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Nigeria and Sustainable Development Goal 3: Impediments to Realistic Implementation

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Abstract

Nigeria's bitter experience with implementation of the Millennium Development Goals (MDGs) has left the country in severe health crises. Consequently, the Sustainable Development Goals (SDGs) were reinvented to surmount the challenges of the MDGs and deliver the vulnerable low-income countries, Nigeria inclusive, to the set goals by 2030. With six years of implementation and barely nine years to termination, Nigeria is ripe for an assessment of its efforts in achieving the SDGs. This study leverages the social ecological model and the push-pull theory to examine factors affecting Nigeria's performance concerning goal 3 of the SGDs. Secondary data were utilized and content analysis was employed for analysis. With maternal mortality rate at 917/100,000 live births; neonatal mortality at 36/1000 live births; under 5 mortality rate at 117/1000 live births; infant mortality rate at 74/1000 live births; the study found a reverse in the gains of the MDGs. This was due to insecurity, poor funding, brain drain of medical professionals, and certain cultural practices. It, therefore, concludes that without drastic efforts in place, the achievement of SDG 3 in Nigeria may just add to the number of unfulfilled dreams. The paper recommends strengthening Nigeria's security architecture for effective protection of lives and properties; improved funding of the health sector to cater for human capital needs and infrastructural deficits plaguing the sector.

Keywords: Health; Impediments; Implementation; Infant; Maternal; Mortality; SDGs

1. Introduction

Nigeria's ordeal with an age-long epileptic healthcare system has translated to poor health indices for its populace. Attempts to change this narrative have stumbled on numerous obstacles leading to only minimal successes. Omoleke and Taleat (2017) view Nigeria's ailing healthcare system as being affected by such factors as; incoherent policy formulations, underfunding of the health sector, misplacement of human and material resources, poor motivation of workers, infrastructural decay, insecurity, federal government's breach of agreement, bureaucratic bottlenecks and corruption, etc. Unfortunately, these challenges have prevented meaningful improvement in Nigeria's health sector. It is pertinent to state that the foregoing predicaments are largely responsible for the country's underperformance in the Millennium Development Goals (MDGs) (Oleribe & Taylor-Robinson, 2016). While these obstacles were instrumental in taming the MDGs; it is even more disturbing to discover that they may stagger the Sustainable Development Goals (SDGs) and endanger their achievement ahead of 2030.

Thus, the crux of this paper is on goal 3 of the SDGs. The goal depicts *ensuring healthy lives and promotion of well-being of all at all ages*. The desire to achieve the goal is sacrosanct. As such, all hindrances must be foreclosed within the limited time frame. It is disturbing to note that indicators portray a retrogressive trend in the goal's targets. As moderately ambitious as the goal is, there is little evidence to suggest that it is achievable in Nigeria given the current statistics. Presently, Nigeria's

maternal mortality rate stands at 917/100,000 live births; the infant mortality rate is at 74/1000 live births; the under-five mortality rate at 117/1000 live births; while the neonatal mortality rate at 36/1000 (UNDP 2021). These statistics, when compared to the targets of the SDGs 3, reveal a worrisome trend. This may undermine all efforts to achieve the goal in 2030. Consequently, this paper highlights the current statistics of some selected targets of goal 3 in Nigeria coupled with factors leading to the retrogressive trend. The paper then concludes by recommending practical ways towards addressing the issues raised and attaining goal 3 of the SDGs come 2030.

2. Conceptual and Theoretical Framework

The age-long history of theories of development speaks to the relevance of the topic in sociological discourse. Since the end of the Second World War, scholarly attention to the subject matter of development heightened and concerted efforts were invested in getting the third world nations to join the league of developed nations. Thus, development as a concept has been greeted with numerous scholarly definitions. Abuiyada (2018) conceives development as a deliberate effort geared towards the reduction of poverty, unemployment and inequality. From the foregoing submission, it is safe to adopt the idea that development connotes an improvement in people's living conditions through the provision of basic needs which guarantees their safety from social insecurities such as extreme poverty, hunger, unemployment, illiteracy, and inequality among other vices.

