CARD International Journal of Medical Science and Applied Biosciences (IJMSAB)
ISSN: 2536-7331 (Print): 2536-734x (Online)
Volume 1, Number 2, September 2016
http://www.casirmediapublishing.com

Maternal and Child Health Related Millennium Development Goals: Target Year Achievement in Nigeria

Margaret Omowaleola Akinwaare
Department of Nursing
Faculty of Clinical Sciences, College of Medicine
University of Ibadan, Nigeria
Email: omoakinayaakin@gmail.com

INTRODUCTION

Maternal mortality shows the greatest disparity among countries worldwide, especially in sub-Saharan Africa. A woman's risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22, compared to 1 in 7,300 in developed regions [1]. Every year, more than 1 million children are left motherless and vulnerable because of maternal death. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not. Hence, health of the children is known to be related to the health of the mother [2]. In the light of this situation, several strategies have been adopted to eradicate this disheartening situation in the Third World Countries but all to no avail [3]. It was on this note that the United Nations came together to introduce a time bound Millennium Development Goals agenda, giving reduction of child mortality and improvement of maternal health a special attention.

In September 2000, the 189 member countries of the United Nations (UN), including 147 heads of states adopted the eight Millennium Development Goals(MDGs). This brought about commitment to making substantial progress towards eradication of extreme poverty, hunger, diseases and achieving other human developmental goals by the year 2015. These Millennium Development Goals (MDGs) are a series of eight time-bound development goals, namely:

1) To eradicate extreme poverty and hunger
2) To promote universal basic education
3) To promote gender equality and empower women
4) To reduce child mortality
5) To improve maternal health care
6) To combat HIV/AIDS, malaria and other diseases
7) To ensure environmental sustainability
8) To develop a global partnership for development.

Source: United Nations MDGs Report, 2015.

These goals are characterized with eighteen targets and 48 indicators. Most of the MDG targets have a deadline of 2015, using 1990 as the baseline against which progress is gauged. The MDGs also provide a framework for the entire International Community to work together towards a common end – making sure that human development reaches everyone, everywhere. Thesole objective was that if these goals were to be achieved, world poverty will be cut by half, tens of millions of lives will be saved, and billions more people will have the opportunity to benefit from the global economy[4].

MATERNAL AND CHILD HEALTH RELATED MILLENNIUM DEVELOPMENT GOALS

The world leaders at theUnited Nations Millennium Summit in September, 2000 agreed on a critical goalto reduce the death of under-five children- MDG4 and to improve maternal health - MDG5[2].The progress of any country depends on how healthy the children are. Such children should have access to basichealth care, nutritious food and a hazard-free environment. When these are not available, the country's mortalityrates would increase and economic potentials diminish.

In developing countries, under-five years mortality ranges between 25 deaths per 1000 live births in Turkey to 274 per 1000 in Niger [5]. In less developed countries, infant and child mortality are caused by dehydration, chronic diarrhea, acute respiratory infections, infectious diseases and malnutrition. The major child-killer conditions in Nigeria include malaria, pneumonia, diarrhea and malnutrition [6]. The current policy framework for MDG4 in Nigeria is theNational Strategic Health Development Plan by the Federal Ministry of Health. The plan aims to improve childhealth, among other health-related MDGs [7].MDG4 aims to reduce the mortality of children under five years of age which was 191 per 1,000 in1990 to approximately 64 per 1,000 live births; infant mortality from 91 to approximately 31 per 1,000 livebirths; and increase the percentage of one-year-olds fully immunised against measles from 46 per cent in 1990 to100 per cent by 2015.

Nigeria has made progress in reducing maternal deaths, but the number of women who die in pregnancy or fromcomplications associated with childbirth remains high. Nigeria being the most populous country and one of the wealthiest in Africa continues to experience high rates of maternal deaths. Nigeria has the 10th highest maternal mortality ratio (MMR) in the world, according to UN estimates, with 630 women dying per 100,000 births, a higher proportion than in Afghanistan or

Haiti, and only slightly lower than in Liberia or Sudan [8]. An estimated 40,000 Nigerian women die in pregnancy or childbirth each year, and another 1 million to 1.6 million suffer from serious disabilities from pregnancy and birth related causes annually [9].In Nigerian, a woman's risk of dying from pregnancy or childbirth is 1 in 29, compared to the sub-Saharan average of 1 in 39 and that of global average of 1 in 180. While in developed regions of the world, a woman's risk of maternal death is 1 in 3,800 [10].

