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Population health from Millennium to Sustainable Development Goals in Nigeria; keeping 2030 in view

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ABSTRACT

The millennium development goals which was pursued for 15 years by many countries globally has elapsed with many countries which grappled with their inability to achieve up to 30% of their desired goals due to poor planning , implementation, monitoring and evaluation. This article organized and synthesized literatures on the effects of Millennium Development Goals (MDGs) and ways of translating the key health related Sustainable Development Goals (SDGs) number three targets to realities. Electronic search of relevant materials and articles was conducted with focus on millennium development goals (MDGs) and SDGs in Cochrane, Google, PubMed, and official publications of relevant agencies electronically. PubMed, Materials that met the eligibility criteria were extracted, and summarized based predominantly on qualitative level. More than 80% of the MDGs targets were not actualized with huge resources expended. Poor of planning, strict monitoring and evaluation, poor funding, government policies and sociopolitical instabilities were the major pitfalls in the past dispensation of MDG. MDG interventions in Nigeria were grossly unrealized due to political, structural, and systemic failure. Institutionalization of short, medium, and long-term plans and framework will enhance translation of the goal to achievements by 2030.

Keywords: SDGs, MDGs, health coverage, population, policy, Nigeria

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INTRODUCTION

The sustainable development goals aim at ensuring healthy living and promoting well-being for all at all ages globally. There has been increasing waves of global economic crunch, dwindling oil revenues, "Dutch Disease" plaguing many oil rich countries, political and civil unrest associated with rising religious and terrorist activities globally. This is coupled with increasing unemployment and poor health indices in most countries, the world needs no better time for the introduction of the SDGs. Terrorism has been a major challenge of our time in the twenty –first century. A disconnect of economic growth without commensurate development exists in Nigeria, with the poor disproportionately in the majority. Between 2006 and 2015, the unemployment rate rose from 6.4% t a staggering 24.02%, about 50% of the rate for young adults between 15 to 34 years. With the 2030 milestone for SDGs already ticking out, it becomes very necessary to evaluate the MDGs to reposition the nation for better performance in the SDGs era [1, 2]. This article organized and synthesized literatures on the effects of Millennium Development Goals (MDGs) and ways of translating the key health related Sustainable Development Goals (SDGs) number three targets to realities.

METHODS

Electronic search of relevant materials, articles, and literatures was conducted in PubMed, Medline and Embase to ensure that valid information were used. The search key words were MDGs, SDGs, Nigeria, population, and health care. Combination of key search words with "and/or" and truncation were undertaken. Google scholar was additionally used to conduct literature search to identify relevant policy documents. Published research materials and documents on MDGs and SDGs coverage in Nigeria between the year 2000 and 2015 were used based on their relevance to the subject. Cross-referencing was employed and the most recent articles with better description were used where similar findings were presented by more than one publication. The criteria used for eligibility were articles published in English language, materials with web address, registered documents, officially published documents, and documents published within the years under review. Extraction of data was carried out independently and in duplicates where necessary from reports to further confirm their authenticity. Data were sought for using data items like funding sources, assumptions, simplifications, modifications, and risk of bias across studies and articles e.g. publication bias and selective reporting within studies. This was to ensure that only valid documents, data and figures which are reproducible were used. Extracted data and information for this review were summarized based predominantly on qualitative level.

RESULTS AND DISCUSSION

Reduction of the maternal mortality ratio to less than 70 per 100,000 live births in 2030

Available statistics indicate that the maternal mortality ratio in Nigeria declined from 800 per 100 000 Live births in 2004 to 243 per 100 000 Live births in 2004. This decline was partly due to the proportion of birth attendants by skilled health care attendants, which rose from 36.3% in 2004 to 58.6% in 2014. The rural areas had 46.6% delivery by qualified personnel and birth attendants while the urban areas had 79.2%. The contraceptive practice rate, which stood at 8.2% in 2004, rose to 18.5% in 2014.even though this figure is minimal; it is a positive step and a departure from the very bad and deplorable state in the past and largely due to MDGs interventions and government policy. The antenatal care coverage of 8.2% in 2008, with 44.8% having at least four visits before delivery rose to 25% attendance in 2014. A total of 68.9% had a minimum of one antenatal visit and 60.6% had four visits and above nationally, 75.9% had four visits and above in the urban areas and 51.6% in the urban areas. The unmet needs for family planning rose from 17% in 2004 to 22.2% in 2014 with 22.4% occurring in the rural areas and 21.8% in the urban [3,4,5,6]. The government in collaboration with the sister agencies should set up a comprehensive short, medium, and long-term plan towards achieving the SDGs by 2030 since the MDGs has initiated positive impact in this area.

