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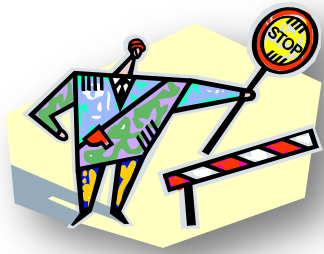
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# The National Health Bill and Its Impact on the Quality Agenda

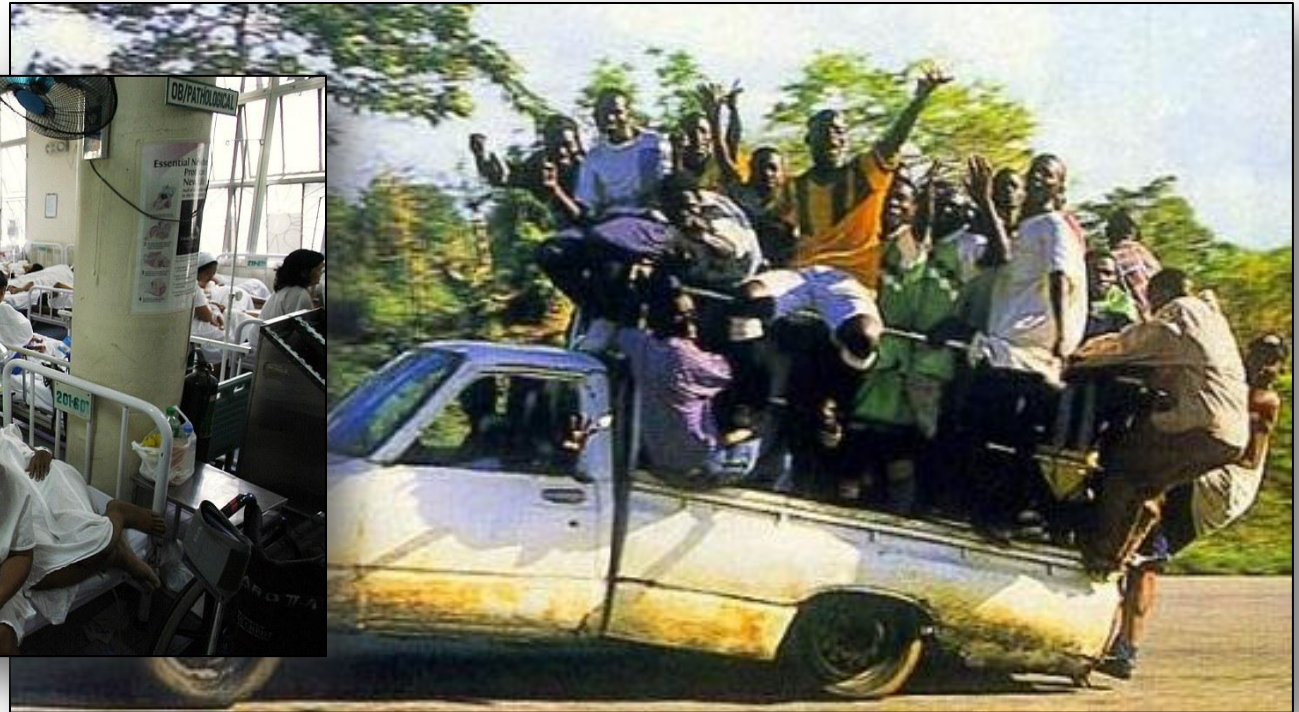
By  
Prof. Emmanuel O. Otolorin, FRCOG  
Country Director  
Jhpiego- Nigeria

# Outline

- Challenges to quality of care in Nigeria
- Overview of the National Health Bill
- The way forward



**There are many Barriers to Accessing Health Services**



## Overcrowding leads to:

- Long-Waiting times, Stock outs of essential drugs/supplies
- Client dissatisfaction
- Overworked health care workers
- Increased risks of adverse events



**Even a “Beast of Burden” can be overwhelmed**

- The Demand/ Supply situation sometimes leads to unrealistic expectations from some health facilities and staff