The Millennium Development Goal on improving maternal health calls first for a 75 per cent reductionby 2015 in the maternal mortality rate from 1990 level for Nigeria (using estimates from the Nigeria's 2008Demographic and Health Survey by the National Population Commission which is slightly lower than UNestimates), a reduction to 250 maternal deaths per 100,000 live births; and second, for 100 per cent of deliveriesto be assisted by a skilled birth attendant [11]. According to the Nigeria National Planning Commission, the country can reach the maternal mortality target by 2015, but require dramatic and sustained progress in the remaining years.

GLOBAL ACHIEVEMENT OF FOURTH AND FIFTH MILLENNIUM DEVELOPMENT GOALS

The global under-five mortality rate has declined by more than half, dropping from90 to 43 deaths per 1,000 live births between 1990 and 2015.Despite population growth in the developing regions, the number of deaths ofchildren under five has declined from 12.7 million in 1990 to almost 6 million in2015 globally.Since the early 1990s, the rate of reduction of under-five mortality has more thantripled globally.In sub-Saharan Africa, the annual rate of reduction of under-five mortality was overfive times faster during 2005–2013 than it was during 1990–1995[12].

Measles vaccination helped prevent nearly 15.6 million deaths between 2000 and2013. The number of globally reported measles cases declined by

67 per cent forthe same period.About 84 per cent of children worldwide received at least one dose of measlescontainingvaccine in 2013, up from 73 per cent in 2000.

Also, according to year 2015 MDG report by the United Nations, since 1990 the maternal mortality ratio has declined by 45 per cent worldwide,and most of the reduction has occurred since 2000.In Southern Asia, the maternal mortality ratio declined by 64 per cent between1990 and 2013, and in sub-Saharan Africa it fell by 49 per cent.More than 71 per cent of births were assisted by skilled health personnel globally in2014, an increase from 59 per cent in 1990.In Northern Africa, the proportion of pregnant women who received four or more antenatal visits increased from 50 per cent to 89 percent between 1990 and 2014.Contraceptive prevalence among women aged 15 to 49, married or in a union,increased from 55 per cent in 1990 worldwide to 64 per cent in 2015.

ACHIEVEMENT OF FOURTH AND FIFTH MILLENNIUM DEVELOPMENT GOALS IN NIGERIA

The Nigerian journey with the MDGs started in September, 2000 with the signing of the historic Millennium Declaration along with other 188 countries at the millennium summit.

Several reports have been produced on the status of MDGs in Nigeria. The 2004 report which was Nigeria's first report on the MDGs states that "based on available information it is unlikely that the country will be able to meet most of the goals by 2015 especially the goals related to reducing child and maternal mortality [13]. It further states that "for most of the other goals up- to- date data exists which shows that if the current trend continues, it willbe difficult for the country to achieve the MDG targets by 2015".

The Nigeria Millennium Development Goals 2005 report is the second in the series of annual reports on the MDGs in Nigeria. The report which addressed the eight MDGs highlights the current status and trends of each of the MDGs, the challenges and opportunities in attaining the goal, the promising initiatives that are creating a supportive environment and priorities for development assistance. The report concluded that based on available information, there is the need for sustained efforts to ensure achievement of fourth and fifth MDGs.

In 2006, there was no MDG report. The year 2008 marked the mid-point on the MDG journey from 2000 to 2015 and the Mid-Point Assessment of the Millennium Development Goals in Nigeria was produced. Infant mortality rate actually rose from 81 per 1000 livebirths in the year 2000 to 110 per 1000 live births in 2005/2006, which is farther away from the global target of 30 per 1000 live births in 2015. Midway to the target date for achieving the MDGs, the maternal mortality rate should be 440 per 100,000 live births but the reality is that in the rural areas, it was 828 deaths per 100,000 live births, and 531 deaths per 100,000 live births in urban areas.

