QUALITY OF HEALTHCARE

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Introduction

According to a report by the World Health Organization, poor-quality care accounts for up to 15% of overall deaths in low- and middle-income countries (LMICs). Specifically, the report indicated that between 5.7 and 8.4 million deaths in these countries are attributed to low-quality healthcare services. It is estimated that sixty percent of deaths in LMICs from conditions requiring healthcare occur due to poor quality care, whereas the remaining deaths result from non-utilization of the health system.

With Nigeria currently ranking 157 out of 167 countries on healthcare indices (Statista 2023), issues surrounding access to quality healthcare services should be a mega focus for all who care for the consumers of health in Nigeria.

In their article titled "Improving Access, Quality and Efficiency in HealthCare Delivery in Nigeria: A Perspective," McKing and Ifunanya 2021, noted that "providing equitable access to healthcare for every Nigerian, is central in the country's National Health Act.

However, the Nigerian Health System ranks poorly in terms of access and quality, just as the country also ranks poorly on Transparency International's Corruption Perception Index. The problem of lack of access to quality healthcare is linked to the wasteful use of referral centers to render primary care services.

In rural communities where the burden of disease morbidity and mortality is high, efficient health expenditure and service utilization, are plagued by the absence of adequately functioning Primary Health Centers (PHCs), and poor or inadequate cost-sharing schemes; all due to corrupt practices in the health sector."

The low quality of healthcare has reached a critical stage in Nigeria, culminating in rousing doubts and speculations about the efficiency of orthodox medicine among the consumers, and fuelling medical tourism among the political class and elites who can afford 'better' healthcare in another land.

In their article titled "Quality of Health Care in Nigeria: A Myth or a Reality," Benson *et al*., 2018, opined that "the pace of development of quality healthcare services in Nigeria remains quite unsatisfactory. This is because Nigeria, a highly populous nation has a world health system ranking, of 187 out of 200 countries;

still has weak or non-existent healthcare standards and accreditation systems, poor quality healthcare services, inequitably distributed, as well as insufficient healthcare service delivery. Despite the investments into primary, secondary, and tertiary healthcare, coverage of basic healthcare services, especially for the rural populace of the country is yet to be attained."

In March 2024, the Clean Healthcare Initiative (CHI), a Foundation concerned with the quality of healthcare services and medicine supply in Nigeria, held the maiden edition of the International Conference on Quality of Medicines and Healthcare Services in conjunction with the Association of Community Pharmacists of Nigeria (ACPN) in Abuja, Nigeria.

The Conference, which consisted of all stakeholders, researchers, and some key regulators of the healthcare system, focused on the panacea to the decelerating quality of healthcare services in Nigeria.

The Conference was amazed when the regulators and some researchers in their presentations revealed the level of substandard and falsified medicines in Nigeria. (Some Abstracts from the Conference are published in this Journal).

Researchers, over the years, have raised alarm on the quality of medicines available in Nigeria and Sub-Saharan Africa. A comprehensive study by Taylor *et al*., 2001 noted that "the quality of medicines available in some less-developed countries, is inadequate, in terms of content of active ingredient".

Reasons for the poor quality of drugs include;

i. Widespread counterfeiting of medicines in less-developed countries,
ii. Excessive or accelerated decomposition of active ingredients as a result of high temperature, humidity, and poor quality assurance, during the manufacture of medicinal products.

The study, which was conducted in Lagos and Abuja, randomly sampled 581 products from different pharmacies for analysis. The result indicated that 279 samples, representing the gross, 48 percent, failed the standard test. This includes some preparations, which contained no active ingredient, and some with amounts just outside the pharmacopeial limits.

Previous studies by affiliated bodies of the WHO have indicated that at least one in 10 medicines in Sub-Saharan Africa, is either substandard or falsified.

Case Study

Mrs. Ajiga has gone to a notable Tertiary hospital with her old mother who has been complaining of lower back pain for the past few months. This was after all the efforts to curtail the pain, using various ranges of available analgesics (as 'prescribed' by neighbors, friends, and relatives) bought from the neighborhood Pharmacies, had failed to produce any substantial result.

Their first visit was hectic, but unsuccessful, due to their 'late arrival'. They were however lucky to see the Consultant on the second visit after waiting for 7 hours (four weeks later).

The laboratory analysis suggested that the old woman was suffering from appendicitis, which required immediate surgical removal. Another two months later, the old woman was diagnosed with stage 3 ovarian cancer, in another Tertiary institution. Mama died 4 months later.

What is Quality Healthcare?

According to the National Academy of Medicine, quality healthcare is care that is safe, effective, patient-centered, timely, efficient, and equitable.

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage.

The World Health Organization supplemented that quality healthcare should be integrated.

Elements of Quality Healthcare

Quality Healthcare should be;

i. Safe: Preventing harm to patients from the care that is intended to help them.
ii. Effective: Providing services, based on scientific knowledge, to all who would benefit, and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

iii. Patient-centered: Providing care that is respectful of, and responsive to individual patient preferences; needs, and values. Ensuring that patient values guide all clinical decisions.

iv. Timely: Reducing waiting, and sometimes harmful delays, for both recipients of healthcare and their caregivers.

v. Efficient: Eliminating waste of equipment, supplies, ideas, and energy.

vi. Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

vii. Integrated: Providing care that is coordinated across levels and providers; making available the full range of health services throughout the patient's life.

Where are We?

Fortunately, we know where we are, as well as where we want or ought to be. The potential and will to advance is also resident within us.

In their review, Benson *et al*., 2018 concluded that "there is a void that needs to be filled by all relevant stakeholders in the Nigerian healthcare system if the provision of quality healthcare is to be attained to its fullest capacity. The 'Great Fix' is of absolute importance at this stage of development of the Nigerian State so that in reality, Nigerians can say that they indeed abide in a state of complete physical, mental, and social well-being while remaining economically productive and viable."

Speaking specifically on the quality of medicines, Taylor *et al*., 2001 highlighted that "the most probable cause of the poor quality of drugs is the absence of adequate quality assurance during manufacture. Substandard drugs sold in the Pharmacies of less-developed countries could contribute to global microbial resistance and therapeutic failure of infectious diseases."

Part of the resolutions of the International Conference on Quality of Medicines and Healthcare Services is the immediate deployment of quality assurance tools to three regions in Nigeria, with other recommendations for regulators and professionals on quality measures.

As a nation that relies on the importation of up to 70 percent of its pharmaceuticals, vibrant quality assurance tools remain a requirement for the assurance of quality medicines and pharmaceutical supplies.

Conclusion

As commonly stated in quality assurance, Good quality is not a parameter to search for but rather, a product to build. Thus, quality requires a deliberate and pragmatic action that is woven into an integrated system. We must therefore go beyond the assessment of quality of care in 'finished dosage forms' to the integration of quality from the onset. This requires ensuring the right professionals, engage in the right services (as trained), in the right facility, to the right clients.

References

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