ACHIEVING SUSTAINABLE DEVELOPMENT GOAL:

FOCUS ON GOAL 3

INTRODUCTION

Health care globally seem to be in transition because of the various changes occurring in order to improve the health of people around the world. An epidemiologist in 1971 described the health situation where the highest burden of disease changed from infections to chronic non communication diseases, degenerative and man made diseases as epidemiological transition. This epidemiological transition in health and disease is related and associated with demographic, socio-economic changes in life style modernization etc

"Health is an important driver of economic growth and to grow and develop the economy sustainably it is imperative that we invest in the Nigeria people. This means improving access to good affordable health care and education, fostering social inclusion, promoting job creator and protecting the environment". Studies have shown that there is a correlation between improved health and economic growth. (Adewole 2017)

The goal of any health care system is to provide universal access, appropriate efficient, effective and quality health service in order to improve and promote people's health. The inequalities in the provision and worsening burden of disease in the 70 resulted in the Alma-Ata Declaration of PHC. PHC was domesticated by each country based on countries strategies and goals. Primary Health Care provided health for all by the year 2000 but the goals were not fully achieved and then MDG by 2015 with quite remarkable gains were recorded but global inequalities persisted, progress remained uneven which depicted bleak picture for poor countries majorly located in Africa. In 2011 60% of Worlds billion poor people lived in just five countries.

The global population pyramid show that 25.9% of population are under 15years 64.2 are between 15 and 64year and 7.6% are 65years and above. The estimate also reveal that there were move male than females amongst under 15 and 15-64 age group but more female amongst 65. Global data are needed for global interventions and national data for domesticating and strategies agreed upon at WHO assembly etc like the Health for all by year 2000, MDG 2015 and the

current strategy of SDGS.

WHO can be referred to as the global watch dog for health in all its ramification. WHO is responsible for providing leadership on global health matters. Globalization makes the world a smaller place and its people interdependent and interconnected with each other. WHO was inaugurated in 1948 after war II is the directing and co-ordinator authority on international health within the United Nation (UN's systems (WHO 2007). It has 193 country members located in six regions: Africa, the Americas, Europe, Southeast Asia, the Western pacific and the Eastern Mediterranean. It works with the national governments, non government organization, UN agencies, donors and WHO collaborating centres as well as the private sector to address health problems that might improve people's well being (WHO 2013). (Wong Liu Wang Anderson Seib Molasiotis 2015).

According to the International Council of Nurses the Sustainable Development Goals (SDGs) were adopted by the United Nations in 2015 to replace the Millennium Development Goals (MDGs). They contain 17 goals covering a broad range of sustainable development issues for the world, such as ending poverty, hunger, improving health and education, combating change, etc. the 191 UN Member States have agreed to achieve these new goals by 2030. Health has a central place in SDG3. Ensure healthy lives and promote wellbeing for all ages. Nursing has a major role to play in relation to SDG 3. But the work of the nurse also has a major impact on the deliver of other SDG's such as education and poverty etc these are often referred to as the Social Determinants of Health (SDH).

The SDH are the conditions in which people are born, grow, work, live and impact on the conditions of health and daily lives. While nurses seek to help people achieve their optimal health, our work frequently includes addressing the SDH and nurses understand the links between wider conditions and individual and population health

The social determinants of health (SDH) are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global national and local levels. The SDH are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

Health equity and social determinants are acknowledged as a critical component of the post-2015 sustainable development global agenda and of the push towards progressive achievement of Universal Health Coverage (UHC). If health inequities are to be reduced, both SDH and UHC need to be addressed in an integrated and systematic manner.

Furthermore, the goals inextricably link the social determinants of health to the full spectrum of government sectors (e.g. agriculture, water, housing, education, energy, transport, infrastructure, social development, environmental protection, governance)

WHO recognize that the socioeconomic circumstances of individuals and groups have at least as much and often mere influence on health status as medical care and personal health behaviours.

The health of populations is not only the responsibility of the health sector, but that of transport, environment, housing, trade, and agriculture and a wholistic view is needed in other to fully achieve SDG 3. (ICN 2017)

SEVENTEEN SUSTAINABLE DEVELOPMENT GOALS (SDG)

1. End poverty in all its forms everywhere
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Ensure healthy lives and promote well-being for all at all ages
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities
5. Achieve gender equality and empower all women and girls
6. Ensure availability and sustainable management of water and sanitation for all
7. Ensure access to affordable, reliable, sustainable and modern energy for all and sustainable economic growth, full and productive employment and decent work for all
8. Sustainable economic growth, full and productive employment and decent work for all.
9. Building resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
10. Reduce inequality within and among countries
11. Make cities and human settlements inclusive, safe, resilient and sustainable

12. Ensure sustainable consumption and production patterns
13. Climate change and its impacts
14. Conserve and sustainable use of development
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
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.
17. Strengthen the means of sustainable development

GENESIS OF SUSTAINABLE DEVELOPMENT GOALS

Permit me to say that most of the data shared here are from the Nigerian Road to SDG strategy and indicator Baseline Report of 2016.

