

**LEGISLATIVE COALITIONS AS TOOLS OF NATIONAL DEVELOPMENT: A STUDY
OF THE LEGISLATIVE NETWORK FOR UNIVERSAL HEALTH COVERAGE IN
NIGERIA**

BY

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**A DISSERTATION SUBMITTED TO THE NATIONAL INSTITUTE FOR LEGISLATIVE
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MARCH, 2020

CERTIFICATION

This dissertation has been read and approved and meets the requirements of the School of Post Graduate Studies of the National Institute for Legislative and Democratic Studies (NILDS), and the school of Post Graduate Studies, University of Benin, Edo State, Nigeria. The study, titled **LEGISLATIVE COALITIONS AS TOOLS OF NATIONAL DEVELOPMENT: A STUDY OF THE LEGISLATIVE NETWORK FOR UNIVERSAL HEALTH COVERAGE IN NIGERIA** was carried out by Juliana Abude-Aribo under my supervision and the thesis has not been submitted for the award of any degree in this, or any other institution.

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Signature and Date

APPROVAL PAGE

This is to certify that this dissertation titled **LEGISLATIVE COALITIONS AS TOOLS OF NATIONAL DEVELOPMENT: A STUDY OF THE LEGISLATIVE NETWORK FOR UNIVERSAL HEALTH COVERAGE IN NIGERIA** has been approved by the institute/university for the award of Masters in Legislative Studies (MLS)

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DEDICATION

This dissertation is dedicated to my Lord and Saviour, by Whose grace I have completed this post-graduate programme.

Thank you so much for your assistance, my husband, Olumuyiwa Alfred Aribu. I appreciate you and our children for your love, patience, understanding and encouragement.

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ABSTRACT

The study was undertaken to evaluate how legislative coalitions can act as catalysts in sustainable national development to improve outcomes of public sector operations, particularly access to affordable, quality healthcare. In this regard, it evaluates the experience of the Legislative Network for Universal Health Coverage (LNU) in Nigeria and important actions that legislators in a coalition as a pressure mechanism can undertake to ensure that the objectives of national development are achieved.

It employs the descriptive survey design to evaluate three objectives: the importance of legislative coalitions as effective mechanisms through which national development can be achieved; the impact of the LNU on health sector performance; and the LNU as a Legislative coalition pressure mechanism to influence universal access to healthcare provision and health outcomes. The timeframe is five years, from September 2014 to November 2019.

Qualitative and quantitative methods of data analysis were employed. The population of the study is the health and finance sector, with a derived sample size of the heads of agencies in the sector. Analysis was by simple percentage, based on 81 percent response rate and empirical findings revealed an average of 89 percent affirmation across the three objectives providing evidence that legislative coalitions can catalyse national development; health sector performance has progressed in the last two years of the study as a result of the LNU, and that through the LNU, access to universal, affordable and quality healthcare can be achieved.

The results derived from the analysis of the data make a good case for the establishment and involvement of legislative coalitions to accelerate the achievement of national development objectives.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Decades of domestic and global efforts and interventions to improve living conditions of the world's population yield varied results. The reasons for this are numerous, contextual and dimensional as argued by different scholars and technical experts.

These interventions have given rise to innumerable strategies, reforms, agenda, backed by policy, legal, structural and institutional frameworks to catalyse change and propel countries to develop human capital, thereby building prosperous, viable and sustainable economic bases. Whatever challenges each domestic polity may face, numerous options are open to it in this regard, and numerous lessons from what other polities have successfully done, achieved, or failed in.

There is no one solution to it all, but usually a mix of approaches that have to be constantly evaluated against goals, objectives and global benchmarks to determine progress. The approach and path that polities define for themselves to mark their identity determines the socio-economic and political wellbeing of residents and ultimately, every other country in the world. The importance of this very factor cannot be overemphasised and explains the birth of development aid and global institutional structures like the United Nations, European Union, International Human Rights Commission, United States Agency for International Development, United Kingdom Department for International Development, and others, as well as the objectives that they are well known for. Such global interventions have realised set goals in some instances, but in others like in low and middle income countries where Nigeria is currently named, little improvement has been seen in statistics and human development index. In some of these latter cases, the situation has led to conversations about the possibility of 'aid' eroding the likelihoods of reform as the polity becomes accustomed and

comfortable to provided ‘aid’ and makes no effort to utilise its own resources, albeit, scarce, to build its capital.

Different excuses have been proffered for this ‘inability of polities within this group known as the Low and Middle Income Countries’ to rise from the decay. Dependence on foreign culture and a seeming inability to device home-grown/contextual solutions rest high on the list and close on its heels is corruption in both public and private, formal and informal institutions. The reasons are underpinned by a dearth of transparency and accountability and a glaring and dismal lack of political, community will and ownership for the amassed results that these deficiencies have led to overtime.

Some questions come to mind in this regard – Who owns the rut? Who should be held responsible? What is the political economy around reform? What role should each influencer play? Are they aware of the change they can fashion? Are they willing?

So much financial resources have been expended in Nigeria to arrest the gradual decay, primarily through various stakeholders and the executive arm of government, with little impact to show for it. Recent reports by the United Nations¹ buttress how far away we are from global benchmarks: Nigeria’s Human Development Index (HDI) value for 2018 is 0.534— which puts the country in the low human development category— positioning it at 158 out of 189 countries and territories. Between 2005 and 2018, Nigeria’s HDI value only increased from 0.467 to 0.534, an increase of 14.4 percent (UNDP HDR 2019).

Stakeholder consultations to evaluate the underlying causes of this slow progress highlighted the need for deliberate transparency, accountability and oversight of public sector functions and effectiveness. The Constitution (1999 Federal Republic of Nigeria, as amended), details the oversight powers of the

¹ Nigeria – Human Development Reports 2019 – United Nations Development Programme (UNDP). hdr.undp.org>all

Legislature over public sector administration, which encompasses accountability. The Legislature also performs statutory functions of Legislation (including appropriation) and Representation. Each of these functions are clear-cut, and performed effectively, would address development gaps in the polity. However, various schools of thought are of the opinion that beyond these definitive functions, Legislative Committee members must play mediating and advocacy roles that would take them outside of their immediate sector portfolios to ensure that after the bills are passed, they are assented and executed. That they wield the political clout because of the sheer nature, power and position of the Legislature in society to integrate the outputs of the various legislative committees to achieve the common goal – an improved Nigerian economy. The important role of parliament as part custodians of our world to facilitate positive socio-economic transformation for sustainable development is increasingly being recognized by the international community. The application of their statutory roles can ensure that international agreements are ratified, translating sustainable development goals into enforceable national laws that respond to country specific development priorities, monitoring their implementation and ensuring that the Government is accountable to the people for progress.

The Nigeria health sector stakeholders began deliberate efforts in year 2017 to engage the Legislature for this purpose, a journey that saw the launch of the coalition, the Legislative Network for Universal Health Coverage and inclusion of one percent of the Federation’s consolidated revenue fund in the 2018 fiscal appropriation for the first time since the assent of the National Health Act (2014) in 2014. This fund is to provide much needed healthcare services to Nigerians, in line with provisions of the Act. This study focuses on the approaches that were adopted to achieve this in the hope that the evidence would propel similar events in other sectors and spotlight a likely path to reform.

1.2 Statement of the Research Problem

In 2014, the World Bank identified Nigeria as the largest economy on the African continent and classified it as a lower middle-income country. The economy’s size has had no direct positive impact

on her ability to mobilize domestic resources to ensure equitable access to quality health care, which remains weak. The country's poor health statistics and "low human development" ranking on the Human Development Index reflect this underinvestment. 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 (Ikhuoria E., 2016) with attendant challenges of weak and invariable systems, a situation that has resulted in Nigerians paying for their own care, which is often of mediocre quality and risks pushing many of them further into poverty.

Imbalanced allocation of available funding, which favours tertiary and secondary care levels, has led to inadequate financing to support the delivery of critical PHC services. Health facilities are constrained from delivering quality care due to a complex mix of challenges. These include the inadequate transfer of resources to LGAs, their responsibility for managing primary health centres, and poor transparency and accountability regarding how LGAs prioritize, allocate, and release funds for PHC. Accountability mechanisms throughout the health system are weak and the low quality of health services has continued without being addressed. The dedication and passion with which Nigeria has developed sectorial reform agenda, national plans and strategic frameworks give credence to the desire for socio-economic progress. However, the country's legal structures are disregarded without fear of retribution, while much needed national resources and reserves are exploited without recourse to accountability, transparency and a blatant disregard for rule of law. Institutions tasked with the authority to regulate, supervise and entrench quality in service provision appear dogged with fatigue as efforts to correct anomalies bear little results. 'Everyone' has social and political connections that ensure they remain in position regardless of social and organisational misbehaviour, leaving accountability structures weak and failed out of fear of retribution. With such

ingrained rules of thumbs anchored by corruption it seems impossible to see a change as successive arms of governments have seemed to contribute to the malaise.

The legislatures have the statutory functions of Legislation, Oversight and Representation, particularly over the public sector. These functions encompass all that is needed to ensure that the objectives of sectoral reforms are achieved if well understood and applied, enough to set the country on the right path to progress. Although generally, society's perspectives are that once Legislative Bills are passed by the Legislature, their work is done and assent and execution left to other stakeholders to pursue. This idea is underpinned by factors that make carrying out their other functions, or going beyond expectations and immediate responsibilities to ensure achievement of Legislative Bills almost impossible. Some of these factors include insecurity, poor infrastructure, a lack of desire to owe political favours. Despite these, it is now well known and acknowledged that because of the powers vested in them by the constitutional (1999) and the political power and clout they wield, legislators can actually cause sustainable national development objectives to be successful and achieved, if they applied themselves to the effort. This would, of course, involve their immediate statutory functions and roles, as well as leveraging political and diplomatic affiliations that they possess. When these are pooled into pressure groups like legislative coalitions, the sum of the impact would definitely be greater than individual efforts. Would this be effective? Recent events in the health sector provide a basis for study. Herein, perhaps, lies the important need for pressure coalitions of a legislative nature to catalyse the needed reforms in each sector, and the thrust of this study.

1.3 Research Objectives

The overarching purpose of this study is to evaluate important actions that legislators in a coalition as a pressure mechanism can undertake to ensure that the objectives of national development are achieved. The specific objectives are:

- I. To evaluate the importance of Legislative coalitions as effective mechanisms through which national development can be achieved;
- II. To appraise the impact of the Legislative Network for Universal Health Coverage (LNU) on health sector performance; and
- III. To determine the Legislative Network for UHC as a Legislative coalition pressure mechanism to influence universal access to healthcare provision and health outcomes.

1.4 Research Questions

This study achieved the research objectives by seeking answers to the following research questions:

- I. How effective is the legislature in applying its statutory functions and roles to sustainable national development targeted at providing effective and efficient services to the populace?
- II. Is it possible for legislators to coalesce as a pressure group of impact? What is the Legislative Network for Universal Health Coverage (LNU) and how has it impacted on the health sector and universal access to health for Nigerians? Are there lessons to draw from this for other sectors?
- III. Performed effectively, with deliberate emphasis on achieving collectively agreed set objectives, would countries perform better and reach domestic and international benchmarks in human capital development and quality of life index through such coalitions?

1.5 Scope/Delimitation of Study

This study was confined to recent developments in Nigeria's health sector as a result of major legislative coalition interventions. It focused on the statutory functions of legislators towards providing universal access to healthcare and how they have been applied to improve efforts to achieve policy objectives in Nigeria from the enactment of the National Health Act in September 2014 to the time data collection for this study commenced in November 2019.

Geography, time and available resources impacted on data collection from Legislators. Originally planned to be distributed to the respondents in each state, the questionnaires were distributed to respondents, who were participants at the third annual legislative summit on health which held in the Federal Capital Territory (FCT) Abuja from the 13th-15th November 2019. Participants included the heads of the health and appropriation committees of the National Assembly and their clerks; Speakers, Health Committee Chairmen; Appropriation Committee Chairmen; Clerks of the State Houses of Assembly; Honourable Commissioners of Health; Executive Directors of State Primary Health Care Development Agencies and that of the State Health Insurance Schemes; Federal Ministry of Health Departmental Heads; representatives of the Ministry of Women Affairs, Finance and National Planning; Office of the Vice President; development partners, civil society and media.

1.6 Significance of the Study

This study highlights the impact that dedicated harnessing, aligning and applying of the functions and roles of Legislators as pressure groups can have on the health sector. It also provides evidence for replication to other sectors in Nigeria and parliaments globally as to how coalitions by legislators can amplify and serve as a major influence in achieving policy objectives as desired. Since the parliament is a representation of the citizenry, the study findings will aid policymaking; because inputs of legislators in the policymaking process and in the overall policy documents is important if the effects of such policies on the citizens is to be considered. The findings of the study will be of immense value to other parliaments and global development community as reference towards achieving a national agenda.

1.7 Research Methodology

Data was gathered from direct observations and interviews as primary sources of data while text books, articles, magazines, internet documents and materials, newspapers as well as published and

unpublished writings, records and documentaries were reviewed for secondary data. Qualitative method was used for data analysis; the study adopted the use of tables, simple percentages and other statistical charts as tools for analysis. In summary, the sources involved:

1. Primary sources, using questionnaires, interviews and focus group discussions; and
2. Secondary sources, data from existing international and national institutions such as the World Health Organization, National Demographic Health Survey, Accountant General's Annual Reports and other secondary sources as referenced.

1.8 Presentation and Analysis of Data

The presentation of data collected involves tabulation and classification into various demographic parameters, then analysis to determine the validity or otherwise of the earlier stated hypotheses. The acceptance or rejection of the hypothesis was based on the results derived from the analysis of the data. The data collected for this project was computed manually, employing the simple percentage method to convert some figures into percentages and percentages into figures. Analysis and interpretation was done also using simple percentages and mean calculations.

1.9 Definition of Key Concepts

Disease burden: This is the impact of a health problem as measured by financial cost, mortality, morbidity, or other indicators. It is often quantified in terms of quality-adjusted life years (QALYs) or disability-adjusted life years (DALYs). Both of these metrics quantify the number of years lost due to disability (YLDs), sometimes also known as years lost due to disease or years lived with disability/disease.

Human Capital: The Organisation for Economic Co-operation and Development (OECD) defines human capital as the knowledge, skills, competencies and other attributes embodied in

individuals or groups of individuals acquired during their life and used to produce goods, services or ideas in market circumstances.

Human Development Index: According to the World Bank, the index measures the amount of human capital that a child born today can expect to attain by age 18, given the risks of poor health and poor education that prevail in the country where she lives. It is designed to highlight how improvements in current health and education outcomes shape the productivity of the next generation of workers, assuming that children born today experience over the next 18 years the educational opportunities and health risks that children in this age range currently face.

Universal Health Coverage (UHC): The World Health organisation explains this to mean that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

1.10 Organisation of Chapters

This study is organised in five chapters as described below:

- Chapter one presents the background to the study, statement of the research problem, research objectives, research questions, significance of the study, scope of the study, methodology, definition of concepts and organisation of the chapters;
- Chapter two details the literature reviewed in the course of the study as well as the theoretical framework on which it is based;
- Chapter three presents the research methodology, design, study population, sampling procedures, sample size, research instruments, sources of data, validity and reliability of the
- Chapter four presents the data and findings from the analysis of the data;
- Chapter five summarises findings, presents recommendations in line with findings and concludes the study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This study reviewed the effect that harnessing, aligning and applying legislative functions in a coalition called the Legislative Network for Universal Health Coverage has had on the universal access to healthcare goal in Nigeria. It has its roots in the new paradigm parliamentary approach described in the theoretical framework below. In the course of the study, a number of literature were consulted and a summary of the theoretical thrusts are presented subsequently.

2.2 What is a Coalition

A coalition is an organization of diverse interest groups that join their human and material resources to produce a specific change that they are unable to deliver as independent individuals or separate organizations. Usually wielding high political and social power and influence, a highly functioning coalition is critical to achieving polity objectives that are of immense benefit to society, human and national development goals. The effectiveness of coalitions is directly related to the commitment of members to the shared vision and to the collective actions they take. The more diverse and influential the membership, the stronger the coalition will be.

Globally, the concept of coalitions has been adopted by institutions to foster much sought after change and sustainable development in different areas and dimensions at various stratum of society. The need to accomplish such objectives have birth organisations such as the United Nations, the Inter-Parliamentary Union and the various platforms and coalitions they partner with in countries. The Millennium Development Goals and subsequent Sustainable Development Goals are some examples of global objectives that were localized and integrated with national development goals.

In whatever form, coalitions convey the message of unity of purpose, a force to be reckoned with and adhered to. Coming together to have one, influential voice is particularly important in a country as diverse, complex, and with autonomous sub-national entities like Nigeria. Nigerians respect power, authority, influence, fame, political and social classes.

With respect to healthcare, coalition building is a strategy for social action that can bring together diverse institutions to advocate for reform in the structural arrangements for delivering and accessing healthcare, education, social welfare, and other human services. In addition, coalitions can influence political, social, and economic forces that affect the development of policies and services. Access to health, economic performance, and development are interlinked. Countries that are well developed and doing well economically tend to have healthier populations. It is also well known that poverty can cause infant malnutrition and mortality which adversely affect life expectancy. In addition, national income has a direct effect on the development of health systems through insurance coverage and public spending, for instance.

