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## Quality Healthcare Practice in Nigeria: Challenges and the Way Forward

*Professor Oluyemi Akinloye, JP.*

*Ph.D. (Ibadan), FRCPath (UK), FRSC (UK), FMLSC (NIG), FIBMS (UK), FAvH (Germany)*

*Professor of Clinical Chemistry and Laboratory Medicine*

*Director, Centre for Genomics of Non-communicable Diseases and Personalized Healthcare  
(CGNPH - <http://ncdsgenomics.org>)*

*College of Medicine of the University of Lagos*

# What is Quality Healthcare?

WHAT DO WE MEAN BY

## Quality Healthcare?



▶ Health is “ a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity - **(WHO)**

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- ▶ Quality healthcare means doing the right thing, at the right time, in the right way, for the right person and having the best possible results - **total well-being** - (**AHRQ**: American Agency for Healthcare Research and Quality).
- ▶ The extent to which health care services provided to individuals and patients populations improve desired health outcomes - **total well-being**. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred - **(WHO)**

# Ingredient of Quality Healthcare

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- **Safe:** Delivering health care that minimizes risks and harm to service users, including avoiding preventable injuries and reducing medical errors.
- **Effective:** Providing services based on scientific knowledge and evidence-based guidelines.
- **Timely:** Reducing delays in providing and receiving health care.
- **Efficient:** Delivering health care in a manner that maximizes resource use and avoids waste.
- **Equitable:** Delivering health care that does not differ in quality according to personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status.
- **People-centred:** Providing care that takes into account the preferences and aspirations of individual service users and the culture of their community.

# Indices of Quality Healthcare

THE **RIGHT TO HEALTH** MEANS  
ACCESS TO  
**UNIVERSAL HEALTH COVERAGE**  
THAT IS

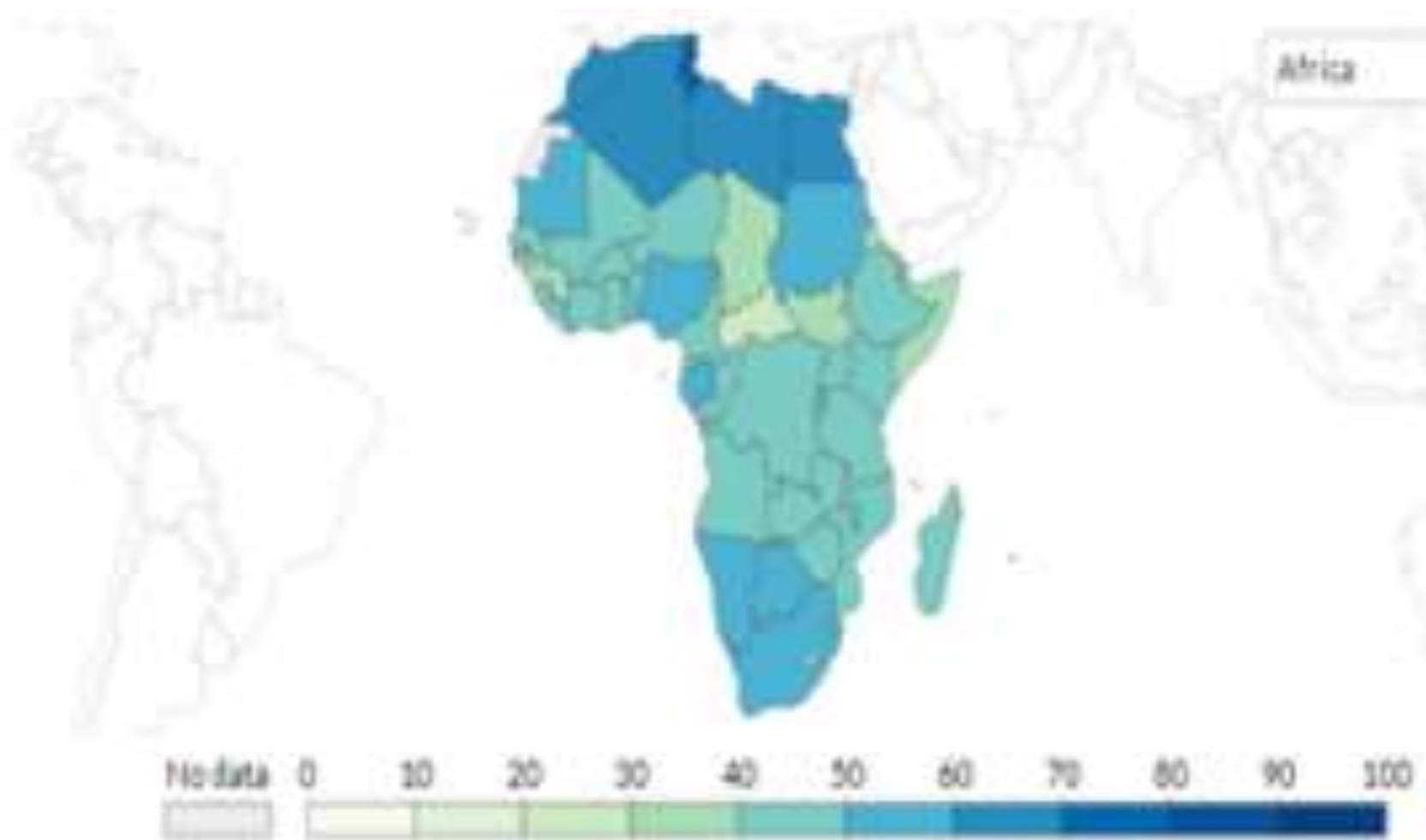


● Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. (WHO).