Following the expiration of the timeframe for the implementation of the Millennium Development Goals in 2015, the Heads of Government of 193 UN Member State gathered again in New York, USA, in September 2015 to unveil to the world a development agenda that would last the next fifteen years. This development agenda was code-named Agenda 2030, so named to signify its terminal date. The Heads of Government formally launched the new development paradigm called the Sustainable Development Goals (SDGs). This action at the UN Headquarters was the official endorsement that the UN Member Countries around the world needed to formally adopt, domesticate and integrate the SDGs into the development planning strategies and agenda of their countries. Being of a much wider scope than the MDGs and thus attending to some of the needs of the developed countries, the SDGs could truly be referred to as Global Goals.

According to the UN Secretary-General, "The new agenda is a promise by leader to all people everywhere. It is universal integrated transformative vision for a better world, it is an agenda for people, to end poverty in all its forms, an agenda for the planet, our common home, and an agenda for shared prosperity, peace and partnership. It conveys the urgency of climate action. It is rooted in gender equality and respect for the rights of all. Above all, it pledges to leave no one behind. These essential elements constitute the set of 17 goals and 169 targets and

230 indicators

The SDGs cover various topics condensed into six essential elements. These include:

- Dignity; to end poverty and our right inequality.
- Prosperity: to grow a strong, inclusive and transformative economy.
- Just ice: to promote safe and peaceful societies and strong institutions.
- Partnership; to catalyse global society for sustainable development.
- Planet: to protect our ecosystems for all societies and our children.
- People: to ensure healthy lives, knowledge and the inclusion of women and children.

The implementation of the SDGs requires that countries domesticate the goals, targets and indicators through their annual budgets and development agenda. As part of the integration of the SDGs. countries are required to strengthen their ability to collect, compile, analyse, and report on SDGs data from the period of commencement. They are to ensure easy tracking of the implementation of SDGs by maintaining very robust databases and consistent data revolution. The 17 SDGs seek to stimulate developmental progress in key areas that are fundamental to human existence. The goals are classified based on thrusts into five major areas, the 5 Ps- people, planet^ prosperity, peace and partnership. Not all the 17 relate to our area of discourse; only Goal 3 which, dwells on health, including maternal and newborn health while goals 1, 2, 4, 5, 6, 8, II and 13 are indirectly related. Goal number 3 of the SDGs, to "ensure healthy lives and promote well-being for all at all ages", aims to reduce, by the year 2030, the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births from the current global rate of 210 per 100,000 live births; It also proposes to reduce by the year 2030, neonatal mortality from 22 per 1,000 live births to at least, 12 per 1,000 live births and reduce under-5 mortality to at least 25 per 1,000 live births. In addition, goal number 3 aims to increase universal access to quality maternal, newborn, sexual and reproductive health-care services, among other targets. The SDGs view seriously the issue of equity and it is well catered for in the various programmes of actions that emanated, especially in the Updated Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) of the United Nations with its three overarching objectives of survive, thrive and transform. (Odujirin 2017).

It was in an attempt to achieve these planning strategies for the implementation of the

SDGs in Nigeria that a base line study was conducted included the country's profile, economic, political and development challenges to serve as benchmark for implementation and evaluation. The specific objectives of the baseline study are to:

- Create an initial baseline of the SDG indicators behaviour to facilitate the measure of progress overtime;
- Provide the basis for measuring changes in the sectors, states and communities;
- Provide a reliable database to facilitate comparison and progress information on the sped *c* indicators and general SDGs among countries; and
- Provide aggregate data that facilitates learning and steering of the programme.

SUSTAINABLE DEVELOPMENT GOALS 3

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AGES

TARGET

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.3 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.4 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.5 By 2020,.halve the number of global deaths and injuries from road traffic-accidents

3.6 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.7 Achieve 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

3.8 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk.

SDG 3

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AGES

Ensure healthy and well-being for all at all ages by improving reproductive, maternal and child health; ending the epidemics of major communicable diseases; reducing non-communicable and environmental diseases; achieving universal health coverage; and ensuring access to safe, affordable and effective medicines and vaccines for all. The aim is to improve reproductive and maternal and child health; end the epidemics of HIV & AIDS malaria, tuberculosis and neglected tropical diseases; reduce non-communicable and environmental diseases; achieve universal health coverage; and ensure universal access to safe, affordable and elective medicines and vaccines assisted. The following country data were examined during the baseline study.

