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An Assessment of Health-Related Millennium Development Goals in Nigeria

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ABSTRACT

This study appraises the health status in Nigeria with regards to the attainment of the millennium development goals. These goals are: Reducing child mortality, Improving maternal health or maternal mortality and Combating HIV/AIDS, malaria and other diseases. Descriptive statistical tools were used to analyze selected health indicators between 1990 and 2013. Although, the country performs well in attaining 65% reduction in under-five mortality rate, statistics shows that health condition is deplorable in the country especially in-terms of maternal mortality, HIV prevalence rate, universal access to health facilities etc., given this health status, it was concluded that the country may not achieve most of the heath-related Millennium development Goals (MDGs) by 2015.

Key words: Health, mortality, literacy, indicator, goals, Abuja

INTRODUCTION

The role of health in economic growth and development can never be overemphasized. The importance of health was also stressed by endogenous growth theory. WHO (2003) defined health as a state of complete physical, mental and social well-being. In this perspective, good health is a major source for social, economic and personal development and an important dimension of quality of life. Health improvements contribute to other development objectives such as increased productivity, high income growth, political stability etc. Health capital also determines the total amount of healthy time available for people.

Record has shown that the health status of countries in Sub-Saharan Africa is very poor. The reproductive health indices in these countries are deplorable. Maternal mortality rate is estimated at an average of 500 deaths per 100,000 live births in 2010. People living in Sub-Saharan Africa have the least access to an improved water source that could supply safe drinking water as only 45% of people in rural areas have access to improved drinking water source (World Bank, 2014). In Western and Central Africa, mortality rates for under-five are among the highest in the world. The figures stand at 184% compared to global average of 88% (Enabudoso *et al*., 2006).

Based on the poor nature of health situation in the World generally and in Sub-Saharan African particularly, the World leader in 2000 came together to declare Millennium Development Goals (MDGs) of which three out of eight goals is based on health. These development goals on health are reducing child mortality; improve maternal health or maternal mortality and combating HIV/AIDS, malaria and other diseases (United Nation, 2014).

To achieve these health development goals, the Nigerian government has set up several programme and policies. These include Safe Motherhood Initiative (SMI), Primary Health Care Scheme and Guinea-worm Eradication Programme, Better Life for Rural Women (BLP), The Family Support Programme (FSP), The National Health Insurance Scheme (NHIS), The National Action Committee on AIDS (NACA) and its associated programme for the Prevention of Maternal to Child Transmission of HIV (PMTCT) programme, National Strategic Health Development Plan (2010-2015) (Makinde, 2005; Innocent *et al*., 2014).

However, despite these policies and programs, health situation has not improved in Nigeria. The World Health Organisation (WHO) has also identified Nigeria as one of the 46 African countries that have failed to meet the Abuja Declaration 13 years on and one of the 38 that are off track in meeting the health-related Millennium Development Goals (MDGs) by 2015. The WHO also stated that only Rwanda and South Africa have achieved the Abuja Declaration target adopted by the African Union (AU) in April 2001 to increase government funding for health to at least 15% (WHO., 2011).

This study, therefore, appraises the attainment of the health-related millennium development goals in Nigeria between 1990 and 2013.

MATERIALS AND METHODS

In this study, a critical review of secondary data on health indicators was conducted to examine the attainment of health-related millennium development goals in Nigeria between 1990 and 2013. These health–related goals are to reduce child mortality, improve maternal health or maternal mortality and combating HIV/AIDS, malaria and other diseases. Targets for each goal are enumerated and the trends of some selected health indicators for monitoring progress of respective targets were examined through the use of descriptive statistical tools such as percentage, charts and tables. Apart from these monitoring indicators, trends of public expenditure on health were also assessed in order to show the level of government's commitment to health. All data used in this study were sourced from the World Bank (2014).

For the first health-related millennium development goal, the target is to reduce by two-thirds between 1990 and 2015 the under-five mortality rate. For this goal, indicators considered are under-five mortality rate, infant (under 1) mortality rate, proportion of children age 1-59 months that receives vitamin A supplement and the proportion of 1 year-old children immunized against measles.