2.3 Legislative Coalitions

Coalitions have been used by institutions and individuals for generations to catalyse much sought after change, based on the notion that the force of a gathering in unison is much greater than individual voices. In addition, it is also built on the popular adage that there is strength in numbers. This is the thrust of legislative coalitions, which are structured platforms that consist of members of Parliaments or Legislatures, established as mechanisms to achieve identified objectives, usually of a highly political and economic nature. It can be established to achieve national, regional or international goals within a specified period and one of the methods by which it can do this is by strategically leveraging the individual and collective strengths of each member to achieve the objectives. The coalition facilitates navigation of political obstacles and achieving national, regional, and/or international goals. The members of a coalition draw on the strength and motivation of one another to keep the

flag flying until the objective is not only achieved, but sustained. The importance of legislative coalitions lies in the need to harness and apply individual functions, roles, might and powers as a collective force to achieve a common goal, usually where systemic, economic and socio-political structures pose formidable opponents to the achievements of such goals. This usually becomes necessary where individual efforts lack motivation to push against such opponents or have had little or no effect.

For legislative coalitions to thrive functionally, achieve, and sustain the objectives for their existence, certain conditions must prevail, which include clear and well defined governance, monitoring and evaluation frameworks, adequate and sustainable funding for its operations, autonomy from the usual bureaucratic structures that exist between the arms of government, the commitment of members to the cause, and willingness of members to be abide by the governance structure of the coalition.

2.4 Legislative Coalitions and National Development in Nigeria

Coalitions and partnerships play an important role in helping to overcome some of the obstacles faced by countries in development. In Nigeria, a growing number of coalitions have emerged over the past decade for this purpose, varying in terms of scope, participants, governance models, purpose, and levels of activity. A high percentage of these coalitions are civil society organisations that present valuable tools to drive change toward more responsible, inclusive and sustainable growth. They help to address governance gaps, efficiency, transparency, accountability and effectiveness challenges that undermine progress in sustainable development by demanding efficient implementation towards achievement of established objectives and priorities. They represent the citizenry in policy discussions as well as serve as a platform for convening and coordinating the diverse actions of numerous actors/stakeholders towards putting pertinent issues on the political agenda front-burners. By so doing, building mutually reinforcing linkages between different sectors and development goals.

Beyond legislative committees formed for the passage of legislative bills, oversight of respective public sector institutions and other deemed necessary duties, no known record exists of coalitions established for the purpose of gaining traction in the progress of national development in Nigeria, save the Legislative Network on Universal Health Coverage. This study is on the concept of the Network, its objectives and the impact it has made in the health sector in Nigeria. The literature is presented under Section 2.6 of this document.

2.4.1 Legislative Coalitions for Health in Nigeria

The literature review conducted in the course of this research work did not reveal the existence of any legislative coalitions in Nigeria. With understanding of the relationship of health to human capital and national development and the dismal state of healthcare and healthcare systems, and after decades of engaging the executives with little impact, it became necessary for stakeholders to engage the Legislature to act, beyond the routine conduct and expectations of their legislative functions. Prior to 2017, individual leaders of the State Houses of, and National Assemblies, including the health committees and speakers had been engaged with little impact. These factors and the sum of challenges that the health sector grapples with, provided the basis for the establishment of the Legislative Network for Universal Health Coverage in Nigeria, the only known existing legislative coalition for change in Nigeria.

2.5 The Legislative Network for Universal Health Coverage

Recent global resolutions on Universal Health Coverage (UHC), like the high-level United Nations Political Declaration agreed to by heads of state in New York, and that of the Inter-Parliamentary Union, the World Health Organisation and a number of other partners spotlight the increasing focus on UHC as a global development agenda. Although the past years have seen several efforts to

mobilise political and technical commitments towards this goal globally, progress has been slow on the average, particularly for low and middle income countries for various contextual reasons.

Contextual realities in Nigeria provide some indication why this may be so. Decades of healthcare financing reform efforts targeted at improving access to quality healthcare and financial risk protection particularly for the vulnerable led to establishment of legal, institutional and policy frameworks that include:

- The 2001 Abuja declaration mandating governments to allocate a minimum of 15% fiscal appropriations to the health sector;
- Successive strategic health development plans at national and sub-national levels;
- The National Health Act and decentralisation of the National Health Insurance Scheme; and
- The Basic Healthcare Provision Fund.

The sector is expected to deliver these goals and objectives against the background of a weak and variable health system compounded by scarce resources, competing priorities, poor budget performance and inefficient, ineffective utilisation of fiscal appropriation disbursements. The sector and its custodians are also inundated with demands from stakeholders about what should be allocated and how disbursements should be utilised without adequate recourse to a collective agreement on a structured, systematic pathway to UHC in Nigeria. Various disease elimination/control programmes juggle for the largest portion without a clear evidence-based definition to follow.

Calls for action towards realisation of the Universal Health Coverage (UHC) agenda and efforts by the country in this regard intensified in 2014, culminated in the Presidential Summit for UHC in Nigeria that year and a resolution on the decentralisation of the National Health Insurance Scheme. The same year, the country's National Health Act was assented and its provisions required the enactment of a legal framework for state health insurance schemes. The process of enacting the law

at sub-national level included passage of the law by respective State legislatures, buttressing the need for legislators to understand contributing factors to health indices and outcomes, the quest for universal access and the role of the Legislature in the mix. Training workshops organised by the United States Agency for International Development (USAID) on healthcare financing in February 2017 included legislators of focal states as participants. Discussions with members of the executive at the workshop highlighted the importance of a platform for peer review and learning for legislators to facilitate the passage of health bills. Thus, the Legislative Network for UHC was conceptualised.

The Nigerian Constitution has vested in the National Assembly the power of Legislation, Oversight and Representation. The Assembly has broad oversight functions through committees of its members to scrutinize the conduct of institutions and officials. Effectively applied in consonance with other regulatory institutions, they contribute immensely to the overall impact on the human development index of countries, improving socio-economic systems and structures and conversely. Nigeria's parliament has had 8 national assemblies and committees on health. These assemblies over the years have been embroiled in one form of controversy or the other and myriad of challenges within a complex socio-political context. The effect has been one of seeming inertia signalling a resulting dereliction of duty and lack of concerted application of its functions.

The important role of the Legislature as part custodians of our world to facilitate positive socio-economic transformation for sustainable development is increasingly being recognized by the international community.

The application of their statutory roles can ensure that international agreements are ratified, translating sustainable development goals into enforceable national laws that respond to country specific development priorities, monitoring their implementation and ensuring that the Government is accountable to the people for progress.

Rationale for Establishing the Network: The legislative arm of government across the democratic world has common functions that have huge implications for development agenda especially financing of social protection initiatives. As an important arm of democratic architecture, parliaments play important roles in appropriation, legislation, accountability, representation and oversight. The appropriation role, if effectively leveraged would contribute to ensuring that more money is appropriated through both discretionary allocation and earmarking through legislations enacted by the parliaments. The parliaments also have important roles to play to ensure that appropriated funds are released on time by holding relevant central budget agencies accountable. Sequel to release of appropriated funds, the parliamentarians could use their constitutional powers to hold health agencies accountable for the use of released money and carry out oversight functions on implemented projects to assess quality and efficiency of implementation. As parliamentarians are also saddled with responsibilities of representing the interests of their constituencies whilst serving as the people's voice, this function could be leveraged to gauge level of satisfaction of targeted beneficiaries of particular health initiatives and interventions.

Leveraging parliamentary functions is a potentially powerful tool for achieving more money for health and more health for the money, in other words, spending more and spending well on health, an opportunity that is grossly underutilized in Nigeria especially at the sub national level. Stakeholders thus, sought to work with other partners to create a platform for harnessing these opportunities in the country to leverage the statutory functions of the legislature for improved health financing in Nigeria. To further drive home the importance of increased and sustained budgetary allocation for health in Nigeria, there was a compelling need for a strategic and innovative platform to engage the legislative class considering the power they wield.

- i. **Objectives of the Network:** The overall objective of setting up the Legislative Network for UHC (LNU) was to effectively leverage statutory functions of parliament in Nigeria for improved

health financing towards UHC in Nigeria. The following were the specific objectives of setting up the network:

- To achieve improved appropriation to health sector by deepening the knowledge of law makers on economic, social, health and political benefit of improved health funding towards UHC;
- To ensure prompt and adequate release of allocated funds by working with the lawmakers to make relevant central budget agencies accountable for fund release;
- To ensure timely passage of relevant high quality health laws especially the legal framework for State Supported Health Insurance Scheme (SSHIS);
- To leverage oversight and accountability functions of the legislators to assess and improve quality and efficiency of implemented health projects irrespective of the funding sources;
- To gauge citizen satisfaction on health service delivery and performance of specific health schemes; and
- To enhance sustained learning and among law makers across states and between state law makers and their federal counterparts.

ii. **Perceived Gaps in Previous Engagement with Lawmakers that Led to the Creation of a Legislative Collaboration:** Before the LNU, there was hardly any voice from the legislature in terms of lending a strong voice to implementing health sector reform objectives and ensuring universal access to affordable and quality healthcare. The idea that politicians become legislators and go on to the National Assembly or the state assemblies to supposedly represent respective constituencies wasn't new; yet, there was nothing concrete like a coherent voice from the legislators in helping to pursue UHC, a much needed vehicle to transport needed health care to communities. It had been business as usual for the lawmakers who would get elected and automatically flow with the status quo. In this regard, the LNU has done something massive to

bring about a change in that narrative. In addition, Nigeria at around 2016/2017 was at a very interesting point in its own quest to achieving UHC goals. There were so many policies of government that were only verbally pronounced but lacked implementation. It was as if we were at a limbo. There was hardly any movement/progress that was been made. At the end of 2014, the National Health Act was passed into law; many years after, there was hardly anything concrete done about the law. Likewise, the Basic Health Care Provision Fund (BHCPF) included under Section 11 of the National Health Act to be funded by a minimum one percent of the Consolidated Revenue Fund (CRF) for the provision of a basic minimum healthcare package to all Nigerians also had not been operationalized. After four years of the passage of the law, not a kobo was appropriated for it in the National Budget.

In 2015, the NHIS was decentralized; meaning that there could be sub-national health insurance schemes. However, as at 2017, less than five states in Nigeria had passed any law for state health insurance, neither was any aspects of the National Health Act of 2014 implemented. Due to the limitations of internal actors to address lapses in the health sector, stakeholders recognized the need for a stronger and more involved approach and response by/from government to the challenges in the sector. The setting up of the LNU therefore, brought a new level of impetus and push to these policy statements.

With particular reference to the legislature and its influence on improving healthcare delivery to Nigerians, despite its strategic statutory functions, there was really nothing to show. Infact, the picture of the previous engagement of the legislature towards UHC goals and the overall health system in Nigeria was one characterized by:

- Lack of a common legislative agenda for health;
- Disease programs and partners engaging lawmakers individually which made impact of the legislature on health programs extremely inefficient; and

- There were minimal opportunities for networking among national and state lawmakers on health issues. There was no cohesion in the activities of lawmakers both at the national and state levels.

In summary, the potential contribution of lawmakers to health was grossly underutilized. Towards addressing these challenges, the Senate Health Committee at the time collaborated with key development partners to establish a platform for lawmakers with the purpose of harnessing their legislative powers and using their statutory functions to advance the course of UHC specifically and the health sector in general.

Therefore, the Legislative Network for Universal Health Coverage (LNU) was birthed and became a platform for the legislative arm of government to take the lead to ensure proper governance and execution of policies/programs to advance the health sector. In essence, the LNU aims to leverage the functions of legislators and the power of the legislature for the advancement of health initiatives and interventions towards UHC.

- iii. **Setting up the network:** The idea was conceived by USAID funded Health Finance and Governance team and Health Systems Consult Limited. This team set up a committee consisting of their employees and developed a draft concept note. The team then engaged influencers within the health sector and legislature, including the Partnership for Advocacy in Child and Family Health (PACFAH) and the World Bank. Then the Chairman of the 8th Assembly Senate Health Committee, Sen. Dr Olanrewaju Tejuoso was engaged, who, convinced that establishing the LNU would accelerate health access to Nigerians through financial risk protection mechanisms, immediately took up the leadership and convening role of the effort. He subsequently set up a planning committee for the establishment and launch of the LNU, consisting of the initial team and members of the Senate Committee on Health, Clerk and Legislative Aide. The planning

committee was tasked to meet fortnightly to organise and conduct a national summit of legislators at which the LNU would be launched. This process began in February 2017 and the LNU was launched on July 24, 2017.

In the process, other members of the development community were engaged and subsequently became partners. This was done by the Senate Health Committee writing letters to development partners informing them about the LNU concept and objectives, and inviting them to partner with him to achieve the purpose. A good number of partners accepted the invitation from the beginning. Some others held back, but joined the effort later as it gathered momentum and its potentials became obvious.

At the time, a primary focus of the health sector was getting the BHCPF; a minimum of one percent of the consolidated revenue fund and meant to be earmarked according to the National Health Act (2014) into the fiscal appropriation at national and sub-national levels. This fund also referred to as equity fund is meant to provide for a minimum package of health services to all Nigerians, but since the Act (2014) was enacted, hadn't successfully been appropriated. The authenticity and popularity of the LNU grew as a result of been accredited with this feat for the first time since 2014.

iv. **Members of the Network:** The LNU is made up of primarily three legislators and the Clerk of the House from the National Assembly, 36 State Houses of Assembly and 6 Federal Capital Territory Area Councils in the following constitution:

Each State and National Assembly:

- The Chairmen of the five Health Committees, Appropriation Committees and their Clerks of the Senate and House of Representatives;
- Speakers of the 36 State Houses of Assembly;

- Chairmen of Health Committees of the 36 State Houses of Assembly;
- Chairmen of Appropriation Committees of the 36 State Houses of Assembly;
- Clerks of the 36 State Houses of Assembly; and
- Speakers of the 6 Federal Capital Territory Area Councils.

v. **Governance of the network:** The effective governance of the LNU is assured by the structures listed below. It has also resolved operational guidelines and terms of reference which defines the role of its members.

- **The Steering Committee:** The Chairman of the Senate Committee on Health is the Chair of and convener of the LNU and leads the steering committee, which provides overall leadership, coordination and direction to the LNU. The steering committee is made up of the Chair of Health and Appropriation Committees from one State from each of the country's six geo-political zones. Membership of states in the steering committee is determined every two years. The steering committee is meant to meet biennially, but was only able to meet once, during its inception meeting, where the terms of reference that governs their activities was developed and resolved.
- **The Technical Strategic Group:** Provides strategic recommendations to the LNU. They are not members of the LNU, but sit as observers during various meetings of the network. They are made up of development partners, civil society organisations and the media, and naturally evolved from the planning committee that was constituted to establish and launch the LNU. This group, referred to as LNU-TSG provides technical and financial assistance to the convening of annual events and other events of the LNU, as well as implementation of, and tracking of the progress of implementation of the communique. It also provides advice on pertinent issues that the LNU should pay attention to within the sector. Originally facilitated through the United States Agency for International Development (USAID) funded Health

Finance and Governance (HFG) Project, coordination of the LNU-TSG was taken over by the Legislative Advocacy Initiative for Sustainable Development Goals (LISDEL), to sustain activities of the network as the HFG Project ended.

The LNU-TSG is primarily made up of the following:

- Legislative Advocacy Initiative for Sustainable Development Goals (LISDEL)
 - World Health Organization
 - United Nations' Children's Fund
 - World Bank/IFC
 - United States Agency for International Development
 - United Kingdom Agency for International Development
 - Bill and Melinda Gates Foundation
 - Health Systems Consult Limited (HSCL)
 - Development Research and Projects Center (dRPC)
 - Development Governance Initiative
 - Medical Visions for Peace
 - Media Network for Public Health
 - Health Sector Reform Coalition
 - West African Public Health Association
 - Federal Ministry of Health
 - Conference of Speakers
 - National Institute for Legislative Studies
 - University of Ilorin
 - National Advocates for Health
 - Nigeria Health Watch
 - Global Health Advocacy Incubator
 - National Health Insurance Scheme
 - National Primary Healthcare Development Agency
 - Results for Development
 - Health Strategy and Delivery Foundation (HSDF)
 - Management Systems for Health (MSH)
 - Christian Aid.
- Communication and information sharing: A social media group platform on WhatsApp of the LNU and LNU-TSG was created with strict guidelines governing information sharing, and for ease of pertinent information sharing. The platform serves to convey messages, share experience and learn from colleagues across the country. Other WhatsApp groups

were created for different sections. The LNU-TSG has one of members for passing information on meetings, action points, etc. the Clerks also have a group for the same purpose, administered by LISDEL. Other means of reaching the Legislators include the use of emails and through the Conference of Speakers.

- **Operations of the network:** Operations of the LNU are conducted through the following mechanisms:
- Annual meetings of the Network: These became the Legislative Summits on Health/UHC and were instituted with specific themes that provide the basis for discussions and annual priorities of the Legislature for the sector, usually revolving around pertinent issues in the country linked to health. Resolutions are passed as communiqués which are expected to be implemented with the assistance of partners at the federal level and states. This evolved to include the development of a strategic legislative health agenda framework during the third summit. The communiqués are then expanded to annual work-plans with targets, resources required, and timelines against identified policy thrusts and legislative functions. So far, three of these have held with the following themes.
 - The first one was the launch of the LNU and held in July 2017 themed: ‘A Summit to Launch the Legislative Network for Universal Health Coverage in Nigeria’;
 - The Second held in July 2018 themed: The Role of Lawmakers in the Implementation of the 1% Consolidated Revenue Fund and Preparation for the Mandatory Contribution of Nigerians to Health Insurance; and
 - The third held in November 2019 themed: ‘Efficiency and Effectiveness in Nigeria Health Sector: The Role of Legislators in a Decentralized Democracy’.

