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National Institute for Legislative and Democratic Studies

Bill
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2019

National Institute for Legislative
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**NATIONAL INSTITUTE FOR LEGISLATIVE
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Preface

The idea of undertaking analysis/scrutiny of legislative proposals and making the report of such exercise available to the two chambers of the National Assembly was initiated in 2005 by the erstwhile Policy Analysis and Research Project (PARP), National Assembly. The primary objective of the exercise is to assist lawmakers with expert input into the conception, drafting and final passage of Bills. This pioneer initiative culminated in the production of the first edition of Bills Digest Series 1, No 1, 2007. With the establishment of the National Institute for Legislative and Democratic Studies (NILDS), the Institute is statutorily vested with the responsibility of performing this important legislative support activity. This edition of the Bill Digest initiated by the Department of Legislative Support Services (DLSS), is expected to furnish lawmakers, in a concise form, the essential expert evaluation/analysis/scrutiny of Bills in the course of undergoing the legislative process. Subjecting Bills to expert reviews and evaluations guarantee quality control of the legislative process, and ultimately promote legislative governance strengthening. The exercise is undertaken using certain technical templates including the background of the legislative proposal; comments on specific clauses contained in the proposal; existing legal order (to avoid duplication); cross-country experience from which lessons may be learnt in relation to the Bill; the recommendation made by the analyst; and conclusions to be drawn from the review/evaluation exercise.

This quarterly periodical will provide the legislature and other stakeholders with broad insight into the normative and empirical justifications for the passage or rejection of legislative proposals. The net benefit of the publication is therefore to assist law makers, their technical support aides and other stakeholders with a concise technical known-how about the legislative analysis and scrutiny process. The objective is to ensure that legislative proposals meet with the right quality before they are conceived and presented to the legislature. This edition is updated to include adequate references and materials to justify the position of the experts in their respective analysis. It is hoped that lawmakers, their technical support aides and other stakeholders will find the publication useful in the effort to promote the passage of quality legislation for the betterment of the country and its citizens, thereby strengthening the legislative governance process as a whole.

Professor Edoba B Omoregie

Editor-in-Chief, Bill Digest

Ag. Director

Department of Legislative Support Services

National Institute for Legislative and Democratic Studies

2019

ANALYSIS REPORT ON A BILL TO ESTABLISH THE REGIONAL CENTRE FOR ORAL HEALTH RESEARCH AND TRAINING INITIATIVES AND FOR RELATED MATTERS

Mohammed Amali*

Bill Number: *HB.32*

Sponsor: *Hon. Mohammed Tahir Monguno*

OBJECTIVES OF THE BILL

This Bill seeks to establish the Regional Centre for Oral Health Research and Training Initiatives which shall be responsible for, among other things, advising, implementing, training and co-ordinating research on matters related to oral health and to facilitate the implementation and coordination of collaborative research and training in consultation with the World Health Organisation and other national and international allied agencies.

SUMMARY OF THE BILL

The Bill is divided into 6 parts of 26 clauses as follows:

Clause 1 provides for the establishment of the Regional Centre for Oral Health Research and Training Initiatives.

Clause 2 establishes the Governing Council of the Centre.

Clause 3 relates to the tenure of office for board members.

Clause 4 relates to the cessation of membership.

Clause 5 relates to the powers of the Board.

Clause 6 deals with remuneration generally.

Clause 7 states the objectives of the Centre.

Clause 8 outlines the functions of the Centre.

Clause 9 identifies the powers of the Centre.

Clause 10 provides for the appointment and tenure of a Director-General.

Clause 11 deals with the appointment of staff.

Clause 12 states regulations generally.

Clause 13 deals with pension.

Clause 14 relates to funds of the Centre.

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- Clause 15 deals with the expenditure of the Centre.
- Clause 16 outlines the power of the Centre to accept gifts.
- Clause 17 relates to annual estimates.
- Clause 18 relates to annual reports.
- Clause 19 deals with the limitation of suits against the Centre.
- Clause 20 relates to the service of documents.
- Clause 21 relates to restriction on execution against property of the Centre.
- Clause 22 provides for indemnity.
- Clause 23 deals with directives by the minister.
- Clause 24 deals with the aforementioned ministers' powers to make regulations.
- Clause 25 is the interpretation clause.
- Clause 26 is the citation clause.