Furthermore, reports on the status of Nigeria have consistently shown that Nigeria is unlikely to meet most of the goals. Maternal mortality has fallen by 32 percent in five years. Maternal mortality fell from 800 deathsin 2003 to 545 deaths per 100,000 live births in 2008. Infant mortality rate has fallen from 100 deaths per 1,000 live births in 2003 to 75 deaths per 1,000 live births in 2008. Similarly, in the same period, the mortality rate of children under five years reduced from 201 to 157 deaths per 1,000 live births.

In Nigeria, this has been no different as results from the MDGs Performance Tracking Survey in 2012 indicated that Goals 4 and 5 have strong prospects of being met by 2015. The importance of using statistical data to corroborate progress or otherwise in the MDGs

cannot be over emphasized. Thoughthis critical role of data in monitoring the implementation and progress of the MDGs was not acknowledged at the inception, it was later recognized and supported.

According to year 2014 MDG national report, the target is to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate. Under-five mortality rate, Infant mortality rate and immunization coverage are the indicators for this target. Under-five mortality rate in 2012 was 94 (per 1000 live births) which positively reduced to 89 (per 1000 live births). Infant mortality rate stood at 61 (per 1000 live births) in 2012 which decreased to 58 (per 1000 live births) in 2014. To further combat infant mortality, incentives such as full immunizations against killer diseases such as Polio (1, 2&3), Diphtheria, Pertussis & Tetanus (DPT 1, 2&3), Measles, Hepatitis B (1, 2&3) and Yellow fever were administered. Babies immunized with Polio at birth in 2014 were 52.8 per cent,Polio (1,2&3) averaged at 57.6 per cent in 2012 and 63.5 per cent in 2014, DPT 1,2&3 averaged at 53.1 per cent in 2012 and slightly increased to an average of 57.2per cent in 2014. Measles immunization coverage was 63.1 per cent in 2014 which shows an increase of 13.1 per cent compared to the figure in 2012.

In addition, the target is to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio and to achieve by 2015, universal access to reproductive health. In 2014, the proportion of women who die from pregnancy related problems, child birth and six weeks after delivery, reduced to 243 (per 100,000 live births) as compared to 350 recorded in 2012. Skilled attendance at delivery increased by 9.3 per cent in 2014 as compared to the figure in 2012. Contraceptive prevalence rate increased by 6.9per cent to 18.5 per cent in 2014 as compared to the 2012 figure, which could indicate that women have increased their dependence on contraceptives as a method of family planning. Adolescent fertility rate (15-19) stood at 74 (per 1000 live births) in 2014 whichwas a decrease from 79 (per 1000 live births) recorded in 2012. About 68.8 percent of ante

natal visits at least once by skilled personnel were recorded; this was an increase when compared to the 2012 figure. Ante natal coverage at least 4 times by any provider also increased to 60.6 per cent from 57.40 in 2012. This shows that the number of women being attended to by skilled personnel or by any provider while on an ante natal visit increased which positively influenced the decline recorded from Maternal mortality rate.

LESSONS FROM MILLENNIUM DEVELOPMENT GOALS

MDGs strengthened data production and the use of better data in policymaking and monitoring are becoming increasingly recognized as fundamental means for development. The MDG monitoring experience has clearly demonstrated that effective use of data can help to galvanize development efforts, implement successful targeted interventions, track performance and improve accountability. Thus sustainable development demands a data revolution to improve the availability, quality, timeliness and disaggregation of data to support the implementation of the new development agenda at all levels.

Also, the MDG framework strengthened the use of robust and reliable data for evidence-based decision-making, as many countries integrated the MDGs into their own national priorities and development strategies. Using reliable data to monitor progress towards the MDGs also allowed governments at national and subnational levels to effectively focus their development policies, programmes and interventions.Global monitoring of the MDGs improved dramatically, assisted by a close collaboration between international agencies and country experts. Between 2000 and 2015, the number of surveys and censuses in the database of the WHO/UNICEF Joint Monitoring Programme has increased.

