NCDC
NIGERIA CENTRE FOR DISEASE CONTROL AND PREVENTION

RESOLVE TO SAVE LIVES

NIGERIA PUBLIC HEALTH LEGAL REFORM GUIDE

Strengthening Laws.
Protecting Health.
Securing the Future.

2026
FIRST EDITION

NIGERIA PUBLIC HEALTH LEGAL REFORM GUIDE

This publication has been jointly produced by the Nigeria Centre for Disease Control and Prevention (NCDC) and Resolve to Save Lives (RTSL) under the Strengthening Coordination and Legal Frameworks for Health Security in Nigeria Project (2023–2026). The project is a strategic programme designed, funded, and implemented by Resolve to Save Lives (RTSL) in collaboration with the Nigeria Centre for Disease Control and Prevention (NCDC) and other key partners. Its objective is to strengthen the legal dimensions of health security in Nigeria by supporting the work of the NCDC Legal Unit, enhancing coordination of the legal aspects of the International Health Regulations (2005), and promoting the development and implementation of robust legal frameworks for health security at the federal and subnational levels.

ACKNOWLEDGEMENTS

The **Nigeria Public Health Legal Reform Guide** is the result of a shared effort by many individuals and institutions who are committed to strengthening public health law and health security in Nigeria. While this publication draws on years of collaboration and collective learning, it is an institutional publication of the Nigeria Centre for Disease Control and Prevention (NCDC) as part of its commitment to supporting stronger public health legal systems across the country.

NCDC is grateful to Resolve to Save Lives (RTSL) for its longstanding partnership and unwavering support for the Subnational Public Health Legal Reform Programme. Over the years, RTSL has worked closely with the Centre by providing technical expertise, strategic guidance and financial support that helped shape the programme and the practical tools presented in this Guide.

We sincerely appreciate the contributions of **Emem Udoh** and **Cédric Aperce** of Resolve to Save Lives, who worked alongside the NCDC Legal Unit during the development of this publication. Their technical input, together with the contributions of many reviewers and experts, helped refine the Guide and ensure that it reflects both international good practice and Nigeria's experience.

This Guide also reflects the dedication and expertise of the NCDC Legal Unit, which has led the implementation of the Subnational Public Health Legal Reform Programme from its inception. We acknowledge the leadership of **Barr. Safiya Musa, Legal Adviser and Head of Compliance and Corporate Services**, whose vision and strategic coordination have guided the programme evolving into a nationally recognised platform for strengthening public health legal systems across participating states. We equally thank **Amira Abubakar** and **Chisom Ihekwaba** of the Legal Unit whose commitment, legal expertise and careful reviews strengthened this publication.

Our appreciation goes to the Federal Ministry of Health and Social Welfare, the Federal Ministry of Justice, the Federal Ministry of Agriculture and Food Security, the Federal Ministry of Environment, the Office of the National Security Adviser, and other One Health partners for their collaboration throughout this journey.

We are equally grateful to the State Ministries of Health, State Ministries of Justice, State Houses of Assembly and the many government institutions that participated in legal assessments, technical discussions and law reform activities. The experiences they shared, the challenges they identified and the reforms they pursued have shaped this Guide in meaningful ways.

NCDC also thanks the many development partners, public health professionals, legal practitioners, academics, professional associations, civil society organisations and technical experts who generously shared their knowledge and experience during the programme. Every contribution, whether large or small, helped improve the quality and relevance of this publication.

We also acknowledge the continued support of the **Director-General and the Management of the Nigeria Centre for Disease Control and Prevention**, whose commitment to strengthening legal preparedness has created the enabling environment for this work to grow into a nationally recognised programme.

Finally, we thank everyone who has been part of this journey. This Guide is the product of collaboration, shared learning and a common belief that strong legal frameworks are essential to protecting public health. NCDC is proud to present this publication as a practical resource for policymakers, legislators, legal practitioners, public health professionals and governments working to build stronger and more resilient public health systems across Nigeria.

FOREWORD

Strong public health systems are built on effective legal frameworks and foundations more than laboratories, surveillance systems and skilled professionals. They also depend on laws that are clear, practical and responsive to the realities of protecting people's health. Good laws give institutions the authority to act, define responsibilities and provide the legal foundation for preventing, detecting and responding to public health threats.

As Nigeria's National Public Health Institute, the Nigeria Centre for Disease Control and Prevention (NCDC) has a responsibility not only to respond to disease outbreaks but also to help strengthen the legal and institutional systems that make effective public health action possible. This responsibility extends beyond the national level. States play a critical role in protecting the health of their populations, and they need legal frameworks that enable them to respond effectively and confidently to both routine public health challenges and emergencies.

The 2023 Joint External Evaluation of Nigeria's capacities under the International Health Regulations (2005) highlighted important gaps in the country's legal framework for health security. Since then, NCDC, working closely with Resolve to Save Lives (RTSL) and a wide range of stakeholders, has supported the review, modernisation and strengthening of both federal and state health laws. The work has been both challenging and rewarding. It has also provided valuable lessons about what it takes to successfully navigate legal reform within Nigeria's federal system.

This Guide is a product of those experiences. It captures the practical approaches, tools and lessons that have emerged from working alongside state governments, legislatures, legal practitioners, public health professionals and development partners over several years. It is not intended to prescribe a single approach to legal reform. Rather, it offers a practical framework that states can adapt to their own legal, political and institutional contexts.

One of the strengths of this Guide is that it is grounded in experience. It reflects what has worked in practice, the challenges encountered along the way and the value of sustained collaboration between institutions. We hope it will serve as a useful resource for policymakers, legislators, legal advisers, public health practitioners and everyone involved in strengthening public health governance.

I would like to sincerely thank the state governments, our partners and the many individuals whose commitment and expertise have shaped this work. Their willingness to share ideas, challenge assumptions and work towards a common goal has been invaluable.

Strengthening public health laws is not an end. It is an investment in stronger institutions, better preparedness and a safer, healthier Nigeria. NCDC remains committed to working with governments at all levels and with our partners to continue building the legal foundations needed to protect the health of every Nigerian.

Dr. Jide Idris
Director-General
Nigeria Centre for Disease Control and Prevention (NCDC)

LIST OF ABBREVIATIONS

ABBREVIATION	MEANING
AMR	Antimicrobial Resistance
CSO	Civil Society Organisation
FCT	Federal Capital Territory
IDSR	Integrated Disease Surveillance and Responsel
HR	International Health Regulations
IPC	Infection Prevention and Control
JEE	Joint External Evaluation
LGA	Local Government Area
LRWG	Legal Reform Working Group
MDA	Ministry, Department and Agency
NAPHS	National Action Plan for Health Security
NCDC	Nigeria Centre for Disease Control and Prevention
NGO	Non-Governmental Organisation
PHEOC	Public Health Emergency Operations Centre
RTSL	Resolve to Save Lives
SEMA	State Emergency Management Agenc
SMOH	State Ministry of Health
SPAR	State Party Self-Assessment Annual Reporting Tool
WHO	World Health Organization

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PART I
INTRODUCTION

1.1 BACKGROUND AND RATIONALE

Recent public health emergencies reminded us that a legal framework is not just text in a statute book; it is the operating manual for governments when the stakes are highest. When an epidemic strikes, or when a cross-border health threat emerges, the speed and clarity of a government's response depend not only on the strength of its health institutions but also on the legal authority those institutions carry. Across the globe during COVID-19, weak or unclear laws slowed responses, created confusion among agencies, and eroded public trust.

Nigeria's experience with COVID-19, Lassa fever, cholera, monkeypox, and zoonotic threats such as avian influenza has made clear that even the most capable public health professionals are constrained if the laws guiding their work are outdated, fragmented, or silent on critical issues. At such moments, clarity of mandate, authority to act, and protections for citizens cannot be improvised.

In Nigeria, the federal structure adds another layer of complexity. While certain matters such as quarantine fall on the Exclusive Legislative List and are within the authority of the federal government, many functions that are critical to epidemic preparedness and response — disease surveillance, waste management, food safety, environmental health — fall within the responsibility of Nigerian states which often rely on public health laws inherited from the 1960s, 1970s, or early 1980s. These laws were written before modern surveillance systems, before electronic disease reporting, before the rise of emergency operations centres, and whole-of-society approaches to health, and were generally regarded by all stakeholders as not fit for purpose in the 21st century.

Recognising this gap, the Nigeria Centre for Disease Control and Prevention (NCDC) has partnered with Resolve to Save Lives (RTSL) to strengthen legal preparedness in Nigeria since 2019. This partnership has focused on enabling Nigeria to meet its obligations under the International Health Regulations (IHR 2005, amended in 2024). The Joint External Evaluations (JEE) of 2017 and 2023 consistently highlighted weaknesses in the legal and policy environment as one of the most significant barriers to effective implementation of the IHR. Between the 2017 and 2023 Joint External Evaluations (JEE), Nigeria recorded measurable progress in Technical Area P1 (Legal Instruments). In 2017, the country scored **Level 1** for both **P.1.1 (legal instruments for IHR implementation)** and **P.1.2 (alignment of domestic legislation with the IHR)**, reflecting limited legal capacity and the need to strengthen legislative and regulatory frameworks, including enactment of the NCDC Act and improved implementation of the IHR. By 2023, Nigeria had improved to **Level 2** for **P.1.1 (Legal Instruments)**, demonstrating strengthened legal capacity through enactment of key legislation such as the **NCDC Act 2018** and **Animal Disease Control Act 2022**, improved legal and regulatory coordination, and enhanced institutional frameworks for health security. The 2023 JEE further recognized progress in legal and regulatory mechanisms while recommending expanded subnational legal reforms, legal surveillance, gender-responsive legal assessments, and capacity building for legal officers.

The partnership between **NCDC and Resolve to Save Lives (RTSL)** has been a major driver of these achievements, supporting legal assessments, development of new legal instruments, state-level health security reforms, legal drafting tools, and nationwide capacity building for legal officers, thereby significantly strengthening Nigeria's legal preparedness for public health emergencies and IHR implementation.

Generally, without modern and enforceable laws, Nigeria risks underperforming in IHR core capacities such as surveillance, laboratory systems, risk communication, and emergency response operations. In response, RTSL and the NCDC Legal Unit have developed a practical, step-by-step methodology to guide legal reform in the health sector. This methodology is not abstract; it has been tested in real states, with real stakeholders, under real political and financial constraints. It emphasises participation, evidence, and replicability. Each stage — from legal assessment, validation, drafting, stakeholder review, to presentation before executive and legislative channels — is designed to build consensus and ownership, so that when a Bill is finally passed, it is legally sound, politically feasible, and implementable.

The results are already visible: **Kaduna, Kano and Jigawa States** have enacted new public health and public health security legislation, providing a stronger legal foundation for disease surveillance, epidemic preparedness and response, providing a modern legal foundation for disease prevention and response. Ogun, Nasarawa, Kebbi, Enugu, and other states have moved forward with draft Bills, often using the RTSL–NCDC model law as a starting point. These successes demonstrate that legal reform in health is achievable.

The rationale for this Guide is twofold. First, to **demystify the law reform process**. Too often, health stakeholders feel that legal matters are the exclusive preserve of lawyers or legislators. In reality, law reform is a collective exercise. Health officers, laboratory scientists, community groups, civil society organisations, academics, and development partners all have a role to play.

Second, the Guide **offers a tested and replicable pathway for legal reforms**. Reform can feel

[1]World Health Organization, *Joint external evaluation of IHR core capacities of the Federal Republic of Nigeria: executive summary* (World Health Organization 2017).
[2]World Health Organization, *Joint external evaluation of the International Health Regulations (2005) core capacities of Nigeria: mission report* (World Health Organization 2024).

overwhelming, particularly for states or organisations facing limited resources, political complexity, or competing priorities. By presenting a structured methodology, practical tools, and examples from Nigeria's own states, this Guide provides reassurance about feasibility. Governments, partners, and funders can approach reform with confidence, clarity, and a realistic plan.

Laws are the foundation for health security, financing, emergency powers, accountability, and the protection of rights. They ensure that the actions taken during an emergency are not arbitrary but are grounded in legitimate authority and respectful of human dignity. Reforming these laws may seem daunting, but with the right tools, the right partnerships, and the right process, it is achievable. This Guide is the roadmap to get there, offering practical steps and proven methods to help every state strengthen its legal foundation for health security.

1.2 METHODOLOGY FOR DEVELOPING THIS GUIDE

This Guide was developed using a structured, evidence-based methodology grounded in real-world experience from subnational public health legal reform efforts in Nigeria between 2019 and 2025. It reflects lessons from collaborative work led by the Nigeria Centre for Disease Control and Prevention (NCDC), in partnership with Resolve to Save Lives (RTSL), state governments, civil society organisations, and development partners. The approach adopted in the development of this Guide include the stages as mentioned below.

A. Review of Legal and Policy Frameworks

The foundation of this Guide rests on a comprehensive review of relevant legal and policy instruments, including:

- **The Constitution of the Federal Republic of Nigeria (1999, as amended)**
- **The International Health Regulations (2005, as amended in 2024)**
- **The NCDC Act 2018**
- **The National Health Act 2014**
- **The National Action Plan for Health Security (NAPHS) 2019**
- **The Integrated Disease Surveillance and Response (IDSR) strategy 2019**
- **WHO IHR Benchmarks and Joint External Evaluation (JEE) tools**

This review ensured that the Guide aligns with constitutional mandates, national priorities, and international obligations.

B. Development and Application of the Subnational Legal Assessment Tool

A central methodological foundation for this Guide is the **Subnational Legal Assessment Tool** developed by both the Nigeria Centre for Disease Control and Prevention (NCDC) and Resolve to Save Lives (RTSL) Legal teams with further collaborative support from partners working on health security legal reforms. The tool was designed to provide a structured and evidence-based framework for assessing whether state public health laws adequately support core health security

[3] Resolve to Save Lives, 'Advancing Subnational Health Security Through Legal Reform in Nigeria' (Resolve to Save Lives) https://resolvetosavelives.org/strategies-in-action/advancing-subnational-health-security-through-legal-reform-in-nigeria/ accessed 1 July 2026; Nigeria Health Watch, 'Kano's Public Health Security Bill Sets a Model for Nigeria's Other States' (Nigeria Health Watch) https://nigeriahealthwatch.com/articles/thought-leadership/kanos-public-health-security-bill-sets-a-model-for-nigerias-other-states/ accessed 1 July 2026.

functions and institutional mandates.

The tool was **first piloted in 2021** during subnational legal assessments conducted for **Lagos, Kano, Kebbi, Enugu, and the Federal Capital Territory (FCT)**. Lessons from these early applications helped refine the methodology and assessment indicators. Later in **2021**, the tool was further strengthened and applied in legal assessments for **Kaduna and Jigawa States**, enabling a more comprehensive evaluation of legal frameworks across different public health thematic areas. Following these iterative applications, the **final version of the tool was validated by the NCDC Legal Unit and technical team in 2023**, establishing it as the standard framework for assessing subnational public health legal systems in Nigeria.

The tool aligns with the **International Health Regulations (IHR 2005)** and Nigeria's **National Action Plan for Health Security (NAPHS)** and examines key thematic areas including disease surveillance, laboratory systems, emergency preparedness and response coordination, zoonotic diseases, border points at the state level, gender and equity considerations, human rights protections, and data governance. By connecting public health capacities and legal authorities, the tool enables states to systematically identify gaps and prioritise legislative and regulatory reforms needed to strengthen their health security legal frameworks.

C. Participatory Drafting and Stakeholder Engagement

The Guide incorporates insights from drafting workshops, legislative engagements, validation meetings, and advocacy processes conducted across participating states. These engagements involved:

- Ministries of Health and Justice
- State Houses of Assembly
- Ministries of Agriculture, Environment, Finance, and Women Affairs
- State Emergency Management Agencies
- Civil society organisations
- Development partners and academic institutions

Through this participatory approach, the Guide captures practical challenges faced by reform teams, including bureaucratic delays, political transitions, funding constraints, stakeholder resistance, and misconceptions about public health powers.

D. 2025 Learning and Experience-Sharing Workshop

A major source of refinement for this Guide was the **RTSL Learning and Experience Sharing Workshop on Health Security Legal Reform in Nigeria** which held in 2025. The four-day workshop brought together representatives from NCDC, the Office of the National Security Adviser, the Federal Ministry of Health, state legal officers from Jigawa, Enugu, Kaduna, Kano, and Kebbi, as well as civil society and implementing partners. The workshop explicitly aimed to assess the impact of ongoing legal reform work, refine methodologies and tools, and strengthen strategies for scaling reforms nationwide.

Through panel discussions, breakout sessions, and structured tool refinement exercises, participants:

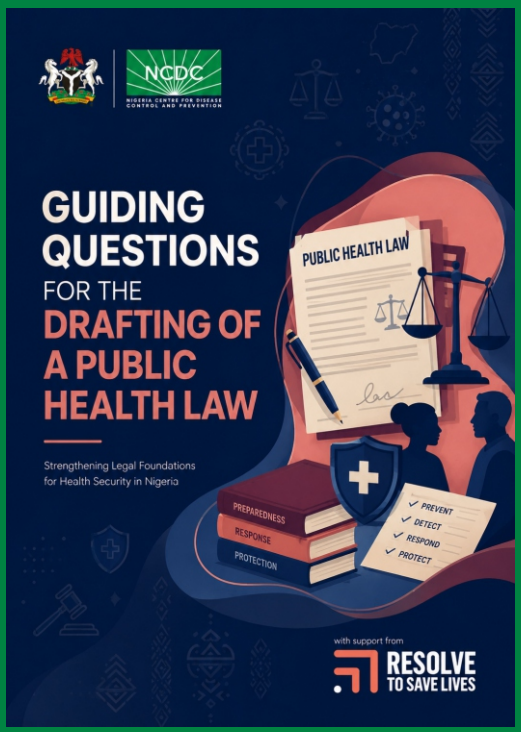
- Reviewed and improved the Model Public Health Security Bill
- Refined the Subnational Legal Reform Guide
- Identified recurring bottlenecks in legislative processes
- Highlighted the importance of political will, stakeholder buy-in, and structured advocacy plans
- Emphasised the need for post-passage implementation strategies

The recommendations emerging from that workshop directly informed revisions to this Guide, particularly in areas relating to stakeholder engagement, drafting guardrails, committee structures, financing provisions, compensation mechanisms, and integration of One Health governance.

E. Integration of Tested Reform Tools

This Guide embeds and explains reform tools that have been tested in practice, including:

- The Subnational Legal Assessment Tool for Public Health Laws and Legal Mapping Tool
- The Model Public Health Security Bill
- The Guiding Questions for Drafting Public Health Laws
- The Gender Gap Assessment Tool



[4] All tools can be found here: https://drive.google.com/drive/folders/18gl96uIJYACprB3i1_w5hc3-vWcPCLnQ

These instruments were not developed in abstraction; they were refined through actual deployment, feedback from state actors, and structured peer learning sessions.
This Guide is grounded in applied reform experience, structured assessment processes, and documented lessons from cross-state engagement — particularly the *2025 Learning and Experience-Sharing Workshop*. It reflects what has worked in practice and provides a replicable pathway for strengthening subnational public health legal frameworks in Nigeria and similar federated systems.

1.3 PURPOSE AND OBJECTIVES OF THE GUIDE

This Guide has been prepared jointly by the Nigeria Centre for Disease Control and Prevention (NCDC) Legal Unit and Resolve to Save Lives (RTSL) to ensure that governments, civil society actors, and partners have such clarity when embarking on the complex but essential task of public health legal reform.

At its heart, the Guide serves as a **practical resource** containing concrete steps, tested tools, and examples. The Guide, therefore, is to support the development and enactment of modern, implementable, and inclusive **public health security laws in Nigeria**, with a primary focus on **subnational (state-level) legal reform**. Given Nigeria's federal structure, state governments play a central role in public health governance, including disease surveillance, emergency response, environmental health regulation, and service delivery. Strengthening state-level legal frameworks is therefore essential to building an effective and coordinated national health security system.

While the Guide focuses principally on **subnational legislative reform**, many of the principles, methodologies, and tools presented in this document are also relevant to broader **public health legal reform processes**, including regulatory development, institutional strengthening, and alignment with national frameworks.

1.3.1 Specific Objectives of the Guide

To translate this broad purpose into practice, the Guide is structured around a set of specific objectives. These objectives reflect both the lessons learned from RTSL and NCDC's work in Nigeria, and the needs repeatedly voiced by state actors, civil society, and development partners during reform processes.

1. **To provide a clear and replicable methodology for reform.**
   Many states know they need to update their laws but are unsure where to start. This Guide lays out a tested five-step methodology — legal assessment, validation, drafting, stakeholder review, and executive/legislative engagement — that has already delivered results in multiple states.

2. **To support the entire legal reform process and institutions at the start of the journey.**
   The Guide integrates tools already developed by RTSL and NCDC, such as the Subnational Legal Assessment Tool, the Legal Mapping Form, and the Guiding Questions for Drafting a Public Health Law. A common challenge to legal reform is also underestimating the

resources, timelines, and coordination required. The Guide offers practical planning tools: human resource checklists, sample budgets, and meeting management tips. This helps institutions set realistic expectations and avoid costly delays.

3. **To promote inclusive and participatory processes.**
   Legal reform is more effective when it is not limited to government lawyers and legislators and adopts a whole-of-society approach.The Guide emphasises the inclusion of civil society, gender advocates, community representatives, and development partners at every stage. This reflects RTSL and NCDC's conviction that effective laws must be grounded in the lived realities of those they are meant to serve.

4. **To implement effective advocacy and engagement strategies.**
   Even the best-drafted Bill cannot pass without political will. The Guide provides strategies for building alliances, crafting persuasive policy briefs, engaging with committees of the State House of Assembly, and maintaining momentum in the face of competing legislative priorities.

5. **To anchor reforms in international and national obligations.**
   The Guide ensures that states' efforts are aligned with global obligations under the IHR and with Nigeria's constitutional framework. It also highlights areas where reform can improve JEE scores, enhance State Party Self-Assessment Annual Reporting Tool (SPAR) reporting, and support NAPHS implementation, making the reforms not just desirable but also measurable.

6. **To foster accountability, gender equity, and human rights protection.**
   A modern public health law must not only address emergency powers, but balance such powers with safeguards for human rights, equity, and gender responsiveness.

SPECIFIC OBJECTIVES OF THE GUIDE

The Guide translates lessons from **RTSL and NCDC's work in Nigeria** into actionable objectives that strengthen public health law reform in every state.

1.3.2 What This Guide Offers To Different Users

- **For Government Ministries and Agencies:** A step-by-step roadmap, model clauses, and practical advice on convening stakeholders and navigating legislative processes.
- **For Civil Society and Advocacy Groups:** A procedural explanation of law reform, highlighting entry points for engagement, advocacy, and accountability.
- **For Funders and Partners:** A transparent picture of the resource requirements, timelines, and outputs expected, making it easier to align financial and technical support.
- **For Legislators and Policymakers:** Evidence-based reasoning and drafting support that shows how modern laws can strengthen governance, improve health outcomes, and protect constituents.

This Guide will help readers understand the "why" and the "how" of public health legal reform, and also feel equipped to take the first steps. The goal is not to overwhelm but to empower; not to prescribe rigid rules but to provide flexible tools that can be adapted to diverse state contexts. Ultimately, the Guide seeks to transform law reform from a daunting, technical exercise into a collective, achievable, and impactful process.

1.4 HOW TO USE THIS GUIDE

A common challenge faced by governments and partners is not knowing where to begin with legal reforms. This Guide breaks down the reform process into manageable steps, each with its own purpose, deliverables, and actors. It is structured, replicable, and flexible enough to adapt to different state contexts. This Guide is designed as a **practical reform manual**, not a theoretical textbook. It is structured to support states, partners, and civil society actors at different stages of public health legal reform — from identifying gaps to drafting, advocacy, passage, and implementation.

