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PATHFINDER

Political Economy Analysis in Lagos State, Nigeria

Key Findings for Strengthening Multi-level Partnerships for Advancing Women's Health

Summary

From 2016 to 2022, Pathfinder International led the Bill & Melinda Gates Foundation-funded Advance Family Planning (AFP) project in Nigeria to advocate for contraception and increase government investments in family planning (FP). Building on AFP's lessons and successes, the **Strengthening Multi-level Partnerships for Advancing Women's Health** project in Nigeria, led by Pathfinder and the Center for Communication and Social Impact, has worked in 2024 to support to the Nigerian government at the national level and in Kano and Lagos states to advocate for the implementation of favorable policies, sustainable domestic financing, and strengthened accountability mechanisms for women's health, with a specific focus on maternal and newborn health and FP. This brief summarizes key findings from the project's political economy analysis of Lagos State.

CONTEXT

Maternal mortality and morbidity pose major public health challenges in Nigeria; at 512 deaths per 100,000 live births, the country's maternal mortality ratio (MMR) is among the highest in the world.[1] The root causes of maternal mortality in Nigeria—poverty and funding shortages; gender, social, and cultural norms that discourage maternal health care; and political apathy and instability—are exacerbated by inadequate and inequitable access to quality health care. The Government of Nigeria allocated only 4.6% of its total expenditure to health in 2017, well below Abuja Declaration's 15% target, and many states lack dedicated funding for FP. Despite government efforts to improve maternal health, including the National Strategic Health Development Plan II (2018-2022), the National Health Insurance Scheme, and the strengthening of primary health care (PHC) centers, implementation varies by state and population group, with large disparities in access to care. In Lagos, Nigeria's second most populous state, while 75% of births are delivered in a health facility, nearly twice as many of these mothers deliver in private health facilities (48%) as do in public facilities (27%).[2] This indicates that those with fewer financial resources have less access to quality care.

POLITICAL ECONOMY ANALYSIS IN LAGOS STATE

The Strengthening Multi-level Partnerships for Advancing Women's Health project conducted a political economy analysis (PEA) in Lagos State to provide actionable insights and recommendations for strengthening multilevel partnerships, promoting accountability, and advancing women's health at the state level. With a desk review, policy analysis, key informant interviews, and focus group discussions with key stakeholders across Lagos State, including representatives from the Ministry of Health (MOH), the PHC Board, the Lagos State Health Management Agency (LASHMA), and professional associations, the PEA explored power relations, stakeholder interests, governance structures, policy frameworks, and resource allocation mechanisms that influence maternal health outcomes. The findings will guide development and implementation of evidence-based policies, strategies, and interventions to reduce maternal morbidity and mortality and improve the wellbeing of women and families.

Photo: Group convened during the dissemination of findings from Political Economy Analysis in Lagos State

FINDINGS

Key maternal health indicators

With a range of FP and maternal and child health (MCH) policies and frameworks, Lagos State's maternal health indicators and outcomes are often stronger than the national average. At 3.2 births per woman, Lagos State's total fertility rate (TFR) is lower than the national TFR of 4.6; at 37%, its modern contraceptive prevalence rate is twice the national rate of 18%.[3] Unmet need for FP in Lagos State is less than 15%, well below the national level of 24%.[4] Only 3% of pregnant women attend one antenatal care (ANC) visit; 94% attend four or more ANC visits.[5] In Lagos State, 87% of deliveries happen in health facilities (34% in public and 53% in private facilities),[6] and the MMR in is 555 deaths per 100,000 live births—slightly higher than the national MMR.[7] In the megacity of Lagos, two-thirds of residents live below the poverty line and an estimated 70% live in informal settlements,8 signaling a serious need for public investment in maternal health.

Political economy drivers of maternal health in Lagos State

Table 1. Power Mapping for Policy Design, Adoption, and Implementation in Lagos State	
High Power/Low Interest	**High Power/High Interest**
• Local government area (LGA) chairs • Deputy Speaker, Lagos State House of Assembly • House Committee Chairperson on Women Affairs, Lagos State Assembly • Commissioner of Economic Planning & Budget • Commissioner of Finance • Commissioner of Women Affairs	• Governor of Lagos State • Commissioner of Health • Special Adviser to the Governor on Health • First Lady (a medical doctor) • House Committee Chair on Health, Lagos State Assembly • Permanent Secretary, Lagos State MOH • Permanent Secretary, Lagos State Primary Health Care Board • Permanent Secretaries, Health District I-VI • Permanent Secretary, LASHMA
Low Power/Low Interest	**Low Power/High Interest**
• Religious & traditional institutions • Ministry of Local Government & Community Affairs • Community groups • Local Government Health Authorities (LGHA)	• International development partners • Civil society & NGOs • Health workers • Women • Ward Health Committees

Power

Interest

The PEA clarified the roles and motivations of influential stakeholders in Lagos State's policy design, adoption, and implementation processes (Table 1). The PEA also identified four key political economy drivers of maternal health in Lagos State: economic, institutional, political, and sociocultural factors. Each policy process is affected by the four complex drivers.

Economic: Decisions about where to give birth in Lagos are influenced by financial and reproductive autonomy. When a pregnant woman faces financial constraints, she loses choice and cedes decision-making power to those around her, which can deprive her of the ability to seek timely ANC or delivery services. At the same time, the Lagos State health sector is grossly underfunded and struggles to meet demand. Though two-thirds of Lagos city residents live below the poverty line and would rely on public health care, the government allocates less than the prescribed 15% of its budget to health. Resulting financial and human resource shortages diminish access to care and discourage potential clients from seeking maternal care from the public sector. In 2015, Lagos State established LASHMA to respond to the demand for health financing through insurance; however, data on uptake is lacking. Maternal mortality reduction competes with other priorities for government interest, and limited health-sector capacity for data use and coordination hinder government support. The extent to which international development partners support the Lagos State health budget is unclear due to a lack of transparency.