- ▶ Accessible
- ▶ Affordable
- ▶ Available
- ▶ Appropriate
- ▶ Acceptable

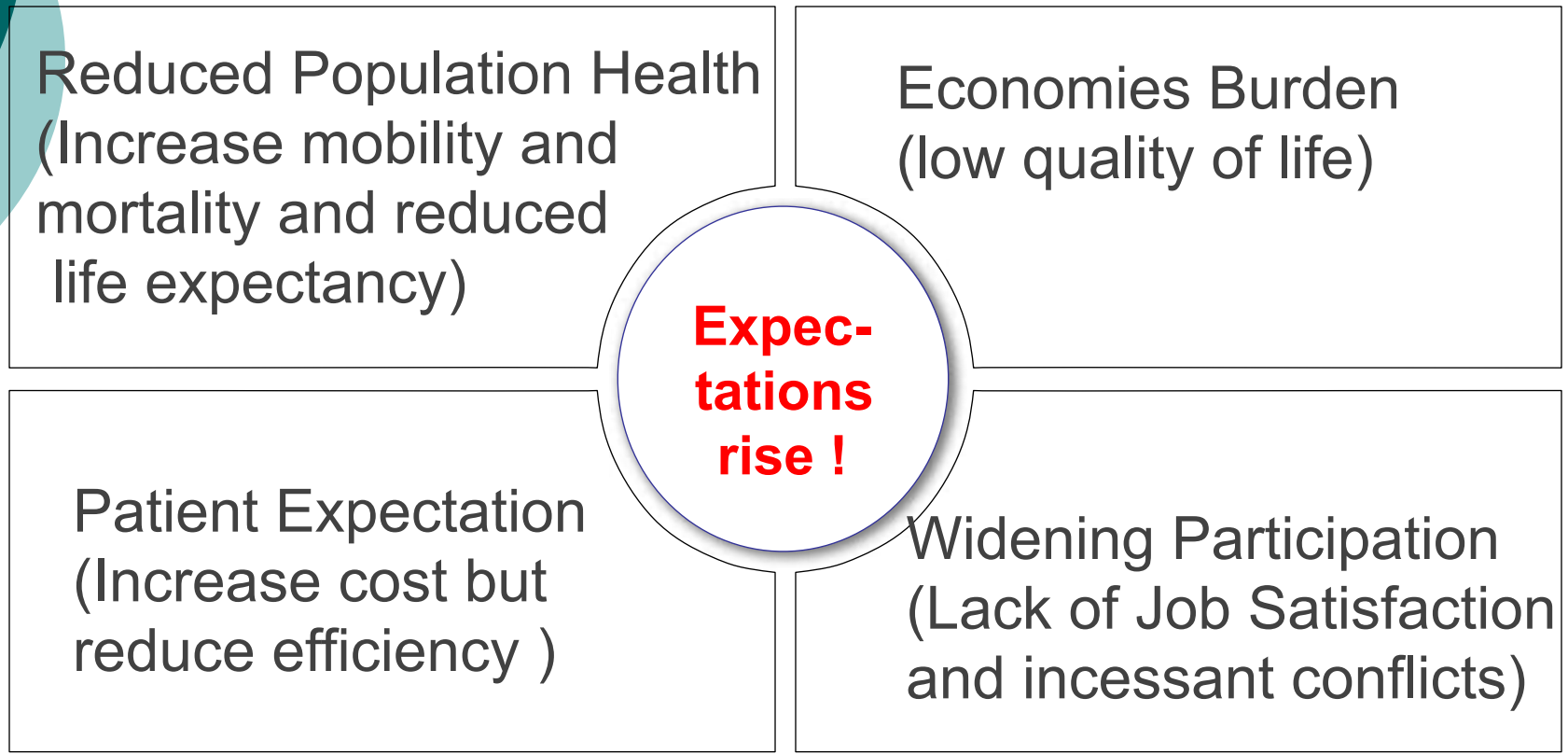
The 2018 Health access quality (HAQ) index, which measures the quality & accessibility of healthcare, ranked Nigeria 187 out of 195 countries, beneath Egypt(64th), Kenya(112th) South-Africa(119th) & Rwanda(173rd).

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# Current Situation of our Health System in Nigeria

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# Current Situation of our Health System in Nigeria

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High Cost of Health Services and Low Resources