LNU members participate in these meetings with the assistance of development partners, to which the leaders of health ministries, departments and agencies are also invited, to provide health policy thrusts backgrounds. The Summits are open to the participation of civil society organisations, development partners and the media, but only on invitation. Over 350 people have participated in these Summits. The most recent, (third) saw the participation of 453 representatives of various institutions in the sector.

Implementation progress of previous communiqués for each State is tracked by the respective LNU partners before the Summit begins, and presented during the Summit. Challenges to implementation are evaluated and reviewed and the necessary mechanisms necessary for progress are identified and committed with the help of development partners

The need to justify, succeed and show the country that they can actually make a difference drives the effectiveness of the LNU and summits, which led to the successes recorded so far and the positive changes that have taken place in the sector.

The Summits are also used as a means to orient legislators on any specific subject on health to reach a common understanding of terms, objectives and goals. It is also a useful platform to learn from the experience of parliamentary colleagues from other countries.

- Peer review from Regional Colleagues: Members are encouraged to participate in international conferences on health that builds and enhances their knowledge in the subject matter, including meetings of the Inter-Parliamentary Union. At such meetings, they learn from regional experiences, lessons and approaches that can be accordingly adapted to suit the Nigerian and state-specific contexts. The annual Summits provide this opportunity as well. The third Summit saw the participation of Hon. (Dr). Kwabena Twum-Nuamah, the

Chairman, Parliamentary Committee on Health, Parliament of Ghana, whose participation was funded by the European Union through the World Health Organisation to share the experience of Ghana operationalizing health insurance schemes. These opportunities help to publicise the approach of the LNU to parliamentary colleagues, facilitating replication in respective countries, thus accelerating progress towards universal healthcare access.

- Strategic retreats: Each State House of Assembly and the health committees of the National Assembly (NASS) are expected to hold this bi-annually within each annual work-plan year to track progress on implementation of communiqués. A strategic retreat is also called to evaluate urgent situations and make resolutions to tackle these.

The first for the 9th Assembly held in the first week of September. Major outcomes included the following:

- A Legislative Health Agenda Framework for the Health Committees of the National Assembly resolving priorities for the next four years, which was adopted by the LNU State members and used as a template to develop their own frameworks;
 - An evaluation of the Basic Health Care Provision Fund processes and guidelines that led to an urgent Legislative Oversight to correct anomalies and realign implementation to the provisions of the National Health Act, efficiency and effectiveness; and
 - Generation of the theme of the Third Annual Legislative Summit on Health and resolution on priorities of the Legislature for the next four years in Nigeria, based on ensuring efficiency and effectiveness in the sector.
- Quarterly Legislative/Executive interface: Each State House of Assembly and the health committees of the National Assembly meet with members of the executives to evaluate

progress on the state of health and attendant health outcomes. Here, issues are discussed and action points taken to correct whatever challenges are experienced by the sector. These are implemented and tracked before the next meeting. The idea is to foster partnership between the Legislature and Executive; and collective ownership of the health situation in each State. It is not an audit, but a mechanism to discuss and agree the best approaches to solving the challenges experienced and removing bottlenecks faced by executives in implementation.

- LNU Steering committee meetings: Held quarterly, and hosting revolved between the six geo-political zones and the federal level. Each zone gives account of progress across each State in the zone, and each region's progress against health indices. The objective here, is to catalyse peer review and completion amongst states, and localised learning from one another on the best approaches to achieve set objectives.
- National, Sub-national and Media Dialogues: At each level, the LNU platform is easily engaged to confer or have policy discussions with various stakeholders that influence decisions and actions. Quite important to the outcome of these are discussions/parleys with the media and civil society. These do not have to be large conferences, but can be a couple of hours long with prime influences from each strata of the sector. These processes have been used to tip the scale, and formed one of the mechanisms adopted by the LNU to ensure that the 2018 fiscal budget was passed with one percent Consolidated Revenue Fund (CRF) included as Basic Health Care Provision Fund (BHCPF).
- Capacity Building of Legislators: These are conducted based on findings of needs assessments, with the specific objectives of:
 - Deepening understanding of the Legislature on Health Financing, UHC;

- Enhancing the understanding of legislative functions and who these functions impact;
- Gathering knowledge and use of information to develop processes, tools, frameworks and training manual;
- Development of Legislative Health Agenda frameworks;
- Tracking progress on commitments made by legislators to promote UHC; and
- Development and implementation of annual work-plans/legislative health agenda.

The LNU conducted orientations of its members on basic healthcare financing concepts and UHC, in collaboration with partners in 2017, after the launch of the network. Legislators requested for the training to help them understand what UHC is about and how they can effectively apply their statutory functions to achieve it.

In Nigeria, the large turnover of the political class and magnitude of the expectations vested in the Legislature requires defined and deliberate orientation and trainings of the Legislative Class. Another factor that justifies this requirement is the fact that a large percentage of Legislators are neither medical doctors, public health practitioners, neither do they have any kind of background in health. Thus, health terminologies and policy thrusts and their objectives are sometimes lost to them. Orientations like these help breakdown the terminologies used, what they mean and what is required of legislators to improve health outcomes.

Major deliverable of these capacity building activities are the development of Legislative Health Agenda and work-plans by each State for implementation. These set out the priorities of the Legislature of respective states for the next fiscal year.

- vi. **Monitoring and Evaluation/Tracking Implementation of Communiques:** Development partners working in focal states collaborate with the respective legislatures to finalise the Legislative Health Agenda and work-plans developed during the capacity building workshops by each State. Processes and activities required for the implementation of the Communiques from the annual Legislative Health Summits are considered as well during this process. Implementation modalities are worked and assistance is provided by development partners. Progress against the work-plan is tracked against milestones/indicators.
- vii. **Challenges experienced in the conduct of activities of the LNU:** The process of establishing and institutionalising the LNU has not been without challenges, some of which although seemingly insurmountable can be navigated around, including the following
- Budget cycle periods and passage;
 - Election year, appointments and inauguration: effectively, the Legislature has only two full years to implement activities on resumption. The first year after assumption of office in a new political dispensation is spent settling in, getting briefed and reviewing past processes and actions; and budget cycle processes. The fourth year is spent campaigning for re-election and for political parties' victory; and
 - Implementation: financial deficits and State security affect implementation and monitoring.

2.6 The Concept of National Development

Development is a process that creates growth, progress, positive change or the addition of physical, economic, environmental, social and demographic components. The purpose of development is a

rise in the level and quality of life of the population, and the creation or expansion of local regional income and employment opportunities, without damaging the resources of the environment. Development is visible and useful, not necessarily immediately, and includes an aspect of quality change and the creation of conditions for a continuation of that change. (SID Israel 2018).

The international agenda began to focus on development beginning in the second half of the twentieth century. An understanding developed that economic growth did not necessarily lead to a rise in the level and quality of life for populations all over the world; there was a need to place an emphasis on specific policies that would channel resources and enable social and economic mobility for various layers of the population. Through the years, professionals and various researchers developed a number of definitions and emphases for the term “development.” Amartya Sen, for example, developed the “capability approach,” which defined development as a tool enabling people to reach the highest level of their ability, through granting freedom of action, i.e., freedom of economic, social and family actions, etc. This approach became a basis for the measurement of development by the HDI (Human Development Index), which was developed by the UN Development Program (UNDP) in 1990. Martha Nussbaum developed the abilities approach in the field of gender and emphasized the empowerment of women as a development tool.

In contrast, professionals like Jeffrey Sachs and Paul Collier focused on mechanisms that prevent or oppress development in various countries, and cause them to linger in abject poverty for dozens of years. These are the various poverty traps, including civil wars, natural resources and poverty itself. The identification of these traps enables relating to political – economic – social conditions in a country in an attempt to advance development. One of the emphases in the work of Jeffrey

Sachs is the promotion of sustainable development, which believes in growth and development in order to raise the standard of living for citizens of the world today, through relating to the needs of environmental resources and the coming generations of the citizens of the world.

The Collins dictionary defines the term 'national' as relating to the whole of a country or nation rather than to part of it or to other nations, a state typical of the people or customs of a particular country or nation.

Thus, if we apply the definition of development by SID Israel to this definition of 'national' we could say that national development simply means a process that creates growth, progress, positive change or the addition of physical, economic, environmental, social and demographic components for the entirety of a nation.

Apurba Salma in 2018, described the term 'National Development' as very broad and comprehensive, including all aspects of the development of a nation namely, political, social, economic etc. It is a dynamic and revolutionary development of the society. It is both qualitative and quantitative (Sarma 2018).

The Longman dictionary of contemporary English, refers to national development as a phenomenon that embraces a whole nation and thus, national development can be described as the overall development or a collective socio-economic, political as well as religious advancement of a country or nation. This is best achieved through development planning, which can be described as the country's collection of strategies mapped out by the government (Lawal, Oluwatoyin 2011).

From the experience of the Asian countries, development can be defined as an encompassing process involving the steady and systematic change in the cultural, economic and political spheres

of society in a way that increases production, empowers the people and their communities, protects the environment, strengthens institutions, grows quality of life and promotes good governance. This implies that it is possible to speak of social, cultural, spiritual, institutional economic and political development. As distinct from growth, development is about people and how their lives and institutions can get better (Igbafen, 2012; Ihonvbere, 2012).

According to Adeyeye (2002), the earliest approach to development was monolithic and economically biased, however, the social dynamics of society as they affect socio-cultural, economic, political and technological wellbeing of people brought into fore the deficiencies of the monolithic and economic approach. Today, the economic development of the society is just a part of societal development and cannot be synonymous with it. Modern approaches to development is firstly multi-disciplinary, and covers the entire socio-cultural, political, economic and technological factors leading to overall societal transformation. Secondly, apart from the multi-disciplinary nature of development, it is both holistic and totalistic. Thirdly and finally, modern approach to development must encourage and accommodate modern values which include foreign aids, politics and technology transfer (Ziai, 2013).

The concepts described above point to one central theme: that national development is the overall development or a collective socioeconomic, political and technological advancement of a country or nation. This is best achieved through development planning which can be described as the country's collection of strategies, policies, plans, programmes and projects and others, mapped out by the government (Lawal and Oluwatoyin, 2011). They make up a collection of domestic priorities and well as global priorities/goals to which the government has ratified and are domesticated through this process.

2.6.1 National Development Planning in Nigeria

As earlier pointed out, a country is said to be developed if it is able to provide qualitative life for her citizenry. In this regard, Nigeria, through various governments, has over the years, provided numerous development policies, plans, programmes and projects in her quest to improve the material wellbeing and welfare of the citizens. According to Sanusi (2012), the following are some of the notable developmental efforts of various governments in Nigeria since independence:

- First National Development Plan, 1962–1968;
- Second National Development Plan, 1970–1974;
- Third National Development Plan, 1975–1980;
- Fourth National Development Plan, 1981–1985;
- Structural Adjustment Programme, 1986–1993;
- Vision 2010, 1998–2010;
- National Economic Empowerment and Development Strategy (NEEDS), 2003–2007;
- The Seven point agenda of the of presidents Umaru Musa Yar'Adua and Goodluck Ebele Jonathan's administrations, 2007–2015; and
- Economic Recovery and Growth Plan (ERGP) of the present administration, 2017–2020.

Two years after independence, the first National Development Plan policy was formulated between 1962 and 1968 with the objectives of development opportunities in health, education and employment and improving access to these opportunities. It is said that this plan failed because fifty percent of resources needed to finance the plan was to come from external sources, and only fourteen percent of the external finance was received (Ogwumike, 1995). The collapse of the first Republic and the commencement of civil war also disrupted the plan.

After the civil war in 1970, the second national development plan 1970 to 1974 was launched with priorities of agriculture, industry, transport, manpower, defence, electricity, communication and water supply and provision of social services (Ogwumike, 1995). The third plan, covering the period of 1975 to 1980 was considered more ambitious than the second plan. Emphasis was placed on rural development and efforts to revamp agricultural sector. The fourth plan 1981 to 1985 recognized the role of social services, health services, and others. The plan was aimed at bringing about improvement in the living conditions of the people. The specific objectives were: an increase in the real income of the average citizen, more even distribution of income among individuals and socio-economic groups, increased dependence on the country's material and human resources, a reduction in the level of unemployment and underemployment (Ogwumike, 1995). During these periods, Nigeria's enormous oil wealth was not invested to build a viable industrial base for the country and for launching an agrarian revolution to liquidate mass poverty. For instance, the Green Revolution Programme that replaced Operation Feed the Nation failed to generate enough food for the masses. In the recent past, various strategies for development have also been tried with little or no result; among these were the Structural Adjustment Programme (SAP), Vision 2010, National Economic Empowerment and Development Strategy (NEEDS), creation of development centres, the Seven Point Agenda of the Yar'Adua/Jonathan administrations and the Economic Recovery and Growth Plan (ERGP) of the Buhari administration².

According to the Ministry of Budget & National Planning, the Nigerian economy is characterized by structural challenges that limit its ability to sustain growth, create jobs and achieve real poverty reduction. The economy is highly dependent on a single commodity for economic activities, fiscal

² Lawal T., Oluwatoyin A. (2011) National development in Nigeria: Issues, challenges and prospects. *Journal of Public Administration and Policy Research* Vol. 3(9), pp. 237-241

revenues and foreign exchange – oil – and must import raw materials and intermediate goods to sustain the manufacturing sector. The economy is also skewed towards consumption rather than investment, with gross domestic investment (GDI) to Gross Domestic Product (GDP) ratio hovering at 13–14 percent.

The country also faces governance challenges. Nigeria ranked 169 out of 190 countries in the World Bank’s 2017 Doing Business index. Since its inception in May 2015, the current Administration has made several efforts aimed at tackling these challenges and changing the national economic trajectory in a fundamental way. The earliest action was prioritization of three policy goals. These are tackling corruption, improving security and re-building the economy. The Strategic Implementation Plan (SIP) for the 2016 Budget of Change was developed as a short-term intervention targeted against these goals and provides a basis for the development of the ERGP³.

2.6.2 Achieving National Development Goals through Sector Strategies

The public and private sectors are pivotal to daily operations of the country and to its ability to effectively manage development processes and provide universal goods and services. Public administrators or servants are critical in their roles as gatekeepers, policy-makers, implementers and distributors. As intermediaries between the government and the wider population, they are essential to ensuring the penetration of the state at the local level, to the allocation and distribution of resources and to the enforcement of rules (Migdal, 1988). The public sector plays a vital role in national development and its relevance cannot be underestimated in Africa (Ayee 2012). This was re-echoed in the 1997 World Development Report that “an effective state is vital for the provision

³ Nigeria Economic Recovery and Growth Plan (ERGP)

of goods and services – and the rules and institutions – that allow markets to flourish and the people to lead healthier, happier lives. Without it, sustainable development, both economic and social, is impossible” (World Bank 1997: 1). However, the public sector is generally perceived as an obstacle to development because it is plagued by corruption, inefficiency, poor management, low morale, neopatrimonialism and political instability (Olowu 1999; 2010; Owusu and Ohemeng 2012; Ayee 2005; 2008; Haque 2001).

Public sector strategic frameworks are usually developed and led by the government, and aligned to the priorities of national plans for the respective sectors, the objectives the plans are intended to achieve and collective development of the country. Thus, it can be said that one of the mechanisms, indeed the most important, to achieve national development goals is through sector plans and frameworks. Borrowing from the health sector, which is the focus of our study, examples of such plans would include the erstwhile National Health Investment Plan and the National Strategic Health Development Plans⁴.

2.7 National Development and Health

Good health is central to human happiness and wellbeing and makes important contributions to economic progress, as healthy populations live longer, are more productive, and save more. Many factors influence health status and a country's ability to provide quality health services for her people. Ministries of health are important actors, but so are other government departments, donor organizations, civil society groups and communities themselves. For example: investments in roads can improve access to health services; inflation targets can

⁴ Ayee J.R.A. 2015. Public Sector Reforms in Africa: A State-of-the-Art. Commonwealth Association for Public Administration and Management.

constrain health spending; and civil service reform can create opportunities - or limits - to hiring more health workers. The World Health Organisation's (WHO's) work on health and development tries to make sense of these complex links, highlighting the impact of better health on development and poverty reduction, and conversely, with the impact of development policies on the achievement of health goals.