# A contrast of two Nigerian public health facilities



**Where have all the patients gone?**

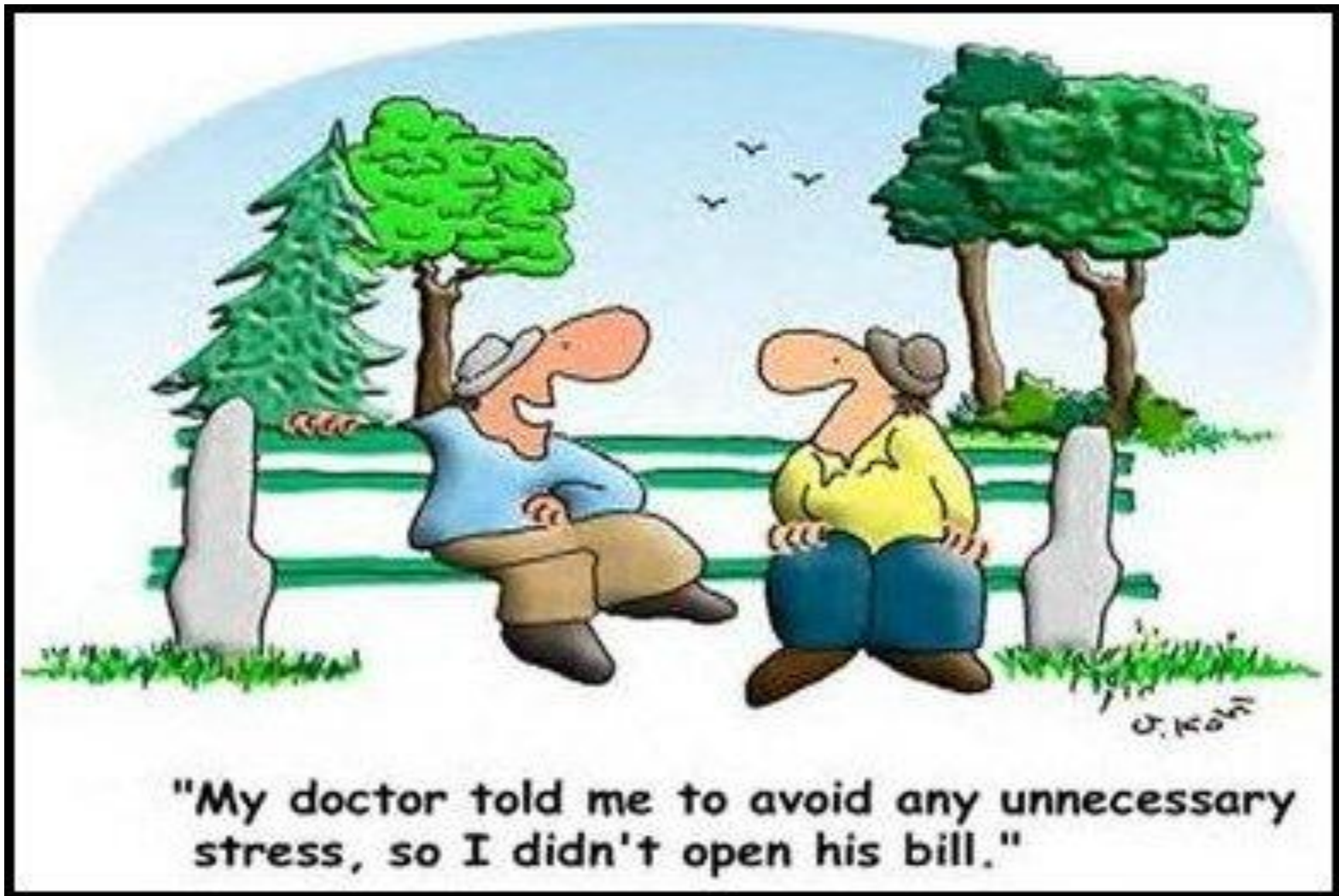


**Not enough chairs!**



**Fees discrimination** can be a barrier to health care  
(Photos from a University Teaching Hospital in Zambia)

## In a lighter mood.....



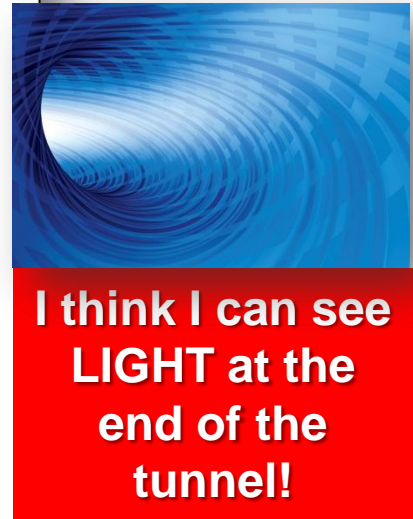
# Illustrative Health facility infrastructure in Nigeria



**Massive investments in renovations, equipment and supplies are needed!**

*Photos by Dipo Otolorin*

# Futuristic testimony!





- Lack of logistic management skills leads to **frequent stock outs** of drugs and consumable supplies
- **Poor emergency preparedness** results in *medical tourism* (even to sister African countries)



- Inadequate internal and external **supervision** leads to medical negligence and increased risk of adverse events
- Ongoing widespread “**quackery with impunity**”

# Newspaper cuttings

to the South West, with Rep. Adede Akindele as the preferred choice of the ruling party and the Presidency.

