Improving capacity for universal health coverage: Situational evidence of the health care regulatory landscape Lagos State

By

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**Background**

Achieving universal health coverage is critical for attaining the Health SGD. Healthcare regulation is a key governance function that ensures healthcare services are safe, effective, of good quality, accurate while combining availability, accessibility, affordability of health care services within required standards. The government through its State Development (2012-2025) plan has committed to ensuring unfettered access to quality health care services for its citizens. This necessitated the development of legislative frameworks for reforming health and improving healthcare financing. The success of this is hinged on the capacity for regulating healthcare service provision within public and private healthcare.

**Aim and Objectives**

This research aimed at assessing the current state of the regulatory landscape with a view of providing situational evidence on identified gaps, establish a base score to monitor improvements and design interventions for strengthening capacity for regulation in these agencies. In regulation

the Health Facility Monitoring and Accreditation Agency (HEFAMAA) and Traditional Medicine Board (TMB) have mandate for regulating health services in formal and informal private and public facilities

**Methods**

For this research desk review of existing legislative frameworks was conducted. Key informant interviews were deployed with relevant government officials. A checklist was adapted from matrix for assessment of health facility accreditation/regulation. It was used to establish a base score for health care regulation in Lagos with ratings from the lowest score of 0 to the highest score of 2.

**Key findings**

The findings show that legislations and plans exist providing the broad framework for healthcare regulation in Nigeria and Lagos State but areas of overlap in the regulatory functions of SMOH and its agencies exist. Agencies are grossly understaffed with lack of technical capacity for regulatory actions. The regulatory scope is limited and fragmented with evidence of uncoordinated actions and delegations. Regulatory methodologies are limited to certification and licensure. Regulatory tools are inadequate with no operational guideline; Weak system for inspection, monitoring and evaluation with funding challenges. Monitoring reports are not consistently used for follow up visits with couples of cases of quackery

**Conclusion**

The weak regulatory landscape compounds the real challenges of huge population, associated demand for health services and poor health indices. It poses a challenge in assuring quality for health care services delivered to citizens for the planned roll out of mandatory health insurance, or purchase from providers at public or private health facilities. It is critical to strengthen the regulatory systems and support quality improvement.