Emerging Diseases and Epidemics: Lassa, Dengue, etc. Pandemic; COVID 19

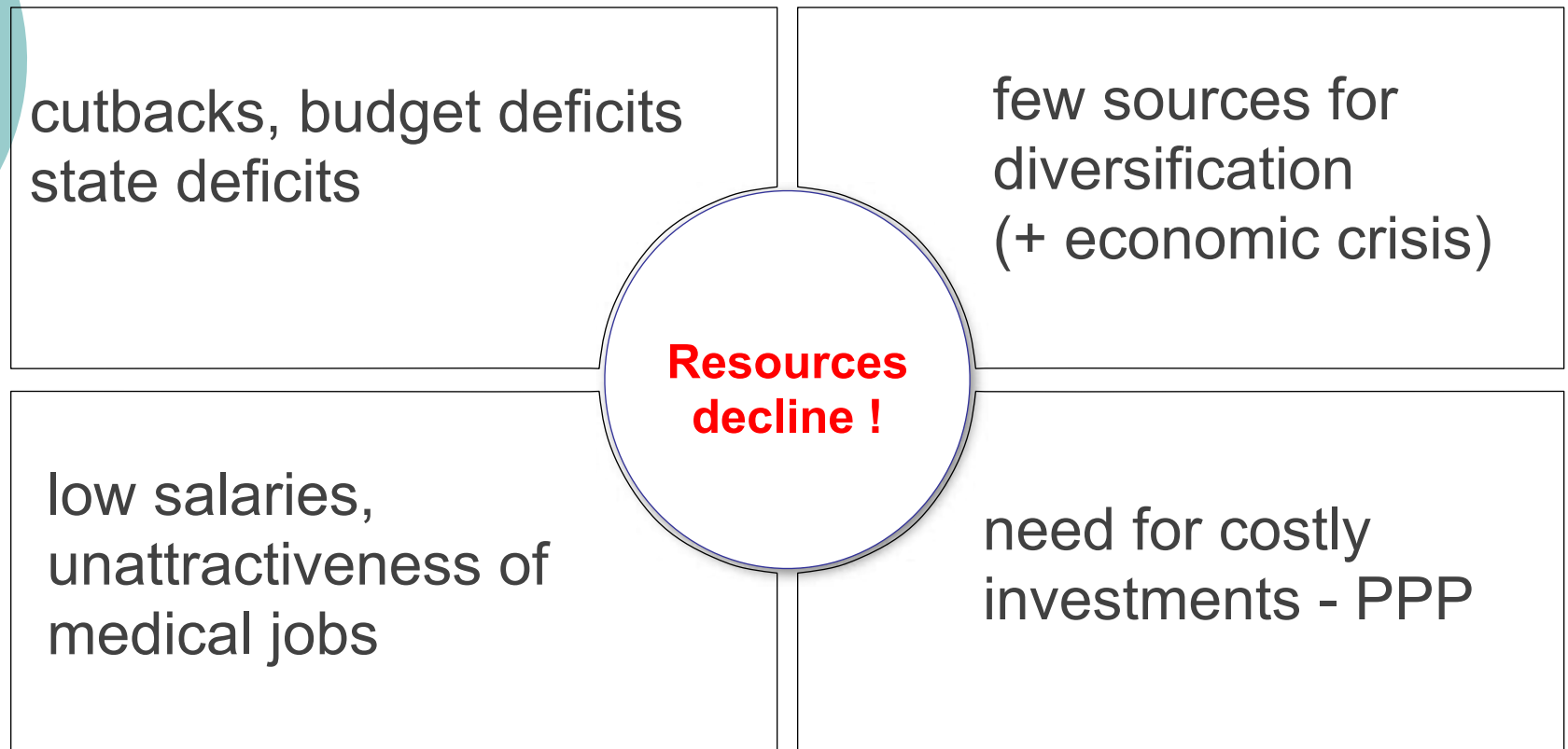
**Pressures rise !**

Advance Technological Change and Dynamic Environments - Revolution

Increase Corruption and Lack of Political Will - Bad Leadership