But elements within the House who chose to wreathe the PDP to the end where disappointed

that the leadership of the PDP has spoken in defiance of the Speaker. Many of the principal players in the House were also said to have seen her as someone they could contain.

Now that she is leader, her duty is to among other things, present executive bills and motions

in the event of any suspicious manoeuvres. The rules and business committee chairman usually interprets the House rule, guides the House and cause bills and motions to be put on the order paper for debate on daily basis. So her choices what to come to the floor, and the circumstances will certainly provide some checks.

## 'Fake' Cameroonian doctors invade Taraba

From Terkaba Ipik, Jalingo

MEDICAL practitioners suspected to be quack doctors from Cameroon have invaded parts of Taraba and the State Ministry of Health has expressed concern that lives of citizens could be in danger.

The State Commissioner of Health, Prince Mstophia Harman-Gabdoke told newsmen yesterday in Jalingo that fake doctors claiming to treat all kinds of illnesses have invaded parts of the state.

He said his ministry's investigation has revealed that about 90 per cent of the alleged fake doctors are from Cameroon, with some few Nigerian accreditations, adding that all of them do not have the requisite qualification to practice as medical doctors.

"When we discovered that some of these fake doctors are practicing in Makuru Bin, we invited security agencies to arrest them and right now they are being interrogated. The certificates they have presented are just equivalents of health assistants in our ministry and it is clear that they are not registered certified doctors," he said.

The commissioner advised the public to desist from patronising quack doctors in order not to endanger their lives.

"We want to seriously avoid patronising quacks that is why we have equipped all the 14 health centres in the state with drugs and medical facilities to enable our citizens access quality health services," adding that Takum and Ussa General Hospitals will be completed in November and January respectively, as a means of discouraging Tarabans from patronising quacks.

He said a committee has been set up to investigate all private health centres in the state to determine their genuineness and ascertain the quality of their health services.

Asked to confirm the arrest of the alleged fake Cameroonian doctor, the Police Public Relations Officer for Taraba, State Police Commander Ibauchukwu Mbali said he was yet to get any signal in respect of the arrest.



**FLOODED streets, after a heavy rain fall in Mararaba, Nasarawa State, yesterday.**

## '50% of laboratories in Nigeria are manned by quacks'

From Teriyi Kaji, Makurdi

REGISTRAR and Chief Executive Officer of the Microbial Laboratory Science Council of Nigeria (MLSCN) Professor Anthony Emeribe has said that over 50 per cent of health laboratories in Nigeria are manned by quacks.

Speaking in Makurdi yesterday at the annual scientific conference of medical laboratory scientists in Nigeria, Emeribe said most of the reagents and chemicals used in medical laboratories in the country are fake/substandard and often stored and distributed under unsuitable conditions.

He maintained that something urgent has to be done to address irregularities, sharp practices and quackery in view of the hazardous effects they have on the health of the public.

"Quality improvement in laboratory services is necessary to cut down on the number of Nigerians who seek health care abroad. This is because laboratory tests are fundamental for accurate diagnosis of ailments and management of patients", he said.

Also speaking, president of the Association of Medical Laboratory Scientists of Nigeria, Mr. Manasseh Garkawa Rubinsin said the NATIONAL HEALTH BILL passed by National Assembly if signed into law would cause confusion in the health system. He therefore commended President Goodluck Jonathan for not assenting to it.


He added that any policy that does not conform with the scheme of service for medical laboratory scientists as released by the OHCSEF would be rejected. Declaring the workshop open,

Governor Gabriel Suswaa said immunization exercise in Benue State has exceeded the Federal Government's target, adding that in 2007 when he assumed office, only the Federal Medical Centre Makurdi had a centre to care for HIV/AIDS patients, but that right now, there are about 23 centres in the state.

Represented by the state's Commissioner for Health and Human Services, Dr. Orduen Abanku, the governor added that anti-retroviral drugs have been distributed across the state.

## Fake doctor 'slaughters' patient

By DENNIS AGBO 3/7/2011 00:10:00



## Two days after death, woman rises in morgue

DENNIS AGBO 02/07/2011 00:12:00

...Says, "I thought we were all sleeping"



Twenty-one-year-old Adora Ugwu is planning to be a soldier. She also wants to secure admission into one of the country's tertiary institutions. She had put her hands on the plough of her latter dream by writing the last UMTE. But, as she was going for the other one, she died.

The ambitious girl who had her secondary school at the North-Bank Markudi, Benue State had written the June 18 examination into Nigeria's higher institutions of learning.

