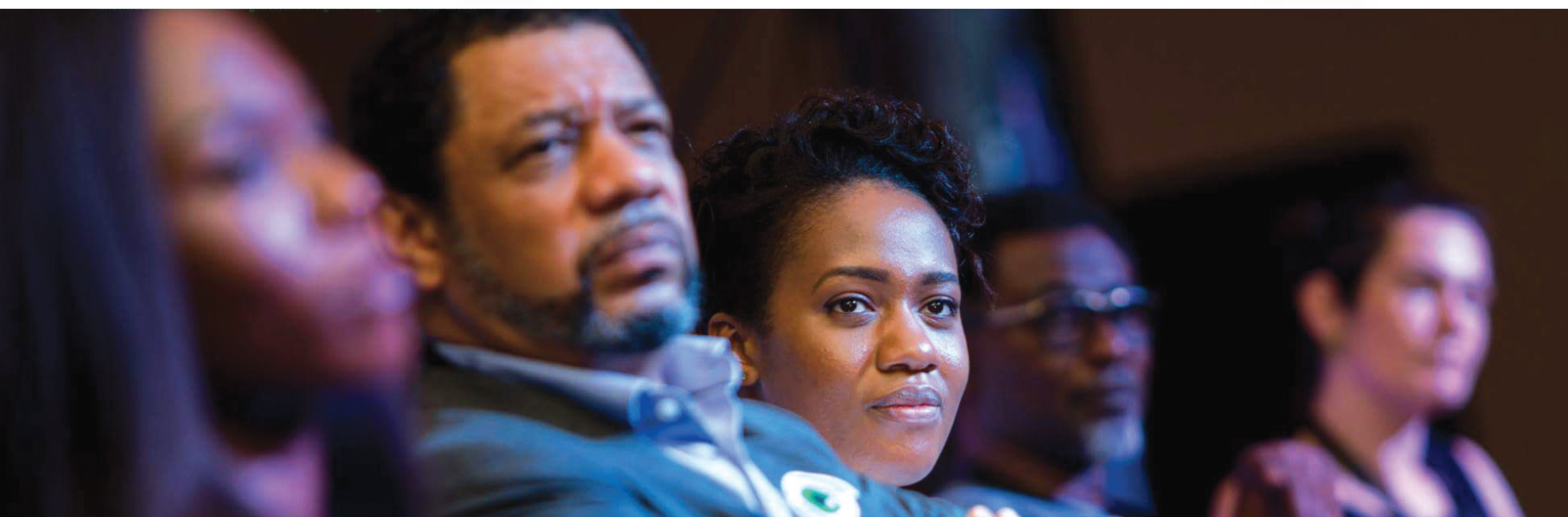


THE **BUSINESS** OF **HEALTH**

THE CONFERENCE SUMMARY



The Future of Health Conference series has become the premier forum where the hopes and aspirations of Nigerians for their health sector are articulated. Annually, the conference brings together inspiring speakers who are responding to some of the toughest challenges facing the Nigerian health sector from the public and private sector. Thus, the 'Business of Health 2017' facilitated

a forum for change-makers to describe their engagement in the health sector and how they inspired change and contributed to improvements despite the challenges. Speakers over two sessions described the innovative solutions they had brought to the market and the gaps that still exist. As with all 'Future of Health' conferences, conversations were triggered and action inspired.

The conference connected the private sector, policy makers, non-profits, providers of the services and government. The cocktail reception enabled participants to continue the discussions, share ideas - and experiences - with the panellists and other delegates. The wide access to social media ensured that conversations continued offline during the conference and beyond the conference day.



The PharmAccess Group is dedicated to improving affordable access to quality health care in Africa by stimulating investments through partnerships with the private sector and government institutions. All the companies in the group have a shared goal; working towards achieving inclusive health care for Africa.

Since 1957, Pathfinder has been the preeminent provider of client-centred, family planning and reproductive health services worldwide and is well-known for its effectiveness building the capacity of public, private, and NGO sector agencies and institutions to sustain the provision of high-quality services.





At the Janssen Pharmaceutical Companies of Johnson & Johnson, we are working to create a world without disease. Transforming lives by finding new and better ways to prevent, intercept, treat and cure disease inspires us. We bring together the best minds and pursue the most promising science.

Redcare Health Services Limited (HMO) incorporated in April 2009, offers qualitative and affordable healthcare services tailored for individuals, families, companies and parastatals. We have a network of over 600 partner hospitals nationwide, to ensure that our clients have access to care wherever they might be within Nigeria.





