequately supported with access to quality assured products, and enjoying decent work.

Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because the cost of needed services and treatments requires them to use up their life savings, sell assets, or borrow – destroying their futures and often those of their children.

Achieving UHC is one of the targets the nations of the world set when they adopted the 2030 Sustainable Development Goals (SDGs) in 2015. At the United Nations General Assembly High Level Meeting on UHC in 2019, countries reaffirmed that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development.

The global pattern of the recent stagnating progress in service coverage while catastrophic health spending increases continuously is consistent across all regions, country income groups and most countries at all income levels.

Inequalities continue to be a fundamental challenge for UHC. Even where there is national progress on health service coverage, the aggregate data mask inequalities within-countries. For example, coverage of reproductive, maternal, child and adolescent health services tends to be higher among those who are richer, more educated, and living in urban areas, especially in low-income countries. On financial hardship, catastrophic out-of-pocket health spending is more prevalent among people living in households with older members (age 60 years or over). People living in poorer households, rural areas and in households with older family members (those aged 60 and older) are more likely to be further dragged into poverty by out-of-pocket health spending. Monitoring health inequalities is essential to identify and track disadvantaged populations to provide decision-makers with an evidence base to formulate more equity-oriented policies, programmes and practices towards the progressive realization of UHC.

As a foundation for and way to move towards UHC, WHO recommends reorienting health systems using a primary health care (PHC) approach. PHC is the most inclusive, equitable, cost-effective and efficient approach to enhance people's physical and mental health, as well as social well-being. It enables universal, integrated access to health services as close as possible to people's everyday environments. Strengthening health systems based on PHC should result in measurable health impact in countries.

Nigeria is still lagging behind in allocating sufficient funding for primary health services and is one of the major reasons for the deplorable state of the health facilities seen nationwide. The budget allocation has been on Nigeria is ranked second after India in the global maternal incident rate which is the worst in Africa. Nigeria's maternal mortality is reported to be 545 per 100,000 births, there is at least a case of maternal mortality in every 20 live births, and under-five mortality rates are 132 per 1000 live births. These unacceptable health outcomes are due to the penurious health service delivery system impeding the achievement of universal health coverage.

The main program directed towards achieving UHC in Nigeria is the National Health Insurance Scheme (NHIS) now known as the National Health Insurance Authority (NHIA), which is a social health insurance program that covers the basic healthcare services of registered users by pooling the funds contributed by every user. Since the NHIA was launched in 2005 to achieve at least 30 percent health insurance coverage by 2015, it has failed to cater to up to 5 percent of the country's population till date, despite the WHO setting a 90 percent coverage target for prepayment and risk-pooling schemes. The implication of this is that about 95 percent of Nigerians must pay for their healthcare services from their pockets. The 5 percent coverage of the NHIA has an even lower impact on the attainment of UHC as a bulk of the current users are mostly federal government employees, and organized private companies, leaving out those who are in dire need of the scheme, mainly people in the informal sector and those living below the poverty threshold. In 2018, the Federal Ministry of Health (FMoH) in partnership with the WHO launched the Nigeria Health Workforce Registry (NHWR) under the Global Strategy for Human Resources for Health: Workforce 2030, in a bid to attain UHC through equitable access to health workers. This project has since been decen-

tralized to handpicked 11 out of the 36 states in Nigeria, which represents 28 percent of the country’s population. The project is still in the pilot stage and has yet to make any notable contribution, but it appears to have a great potential, and only time can tell. While it is true that Nigeria, as a country, is putting some effort into ensuring the attainment of UHC by 2030, it becomes clear, however, that the country is underperforming when its current progress is compared to the prescribed target indicators by the WHO.