A. For State Governments

For Ministries of Health and Justice, this Guide provides:

- A step-by-step pathway for initiating reform;
- Templates and model clauses to accelerate drafting;
- Structured tools for legal assessment and gap analysis;
- Practical guidance for managing stakeholder engagement; and
- Guardrails to ensure constitutionality and harmonization.

States beginning reform should start with **Part III (Foundations of Legal Reform)** and use the Legal Assessment tools described there. States already in drafting stages should proceed directly to **Part IV (Developing Legal Instruments)** for drafting principles, model adaptation strategies, and checklist-based review processes.

B. For Legislators

Members of State Houses of Assembly and legislative committees can use this Guide to:

- Understand the rationale behind public health security laws;
- Assess whether draft Bills are complete and implementable;
- Evaluate financing, governance, and rights safeguards; and
- Identify where amendments may be required.

The sections on harmonisation, emergency powers, financing, and accountability will be particularly useful during committee review and public hearings.

C. For Civil Society Organisations and Development Partners

For CSOs, donors, and implementing partners, this Guide provides:

- Advocacy strategies and messaging frameworks;
- Tools for stakeholder mapping and mobilization;
- Structured approaches to engaging legislatures; and
- Guidance on avoiding duplication and parallel reform effort.s

CSOs should use **Part III (Engaging Stakeholders in Reform)** to design advocacy plans and consensus-building strategies.

D. A Sequential but Flexible Approach

While the Guide is organised sequentially— assessment, engagement, drafting, review — reform processes are rarely linear. Political opportunities may arise unexpectedly. States may need to revisit assessment findings during drafting. Advocacy may need to intensify mid-process.

Readers are therefore encouraged to treat the Guide as a **toolkit**. Each section can stand alone, but together they form a coherent reform pathway.

Ultimately, this Guide is intended to support one goal: the development of legally sound, politically feasible, and operationally implementable public health laws that strengthen preparedness, protect rights, and save lives.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Guardrails to ensure constitutionality and harmonization.
States beginning reform should start with Part II (Foundations of Legal Reform). States in drafting stages should proceed to Part IV (Developing Legal Instruments).
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ONE GOAL: STRONG LAWS. SAFE PEOPLE. HEALTHY STATES.
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THE PUBLIC HEALTH LEGAL REFORM PATHWAY
1. ASSESSMENT
Identify gaps and assess legal landscape
2. ENGAGEMENT
Engage stakeholders and build consensus
3. DRAFTING
Develop Bills and legal instruments
4. REVIEW
Stakeholder and legislative review
5. ADOPTION & IMPLEMENTATION
Passage, implementation, and monitoring
Ultimately, this Guide is intended to support one goal:
THE DEVELOPMENT OF LEGALLY SOUND, POLITICALLY FEASIBLE, AND OPERATIONALLY IMPLEMENTABLE PUBLIC HEALTH LAWS THAT STRENGTHEN PREPAREDNESS, PROTECT RIGHTS, AND SAVE LIVES.

PART II
THE LEGAL REFORM METHODOLOGY

2.1 OVERVIEW OF THE LEGAL REFORM METHODOLOGY

Legal reform is often perceived as a complex process that only lawyers, legislators, or legal experts can understand. As a result, many government officials, public health professionals, development partners, and other stakeholders are unsure where to begin or how they can contribute. In reality, effective legal reform is a structured and collaborative process that brings together legal expertise, technical knowledge, policy priorities, and stakeholder engagement to strengthen the public health system.

Over several years, the Nigeria Centre for Disease Control and Prevention (NCDC) Legal Unit and Resolve to Save Lives (RTSL) have developed and refined a practical methodology for supporting public health legal reform across Nigeria. This methodology breaks the reform process into clear, manageable steps, from assessing existing laws and identifying legal gaps to drafting legislation, consulting stakeholders, supporting legislative passage, and planning implementation. By following this systematic approach, states can develop stronger, evidence-based public health laws that are legally sound, practical to implement, and aligned with national and international health security priorities.

Effective public health legal reform requires clear institutional leadership and close collaboration between the health and justice sectors. As a general principle, the Ministry of Health (or the public health department where one has been designated) should lead the overall legal reform process because it is the policy owner and possesses the technical expertise to identify public health priorities, implementation challenges, and desired policy outcomes. The Ministry of Justice should serve as the principal legal partner, providing legal advice, legislative drafting expertise, constitutional review, and quality assurance throughout the process. Legal assessments may be led by either institution depending on existing capacity and institutional arrangements, but they should always be undertaken jointly with active participation from both sectors. Where specialised expertise or additional capacity is required, governments may engage external legal consultants or contractors to support legal assessments, comparative research, stakeholder consultations, report drafting, or preparation of draft legal instruments. However, ownership of the process and approval of all outputs should remain with the responsible government institutions, ensuring sustainability, institutional learning, and national ownership of the reform process.

2.1.1 LEGAL REFORM METHODOLOGY

At its core, the methodology rests on five sequential steps:

Step 1: Legal Assessment

The Legal Assessment Exercise is a structured workshop where representatives from the Ministry of Health, Ministry of Justice, legislature, civil society, and other relevant agencies come together to map out the state's current public health laws. Tools such as the **NCDC'S Legal Mapping Form** and the **Subnational Legal Assessment Tool for Public Health Laws** are used to identify and assess laws under relevant International Health Regulations (IHR) thematic areas: surveillance, zoonotic disease, food safety, laboratories, emergency preparedness, and more. This step identifies gaps, overlaps, and outdated provisions.

Importantly, the assessment is not just a desk review. It is participatory, ensuring that those who will later implement or be affected by the law have a voice from the beginning. This inclusivity creates

buy-in and helps ensure that reform does not feel imposed.

Step 2: Validation of the Assessment Report

Once the initial mapping and assessment is done, findings are drafted into a report. The next step is validation, where the broader stakeholder community is invited to review and confirm the analysis. This validation meeting is essential: it prevents disputes later in the process, ensures that no relevant legislation has been overlooked, and allows different sectors (health, environment, agriculture, justice, finance) to agree on the key gaps and priorities. Validation also gives legitimacy to the process by showing that the assessment reflects a collective view, not just the perspective of one ministry or partner.

Step 3: Drafting the Public Health Security Bill

With consensus on gaps, a smaller technical drafting team, typically led by the State Ministry of Justice in collaboration with the Ministry of Health and supported by NCDC Legal Unit and RTSL, translates the recommendations into legal text. Here, the **Guiding Questions for Drafting a Public Health Law** and the **Model State Public Health Security Bill** provide guidance for the process.

Drafting is the stage at which the technical meets the political. Provisions must be precise enough to be enforceable, but also realistic given the state's institutional capacity. For example, while it may be desirable to require real-time electronic reporting of all notifiable diseases, if the state lacks the infrastructure, such a requirement would remain aspirational. Good drafting balances ambition with feasibility.

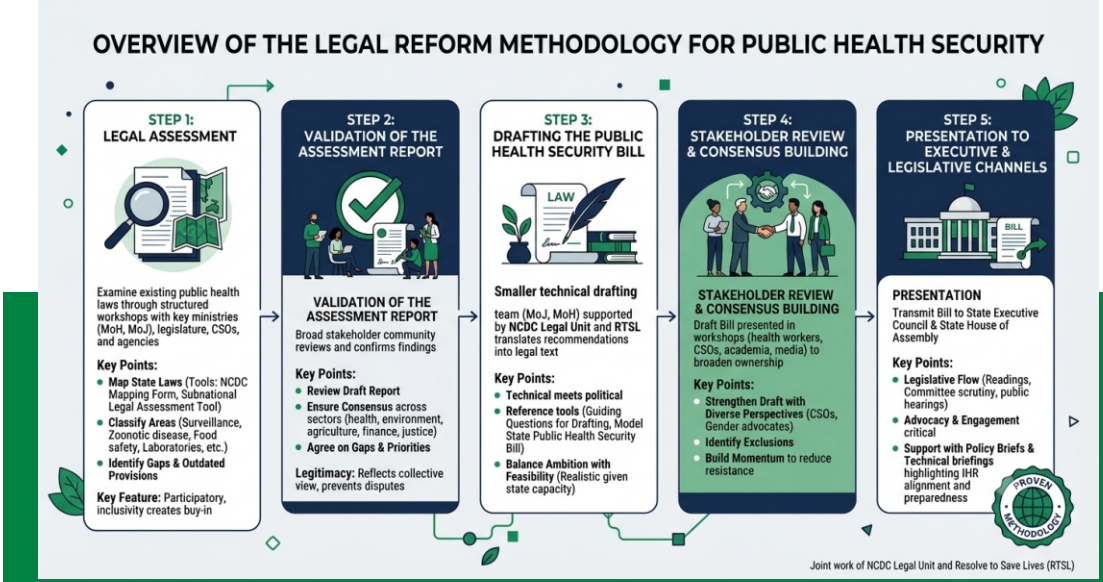
Step 4: Stakeholder Review and Consensus Building

A draft law is not the end but the beginning of discussion. The draft Bill is presented in stakeholder workshops, often involving health workers, CSOs, academia, and sometimes even media representatives. This stage broadens ownership and strengthens the draft by incorporating diverse perspectives. For example, CSOs may highlight community engagement gaps or identiy provisions that will result in the exclusion of certain groups.

Consensus building also plays a political role. By the time the Bill reaches the State House of Assembly, it is helpful if legislators already know that multiple sectors and stakeholders support it. This reduces resistance and accelerates passage.

Step 5: Presentation to Executive and Legislative Channels

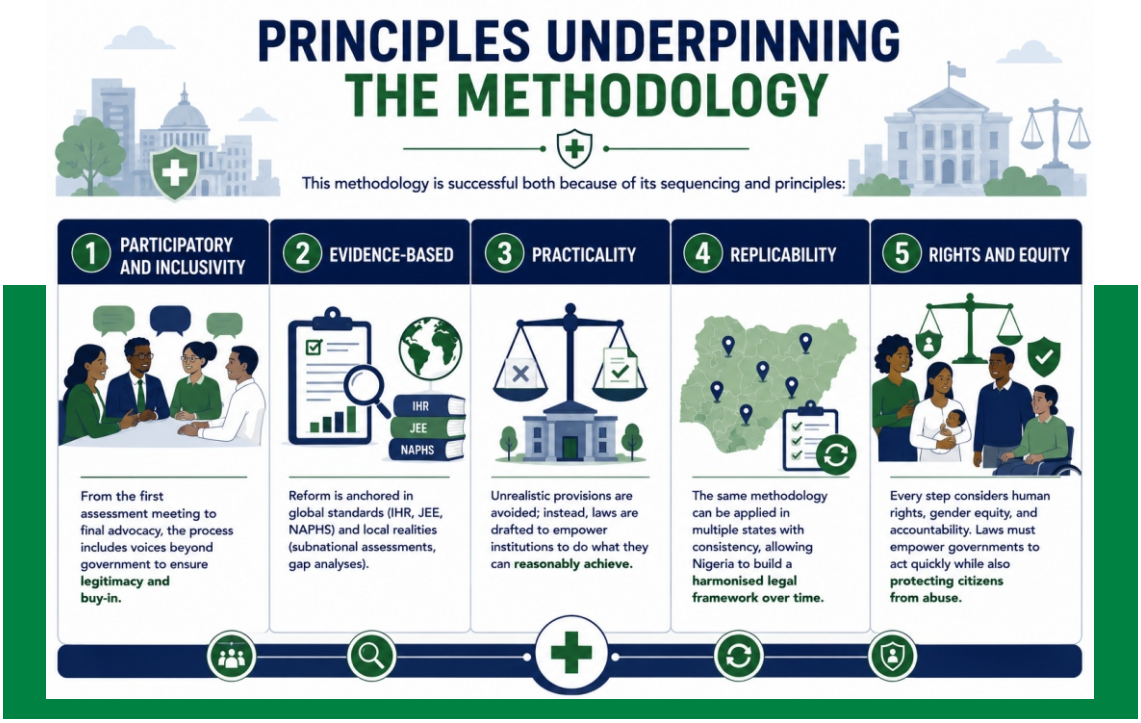
Finally, the draft Bill is transmitted to the State Executive Council for approval, and then to the State House of Assembly. Here, advocacy and legislative engagement are to support the Bill through first, second, and third readings, committee scrutiny, and possibly public hearings. Technical briefings, policy briefs, and one-on-one engagements with legislators can maintain momentum. NCDC and partners typically support the Ministry of Health with advocacy materials that highlight how the proposed law aligns with IHR obligations, strengthens epidemic preparedness, and protects citizens' rights.



2.1.2 Principles Underpinning the Methodology

This methodology is successful both because of its sequencing and principles:

- **Participatory and Inclusivity:** From the first assessment meeting to final advocacy, the process includes voices beyond government to ensure legitimacy and buy-in.
- **Evidence-based:** Reform is anchored in global standards (IHR, JEE, NAPHS) and local realities (subnational assessments, gap analyses).
- **Practicality:** Unrealistic provisions are avoided; instead, laws are drafted to empower institutions to do what they can reasonably achieve.
- **Replicability:** The same methodology can be applied in multiple states with consistency, allowing Nigeria to build a harmonised legal framework over time.
- **Rights and Equity:** Every step considers human rights, gender equity, and accountability. Laws must empower governments to act quickly while also protecting citizens from abuse.



2.1.3 Outputs and Deliverables

Each step generates tangible outputs that also serve as accountability markers:

- Step 1: Draft Legal Assessment Report.
- Step 2: Validated Assessment Report.
- Step 3: Draft Public Health Security Bill.
- Step 4: Revised Bill reflecting stakeholder consensus.
- Step 5: Submission package to Executive and Legislature (including advocacy briefs).

2.1.4 Why This Methodology Matters

This methodology has already proven its value. Kaduna, Kano and Jigawa successfully passed their Public Health Laws using this approach. Other states in Nigeria have advanced their Bills using the same model. By codifying this experience into a clear methodology, NCDC and RTSL provide a blueprint that others — in Nigeria or globally — can adopt.

In sum, the methodology is a **practical roadmap**; it transforms the intimidating concept of “law reform” into a series of achievable steps. It reassures governments and partners that reform is possible, shows them how to do it, and provides tools to simplify and streamline the process.

2.2 PLANNING AND RESOURCE CONSIDERATION

Embarking on health legal reform is both an opportunity and a responsibility. It requires thoughtful preparation, careful planning, and dedicated resources. The process cannot be rushed or improvised. Before launching, states and partners must ask themselves: *Do we have the right people, the right budget, and the right systems in place?*

From prior experience, three considerations are paramount: **human resources, financing, and logistics/meeting management**. Equally critical is the creation of a **dedicated governance structure** — a committee or reform team — to coordinate the process. Without this structure, even the most well-funded and technically sound initiative risks losing momentum or stalling midway.

2.2.1 Human Resource Needs

Human resources are the engine of reform. Public Health Law reform is not the job of a single lawyer or one ministry. It is a multidisciplinary exercise that draws from law, public health, politics, and community engagement.

A typical reform team should include:

- **Legal experts:** Ministry of Justice drafters, NCDC Legal Unit officers, legislative drafting professionals.
- **Public health professionals:** Epidemiologists, surveillance officers, laboratory scientists, veterinary and food safety experts.
- **Legislative actors:** Committee clerks, assembly legal services directors, and health committee members.
- **Civil society and community voices:** CSOs, members of the academia, professional associations, etc.
- **Finance and planning officers:** To ensure reforms are aligned with state budget cycles and financing instruments.
- **Development partners:** International and local Non-Governmental Organisation (NGOs) for technical and financial support.

A critical enabling factor for effective legal reform is the establishment of a **State Legal Reform Working Group**. Experience from previous legal reform initiatives globally demonstrates that reform processes are more effective when coordinated by a dedicated, multidisciplinary team comprising focal persons from key ministries and institutions. At the state level in Nigeria, such a working group should include representatives from the **Ministry of Health, Ministry of Justice, Ministry of Agriculture, Ministry of Environment, Ministry of Finance, and Ministry of Women Affairs**, as well as relevant specialised agencies such as the **State Emergency Management Agency (SEMA), the State Primary Health Care Development Agency (SPHCDA), and representatives of the State House of Assembly**.

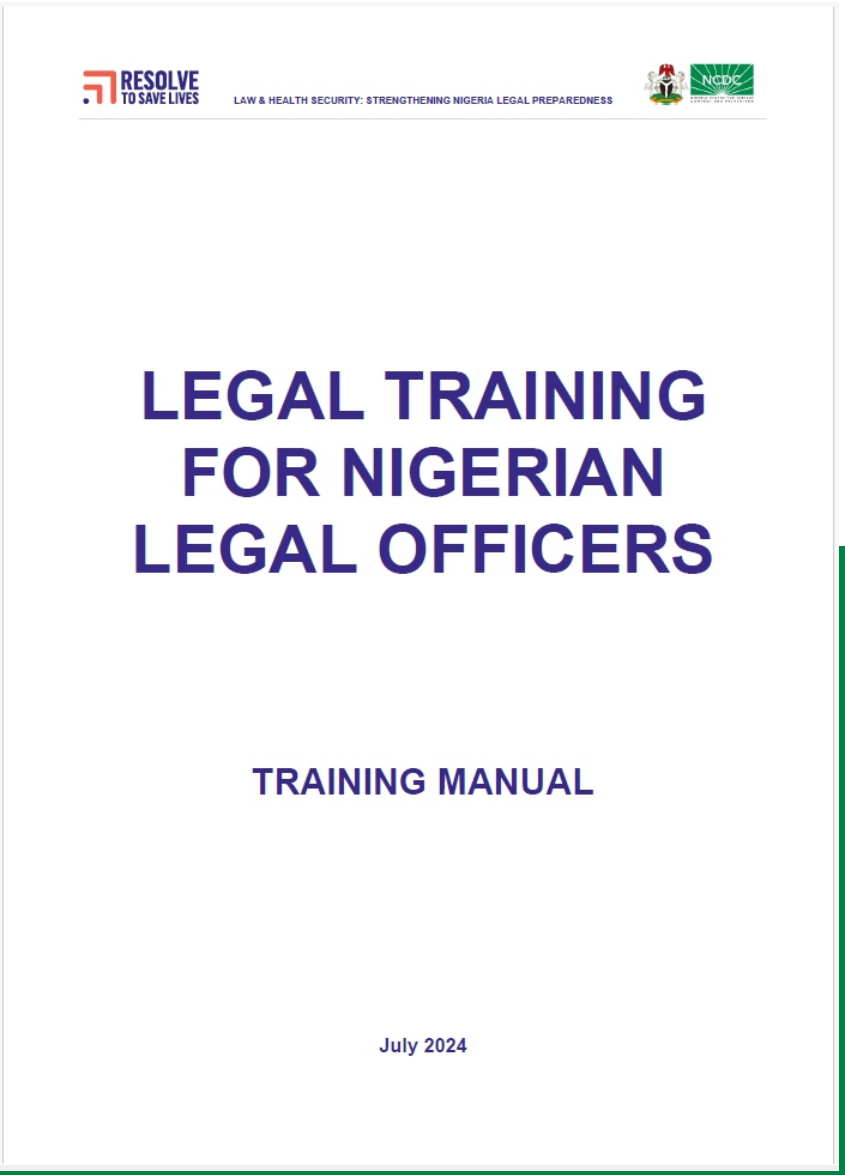
The Working Group should be **constituted and recognised by the State Government**, with clear **Terms of Reference** outlining its responsibilities. These responsibilities should include coordinating legal assessments, convening stakeholder consultations, overseeing drafting and technical review processes, facilitating interagency coordination, and supporting engagement with the State House of Assembly during the legislative process. This Working Group should ideally be **chaired at an appropriate senior political or administrative level within the State Ministry of Health**.

Capacity strengthening is also essential to the success of legal reform efforts. In many states, legal officers and public health professionals have limited prior exposure to the **International Health Regulations (IHR)** or to the drafting of modern public health legislation. To address this, the **NCDC Public Health Law Training Modules** cover key areas including the foundations of public health law, IHR obligations, disease surveillance systems, and emergency powers, in health legislation.

Strengthening the capacity of legal and policy officers at the state level not only improves the quality of the immediate reform process but also helps establish a **sustainable pool of expertise** capable of supporting future legal reviews, amendments, and implementation monitoring.

Checklist

- ☑ Do we have a dedicated Legal Reform Working Group in place?
- ☑ Are all relevant ministries and sectors represented?
- ☑ Do we have trained legal officers on public health and/or health security?
- ☑ Have we planned for inclusion of civil society and professional associations in the reform process?



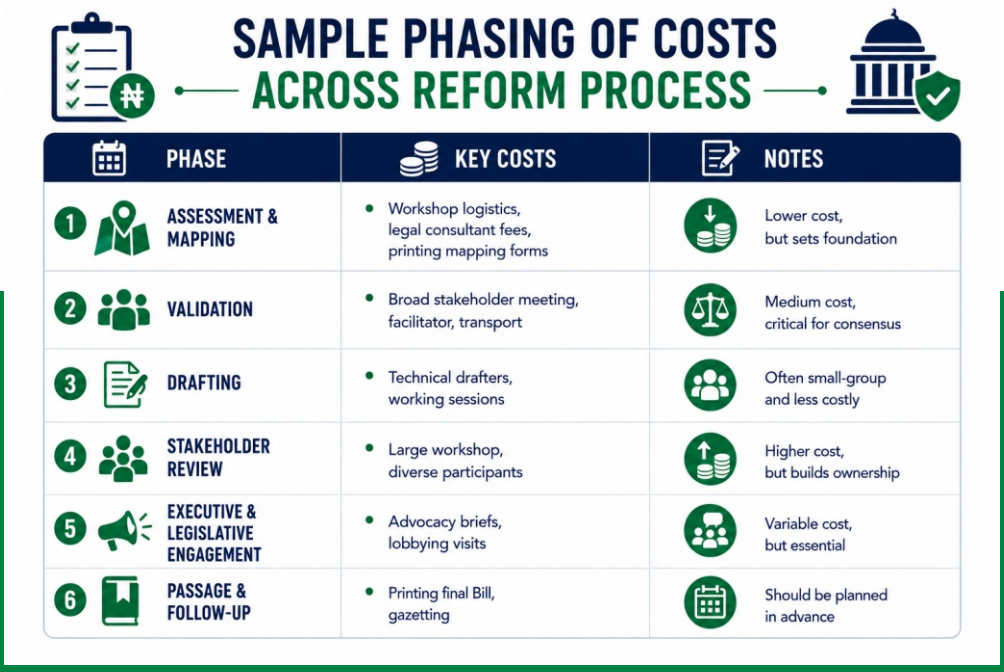
[5]Nigeria Centre for Disease Control and Prevention (NCDC), Legal Training for Nigerian Legal Officers. (NCDC, 2024). https://drive.google.com/drive/folders/18gl96ulJYACprB3i1_w5hc3-vWcPCLnQ

2.2.2 Budget Planning

Budgeting is where many reform efforts falter. Laws cannot be written on goodwill alone. Each stage — assessment, validation, drafting, review, advocacy, passage — carries costs. Underestimating them leads to delays, strained relationships with stakeholders, and sometimes failure to pass the law.

Drawing from state experiences, the following categories are essential:

The costs associated with public health legal reform should be phased across the reform process and planned in advance. The **assessment and mapping** phase typically involves workshop logistics, legal consultant fees, and printing of mapping tools; although relatively low-cost, it establishes the foundation for the entire process. **Validation** requires stakeholder meetings, facilitators, and transport support, making it a medium-cost but essential stage for building consensus. **Drafting** often involves technical drafters and focused working sessions, which are generally less costly due to the smaller number of participants. **Stakeholder review** tends to be one of the more expensive stages because it requires large workshops with diverse participants, but it is critical for securing ownership and buy-in. **Executive and legislative engagement** involves advocacy materials and strategic engagement activities, with costs varying depending on context. Finally, **passage and follow-up activities**, including printing final legislation and gazetting, should be budgeted for early in the process.