BACKGROUND OF THE BILL

Oral health is an integral part of general health, and oral diseases generally impact negatively on the quality of life and socio-economic activities of individuals. Although not always life-threatening, oral diseases represent a major problem because of their high prevalence and significant impact on general health.²⁰ Some diseases such as HIV/AIDS and Diabetes mellitus may even be first detected through oral examination.²¹

Oral diseases appear to be on the rise, as does associated morbidity, making it a major public health problem in Sub Saharan Africa.²² This and the dearth of reliable data to bring about improvement make proper research and

²⁰. Charlotte Faty Ndiaye, "Oral Health in the African Region: Progress and Perspectives of the Regional Strategy," *African Journal of Oral Health* (Volume 2 Numbers 1 & 2), 2005:2-9.

²¹. Danfilo I S, "Oral health challenges for Sub-Saharan Africa," *Niger Med J* (2009) 50:90-4 (Available online at: <http://www.nigeriamedj.com/text.asp?2009/50/4/90/71970>)

²². A Abid, F Maatouk, L Berrezouga, C Azodo, O Uti, H El-Shamy, A Oginni, "Prevalence and Severity of Oral Diseases in the Africa and Middle East Region," (2015) *Advances in Dental Research* Vol 27, Issue 1, pp 10 - 17

collaboration into the area of oral health-care paramount. However, there is a poor oral health research promotion and capacity in the African region and this is due to a plethora of factors. For instance, there is poor funding, very poor collaborative research culture, poor dissemination of research findings, low research culture, poor collecting data for research purposes due to poor record-keeping, barriers, and poor appreciation of recommendations derived from research findings with the resultant non-implementation of such recommendations by the relevant authorities.²³

Other factors are high competitiveness in the processes of obtaining international research grants as well as non-inclusion of oral health in the implementation of the formulated national health research strategy. Notwithstanding, The *Regional Centre for Oral Health Research and Training Initiatives* situated in Jos, Plateau state has over the years, striven to become a Centre of Excellence for research and training in oral health with a view to build a reputation for accurate/unbiased research and reporting in oral health across the West African Region. The Centre commenced operation initially under the name *Inter-country Centre for Oral Health Research (ICOH)*²⁴ and then subsequently as the *Regional Centre for Oral Health Research and Training Initiatives* in conformity with the *Oral Health Strategy*.²⁵

Till date, the Centre has carried out various epidemiological surveys in Nigeria and some other countries in the sub-region depending on the study.

²³. Danfilo I S, "Oral health challenges for Sub-Saharan Africa," *Niger Med J* (2009) 50:90-4 (Available online at: <http://www.nigeriamedj.com/text.asp?2009/50/4/90/71970>)

²⁴. The WHO ORH.CONF./82.1 resolution established the Inter-country Centre for Oral Health in 1982. A subsequent agreement between the Federal Government of Nigeria (FGN) and the World Health Organisation eventually culminated in the inauguration of the Centre.

²⁵. The Centre is a fully-fledged Parastatal under the Federal Ministry of Health. <http://rcorti.rcortiafro.org/about-us/>.

²⁶. Examples include National descriptive epidemiological surveys on oral health, National descriptive epidemiological surveys on periodontal disease, and National descriptive epidemiological surveys on oral cancer.

collaboration into the area of oral health-care paramount and imperative. However, there is a poor oral health research promotion and capability in the African region and this is due to a plethora of factors. For instance, in Nigeria, there is poor funding, very poor collaborative research culture, very poor dissemination of research findings, low research culture, difficulty in collecting data for research purposes due to poor record-keeping, cultural barriers, and poor appreciation of recommendations derived from research findings with the resultant non-implementation of such recommendations by the relevant authorities.²³

Other factors are high competitiveness in the processes of sourcing international research grants as well as non-inclusion of oral health and poor implementation of the formulated national health research policy. This notwithstanding, The *Regional Centre for Oral Health Research and Training Initiatives* situated in Jos, Plateau state has over the years, strived to be a Centre of Excellence for research and training in oral health with a mission to build a reputation for accurate/unbiased research and reporting in Oral Health across the West African Region. The Centre commenced operations in 1988 initially under the name *Inter-country Centre for Oral Health for Africa (ICOH)*²⁴ and then subsequently as the *Regional Centre for Oral Health Research and Training Initiatives* in conformity with the Regional Oral Strategy.²⁵