Prevention and end of under five mortality

Prevention and end to preventable deaths of newborns and children under 5 years of age, and reduction of neonatal mortality to at least 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births is a target in SDG. The global under-five mortality rate declined from 90 to 43 deaths per 1000 live births from 1990 to 2015. However, in Nigeria, available statistics show that under five mortality rates were 128 per 1000 live births and 69 per 1000 live births for infants in 2013. Nigeria occupied the second highest position in terms of infant mortality out of a group of 186 nations of the world with a gruesome 804,429 deaths before age five in 2013. The percentage of one-year children immunized against measles worldwide was 73% in 2000, 84% in 2013, and 42.1% in Nigeria in 2013. This poor indices need to be improved upon through improved funding of primary health services and direct monitoring of budget by the FMOH for accountability and probity. The federal government should mobilize all machinery to be like Monaco with an under-five mortality value of 1.00 in 2015 before the year 2030 [1, 4, 32, 33]

Combating AIDS, tuberculosis, malaria and neglected tropical diseases (NTDs), hepatitis, water-borne diseases and other communicable diseases

Statistics show that 27 million people still need to be protected river blindness while 22 million are infected with lymphatic filariasis. Nigeria need support from donors to combat Neglected Tropical Diseases (NTDs)'s Master Plan. NTDs have been noted as the leading cause of poverty in sub-Saharan Africa because of their almost exclusiveness to poor rural and low-income countries. Thirteen out of the seventeen NTDs which are still reorganized globally by WHO have been found to very common in Nigeria and include Buruli ulcer, leprosy, soil transmitted helminthes, and schistosomiasis, dengue fever, human African trypanosomiasis, lymphatic filariasis, onchocerciasis, dracunculiasis and trachoma. Guinea worm has been eliminated in Nigeria for four consecutive years with nil-case reported. There has been interruption of lymphatic fillariasis, and onchocerciasis transmission.

Other progress recorded include attaining WHO elimination target reducing leprosy to less than one case per 10, 000 population since 1996 with multi-drug therapy. Human immune virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) has caused untold devastation in sub-Saharan Africa leaving many orphaned and others grossly impoverished. The withdrawal of funding agencies in 2015 has further complicated the scenario leading to drug shortage, non-adherence, and anticipated development of resistance with time if the condition is not remedied. The proportion of young ladies within the age of 15- 24 years was 18.3% in 2004 and appreciated to 33% in 2012 and assumed a plateau at 32.5% in 2014. However, the proportion of young reproductive women with god knowledge of HIV/AIDS in the urban areas was 37.8% in the urban areas and 30.5% in the rural areas. More effort is still needed to reach the balance of 63- 70% in the rural and urban areas. The National Demographic and Health Survey report 2013 indicated that 36% of women and 37% of men had good knowledge of AIDS prevention and control, while 78% of women and 85% of men recognized that faithfulness to ones uninfected partner who has no other sex partner can prevent or reduce the chances of contracting the disease. This is necessary because having good knowledge of the mode of transmission and prevention is necessary to control of the disease. Statistics show that only 2% of households had indoor residual spraying within the last 12 months while 36% had access to insecticide treated nets. Since malaria is a major cause of morbidity and mortality among children and adults, it becomes evident that the scourge might continue on the upward trend if more funding and awareness is not provided to stem the tide.

The World Health Organization (WHO) has a vision for a world without tuberculosis from 2016- 2035 when it is expected that there will be no suffering, disease of death associated with TB. It defined a situation where there will be less than ten cases per 100 000 in a population [7, 8, 34.] The burden of TB treatment is enormous in terms of cost in sub- Saharan

Africa [9, 10]. This is further compounded by the incidence of multi drug resistant TB, stretching the meager resources [8] The Nigerian TB program is dependent on donor agencies, development partners and implementing partners like the USAID, WHO, German Leprosy Relief, CDC, Netherlands Leprosy Relief, Institute of Human TB Relief Association and Damian Foundation of Belgium and International Union against TB and Lung Disease. They help to strengthen the TB and Leprosy Control Program (NTBLCP) of the Federal Ministry of Health (FMOH) in the prevention and control of TB scourge in Nigeria [11, 12].

Statistics show that Nigeria record 460 000 cases of TB and 5000 cases of leprosy annually [13]. She is still grappling with polio eradication presently. This figure could be higher without the interventions facilitated through the MDGs platform. There is increasing need for media involvement in all SDGs programs if it must make any impact. It was one of the highlights by the United Nations Economic Commission for Africa in 2013. This should be supported by good institutional and political will on the side of the government [14, 15, 16]. Nigeria marked her one year without polio in 2015, and currently on the road to polio eradication by the year 2017. Research institutes should identify research gaps, focus on areas of need, and seek for collaboration, grants, and funding from agencies, routine immunization, disease surveillance, improved maternal and child health services with massive mobilization of all stakeholders at local and national levels to totally eradicate NTDs from our borders.