Checklist

- ☑ Have we covered all stages of reform?
- ☑ Have we allocated resources for advocacy and legislative engagement?
- ☑ Is there contingency funding for delays?
- ☑ Have we linked reform financing to the State Action Plan for Health Security (SAPHS)?

Generally, a typical **state-level legal reform process** may require an estimated budget of **₦25 million to ₦45 million**, depending on the scope of activities, the number of consultations required, and the complexity of the legal reforms being pursued. Budget planning should take into account not only the costs associated with stakeholder meetings, legal assessments, drafting workshops, and validation sessions, but also the broader institutional support required to sustain the reform process.

In particular, reform budgets should include provisions for **institutional strengthening measures**, such as the establishment or strengthening of legal units within relevant ministries, the operation of state legal reform working groups, and ongoing coordination activities among participating institutions. Investing in these structures helps ensure that the reform process is not limited to the development of a single law or regulation but contributes to building sustainable capacity within the state to **review, update, and implement public health laws over time**.

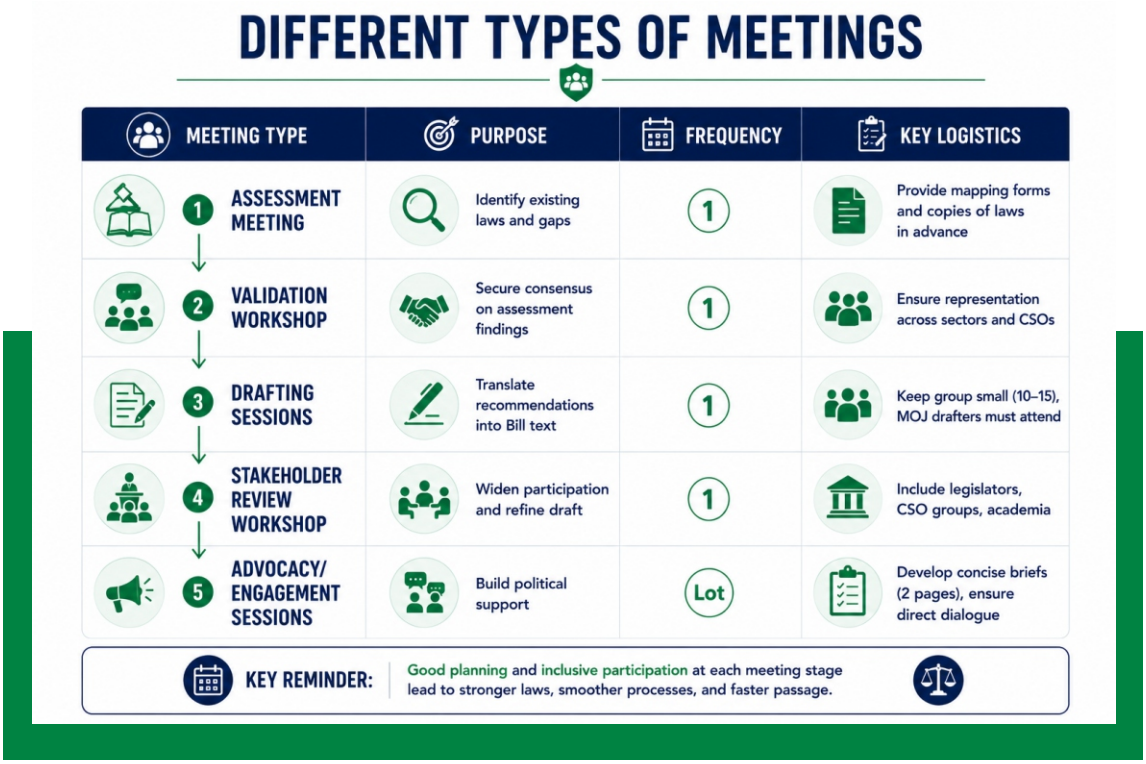
2.2.3 Logistics and Meeting Management

Legal reform is **"dialogue-heavy"**. Meetings are where consensus is built, drafts are reviewed, and advocacy is secured. Yet poor logistics — a badly chosen venue, inadequate materials, or absent participants — can derail months of preparation.

[6] Note that figures are relevant as the time of publication in 2026

2.2.3.1 Types of Meetings and Their Requirements

Legal reform requires intense discussion, analysis and consensus building. Meetings are an inherent part of these processes. It is therefore important to plan for a sufficient number of meetings throughout the legal reform process. Lessons learned from pilots indicate that a series **of 5-7 meetings** of different sizes and formats ensure a successful outcome.



Checklist

- ☐ Have we mapped the key meetings across the process?
- ☐ Are agendas clear and distributed early?
- ☐ Do we have a rapporteur and follow-up plan for each meeting?
- ☐ Is there a standing committee to ensure continuity across meetings?

2.2.3.2 Core Principles of Meeting Management

- **Inclusivity:** Ensure balanced representation across government, CSOs, gender, and technical areas.
- **Preparation:** Distribute pre-reading materials (such as copies of laws, mapping tools, draft Bills) at least one week in advance.
- **Documentation:** Assign rapporteurs to capture discussions, decisions, and next steps.
- **Follow-up:** Circulate reports of the meeting to participants and stakeholders within 72 hours after the meeting and track action items collaboratively with state teams.

PART III
FOUNDATIONS OF LEGAL REFORM

3.1 LEGAL LANDSCAPES IN NIGERIAN STATES

3.1.1 Constitutional Provisions and State Powers

Nigeria operates a federal system of government under the **1999 Constitution (as amended)**, which allocates legislative powers between the federal and state governments. Any reform effort must begin with an appreciation of this division, since it determines what states *can* and *cannot* legislate on.

Exclusive Legislative List (Second Schedule, Part I, Constitution): Matters reserved solely for the National Assembly include quarantine, aviation, ports, customs, immigration, nuclear energy, and defence. States cannot make laws on these matters, though they may implement federal laws. For example, the **Quarantine Act 1926** and its regulations are federal instruments, and states can only support implementation, not legislate independently on quarantines at international airports.

Concurrent Legislative List (Second Schedule, Part II, Constitution): Both federal and state legislatures can make laws on listed items, but federal law prevails where there is inconsistency. Key areas relevant for health security include public health, environment, education, and social welfare. States can therefore enact public health laws provided they do not conflict with federal statutes such as the **National Health Act 2014**, the **NCDC Act 2018**, or federal food safety laws.

Residual Powers: Any matter not on the Exclusive or Concurrent List falls within state jurisdiction. States therefore have authority over issues such as **sanitation, waste management, water supply, state hospitals, disease surveillance systems, and local outbreak response**. These powers are crucial for epidemic preparedness because most day-to-day surveillance and initial responses occur at the state and local government levels.

The courts have consistently affirmed these boundaries. In *Attorney-General of Lagos State v. Attorney-General of the Federation (2003)*, the Supreme Court clarified that states retain powers to legislate on health and environmental matters that are not expressly reserved for the federal government. Similarly, in *Attorney-General of Ogun State v. Aberuagba (1985)*, the Court reinforced the principle that matters not listed in the Exclusive or Concurrent Lists remain residual for states.

For legal reformers, the lesson is clear: **know your lane**. When drafting state public health security laws, drafters must avoid conflicts with federal legislation but can (and should) legislate comprehensively on state-controlled aspects of health security, including:

- Surveillance and reporting systems within the state.
- Establishment of State Public Health Emergency Operations Centres (PHEOCs).
- Regulation of food premises, abattoirs, and local food safety standards.
- Animal health and zoonotic disease control at the state level.
- State financing mechanisms (e.g., Public Health Security Funds).
- Coordination structures (e.g., Epidemic Preparedness Committees).

In short, while states cannot legislate on quarantine at international points of entry of the country, they have full authority to regulate waste disposal in markets, impose notification obligations on private hospitals, or establish rapid response systems for cholera outbreaks. The Constitution empowers them to act — and public health security demands that they do so.

CONSTITUTIONAL PROVISIONS AND STATE POWERS

Understanding Nigeria's Federal System for Effective Public Health Legal Reform

Nigeria operates a federal system of government under the 1999 Constitution (as amended), which allocates legislative powers between the federal and state governments. Any reform effort must begin with an appreciation of this division.

1 EXCLUSIVE LEGISLATIVE LIST
(Second Schedule, Part I, Constitution)

Matters reserved solely for the National Assembly.

- Quarantine
- Aviation, ports, customs
- Immigration
- Nuclear energy
- Defence

States cannot make laws on these matters, though they may implement federal laws. For example, the Quarantine Act 1926 and its regulations are federal instruments, and states can only support implementation, not legislate independently on quarantines at international airports.

2 CONCURRENT LEGISLATIVE LIST
(Second Schedule, Part II, Constitution)

Both federal and state legislatures can make laws on listed items, but federal law prevails where there is inconsistency.

Key areas relevant for health security:

- Public health
- Environment
- Education
- Social welfare

States can therefore enact public health laws provided they do not conflict with federal statutes such as the National Health Act 2014, the NCDC Act 2018, or federal food safety laws.

3 RESIDUAL POWERS

Any matter not on the Exclusive or Concurrent List falls within state jurisdiction.

Examples include:

- Sanitation and waste management
- Water supply
- State hospitals
- Disease surveillance systems
- Local outbreak response
- Other matters not listed

These powers are crucial for epidemic preparedness because most day-to-day surveillance and initial responses occur at the state and local government levels.

COURTS HAVE CONSISTENTLY AFFIRMED THESE BOUNDARIES

Attorney-General of Lagos State v. Attorney-General of the Federation (2003)

The Supreme Court clarified that states retain powers to legislate on health and environmental matters that are not expressly reserved for the federal government.

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The Court reinforced the principle that matters not listed in the Exclusive or Concurrent Lists remain residual for states.

FOR LEGAL REFORMERS, THE LESSON IS CLEAR: KNOW YOUR LANE.

When drafting state public health security laws or any health-related laws, drafters must avoid conflicts with federal legislation but can (and should) legislate comprehensively on state-controlled aspects of health security, including:

- Surveillance and reporting systems within the state.
- Establishment of State Public Health Emergency Operations Centres (PHEOCs).
- Regulation of food premises, abattoirs, and local food safety standards.
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In short, while states cannot legislate on quarantine at international points of entry of the country, they have full authority to regulate waste disposal in markets, impose notification obligations on private hospitals, or establish rapid response systems for cholera outbreaks.

The Constitution empowers them to act — and public health security demands that they do so.

3.1.2 Types of Legal Instruments

Not all legal instruments are created equal. One of the most common mistakes in reform processes is confusing **laws**, **regulations**, and **guidelines** — or expecting one type of instrument to achieve what it cannot. Understanding the differences saves time, resources, and political capital. It also avoids creating overburdened or unenforceable texts that later frustrate both implementers and communities.

3.1.2.1 Laws (Acts or State Laws)

Laws are the backbone of any legal system. In Nigeria, they are enacted either by the **National Assembly** (for federal matters) or by a **State House of Assembly** (for state matters). They carry the highest binding authority within their jurisdiction and can establish institutions, confer powers, create offences, mandate financing, or provide for penalties. Laws are primarily known as "primary legal instruments".

Most often, Laws are the hardest type of legal instrument to change. This is because they require political support, multiple readings in the legislature, and usually some measure of public debate or consultation. But once passed, Laws are durable, enforceable, and provide the authority on which all other legal or regulatory instruments rest.

Examples:
- The **NCDC Act 2018**, which created the Nigeria Centre for Disease Control and Prevention as a statutory body.
- The **Kaduna State Public Health Law 2023**, which established a State Public Health Emergency Operations Centre (PHEOC), created a Public Health Security Fund, and mandated reporting of notifiable diseases.

Details about the drafting and adoption of laws can be found in Part VI – 6.1 Understand the Legislative Process in Nigeria States of this Guide.

3.1.2.2 Regulations

Regulations sit just below laws. This is also known as "subsidiary legal instruments". They are made under the authority of a parent law, usually by a Minister, Commissioner, or designated agency. They are legally binding, but cannot go beyond or contradict the parent law. Their main role is to provide technical detail — specifying standards, procedures, enforcement mechanisms, or penalties.

Regulations are more flexible than laws. They can be updated more quickly as circumstances change, making them particularly useful in areas like food safety, laboratory standards, or outbreak response protocols.

Examples:
- In 2020, after the declaration of the COVID-19 in Nigeria, the President issued the **COVID-19 Regulations 2020,** made under the Quarantine Act 1926, which provided detailed measures on lockdowns, restrictions, and movement controls.
- Other examples are regulations, notices or orders issued under State Environmental Protection Laws by the various state governments, which specify waste disposal standards and set penalties for violations.

Details about the drafting and adoption of regulations can be found in Part VI – 6.2 Developing and adopting Regulations of this Guide.

Guidelines are the least formal. They are usually issued administratively by Ministries, Departments, or Agencies (MDAs). Where the primary legislation provides for issuance of guidelines, the guidelines have the same force of law as regulations and enforceable in courts. Additionally, violation of the guidelines can attract sanctions and penalties too.

Nonetheless, where they are not specifically mandated by any law, such guidelines may not carry the force of law but are persuasive and often followed because they represent best practice or technical consensus. These sorts of guidelines are best suited for operational details, training, or standardisation of practice across different facilities.

Examples:

- The **National Integrated Disease Surveillance and Response (IDSR) Guidelines 2019**, which provide detailed instructions to health workers on how to report diseases.
- Infection Prevention and Control (IPC) guidelines issued during COVID-19, guiding hospitals on PPE use, triage, and isolation practices.

Why the Distinction Matters

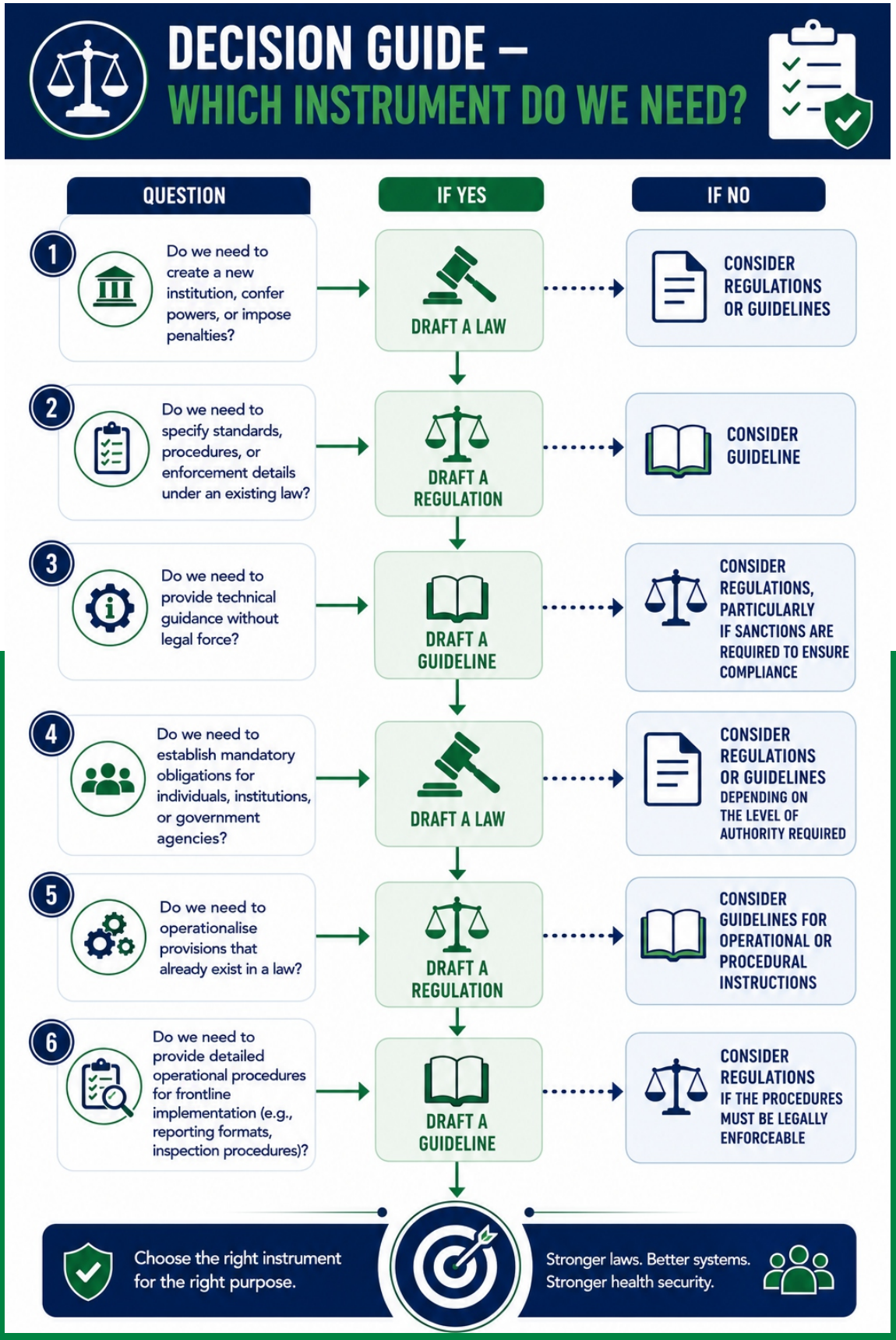
Each legal instrument serves a different function in the legal ecosystem. Confusing them creates inefficiencies.

- **Use laws for structure.** Laws should establish institutions, mandate funds, assign responsibilities, and create accountability mechanisms. They provide the skeleton of the system.
- **Use regulations for detail.** Regulations add muscle to the skeleton — fleshing out procedures, setting standards, and giving practical effect to legal mandates. For example, a state law may establish a Public Health Security Fund, while regulations determine how the fund is managed, disbursed, and audited.

- **Use guidelines for practice.** Guidelines are the training manual. They help practitioners know *how* to carry out their duties, e.g., how to fill disease notification forms or how to conduct safe burials during an Ebola outbreak.

Practical Tip: During stakeholder consultations, facilitators or presenters should clearly explain the distinctions between laws, regulations, and guidelines. Many stakeholders, particularly those without legal training, often assume that all issues, obligations, duties, sanctions or penalties should be included directly in the law. This approach can result in legislation that is overly detailed, inflexible, incomprehensible to both legal & non-legal persons as well as enormously difficult to implement in practice.

Facilitators should therefore emphasize the importance of using different **legal instruments** (whether choosing legislation (laws), regulation or guideline) for different purposes. **Legislation (or law)** should establish core mandates and institutional powers, while **regula ions and guidelines** should provide the operational and technical detail required for implementation. Similarly, existing legal authorities in laws can be leveraged to improve the legal framework through regulations. Demonstrating how these instruments work together helps stakeholders understand how legal frameworks can achieve both authority and practical flexibility.



Bottom line: **laws provide the skeleton, regulations add the muscle, and guidelines are the training manual.** Reformers must use all three strategically.

3.1.3 Key Public Institutions in Legal Reform

Legal reform is not just about drafting new provisions; it is equally about the **institutions** that drive, shape, and implement those provisions. At the subnational level in Nigeria, several actors play critical roles, and the success of reform depends on how effectively they collaborate.

1. **State Ministry of Health (SMOH)**
   The SMOH is usually the lead agency for initiating health legal reforms. It provides the technical rationale, identifying gaps in existing laws through outbreak experiences, Joint External Evaluation (JEE) results, or routine surveillance challenges. The Ministry convenes stakeholders, mobilises health experts, and ensures that reforms are grounded in public health realities rather than abstract legal theory. For example, Directors of Public Health and State Epidemiologists often provide critical evidence on why laws need updating to reflect modern surveillance and response systems.

2. **State Ministry of Justice (MOJ)**
   The MOJ provides the legal backbone. It houses legislative drafters who have the training to translate public health recommendations into enforceable, precise legal text. Without their involvement, even the best technical recommendations may become vague or unenforceable. The MOJ also ensures that new laws align with constitutional limits, avoid conflicts with federal laws, and are structured in line with Nigerian legislative drafting standards.

3. **State House of Assembly**
   The House of Assembly, especially its Committee on Health, have the primary duty to scrutinize bills and pass them as Laws. Thus, they play a pivotal role by holding hearings, debating provisions, and ultimately passing the Bill. Lawmakers also provide legitimacy through public hearings where civil society and citizens can contribute to the law-making process. Successful reformers understand that legislative buy-in must be cultivated early, through advocacy visits, policy briefs, and continuous engagement.

4. **Governor's Office/State Executive Council**
   Before a Bill reaches the Assembly, it typically passes through the Governor's Office or the State Executive Council. This stage provides political clearance, and without it, most reform initiatives stall. Governors are often concerned with visibility, political feasibility, and alignment with broader policy priorities. Presenting reforms as part of epidemic preparedness, economic resilience, and good governance helps secure this crucial approval.

5. **Nigeria Centre for Disease Control and Prevention (NCDC)**
   At the national level, the NCDC Legal Unit provides oversight and technical guidance. It ensures that state laws align with Nigeria's obligations under the International Health Regulations (IHR 2005, as amended in 2024). The Unit also supports states with model laws, assessment tools, and technical training for legal officers. In this sense, it acts as a "clearing house" for public health legal reforms across the federation.

6. **Development Partners and Civil Society**
   External actors provide indispensable support. RTSL, WHO, UNICEF, and other development partners contribute technical expertise, funding, and advocacy. Civil society organisations (CSOs) bring citizen perspectives, ensuring that reforms are inclusive, rights-based, and gender-sensitive. Their advocacy also helps maintain political momentum when government priorities shift.

7. **Dedicated Reform Working Groups**
   Recent state-level experiences highlight the importance of creating **dedicated Legal**

Reform Working Groups. These multisectoral teams bring together SMOH, MOJ, legislature representatives, NCDC, CSOs, and partners. They coordinate meetings, manage logistics, and provide continuity throughout the often-lengthy reform process. Prior experiences emphasise that without such teams, reforms risk fragmentation and loss of momentum.

3.2 INITIATING LEGAL REFORM PROCESSES

3.2.1 Identifying Gaps and Reform Opportunities

Every legal reform process begins with one simple but essential step: **recognising where the gaps are.** In Nigeria, the exercise of identifying gaps has been made easier by a combination of subnational health capacities assessments (also known as "State JEE"), outbreak experiences, and global obligations. When systematically examined, these sources provide a clear picture of where state laws fall short and where opportunities for reform exist.

One of the strongest drivers has been the **State Joint External Evaluation (JEE)** exercises. In Nigeria's federal context, that clarity now comes from a **subnational JEE–style assessment** designed by NCDC specifically for states. Unlike the national JEE, which reports country-level capacities, the **subnational tool** zeroes in on what states themselves can legislate, fund, and implement under Nigeria's constitutional allocation of powers. It translates high-level IHR requirements into state-actionable indicators and a practical roadmap for improvement. Because the Subnational JEE tool links each technical area to concrete legal and governance actions, it naturally surfaces legislative gaps and opportunities. For instance, low scores in surveillance or governance often reflect the absence of a state legal mandate for electronic reporting, weakly defined PHEOC authority, or the lack of a statutory health security fund. In safer health facilities, gaps commonly point to missing IPC legal requirements, WASH standards in health facilities, or Antimicrobial Resistance (AMR) stewardship provisions.

Another trigger for identifying reform opportunities has come from **epidemic experiences.** COVID-19 exposed the absence of legal backing for lockdowns, mask mandates, or restrictions on gatherings at the state level. Similarly, during repeated Lassa fever outbreaks, states realised they lacked clear legal authority to mandate reporting from private hospitals or regulate laboratory biosafety practices. Each outbreak became a practical lesson in what the law failed to provide.