The Organisation for Economic Co-operation and Development (OECD) communicates that mechanisms must be devised to understand and attend to higher expectations of citizens and resolve persistent inequities in access and in health conditions among different groups. This fact and the issue of how to ensure the financial sustainability of health systems, while making a positive contribution to macroeconomic performance, has moved to the top of the policy agenda globally. Emphasis has kept resonating in the last few years on how to provide policymakers with the evidence they need to foster efficiency in the health sector, while ensuring universal access, equitable distribution and raising quality of care. A basic message has emerged: investments in health and the design of health financing policies should be addressed in terms of the interaction between health and the economy. Health performance and economic performance are interlinked. Wealthier countries are said to have healthier populations and it is a basic truth that poverty, mainly through infant malnourishment and mortality, adversely affects life expectancy. National income has a direct effect on the development of health systems, through insurance coverage and public spending, for instance. As demonstrated in 1997 by the WHO Commission on Macroeconomics and Health for a panel of 167 countries, while health expenditures are determined mainly by national income, they increase faster than income. Disease hinders institutional performance as well. Lower life expectancy discourages adult training and damages productivity. Health financing, through out-of-pocket expenditures, is inequitable and can expose whole populations to

huge cost burdens that block development and perpetuate the disease/poverty trap. On the other hand, health systems need financing and investment to improve their performance, yet this need cannot in turn impose an unfair burden on national spending or competitiveness. There are indirect effects on other spending decisions, both by households and governments; if investment in health spending is to be raised, cuts in budgets have to be made elsewhere in the economic system. Decisions made in one sector or sphere of operation affect conditions, stakeholders and policies in another. The impact of health on the economy should not be underestimated. The challenge is to harmonise health and economic policies to improve health outcomes, but also to minimise negative impacts while promoting synergies wherever possible⁵.

2.7.1 Universal Access to Healthcare and National Planning in Nigeria

As other sectors, Nigeria's health sector is guided by the nation's plans, currently Vision 20:2020, and the medium-term Economic Recovery and Growth Plan (ERGP). The overarching goal of the Nigerian Constitution and the National Health Act (NHAct) 2014 is to guarantee the right to health for all Nigerians. The 2016 National Health Policy provides an implementation framework to translate the provisions of the NHAct and the Sustainable Development Goals into healthy lives and wellbeing for all Nigerian citizens. The tenets of Universal Health Coverage are central to the goal of National Health Policy "To strengthen Nigeria's health system, particularly the Primary Healthcare sub-system, to deliver quality, effective, efficient, equitable, accessible, affordable, acceptable and comprehensive health care services to all Nigerians".⁶

⁵ Health and the economy: A vital relationship. OECD Observer No 243, May 2004

⁶ Federal Republic of Nigeria National Healthcare Policy (2016)

Health care provision in Nigeria is a concurrent responsibility of the three tiers of government in the country. However, because Nigeria operates a mixed economy, private providers of health care have a visible role to play in health care delivery. The federal government's role is mostly limited to coordinating the affairs of the university teaching hospitals, while the state government manages the various general hospitals and the local government focuses on dispensaries. The total expenditure on healthcare as a percentage of GDP is 4.6, while the percentage of federal government expenditure on health care is about 1.5%.⁷

2.7.2 Key Policy Thrusts in Nigeria's Health Sector⁸

Over the years, the country's health policy thrusts have either being part of the national development plans or as separate standalone frameworks, representing the will of the government to provide comprehensive healthcare for the people, describing the goals, structure, strategy and policy direction of healthcare delivery. Major health policy thrusts can be found in/include:

- The First Colonial Development Plan – 1945;
- The Second Colonial Development Plan – 1956;
- The First National Development Plan – 1962;
- The Second National Development Plan – 1970;
- The Third National Development Plan – 1975;
- The Fourth National Development Plan – 1981;
- The National Health Policy and Strategy – 1988;
- Nigeria's Five Year Strategic Plan – 2004;

⁷ Wikipedia. Healthcare in Nigeria. https://en.wikipedia.org/wiki/Healthcare_in_Nigeria

⁸ Health care systems by country. https://en.wikipedia.org/wiki/Health_care_systems_by_country

- National Strategic Health Development Plan – 2010;
 - National Health Act – 2014;
 - National Health Policy – 2016;
 - The Economic Recovery and Growth Plan (ERGP) – 2017; and
 - Second National Strategic Health Development Plan – 2018.
- i. **The National Health Policy and Strategy:** Perhaps, Nigeria’s first comprehensive national health policy was the National Health Policy and Strategy launched in 1988. Its aim was to accelerate the achievement of the provision of health for all Nigerians. This was revised in 2004 to form Nigeria’s Five Year Strategic Health Plan.
- ii. **The National Strategic Health Development Plan:** In 2010, in order to meet the challenges of achieving improved health status, especially for its poorest population and for the most vulnerable, and also to reflect on the then prevalent socio-economic conditions as well as meet up with global health targets, Nigeria developed the National Strategic Health Development Plan. The policy objectives were to be achieved within five years with eight priority areas which included (i) Leadership and governance (ii) Health service delivery (iii) Human resource for health (iv) Financing for health (v) Health information system (vi) Community participation and ownership (vii) Partnerships for health (viii) Research for health. The vision of the policy was to reduce the morbidity and mortality rates due to communicable diseases to the barest minimum; reverse the increasing prevalence of non-communicable diseases; meet global targets on the elimination and eradication of diseases; and significantly increase the life expectancy and quality of life of all Nigerians.

The focus on universal access to healthcare, more widely referred to as universal health coverage goals set Nigeria on a course of action through 2030 with four major health policies driving health targets. These are the National Health Act (2014), the National Health Policy (2016), the Economic Recovery and Growth Plan (2017) and the Second National Strategic Health Development Plan (2018).

iii. **The National Health Act:** The National Health Act was passed into law by the President of the Federal Republic of Nigeria at the time, Ebele Goodluck Jonathan in 2014. The Act includes provisions for a Basic Health Care Provision Fund, which if passed, would significantly increase government financing for PHC. The Act targets universal coverage with least basic services. Specifically, the fund is to be financed from the consolidated fund of the federation, an amount not less than 1% of its value, grants by international donor partners; and funds from any other source. It proposes:

- 50% of the fund shall be used for the provision of basic minimum package of health services to all citizens, in eligible PHC facilities through the NHIS;
- 25% of the fund shall be used to provide essential drugs for primary healthcare;
- 15% of the fund shall be used for the provision and maintenance of facilities, equipment and transport for primary healthcare;
- 5% of the fund shall be used for the development of human resources for eligible PHC facilities; and
- 5% of the fund shall be used by the Federal Ministry of Health for National Health Emergency and Epidemic Response.

The National Primary Health Care Development Agency has responsibility for disbursing the funds for essential drugs for PHC, facility maintenance and human resource development through State Primary Health Care Boards for distribution to Local Government Health Authorities. The Act indicates that for any state or local government to qualify for federal government block grant, the state and Local Government Area (LGA) must contribute not less than 10% and 5% respectively of the total cost of the project. Apart from health financing, the Act also provided for the establishment of standards for health institutions, establishments of health information system, and other important thrusts necessary to improve on the health system in the country.

The Act remained dormant since its passage by the National Assembly and assent in 2014 by the President until recently when, through the intervention and activities of the Legislative Network for UHC, it became operationalized.

- iv. **The National Health Policy:** The National Health Policy of 2016 was formulated with a mission to provide stakeholders in the health sector with a comprehensive framework for harnessing all resources for health development towards the achievement of Universal Health Coverage as encapsulated in the National Health Act of 2014, in tandem with the global Sustainable Development Goals (SDGs). The overall goal of the policy is to strengthen Nigeria's health system, particularly the primary health care subsystem, to deliver effective, efficient, equitable, accessible, affordable and comprehensive healthcare services for all Nigerians. The policy provides the direction necessary to support the achievement of significant progress in improving the performance of the Nigerian health system. It also lays emphasis on strengthening primary healthcare as the bedrock of

Nigeria's health system, in addition to the provision of financial risk protection to all Nigerians, particularly the poor and the most vulnerable groups.

v. **The Economic Recovery and Growth Plan (ERGP):** The Economic Recovery and Growth Plan of 2017 is an economic program/policy of the present administration designed to revamp the economy of the country. The government posited that majority of Nigerians remain under the burden of poverty, inequality and unemployment, despite the high growth recorded in the economy between 2011 and 2015. They further argued that general economic performance was seriously undermined by deplorable infrastructure, corruption and mis-management of public finances. After more than a decade of economic growth, the sharp and continuous decline in crude oil prices since mid-2014, along with a failure to diversify the sources of revenue and foreign exchange in the economy led to a recession in the second quarter of 2016. Hence in a bid to change the trajectory, the ERGP was launched. The ERGP was established on three strategic objectives, thus:

- Restoring growth – monetary and fiscal stability, external balance, economic growth and diversification;
- Investing in the Nigerian people – health, education, social inclusion schemes, job creation and youth employment schemes; and
- Building a global competitive economy.

The Federal Government's health policy under the ERGP aims to improve the availability, accessibility, affordability and quality of health services by increasing access to primary health care services, expanding health coverage and improving the quality of the services provided.

Policy objectives

- Improve the availability, accessibility, affordability and quality of health services;
- Expand healthcare coverage to all Local Governments;
- Provide sustainable financing for the health care sector; and
- Reduce infant and maternal mortality rates.

vi. **The Second National Strategic Health Development Plan:** The Second National Strategic Health Development Plan (2018 – 2022) was designed with a specific goal of ensuring healthy lives and promoting the wellbeing of the Nigerian populace at all ages. Its mission is to ensure that the Nigerian populace has universal access to comprehensive, appropriate, affordable, efficient, equitable and quality essential health care through a strengthened health system. The policy has five strategic pillars and fifteen broad overall priority areas:

- Enabled environment for attainment of health sector goals with three priority area which are Leadership and Governance, Community Participation as well as Partnerships;
- Increased utilization of essential package of health care services with four priority areas which are: Reproductive, Maternal, Newborn, Child and Adolescent Health with Nutrition (RMNCAH + N), Communicable Diseases, Non Communicable Diseases, Emergency Medical and Hospital Services, Health;
- Promotion and Social Determinants for Health;
- Strengthened health system for delivery of education and healthcare plan. This has five priority areas which are Human resources for health, Health Infrastructure, Medicines,

vaccines, commodities & health technologies, Health information system and Research for health; and

- Protection from health emergencies and risks with just one priority area – protection from health emergencies and risks.

2.8 The Role of the Legislature in National Development in Nigeria⁹

The roles, functions and responsibilities of the various players, actors or stakeholders involved in the process of national development are diverse according to their specific designations in society, areas of expertise and professions. In one way or the other, the impact of their conducts is seen negatively or positively in the trajectory of policy implementation, societal values, what become norms, socio-economic and political growth. Broadly, these stakeholders include the executives, judiciary, legislators, strategic alliances including civil society, international and local development partners and the private sector. For the purpose of this study, our focus is on the Legislature.

The Legislature is an essential part of a country's governance architecture, helping to render it effective, transparent, accountable and participative. Not only are they at the core of democratic political systems, but they also play a critical role in any democracy by providing oversight and accountability of government, by representing citizens, their expectations and their views, and by legislating. They play a significant role, in that not only do they create legal frameworks through which democratic institutions function, but they are also meant to provide oversight and

⁹ Edet J., Amadu T., Attai J. (2014). The Legislature and National Development: The Nigerian Experience. Global Journal of Arts Humanities and Social Sciences

representation functions of public institutions. Collectively, these statutory functions, if applied effectively provide the basis for successful national development.

In English political history, the legislature appeared in the 13th century as an assembly of knights summoned irregularly by the monarch for consultation on taxation. By the end of the seventeenth century, the bourgeoisie had successfully used parliament to secure its political aims. Thus, parliament became the instrument by which newly powerful group in society could advance their interests and introduce innovations into and modernize the society. Parliament was used to bring development to the English society and has ever since continued to be used for this purpose. Most legislatures do this in the nations that they serve.

In modern times, legislatures perform representational function as the people's representatives for the singular fact that they are elected by the people, especially under a democratic regime and hold the mandate of their constituencies within the polity (Davies, 2004). The Legislature is expected to pursue the development and implementation of good public policies for national development. Its traditional function is generally perceived as that of law making.

In a democracy, the legislature plays an important role in the amendment of the national constitution, selection and appointment of senior government as well as the supervision of social, political and economic conditions in the country. All these activities together promote development in the nation.

The Legislature is very crucial in enforcing accountability and responsibility in any democratic setting, offshoots of the oversight function, which is also a very important role of the modern legislature. The Legislature provides the institutional mechanism for ensuring accountability and

good governance and generally, constitutionally mandated as the institution through which governments are held accountable to the electorate. Such oversight functions include scrutinizing and authorizing revenues and expenditures of the government and ensuring that the national budget is properly implemented. The constitutional power to participate in budgetary appropriation gives the legislature needed political influence to shape governance, and possibly carry out reforms that leads to national development. In this regard, Saffell (1989) asserted that no function of the congress is more jealously guarded or more basic to administrative control than the power of the purse. In the same vein, Fashagba (2012) affirmed that legislatures in some countries have gained a role in approving macro fiscal framework. The Nigerian legislature belongs to the class of legislative assemblies vested with dominance of power over fiscal matters.

The Legislature promotes national unity. Members develop a sense of identification with the entire nation for which they make policies and laws and whose problems they set out to solve at each legislative session. It educates the members in practical politics. As they involve in the process of law making and policy formation.

The modern Legislature serves as an agent of reform in a country. In a state where some members of parliament are ideologically inclined, the desire to implement the development and reform agenda will greatly influence their behaviour in the assembly and the conduct of their functions. Legislatures serve as fora for discussion of ideas and policies and provide a formal platform for deliberation among significant political forces in the life of a political system (Fashagba, 2012). Conversely, the transformative legislature actively translates ideas into laws. The transformative legislature enjoys to a large extent, institutional autonomy to act on bills or policy proposals emanating either within the assembly itself or from the executive arm of the government. They

mold and transform bills and proposals into laws, irrespective of the source. These all contribute to the nation's development.

Under the 1999 constitution of the Federal Republic of Nigeria (as amended) the National Assembly and State Houses of Assembly are the organs of government responsible for making laws for the order, peace and good governance of the Nation and any part thereof. The composition of the houses of assembly is informed by the need to have every segment of the country represented in the Legislature, buttressing the importance of having all government policies which affect the polity backed by legislative input. This is why it has been argued that the Legislature in a constitutional democracy - whether presidential or parliamentary – is the most important arm of government as it serves as a watchdog of the Executive arm.

- i. **The Lawmaking Function.** As earlier stated, the functions of the Legislature are categorised as lawmaking, oversight and representation. The art of lawmaking is regarded as the primary duty of the Legislature and involves consideration of bills, including money bills sponsored by either members or the Executive arm for the purpose of enacting such into laws or acts to regulate specific or general matters;
- ii. **The Representative Function** of the Legislature involves the duty of every member to present matters affecting their respective constituencies or constituents in the chambers during plenary, for legislative action either as a form of petition or matters of urgent national importance or personal explanations. It also involves constituency empowerment programmes personally undertaken by individual members of the Legislature; and
- iii. **The Oversight Function.** The third function is considered the most important and involves the power of the Legislature to review, monitor, and supervise government agencies,

programmes, activities and policy implementation strategies of the Executive arm of government to remain responsive, transparent, and accountable to the people. The mechanism for carrying out legislative oversight is usually the committee system which is usually formed for general and specific purposes. The Legislature, in conducting oversight on the Executive arm of government through its committees raises queries for agencies of government. This is to ensure accountability, transparency, responsiveness and sustainability of good governance. Queries by Legislators are an efficient and one of the most frequently used processes deployed to extract from government agencies, the extent of their compliance to extant laws that guide government actions and policies. Public hearings are then conducted on various sectors as required, to elicit the inputs of the general public including civil societies in the legislative process.

2.8.1 Improving Health Outcomes in Nigeria through the Legislature

Central to a functional health system and health outcomes is the tenet of accountability – one of the levers of the oversight function of Legislators – which drives the provision of quality service delivery, effective governance and systems building. This role is as important as the other functions of legislation and representation, with the impact seen in the mode and success of application. The Legislature is also responsible for the domestication of international agreements and ensuring that these, and legal frameworks of the country – in this case – healthcare provision that are essential to reducing mortality indices and improving health outcomes in Nigeria are operationalised. This fact reinforces the Legislature as a powerful agent of change, as do their role of representing the electorate, and offering a platform for communication and open, effective dialogue with civil society organisations. The Legislature can ensure that the process of developing a national development vision is informed by an inclusive and participatory political dialogue.

Through annual reviews of proposed government expenditures, the Legislature can ensure adequate financial resources are allocated to the achievement of health objectives and that sustainable development priorities are reflected in national and local budgets. Their engagement on and oversight of the implementation of national development plans that put the well-being of the people up front and centre can make them the fulcrum for success in driving development forward.

Through the application of their legislative functions, Legislators can ensure that:

- Sufficient funds are made available for the provision of essential services to the population by allocating adequate resources for health through discretionary and earmarked allocation under the appropriation function;
- By passing relevant legislation, the health systems is supported by strong legal frameworks required for specific policy or programme implementation under legislation;
- Implementation of universal health coverage agenda, closely monitored and regularly assessed through oversight of policy and programme implementation;
- Performance of relevant institutions is regularly evaluated against determined objectives by holding the institutions accountable for policy implementation and value for money; and
- Health reforms are informed and guided by the needs of the people by promoting citizens' voice, participation and accountability.

A country's health system that fulfils 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 inclusive, must pass informed policies and laws that govern the health system and allocate adequate resources to its health departments. 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 within government most importantly, through its legislature. Therefore, strengthening the legislature’s ability to make, implement, and monitor health policies and develop a partnership with policymakers and implementers has the potential to strengthen the health system overall by moving legislators from spectators to actors.