Till date, the Centre has carried out various epidemiological surveys in Nigeria and some other countries in the sub-region depending on the study subject.²⁶

²³. Danfilo I S, "Oral health challenges for Sub-Saharan Africa," *Niger Med J* (2009) 50:90-4 (Available online at: <http://www.nigeriamedj.com/text.asp?2009/50/4/90/71970>)

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It is involved in conducting research, training and demonstration activities relating to health problems affecting the oro-facial region, with specific (but not) exclusive emphasis on Noma (Cancrum Oris), oral cancers, oral manifestations of HIV/AIDS, dental caries, periodontal diseases, dental fluorosis and cranio-facial anomalies.

However, the Centre has been in existence without an enabling Act/Law. This Bill is necessary because a legal framework gives the Centre a legal personality and as a result, puts it in a better stead towards the implementation and coordination of collaborative research.²⁷ Having a legal personality also eases the high competition among similar agencies involved in the processes of sourcing international research grants and funding from relevant/allied international bodies.

There is presently no structured oral health policy for Nigeria, and although the Nigerian government is said to recognize oral health as a component of Primary Health Care (PHC), it is yet to be integrated into the PHC services in the country.²⁸ This is because the aspect of the NHIS dealing with oral health care shows a poor understanding of oral health issues,²⁹ a problem this (Establishment) Bill will address.

descriptive epidemiological surveys on Noma (cancrum oris), National descriptive epidemiological surveys on head and neck cancers, National Oral Health Manpower and Facilities Survey for Nigeria, Oral manifestations of HIV/AIDS in North Central Nigeria, House-hold surveys on the water drinking habits of Nigerian children (South-South and North Central Nigeria), Oral health Status of Nigerians (North West, North East and North Central Nigeria), Periodontal tooth loss among geriatric Nigerians (North Central Nigeria), Exclusive breast-feeding and noma in Nigeria (North West Nigeria and Niger Republic).

²⁷ <https://www.dailytrust.com.ng/fg-tasked-on-regional-centre-for-oral-health-research>.

²⁸ Ogunbodede E O, Jeboda S O Integration of oral health into existing primary oral health care services in Nigeria- from policy to practice. *Nig dent J* 1994; 1: 21-24.

²⁹ Sofola O O, 'Implications of low oral health awareness in Nigeria, Niger Med (serial online) 2010.

CROSS-COUNTRY EXPERIENCE

United States of America:

The U.S. Department of Health & Human Services (HHS) is the department of Government charged with enhancing and protecting the health and wellbeing of all Americans and it does so by providing for effective health and human services and fostering advances in medicine, public health and social services. The HHS has 11 operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies. These divisions administer a wide variety of health and human services and conduct life-saving research for the Nation.

One of such agencies is the National Institutes of Health, and it comprises 27 Institutes and Centres, with the Office of the Director as its central office. The National Institute of Dental and Craniofacial Research (NIDCR) is one of those 27 Institutes, and it has a mission to improve dental, oral, and craniofacial health through research, research training, and the dissemination of health information. It is the leading funder of oral, dental and craniofacial research in the U S with approximately 75% of its budget going towards support of grantees at universities, dental schools, and medical schools across the country and around the world.

The Institute performs and supports basic, translational, and clinical research, conducts and funds research training and career development programs, ensure an adequate number of talented, well-prepared, and diverse investigators. It also coordinates and assists relevant research and research-related activities among all sectors of the research community, and promotes the timely transfer of knowledge gained from research and its implications to health to the public, health professionals, researchers, and policy-makers.

The admirable attributes to be gleaned from the American approach is that research Centres go the extra mile by contributing towards the funding and support of students at universities and in dental schools all over the United States and even beyond.

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United Kingdom

The British approach to oral health research is multi-faceted. Under the National Health Scheme (NHS), the National Institute for Health Research (NIHR)³⁰ ensures that the NHS is able to support the research of other funders to encourage broader investment in economic growth from health research. The NIHR Clinical Research Network provides researchers with the practical support they need to make clinical studies happen in the NHS in order to boost more research across England and to encourage more patients to take part.

