

**THE NATIONAL ASSEMBLY AND PUBLIC HEALTH CARE IN NIGERIA.**

BY

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## CERTIFICATION

This dissertation titled ‘*The National Assembly and Public Health Care in Nigeria*’ presented by Oshomoji Olusegun Victor (**PG/NLS/1714044**) has met the partial requirements for the award of the degree of Masters in Parliamentary Administration (MPD) of the National Institute for Legislative and Democratic Studies/University of Benin

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## DECLARATION

I declare that the work in this thesis titled “*The National Assembly and Public Health Care in Nigeria*” was carried out by me under the supervision of Dr Chris Ngara in partial fulfillment of the requirements for the award of Master degree in Parliamentary Administration (MPD) of the National Institute for Legislative and Democratic Studies/University of Benin. The information derived from the literature has been duly acknowledged to the best of my knowledge in the text and a list of references provided. No part of this dissertation was previously presented for another Degree or Diploma at this or any other institution.

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**APPROVAL PAGE**

I undertake that this long essay titled: The National Assembly and Public Health Care In Nigeria, presented for scrutiny by me meets the regulation governing the award of Master degree of Parliamentary Administration of the National Institute of Legislative and Democracy Studies in collaboration with University of Benin, and is approved for its contribution to knowledge and literary presentation.

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## **DEDICATION**

To God the father, the Son and Holy Spirit and to My Late Father, thanks for the role you played in my life.

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## **ABSTRACT**

The health sector in Nigeria has been characterized by poor public health care services. The broad objective of the study was to examine the roles, effects and challenges of the National Assembly towards public health care in Nigeria between 1999 and 2019. The study was motivated by the need to highlight the contributions and challenges of the National Assembly towards efficient public health care delivery in Nigeria.

The study adopted both primary and secondary sources of data. Two hundred (200) respondents consisting of purposively selected members of the National Assembly serving in committees relevant to health care, public health care providers, and patients from public hospitals constituted the study population. Content analysis of document was used to examine the role of the National Assembly towards public health care delivery. Fixed alternative questionnaire served as the research instrument for investigating the effects and the challenges of the National Assembly to PHC. Descriptive method was adopted in the analysis of respondents' responses.

Findings showed that the National Assembly as an institution was yet to fully utilize its constitutional role and mandate towards achieving efficient and effective public health care in Nigeria. Allegations of corrupt practices, poor public perception and insufficient awareness about the role of National Assembly towards public health care delivery were among major challenges of the National Assembly towards public health care delivery in Nigeria.

The study recommended that the National Assembly may consider being more proactive in its lawmaking, oversight and representation activities that could be beneficial to public health care. The study also recommended the need to strengthen the legislature's knowledge about public health care through training. It was, further, recommended that the National Assembly in collaboration with relevant partners may consider how to intensify efforts in creating awareness on its role in public health care to all Nigerian

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## LIST OF ABBREVIATION

1. NASS National Assembly
2. PHC Public Health Care
3. Q Question

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# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1. Background to the Study**

The legislature plays an important role towards public health care through its representation, legislation and oversight functions (Musuka & Chingombe, 2007). As elected representatives of the people, parliamentarians ensure that public health care policies are informed by key health issues affecting citizen, adopt requisite legislation, approve budget allocations, and exercise oversight functions over expenditures of public health care (Musuka, 2005). This role of legislature allows public health care systems to achieve the goals of ideal and universal health care service delivery, securing health care financing, reducing inequalities of health service delivery, and responding to population needs (Breckenridge, Gostin, Parmet, & Wolfe, 2002).

Public health care is central to human happiness and well-being of the citizens. It makes an important contribution to economic progress of a nation, as healthy citizens, are more productive. The government of a nation is involved in public health care both directly and indirectly through legislation, advocacy and other programs. The availability of minimum, qualitative health care services to a vast majority of citizens must be regarded by any responsible government as one of the guaranteed fundamental human rights.

Nigeria is currently home to over 200 million and the most populous country in Africa (National Population Commission, 2018). However, the country's healthcare system ranked 187 out of 195 sampled member countries of the United Nations (Nigeria health care system, 2018). Furthermore, the performance assessment of the country's health related indicators points out an extremely poor public health care (Obansa & Orimisan, 2013). The Nigerian public health care system is a source of concern to all and sundry because of the needless deaths of compatriots (Adefolaju, 2014).

Ikenga (2005) identified that The Nigerian Constitution provides for a national government, with power divided among the legislative, executive, and judicial branches, each with distinct authority. The bicameral federal legislative branch of Nigeria, legalizes health policy and allocates the resources to implement it (Makinde & Obby, 2018). However, Travis, Egger, Davies, & Mechbal (2002) noticed that the role of parliament in improving the effectiveness and impact of aid, and in shaping development strategies that reflect the concerns of the people, tends to be overlooked.

## **1.2. Statement of the Problem**

Globally, the legislature is regarded as a key institution in ensuring efficient and effective public health care to the citizen through its constitutional role of lawmaking, oversight and representation (Musuka & Chingombe, 2007). Section 4 of the 1999 constitution empowers the Nigerian National Assembly to make laws for the peace, order and good government of the Federation or any part thereof with respect to any matter included in the Exclusive Legislative List set out in Part I of the Second Schedule to this Constitution. In keeping with this mandate as in the constitution several laws and regulations had been promulgated by the legislature over the years in an attempt to ensure efficient PHC. The National Assembly had also been involved in many oversight functions by reviewing, monitoring, and supervision of programs, activities, policy and implementation of agencies, in charge of PHC (Salami, 2015). Furthermore, since the return of democracy in Nigeria in 1999, several legislations have been passed including annual approved estimates as well as oversight of the public health sector.

However, despite the important roles the NASS play in Public Health Policy, Nigeria still suffers from extremely poor public health care. The health sector has been characterized by a steady decline in the provision of quality public health care service and poor performance. This has led to the assumption that it is either there is defective policy or implementation lag.



Also, the constitutional role of National Assembly towards public health care (PHC) is yet to receive adequate scholarly attention. The main area of focus in most literature has been the executive arm of government and its other related activities.

Based on the foregoing observation, this study investigated the role of National Assembly in Public Health care in Nigeria by focusing on the roles, effect and challenges of National Assembly in PHC in Nigeria

### **1.3. Objectives of the study**

The main objective of this study was to examine the roles of the NASS in public health care in Nigeria. The specific objectives were to:

1. examine the contributions of the National Assembly to public health care in Nigeria between 1999 and 2019.
2. explore the effects of the contributions of the National Assembly towards public health care in Nigeria between 1999 and 2019.
3. investigate the challenges encountered by National Assembly in ensuring efficient public health care in Nigeria between 1999 and 2019.

### **1.4. Research Questions**

The study was guided by the following research questions

1. What are the roles played by NASS in the provision of public health care in Nigeria between 1999 and 2019?
2. To what extent did the roles played by NASS contributed to the improvement of public health care in Nigeria between 1999 and 2019?
3. What are the difficulties encountered by the NASS in ensuring improved public health in Nigeria between 1999 and 2019?

## **1.5. Scope of the Study**

The purpose of public health care is to protect and promote the health of the citizens. It is concerned with the process of mobilizing local, state/provincial, national and international resources to ensure conditions in which all citizen can be healthy. The government is involved in public health care both directly and indirectly through legislation, advocacy and other programs. The scope of public health care has become exceedingly broad however health policies and allocation of public health resources have substantial effects on public health care. Therefore, this study was delimited to the role of the National Assembly in formulating, promoting, monitoring and enforcing public health policies in Nigeria.

The Nigerian NASS controls public health expenditure, makes law relevant to public health care, approves the appointments and removal of some cadre of public health officials, acts as a platform for expression of public opinion, performs oversight and investigative functions alongside other miscellaneous functions involving public health care delivery. However, this study focused primarily on the lawmaking, representative, and oversight functions of NASS in public health care policies in Nigeria.

Nigeria operates a presidential system of government with a federal bicameral system of legislature located at Abuja. There are 109 and 360 members in the Senate and the House of Representatives, respectively. Administratively in the Nigerian Senate, there are three Legislative Committees in charge of Public health care delivery: Committees on Health; Primary Healthcare & Communicable Diseases; Drugs and Narcotics; while, there are four in the House of Representatives: Drugs and Narcotics; Health Institutions; Healthcare Services and HIV, AIDS, Tuberculosis and Malaria Control. This study involved these seven-committees relevant to public health care delivery by focusing on the roles played by these committee in public health care in Nigeria between 1999 and 2019.

The respondents for this study involved only members of legislators serving in the committees relevant to public health; public health practitioners; staff of non-government agencies relevant to public health; and the patients at six public hospitals within the Federal Capital Territory Abuja. Being the seat of government, it was assumed that there would be higher level of political participation and awareness amongst the public and public health care providers within the area of research.

It is also pertinent to note that Nigeria is now enjoying the longest period of civilian rule since independence in 1960. The Nigeria National Assembly has experienced twenty years of uninterrupted civilian democracy (1999-2019). This period produced four different assemblies (fourth to eight assemblies). This duration provided an adequate time frame to study and reflect on the contributions of National Assembly to public health care within the specified period.

### **1.6. Significance of the Study**

Globally, the legislature is considered as a vital institution in provision of socioeconomic services to the public. However, only few studies have examined the role of NASS in PHC in Nigeria. Furthermore, the few available studies have largely focused on the role of lawmaking in public health care delivery without properly analyzing the oversight and representational role of legislature in public health care service delivery. There remains a substantial dearth of information on the constitutional role and challenges of the NASS in PHC.

This study was intended to make original contributions to existing stock of knowledge and to stimulate further research interests on the role of legislature in public health care. The study was also assumed of making a modest effort in extending the established theoretical and empirical connection on the role of legislature in public policy and provision of social services especially health care.

Further, the study was intended to generate an empirical literature that could be used by the students, members of the academic community, researchers and other scholars in their studies.

The conclusion and recommendations from this study would be relevant to members of the National Assembly as policy making institution. The findings of this study could help members in performing their oversight, representational and lawmaking activities that would be relevant to public health care. This might lead to a better more effective and more efficient public health care policy.

The study might raise awareness about the contribution and effect of National Assembly in public health care among public health managers and practitioners, development partners; non-government organization; civil society organizations that could further make contribution to public health care policy and act as a keen watchdog to such policy.

Since the study dealt with the public health care, the findings might be of help to the general public in terms of having clear knowledge and understanding of the role of National Assembly in public health care. It was also expected to increase citizen involvement and participation in lawmaking process, oversight and representational activities that would be relevant to public health care.

## **1.7 Conceptual Clarification**

The National Assembly comprises the two legislative houses at the federal level established under section 4 of the Nigerian Constitution. It consists of a Senate with 109 members and a 360-member House of Representatives. The members of the House of Representatives are drawn from all federal constituencies based on the principle of population, while the members of the Senate are drawn from all states based on the principle of equality of states.

In this study, the National Assembly shall mean legislature, as an official body, usually constituted by election, with the power to make, change, and repeal laws; as well as powers to represent the constituent units and control government, through oversight functions and overriding the executive in legislative matters.

Public health care refers to health care and health promotion that targets a whole population or a particular group within the population. American Public Health Association (2019) described PHC as the art and science of preventing disease, prolonging life, and promoting physical and mental health, sanitation, personal hygiene, control of infectious diseases, and organization of health services in a community. In this study, public health shall mean the involvement of the people, organizations, agencies, and resources that provide services to meet the health needs of the individual, community, and population.

## **1.8 Organization of Chapters**

The study was arranged into five chapters: Chapter one contains the Introduction which includes background of study; research problem; questions; objective; scope; significance; definition of concept and organization of the other chapters. Chapter Two reviews the literature (of similar work done) this includes overview on legislature and public policy; public health care; lawmaking and public health care; oversight especially of public health care; representation and public health care; challenges of legislature in public health care; public health care in Nigeria, the National Assembly and public health care in Nigeria; the theoretical framework; application of the theory. The methodology and analytical framework were contained in chapter Three; while chapter four consists of presentation and discussion of the data and the summary of arguments. The conclusion and recommendations are in chapter five.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

The legislature is an indispensable institution for the attainment of an efficient public health care system through its representative, legislative and oversight functions (Musuka & Chingombe, 2007). This chapter extensively reviews previous related studies, observations, opinions, comments, ideas and knowledge that shed lights regarding the key concept on the roles and challenges of legislature in the delivery of public health care. The essence is to situate this study in its proper context and to create a link between related previous studies and this research work and as well to identify the gap in knowledge with respect to the subject matter of the study; and to appropriately intervene by providing the missing link and by updating and contributing to the existing body of knowledge in the field.

#### **2.1. Legislature and Public Policy.**

Most researchers agreed that there is no accepted single definition of legislature. However, Lafenwa (2009) notes that there is no serious contention about its definition. Okosi-Simbine (2010) conceptualizes legislature as law-making, and policy influencing body in a democratic political system. Anyaegbunam (2000) defines legislature by its role of making, revising, amending and repealing laws for the well-being of its citizenry it represents.

However, this study uses the working definition adopted by different scholars in defining legislature as an official body, usually chosen through an election, with the power to make, change, and repeal laws; as well as powers to represent the constituent units and control government (Awotokun, 1998 and Lafenwa, 2009). This definition completely covers the three major roles of legislation, oversight and representation ascribed to the legislature.

## **2.2. Public Health Care**

Novick (2001) described PHC as the provision and method of making quality and affordable health care available to a population. In a more functional definition, Contandriopoulos, Denis, Touati & Rodriguez (2003) sees PHC as the management and delivery of quality and safe health services so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course.

The World Health Organization (2018) conceptualizes public health care based on the characteristic of ideal health care as a comprehensive, affordable, sustainable, accessible, high quality, public centeredness, accountable, efficient and well-coordinated health services to the citizen.

However, this study used the operational definition of PHC as defined by Ahmed (2011) as the involvement of the people, organizations, agencies, and resources that provide services to meet the health needs of the individual, community, and population. This definition is suitable in analyzing the role of an institution such as the National Assembly in PHC.

## **2.3. Legislature and Public Health Care**

Pelizzo, & Stapenhurst, (2007) and Fuo, (2013) have recognized the important role the legislature plays in the provision of socioeconomic services to the public. However, only few studies have examined the role of legislature in PHC. Although, the few available studies stated that legislature is a key institution for promoting efficient and effective public health care through its lawmaking, oversight and representative roles (Musuka & Chingombe, 2007).

However, majority of these studies concentrated only on the role of lawmaking in public health delivery without properly analyzing the oversight and representation role of legislature in public health care service delivery.

Historically, there has been a great deal of confusion regarding the most important role among the three major roles of legislature. While Abonyi (2006) identified lawmaking function as the primary and most important role of legislature, Verney (1969) believed that perhaps, the oversight function is most important function for a legislative assembly because it provides the institutional mechanism for ensuring transparency, accountability and good governance. However, Awotokun (1998) argues that representation is the central role of the legislature and not legislation nor oversight.

Generally, in literature the legislature plays an important role in the five foundational elements critical to delivering quality public health care services which are health care workers; health care facilities; drugs; information systems; and health care financing (Ahmed, 2011; Contandriopoulos, Denis, Touati & Rodriguez, 2003). However, majority of studies in Nigeria including Obansa, & Orimisan, (2013) and Ufuoma , Agada-Amade, Oyibo, & Ugwu ( 2014) focused only on health care financing aspect without consideration to the other four aspect.

#### **2.4. Lawmaking and Public Health Care.**

Gostlin (1995) and Burris (2011) have described the role of legislation towards PHC, as the process of initiating new laws, reviewing and amending proposed or existing laws and secondary legislation pertaining to the PHC. However, these studies failed to look into international obligations as related to the public health care sector as domesticated in domestic law.

Ahmed (2018) and Lupia & McCubbins (1998) provided evidence that legislation of socioeconomic ideology such as public health care law may be an important determinant of voter's choice during election. For instance, Thompson, Gusmano & Shinohara (2018) pointed out that the legislation of Affordable Care Act (Obama care) by the congress was a watershed in United States public health policy and main issue during the campaign that culminated into the election of President Donald Trump.



However, Olarenwaju (2015) argued that Nigeria political parties lacked socioeconomic ideology and the legislation of socioeconomic laws may play limited role in voters' choice.

In similar studies Gostlin (1995) and Burris (2011) regarded legislation as most vital in the financing of health services such as in regulation of revenue collection; legal control of the funding pools for payment of health services; budget allocation; and regulation of the purchasing of health services provided to cover populations. In a more recent study Gostin and others (2017) considered gateway functions such as legislation and licensing health care providers to practice their profession in the jurisdiction, offences for inappropriate medical practice, accrediting service providers under the health insurance scheme as most vital in legislation of public health care delivery.

Majority of these literatures did not consider the fact that health care systems may stem from specific political, historical, cultural and socio-economic traditions. As a result, the organizational arrangements for health care and finances may differ considerably among continent and within the same continent.

## **2.5. Oversight and Public Health Care**

Globally, there is a general consensus in the literature that oversight function of legislature is an important role to efficient and effective quality PHC (Tejuoso, Alawode & Baruwa, 2018). In studying the function of oversight in health care (Salami, 2015) describe oversight in PHC as the reviewing, monitoring, and supervision of programs, activities, policy and implementation of agencies, in charge of PHC by the legislature. However, Rispel, Jager, & Fonn (2016) Included the financial oversight as an important aspect by describing it as reviewing executive budgetary proposals pertaining to the health care sector, scrutinizing past expenditures of the health sector and conducting oversight related to procurement as important in oversight function.

Dolan, Garvey, & Oleszek (2014) outlined the role of Congressional oversight as gathering information for making public health service delivery laws, ensuring executive compliance with the law; evaluating executive performance, educating the public, prevention of waste and fraud. Some experts have argued that a lack of efficient oversight, is to blame for poor delivery of health services in Nigeria (Welcome, 2011 and Tejuoso, Alawode & Baruwa, 2018).

## **2.6. Representation and Public Health Care**

The literature on the representational role of legislature on PHC is sparse compared to lawmaking and oversight function. However, the Global Parliamentary Report (2014), which indicates that parliamentarians consider representational as the least important role among the three core roles of legislature. Contrary to the Parliamentarians' viewpoint, the citizens however considered solving their own problems through representation as the parliamentarians' most important function followed by law-making while holding government to account as the least important. In agreement, Prasad & Jha (1978) viewed representation as quite important in public health care because it focuses on improving the health status of the population, as opposed to primary care providers who respond to the treatment of individuals.