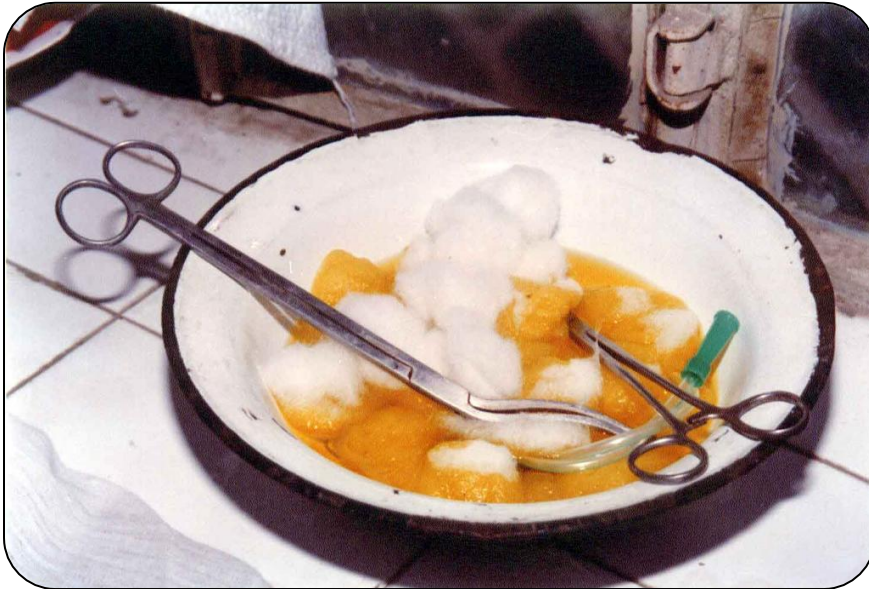
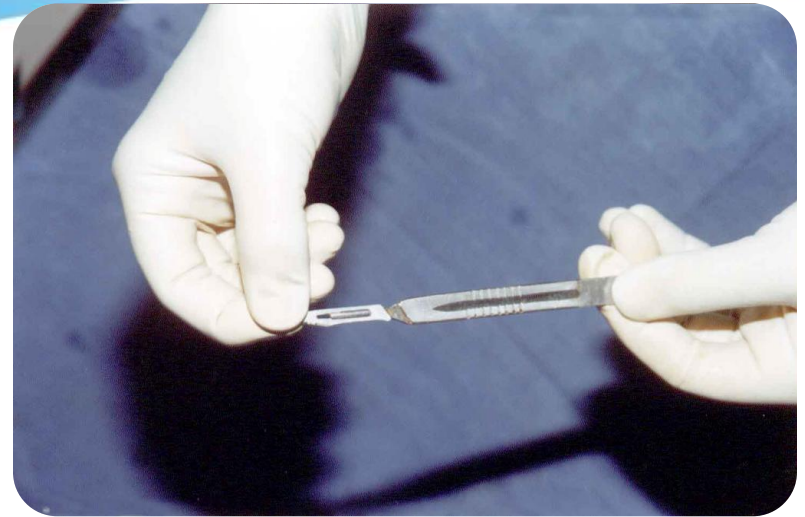
Two days after she was heading for her home state of Enugu for the recruitment into the Nigerian

**Sometimes our standards are set too low!**



**What's the big deal about Jacuzzis?**

# Unsafe practices highly prevalent!



# Disregard for the environment

- **Inappropriate waste disposal (placenta, used IV sets, bottles, syringes, paper, gauze in surface disposal) in a health facility.**



# Dangerous practices abound in the health sector!



**Group delusion of safety!**



**Self delusion of safety!**

# What has security got to do with health care delivery?



- There have been bomb blasts, kidnapping of CMDs and other doctors, murder of HCWs leading to refusal of some HCWs to attend to patients especially at night!

**Lack of security is becoming a major barrier to health care delivery!**



There are many  
barriers to access and  
quality of health care  
services in Nigeria.

Can the National  
Health Bill improve  
the situation?

# The National Health Bill



- **PART I** - RESPONSIBILITY FOR HEALTH AND ELIGIBILITY FOR HEALTH SERVICES AND ESTABLISHMENT OF NATIONAL HEALTH SYSTEM
- **PART II** - HEALTH ESTABLISHMENTS AND TECHNOLOGIES
- **PART III** - RIGHTS AND DUTIES OF USERS AND HEALTH CARE PERSONNEL
- **PART IV** - NATIONAL HEALTH RESEARCH AND INFORMATION SYSTEM
- **PART V** - HUMAN RESOURCES FOR HEALTH
- **PART VI** - CONTROL OF USE OF BLOOD, BLOOD PRODUCTS, TISSUE AND GAMETES IN HUMANS
- **PART VII** – REGULATIONS AND MISCELLANEOUS PROVISIONS