For the second goal, the targets are to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio and achieve, by 2015, universal access to reproductive health. Progress monitoring indicators examined for the attainment of these targets in this study are maternal mortality ratio, proportion of births attended by skilled health personnel, adolescent birth rate and prenatal care coverage.

The targets for the last MDGs on health is to have halted by 2015 and begun to reverse the spread of HIV/AIDS, achieve by 2010, universal access to treatment for HIV/AIDS for all those who need it and have halted by 2015 and begun to reverse the incidence of malaria and other major diseases. The indicators considered for these targets are HIV prevalence among population aged 15-24 years, proportion of children under-five sleeping under insecticide-treated bednets, proportion of children living with HIV, incidence of tuberculosis and proportion of tuberculosis cases detected.

RESULT AND DISCUSSION

In this section, the attainment of three health-related millennium development goals in Nigeria is assessed based on some selected health indicators.

Reducing child mortality: Based on the data presented in Table 1, Nigeria government has performed well in reducing under-five mortality rate by almost two-thirds. There has been a significant decrease in the under-five mortality rate in Nigeria, from 213.2 deaths per 1000 live births in 1990 to 75.1 death per 1000 live births in 2013. This represents about 65% decrease in under-five mortality rate. Also, infant mortality (under 1) substantially reduced from 126.3 per 1000 live births in 1990 to 74.3 deaths per 1000 live birth in 2013. Also, the percentage of children receiving vitamin A supplement has increased tremendously since 1999. From mere 23% in 1990, the number of children receiving vitamin A increased to about 91.5% in 2010. As in 2013, this figure stood at 78%.

However, Nigeria did not perform well in-terms of immunization coverage. The proportion of children immunized against measles (Percentage of children ages 12-23 months) in the country fluctuated between 1990 and 2013. The immunization coverage which stood at 54% in 1990, significantly declined to 33% in 2000. It slightly increased to 41% in 2005 and declined to 37% in 2012. As at 2013, immunization coverage stood at 59%.

Improve maternal health or maternal mortality: Generally, Nigeria recorded slow progress in reducing maternal mortality and creating universal access to reproductive health. Performance in this goal, especially, in universal access to reproductive health, has been sluggish and possesses greater challenge to women health. Although, there is a significant reduction in maternal mortality rate between 1990 and 2013, the level of reduction in maternal mortality (about 53%) is still quite below the target of 75% reduction. As can be seen in Table 2, maternal mortality rate (per 100,000 live births) reduced from the value of 1200 per 100000 live births in 1990-560 deaths in 2013. Also, the percentage of pregnant women receiving prenatal care has been fluctuating. It increased from 56.5% in 1990 to 61.8% in 2000 and then reduced to 58% in 2005. As at 2013, prenatal care coverage stood at 66.8%. The proportion of birth attended by skill health personnel improves marginally from 30.8% in 1990 to 48.9% in 2012. More so, adolescent fertility rate reduced slightly from 148.01 births per 1000 adolescent in 1990 to 118.02 births per 1000 adolescents.

The poor performance in the mortality rate and access to reproductive health can be attributed to many factors which include; poor medical facilities, incessant strikes by medical practitioners, difficulties in relocation of midwives to the rural areas etc. (Omowaleola, 2013).

Table 1: Health indicators for reducing child mortality

Year	Infant mortality rate (per 1000)	Under 5 mortality rate (per 1000)	Immunization, measles (% of child ages 12-23 months)	Vitamin A supplement (% of children ages 6-59 months)
1990	126.3	213.2	54	23.0
1995	123.7	208.5	44	50.0
2000	112.5	112.5	33	50.0
2005	97.7	97.1	41	73.0
2010	81.9	81.9	56	91.5
2011	79.2	79.2	52	73.0
2012	76.6	76.2	37	78.0
2013	74.3	75.1	59	78.0

World Bank (2014)

Table 2: Health indicators for improving maternal health and maternal mortality

Year	Maternal mortality rate per 100000 live births	Proportion of birth attended by skill health personnel (% of total)	Adolescent fertility rate (birth per 1000 women ages 15-19)	Pregnant women receiving prenatal care (%)
1990	1200	30.8	148.01	56.5
1995	1100	37.2	139.35	60.1
2000	950	40.1	132.66	61.8
2005	740	36.2	126.37	58.0
2010	610	45.3	121.33	64.3
2011	590	48.7	120.46	65.5
2012	580	48.9	119.56	66.2
2013	560	-	118.02	66.8