## Current Situation of our Health System in Nigeria

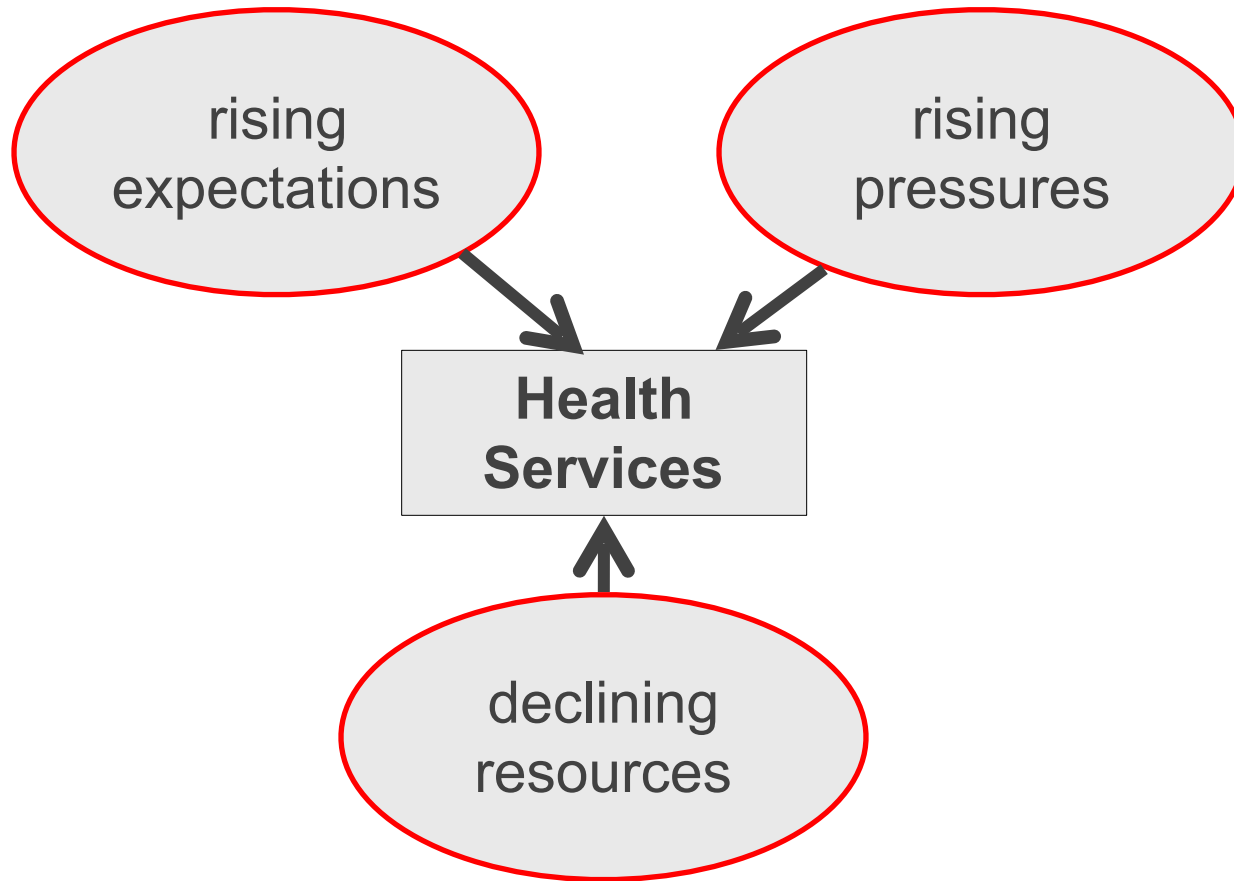
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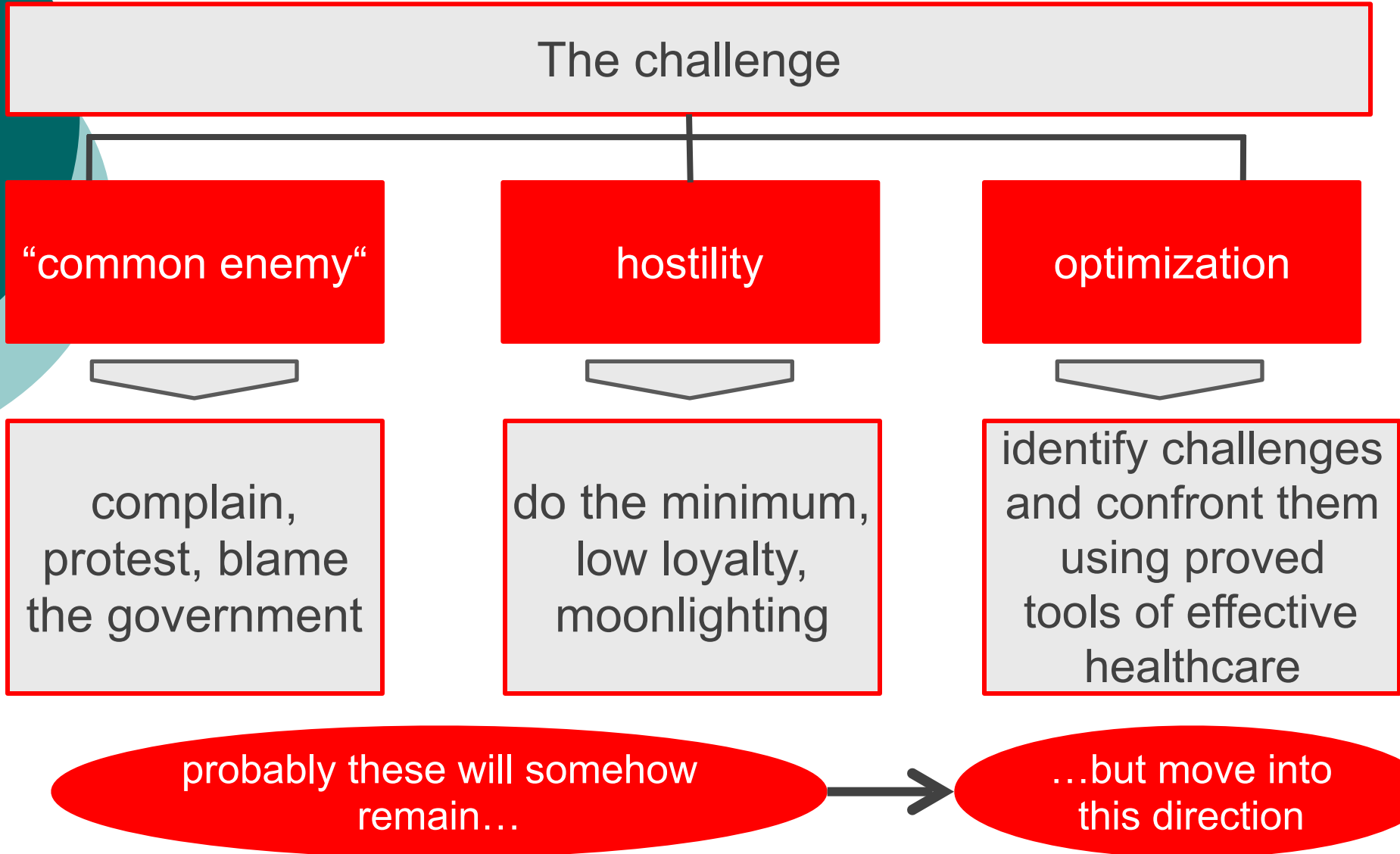
# a fatal situation?