## PART I - RESPONSIBILITY FOR HEALTH AND ELIGIBILITY FOR HEALTH SERVICES AND ESTABLISHMENT OF NATIONAL HEALTH SYSTEM

1. Establishment of the National Health System
2. Functions of the Federal Ministry of Health
3. Eligibility for exemption from payment for health services in public health establishments
4. Establishment and Composition of the **National Council on Health**
5. Functions of the National Council
6. Establishment and Composition of the Technical Committee of the National Council
7. Functions of the Technical Committee
8. Establishment of the **National Tertiary Hospitals Commission**
9. Functions of the Commission
10. Establishment of **Primary Healthcare Development Fund**
11. Establishment, Composition and Tenure of the Federal Capital Territory Primary Health Care Board

## PART II - HEALTH ESTABLISHMENTS AND TECHNOLOGIES

12. Classification of Health Establishment and Technologies
13. **Certificate of Standards**
14. **Offences and Penalties in respect of Certificate of Standards**
15. Provision of Health Services at Public Health Establishments
16. Health Services at Non-Health Establishments and at Public Health Establishment other than Hospitals
17. Referral from one Public Health Establishment to another
18. Relationship between Public and Private Health Establishments
19. **Evaluating Services of Health Establishments**

## **PART III - RIGHTS AND DUTIES OF USERS AND HEALTH CARE PERSONNEL**

20. Emergency treatment
21. Rights of Health Care Personnel
22. Indemnity of the HealthCare provider, Office or Employee of a HealthCare Establishment
23. User to have full knowledge
24. Duty to Disseminate Information
25. Obligation to Keep Record
26. Confidentiality
27. Access to Health Records
28. Access to Health Records Health Care by Provider
29. Protection of Health Records
30. Laying of Complaints

## **PART IV - NATIONAL HEALTH RESEARCH AND INFORMATION SYSTEM**

31. Establishment, Composition and Tenure of National Health Research Committee
32. Research or Experimentation with Human subject
33. Establishment, Composition, Function and Tenure of National Health Research Ethics Committee
34. Establishment and functions of health research ethics committees
35. Coordination of National Health Information System
36. Duties of a FCT as regards Health Information
37. Duties of FCT Area Councils
38. Duties of Private HealthCare Providers
39. National Formulary Control of Safety of Drugs and Food Supply
40. National Health Insurance Scheme

## **PART V - HUMAN RESOURCES FOR HEALTH**

41. Development and Provision of Human Resources in National Health System
42. Appropriate Distribution of Health Care Providers
43. Regulations relating to management of Human Resources in the Health System
44. Training Institutions
45. Industrial Health
46. Industrial Dispute
47. Medical Treatment Abroad

## **PART VI - CONTROL OF USE OF BLOOD, BLOOD PRODUCTS, TISSUE AND GAMETES IN HUMANS**

48. Establishment of National Blood Transfusion Services
49. Removal of Tissue, Blood or Blood Products from Living persons
50. Use of Tissue, Blood or Blood Products removed or withdrawn from living persons
51. Prohibition of Reproductive, therapeutic Cloning of Human Kind
52. Removal and Transplantation of Human Tissue in Hospital
53. Removal, Use or Transplantation of Tissue and Administering of Blood and Blood Products by Medical Practitioner or Dentist
54. Payment in Connection with the Importation, Acquisition or Supply of Tissue, Blood or Blood Product
55. Allocation and Use of Human Organs
56. Donation of Human Bodies and Tissue of Deceased Persons
57. Purposes of Donation of body, tissue etc
58. Procedure for revocation of any donation

## PART VII – REGULATIONS AND MISCELLANEOUS PROVISIONS

- 59. Regulations
- 60. Powers of Minister to appoint Committees
- 61. Assignment of Duties and delegation of powers
- 62. Savings and transitional provisions
- 63. Interpretation
- 64. Short Title

# Part 1, Section 1: Establishment of the National Health System (NHS)

- The NHS Shall **define and provide a framework for standards and regulation of health services** which shall:
  - encompass **public and private providers** of health services;
  - **promote a spirit of cooperation and shared responsibility among all providers** of health services in the Federation and any part thereof;
  - **provide** for persons living in Nigeria **the best possible health services** within the limits of available resources;
  - **set out the rights and duties of health care providers**, health workers, health establishments and users; and
  - **protect, promote and fulfil the rights of the people** of Nigeria to have access to health care services.