Similarly, the concept of sustainable development has also been of immense interest to scholars and researchers. Concerns on sustainable development have heightened given the effort by world powers to reduce inequality among nations. The Brutland Commission Report coined a widely acknowledged definition of sustainable development thus: development that meets the needs of the current generation without compromising the ability of the future generation to meet their own needs (Mensah, 2019). This aptly captures the underlining idea behind the concept of sustainable development. Nevertheless, several other definitions of sustainable development abound and are widely acknowledged. Definitions of sustainable development may vary based on scholarly opinion but the intent remains unchanged.

This paper exhumes and x-rays the factors working for or against the achievement of the SDGs come 2030. In this vein, the social ecological model of health and Everett Lee's Push-Pull theories are used to explain the content of this paper. The social ecological model of health explains the role of numerous factors which combine to affect people's health either positively or otherwise. The model explains the interplay between factors affecting health. These factors operate at four distinct but interconnected levels namely the individual, interpersonal, community, and social levels. The complex interactions between these levels produce the health outcomes of people. As such, the model provides useful understanding of the social, economic, political and cultural factors which collectively affect the achievement of the SDG 3.

Also, the push-pull theory on the other hand is very instrumental to understanding issues of migration of labor from one location to another. The usefulness of this theory in this academic piece is informed by its relevance to explaining the prevailing brain drain in the Nigerian healthcare system. This instability, which has contributed to the worsening health indices of the people, is premised on the frequent loss of skilled labor in the health sector. Medical and para-medical practitioners alike have always chosen to retire from active service in the Nigerian healthcare system and take on active service in other countries whose

welfare packages are better. Aregbeshola (2019) outlines certain challenges affecting the Nigerian health system including poor funding, incoherent policy formulations, breach of agreements, poor working conditions of health personnel, decaying infrastructure, insecurity, corruption and other numerous challenges. The push factors are responsible for the mass exodus of skilled labor from Nigeria's health sector. On the other hand, the pull factors are the suitable and much-desired working conditions which attract skilled labor from Nigeria to foreign countries. They include better remuneration, career advancement, suitable working conditions, and social security amongst others. Akinkuotu (2021) reports that the United Kingdom licensed seven Nigerian trained doctors within 24 hours in June 2020; and in April and May of 2021, an average of three Nigerian doctors were licensed daily during the period under review. This raised the total number of Nigerian trained doctors practicing in the United Kingdom to 8,384. Therefore, both ecological model and the push and pull theory offer useful explanation for understanding the problem and proffering workable solutions.

3. Methodology

The study adopted a descriptive research design leveraging available secondary data. The descriptive research design is considered apt for the study given the nature of the problem being investigated. Data were sourced from MDGs end-point reports and the 2021 Sustainable Development report, relevant journals, and news reports. Therefore, content analysis was used in the analysis of the data gathered.