For instance, prior to the advent of the Legislative Network for Universal Health Coverage (UHC), despite legislatures’ governance responsibilities, many lawmakers in Nigeria both at the federal and state levels:

- Were unfamiliar with the concept of Universal Health Coverage (UHC);
- Were unaware of the extent to which the chronic underfunding of health, primary health care (PHC) in particular, negatively affects their constituents; and
- 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.

In other words, there were no clear definition of responsibilities for the legislative arm of government in strengthening Nigeria’s health system. The legislative arm had little or no influence/impact on the health sector, despite their key functions in governance.

However, since the most recent times, it is now clear that providing quality and efficient healthcare for a country is beyond what only the executives can do. The government needs to leverage on the statutory functions of the legislature in galvanizing an all-inclusive input to catalyze and sustain continuous progress in strengthening its health system.

In Nigeria, after recognizing the potentials 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 the establishment of the Legislative Network for Universal Health Coverage (LNU).

This singular development has led to lawmakers redeploying their statutory powers in the areas of appropriation and oversight as well as legislation to bring about a complete turnaround in health financing; with its ripple effects felt in health governance and a renewed vigor in the pursuit of the achievement of UHC goals as well as primary health care revitalization in Nigeria. 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.

The legislature also stands at a key vantage point in engaging with donors more strategically in terms of alignment and transitioning their programs as well as their technical assistance with the appropriate policy of the government to catalyze economic growth. Furthermore, the legislature can also play a very active role in identifying and utilizing opportunities with the private sector to drive economic growth. Public view of the legislative arm of government in Nigeria is often

unpalatable, with some of the opinion that the constitution of the Legislature are a complete waste of Nigeria's resources. Others believe that their function is only around law-making or simply put – drafting/making bills. Attention however needs to shift from this narrative because lawmakers need to be tasked on how they utilize their constitutional powers in carrying out their statutory functions which is way beyond passing of bills. The work of legislators does not end once a law is passed. Nigeria's sectoral problems are beyond what only the executive and its numerous unimplemented or poorly implemented policies can deal with. It is now very obvious that there is much more to be achieved other than bills if the powers of the legislature can be leveraged upon.

In summary, lawmakers both at the state and federal levels have capacity to raise the profile of health among government's priorities. They can do this by ensuring the prioritization of health, increase in the effectiveness of health spending and identification of opportunities for the private health sector, to deliver economic growth and health to every individual.

2.9 Theoretical Framework

The new paradigm parliamentary approach is the theoretical framework for this study. As explained by P. Norton (1990) a new paradigm emerged in the 80s in the study of parliaments. Its roots are mainly functionalist and pays attention to the different functions that a parliament can accomplish. With the new paradigm there was also developed a structural study of parliaments, in particular the study of parliamentary groups, committees and the different patterns of bicameralism. The new paradigm found that since the late twentieth century, new parliaments abound in the aftermath of the collapse of the authoritarian regimes in communist regimes and the military rules in Latin America, Africa and Asia. In addition there were created a number of new regional parliaments in federalized systems. Now we are living in a world of remarkable

reestablishment, reinvention and transformation of parliaments around the globe. In addition, the new paradigm found that parliaments are subject to exogenous political forces and organized interest groups that foster a substantial institutional change, making lawmakers more participative in public policy-making. As a consequence parliaments are stronger nowadays than ever before. Its institutional robustness develops from changes in the external world of parliaments, in the growing interest group infrastructure, in the cementing of linkages between the representatives and the represented and in the weakening of the executives (Patterson and Copelan, 1994:11).

Consequently in the 80s and 90s there was a significant increase in the quantity and quality of works on parliaments that widen the study of legislatures beyond that of their observable impact on the making of public policy/bills (Norton 1990: 3). The result has been a paradigm change that sees legislatures as more than mono-functional bodies. It is considered that legislatures variously fulfil significant regime-support functions. Study of these functions has moved the focus away from that of the relations of legislative to executive to that of legislature to the citizenry.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The methodology is central in determining the acceptability of the research results and usually covers broad headings that describe the procedure adopted for the study including relevant tools, methods and strategies to be adopted to answer the research objectives and questions. This chapter thus presents these procedures, categorised as:

- (i) Research Design;
- (ii) Population of Study;
 - Sampling Procedure
 - Sample Size
- (iii) Research Instrument;
 - Validity and Reliability of the Research Instrument
 - Sources of Data
- (iv) Method of Data Analysis.

3.2 Research Design

The descriptive survey design was utilised for this study, as the survey model centres on describing events as they occurred without manipulation. The descriptive survey design helps in analysing data accessed from a sample of a population in order to ascertain relationships, examine degree of opinions, effects and on continuous events.

3.3 The Study Population

The population considered in this study is the institutional structures of the health sector in Nigeria, inclusive of the health committees of the Legislature; health ministries, departments and agencies; health workers, regulatory bodies, civil society organisations; non-governmental organisations, and the media.

3.3.1 Sampling Procedures

The random probability sampling technique was used in this research work.

3.3.2 Sample Size

The sample size is Two hundred and fifty-three and consisted of heads of the institutions described above, in the following structure:

S/N	ORGANIZATION	TOTAL
1	THE LEGISLATURE	
	NATIONAL ASSEMBLY <ul style="list-style-type: none">• Senate President and Speaker (2)• Chairmen of the five health committees of the National Assembly and clerks (10)• Chairman of the Federal Capital Territory Committee (1)• National Institute for Legislative and Democratic Studies DG (1)	12
	STATE HOUSES OF ASSEMBLY (36 STATES) <ul style="list-style-type: none">• Speakers (36)• Chairmen of the health committees, and secretaries (72)	108
2	EXECUTIVES	
	FEDERAL	

	Federal Ministry of Health (Minister)	1
	Agencies: <ul style="list-style-type: none"> • National Health Insurance Scheme • National Primary Health Care Development Agency • National Centre for Disease Control • National Agency for Food and Drug Administration and Control • Nigeria Institute of Medical Research 	5
	Departments: <ul style="list-style-type: none"> • Food and Drugs Services • Hospital Services • ICT • Family Health • Public Health • Health Planning, Research & Statistics • Procurement • Reform Coordination & Service Improvement 	8
	STATES	
	State Ministry of Health Commissioners	36
	Agencies: <ul style="list-style-type: none"> • State Health Insurance Scheme (36) • State Primary Health Care Development Agency (36) 	72
3	DEVELOPMENT PARTNERS	
	Development Partners Group Head	1
4	OTHERS - REGULATORY BODIES, ASSOCIATIONS AND DEVELOPMENT PARTNERS	
	Nigerian Medical Association Head	1
	Medical and Dental Council of Nigeria Head	1
	The Nursing and Midwifery Council of Nigeria Head	1
	Private Health Sector Alliance Head	1

	Civil Societies Coalition Chairman and Health Unit Lead	2
	Association of Media in Public Health Head and Health Editor	2
	Nigeria Governors’ Forum Head and Health Officer	2

3.4 Research Instruments

The study employed both primary and secondary data collection tools to generate information. The tools included the questionnaire, structured and informal interviews and already existing published works.

3.4.1 Sources of Data

Primary and secondary data formed the major frame work of data collection and analysis in this study. Data was gathered from questionnaires, direct observations and interviews as primary sources of data; while articles, magazines, internet documents and materials, newspapers as well as published and unpublished writings, and records were reviewed for secondary data. In summary, the sources involved:

- Primary sources: questionnaires and interviews; and
- Secondary sources: records and public health data, press reports, libraries, government legal frameworks and policies, data from existing international and national institutions such as the World Health Organization, National Demographic Health Survey, Accountant General’s Annual Reports and other secondary sources as referenced.

3.4.2 Validity and Reliability of the Research Instruments

Both instruments used by the researcher to gather primary data were so selected because of the advantages they present. Although associated with widely accepted disadvantages, the advantages

when both methods are utilised during a study outweigh individual disadvantages of the respective methods.

The Questionnaire: This was used to generate data from legislative and executive arms of government as well as from other experts in the public and private sectors. The questionnaires were presented by direct contact, because as against email distribution, fewer biased responses and refusals occur when the researcher personally presents the questionnaires since the purpose and significance of the study can be explained directly and motivates respondents to answer questions truthfully. It places less pressure on the respondents for immediate response. It requires less skill to administer than the interview, respondents may have greater confidence in their anonymity and thus, feel able to express their feelings Kirk (1984);

One of the greatest difficulties associated with the questionnaire is the probable bias which may exist when less than the total numbers of the sample actually respond. Asika (2000). It can also not be presented to illiterates and there could be loss of meaning in interpretation. The motivation of respondents is hard to assess; unless a random sampling of return is obtained, those that are completed and returned can represent biased examples;

- **The Interview Method:** These are held by direct communication between the researcher (as the interviewer) and the respondents. As a research method, the interview is a conversation carried out with the definite aims of gathering or obtaining certain information. It is designed to gather valid and reliable information through the responses of the interviewee to a planned sequence of questions. This method was applied alongside the questionnaires.

According to Kirk (1984), the interview method is more flexible than the questionnaire and is better suited to getting varied and sundry responses, and it is more capable of following through on tangential ideas. The interviewer is allowed to vary the approach to fit the occasion and can explain his/her question if not understood by the interviewee.

However, flexibility can result to a disadvantage. The major weakness of this method is the interviewee's bias, which stems on a large part, from its flexibility. The interviewee, being allowed to vary his/her approach to fit the occasion, is likely not only to complicate the interpretation of the results, but also to project his/her own personality into the situation and thus, influence the response he/she receives; and

- **Secondary Data:** These are collected basically through desk review. They are already published works that have mostly been subjected to often rigorous peer reviews and quality assurance processes.

3.5 Presentation and Analysis of Data

Data analysis of a research work involves converting a series of recorded observations into descriptive statements and/or inferences about relationships. The type of analysis that can be conducted depends on the nature of the sampling process, the measuring instrument and data collection method.

Qualitative and quantitative methods of data analysis were used for data analysis; the study adopted the use of tables, simple percentages and other statistical charts as tools for analysis were applied. The presentation of data collected involved tabulation and classification into various demographic parameters, then analysis to determine the validity or otherwise of the earlier stated objectives. The data collected for this study was computed manually, employing the frequency and

simple percentage methods of statistical analysis. These aid accurate deduction of respondents' perspectives. The percentages aid in assessing trends (trend analysis) which give relevant evidence to the investigation. The use of frequencies was necessitated by the need to represent responses in a way that shows the priority of the respondents with regards to the key issues raised.

Data collected by the interview method was explained and interpretation of the observation made, and included in the presentation and recommendation sections.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the results and the empirical analysis of the data collected for the study. It is divided into four sections A, B, C and D based on the three objectives of the study:

- Section A shows the presentation and analysis of the demographic data of the respondents;
- Section B comprises the presentation and analysis of data collected for the study and addresses the first objective which is to evaluate the importance of Legislative coalitions as effective mechanisms through which national development can be achieved;
- Section C contains the presentation and analysis of data collected for the study and addresses the second objective which is to appraise the impact of the Legislative Network for Universal Health Coverage (LNU) on health sector performance; and
- Section D comprises the presentation and analysis of data collected for the third objective which studies the Legislative Network for UHC as a Legislative coalition pressure mechanism to influence universal access to healthcare provision and health outcomes.

4.2 Data Presentation and Analysis

A total of 250 questionnaires were given out, of which 204 were answered and returned, as indicated in table 4.1.

The presentation of data collected involved tabulation and classification into various demographic parameters and objectives according to each section of the questionnaire, followed by analysis of

data to determine the validity or otherwise of the earlier stated objectives and research questions. Analysis was done using simple percentages; while pie charts were used for illustration and graphical presentation of the analysed data.

The following acronyms were used to denote each response subject: Agree (A); Strongly Agree (SA); Disagree (D); Strongly Disagree (SD); and No Response (NR).

4.2.1 Section A: Presentation and Analysis of Demographic Data of the Respondents

This section shows the questionnaire distribution matrix and demographic data analysis of respondents.

Table 4.1: Distribution of Questionnaires

Profession	Administered	Returned	Not Returned	Percentage Returned	Percentage Not Returned
Legislators	120	80	40	66%	44%
Government Official	122	113	9	93%	7%
Development Workers	1	1	-	100%	-
Politician	-	-	-	-	-
Others	10	10	-	100%	-
Total	253	204	49	81%	19%

Source: Field Survey 2019

Table 4.1 shows that out of 253 questionnaires distributed, 204 were responded to and returned, showing a response rate of 81%. No respondent identified himself/herself as a politician, thus no entries were recorded for that demographic group. The highest percentage of returned responses was 100% recorded under the demographic group of ‘Others’, which included representatives of

associations, CSOs, media, and regulatory bodies; and ‘Development Workers’ The lowest response rate was 66%, of legislators.

The response rate of 204 now serves as the sample size and henceforth considered as 100%.

Table 4.2: Age Distribution of Respondents

Age Classification	Respondents	Percentage
60–70	28	14%
40–59	152	74%
18–39	24	12%
Total	204	100%

Source: Field Survey 2019

Table 4.2 reveals that the highest numbers of respondents are in the 40 – 59 years age range at 74% of the total number of respondents. Respondents from 60 years and above were 14% of total respondents, and the lowest value recorded within the below 40 years range, at 12%. The data this table presents illustrates that legal and policy frameworks in Nigeria are developed and implemented mostly by people within the 40 – 59 age bracket in the health sector.

Table 4.3: Gender Distribution of Respondents

Sex	No of Respondents	Percentage
Male	138	68%
Female	54	26%
No Response	12	6%
Total	204	100%

Source: Field Survey 2019

Table 4.3 shows that 68% of respondents were of the male gender, 26% were female and 6% of the respondents did not reveal their gender. This finding underscores the inequity and gender

imbalance in favour of the male gender that continues to prevail in employment opportunities in both the public and private in matters of, or related to the health sector.

Table 4.4 Educational Qualification of Respondents

Educational Qualification	Respondents	Percentage
PHD	24	12%
Masters	138	68%
Bachelors/HND	30	15%
Technical/OND	-	-
Secondary	-	-
No Response	12	6%
Total	204	100%

Source: Field Survey 2019

Table 4.4 shows that 12% of the respondents possess Doctorate degrees, 68% hold a Masters degree, while 15% of them have a Bachelor’s or Higher National Diploma (HND) degree. No respondent indicated possessing technical/Ordinary National Diploma (OND) and secondary school qualifications, while two respondents abstained from responding.

4.2.2 Section B: Presentation and Analysis of Data for Objective One: To Evaluate the Importance of Legislative Coalitions as Effective Mechanisms through which National Development can be Achieved.

The first objective of the study is to ascertain the importance of legislative coalitions as effective mechanisms through which national development can be achieved. The different arms of government have peculiar and specific roles tailored out in impacting on the socio-economic wellbeing of the country. This study therefore aims to identify the peculiar roles of the legislature to enable national development and how legislative coalitions can be leveraged to accelerate

progress. In achieving this objective respondents were required to respond to some core perceived activities derived from the statutory functions of the legislature. Results of their responses are presented below.

Table 4.1: Objective One – Evaluation of the importance of Legislative coalitions as effective mechanisms through which national development can be achieved

S/N	ENQUIRIES	RANKING				
		A	SA	D	SD	NR
1	National development is a process that creates growth, progress, positive change or the addition of physical, economic, environmental, social and demographic components for the entirety of a nation.	137 67%	67 33%	0 -	0 -	0 -
2	For national development to progress, all sectors and arms of government must each effectively carry out its roles and functions	59 29%	145 71%	0 -	0 -	0 -
3	The application of legislative functions of Legislation, Oversight and Representation is important for sustainable national development	15 7%	189 93%	0 -	0 -	0 -
4	A coalition of legislators can better catalyse improvements in systemic and structural arrangements for delivering and accessing national sectoral services like healthcare, education, social welfare, and other human services	73 36%	131 64%	0 -	0- -	0 -
5	By pooling individual professional, political and social strengths, Legislative coalitions can influence other arms of government to operationalize legal frameworks and policies and catalyse change	93 46%	111 54%	0 -	0 -	0 -
6	People, including legislators can achieve more and accelerate achievement of national and sub-national goals and objectives faster by working together as a coalition than individually	106 52%	98 48%	0 -	0 -	0 -

Source: Field Survey 2019

All the responses received under this objective were affirmative, with no dissensions or abstention, giving a positive review that they all consider Legislative coalitions as effective mechanisms important for the achievement of national development.