Christian Aid (CA) is an international development agency that has over 70 years' experience of working in partnership to address the root causes of poverty through integrated development and humanitarian programming, policy and advocacy work. Christian Aid are part of a wider movement for social justice – working globally for profound change regardless of faith or nationality.


Novo Health Africa is a HMO accredited by the NHIS to facilitate healthcare across Nigeria with the objective of providing healthcare delivery solutions through the continuum of care. We use person-centred technique, planning and philosophy when developing programmes for services through our network of contracted providers to ensure that our clients experience optimum value of our services.






Pro-Health International is a faith-based, NGO committed to providing essentially quality and quantitative healthcare and hope to the poor and less privileged in the rural areas of Africa at little or no cost to the recipient with the love of Christ. For 26 years, PHI has conducted short-term medical projects and attended to over 2.5 million recipients.

The Shell Petroleum Development Company of Nigeria Limited (SPDC) is the largest Shell company in Nigeria and produced the country's first commercial exports in 1958. SPDC is the operator of a joint venture (the SPDC JV) between the government owned NNPC (55% share), SPDC (30%), Total E&P Nigeria Limited (10%) and the ENI subsidiary, Agip Oil Company Limited (5%).





The TY Danjuma Foundation is an independent private philanthropic organisation committed to improving the quality of life for disadvantaged Nigerians. The Foundation's work in Nigeria identifies and supports initiatives that enhance access to affordable quality health care, education and skills training

Society for Family Health Nigeria is a leading public Non-Governmental Organization (NGO) in Nigeria, having over 33 years of experience in delivering public health services to the Nigerian populace. The organization was founded in 1985, with a mission to empower Nigerians, particularly the poor and vulnerable, to lead healthier lives.





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.

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.





**DR.
OLAOKUN
SOYINKA**

Project Director, Independent Verification Agent for the Saving One Million Lives Programme

Dr Soyinka gained extensive experience in healthcare finance, health insurance and health care policy implementation as commissioner for health for four years starting from 2011. He was the health promotion officer at the WHO country office for three years.

He is a passionate advocate for Universal Health Coverage and has a special interest in the role of telemedicine and eHealth in health care delivery. A graduate of St Thomas' Hospital Medical School in London, he trained as a GP and developed a special interest in cardiology. He is the founder of the British Journal of Cardiology.



**HARRIET
BLEST**

Country Manager, Human Network International

Harriet Blest joined Human Network International (HNI) in 2015 - an Information and Communications Technologies for Development (ICT4D) organisation that provides organisations and individuals with the opportunity to use ICT in innovative, productive, and sustainable ways. She attained a BSc in Human Sciences from University College, London. Harriet previously worked on the Fund Development team at the Centre for Affordable Water and Sanitation Technology, a WaSH capacity building NGO in Calgary, Canada. She has also managed a biotech company in East Africa that developed the world's first smartphone based point-of-care integrated mobile diagnosis and decision support system.



**PETER
BAMKOLE**

Director, Enterprise Development Centre Pan-Atlantic University

Peter Bamkole pioneered the Enterprise Development Centre (EDC) at the Pan-Atlantic University in January 2003. As the director, he oversees the overall programme development, capacity building and support services for entrepreneurs. He trained as a Mechanical Engineer, and attained an MBA from IESE Business School in Spain. Bamkole has almost three decades of cognate experience which spans into both the public and private sectors. He led the Goldman Sachs 10,000 Women Initiative in Nigeria, Diamond Bank's Building Entrepreneurs Today (BET) and many other partnerships in Nigeria. With support from the Coca Cola Africa Foundation, he is currently developing a new generation of NGO leaders in Nigeria.



**BOND
EMERUWA**

Co-Founder/Director, Nollywood Workshops

Bond Emeruwa is a TED Fellow and is the Co-Founder and Director of Nollywood Workshops. He utilises his vastly popular Nollywood films to spread messages on topical health and developmental issues. He started his career in television and film in 1985 as a script writer. His movie Mortal Inheritance - which highlighted sickle cell anaemia - won 10 awards at the Nigeria Movies Awards in 1997. Another film, Heart of Gold - incorporating issues around spinal cord injuries, was also a multiple award winner. Emeruwa's movies have tackled other topical health issues including Polio, routine immunization, VVF, violence against women, sexual violence, open defecation and Infant and Young Child Feeding (IYCF).