Anyaegbunam (2000) and Jewell (1983) shared a view on the significance of parliamentarians to prioritize public health care. However, both differ in the scope of coverage. In his analysis Anyaegbunam (2000), argue that that due to the different disease prevalent pattern, health needs and cultural beliefs, there is a need for each legislator to facilitate the formulated goals and objectives to meet the priority health needs of the individual community and constituencies in which the member represents. While Jewell (1983) cautioned that representatives in the national parliament must not only consider the welfare of their constituents, but also the policy consequences for a country as a whole.

In their more comprehensive analysis on representation unlike most authors, the United Nations Economic Commission for Africa Report (2004) provided way out of this dilemma. The report indicated that representational function of parliament is usually analyzed based on geographical representation. Their report however suggested that representational function of parliament should be analyzed from the different perspectives of political, geographical, social, economic and administrative representation.

Several writers including Edosa & Azelama (1995), Okoosi-Simbine, (2010) and Awotokun, (1998) studied the representational functions of legislature in public health care and observed that the processes enhance the legitimacy of public policy, reduce alienation, reduce estrangement between the government and the governed as well as enhance the stability of the system.

Other studies including Jewell (1983) and Anyaegbunam (2000) examined the feedback mechanisms from the citizen in the representational model and concluded that through its representation parliament can ensure the voices, preferences and interests of the public are heard, respected and articulated.

Furthermore, the literature pointed out that legislature is charged with the responsibility of ensuring good governance through constituent representation in the decision-making process especially in a pluralized society characterized by differences and heterogeneity (Johnson, 2005). The legislature is, thus, seen as occupying fundamental place in democratic governance and performing crucial role of citizens' representation presumably for the advancement and well-being of the citizenry (Anyaegbunam, 2000).

## **2.7. Challenges of Legislature and Public Health Care**

Despite the positive roles that legislatures have played over the years, however (Aguja & Born, 2017) identified challenges that the parliament encounter in their responsibilities towards ensuring efficient PHC in most countries. This duo identified factors such as: type of

democracy; political environment; level of democracy; capacity; and structure of the legislature as a major variable of the challenge.

Despite decades of research on the relationship between the type of democracy and challenges faced by legislature in oversight function yet literature is inconclusive about whether the parliamentary system is prone to greater challenges than the presidential or hybrid system. Some writers including Riggs (1997) have argued that presidential system is prone to a greater degree of challenge in carrying out its legislative function since there is principle of separation of power which might result into higher conflict tendencies compared to the parliamentary system. In disagreement, Aguja and Born (2017) pointed out that the challenges of oversight function in presidential system might be at the same level with that of the parliamentary system where the legislature is dominated by the party of the president.

On capacity, Folscher (2006) identified that the executive is usually staffed with the level of expertise necessary to make budgetary decisions and manage their implementation. However, Gabela, Inderpal and Karodia (2015) noted that parliaments, on the other hand and especially those that are weak and ineffective in the oversight process, have very little capacity for meaningful oversight scrutiny.

Pertaining to political environment and challenges of legislature a report by Africa All Party Parliamentary Group (2008) noticed that although African parliaments are based on western parliaments and have similar formal roles, however their challenges are different because social, cultural and political contexts in which they operate are contrasting and varied both within the continent and between the continent and other parts of the world.

A few other studies including Aguja and Born (2017), Riggs (1997) have looked at the challenges due to the level of democracy, and reported that countries with weak democratic foundation are liable to be confronted with several challenges. These weak democratic foundations have posed and are still posing serious challenges towards the attainment of

inclusive political institutions that would translate to sustainable political development of the of the Nigerian legislature since its re-introduction in 1999.

Other studies including Ukase & Dzeka (2018) and Babatope (2001) examined the structure of the legislature and identified the challenge of funding or, put differently, the financial autonomy of the legislature as a major challenge in legislation. With regard to representation, Jewell (1983) noted that the legislature still faces the challenges of political institutionalization because of its inability to connect with the electorates.

Babatope (2001) and Onigbinde (2000) identified other challenges such as weak career service in the legislature, lack of cooperation, inadequate funding of oversight activities, executive interference, crippling internal conflict, inexperience corruption and high rate of members turnover hampering legislative efficiency in rendering efficient function towards the delivery of health care service.

## **2.8.Public Health Care in Nigeria**

With regard to the issue of PHC in Nigeria, studies by Tejuoso, Alawode & Baruwa (2018), Obansa & Orimisan (2013) and Enabulele & Enabulele (2016) have observed that Nigeria, being a three-tier state, constitutionally charges each tier with a specific level of PHC responsibilities: primary (Local authorities); secondary (State Government through General Hospital,); and tertiary (Specialist/Teaching Hospitals and Federal Medical Centers) which are the highest level of health care and apex referral institutions. However, Adinma & Adinma (2010) observed that there is a presence of fragmentation, confusion over roles and responsibilities coupled with poor coordination of health across and between Nigeria's three levels of government. This development or situation undermines performance.

The literature on health financing indicated that Nigeria has failed overtime in keeping with the April 2001 Abuja Declaration on Health which recommends African Union member countries to commit a minimum of 15% their national budget to healthcare sector (Tejuoso,

Alawode, & Barwa , 2018). In agreement Uzochukwu, Ughasoro, Etiaba, Okwuosa, Envuladu, & Onwujekwe (2015) noted that the budget allocation to health in Nigeria ranges between 3.9 to 6.8%.

Comparing the provision of health services in Nigeria, Ichoku and Okoli (2015) noted that in the North the public sector provided majority of health care services, in contrast to states in Southern Nigeria, where the private sector provided majority of health care services.

Regarding the National Health Insurance Scheme (NHIS) Onwujekwe et al (2010) observed that participation in NHIS is not mandatory in Nigeria and it is estimated that only about 3% of the population are covered by formal sector and less than 1% in the informal sector even after operating for over a decade. Therefore, health insurance coverage is not yet universal in Nigeria and majority of the citizen had to pay for their treatment rather than using the NHIS.

On the legal framework of PHC, Enabulele & Enabulele (2016) and Onwujekwe et al (2010) agreed that although there exists the Nigeria's National Health Act 2014, however there is poor awareness about the Act and delay in the implementation.

Adefolaju (2014) summarizes the Nigerian health care service delivery by describing it as a condition with major defects which include: low budget allocation; lack of enforcement of law; unnecessarily cumbersome with inherent complexities; poor accessibility; insufficient allocation of funds; lack of basic infrastructure; poorly organized national insurance scheme; insufficient health practitioner; inadequate coverage; lack of planning; and monitoring and evaluation of health services being provided.

## **2.9. The National Assembly and Public Health Care in Nigeria.**

Constitutionally speaking section 4 of the CFRN 1999 (as amended) specifically grants law-making powers at the federal level to the National Assembly. The legislative powers of the Federal Republic of Nigeria shall be vested in the National Assembly, which consists of

the Senate and the House of Representatives. The National Assembly is empowered to legislate for the peace, order and good governance of the federation or any part of it with respect to any matter on the exclusive legislative list. Therefore, the National Assembly has power to initiate, amend and make new laws with regards to PHC in Nigeria

Section 88 of 1999 Constitution, as amended, empowers the National Assembly to perform oversight functions on Ministries, Department and Agencies that are relevant to PHC in Nigeria. Basically, the legislature performs the functions as articulated by John Stuart Mill through several means: approving the nation's annual budget, confirmation of important positions in government, conducting public hearings and investigations, and in exceptional and deserving case, through the impeachment process the removal of erring public officeholders (Salami, 2015).

## **2.10. Theoretical Framework**

This study adopts the structural – functionalism theory as propounded by Augustus Comte (1798 – 1857), Herbert Spencer (1820 – 1903), Emile Durkheim (1902 – 1979) and Talcott Parson (1960) and (Haralambos & Heald, 1980). The structural – functionalist perspective sees the society as an organized network of cooperating structure or as an interrelated system in which each structure plays certain function, which helps the system to operate (Handel,1993). The theorists of structural –functionalism regards it as a tool of investigation in explaining the basic functions of what political structures perform in the political system (Nwosu & Ofoegbu, 1986)

This theory uses the organism analogy to explain that society exists in structures which have functions that are interrelated and interdependent on each other for the survival of organisms. When related to politics and administration, structural functionalism can be described as a means of explaining basic functions of both political and administrative structures (Olaniyi 1997). The functions and roles as used by scholars in politics and

administration refers to the contributions of an activity or patterns of behavior of a structure towards the maintenance of a given society.

According to Isajiw (2000), it can be said that Structural – Functionalism analysis studies functional items of a structure in an attempt to show how they contribute towards integration or, inversely, dis- integration of the system by either fulfilling or failing to fulfill some needs or sets of needs of the system.

Although, structural-functional theory has been widely criticized and rejected by theorists from many disciplines. Ritze, (2008) argues that functionalism is vague, ambiguous and traceable to dealing with abstract social system rather than real society. In addition, functionalism is criticized for being unable to account for social change, or for structural contradictions and conflict and thus often called "consensus theory". Finally, it ignores inequalities among country, type of democracy. race, gender, class, causing tension and conflict (Isajiw, 2000). In the final analysis, structural functionalism is an appropriate theoretical framework to examine the criticality of the National Assembly and Public Health Care in Nigeria

## **2.11 Application of the theory**

In applying Structural – Functionalism Approach theory, structure in this study means, National Assembly, while the functions are basically law making, oversight and representation. The goal of using this theory is to find out what National Assembly actually does in public health care system. Therefore, the specific functions and challenges of National Assembly to public health care in this study were determined based on the representative, lawmaking and oversight functions which have been identified as the core functions of the legislature in the literature review.



## **CHAPTER THREE**

### **METHODS OF STUDY**

This chapter present the methodology and analysis used in this study. It comprises methodology, research design, sources of data, sample and sampling technique, instrument for data collection, procedure used for data gathering and method of data analysis.

#### **3.1. Research Design**

This study was based on mixed method of research design. This design focuses on collecting, analyzing, and mixing both qualitative and quantitative data. The combination of qualitative and quantitative research methods used in this study is substantiated by Fawole et.al, (2006) who noted that qualitative and quantitative researches are often complementary, and provides a better understanding of research problems than either approach alone.

#### **3.2 Sources of Data**

This study adopted both primary and secondary data. The primary data were sourced through the administration of a fixed alternative questionnaire, government gazettes and legislative Hansards. The secondary data were gathered from, bulletin, magazines, journals, newspapers, articles, relevant textbooks, materials from internet, term papers and archival documents on the subject area. The quantitative data were obtained using fixed alternative questionnaire and content analysis. While the qualitative data were sourced using content analysis.

#### **3.3 Population of Study**

The population study of the study consists of members of National Assembly serving in committees relevant to PHC; public health care providers; Staff of Nongovernmental organizations relevant to public health care and ; patients accessing treatment from six public hospitals in the Abuja Municipal Council; namely the National Hospital; National Assembly

Clinic; Federal Medical Center Jabi; Maitama General Hospital; Wuse General Hospital and ; Asokoro General Hospital.

### **3.4. Sampling Technique**

A purposive sampling technique was used for selecting respondents. The choice of homogenous purposive sampling technique for this research was predicated upon the fact that the primary data required for this study can be obtained from stakeholders such as: legislators; providers of public health care; health care practitioners; staff of Non-governmental relevant to public health and those that accessed the public health care; the patients. This necessitates purposive sampling technique based on the knowledge of the study and population

### **3.5 Sample Size determination:**

A total sample size of 200 participants was included in the study and was sampled through a purposive sampling technique.

### **3.6 Research Instrument for Data Collection**

Data was gathered using the following instruments of data collection; (I) Questionnaire: fixed alternative questionnaire consisting of twenty-one questions (appendix D2) was developed and used to obtain quantitative data from the participants after explaining the purpose of the study and the need to answer the questions objectively. The respondents picked one answer from the options given for each question.

(ii) Content analysis of documents served as the research instrument for examining the contributions of legislature to public health care. According to Bowen (2009) and Fasagba (2009), content analysis is regarded as a form of research in which documents are interpreted by the researcher to give voice and meaning around an assessment topic.

### **3.7. Data Collection Procedure**

For the quantitative data, a total number of two hundred respondents participated in the study through the use of online and fixed alternative instruments. The online-administered were only used for medical practitioner and staffs of NGO.

The purpose of the study and the implications were explained to the respondents after which their consent was obtained. The administration of questionnaires was carried out over a period of three months between October 2019 and December 2019.

### **3.8. Validity and Reliability of Survey Instrument**

A pilot study of 18 respondents who were not part of the main study was carried out to assess the feasibility of the study and pretesting of the questionnaire. In order to ensure the validity and reliability of the instrument employed in this research.

### **3.9 Method of Data Analysis**

Data was analyzed using the Statistical Package for Social Sciences (SPSS 25.0). The quantitative data obtained were analyzed using frequencies, percentages and proportion with appropriate diagrams. Qualitative analysis was done using content analysis.

## **CHAPTER FOUR**

### **DATA PRESENTATION AND ANALYSIS**

The chapter presents the results of the content and data on contributions, effect and challenges of the National Assembly to public health care in Nigeria. The results were presented under the following sub-headings: introduction, content analysis (section A), and analysis of participants' (Section B), summary of findings (Section C) and discussions of major findings.

#### **Answers to Research Questions**

##### **Research Question One**

What are the roles played by NASS in the provision of public health care in Nigeria between 1999 and 2019?

#### **4.1 Content Analysis.**

In order to answer this question, content analysis was done in order to get a clear picture. This research question was answered quantitatively using percentages and frequency counts, graphs (Tables 1, 2,3,4, figure 1) and qualitatively (Appendices A, B, C).

Table 1

*Comparing the Number and Percentage of Acts Relevant to Public Health Care Against the Total Acts Enacted in Nigeria Between June 1999-May 2019*

Variable (Legislative Year)	Total Acts (Number)	Acts relevant to public health care	
		(Number)	(Percentage)
June 1999-May 2003	31	2	6.45%
June 2003-May 2007	99	5	5.05%
June 2007-May 2011	53	1	1.89%
June 2011-May 2015	61	4	6.56%
June 2015-May 2019	75	8	10.67%
<b>Total</b>	<b>319</b>	<b>20</b>	

*Source:* Adapted from National Institute for Legislative and Democratic studies publication (2019). 20 Years of Law Making in the National Assembly an Analysis of Bills Processed 2015-2019 (6th ed...) Abuja

Table 1 Compares the number and percentage of acts relevant to public health care against the total act enacted in Nigeria between 1999-2019. The analysis of law-making function shows that a total of 20 acts representing 6.27% of the total 319 acts enacted in Nigeria during the period were relevant to public health care. The highest number of acts relevant to PHC was recorded in the eighth assembly between the period of 2015 to 2019. While the lowest was in the sixth assembly between the 2007 to 2011.

Appendix A presents the list of acts relevant to public health care enacted between 1999 and 2019. It shows the title of all the twenty acts, the date of ascent and the classification of the acts.

Table 2

*Classification and Number of bills on public health care enacted by National Assembly in Nigeria, June 1999-May 2019*

Variable (Classification of Public Health Law)	Public health care acts N=20	
	Number	Percentage
Health Policy Laws	3	15%
Health Financial Framework Laws	1	5%
Health Care Facilities laws	6	30%
Human resources Framework Laws	3	15%
Treatment of Special Condition Laws	3	15%
Medical Research Laws	2	10%
Domestication of Health Treaty Law	2	10%
Total	20	100%

*Source:* Underlying data from Department of Legal Services, Senate and House Committees on Rules and Business.

Table 2 presents the classification, number and percentage in each class of acts that are relevant to public health care enacted by the National Assembly in Nigeria between 1999 and 2019. The enacted act on establishment of health care facilities had the highest number of Six laws representing 30%, of the whole acts. While enacted act on public health financial framework had the lowest number of just only one law representing 5%. Only two acts representing 10% were on medical research and domestication of law respectively. Three acts, representing 15% of the acts relevant to PHC, dealt with treatment of special condition and human resources.

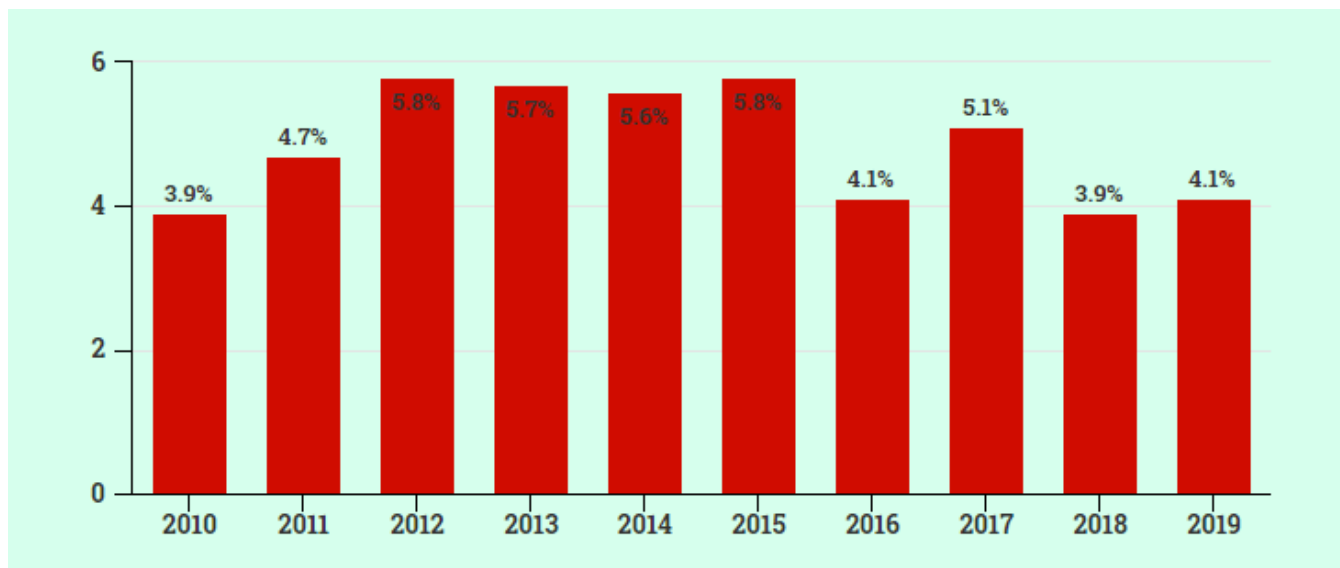


Figure 1: Percentage of health budget against national budget (2010-2019)

*Source:* Underlying data from Budget Office

Figure 1 shows that in Nigeria, the health budget was approximately 4.1% of 2016 total budget, 5.1% of 2017 national budget, and 4% of the 2018 budget respectively, which falls very short of the delineated target. The highest and lowest allocation were 5.8% and 3.9% respectively. It is clear that the annual budget on health for the past nine years had been below the April 2001 Abuja Declaration on health which mandates African Union member Countries to commit a minimum of 15% their national budget to healthcare sector. The allocation to health for the years assessed can be described as low and below the bench mark required for acceptable universal health care. It is no wonder that the public health care has consistently underperformed.

