



HEALTH CARE QUALITY MANAGEMENT IN NIGERIA PUBLIC SECTOR; ISSUES AND PROSPECT

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ABSTRACT

Quality management promotes effectiveness and patients satisfaction to treatment and health care services, leading to improved outcomes and quality of life. Nigeria loses billions of dollars annually in medical tourism to Europe and Asian countries especially United Kingdom and India due to falling standard of services and practice in her health care delivery system. This article examined the quality management in Nigeria health care system and brought to the fore the limitations and solutions. Quality management is a dynamic process necessary at all levels of health care delivery to promote good service delivery and patient satisfaction while promoting a holistic, efficient and rational service delivery. Nigeria has grappled with poor health indices. However, embracing quality management through reengineering of her policies and health care practices will promote better service delivery in the new millennium to save her from scarce foreign exchange lost annually to medical tourism while exploring the frontiers in health service delivery for better patient care.

KEYWORDS: Quality, management, health care, outcomes, policy, Nigeria.

INTRODUCTION

Quality management tries to promote and enhance effectiveness of treatments and increase patient satisfaction with services rendered.^[1] With the increasing population in Nigeria and rising health care costs, quality management in health care is gaining increased attention. A health care system comprises small and large entities, such as pharmacies, medical clinics and hospitals and all these entities need to provide quality service to patients for the system to work properly. Continuous quality improvement is rooted in the culture of a health care organization. It requires that all workers in the organization understand and enforce quality standards, and share the same quality vision.^[2,3] The consistent achievement of high-quality outputs depends upon the processes that an organization employs. The organization's management team constructs and oversees those processes. Good quality management improves patients satisfaction, their quality of life, and overall outcomes.^[1, 12, 20] This article examined the quality management in Nigeria health care system and brought to the fore the limitations and solutions.

Effective quality management focuses on the needs of the patients because they are the consumers of health care and thus, the ones who judge the effectiveness of

treatments and how well and prompt a service is. Patients desire and expectations change over time. Good quality management calls for patients evaluation to determine their satisfaction with treatment, services or with progress made.

This monitoring uses both objective and subjective means e.g. medical test results and the patient's opinion of the effectiveness of treatments, which judges the quality of the treatment approach, used for the patients. Quality management in health care requires team effort of staff with different skills and expertise in the organisation. Service providers should agree on the shared goal of providing good services, which is obtainable when supervisors assume a leadership role and motivate employees. Quality of care has three interrelated components, via technical care, interpersonal care and organisation of care.^[4,19] The dimensions of quality health care include equity, accessibility, acceptability, appropriateness, comprehensiveness, effectiveness, and efficiency. Health care delivery can be divided into three main aspects: structure, process, and outcome. Structure includes feature such as number and types of personnel, the age and type of equipment and services in an establishment like the composition of committees or board.^[5] Process includes the activities

involved in providing and receiving care. Outcomes of care involve the effects of health care on the health status of the patient and may include measures of quality of life, disability life days and patient satisfaction. Measurement of the services rendered in a health care facility could be cross sectional or longitudinal. Principles for developing good performance indicator include ownership, selectivity, balance, qualitative, sample, context, review and update.^[6] This article examined the quality management in Nigerian health care system and brought to the fore the limitations and solutions.

Levels of health care management in Nigeria

The levels of health care in Nigeria are tertiary level controlled by the Federal Government; secondary or intermediate care level that is under the control of the state governments and the primary health care, which is the lowest governmental level of health care under the jurisdiction of the local governments. The tertiary level has its responsibility resting on the Federal Ministry of Health headed by the Minister of Health. It provides specialist care and rehabilitative services, while the secondary level provides mutually supportive referral system to the primary health care level that provides at least the essential elements of primary health care that are delivered initially at the first contact point between individuals and the health care system. In Nigeria's health service delivery structure, the Federal and State parastatals were created to implement programs and manage services across the different levels. The general practice is that while policy development and those health issues that have national impact and cross border implications remain the responsibility of the Federal government, the State governments may choose to respond to these national directions in the context of local priorities, which the federal government has established. They draft their work and operational guidelines within the confines of the state budgets and responsibilities.

