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| Journal Name: | [**Journal of Advances in Medical and Pharmaceutical Sciences**](https://journaljamps.com/index.php/JAMPS) |
| Manuscript Number: | **Ms\_JAMPS\_130904** |
| Title of the Manuscript: | **Feasibility and Sustainability Analysis of A 100% Drug Prescription-fill Policy Goals at the University of Benin Teaching Hospital, Nigeria: Implications for National Strategic Health Development Plan-2 & National Drug Policy.** |
| Type of the Article | **Original Research Article** |

PART 1: Comments

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|  | **Reviewer’s comment** | **Author’s Feedback** *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |  |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | It evaluates the policy's financial feasibility then looks at how it affects system efficiency, patient outcomes, and healthcare access. The results will offer important new perspectives for enhancing the National Strategic Health Development Plan-2 and National Drug Policy, so enabling fair access to necessary medications and hence boosting general healthcare delivery in Nigeria. | The study reveals a methodological approach to evaluating a policy's financial feasibility and sustainability by assessing the technical, economic and administrative components. The study also reveals a progressive increase in efficiency of the new policy year after year. This study, therefore, describes the new policy as efficient and cost-effective, as compared with the older policy. The research work further assesses the relative ease of Patient’s access to quality healthcare solutions through proficient and adequate mechanism of provision of essential medicines by the staff and Management of the Hospital. The findings reveal a significant improvement in the Patient’s outcome, as well as the effectiveness and efficiency of the National Health & Drug policies at boosting the general Healthcare delivery in Nigeria. The study describes vividly an approach for assessing the feasibility and sustainability of healthcare policies in a hospital setting that will maximize Patient’s outcome, using feasibility powers, dispensing panels, and the policy goals factors as indicators. The manuscript also explores the mode of evaluating impacts of Public Policy on healthcare delivery efficiency through the use of indicators like drug availability, affordability and ease of accessibility to patients. |  |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | Alternative – “Assessing the Feasibility and Sustainability of a 100% Drug Prescription-Fill Policy at the University of Benin Teaching Hospital, Nigeria: Implications for National Health and Drug Policies” | Assessing the Feasibility and Sustainability of a 100% Drug Prescription-Fill Policy at the University of Benin Teaching Hospital, Nigeria: Implications for National Health and Drug Policies. |  |
| **Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.** | Give a short explanation of the data results to help people understand them better. Explain the steps you took, especially how you checked for possibility and sustainability. Lessen the number of statistical values in the results part to make it easier to read. Make the conclusion stronger by pointing out specific good things about the new strategy that aren't just statistically significant | **Methodology:** The questionnaires were fill out of free will by the respondents on a scale of 0-5, according to how much importance they assign to each policy goals factor with respect to feasibility and sustainability. The frequency of scores for each was calculated and this was multiplied by the respective scoring factor to obtain the feasibility powers. The data for dispensing panels, staff strength and salaries were obtained from the Hospital records at the Pharmacy and Accounts departments respectively. The policy goals factors were represented by: A= Adequate & ethical provision of public goods/services; B= Reducing/resolving externalities; C= Minimizing monopolies of drug supply by market forces; D= Minimizing information asymmetry to patients by market forces; E= Ensuring proper management of available resources; F= More equitable distribution of drugs/ services to patients.  **Results**: The two-way ANOVA of the Graph Prism 6 was used in the analysis of variance, and it shows that there are significant differences in the feasibility powers among the various policy goals factors (column factors) at ***α*** = .05, F(6,30) = 4.401 and P= .003 and total variation of 14%. On the roll, there is a significant difference among the treatment factors at ***α***  = .05, F(5,30) = 23.98 and P = .0001 with a variation of 68%. The dispensing panels and staff strength, staff remuneration and work-out-put efficiency were analyzed using the unpaired t-test (parametric), and it shows that there is a significant difference between the two policies in terms of the number of: prescriptions treated, drug items prescribed, drug items dispensed, the frequency of 'Not-Available' drugs, percentage of 'Not-Available' drugs to patients, drugs-availability, staff- strength, staff salaries and work-out-put efficiency, at P = .05 with respective variations of 85%, 81%, 82%,i 64%, 70%, 83%, 68%, 80%, and 75%. The Null hypothesis was rejected in each scenario.. There is no significant difference between the two policies with respect to number of: Not-funded drugs by patients and percentage of funding-ability by patients at P= .05. **Conclusion:** In the new policy, more prescriptions were treated, more drug items were prescribed and dispensed to the patients, and these culminated in increase in internally generated revenue for the Hospital. There was a significant reduction in the frequency of occurrences of "Not-Available drugs", "Not-funded drugs" by patients, and the percentage of "Not-Available drugs". The new policy further shows a significant improvement in the "Funding-Ability" of drugs by patients, "drug-Availability” and it's percentage thereof, and work-out-put efficiency by the staff. These evaluation indicators indicate a significantly enhanced quantity and quality of care to the patients and clients through implementation of the 100% drug prescription-fill policy at University of Benin Teaching Hospital. |  |