Table 3

*Comparing the number of motions raised that are relevant to public health care against the total motion raised in Nigeria between June 2007-May 2015*

Variable	Total Motion	Motion relevant to public health care	
	Number	Number	Percentage
House of representative	1823	78	4.28%
Senate	786	45	5.73%
Total	2609	123	4.71%

*Source:* Underlying data from National Institute for Legislative and Democratic studies publication (2019). *Twenty Years of Law Making in the National Assembly an Analysis of Bills Processed 2015-2019* (6th ed.), Abuja.

Table 3 shows that a total of 123 motions representing 4.71% of the total motion raised in both houses were relevant to public health care. A total of 78 and 45 motions were raised in the Senate and House of Representative separately. However, the Senate had a higher percentage (5.73%) of raised motions relevant to PHC than the House of Representative (4.28%)

Appendix B and C presents the list of Lists of 45 and 78 motions relevant to public health care raised in the Senate and House of Representatives between 2007-2015, respectively. The appendix B and C classified each motion and the date the motion was proposed.



Table 4  
*Classification of motions raised on public health care by National Assembly in Nigeria, June 2007-May 2015.*

Variable  (Classification of Public Health Motion)	House of Representative N=78		Senate N=45	
	Number	Percentage	Number	Percentage
Awareness on Diseases/epidemic condition	31	39.74%	28	62.22%
Health Policy Motion	16	20.51%	6	13.33%
Health Care Facilities Motion	19	24.36%	4	8.89%
Human resources framework Motion	3	3.85%	1	2.22%
Awareness on Industrial conflict: Strike Action	9	11.54%	3	6.67%
Petition	0	0%	3	6.67%
Total	78	100%	45	100%

*Source:* From Survey Field, 1999.

Table 4 presents the classification of motion relevant to PHC. In both houses the motion on awareness about diseases condition and epidemic had the highest percentage with 28 motions representing 62.22% of motion raised in Senate and 31(39.74%) in the House of Representatives were on awareness While motion on human resource frame work had the lowest percentage in the Senate.

#### **4.2 Section B: Analysis of Respondents' Profile**

The participants' profiles for this study include gender, age, academic qualification, and occupation of respondents. These clusters formed the characteristics of the sample used in the conduct of this study. There were 200 questionnaires distributed and 181 were retrieved from the respondents resulting into a response rate of 90.5%. The data collected was analyzed using frequencies and percent. The result of the analysis is presented as follows

Table 5

*Q1. Gender Distribution of Respondents*

Variable	Frequency	Percent
Male	80	44.2%
Female	101	55.8%
Total	181	100%

*Source:* From Field Survey, 1999.

Table 5 presents the summary of the respondents' profile based on gender in frequencies and percentages. It indicates that 101 (55.80%) of the respondents were females and 80 (44.20%) were males.

Table 6

*Q 2. Age Distribution of Respondents*

Variable	Frequency	Percent
20-40	166	91.71%
41-60	8	4.42%
>60	7	3.87%
Total	181	100%

*Source:* From Field Survey, 1999.

Table 6 presents the summary of the participants' profile based on age in frequencies and percentages. It indicates that majority of the respondents representing (91.71%) were from the 20-40 years age group. While eight (4.42%) and seven (3.87%) respondents were from the 41-60 years and > 60 years age group, respectively.

Table 7

*Q 3. Academic Qualification of Respondents*

Variable	Frequency	Percent
Primary	0	0%
Secondary	21	11.60%
Tertiary	160	88.40%
Total	181	100%

Source: From Field Survey, 1999.

Table 7 presents the summary of the participants' profile based on academic qualification in frequencies and percentages. All the respondents had more than primary school academic qualification. About four-fifths (88.40%) had tertiary qualification and only 21(11.60%) had secondary academic qualification.

Table 8

*Q 4. Occupation Profile of Respondents*

Variable	Frequency	Percent
Public Health Practitioner	101	55.80%
Others	80	44.20%
Total	181	100%

Source: From Field Survey, 1999.

Table 8 presents the summary of the participants' profile based on occupation in frequencies and percentages. There were 101 (55.80%) of the respondents were public health practitioner and 80 (44.20%) were non-public health practitioners. This shows that there were more public health practitioners than the other categories of respondents as used in the study.

**Answers to the Research questions:** Section C presents the responses to the fixed alternative questionnaire on role, effect and challenges of National Assembly towards PHC.

### **Research Question One**

What were the roles played by NASS in the provision of public health care in Nigeria between 1999 and 2019? This research question was answered using percentages and frequency counts and graphs. The results of the computations are presented in the tables and figure below, respectively.

#### **4.3 Analysis of fixed alternative questions**

##### **Q 5. Do you think the National Assembly has a role to play in the provision of public health care in Nigeria?**

Table 9

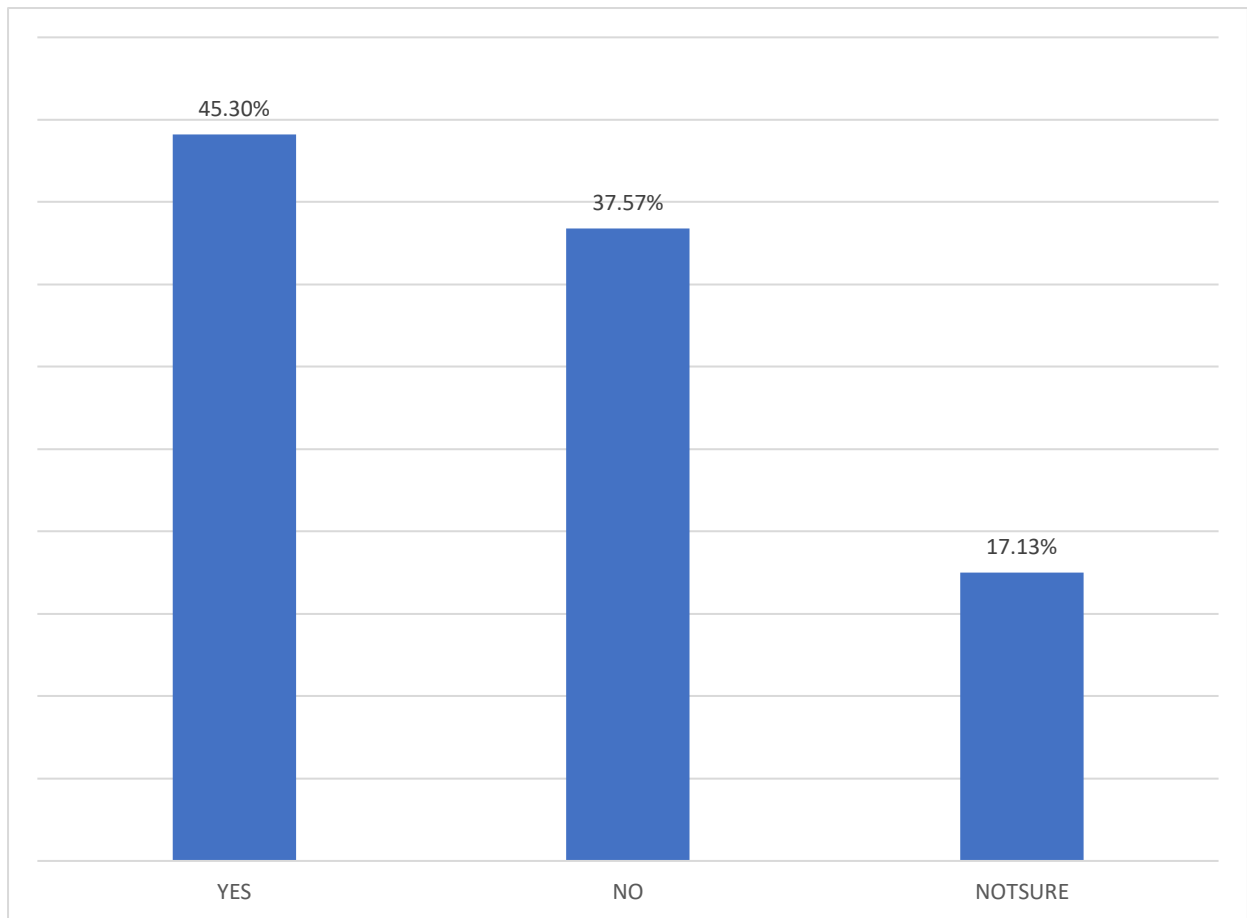
*Response on if NASS has a role to play in PHC*

Variable	Frequency	Percent
Yes	178	98.34%
No	0	0%
Not sure	3	1.66%
Total	181	100%

*Source:* From Field Survey, 2019

Table 9 shows that 178 respondents representing 98.34% affirmed that National Assembly has a role to play in the provision of PHC. Only 3 respondents representing 1.66% were not sure if the National Assembly has a role to play in the provision of PHC. This shows that the higher number of respondents felt that NASS has a role

**Q 6. Are you aware of the roles played by the NASS in the provision of PHC in Nigeria?**



*Figure 2.* Response on awareness about the roles of NASS in PHC

*Source:* From Field Survey, 2019.

Figure 2 shows that less than half of the respondent (45.3%) were aware of role played by National Assembly in the provision of Public Health Care in Nigeria. While 68 respondents representing 37.57% stressed that they were not aware of the role played by National Assembly in the provision of Public Health Care. Thirty-one representing 17.13% of the respondents were not sure of the role played by the National Assembly toward the provision of PHC in Nigeria.

**Q 7. Do you think the National Assembly has played an important role in public Health Care in Nigeria?**

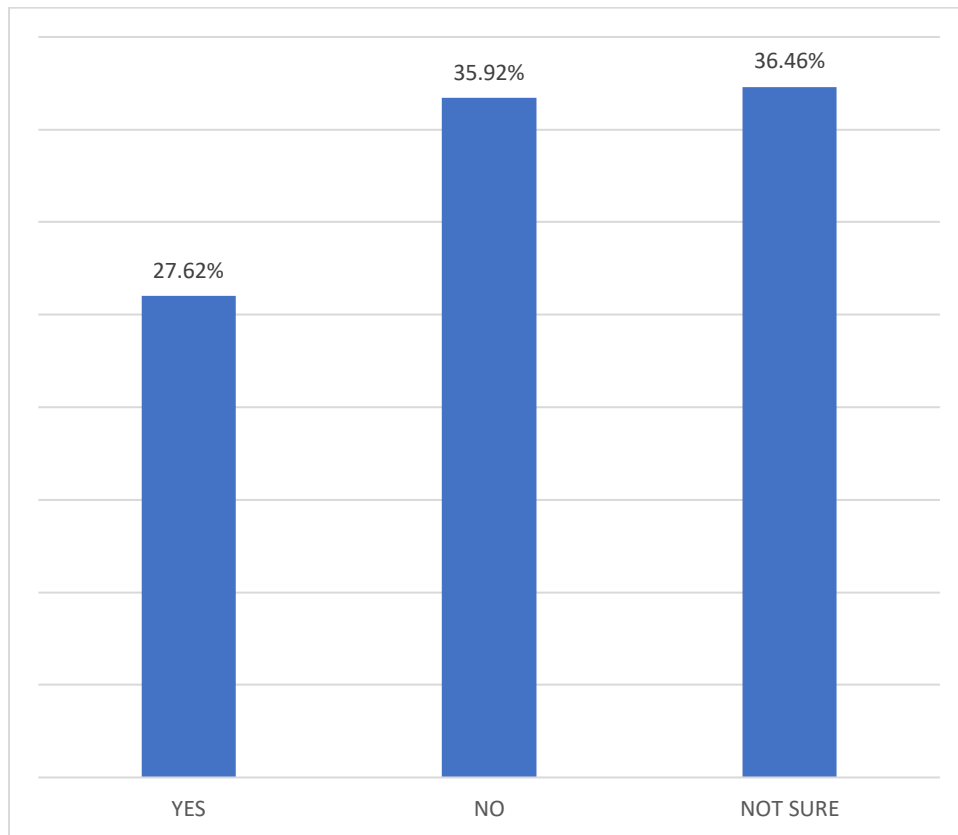


Figure 3. Response on whether the NASS has played an important role in PHC in Nigeria.

*Source:* From Field Survey, 2019.

Figure 3 shows the opinions of respondents on whether the NASS had played an important role in PHC in Nigeria. About a quarter of the respondents' (27.62%) thought that NASS had played an important role. While 65 of the respondents representing (35.92%) were of the opinion that NASS had not played an important role Sixty-six respondents' representing (36.46%) were not sure if National Assembly had played an important role in public Health Care in Nigeria.

**Q 8. How important do you think the roles played by the National Assembly are towards to the provision of Public Health Care in Nigeria?**

Table 10

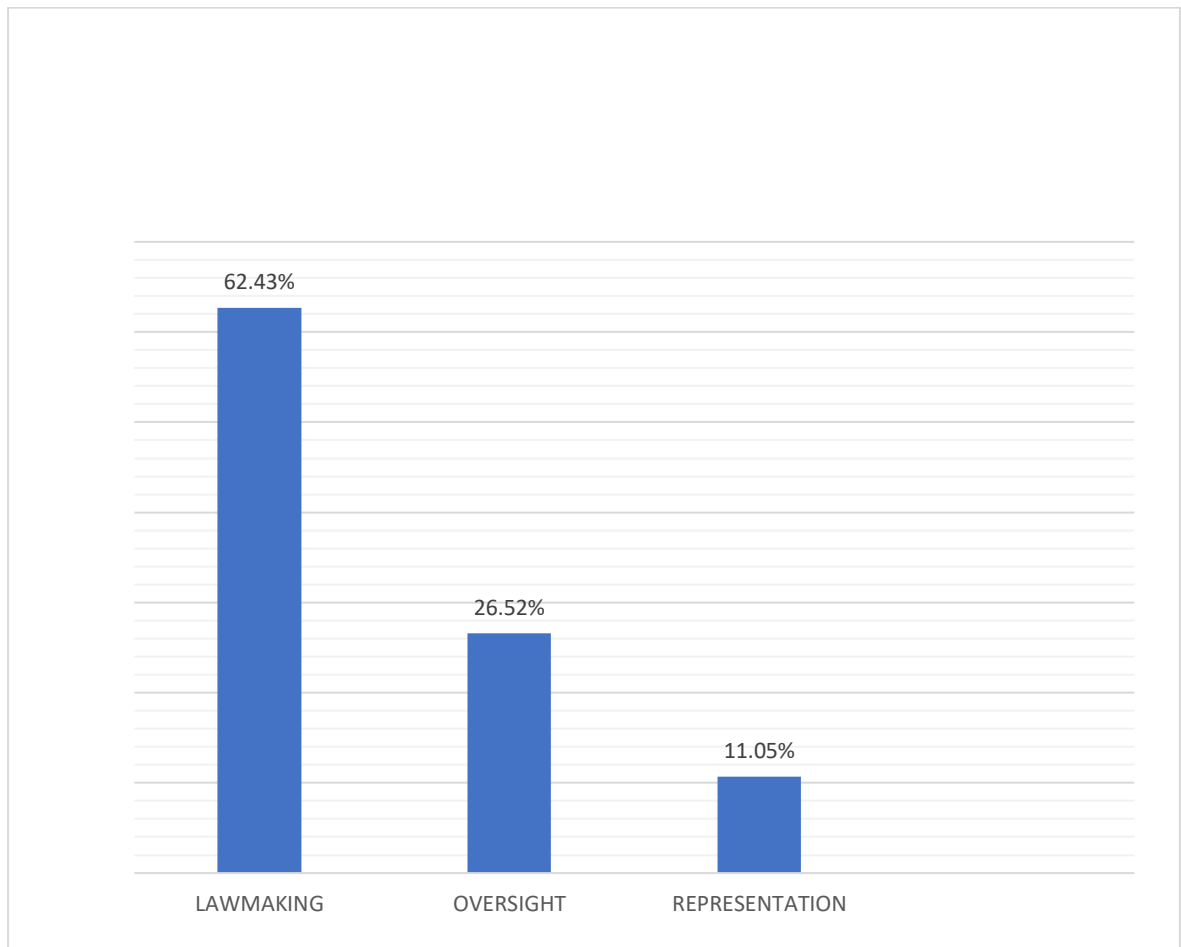
*Response on how important are the roles of NASS towards PHC*

Variable	Frequency	Percent
Very Important	126	69.61%
Important	47	25.97%
Not Important	8	4.42%
Total	181	100%

*Source:* From Field Survey, 2019.

Table 10 presents the response on how important the roles played by NASS is to PHC. It shows that a higher number of respondents (69.61%) considered the role played by NASS towards PHC as Very important; while only 4.42% considered the role as not important.

**Q 9. Among the three which one do you consider as the most important role of the National Assembly towards to the provision of Public Health Care in Nigeria?**



*Figure 4: Response on most important function of the NASS to PHC*

*Source: From Field Survey, 2019*

Figure 4 presents the opinions of respondents on which of the three function were considered the most important. It shows that 113 respondents representing 62.43% considered lawmaking as the most important.