Again, the general understanding is that the Federal Government is responsible for tertiary care and training of selected health professionals, state governments for secondary care and supervisory oversight of local government health units who are, in turn, responsible for the provision of primary care service delivery activities and its integration community-based outreach and support activities.^[7] Health care management in Nigeria is limited by several factors including poor funding and management, incoherence between health policy initiatives, reforms and programs of different regimes and weak institutional and human capacity building. Nigerians have not reaped the benefits of billions of naira spent on health policies and acquisition of skills and knowledge in our Healthcare System. There is a great need for the quality of health care service in Nigeria to be improved and sustained.

Nigeria and Health Quality Management in retrospect

The Health and Development Dialogue (HDD) of 2005 had described the Nigerian Health Care Delivery System as myopic, lacking in vision and inefficient in service delivery.^[8] The WHO 2006 summary index measuring the health performance of 191 member states placed Nigeria in the 187 position, just ahead of Democratic Republic of Congo.^[9] The health sector performance in Nigeria had been largely unacceptable. The health service delivery problems in Nigeria has reached a frightening level^[10] that the FMOH with the support of the National Council on Health (NCH) decided to undertake a Health Sector Reform (HSR) for better performance and effectiveness. The areas of concern identified by the above ministry include defining the stewardship roles of the three arms of government, strengthening the national service delivery system management and reducing the disease burden due to priority health problems. Other areas include ensuring the availability of adequate health services, improving access to quality health services, enhancing customers awareness and community involvement in health and promoting effective partnership and co-ordination.^[7]

The most significant cause of failure remains the gap between inputs and outputs, poor funding, inefficient and ineffective management of available health resources, incoherency between health policy initiatives, reforms and programs of different regimes, cultural absenteeism in health practices and relative neglect of preventive health service, increasing cost and poor access. Other causes of failure include inequity and pro-rich mentality and approach to health service issues and weak institutional and human capacity building. At the heart of the above problems and limitations is the inadequate realization of the value of and the effective management of the demands of the key environmental stakeholders and concerns of the health sector in Nigeria.

Health Sector Reform Program

In pursuance of the reform agenda, the Federal Ministry of Health convened a meeting of stakeholders to examine the public private partnership option and the ways and means by which the abundant health care resources in the private sector could be harnessed for the benefit of the population.^[11] The Federal Ministry of Health has also made some efforts to maintain and improve the health sector performance. Between 2004 and 2007 there was a health sector reform program aimed at improving management and access to quality health care service delivery in Nigeria. Several efforts were made to achieve this, which include institutionalizing a system for quality assurance. Health establishments were given independent authority and responsibilities. Hospitals were enforced to make their internal laws, which are not against the ethics of health care practice in Nigeria. A system of registration and regulation was established for traditional and alternative medical practitioners, which made them

to undergo a process of registration and regulation to keep track of and to monitor the activities of health care practitioners. Ensuring the consumption of essential drugs produced locally by indigenous manufacturers has been encouraged.

Most drugs and pharmaceuticals consumed in Nigeria were imported mainly from India and China. Others were imported from Europe and America. There exist few manufacturing companies in Nigeria, but they enjoyed very little support due to government policies. The massive importation of drugs and pharmaceuticals coupled with poor regulation at the seaports, airports and borders have created a huge avenue for sales and consumption of fake and substandard pharmaceutical products. Before the introduction of quality management in the pharmaceutical sector, many Nigerians lost their lives while others developed deformities and complications arising from the use of sub-standard and counterfeit preparations. There was increased rate of resistance to antibiotics.

