

Time to Focus on Quality in Healthcare: Improving Outcomes

DG/CEO, The Presidency, Infrastructure
Concession Regulatory Commission **ENGR. CHIDI IZUWAH SNR.**

Chief Medical Director,
Ijebu General Hospital, Lagos **DR. ADENIKE ODUBIYI**

Substantive CEO,
Lagoon Hospitals, Lagos **DR. OLUJIMI COKER**

Head, Special Projects Department,
Federal Ministry of Health **DR. NGOZI AZODOH**

Chief of Party, Promoting the Quality of Medicine
(PQMI) Program, United States Pharmacopeia **DR. CHIMEZIE ANYAKORA**

Lead and Executive Director,
MSD for Mothers **DR. MARY-ANN ETIEBET**

DR. OBI PETER ADIGWE DG/CEO, National Institute for
Pharmaceutical Research and Development

MS. PATIENCE DICKSON Chairperson,
Women with Disabilities Initiative

MR. CHARLES E. USIE Country Director, Christian Aid UK

DR. AMINA AMINU DORAYI Technical Director, Family Planning &
Reproductive Health, SHOPS Plus Project

DR. DOROTHY JEFF-NNAMANI Founder,
Novo Health Africa (HMO)

MR. EMEKA E. OKAFOR Project Manager,
IntegratE, Society for Family Health

PANELISTS

Director of Quality,
PharmAccess Foundation **DR. IBIRONKE DADA**

Registrar/Secretary, Governing Council,
Pharmacists Council of Nigeria (PCN) **PHARM. ELIJAH MOHAMMED**

Medical Director,
Paelon Memorial Hospital **DR. NGOZI ONYIA**

Executive Secretary, Lagos State Health
Facility Monitoring and Accreditation Agency **DR. ABIOLA IDOWU**

Adamawa State Desk Officer,
Basic Healthcare Provision Fund **DR. ATTAHIRU BELLO**

MD/CEO, Federal Medical
Centre, Ebute-Metta **DR. ADEDAMOLA DADA**

Country Director,
PharmAccess Foundation **MS. NJIDE NDILI**

Veterinary Surgeon and
On-Air Personality **DR. INYA J. ODE**

Co-founder, EpiAFRIC
& Nigeria Health Watch **DR. IKE ANYA**

MODERATORS



17th October, 2019 | Sheraton Hotel, Abuja | www.futureofhealthconference.com | #QualityHealthNaija

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV/AIDS, maternal and child health, and other health areas. SHOPS Plus supports the achievement of US government health priorities and improves the equity and quality of the total health system.



Marie Stopes International Organisation Nigeria is committed to providing quality Family Planning, and Sexual Reproductive Health services in Nigeria. Marie Stopes Nigeria opened its first clinic in 2009, delivering sexual and reproductive health services to communities across Nigeria. In our first year, we estimated that 12,000 women in Nigeria were using a form of contraception provided by Marie Stopes. That number increased to at least 1,367,400 by the end of 2017, and continues to grow!



MSD for Mothers is MSD's \$500m initiative to create a world where no woman has to die giving life. Applying MSD's business and scientific resources, we collaborate with partners to improve the health and well-being of women during pregnancy, childbirth and the postpartum period. MSD for Mothers builds on this legacy by implementing programs, partnerships and solutions so no woman dies giving life. Every day, MSD employees contribute their business and scientific expertise to the challenge of maternal mortality.



The Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale), or simply, PAS, is a BMGF reinvestment health/social accountability project which aims to advocate to the executives and legislatures at federal, states and LGA to fulfill their service and social compacts with the citizens, fulfill promises made and implement policies, laws and regulations that have positive health impacts on the people. Key message in the advocacies is to demand for increased and sustained funding of PHC and health.



EpiAFRIC is a global competitive African health consultancy group. We provide a service of uncompromising competence, tenacious integrity, and an indepth local understanding of the Nigerian context, enriched by a culture of delivery from our international experience and underpinned by a socially aware ethos. We offer advisory, research and capacity development for the health sector.



PharmAccess FOUNDATION PharmAccess Foundation is an entrepreneurial organisation with a digital agenda dedicated to connecting more people to

better healthcare in Nigeria. PharmAccess mobilises public and private resources for the benefit of healthcare providers and patients through a combination of health insurance, loans to healthcare providers, quality standards, provider services, and mHealth innovations that are tested in the PharmAccess mHealth lab.



Christian Aid works with local partners and communities to fight injustice, respond to humanitarian emergencies, campaign for change, and help people claim the services and rights they are entitled to. In partnership with local organisations, as well as with governments and the private sector, Christian Aid aims to end poverty and injustice worldwide by focusing on seven key areas of gender and power inclusion, voice and governance, community health, from violence to peace, humanitarian, inclusive markets, resilience and climate.



The development Research and Projects Centre (dRPC) is an intermediary non-profit established with a mission to build organizational and technical capacity within civil society and government to work together in inclusive development model in which felt needs of the vulnerable and excluded are addressed. Our vision is a soft and sustainable model of development built around social capital, people and the human element in development, hence the small 'd' in dRPC.