Stakeholder input also plays an important role. Civil society organisations often highlight rights-based gaps, such as weak protections for non-discrimination during emergencies. Laboratory officials may point out that there is no statutory requirement for reporting dangerous pathogens, while finance officers may stress that there is no legal mechanism for emergency funds to be quickly released. These perspectives reveal blind spots that technical experts alone may overlook.

[9] The Joint External Evaluation (JEE) is a voluntary, collaborative, and multisectoral assessment conducted under the World Health Organization's International Health Regulations (2005) Monitoring and Evaluation Framework. It enables countries to assess their capacities to prevent, detect, and respond to public health risks across a range of technical areas, identify strengths and gaps in national health security systems, and prioritise actions for capacity strengthening. The JEE serves as an important evidence base for developing and implementing the National Action Plan for Health Security (NAPHS) and has become one of the principal tools for measuring progress towards IHR (2005) implementation worldwide. World Health Organization, Joint External Evaluation Tool: International Health Regulations (2005) Monitoring and Evaluation Framework (3rd edn, WHO 2022)

Finally, **global obligations** remain a constant backdrop. Nigeria, as a WHO Member State, is legally bound by the IHR and to maintain certain core capacities. For states, this means ensuring that their laws domesticate these obligations — for example, by integrating One Health surveillance across human, animal, and environmental health sectors.

Identifying these gaps is not an ad hoc exercise. It requires a **structured approach**, using tools developed for this very purpose. The **Legal Mapping Form** and the **Subnational Legal Assessment Tool** provide reformers with step-by-step checklists to review existing laws against IHR thematic areas. These tools ensure that assessments are systematic, evidence-based, and consistent across states.

Practical Tip: When identifying gaps, it is important for reformers or assessors to always triangulate between document conclusions (such as JEEs), lived experience (such as outbreak challenges), and stakeholder voices. Together, these create a robust evidence base for why reform is needed.

In short, the starting point of any reform journey is **"CLARITY"**. Once the gaps are defined and opportunities recognised, governments and partners have a compelling case to move forward with reform — one that is evidence-driven, rooted in experience, and aligned with global obligations.

3.2.2 Conducting Legal Assessments

A legal assessment is the foundation of any reform process. It provides the evidence base for why a new law or amendment is needed and identifies precisely where the gaps lie. Without it, reform risks being arbitrary, reactive, or disconnected from real challenges. The RTSL–NCDC methodology has refined this process into a practical sequence of steps that states can adopt.

1. Desk Review

The first step is a systematic desk review of all relevant public health laws, regulations, and policies in the state. This is not limited to the “Public Health Law” alone; it includes related instruments covering food safety, animal health, environment, sanitation, data protection, immunisation, and laboratory regulation. The goal is to map what exists, when it was enacted, and whether it is still relevant. Old statutes from the 1960s or 1980s often remain on the books but no longer reflect present realities. Desk reviews also examine whether state laws align with federal instruments such as the **National Health Act**, the **NCDC Act**, or international obligations like the **IHR (2005, as amended 2024)**.

The **NCDC Legal Mapping Tool [10]** supports the desk review by providing a structured approach for identifying, organising, and documenting the legal instruments relevant to the public health issues being assessed. Before detailed legal analysis begins, assessors should use the Tool to systematically capture applicable laws, regulations, guidelines, policies, orders, and other instruments at both federal and state levels, including the institutions responsible for their implementation. The mapping exercise should record essential information such as the title and year of each instrument, relevant provisions, responsible MDA, subject matter, and applicable public health or JEE technical area. This creates an organised legal inventory from which the assessment team can determine what instruments require deeper review, identify preliminary overlaps or gaps, and allocate responsibilities among assessors. Importantly, legal mapping is **not itself the legal analysis**; rather, it prepares the foundation for analysis by ensuring that the assessment is comprehensive, traceable, and based on an organised understanding of the existing legal landscape.

[10] As contained in the NCDC Subnational Legal Assessment Tool”

2. Analysis
The collected information is then analysed against international standards and national frameworks. Here, technical experts from the NCDC Legal Unit and RTSL compare provisions to IHR requirements, national benchmarks, and best practices. This step not only identifies what is missing but also suggests practical reforms. For example, analysis may recommend establishing a statutory Public Health Emergency Operations Centre (PHEOC), creating a health security fund, or embedding privacy protections for surveillance data.

3. Assessment Meeting
Next, a structured multi-stakeholder meeting is convened. Participants include representatives from the State Ministry of Health, Ministry of Justice, Finance, Agriculture, Environment, the State Epidemiologist, CSOs, professional associations, and sometimes legislators. Using the **Subnational IHR Legal Assessment Tool for Public Health Laws**, participants review the state's laws across 13 thematic areas: surveillance, immunisation, zoonotic diseases, points of entry, emergency operations, food safety, human rights, privacy, gender equity, and others. The meeting allows participants to highlight where mandates are missing, where overlaps exist, and where enforcement is weak. For example, some states discover they have no legal requirement for immediate electronic reporting of cholera cases, or that their laboratory regulations lack biosafety provisions.

4. Validation Workshop
After initial findings are compiled, a broader workshop is held to validate them. This ensures that no perspective has been overlooked and builds consensus across ministries and partners. Validation also helps strengthen political ownership. For instance, when legislators and civil society validate gaps identified by health and legal experts, it reduces the risk of disputes later when the Bill reaches the House of Assembly.

5. Reporting
The process culminates in a structured **Legal Assessment Report**. RTSL and NCDC provide a standardised report format, ensuring consistency across states. Reports usually contain:

- An executive summary of key findings.
- A mapping of existing laws.
- Identified gaps and overlaps.
- Recommendations for reform.
- Next steps and proposed timelines.

This document becomes the state's **roadmap for reform**, guiding the drafting of a new Bill or targeted amendments.

Outputs and Benefits
The primary output is the **Comprehensive Assessment Report**. But the process also delivers intangible benefits: strengthened interagency collaboration, increased awareness among policymakers, and a shared sense of urgency. States that have completed assessments have used their reports to prepare costed State Action Plans for Health Security and to inform the drafting of new Public Health Security Bills.

Practical Tip: Treat the legal assessment exercise not as a one-off event, but as a **political moment**. Invite the right stakeholders, ensure technical and gender balance, and produce clear visuals (tables, charts, gap maps) that decision-makers can understand. A well-conducted assessment lays the groundwork for smoother drafting, stronger advocacy, and quicker passage of the final law, regulation or guideline.

3.2.3 Developing the Rationale and Objectives for Reform

Every reform effort stands or falls on the strength of its rationale. Without a clear and compelling case, even the most technically sound proposal may stall in political or legislative channels. The Every reform effort stands or falls on the strength of its rationale. Without a clear and compelling case, even the most technically sound proposal may stall in political or legislative channels. The rationale is the "story" that explains **why reform is necessary now** and why it is in the best interest of decision-makers and the public.

A strong rationale connects three levels of obligation:

- **Global obligations:** States must demonstrate compliance with the IHR (2005). Linking reforms to countries' (including subnational entities) obligations under the IHR (2005) strengthens credibility and international standing.

- **National priorities:** Reforms should align with Nigeria's **National Action Plan for Health Security (NAPHS)** and **State Action Plans for Health Security (SAPHS)**. This shows consistency with federal and state priorities.

- **Local experience:** Nothing is more persuasive than citing recent outbreaks, delayed responses, or gaps exposed in communities. Practical examples — such as absence of legal authority for electronic surveillance or weak legal backing for funding — bring urgency to the argument. The recurring response to **Lassa fever in Nasarawa State** provides a practical example of how public health emergencies can reveal issues that should inform legal reform. NCDC surveillance has repeatedly identified Lassa fever cases in Nasarawa, while outbreak responses have required coordination across surveillance, case management, infection prevention and control, contact tracing, risk communication and emergency response structures. In 2021, following confirmed cases in Nasarawa and the FCT, state-level Emergency Operations Centres were activated and contact tracing commenced; subsequent national responses have also included deployment of Rapid Response Teams to Nasarawa [11]. These operational experiences provide a useful basis for examining whether existing State laws clearly authorise disease notification, surveillance, information sharing, emergency coordination, investigation, isolation and other response measures. Legal reform can therefore draw directly from documented outbreak experience, translating operational lessons into clearer and more sustainable legal authority for future emergencies.

How to Document the Rationale:

- **Policy Memos:** Short, focused internal papers (2–3 pages) highlighting gaps, risks, and next steps. This is very effective for senior officials.

- **Advocacy Briefs:** Visually engaging documents tailored for Governors, Commissioners, or legislators, which will contain information stressing political and social benefits.

- **Technical Reports:** Detailed assessments with legal analysis, comparative references, and reform options for expert audiences.

The objectives of reform should be framed in clear and actionable terms: *to strengthen epidemic*

[11] Nigeria Centre for Disease Control and Prevention, 'NCDC Intensifies Activities for Lassa Fever Surveillance and Response Following Outbreaks of Cases in Nigeria' (2021) https://ncdc.gov.ng/news/349/ncdc-intensifies-activities-for-lassa-fever-surveillance-and-response-following-outbreaks-of-cases-in-nigeria? accessed 10 August 2025."

preparedness, to protect citizens' rights, to ensure predictable financing, and to institutionalise coordination mechanisms.

Practical tip: Always frame the rationale in human and economic terms — **lives saved, crises averted**, **and resources protected.** Decision makers respond more quickly when the rationale demonstrates not just compliance, but also tangible benefits for citizens and governance.

3.2.4 Engaging Public Health Institutions and Agencies

Passing a law is never the work of one ministry or one agency. Legal reform, especially in the sensitive area of public health security, depends on **broad interagency collaboration and coordinated partnerships**. Without deliberate engagement, reforms risk being seen as "health sector projects" rather than cross-cutting governance initiatives, and this undermines both political will and implementation. Moreover, the implementation of the IHR (2005) involves multiple ministries, agencies, and departments. Adopting a One Health approach throughout the legal reform process will help ensure more effective and comprehensive outcomes. It will also facilitate smoother progress by reducing institutional competition and removing barriers to inter-agency collaboration.

Part IV of the Guide provides a structured approach for engaging stakeholders in the reform process and offers practical guidance tailored to the different types of institutions and agencies involved.

3.2.4.1 Engaging Within government

At state level, the **Ministry of Health (SMOH)** usually leads the process, but it cannot act alone. The **Ministry of Justice (MOJ)** must be involved from the outset to translate technical needs into enforceable legal text. The **Ministry of Agriculture** is critical for zoonotic diseases, while the **Ministry of Environment** covers sanitation, waste, and climate-sensitive health risks. The **Ministry of Women Affairs** ensures equity and inclusiveness, while **Finance** is central to establishing and sustaining health security funds. Agencies such as the **State Emergency Management Agency (SEMA)** and **Local Government Authorities (LGAs)** also carry direct responsibilities for preparedness and response. Each of these actors controls part of the health security puzzle; excluding any weakens the whole framework.

3.2.4.2 Engaging External Stakeholders

Global and national partners bring credibility, technical expertise, and resources. Organisations such as the WHO, UNICEF, etc. provide guidance aligned with IHR standards. NGOs, academia, and civil society organisations (CSOs) bring a community voice, ensuring reforms reflect citizen needs and rights. They also monitor progress and hold governments accountable. Development partners frequently contribute funding for assessments, drafting sessions, and advocacy campaigns, making them indispensable allies.

Civil society organisations (CSOs) are essential partners in public health legal reform, helping to connect government and technical stakeholders with affected communities. Their involvement strengthens transparency, legitimacy, public ownership, and accountability throughout the reform process. CSOs contribute by monitoring reforms to ensure they are inclusive and rights-based, advocating for legislative action, providing expertise on issues such as gender equality, human rights, and community engagement, and supporting post-enactment monitoring of implementation and budget allocations. To maximise their contribution, CSOs should be engaged from the assessment stage, provided with clear entry points aligned to their expertise, encouraged to form broad coalitions, and supported to use public engagement mechanisms such as media campaigns, community dialogues, and advocacy initiatives to sustain momentum and strengthen support for reform objectives.

3.2.4.3 Engaging the Legislature

Secure legislative support early and throughout the reform process. Begin by mapping key decision-makers, including the Speaker, House Committees on Health and Finance, influential legislators, and informal political leaders who shape legislative priorities. Involve legislators from the assessment, consultation, and validation stages to build ownership, address concerns, and reduce resistance when the Bill is introduced.

Additionally, develop concise advocacy materials that clearly communicate the public health, social, and economic benefits of the proposed reform. Actively utilise public hearings to demonstrate broad stakeholder support through evidence and testimonies from civil society, professional associations, and communities.

Finally, maintain regular engagement through briefings, courtesy visits, constituency dialogues, and one-on-one consultations to strengthen relationships, sustain political commitment, and facilitate the passage and effective implementation of the law.

3.2.5 Practical coordination mechanism

It is imperative for the legal reform initiative to have a proper and effective coordination mechanism. As such, it is advisable to establish a **State Legal Reform Working Group (LRWG)** that will serve as the central coordination mechanism for the legal reform process. The LRWG should bring together all relevant government and non-government stakeholders, including the State Ministry of Health, Ministry of Justice, State House of Assembly representatives, civil society organisations, professional associations, development partners, and academia.

With technical guidance from the NCDC Legal Unit and relevant partners, the Working Group should develop and oversee a shared reform roadmap, coordinate activities, monitor progress, and facilitate information sharing among stakeholders.

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With technical guidance from the NCDC Legal Unit and relevant partners, the Working Group should develop and oversee a shared reform roadmap, coordinate activities, monitor progress, and facilitate information sharing among stakeholders.

A well-functioning coordination mechanism helps align technical and financial support, promotes accountability, and ensures that reform efforts remain coherent and strategically focused. Importantly, it reduces duplication of activities, prevents fragmented or parallel donor-driven initiatives, and enables stakeholders to work towards common objectives and agreed reform priorities, thereby improving the efficiency, quality, and sustainability of the legal reform process.

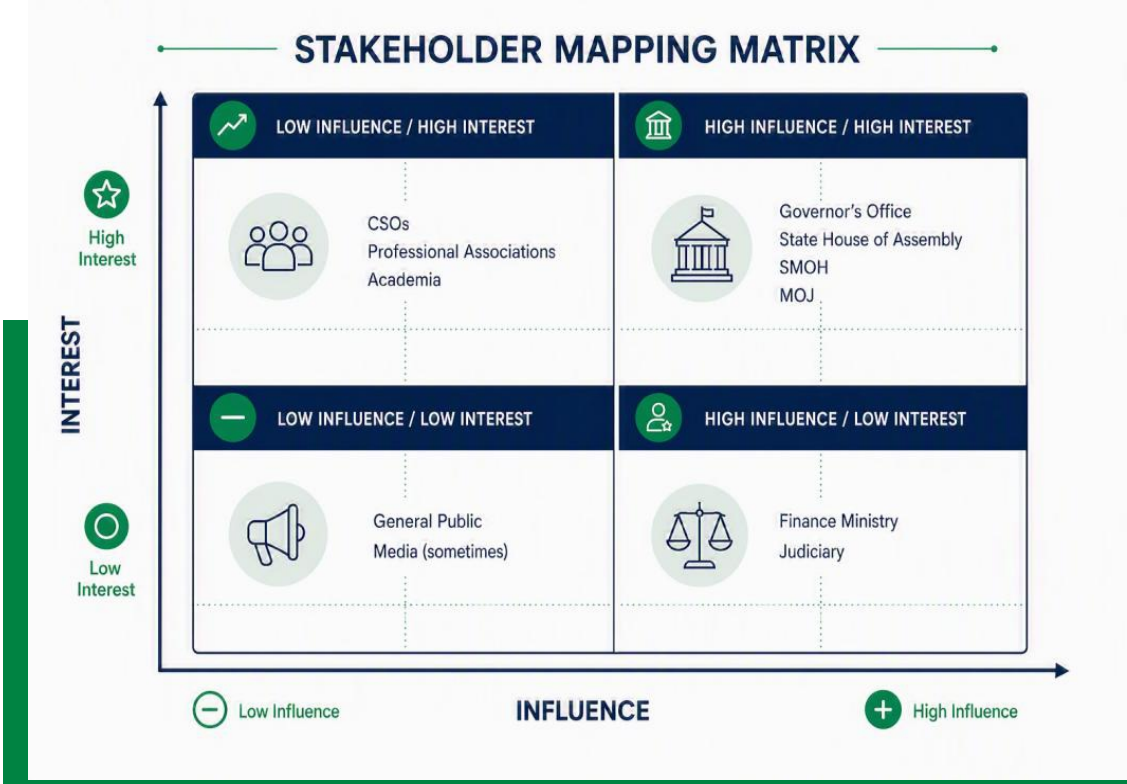
Practical tip: Effective engagement is not only about who sits at the table, but also how they are engaged. Keep lines of communication open through regular briefings, joint WhatsApp groups, and documented minutes. Ensure gender balance in participation and representation from both urban and rural constituencies.

[8] Including the Federal Ministry of Health, Federal Ministry of Justice and Development Partners

PART IV
ENGAGING STAKEHOLDERS IN REFORM

4.1 STAKEHOLDER MAPPING AND MOBILIZATION

Successful public health legal reform is as much about **people** as it is about **laws**. Even the best-drafted Bill can stall if the right actors are not engaged. Stakeholder mapping is the first step — systematically identifying who holds influence, who has technical expertise, and who can mobilise support. This includes government ministries, legislators, civil society, professional associations, and development partners. Mobilisation goes beyond sending invitations; it means building trust, clarifying roles, and ensuring that each actor understands how their contribution strengthens preparedness and response. When done well, mapping and mobilisation transform reform into a collective effort, with stakeholders seeing themselves not just as participants, but as **co-owners of the process**.



4.1.1 Ministries, Departments, and Agencies

Mapping MDAs starts with the **health-security value chain**: which institutions contribute to surveillance, prevention, detection, and response? Core MDAs include the **State Ministry of Health (SMOH)**, **Ministry of Justice**, **Ministry of Agriculture**, **Ministry of Environment**, **Ministry of Women Affairs**, **Finance**, **Information**, **Education**, and the **State Emergency Management Agency (SEMA)**.

At state level, the **Ministry of Health (SMOH)** usually leads the process, but it cannot act alone. The **Ministry of Justice (MOJ)** must be involved from the outset to translate technical needs into enforceable legal text. The **Ministry of Agriculture** is critical for zoonotic diseases, while the **Ministry of Environment** covers sanitation, waste, and climate-sensitive health risks. The **Ministry of Women Affairs** ensures equity and inclusiveness, while **Finance** is central to establishing and sustaining health security funds. Law enforcement agencies are indispensable for enforcing public

health measures, sanctions, quarantine, restrictions, or border health measures. Agencies such as the **State Emergency Management Agency (SEMA)** and **Local Government Authorities (LGAs)** also carry direct responsibilities for preparedness and response. Each of these actors controls part of the health security puzzle; excluding any weakens the whole framework.

Engagement begins with **focal persons**: Directors of Public Health Department, State Epidemiologists, Director of Veterinary Services Department, or Permanent Secretaries. Identify them early and clarify their roles. Practical tools include a **stakeholder matrix** that maps each MDA's mandate, influence, and reform contribution.

Mobilisation requires structured invitations (letters from Commissioners), clear meeting agendas, and consistent follow-up. MDAs should be engaged not just as attendees but as **co-owners** of the process. For instance, Finance officers should help design the Health Security Fund, while Justice drafters should co-lead clause development. Embedding MDAs into working groups creates accountability and continuity.

4.1.2 Legislators

The **State House of Assembly** is the final gatekeeper. Members of the Assembly exercise three critical roles:

- **Law-making** — debating and passing the Bill through the three readings.
- **Oversight** — ensuring implementation and accountability once laws are enacted.
- **Representation** — acting on behalf of citizens, who may support or resist reforms.

To build legislative buy-in, reformers must:

1. **Map key actors.** Identify the Speaker, the House Committee on Health, the Committee on Finance, and other influential members. Informal power brokers (such as senior members or caucus leaders) often matter as much as formal committees.

2. **Engage early.** Legislators should be involved from the assessment and validation stage, not only when the Bill is tabled. Early involvement reduces suspicion and builds ownership.

3. **Use tailored advocacy tools.** Short **advocacy briefs**, two-page memos, and visual charts are far more effective than long technical reports. Messages should highlight practical benefits: "This Bill will save lives, protect the economy, and strengthen state leadership."

4. **Leverage public hearings.** State Assemblies usually hold public hearings on major Bills. Reformers should mobilise CSOs, professional associations, and community representatives to present testimonies. This demonstrates broad support and helps legislators justify their votes.

5. **Maintain informal channels.** Beyond committee rooms, one-on-one engagements, courtesy visits, and constituency dialogues are essential. Legislators often respond to personal relationships, respect, and political calculation as much as technical evidence.

Practical Tip: Always brief legislators in terms of **what the law means for their constituents** — preventing needless deaths, safer schools, cleaner markets, better hospitals, faster outbreak control, and reduced disruption of livelihoods.

Legislators are not simply the "end stage." They are political actors whose support must be cultivated throughout. Begin by mapping the **Speaker, Deputy Speaker, and House Committees on Health, Finance, and Justice**. Beyond committees, identify influential caucus leaders and legislators who have championed health issues before.

Engagement should start early, ideally during the **legal assessment stage**. Invite legislators to inception meetings, the legal assessment meetings and validation sessions so they feel included. Provide them with **advocacy briefs** that summarise gaps and proposed solutions in two pages or less. Avoid technical jargon — speak in terms of **constituent benefits**: safer markets, reduced cholera outbreaks, less disruption of livelihoods.

Relationships matter. Courtesy visits, constituency dialogues, and one-on-one briefings help build trust. Public hearings provide another entry point: mobilise CSOs and technical experts to present evidence that demonstrates broad support. Legislators are more likely to back a Bill when they see it has both expert legitimacy and popular demand.

4.1.3 Civil Society Organisations and Development Partners

Civil society is the bridge between technical experts and citizens. They bring legitimacy, amplify voices, and sustain pressure on decision-makers. In public health law reform, CSOs play at least four roles:

- **Watchdogs:** Monitoring the reform process to ensure it is transparent, inclusive, and rights-based.
- **Advocates:** Mobilising citizens, media, and professional groups to demand legislative action.
- **Technical contributors:** Providing expertise in gender, human rights, or community engagement that government actors may overlook.
- **Allies in sustainability:** Following passage, CSOs help monitor implementation and budget allocations.

To maximise impact, CSO engagement should consider the following:

- **Enter early.** Engagement at the assessment stage ensures CSOs contribute to identifying gaps and framing objectives.
- **Identify clear entry points.** Women's groups can speak to gender equity, legal aid organisations can assess rights provisions, while professional associations can validate technical feasibility.
- **Form coalitions.** Broad coalitions (health NGOs, media groups, youth movements, community organisations) prevent reform from being seen as elite-driven.
- **Use public pressure.** Media campaigns, town halls, and petitions show legislators that citizens are watching and expect results.
- **Sustain engagements:** Advocacy is a marathon and not a sprint. CSOs can sustain engagements with legislators till results are achieved.

Development partners frequently contribute funding for assessments, drafting sessions, and advocacy campaigns, making them indispensable allies.

Mapping those providing **technical assistance** (WHO, UNICEF, UNDP, etc.) and those funding programmes (donors, NGOs, bilateral agencies) will help identify the best way to engage them in the

process.

Donors and partners should align support with state-led reform agendas, funding **assessments, drafting, or advocacy efforts** rather than parallel initiatives.

4.2 DESIGNING AND MANAGING ENGAGEMENT PROCESSES

Stakeholder engagement in legal reform is not a one-time activity but a **continuous, structured process**. Each stage — whether advocacy visits, legal assessments, validation meetings, or drafting workshops — requires careful design, clear facilitation, and specific outputs. When poorly managed, these engagements waste resources, frustrate participants, and slow reform momentum. When well-managed, they encourage **buy-in, consensus, and shared ownership** of the process.