- Maternal mortality ratio;
- Proportion of births attended by skilled health personnel;
- Under-5 mortality rates:

- Neonatal mortality rates;
- Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations;
- Tuberculosis incidence per 1,000 population;
- Malaria incidence per 1,000 population;
- Hepatitis B incidence per 100,000 population;
- Number of people requiring interventions against neglected tropical diseases;
- Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease;
- Suicide mortality rate;
- Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders;
- Harmful use of alcohol (age 15 years and older) within a calendar year;
- Number of death rate due to road trac injuries, by sex and year.
- Proportion of women of reproductive age (aged 15-49 years) *who* have their need for family planning satised with modern methods;
- Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group;
- Population covered by health insurance per'000 inhabitants, by year and sex;
- Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene, by sex and year;
- Mortality rate attributed to unintentional poisoning, by sex and year;
- Age-standardized prevalence of current tobacco use among persons aged 15 years and older;
- Mortality rate attributed to household and ambient air pollution, by year and sex. (SDG Baseline Report 2016)

National Data analysis showed the following

Considerable increase in the women having their births attended by skilled health personnel, in 2011 more than 48 per cent of the women gave birth with the assistance of the

skilled health personnel, this trend increased considerably to 58.6 per cent in 2014 even though it fell to 38.1 per cent in 2013.

Reduction in Under-5 mortality rate which indicate; that more live births are surviving to age 5 and above. The mortality rate of Under-5 children was 158 per thousand children (MICS2011). There was a reduction in the rate between 2012 and 2014. According to the MDG performance tracking survey, the rate reduced from 94 to 89 per thousand live births. Also, neonatal mortality rate was estimated at 37 per 1000 by the National Population Commission using the National Demography and Health Survey (NDHS 2013).

The incidence of new HIV infections continued to increase tremendously over the years under review. However from NACA publication, it was found that reported cases of Testing to HIV positive were 353.5 persons per thousand in 2014 which reduced to 264,5 persons per thousand in 2015.

Tuberculosis was found to be more common among males than females It also showed that the incidence or relapsing case was higher in 2013 with males, recording 14.01 per cent against 8.61 percent for females By 2015, the data had reduced to a 12.73 per cent for males and 7.50 per cent for females. Malaria incidence per 1.000 populations almost tripled be 2011 and 2015. It was 99.2 per thousand for male 5 and 6 per thousand for females in 2015. This implies that in every persons in Nigeria, not less than 99 males and 95 females contracted malaria. These represented sharp uses from the figures when the male malaria incidence per 1,000 persons was as low as 37.5 compared to 35.47 for the females

Hepatitis B incidence per 100,000 population dropped among females from 511 in 2011 to 239 in 2012 before rising to 973 in 2015. Reported cases among males kept rising from 473 in 2011 to 810 in 2015 even though it fell to 536 in 2013. This shows a rising trend in the incidence of the disease for both genders.

The available data on number of people requiring interventions against neglected tropical diseases increased yearly. A total of 16,075,734 persons were reported in 2011, including 8,254,165 males and 7,821,569 females. In 2015 the number increased to 20,686,247, 15,005,034 males and 15,077,209 females

Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease in Nigeria per 100.000 population. The data shows an increase from 200 to 258 per

100,000 in 2011 and 2013) from 206 to 281 during the same period). Figure indicates a drop in the number for both sexes. Leading cases of suicide in Nigeria show a consistent higher males than females. In 201, total reported cases males were 244 persons as against 153 females. But the figures tended to reduce among females (from 153 to 128 in 2015), those for males actuated while still ling the upward trend (from 244 in 2011 through 253 to 246 in 2015).

Coverage of treatment interventions ecological. psychosocial and rehabilitation and aftercare service for substance use disorders. The data shows a continuous increase over the five year period despite the reduction in the coverage of females in 2014 and that of the males in 2015.

When road accident occurs, there could be instant deaths or sustenance of injuries which may later result in death. "The victims could be occupants of the vehicles, or passers-by. Higher death rate among the male victims. The data should not be misunderstood to mean more resilience of the females during road accidents, in (act, given the very wide margin between both genders, this could be an indication of far more road usage or travels among males than among females.