Society for Family Health Nigeria has a mission to empower Nigerians, particularly the poor and vulnerable to lead healthier lives. Working with the private and public sectors, SFH adopts social marketing and behaviour change communication to improve access to essential health information, services, and products to motivate the adoption of healthy behaviours.



Nigeria Health Watch is a not-for-profit organisation offering communication and advocacy expertise in the health sector. Our dual strengths in health and communication enable us to provide perfect solutions for communications and advocacy in the health sector. Competence, integrity, social consciousness, passion for health, are some of our values.



ENGR. CHIDI IZUWAH is the DG/CEO of the Infrastructure Concession Regulatory Commission in the Presidency. He has helped catalyse public and private expertise and resources towards putting in place a world-class public-private partnership (PPP) pre-contract regulatory framework and guidelines for driving the preparation and development phase of Federal PPP Projects.



DR. ADENIKE ODUBIYI is the Medical Director of General Hospital Ijede, Lagos State where she leads a passionate workforce that is transforming healthcare delivery in the facility through various quality improvement strategies. The graduate of the prestigious College of Medicine, University of Lagos is an Alumnus of various professional development and quality improvement courses.



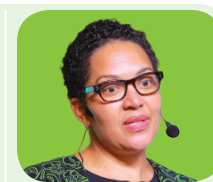
DR. OLUJIMI COKER is the Acting CEO/CMD, Lagoon Hospitals. He avidly advocates for seeking locally available treatment in Nigeria before venturing overseas. The minimal access general surgeon is a board member of the Society for Quality Healthcare in Nigeria (SQHN) and the chairman, SQHN committee responsible for the production and implementation of accreditation standards for Nigerian hospitals.



DR. NGOZI AZODOH is a public health physician, administrator, manager and coordinator of complex health projects. She is the Head, Special Projects department in the Nigerian Ministry of Health for the development of critical interventions with overall coordinating responsibility for the Nigerian Health Humanitarian Response with focus on Nigeria's North East. She has served on several local and international boards.



DR. CHIMEZIE ANYAKORA is the Chief of Party of Promoting the Quality of Medicine (PQM) Program of the United States Pharmacopeia. He taught at the Faculty of Pharmacy, University of Lagos for over a decade. Dr Anyakora has been involved in medicine quality and public research. His leadership at PQM has contributed to some major changes in Nigeria's pharmaceutical sector in the past few years.



DR. MARY-ANN ETIEBET has two decades of experience improving healthcare outcomes for vulnerable populations and transforming healthcare delivery at the frontlines. As Lead, MSD for Mothers, she draws from her extensive experience to implement high-impact maternal health programmes and partnerships to empower women, equip health providers and strengthen health systems.



DR. OBI PETER ADIGWE has almost 20 years of experience in healthcare research, policymaking and management. Prior to his appointment as DG, NIPRD, he played a key role in the prioritisation of the Pharma industry in the 2016 Fiscal Policy. Dr Adigwe has headed and served on numerous Committees and Expert Working Groups at both national and international levels, including the D-8, UN, WHO, the African Union and ECOWAS.



MS. PATIENCE DICKSON is an accountant and an advocate for women's rights and disability rights. She is the Co-founder of Advocacy for Women with Disabilities Initiative (AWWDI), an organisation that works at the intersection of women and disability rights, and advocates for the human rights of all women and girls with a special focus on women and girls with disabilities. Dickson is an alumni of the US International Visitor Leadership Program (IVLP).



CHARLES EMMAMUZOU serves as Country Director, Christian Aid UK, Nigeria country programme. He leads a team of over 390 experts delivering life changing interventions for poor and marginalised Nigerians. Usie leads operations in Nigeria in the areas of democracy and good governance, health and human development; humanitarian and resilient livelihoods, and gender and inclusion.



DR. AMINA AMINU DORAYI provides overall technical leadership and quality assurance of project activities at the USAID-funded Sustaining Health Outcomes through the Private Sector Plus (SHOPS Plus) project in Nigeria as the Technical Director Family Planning and Reproductive Health. She is a physician and a public health professional with experience in designing and managing Health Systems Strengthening and MNCH programmes.



DR. DOROTHY JEFF-NNAMANI is a public health leader with expertise in developing sustainable health programmes, management protocols and community-oriented policies. Since 1999, she has facilitated health programmes in Nigeria and served as consultant for health agencies. The founder Novo Health Africa (HMO) in 2011, has developed and pioneered initiatives targeted at the provision of accessible, affordable and quality healthcare services.



MR. EMEKA E. OKAFOR is a public health expert with over 15 years of experience managing complex public health interventions in Nigeria. Okafor currently manages the IntegratE project co-funded by the Bill & Melinda Gates Foundation and Merck for Mothers, which seeks to expand access to quality family planning services through community pharmacists and the patent and proprietary medicines vendors (PPMVs).

PRESENTER/PANELLISTS' PROFILES

**DR. IBIRONKE DADA**

is a public health and management specialist with 16 years experience in health system strengthening, quality management, M&E and private sector engagement. She is the Director of Quality, PharmAccess Foundation overseeing quality improvement initiatives in several states in Nigeria. She is the Lead Facilitator, Healthcare Quality, Health Management Program, Enterprise Development Centre, Pan-Atlantic University, Nigeria.