Effective engagement hinges on three principles: **clarity, inclusivity, and follow-through**. Clarity means every stakeholder and participant understands the objectives and their role. Inclusivity ensures that MDAs, legislators, CSOs, and partners all have a voice, particularly groups representing gender and community perspectives. Follow-through demands that every meeting ends with a record of decisions and clear next steps, communicated promptly to participants.

In short, designing and managing engagement is about turning dialogue into **actionable commitments**, ensuring the process moves steadily from ideas to laws that protect lives.

4.2.1 Advocacy and Consensus Building Strategies

Advocacy is both an **art and a science**. It blends evidence with compelling narratives, and relationships with persistence. In public health legal reform, the goal is to translate technical needs into political action.

In Nigeria, effective strategies have included:

- **Targeted advocacy briefs:** During Kaduna's Public Health Law reform process, two-page memos were shared with legislators and Commissioners, clearly outlining gaps, proposed solutions, and benefits for citizens. Short and visual briefs proved far more persuasive than lengthy reports.

- **High-level champions:** In Kano, early endorsement from the Governor, before the drafting of the bill, provided political cover and urgency, allowing the draft Bill to move quickly through the Assembly.

- **Public mobilisation:** CSOs in Nasarawa held town halls and radio discussions that framed the reform as a community demand, countering perceptions that it was “donor-driven”.

Consensus building complements advocacy. It requires **multi-stakeholder forums** where technical experts, legislators, CSOs, and development partners deliberate together. Practical techniques include using breakout groups for thematic discussions, “gap maps” that visually display weaknesses in the current legal framework, and consensus statements signed by participants. These strategies not only improve the draft Bill but also ensure stakeholders feel ownership of the outcome.

Globally, similar patterns emerge. In Liberia, post-Ebola reforms advanced because CSOs persistently mobilised communities, while in Sierra Leone, strong ministerial champions sustained legal reforms despite political turnover. These experiences reinforce the importance of both community advocacy and high-level leadership.

Practical Tip: Advocacy should always answer three questions: Why now? Why this law? And why should you, the decision-maker, care? Consensus-building processes should always end with written commitments, timelines, and next steps — ensuring that dialogue translates into concrete progress.

4.2.2 Legal Assessment Meetings

Legal assessment meetings are the **starting line** of the reform journey. They provide the first structured opportunity to bring stakeholders together, map the existing legal landscape, and identify where the state's public health framework falls short. Because these meetings set the tone for the entire process, they must be **tightly structured, inclusive, and evidence-driven**.

Checklist for Preparation

- Circulate the **Legal Mapping Form** and **Subnational IHR Assessment Tool** at least a week in advance.
- Identify facilitators and rapporteurs to guide discussions and capture outcomes.
- Confirm participation from SMOH, MOJ, Finance, Agriculture, Environment, Women Affairs, SEMA, CSOs, and at least one legislator.
- Provide participants with copies of existing laws, regulations, and policies for quick reference.

During the Meeting

Begin with an overview of Nigeria's IHR obligations and the role of states in fulfilling them. Use **breakout groups** to examine laws across thematic areas such as surveillance, zoonotic diseases, financing, coordination, rights, and gender equity. Encourage participants to highlight both strengths (e.g., existing disease notification systems) and weaknesses (e.g., absence of legal authority for electronic reporting). Discussions should be constructive and evidence-based, avoiding institutional blame.

Outputs

- A draft list of identified legal gaps and reform opportunities.
- A set of preliminary recommendations.
- Agreement on next steps, including the date for the validation workshop and nomination of a drafting team.

Practical Tip: Treat the meeting as both a technical and political exercise. The focus must remain on the laws themselves — not individuals or agencies — while reinforcing that reform is a collective responsibility. A well-run assessment meeting creates momentum, ownership, and a shared foundation for all subsequent stages of reform.

4.2.3 Stakeholder Consultations and Validation Meetings

Stakeholder consultations and validation workshops are where the reform process moves from technical analysis to **collective ownership**. They provide a platform for diverse actors to review draft assessment findings, confirm priorities, and ensure that the emerging roadmap reflects the perspectives of government, communities, and partners. When handled well, they strengthen legitimacy; when poorly managed, they risk reopening disputes or stalling momentum.

Key Steps

- Invite a broad set of actors: MDAs (Health, Justice, Finance, Agriculture, Environment, Women Affairs), legislators, CSOs, development partners, academia, and the media.
- Present draft assessment findings **visually** — charts, gap tables, or summary slides are easier to engage with than lengthy reports.

- Use both plenary and breakout group discussions, allowing participants to confirm or amend findings in smaller, focused sessions.
- Document all inputs transparently in real time, for example using flipcharts or projected notes, so that participants see their contributions recorded.

Guardrails

- Manage time carefully. Focus on points of disagreement rather than rehashing areas of consensus.
- Ensure **gender balance** and include community voices, particularly those often excluded from formal policymaking.
- Prevent donor or partner dominance. While partners provide technical input, the process must remain **state-led** to secure political ownership.

Outputs

- A validated Assessment Report endorsed by stakeholders.
- Consensus on key priorities that will inform the drafting of the Public Health Security Bill.
- A public record of participation, which later strengthens advocacy with legislators and executives.

Practical Tip: Frame the meeting as the state's **collective commitment** to reform. Validation is not about reopening debate but about confirming shared priorities and preparing for the next step: turning consensus into a draft law.

4.2.4 Drafting and Review Meetings

Drafting meetings are the **technical heart** of the reform process. They translate assessment findings and stakeholder consensus into enforceable legal provisions. Success requires balancing **legal precision** with **public health practicality**: the law must be sound in court but also usable in the field.

Key Steps

- Keep groups small (10–15 participants). Drafting should be led by the **Ministry of Justice (MOJ)** drafters, supported by technical officers from the **State Ministry of Health (SMOH)** and the **NCDC Legal Unit**.
- Provide participants with the **Guiding Questions for Drafting a Public Health Law** and the **Model Bill** as references.
- Draft in sections, clause by clause. After each section, pause to test for clarity, enforceability, and feasibility.
- Ensure meeting notes capture both proposed text and the rationale behind decisions, to maintain transparency.

Guardrails

- Avoid overloading the law with operational detail. Day-to-day procedures belong in regulations or guidelines, which are easier to update.
- Check every clause for consistency with the **1999 Constitution (as amended)**, federal laws, and state powers. This prevents conflict and increases the likelihood of passage.
- Keep track of inputs from CSOs, partners, and technical experts. Flag unresolved issues for later consensus workshops rather than letting them stall progress.

Outputs

- A **draft Bill** ready for circulation to wider stakeholders.

- Notes on areas that require further consultation or technical refinement.
- A **drafting log** showing how stakeholder inputs were addressed, which strengthens trust and advocacy.

Practical Tip: Always stress-test draft clauses against **real-world scenarios:** *Could a surveillance officer or local health worker implement this tomorrow?* If the answer is unclear, the provision needs revision.

PART V
DEVELOPING LEGAL INSTRUMENTS

5.1 PRINCIPLES AND TECHNIQUES FOR LEGAL DRAFTING

Legal instruments are the foundation of effective public health governance. Clear language is more effective than legal jargon in ensuring that these instruments are understood and applied consistently by public health officials. A strong and properly written legal instrument (i.e. a Bill) empowers institutions, defines responsibilities, and provides tools for enforcement. A weak one creates ambiguity, delays action, and risks being challenged or ignored.

In Nigeria, legislative drafting has its own traditions: structured Parts and Sections, precise language, and close attention to the 1999 Constitution (as amended). For public health, these principles must be applied to modern realities — from disease surveillance and emergency powers to financing, human rights, and the One Health approach.

This section offers practical techniques for writing laws that are clear, coherent, and constitutionally sound. Using Nigerian examples, model clauses, and drafting tips, it seeks to demystify the process so that decision makers, legal officers, and health professionals can work together to build strong, implementable instruments.

5.1.1 Clarity, Coherence, and Constitutionality

Strong public health laws must be clear, internally consistent, and constitutionally valid. These three principles — **clarity, coherence, and constitutionality** — are the foundation of legislative drafting in Nigeria. When neglected, laws become unenforceable, subject to misinterpretation, or struck down in court. When applied well, they give states a durable and effective legal framework for health security.

5.1.1.1 Clarity: Writing Laws People Can Understand

The most common drafting failure is lack of clarity. If a law is so complex that neither health officers nor community leaders understand it, compliance becomes impossible. Clarity means **using plain, precise, and consistent language**.

1. Techniques for Clarity

- **One idea per sentence:** Avoid stringing together multiple obligations in a single sentence.
- **Plain words, not jargon:** Replace “forthwith” with “immediately,” and “endeavour” with “must.”
- **Consistent terms:** If “public health emergency” is defined in section 2, use that exact phrase everywhere.
- **Short sentences:** Long, complex clauses are prone to misinterpretation.
- **Definitions section:** Define technical terms (e.g., “notifiable disease,” “surveillance officer”) clearly in Part I of the Bill.

2. Examples of Poor vs. Clear Drafting

Poor Drafting	Clear Drafting (Nigerian Style)
"Every medical officer and/or other person having the care of or charge of any person suffering from a disease of infectious nature shall, in accordance with the procedure to be prescribed, notify the appropriate authority in a timely manner."	"Every health worker who treats a case of a notifiable disease shall immediately notify the Ministry of Health."
"It shall be lawful for the Government to, where deemed necessary and expedient, make such arrangements as may be required for the procurement of essential drugs and equipment for disease outbreaks."	"The Ministry of Health shall procure essential drugs and equipment for outbreak response when an emergency is declared."

3. The Role of Structure in Clarity

Drafting should follow a predictable structure. Nigerian Bills are divided into **Parts**, **Sections**, and **Subsections**. This helps readers locate obligations quickly. For instance:

- **Part I:** Preliminary (Title, Commencement, Definitions)
- **Part II:** Institutions (e.g., Public Health Emergency Operations Centre)
- **Part III:** Surveillance and Reporting
- **Part IV:** Response Powers
- **Part V:** Financing and Funds
- **Part VI:** Rights and Safeguards
- **Part VII:** Offences and Penalties
- **Part VIII:** Miscellaneous

Using this structure avoids repetition and ensures clarity across topics.

5.1.1.2 Coherence: Internal Logic and Consistency

A law must not only be clear but also coherent. Coherence ensures that provisions fit together, do not contradict each other, and reflect a logical flow.

1. Common Coherence Errors

- **Overlapping mandates:** Giving both SMOH and SEMA authority to “lead” outbreak response.
- **Conflicting penalties:** Different fines for the same offence in different sections.
- **Missing links:** Creating a Fund but failing to expressly state who manages or audits it.
- **Non-standardized use of terms:** Terms are used inconsistently throughout the instrument and/or differs from defined terminology. For instance, Part I defines “notifiable diseases”, but Part III uses the terminology “reportable diseases”.

2. Drafting Techniques for Coherence

- Use **cross-references**: “Funds established under section 20 shall be applied as provided in section 25.”
- Draft by **themes**, not actors: If you are drafting a bill on health security or public health emergency, draft key areas in single Parts. For instance, it will be useful to place all surveillance provisions together, rather than scattering them across multiple Parts.
- Ensure **sequencing**: Assessments before response, declaration of emergency before deployment of extraordinary powers.
- Use **Schedules** for detail: Where the law wishes to provide for list of diseases, reporting templates, or technical standards, this can be done properly within a Schedule or Schedules. This is to ensure a law still retains the structure of a legal document within the main clauses while providing for the more technical details as “annexures”. Also, it would be useful to empower the executive agencies, ministries or a commissioner will the power to update this technical details without the need to amend the primary law.

3. Example of Coherence in Practice

Kaduna State's 2023 Public Health Law is organised into eight Parts: institutions, financing, surveillance, response, and penalties are each in their own Part. It avoids confusion about who is responsible for what.

Table 9: Ensuring Coherence while Drafting

Problems	Example	Fix
Conflicting	Both MOH and SEMA designated as "lead" during emergencies	Specify: MOH leads technical response; SEMA coordinates logistics
Overlapping penalties	Two sections impose different fines for same offence	Consolidate into one penalty clause
Missing link	Fund created without specifying custodian	Add: "The Accountant-General shall be custodian of the Fund."

5.1.1.3 Constitutionality: Staying Within Legal Powers

Even the clearest and most coherent law can be struck down if it is unconstitutional. As noted in Part II, in Nigeria, the 1999 Constitution (as amended) sets out which level of government can legislate on what.

1. The Constitutional Framework

- **Exclusive Legislative List (Second Schedule, Part I):** Only the National Assembly can legislate. This includes quarantine at international borders, aviation, immigration, customs. States cannot legislate here.

- **Concurrent Legislative List (Part II):** Both federal and state governments can legislate, but federal law prevails if there is conflict. Health falls here (e.g., health insurance, medical professions).

- **Residual Powers:** Matters not listed are for states. Public health, sanitation, primary healthcare, animal health, and waste management fall largely here.

2. Drafting Implications

States can:

- Establish public health institutions (e.g., PHEOCs, Health Security Committees).
- Create financing mechanisms (e.g., State Public Health Security Fund).
- Regulate surveillance, reporting, and local emergency measures.
- Legislate on zoonotic disease management, sanitation, and laboratory governance.

States cannot:

- Control health measures at seaports and airports.
- Legislate on customs, immigration, or international quarantine.

3. Examples of Valid vs. Invalid Provisions

Provision	Validity	Reason
"The State Ministry of Health shall establish a State Public Health Emergency Operations Centre."	Valid	Falls under residual/state powers (health service delivery).
"The State Ministry of Health shall regulate quarantine measures at international airports."	Invalid	Federal power (aviation and international borders).
"The State shall create a Health Security Fund for outbreak preparedness and response."	Valid	Financing is within state residual powers.
"The State shall regulate the training of all medical professionals."	Limited	Overlaps with federal medica


EXAMPLES OF VALID vs. INVALID PROVISIONS
Not every well-worded clause belongs in a state law.
Validity depends on constitutional powers.
PROVISION
VALIDITY
REASON
"The State Ministry of Health shall establish a State Public Health Emergency Operations Centre."
VALID
Falls under residual/state powers (health service delivery).
"The State Ministry of Health shall regulate quarantine measures at international airports."
INVALID
Federal power (aviation and international borders).
"The State shall create a Health Security Fund for outbreak preparedness and response."
VALID
Financing is within state residual powers.
"The State shall regulate the training of all medical professionals."
LIMITED
Overlaps with federal medical professional regulations.
KEY TAKEAWAY
Good laws are not just well-written — they are constitutionally sound and practically enforceable.

4. Judicial Interpretation

Nigerian courts have struck down laws where states overstepped federal powers. For example, when state laws contradicted federal tax laws, courts ruled them invalid. In *Attorney-General of Lagos State v. Eko Hotels Ltd. & Anor*[9], the case primarily dealt with a conflict between the Federal Value Added Tax Act (VAT Act) and the Lagos State Sales Tax Law. Both laws sought to impose consumption tax on certain goods and services, including those consumed in hotels and restaurants. Thus, the core legal question was which of the two laws was valid, given the constitutional supremacy of federal laws on matters where the National Assembly is competent to legislate (Concurrent Legislative List, where the federal law prevails, or Exclusive Legislative List). The Supreme Court ultimately held that the VAT Act, an enactment of the National Assembly (the federal legislature), had already "covered the field" regarding consumption tax in Nigeria. To the extent that the Lagos State Sales Tax Law sought to impose a tax on items already covered by the VAT Act, the Supreme Court declared the Lagos State Sales Tax Law invalid, null, and void due to its inconsistency with the federal law. The court reasoned that allowing both to operate would result in double taxation and conflict.

In this sense, it is always advised that drafters of public health laws must therefore be carefully when drafting provisions so as to avoid duplication or conflict.

5.1.1.4 Bringing the Principles Together

Clarity, coherence, and constitutionality are interdependent. A law that is clear but unconstitutional will fail in court. A law that is constitutional but incoherent will be confusing. A law that is coherent but unclear will be misunderstood.

Table 10: Drafting Principles in Practice

Principle	What It Ensures	If Ignored
Clarity	Citizens and officials understand obligations	Ambiguity, poor compliance
Coherence	Law is internally consistent and logical	Contradictions, enforcement gaps
Constitutionality	Law survives legal challenge	Risk of invalidation by courts

Practical Checklist for Drafters
1. Are all clauses of the legal instrument expressed in clear, simple, and direct language?
2. Do the sections and clauses follow a logical sequence, ensuring that there are no overlaps, inconsistencies, or contradictions within the law?
3. Does the draft legal instrument comply with constitutional limits, particularly with respect to the distribution of powers between the federal and state governments?
4. Have detailed technical or operational provisions been appropriately placed in schedules or delegated to regulations, rather than included in the main body of the law?
5. Can the provisions be easily understood and applied by frontline public health officials without requiring specialised legal interpretation or additional research?

[9](2018) 36 TLRN 1

Practical Examples: Drafting a Surveillance Provision

Unclear, incoherent, and unconstitutional draft:
"All health facilities, whether private or public, including those at airports and seaports, shall immediately report any suspected infectious disease cases to the State Ministry of Health or any designated authority deemed appropriate."

Problems: Too many obligations in one sentence (unclear); airports/seaports are federal jurisdiction (unconstitutional); no defined "designated authority" (incoherent).

Improved draft (clear, coherent, constitutional):
“Every health facility in the State shall report all cases of notifiable diseases to the Ministry of Health in the manner prescribed by regulations. The Commissioner shall, by notice in the Gazette, designate the reporting forms and procedures."

This version is short, precise, internally consistent, and respects constitutional limits.

5.1.2 Harmonisation with National and International Frameworks

When developing or revising a public health law, one of the most important tasks is to ensure that the proposed legislation is aligned with existing national laws, policies, institutional mandates, and international commitments. This process is known as harmonisation.

In practical terms, harmonisation means reviewing the proposed law against all relevant legal and policy frameworks to ensure that provisions are consistent, complementary, and mutually reinforcing. States should not draft laws in isolation. Instead, legal reforms should be designed to strengthen existing systems, clarify responsibilities, and support coordinated action across different levels of government.

A harmonised law is more likely to be legally valid, operationally effective, implementable, and capable of attracting political, technical, and financial support. Conversely, laws that are developed without considering the broader legal and policy environment may create overlapping mandates, institutional disputes, implementation challenges, or legal vulnerabilities that undermine the objectives of the reform.

For this reason, harmonisation should be treated as a core step in the legal reform process and not as an activity to be undertaken after drafting has been completed.

5.1.2.1 Why Harmonisation Matters

1. **Legal certainty:** Every state law must be consistent with the Constitution of the Federal Republic of Nigeria and should not conflict with federal legislation enacted on matters within the constitutional competence of the National Assembly. Where inconsistencies exist, parts of a state law may become difficult to implement or may even be challenged before the courts. Aligning proposed reforms with existing constitutional and statutory provisions helps protect the law from avoidable legal disputes and strengthens its legitimacy.

2. **Operational efficiency:** Public health emergencies rarely affect only one institution or one level of government. Disease surveillance, laboratory services, emergency response, border health, information sharing, and risk communication all require collaboration between federal, state, and local authorities. Harmonised legislation ensures that the roles of state institutions complement those of national agencies such as the Nigeria Centre for Disease Control and Prevention (NCDC), thereby promoting efficient coordination during

routine public health activities and emergencies.

3. **International compliance:** Nigeria is a party to several international agreements that require the country to develop and maintain strong public health capacities. Although these obligations are undertaken by the Federal Government, many of the practical responsibilities, including disease detection, reporting, surveillance, emergency response, and implementation of public health measures, are carried out by state governments. Well-aligned state laws therefore play a direct role in enabling Nigeria to fulfil its international commitments..

4. **Securing external donors support:** Development partners increasingly assess whether proposed state reforms align with national priorities and internationally recognised standards before providing technical assistance or financial support. Harmonised legislation demonstrates that a state is contributing to nationally agreed health security objectives, making it easier to attract external investments, capacity-building opportunities, and implementation support.

5. **Reducing duplication and institutional conflict:** Where laws are not harmonised, different government institutions may receive overlapping or conflicting mandates. This can create uncertainty regarding leadership, delay emergency response, and lead to inefficient use of public resources. Harmonisation promotes clarity by ensuring that the responsibilities of each institution are clearly defined and complement those of other agencies.

5.1.2.2 Key National Frameworks to Align With

- **Constitution of the Federal Republic of Nigeria (1999, as amended):** Clarifies what states can legislate on — residual matters such as health delivery, sanitation, and surveillance.

- **NCDC Act 2018:** Establishes the NCDC as Nigeria's IHR focal point and coordinating body. State laws should complement, not compete with, the NCDC's mandate.

- **National Health Act 2014:** Provides standards for service delivery and financing, including patient rights and national health system obligations.

- **National Action Plan for Health Security (NAPHS):** Outlines Nigeria's multi-year strategy for IHR compliance. States must integrate their legal reforms into NAPHS priority areas.

- **Other Sectoral Laws:** Public health is closely connected with many other sectors. Depending on the scope of the proposed legislation, states should also consider laws and policies relating to animal health, environmental protection, food safety, emergency management, biosafety and biosecurity, laboratory systems, personal data protection, and information management. Reviewing these instruments helps ensure that the public health law supports a coordinated One Health approach and provides an appropriate legal basis for intersectoral collaboration.

5.1.2.3 International Frameworks to Align With

State public health laws should also reflect internationally recognised standards and commitments that guide modern public health systems. Although international agreements are entered into by the Federal Government, effective implementation often depends on actions taken at the state and local government levels.

- **International Health Regulations (IHR 2005, amended 2024):** The International Health Regulations are the principal international legal framework governing global health security. They establish obligations relating to disease surveillance, early warning systems, notification of public health events, emergency preparedness, response coordination, risk communication, and the protection of human rights during public health emergencies. State legislation should establish legal mechanisms that enable these functions to be carried out effectively within the state while supporting national reporting and coordination systems.

- **Integrated Disease Surveillance and Response (IDSR) Strategy:** Adopted regionally in Africa and domesticated in Nigeria since 2003, it provides the backbone for linking surveillance and response systems at all levels of government in Nigeria. State laws should therefore support the implementation of IDSR by providing clear legal authority for disease reporting, surveillance activities, laboratory coordination, information sharing, and public health response measures.

- **WHO Benchmarks for IHR Capacities (2023):** The WHO Benchmarks provide practical guidance for countries seeking to strengthen their legal, institutional, and operational capacities under the International Health Regulations. They identify measurable indicators of effective health security systems and serve as a useful reference during legal reform processes. States can use these benchmarks to evaluate whether proposed legislation adequately supports preparedness, surveillance, emergency response, governance, coordination, workforce development, and continuous improvement.

- **One Health Commitments:** Many emerging public health threats arise from the interaction between human health, animal health, and the environment. International organisations, including the World Health Organization (WHO), the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (WOAH), and the United Nations Environment Programme (UNEP), advocate a One Health approach that promotes coordinated action across sectors. State legislation should support this approach by creating legal mechanisms for collaboration among ministries responsible for health, agriculture, livestock, wildlife, environment, water resources, and other relevant sectors. Such coordination is particularly important for preventing and responding to zoonotic diseases, antimicrobial resistance, food safety incidents, and environmental health threats.

Practical Tip for Drafters
Every provision should be **cross-checked against national and international instruments.** If potential conflict arises, add a saving clause such as:
"This Law shall be applied in a manner consistent with the provisions of any existing law, whether federal or state."

In order to align with the IHR 2005, drafters can use RTSL Summary Table on Key IHR Obligations and Rights for States Parties[9]

5.1.3 Integrating Public Health Standards

A strong public health law does more than establish institutions, assign responsibilities, or prescribe offences and penalties. It should also provide a clear legal foundation for the technical standards that guide how the public health system operates on a daily basis. These standards translate broad legal principles into practical actions by explaining what should be done, who should do it, and how it should be done.