Reduction of premature mortality from non-communicable diseases by one third through prevention and treatment, prevention of substance abuse and promotion of mental health and well-being by 2030

The federal government has introduced the National Health Insurance Scheme and a way of promoting universal health coverage for the Nigerian people. A referral system based on the primary, secondary, and tertiary health care delivery system was introduced through the national health policy and the FMOH. This was in line with the grand norm to promote access to quality and cheap health care services, equity to health care services, promotion of primary health care as the basis for basis for national health development and promotion of cost effective interventions, efficiency, and accountability through partnership and development. The national primary health care development agency (NPHCDA) built 1156 PHC facilities nationwide in addition to 10 health training institutions and 228 maternal health care centers built by the MDGs office [17, 18, 19, 20]. The national Neuropsychiatry Hospital was established in all the six geopolitical zones of the federation to promote mental health services, manage substance abuse and well-being across the nation. However, since mental health has a psychological inclination, there is the need t look into the increasing wave of unemployment, poor socioeconomic status of the citizens and high poverty rate, which

predispose to poor mental health. More impact will be achieved through improved funding, manpower development, provision of preventive and rehabilitative services across board. This will promote coverage as a platform for achieving the SDGs.

Halving the number of deaths and injuries from road traffic accidents by 2020

Nigeria has 170 million people, 194 000 km of road network, 825 persons per kilometer of road and 10 million vehicle population. A total of 183,531 people had different degrees of injuries through road traffic accident (RTA) between 2009 to 2013 while 28 480 people died within the same period. Statistics show that 6450 people died in 2013 because of RTA while 40 057 people sustained varying degrees of injury. With this statistics, she is rated as the second country with the highest incidence of RTA among 193 countries in the world. Available figures show that commercial vehicles accounted for 55.8%, private vehicles accounted for 42.5%, and government vehicles took 1.6% while diplomats accounted for 0.1%. WHO statistics shows that Nigeria has 33.7% deaths per 100 000 people every year. A multi sectoral and pragmatic approach is needed on the part of government, private sector, and individuals to drive a revolution leading to near zero or zero RTA. It will pay to tread the path of Sweden that launched "Vision Zero" to road traffic deaths and fatal injuries [3, 30, 31]. Debt relief funds accruing to the federal government is managed by the MDGs office under the presidency and funds MDG projects from the three tiers of government through debt relief gains and promote partnership between the three tiers of government towards implementation of MDGs.

This office use resources from the Debt Relief Gains (DRG) to execute counterpart funding, infrastructural development, primary health care projects and promote other projects meant to improve the living standard of the poor [21]. Road traffic accident is the leading cause of traumatic limb amputation in Nigeria. The growing population of over 170 million people continues to overstretch the already dilapidated infrastructures especially the road network. Several hundred road traffic accidents are recorded on Nigerian roads daily leading to moderate to severe traumatic conditions and structural deformities. Promotion of public enlightenment and school information services and religious organizations at all levels, road maintenance, enforcement of road traffic laws and regulations. All the stakeholders from the village unit to national level should be engaged.

Universal health coverage, access to sexual and reproductive health and reduction of environmental pollution and hazards

Universal health coverage including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all are essential components of the health related SDGs. The poor funding

and management of resources are major causes of Nigeria's poor performance in her health care delivery system. Governments expenditure on health measured as a percentage of total expenditure has consistently remained below 7% for over a decade now against the 15% agreed by the African Union member states in 2001 declaration in Abuja Nigeria. The health sector is one that has been grossly neglected and underfunded with an economy grossly dependent on oil. Funds allocated to state and local governments based on allocation formula are not earmarked and could not be monitored directly by the federal government through provision of budget and expenditure updates. The set up has encouraged poor monitoring, evaluation, and loss of resources leading to non-availability of essential drugs and poor health indices at all levels [22, 23.] It is expected that the national health bill will promote improved funding of health care delivery services especially at the primary health care level. This kind of funding is usually inadequate especially for provision of essential drugs. Catastrophic spending occupies high proportion in health care financing in low income and developing countries.

Diversification of private and non-governmental organizations (NGOs) health care services and improved availability of essential drugs can transmit demand away from already overstressed public resources. It is necessary to ensure that resources are channeled towards those in dire need of the services. This is the target of NHIS, which is a risk sharing and prepayment mechanism by the federal government towards promoting health care financing. However, it still covers just a small proportion of the massively growing population. In view of the increasing need for health care financing towards achieving better health care in line with the SDGs, government should encourage donor financing e.g. bilateral and multilateral grants, developmental loans through World Bank and Regional Development Banks, voluntary and local financing mechanisms while improving the quality of care. Voluntary and local financing can be promoted through cooperatives, NGOs, voluntary community mechanisms and employer-provided health care. The issue of under documentation and poor management information system should be improved upon to prevent the generation of inaccurate data and information [24- 26, 34- 37].