**PHARM. ELIJAH MOHAMMED**

was appointed the Registrar/Secretary to the Governing Council, Pharmacists Council of Nigeria (PCN) in 2014. The Fellow of the Pharmaceutical Society of Nigeria (PSN), is also the founder of AD1 Healthcare Initiative, a non-profit set up to close the gap between knowledge and action as it pertains to the health of the populace.

**DR. NGOZI ONYIA**

is the founder and managing partner of Paelon Memorial Hospital. She is a Trustee of both PharmAccess Nigeria and the Society for Quality Health in Nigeria, where she also serves as the Chair of the Program committee. Her hospital, Paelon Memorial Hospital became the first health facility to attain SafeCare Level 5 in Africa.

**DR. ABIOLA IDOWU**

serves as the Executive Secretary, Lagos State Health Facilities Monitoring, and Accreditation Agency. Her responsibilities include coordination and regulation of healthcare facilities to ensure compliance with set standards. She coordinates inspection, monitoring and licensing of health facilities, investigates petitions and maintains a register of healthcare facilities.



DR. ATTAHIRU BELLO is the Adamawa State Desk Officer, Basic Healthcare Provision Fund. He was the state representative to the Nigeria 10th Learning Network primary healthcare (PHC) collaborative. Being a member of the state quality team, he was able to, with the support of PharmAccess, successfully integrate and harmonise different quality checklists for the purpose of empanelment of health facilities into the health insurance scheme.

**DR. ADEDAMOLA DADA**

is the Medical Director/CEO of the Federal Medical Centre. Ebute Metta. Lagos. The orthopaedic and trauma surgeon with over two decades of experience is a recipient of the postgraduate fellowship qualifications. The former board member of various boards of federal tertiary health institutions is a committed reformist deeply passionate about improving access and quality of healthcare in Nigeria.



MS. NJIDE NDILI is the Country Director of PharmAccess Foundation. She oversees activities that support demand side financing through insurance, supply side quality improvement using ISQua accredited SafeCare Methodology and access to finance for healthcare SMEs through Medical Credit Fund. The former Secretary and Board member, Society for Quality in Healthcare in Nigeria (SQHN) has over 25 years of leadership roles in the health sector.



DR. IKE ANYA is co-founder of EpiAFRIC and Nigeria Health Watch. The public health physician, teaches at the London School of Hygiene and Tropical Medicine.



DR. INYA ODE is a trained veterinary surgeon from the Ahmadu Bello University, Zaria who currently co-hosts *The Midday Dialogue* radio show on 95.1 Nigeria Info, Abuja.

MODERATOR PROFILES

CONFERENCE AGENDA

REGISTRATION / TEA BREAK

OPENING REMARKS

Dr. Ike Anya and Dr. Inya J. Ode

SESSION ONE

**Quality Healthcare:
The Foundation of Primary
Healthcare**

- Engr. Chidi Izuwah Snr. (ICRC-The Presidency), Dr. Adenike Odubiyi (Ijede Hospital), Dr. Olujimi Coker (Lagoon Hospitals), Dr. Ngozi Azodoh (FMOH), Dr. Chimezie Anyakora (PQM, US Pharmacopeia) and Dr. Mary-Ann Etiebet (MSD for Mothers)

**PRESENTATION ON SAFECARE
PharmAccess ISQua Accredited
Quality Improvement
Methodology**

- Dr. Ibronke Dada (PharmAccess)

DOCUMENTARY

**SafeCare in Nigeria by
PharmAccess Foundation**

FIRESIDE CHAT

Safecare and Quality Assurance
*Pharm. Elijah Mohammed (PCN),
Dr. Ngozi Onyia (Paelon),
Dr. Attahiru Bello (BHCPF),
Dr. Adedamola Dada (FMC Ebute-Metta) and Dr. Abiola Idowu (HEFAMAA)*

QUESTIONS AND ANSWERS (Q&A)

PRESENTATION

SafeCare: The Global Perspective
- Ms. Njide Ndili (PharmAccess)

EXHIBITION/LUNCH/ INTERLUDE

APPEAL

#DonateToBeatCancer
Dr. Laz Eze (Pink Oak)

SESSION TWO

**Equitable Patient-centred
Healthcare** *- Dr. Obi Peter Adigwe (NIPRD), Ms. Patience Dickson (WWDI), Mr. Charles Emmamuzou Usie (Christian Aid), Dr. Amina Aminu Dorayi (SHOPS Plus), Dr. Dorothy Jeff-Nnamani (Novo Health) and Mr. Emeka Okafor (Integrate-SFH)*

FINAL WRAP-UP

CLOSING / PHOTO SESSION

INTRODUCTION

IMPROVING QUALITY OUTCOMES IN HEALTHCARE

The Future of Health Conference 2019 threw up important points of view on the extent to which healthcare services provided to patients ensured desired health outcomes. The objective was to increase confidence in the healthcare sector, with the use of quality measures to access service delivery. The conference connected people through robust healthcare networks, brought to the open the need to integrate quality at all levels of healthcare access and delivery.