**EZINNE
ANYANWU**

MD/CEO, Efferent Services Limited

Ezinne Anyanwu is a social entrepreneur with a mission to address gaps in healthcare in Africa, by introducing health technologies that can leverage innovation and user experience to leapfrog health care delivery, increase accessibility, and improve quality and positive outcomes. In 2014, she founded Efferent Services Limited, a Healthcare Advisory and Information Technology firm to bridge the technology gap that existed in healthcare in emerging economies. To date, Anyanwu's team has successfully introduced seven new innovative technologies including a revolutionary teleradiology solution which leverages low connectivity to address accessibility and transmission issues in the region.



**MICHELLE
AKANDE**

Country Manager, Nigeria Janssen Pharmaceutical Companies of Johnson & Johnson

Michelle Akande is the Country Manager, Nigeria Janssen Pharmaceutical Companies of Johnson & Johnson. She is tasked with establishing Janssen's presence in Nigeria and across the key therapeutic areas of oncology, mental health, immunology and a range of communicable diseases. Previously, she collaboratively delivered access solutions across sub-Saharan Africa with a strong focus on oncology and mental health. She has a background in public policy and business development. She has worked across various industries to create an enabling policy environment and solutions aimed at expanding access to essential products and services.



**DR.
IKE
NWACHUKWU**

Founding Partner, NIKEA Specialist Hospital

Dr Nwachukwu is a founding partner of Nikea Specialist Hospital, which he set up with Dr. Sam Orakwe. He is a graduate of the University of Nigeria (UNN). Following his residency training in the UK and clinical fellowships in Boston (USA) and Melbourne (Australia), he was appointed consultant orthopaedic surgeon at Warwick NHS Trust in 2000. Dr. Nwachukwu was actively involved in training and medical management roles as head of training and clinical director until retirement in 2017, when he focused on his Nigerian Project. Since 2006, he has co-founded three companies involved in the Nigerian health care (including Nikea Specialist Hospital).



**DR.
CHELUCHI
ONYEMELUKWE**

Managing Partner, Health Ethics and Law Consulting

Dr. Onyemelukwe leads Health Ethics and Law Consulting, a pioneer legal and consulting firm that advises extensively in the health, social and development sectors. As an expert in health law and policy, she regularly provides legal, policy and strategic advisory to health care businesses, international development agencies, and government agencies in Nigeria and international organisations. Dr. Onyemelukwe holds a doctorate degree in Law from Dalhousie University, Canada and a First-Class Honours Degree in Law from the University of Nigeria.



**DR.
FAROUK
JEGA**

Country Representative for Nigeria, Pathfinder International

Dr Jega is the country representative for Nigeria and Ghana at Pathfinder and oversees technical and administrative aspects of projects in maternal health, family planning, HIV/ AIDS and advocacy. With 15 years' progressive experience in programme management and evaluation, he is grounded in the Nigerian public health and primary health care system. Dr Jega has a master's degree in Community Health from the Liverpool School of Tropical Medicine in the UK. He has evaluated donor funded projects, including the Chiranjeevi Scheme in Gujarat, India, CIDA Emergency Obstetric Care Project, UNFPA 5th Country Program and the Gates' funded NURHI Project.



**DR.
OMOKHUDU
IDOGHO**

Deputy MD, Society for Family Health (SFH), Social Business Enterprise

Dr Idogho is a medical doctor with postgraduate degrees in Public Health and Public Policy. He has more than 20 years' leadership experience, developing and leading large development interventions at country and multi-country level. The former Programme Director for the Enhancing Nigeria's Response to HIV/AIDS (ENR) programme possesses strong skills in providing technical assistance to national and subnational government. Dr Idogho has a working experience in more than 10 countries including the technical committee of the multi-country Civil Society Health Policy Action Fund (CSHPAF).



**DR.
NTHABISENG
LEGOETE**

Founder and CEO, Quali Health, South Africa

Dr. Legoete founded Quali Health in 2016, a social enterprise delivering affordable primary healthcare to underserved communities in South Africa. She is focused on improving access to primary healthcare, especially citizens in emerging markets. Dr Legoete completed an MBA at the Gordon Institute of Business Science (GIBS). She has spent the last 10 years navigating the private health sector, first as a medical advisor and product manager in the pharmaceutical division of Roche products, then as a partner in a medical practice that manages three emergency units in South Africa. Dr Legoete also has experience in the sub-acute environment and saw this as an avenue to curb high private healthcare costs.