The reform through the National Agency for Food and Drug Administration and Control (NAFDAC) encouraged local production of pharmaceutical products with inbuilt quality assessment and management processes in place. It led to the ban in the importation of substandard drugs and pharmaceuticals to encourage the survival of local manufactures without compromising on quality. Local manufacturing companies now supply a huge percentage of most hospitals bidding lists and some indigenous and viable pharmaceutical companies took over a big share supply of hospitals essential drugs.

Harnessing Nigeria's crude drugs for health care delivery has been encouraged. The Nigerian Institute for Pharmaceutical Research and Development (NIPRD) was established to aid novel research in pharmacognosy, medicinal chemistry and promotion of indigenous and local content in the pharmaceutical sector. Research on medicinal plants were supported and funded by local and international organizations eg the United States Agency for International Development (USAIDS). The largest medicinal plant garden in West Africa will be commissioned at the University of Nigeria Nsukka under the Department of Pharmacognosy in 2016 towards ensuring that good quality, safe and effective drugs, food and other medicinal and allied products are obtainable along the value chain.

This was enforced by the NAFDAC, which ensures that good quality drugs are available at all time. In furtherance of this pursuit, the NAFDAC and the Pharmacist Council of Nigeria (PCN) conduct series of inspection on production facilities to ensure and uphold the practice of good manufacturing practice and develop an effective and efficient system for the procurement, distribution, and management of drugs and medical supplies. Most hospitals in Nigeria especially the government-managed hospitals have a procedure for

purchase and distribution of their stock. Manufacturers must meet certain criteria before they can be approved for supply. Companies may need to submit the good manufacturing practice (GMP) certificate of their facilities, Certificates of analysis of their products and many other documents requested. Companies may be inspected by hospitals who want to patronize or collaborate with them when necessary. The Hospital Management Board (HMB) or Ministry of Health (MOH) operates the government hospitals in most states. These hospital drugs are supplied from the State's Central Medical Stores (CMS) controlled by the HMB or MOH. Supplies are made by implementation of basic supply chain management (SCM) application.

Quality Assurance in Nigeria

Mainly development partners drove quality assurance in the health sector. The approach previously used was the client oriented provider efficient (COPE) approach. The criteria based audit is driven by Federal Medical Centre (FMC) Abeokuta. Professional bodies like Pharmacist Council of Nigeria (PCN), Nigerian Medical Association (NMA), and National Association of Medical Laboratory Scientists drove accreditation and certification for human resources capacity development for the health sector. The Federal Ministry of Health (FMOH) facilitates the quality assessment and situation analysis. Quality services include adequate resource allocation and deployment that will culminate in creating the right and good environment with the appropriate infrastructure, facilities, equipment, and drugs. The above environment is inevitable considering the fact that several studies have documented the limited capacity (due to poor infrastructural base and management of health care and inadequate health work force) of health institutions to cater for the health care needs of Nigerians.^[12,13] The flow of government funding to the health care system in Nigeria has also been disappointingly low.

Creation of SERVICOM

The Federal Government of Nigeria set up Service Compact (SERVICOM), in June 2003 in recognition of citizens right and entitlement to good service delivery. SERVICOM gives Nigerians the right to demand good services. Details of the citizens right are contained in the SERVICOM charters, which are now available in all public institutions. The charter tells Nigerians what to expect and what to do if the service fails or fall short of their expectations. SERVICOM was created to provide quality services designed to meet customers need and served by trained staff who are sensitive to the needs of their clients, set out entitlements of citizens and list the fees payable and prohibit the request for and making of additional payments which are irrelevant. It sees to the provision of services with realistic and achievable period, maintain suggestion box, which enables the public to make suggestions for better service and provide details of agencies and government officials to whom complaints about failures to provide such services should be addressed. Other expectations for its creation include

publication of relevant details to the public, periodic conduct and publish surveys for citizens to determine level of customers satisfaction and to review the commitment contained in their SERVICOM charter. Its limitations include setting standards that are too general, superficial, and focus on raising awareness of Nigerians to their rights for quality service and lack of operational performance standards for performance improvement.