**Research Question 2 To what extent did the roles played by NASS contribute to the improvement of public health care in Nigeria between 1999 and 2019?**

**Q 10. How will you generally rate the effect of the National Assembly as an institution of government in the provision of Public Health Care in Nigeria?**

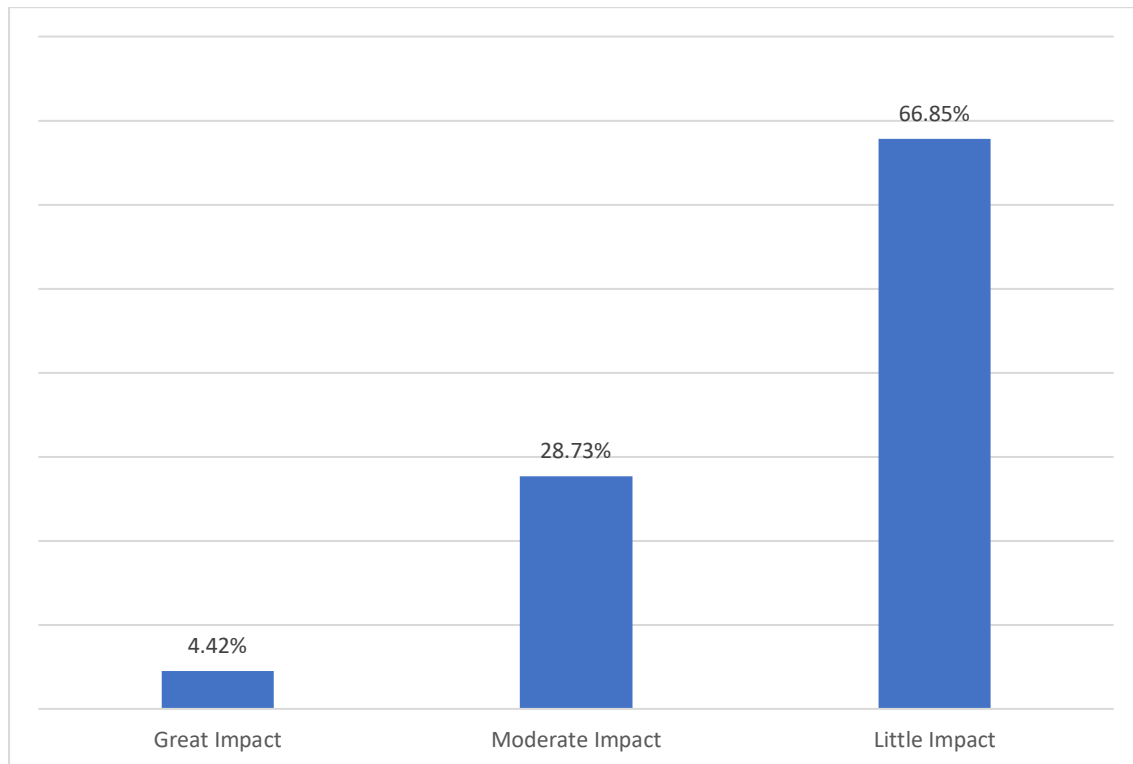


Figure 5: Assessment of the effect of the National Assembly towards PHC in Nigeria

Source: From Field Survey, 2019

Figure 5 presents the opinions of respondents on the effect of National Assembly as an institution of government in the provision of Public Health Care in Nigeria. It indicates that 121 (66.85%) of the respondents considered that the NASS had little effect towards the provision PHC in Nigeria. Only 8 (4.42%) of the respondents considered that NASS had great effect towards the provision PHC. This shows that the opinion of majority of the respondent is that the National Assembly had little effect in Public Health Care in Nigeria

**Q 11. How will you specifically rate the effect of the three core functions of the National Assembly towards the provision of public health care in Nigeria?**

Table 11

*Comparing the effect of the three-core functions of NASS to PHC*

S/N	Variable	Frequency	Percent
<b>1.</b>	<b>LAWMAKING</b>		
	Great Effect	17	9.39%
	Moderate Effect	65	35.91%
	Little Effect	99	54.70%
	<b>Total</b>	<b>181</b>	<b>100%</b>
<b>2</b>	<b>OVERSIGHT</b>		
	Great Effect	0	0%
	Moderate Effect	87	48.07%
	Little Effect	94	51.93%
	<b>Total</b>	<b>181</b>	<b>100%</b>
<b>3</b>	<b>REPRESENTATION</b>		
	Great Effect	21	11.60%
	Moderate Effect	61	33.70%
	Little Effect	99	54.70%
	<b>Total</b>	<b>181</b>	<b>100%</b>

*Source: From Field Survey, 2019*

Table 11 presents the response of respondents on effect by rating of the three core functions. Lawmaking, oversight and representation had little effect of 54.70%, 51.93%, 54.70%, respectively. It shows that majority of the respondents' considered that the NASS had little effect in all the three broad roles of NASS toward PHC. None of the respondents considered that oversight had a great effect on PHC, while 87 (48.07%) considered the effect as moderate. Representation had the greatest effect score among the three-core functions.

**Q 12. How will you rate the effect of the following Specific law-making functions of the National Assembly towards the provision of public health care in Nigeria?**

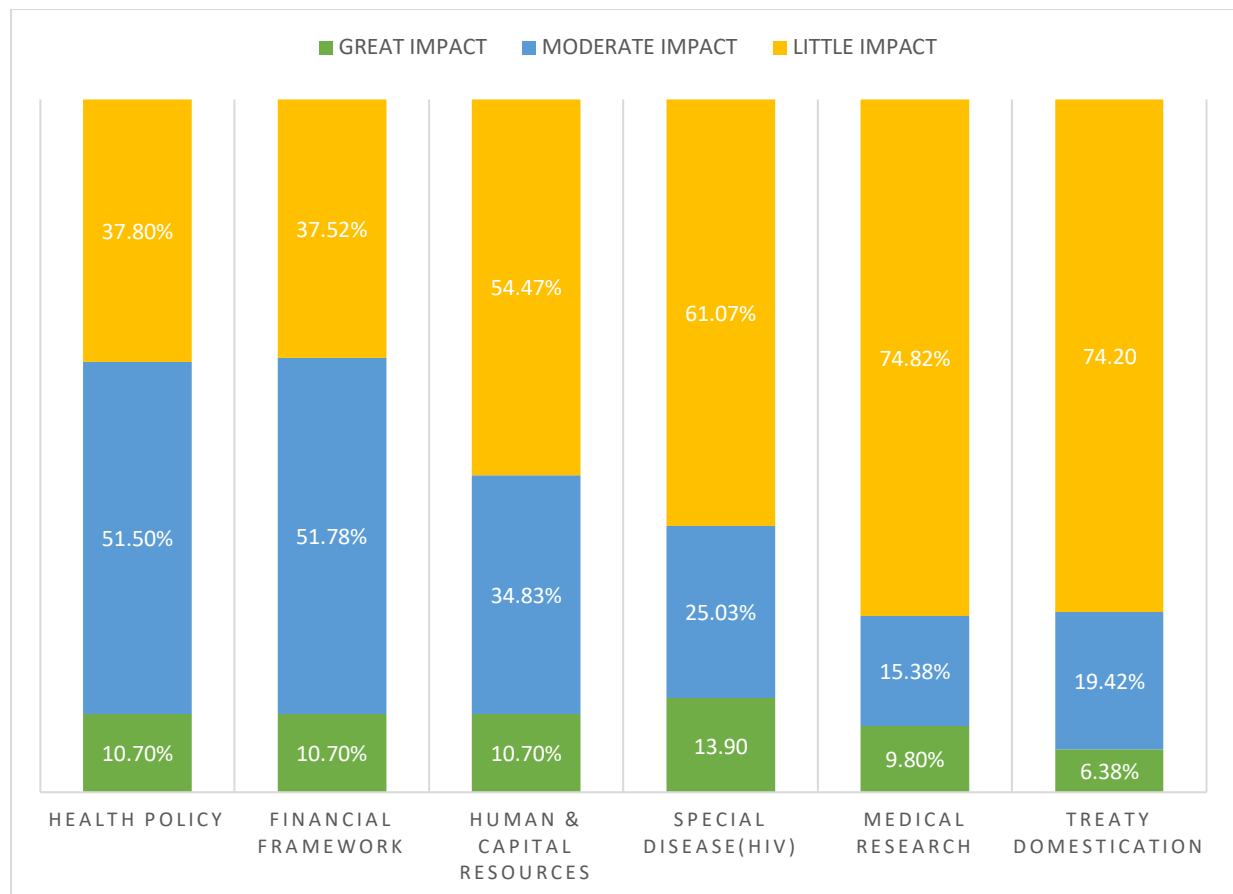


Figure 6. Response on the effect of Specific Law-making function of NASS to PHC

Source: From Field Survey, 2019

Figure 6 presents the response of respondents on effect rating of specific law-making functions of NASS towards PHC. In all the contribution of NASS, less than 15% considered the six specific law-making functions as having a great effect on PHC. About half of the respondent (51.50%) and 51.78% responded that health policy and financial framework bills of NASS respectively had moderate effect on PHC in Nigeria. It shows that majority opined that health policy and financial framework bills had appreciable moderate effect on PHC.

**Q 13. How will you rate the effect of the following Specific oversight functions of the National Assembly towards the provision of public health care in Nigeria?**

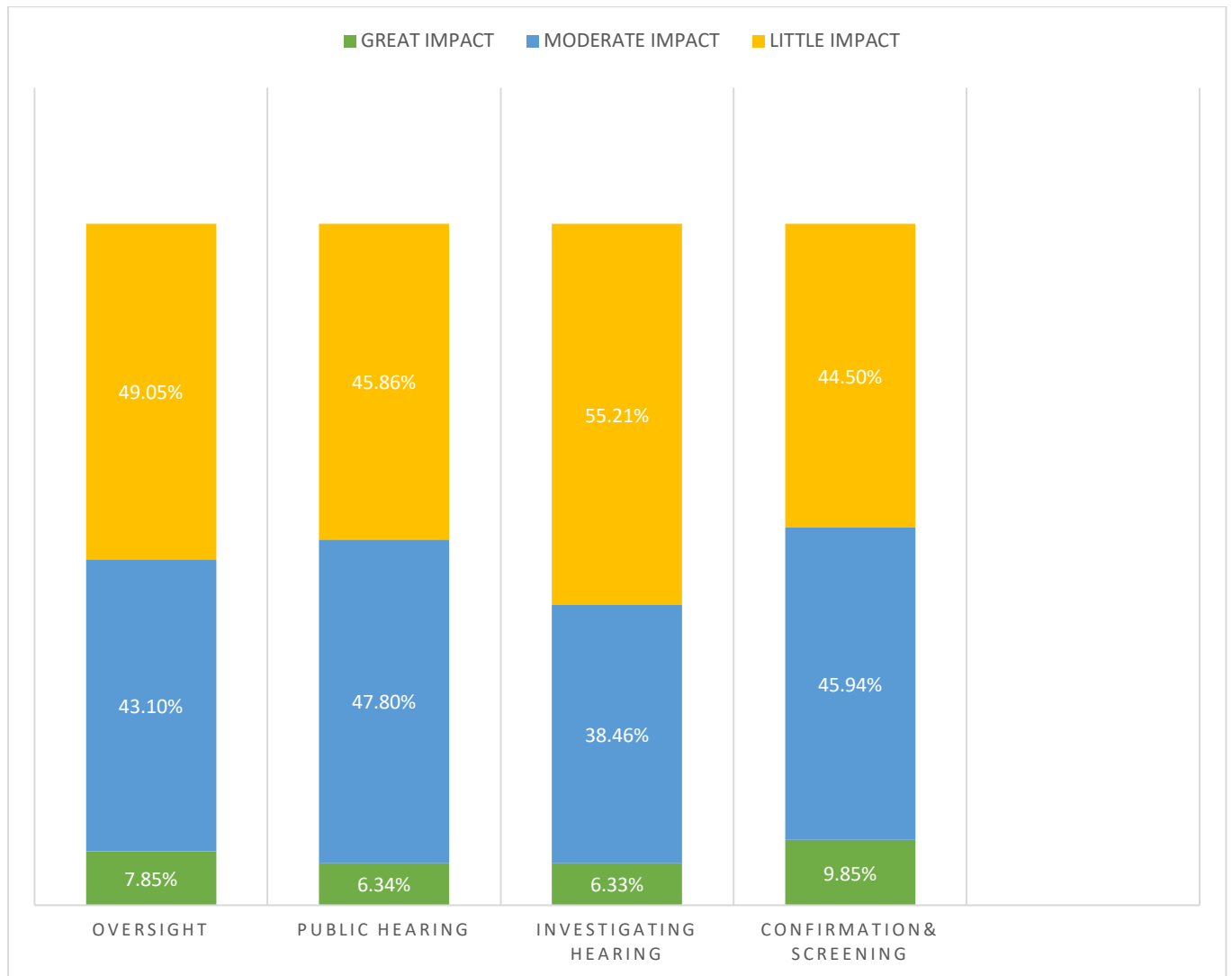
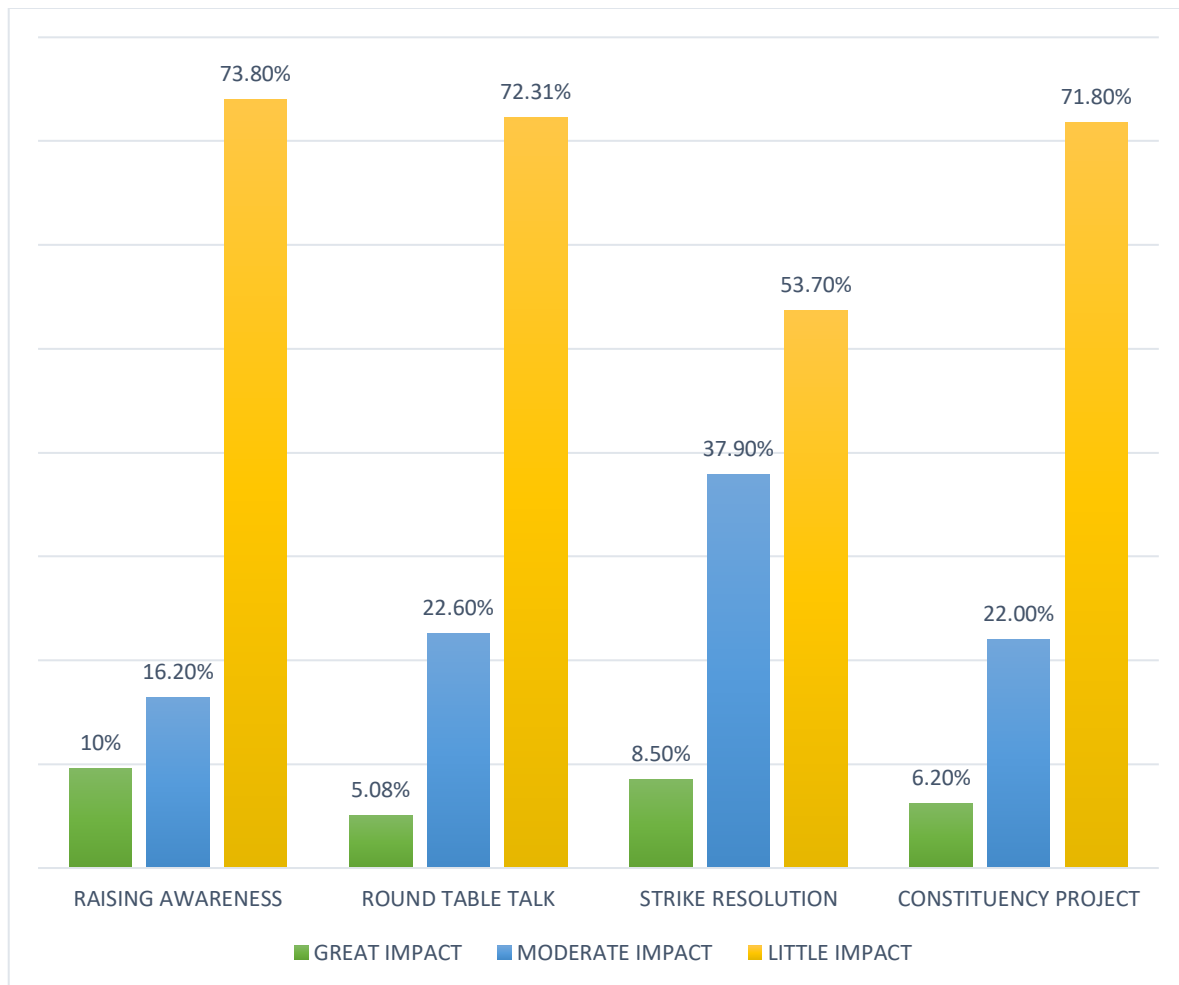


Figure 7. Response on the effect of Specific Oversight function of NASS to PHC

Source: From Field Survey, 2019

Figure 7 presents the response of respondents on effect rating of specific oversight function of NASS towards PHC. In all the four specific functions less than 10% rated the effect as great. It shows that majority opined that the four specific oversight function of NASS had little effect on PHC

**Q 14. How will you rate the effect of the following Specific Representational function of the National Assembly towards the provision of public health care in Nigeria?**



*Figure 8. Response on the effect of Representation function of NASS to PHC*

*Source: From Field Survey, 2019*

Figure 8 shows that in all the four specific functions less than 10% rated the effect as great. It shows that majority opined that the four representational functions of NASS had little effect on PHC. However, 37.90% consider the effect of strike resolution as moderate

**Q 15. Do you think the National Assembly encountered challenges in performing her role towards the provision of Public Health Care in Nigeria?**

Table 12

*Knowledge Rating about the challenges of NASS towards PHC*

Variable	Frequency	Percent
Yes	79	43.65%
No	19	10.50%
Not sure	83	45.85%
Total	181	100%

*Source:* From Field Survey, 2019

Table 12 presents the summary of the response on knowledge about the challenges of NASS in providing PHC. It indicates that 83 (45.85%) of the respondents were not sure of the challenges encountered by National Assembly. While 79 respondents' representing 43.65% affirmed to know the challenges. However, 10.50% had no knowledge about the challenges.

**Q 16. Are you aware of the challenges encountered by the National Assembly in the provision of Public Health Care in Nigeria?**

Table 13

*Level of awareness on the challenges of NASS towards PHC*

Variable	Frequency	Percent
Yes	54	29.84%
No	70	38.67%
Not sure	57	31.49%
Total	181	100%

*Source:* From Field Survey, 2019

Table 13 presents the summary of the response on awareness about the challenges of NASS in providing PHC. It indicates that majority (38.67%) of the respondents were unaware of the challenges encountered by National Assembly. While 54 respondents' representing 29.84% affirmed to know the challenges however, 31.49% were not sure about the challenges.