The Oral and Dental health speciality is one of 30 specialities under this scheme and it brings together, communities of clinical practise to provide national networks of research expertise and clinical leadership. It supports a wide range of research studies such as those involving the study of dental and oral diseases, those investigating oral conditions, and studies to prevent and improve the management of all oral conditions. It is made up of research-interested clinicians and practitioners who work at both national and local levels to ensure the studies that are included in the national portfolio of research are delivered successfully in the NHS.

Outside of Government, there are research-oriented bodies like the British Society for Oral and Dental Research formed with the primary objective to support and represent the oral health research community in the United Kingdom, to encourage junior workers to become involved in oral and dental research, and to facilitate the dissemination and application of research findings relating to oral health and interaction between oral and systemic health. The Society is a Division of the International Association for Dental Research (IADR) and also a member of a federation of European research societies - Pan European Region (PER). The members of the PER are the IADR divisions from Britain, Continental Europe, Ireland, Israel, Russia and Scandinavia.

A similar body is the Oral and Dental Research Trust (ODRT) which was established to promote the relief of suffering in oral and dental diseases

³⁰ Established in April 2006 as part of the UK government's health research strategy 'Best Research for Best Health'.

through research and education. It is designed to assist early-career research workers with their career developments. The ODRT regularly seeks applications for small grants to support research programmes into the prevention of oral diseases with a specific emphasis on chronic diseases of ageing and patient-oriented research. An example of such grants is the GlaxoSmith Kline /ODRT Grants Programme which provides small grants to support research programmes into the fundamental mechanisms, prevention and management of plaque-related oral disease or tooth wear.³¹ As with the American experience, the financial support for research workers especially the junior ones by way of full/part funding is admirable and from a Nigerian perspective, worthy of consideration.

COMMENTS

Existing Legal Order

The National Health Act, 2014

This Act provides a legal framework for the regulation, development, and management of a National Health System and sets standards for rendering health services in Nigeria and for related matters. Section 2 (1) (h) of the Act provides that "the Federal Ministry of Health shall conduct and facilitate health systems research in the planning, evaluation and management of health services." Oral health research (the crux of the proposed Bill) falls within the ambit of this section.

However, Clause 2 (b) of the proposed Bill provides for the membership of a representative of the Federal Ministry of Health on the Governing Board of the Centre. This means the proposed Bill recognises and incorporates the spirit and intention of the aforementioned section of the Act with the Minister of Health being part of the decision-making body of the Centre.

Similarly, section 31(1) of the National Health Act provides for the establishment of a National Health Research Committee, and subsection (6) of the same section bestows on this Committee, functions of promoting health research by public and private health authorities, ensuring that health research agenda and resources focus on priority health problems and to also develop on research activities of health establishments. Again, the proposed Bill

³¹ See <https://www.bsodr.org.uk/>.

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³¹ See <https://www.bsodr.org.uk/> .

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recognises and incorporates the spirit of this section of the National Health Act. As such, there is no conflict between the proposed Bill and the National Health Act.

The Medical and Dental Practitioners Act, CAP M8 LFN 2004

The Act set up the Medical and Dental Council of Nigeria to “regulate the practice of Medicine, Dentistry and Alternative Medicine in the most efficient manner that safeguards best healthcare delivery for Nigerians.”³² The Council determines the standards of knowledge and skill to be attained by persons seeking to become members of the medical or dental profession and reviewing those standards from time to time as circumstances may permit. It also secures in accordance with the provisions of the law, the establishment and maintenance of registers of persons entitled to practice as members of the medical and dental profession and the publication from time to time of the list of those persons. It reviews and prepares from time to time, a statement as to the code of conduct that the Council considers desirable for the practice of the professions in Nigeria; and to perform other functions conferred on the Council by Law.³³

The Medical and Dental Practitioners Act is mainly regulatory and does not conflict with the objects of the proposed (Establishment) Bill.

National Health Insurance Scheme Act, Cap N42 LFN, 2004

The NHIS Act established the National Health Insurance Scheme in order to facilitate the fair financing of health care costs through pooling and judicious utilization of financial resources to provide financial risk protection and cost burden-sharing for people, against the high cost of health care, through various prepayment programmes/products prior to their falling ill.³⁴

The aim is that every Nigerian has access to good health care services, for every family to be protected from the financial hardship of huge medical bills, while also limiting the rise in the cost of health care services.