**OBINNIA
ABAJUE**

Chief Executive Officer, Hygeia HMO Limited

Obinna Abajue has over 20 years' experience in banking and financial services. Prior to joining Hygeia HMO, he was based in South Africa where he was in charge of business transformation for Standard Bank's personal and banking business in Africa. He served as an executive director and head of personal and business banking at Stanbic IBTC Bank. He has a Bachelor's degree in Actuarial Science from the University of Lagos - and MBA from Imperial College London, and is also a Fellow of the Institute of Chartered Accountants of Nigeria (FCA), Chartered Institute of Bankers of Nigeria (FCIB) and the Chartered Institute of Stockbrokers of Nigeria (FCS).

QUOTES FROM THE DAY



We heard from people who are working in the tech sector and what was interesting to me was that each of them had specific issues that they felt we needed to address. One of them was around how to communicate some the good traits...some of the good tools that exist, or some of the new services around brain surgery for instance, that are available to the wider Nigerian audience. I'm hopeful that we will begin to see answers.

DR. IKE ANYA
Curator, Nigeria Health Watch

What we learnt from today is that it's time for disruptive change. We have to do something about the health sector; everybody is talking about it, We cannot sit back and watch our money go to India or to South Africa.

ANONYMOUS

Truly health is a big business for those who know it's about quality and trust. That's what will always keep you in business.

FATIMA KACHALLAH
via @MissKachallah
6:15pm-03 Nov 17

All the good words we shared should translate to actions. See you next year with greater stories of development.

BAKARE LAWAL
via @bakarelawal
11:12pm-04 Nov 17



Key Themes

Sustainability, patient-centred care, healthcare economy and adaptation were the key themes that provided the backdrop for the 2017 Future of health Conference on the Business of Health. Speaker after speaker of the 12-cohort of speakers reiterated these themes in one form or the other. Technology or digital disruption was a clear favourite for providing better healthcare access to underserved and low-income populations. For barriers to be broken, in the quest to deliver quality and access to healthcare, the message to the audience was clear: health advocacy would not suffice. Through use of available data, the stakeholders in the healthcare environment were urged to embrace health activism as the way forward in achieving their set goals. Health activism resonated in different way. This was a clear winner in the quest to make the Nigerian healthcare sector a patient-centred one. Accountability coupled with a clear resolve to adapt to the changing healthcare business environment were touted as key to delivering a healthcare system that put patients' needs first. Health practitioners were urged to leverage on the key legislations of

“The business of health is simply the business of humans.”

Ezinne Anyanwu,
MD/CEO, Efferent Services Limited

Equipment Leasing Act, Collateral Registration Act and the Credit Reporting Act to eliminate obsolete health equipment and access financial grants while setting up their health businesses. Care provider- patient collaborations and vibrant interactions were identified as crucial in managing health care cases better and also tools that give the customers more value for money. It was laid bare to attendees that the changing landscape of donor funding was going to rock the NGO landscape. For this, speakers noted that out-of-the-box thinking was required. Suggestions were put forward for the donors and even implementers to focus on results instead of inputs. For hospitals and clinics, there was a clear message: be competitive, make customers aware of what is possible and what is available in the healthcare landscape. The use of websites and deployment of health information, education and

communication across social media channels would then be invaluable. Universal Health Coverage came to the fore and it was noted there were no alternatives as it was about the survival of the human race. The overriding task was for the general public to get one form of health insurance or the other, to protect themselves and their neighbours. Ezinne Anyanwu chief executive of Efferent Services Limited, captured this succinctly: “The business of health is simply the business of humans.” It was noted that significant price differentials and startling mark-up pricing on medicine in Nigeria had its impact on the quality and access to care. In this vein, the desired robust health care system would have to do more and extend its tentacles to take care of even particular - and general - needs of patients. It was clear from all these themes that action was needed. The participating audience was in agreement. This was because for any customer, quality health care was non-negotiable. Whether it was private or public sector-led health environments, mattered little. The overriding message to the health care providers in business was resounding: assure customers that their time, dignity and respect were invaluable.

Echoes

Along the lines of the ‘Business of Health’, the World Bank has adopted performance based financing on some projects in Adamawa, Nassarawa and Ondo States. On these projects, we are not financing inputs. We are not buying drugs or ambulances or building health centres. All we just do is give basic training performance-based financing. And we come back and buy certain indicators.

OLUWOLE ODITOLU,
Senior Specialist, World Bank

One of the key things that I think people should understand when you start any practice, start small. Start in ways that you can manage - low rent, low overheads - and grow from a small place to a bigger place.