4.2.3 Section C: Presentation and Analysis of Data for Objective Two: To appraise the impact of the Legislative Network for Universal Health Coverage (LNU) on health sector performance

This objective considers the importance that the Legislative Network for Universal Health Coverage holds for health sector stakeholders in Nigeria, what impact they feel the Network has achieved in the sector in the short time it has been in existence, what value the resources expended to sustain the Network’s activities brings to the objectives of the sector. The result of their responses are presented and analysed below:

Table 4.2: Objective Two – Appraising the impact of the Legislative Network for Universal Health Coverage (LNU) on health sector performance

S/N	ENQUIRIES	RANKING				
		A	SA	D	SD	NR
1	The Legislative Network for Universal Health Coverage (LNU) is a coalition of Legislators from the National Assembly and State Houses of Assembly established to improve health sector performance	78	97	0	0	29
		38%	48%	-	-	14%
2	Its main purpose is to improve health sector performance by harnessing, aligning and applying Legislative functions of Legislation (including appropriation), Oversight (including public accountability) and Representation	176	13	5	0	10
		86%	6%	3%	-	5%

3	As a coalition, each member is responsible to ensure that resolved actions and objectives are achieved in respective jurisdictions	67 33%	127 62%	10 5%	0 -	10 5%
4	The Network is important because it continues to achieve the following:					
a	Improved appropriation to the health sector by deepening the knowledge of law makers on economic, social, health and political benefit of improved health funding towards UHC;	179 88%	10 5%	2 1%	4 2%	5 3%
b	Prompt and adequate release of allocated funds to make relevant central budget agencies accountable for fund release;	83 41%	0 -	29 14%	92 45%	0 -
c	Timely passage of relevant high quality health laws especially the legal framework for State Supported Health Insurance Scheme (SSHIS)	60 29%	84 41%	30 15%	0 -	30 15%
d	Leveraging oversight and accountability functions of the lawmakers to assess and improve quality and efficiency of implemented health projects irrespective of the funding sources	54 26%	120 59%	12 6%	0 -	18 9%
e	Enhance sustained learning among law makers across states and between state lawmakers and their federal counterparts	30 15%	138 68%	24 12%	0 -	12 6%
5	Through the Network, the health sector has achieved more in the last two years than Legislators have individually achieved	66 32%	120 59%	12 6%	0 -	6 3%
6	The Network is an opportunity to make great strides towards provision of quality healthcare to Nigerians	60 29%	90 44%	0 -	0 -	54 27%
7	Without the Network, the Basic Health Care Provision Fund would not have been successfully appropriated since 2018 in the federal appropriation act	60 29%	84 41%	30 15%	0 -	30 15%
8.	What do you think the Network can do to improve health outcomes in Nigeria				TOTAL: 36	
	By monitoring and advocating that adequate funds for health are prioritized, appropriated, released and utilized judiciously				15	

	Through strong oversight to ensure 100% implementation and delivery of services	11
	By passing relevant laws to guarantee improvement in health indices and providing necessary oversight functions to ensure the laws are implemented	7
	Generous support, commitment to the health sector and interest in all programs implemented with partners	3

Source: Field Survey 2019

From Table 4.6, 175 (86%) of respondents affirm that the Legislative Network for Universal Health Coverage (LNU) is a coalition made up of legislators from the National Assembly and State Houses of Assembly and that it was established to improve health sector performance. Out of this percentage, 48% have strong convictions about the subject. 14% of all the respondents refrained from answering that particular question. 189 (93%) of respondents affirm that the main purpose of the Network is to leverage all statutory Legislative functions and apply them towards improving health sector performance. 6% of this group are strongly convinced about this, while 5 (3%) of the total respondents, disagree to this notion. Similarly, a large number, 194 (95%) of respondents affirm that each member of the coalition is responsible for ensuring that collective resolutions of the Network are implemented and achieved in their respective states. The high percentage of positive responses so far recorded, buttress the opinion of 189 (93%) respondents that the Network is important as it builds the capacity of legislators on the benefits of improving healthcare financing; 174 (85%) are of the opinion that the Network is also important because through it, the oversight and accountability functions of legislators can be leveraged to improve the quality and efficiency of implemented health projects irrespective of the funding sources; while 168 (82%) agree that the Network is equally important to facilitate sustained learning on health matters among legislators nationally. More dissension is recorded across the theme that the Network is useful for

prompt and adequate release of allocated funds to making central budget agencies accountable for fund releases, as a large number; 92 (45%) strongly disagree with this, and 29 (14%) disagree with this, bringing the total dissensions to 121 (59%). This may be because this particular activity is seen as the responsibility of executives themselves, and civil society groups to hold the Executive Arm of Government to account for fund disbursements. However, conversations with legislators view this as also the role of the Appropriation/Finance Committees, whose chairmen are members of the Network, thus making this a key responsibility of the Network. The Network is also considered important by 144 (70%) respondents to facilitate the timely passage of health-based legal frameworks.

One Hundred and Eighty-Six (91%) respondents affirm that the health sector has seen all round progress in the last two years since the launch of the Network than legislators have individually achieved; and that without the Network, the Basic Health Care Provision Fund would not have been successfully appropriated since 2018 in the federal appropriation act – 144 (70%) respondents.

Query 8 is open-ended, providing an opportunity to respondents to express personal views about what the Network needs to do to improve health outcomes in Nigeria. Only 36 of them responded to this enquiry, with 18 recommending monitoring and strong oversight to ensure 100% implementation and delivery of services. According to 9 respondents, advocating to ensure adequate appropriated and prioritized funds for health are released and utilized judiciously.

4.2.4 Section D: Presentation and Analysis of Data for Objective Three: To determine the Legislative Network for UHC as a Legislative coalition pressure mechanism to influence universal access to healthcare provision and health outcomes

This objective builds on the second objective (Section C) to evaluate if considered important, how the Network can be leveraged as a legislative force towards achievement of universal health coverage, thereby improving the country’s health outcomes through each statutory function. The tabulation and analysis of responses are presented subsequently:

Table 4.3a: Objective Three – Applying Legislative Functions of to Influence Universal Access to Healthcare Provision and Health Outcomes

S/N	ENQUIRIES	RANKING				
		A	SA	D	SD	NR
	As a pressure mechanism to influence universal access to healthcare provision and health outcomes the role of the Legislative Network for Universal Health Coverage includes the following:					
1	Ensure that health bills get passed by parliament	89 44%	115 56%	0 -	0 -	0 -
2	Lobby colleagues to ensure that bills get passed by parliament	72 35%	108 53%	12 6%	2 1%	10 5%
3	Advocate to executives to ensure that the bill gets assented	54 26%	120 59%	12 6%	0 -	18 9%
4	Conduct public meetings through members to ensure that society is involved in the policy making process	62 29%	138 68%	4 2%	0 -	0 -
5	Work closely with media and civil society organisations to publicise the benefits of policies/bills when passed	96 47%	96 47%	12 6%	0 -	0 -

6	Ensure that all systems important for the effective and successful implementation of legal frameworks are put in place	101 49%	85 42%	18 9%	0 -	0 -
7	Ensure that there are milestones by which implementation and impact can be tracked	84 41%	84 41%	27 13%	5 2%	4 %2
8	Ensure that agreements reached internationally and signed to by Nigeria are implemented locally and tracked against benchmarks	108 53%	79 39%	11 5%	0 -	6 3%
9	Advocate to the following executives to ensure that appropriated funds are disbursed timely					
	President/Governor	66 32%	90 44%	6 3%	0 -	42 21%
	Minister/Commissioner for Health	54 27%	78 38%	12 6%	0 -	60 29%
	Minister/Commissioner for Finance, Budget and Planning	84 41%	66 33%	6 3%	0 -	24 11%
10	Ensure that legislators have access to data and information required to perform their duties effectively	54 26%	132 65%	0 -	0 -	18 9%
11	Oversight to ensure that the objectives of policies being implemented are in line with the objectives	18 26%	114 56%	0 -	0 -	18 18%
12	Establish functional partnerships with the media and CSOs to ensure that legislative resolutions are complied with	66 32%	90 44%	24 12%	6 3%	18 9%
13	Establish functional routine meetings with executives to review	107	85	0	1	11

	progress and agree next line of action	52%	42%	-	1%	5%
14	Track implementation of agreement with executives	90 44%	102 50%	0 -	0 -	12 6%
15	Ensure that clerks and legislative aides are adequately trained to serve as resource pools	84 41%	72 35%	18 9%	0 -	30 15%
16	Establish and operate domestic platforms and international networks of learning and access to resources necessary	108 53%	51 25%	12 6%	9 4%	24 12%
17	Adopt and adapt learning to local contexts and track implementation	98 48%	65 31%	12 6%	0 -	29 14%
18	Evaluate sectorial progress against established domestic and international milestones and take necessary action to sustain and accelerate positive outcomes	81 37%	102 50%	7 3%	0 -	14 7%

Source: Field Survey 2019

Legislation and Appropriation: Responses to questions 1, 2, 3, 8 and 9 of Table 4.7a are linked to Legislation for the health sector. All (100%) of respondents affirmed that the Network can influence Legislation for the sector by ensuring that bills across national and subnational levels get passed by the respective Legislatures. One Hundred and Eighty respondents (88%) believe that it can do this by lobbying colleagues; 108 (53%) of these hold strong opinions about it. One hundred and seventy-four (85%) respondents agree that when passed, advocacy to relevant executives is necessary to ensure that the bills are assented to, while 59% of these respondents hold strong convictions. On the average, across the sub-themes of query 9, a total of 146 (71%) respondents

are of the opinion that it is necessary to advocate to executives at different levels to ensure that appropriated funds are disbursed, and on time to do the work they were appropriated for; 78% hold strong opinions here. A rather high number of respondents; 42 (21%) desisted from commenting. This may be some of the legislators or clerks not wanting to agree, so as not to give the impression that legislators who make up the Network are subject to executives in this regard. However, an average of 8 respondents (4%) disagreed with the importance of advocacy to executives. One hundred and eighty (92%) respondents agree that the Network can also influence agreements reached internationally and signed to by Nigeria are implemented locally and tracked against benchmarks. Seventy-nine (39%) of these respondents strongly agree.

None of the respondents disagreed in any way that the Network must ensure that health bills get passed by the Legislature. Twelve respondents (6%) disagreed that it is necessary to lobby colleagues in order to get health bills passed and that advocacy to the executives is necessary in order to get bills assented to.

The implication of the responses recorded is that Legislation as a legislative function plays an important role to drive health sector performance for the wellbeing of citizens, and the Network can accelerate the process by lobbying colleagues and advocating to the executives (President, Governors, Ministers or/and Commissioners of Health, Finance/Budgeting) to get such bills not only passed but assented as Acts or Laws as the case may be.

Oversight and Accountability: Enquiries 6, 7, 11, 13, 14, and 18 of the table are activities linked to Legislative functions of Oversight and Public Accountability. These two functions are important to ensure and track implementation in an accurate and transparent manner. On the average, 175 (86%) respondents affirm, with 95 (47%) strongly agreeing, that the collective role of the Network

includes facilitating these two functions and ensuring that they are not only conducted by members in their respective states and jurisdictions, but that the outcome of the conduct of these functions are complied with. These would entail ensuring that the systems to enable their effectiveness are put in place and operationalized, and progress is tracked. By taking the same average, 10 (5%) respondents dissent across, primarily as it relates to ensuring that all systems important for the effective and successful implementation of legal frameworks are put in place; that there are milestones by which implementation and impact can be tracked; that agreements reached internationally and signed to by Nigeria are implemented locally and tracked against benchmarks; adopting and adapting learning to local contexts and tracking implementation; and evaluating sectorial progress against established domestic and international milestones and take necessary action to sustain and accelerate positive outcomes. An average of 10 (5%) respondents refrained from responding.

Representation: Under enquiries 4, 5, 10, 12; 15, 16, and 17 of the table, on the average, 174 (85%) respondents affirmed that the Network as a pressure mechanism can improve the function of representation and thereby, its impact, by the conduct of public hearings, ensuring that society is involved in the policy making process; working closely with media and civil society organisations to publicise the benefits of policies/bills when passed and establishing functional partnerships with the media and CSOs to ensure that legislative resolutions are complied with. Similarly, they can ensure that clerks and legislative aides are adequately trained to serve as resource pools across the Legislative functions as well as establish and operate domestic platforms and international networks of learning and access to resources as necessary. Across these streams of enquiries, 6 (3%) respondents disagree that the Network's role includes the conduct of public meetings to ensure that society is involved in the policy making process; 12 (6%) disagree that the

Network should work closely with media and civil society organisations to publicise the benefits of policies/bills when passed; 24 (12%) disagree that the Network can establish functional partnerships with the media and CSOs to ensure that legislative resolutions are complied with. Further queries reveal that 18 (9%) disagree the role of the Network should include ensuring that clerks and legislative aides are adequately trained to serve as resource pools and a further 12 (6%) disagree that the Network can influence health outcomes by enhancing legislators’ access to international learning and resources.

The findings of this analysis reveal the fact that legislators, policymakers, CSOs, media and the general public are of the opinion that tasks conducted by legislators under the Representation function are beyond the usual definitions of constituency projects/representation. It is beyond ensuring that the marginalised are well represented, that civil society is a represented in decision and policy making processes by legislatures to that of enabling the systems and structures that are necessary for the accomplishment of the objectives of this function. These tasks are by extension, part of the objectives of the Network. This opinion is buttressed by responses to open-ended queries linked to this function, presented in the table 4.7b below.

Table 4.4b: Objective Three – Influencing Universal Access to Healthcare Provision and Health Outcomes as a Socio-Political Pressure Mechanism

S/N	ENQUIRIES	RESPONSES
19.	What do you see as the Network’s roles in the health sector apart from Lawmaking, Oversight and Representation	Total: 35
	• Appropriation	3
	• Community mobilization for ownership and constituency project	3
	• Liaise with the executives for proper outcomes	2
	• Advocacy, enforcing accountability and transparency	7
	• Engaging international agencies to offer assistance	1
	• Resolutions	1

	• Engagement of the electorate on their needs before laws are passed	1
	• Ongoing fairness	1
	• Ensuring accountability and service delivery, especially at the grassroots level	4
	• To partner with health related NGOs in their constituencies for health awareness for their constituents	1
	• Bring government presence into the life of the people; likewise, dividends of democracy	2
	• Resource mobilization for the health sector	6
	• Fund appropriation to health programs	2
	• Health sector should partner with private stakeholders	1
20.	What other functions/roles can the Network perform in the health sector in your location	Total: 36
	• Advocacy and attendance at health events	2
	• Constituency projects and advocacy to partners	1
	• Budget defense	1
	• Construction/renovation of health facilities	1
	• Lobby the executive to take the affairs of the health sector more serious	2
	• Make sure the government machinery are put in place for efficiency	1
	• Building, rehabilitating and equipping cottage hospitals	1
	• Health Bank may help to relieve financial burden on quality care	1
	• Create awareness on UHC	4
	• Ensure bills are passed at the Assembly for the SSHIS	2
	• Review the health Act, Providing enough drugs in the PHC, provision of water	1
	• Partnership for health development	1
	• Monitoring of budget performance, inspection of health facilities and institutions	1
	• Contribute to maintenance of facilities	1
	• Research, community mobilization and policy formulation	2
	• Tracking release and usage of public funds by the executive	2
	• Supervising, imposing sanctions where necessary	2
	• Education/educating their constituents	2
	• Paying for health coverage	1
	• Policy analysis; Monitoring & evaluation	2
	• Support to human capital development	2
	• Efficient and effective use of resources	3
21.	What do you see as the Network's responsibilities	Total: 37
	• Lawmaking, representation, appropriation and oversight	5
	• Advocacy	2
	• Ensuring that the opinion/needs of the constituents are presented to the executive	2
	• Getting feedback from constituents	3
	• To ensure quality and affordable healthcare delivery is provided to all Nigerians	13

	• They are the voice of their various constituents in the government	2	
	• Making laws, good representation, oversight	4	
	• Ensuring the wellbeing of the population	2	
	• Passage of appropriate laws	2	
	• To ensure efficiency and effectiveness of service delivery	1	
22.	Are there areas of knowledge you feel legislators lack to perform their functions effectively	Total: 37	
		Yes: 34	No: 3
	• Health palliatives	1	
	• Public financial management, health systems reforms	7	
	• No, because the legislators have professional technocrats and well educated people working with them		3
	• Seminars and workshops	1	
	• They need to have basic knowledge and dynamics of healthcare delivery	5	
	• Good understanding of policy documents affecting health	4	
	• They need training on health programs	6	
	• Data and evidence	2	
	• Policy analysis and M&E skill	2	
	• ICT knowledge	1	
	• Peer education from neighboring countries	2	
• Need for continuous training	3		
23.	How can the Network improve health outcomes in your location	Total: 37	
	• Health promotion campaign	3	
	• By monitoring implementation, Annual Operational Planning	3	
	• Collaborating with stakeholders	5	
	• Ensuring adherence to the rule of law	5	
	• By making sure health is affordable, accessible; improve facilities, commodities and well trained personnel	5	
	• Ensuring that all stakeholders live up to expectation	3	
	• Engagement of all relevant stakeholders on the need to make healthcare a priority (Evidence based advocacy)	4	
	• Addressing human resource challenge and providing funds that is adequate	2	
	• Implementation of State Health Insurance Scheme	1	
	• Facilitate public engagement between government officials and citizens	1	
	• Making sure that there is at least one Primary Healthcare in the community	1	
	• Planning and implementing health programs based on need assessment	1	
	• More synergy between implementing partners and legislators	1	
	• Creating awareness	1	
• Oversight	1		
24.	What can the Network do to increase budget allocation for health?	Total: 36	