Technical standards cover many aspects of public health practice. They may include standards for disease surveillance, laboratory quality and biosafety, infection prevention and control (IPC),

[10] https://resolvetosavelives.org/resources/ihr-legal-checklist-summary-table/

emergency preparedness and response, data management and reporting, risk communication, gender and social inclusion, environmental health, occupational safety, and the protection of human rights during public health emergencies. These standards ensure that public health activities are carried out consistently, safely, and according to nationally and internationally accepted best practices.

For legal professionals, standards provide the operational detail that enables legislation to be implemented effectively. For policymakers, health workers, regulators, and administrators, they provide practical guidance that promotes consistency across institutions and helps improve the quality of public health services.

Without recognised standards, public officials may interpret the law differently, resulting in inconsistent implementation across different parts of the state. Institutions may adopt different procedures for surveillance, laboratory testing, outbreak response, or infection control, making coordination more difficult during emergencies. By integrating appropriate standards into legislation, states create a more predictable, coordinated, and accountable public health system.

One important consideration during drafting is deciding how these standards should be reflected in the law. Scientific knowledge, medical practice, and international guidance continue to evolve. If every technical requirement is written directly into the legislation, the law may quickly become outdated and require frequent amendment whenever technical guidance changes. Conversely, if the law contains no reference to standards at all, implementing agencies may lack the legal authority to develop, adopt, or enforce them.

The objective is therefore to strike an appropriate balance between **legal certainty** and **technical flexibility**. Fundamental principles that are unlikely to change may be stated directly in the legislation, while detailed technical requirements can be incorporated by reference to recognised standards or left to subsidiary instruments, guidelines, protocols, or codes of practice that can be updated more easily as science and public health practice evolve.

Nigerian legislative drafting practice recognises several approaches for achieving this balance. The most appropriate approach will depend on the nature of the standard, how frequently it is expected to change, and the level of legal authority that the standard requires.

5.1.3.1 Why Standards Must Be Integrated

1. **Predictability:** Health workers and administrators know exactly what is expected, regardless of changes in leadership or political direction.

2. **Accountability:** Clear legal obligations make it possible to hold ministries and institutions responsible for failures.

3. **Sustainability:** Standards endure beyond one administration, donor cycle, or project.

4. **International alignment:** Embedding standards ensures state-level compliance with IHR (2005, as amended 2024), IDSR, and WHO benchmarks.

For example, a law that mandates surveillance but does not specify reporting requirements risks inconsistent application. A law that creates a Public Health Emergency Operations Centre but does not specify IPC or laboratory standards risks creating institutions without tools.

5.1.3.2 Legislative Drafting Techniques for Incorporating Standards

1. Creating a Dedicated Section with Subsections

This is the most direct approach, where the law itself lays down the standard. It works best for obligations that are fundamental, timeless, and enforceable without constant revision.

Example – Surveillance Obligation

- *Section 25 – Disease Surveillance and Reporting*
  (1) Every health facility in the State shall report notifiable diseases to the Ministry of Health.
  (2) Reports shall be made immediately upon diagnosis or suspicion, in the prescribed form.
  (3) The Commissioner shall, by Order, publish the list of notifiable diseases.

This style leaves no ambiguity. The obligation to report is clear and enforceable. The law fixes the duty in place, while allowing the details (the list of diseases, reporting forms) to be updated separately.

2. Embedding Existing Standards Directly into the Law

Some public health standards are so fundamental that they should be expressly recognised within the legislation itself. These are usually standards that are well established, nationally accepted, and unlikely to change significantly over time. Examples include nationally adopted surveillance systems, basic infection prevention principles, internationally recognised laboratory quality requirements, or core public health ethics and human rights safeguards.

Example – Application of National Public Health Standards

- *Section 22 – Application of National Public Health Standards*
  The implementation of this Law shall be guided by nationally recognised public health standards, protocols, guidelines and codes of practice relating to disease surveillance, laboratory systems, infection prevention and control, emergency preparedness and response, risk communication, biosafety, biosecurity and other public health functions as adopted or approved by the Federal Government or the State Ministry of Health, as applicable.

This approach works best where the standard is stable and forms a permanent part of the state's public health system.

3. Incorporating Standards Through Schedules

Schedules allow technical details to be attached to a law without overloading its main body. This is a common technique in Nigerian laws (for example, disease lists in the Quarantine Act).

Example – Notifiable Diseases in a Schedule

- *Section 30 – Notifiable Diseases*
  "The list of notifiable diseases is set out in Schedule I to this Law. The Governor may, by Order published in the Gazette, amend Schedule I."

Schedules are ideal for items that change occasionally (like disease lists, technical forms, or committee membership) but still require legal authority. They allow flexibility without weakening the law.

4. Delegating Detail to Regulations

Some standards, such as laboratory accreditation or specimen transport, change frequently with science and technology. These should not be locked in statutes but delegated to regulations issued by the Commissioner or Ministry.

Example – Laboratory Standards

- *Section 40 – Laboratory Standards*
  (1) The Ministry of Health shall ensure that all public and private laboratories in the State comply with minimum quality assurance standards.
  (2) The Commissioner shall, within 12 months of the commencement of this Law, make regulations prescribing laboratory accreditation, specimen transport, and biosafety requirements.

This approach mirrors Nigerian legislative style seen in the NCDC Act 2018. Regulations, once issued, carry the force of law but can be amended more easily than statutes.

5. Mandating Guidelines

Some standards are too operational for regulations but still require legal recognition. Guidelines are suitable for day-to-day practice-level detail. By mandating their creation and compliance, the law ensures they are followed without freezing every technical procedure.

Example – Infection Prevention and Control (IPC)

- *Section 45 – Infection Prevention and Control*
  (1) Every health facility shall establish an Infection Prevention and Control Committee.
  (2) The Ministry shall issue IPC guidelines covering hand hygiene, safe waste disposal, and use of personal protective equipment.
  (3) Every facility shall comply with the IPC guidelines issued under subsection (2).

This drafting style gives guidelines legal force, ensuring they are not ignored as "mere advice."

6. Incorporation by Reference to National or State Law/Policy

Another useful technique is to incorporate standards by **explicit reference** to existing national laws, regulations, or policies. This avoids duplication and ensures alignment with broader frameworks.

Examples:

- *Data Protection*
  "All public health data collected under this Law shall be processed in accordance with the Nigeria Data Protection Act 2023."
- *One Health Coordination*
  "The One Health Committee established under this Law shall operate consistently with the National Action Plan for Health Security (NAPHS)."

This method keeps state laws constitutionally valid while tying them directly to national and international obligations.

7. Preserving Existing Standards During the Transition

When new public health legislation replaces or modernises an existing legal framework, there are

often numerous guidelines, protocols, standard operating procedures, manuals, directives, circulars, and administrative practices that are already being used successfully.
Repealing existing legislation without preserving these instruments may unintentionally create regulatory gaps. Public health officials could lose the legal basis for applying existing standards until new ones are developed, potentially disrupting surveillance, laboratory operations, outbreak response, licensing, inspections, or reporting systems.
To avoid this problem, legislation should include transitional provisions that preserve existing standards to the extent that they remain consistent with the new law. This ensures continuity of operations while allowing time for existing guidance to be reviewed, updated, or replaced where necessary.

Example – Transition and Savings

- *Section 30 – Transition and Savings*

  (1) .....

  (2) .....

  (3) Any guideline, protocol, code of practice, standard operating procedure, manual, directive, circular, approval, designation or other administrative instrument issued, recognised or applied by the State Ministry of Health or any competent public authority before the commencement of this Law shall, to the extent that it is not inconsistent with this Law, continue to have effect as if issued under this Law until it is amended, replaced or revoked.

  (4) Any public health practice, procedure or administrative arrangement lawfully in operation immediately before the commencement of this Law shall continue in force until appropriate standards or regulations are made under this Law.

  - (5) Nothing in this section shall prevent the Commissioner from reviewing, updating or replacing any existing standard or administrative instrument to ensure consistency with this Law and current public health best practices.

Such transitional provisions are common legislative drafting practice and provide certainty for regulators, health workers, healthcare facilities, and the public.

Practical Considerations for Drafters

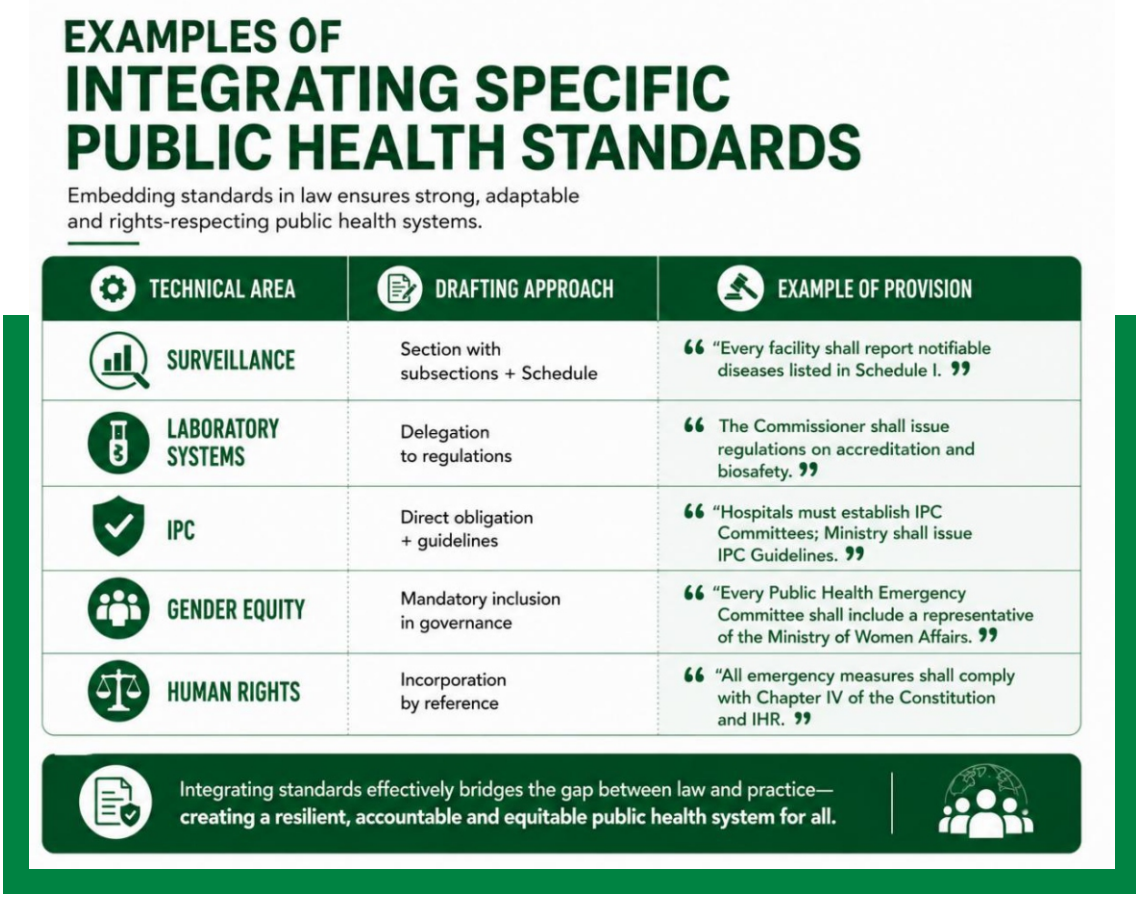
1. What belongs in the law itself? Core obligations (reporting, rights protections, emergency powers) must be in the statute.

2. When to use schedules. For lists or technical annexes (disease lists, forms, membership).

3. When to use regulations. For standards that require periodic updates (lab protocols, electronic surveillance systems).

4. When to use guidelines. For detailed operational steps that are likely to evolve overtime (handwashing protocols, case definitions).

5. Always cross-reference national and international law. This ensures harmonisation and avoids ultra vires provisions.



Illustrative Example: Drafting IPC Standards

- **Weak clause:** "Hospitals should follow infection control practices."
- **Improved clause:** "Every hospital shall establish an Infection Prevention and Control Committee responsible for implementing protocols on hand hygiene, safe waste disposal, and PPE use. The Commissioner shall issue regulations specifying IPC minimum standards, and the Ministry shall issue guidelines for practice-level detail."

This combined drafting style ensures a **layered framework:** obligation in law, standards in regulation, operational detail in guidelines.

5.2 USING MODEL LAWS AND REGULATORY TEMPLATES

Model laws and regulatory templates are powerful tools for accelerating public health legal reform. They provide a **tested blueprint** that captures best practices, aligns with national and international frameworks, and reduces the time and cost of drafting from scratch. For Nigerian states, model public health security laws developed through the RTSL–NCDC partnership offer a practical starting point. They reflect IHR (2005/2024) requirements, lessons from recent outbreaks, and constitutional realities of Nigeria's federal system.

However, model laws are not "copy and paste" instruments. They must be **adapted to local context**: each state faces unique challenges in financing, governance, health service delivery, and political dynamics. The role of the drafter is to use templates as a foundation, then adjust provisions to reflect

state-specific realities. This section explores how to adapt model laws effectively and how to apply legal review tools to ensure context-specific, implementable instruments.

5.2.1 Adaptation and Local Contexts

Model laws are designed to simplify the complex task of drafting legislation by providing a **ready-made blueprint**. For public health security, they capture global obligations under the International Health Regulations (IHR 2005, as amended 2024), lessons from outbreaks such as COVID-19, Lassa fever, and cholera, and the realities of Nigeria's federal governance system. A model law is therefore a **starting point**, not an end point. It allows states to avoid reinventing the wheel, while still tailoring reforms to local priorities.

5.2.1.1 What Are Model Laws?

A **model law** is a pre-drafted legislative template, usually developed jointly by technical and legal experts, that reflects best practices and internationally recognised standards. It provides:

- **Structure:** Standard Parts and Sections covering institutions, financing, surveillance, emergency powers, and rights.
- **Consistency:** Ensures uniformity across states, while leaving room for variation.
- **Efficiency:** Saves time and resources compared to drafting from scratch.
- **Credibility:** Signals to legislators and partners that the draft has been tested and peer-reviewed.

In Nigeria, RTSL and the NCDC Legal Unit developed a **Model Public Health Security Law** that has already guided drafting in Kaduna, Kano, Enugu, Jigawa, Kebbi, Ogun, Nasarawa, Cross River and Akwa Ibom. The model reflects constitutional limits (residual powers for states), aligns with IHR obligations, and introduces provisions on One Health, financing, and accountability.

5.2.1.2 Why Adaptation Is Necessary

No two states are identical. Health system capacity, political dynamics, and local outbreak risks vary. For example:

- **Epidemiological profile:** A border state may prioritise zoonotic surveillance, while an urban state may emphasise waste management and sanitation.
- **Institutional maturity:** States with functional PHEOCs may only need legal backing, while others must legislate for establishment.
- **Existing legal instruments.** Legal reforms do not occur in a vacuum. Legal instruments already in force in the State should guide the adaption of the standards provisions to ensure alignment and complementarity.
- **Financing structures:** Some states already have trust funds or donor-supported mechanisms, while others must create new structures.
- **Political realities:** Local politics influence provisions on emergency powers, budgeting, and committee composition.

Adaptation ensures that the law is **owned by the state**, responsive to its realities, and feasible to implement.

5.2.1.3 Approaches to Adapting Model Laws

1. **Aligning with Existing State Laws**
   A state with strong environmental or animal health laws may need only to cross-reference those instruments, rather than duplicate provisions. This avoids redundancy and constitutional challenges. Similarly, existing human health legislation should be review and aling with to avoid any conflict of laws.

2. **Customising Institutional Provisions**
   The model law may provide for a State Public Health Emergency Operations Centre (PHEOC). A state that already has an operational PHEOC can insert provisions to recognise and strengthen it, while a state without one may need to legislate for establishment, staffing, and financing.

3. **Adjusting Financing Mechanisms**
   The model establishes a Public Health Security Fund. Adaptation may involve specifying the proportion of state revenue, fines, or levies to flow into the Fund, reflecting local revenue realities.

4. **Contextualising Offences and Penalties**
   The model provides offences for non-reporting or violating emergency orders. States may adjust penalty amounts to match socio-economic conditions and existing criminal law scales.

5. **Ensuring Political and Community Acceptance**
   Some model provisions (e.g., compulsory vaccination or quarantine powers) may be politically sensitive. Adaptation involves framing such powers with appropriate safeguards, consultation requirements, or rights protections.

5.2.1.4 Implications of Using Model Laws

1. **Promotes Uniformity While Respecting Federalism**
   By starting from a common template, states achieve broad alignment on surveillance, financing, and response, but still retain autonomy to adapt provisions.

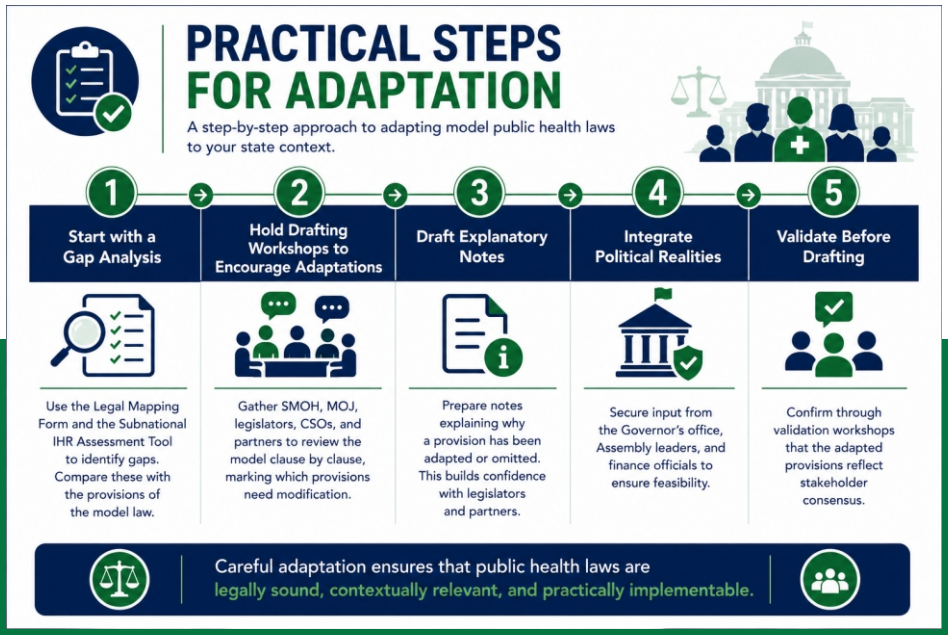
2. **Facilitates Capacity Building**
   Legal officers and legislators become familiar with a common framework, which makes cross-state learning easier.

3. **Avoids Legal Pitfalls**
   By reflecting constitutional limits, model laws reduce the risk of provisions being struck down as ultra vires.

4. **Accelerates Reform**
   Using a model saves months of drafting time, allowing states to move quickly from assessment to enactment.

5. **Improves Donor Confidence**
   Development partners prefer reforms that are standardised, transparent, and aligned with international obligations. Model-based drafting reassures them.

5.2.1.5 Practical Steps for Adaptation

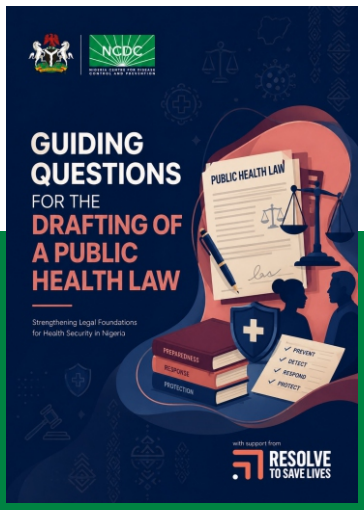


5.2.2 Applying Legal Review Tools and Checklists

Drafting and reforming laws is not just a technical exercise; it is a process of ensuring that every provision is necessary, workable, inclusive, and aligned with higher-level frameworks. To achieve this, states need **structured review tools.** These tools act like a **quality-control system** for legislation, allowing reformers to systematically test whether a draft Bill is sound, inclusive, and implementable.

RTSL and NCDC have developed and applied several practical instruments for this purpose. They include:

1. **Subnational Legal Assessment Tool for Public Health Laws**
2. **The Gender Gap Assessment Tool for Legal Instrument**
3. **Guiding Questions for Drafting a Public Health Law**



Together, these tools ensure that drafting is not left to intuition or political bargaining alone, but follows a consistent, evidence-based methodology. Additionally, without structured tools, drafting risks being **ad hoc and personality-driven**. Laws may reflect the preferences of dominant actors rather than systematic needs. Tools create:

- **Consistency:** Different states produce laws with a common structure.
- **Inclusivity:** Non-lawyers can engage meaningfully.
- **Accountability:** Decisions are documented and traceable.
- **Efficiency:** Drafting meetings stay focused and productive.

Nigeria's experience demonstrates the value. Working with the stakeholders in Kaduna, Kano, and Enugu, applying the Guiding Questions and Gender Checklist helped ensure the draft Bills were not only technically sound but also politically acceptable and socially responsive.

Furthermore, applying legal review tools and checklists is what separates strong, implementable laws from hollow or token reforms. The *Subnational Legal Assessment Tool for Public Health Laws* ensures that reforms are comprehensive and gap-driven. The Gender Gap Assessment Checklist ensures inclusivity and rights protection. The Guiding Questions ensure completeness and structure in drafting.

For states embarking on reform, these tools are not optional add-ons. They are essential instruments that guarantee the law is clear, coherent, constitutional, gender-sensitive, and internationally aligned. When applied consistently, they transform drafting from a purely legal task into a participatory governance exercise, producing laws that work not only on paper but in practice.

5.2.2.1 Subnational Legal Assessment Tool

The Subnational Legal Assessment Tool is the starting point for reform. It provides a framework for systematically reviewing existing laws to identify what already exists, where overlaps occur, and what is missing.

Purpose

- To map all public health-related laws, regulations, and policies in a state.
- To identify gaps against IHR (2005/2024) requirements.
- To avoid duplication or conflict between different laws.

Method

The checklist is structured around thematic areas such as surveillance, laboratory systems, immunisation, emergency powers, zoonoses, financing, rights, and One Health. For each area, reviewers ask:

- Is there an existing legal basis?
- If yes, is it clear, enforceable, and up to date?
- If no, what provision is needed in the new law?

Example Application

- **Surveillance:** The checklist asks whether there is a law requiring mandatory disease reporting. If an old law requires only paper-based reporting, the gap is noted as "No provision for electronic/real-time reporting."
- **Financing:** The checklist checks if the state has a dedicated fund for emergencies. If absent, it flags this as a gap.

Practical Outcome
The output is a **Legal Assessment Report,** which becomes the **roadmap** for the drafting team. Without such a systematic review, reforms risk being piecemeal and reactive.

5.2.2.2 The Gender Gap Assessment Tool

Health laws are often drafted in gender-neutral terms but end up **ignoring specific equity needs.** The *NCDC Gender Gap Assessment Tool for Legal Instruments* ensures that public health laws explicitly recognise gender, equity, and human rights.

Purpose
- To mainstream gender considerations in surveillance, response, and governance structures.
- To ensure laws protect vulnerable groups (e.g., women, children, the elderly, persons with disabilities).
- To build compliance with Nigeria's gender policies and international obligations (CEDAW, IHR).

Method
The checklist asks targeted questions:
- Are women represented in decision-making bodies (e.g., Emergency Committees)?
- Are gender-based vulnerabilities (e.g., care burden, violence during quarantine) recognised?
- Are safeguards for rights to privacy, non-discrimination, and access to services included?
- Does the law mandate gender-disaggregated data collection?

Example Application
- In **Nasarawa**, the draft bill added a clause requiring the creation of a Gender Desk in the Ministry of Health.
- In **Nasarawa and Cross River,** the draft bills incorporated a duty to collect and publish gender-disaggregated surveillance data.