Institutional: Maternal health priorities in Lagos necessitate responding to the state's infrastructure burden, increasing the number of skilled medical personnel, building bridges with traditional systems, and increasing funding. Lagos State has built 12 Maternal and Child Centres that include neonatal units, labor and delivery wards, emergency clinics, and operating theaters, to bring quality care closer to clients. The 2022 Lagos State Health Facility Assessment Report noted that 63% of facilities in Lagos State offer ANC: 84% of public health facilities, 67% of NGO- and faith-based-organization-owned facilities, and 59% of private facilities. Yet basic equipment is often provided by donors or purchased by clients themselves, referral systems are weak, use of technology is limited, and stockouts are common. In addition, the state's provider-client ratio (1 doctor:5,014 clients; 1 nurse:2,165 clients; 1 midwife:5,117 clients) is far below the World Health Organization standard of 1:600, and health workers are inequitably distributed throughout the state with rural areas experiencing the most extreme shortages.

Despite these challenges, the state is working to bridge traditional and modern childbirth practices through the Lagos State Traditional Medicine Board. Interaction with traditional birth attendants (TBA) can extend health services to underserved communities and serve as a link between clients and the formal health system. The Lagos State government has been working to upskill, train, and certify TBAs as skilled birth attendants. However, some government employees are skeptical that government-TBA alliances will reduce maternal mortality.

Political: The Lagos State government is focused on addressing maternal health gaps and reducing maternal and child mortality rates with a robust mix of policies and programs (Table 2) to improve the procurement and supply of essential drugs and to improve the quality of care. While care has been made available free of charge at times, free offerings are not available consistently or in perpetuity.

Table 2. Relevant Lagos State Health Policies	
Family planning	• Domestication of National Guideline on Self-care for SRHR (2024)
Reproductive, maternal, newborn, and child health	• Lagos State Maternal & Child Mortality Reduction Programme • Maternal & Child Health Care Initiative • RMNCAH+Nutrition policy • SURE-P Maternal & Child Health Initiative
Overarching health & development	• Lagos Health Sector Reform Law (2006) • Lagos State Health Insurance Scheme • Lagos State Strategic Health Development Plan (2018-2022) •

Sociocultural : Given the ethnic and cultural diversity within Lagos, the health system and its workforce must be equipped to respond to a wide variety of complex client beliefs and cultural backgrounds. Despite the wide availability of maternal health services, many women desire to give birth in familiar surroundings in which their native language is spoken. One member of a migrant group shared, "When it is time for me to [give birth], I will go home…. They speak my language there. [At the PHC], they don't understand me when I speak." Other women experience cultural pressure to give birth at home. One key informant shared, "Some mothers-in-law insist that their daughters-in-law go to TBAs to deliver, because that where [the mothers-in-law] have given birth to all their children."

RECOMMENDATIONS

The PEA yielded the following recommendations for how Lagos State can best support women's health, and particularly MCH, with efforts that address economic, sociocultural, institutional, and political dynamics. This contribution to sustainable improvements in maternal health outcomes can ultimately reduce state morbidity and mortality rates.

Economic: Strengthen resource mobilization and related communication.

- The federal government's new declaration of LGA autonomy signals an opportunity to advocate for adequate budgeting for and provision of supplies to municipal-level health centers—a challenge in the past. Comprehensive mapping and costing of maternal health needs is essential to meet this moment.

- Clarify expectations for free maternal health care. In Lagos, there is a misalignment between the expectations of the public and the government when it comes to free health services, with inconsistent availability of free services. Low uptake of state health insurance through LASHMA indicates that many people may not be motivated to invest in their own health care if they believe a free health care policy is imminent.

- Improve transparent documentation of development partners' financial contributions.

Institutional: Strengthen sustainable partnerships.

- Strengthen partnerships and collaborations with local and international NGOs and academic institutions, and seek new ones, to support the state government's efforts to improve maternal health services. Align these partnerships and initiatives with local priorities and assets to maximize technical assistance, funding opportunities, advocacy support, health systems strengthening resources, long-term sustainability, and resilient maternal health programs.

Political: Enhance data-informed advocacy for greater and more timely support to reduce maternal mortality in Lagos State.

- Prioritize maternal mortality reduction under core development plans. Despite robust policies, the state must do more, including rallying partners, to uplift the women most at risk of maternal morbidity and mortality.

- Significant data gaps hinder maternal mortality reduction-related decision making. Knowing the prevalence of morbidity among different types of birth attendants and delivery settings can facilitate tailored policies and interventions. And measuring the impact of trainings and skill-building sessions for TBAs on reducing morbidity and mortality can help advocates make the case for resource allocation for such activities.

- Even when policy makers commit funds to maternal mortality reduction, initiatives are often delayed or derailed. Advocacy for adaptive strategies that facilitate timely and efficient fund disbursement processes will help ensure continuous availability of essential drugs and medical supplies. This may include training stakeholders on policy development and reaching influencers with awareness campaigns.

Sociocultural: Engage communities and health workers to address norms and beliefs.

- Support a strategic, whole-system approach that engages community elders, leaders, influencers, and groups, to address gender and power dynamics within families, communities, health facilities, religious institutions, and policies. These dynamics drive decisions about where, how, and with whom women give birth.

- Assess needs and work to strengthen the capacity of health workers to address a wide range of cultural beliefs and health knowledge when attending to clients.

- Support the establishment or revitalization of social accountability mechanisms—for example the community score card—to ensure equitable access to quality maternal health care among Lagos State's diverse clients.

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