Nigeria's healthcare system currently faces challenges in achieving its universal health coverage. One of the significant challenges to achieving universal healthcare in Nigeria has been found to be inadequate funding. Nigeria has one of the lowest healthcare budget allocations in the world, accounting for only 3.9% of the country's Gross Domestic Product (GDP), which is far below the recommended 15% by the African Union. The 2023 budget allocated to the health sector is 5.3% of the federal government of Nigeria approved 2023 budget of fiscal consolidation and transition, which is still far below the recommended 15%. This inadequate funding affects the delivery of quality healthcare services, leading to a shortage of healthcare professionals, inadequate healthcare infrastructure, and inadequate access to essential drugs and medical equipment. The shortage of healthcare professionals is also a significant challenge to achieving universal healthcare in Nigeria. The country has only about 0.38 physicians per 1,000 patients, which is well below the minimum WHO recommended ratio of 1 physician per 600 population. The inadequate number of healthcare professionals is further compounded by their uneven distribution, with a concentration in urban areas, leaving the rural areas underserved and a worrisome outcome for primary healthcare services.

In addition, the Nigeria's healthcare system faces peculiar challenges such as a lack of coordination between government health agencies, the absence of a robust healthcare information system, and inadequate healthcare policies and regulations. These challenges have resulted in poor healthcare outcomes, especially for rural and underserved communities resulting in great healthcare disparity and health inequality. The lack of coordination between government health agencies has led to duplication of efforts and wastage of resources, while the lack of central healthcare information system to track healthcare data and monitor healthcare outcomes needed for making healthcare policies and regulations, has invariably resulted in poor quality control of healthcare services.

There is also a slow adoption and implementation of innovative technology such as the use of telemedicine and mobile health, which allows for patients to access medical care from any location, thereby reducing the cost of healthcare, and increasing efficiency and overall patient healthcare delivery.

Furthermore, The Nigerian healthcare system insurance program is currently not effective and efficient enough to attain universal health coverage, as majority of the population still pay out-of-pocket for their healthcare services. The insurance scheme is also not doing enough in promoting preventive care, and supporting medical innovation and research.

Healthcare financing has been identified to be a major challenge in the achievement of UHC. Substitution of out-of-pocket expenditures with more sustainable and less burdensome sources of financing especially for people living below the poverty line would go a long way in promoting UHC. This would involve creating effective and achievable policies for financing healthcare especially at the primary healthcare services (PHC). The 2022 NHIA act mandates every state of the federation to set up a compulsory health insurance scheme for its residents without providing a well-structured plan to implement it. It doesn't consider the fact that the majority of the populace is in the informal sector and it would be difficult to pool funds from their income as it's done for those in the formal sector.

The government needs a well-structured plan to subsidize the NHIA for the informal sector which constitutes a higher percentage of the population. This can be achieved by employing different forms of tax-based funding to subsiize the scheme for the poor majority.

Increasing the annual budget allocations to the health sector to meet the WHO standard would significantly contribute to health care financing and invariably UHC. The health sector can also be financed via innovative ways of taxation policies, such as increasing the value-added tax on harmful products like alcohol and tobacco (sin-tax). Similarly, the telecommunication industry is a gold mine that can be used to significantly finance healthcare in Nigeria through tax and call tariffs. It is also a significant tool for achieving UHC via information technology, as almost the entire population of the country make use of mobile phone.

The shortage of healthcare professionals can be addressed by increasing the quotas of students to be admitted into the few colleges of medicine available in the country by the Medical and Dental Council of Nigeria. In addition, the government should increase the budget allocated to public institutions to enable them to provide enough state-of-the-art medical facilities for the training of healthcare professionals. The government should as well look into the medical brain drain by increasing the remunerations and welfare of healthcare professionals to discourage the handful number of healthcare professionals available in the country from migrating. It is equally important to identify the healthcare responsibility across the various level of healthcare delivery with emphasis at the primary healthcare level towards achieving universal health coverage as the primary healthcare serves as the first point of contact and the most easily accessible level of health care to the general population. The inequity of access to care is equally a major challenge in achieving UHC, as many individuals in the rural areas are deprived of access to the healthcare facilities and healthcare professionals in comparison to the urban areas. Insufficient financial resources and poor remuneration have discouraged healthcare professionals from establishing health facilities in rural areas. This challenge can be addressed if the government provides attractive incentives to healthcare professionals for them to establish state-of-the-art facilities in rural areas and render adequate healthcare services to their inhabitants. The federal government should provide grants for those

interested in building healthcare facilities in rural areas and should also provide attractive allowances to healthcare professionals willing to work in such rural areas.