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Total decline in Quality Healthcare - wellness or where next?

# regarding all that ...



# Banes of Healthcare in Nigeria

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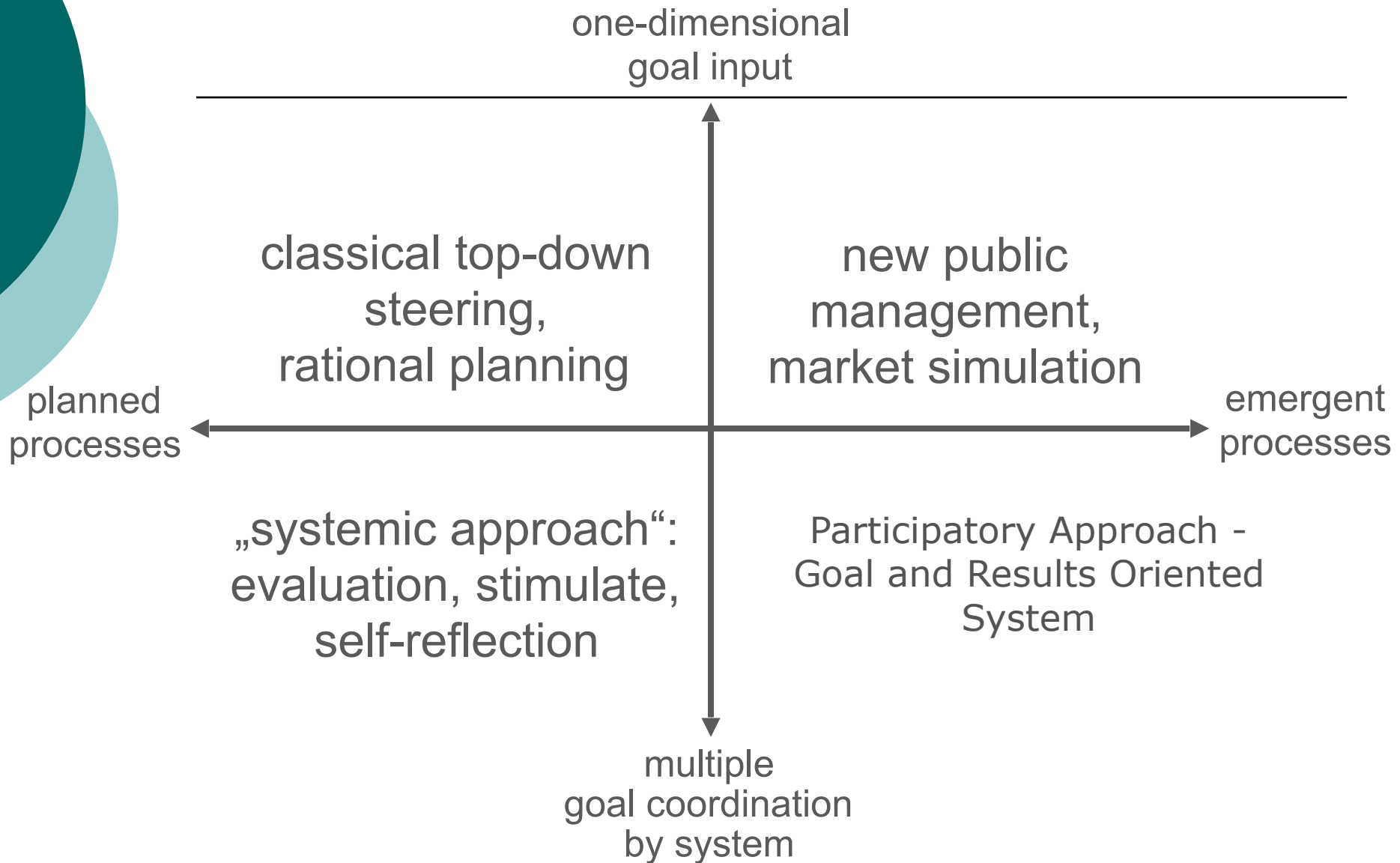
- ▶ **Bad Leadership** (*dictatorial sole administrators*)
- ▶ **Bad Structures** (*fragmentation of service - no share roles*)
- ▶ **Lack of Funds** (*deplorable facilities, inadequate tools etc*)
- ▶ **Lack of Competence and Professionalism** (*regular training - in-house and external training*)
- ▶ **Deplorable Human Relationship among Stakeholders** (*growing conflicts and lost of trust from patients*)

# Relevance of Leadership

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- New instruments of management are not enough, we need the people who use them.
- Technical knowledge is not enough, there is a need for guidance, management of participation and motivation.
- Leadership = mobilization of people and organizations to realize necessary change.

# movements away from traditional leadership approaches



# Banes of Health Management Service in Nigeria

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# Bad Structure or Bad policy?

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- **Management structure** refers to the organization of the hierarchy of authority, which defines accountability and communication channels within an organization and with its external environment.
- Our Health **Management structure** is build around professional satisfaction not customer service.
- Breed professional conflicts and not productivity and best practise
- Hence, policy are not well implemented and no sustainability and consistency.

# Banes of Health Management Service in Nigeria

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# Health is wealth but there must be wealth for Health

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- Corruption has stolen the wealth that is meant for health.
- Hospitals are not profit making ventures but are capable of self sustenance (IGR).
- Public Private Partnership are redesigned to mean Private Personal Puckett.
- National Health Insurance Scheme a laudable policy that have suffered from the monster of corruption.
- National Health Welfare package for the vulnerable: children & aged
- Companies and industrial health welfare packages.