4. Results and Discussion

MDGs 4 and 5: An Overview of Nigeria's Experience

The MDGs had eight goals. Of the eight goals, three (goals 4, 5, and 6) were health-related. Nigeria's progress in goals 4 and 5 shall be highlighted by explaining the achievement of the goals or otherwise using some selected targets and indicators. Goal 4 of the MDGs aimed to reduce child mortality. The target was to reduce the under-five mortality rate from 191/1000 live births in 1990 to 64/1000 live births by 2015. Though Nigeria was able to reduce the under-five mortality rate to 89/1000 in 2015, the target was not met. Furthermore, the goal also targeted a reduction in infant mortality rate to 31/1000 live births by 2015. However, the country was only able to achieve a reduction to 58/1000 live births in 2014. Similarly, this target was also missed at the termination of the MDGs. On the whole, even while appreciable progress was said to have been made in goal 4, the goal was not met at the termination of the MDGs in 2015. For goal 5, the target was to reduce maternal mortality to the barest minimum (i.e. from 1000 deaths in 1990 to 250 by 2015). Fortunately, Nigeria was able to meet the target through consistent efforts which led to a reduction in the maternal mortality rate to 243 deaths in 2015 (Gefu, 2019). Put together, it can be argued that Nigeria's overall achievement in the two goals under review has been very minimal with exception of only the maternal mortality rate. The success achieved in the maternal mortality rate has been widely attributed to the establishment of the Midwives Service Scheme (MSS) which was very instrumental to improvement in the reproductive health of women (Onugha, 2017). As of 2010, the scheme had recruited and deployed 2,622 midwives to rural areas (National Primary Health Care Development Agency [NPHCDA], 2021).

Nigeria and SDGs 3: The Indicators and Implications

With the inauguration of the SDGs in 2016, Nigeria's gains in the MDGs are expected to be consolidated and subsequently improved. This is due to the advantage of adequate time and lessons learnt from MDGs implementation. Unfortunately, it is disheartening to note that Nigeria's health system is gasping for survival despite the

foregoing assets the country has to avenge the failure of MDGs. This anomaly, which has reversed the gains of the MDGs, has grounded the health system and dares the achievement of the SDGs goal 3 (Wilfred & Iheonu, 2021). Table 1 explains the retrogression in Nigeria's health progress.

Table 1: Selected Health Indices, MDGs Achievements, SDG 3 Targets and Current Statistics for Nigeria

S/N	Health Index	MDGs Achievement	SDGs Target	Current (Available) Statistics
1	Under-five Mortality Rate	89/1000 live births in 2015	< 25/100,000 live births by 2030	117.2/100,000 live births in 2019
2	Infant Mortality Rate	58/1000 live births in 2014	N.A	74/1000 live births in 2019
3	Neonatal Mortality Rate	N.A	12/1000 live births by 2030	35.9/1000 live births in 2019
4	Maternal Mortality Rate	243/1000 live births in 2014	70/100,000 live births by 2030	917/100,000 live births in 2017
5	Birth attended to by skilled health personnel	58.6% in 2014	N.A	43.4% in 2018

Source: Adapted from MDGs End-Point Report 2015 and Sachs et al. 2021

From table 1, it is evident that Nigeria's first six years of implementation of the SDGs are marked by landslide retrogression in the progress made during the MDGs implementation. There have been chronic failures in virtually all aspects of the health indices since the commencement of the SDGs. In the area of under-five mortality, Nigeria has slid from 89/1000 in 2015 to 117.2/100,000 in 2019. This is far above the SDGs target of 25/100,000 targeted by 2030. In the same vein, the infant mortality rate has also slid from 58/1000 in 2014 to 74/1000 in 2019. This represents an increment of 27.6% in the cases of maternal mortality. This does not suggest an improvement in the MDGs records. With respect to neonatal mortality, the SDGs target a maximum of 12 cases per 1000 live births. However, Nigeria recorded a total of 35.9 cases per 1000 live births as of 2019. This represents an increment of 199% above the threshold of the SDGs.

In the area of maternal mortality, the country has not fared well. Nigeria had met the MDGs target (243/1000 live births) in 2014. Unfortunately, it slid into retrogression by 2017 with total cases of 917/100,000 live births. This is measured against the SDGs target of 70/100,000 live births by 2030. The prevailing maternal mortality rate signifies a 1,210% increment beyond the SDGs target and 277% increment on the 2014 record. Lastly, the percentage of births attended to by skilled health personnel also dropped within four years from 58.6% in 2014 to 43.4% in 2018. This marks a 15.2% drop in the percentage of births handled by skilled birth attendants. These negative indicators cannot be divorced from the challenges facing the MSS which was largely responsible for the achievement of the MDGs target on maternal mortality. The NPHCDA (2021) maintain that paucity of funds had crippled the effective implementation of the schemes. Sadly, the drastic drop in deliveries with SBAs coupled with the rising cases of maternal mortality reveals

the unfortunate consequence of poor funding. For the few professionals available, poor attitude towards modern medicine leads to reduced patronage and this further compound the health problems. Thus, the confluence of poor funding, reduced patronage proves the role of ecological model underpinning the problem.