# Partners in the NHS



- Federal Ministry of Health (**FMOH**);
- State Ministries of Health (**SMOH**) in every State and the Federal Capital Territory (**FCT**);
- **Parastatals** under the federal and state ministries of health;
- All **LGAs**
- Ward health committees (**WHCs**)
- Village health committees (**VHCs**)
- **Private** health care providers
- **Traditional** and alternative health care providers

## Section 8..1: Establishment of National Tertiary Hospitals Commission

- There is hereby established, a body to be known as the **National Tertiary Hospitals Commission** (in this Bill referred to as the Commission) which **shall be a body Corporate, with perpetual succession and a common seal, and may sue and be sued** in its corporate name.

# Section 8..1: Membership of National Tertiary Hospitals Commission

- *Contentious* section
  - The Commission shall consist of an **Executive Chairman, who shall be a Medical Director of the status of a Professor** with a minimum of ten years working experience in a Teaching Hospital



## Section 8..1: Membership of National Tertiary Hospitals Commission *contd.*

- **Permanent Secretary** or his representative of the following Federal Ministries: **Health, Finance, Establishment matters, office of the Head of Service of the Federation; and Education**
- **Chairman of the Committee of Chief Executives of Tertiary Hospitals;**
- The **Registrars** of – **Medical** and Dental Council of Nigeria, **Nursing** and Midwifery Council of Nigeria, **Medical Laboratory Science Council** of Nigeria, **Pharmacists Council** of Nigeria, Institute of Health Service Administrators, Medical Rehabilitation Board , **Radiographers Registration Board** of Nigeria
- **6 persons appointed on merit**, one from each geographical zone, at least one of which must be a woman.
- **1 person to represent the organized private sector;** and
- **Executive Secretary of the Commission**, who shall be a member and Secretary of the Board.

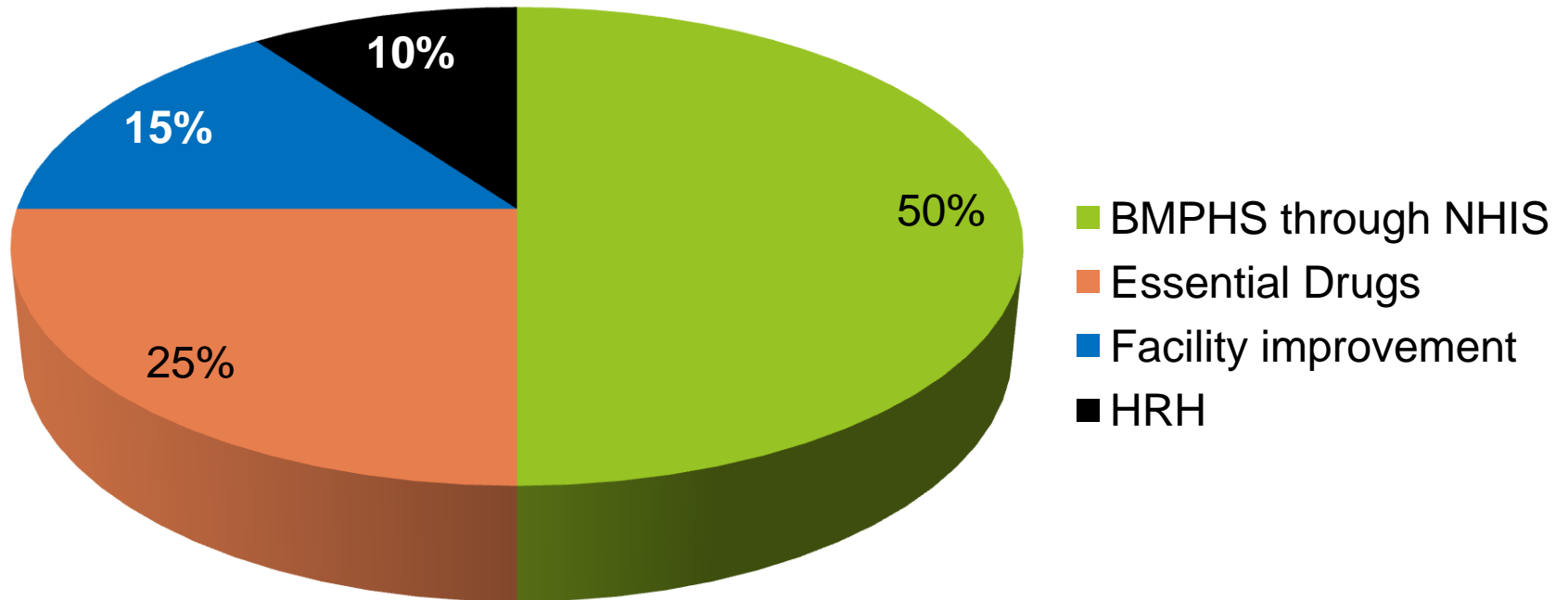
## Selected functions of the NTHC

- Section 9.1.c:
  - .....**establish minimum standards to be attained by the various tertiary health facilities** in the nation and also to **inspect and accredit** such facilities.....
- Section 9.1.i:
  - .....**monitor and evaluate all activities** and **receive annual reports from the tertiary hospitals, reward performance, apply sanctions** and supervise annual peer reviews.....