Access to sexual and reproductive health-care services includes family planning, information and education, and integration of reproductive health into national strategies and programs. Reproductive health is *a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters related to the reproductive system and its functions and process.* This transcends family planning, prevention and management if harmful practices and sexual violence against women, treatment, and management of noninfectious cases of the reproductive system, support and promotion of healthy maturation,

prevention and management of infertility and safe motherhood. This is targeted towards reducing maternal mortality and morbidity while promoting safe delivery to healthy babies and full recovery physiological changes associated with pregnancy and childbirth. It is a way of safeguarding and protecting the most vulnerable groups namely: mothers and children. Statistics show that about 700 babies die daily in Nigeria, the second highest death rate in the world and highest in Africa and most of the recorded deaths are due to preventable causes. This condition puts the attainment of MDG-4 in a very bleak position [23].

Infant mortality has dropped to 58 deaths per 1000 live births in 2014. Maternal mortality improved following MDG interventions from 800in every 100 000 live births to 243 per 100 000 live births. This proportion can improve further through improved funding and collaboration with development partners [1]. A pragmatic approach of addressing inequities through strict data monitoring, promotion of maternal and child nutrition, long term funding and multi-sectoral approach and collaboration through information dissemination, research and development will help to further turn the tide in the positive direction in this era of SDGs. Prompt actions and timely interventions will be invaluable.

Reduction of mortality associated with environmental pollution

Due to increasing depletion of ozone layer and global warming, emission of pollutants and potential pollutants pose serious threat to human lives. Pollutants increase the risk of environmental and occupational health hazards leading to increased occupational and environmental health of moderate to severe risk. Most of the public health laws bordering on environmental, occupational, public health, and waste disposal have been dormant. There is the need for review of the regulatory framework bordering of waste emission, disposal, and management. Strict enforcement of waste disposals and control of industrial and environmental pollutants will reduce associated hazards and promote environmental health [27].

The supply of portable drinking water increased from 55.8% to 62.2% between 2008 and 2014 while the use of improved sanitation facilities declined from 53.8% in 2004 to 33.3% in 2014This is without prejudice to portable water supply, good and affordable housing, food security, environmental sanitation and improved occupational and environmental health services. There is dire need for corporate organizations to improve the living standards of the locality where their businesses are cited in the spirit of corporate social responsibility [1, 28].

Recruitment, development, training, and retention of the health workforce

Recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States and strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks is another

pivotal aspect of the new SDGs related to health [22]. In order to ensure continuity and sustainability with the ever increasing population which have stretched the limited health care facilities available and further compounded by continual brain-drain of health professionals for greener pasture in foreign countries , there is urgent need for increased training and development of health care workers to meet up with the ever increasing demand [29]. The provision was made available in the national health policy. The policy made provision for the use of 15% of the annual allocation meant for health in financing human resources development for health. However, due to the recurrent poor funding for health, this percentage has been grossly underutilized over the years. Private sector participation through philanthropies, endowments, foundations, and grants has been minimal. Government should create enabling environment through improved funding, good remunerations, provision of state of the art facilities and competitive working conditions to encourage the return of health professionals abroad while retaining the ones being trained annually. This will ensure sustainability of health care development to better reposition her towards achieving the SDGs by the year 2030.

Limitations

This narrative review was based on published and reported work and cannot be without some limitations. There could be risk of reporting bias at the level of studies and outcomes. There was a possibility of incomplete capture of all necessary and identified research materials and articles.

CONCLUSION

The implication of the findings is that if actions are not expedited through improved funding, mobilization of all stakeholders, dynamic monitoring and evaluation, policy review, implementation tracking and proactive framework, the 2030 will come with little or no impact made. The marginal impact made on NDGs between 2000 to 2015 can be attributed to poor funding at all levels of the health care delivery system coupled with poor planning, implementation, monitoring, and evaluation across board. Imprudent management of resources, and poor manpower development further truncated it. Short, medium, and long-term framework must be in place by the Federal Government through the FMOH, with quantifiable indicators for prompt and effective tracking, reviews, and timely interventions. A multi-sectorial approach should be encouraged by the FMOH while encouraging the activities of supporting agencies. The federal government is obligated to provide a conducive environment to discourage brain drain while maintaining political and socioeconomic stability, and assurance of the safety of her citizenry nationwide. There is massive grass root mobilization and strengthening of the primary health care system with a target of establishing

10, 000 viable PHCs towards Universal Health Coverage, which has been, tagged a key health sector goal towards achieving SDGs. These will improve health outcomes and reposition the country towards the magic year of 2030.

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