A reduction is observed in the proportion of women of reproductive age (aged 15-49 years) whose family planning needs are satisfied with modern methods in 2012 (74.9 per cent) compare to 2011 (80.6 per cent). The proportion however improved in 2014 (77.8 percent).Also a considerable reduction in the proportion of adolescent birth rate (aged 10-19 years) per 1,000 women in that age group. In 2011, the highest figure of was 89 per thousand in the age group was recorded before the decline to 74 per thousand in 2014.

The population covered by health insurance per 10,000 inhabitants by year 2014 is 294.

Safe water, improved sanitation and good hygiene are very important for maintaining a sound public health. Data clearly Showed that women are more prone to mortality from poor or unsafe provision of these facilities than men. We can also infer that what goes for women also apply to children because they are more at home and need to be a hygienic environment with safe water and sanitation facilities.

It is difficult to measure mortality rate resulting from unintentional poisoning because most people do not insist on a medical inquiry on the causes of death. Moreover, allegations of death through poisoning are not commonly reported in Nigeria as it requires medical

confirmation to prove.

A 2013 Global Adult Tobacco Survey by the NBS on age-standardized prevalence of current tobacco use among persons aged 15 years and older was estimated as 31.7 percent (GTS 2013). This means that almost a third of the population are active smokers not to talk of the mass of passive smokers who are subjected to unintentional poisoning through indiscreet smoking.

GLOBAL DATA

The major aspect of SDG 3 is really maternal neonatal child and adolescent health. So let us examine the global trend to position national data.

Maternal Health

Since 1990, the maternal mortality ratio has declined by 45 per cent worldwide from 380 to 210 maternal deaths per 100,000 live births, and most of the reduction occurred since 2000 (could we say, after the MDGs were agreed?). The rate of decline globally was at a rate of 1.2% from 1990 to 2000 but thereafter it gained momentum to about 3% although 5.5% was the expected rate for the attainment. The maternal mortality ratio in the developing regions is 14 times higher than in the developed regions.

In Southern Asia, the maternal mortality ratio declined by 64 percent between 1990 and 2013, and in sub-Saharan Africa it fell by 49 percent.

Globally, there were an estimated 289,000 maternal deaths in 2013, a decline of 45% from 1990. The sub-Saharan African region alone accounted for 62% (179,000) of these global deaths, followed by Southern Asia at 24%. At the country level, the two countries that accounted for **one-third of global maternal deaths were India at 17% (50,000) and Nigeria at 14% (40,000).**

Just half of pregnant women in the developing regions received the recommended minimum of four antenatal care visits but in Northern Africa, the proportion of pregnant women, who received four or more antenatal v isits increased from 50 per cent to 89 percent between 1990 and 2014.

More than 71 per cent of births were assisted by skilled health personnel globally in 2014, an increase from 59 per cent in 1990. In Nigeria only 38% of all Births were delivered by Skilled birth attendants and 36% in health facilities according to the Nigerian Demographic and Health Survey (NDHS) 2013 report. Additionally, 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. (United Nations publications on MDGs). However, the rate for Nigeria was 10% for modern methods and 15% for all methods as reported by the NDHS 2013.

Globally about 16,000 children die each day before celebrating their fifth birthday mostly from preventable causes. In 2013 only, 2.8 million newborn babies died in their first month of life and 2.6 million babies were stillborn.

More than 75% of newborn deaths occurred in South Asia and sub-Saharan Africa and more than 80% of them could have been prevented with simple newborn care..

It is worth nothing that at the present rate of progress? it will be mote than a century before a baby born in Africa has the same chance of survival as one born in a high income country.

- The global under-five mortality rate has declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015.
- Despite population growth in the developing regions, the number of deaths of children under five has declined from 12.7 million in 1990 to almost 6 million in 2015 globally.
- Since the early 1990s, the rate of reduction of under-five mortality has more than tripled globally.
- In sub-Saharan Africa, the annual rate of reduction of under-five mortality was over five times faster during 2005-2013 than it was during I999-I995.
- Measles vaccination helped prevent nearly 15.6 million deaths between 2000 and 2013. The number of globally reported measles cases declined by 67 per cent for the same period. About 84 per cent of children worldwide received at least one dose of measles containing vaccine in 2013, up from 73 per cent in 2000.

The success achieved by the MDGs proved to the world, especially leaders, that with concerted effort, a lot can be achieved. The outcome of the MDGs offered a unique opportunity for all leaders to push further and more committedly on how to build on the achievements without relenting; to strategize on how to use the gams to forge a truly universal and transformative agenda; to set the pace for a sustainable future and a dignified life for all.

The Global Strategy for Women, Children & Adolescents Health (2016-2030).