## Section 10: Establishment of National Primary Health Care Development Fund

- 10.1: There is hereby established a Fund to be known as the **National Primary Health Care Development Fund** (in this Act referred to as “the Fund”).
- 10.2: The Fund shall be financed from:
  - a. the **consolidated fund of the Federation**, an amount **not less than two per cent** of its value;
  - b. **grants** by international donor partners; and
  - c. funds from any other source.

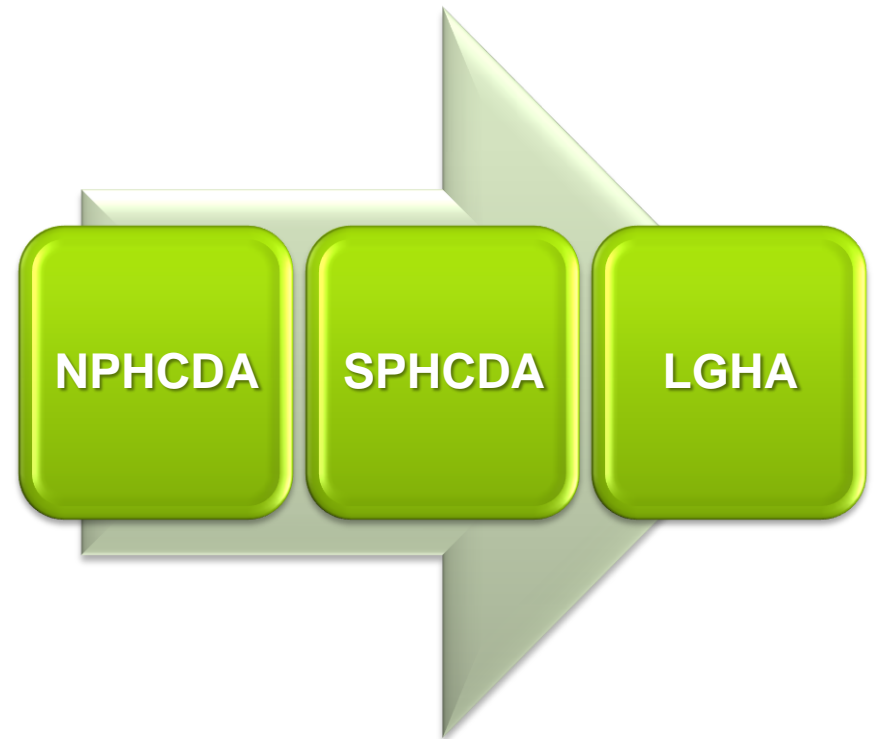
## Section 10.3: Disbursement of “the Fund”



*BMPHS=Basic Minimum Package of Health Services  
HRH=Human Resources for Health*

## Section 10.4: Disbursement of “the Fund” *contd.*

- The National Primary Health Care Development Agency shall **disburse the funds** for items 3 (b, c, d) above **through State Primary Health Care Boards** for distribution **to Local Government Health Authorities**



## Section 10.5: Disbursement of “the Fund” *contd.*

- **For any State or Local Government to qualify** for Federal Government block grant pursuant to sub-section 1(1) of this section, **such State or Local Government shall contribute:**
  - a. in the case of a State **not less than 10 per cent** of the total cost of projects; and
  - b. in the case of a Local Government **not less than five per cent** of the total cost of projects as their commitments in the execution of such projects.

## Section 10.6: Disbursement of “the Fund” *contd.*

- The National Primary Health Care Development Agency **shall not disburse money to any:**
  - a. Local Government Health Authority if it is not satisfied that the money earlier disbursed was applied in accordance with the provisions of this Bill;
  - b. State and Local Government that fails to contribute its counterpart funding and;
  - c. States and local governments that fail to implement the national health policy, norms, standards and guidelines prescribed by the National Council on Health

# NHS Section 13.1: Certificate of Standards

- Without being in possession of a Certificate of Standards, a person, entity, government or organization **shall not** :
  - **establish, construct, modify or acquire a health establishment, health agency or health technology;**
  - **increase the number of beds in, or acquire prescribed health technology** at a health establishment or health agency;
  - **provide prescribed health services;** or
  - **continue to operate a health establishment, health agency or health technology after the expiration of 24 months from the date this Bill took effect.**

## Certificate of Standards *contd.*

- The **Certificate of Standards** referred to in subsection (1) of this section **may be obtained by application in prescribed manner from the appropriate body of government where the facility is located.** In the case of tertiary institutions the appropriate authority shall be the National Tertiary Hospital Commission.