In addition, SDG 3 targets to increase health financing and the recruitment, development, training and retention of a skilled health workforce in developing countries. However, it is pertinent to draw scholarly attention to the laughable development in this regard. With the high rate of brain drain to developed nations, epileptic training institutions, poor welfare packages and high appetite for disregard for agreements by the government at all levels, this target shall certainly remain in the utopian realm. The foregoing trend affirms the findings of Wilfred & Iheonu, (2021) and underscores the role push-pull theory adopted in this study.

Nigeria and SDGs 3: Barriers to Goal Attainment

The foregoing negative trend in goal 3 indicators is tied to some factors as follows:

i. Insecurity: in Nigeria, insecurity has become pervasive. Northern Nigeria is most affected by this quagmire given the spate of banditry in the rural areas of the region which has continued unabated (Olarewaju, 2021). Unfortunately, while various forms of mortality (maternal, infant, child, neonatal, etc.) are most endemic in rural areas where insecurity prevails, health personnel have frequently been victims of the rising scourge of insecurity (Etiaba et. al., 2020). Olarewaju (2021) cites the destruction or vandalism of (788) healthcare centers in northern Nigeria and the killing of (48) health workers in Borno State alone as major impediments to achieving the SDG 3. Thus, the role of insecurity in undermining SDG 3 can never be overemphasized. The worsening security situation has led to the displacement of over two million people who are resident in Internally Displaced Persons (IDPs) camps (International Organization on Migration [IOM], 2021). The IDP camps are known to be breeding grounds for various health challenges. This further worsens the health indices of the people and lowers the chances of attaining SDG 3.

ii. Poor funding and economic instability: budgetary provisions, a source of funding for the health sector, have remained below global standards in Nigeria for several years. Odunyemi (2021) associates Nigeria's woeful performance in vital health indices with the country's poor financing of health which has grave consequences for healthcare, especially in terms of access and equity. In recent times, government's spending on the healthcare sector has been skewed toward addressing pandemics with almost a total neglect of the primary healthcare needs of the people. Most other diseases are treated with out-of-pocket expenditures which further impoverish the people. This has translated to the persistence of avoidable killer diseases such as malaria, meningitis, tuberculosis, neonatal disorders, etc. Worse still, the onset of the Covid-19 pandemic further destabilized the economies of countries. As a result, the rate of maternal mortality, infant mortality and other indicators continued to worsen. Poverty is endemic, and many are not able to access and afford healthcare without government intervention. With lesser government involvement, people have to take responsibility for healthcare. This leads to poor utilization of healthcare services which culminates in the rising of negative indices.

iii. Brain-drain: The fallout of poor funding of the health sector is the eminent poor working conditions and unfavorable welfare package for healthcare professionals. With the severe paucity of funds, Nigeria's health sector has recorded several industrial disputes. The major contending issue cited for the frequent industrial disharmony is poor conditions of service (Nyango & Mutihir, 2021). The poor remuneration and excess workload have combined to push healthcare professionals overseas for greener pasture. Nigeria's brain drain syndrome has exploded in recent times with United Kingdom, United States of America, and Canada being a major beneficiary of the phenomenon (Erunke, 2022). Akinkuotu (2021) reports that the United Kingdom licensed seven Nigerian trained doctors within 24 hours in June 2020; and in April and May of 2021, an average of three Nigerian doctors were licensed daily during the period under review. This scenario has contributed to the worsening of the health indices of the populace over time and it undermines the effort to achieve SDG 3.