The first speaker, Engr. Chidi Izuwah, Director General and Chief Executive Officer, Infrastructure Concession Regulatory Commission (ICRC) was emphatic: "Improvement in healthcare generally must precede everything, including economic development and infrastructure." This narrative was one that could in reality, provide the needed access for people to good quality care as advocated by Dr Ike Anya, co-founder, EpiAFRIC and Nigeria Health Watch in his opening remarks.

It was clear to all delegates that quality healthcare was critical as the discussions progressed, but the caveat for all was laid down by Dr Ngozi Azodoh, Head of Special Projects department, Federal Ministry of Health: "Quality is not quality if it is not consistent and constant." Consequently vision sharing, leveraging on technology, customer/patient engagement and inclusion, improvement in regulations, replication of positive results, building capacity of healthcare workers and change in public attitudes provided the resounding notes to improve outcomes in quality healthcare in Nigeria.

The speakers and panelists at the conference called for a more concerted effort and commitment from all stakeholders, from policy makers to healthcare professionals to achieve desired levels of quality in healthcare through purposeful interventions.



Good quality care is not necessarily about money.

It starts from the gate of the facility: how the security man welcomes you, how the staff treat you, how clean the environment is...A lot of that is simply about treating and providing service in a way that we ourselves, will like to receive care.

DR. IKE ANYA, CO-HOST FUTURE OF HEALTH CONFERENCE 2019

KEY STATS

₦90bn

Capital budget for health sector is the largest it has been in years to fund



High quality health systems prevent:

2.5 million deaths from cardiovascular disease

1 million new-born deaths

988,000 deaths from tuberculosis

Half of annual maternal deaths

23%

of global maternal deaths occur in Nigeria

75% of Oxytocin in healthcare facilities in Nigeria was found to be of poor quality

SOURCE: WHO Global Surveillance and Monitoring System for substandard and falsified medical products report (2017)

≈8,600,000 people

in low and middle income countries (LMICs) die each year from inadequate access to quality care:

3.6 million are people who did not access the health system at all, whereas 5.0 million are people who sought care but received poor quality (or non-qualitative care).





“Quality is not something we should expect but something that ought to be worked on using a viable standard.”

DR. OBI ADIGWE, DG/CEO, National Institute for Pharmaceutical Research and Development

“Medical personnel need to conquer professional pride and treat patients rightly. They should explain well enough to the patients.”

DR. DOROTHY JEFF-NNAMANI, Founder, Novo Health Africa (HMO)



“We know what works, we know how to do it. It is about the commitment. It is about working together.”



DR MARY-ANN ETIEBET
Lead and Executive Director, MSD for Mothers

“To somebody in Zamfara, providing quality healthcare might not be about having a good facility or hospital. It may just be about how she is treated in a primary healthcare centre.”

MR. EMEKA E. OKAFOR
Project Manager, IntegratE, Society for Family Health



“What is also important is that there is the perception that providing quality healthcare has to be expensive, it is not. However, there has to be a cost to it.”

DR. OLUJIMI COKER
Substantive CEO, Lagoon Hospitals, Lagos



“We need to train health workers on how to treat people with disabilities, especially women. They need to see us as human beings. We deserve quality healthcare too.”

MS. PATIENCE DICKSON
Chairperson Women with Disabilities Initiative



“PPPs across our teaching hospitals are key for us to drive quality health outcomes.”

ENGR. CHIDI IZUWAH
DG/CEO, The Presidency, Infrastructure Concession Regulatory Commission



“Medicine quality is very critical. Poor quality medicine is a global issue but in Africa and other developing countries, it is acute.”

DR. CHIMEZIE ANYAKORA
Chief of Party, Promoting the Quality of Medicine (PQM) Program, U.S. Pharmacopeia



“The reality on ground is that so much needs to happen beyond the health sector for quality of health to improve. Health is at the heart of development and every humanitarian action.”

DR. NGOZI AZODOH
Head, Special Projects Department, Federal Ministry of Health



“Consumers should be at the centre of healthcare. Healthcare service providers haven’t done so well in carrying the consumers.”

DR. AMINA AMINU DORAYI
Technical Director, Family Planning & Reproductive Health, SHOPS Plus Project



“Quality of health goes beyond the client. It is important to also protect the service care providers. A weakened and abused health provider cannot give quality health care.”

DR. ADENIKE ODUBIYI
CMD Ijede General Hospital, Lagos



“There is a need to provide options for the people. We need a theory of change. We are strong as the weakest one of us, we should endeavour not to leave anyone behind.”

MR. CHARLES E. USIE, Country Director, Christian Aid UK



“Universal Health coverage is dependent on the quality of care given. If people are not going into the health facilities, then there is no point.”

MS. NJIDE NDILI, Country Director PharmAccess Foundation



CHALLENGES

Wrong diagnosis
Gaps in health seeking behaviours as a result of cultural beliefs, religious beliefs and poverty
Lack of staff engagement
The need for collaboration
Inadequate and inconsistent funding and finance
Increased work with the same number of staff
Acute hospital space shortage
Lack of communication between doctors and patients and amongst healthworkers during vulnerable handover times
Healthcare systems are hit by increased demand and reduced resources in fragile situations that experience conflicts, wars and natural disasters
None accessibility to healthcare facilities and equipments
Old derelict Infrastructure
Lack of maintenance culture
Unavailability of modern equipment - prevalence of obsolete equipment
Poor management of human resources, poor motivation and remuneration - a cause for brain-drain
High maternal and infant mortality
Poor sanitation and hygiene
Disease surveillance
Accidents and emergencies
Endemic corruption
Lack of utilities – power and water
Insensitivity of health personnel towards persons with disabilities and lack of training/knowledge of health personnel on handling persons with disabilities

APPEAL

#DonateToBeatCancer

"Pink OakTrust covers seven types of cancer. We ask that you refer patients at different stages of cancer to us. You can also donate to end cancer."