In addition, the framework of set out global goals, as well as contextualised national targets for developed and developing countries aiming at a sustainable and equitable global development, as well as the eradication of extreme poverty.The framework was based on full

accordance with international human rights laws. Despite the poor profile of Nigeria in terms of achievement of the MDGs, there are some actions that have worked well. These include:

- Budgetary allocation to MDG specific projects to focus on the achievement of the MDGs.
- The institution of Monitoring and Evaluation of MDG projects is a positive development which has been adopted by the country and incorporated into the vision 20:2020 economic development blueprint.
- The involvement of civil society in the monitoring of the projects is a particularly good innovation.

Also, there are some actions which need to be scaled up in the post 2015 development agenda. These include:

- No nation, state or organization can accelerate its development without an overarching strategy to guide its priorities, programmes and actions. There is the need for state governments, local governments, ministries, departments and agencies to have overarching development strategies.
- Nigeria needs to develop its leaders and focus on policies and practices that will lead to poverty reduction and development.
- There is the need for better co-ordination and synergy between Federal Government, State Government and Local Government.
- There is the need to mainstream citizen participation and ownership in the development process in Nigeria.

WHAT NEXT? –POST-2015 SUSTAINABLE DEVELOPMENT GOALS

In order to sustain the achievements of MDGs and build on global development, the United Nations is in the process of defining a post-2015 development agenda. This agenda is to be launched at a Summit in September 2015, currently being elaborated through informal consultations of the UN General Assembly [12].

Goal 1: End poverty in all its forms everywhere

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture
Goal 3:Ensure healthy lives and promote well-being for all at all ages
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
Goal 5: Achieve gender equality and empower all women and girls
Goal 6:Ensure availability and sustainable management of water and sanitation for all
Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all
Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
Goal 10: Reduce inequality within and among countries
Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable
Goal 12: Ensure sustainable consumption and production patterns
Goal 13: Take urgent action to combat climate change and its impacts
Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development
Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

IMPLICATION FOR MIDWIFERY PRACTICE

- Midwives need to ensure promotion of completion of immunization during the first year of life. This should be stressed

for mothers during health education from prenatal period till postnatal period.

- Community midwifery practice will improve skilled birth attendance at childbirth. Therefore, community midwifery must be encouraged by all stakeholders in maternal and child health.
- Midwives should improve on their life saving skills. Hence, there is need to update the knowledge and skills of midwives through continuous educational programme at all levels.
- Referral system should be strenghtened at all health facilities as this is necessary to ensure effective midwifery practice.
- Midwifery practice should promotehospital birth, especially in Nigeria where it is not likely to have skilled birth attendance during home delivery.
- Proper documentation is essential for effective generation of data. Therefore, there should be proper documentation of all midwifery services at all levels.

SUMMARY

MDG Target & Indicator	1990	2004	2008	2012	2014	2015 target
U-5 MR (per 1,000 live birth)	191	201	157	94	89	64
Measles vaccine at 1 year (%)	46	50	41.4	55.8	63.1	100
MMR (per 100,000 live birth)	630	800	545	350	243	250
SBA at childbirth (%)	45	36.3	38.9	53.6	58.6	100

CONCLUSION

The MDGs has remained the overarching development framework for the world in the past 15 years.Despite the successes of MDGs, completion of vaccination with measles vaccine at one year old remains a huge challenge for all Maternal and Child Health stakeholders. There is need to improve on efforts to sustain reduction of MMR through

promotion of hospital birth. This will ensure skill birth attendance at childbirth among childbearing women in Nigeria. Collaborative efforts shold be encouraged, as this is relevant to equitable development.

REFERENCES

1. United Nations. The Millennium Development Goals 2005 Report. Available at http://www.un.org/millennniumgoals. Assessed 9 June, 2011.

2. Akinwaare, M.O. Strategies for achieving the fourth and fifth milleniumdevelopment goals in Nigeria: Nursing perspective. International Journal of Nursing and Midwifery.2013, 5 (6): 106 – 112.

