Commentary

Health and the Legislature: The Case of Nigeria

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What can political actors do to strengthen the health system and, conversely, how can ministries of health ensure that the political actors do that? Politics and health are intertwined: Obamacare and the National Health Service were major issues in the most recent US and UK elections, with each party promising to increase access to quality health care. In Nigeria, too, politicians at all levels of government promise their constituents better access. Nonetheless, over a quarter of the 201,000 sub-Saharan African women who die in childbirth are Nigerian, only 15% of the 407,000 Nigerians with tuberculosis have been identified,1 and immunization rates vary from 10% to 80% across Nigerian states.2 The country’s health system is financially and managerially overwhelmed by various disease burdens. Despite the great need for public resources, the budget allocation to health has fallen every year, from 6.2% of the total budget in 2015 to a proposed 3.9% for 2018.3 This forces Nigerians to pay for their own care, which is often of mediocre quality and risks pushing many of them further into poverty. Though weaknesses in health financing and governance are known contributors to the current state of Nigeria’s health system,4 this commentary looks beyond the health sector to discuss what an underutilized yet critical group of non-health actors—specifically, the legislature—can do to improve the functioning of the health system.

A country health system that fulfills its responsibilities to citizens cannot function in isolation—it needs good governance in terms of policy making, appropriations, oversight, and accountability mechanisms. That is, democratically elected governments/legislatures must pass informed policies and laws that govern the health system and allocate adequate resources to a ministry of health. The responsibility of oversight—ensuring that those resources are spent efficiently and effectively on the elected government’s priorities—belongs to the arms of government that can call ministries or associations to account. Failure of a health system in a democracy should have consequences through accountability mechanisms both within government, such as elections, and outside of government,

Keywords: Capacity building, governance, health economics, health policy, health system strengthening, health systems management, health systems financing, parliamentarians, political economy, public health

Received 9 February 2018; revised 12 February 2018; accepted 13 February 2018.

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through media coverage and other channels. However, these mechanisms do not function as desired in Nigeria. Thus, strengthening the legislature’s ability to make, implement, and monitor good health policy and developing its ongoing relationship with the Ministry of Health have the potential to strengthen the health system overall by moving legislators from audience to collaborators. Yet often a legislature and ministry meet only when there is a budget to defend or a disease outbreak to explain.

Recognizing the potential of an engaged legislature, in 2017 the Nigerian Senate Committee on Health joined with the United States Agency for International Development’s Health Finance and Governance Project, the World Bank, the Bill and Melinda Gates Foundation, and UKAid to mobilize Nigerian legislatures at the federal and state levels to identify ways in which legislators can use their statutory functions to achieve universal health coverage (UHC). The outcome was establishment of the Legislative Network for Universal Health Coverage (LNU).

At the LNU launch on July 24–25, 2017, legislators from nearly all of Nigeria’s states—members of state health appropriations and health committees, house speakers, and government secretaries—met to discuss their role in UHC. They determined that despite the legislatures’ governance responsibilities as outlined above, many legislators (1) were unfamiliar with the concept of UHC; (2) were unaware of the extent to which the chronic underfunding of health, primary health care (PHC) in particular, negatively affects their constituents; and (3) had never engaged with the federal and state ministries of health to clearly identify legislators’ responsibilities and enable them to perform in a way that would strengthen the health system. The LNU strategic committee immediately set out to develop a training curriculum to address each deficiency. The curriculum, designed with the Nigerian Institute of Legislative Studies, the Federal Ministry of Health, and the LNU steering committee, explains the basics of UHC and health financing, reviews the National Health Act, and uses an interactive case study approach with examples from several Nigerian states to demonstrate how legislators can use their policy making, appropriation, oversight, and accountability functions to move their states towards UHC.

HEALTH POLITICS—ENGAGEMENT, ALIGNMENT, AND MOBILIZATION OF POLITICAL WILL AND LEGISLATIVE FUNCTIONS

Legislators’ work does not end once a law is passed: in 2014, civil society and donors took the lead in engaging legislators—not the Ministry of Health—to pass the National Health Act. However, a year later, a new government was elected and the Act remained mostly unimplemented.