**Q 17. How will you rate the level of challenge generally encountered by National Assembly towards the provision of public health care in Nigeria?**

Table 14

Rating of challenge level encountered by NASS towards the provision of PHC

Variable	Frequency	Percent
Great challenge	43	23.76%
Moderate challenge	64	35.36%
Little challenge	74	40.88%
Total	181	100%

*Source:* From Field Survey, 2019

Table 14 indicates that majority of the respondents' (40.88%) rated the challenge encountered by NASS as little and only forty-one respondents' representing 23.76% considered the challenge encountered by NASS as a great challenge towards the provision of PHC



**Q 18. How will you rate the level of challenge specifically encountered by National Assembly towards the provision of public health care in Nigeria**

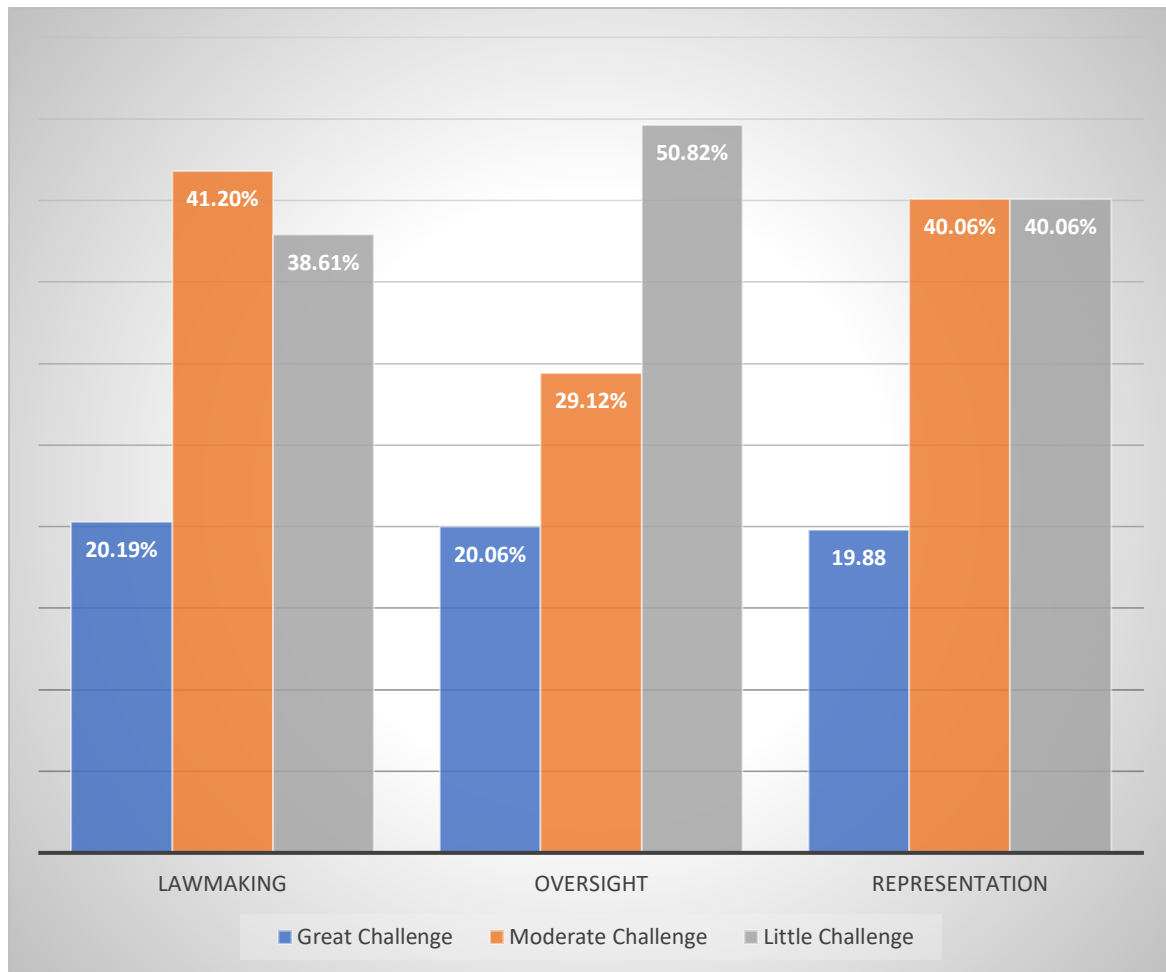


Figure 9. Rating of challenge level encountered by NASS towards the provision of PHC

Source: From Field Survey, 2019

Figure 9 shows that about 20% considered the challenge encountered by the three-core function as a great challenge. However, the majority were of the view that the NASS encountered little challenge in oversight (50.82%). On representational challenge, respondents opined that NASS encounters same degree of moderate and little challenge in PHC.

**Q 19. How will you rate the level of challenge specifically encountered by the National Assembly towards the provision of public health care in Nigeria?**

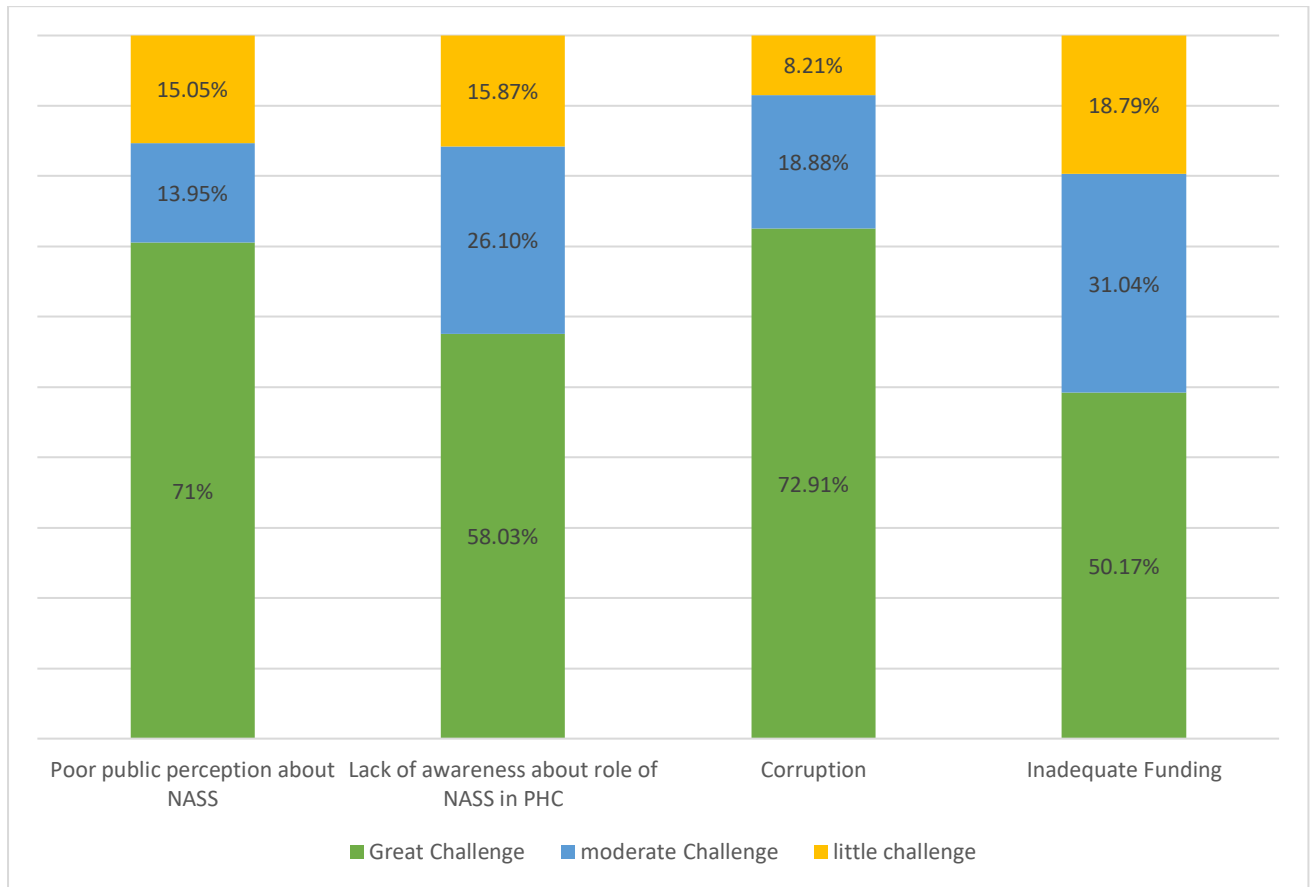
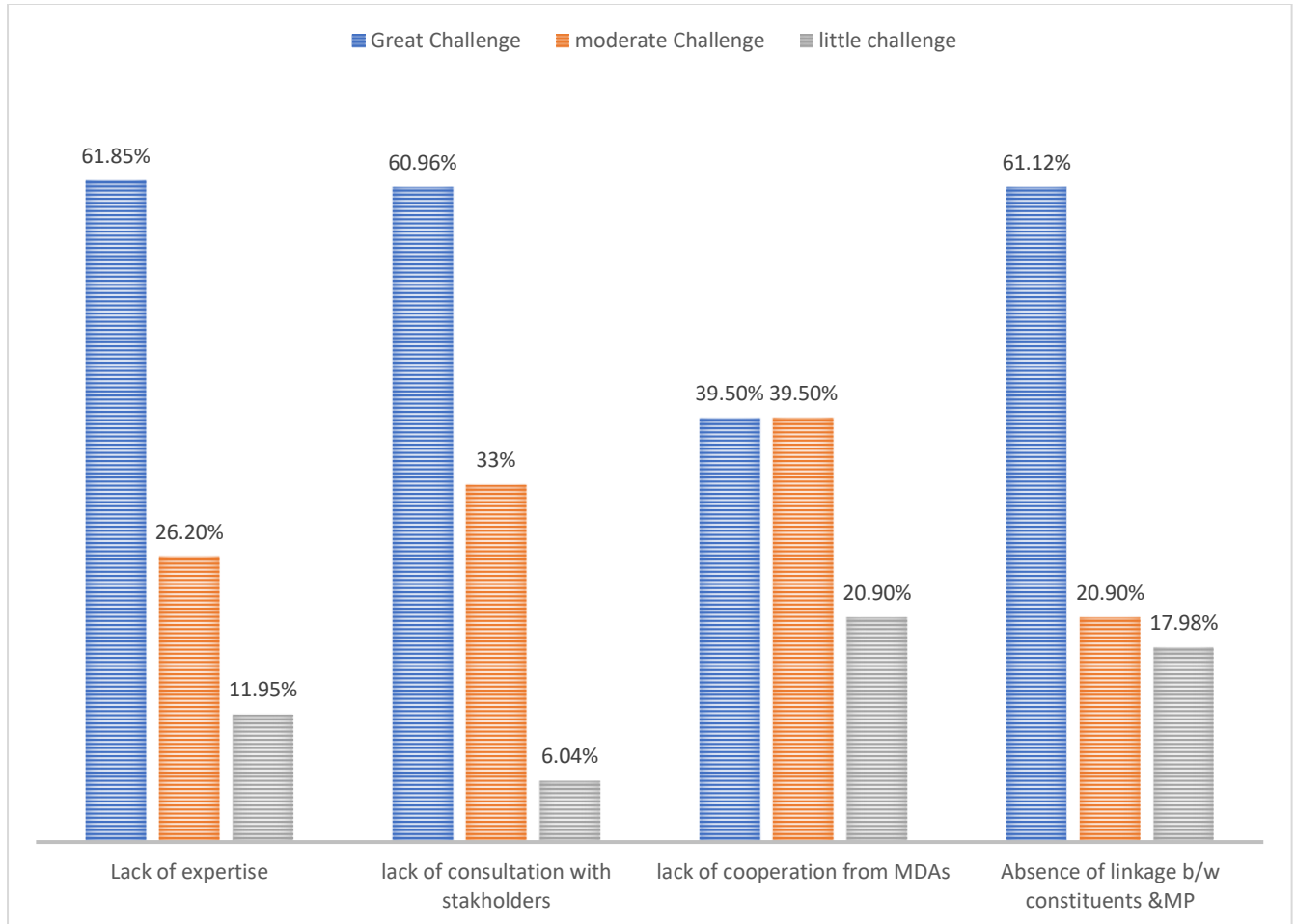


Figure 10: Comparing the level of challenge of the NASS towards PHC

Source: From Field Survey, 2019

Figure 10 shows that corruption seemed to be greatest challenge among the general challenge encountered by NASS in PHC offering 72.91% great challenge; while 71%, 58.03% and 50.17% considered poor public perception, lack of awareness, and inadequate funding respectively as offering a great challenge to NASS in PHC.

**Q 20. How will you rate the level of challenge specifically encountered by the National Assembly towards the provision of public health care in Nigeria?**



*Figure 11. Comparing the level of challenge of the NASS towards PHC*

*Source: From Field Survey, 2019.*

Figure 11 shows that about 61% of the respondents were of the opinion that inadequate consultation with PHC practitioners, lack of expertise on PHC matters by the honorable members of the NASS offers great challenge to NASS in discharging her duty toward the delivery of efficient PHC.

#### **4.4. Summary of Major Findings**

In the light of the foregoing, the study found that:

1. The constitution clearly defined the role of National Assembly towards PHC
2. Respondents were not aware of the roles of National Assembly towards Public Health Care in Nigeria.
3. Respondents believed that National Assembly had a major role to play in the provision of PHC.
4. Majority of the people interviewed affirmed that NASS has not played her role in the provision of Public Health Care in Nigeria.
5. Since 1999, The National Assembly had little effect in Public Health Care in Nigeria.
6. Lawmaking was considered as the most important role of NASS toward PHC.
7. Representation was considered as the least important role of NASS toward PHC.
8. There are many challenges encountered by National Assembly in PHC.

#### **4.5: Discussion of Findings**

This study was carried out to assess the contribution, effect and challenges of National Assembly towards public health care in Nigeria. This discussion section is focused on the key findings from the analysis.

On contribution of NASS to PHC in Nigeria between 1999 to 2019, this study revealed that the National Assembly must be credited for taking certain actions in terms of policy making, appropriations, oversight, accountability and representation mechanisms towards public health care. However, the National Assembly as an institution is yet to fully utilize her optimal power towards achieving efficient and effective public health care in Nigeria. What this means is that, although the constitution and various mechanisms provides a strong framework in defining the contribution of National Assembly towards public health care to the citizens of the Nigeria, however the legislature is not maximizing them effectively.

In explaining similar finding, Tejuoso, Alawode & Baruwa, (2018) reported that the members of National assembly are unable to clearly identify their responsibilities towards public health care and therefore lack the ability to perform in a way that would strengthen the health system. This result is also in accordance with the findings of Edet & Amadu (2014) that pointed out that despite the powers, functions and privileges provided for the legislature in most Nigerian constitutions after independence, however, comments and observations have shown that this organ has not lived up to expectation

The findings from the study shows there is insufficient awareness and knowledge about the role and contribution of National Assembly towards PHC. This is in accordance with the findings of Ojo (1997) that reveal that citizens have very low levels of knowledge about parliament and seems not to be interested in the National Assembly as an institution because of perceived negative impression about the National Assembly and long years of military rule. There seems to be a deficiency in the representational functions of the National Assembly and a disconnect between the activities of National Assembly as a policy maker and public health practitioners.

On of effect NASS in PHC, this study observes that the effect of lawmaking, oversight and representational functions of National assembly towards PHC is poor. This indicates that there might be poor policy implementation of the contribution of National Assembly towards PHC. This is in agreement with the study of Obodoechi, (2009) who discovered that that that legislators work does not end once a law is passed but most often in Nigeria; meanwhile, policies are well and brilliantly formulated but ineffectively implemented by the bureaucracy. legislative programmes, policies and laws made by the National Assembly are often not efficiently or effectively implemented by the executive branch. This may account for the lack of effect of legislative policies in achieving their target goals and objectives in PHC and to ultimately alleviate the problems for which they are designed.

On challenges of NASS towards PHC, this study identifies poor perception of the National Assembly, lack of expertise and knowledge, inadequate consultation with stakeholders, corruption, personal interest, prejudice and the influence of primordial values in the conduct of the legislature as the major challenges of the National Assembly toward PHC. This observation is in accordance with the findings of Tejuoso, Alawode & Baruwa, (2018) which reported that many legislators were unfamiliar with the concept of PHC; were unaware of the extent to which the chronic underfunding of health, in particular, negatively affects their constituents; and never engaged with the federal and state ministries of health.

With regard to PHC, lack of capacity, experience and ignorance of legislative practice and procedures is a challenge in Nigeria's legislature. For instance, Nigeria is ranked as the country with the highest number of legislatures turn-over in the world (Odewingie, 2014). Every election cycle removes an average of two-thirds of trained and experienced legislators to the detriment of the institution. Inadequate infrastructure such as library, technology and human resources are also a major challenge (Functions challenges, prospects of legislature in Nigeria, 2017).

The study reveals that lack of financial Autonomy and Inadequate Funding of legislature is also an obstacle of the legislature towards PHC in Nigeria. This has brought about a weak legislature in rendering optimum role in PHC. It has also been identified as a major challenge facing the Nigerian legislature (Babatope, 2001). Due to frequent military coups that normally disbanded the legislature, the National Assembly lacks established democratic culture in Nigeria. As a result, the legislature has not been able to fully evolve and entrench the legislative tradition with which people are conversant. Many individuals and groups in civil society do not understand the workings of the legislature, and are often unskilled in articulating their needs to the legislature. This has also affected the roles of legislature towards PHC in Nigeria.

This study discovers that poor public perception is an obstacle of legislature towards PHC. This discovery is similar to the findings of Odisu (2011) that reported that the legislature within the Nigerian context has always suffered from poor public perception. The Nigeria federal assembly members and its legislative process has, however, not been free from perennial allegations of corruption. This is a major challenge towards achieving proper representation role of the Nigerian legislature with regards to PHC. This paper reveals the most legislators in Nigeria see their positions as a means of promoting selfish and parochial interest rather than national interest. Corruption was identified as a major challenge in this paper toward effective contribution of NASS in PHC.

