The National Health Bill and Its Impact on the Quality Agenda

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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.....

"My doctor told me to avoid any unnecessary stress, so I didn't open his bill."
Illustrative Health facility infrastructure in Nigeria

Massive investments in renovations, equipment and supplies are needed!

Photos by Dipo Otolorin
I think I can see LIGHT at the end of the tunnel!
• 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

‘Fake’ Cameroonian doctors invade Taraba

FROM SEDA IGLO

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 endangered.

The State Commissioner of Health, Prince Monshephi Hamei-Rade said yesterday that fake doctors claiming to treat all kinds of illnesses have invaded each of the state.

The commissioner said that it was disturbing to note that some of the quack doctors were in the state under the patronage of some individuals.

He said that the state government would take the law into its hands to ensure that the quack doctors do not continue to operate in the state.

The commissioner also said that the state government was working with the police to ensure that the quack doctors were arrested and prosecuted.

Fake doctor ‘slauters’ patient

FROM JHABO

A man has been arrested and remanded in prison after he admitted to murdering his wife in Delta State.

The 30-year-old man, identified as John Obaseki, was arrested by the police after he went to the police station to report his wife missing.

The police said that they had received a call from the man, who claimed that his wife had gone missing.

The police had traced the man to his home in Warri, where they found his wife dead in a room.

The police said that they were investigating the case and would take the necessary steps to ensure that the man was brought to justice.

Two days after death, woman rises in morgue

DEAD body of a woman who died two days ago was found rising in the morgue of a hospital in Lagos.

The body of the woman, identified as Aisha Johnson, was found rising in the morgue after her family had visited her at the hospital.

The hospital management had earlier said that the woman had died of a heart attack.

The family had visited the hospital to pick up the body of the woman, but were shocked to see her rising in the morgue.

The family had reported the incident to the police, who were investigating the matter.

50% of laboratories in Nigeria are manned by quacks

FROM TONY JAPA

According to the Director and Chief Executive Officer of the National Laboratory Science Council of Nigeria (MLSCN), Professor Anthony Emere, about 50 per cent of laboratories in Nigeria are manned by quacks.

Emere said that the situation was worrying and that it was causing problems for the citizens.

He said that the quack doctors were using substandard equipment and chemicals, which were affecting the quality of services provided by the laboratories.

Emere said that the situation was being addressed and that steps were being taken to improve the situation in the laboratories.
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 Health Care provider, Office or Employee of a Health Care 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
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 through NHIS: 50%
- Essential Drugs: 25%
- Facility improvement: 15%
- HRH: 10%

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.
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 sub-section (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 lapsed,
  - we need to urgently resolve the issues within the health sector that led to the non-signing of the NHB.
  - advocate to 7th 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!
“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