World Bank (2014)

Table 3: Health indicators for combating HIV/AIDS, malaria and other diseases

Year	HIV prevalence (% of population 15+)	Incidence of tuberculosis per 100000 people	Number of children ages 0-14 living with HIV (in thousand)	Tuberculosis case detection rate (% of all forms)	Use of insecticide-treated bed nets (% of under 5 population)
1990	53.2	128	160	-	-
1995	56.1	139	180	8.9	-
2000	57.0	172	210	12.0	1.2
2005	57.3	175	230	26.0	3.0
2010	57.4	133	250	40.0	29.1
2011	57.4	118	280	45.0	16.4
2012	57.5	108	300	51.0	16.6
2013	58.0	-	320	53.0	

World Bank (2014)

Combating HIV/AIDS, malaria and other diseases: The HIV/prevalence rate in Nigeria still remains high and increasing. As can be seen in Table 3, HIV prevalence in pregnant women aged 15+ years increased from 53.2% in 1990 to 58% in 2013. Also, number of children living with HIV increased from 160-320 thousand between 1990 and 2013.

As can be seen in the table above, the incidence of tuberculosis is still very high in Nigeria. In 1990, the incidence of tuberculosis which was 128 per 100000 persons increased significantly by about 37% to 175 per 100000 people in 2005. It later reduced to 108 per 100000 people in 2012. Tuberculosis case detection rate increased throughout the period under review. It value raise from 8.9 in 1995 to 53% in 2013. The percentage of children sleeping under insecticide-treated mosquito net raise significantly from 1.2% in 2000 to 29.1% in 2010. It then fell to 16.6%.

Budgetary allocation to health sector: In Fig. 1, the level of government expenditure on health in Nigeria was examined. The trend is considered from 1995-2010. Public health expenditure consists of recurrent and capital spending from government (central and local) budgets, external borrowings and grants and social health insurance funds. The Fig. 1 shows that government commitment to health is very low in Nigeria. The expenditure on health as percentage of total expenditure was below 10% throughout these periods. The proportion of health expenditure in total expenditure averaged 6.14 for the periods. Health care expenditure as percentage of total expenditure which was 7.05% in 1995 fell drastically to 3.2% in 2001 and rose to its peak of about 9.14% in 2007 it then declined to 4.41% in 2010. In terms of health expenditure as percentage of GDP, the result is similar. The proportion of income allocated to health care in Nigeria is also very small. It ranges between 3.91 and 7.55%.

Nigeria's health expenditure per capita was also examined. As can be seen in Fig. 2 health expenditure per capita is rising throughout this period. It rises from 50.32 USD per head in 1995 to about 135.92 USD per head in 2009 before declining to 121.36 USD in 2010. Although, the health expenditure per capita is rising in absolute term, it still remain relatively low compare to health expenditure per capita of countries such as Egypt, Algeria and South Africa and. As in 2010, health spending per capita in these countries is 288.57, 330.01 and 934.95 USD, respectively (World Bank, 2014).

Overall Nigeria seems to have performed poorly in relation to the health-related MDGs targets. A cursory review of the health statistics shows that much remains to be done. The statistics demonstrates the deplorable condition of the health sector in Nigeria. Couple with the fact that most of the health related MDGs targets have not been achieved, in Nigeria, the maternal mortality rate, adolescent fertility rate, incidence of tuberculosis, HIV prevalence among adult and children and infant mortality rate are very high by world standard.

There is also low accessibility level to reproductive health. Proportion of birth attended by skill health personnel is still below 50% and the percentage of pregnant women receiving prenatal care hovers around 60%. According to Omowaleola (2013), most pregnant women attended by skilled health personnel are located in urban area since medical practitioners are reluctant to relocate to remote areas due to poor communications and amenities.