Finally, findings of this study also indicate that conflict between the legislature and the executive in Nigeria is a challenge to the role of legislature towards PHC. The results of Onigbinde (2000) supported this by pointing out that lack of cooperation between the legislature and the executive had been a major challenge of the legislature in attempting at fulfilling its constitutional roles including, especially, the oversight function. This is also in accordance with the report of Muhammad, (2007) which indicated, nepotism, neutralization of legislative powers by the executive and judiciary are major challenges to achieving efficient and effective PHC.

Using the structural functional approach, the discussion of the findings with regard to the contributions of NASS to PHC will be based on the lawmaking, oversight and representational role.

#### **4.5.2. Contributions of lawmaking role of NASS towards PHC 1999-2019**

Firstly, the findings of this study pointed out that that legislation through the National Health Act 2014 provides the necessary framework for the policy and governance structure of health care delivery for Nigeria. This framework determines the policy of the PHC of Nigeria. In 2017, Sen. Umar I. Kurfi sponsored a Bill for an Act to Provide free Integrated Maternal,

New Born and Child Health Care, Programme for Women and Children in all government controlled medical facilities.

Secondly, the law-making function of the legislature in this study, indicated that legislation provides the required financial framework for the implementation of PHC. The legislature is actively involved in the budget appropriation to health and National Health Insurance Scheme. According to Federal Republic of Nigeria National health bill (2014)

- (1) There is establish the Basic Health Care Provision Fund (in this Act referred to as "the Fund"),
- (2) The Basic Health Care Provision Fund shall be financed from:
  - (a) Federal Government annual grant of not less than one per cent of its Consolidated Revenue Fund.
  - (b) grants by international donor partners; and
  - (c) funds from any other sources
- (3) Money from the Fund shall be used to finance the following:
  - (a) 50% of the Fund shall be used for the provision of basic minimum package of health services to citizens, in eligible 'primary or secondary health care facilities through the National Health Insurance Scheme (NHIS);
  - (b) 20 per cent of the Fund shall be used to provide essential drugs, vaccines and consumables for eligible primary health care facilities;
  - (c) 15 per cent of the Fund shall be used for the provision and maintenance of facilities, equipment and transport for eligible primary healthcare facilities; and
  - (d) 10 per cent of the Fund shall be used for the development of human resources for primary health care;
  - (e) 5 per cent of the fund shall be used for emergency medical treatment to be administered by a Committee appointed by the National Council on Health. (Part 1; Section 11).



With regard to health financing, for instance, the Senate intervened in Nigeria's Healthcare sector by passing a clause in the 2018 budget that would mandate that one percent out of the Consolidated Revenue Fund (CRF) must be provided for funding primary healthcare across the nation and ensured this was done before passing the budget. The BHCPF is an additional fund outside the healthcare allocation in the national annual budget to address basic healthcare needs of Nigerians that was passed to law since 2014 but was not executed until the Senate insist on it in 2018.

Thirdly, the finding of this study found out that legislation ensures that only qualified and competent medical practitioners were allowed to practice and render services in public health care hospital. Examples of such human resource framework as passed by the Nigeria legislature includes: The Medical and Dental Council of Nigeria Act; Radiographers Registration Act; and; Pharmacy Council of Nigeria Act.

Fourthly, law making function of the legislature provides the framework for affordable, accessible and high-quality PHC. The National Health Insurance Scheme (NHIS) Act, has the primary objective of ensuring access to good, qualitative and cost-effective health care services to every health care insured Nigerian citizen and a restricted number of his dependents. The Nigerian Senate passed the National Health Insurance Act, 2003 that was repeal and re-enacted in 2019. This will ensure mandatory contribution from every resident of the country to health insurance pool whether from the formal sector or informal sector thereby making all primary health centers in every ward of the country functional, and any contributing Nigerian shall not be denied free basic healthcare provision at any center in the country.

One major role of legislature towards PHC since the return of democracy in 1999 is regulating the safety and efficacy of medicines and medical devices: such as, Counterfeit and Fake Drugs and Unwholesome Processed Foods (Miscellaneous provision) Amendment Bill 2015 (Aminu, Sha'aban, Abubakar, & Gwarzo 2017). In agreement with the findings, Ebukaph

(2018) sighted the bill for stiffer penalty for supply of fake drugs sponsored by Hon Betty Apiafi (Rivers-PDP) which seek to amend the Food, Drugs and Related Products (Registration) Act Cap. F33 Laws of the Federation of Nigeria, 2004 based on the fact that World Health Organization (WHO) estimated in 2011, that 64 per cent of anti-malaria drugs in the country were found to be counterfeit.

Domestication of international treaties relating to PHCDS is also a crucial role of legislature towards PHC in Nigeria. The Constitution provides the power for Nigerian legislature with regard to domestication of treaty. At the regional level, the African Charter on Human and People's Rights (Banjul Charter) of which Nigeria is a signatory recognizes the right of every individual to "enjoy the best attainable state of physical and mental health" and urges States to "take necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick

Finally, other roles played by the Nigerian legislature includes: the enactment of laws for regulation and ethical consideration in health care delivery services; laws protecting the public from communicable diseases or other public health risks (Quarantine Law act); laws which address noncommunicable disease risk factors including Tobacco smoking Control Act among others.

#### **4.5.3 The Contributions of Oversight role of NASS towards PHC.**

The National Assembly embarked on oversight tours to monitor policy and projects of PHC between 1999 and 2019. The findings of this study indicated that National Assembly shape Executive Policy through Oversight mechanisms such as hearing and investigations). The NASS is also charged to check, raise questions and where necessary directs the executive through the political heads of ministries, and agencies of PHC to appear before the parliament on the floor of the house.

For instance, during an oversight visit to University of Abuja Teaching Hospital, on May 2017, Senator Lanre Tejuosho, Chairman Senate Committee on Health said the drive now was to identify hospitals with comparative advantage in facilities, manpower and treatment (University of Abuja Teaching Hospital News, 2017). The Committee promised to assist the University of Abuja Teaching Hospital with needed budgetary provision to fast track the completion of its capital projects some of which commenced as far back as 2013.

The findings of this study discovered that another oversight contribution of NASS towards PHC is conducting investigation on PHC issues. Section 88 of the Constitution empowers each House of the National Assembly to conduct investigations into the affairs of executive, ministries departments and agencies in charge of PHCDS (Omotoso & Oladeji, 2019). In performing this role, a Senate Committee headed by Ahmad Lawan was constituted on March 21, 2017, to investigate the “unholy” activities of the embattled Executive Secretary of NHIS, Usman Yusuf (“Senate to probe into NHIS”, 2018). Another example of the oversight function of the legislature is The Senate Investigation of MDCN mass Failure of Qualifying Exams: A joint committee investigated while only 35 per cent passed the qualifying exams for foreign trained doctors (“Senate to investigate mass failure”, 2017).

Watchdog of Public Finance is another important oversight function of the Legislature over the executive in the management of the capital resources of the people and agents involved in PHC. With regard to Investigation of death of Miss Linda Angela Igweatu 2018: A joint committee investigated the non-treatment of the corper by Garki hospital after she was shot by the police despite Compulsory Treatment and Care of Victims of Gunshots Act (“Senate weighs in on NYSC member”, 2018). Finally, on oversight role, this study observed that the Senate is also empowered by the Constitution to confirm/ screen certain Nominees of the President in charge of health such as Ministers (Omotoso & Oladeji, 2019).

#### **4.5.4. Contributions of representational role of NASS to PHC.**

The findings of this paper reveal that the National Assembly contributed mainly in raising awareness about prevalent diseases in their different constituency. Senator Emmanuel Paulker raised urgent need for pro-active steps in combating outbreak of “Monkey Pox Disease” in his constituency and stated that this is a situation that calls for all forms of assistance across the Federation (“Senate proposes ways to curb “Monkey pox epidemic”, 2017 ) The Senate then resolved that the government should be proactive and recommend aggressive enlightenment and education to mitigate risk factors of exposure to the virus.

This study also discovered that the National Assembly organized a round table talk on PHC Issues as one of its representational roles. In December, 2017, the Senate held a Round table talk on Drug Abuse in Kano State. This intervention in the fight against drug abuse was accompanied by the initiation of two bills on drug abuse: The National Drug Control Bill and the National Mental Health Bill (“Senate Bills against drug abuse” 2017). By providing the forum for the view of stake holders and members of the general public is one of the representational functions discovered in the findings of this study. PHCSD. A one-day public hearing was organized in respect to the repealing of NHIS Act: On 17<sup>th</sup> May 2017 and this committee received submission from over 49 agencies (“Senate Engages stakeholders”, 2017)

On representational role of the legislature, the Nigeria National Assembly is empowered for settling industrial action among the major stakeholders in Nigeria. In June, 2018, the Senate intervened in the Joint Health Sector Union (JOHESU) strike which affected the health sector across the country (“Senate plead with JOHESU”, 2018).

Finally, this study observes that in performing the representational role the legislature established the Legislative Network for Universal Health Coverage (LNU). In 2017, legislators from nearly all of Nigeria’s states members of state health appropriations and health committees, house speakers, and government secretariat met to discuss their role in UHC

(Tejuoso, Alawode, & Baruwa, 2018). The outcome was establishment of the Legislative Network for Universal Health Coverage (LNU). A curriculum was designed with the Nigerian Institute of Legislative and Democratic Studies, the Federal Ministry of Health, and the LNU steering committee, explaining the basics of UHC and health financing and to demonstrate how legislators can use their policy making, appropriation

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presented the summary, conclusion and recommendations of the study. The main objective was to access the role, effect and challenges of National Assembly in public health care in Nigeria.

#### 5.1 Summary

This study was structured into five chapters in order to effectively carry out this research. Chapter one presented the background and objectives of the study, the statement of problem and research questions. Chapter two dealt with literature review. Chapter three dealt with the research methodology. Purposive sampling technique of 200 out of which 177 respondents were used for the study whose responses form the basis of this study. Statistical analysis and interpretation of the findings from the analyzed data were presented in chapter four. A number of points flow from the preceding presentations. In the light of the foregoing, the study found that:

The constitution and various mechanisms provide a strong framework in defining the role of National Assembly in public health care in Nigeria

Although the mechanisms were present however the legislature was not maximizing them effectively.

There was insufficient awareness and knowledge about the role and contribution of National Assembly towards PHC among stakeholders.

The National Assembly had little effect on the public health care sector of Nigeria

The Legislative and Executive programmes, policies and laws made by the National Assembly were often not efficiently or effectively implemented by the executive branch

The National Assembly encountered a lot of challenges in performing her functions towards public health care in Nigeria.

Chapter five presented the summary of the five chapters and offers conclusion and recommendations.

## **Conclusion**

In conclusion, the National Assembly has been established as an indispensable and essential organ of state toward achieving efficient and effective public health care service care delivery through its representative, legislative and oversight roles. The legislature has jurisdiction over policy, oversight, budget issues, establishment of hospital, procurement of equipment, appointment. essential role PHC. However, the National Assembly in Nigeria as an institution is yet to attain its potential in performing her roles towards achieving efficient and effective public health care service delivery. There is a need to strengthen the legislature in order to perform her constitutional role in Nigeria.

## **Recommendation**

1. National Assembly should be more active in lawmaking, oversight and representation activities that are beneficial to PHC in Nigeria by maximizing its constitutional mandate and responsive to the people they represent.
2. That the National Assembly in collaboration with relevant partners should raise the awareness of the Nigerian public on the role of legislature towards public health care delivery.
3. There is need to strengthen the legislature's knowledge about public health care by engaging experts and via a regime of training and retraining in order to enhance their ability to make, implement, and monitor good health policy
4. The National Assembly should be insulated from the influence of the executive, in order to implement laws passed by the National Assembly.

5. Effective addressing of public health challenges necessitates new forms of cooperation of the National Assembly with private sectors (public-private partnership), civil societies, national health leaders, health workers, communities, other relevant sectors and international health agencies



## Reference

- Aaker, D.A., & Day, G.S. (1990). *Marketing Research* (4th Edition), Toronto, New York, John Wiley and Sons.
- Abonyi, N. (2006). *Intergovernmental Relations in Democratic Federations*. Enugu: John Jacob's Classic Publishers Ltd.
- Adinma, E., & Adinma, B. (2010). Community based healthcare financing: An untapped option to a more effective healthcare funding in Nigeria. *Niger Med J*, 51, 95-100.
- Adefolaju, T. (2014). Repositioning Health Insurance in Nigeria: Prospects and Challenges. *International Journal of Health Sciences*, 2, (2),151-162 .
- Africa All Party Parliamentary Group. (2008). *Strengthening parliaments in Africa: Improving support*. Retrieved from <http://siteresources.worldbank.org/PSLGP/PSLGPStrengthening>.
- Aguja, M., & Born, H. (2017). The Role of Parliament in Police Governance: Lessons Learned from Asia and Europe” *Democratic Control of Armed Forces (DCAF) Journal*, 2, 5-8.
- Ahmed, F. (2011). Defining public health. *Indian J Public Health* 55, 241-5.
- Ahmed, R. (2018). Manifesto's importance in general elections. *Journal of Politics and International Studies*, 4, (1), 91– 110.
- Akindele, S. (2011). *Democracy in Nigeria*: Ilesanmi Press. Ibadan.
- Akintola, A. (1999). *Law, Practice and Procedure of Legislature*: Learned Publishers Limited.
- Anyaegbunam, E. (2000). *Assembly Handbook: A Legislator's Companion*. Lagos: FEF.
- American Public Health Association (2019). What is public health? Our commitment to safe, healthy communities. Available at: [http://ww.apha.org/NR/rdonlyres/C5748B8-8682-4341/what\\_is\\_PH\\_May1\\_Final.pdf](http://ww.apha.org/NR/rdonlyres/C5748B8-8682-4341/what_is_PH_May1_Final.pdf). Accessed November 14, 2019.
- Aminu, N., Sha'aban, A., Abubakar, A., & Gwarzo, M. S. (2017). Unveiling the Peril of Substandard and Falsified Medicines to Public Health and Safety in Africa: Need for

- All-Out War to End the Menace. *Medicine Access @ Point of Care*.  
<https://doi.org/10.5301/maapoc.0000023>.
- Awotokun, K. (1998). *Governance and Legislative Control in Nigeria. Lessons from the Second and Third Republics*. Bethesda: International Scholars Publication
- Babatope, A. (2001). *The House in Session: Glimpses from the Second Republic*. Ibadan: Aike Book.
- Benjamin, S. A. (2010). “National Assembly: The Limit of Party politics In Legislative Process.” *Nigeria Journal of Legislative Affairs*, 3 (1&2), 44 – 72.
- Bernard, H.R. (2002). *Research Methods in Anthropology: Qualitative and quantitative methods*. 3rd edition. Alta Mira Press, Walnut Creek, California.
- Bill Establishing Scientific Research. (2017, Oct 12). *The Order Paper (2017). House of Representatives Federal Republic of Nigeria*
- Breckenridge, L., Gostin, L., Parmet, W., & Wolfe, S. (2002). The Role of Law in Improving Public Health. *Journal of Public Health Policy*, 23(2), 195-206. doi:10.2307/3343196
- Contandriopoulos, A., Denis, J., Touati, N., & Rodriguez, C. (2014). The integration of health care: dimensions and implementation. *Université de Montréal; Jun, Groupe de recherche interdisciplinaire en santé. Working Paper N04–01*. n. [cited 2014 24 Oct]  
 Available from: <http://nelhin.on.ca/assets/0/16/2100/3734/3736/6cab135d-87c1-45bd-88cd-2c1d5404ec9b.pdf>.
- Dolan, A., Garvey, T., & Oleszek, W. (2014). *Congressional Oversight and Investigations The Congressional Research Service Report: Washington DC*  
<https://ntrl.ntis.gov/NTRL/dashboard/searchResults/title/Detail/PB2015102393.xhtml>
- Dye, R. (2014). *Understanding Public Policy* (Englewood Cliffs: Prentice-Hall New Jersey )  
 14th Edn

- Ebukaph, M. (May 22, 2018). Codeine: Reps propose N2m fine, 2-year jail term for offenders *Nigeria medicals* Retrieved from <http://Nigeriamedical>
- Edet, J., & Amadu, J. (2014). The Legislature and national development: the Nigerian experience *Global Journal of Arts Humanities and Social Sciences* 2, 9, 63-78.
- Edosa, E., & Azelama, J. (1995). "Institutions of Government." In Ikelegbe, A. O. (eds) *Politics and Government: An Introductory and Comparative Perspective*. Benin City: Uri Publishing Ltd.
- Egede, E. (2007). Bringing Human Rights Home: An Examination of the Domestication of Human Rights Treaties in Nigeria. *Journal of African Law*, 51(2), 249-284. Retrieved from <http://www.jstor.org/stable/27607989>
- Enabulele, O., & Enabulele, J. (2016). Nigeria's National Health Act: An assessment of health professionals' knowledge and perception. *Nigerian Medical Journal*. 57. 260.
- Federal Republic of Nigeria. National health bill. [Online]. Available from: [http://www.unicef.org/nigeria/ng\\_publications\\_national\\_health\\_bill\\_2008.pdf](http://www.unicef.org/nigeria/ng_publications_national_health_bill_2008.pdf). [Accessed 2019 Jun12].
- Folscher, A. (2006). A Balancing Act: Fiscal Responsibility, Accountability and the Power of the Purse. *OECD Journal on Budgeting. Special Issue*, 6 (2),133-152.
- Functions, challenges, prospects of legislature in Nigeria. (2017, July17). *National Pilot Newspaper*. Retrieved from <https://the nationalpilot.ng>.
- Fuo, O. (2013). Constitutional basis for the enforcement of "executive" policies that give effect to socio-economic rights in South Africa. *PER: Potchefstroomse Elektroniese Regsblad*, 16(4), 01-45. Retrieved June 05, 2019, from [http://www.scielo.org.za/scielo.php?script=sci\\_arttext&pid=S172737812013000400002&lng=en&tlng=en](http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S172737812013000400002&lng=en&tlng=en).