In the face of the relatively well-articulated health policies and implemented programs and activities, the health of the Nigerian people is still being threatened and impaired largely by poor and inefficient health care delivery system.^[14] Although it has been argued that despite the tight financial constraints in most developing countries, significant improvements in health care is still possible if the health authorities in Nigeria would consider effecting major restructuring of their health sectors for enhancing efficiency, equity, and effectiveness.^[15]

Current trend of health quality management in Nigeria

The Standard Based Management and Recognition Approach (SBM-R) is practiced in Nigeria today and is the trend now. Although very few areas in Nigeria are practicing it, it is gaining acceptance and practice in other most health institutions in Nigeria. SBM-R approach to quality improvement include setting standards of performance in an operational way, implementing the standard through streamlined and systematic methodologies, measuring progress to guide the improvement process towards this standards and recognizing the achievements of the standards through rewards. It is been used today because process begins with subject matter, technical content and focus on desired performance.

Detailed standard is used and it focuses on integrated platform of service delivery, multiple solutions, and multiple source of support. Other uses include the use of measurements for managerial purposes, emphasis on consequences of performance and quality which is incorporated as a regular function of day-to-day management.^[16] Applications of SBM-R in Nigeria today include performance standards for emergency obstetrics and newborn care (EmONC) in Kano, Katsina and Zamfara States, performance standards for malaria in pregnancy (MIP) program in Akwa Ibom State and standards for family planning in Nigeria.

Application of SBM-R to Malaria in Pregnancy Project in Akwa Ibom

A two-pronged intervention was designed to improve access to and quality of MIP control services in the public sector in four intervention local government areas: Eket, Esit Eket, Ibeno and Onna in Akwa-Ibom State Nigeria. Community directed interventions (CDI) which involve mobilizing communities to select volunteers or community-directed distributors (CDDs) that can provide

first contact MIP services, health education early in pregnancy as well as institute a referral system from the community to the health service of the pregnant women. Quality improvement intervention was adopted to enhance the performance standards of FLHF staff in 15 LGA primary care facilities. So when CDDs surrounding these facilities refer women for antenatal care (ANC) services, they will be compelled to attend. With the poor quality of governance in Nigeria, the delivery of health services in the public health sector has notably been constrained. Although some incremental efforts were made in terms of policy formulation and program execution, such efforts have not significantly translated into concrete improvement and enhancement of public service delivery in the health sector. Two possible explanations for the poor performances are the decline in governance and near absence of quality culture. There is a growing awareness and acceptance by the Nigerian government that they do not need to dominate the provision of health service for health care delivery to be efficient. Poor infrastructural and working environment is very common in our health facilities due to poor funding. The government needs to provide an enabling environment and play their roles as government.

Prospects of quality management

The Nigerian health system is in need of intensive care and holistic reengineering.^[17] As a Federal Ministry of Health (FMOH) document puts it, *“the Nigerian health system is so complex and has grown out of so many obtuse needs that the best approach to reform is to start afresh and plan the system de novo”*.^[18] Cross sections like support systems, information, education, communication, human, physical, and material resources, managed systems, and infection prevention should be retained through policy advocacy at all tears of government.

CONCLUSION

Development of additional sections for thematic areas such as integrated management of childhood illness (IMCI), infectious disease such as HIV, TB and essential areas like malaria, mental health, family planning and oncology through the FMOH in collaboration with other ministries, agencies, and stakeholders will be invaluable. There is the need for a restructured, recreated, re-engineered, repositioned, and renewed service based Nigerian health sector environment that would be genial to and clement for a quality-driven and performance-oriented health sector via effective and holistic approach and pragmatic management synergism. Improvement of health services through quality management upgrade and policy review, will encourage patronage by our people who travel in mass abroad annually, retain our scarce foreign exchange and improve productivity, health outcomes and indices. Quality management will improve treatment outcomes; promote patronage of our services leading to decline in medical tourism, brain drain and the huge foreign exchange lost annually.

Conflict of interest

The authors indicated no conflict of interest.

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