iv. Weak implementation of health service schemes: healthcare service schemes such as the Midwives Service Scheme (MSS) which bolstered the MDGs' performance have been watered down. They have become shadows of their real self with no impact as against their reign during the MDGs. These schemes which aided child delivery through increased patronage of Skilled Birth Attendants (SBAs) helped to surpass the target on maternal mortality as of 2015. Sadly, such schemes have gone extinct in many States of the federation due to poor funding, lack of job security, administrative bottlenecks, and political miscalculations (Ibeh, 2015). This has largely contributed to rising maternal mortality in the country. Okpani and Abimbola (2016) noted that the MSS was a good scheme but suffered a heavy setback owing to a weak legal framework and control.

v. Cultural practices/Religious beliefs: this is yet another challenge and impediment to the achievement of the SDGs. The indigenous cultural orientations and religious beliefs of people have always constituted impediments to the achievement of goals such as the SDGs. For instance, cultural beliefs, marriage in rural communities, age of mother and husband were factors found to affect maternal and child health in Cross River State (Ikechukwu, Ofonime, Kofoworola, & Asukwo, 2020). This is just as religious affiliation has been identified as a major factor affecting healthcare services utilization in many Nigerian communities. These issues combined prevent meaningful achievement in SDG 3.

The following impediments are not exhaustive of the hindrances to the achievement of goal 3 of the SDGs. However, they constitute the major hurdle paving way for the other minor impediments.

5. Conclusion and Recommendations

Conclusion

On the whole, the paper argues that there is a worrisome trend trailing the implementation of the SDGs in Nigeria. This is marked by landslide retrogression in the statistical indicators of the health indices when compared to the MDGs results. This is observable in the infant mortality, under-five mortality, and maternal mortality rates all of which are indicative of an ailing health system.

Recommendations

For Nigeria to achieve the SDG 3 by 2030, the following recommendations are made:

i. Security of lives and properties as a primary function of government must not be negotiated with miscreants and criminals. Without security, all human and material

resources invested in the health sector will amount to waste. Thus, the paper calls on the federal government, which reserves the exclusive right to protect lives and properties of its citizens, through its security outfits must rise to the task before it to defend the poor masses and allow institutions to function efficiently without fear of assault or victimization.

ii. Government must devise sustainable ways to improve funding for the health sector. This would address the problem of human capital shortage and revive hibernating initiatives such as the Midwives Service Scheme (MSS), and Village Health Workers Scheme (VHWS) to cater for the health needs of the people especially those at the grassroots. Also, Medicaid-like health schemes should be initiated to ease access to quality healthcare for the teaming indigent people. This will enable the attainment of universal health coverage and improve the health index of the population.

iii. To resolve the issue of brain-drain, the government should overhaul the health sector and improve on human and material components of the sector. Specifically, the working conditions of the medical practitioners should be revisited to improve the current welfare package.

References

Abuiyada, R. (2018). Traditional development theories have failed to address the needs of the majority of people at grassroots level with reference to GAD. *International Journal of Business and Social science,* 9(9), 115-119

Akinkuotu, E. (2021, June, 9). *200 fresh Nigerian doctors in UK swell list to 8,384.* Retrieved from Punch: http://punchng-com.cdn.ampproject.org/v/s/punchng.com/200-fresh-nigerian-doctors-in-uk-swell-list-to-8384/

Aregbeshola, B. (2019, February 7). *Health care in Nigeria: challenges and recommendations*. Retrieved from http://www.socialprotection.org/discover/blog/health-care-nigeria-challenges-and-recommendations

Erunke, J. (2022, April 4). *9000 doctors moved to UK, US, Canada in 2 years – NMA*. Retrieved from https://www.vanguard.com/2022/04/9000-doctors-moved-to-uk-us-canada-in-2-years-%E2%80%95-nma/amp/

Etiaba, E., Manzano, A., Agbawodikeizu, U., Ogu, U., Ebenso, B., Uzochukwu, B., et al. (2020). "If you are on duty, you may be afraid to come out to attend to a person": fear of crime and security challenges in maternal acute care in Nigeria from a realist perspective. *BMC Health Services Research,* 20:903. https://doi.org/10.1186/s12913-020-05747-9

Gefu, J. (2019). Human development issues in Nigeria and the UN Sustainable Development Goals: what way forward? *Lapai Journal of Sociology,* 8(1), 1-11.