	<ul style="list-style-type: none"> • Transparency and accountability and efficiency; as well as effective utilization of released funds (more health for the money) 	12
	<ul style="list-style-type: none"> • By sensitizing policymakers, for instance the government and relevant people 	7
	<ul style="list-style-type: none"> • Appropriation law 	3
	<ul style="list-style-type: none"> • Evidence based advocacy with data on how increased allocation will lead to improved health outcomes and economic boom to both legislators and executives; and to ensure right utilization of disbursements with result 	9
	<ul style="list-style-type: none"> • Come up with innovative healthcare financing 	1
	<ul style="list-style-type: none"> • Lobbying 	5
25.	What role can the Network play to ensure that the health sector receives 100% disbursement of appropriated funds	Total: 36
	<ul style="list-style-type: none"> • Effective oversight 	4
	<ul style="list-style-type: none"> • Impressing on the executive and working closely with them 	3
	<ul style="list-style-type: none"> • Collaborate with the executives on fund releases and oversight 	6
	<ul style="list-style-type: none"> • By talking and meeting with the government and president 	3
	<ul style="list-style-type: none"> • Strong and continued advocacy to the executives, particularly ministries of finance; budget and planning 	11
	<ul style="list-style-type: none"> • Proper oversight 	2
	<ul style="list-style-type: none"> • Enough funds should be budgeted in the health sector, monitor release from the ministry of finance 	5
	<ul style="list-style-type: none"> • Data dissemination to back requests; implementation of stipulated programs to achieve 100% result output and outcome 	2
26.	What challenges does/will the Network face in trying to achieve its objectives	Total: 37
	<ul style="list-style-type: none"> • Funding 	5
	<ul style="list-style-type: none"> • Ownership 	4
	<ul style="list-style-type: none"> • Election year 	2
	<ul style="list-style-type: none"> • Buy-in and recognition by other legislators 	5
	<ul style="list-style-type: none"> • Security challenges and risk to life 	12
	<ul style="list-style-type: none"> • Donor expectations 	2
	<ul style="list-style-type: none"> • Misunderstanding of its intentions 	3
	<ul style="list-style-type: none"> • Gathering may be seen as political by executives 	3
	<ul style="list-style-type: none"> • May be seen as antagonistic to government 	1
27.	What do you see as opportunities the Network can leverage on to achieve its objectives	Total: 28
	<ul style="list-style-type: none"> • Sustainable Development Goals and UHC agenda 	5
	<ul style="list-style-type: none"> • Members bringing their individual strengths together 	5
	<ul style="list-style-type: none"> • Autonomy of the State houses of Assembly 	9
	<ul style="list-style-type: none"> • Interest of international community in the legislative functions 	9
28.	Any other comment	Total: 7
	The efforts of legislators should be appreciated; they have the interest of Nigerians at heart	

Source: Field Survey 2019

Table 4.7b portrays more subjective opinions of respondents. This section of the questionnaire is open-ended and gives respondents the opportunity to provide explanations to the queries. Interestingly, only a total of 37 respondents took the time to respond to the queries in this section, perhaps because of the extra time and effort it takes to think about their perspectives on the matter and actually write a response. Out of the total of 37, some respondents still refrained from providing responses to some queries. The Totals beside the queries represent the number of respondents that provided responses to that particular query. The bulleted responses have in the table cells beside them, the total respondents that provided similar responses, although couched in different ways.

The objective of queries 19, 20 and 21 is to reveal what respondents feel that the functions or roles of the Network should be. An average of 36 respondents provided responses to these 3 queries, with the highest number (13) communicating that the main responsibility of the Network should be to ensure that quality and affordable healthcare delivery is provided to all Nigerians. This is closely followed by law-making, representation, appropriation and oversight according to 9 respondents, then advocacy, enforcing accountability, transparency, resource mobilization for the health sector in addition to Legislative functions of law-making, oversight and representation. Other responsibilities of the Network as seen by respondents should also include awareness creation on UHC, and ensuring efficient and effective use of resources.

Thirty-four respondents feel that legislators and by reference, the Network members would be more effective if they received some orientation or training in a number of leadership and technical areas, particularly public financial management, policies affecting healthcare delivery and health

systems reform. Three respondents felt that legislators do not lack capacity as they have access to technical expertise in the necessary fields, when required.

In response to queries 23, 24 and 25, which are related to approaches by which the Network can improve health outcomes, we had collaborating with stakeholders, ensuring adherence to the rule of law, making sure health is affordable and accessible topping the list. Also at par were improving the functioning of health facilities, availability of commodities and well-trained personnel, as well as engagement of all relevant stakeholders on the need to make healthcare a priority through evidence based advocacy.

Twelve respondents communicated that the Network can influence increased budget allocation for health by ensuring transparency, accountability, efficiency; as well as effective utilization of released funds (more health for the money). Other ways by which they can achieve this objective according to 9 respondents are the sensitization of policymakers, through the appropriation law, evidence-based advocacy with data on how increased allocation will lead to improved health outcomes and economic boom for both legislators and executives; and to ensure right utilization of disbursements with results. Five respondents recommended lobbying of Legislative colleagues. This factors, principally strong and continued advocacy to relevant executives, particularly the leadership of ministries of finance; budget and planning are equally important to ensure disbursement of appropriated funds in the health sector.

According to the 37 respondents, the Network would face different challenges in the process of achieving set objectives, most likely funding of its activities, recognition by other legislators and principal officers, ownership, misunderstanding of its intentions. Security challenges and risk to life drew the highest number (12) of responses from respondents

Meanwhile, opportunities the Network can leverage on to achieve its objectives were listed as Sustainable Development Goals and UHC agenda, members bringing their individual strengths together (5 respondents), autonomy of the State Houses of Assembly and interest of international community in the effectiveness of legislative functions to the UHC agenda (9 respondents).

In communicating additional information, only 7 respondents provided responses and encouraged that efforts of legislators should be appreciated as they have the interest of Nigerians at heart. This particular comment may be seen as a key motivation for legislators to be dedicated in the execution of their functions.

4.3 Discussion of Findings

This section discusses the implication of our findings in relation to the objectives set at the beginning of the study. Broadly, from the analysis of the data obtained, it is apparent that the cross section of the respondents that represent major health sector stakeholders, understand the purpose of, and the far-reaching impact that legislative coalitions can achieve in national development. This is seen in their ability to recognise the nexus between the individual statutory roles of legislators and the coalition, as well as the influential leverage of coalitions, particularly in spheres where they would ordinarily consider not their jurisdiction.

Findings under Objective One: Importance of Legislative Coalitions as Effective Mechanisms through which National Development can be Achieved. The chart below presents an overview of responses on this objective, showing that all respondents are inclined towards legislative coalitions as necessary ingredients to achieve national development.

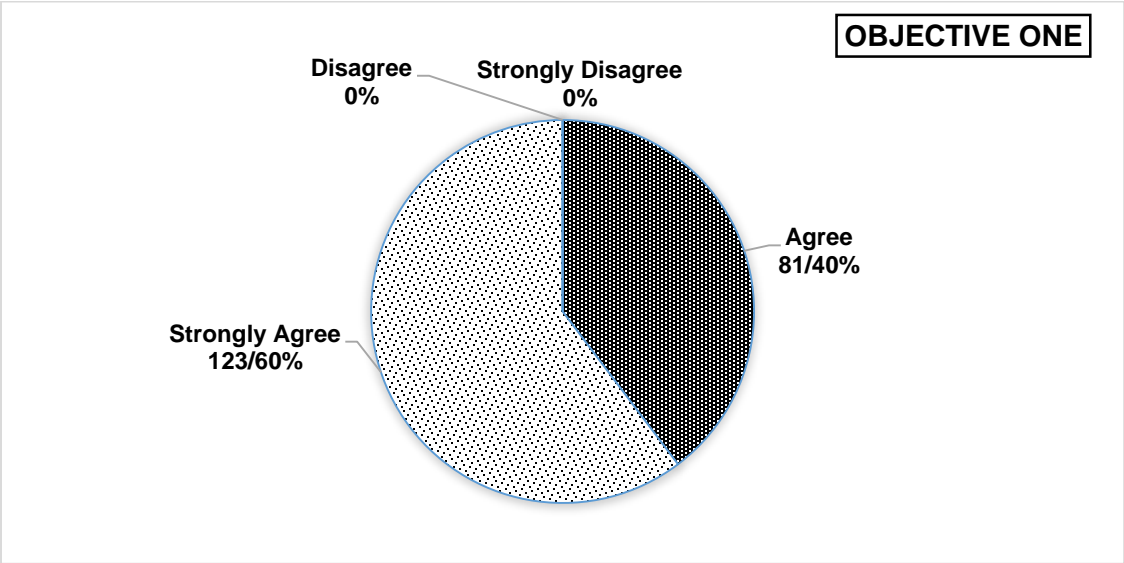


Figure 1: Chart showing consolidation of responses for Objective One

For national development to be attained, all sectors and arms of government must each effectively carry out its roles and functions. You find scenarios where this process fails at times for a variety of reasons, chiefly as a result of lack of accountability that would enable the systems run smoothly and effectively. To address the situation, formal and/or informal coalitions are established naturally or deliberately. Some of the most powerful of these coalitions globally are civil society organisations (CSOs), but where the voices of these fail for lack of respect, then nations must look to establish those whose voices will be heard for the authority, power and clout inherent in them, such as those of Legislatures. Coalitions of Legislators make it possible for the Legislature as a body to influence matters that are beyond respective spheres of influence by jurisdiction and committee. This is particularly of great importance for a country like Nigeria with a complex system of governance operating autonomously between the different levels of government (federal, state and local government). A national coalition of legislators can influence policy change in specific sectors of the economy by demanding that enabling resources and mechanisms be operationalized and statutory functions be held accountable for effectiveness and progress.

Similarly, resolutions made as a body can be implemented in each constituency by respective legislators, towards a uniform pace of development. Beyond political party factions and factors, the onus will lie on continued motivation and commitment of each Legislator to apply his/her time and resources to the achievement of this laudable objective.

Findings under Objective Two: Appraising the impact of the Legislative Network for Universal Health Coverage (LNU) on health sector performance: Although a sizeable percentage of respondents disagreed, however, majority are of the opinion that the LNU has had appreciable impact on health system performance since it was established, as the chart below illustrates.

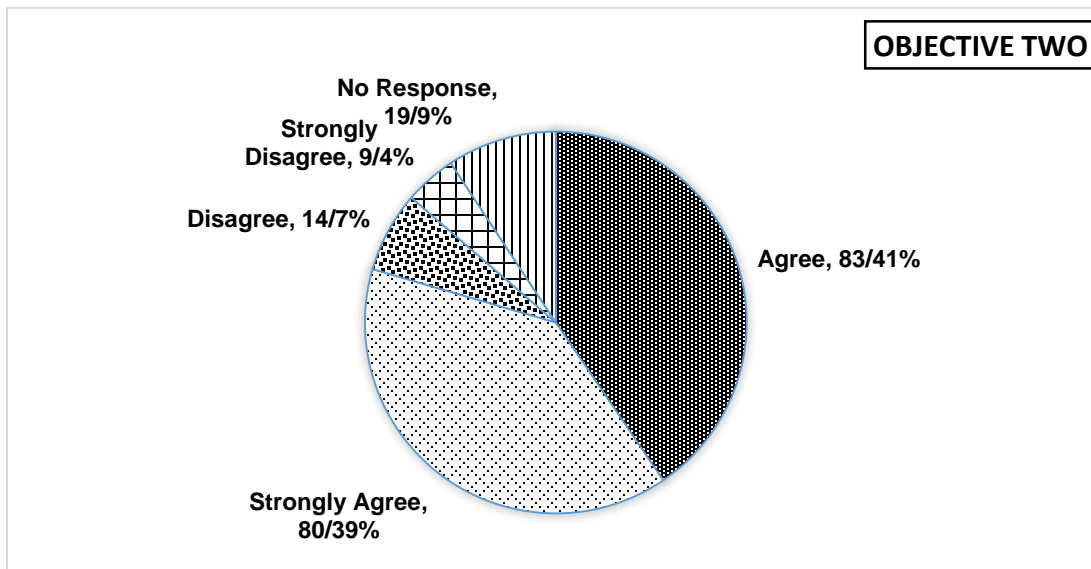


Figure 2: Chart showing consolidation of responses for Objective Two

What this means for the health sector in Nigeria is that the ministries of health at national and subnational levels can rely on the LNU not only to ensure that legal frameworks necessary for the smooth operations and effective functioning of the sector are enacted, but also operationalized. For the first time since the National Health Act was enacted in September 2014, the coalition was able

to pass the fiscal budget with the provisioned minimum one percent of Consolidated Revenue Fund (CRF), also known as the Basic Health Care Provision Fund (BHCPF) in the 2019 fiscal Appropriation Bill. Through partnerships with a number of other networks, policy discussions and briefs were held with executives which led to the Bill being assented and the BHCPF released (albeit in tranches) to the Federal Ministry of Health for Appropriation. This has been retained thus far. The establishment of the LNU also led to legal frameworks for health insurance being enacted at state level – from less than 15 in 2017 to 36 in 2020, funds to operationalize the schemes appropriated for and released by the following states as at January 2018 – Anambra, Bauchi, Benue, Cross River, Delta, Imo, Kaduna, Kano, Lagos, Ogun, Osun, Oyo and Sokoto. Financial risk protection in accessing healthcare through the health insurance scheme is available to the enrollees in seven of these states – Anambra, Bayelsa, Delta, Kano, Lagos, Ogun, and Oyo¹⁰. The LNU catalysed this change and momentum that has empowered the health sector, and sustained, will cause a shift in healthcare provision and access across the country.

What stands out here, is the motivation of legislators to do more, and perhaps exceed what their peers were doing in respective locations, as well as from the recognition and accolades they received globally. A major threat to sustainability is the high turnover of legislators at the end of each democratic dispensation and the reliance on each new set of legislators to understand the vision and mission of the LNU, own it and align their functions to it.

Findings under Objective Three: Determining the Legislative Network for UHC as a pressure mechanism to influence universal access to healthcare provision and health outcomes: As previously stated, the LNU is one of its kind globally, and presents a body of

¹⁰ WHO - Nigeria's Social Health Insurance Scheme Implementation Scorecard

evidence (endorsed by this study) of its utility for replication by other countries and global coalitions like the Inter-Parliamentary Union (IPU). Consolidated, the results of the analysis of Objective three of this study reveals the opinion of respondents on the usefulness of such a coalition, despite the challenges that operationalization may pose.

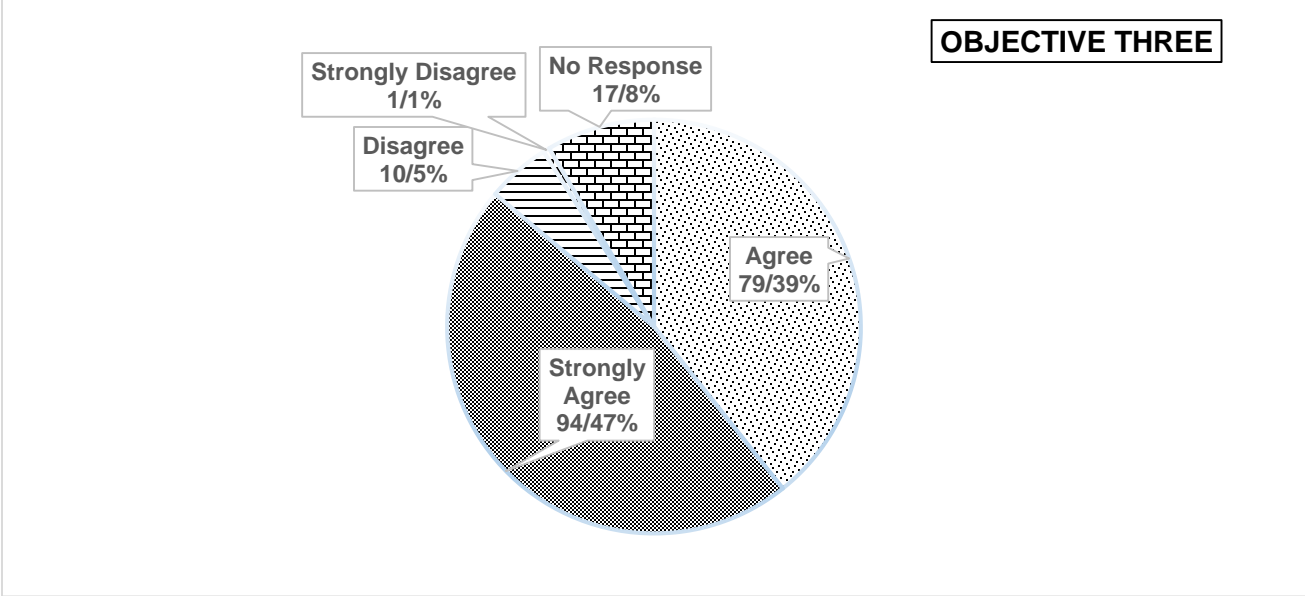


Figure 3: Chart showing consolidation of responses for Objective Two

Although the LNU and coalitions like it are not statutory and backed by legal framework, the legality lies in it being a mechanism through which legislatures around the globe can accelerate the achievement of respective mandates as well as the objectives of national and global development, within the auspices of the statutory Legislative functions. The scenarios that the LNU provides are varied and limitless. This approach can be replicated across all sectors of the economy to catalyse growth. As the open-ended parts of the query instrument portends, to achieve measurable success, it will be important to leverage on available opportunities like the Sustainable Development Goals and UHC agenda; members bringing their individual strengths together, the

autonomy of the State Houses of Assembly; and the interest of the international community in the legislative functions. Through the global agenda for growth, the coalition can have access to the global resources that are required to achieve these agenda and overcome the main challenges of funding, ownership, buy-in and recognition by other legislators, and misunderstanding of its intentions. Ofcourse, security challenges and risk to life while conducting activities particularly oversight and representation in the face of insurgency is ever present as it is for all, and they must find a way to navigate around this.