Practical Outcome
The gender checklist prevents laws from being "gender blind." It ensures reforms are not only about institutions but also about the people most affected by emergencies.

5.2.2.3 Guiding Questions for Drafting a Public Health Law

The Guiding Questions tool is perhaps the most practical of all. It is a set of structured questions that walk a drafting team through the provisions of a law. It transforms technical legal drafting into a participatory, inclusive exercise.

Purpose
- To guide drafters clause by clause.
- To encourage stakeholders (non-lawyers included) to contribute meaningfully.
- To ensure no critical area of public health security is overlooked.

Method
The Guiding Questions are organised by **thematic areas,** such as:

- **Institutions:** What institutions are needed? Who leads response? Who coordinates One

Health?

- **Surveillance:** What diseases are notifiable? How are they reported? Who receives reports?
- **Emergency Powers:** Who can declare an emergency? What powers are triggered? What rights are limited, and under what safeguards?
- **Financing:** How is the Health Security Fund established? What are its sources and rules for disbursement?
- **Rights:** How are rights to privacy, non-discrimination, and appeal integrated?
- Enforcement: What offences exist? Are penalties proportionate?

Example Application

During most of the drafting processes and sessions, the Guiding Questions helped CSOs ask: "What safeguards protect individuals placed under mandatory quarantine?" This led to the inclusion of a provision requiring judicial oversight for prolonged restrictions.

5.2.2.4 Practical Steps for Applying Tools

1. Preparation

- Circulate tools in advance to all participants.
- Train facilitators on how to use the tools

2. During Meetings

- Use the Subnational Legal Assessment Tool in the first review session.
- Apply the Gender Checklist when drafting provisions on governance and rights.
- Use the Guiding Questions in every drafting workshop to test completeness.

3. Post-Meeting

- Compile notes into an *Activity or Meeting Log*, showing how each tool influenced provisions.
- Share the log with stakeholders for transparency and buy-in.

5.3 DRAFTING OF REGULATIONS

Once a legal assessment has identified gaps that cannot be adequately addressed through amendments to an existing law or by administrative action alone, the next step is often the development of **regulations.** Regulations are one of the most important forms of subsidiary legislation because they provide the detailed rules, procedures, standards, and operational requirements needed to implement an Act of the legislature. While an Act establishes the legal framework and broad policy direction, regulations translate those principles into practical and enforceable obligations that can be applied consistently by public authorities, regulated entities, and the public.

In Nigeria, regulations derive their legal authority from an enabling Act. The Act usually delegates power to a specified authority, such as the President, Governor, Minister, Commissioner, or the governing board of a statutory agency, to make regulations for carrying out or giving effect to the provisions of the Act. Because regulations are delegated legislation, they cannot create powers beyond those granted by the enabling Act, nor can they contradict or amend the provisions of the principal legislation. Their role is to operationalise the Act rather than replace it.

For example, the National Environmental Standards and Regulations Enforcement Agency (NESREA) Act 2004 empowers the Minister to make regulations prescribing standards, procedures and requirements for environmental protection. Acting under that authority, the Minister made the National Environmental (Battery Control) Regulations, 2024, which establish detailed requirements relating to registration, pollution control, monitoring, reporting, enforcement, offences and technical standards.

In public health, regulations are particularly valuable because scientific evidence, technologies, disease patterns and international standards evolve rapidly. Unlike Acts, which often require lengthy legislative amendment processes, regulations can usually be revised more efficiently by the delegated authority. This flexibility enables governments to update surveillance requirements, prescribe laboratory standards, regulate ports of entry, establish reporting obligations, adopt technical standards, or introduce new licensing requirements without reopening the principal legislation.

Practical Checklist: Before Drafting Regulations

Before drafting begins, confirm that:

- ☑ The enabling Act expressly authorises the making of regulations.
- ☑ The proposed regulations fall within the scope of the delegated powers.
- ☑ The policy issue cannot be addressed more appropriately through guidelines or administrative measures.
- ☑ The implementing agency has been consulted.
- ☑ Technical experts have validated the proposed standards.
- ☑ Existing regulations have been reviewed to avoid duplication or inconsistency.
- ☑ The proposed provisions are practical, enforceable and adequately resourced

Before beginning the drafting process, however, it is important to determine whether regulations are actually the most appropriate legal instrument. Regulations should generally be used where there is a need to prescribe legally binding procedures, technical requirements, operational standards, licensing conditions, reporting obligations, inspection procedures, or enforcement mechanisms that are already contemplated by the enabling Act. They should not be used to create entirely new policy directions, establish institutions not authorised by law, or impose obligations that exceed the powers delegated by the principal legislation.

A practical drafting process should therefore begin with a careful review of the enabling Act to identify the precise regulation-making powers. The drafter should prepare

clear drafting instructions, identify the policy objectives to be achieved, consult relevant technical experts, and review comparable regulations within Nigeria and other jurisdictions. Regulations should also be drafted alongside the agencies responsible for implementation so that the provisions reflect operational realities and can be effectively enforced.

5.3.1 Standard Structure of a Regulation

Although regulations vary depending on their subject matter, most well-drafted Nigerian regulations follow a relatively consistent structure. Maintaining a logical and predictable structure makes regulations easier to understand, administer and enforce. A clear structure also assists courts, regulators and regulated entities in locating relevant provisions and interpreting the instrument consistently.

The first part of a regulation typically contains the preliminary provisions. These include the citation, commencement date, objectives, application, and interpretation section. These provisions establish the legal identity of the regulation, specify when it takes effect, identify the persons or activities to which it applies, and define technical terms used throughout the instrument.

The body of the regulation then sets out the substantive obligations. These usually include ***institutional responsibilities, registration or licensing requirements, operational standards, inspection powers, monitoring obligations, reporting requirements, record-keeping duties, compliance mechanisms, and technical procedures.*** Modern regulations increasingly organise these provisions into thematic Parts, making them easier to navigate. Some regulations, for example, divide the instruments into Parts dealing with institutional arrangements, investment approval processes, stakeholder consultation, monitoring, enforcement and appeals, creating a logical progression from policy objectives to implementation.

Towards the end of the regulation, provisions usually address enforcement, offences, penalties, administrative sanctions, appeals, transitional arrangements, miscellaneous matters and citation.

Rather than overcrowding the body of the regulation with lengthy technical material, detailed operational requirements are normally placed in Schedules. This improves readability while allowing technical information to be updated more easily where the enabling Act permits.

A typical regulation may therefore be organised as follows:

1. **Citation and commencement**
2. **Objectives**
3. **Application**
4. **Interpretation**
5. **Institutional responsibilities**
6. **General obligations**
7. **Registration or licensing**
8. **Operational requirements**
9. **Inspection and enforcement**
10. **Offences**
11. **Penalties**
12. **Appeals (where applicable)**
13. **Miscellaneous provisions**
14. **Schedules**

This structure is not mandatory, but it reflects good Nigerian drafting practice and is suitable for most public health regulations.

5.3.2 Drafting Individual Provisions

Effective regulations are built one provision at a time. Each regulation should address only one legal issue, use simple and precise language, and impose clear rights, duties or powers. Long, complicated provisions containing several unrelated ideas often create ambiguity and increase the likelihood of inconsistent interpretation.

As a general rule, each provision should answer four practical questions:

- **Who** is responsible?
- **What** must be done?
- **When** must it be done?
- **What** happens if it is not done?

For example:

Weak provision

Laboratories should endeavour to submit reports promptly.

This provision creates uncertainty because neither the duty nor the timeframe is clear.

Improved provision

Every designated laboratory shall submit laboratory surveillance reports to the State Public Health Emergency Operations Centre not later than twenty-four hours after confirmation of a notifiable disease.

The improved provision identifies the responsible party, establishes a mandatory obligation, specifies the action required and fixes a clear timeframe.

Similarly, provisions conferring powers should identify the authority exercising the power and the circumstances in which it may be exercised.

Example

The Commissioner may, where satisfied that a public health emergency exists, designate additional isolation facilities by notice published in the Gazette.

Definitions should only be included where a word has a specialised meaning different from its ordinary usage. Unnecessary definitions make regulations cumbersome and may inadvertently create interpretational difficulties.

Cross-references should be used carefully. Instead of repeating identical obligations in several provisions, a regulation may refer readers to the relevant Part or Schedule. However, excessive cross-referencing should be avoided because it interrupts readability.

Modern regulatory drafting also favours the use of graduated compliance mechanisms rather than relying exclusively on criminal sanctions. Depending on the enabling Act, regulations may provide for warning notices, improvement notices, compliance orders, suspension of licences, administrative penalties, or prosecution.

Practical Drafting Tips

When drafting each provision:
☑ Begin with the legal obligation before providing exceptions.
☑ Use "shall" for mandatory duties and "may" only where discretion is intended.
☑ Avoid vague expressions such as "reasonable time", "where necessary" or "adequate measures" unless these are further defined.
☑ State measurable standards wherever possible.
☑ Avoid repeating provisions already contained in the principal Act.
☑ Ensure every offence has a corresponding enforcement mechanism or penalty where authorised by the enabling Act.
☑ Draft from the perspective of implementation rather than policy aspiration.

After completing the draft, each provision should be tested by asking whether an implementing officer, regulator, judge or regulated entity could understand precisely what is required without further explanation.

5.3.3 Drafting Schedules, Forms and Technical Standards

One of the distinguishing features of modern regulations is the extensive use of **Schedules.** Schedules allow technical, procedural or administrative details to be separated from the main body of the regulation while remaining legally enforceable. This approach improves readability and enables complex technical material to be organised systematically.

Information commonly placed in Schedules includes:

- application forms;
- licence templates;
- inspection checklists;
- reporting formats;
- laboratory testing methods;
- technical specifications;
- prescribed fees;
- operational procedures;
- lists of regulated practices/actions/substances;
- codes of practice.

When drafting a Schedule, *the first question should be whether the material contains operational detail rather than substantive legal obligations.* If the information consists primarily of technical procedures, templates, measurements or administrative formats, it will usually be more appropriate in a Schedule.

For example, instead of listing every item required in a disease notification form within the regulation itself, the regulation may simply provide:

-
- ***Regulation 18***

Every notification submitted under these Regulations shall be in the form prescribed in ***Schedule 2.***

The Schedule would then contain the complete notification template.

Practical Checklist: Reviewing a Draft Regulation

Before finalising the draft, confirm that:
☑ Every provision is supported by the enabling Act.
☑ The regulation has a clear and logical structure.
☑ Duties, powers and procedures are drafted in plain and precise language.
☑ Technical material has been placed appropriately in Schedules.
☑ Forms and templates are practical for implementation.
☑ Enforcement provisions correspond with authorised offences and penalties.
☑ Internal cross-references, numbering and definitions are accurate.
☑ Relevant implementing agencies and technical experts have reviewed the draft.

Similarly, technical standards should be drafted in consultation with subject-matter experts to ensure that prescribed limits, laboratory methods and operational procedures reflect current scientific evidence. Wherever possible, internationally recognised standards should be referenced consistently with applicable Nigerian law and institutional mandates.

Forms included in Schedules should collect only information necessary for regulatory purposes. They should be logically organised, user-friendly and capable of being completed electronically where digital implementation is anticipated.

Finally, every Schedule should be reviewed to ensure consistency with the body of the regulation. References to regulations, terminology, definitions and numbering should correspond exactly. Even minor inconsistencies between the operative provisions and the Schedules can create implementation difficulties.

5.4 DRAFTING OF GUIDELINES AND LEGAL ORDERS (EXECUTIVE ORDERS AND DIRECTIVES)

Not every public health challenge requires an Act of the legislature or legally binding regulations. In many situations, governments need instruments that provide operational direction, establish administrative arrangements, clarify procedures, or coordinate the activities of multiple institutions. This is where **guidelines** and **legal orders**, particularly Executive Orders and administrative directives, become valuable tools.

Unlike regulations, which derive their authority from an express regulation-making power contained in an Act, guidelines are generally administrative instruments intended to promote consistency, standardise procedures, or provide technical direction. Executive Orders and directives, on the other hand, are executive instruments issued under the constitutional or statutory powers of the President, Governor, Minister or Commissioner to direct the administration of government, assign institutional responsibilities, or implement government policy.

Note: Before drafting any of these instruments, the drafter should first determine the objective to be achieved. If the intention is to impose legally enforceable obligations on the public or regulated entities, regulations or primary legislation may be more appropriate. However, where the objective is to guide implementation, establish internal government procedures, create coordination mechanisms, or issue administrative instructions, guidelines or Executive Orders are often the more suitable instruments.

5.4.1 Standard Structure

Practical Checklist

Before finalising the instrument, confirm that:

- ☐ The issuing authority has the legal power to issue the guideline or order.
- ☐ The instrument does not conflict with existing legislation.
- ☐ The objectives and intended users are clearly identified.
- ☐ Institutional responsibilities are specific and unambiguous.
- ☐ Implementation and review mechanisms are included.

Although guidelines and Executive Orders differ in legal effect, they generally follow a similar drafting structure. Both should begin with a clear title, identify the legal or constitutional authority under which they are issued, and briefly explain the policy rationale or background. This is usually followed by the objectives, scope of application, interpretation of key terms where necessary, institutional responsibilities, implementation arrangements, reporting requirements and commencement.

Executive Orders often contain recitals beginning with "WHEREAS" to explain the reasons for issuing the Order before setting out the operative directives. Typical Executive Orders, for example, outline the policy objectives, establishes a Steering Committee and Technical Committee, assigns their functions, creates a grievance redress mechanism, and directs the development of implementation toolkits. Guidelines, by contrast, usually adopt a simpler format consisting of the purpose, scope, guiding principles, operational procedures, roles and responsibilities, and implementation requirements.

5.4.2 Drafting Clauses and Provisions

Each provision should communicate one clear instruction or administrative requirement. The drafting should specify **who** is responsible, **what** must be done, **when** it should be done, and **how**

compliance will be monitored. Executive Orders should use mandatory language when directing government institutions.

Example – Executive Order	Example – Guideline
The Ministry of Health shall establish a State Public Health Emergency Coordination Committee within thirty days of the commencement of this Order.	*All designated laboratories should use the standard specimen collection procedures contained in these Guidelines when collecting samples for priority diseases.*

Where coordination among several agencies is required, responsibilities should be allocated individually rather than collectively. This reduces uncertainty and improves accountability. Similarly, reporting obligations, review timelines and monitoring arrangements should be clearly stated to facilitate implementation.

5.4.3 Inclusion of Schedules, Forms and Technical Standards

Detailed operational material should be placed in **Schedules** or annexes rather than in the main body of the instrument. This may include reporting templates, standard operating procedures, inspection checklists, organisational charts, technical specifications, forms, or implementation timelines. The FRILIA framework, for instance, contemplates the development of specialised toolkits covering stakeholder engagement, environmental and social risk management, grievance redress, valuation, community development and other implementation areas to support the Executive Order.

When preparing schedules or forms, ensure that they are practical, easy to complete, consistent with the operative provisions, and reviewed by the implementing agencies. Well-designed schedules improve implementation, promote consistency across institutions, and enable future updates without substantially altering the main instrument.

PART VI
LAWMAKING AND IMPLEMENTATION

6.1 UNDERSTANDING THE LEGISLATIVE PROCESS IN NIGERIAN STATES

The legislative process is the formal procedure through which a proposal becomes a law. It provides a structured system for ensuring that every proposed law is carefully examined, debated, improved, and approved before it becomes legally binding. Rather than being a single event, lawmaking is a series of interconnected stages, each serving a distinct purpose and offering different opportunities for government institutions, technical experts, civil society organisations, professional associations, development partners, and members of the public to contribute.

For those working on public health legal reform, understanding the legislative process is just as important as understanding the content of the proposed law. A technically sound bill may still fail if it is introduced at the wrong time, lacks political support, or is not adequately explained to legislators. Likewise, a bill that receives continuous engagement throughout the legislative process is more likely to be understood, improved, and ultimately enacted.

For legal practitioners, understanding the legislative process helps ensure that bills comply with legislative rules and constitutional requirements. For policymakers, health officials, development partners, advocates, and technical experts, understanding the process helps identify when evidence should be presented, when stakeholder engagement is most effective, and when advocacy efforts are likely to have the greatest impact.

Although the Standing Orders of each State House of Assembly contain procedural differences, the legislative process across Nigerian states generally follows the same broad sequence. A bill is drafted and approved for introduction, formally presented before the House, debated in stages, subjected to detailed committee review, considered again by the full House, passed, transmitted to the Governor for assent, and finally becomes law upon assent (or by other constitutional means where applicable).

It is important to recognise that legislative engagement should not begin only after a bill has been introduced into the House of Assembly. Effective legal reform often begins months before formal legislative consideration. During the policy development and drafting stages, government ministries, legal advisers, technical experts, legislators, civil society organisations, professional bodies, and development partners often work together to identify problems, develop policy solutions, and prepare draft legislation. Early engagement helps build ownership, reduce opposition, improve the quality of drafting, and increase the likelihood of successful passage.

Similarly, stakeholder engagement should not end once the bill is passed. After enactment, attention shifts towards developing regulations, operational guidelines, implementation plans, institutional capacity building, budgeting, monitoring, and public awareness to ensure that the new law achieves its intended objectives.

The legislative process should therefore be viewed not simply as a sequence of legal procedures but as a continuous process of consultation, negotiation, evidence gathering, consensus building, and decision-making.

The following sections explain the major stages of the legislative process commonly followed by State Houses of Assembly and highlight the purpose of each stage, the activities that typically occur, and the opportunities available for stakeholder engagement.

6.1.1 First Reading: Formal Introduction of the Bill

The First Reading marks the official introduction of a bill before the State House of Assembly. Contrary to what many people expect, this stage involves very little discussion about the substance of the proposed law. Its primary purpose is to notify the House that the bill has been formally presented and to place it before legislators for future consideration.

During the First Reading, only the title of the bill is usually read aloud by the Clerk of the House. The bill is then formally recorded and scheduled for subsequent legislative consideration. At this stage, there is generally no debate on the merits or weaknesses of the proposed legislation.

For public health stakeholders, the First Reading serves as an important signal that the bill has entered the legislative process. It provides an opportunity to begin structured engagement with legislators, committee members, government officials, and other stakeholders before substantive debates commence.

6.1.2 Second Reading: Debate on the Principles of the Bill

The Second Reading is often regarded as one of the most important stages of the legislative process because it is the first opportunity for legislators to debate the overall purpose, policy objectives, and public importance of the proposed law.

Unlike the First Reading, discussions during the Second Reading focus on the broad principles of the bill rather than its detailed provisions. Legislators consider questions such as:

- **Why is this law needed?**
- **What public problem is it trying to solve?**
- **Is the proposed approach appropriate?**
- **What are the likely benefits and challenges?**
- **Should the House continue considering the bill?**

At this stage, legislators are not usually debating individual clauses or specific wording. Instead, they decide whether the general concept of the proposed legislation deserves further examination.

For public health legislation, the Second Reading is often where technical evidence becomes particularly influential. Data on disease burden, economic impact, outbreak experiences, legal gaps, implementation challenges, and international best practices can help legislators appreciate why reform is necessary.

This is also a stage where misconceptions may arise. Stakeholders should therefore be prepared to respond to concerns, clarify technical issues, and explain how the proposed law will affect government institutions, healthcare workers, businesses, communities, and the public.

If the House votes in favour of the bill at the conclusion of the Second Reading, the bill proceeds to committee for detailed examination.

6.1.3 Committee Stage: Detailed Examination and Improvement of the Bill

The Committee Stage is generally the most detailed and technically intensive part of the legislative process. Once a bill passes the Second Reading, it is referred to the relevant House Committee, often the Committee on Health or another committee with responsibility for the subject matter.

Unlike debates during the plenary session, committee proceedings focus on the detailed examination of every clause within the bill. Committee members consider whether each provision is legally sound, practically workable, financially realistic, and consistent with existing laws.

The Committee Stage is where many important improvements are made. Clauses may be amended, new provisions inserted, unnecessary provisions removed, definitions clarified, institutional responsibilities refined, and drafting errors corrected.

Many committees also organise public hearings or stakeholder consultations, although this varies across states. Public hearings allow government agencies, technical experts, civil society organisations, professional associations, private sector representatives, academia, traditional institutions, development partners, and members of the public to present their views on the proposed legislation.

For public health bills, this stage provides the greatest opportunity for meaningful technical engagement. Stakeholders can propose alternative drafting, explain operational implications, identify implementation challenges, recommend safeguards, and suggest improvements based on scientific evidence and practical experience.

Because amendments made during the Committee Stage often shape the final version of the bill, stakeholders should prepare carefully, provide well-reasoned recommendations, and support their proposals with evidence wherever possible.

At the conclusion of its work, the committee prepares a report containing its observations and recommendations for consideration by the full House.

6.1.4 Third Reading: Final Consideration and Passage of the Bill

The Third Reading represents the final stage of legislative consideration within the State House of Assembly. By this stage, the bill has already undergone policy debate and detailed committee scrutiny. The House therefore considers the revised version of the bill together with the committee's recommendations.

Debate during the Third Reading is generally shorter than during the Second Reading because many substantive issues have already been addressed. Legislators focus on whether the amended bill is now ready for final approval.

In most cases, only limited amendments are made during the Third Reading unless significant issues remain unresolved. Following debate, members vote on whether the bill should be passed.

If the required majority supports the bill, it is regarded as having been passed by the House of Assembly and is transmitted to the Governor for assent.

For stakeholders, this stage is no longer about proposing major policy changes. Instead, attention focuses on ensuring that agreed amendments have been accurately reflected, maintaining legislative support, preparing for gubernatorial assent, and planning for implementation after enactment.


STAGES OF THE LEGISLATIVE PROCESS
From draft to law — a clear pathway for effective public health legislation.
STAGE
DESCRIPTION
1
Preparation of Draft Bill
The relevant Ministry, Department, or Agency prepares a draft bill, often with support from legal officers and technical experts, to address a specific policy or public health issue.
2
Introduction of the Bill
The draft bill is formally introduced before the State House of Assembly by a member of the House or transmitted through the Executive for legislative consideration.
3
Legislative Deliberation
The House conducts readings of the bill and refers it to relevant committees for detailed review, discussion, and examination of its provisions.
The Three Readings
1 First Reading: The bill is read for the first time.
2 Second Reading: The general principles of the bill are debated.
3 Third Reading: The final version is read and passed, with or without amendments.
4
Committee Review and Stakeholder Engagement
Legislative committees may undertake clause by clause review and organise consultations or public hearings with stakeholders to obtain technical input and feedback.
5
Passage of the Bill
After deliberation and consideration of amendments, the State House of Assembly votes on the bill and passes it if it satisfies legislative requirements. This is referred to as the "Third Reading".
6
Transmission for Assent
The passed bill is transmitted to the Governor for executive review and assent before it becomes law.

6.1.5 Role of State Houses of Assembly

State Houses of Assembly are the constitutionally recognised legislative bodies responsible for making laws for their respective states. They play a central role in the adoption of public health laws and other legal instruments required to strengthen health security and public health governance at the state level.

In the context of public health legal reform, the State House of Assembly serves as the institution that formally considers, debates, amends, and passes proposed legislation. A bill may be introduced by a member of the House or transmitted by the State Executive through the Attorney General or the relevant Ministry.

