

# **CHALLENGES AND OPORTUNITIES WITH NATIONAL STUDIES IN NIGERIA**

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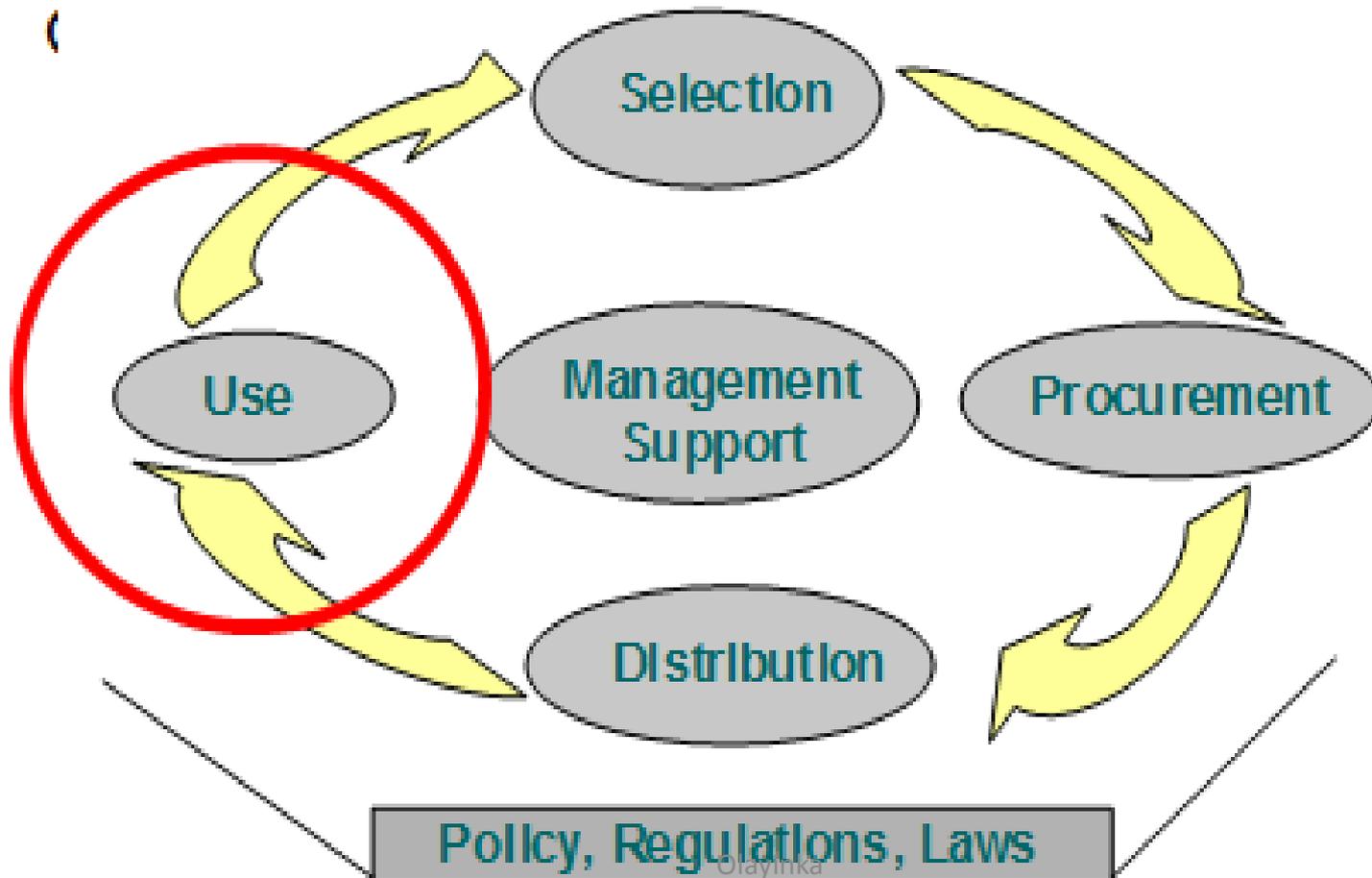
LASUCOM/LASUTH, IKEJA, LAGOS, NIGERIA

- Total population in Nigeria estimated at 178.5 million people in 2014
  - 45.2 million in 1960 at Independence
- Nigerian population represents 2.35 percent of the world's population
  - Arguably 1 person in every 43 people on the planet is a resident of Nigeria

- Per capita income of about USD 2,722 per year
- The country is divided into six geo-political zones administratively
- Comprises of 36 states and The Federal Capital Territory and a total of 774 Local Government Areas
- At least 37 major cities and several relatively large rural communities

- Currently faced with lots of socioeconomic challenges
  - Inflation rate highest in 7 years
  - Shrinking economy
  - Terrorism and Insurgency
  - Unemployment rate on the rise

# Pharmaceutical Management Cycle



- Each of the aspects of the Pharmaceutical Management Cycle in Nigeria has challenges and therefore presents lots of opportunities for research driven interventions
  - Selection
  - Procurement
  - Distribution
  - Use( Prescribers/Consumers)
  - Policy/Regulation/Laws
  - Management Support

# Nigerian Pharmaceutical Market

- Pharmaceutical market is anticipated to grow more than double its current size to USD 1.3 trillion in 2020
- Pharmaceutical import in Nigeria put at a value of USD 481million in 2013 and are expected to reach USD 789 million in 2018 (10.4% increase).