# Banes of Health Management Service in Nigeria

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# Lack of Value and Respect for Professionalism



- ▶ Professionalism: The competence or skill expected of a professional.
- ▶ Acquisition of skill(s) are deliberate and consensual.
- ▶ Freedom of expression and practise of acquired skill - Professionalism
- ▶ Professionalism require passion and motivation.
- ▶ Health system is multidisciplinary and complex structure that needs to be synchronised nicely.

# Banes of Health Management Service in Nigeria

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(growing conflicts and lost of trust from patients)

## Full Participation and Cooperation of Stakeholders

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- All member of the health team should be encouraged to participate fully to growth and development of the health system.
- Oppression of any member of the health team is potentially caustic.
- Mutual respect and high level of responsibility of health professional is crucial to growth and development of health system.
- Dictatorial health management service is outdated.
- Patient involvement in decision making in health system should be embraced.
- Capacity building of all stakeholders should be holistic and all encompassing.

# Evolution of Healthcare: (P0 - P6)

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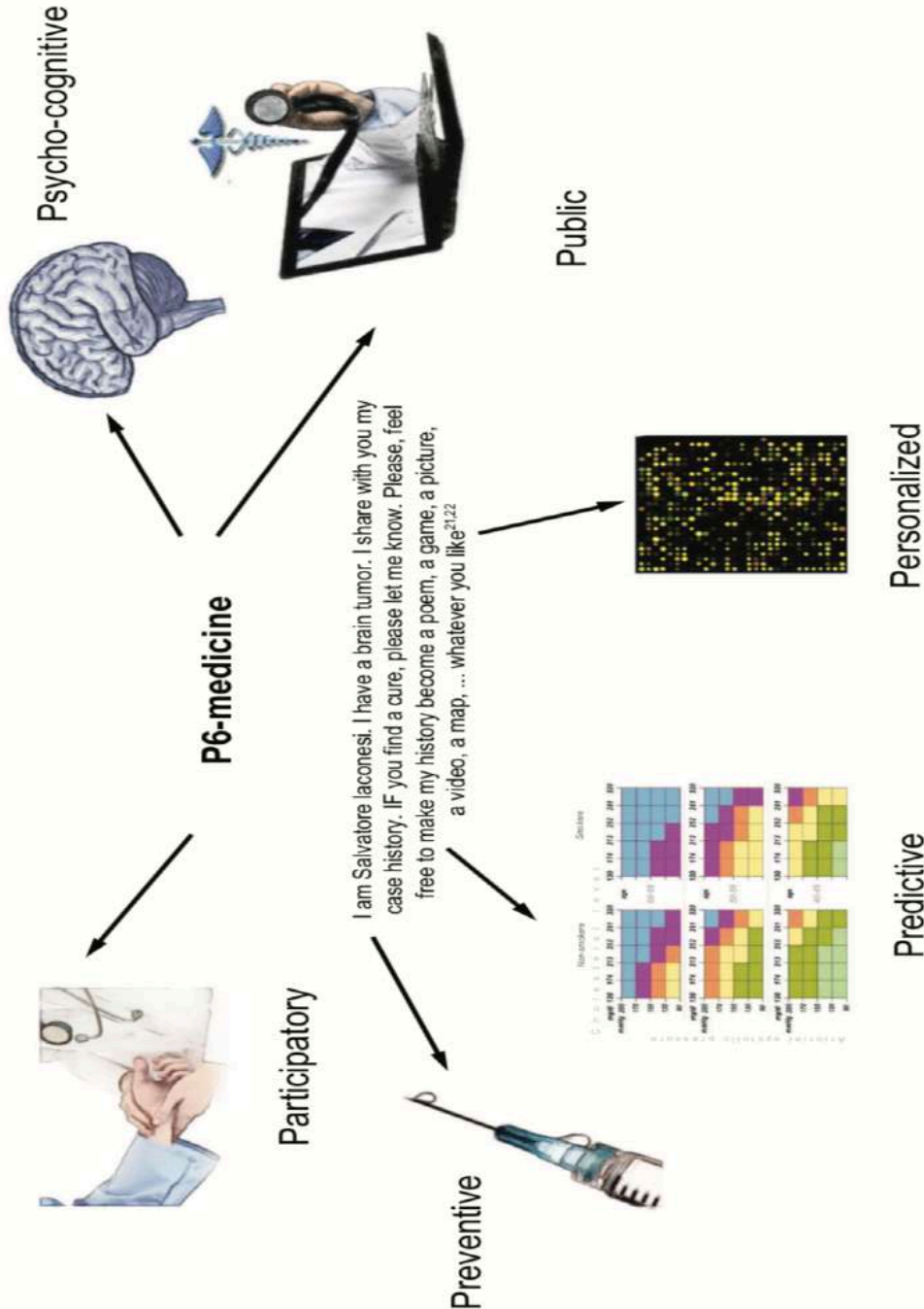
**P0** = Physician centred; paternalistic primitive model with several modifications;  
- paternalistic model, autocratic model, agent model, yielding autonomy model  
- Physicians, Patients and Plagues.