In line with the global commitment towards universal health coverage (UHC), Nigeria is making a push to reduce out-of-pocket (OOP) expenditure and improve the breadth of access and the quality of health services by increasing the population covered, services covered and proportion of costs covered.

The major challenges in the Nigerian health system are multifaceted and interconnected. OOP expenditure represents about 75% of total health spending in the country. With less than 5% of the population having any form of health insurance coverage, there is a very high risk of impoverishment due to health expenses. Nigeria's burden of reproductive, maternal, neonatal and child health conditions is among the highest in the world, and it also has a high malaria and tuberculosis (TB) burden. Moreover, the country has an increasingly growing incidence of non-communicable diseases (NCDs) which have been estimated to account for 29% of deaths in Nigeria in 2016.

Despite considerable efforts, progress towards UHC targets in Nigeria has been slow. The low levels of public health financing and high reliance on external support are concerning given the impending donor transitions and reductions in concessional external financing for health.[7] This delayed progress towards UHC is further threatened by a set of four interlinked health transitions: shifts in demography, disease burden, development assistance for health and domestic health finance (the '4Ds' of transition). The shift in disease burden includes a growing incidence of NCDs and injuries, coupled with a high pre-existing burden of maternal, newborn and child health conditions and infectious diseases. The changing demography includes a bulge in the adolescent band of the population pyramid.

Achieving UHC within the context of these highlighted transitions requires intentional efforts and collaborations between multiple stakeholders within the health ecosystem. In addition, the extent to which UHC can be achieved and sustained is dependent on the knowledge and capacity of these stakeholders, as well as the availability and implementation of relevant policies that consider these transitions in the pursuit of UHC.

Some States such as Lagos State set out requirements for each facility, required personnel for each type of facility and other relevant matters in law. In Lagos State, for example, the Lagos State Health Sector Reform Law, 2007 sets out the types of health facilities that may operate in the state. It provides for the requirements and standards for each facility, including types of personnel, diagnostic facilities, sanitation equipment and standards. It also establishes the Health Facilities Monitoring and Accreditation Agency (HEFAMAA), which is empowered to supervise private and public health facilities under this Law, setting required minimum standards for operations of health facilities in public and private health plus the accreditation, inspection, monitoring and licencing of all health facilities as provided in the Law and evaluating performance among other regulatory functions. Other states implement similar functions through a hospitals board domiciled in the Ministry of Health. Other states, such as Osun State, specify key requirements in a Private Health Facilities Law. In addition, operational guidelines under the state health insurance schemes also detail key requirements regarding facility and human resources. Referral pathways are along the lines of the primary to secondary and tertiary care, but these are often not strictly

followed, especially in the light of the fact that many obtain care through private facilities where referrals may be done under other arrangements. Moreover, many patients still operate outside of the health insurance mandate, and seek help at, or self-refer at different facilities, with little regard to the level of care.

Role of Regulators in Universal Healthcare Coverage

Regulation in healthcare has been defined as "*the processes engaged in by institutional actors that seek to shape, monitor, control or modify activities within healthcare organizations in order to reduce the risk of patients being harmed during their care*."

Regulation is an important function in healthcare including healthcare insurance. The role of regulatory bodies is to protect healthcare consumers from health risks, provide a safe working environment for healthcare professionals, and ensure that public health and welfare are served by health programmes. Regulation works at all levels, and the regulatory standards are developed by government and private organizations as well. Regulations are necessary to standardize and supervise healthcare, ensuring that healthcare bodies and facilities comply with public health policies.

Regulatory agencies thus monitor individual and corporate healthcare practitioners and facilities; inform the government about changes in the way the healthcare industry operates; ensure higher safety standards; and attempt to improve healthcare quality and follow local, state, and federal guidelines.

A regulatory system helps keep track how well the healthcare system is complying with its contractual obligations and other legal requirements, protecting the public interest. It also lays down the standards for technical operations, safety and quality as required apart from the contracts themselves, and the penalties for non-compliance.

Cost-effectiveness, performance analyses, tariff evaluations, and regular reviews, as well as setting up mechanisms for settling disputes between parties, are all part of regulation. The regulatory body also advises the government on private-public partnerships in healthcare, helping to shape policies and other related matters.