DR. LAZ EZE

Executive Director, Pink Oak Trust

WHAT IS BEING DONE...



The Infrastructure Concession Regulatory Commission (ICRC) is working with the Federal Ministry of Health to introduce equipment management schemes to rapidly increase healthcare facilities across Nigeria.



The Infrastructure Concession Regulatory Commission (ICRC) is pushing for the government to work with the private sector on mobile medical clinics which has the capacity to attend to 150 people everyday to upscale primary healthcare.

ENGR. CHIDI IZUWAH

DG/CEO, The Presidency, Infrastructure Concession Regulatory Commission



Implementation of Health Systems Revitalisation Plans in the three most affected states of North-Eastern Nigeria – Borno, Yobe and Adamawa.

DR. NGOZI AZODOH

Head, Special Projects Department, Federal Ministry of Health



WHAT IS IN PLACE...



The Society For Quality Healthcare (SQHN)

Founded in 2006 with the aim of improving the quality of provision of healthcare in Nigeria, SQHN has developed accreditation standards for hospitals, in Nigeria for Nigerians by Nigerians.



Approved out-patient clinics (OPCs) for 23 teaching hospitals

- where the private sector will come in and invest in equipment to upscale the quality of services.

ENGR. CHIDI IZUWAH

DG/CEO, The Presidency, Infrastructure Concession Regulatory Commission

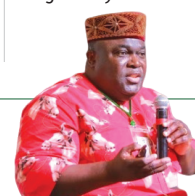
The World Health Organisation (WHO) checklist for operating theatre teams



Launched in 2008 after studies performed in 8 different countries, the use of the checklist reduced mortality by a 50% and reduced 30-day morbidity by 45% - 50%.

DR. OLUJIMI COKER

Substantive CEO, Lagoon Hospitals, Lagos



Quality Healthcare: The Foundation of Primary Healthcare

RECOGNISE NIGERIA'S HEALTH PEDIGREE

Nigeria's huge pedigree in medical healthcare must be recognised and pushed continually.

USE OPPORTUNITIES

Partnerships exist around the world that can be used to substantially improve healthcare outcomes in Nigeria.

EMBRACE PUBLIC-PRIVATE PARTNERSHIPS

Public-private partnerships are key to drive progress and development - the private sector comes in and finances infrastructure and provides services while government creates the enabling business environment.

PRIORITISE HEALTH

Improvement in healthcare generally must precede everything, including economic development and infrastructure. Each of us can individually and collectively, change the future of the health of our country.



Engr. Chidi IZUWAH
DG/CEO, The Presidency,
Infrastructure Concession
Regulatory Commission

ENGAGE THE COMMUNITY

Ensure the communities own hospitals by involving them as part of the governing boards. This way hospitals actually feel the pulse of the populace.

WALK-THE-TALK

Leaders must come down to the level of their staff. A good leader must be a good motivator, close to the staff, and mentor them. Leaders must be good listeners and lead by example.

TACKLE HEALTH WORKERS' ATTITUDES

Use evidence-based stories to elicit action from health workers. Make them see themselves as their patients. Implore them to treat patients how they will want to be treated if the tables were turned. Leaders must aspire to build champions

LEVERAGE ON INNOVATION

Design a [quality health] policy and implement fully at all levels. Deploy a monitoring agency to keep workers on their toes. Display [quality] score card for checks.



Dr. Adenike ODUBIYI
CMD, Ijede General
Hospital, Lagos

PAY ATTENTION TO PROCESS OF CARE

Doctors and other health workers must pay equal attention to processes of care - that matter to patients - just as they do to the outcomes. Patients want to be assured that they are safe in the environment providing the healthcare.

CARRY PATIENTS ALONG

Health workers should communicate with patients - and amongst themselves - during the care process. Explain treatment plans. Practising informed consent is important.

PROVIDE CONSISTENT CARE

Healthworkers should adopt international guidelines and integrated pathways of care. Download guidelines on mobile phones if necessary.

SHARE THE QUALITY HEALTHCARE VISION

The driving force behind quality care in any facility, has to be led by the person who is in charge. Health team leads should not only own the vision, but share and pass it on to team members.



Dr. Olujimi COKER
Substantive CEO,
Lagoon Hospitals, Lagos



Dr. Ngozi AZODOH
Head, Special Projects
Department, Federal
Ministry of Health



Dr. Chimezie ANYAKORA
Chief of Party, Promoting the
Quality of Medicine (PQM)
Program, U.S. Pharmacopeia



Dr. Mary-Ann ETIEBET
Lead and Executive
Director, MSD for Mothers

PRIORITISE HEALTH

In humanitarian crisis, apportion resources to mitigate identified issues of access, logistics and human resource for health. Curb incidences of excess morbidities and mortalities in fragile, conflict affected and vulnerable (FCV) settings.