## Section 14: Offences and Penalties in respect of Certificate of Standards

- Any person, entity, government or organisation who performs any act stated under section 13(1) without a Certificate of Standards required by that section is guilty of an offence and shall be liable on conviction to a **fine of N500,000.00** or to **imprisonment** for a period **not exceeding two years** or both

## Section 19: Evaluating Services of Health Establishments

1. **All health establishments shall comply with the quality requirements and standards prescribed** by the Minister after consultation with the National Council.
2. The **quality requirements and standards** stated in subsection (1) may relate to **human resources, health technology, equipment, hygiene, premises, the delivery of health services, business practices, safety** and the manner in which users are accommodated and treated.
3. The **National Tertiary Hospital Commission shall monitor and enforce compliance** with the quality requirements and standards stated in subsection (1) **as it relates to Tertiary Hospitals.**

## Section 20: Emergency Treatment

1. **A health care provider, health worker or health establishment shall not refuse a person emergency medical treatment** for any reason.
2. Any person who contravenes this section is guilty of an offence and is liable on conviction to a **fine of N10,000.00 (ten thousand naira) or to imprisonment for a period not exceeding three months** or to both fine and imprisonment.

## Section 21: Rights of health care personnel

1. **No health care personnel shall be discriminated** against on account of his status and duties.
2. Subject to any applicable law, every health establishment shall **implement measures to minimise:**
  1. **injury or damage** to the person and property of health care personnel working at that establishment; and
  2. **disease transmission.**

## Section 22: Indemnity of the Health Care Provider, Office or Employee of a Health Care Establishment

- Subject to not being found negligent, **a health care provider** or other officers or employees of a health care establishment **shall be indemnified out of the assets of the health care establishment against any liability incurred by him in defending any proceeding, whether civil or criminal in which judgement is given in his favour or is acquitted**, if any such proceeding is brought against him in his capacity as a health care provider, an officer or employee of a health care establishment.

## Section 30: Laying of Complaints

1. **Any person may lay a complaint** about the manner in which he or she was treated at a health establishment **and have the complaint investigated.**
2. The **Minister, Commissioner** or any other appropriate authority **shall establish a procedure for the laying of complaints** within the areas of the national health system for which the Federal or State Ministry is responsible

## Section 38: Duties of Private Health Care Providers

1. All private health care providers shall:
  - a. **establish and maintain a health information system** as part of the national health information system as specified under section 34(1) of this Bill; and
  - b. **ensure compliance** with the provision of subsection (1)(a) as a condition necessary for the grant or renewal of the Certificate of Standards.
2. **Penalty** for non-compliance: N50,000 or 6 months jail

## Section 47: Medical Treatment Abroad

- Without prejudice to the right of any Nigerian to seek investigation and treatment anywhere within and outside Nigeria, **no public officer of the government of the federation or any part thereof shall be sponsored for medical investigation or treatment abroad at public expense except in exceptional cases** on the recommendation and referral by relevant expertise in respect of the investigation in Nigeria, and which recommendation or **referral shall be duly approved by the Minister or the Commissioner of Health** of the State as the case may be.

## Section 54: Payment in Connection with the Importation, Acquisition or Supply of Tissue, Blood or Blood Product

1. It is an **offence** for a **person**:
  - a. **who has donated tissue, blood or a blood product to receive any form of financial or other reward** for such donation, except for the reimbursement of reasonable costs incurred by him or her to provide such donation; and
  - b. **to sell or trade in tissue, blood or blood products**, except as provided for in this Bill.
2. **Penalty**: N100,000 or 1 year jail term

## Other important sections

- **Section 33:** Establishment, Composition, Function and Tenure of **National Health Research Ethics Committee**
- **Section 34:** Establishment and functions of health research ethics committees (for MDAs)
- **Section 35:** Coordination of National Health Management Information System (**NHMIS**)
- **Section 41:** Development and Provision of Human Resources in National Health System

## Next Steps



- Advocate to Mr. President to sign the NHB immediately
- If the passed NHB has not been signed
  - we need to urge the President to give the issues within the health care bill priority to the non-signing of the NHB.
  - advocate to 7<sup>th</sup> NASS to re-pass the bill urgently
- Facilitate implementation as soon as the bill is signed into law.

**The 2015 MDG deadline is round the corner!**

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## Closing Joke



**“According to my research, laughter is the best medicine, giggling is good for mild infections, chuckling works for minor cuts and bruises, and snickering only makes things worse.”**



*Thank You*

**For your attention**