**P3 and P4** = defined as **participatory**, personalised, predictive, and preventive  
- Proposed by Leoy Hood, a molecular biologist and oncologist

**P5** = Addition of the fifth “P” representing **psycho-cognitive**  
- Proposed by Gorini and Pravettoni (2011) and Ozdemir et al (2010)

**P6** = The last and recent “P” representing **public**  
- Salvatore Iaconesi case (2013)

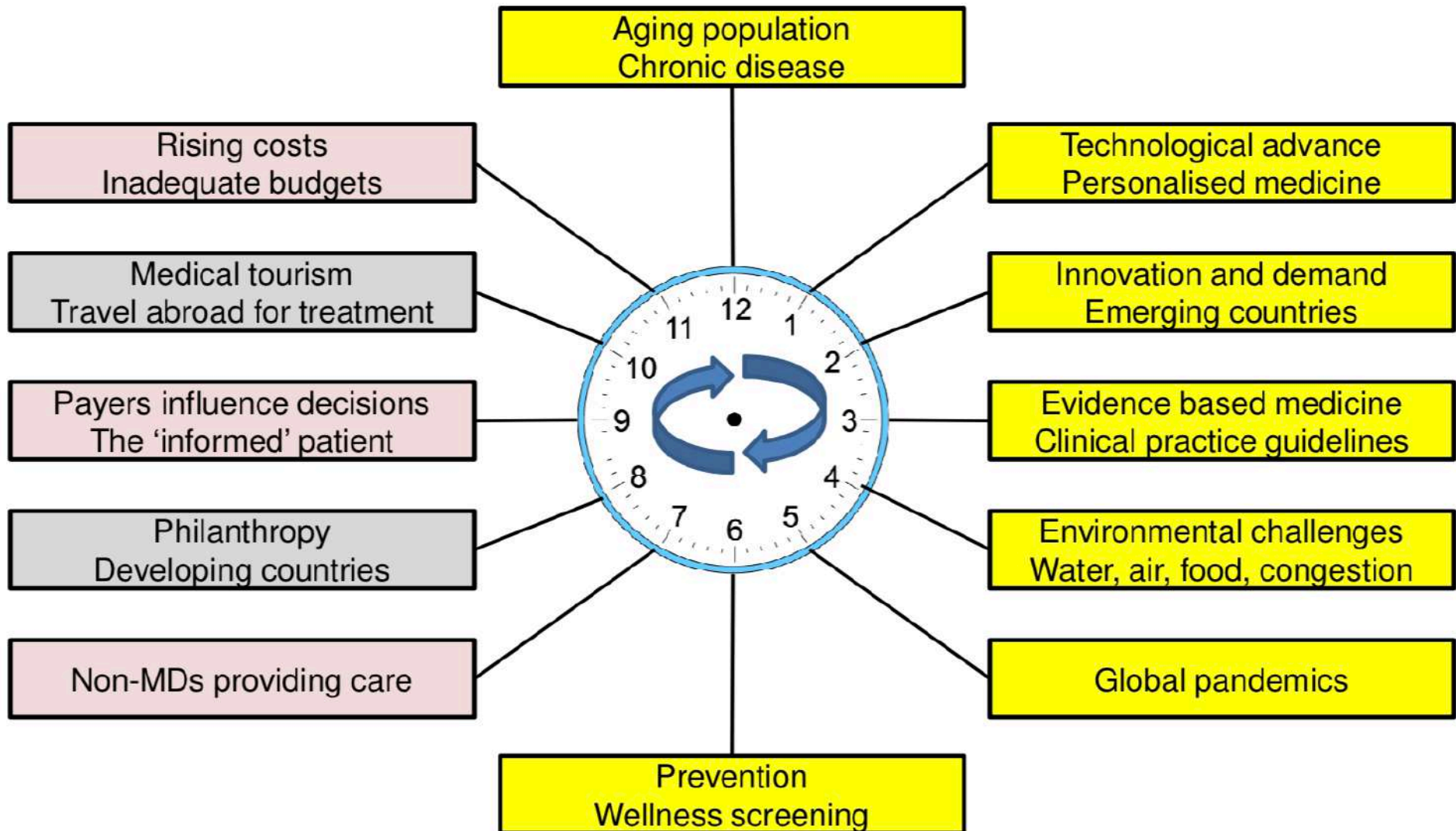
The Game Changer: multidisciplinary and complex evolution of **Healthcare, Technology and Communication (Knowledge)**.



