Spotlighting Regulators: Tool for Facilitating Universal Health Coverage

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Who/What is Regulated in Healthcare System

- Institution/Hospital/Nursing homes others
- Personnel Doctors/Pharmacists/Nurses/Tech/Others
- Drugs/Devices/Equipment/Consumables/Others
- Insurers
- Regulators????

Defining UHC

- Universal health coverage (UHC) measures the ability of every country to en-sure 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 co-vers 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.

What the Patient Gets

- Safety
- Quality of care
- Professionalism
- Efficacy
- Moderated cost/Access

Characteristics of Health System

- FG controls tertiary level
- States control Secondary & Primary
- No official/working referral system in place
- Private sector controls about 60 percent of healthcare
- Most regulated orgns see Regulators as bureaucratic, corrupt, inefficient and unnecessary
- Nigerian's access to UHC is currently very poor
- Regulation is fragmented with different agencies having oversight on different aspects
- There is poor collaboration. A systems approach would save more lives

Regulatory Approach

- Regulating Organization
- Regulatory model
- Regulating model

- Direction

- Detection

- Enforcement

- Legal powers
- Purpose
- Philosophy Strategy & Methods towards deterrence and compliance

- The extent to which the PSM are oriented towards Compliance

- Methods used to communicate reqt. to regulated orgns
- Methods used to persuade, influence or force orgn to make changes to comply

Counting Healthcare Regulators

- 1.The Medical and Dental Council of Nigeria (MDCN)
- Radiologists Registration Council
- 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 Facilities Monitoring and Accreditation Agency (HEFAMMA)
- 10.National Primary Healthcare Development Agency (NPHCDA)
- 11.State Primary Healthcare Development Agencies (SPHCDAs)
- National Health Insurance Authority

Posers for NAFDAC

- Using the same patient centred approach, have you maintained a robust sustainable pharmacovigilance system that can compete with other international organisa-tions? 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 mar-ket? 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.

Posers for 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 fo-cus 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 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?

Posers for PCN

- Have we effectively sanctioned professionals who have violated the laws and guide-line. 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 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?

Conclusion

- Broadly, what can we do as a nation to facilitate UHC? We must pursue 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