Legislative Function	Description of Activities
Review of Policy Intent	The House reviews the overall objectives and policy rationale of the proposed law to ensure that it addresses the identified public health need and aligns with the priorities of the State Government.
Examination of Legal Implications	Members of the House examine the legal provisions of the bill to ensure consistency with the Constitution, existing state laws, and applicable national legal frameworks.
Assessment of Public Health Impact	The House considers the potential effect of the proposed law on public health administration, service delivery, and institutional responsibilities within the state.
Committee Review	Relevant committees of the House undertake detailed examination of the bill, including clause by clause analysis and technical review of its provisions.
Public Hearings and Stakeholder Engagement	Where necessary, committees organise public hearings and consult relevant stakeholders, including government agencies, professional bodies, civil society organisations, and technical experts.
Adoption of Amendments	Based on deliberations and stakeholder inputs, the House may introduce amendments to improve clarity, strengthen implementation provisions, or ensure alignment with existing laws.
Passage of the Bill	When the House is satisfied that the bill meets legislative and policy requirements, it proceeds to pass the bill and transmit it to the Governor for assent.

Effective engagement with the State House of Assembly is therefore essential for the successful adoption of public health laws.

6.1.6 Executive Review and Approval Process

Following the passage of a bill by the State House of Assembly, the bill is transmitted to the Governor for executive consideration and approval. The executive review process serves as the final stage of scrutiny before a bill becomes law. During this stage, the Governor, often acting through the Office of the Attorney General and relevant Ministries, Departments, and Agencies, reviews the bill to ensure that its provisions are legally sound, administratively feasible, and consistent with the policy priorities of the State Government.

The executive may also assess the financial and operational implications of the proposed law, particularly where implementation will require institutional coordination, budgetary allocation, or the establishment of new administrative mechanisms. Where necessary, the Governor may consult the Ministry of Justice, the State Ministry of Health, and other relevant agencies to confirm that the proposed law can be effectively implemented.

If the Governor is satisfied with the bill, it is assented to and becomes law. However, where concerns arise, the Governor may decline assent and return the bill to the State House of Assembly with observations for reconsideration.

Executive Review Step	Description of Activity
Transmission of Bill	After passage by the State House of Assembly, the Clerk of the House transmits the bill to the Governor for consideration and assent.
Legal Review	The Ministry of Justice reviews the bill to ensure consistency with the Constitution and existing laws.
Administrative and Policy Assessment	Relevant ministries and agencies assess whether the provisions of the bill are practical and aligned with state policy priorities.
Financial and Implementation Review	The executive may review the financial implications and institutional arrangements required for implementation.
Governor's Decision	The Governor may assent to the bill, thereby making it law, or return it to the House with observations for reconsideration.

6.1.7 Formal Passage and Enactment

Formal passage and enactment represent the final stages in the legislative process through which a bill becomes law. After deliberation and approval by the State House of Assembly, the bill is transmitted to the Governor for assent. Once the Governor signs the bill, it becomes a law of the State and is assigned an official citation and commencement date as specified in the law.

Following enactment, the law shall be published in the State Official Gazette to provide formal notice to government institutions, stakeholders, and the public. Publication ensures that the law is recognised as part of the State's legal framework and provides the basis for its implementation and enforcement.

6.2 DEVELOPING AND ADOPTING REGULATIONS

Regulations are subsidiary legal instruments issued under the authority of an existing law to provide detailed procedures, standards, and operational guidance required for effective implementation. In many public health laws, the primary legislation establishes the general legal framework, while regulations specify the technical and administrative measures necessary for enforcement.

In Nigerian States, regulations are usually issued by the relevant Commissioner or designated authority as provided in the enabling law. The development of regulations often involves technical drafting, consultation with relevant stakeholders, and review by the Ministry of Justice to ensure legal consistency and clarity.

6.2.1 Regulations by Commissioners

Many public health laws provide authority to a Commissioner at the state level to issue regulations for the effective implementation of the law. This authority is usually expressly provided in a specific section of the law, commonly titled **"Power to Make Regulations"**. Regulations made under such provisions allow the responsible authority to prescribe detailed procedures, technical standards, reporting requirements, and enforcement measures that may not be appropriate to include in the main law.

The regulation making power enables the government to respond to technical developments and emerging public health needs without the need to amend the primary legislation. However, such regulations must remain consistent with the provisions and objectives of the enabling law.

Typical Legislative Provision Granting Regulatory Authority

Type of Provision	Illustrative Example in Law
General regulation making power	"The Commissioner may make regulations for the effective implementation of this Law."
Specification of matters for regulation	"The Commissioner may make regulations prescribing procedures, standards, forms, and fees required under this Law."
Enforcement related regulations	"Regulations may provide for inspection procedures, licensing requirements, and penalties for non-compliance."
Administrative procedures	"The Commissioner may prescribe reporting formats, notification procedures, and operational guidelines."

Examples of Areas Commonly Regulated

- Licensing and registration of health facilities or laboratories.
- Disease surveillance and reporting procedures.
- Inspection and enforcement mechanisms.
- Standards for food safety, sanitation, or environmental health.
- Administrative forms, records, and reporting formats.

Clear regulatory powers in the law enable Ministries and implementing agencies to translate broad legal mandates into practical and enforceable operational rules.

6.2.2 Overview of the Regulation-Making Process

Once a decision has been made that a policy objective requires legally binding operational rules, the next step is to develop regulations under the authority of an existing Act. Unlike primary legislation, which is enacted by the legislature, regulations are a form of **delegated or subsidiary legislation** made by an authority expressly empowered by an Act to prescribe detailed rules for implementing the law. Because regulations have the force of law, they must be developed through a structured process that ensures they are legally valid, technically sound, practical to implement, and consistent with the policy objectives of the principal legislation.

Although the exact procedure varies across federal and state institutions, the regulation-making process generally follows a common sequence of activities from policy identification to implementation. Understanding these stages enables policymakers, legal officers, technical experts, and stakeholders to engage effectively throughout the process and improve the quality of the final instrument.

Consultation Stage	Description of Activity
Preparation of Draft Regulation	The responsible Ministry prepares a draft regulation based on the authority provided in the enabling law.
Stakeholder Consultation	"The Commissioner may make regulations prescribing procedures, standards, forms, and fees required under this Law."
Review and Revision	Inputs received during consultation are reviewed and incorporated where appropriate.
Formal Approval	The regulation is approved by the responsible authority in accordance with the enabling law.
Public Notification	The adopted regulation may be published or circulated through official channels to inform stakeholders and the public.

The process usually begins with the identification of a regulatory need. This often emerges from a legal assessment, implementation challenges, judicial decisions, scientific developments, international obligations, or recommendations arising from monitoring and evaluation. At this stage, the responsible Ministry, Department or Agency (MDA) should first determine whether the issue genuinely requires regulations or whether it can be addressed through guidelines, administrative circulars, standard operating procedures, or amendments to existing legislation. Choosing the appropriate legal instrument at the outset avoids unnecessary regulation and ensures that government intervention is proportionate to the problem being addressed.

Once the need for regulations has been established, the enabling Act should be carefully reviewed to confirm that it confers regulation-making powers and to determine the scope of those powers. Regulations cannot introduce provisions that are inconsistent with or extend beyond the authority granted by the principal legislation. The drafting team should therefore identify the specific section of the Act under which the regulations will be made and ensure that every substantive provision falls within that delegated authority.

The next stage involves policy development and preparation of drafting instructions. This requires translating the identified problem into clear regulatory objectives and determining the operational rules needed to achieve them. At this stage, legal officers work closely with technical experts, programme managers and implementing agencies to identify institutional responsibilities, compliance requirements, enforcement mechanisms, technical standards and reporting obligations. Where appropriate, comparative reviews of existing regulations in Nigeria or other jurisdictions may also be undertaken to identify good practices and avoid duplication.

Stakeholder consultation is an equally important stage of the process. Because regulations directly affect implementation, consultations should involve the institutions responsible for enforcement as well as those expected to comply with the proposed requirements. Depending on the subject matter, participants may include relevant MDAs, professional regulatory bodies, development partners, civil society organisations, the private sector, academia, and affected communities. These consultations help identify practical implementation challenges, clarify technical issues, build stakeholder ownership, and improve the quality of the draft before approval.

Following consultations, the draft regulations undergo legal and technical review. Legal review ensures that the draft is consistent with the Constitution, the enabling Act, and other applicable laws, while technical review confirms that operational requirements, standards, scientific references, and institutional arrangements are accurate and implementable. Several rounds of revision may be necessary before the draft reaches its final form.

The approval process depends on the authority designated in the enabling Act. In many instances, regulations are made by the President, Governor, Minister, Commissioner or the governing board of a statutory agency. Internal approvals may also be required through the supervising ministry, Ministry of Justice, Executive Council, or other designated approving authority before the regulations are formally signed. Once approved, the regulations are ordinarily published in the Official Gazette and take effect either on the date of publication or on another commencement date specified within the instrument.

The regulation-making process does not end with publication. Effective implementation requires dissemination of the regulations, stakeholder sensitisation, preparation of implementation guidelines where necessary, training of enforcement officers, public awareness campaigns, and continuous monitoring of compliance. Regulatory agencies should also establish mechanisms for periodic review to ensure that the regulations remain responsive to evolving scientific evidence, technological developments, and public health priorities.

Stage	Key Activities	Lead Responsibility
1. Identify the regulatory need	Conduct legal assessment, define the problem, determine whether regulation is the appropriate instrument	Lead MDA
2. Confirm legal authority	Review the enabling Act and identify the regulation-making powers	Legal Unit
3. Develop policy and drafting instructions	Define objectives, prepare drafting instructions, identify technical requirements	Technical and Legal Teams
4. Prepare the draft regulations	Draft provisions, schedules, forms and enforcement mechanisms	Legal Drafting Team
5. Consult stakeholders	Validate the draft, obtain technical and implementation feedback	Lead MDA and Stakeholders

Stage	Key Activities	Lead Responsibility
6. Legal and technical quality assurance	Review legality, consistency, drafting quality and technical accuracy	Ministry of Justice and Technical Experts
7. Approval and publication	Obtain statutory approvals, sign and publish in the Official Gazette	Authorised Regulation-Making Authority
8. Implementation and review	Disseminate, build capacity, monitor compliance and periodically review the regulations	Implementing Agency

Typical Stages in the Regulation-Making Process

6.2.3 Public Consultation and Notification Procedures

Public consultation and notification are important steps in the development and adoption of regulations. These processes help ensure that proposed regulations are practical, transparent, and responsive to the needs of those who will implement or be affected by them. Consultation allows government institutions to obtain technical input from relevant stakeholders before the regulation is finalised.

In practice, the responsible Ministry or regulatory authority may circulate draft regulations to key institutions and stakeholders for review. These may include government agencies, professional bodies, academic institutions, private sector actors, civil society organisations, and development partners. Feedback received during consultation helps to improve clarity, strengthen implementation provisions, and identify potential operational challenges.

Once the regulation is finalised, it is typically approved by the relevant authority and may be published or communicated through official government channels to provide formal notice.

6.3 SUSTAINABILITY THROUGH IMPLEMENTATION AND ENFORCEMENT

6.3.1 Dissemination and Awareness-Raising

After a law or regulation has been adopted, it is important to ensure that the provisions are clearly communicated to all relevant institutions and stakeholders. Dissemination and awareness raising help ensure that government agencies, implementing officers, professional bodies, and the public understand their roles and responsibilities under the new legal framework. Without adequate communication, even well-drafted laws may not be effectively implemented.

Dissemination Activity	Description
Official Circulation	Distribution of the enacted law or regulation to Ministries, Departments, and Agencies responsible for implementation.
Institutional Briefings	Obtain statutory approvals, sign and publish in Orientation sessions for senior officials, technical officers, and enforcement authorities.
Public Information	Communication through official government websites, press releases, and public information materials.
Stakeholder Engagement	Targeted engagement with professional associations, civil society organisations, and relevant private sector actors.
Technical Guidance Materials	Development of implementation guides, manuals, or explanatory notes for frontline officers.

Responsible ministries and implementing agencies should therefore develop structured communication strategies to share information about the new law or regulation. This may include distributing official copies of the law, organising briefing sessions for key institutions, and producing simplified explanatory materials. Dissemination should prioritise frontline officers, regulatory agencies, and institutions directly responsible for implementation.

Checklist of Key Actions

- ☑ Publish the law or regulation through official government channels.
- ☑ Circulate copies to relevant ministries, departments, and agencies.
- ☑ Organise orientation or briefing sessions for implementing institutions.
- ☑ Prepare simplified explanatory materials for stakeholders.
- ☑ Engage professional bodies and civil society organisations to support awareness.
- ☑ Ensure frontline officers understand their enforcement and reporting responsibilities.

6.3.2 Capacity Building for Public Health and Legal Officials

The adoption of a law or regulation is only the first step in strengthening public health governance. Effective implementation requires that the relevant public officials clearly understand the legal provisions, their institutional responsibilities, and the procedures required for enforcement. Capacity building therefore plays an important role in translating legal mandates into practical action.

Following the passage of a legal instrument, State Governments should organise structured training programmes for officials responsible for implementation. These programmes should include public health professionals, legal officers within Ministries of Health and Justice, regulatory inspectors, environmental health officers, and relevant law enforcement agencies. Training helps ensure that implementing officers are familiar with the scope of the law, the operational procedures required under the law, and the mechanisms available for coordination across institutions.

Capacity building activities should also promote collaboration between technical and legal actors. Public health professionals may require guidance on the legal basis for surveillance, inspection, or enforcement activities, while legal officers and law enforcement personnel may require technical

orientation on public health practices and administrative procedures. Joint training programmes can help strengthen this coordination and improve compliance with legal requirements.

In addition to initial orientation sessions, periodic refresher trainings should be organised to address implementation challenges, provide updates on regulatory procedures, and ensure consistent application of the law across the State.

Structured and continuous capacity building helps ensure that public health laws are implemented effectively and consistently across the State.

6.3.3 Periodic Review of Legal Instruments

Periodic review of legal instruments is an important mechanism for ensuring that public health laws, regulations remain relevant, effective, and responsive to evolving public health needs.

Changes in disease patterns, scientific knowledge, institutional mandates, and operational realities may require updates to existing legal instruments. A structured review process allows governments to assess the performance of a law or regulation and determine whether amendments, supplementary regulations, sensibilization or administrative adjustments are required.

State Governments should establish clear procedures for initiating and conducting periodic reviews of legal instruments. The review process should be led by the responsible Ministry, usually the Ministry of Health, in collaboration with the Ministry of Justice and other relevant Ministries, Departments, and Agencies responsible for implementation. Reviews may be scheduled at regular intervals, such as *every three to five years,* or initiated when significant implementation challenges or emerging public health risks are identified.

Review Component	Technical Description
1 Legal Consistency Assessment	Examination of whether the legal instrument remains consistent with the Constitution, national legislation, and other state laws.
2 Implementation Assessment	Evaluation of how the legal instrument has been applied in practice, including enforcement and compliance levels.
3 Institutional Performance Review	Assessment of whether implementing agencies have the capacity, authority, and coordination mechanisms required to perform their functions.
4 Stakeholder Consultation	Collection of inputs from implementing agencies, professional bodies, civil society organisations, and affected stakeholders.
5 Identification of Legal Gaps	Identification of provisions that require clarification, amendment, repeal, or additional regulatory support.

Recommended Procedure for Conducting a Legal Review

1. **Initiation of Review**
   The responsible Ministry identifies the need for a review and formally initiates the process through an internal directive or policy decision.

2. **Establishment of a Review Team**
   A technical review committee may be constituted, including representatives from the Ministry of Health, Ministry of Justice, regulatory authorities, and technical experts.

3. **Collection of Implementation Evidence**
   Relevant implementation data, enforcement reports, monitoring and evaluation findings, and operational feedback are collected and analysed.

4. **Stakeholder Consultation**
   Stakeholder meetings, technical consultations, or written submissions may be used to obtain feedback on implementation challenges and legal gaps.

5. **Technical Assessment and Recommendations**
   The review team assesses the findings and prepares recommendations, which may include amendments to the law, new regulations, or administrative measures.

6. **Preparation of Review Report**
   A formal report documenting the findings and proposed reforms is prepared for consideration by the relevant authorities.

7. **Follow Up Legislative or Regulatory Action**
   Where necessary, the responsible Ministry may initiate the drafting of amendments, new regulations, or policy directives to address identified gaps.

A structured review process helps ensure that public health legal instruments remain functional, enforceable, and aligned with current public health priorities.


RECOMMENDED PROCEDURE
FOR CONDUCTING A LEGAL REVIEW
A structured, step-by-step process for effective and evidence-based legal review.
1
INITIATION OF REVIEW
The responsible Ministry identifies the need for a review and formally initiates the process through an internal directive or policy decision.
2
ESTABLISHMENT OF A REVIEW TEAM
A technical review committee may be constituted, including representatives from the Ministry of Health, Ministry of Justice, regulatory authorities, and technical experts.
3
COLLECTION OF IMPLEMENTATION EVIDENCE
Relevant implementation data, enforcement reports, monitoring and evaluation findings, and operational feedback are collected and analysed.
4
STAKEHOLDER CONSULTATION
Stakeholder meetings, technical consultations, or written submissions may be used to obtain feedback on implementation challenges and legal gaps.
5
TECHNICAL ASSESSMENT AND RECOMMENDATIONS
The review team assesses the findings and prepares recommendations, which may include amendments to the law, new regulations, or administrative measures.
6
PREPARATION OF REVIEW REPORT
A formal report documenting the findings and proposed reforms is prepared for consideration by the relevant authorities.
7
FOLLOW UP LEGISLATIVE OR REGULATORY ACTION
Where necessary, the responsible Ministry may initiate the drafting of amendments, new regulations, or policy directives to address identified gaps.
A structured review process helps ensure that public health legal instruments remain functional, enforceable, and aligned with current public health priorities.

BIBLIOGRAPHY

Bennion F, Bailey D and Norbury J, *Bennion, Bailey and Norbury on Statutory Interpretation* (8th edn, LexisNexis 2020).

Dickerson RC, *The Fundamentals of Legal Drafting* (2nd edn, Little, Brown and Company 1986).

Fidler DP, 'From International Sanitary Conventions to Global Health Security: The New International Health Regulations' (2005) 4 *Chinese Journal of International Law* 325–392.

Filson LE and Strokoff SK, *The Legislative Drafter's Desk Reference* (2nd edn, CQ Press 2008).

Food and Agriculture Organization of the United Nations, *Legislative Drafting Guide: A Practitioner's View* (FAO Legal Papers Online No 64, 2007).

Gostin LO and Katz R, 'The International Health Regulations: The Governing Framework for Global Health Security' (2016) 94(2) *The Milbank Quarterly* 264–313.

Greenberg D (ed), *Craies on Legislation* (12th edn, Sweet & Maxwell 2020).

Katz R and Fischer JE, 'The Revised International Health Regulations: A Framework for Global Health Security' (2010) 29(6) *Health Affairs* 1127–1133.

National Institute for Legislative and Democratic Studies, *National Legislative Drafting Guide* (2nd edn, NILDS 2022).

Nigeria Centre for Disease Control and Prevention, *Integrated Disease Surveillance and Response Technical Guidelines* (NCDC 2019).

Nigeria Centre for Disease Control and Prevention, *National Action Plan for Health Security (NAPHS) 2024–2028* (Federal Government of Nigeria 2024).

Nigeria Centre for Disease Control and Prevention, *National Multi-Hazard Public Health Emergency Preparedness and Response Plan* (NCDC 2023).

Office of the Queensland Parliamentary Counsel, *Principles of Good Legislation* (Queensland Government 2017).

Organisation for Economic Co-operation and Development, *OECD Best Practice Principles for Regulatory Policy: The Governance of Regulators* (OECD Publishing 2014).

Organisation for Economic Co-operation and Development, *OECD Best Practice Principles for Regulatory Policy: Regulatory Impact Assessment* (OECD Publishing 2020).

Organisation for Economic Co-operation and Development, *Recommendation of the Council on Regulatory Policy and Governance* (OECD Publishing 2012).

Thornton GC, *Thornton's Legislative Drafting* (5th edn, LexisNexis Butterworths 2013).

United Nations Development Programme, *Institutional and Context Analysis: Guidance Note* (UNDP 2017).

Wilson K, Brownstein JS and Fidler DP, 'Strengthening the International Health Regulations:

Lessons from the H1N1 Pandemic' (2010) 25(6) *Health Policy and Planning* 505–509.

World Bank, *Global Indicators of Regulatory Governance: Worldwide Practices of Regulatory Impact Assessments* (World Bank 2018).

World Health Organization, *International Health Regulations (2005)* (3rd edn, WHO 2016).

World Health Organization, *Joint external evaluation of IHR core capacities of the Federal Republic of Nigeria: executive summary* (WHO 2017).

World Health Organization*, Joint external evaluation of the International Health Regulations (2005) core capacities of Nigeria: mission report* (WHO 2024).

World Health Organization, *Joint External Evaluation Tool: International Health Regulations (2005) Monitoring and Evaluation Framework* (3rd edn, WHO 2022).

World Health Organization, *State Party Self-Assessment Annual Reporting Tool* (WHO 2024).

World Health Organization, *WHO Guidance for Pandemic Preparedness and Response* (WHO 2023).

Xanthaki H, *Drafting Legislation: Art and Technology of Rules for Regulation* (Hart Publishing 2014).

Xanthaki H, *Legislative Drafting: A New Sub-Discipline of Law Is Born* (Hart Publishing 2023).

LIST OF CONTRIBUTORS

NAME	ORGANISATION
Safiya Musa	Nigeria Centre for Disease Control and Prevention
Amira Abubakar	Nigeria Centre for Disease Control and Prevention
Chisom Ihekwaba	Nigeria Centre for Disease Control and Prevention
Adaobi Ezewuzie	Nigeria Centre for Disease Control and Prevention
Ruqayya Kida	Nigeria Centre for Disease Control and Prevention
Dr. Olubunmi Olopha	Nigeria Centre for Disease Control and Prevention
Fatima Usman Bukar	Federal Ministry of Health and Social Welfare
Onyekachi Aju	Federal Ministry of Health and Social Welfare
Ugoeze Sylvanus Killian	Federal Ministry of Agriculture and Food Security
Professor Usman Abubakar	Office of the National Security Adviser
Abdullahi Bature	Kano State Ministry of Justice
Onawole Wasiu Adesina	Ogun State Ministry of Justice
Dr. Lovina Eneh	Enugu State Ministry of Justice
Usman Adamu	Jigawa State Ministry of Justice
Justina Alluu Alkari	Nasarawa State Ministry of Justice
Sophie Koni Tauna	Kaduna State Ministry of Justice
Nanlop Ogbureke	Resolve to Save Lives (RTSL)
Dr. Jenom Danjuma	Resolve to Save Lives (RTSL)
Cedric Aperce	Resolve to Save Lives (RTSL)
Sarah Emami	Resolve to Save Lives (RTSL)
Emem Udoh	Resolve to Save Lives (RTSL)
Dr. Rabi Usman	Resolve to Save Lives (RTSL)
Celestina Obiekea	Resolve to Save Lives (RTSL)
Dr. Itohan Imasuen	Resolve to Save Lives (RTSL)

Naomi Oboyi	Resolve to Save Lives (RTSL)
Professor Uwakwe Abugu	Lifeline Centre for Medical and Health Rights Advocacy (LCMHRA)
Peggy Chigozirim Ejiofor	Lifeline Centre for Medical and Health Rights Advocacy (LCMHRA)
Professor Cheluchi Onyemelukwe	Health Ethics and Law Consulting (HELC)
Dotun Bhadmus	Health Ethics and Law Consulting (HELC)
Queen Charles Ukpo	Health Ethics and Law Consulting (HELC)
James Ugochukwu	African Centre for Entrepreneurship and Information Development (ACEIDEV)
Dr. Arome Audu	Orixine Consulting
Aniekan Akpan	Orixine Consulting
Jennifer Odudu	Orixine Consulting
Dr. Ofofon Edet Etim	Bremell Advisory
Dr. Shuaibu Mohammed	Musaf Center for Awareness on Good Governance and Development (CAGDeV)
Dr. Usman Abba Idris	Musaf Center for Awareness on Good Governance and Development (CAGDeV)
Ibrahim Jibril	LAWART