SUPPORT PROTECTION OF PUBLIC HEALTH

In FCV settings, screen and treat migrants and refugees under protection and reintegration health response. Collaborate with relevant actors to support communities with disasters.

ADDRESS CRITICAL FACTORS

locally source skilled and trained health human resources, perceptions, accountability, etc.

MAINTAIN NEED FOR QUALITY

Integrate quality into strategic plans. Develop and anchor same as the fulcrum of the health component of the overarching plan.

FOCUS ON MEDICINE QUALITY

Medicine quality should be seen as a public health emergency. Poor-quality medicines are a growing global health threat, disproportionately impacting low- and middle-income countries (LMICs). Let's solve the criminal and expertise issue that account for poor medicine quality.

STRENGTHEN MEDICINES QUALITY ASSURANCE SYSTEMS

Increase capacity to assure the quality of medicines and improve access to same by: strengthening quality assurance frameworks, protecting the population and timely release of results from labs, improving regulatory and quality assurance workforce, and protecting patients from harmful products.

MITIGATE IMPACTS OF POOR-QUALITY MEDICINES TO HEALTH SYSTEM

Improve on manufacturing processes of medicines. Learn how to package, transport and store medicines safely.

FOCUS ON FOUNDATIONS OF QUALITY

Strengthen foundations of quality because they can erode over time. Keep working to reverse the dire maternal mortality statistics of Nigeria. Reduce timelines for accessing high quality emergency obstetrics services.

REPLICATE AND SUSTAIN POSITIVE RESULTS

Sustain and replicate reduced maternal mortality rates achieved in parts of Nigeria. National leadership policies, local leadership and champions are needed to achieve desired results. Institutions and structures, like accreditation systems are needed to make things happen.

PLAY REQUISITE ROLES

Be respectful to patients. Whether you are responsible for getting a pregnant woman to the clinic on time, or a physician, drug manufacturer, nurse... there is a role to be played by every person to end maternal mortality.

SafeCare and Quality Assurance

SafeCare

BASIC HEALTHCARE STANDARDS

PharmAccess ISQua Accredited Quality Improvement Methodology

BY DR. IBIRONKE DADA

ENCOURAGING QUALITY IMPROVEMENT

SafeCare is an international standard created for resource-restricted settings. It is about international standards, local solutions. SafeCare encourages the provider to continue on the quality improvement journey. SafeCare is interested in improving the quality of services provided to everyone and issues around patient and provider safety.

PROVIDING CLINICAL SUPPORT

SafeCare standards speak to management, clinical, clinical support and ancillary services. In Nigeria, the lowest scoring standard is always risk management, which is infection prevention and control (IPC) and issues of emergencies.

RECOGNISING IMPROVEMENT

SafeCare provides a realistic pathway that recognises improvement. It encourages the provider to continue on the quality improvement journey. Issues around regulation have to be addressed as a critical step in Nigeria to improve quality and outcomes. There are issues in the field and these issues are disheartening.

REGULATING THE PHARMACEUTICAL SECTOR

PCN's regulation involves setting standards, ensuring that those standards are followed, and where there are breaches of standards, enforcements are carried out.

FOCUS OF REGULATION

Fundamental regulations were aimed at ensuring that medicines brought into the country were qualitative, effective and safe. Present regulations revolve around personnel, practice and facilities. Strong regulations are needed to sanitise the volatile pharmaceutical sector.



PHARM. ELIJAH MOHAMMED
Registrar/Secretary,
Governing Council,
Pharmacists Council of
Nigeria (PCN)

IMPROVING HEALTH SERVICE DELIVERY

HEFAMAA puts up standards, ensures compliance and evaluates performance. Mapping to improve quality of service is ongoing. Standards are being reviewed to align with global best practices – with focus on results and outcomes.

REVIEWING QUALITY ASSURANCE TOOLS

Monitoring checklists are being reviewed – into schedules – to monitor service provisions. Engagement with professionals associations and other regulators have been deepened.



DR. ABIOLA IDOWU
Executive Secretary,
Lagos State Health
Facility Monitoring and
Accreditation Agency (HEFAMAA)

GAINS OF QUALITY

Adamawa State is one of the pilot states of the NSHIP PBF Scheme. 77% of PHC facilities in Adamawa State have the basic equipment. This was critical in the state's leading position in the National Health Facility Survey.

HARMONISING QUALITY AND REGULATORY SYSTEM

Integration and digitalisation of the quality and regulatory system checklist was a step towards ensuring a sustainability and consolidating the gains in the health sector in Adamawa State.



DR. ATTAHIRU BELLO
Adamawa State Desk
Officer, Basic Healthcare
Provision Fund, (BHCPF)



ENABLING TRANSFORMATIVE CHANGE

Fixing the financial system and credibility issues of FMC Ebute-Metta was a key step towards making a difference. Staff engagement and buy-in was also critical.

FIXING QUALITY BOTTLENECKS

Reintroduced credibility. Repaid vendors to ensure services continued to run smoothly. Encouraged staff to be active participants in the renewed drive for quality. Improved staff capacity to deliver. Introduced a team that engendered trust to manage the process.