Ibeh, N. (2015, April 27). *How Nigerian govt ruins midwives scheme, fails to fight maternal deaths*. Retrieved from Premium Times: http://premiumtimesng.com/news/headlines/182131-how-nigerian-govt-ruins-midwives-scheme-fails-to-fight-maternal-deaths.html

Ikechukwu, H.U., Ofonime, N.U., Kofoworola, O., and Asukwo, D.E. (2020). Influence of cultural and traditional beliefs on maternal and child health practices in rural and urban communties in Cross River

State, Nigeria. *Annals of Medical Research and Practice,* 1(4), 1-13.

International Organization on Migration (IOM). (2021). *Displacement Tracking Matrix (DTM) North-East Nigeria: displacement report 36.* Geneva: IOM

Millennium Development Goals (MDGs). (2015). Nigeria 2015 Millennium Development Goals end-point report. Abuja: OSSAP-MDGs

Mensah, J. (2019). Sustainable development: meaning, history, principles, pillars, and implications for human action: literature review. *Cogent Social Sciences,* 5(1), 1653531, DOI: 10.10801231186.2019.1653531.

National Primary Health Care Development Agency, (2021). Nigeria Midwives Service Scheme. Abuja: NPHCDA

Nyango, D.D., and Mutihir, J.T. (2021). Trend of health worker's strike at a tertiary health institution in North Central Nigeria. *Ann Med Res Pract,* 2021;2,1. https://doi.org/10.25259/ANMRP_9_2020

Odunyemi, A. E. (2021). The implications of health financing for health access and equity in Nigeria. In A. Agrawal & S. Kosgi (Eds). *Healthcare Access. IntechOpen*. https://doi.org/10.5772/intechopen.98565

Okpani, A.I and Abimbola, S. (2016). The Midwives Service Scheme: a qualitative comparison of contextual determinants of the performance of two States in central Nigeria. *Global Health Research and Policy,* 1(16), 1-11

Olarewaju, O.A. (2021). Insecurity in norther Nigeria: implications for maternal and child health. *Clinical Epidemiology and Global Health,* 12. https://doi.org/10.1016/j.cegh.2021.100869

Oleribe, O.O and Taylor-Robinson, S.D. (2016) Before Sustainable Development Goal (SDG): why Nigeria failed to achieve the Millennium Development Goals (MDGs). *PanAfrican Medical Journal,* 24,156, DOI: 10.11604/pamj.2016.24.156.8447

Omoleke, I.I and Taleat, B.A. (2017). Contemporary issues and challenges of health sector in Nigeria. *Res. J. of Health Sci,* 5(4), 210-216

Onugha, E.O. (2017). Scaling up Nigeria's Midwives Service Scheme and reducing inequality gaps in maternal mortality. *Open Journal of Obstetrics and Gynecology,* 7, 880-896

Sachs, J., Kroll, C., Lafortune, G., Fuller, G. and Woelm, F. (2021). Sustainable Development Report 2021. Cambridge: Cambridge University Press

Wilfred, N.E. and Iheonu, C. (2021, September, 20). *Medical brain drain in Nigeria and its impact on Sustanable Development Goal 3.* Retrieved from Southern Voice: http://southernvoice.org/medical-brain-drain-in-nigeria-and-its-impact-on-sustainable-development-goal-3/