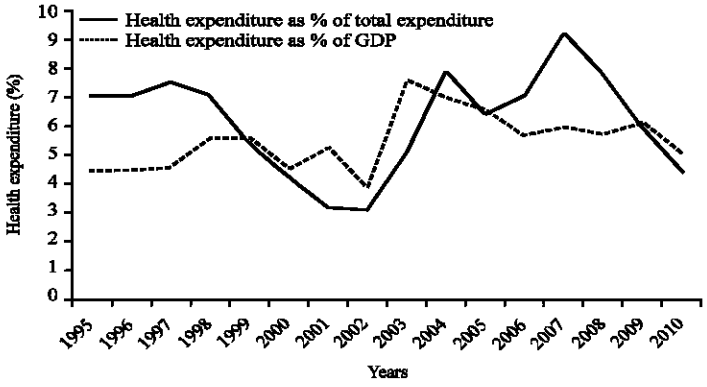

Fig. 1: Health expenditure as percentage of total expenditure and GDP, Source: World Bank (2014)

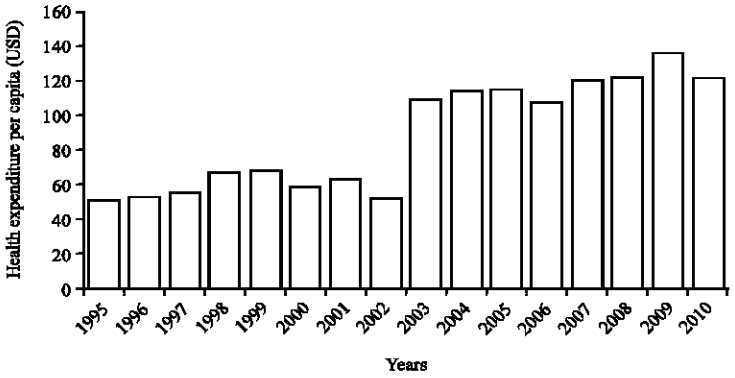

Fig. 2: Health expenditure per capita (USD), Source: World Bank (2014)

Although, Nigeria has not achieved any of the health-related MDGS, the country performs well in-terms of reducing under-five mortality rate. The achieved rate of reduction in under-five mortality is 65% and is almost equal the set target of 66% reduction. One space only Achievement made possible by mass immunization of children against killer diseases such as measles, diphtheria, pertussis (or whooping cough) and tetanus, high coverage rate of vitamin A supplement for children; assistances from international communities etc.

The poor records in other health-related MDGs in Nigeria could be attributed to several factors such as gross under-five of the health sector (Igbuzor, 2006), shortage of skilled medical personnel at the primary health care level (Abdulraheem *et al*., 2012); poor human resources planning and management practices (Makinde, 2005), lack of infrastructural facilities in the rural areas and poor compensation packages (Igbuzor, 2006; Omowaleola, 2013), internal and international migration of health workers (Omowaleola, 2013) and inadequate mass education on personal hygiene, environmental sanitation and family planning.

CONCLUSION

It could be deduced from above discussion that Nigeria is yet to achieve any of the three health-related MDGs. Although, the country performs well in attaining 65% reduction in under-five mortality rate, statistics shows that health conditions is deplorable in the country especially in-terms of maternal mortality, HIV prevalence rate, universal access to health facilities etc. It, therefore, can be concluded that the country may not achieved most of the heath-related MDGs by 2015.

Healthcare problems in Nigeria are multifaceted and result from combination of socio-cultural, economic, political factors as well as poor planning and/or poor implementation of health policies and programmes. There is also the problem of availability, accessibility, affordability and sustainability of healthcare facilities and services. Low budgetary allocation is also a very significant problem facing the health care system. It was noted that the developing world bears 90% of the disease burden but allocates less than 10% of its annual budget to healthcare. Even Nigeria government failed to allocate up to 10% of its budget to health sector.

Thus, increasing investment in health facilities is a required policy intervention for long term development of the Nigeria's health sector. Stepping up both public and private investment in health sector would also ensure attainment of health MDGs in Nigeria. Also, health systems should be strengthened with both human and material resources to make them functioning and functional. The availability of skilled health workers and providers (particularly, nurses, midwives, doctors and obstetricians) is critical in assuring high quality health care delivery in the country.

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