- Gabela, S., Inderpal, L., & Karodia, A. (2015). Assessing the Effects of the Sector Oversight Model on the Performance of Members of the Kwazulunatal Legislature. *Kuwait Chapter of Arabian Journal of Business and Management Review*. 4. 45-85.  
10.12816/001898
- Gostin, L., Magnusson. R., Krech, R., Patterson, D., Solomon, A., Walton, D., Burci, L., Cathaoir, Ó., Roache, A., & Kieny, P. (2017). Advancing the Right to Health-The Vital Role of Law. *Am J Public Health*. 107(11):1755-1756
- Gostlin, L. (1995). *The Formulation of Health Policy by the Three Branches of Government. Society's Choices: Social and Ethical Decision Making in Biomedicine*. Washington (DC): National Academies Press (US)
- Handel, W. (1993). *Contemporary Sociological Theory*. New Jersey; Prentice Hall Inc.
- Haralambos, O., & Heady, O. (1980). *Public Administration: A Comparative Perspective*, New Jersey: Prentice Hall
- Howlett M., & Cashore B. (2014). Conceptualizing Public Policy. In: Engeli I., Allison C.R. (eds) *Comparative Policy Studies. Research Methods Series*. Palgrave Macmillan, London
- Ichoku, H., & Okoli, C. (2015). Fiscal Space for Health Financing in Nigeria. *African Journal of Health Economics*.
- Isajiw, W. (2000). *Causation and Functionalism in Sociology*. London; Routledge and K. Paul Ltd.
- Ikenga, O. (2005, Jan 19). "Separation of Powers and Nigerian Constitutional Democracy" *The Vanguard*, Retrieved from <http://www.cyberessay.com>
- Jenkins, W. (1978). *Policy Analysis: A Political and Organizational Perspective*. St Martin's Press, New York

- Jewell, M. (1983). Legislator-Constituency Relations and the Representative Process. *Legislative Studies Quarterly*, 8(3), 303-337. Retrieved from <http://www.jstor.org/stable/43958>
- Johnson, J. (2005). *The Role of Parliament in Government*. Washington DC: The World Bank
- Lafenwa, A. (2009). *The Legislature and the Challenges of Democratic Governance and Africa: The Nigerian Case*. A Paper Presented at a Conference Organized by the Kingston: Queen's University.
- Lafenwa, S., & Gberevbie, D. (2007). "Legislative Oversight and Cost of Governance in Nigeria" in Akpotor, A. et.al (eds) *Cost of Governance in Nigeria. An Evaluative Analysis*. Ekpoma: Ambrose Ali University Publishing House. Leeds.
- Lupia, A., & Mathew, D.,& McCubbins, M.(1998). *The Democratic Dilemma: Can Citizens Learn What They Need to Know?* Cambridge: Cambridge University Press.
- Makinde, O., & Obby, O. (2018). A qualitative inquiry on the status and adequacy of legal instruments establishing infectious disease surveillance in Nigeria. *Pan African Medical Journal*. 31. 10.11604/pamj.2018.31.22.14119.
- Muhammad, A. (2007). "Legislative Corruption and the Challenge of Democratic Sustenance in Nigeria, 1999 – 2007". In Aina, Ayandiji Daniel (eds.) *Corruption and Challenge of Human Development*. Ilishan: School of Management and Social Sciences. Babcock University, pp: 121 – 130.
- Muheeb, I. (2016). *The Legislature and Party Politics in Nigeria 's Fourth Republic*. 1st Edn., Concept Publications Limited, Lagos.
- Musuka, (2005). The Swedish Parliamentary Social Committees (socialutskottet) and its engagement with stakeholders on health issues, *Research Visit report*, (5) p1-6

- Musuka, G., & Chingombe, I. (2007). Building Equitable, People-Centered National Health Systems: The Role of Parliament And Parliamentary Committees On Health In East And Southern Africa
- National Population Commission of Nigeria. (2018). Estimated population of the country, Abuja; <http://www.population.gov.ng>.
- Nigeria health care system. (2018, June 11) *Business Day Newspaper*. Retrieved from <http://businessday.ng/health>
- Novick, L. (2001). Defining public health. In L. Novick & G. Mays (Eds.), *Public health administration: Principles for population-based management* (pp. 3-33). Gaithersburg, MD: Aspen.
- Nwanolue, B., & Ojukwu, U. (2012). “Legislative Efficiency and Democratic Stability in the Fourth Republic Governance and Politics of Nigeria: A Re-Appraisal of National Assembly”. *Kuwait Chapter of Arabian Journal of Business and Management Review*. 1, (9). pp: 116-131.
- Nwosu, H., et al (1986). *Introduction to Politics*, Fourth Dimension Publishers, Enugu – Nigeria.
- Obansa, S., & Orimisan, A. (2013). Health Care Financing in Nigeria: Prospects and Challenges. *Mediterranean Journal of Social Sciences*. 4 (1) ISSN 2039-9340. Pp 221 – 236.
- Obodoechi, O. (2009). *Community Development*. Enugu: Computer Edge Publishers.
- Odewingie, E. (2014). Nigeria Ranks Highest In Lawmakers Turnover Rate – Report”, *Leadership*, November, 14, 5
- Odisu, T. (2016). The Nigerian legislature and the crisis of governance. 5. 453-457. 10.14196/sjr.v5i9.2282.

- Ojo, T. (1997). *The Nigerian Legislature: Historical Survey*. Badagry Lagos: Administrative Staff College of Nigeria. Pp60-183
- Ojo, J. D. (1998). "The Executive under the Nigerian Presidential System, 1960 – 1995". In Amuwo, K, Agbaje, A Suberu, R. and Herault, G. (eds) *Federalism and Political Restructuring in Nigeria*. Ibadan: Spectrum Books Ltd.
- Okoosi-Simbine, A. (2010). "Understanding the Role of the Legislature in the Fourth Republic: The Case of Oyo State House of Assembly". *Nigeria Journal of Legislative Affairs*. 3. (1).
- Olaniyi, S. (1997). *An Examination of the Nigerian Public Service Pension System*
- Olarenwaju, S. (2015) *Political Parties and Poverty of Ideology in Nigeria*. *Afro Asian Journal of Social Sciences* 6 (3). Quarter III ISSN: 2229 – 5313
- Omojokun, J. (2013). *Regulation and Enforcement of Legislation on Food Safety in Nigeria*. *INTEC Open Science Mind* Retrieved from <http://dx.doi.org/105662/54423>
- Omotoso F., & Oladeji, O. (2019). *Legislative Oversight in the Nigerian Fourth Republic*. *Neural Crest Cells*, p 57-72.
- Onigbinde, A. (2000). 'Monitoring the Implementation of Budget by the Legislature', Paper Presented at the Workshop on 'Appropriate Handling of Budgeting by the Legislature', for Members of the Osun State House of Assembly, Nigeria, held at MicCom-Golf Resort, Ada, Osun State, Nigeria, 15th January.
- Onwujekwe, O., Onoka, C., Uguru, N., Nnenna, T., Uzochukwu, B., & Eze S, et al. Preferences for benefit packages for community-based health insurance: an exploratory study in Nigeria (2010). *BMC health services research*. 10:(162). PubMed PMID: 20540787. Pubmed Central PMCID: 2896948.
- Oyediran, O. (1990). *Legislators in the 1989 Constitution*. *The Guardian*, Friday July 29, p11.

- Pelizzo, R., & Stapenhurst, R. (2007). The Role of Parliament in Promoting Good Governance in Africa. SSRN Electronic Journal. 10.2139/ssrn.2101133. *Politics and International Studies* (POLIS). Centre for African Studies, University of Lagos
- Prasad, R., & JHA, D. (1978). The Representative Roles of Legislators. *The Indian Journal of Political Science*, 39(1), 99-120. Retrieved from <http://www.jstor.org/stable/41854823>
- Ritzer, G. (2008). *Sociological Theory*. 7th ed. Boston Burr Ridge; McGraw – Hill Book Company Inc.
- Riggs, F. (1997). Presidentialism versus Parliamentarism: Implications for Representativeness and Legitimacy. *International Political Science Review / Revue Internationale De Science Politique*, 18(3), 253-278. Retrieved from <http://www.jstor.org/stable/1601343>
- Rispel, L., de Jager, P., & Fonn, S. (2016). Exploring corruption in the South African health sector, *Health Policy and Planning*, (31), 2, pp 239–249.
- Salami, T. (2015). *Performance of Oversight Functions by the National Assembly: An Assessment of the 7th House of Representatives (2011-2015) NIGERIA* Excerpts from Chapter One of Masters Research Dissertation submitted in partial fulfilment for the award of Master's Degree in Legislative Studies (December 2015).
- Senate Committee Visit. (2017, August 28). *University of Abuja Teaching Hospital News*.
- Senate develop two bills to fight against drug abuse. (2018, June 6). *The Vanguard Newspaper*  
Read more at: <https://www.vanguardngr.com/2018/06/senate-develop-two-bills-to-fight-against-drug-abuse/>
- Senate passes National Health Insurance Bill. (2019, April 17). *The Punch Newspaper*
- Senate pleads with JOHESU to end strike. (2018). Read more at: <https://www.vanguardngr.com/2018/05/senate-pleads-johesu-end-strike>
- Senate probe into NHIS, Usman Yusuf crisis. (2018, Nov 7). *The Punch Newspaper* Retrieved <https://www.legit.ng/1202601-just-senate-kicks-probe-nhis-usman-yusuf-crisis.html>



Senate proposes ways to curb Monkey pox epidemic (2017, October 10). *The Premium Times*

Senate to investigate mass failure of foreign-trained doctors (2017, Nov 30). *The Vanguard*  
 Retrieved at: <https://www.vanguardngr.com/2017/11/senate-investigate-mass-failure-foreign-trained-doctors/>

Senate to make NHIS compulsory for Nigerians, engages stakeholders (2017 May 18). *The Punch Newspaper*

Senate weighs in on NYSC member allegedly killed by policeman. (2018, July 5). *The Punch Newspaper*

Sekaran, U. (2000). *Research method for business: A skill building approach*, John Wiley and Sons, Inc.

The world health report, (2008). *Primary health care now more than ever*. Geneva, World Health Organization, 2008 (<http://www.who.int/whr/2008/en/>, accessed 5 June2019).

Tejuoso, O., Alawode, G., & Baruwa, E. (2018). Health and the Legislature: The Case of Nigeria, *Health Systems & Reform*, 4(2), pp 62-64.

Thompson, F., Gusmano, M., & Shinohara, S. (2018). Trump and the Affordable Care Act: Congressional Repeal Efforts, Executive Federalism, and Program Durability, *Publius: The Journal of Federalism*, 48(3) pp 396–424, <https://doi.org/10.1093/publius/pjy007>

Travis, P., Egger, P. & Mechbal, A. (2002). *Towards better stewardship: Concepts and critical issues*. Geneva: World Health Organization.

Ukase, P., & Dzeka, T. (2018). The Legislature and the Challenges of Political Institutionalization in Nigeria’s Fourth Republic *Advances in Politics and Economic* ISSN 2576-1382 (Print) ISSN 2576-1390 (Online) 1 (1).

United Nations Economic Commission for Africa Report, (2004). *The Role of Parliament in Promoting Good Governance*.

- Usoroh, E. (2011). Achieving universal health coverage in Nigeria: The National Health Insurance Scheme as a tool. 48th International Course in Health Development. KIT (Royal Tropical Institute). Amsterdam, Netherlands.
- Uzochukwu, B., Ughasoro, M., Etiaba, E., Okwuosa, C., Envuladu, E., & Onwujekwe, O. (2015). Health care financing in Nigeria: Implications for achieving universal health coverage. *Nigerian Journal of Clinical Practice*, 4(18) 437-44,
- Verney, D. V. (1969). "Structure of government" in J. Blondel (ed.), *comparative government: a reader*. London: Macmillan.
- Welcome M. O. (2011). The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems. *Journal of pharmacy & bioallied sciences*, 3(4), 470–478. <https://doi.org/10.4103/0975-7406.90100>

## Appendix A

### Lists of Acts Relevant to Public Health Care Enacted in Nigeria June 1999-May 2019

S/N	Title of acts	Date Assented to	Classification of act
1	Environmental health Officers Act (Registration Act 2002)	10/12/2002	Human Resource
2	Environmental health Officers Act (Registration Act 2003)	5/1/2003	Human Resource
3	Medical Laboratory Science Council of Nigeria Bill 2003	23/6/2003	Human Resource
4	National Health Insurance Act 2003		Financial Framework
5	Treaty to Establish Rotterdam Convention on other Prior Informed Consent. Procedure for certain Hazardous Chemicals and Pesticide in international Trade (Ratification & enforcement Bill 2005	22/6/2005	Treaty
6	International Convention for the prevention of pollution from ships 2007	11/4/2007	Treaty
7	National Agency for the Control of HIV and AIDS (Establishment) ACT 2007	22/2/2007	Health Care Facility
8	National Environmental Standards and Regulations Enforcement Agency (Establishment) Acts 2007	30/7/2007	Health Care Facility
9	National Health Act 2014	31/10/2014	Health Policy
10	HIV and AIDS (Anti-Discriminatory) Act, 2014	27/11/2014	Treatment of special Condition
11	National Tobacco Acts 2015	26/5/2015	Health policy
12	National Biosafety Acts 2015	20/4/2015	Health Policy
13	Federal College of Dental Technology of Nigeria (Establishment) Acts 2017	05/12/2017	Health Care Facility
14	National Institute for Cancer Research and Treatment (Establishment) Acts 2017	20/12/2017	Research
15	Compulsory Treatment and Care for victims of Gunshot Act, 2017	29/12/2017	Treatment of special Condition
16	Medical Residency and Training Act, 2018	28/06/2018	Medical Research
17	Federal School of Medical Laboratory Technology (Science) Jos (Establishment) Act, 2018	17/08/2018	Health Care Facility
18	National Centre for Disease Control and Prevention (Establishment) Act, 2018	12/11/2018	Health Care Facility
19	National Environmental Standards and Regulations Enforcement Agency (Establishment) Amendment) Act, 2018	12/11/2018	Health Care Facility
20	Discrimination Against Persons with Disabilities (Prohibition) Act, 2018		Treatment of special Condition

Source: Underlying data from Department of Legal Services, Senate and House Committees on Rules and Business

## Appendix B

### Lists of Motions Relevant to Public Health Care Proposed in the Senate, 2007-2015

S/No	Title of Motion		Classification
1	Alarming spread of the HINI(Swine) flu virus worldwide and its consequent rapid pandemic potential in Nigeria today	19/11/2009	Raising awareness
2	Outbreak of Lead poisoning in Zamfara	30/6/2010	Raising awareness
3	Need to check the use of hazardous lead contained paint by Nigerians	7/12/2010	Raising awareness
4	Prevalence of wrong Medical Diagnosis in Nigerian Hospitals	20/9/2011	Raising awareness
5	Cholera: A recurring Epidemic	22/9/2011	Raising awareness
6	Recession of the Senate resolution on the committal of the occupational safety and health and the institute of registered safety professionals' bills to the committee on health	16/2/2012	Health policy
7	Deployment of recruits of the National Drug Law Enforcement Agency (NDLEA) without training	10/5/2012	Raising awareness
8	Strange dead bodies found in Ezu River of Anambra	31/1/2013	Raising awareness
9	Killing of health workers in Kano and Borno state	14/2/2013	Raising awareness
10	Urgent sensitization and awareness campaign supply of vaccines to measles affected area	17/4/2013	Raising awareness
11	The Ebola Virus Diseases In Nigeria	17/9/2014	Raising awareness
12	The outbreak of cholera in Nigeria and Resurgence of Ebola Virus Disease in Liberia and threat to the Subregion	29/9/15	Raising awareness
13	The plight of Nigeria Doctors in Training	6/10/2015	Human Resources
14	Report on the petition from Esther Amuta against National Agency for Food Drug Administration and Control (NAFDAC)	10/12/2015.	Conflict resolution
15	The Recent outbreak of Lassa fever in Nigeria	12/1/2016	Raising awareness
16	Report on Petition from Mrs Iroezi O Chinyere against the Federal Medical Centre Umuahia.	25/2/2016	Conflict resolution
17	Report on Petition from Association of Resident Doctors of Nigeria, Federal Neuropsychiatric Hospital Kaduna	19/4/2016	Conflict resolution
18	Outbreak of Gastroenteritis epidemic in Ohafia and some parts of Umuunwochi Local Government Area of Enugu	26/4/2016	Raising awareness
19	The demise of six (6) prominent medical doctors and their driver from Ekiti State in a ghastly motor accident along Abuja-Kaduna Expressway	18/5/2016	Raising awareness

20	Urgent Remediation of Lead Poisoning in Shikira Community of Niger State , Nigeria	2/6/2016	Raising awareness
21	State of National Preparedness against Possible Zika Virus Outbreak in Nigeria	13/7/2016	Raising awareness
22	Challenges of Food security and Malnutrition of Children in the IDPs	20/7/2016	Raising awareness
23	Provisions of Medical attention for critical Condition Victims	15/11/2016	Health policy
24	Report on the petition by Mr. Philip Oro Against Federal Medical Centre Asaba for Wrongful Termination of Appointment	2/3/2017	Petition
25	Averting the looming crisis and monumental Corruption in Nigeria's Health Insurance Scheme.	21/3/2017	Raising awareness
26	Outbreak of meningitis: Urgent Need to curb the spread and stop further deaths	4/4/2017	Raising awareness
27	Re-Committal of Dangerous Drugs Act 2017	5/4/2017	Health policy
28	Amendments of eight items of bill for an act to establish the National Institute For Cancer Research and Treatment of patients in Nigeria and for related Maters	16/5/2017	Health Care facility
29	Need to ensure affordable and accessible mental health care for Nigerians	13/6/2017	Health policy
30	Antimalaria Drugs Banned by the European Union, still being sold and consumed in Nigeria: need for senate to investigate	19/7/2017	Raising awareness
31	The need to check the rising menace of pharmaceutical drug abuse among youths especially in Northern Nigeria	10/10/2017	Raising awareness
32	Urgent need for proactive steps to nip in the bud reported outbreak of Monkey pox Disease in Nigeria	10/10/2017	Raising awareness
33	Update on Lead poisoning in Zamfara State and the need to prevent further propagation of the resource curse theory	17/10/2017	Raising awareness
34	Petition by Association of Public Policy Analysis against the Federal Medical Centre Owerri over the crisis between hospital staff union and hospital management	18/10/2017	Petition
35	Inadequate maintenance of Federal Government owned Hospitals	31/10/2017	Health care facility
36	Alarming increase in the rate of deaths of victim of snake bites due to scarcity of snake anti-venom	9/11/2017	Raising awareness
37	The need for Fair and Equitable Distribution of Federal Health Facilities in all Six Geo-political Zones of the country in response to several Demands	14/11/2017	Health care facility
38	The alarming Upsurge of Malaria Incidents	15/11/2017	Raising awareness
39	Petition from Njemanze & Njemanze on behalf of Senior Staff of National Health Insurance Scheme (NHIS) against scheme of Cancellation for their promotion Examination	21/11/2017	Petition
40	Urgent need to support the Centre for Research, Control and treatment of Lassa Fever in Nigeria.	1/2/18	Health care facility
41	The need to immediately ban Tobacco Companies from targeting school Children In Nigeria	6/2/18	Health Care policy
42	The revitalization of Primary Health Care System across Nigeria	20/2/18	Health Care policy