Operations of some Key Regulators

Key professional regulatory and licensing bodies include the Medical and Dental Council of Nigeria, for medical and dental practitioners, Pharmacy Council of Nigeria for Pharmacists, Nursing and Midwifery Council of Nigeria for Nurses and Mid-wives

; and Medical Laboratory Science Council of Nigeria for medical Laboratory scientists.

MDCN

The Medical and Dental Council of Nigeria (MDCN) is the professional licensing body for medical doctors and dentists in Nigeria. It registers doctors and dentists who have met the requirements as set out in the Medical and Dental Practitioners Act.

NMCN

The Nursing and Midwifery Council of Nigeria licenses nurses and midwives under the Nursing and Midwifery Council Act.

MLSCN

The Medical Laboratory Science Council of Nigeria regulates medical laboratory scientists as provided under the Medical Laboratory Science Council of Nigeria Act. The Act sets out requirements for becoming licensed to practise medical laboratory science in Nigeria.

PCN

The Pharmacy Council regulates the practice of pharmacy in Nigeria. Without any prejudice to what is being done today I would like to stress that if we change the focus from pharmacists and others who provide allied services to the patient, the strategy and style might change. It is the poor patient that bears the full brunt of every misconduct or poor service delivery. Have you evaluated if your services will improve if you review the 200 metre premises spacing now that you have more pharmacies and pharmacists?

Have we effectively sanctioned professionals who have violated the laws and guideline. How many pharmacists have we delisted for gross misconduct? Have we reconsidered a new pharmacy layout scheme which goes beyond the RX sign to distinguish a pharmacy from other providers? Have you pushed for ensuring the patient safety is guaranteed in private medical institutions which rarely engages professional pharmacists? Can we employ an evidence-based approach to establish the impact of dispensing errors in such institutions that use poorly-trained auxiliary nurses os “pharmacists”

Have we defined the concept of pharmaceutical care in the context of current practice so we can establish a quality of care measure for patients and pharmacies?

Is it possible to measure patients safety outcome? How can you recruit the over 50 percent trained pharmacy graduates who are apparently practicing illegally as pharmacists?

How are you currently regulating and controlling the practice of pharmaceutical marketing and representations especially in a milieu of several product owners pitching for market shares? What are doing to protect the uninformed patients who are at the mercy of business people?

Is there any initiative we can employ to reverse the current pharmacy life cycle concept?

Recently, with the increase in online pharmacies, new regulations have emerged on virtual pharmacies. Online pharmacies are required to register with the Pharmacy Council of Nigeria. The Council is empowered to grant licences to those wishing to register who have fulfilled the requirements set out, including the requirement to present the current annual licence of the superintendent pharmacist.

NAFDAC

Using the same patient centred approach, have you maintained a robust sustainable pharmacovigilance system that can compete with other international organisations? Do we have a quality database, easily assessable on adverse drug events, drug drug/ drug/food interactions?

Do we have a product liability cover for all products in circulation in the Nigeria market? Has there any major claim arsing from a failed product safety outcome? How can we check the rapid proliferation of products in circulation? Is it healthy for your current ability to provide adequate active monitoring of event?

In line with the National Drug Policy, have we set targets to increase the contribution of locally manufactured medicines to 60 percent as targeted for year 2000?? We can achieve 60 percent in volume in 5 years with a positive impact on patient safety, efficacy and cost of medicaments. The institution will also reduce cost of frequent overseas factory inspections.

Future outlook and new opportunities

Digital health, e-health, tele-health and telemedicine are increasingly becoming part of the healthcare space, though conventional and traditional medicine continues to hold sway. Interventions during the covid-19 pandemic, which included lockdowns and limited movement, gave rise to an increased use of telemedicine including virtual consulting and use of messaging platforms to manage care even by traditional healthcare providers indicated the growing uptake of digital healthcare. Increasingly also, digital healthcare businesses are working to improve health records through the implementation of electronic health records, while others are exploring the use of electronic means to improve health insurance uptake and health promotion and information. It is envisaged that digital healthcare would assist the achievement of universal health coverage, including through mitigating the impacts of the migration of healthcare professionals, a major challenge, and limited numbers of health facilities. However, apart from the already described regulation of online pharmacies, there is little by way of formal regulation of e-health, tele-health and telemedicine. The new Data Protection Act will have implications for management of health data, but other aspects of digital healthcare such as quality, qualifications and expertise, limitations and the intersections of conventional and digital healthcare are yet to be addressed in legislation.