DR. CHITO NWANNA,
MD, Tabitha Medical Centre

We can no longer afford to regard healthcare as a luxury good, and need to instead explore the business demand and supply sides of health care provision at the community level. By looking at health from this perspective, the power naturally shifts to the end user – the consumer. Healthcare is now offered in a competitive space where providers have to compete for their attention at that level.

DR. ADAEZE C. OREH
‘The Business of Health: From People To Policy’ Premium Times, Dec. 1, 2017



'We need to abandon health advocacy. The time has come for us to move on to health activism.'



DR. OLAOKUN SOYINKA, Independent Verification Agent for the Saving One Million Lives Programme, sets the tone for the Business of Health 2017 conference

Hashtracking OCT. 7 - NOV. 30, 2017

5,418
POSTS

Number of tweets with the #BizOfHealthNG hashtag

29.3 million
TIMELINE DELIVERIES

Total number of times that people saw posts containing the #BizOfHealthNG hashtag

616
CONTRIBUTORS

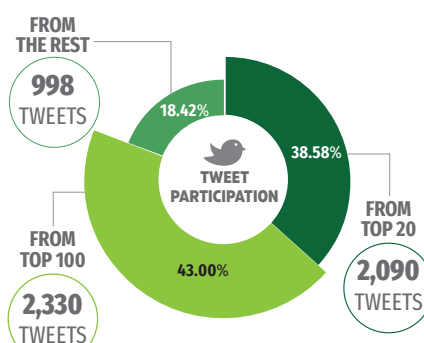
Number of users who posted with the #BizOfHealthNG hashtag

2.13 million
REACHED

Number of unique users who saw posts containing the #BizOfHealthNG hashtag

'Universal health coverage is about survival of the human race; and thus, there are no alternatives to healthcare.'

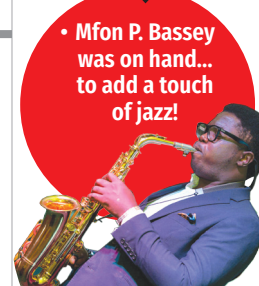
OBINNIA ABAJUE, the CEO of Hygeia HMO, the last speaker at the conference



- Stress free onsite conference check-in
- 'Take-A-Selfie' table cards
- Social media picture frames



COOL STUFF
SOOTHING STUFF



- Mfon P. Bassey was on hand... to add a touch of jazz!

Every year, Nigeria loses about \$2bn to medical tourism. The Nigerian health sector is a work in progress...this is why we need conferences like the Business of Health.'

DR. OSAGIE EHANIRE, Minister of State for Health, in his address at the conference.



154

Number of views for the 1hr 56mins Facebook video



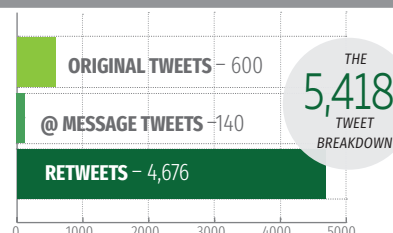
YouTube

198

Number of views for the 1hr 46mins Youtube video

'The health sector is the only sector that puts all the risk on the consumer. If you don't get better, you pay for more treatment'

DR. NTHABISENG LEGOETE, the founder of Quali Health, an affordable and convenient healthcare services provider to underserved communities in South Africa



GAPS

Lack of a **health care economy** that goes beyond the wealthy

Lack of **agile systems** that are required for access and sustainability in healthcare

Prevalence of **state healthcare insurance schemes** with combined risk pools

Non-development of **smaller state-level pools** in order to learn how to do health insurance and run health insurance

Lack of **healthcare access for disabled people** through creation of community health worker programmes

Non-implementation of the **National Health Act**

Health care consumers existing outside the centre of health care

Chief Medical Directors lacking **robust general knowledge**

Lack of **church-based health insurance schemes**

Lack of **access to funds**

Lack of **capitation models** that make health care providers **accountable** when they have received payments

Little **creative advertising** for hospitals and clinics that does not go against the Code of Medical Ethics

Lack of **business models** that actually involve the private sector

Need to make today's healthcare customer aware of the **overreaching implications of prescriptions**

More **cost-effective technologies** that will take cognisance of poor power supply, connectivity and user-experience

Pooling together the **goals of health impact** as well as sustainability

FIRST SESSION: **BREAKING DOWN THE BARRIERS: DELIVERING QUALITY AND IMPROVING ACCESS TO HEALTHCARE**

Dr. Olaokun Soyinka

Project Director,
Independent Verification
Agent for the Saving One
Million Lives Programme

MAIN POINTS
**SUSTAINABLE HEALTH
CARE FINANCING**

Healthcare financing
has to recognise that
health insurance
exists for those who
can afford relatively
expensive health
insurance and those
who traditionally do
not have access to
health care.