3. Ogunmola, Dele and Badmus, Alani I.: Meeting the Challenges of the Millennium Development Goals in Nigeria: Problems, Possibilities, and Prospects. 2010. Faculty of Arts and Sciences (E11), University of New England, Armidale, NSW 2351, Australia.

4. Abdulgafar, D. S. Ibrahim, W. Alasinrin, K.A. The Extent of Achieving the Millenium Development Goals: Evidence from Nigeria. Kuwait Chapter of Arabian Journal of Business and Management Review. 2013, 2(9):

5. WHO. Health Information and Intelligence Platform. Retrieved on 13 June 2013 from Http://www.wpro.who.int

6. Ajiye, M. Achievements of Millennium Development Goals in Nigeria: A Critical Examination. International Affairs and Global Strategy. 2014, 25: 24 – 37.

7. Federal Ministry of Health, Nigeria. National Strategic Health Development Plan. 2010 Report. Abuja.

8. WHO, UNICEF, UNFPA and The World Bank. Trends in Maternal Mortality: 1990 – 2010. Report 2010.

9. USAID Nigeria. Maternal and Child Health Integrated Program (MCHIP). USAID Nigeria, 2012. Retrieved on 4th July 2013 from www.nigeria.usaid.gov.

10. World Health Organization. Maternal Mortality. Fact sheet no. 348, WHO Media Centre, May 2012. Retrieved on 12th of May 2013 from www.who.int

11. National Population Council. Nigeria Demographic and Health Survey 2008. Abuja. Nigeria.

12. United Nations. The Millennium Development Goals Report2015. New York.

13. United Nations MDGs. Assessing Progress in Africa toward the Millennium Development Goals. Section II: Tracking Progress, 2011.

14. Aribigbola, A. Institutional constraints to achieving the Millennium Development Goals (MDGs) in Africa: The example of Akure Millennium City and Ikaram/ Ibaram villages in Ondo State, Nigeria. 2009. FGN/ECA/OSSAP MDGs/World Bank 7-9 May.

15. Bello, A. M. The Activities of the Agency. Paper delivered at a Two day Capacity Building workshop on the theme: Child Trafficking and Child Labour. Organized by Nigerian Agency for

Prohibition of Trafficking in Persons and other Related Matters (NSPTIP), 2007. Kano. Nigeria.

16. Department of Environment Affairs, 2010. Retrieved on 15 July, 2013. Available at www.environment.gov.za/soer/nsoer/issues/land/impact.htm

17. Igbuzor O.Review of MDGs in Nigeria:Emerging Priorities for A Post2015 Development Agenda.Presentation at the National and Thematic Consultations for Post 2015 Development Agenda, 2013. Nigeria.

18. Lawal, A.I. Obasaju, B. Rotimi E.M. Towards Achieving Millennium Development Goals (MDGs) in Nigeria: Prospect and Challenges, Journal of Economics and Sustainable Development. 2012, 3: 9.

19. National Bureau of Statistics. 2009. Social Statistics in Nigeria. Accessed 30 June, 2009, at www.nigerianstat.gov.ng.

20. National Millennium Development Goal Report (2004)

21. Nigeria MDGs Report, 2010. Nigeria and the MDGS: better than you might expect and likely to speed up. Nigeria MDG+10 Showcase No. 1.

22. Nigeria Millennium Development Goal Report (2008)

23. Nigeria Millennium Development Goal Report (2010)

24. Nigeria Millennium Development Goal Report (2011)

25. Nwokeoma, J. Nigeria and the MDGs: Beyond the Question of Funds. Available at http://www.hollerafrica.com. Retrieved 21 June 2013.

26. Olatunji, R. Towards a achieving the Millennium Development Goals in Nigeria: What roles for Corporate Social Responsibility. In E.I. Mojaye, O.O. Oyewo, R.M. 'Bayo and I.A. Sobowale (Eds.), Globalisation and Development Communication in Africa, Ibadan: University of Ibadan Press. 2008.

27. UNDP Africa. Ghana Millennium Development Goals Report, 2010. By National Development Planning Commission (NDPC)/Government of Ghana and the United Nations Development Programme (UNDP) Ghana