³² See <https://www.mdcn.gov.ng/?s=page&name=mission>.

³³ Section 2 of the Act.

³⁴ <https://www.nhis.gov.ng/mission/>.

In summary, the scheme seeks to bring affordable and quality health care services to every Nigerian home and ensure an equitable distribution of health facilities within the Federation. There is no conflict between the objects of this Act and the proposed (Establishment) Bill.

National Medical College Act, Cap N59 LFN 2004

The Act establishes the National Medical College charged with the responsibility for conducting examinations in various specialized branches of medicine. It was set up as the tertiary institution at the apex of Medical Education in Nigeria and its main function is to produce specialists in all branches of Medicine and Dentistry.

The functions of the College include but are not limited to the following:³⁵

- The accreditation of training institutions for professional postgraduate training of doctors and dentists with the periodic publication of a list of such accredited institutions;
- The organization of professional postgraduate training programs and development of curricula as well as the conduct of update courses for training in the various specialized branches of medicine and dentistry, as represented by the various faculties of the College;
- The conduct of professional postgraduate examinations for candidates in the various Faculties;
- Organization of one-year Clinical Attachment (training abroad) for qualified resident doctors;
- Carrying out any other activities necessary in the furtherance of postgraduate medical education and quality healthcare in Nigeria.

It is clear from these functions that there is no conflict between the act and the proposed (Establishment) Bill.

³⁵ See <https://npmcn.edu.ng/about-us/establishment-and-functions/> (Accessed 10/11/2019).

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The National Science and Technology Act of 1977

This Act established the Medical Research Council of Nigeria. It was subsequently renamed the National Institute of Medical Research.³⁶ The Institute thrives to be an institution of excellence in basic, applied and operational research for the promotion of national health and development in Nigeria.³⁷ By way of objectives, the Institute conducts research into diseases of public health importance in Nigeria and develops structures for the dissemination of research findings while providing the enabling environment and facilities for health research and training in cooperation with the federal and state ministries of health and in collaboration with universities, allied institutions and organized private sector nationally and internationally.³⁸

There is no direct conflict with the proposed (Establishment) Bill. However, in line with the position of the government on the proliferation of agencies and parastatals,³⁹ a case can be made for an amendment of the Act establishing the National Institute of Medical Research to bring the objects of the proposed (establishment) Bill under its purview.

CONTENTS OF THE BILL

- The long title of the Bill is not comprehensive enough to disclose the objectives of the Bill.
- The enacting formula of the Bill does not conform to that adopted by the National Assembly which has been in use since the Fourth Republic.
- The term “section” used to refer to clauses in the Bill is improper since this is a Bill. This is specifically in clauses 4(1), 6, 12, 14(2), 15, 19(4) and 25.

³⁶ See <https://nimr.gov.ng> (Accessed 11/11/2019).

³⁷ *Ibid.*

³⁸ *Ibid.*

³⁹ See <https://www.premiumtimesng.com/news/top-news/350567-buhari-directs-fec-to-review-oronsaye-report-on-streamlining-government-agencies-official> (accessed 24/11/2019).

- The term “subsection” used to refer to sub-clauses is improper because this is still a Bill. This is specifically in sub-clauses (3) of 12, (2) of clause 14, and (4) of clause 19.
- The term “Act” used severally to describe this Bill is improper because this is a Bill, not an Act. This is specifically in Clauses 8, 9, 10, 11, 12, 14, 15, 16, 19, 20, 24, 25, and in the Schedule.
- The funding responsibility placed on the Federal Government in Clause 14 by way of take-off grant, annual subvention, counterpart funding and further periodical funding is overburdening, especially considering this is a Centre that is already in functional operation.

COST/BENEFIT ANALYSIS

It would be recalled that following public outcry over the high cost of governance in the country, President Goodluck Jonathan on August 18, 2011, inaugurated a committee to restructure and rationalize the federal government agencies, with former Head of the Civil Service of the Federation, Stephen Oronsaye, as its chairman. The committee's mandate included, among others, to study and review all previous reports/records on the restructuring of federal parastatals and advise on whether they are still relevant or not; examine critically the mandates of the existing federal agencies, parastatals and commissions and determine areas of overlap or duplication of functions and make appropriate recommendations.