## Definition - P6 Medicine

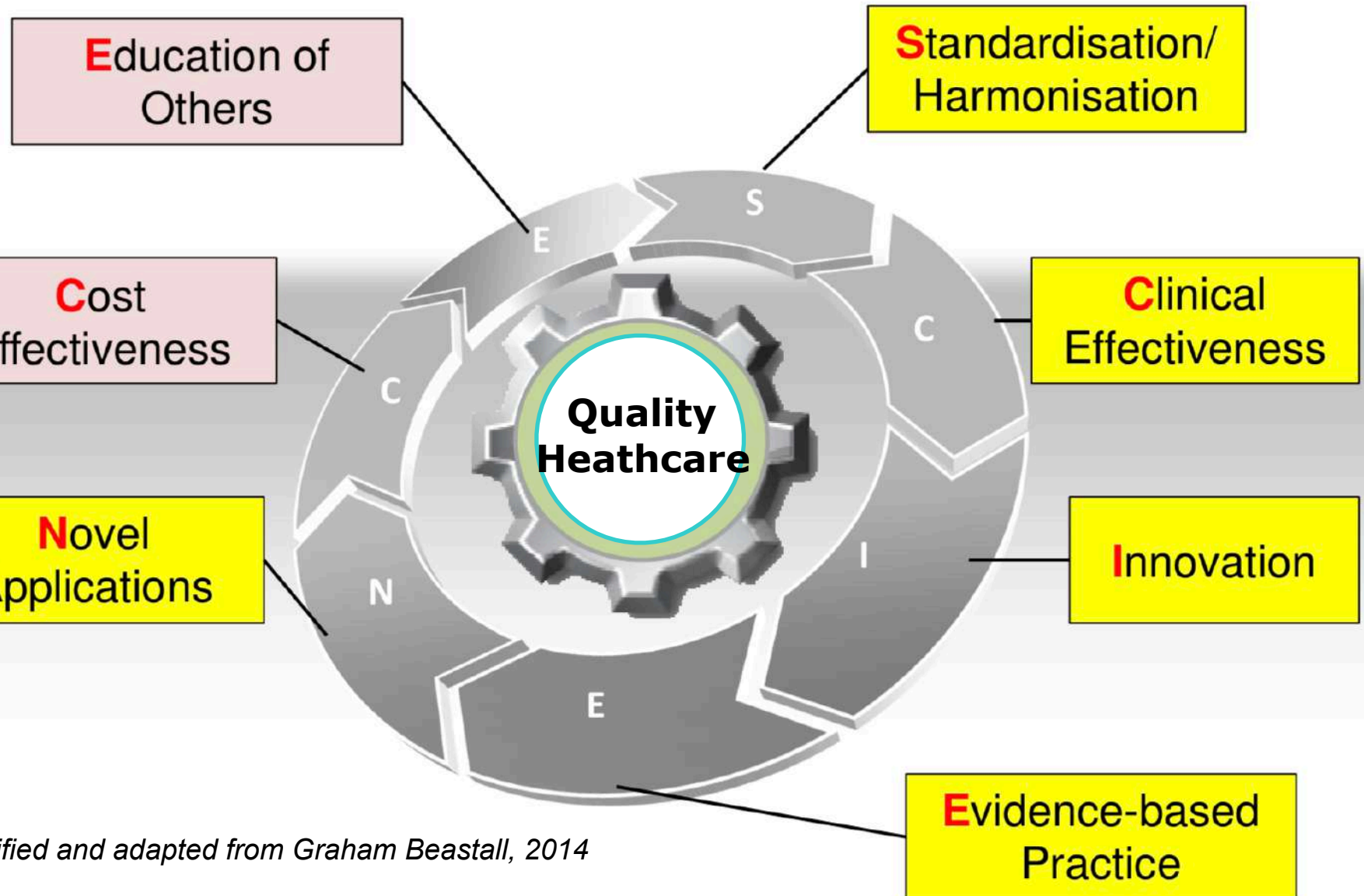
- Personalised:- individualised model and not a group or subset.
- Predictive:- evidence based, precision medicine.
- Preventive:- a shift from been reactive to being proactive
- Participatory:- Shift from paternalistic to patient centred care, with constant information and involvement in decision
- Psycho-cognitive:- behavioural & psycho-cognitive components
- Public:- relativity of confidentiality - public involvement in care

# Mega Trends in Healthcare: The Future





# Adding Value Cycle to Quality Healthcare Through Application of **SCIENCE**



*Modified and adapted from Graham Beastall, 2014*

# Outlook

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- Health care is multidisciplinary and complex nowadays.
- Though patient still holds a passive role, awareness and involvement is changing.
- Unfortunately many doctors and health managers seem unwilling to involve patients in the health care process.
- Health Insurance and increase cases of indemnity will change the perspective of organisations and service providers.
- Government, regulatory agency and health managers will have to brace up.

## What should we do (way forward)?

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round table  
discussion and  
negotiation with  
stakeholders

be prepared  
with modern  
tools -building  
capacity

identify  
potentials to  
act

collectively  
take  
responsibility  
and act

arguing with governments about funding  
is more successful from a position of  
good performance and Health access  
quality (HAQ) index

# Way forward

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- ▶ Modern Management and Human Resources Tools:
  - Abolish dictatorial management style
  - Installing strong results monitoring system
  - Assessment of management and organizational performance.
  - Put in place human resources capacity building
  - Fair and honest merit and handwork rewarding system.
  - Realigning the structures and processes to support service delivery
  
- ▶ Extensive Horizontal and Longitudinal Collaboration for Quality HC
  - True Private Public Partnership
  - Philanthropic and Association involvement
  - Industrial Integration into Health Services
  - Less of Government Involvement
  - Internationalization and Globalization of our health Services
  - Global Best Practise and Accreditation

## Way forward



- ▶ Develop indicators for monitoring key processes healthcare services such as:
  - Drug, Theatre, Wards and Laboratory Inventory etc.
  - Utilisation of service.
  - Financial monitoring and control.
  - Value added enumeration system
  
- ▶ Galvanizing Effort of Relevant Stakeholders and Effective Implementation of Policy
  - Patient-centred care.
  - Evaluation and modernisation of existing health policies.
    - Health Insurance
    - Universal Health Coverage
  - Government commitment to funding and provision of infrastructures

When there is synergy of simultaneous actions at all levels among all stakeholders there will be improvement in quality of our healthcare

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*Thank  
you*