The Act is wide-ranging, describing substantial reforms of the public and private health sectors, but of key interest to Nigeria’s UHC objective is the earmarking of revenue from Nigeria’s Consolidated Revenue Fund for the Basic Health Care Provision Fund (BHCPF). The BHCPF is critical to ensuring equitable UHC because it will cover the care of vulnerable populations, including the indigent, pregnant women, and children under five. It will also be used to strengthen the PHC delivery system, including addressing the country’s maternal and child mortality rates. This is important for legislators: Nigeria is 64% rural, and its system has decentralized vital PHC services to the lowest and weakest tier of government and the majority of legislators represent communities with weak PHC facilities and very limited geographical and financial access to urban secondary facilities. The populations they represent rely on, and pay out of pocket for, private health care services that are largely unregulated and of varying quality.

HOW LEGISLATURES’ STRENGTHENED ENGAGEMENT IS WORKING IN NIGERIA

Training and advocacy through the LNU is transforming legislators’ views on appropriations and enabling them to hold all levels and branches of government, especially the executive, accountable to laws and the wishes of the populace. Only six months after the LNU’s training began, engagement and alignment through “legislative health agendas” is showing results. For example, the Lagos State commissioner for health said that he never used to be called by the chair of the appropriations committee. Now, state appropriations committees are calling on their state Ministry of Health to ask about ministry progress on UHC and the funding it requires. Prior to the LNU training, state ministries of health were not questioned about budget allocations, which were biased toward secondary-level facilities. Now, legislators want to understand what is allocated to PHC. In Bauchi State, legislators have used their budgeted resources to visit health facilities to perform oversight: they were previously aware that this was their role, but without training or tools they did not know what to look for or what to ask. Now that they have this capacity, they better understand the challenges faced by the state Ministry of Health and can advocate to or work with the state executive to ensure attention and resources go to health. The legislature was a strong advocate for getting Bauchi’s executive governor to sign the state’s health insurance bill.
On the federal level, the budget bill the Nigerian Executive sent to the Nigerian Parliament in December 2017 did not include the 1% of the Consolidated Revenue Fund that is to go to the BHCPF. In line with its public statements at the launch of the LNU, the senate has put the provision into the budget and stated that they will not pass the budget without it. In response to pressure from state legislatures, the State Governors’ Forum has engaged the LNU and requested a presentation on the BHCPF so that the Forum can advocate to the Executive to leave the earmarked provision in the bill. The bill’s outcome is still undecided, but the success at engaging the Nigerian legislature on health and strengthening its relationship with state ministries of health has clearly demonstrated benefits.

NEXT STEPS: GROWING THE ECONOMY TO STRENGTHEN HEALTH CARE

How weaknesses in governance were identified and addressed as described above is a lesson for other countries that struggle with underinvestment in health. Working more effectively with the legislature by acknowledging and aligning with political motivations and building specific legislative capacities as they relate to health can have extensive and positive impacts on health system functioning, particularly financing, as countries target UHC objectives.

Still, more needs to be achieved: over 70% of spending on health in Nigeria is on private providers and over 60% of all spending on health is out of pocket—a great burden on most of the population. Yet the private sector remains underregulated and underutilized for the control of infectious diseases like tuberculosis, HIV, and AIDS and for the provision of effective interventions such as family planning/child spacing. The Ministry of Health, which traditionally has focused on the public health sector, views the private sector as beyond its control. But the legislature sees the private health sector as a potential driver of economic growth given its market size in terms of the number of providers, health maintenance organizations, pharmaceutical manufacturers, and other entities. In addition, as legislators have noted at LNU events, there are opportunities for engaging donors more strategically in terms of alignment and transitioning their programs to the Nigerian government. Leveraging Nigeria’s private-sector manufacturing base and combining donors’ technical assistance and program transitions with appropriate policy should provide opportunities to catalyze economic growth. For example, local manufacture of ready-to-use therapeutic food and antiretroviral therapies is possible. Linking this private-sector opportunity to donor transitions that allow Nigerian government purchasing from local manufacturers will help the government take over and sustain donor-funded health care programs.

Given its success to date and ideas for the future, the LNU will continue to work to raise the profile of health among federal and state legislatures to ensure the prioritization of health, increase the effectiveness of health spending, and identify opportunities for the private health sector, to deliver economic growth and health to the Nigerian people.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST
No potential conflicts of interest provided.

FUNDING
This manuscript was funded by the U.S. Agency for International Development (USAID) as part of the Health Finance and Governance project (2012–2018), a global project working to address some of the greatest challenges facing health systems today. The project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc. This material is based upon work supported by the United States Agency for International Development under cooperative agreement AID-OAA-A-12-00080. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

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