The Committee had recommended the reduction of statutory agencies of government from 263 to 161, the complete scrapping of 38 agencies, the merger of 52 and the conversion of 14 to departments in ministries. The Committee had also recommended the removal of all professional bodies and councils from the national budget in order to slash the exorbitant cost of governance.⁴⁰ In this light recently, President Muhammadu Buhari directed the Federal Executive Council to deliberate on the Steve Oronsaye report on reform of government agencies to guide its public service reform.⁴¹

⁴⁰ See <https://opinion.premiumtimesng.com/2017/02/03/nigerias-undying-love-of-multiplying-parastatals-by-jibrin-ibrahim/> (Accessed 24/11/2019).

⁴¹ <https://www.premiumtimesng.com/news/top-news/350567-buhari-directs-fec-to-review-oronsaye-report-on-streamlining-government-agencies-official>.

- The term “subsection” used to refer to sub-clauses is improper because this is still a Bill. This is specifically in sub-clauses (3) of 12, (2) of clause 14, and (4) of clause 19.
- The term “Act” used severally to describe this Bill is improper because this is a Bill, not an Act. This is specifically in Clauses 8, 9, 10, 11, 12, 14, 15, 16, 19, 20, 24, 25, and in the Schedule.
- The funding responsibility placed on the Federal Government in Clause 14 by way of take-off grant, annual subvention, counterpart funding and further periodical funding is overburdening, especially considering this is a Centre that is already in functional operation.

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Cognizance must, therefore, be taken of the additional cost of governance that the creation of the Institute proposed in this (establishment) Bill will impose on government especially having regard to the establishment of a council for the Institute as well as other administrative offices.

RECOMMENDATIONS

1) The long title of the Bill should be redrafted in a more comprehensive manner to disclose the objectives of the Bill. The following redraft is hereby recommended:

2)

A BILL FOR AN ACT TO ESTABLISH THE REGIONAL CENTRE FOR ORAL HEALTH RESEARCH AND TRAINING INITIATIVES FOR THE PURPOSES OF ADVISING, IMPLEMENTING, TRAINING AND CO-ORDINATING RESEARCH ON ISSUES RELATED TO ORAL HEALTH AND FOR RELATED MATTERS.

3) The enacting formula should be redrafted to conform to the adopted model of the National Assembly that has been in use since the Fourth Republic. The following redraft is recommended:

ENACTED by the National Assembly of the Federal Republic of Nigeria-

The words "section" and "subsection" used severally in the Bill should be deleted for the proper words of "clause" and "sub-clause" respectively.

4) The word "Act" used severally through the Bill should be substituted for the proper term, "Bill."

5) The provisions of Clause 14 relating to the funding of the Centre should be reviewed because in line with the agenda of the House on cutting down the cost of governance, the importance of economic considerations in decision-making about new and existing establishments cannot be discountenanced.

6) Cognizance must, therefore, be taken of the additional cost of governance that the creation of the Institute proposed in this

(establishment) Bill will impose on government especially having regard to the establishment of a council for the Institute as well as other administrative offices. Consequently, an amendment of the Act establishing the National Institute of Medical Research to bring the objects of the proposed (establishment) Bill under its purview may be considered. This is in the spirit of the earlier cited Stephen Orosanye report that recommended against the proliferation of government agencies and parastatals.

CONCLUSION

Oral health research has particularly been hampered by low prioritization, resulting in insufficient development of this sector. The challenge before oral health researchers is to create high profile awareness of the importance of oral health research among policymakers, politicians, industries, Non-Governmental Organisations and professional associations. It is trite that oral health is a window to overall general health, and with the highest burden of diseases worldwide being in low and middle-income countries with an inability to address existing and emerging challenges in health care, the need for development of a high sense of research culture in Nigeria cannot be overemphasised.

For these and sundry reasons, this (Establishment) Bill is worthy of consideration by the House of Representatives in line with the foregoing recommendations.

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For these and sundry reasons, this (Establishment) Bill is worthy of consideration by the House of Representatives in line with the foregoing recommendations.