Achievements and Implications for Nigeria's Health System

The results derived from the analysis of the data make a good case for the establishment and involvement of legislative coalitions to accelerate the achievement of national development objectives. The importance of such coalitions is buttressed by the impactful contributions of the LNU since its launch. It has catalyzed the health financing reform being championed and pursued by all stakeholders at various levels in Nigeria.

Following the intervention of the LNU, from just five in 2017, over twenty states have put in place their state health insurance laws. This could not have been possible if the LNU had not been birthed. In their various states, legislators now lead the efforts in articulating a legal framework that will bring about UHC. That was one major narrative that has changed.

Likewise, the BHCPF which is found in Section 11 of the National Health Act would also have continued to be impossible save for the intervention of the LNU. After four years of the passage of the law, it hadn't been appropriated for in the National Budget. With the launch, and action of the LNU, Actually, a state of emergency was declared at the National Assembly, after the Senate passed a resolution that brought about the inclusion of the 1% CRF in the 2018 national budget for

the first time. They didn't stop at ensuring that it was appropriated for, but kept advocating to the Presidency until action was taken and a system was established to release the funds and transfer to the states. Before the 8th Assembly transitioned to the 9th, 50% of the funds had been released and being disbursed to the states. In fact in some states, access to services have already ensued. This can only mean well for the country at large. LNU has brought to the front burner issues been discussed by the government at the highest level and attention is now being given to these policy statements.

One of the major issues in Nigeria's health system is what is referred to as health inequalities. This is where there are different individuals or population groups having different health outcomes as a result of either their social or economic status; this ought not to be. In Nigeria, it is almost a death sentence to have a poor person get entangled with a health challenge they cannot afford. The only outcome for that individual is either death or debt. Therefore for an average Nigerian, all the achievements attributed to the activities of the LNU mean a lot of things. For instance:

- Addressing Health Inequality: a poor person now need not be afraid of dying because of a health challenge. This is so because through the BHCPF, there is now access to healthcare services at low or even zero cost for all Nigerians particularly the most vulnerable. So, for an Okada (motorcycle) rider whose wife needs to have a caesarian session no longer has to sell his bike to purchase health services for his wife, neither do the poor people in the village be fasting for days before health comes;
- BHCPF ensures that money goes straight to health facilities i.e. direct health facility financing. Prior to now, things as little as an electric bulb that gets spoilt in a healthcare centre may seem difficult to replace. That is why in a typical primary healthcare centre in

Nigeria, a facility that will cost less than five thousand to repair cannot be repaired; it gets abandoned for months and eventually becomes dilapidated which later leads to the outright destruction of such facilities. What this means is that through the BHCPF, every PHC will become fully functional and operational. All the operational expenses will be met by the scheduled operation budget from the BHCPF going directly to the PHC system. Not only this however, but there will also be the provision of good infrastructure, basic health work instruments, essential medicine, adequately trained staff among many other benefits;

- There is also an opportunity for Nigerians to live to their full potentials. That is, the needless, unnecessary and unwarranted deaths need not occur anymore;
- For issues of children who have nutritional deficiencies, people who have no access to proper healthcare, who as a result begin to have issues with their cognitive development and cannot grow up to become adults that are useful to themselves and the society will also be addressed;
- People get pushed into poverty in pursuit of healthcare services where they lose their source of livelihood as a result of a particular health challenge. This will also change; and
- When people are healthier, they become more productive. They can have meaningful lives which will bring social and economic development to that individual and also to the nation at large.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 Summary of Study

The study sought to determine the role of Legislative coalitions to catalyse national development, building on the experiences of the Legislative Network for Universal Health Coverage (LNU) in Nigeria as a basis for replication in regional and global communities. It went on to assemble data and knowledge on the influence it can have on sectorial outcomes (health in this instance), beyond the routine application of individual Legislative functions. Most of society and opinion leaders, including legislators themselves hold the opinion that the role of legislators, and thus, a network, coalition or body of the institution are clear-cut, involving legislation, appropriation, oversight, accountability and representation. A coalition of this nature, however finds its importance in being not liable to any one particular function or national or sub-national level, rather, in the achievement of the goal and objectives to which the members have subscribed to. Transcending political, economic and social expectations that would otherwise be restrictive, to a more native role of evaluating challenges responsible for stagnation in any area, strategizing about solutions to tackle the challenges and implementing identified solutions until the goal is achieved.

5.2 Summary of Findings

The results derived from the analysis of the data based on the three research objectives as well as the research questions show that lawmakers and other experts dealing on health have an understanding of what the roles and responsibilities of the legislature should be and the impact of their functions towards the socio-economic development of Nigeria, moreso as a coalition of

legislators. They showed understanding of how these roles can be applied to drive national development from the health point of view. The findings provide evidence of progress achieved in the health sector through the LNU, and how these can be applied to make a case for deeper involvement of the legislature in sectorial reforms and national development in Nigeria and globally.

5.3 Recommendations

The following recommendations are made for the use of Legislative coalitions, based on the findings of this study:

I. An influential and powerful platform for targeted advocacy to government executives:

Legislative coalitions can be leveraged to advocate to, and lobby government executives to provide needed resources to get the job done. Recent global resolutions on Universal Health Coverage (UHC), like the high-level United Nations Political Declaration agreed to by heads of state in New York, and that of the Inter-Parliamentary Union, the World Health Organisation and a number of other partners spotlight the increasing focus on UHC as a global development agenda and the role of Legislators in this regard. Although the past year has seen several efforts to mobilise political and technical commitments towards this goal globally, progress has been slow on the average, particularly for low and middle income countries for various contextual reasons.

Nigeria has led the harnessing and aligning of statutory functions of Legislators towards realization of UHC objectives by the establishment of the LNU in 2017. The LNU was described in 2017 as the first of such, globally, in the cause for UHC. The LNU initiative in Nigeria no doubt is the first of its kind. There is nowhere in the world where this approach

has been tested or adopted in the pursuit of UHC. While the campaign has yielded outstanding results; the LNU however was faced with some challenges along the journey at every stage.

Perhaps, the greatest of the challenges faced by the Network is the fact that the Legislature consequent of the constitution of the Federal Republic of Nigeria has no enforcing or implementing powers. This challenge is often difficult to contend with as it creates a new set of responsibilities for the Legislature. Therefore, despite the best intentions and efforts of the Legislature, it is often the case that what the Legislature considers priority is not the same for the government executives. As a result, there is often a need for extra and concerted advocacy to government executives even after the Legislature has done its part. Such was the case with the inclusion of one percent consolidated revenue fund in the 2018 budget; where the Federal Ministry of Health had not included this provision, leading to its inclusion by the Legislature upon pressure through the LNU. However, upon inclusion, there was still need for consistent advocacy to executives in order to ensure it was enacted by the President and this was done by the Chairman of the LNU and colleagues at the national Assembly.

These coalitions can also be leveraged to ensure disbursement of appropriated funds. In Nigeria, constitutionally, the power of appropriation is domiciled with the legislature but the legislature has no constitutional powers to disburse public funds. As a result, the legislature might go as far as determining what is included in the budget/appropriation bill, however, it remains subject to prioritization by the executive arm of government, once it comes to the time for disbursement of such funds. The challenge is very similar in nature to the one previously outlined; which is that the Legislature then has to interface with the executives towards ensuring that funds are disbursed to priority areas. Considering the competing

demands and pre-determined priorities of the government, this can often be a difficult task to achieve;

- II. **Enhance the coalition’s capacity in the specific area and objectives:** It is important to enhance the knowledge of members of the coalition and build their capacity in the subject matter. This will ensure that they are able to justify purposes and objectives and justify demands to improve the situation. It will also help them to individually understand how they can individually and collectively apply their statutory functions and roles to achieve identified objectives and the impact of acting and otherwise. Capacity building is key to harnessing and aligning legislative functions to national development needs/goals and understanding might enhance eagerness to deploy their legislative functions to achieve development goals. Specific emphasis should be placed on the subject matter, its narratives and processes during all activities of the Coalition as a form of orientation. This approach has greatly improved knowledge of LNU members regarding UHC and how much it can greatly improve health status of their constituents;
- III. **Access to funding for the activities of the Coalition:** This must be determined and defined before the Coalition is operationalized. The modalities and processes of accessing and utilising the funds must also be part of the constitution of the coalition for proper management and accountability. Although members may initially pool their own funds together for the work of the coalition, however worthy this may seem at the beginning, it would ultimately lead to fatigue and demotivation of members. A regular source of funding will need to be available for this purpose and the ideal would be to include it in fiscal appropriations of each Legislature at national and sub-national levels. Most of the costs of financing the activities of

the LNU are borne by donors right now, and the narrative will need to change. The importance of each Legislature including these activities in annual budgets cannot be overemphasized;

- IV. **Establish mechanisms for sustainability**, particularly where there is a huge turnover of legislators: Modalities to keep the coalition running should be built into the design from the beginning. Legislators make up members of the Coalition and some of them do not return with new political dispensations. Thus, it is important that all members of Legislatures are aware of the Coalition and commit to it. Outgoing members must also take the time to document their activities and officially handover to the subsequent elected member. For instance, in 2019, the LNU in collaboration with National Assembly and other partners, donors and stakeholders in the health sector in Nigeria organized a retreat for the newly inaugurated principal officers of the health committees in the National Assembly. A key objective of the retreat was to orientate the lawmakers (most of whom are new in the health committees) on the activities of the health committees of the former assembly as well as acquaint them on the key health policy thrusts of the government;
- V. **Ensure Executive-Legislative interfaces**: Not much can be achieved if the business of national development is left to government executives alone. Likewise, neither can the Legislature achieve much alone. There is need for effective engagement, collaboration and corporation between these two arms of government. There must be harmonious relationship between both the Executive and the Legislative arms of government, which the Coalition can foster, in order to catalyse the much needed change and growth. This should be established, and routinely (perhaps quarterly and as the need arises) conducted conferences;
- VI. **Demonstrate results**: demonstration of results galvanizes more commitment from stakeholders including partners. This can be done by defining annual and quarterly priorities,

a sort of Legislative Agenda Framework of the Coalition to be implemented at national and sub-national levels and implementation tracked. The agenda should be representative of sectorial challenges to be addressed by the Coalition; and

- VII. **Think and work politically:** creating appropriate political incentives is key to enhancing continued commitment and interest of members of the Coalition. When they are assured of political returns as a result of their activities, they tend to be actively engaged in that particular course of action. For instance, investment in UHC will definitely improve health outcomes of political constituents. They can also benefit from the political mileage and visibility that adequate publication of their activities accrue to them.

5.4 Conclusion

Optimism should be exercised with caution in the projection of the mileage to be gained through such coalitions. This is because so far, the traction gained by the LNU can be termed baby steps when compared to the enormous and gigantic need for the growth of the sector, particularly in developing countries. However, if this development strides continue at this pace where the relevant arms and tiers of government continue to collaborate on achieving set priorities as far as development is concerned, then, much sort after global human capital development indices may just be achieved.

In conclusion the results of the analysed data from this study have provided evidence to show that the legislature should not be seen as a dormant government arena on this subject. Rather, they have specific and strategic roles to play for any meaningful reform to avail, even more so as a body united by the need to address specific situations. The health sector has been able to strategically leverage on activities carefully knitted into legislative functions to change many negative

narratives. Going forward, government, policymakers and other stakeholders should make concerted efforts to build partnerships with such legislative coalitions, as they are potent tools and instruments of change as far as sectorial reforms and national development are concerned. They should be effectively engaged in the most impactful way to achieve these goals.

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APPENDIX

QUESTIONNAIRE

DATE ADMINISTERED: NOVEMBER 13, 2019

CONTACT: JULIANA ARIBO-ABUDE. MOBILE: 07019790000; EMAIL: jaribo@lisdell.org

This questionnaire has been developed to elicit responses on role of legislative coalitions in national development and healthcare reform in Nigeria. The Questionnaire is divided into two parts: Part One contains Section A; on biographical information of the respondents. Part Two contains Sections B, C and D, on questions about Legislative functions and importance of Legislative Coalitions.

Kindly provide the responses to each question or tick the preferred option as appropriate. There is no right or wrong answer. Please be assured of the full confidentiality.

SECTION A.

Respondent' Profile

Sex: Male Female

Age Range: 70 - 60 59 - 40 39 – 18

Education: PhD Masters or Professional Equivalent Degree Technical
 Secondary

Profession: Politician Development worker Legislator Government Official
 Other:

KEY: A: (Agree); B: (Strongly Agree); C: (Disagree); SD: (Strongly Disagree)

SECTION B

S/ N	ENQUIRIES	RANKING			
		A	SA	D	SD
1.	National development is a process that creates growth, progress, positive change or the addition of physical, economic, environmental, social and demographic components for the entirety of a nation.				
2.	For national development to progress, all sectors and arms of government must each effectively carry out its roles and functions				

3.	The application of legislative functions of Legislation, Oversight and Representation is important for sustainable national development				
4.	A coalition of legislators can better catalyse improvements in systemic and structural arrangements for delivering and accessing national sectoral services like healthcare, education, social welfare, and other human services				
5.	By pooling individual professional, political and social strengths, Legislative coalitions can influence other arms of government to operationalize legal frameworks and policies and catalyse change				
6.	People, including legislators can achieve more and accelerate achievement of national and sub-national goals and objectives faster by working together as a coalition than individually				

SECTION C					
S/N	ENQUIRIES	RANKING			
		A	SA	D	SD
1.	The Legislative Network for Universal Health Coverage (LNU) is a coalition of Legislators from the National Assembly and State Houses of Assembly established to improve health sector performance				
2.	Its main purpose is to improve health sector performance by harnessing, aligning and applying Legislative functions of Legislation (including appropriation), Oversight (including public accountability) and Representation				
3.	As a coalition, each member is responsible to ensure that resolved actions and objectives are achieved in respective jurisdictions				
4.	The Network is important because it continues to achieve the following:				
a.	Improved appropriation to the health sector by deepening the knowledge of law makers on economic, social, health and political benefit of improved health funding towards UHC;				

b.	Prompt and adequate release of allocated funds to make relevant central budget agencies accountable for fund release;				
c.	Timely passage of relevant high quality health laws especially the legal framework for State Supported Health Insurance Scheme (SSHIS)				
d.	Leveraging oversight and accountability functions of the lawmakers to assess and improve quality and efficiency of implemented health projects irrespective of the funding sources;				
e.	Enhance sustained learning among law makers across states and between state lawmakers and their federal counterparts				
5.	Through the Network, the health sector has achieved more in the last two years than Legislators have individually achieved				
6.	The Network is an opportunity to make great strides towards provision of quality healthcare to Nigerians				
7.	Without the Network, the Basic Health Care Provision Fund would not have been successfully appropriated since 2018 in the federal appropriation act				
8.	What do you think the Network can do to improve health outcomes in Nigeria				

SECTION D					
S/N	ENQUIRIES	RANKING			
		A	SA	D	SD
As a pressure mechanism to influence universal access to healthcare provision and health outcomes the role of the Legislative Network for Universal Health Coverage includes the following:					
1.	Ensure that health bills get passed by parliament				
2.	Lobby colleagues to ensure that the bill get passed by parliament				
3.	Advocate to executives to ensure that the bill gets assented				
4.	Conduct public meetings through members to ensure that society is involved in the policy making process				
5.	Work closely with media and civil society organisations to publicise the benefits of policies/bills when passed				

6.	Ensure that all systems important for the effective and successful implementation of legal frameworks are put in place				
7.	Ensure that there are milestones by which implementation and impact can be tracked				
8.	Ensure that agreements reached internationally and signed to by Nigeria are implemented locally and tracked against benchmarks				
9.	Advocate to the following executives to ensure that appropriated funds are disbursed timely				
	President/Governor				
	Minister/Commissioner for Health				
	Minister/Commissioner for Finance, Budget and Planning				
10.	Ensure that legislators have access to data and information required to perform their duties effectively				
11.	Oversight to ensure that the objectives of policies being implemented are in line with the objectives				
12.	Establish functional partnerships with the media and CSOs to ensure that legislative resolutions are complied with				
13.	Establish functional routine meetings with executives to review progress and agree next line of action				
14.	Track implementation of agreement with executives				
15.	Ensure that clerks and legislative aides are adequately trained to serve as resource pools				
16.	Establish and operate domestic platforms and international networks of learning and access to resources necessary				
17.	Adopt and adapt learning to local contexts and track implementation				
18.	Evaluate sectorial progress against established domestic and international milestones and take necessary action to sustain and accelerate positive outcomes				
19.	What do you see as the Network's roles in the health sector apart from Lawmaking, Oversight and Representation				
20.	What other functions/roles can the Network perform in the health sector in your location				
21.	What do you see as the Network's responsibilities				
22.	Are there areas of knowledge you feel legislators lack to perform their functions effectively				

23.	How can the Network improve health outcomes in your location
24.	What can the Network do to increase budget allocations for health?
25.	What role can the Network play to ensure that the health sector receives 100% disbursement of appropriated funds
26.	What challenges does/will the Network face in trying to achieve its objectives
27.	What do you see as opportunities the Network can leverage on to achieve its objectives
28.	Any other comment