**HEALTH CARE
ECONOMY**

The value of health
insurance is not
just about enabling
people who can't
afford healthcare to
access healthcare. It
is about circulation
of money through
the system, so that a
health-care economy
is created.

HEALTH ACTIVISM

This is simply
shouting louder,
pushing harder
and looking at
the limitations of
communication and
advocacy. It is about
recognising 'buttons
that can pressed' to
make it work.

*"We need to abandon
health advocacy. The
time has come for us
to move on to health
activism."*

– Dr. Olaokun Soyinka

Harriet Blest

Country Manager, Human
Network International

MAIN POINTS

**LEVERAGING
APPROPRIATE
AND EXISTING
TECHNOLOGY**

Deploying the basic
Nokia phone, a free
on-demand interactive
voice response service
that leverages on
appropriate and
existing technology has
been set up.

'321', provides great
information on health,
nutrition, agriculture,
WaSH (water, sanitation
and health), family
planning and financial
inclusion.

SUSTAINABLE MODELS

'321' is sustainable
because people love
the content and the
service increases the
average revenue per
user as people keep
their SIMs, get familiar
with calling '321' and
also nearby friends.

**COLLABORATIVE
PROCESSES**

Content creation on
the platform is a very
collaborative process
that involves relevant
organisations in the
translations, recordings
and pretesting to align
with national strategy.

*"There is no point
creating great health
care services if they
do not get to the main
enduser."*

– Harriet
Blest

Peter Bamkole

Director, Enterprise
Development Centre Pan-
Atlantic University

MAIN POINTS

DIGITAL DISRUPTION

The overreaching effects
of digital disruption
may make about 70%
of health customers
to increase their
interactions with medical
personal – digitally.

**PROVIDER-USER
COLLABORATIONS**

The collaboration
between the provider
and the user of the
service will prevent
future occurrences and
repeated visits for same
complaints.

**SELF DEVELOPMENT AND
SUSTAINABILITY**

Medical personnel must
develop themselves
along the lines of
operations management,
customer service and
accounts. And explore
balancing acts so access
to same facilities will be
available for fast-track
and non-fast-track
customers.

**MULTI-LEVEL
LEADERSHIP**

Medical personnel should
lead their teams and
adapt to ensure that
customers are happy.
Customers' time must be
memorable and good for
them.

*"Efficiency and
transparency are critical
to sustainability in the
business of health."*

– Peter Bamkole

Bond Emeruwa

Co-Founder/Director,
Nollywood Workshops

MAIN POINTS

SOCIAL MESSAGING

The power of
entertainment –
incorporating, movies,
television, and drama
– has been put to play
to shift attitudes and
achieve behavioural
change. Feedback for
films with laced with
health care sector bias
has been good. One
pointer is the story
of a young lady that
had watched *Mortal
Inheritance* – a 1996
production with strong
messaging on sickle cell
– 16 times!

**HARNESSING STAR
POWER**

People could relate with
Nollywood because
it was telling original
Nigerian stories. It built
a star system: film stars
that were recognisable
and believable. These
stars became mouth-
pieces for commercial
products, campaigns
and ideologies.
Harnessing this star
power to pass on
life-changing health
information then
becomes inevitable.

*"Information is
power; Information is
health; Information is
wealth; Information is
everything!"*

– Bond Emeruwa

Ezinne Anyanwu

MD/CEO, Efferent Services
Limited

MAIN POINTS

EVOLVE

Evolve - adapt to brace
up against perceived
or real difficulties.
Technology plays a
very pivotal role in
health care. Seek and
discover opportunities
to leverage expertise
and skills.

**FUNDAMENTAL
PRINCIPLES**

The very basic
fundamental principles
of people, process
and technology are
key going forward.
Work with clients to
understand what value
means – to them.
And focus on these
fundamentals.

**STAY HUMAN, DELIVER
VALUE**

Innovators have the
task of ensuring that
health professionals
understand how
technology could
streamline their
on-the-job concerns.
Start with the human
being, then proceed
to use technology to
enhance and optimise
– but not to impede –
the work flow.

*"The business of
health is the same
as the business of
humans."*

– Ezinne Anyanwu

Michelle Akande

Country Manager,
Janssen Pharmaceutical
Companies of Johnson
and Johnson

MAIN POINTS

**HEALTH CARE SYSTEM
FRAGMENTATION**

More consolidated
solutions arise from
the process where
pharmaceutical
companies do more to
Identify points where
the predominant
number of patients are
seeking essential care.
And aggregating the
solutions going into
those different points
where people are
accessing care. This is
key for sustainability.