43	Alarming Mortal and infant Mortality in Nigeria	6/3/18	Raising awareness
44	Urgent need for the declaration of emergency in Public Health Sector over the decay of infrastructure	13/3/18	Raising awareness
45	Ebola Virus Disease outbreak in the Democratic Republic of Congo	1/5/18	Raising awareness

Source. Adapted from National Institute for Legislative and Democratic studies publication (2019). 20 Years of Law Making in the National Assembly an Analysis of Bills Processed 2015-2019 (6th ed...) Abuja

## Appendix C

### Lists of Motions Relevant to Public Health Care Proposed in the House of Representatives 2007-2015

S/N	Title of Motion	Date	Classification
1	Food poisoning in Abwochichie-Bekwarra Local Government Area in Cross river	11/3/2008	Raising Awareness
2	Sales of illicit Drugs: Propranolol Manufactured by TEVA UK Limited Eastbourne, BN22 09 A in Nigeria Market	10/7/2008	Raising Awareness
3	Need for Government's intervention to urgently curtail the fast spreading epidemic of Lassa Fever and Meningitis in Nigeria	25/2/2009	Raising Awareness
4	Outbreak of Cerebro-spinal Meningitis (CSM) in Kano State and other parts of the Country	25/3/2009	Raising Awareness
5	Need to avert the spread of swine Flu in Nigeria	5/2/2009	Raising Awareness
6	Matter of urgent importance: Meningitis death rises above 2000 publication in Nigeria Tribune of Thursday, 7 May 2009	7/5/2009	Raising Awareness
7	Urgent need to arrest the National Strike Action by Nurses and Midwives	9/7/2009	Industrial dispute
8	Outbreak of Suspected Cholera in Maiha, Mubi North/Mubi South and Gombi/Hong Federal Constituencies of Adamawa State	6/10/2009	Raising Awareness
9	Swine Flu Influenza in Nigeria	11/11/2009	Raising Awareness
10	Treatment of Snake bite as an emergency	17/12/2009	Health Policy
11	Urgent need to Check incessant abuse of syrup with codeine	27/1/2010	Raising Awareness
12	Lead poisoning in Yalgama. Daretta and Ataungardaji village of Bukuyum and Anka Local Government Areas in Zamfara State	24/5/2010	Raising Awareness
13	RE- committal of National Health Bill, 2008 pursuant to order XII Rule 10 (2) of the house of representative standing order	28/10/2010	Health Policy
14	Adoption of conference committee report on a bill to establish a National Commission for persons with disabilities and vest it with responsibilities for healthcare	2/12/2010	Health facility
15	Need to check the use of hazardous lead containing paint by Nigerians	7/12/2010	Raising Awareness
16	Adoption of conference committee report on a bill on a bill for an Act to provide a framework for the regulation, Development and Management of National Human Health System and set standard for rendering Health service in the federation and for matters Connected Therewith, 2011	19/5/2011	Health Policy

17	Outbreak of cholera in Chanchaga Federal constituency of Niger State	14/7/2011	Raising Awareness
18	Need to urgently investigate 17 Billion Naira Medical equipment contract awarded in 2005 and lying obsolete at UCH Ibadan	18/10/2011	Health Facility
19	Strike Action by Lagos state Medical Directors	03/05/2012	Industrial dispute
20	Reconsideration of outstanding National Health Bill	27/9/2012	Health Policy
21	Malaria Scourge	15/11/2012	Raising Awareness
22	Urgent need to keep and warehouse for safe custody Primary Health Care Equipment procured by the National Health Care Development Agency	11/12/2012	Health Facility
23	Reconsideration of outstanding Discrimination of persons living with HIV/AIDS	13/12/2012	Health Policy
24	Gruesome killing of nine female Health Worker in Kano State by unknown Gunmen	12/2/2013	Raising Awareness
25	Need to Clear All Abandoned Scraps on Land and in Water to Provide for a safe and Healthy Environment	21/02/2013	Health Policy
26	Need to Establish a General Hospital in One of the settlements along Airport Road Abuja	12/03/2013	Health Facility
27	Urgent need for federal Government to enter into discussion with Joint Health Sector Unions (JOHESU) to avert Industrial Unrest	19/03/2013	Industrial dispute
28	Urgent need for federal Government to constitute the governing board of Federal Teaching Hospitals and Health Related Establishment	19/03/2013	Human Resources
29	Urgent need for a National Policy on Diabetics in Nigeria	27/03/2013	Health Policy
30	Urgent need to improve maternal Health Safety in Nigeria	30/04/2013	Health Policy
31	Outbreak of Measles in Jigawa and Other Northern States	09/05/2013	Raising Awareness
32	Urgent need to establish Medical School at Modibbo Adamu University of Technology, Vola and to upgrade the Federal Medical Centre, Vola to a University Teaching Hospital	21/11/2013	Raising Awareness
33	Urgent need to investigate cases of violation of Civil Service Rules, Continued Professional Compromise, Gross Abuse, Dereliction and Negligence in the Management and Administration of Federal Staff Hospital Jabi FCT	4/12/2013	Industrial dispute
34	Urgent need to prevent Strike action by the Nigerian Medical Association (NMA)	17/12/2013	Industrial dispute
35	Urgent Need to check The Resurgent of Leprosy In Nigeria	11/2/2014	Raising Awareness
36	Adverse effect of Environmental pollution of the Epe Lagoon	19/3/2014	Raising Awareness
37	Urgent need to check the spread of the deadly Ebola Virus disease in Nigeria	27/2014	Raising Awareness
38	Need to immortalize Late Dr. Stella Ameyo Adadevoh and compensate the families of Health Workers who died after contacting Ebola Virus Disease	28/10/2014	Human Resources



39	Adoption of conference committee report on a bill on a bill for an Act to establish the National Biosafety Management Agency	12/3/2015	Health Facility
40	Avoidable death of about one hundred people from consumption of Alcohol (ogogoro)	30/7/2015	Raising Awareness
41	Looming Epidemics in FESTAC and satellite towns	12/8/2015	Raising Awareness
42	Urgent need of House to intervene in the strike by Resident doctor of Aminu Kano Teaching Hospital	13/8/2015	Industrial dispute
43	Non-payment of Allowances of Midwives for over one year under Midwives Services Scheme of Federal ministry of Health	13/8/2015	Industrial dispute
44	Distressed State of the Federal Medical Centre, Nguru Yobe State	8/10/2015	Health Facility
45	Need to develop a National Plan for the prevention, Control and Treatment of Hepatitis	8/10/2015	Health Policy
46	Urgent need of House to intervene in the strike by Resident doctor of Usmanu Danfodiyo University Teaching Hospital		Industrial dispute
47	Need to evolve Proper Waste Management Mechanism to Prevent Scourge of Epidemic Environmental Degradation	13/10/2015	Health Policy
48	Call for investigation of the activities of the Medical and Dental Council (MDCN) with regards to licensing of freshly graduated Medical Practitioner	3/11/2015	Human resources
49	Urgent need to encourage Voluntary Blood Donation to the National Blood Bank	1/12/2015	Health Policy
50	Non-Compliance by the Federal Ministry of Health with the Federal Government's Directive for Employment of 58 Nigerian issued letter of employment by Federal Civil Service Commission	2/12/2015	Industrial dispute
51	Need to provide Rehabilitation and Welfare Centers for the critically ill and Physically Challenged Persons	9/12/2015	Health Facility
52	Need to upgrade the Wesley Guild Ilesa to a Federal Medical Centre	17/12/2015	Health Facility
53	Outbreak of Enteritis at the Federal Girls College Efon Alaye	17/12/2015	Raising Awareness
54	Urgent need to support the Centre for Research, Control and treatment of Lassa Fever in Nigeria.	13/01/2016	Health Facility
55	Urgent need to Establish a National Stem Cell/ Bone Marrow Transplant Centre in Zaria	28/01/2016	Health Facility
56	Urgent need to open Magadali -Gwoza Road to allow free movement of Medical supplies into Gwoza Town	28/01/2016	Health Facility
57	Urgent need for the sensitization of preventive measures of Zika Virus Outbreak from entering Nigeria	24/02/2016	Raising awareness
58	Raising awareness about glaucoma and calling for urgent screening to prevent irreversible blindness	10/03/2016	Raising awareness
59	Need to check Incidence of drug abuse among youth	17/03/2016	Raising awareness
60	Need to eradicate Malaria using the Dichloro-Diphenyl-Trichloroethane (DDT)	20/04/2016	Raising awareness
61	Control of Noise Pollution In Nigeria	20/04/2016	Raising awareness

62	Urgent Need to provide marine ambulances in Riverine communities	27/04/2016	Health Facility
63	Need to build Mobile clinics along the Nations highway	02/06/2016	Health Facility
64	Call to establish an emergency response and ambulance at Ewu hills along Benin Abuja High way	16/6/2016	Health Facility
65	Call for ban and hawking of drugs in Market places Motor parks	21/6/2016	Raising awareness
66	Urgent need to develop a plan for National sickle cell	21/6/2016	Health Policy
67	Need to educate Nigerians on the Health hazards associated with Genetically Modified Organism and food supplements	23/6/2016	Raising awareness
68	Poor state of health facilities of Federal Health centers in Njikoka/ Dunukofia Federal constituency of Anambra state	12/7/2016	Health Facility
69	Need to conduct a comprehensive investigating hearing towards restructuring, recognizing, refinancing and repositioning of National Hospital for better and efficient service delivery	13/7/2016	Health Facility
70	Urgent Need for the completion of Abandoned Project at the University of Uyo Teaching Hospital to meet Health Care Delivery Needs of Nigerians in Akwa Ibom State	13/7/2016	Health Facility
71	Death Resulting from the Abuse of the Pain Killer Drug Tramadol	14/7/2016	Raising awareness
72	Urgent need of Federal Ministry of Health to reverse the deplorable state of stem cells Transplantation Centre in UBTH Benin	21/07/2016	Health Facility
73	Urgent need to review the National Drug Law	21/07/2016	Health Policy
74	Call for establishment of National Anti-Doping Agency	21/07/2016	Health Policy
75	Need to Complete and put into operation the college of Health Sciences/Teaching Hospital Otukpo Campus of the Federal University of Agriculture, Makurdi	19/10/2016	Health Facility
76	Need to Prioritize and integrate Fertility Treatment into the existing Reproductive Health Policies in Nigeria	26/10/2016	Health Policy
77	Need for Federal Government to Declare State of emergency against the scourge of Malaria in Northern Nigeria	03/11/2016	Raising awareness
78	Need to release Pregnant/Nursing Mothers Awaiting trial from prison	08/11/2016	Health Policy

Source. Adapted from National Institute for Legislative and Democratic studies publication (2019). 20 Years of Law Making in the National Assembly an Analysis of Bills Processed 2015-2019 (6th ed...) Abuja

Appendix D 1

Information Page

12<sup>th</sup> September, 2019

Dear Distinguished,

**REQUEST FOR YOUR COOPEATION IN COMPLETING THIS QUESTIONNAIRE.**

I am a postgraduate student undergoing a full-time Master Degree Programme in Parliamentary Administration of the National Institute for Legislative and Democratic Studies/ University of Benin postgraduate programme. As part of the partial requirements for the award of the degree, I am undertaking a study on **The National Assembly and Public Health Care in Nigeria.**

I wish to kindly request you sparing a few minutes to complete this questionnaire. You are not required to disclose your identity. I also wish to assure you that your response will be treated in strict confidence and used for the purpose of this study.

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Dr Oshomoji Olusegun

NILDS Student.

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Dr Chris Ngara

(Supervisor)

## Appendix D 2

### Questionnaire

#### THE NATIONAL ASSEMBLY AND PUBLIC HEALTH CARE IN NIGERIA

I Olusegun Oshomoji, is a student of the National Institute for Legislative Studies/University of Benin, undertaking a study on the above subject matter. I pledge that all information provided shall be treated confidentially and shall be utilized solely for the purpose of this study.

#### **Section A: Demographic Data: (Circle one each)**

1. Sex:                      (a) Male                      (b) Female
  
2. Age:                      (a) 20-40 yrs.                      (b) 41-60 yrs.                      (c) Above 60 yrs.
  
3. Academic:                      (a) Primary                      (b) Secondary                      (c) Tertiary  
Qualification
  
4. Occupation:                      (a) Public health  
practitioner                      (b) Others

#### **Section B: Structured Questions on the impact of NASS on Public Health Care (Circle one each)**

5. Do you think the National Assembly has a role to play in the provision of public health care in Nigeria?  
  
(a) Yes                      (b) No                      (c) Not sure
  
6. Are you aware of the roles played by National Assembly in the provision of Public Health Care in Nigeria?  
  
(a) Yes                      (b) No                      (c) Not sure

7. Do you think the National Assembly has played an important role in public Health Care in Nigeria?

(a) Yes

(b) No

(c) Not sure

8. How important do you think the roles played by National Assembly are towards to the provision of Public Health Care in Nigeria?

(a) Very important

(b) Important

(c) Not Important

9. Among the three which one do you considered as the **most** important role of National Assembly towards to the provision of Public Health Care in Nigeria

(a) Lawmaking

(b) Oversight

(c) Representation

10. How will you generally rate the impact of National Assembly as an institution of government in the provision of Public Health Care in Nigeria?

(a) Great Impact

(b) Moderate Impact

(c) Little Impact

11. How will you specifically rate the impact of the following three core function of National Assembly towards the provision of public health care in Nigeria?

	<b>FUNCTION</b>	<b>GREAT CHALLENGE</b>	<b>MODERATE CHALLENGE</b>	<b>LITTLE CHALLENGE</b>
a.	Lawmaking			
b.	Oversight			
c.	Representation			

12. How will you rate the impact of the following law-making function of National Assembly towards the provision of public health care in Nigeria?

Please tick one box for each question

	<b>SPECIFIC LAWMAKING FUNCTIONS</b>	<b>GREAT IMPACT</b>	<b>MODERATE IMPACT</b>	<b>LITTLE IMPACT</b>
a.	Laws & Bills on Public Health Policy framework (National Health Act).			
b.	Laws & Bills on Financial framework (Budget allocation to public health; NHIS Act)			
c.	Laws on management of Human & Capital Resources			
d.	Laws & Bills on treatment of special condition (HIV, Accident victims disabled)			
e.	Laws & Bills on Medical research			
f.	Laws & Bills on Domestication of treaty			

13. How will you rate the impact of the following Specific Oversight function of National Assembly towards the provision of public health care in Nigeria

Please tick one box for each question

	<b>SPECIFIC OVERSIGHT FUNCTION</b>	<b>GREAT IMPACT</b>	<b>MODERATE IMPACT</b>	<b>LITTLE IMPACT</b>
a.	Oversight Visits to MDAs/Project			
b.	Public Hearing			
c.	Investigating Hearing			
d.	Confirmation /Screening of Nominees & Ministers			

14. How will you rate the impact of the following Representational function of National Assembly towards the provision of public health care in Nigeria?

	<b>SPECIFIC REPRESENTATION FUNCTION</b>	<b>GREAT IMPACT</b>	<b>MODERATE IMPACT</b>	<b>LITTLE IMPACT</b>
a.	Raising awareness about diseases in their constituency			
b.	Organizing Round Table Talk on Public Health Care Issues			
c.	Settling Industrial dispute			
d.	Constituency project related to public health			

**Section C: Structured Questions on the challenges of NASS towards Public Health Care (Circle one each)**

15. Do you think the National Assembly encounters challenges in performing her role towards the provision of Public Health Care in Nigeria?

(a) Yes

(b) No

(c) Not sure

16. Are you aware of the challenges encountered by National Assembly in the provision of Public Health Care in Nigeria?

(a) Yes

(b) No

(c) Not sure

17. How will you rate the level of challenge generally encountered by National Assembly towards the provision of public health care in Nigeria?

(a) Great Challenge

(b) Moderate Challenge

(c) Little Challenge

Please tick one box for each question

18. How will you rate the level of challenge specifically encountered by National Assembly towards the provision of public health care in Nigeria

	<b>FUNCTION</b>	<b>GREAT CHALLENGE</b>	<b>MODERATE CHALLENGE</b>	<b>LITTLE CHALLENGE</b>
a.	Lawmaking			
b.	Oversight			
c.	Representation			

19. How will you rate the level of challenge specifically encountered by National Assembly towards the provision of public health care in Nigeria?

	<b>CHALLENGE</b>	<b>GREAT CHALLENGE</b>	<b>MODERATE CHALLENGE</b>	<b>LITTLE CHALLENGE</b>
a.	Poor level of awareness about the role of National Assembly in provision of public health care			
b.	Poor Public Perception of the Nigerian National Assembly			
c.	Insufficient expertise and experience of legislators in area of Public health care.			
d.	Corruption			
e.	Inadequate funding of the committee on Health-related matters			

20. How will you rate the level of challenge specifically encountered by National Assembly towards the provision of public health care in Nigeria?

	<b>CHALLENGE</b>	<b>GREAT CHALLENGE</b>	<b>MODERATE CHALLENGE</b>	<b>LITTLE CHALLENGE</b>
a.	Insufficient expertise and experience of Parliamentary staff and legislative aids in area of Public health care			
b.	Lack of consultation with professional bodies during drafting bills			
c.	Lack of cooperation from the different Ministries, Agencies and Department during oversight function			
d.	Lack of communication between constituents & Members of NASS			