DR. ADEDAMOLA DADA
MD/CEO, Federal Medical
Centre, Ebute-Metta

PROVIDING HIGHLY RELIABLE HEALTHCARE

Getting it right the first time, every time, is key. Providing service of a certain quality becomes inevitable. Vision sharing provides a take off point.

PRIORITISING QUALITY

Quality may be expensive, but the alternatives are non-negotiable. Engage professional help in order to continuously improve on quality. The ensuing results have the potential to make a big difference. Replicate gains, achievements, processes, policies – on different levels.



DR. NGOZI ONYIA
Medical Director,
Paelon Memorial
Hospital

SafeCare: The Global Perspective

BY MS. NJIDE NDIII (PHARMACCESS)

ANSWERING UHC'S CALL

SafeCare answers the call of Universal Health Coverage (UHC) which is dependent on the quality of healthcare in healthcare facilities. UHC is a central plank of the Sustainable Development Goals (SDGs).

OFFERING REALISTIC SOLUTIONS

SafeCare offers digital, incentivising new models to make quality sustainable and achievable. It builds local capacity and a sustainable model with widely available data. It improves priorities first, and is solid and secure. SafeCare is objective in its rating and certification. Its practical solutions does not necessarily require high-tech or high-cost as it is all about realistic and practical solutions. It improves, rewards and scales quality.



Equitable Patient-centred Healthcare

CONSIDER THE ENVIRONMENTAL CONTEXT

Quality is uniform across board but varies in context. In adopting quality, a contextualized evidence analysis is needful.

INCREASE COLLABORATIONS

Increased collaborative work on projects that simultaneously improve access to quality healthcare can also stimulate socioeconomic development.

CURTAIN MISUSE OF DRUGS

People in this climes, are not as literate as assumed. Many Nigerians do not read the instructions on drugs and make assumptions in use and dosage based on the form of the drugs. This leads to abuse.

INFUSE QUALITY

Introducing quality to the healthcare system creates jobs, builds capacity, earns revenue for the government and leads to socioeconomic development.

Dr. Obi Peter **ADIGWE**
DG/CEO, National Institute
for Pharmaceutical Research
and Development



PROVIDE TAILORED INFORMATION

Persons with Disabilities (PWDs) need information tailored towards their needs to break barriers towards accessing needed sexual health information, programmes and services. Design health promotion materials and programmes to meet the specific needs.

PROVIDE SUPPORT

Train medical staff and healthcare providers to support women and girls with disabilities (WGWs). Ensure health workers are aware of the general and specific health needs of PWDs. Introduce PWDs' community health insurance scheme.

CHANGE PUBLIC ATTITUDES

Raise awareness to change public attitudes and remove those practices that encourage discrimination against PWDs. Include PWDs into the system.

PROVIDE EQUAL OPPORTUNITIES

Provide equal opportunities for participation of PWDs during health interventions.

Ms. Patience **DICKSON**
Chairperson,
Women with Disabilities
Initiatives



TREAT EVERYONE WITH DIGNITY

Respect is critical. Provide equal opportunities for the rich and poor. There's a need to put an end to 'come-back-tomorrow' syndrome, which means more expenses, discomfort, sickness, etc. There is need for effectiveness, safety, timeliness and accessibility.

TREAT EVERYONE FAIRLY

Fairness should be the watchword for all – health workers, patients and also those who are to bring the resources.

MAKE HEALTHCARE AFFORDABLE

Provide medical staff – and key infrastructural support – for communities with health facilities. Utilise partnerships to achieve goals and avoid loss of lives.

ENSURE INCLUSION

Setup health facilities in communities and reduce distances between medical facilities and the patients who need to access them to avoid leaving millions behind. Provide options.

Mr. Charles E. **USIE**
Country Director,
Christian Aid UK



Dr. Amina Aminu **DORAYI**
Technical Director, Family
Planning & Reproductive
Health, SHOPS Plus Project



Dr. Dorothy **JEFF-NNAMANI**
Founder, Novo Health Africa
(HMO)



Mr. Emeka E. **OKAFOR**
Project Manager,
Integrate,
Society for Family Health

CHANGE ATTITUDES OF HEALTH WORKERS

Build the skills of health workers in family planning with the aim of changing attitudes – and gender bias. Bridge gaps by instilling the right attitude to disseminating services to avoid leaving many behind. Offer healthcare providers the needed continuous mentoring and support.

FOCUSE ON PATIENT-CENTERED CARE

Providers need to have a balanced counsel with their clients. Train Community health extension workers (CHEWs) with focus on patient-centred care and not facility-centred.

DEPLOY TECHNOLOGY

Develop and employ apps that can help register patients, upload their details and make same accessible at any place. Create and use a mobile-enabled – with no data required – services where health workers can dial a code and get basic additional information about family planning.

TREAT PATIENTS WELL

Patient-centredness is vital. Service providers need to treat patients rightly by offering adequate treatment and health insurance information – effectively – to patients. Patients need to be carried along and become active participants in their care. Quit ambiguity.