**PATIENT-CENTRED
CARE**

The different profiles
of patients that
access care, and
in particular those
that have difficulty
accessing health
care, are needed to
rework the routes of
patient to treatment
or service. This will
ensure that the
system can respond to
particular healthcare
needs - and the key
total needs - of those
patients.

*"How well do we use
the profiles of the
people that really need
care, to design the
system around them?"*
– Michelle Akande

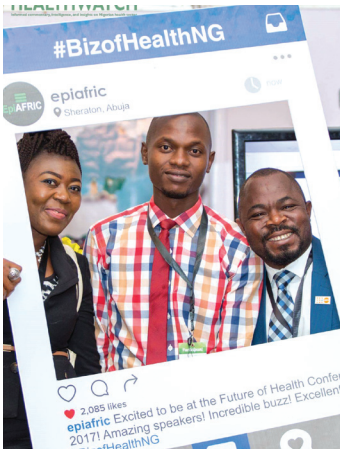


SECOND SESSION: PEOPLE-CENTERED CARE: THE HEART OF EVERY SUCCESSFUL ENTERPRISE

<p>Dr. Ike Nwachukwu</p> <p>Founding Partner, NIKEA Specialist Hospital</p> <p>MAIN POINTS</p> <p>HEALTH CARE INVESTMENTS</p> <p>Investments in health care don't come easy Investing in a hospital project in Nigeria is through 'friends, family or foes.'</p> <p>The pharmaceutical industry is the only aspect of the health-care market getting access to funds from financial institutions.</p> <p>HEALTH EVANGELISM</p> <p>Churches should embrace health insurance just as they have done in the educational sector. Church-based health insurance schemes make it easier for providers to get payment after providing care.</p> <p>LIMITED KNOWLEDGE</p> <p>Many CMDs have very little general knowledge before assuming the chief executive status of health care institutions. And is a pointer to the many mistakes they make on the line of duty.</p> <p><i>"We need to be absolutely patient-focused. We need to listen to the needs of our patients."</i></p> <p>– Dr. Ike Nwachukwu</p>	<p>Dr. Cheluchi Onyemelukwe</p> <p>Managing Partner, Health Ethics and Law Consulting</p> <p>MAIN POINTS</p> <p>EQUIPMENT LEASING ACT, 2015</p> <p>The Act allows for possession and use of leased equipment. Healthcare businesses can leverage on this to upgrade equipment and eliminate use of obsolete machines without falling behind on other financial obligations.</p> <p>COLLATERAL REGISTRATION ACT</p> <p>The law makes it possible for businesses to provide movable assets as collateral and register same in the absence of real property. Start-ups, especially SMEs can tap into the financial inclusion benefit.</p> <p>CREDIT REPORTING ACT</p> <p>Another financial inclusion tool that basically allows creditors to provide information about businesses. Businesses with good credit risks can have access funds.</p> <p>CREATIVE ADVERTISING</p> <p>Hospitals and clinics should have websites and deploy social media to put health information.</p> <p><i>"We have to be innovative. We have to take steps instead of cowering into our own corners."</i> – Dr. Cheluchi Onyemelukwe</p>	<p>Dr Farouk Jega</p> <p>Country Representative for Nigeria, Pathfinder International</p> <p>MAIN POINTS</p> <p>PRIVATE SECTOR PMTCT CARE COVERAGE</p> <p>Initially private clinics, did not see any incentive in offering donor-backed HIV services. Their reluctance to offer these services could also be traced to the stigma angle. They felt regular clients would feel uncomfortable about accessing some particular types of care together with these clients at the same facility. Over time as they provided the PMTCT services, side-by-side, the non-PMTCT services surged. The impact? Increased bottom-line for the hospitals involved.</p> <p>HEALTH SECTOR ALLIANCES</p> <p>There are a lot of upcoming private health sector alliances that are very business-oriented. With government playing its part, the much needed enabling environment for the alliances to thrive will be achieved.</p> <p><i>"Leverage on a lot of promising private sector organisations that employ business principles."</i></p> <p>– Dr Farouk Jega</p>	<p>Dr. Omokhudu Idogho</p> <p>Deputy MD, Society for Family Health (SFH), Social Business Enterprise</p> <p>MAIN POINTS</p> <p>SOCIAL BUSINESS ENTERPRISE</p> <p>Social marketing concerns itself with health impact. Social business enterprise considers the health impact as well as long term sustainability.</p> <p>SOCIAL CONTRACT</p> <p>Citizens want quality health care, whether private or public-sector led. The fallouts would massively expand access, upgrade public sector standards and bring about healthy competition on both sides.</p> <p>DONOR ENVIRONMENT</p> <p>A game changing approach for donor support may be for donors to pay for results rather than inputs. The results would then be evident and health care in Nigeria can truly be patient-centred.