There are several other emerging areas of interventions in healthcare in Nigeria including fertility treatment services. Increased uptake of digital health is likely to emerge. However, as described above, its regulation is still inchoate. For instance, Surrogacy is increasingly being adopted as a means for procreation. Only Lagos State has taken steps to regulate this area of healthcare, first though the Lagos State

Practice Guidelines, 2019 and more recently through the Human Fertilisation and Surrogacy Regulatory Authority Bill, still under consideration.

Conclusions

Healthcare had previously received relatively little attention in Nigeria. However, in recent years, more attention has been paid to many aspects of healthcare, with government committing to achieving the goals of universal health coverage. The legal framework for healthcare is evolving, with increasingly new pieces of legislation, including most recently, the National Health Insurance Authority Act, 2022 (which makes health insurance compulsory for all persons in Nigeria), the National Health Act, 2014 (which describes the national health system and puts in place an intervention fund for primary care, namely the Basic Health Care Provision Fund) and legislation addressing matters of inclusion like the Mental Health Act (which replaced the Lunacy Act and strengthen the rights of persons with mental health conditions).

With a new administration in place in 2023, it is hoped there will be changes to the legal and policy environment for healthcare. While it is not yet clear what the priorities of the government will be for the health sector , the likely trajectory, going by developments over the past decade, is likely to include a deepening of health insurance penetration in line with the provisions of the law, greater adoption of e-health, digital healthcare and more attention to primary care. As a federation in which states have significant say-so on matters relating to health, the implementation of health insurance at that level and further engagements to improve primary care are likely to continue to receive attention.

At the same time, Nigeria's high population presents significant opportunities for the private sector to provide much-needed healthcare services, in a sector where this sector already provides the most care, Public–private partnerships remain perhaps the most viable options for improving infrastructure and access to healthcare. Discussions on legal reforms to create both an enabling and regulatory environment for digital healthcare and interventions to improve tertiary care and referrals are likely to continue.

There is tremendous progress being made with healthcare development in Nigeria. The steady trickle of trained Nigerian doctors returning home to practice are bringing back skills that were hitherto not present in the country. Procedures that people used to travel abroad for, are increasingly being done in Nigeria.

Unfortunately, at the same time, the media is replete with reports of medical mishaps which erode trust in the system and further drives medical tourism. The public response to these mishaps is a demand for more effective regulation and protection by the government.

Healthcare more than any industry requires effective regulation. We must integrate our regulatory framework t to encourage synergy of healthcare professionals with a focus on patient safety and effectiveness of therapy. Furthermore, the seeming approach to respond when things go wrong rather than develop a system that minimises the risks of things going wrong must be de-emphasized.

Overall, efforts to drive quality assurance in healthcare by setting standards, inspecting services, monitoring compliance, empowering patients, and enforcing regulations need to be enshrined. This will ensure that the healthcare services in the country are safe, effective, compassionate, and of high quality. Quality compliance must be made compulsive. Regulatory activities should aim at building appropriate motives and attitudes, policies, and healthcare protocols, within facilities and systems, rather than slavish imposition of regulations.

There are major gaps in knowledge and capacity for UHC advancement in the context of Nigeria's demographic, epidemiological and financing transitions. These included poor knowledge of demographic transitions, poor capacity for health insurance implementation at subnational levels, low government spending on health, poor policy implementation and poor communication and collaboration among stakeholders. To address these challenges, collaborative efforts are needed to bridge knowledge gaps and increase policy awareness through targeted knowledge products, improved communication and interagency collaboration.

Broadly, what can we do as a nation to facilitate UHC? We must adopt and implement healthcare reforms:

a. Improve collection and monitoring of health data.
b. Improve personnel development in the health care.
c. Ensure provision and access to essential drug
d. Improve on immunization programs.
e. Promote treatment of epidemic diseases.
f. Improve food supply and nutrition

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