- Currently, no national distributor to distribute drugs throughout the country
  - About 300 drug importers made up of financially strong distributors
    - Floods the products in the wholesale market for the retailers to buy
    - They also supply directly to big retailers and hospitals
  - Second model: Many foreign manufacturing companies get the registration through the wholesale importers and retailers buy from them

- The third model: The wholesalers(importers) get the registration on its own name and get the product contract manufactured from the manufacturer and then sell to other wholesaler and then retailers in that order.

# Unaffordable Medicines

- Pricing Structure
  - Drug prices in Nigeria are set mostly by market forces, with government tariffs, taxes and distribution mark-ups accounting for a significant proportion of the final price
  - Prices therefore vary between outlets, facilities and types of products
  - Generic drugs are priced much higher than their equivalents in neighboring countries

- Findings of a 2004 survey on medicine prices in Nigeria carried out by the FMOH/WHO/DFID/EU/HAI:
  - Medicines were unaffordable to about 90% of Nigerians who lived below the income level of US\$2 per day
  - Patients paid between 2-64% times international reference prices for medicines in the various health facilities surveyed

- Medicines were more expensive in the private health sectors
- Wide variability of prices for the same medicines between facilities, sectors and different types of the same product
- The prices of procured medicines was 2 to 38 times international prices in the public owned central stores studied
- The Non-Governmental Organisation owned central stores recorded a 20 times less costs.

- Poor budgetary allocation to health in the face of rising disease burden (Communicable and Non-Communicable)
- Public expenditure on health in Nigeria accounts for only about 20 to 30% of the total health expenditure, while the remaining 70 to 80% is derived from private expenditures
- The private expenditure expenses is constituted mostly by 'out of pocket' (OOP) expenditures.
- OOP spending on health care in Nigeria can be as high as 62% of the total healthcare expenditure.

# Use of Medicines

- **Lack of skills and knowledge**
  - Lack of independent information such as clinical guidelines
  - Traditional pharmacology trainings seems to be more concentrated on ‘theory’ than ‘practice’.
  - Therapeutics is rarely taught in medical schools/postgraduate training
  - Although pharmacology knowledge is acquired, practical prescribing skills remain weak

- **Inappropriate unethical promotion of medicines by pharmaceutical companies.**
  - Most prescribers get medicine information from pharmaceutical companies rather than independent sources such as clinical guidelines.
  - This often leads to overuse.

- **Unrestricted availability of medicines.**
  - Prescription medicines such as antibiotics, are freely available over-the-counter, unfortunately also in market places/motor parks.
  - This leads to overuse, inappropriate self-medication and non-adherence to dosing regimes.
- **Lack of Consumer Knowledge about Drugs**



- **Lack of coordinated national pharmaceutical policy**
  - Lack of appropriate measures and infrastructure for monitoring and regulation of medicines use
  - Lack of appropriate training and supervision for prescribing health workers
- **Non-Existence of DTCs across the nation**
- **Regulatory Activities (Not Too Successful Yet)**

# Access to medicines and RUD in Nigeria

- The first Nigerian National Medicine Policy (1996)
- Revision of the Policy (2005)
- Evaluation of the various aspects of the policy(2008)
  - Employed the WHO levels I and II facility survey tools
  - Carried out in 30 public health facilities and 30 private medicine outlets in 5 out of the 6 geopolitical zones of the country

# Summary of Key findings of the 2008 Evaluation

- Most private medicine outlets engage the services of more untrained than trained staff
- Cost of medications in both public and private sectors were high and unaffordable to patients
- Availability of medicine was higher in private medicine outlets
- Most public health facilities had long stock out duration and did not keep adequate records

- Most of the public health facilities did not have EML, however most of the medicines prescribed were listed on the EML but not written in generic names
- Antibiotics and injection prescribing were high
- Private medicine outlets often sold prescription medicine to patients without a prescription
- Medicines were usually inappropriately labelled in both public and private outlets

# Some Identified Areas of Strength/Promises

- Several professionals mostly physicians/clinical pharmacologists, pharmacists and public health physicians interested in DUR
  - making some efforts in this direction over the years
- MURIA-The Nigerian Group/ Supports from International Partners and Colleagues
- The vast areas of needs available for research and interventions.
- Prescription Skills Training/Assessment – **IN VIEW**

# Challenges

- Need for proper coordination of research activities among professionals sharing similar interests
  - The potential impacts of DUR on health care delivery system in Nigeria is yet to be seen
- Knowledge gaps in methodologies of DUR still exists
- Lack of funding for research
- Research Tools Needs.
- Inter-professional disharmony in Nigerian Health Sector/ Pronounced in the Public Sector.

- Lack of Computerized database/s
  - Available data were manually generated
  - Not been able to link Drug Utilization to Diagnosis
  - The National Health Insurance Scheme could have been helpful in this respect but:
    - Covers less than 10% of the population presently
    - Lack of adequate drug utilization data is prevalent

# On-Going Research Activities/Planned National Studies

- **Patterns of Utilization of Antibiotics in Nigeria: A pharmacoepidemiological and pharmaco-economic analysis (including Point Prevalence Studies)**
  - Protocol Developed
  - Ethical Approval Sought
  - Funding Application Submitted to The Tertiary Education Trust Fund (TETFUND), Nigeria
  - Federal Ministry of Health being engaged
- **Patterns of Utilization of Antihypertensive and Statin Drugs in Nigeria: A pharmacoepidemiological and pharmaco-economic analysis – IN VIEW**
- **Assessment of Availability and Functions of Drug and Therapeutic Committees in Nigeria – ON GOING**

# Conclusion

- Diverse Challenges exists all around each of the aspects of the Pharmaceutical Management Cycle in Nigeria presenting opportunities for research driven interventions
- There is the need for concerted efforts towards overcoming the identified challenges and making the most use of the opportunities.