| **Is the manuscript scientifically, correct? Please write here.** | Although the study has some solid scientific points, it might benefit from better study design, statistical analysis, and consideration of confounding variables in order to draw relevant and applicable findings. |  |  |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | At the very least, a few references from the past five years need to be included. In accordance with this, the referencing style needs to be checked | If we want our society to continue to develop, we must adhere to the principles of sustainable development and environmental policy (Milan Majerník, ... Marcela Malindžáková, in Sustainable Resource Management, 2021.).  The study provided evidence that sustainability has the potential to affect multiple value creation levers over both the short and long terms. For example, sustainability efforts can result in a stronger brand and greater pricing power (a value creation lever). This can lead to increased margins, producing greater profits and maximizing total shareholder return. Sustainability can also help improve customer loyalty and reduce the rate of churn, thereby boosting market share and revenue growth. If enabling these value creation levers can help increase profits, free up cash flow, and ultimately improve total shareholder return, then assisting leaders and managers of companies to implement sustainable policies should be highly desirable (Philip Coish, ... Paul T. Anastas, in Green Chemistry, 2018). Such assistance can be provided by adopting the Principles of 100% drug prescription-fill policy in a Hospital practice.  it is understandable that appropriate policy implication is important for organizing the social issues toward sustainability(Mohammad Ali PhD, in Sustainability Assessment, 2013).  'The "feasibility of a policy" refers to the likelihood that a proposed policy can be successfully implemented and achieved in practice, considering all relevant factors like political support, administrative capacity, financial resources, social acceptance, and legal constraints within a given context; essentially, whether it is practical and achievable given the current situation. Political feasibility is a measure of how well a solution to a policy problem, will be accepted by a set of decision makers and the general public. For a policy to be enacted and implemented, it must be politically acceptable, or feasible'(https://en.wikipedia org).  A feasibility assessment is a systematic evaluation of the practicality and viability of a proposed project or policy, taking into consideration factors such as economic, technical, legal, and operational aspects. This process helps decision-makers determine whether an initiative is worth pursuing by analyzing potential risks, costs, and benefits associated with it. The insights gained from a feasibility assessment can inform future public policy decisions and shape the direction of projects aimed at addressing emerging challenges.(https://fiveable.me).  Over the past decade, rising prescription drug costs have garnered substantial attention from policymakers, payers, patients, and other stakeholders(Kirzinger A, Lopes L, Wu B, Brodie M. KFF Health Tracking Poll—February 2019: Prescription Drugs. KFF; 2019.  Google ScholarGoogle PreviewWorldCatCOPAC).  Patients are interested in having access to affordable cutting-edge prescription drugs (Doshi JA, Li P, Ladage VP, Pettit AR, Taylor EA. Impact of cost sharing on specialty drug utilization and outcomes: a review of the evidence and future directions. Am J Manag Care. 2016;22(3):188–197.  Hamel L, Lopes L, Kirzinger A, et al. Public Opinion on Prescription Drugs and Their Prices. KFF; 2022.  Google ScholarGoogle Preview).  Insurers are concerned about the high costs of covering new expensive medications due to limited information about their efficacy;(Chambers JD, Kim DD, Pope EF, Graff JS, Wilkinson CL, Neumann PJ. Specialty drug coverage varies across commercial health plans in the US. Health Aff (Millwood). 2018;37(7):1041–1047.)  Manufacturers seek to protect their ability to price new medications based on the anticipated market and efficacy of the drug.(Entis L. Why does medicine cost so much? Here's how drug prices are set. TIME. 2019.  Google ScholarWorldCat.  Waldrop T. Value-Based Pricing of Prescription Drugs Benefits Patients and Promotes Innovation. Center for American Progress; 2021.  Google ScholarGoogle Preview).  Policymakers must balance these competing concerns while considering overall healthcare system costs, drug efficacy, political priorities, and the feasibility of a given policy (Waxman H, Corr B, Martin K, Duong S. Getting to the Root of High Prescription Drug Prices. The Commonwealth Fund; 2017.)  Such competing interests and priorities complicate the process of identifying and implementing effective policy solutions.(Erin A Taylor, Dmitry Khodyakov, Zachary Predmore, Christine Buttorff, Alice Kim Health Affairs Scholar, Volume 2, Issue 10, October 2024, qxae118, https://doi.org/10.1093/haschl/qxae118  Published: 27 September 2024)  While insurance coverage can help patients access specialty drugs at lower prices, high out-of-pocket costs can still be a substantial barrier to access (Doshi JA, Li P, Pettit AR, Dougherty S, Flint A, Ladage VP. Reducing out-of-pocket cost barriers to specialty drug use under Medicare part D: addressing the problem of “too much too soon”. Am J Manag Care. 2017;23:S39–S45.  Google ScholarPubMedWorldCat.  Doshi JA, Pettit AR, Li P. Addressing out-of-pocket specialty drug costs in Medicare part D: the good, the bad, the ugly, and the ignored. Health Affairs Blog. 2018.) |  |
| **Is the language/English quality of the article suitable for scholarly communications?** | The wording is generally suitable but might be enhanced for clarity, readability, and conciseness | Some the sentences in the manuscript have been modified, restructured and made concise foe ease of understanding by the reader. |  |
| **Optional/General** comments | To ensure a more effective presentation of the manuscript and its importance, make the suggested edits | The suggested edits have been made: the title was modified as suggested by a reviewer; the abstract was given more detailed explanations in the methodology, lessened statistical representations, and a conclusion that says more about the usefulness of the manuscript. A subsection, titled ‘importance of the manuscript to the body of science’ was added, under which the relevancy of this work to science was exposed. More references were added and they were cited in the discussion part of the manuscript. The referencing style was changed to a more easily understood pattern. All the areas modified or added are in bold character in the manuscript. The manuscript has ‘Revised Manuscript’ on top before the amended title of the manuscript. All comments for other reviewers’ are included in the comments herein this form. |  |

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| **PART 2:** | | |
|  | **Reviewer’s comment** | **Author’s comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* | There are no ethical issues in the manuscript. The manuscript has ethics committee’s report attached at first submission. There is no conflict of interest whatsoever. |