</p> <p>OUT-OF-THE-BOX THINKING</p> <p>Evolve business models that would actually bring the private sector into a sort of ecosystem relationship with some other providers.</p> <p><i>"Customers have options. We may not approve of their options, but they have options anyway."</i></p> <p>– Dr. Omokhudu Idogho</p>	<p>Dr. Nthabiseng Legoete</p> <p>Founder and CEO, Quali Health, South Africa</p> <p>MAIN POINTS</p> <p>AFFORDABLE BUT CONVENIENT HEALTHCARE</p> <p>This model for underserved communities is affordable because it charges a single enterprise: patients have the assurance of knowing how much the whole health care intervention is going to cost them.</p> <p>It is devoid of inconvenience in the form of long queues and delays in securing consultation.</p> <p>TECHNOLOGY</p> <p>What allows for the affordability and convenience to work together is technology. Technology is a powerful enabler because it allows costs to be kept at a minimum and processes patients without delays.</p> <p>PEOPLE-CENTRED CARE</p> <p>People-centred care is an important part of healthcare delivery because the health sector is the only sector that puts all the risk on the consumer.</p> <p><i>"We live on a continent where healthcare has become a luxury good."</i></p> <p>– Dr. Nthabiseng Legoete</p>	<p>Obinnia Abajue</p> <p>Chief Executive Officer, Hygeia HMO Limited</p> <p>MAIN POINTS</p> <p>ACCOUNTABILITY</p> <p>The quality of service delivery and how to improve is about accountability. Capitation models for HMOs must make providers accountable after they receive payments. FFS models must be devoid of fraud.</p> <p>PREVENTIVE APPROACH</p> <p>Health care is not only about curing stuff. It is about preventing things. It is a complex value-chain process that begins from prevention all the way through to avoidance of disease, before seeking cure for ailments.</p> <p>UNIVERSAL HEALTH CARE</p> <p>Universal Health Care (UHC) is not a buzz word. It is actually about survival of the race. UHC will help prevent avoidable deaths in Nigeria. Known diseases should not be allowed to decimate populations.</p> <p><i>"You are not well if your neighbour is sick. We must always be our brother's keeper."</i></p> <p>– Obinnia Abajue</p>
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CALL-TO-ACTION
Make healthcare data to be more impactful. Use data to show the true picture 'as it is'.
Change the language of public health to ensure that various statistics don't cover up the magnitude of disaster, damage, poverty and deaths.
Healthcare is a social good. Buy health insurance for yourself and your neighbours.
Focus on delivering value.
Use the law as an advocacy tool. It outlasts any administration.
Put the consumer in the centre of health care. Make access to care – and care itself – more patient-centred.
Give prominence to the human aspect of innovative technologies.
Demand for service, when you pay for it. You have a right to it. Pay, test and protest!
Be competitive. Make people aware of what is possible and what is available on ground.
Ensure that feelings are made clear to people who really control the health care ecosystem; the government.
Government must eliminate public-private sector dichotomy. Focus on quality healthcare.
Understand that people visit hospitals to fix their health issues - in the shortest possible time.
Transform requests, medical consultations, diagnosis, prescriptions, tests and results - digitally.
Think sustainability.
Provide services that really speak to the widest range of possible patients.
Explore the possibilities of local fund raising.
Get the basics of health care right – with or without government support.



The social media picture frame 'framed' a lot of faces and smiles



Participants visited the various exhibition stands at the conference venue...



...and participated in a raffle draw



Dr. Osagie Ehanire, minister of state for health, flanked by Dr Chikwe Ihekweazu, CEO/National coordinator NCDC, and Dr Ike Anya, Curator NHW...arrives FHC 2017



Dr Ike Nwachukwu, (right), partner NKEA Specialist Hospital and Dr. Oge Ilegbune (centre), Consultant GP at Dennis Ashely Wellness Centre



The pictures, the smiles...made it fun



Engrossed: all in for FHC 2017



Dr. Cheluchi Onyemelukwe discusses the conference



Questions and contributions from the audience were invaluable



The one-on-one interactions