CUT DOWN ON PROCESSES

Health service providers need to do away with harmful non-instrumental delays. Timeliness is key: a plug-and-play health system won't hurt. Efficiency will avoid waste of resources. Use appraisals where needed.

MATCH THE CARE WITH SCIENTIFICALLY PROVEN METHODS

There should be grounds for making certain diagnosis. Avoid the administration of drugs that are not needed. Curb wrong prescriptions to reduce medical errors that lead to permanent disabilities and fatalities

RECOGNISE PRIVATE SECTOR CONTRIBUTION

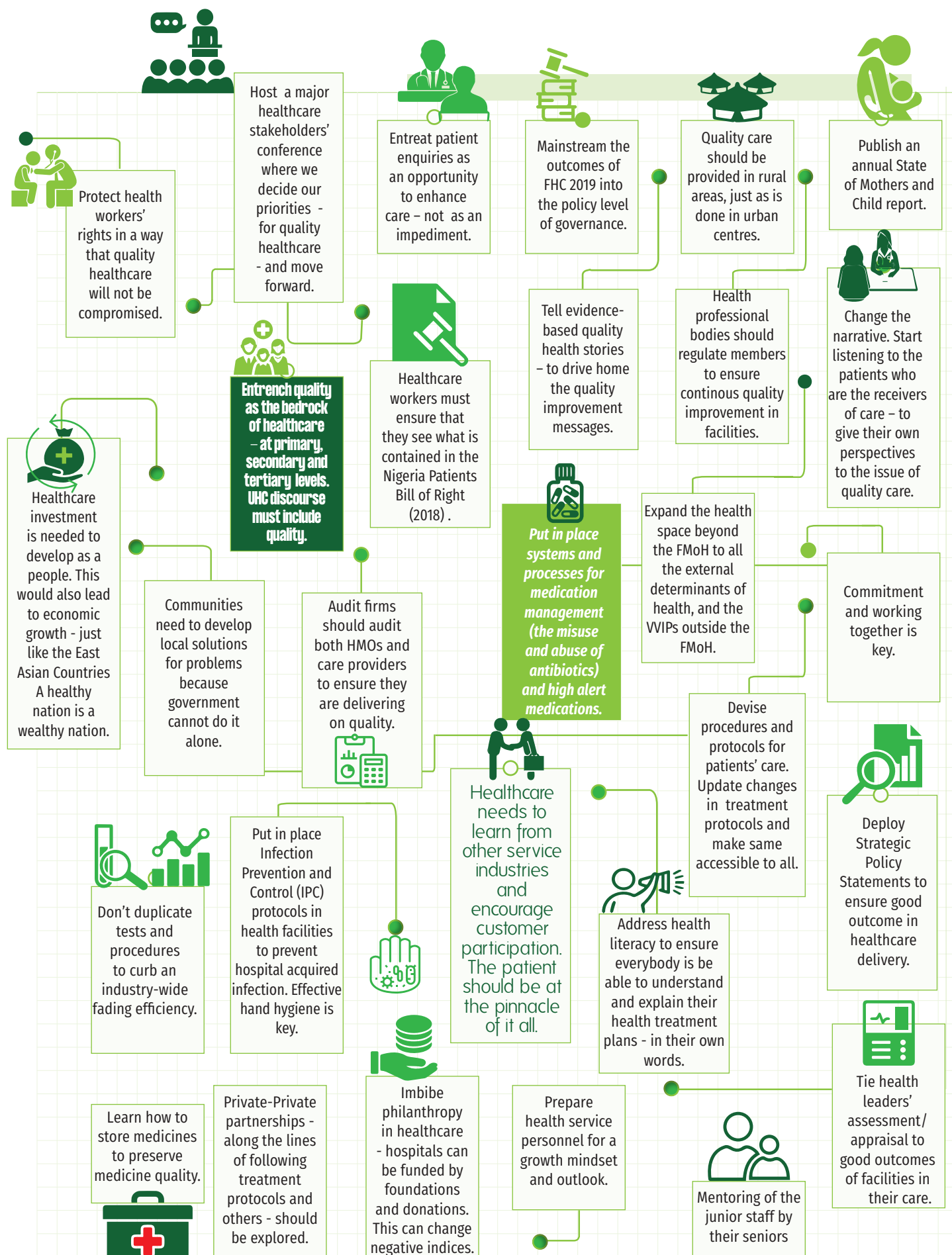
Look at health from the total market approach. Integrate private sector report into the National Health Management Information System (NHMIS) for proper health planning.

IMPROVE REGULATION AND SUPERVISION

Undertake proper mapping of all health facilities. Standardise basic healthcare practice across all health facilities including proprietary and patent medicine vendors (PPMVs). Deploy a more structured integrated supportive supervision across all public and private health services providers.

BUILD CAPACITY OF SERVICE PROVIDERS

Identify and target community based health providers with health background to train on expanded primary healthcare (PHC) services. Continue providing monitoring and mentoring support to these service providers.





Participants at the Future of Health Conference 2019



...exchanged pleasantries



...shared smiles



...enriched their minds



...revealed insights



...captured moments



...posed for snapshots with colleagues, co-experts and co-leaders



...asked key questions



... offered warm embraces



...sought and obtained vital feedback



...and engaged on multiple levels.