According to WHO expert on maternal and child health. This document was first launched by the UN Secretary General in 2010 as part of the many instruments aimed at saving the lives and improving, the well-being of women and children to drive the achievement of the relevant MDGs. Due to its valuable contributions to the achievements of the MDGs, it was revised/updated and adolescent health was included as adolescents are central to everything to be achieved in the 2030 Agenda. Focusing on adolescents covers their rights to health, well-being, education and equal participation in society, equipping them to attain their potential as adults. This updated Global strategy for the post 2015 era with its overarching objectives of survive, thrive and transform, when implemented in countries using evidence based innovations and appropriate finance mechanisms such as the Global Financing Facility, -will provide enabling environment in which no woman, child or adolescent should face a risk of preventable death because of where they live or who they are.

This strategy is believed to be the panacea for the reduction of preventable deaths among women, children and adolescents to the levels in SDG 3. It is the grand vision that if efficiently implemented is expected to deliver the historic transformation that will improve the lives of the generations to come, mobilizing the delivery of the much expected social, demographic and economic dividends.

The Sustainable Development Goals (SDGs) and the Global; Strategy for Women's, children's and Adolescents' Health set ambitious yet well warranted health-related targets for mothers, newborns, children and adolescents. Many women, their babies and children still die, or suffer from life-long disabilities, even after reaching a health facility, due to poor care practices. Thus improving quality of care for every woman and every child with a particular focus on mothers and newborns was unanimously accepted as key response of utmost urgency especially at facility level of health care.

Responding to this call, the World Health Organization (WHO) elaborated a global vision where- "every pregnant, woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period". This vision is underpinned by the core values of *quality, equity and dignity* and established a Network of national governments from nine first wave countries and development partners to operationalize the vision. By this, quality healthcare is to be offered in health facilities to mothers and newborns through coordinated actions and

investments to achieve the ambitious target of halving maternal and newborn deaths in 5 years. The launch of the Network took place in Malawi from 12th to I4th, February 2017. The first waive countries are Bangladesh, Cote d'lvoire, Ethiopia, Ghana, India, Malawi, Nigeria, Tanzania, Uganda. These countries have one thing in common, they all have poor maternal and newborn and child health indices! It was envisaged that Countries will achieve the objectives and targets by strengthening capacity and motivation of health professional to plan and manage quality improvement, improved data collection and increased access to medicines, supplies, equipment and clean water. Four main objectives were identified for the network, namely:

- Build and strengthen national institutions and mechanisms for improving quality of care in the health sector (Leadership).
- Accelerate and sustain implementation of quality of care improvements for mothers and newborns (Action).
- Facilitate learning, share knowledge and generate evidence on quality of care **(**Learning**).**
- Develop, strengthen and sustain institutions and mechanisms for accountability for quality of care **(**Accountability**).**

Nigeria health system

Any health system is usually complex and considering the WHO definition of health the health system has multiple actors multiple goals and multiple connection and because of the complexity it is prone to many conflicts if not well managed to ensure proper co-ordination for effective results. It is special organization and there are many frameworks for understanding the health system WHO systems is probably the best, simplistic and explicit for initial understanding before integrating others. Definitely one framework cannot give an indepth understanding of the complexity. (NCH 2017)

Fragmentation, poor service delivery lack of co-ordination etc were some of the characteristics of Nigerian Health System, some analysts summarized it thus in 2009.

According to analysts who were evaluating the performance of the health industry-in the country, “the health care delivery system we see today in Nigeria is not a true system: care coordination is rare, specialist care is favored over primary care, quality of care is often poor, and costs are high

and increasing at an unsustainable rate. Health care is fragmented not coordinated, not cohesive, not qualitative and not effective and does not maximally meet the diverse health needs of the populace. The fragmentation of our delivery system is fundamental contributor to the poor overall performance of the health care system." (Health Reform Foundation of Nigeria, (HERFON2009). No doubt there is need for a paradigm shift in many areas e.g

- A paradigm shift from focus on patient care to focus on (consumer) empowerment.
- A paradigm shift from health care to wellness care

Nigeria has a health policy that is reviewed periodically. The overall objective of this policy is lo strength national health system such that it will provide effective, efficient, quality, accessible and affordable health services that will improve the health status of Nigerians, through the achievement of the health-related United Nations' Sustainable Development Plan (NSHDP). The major goal of the NSHDP is to improve the health status of Nigerians through it development of a strengthened, coordinated and sustained health care delivery system. The specific goals for the 8 segments of the plan are as follows:

1. Creating and sustaining an enabling environment for the development and delivery of quality health care (leadership & governance)
2. Revitalizing an integrated service delivery systems that bring quality, equitable, arid sustainable access to health care (health service delivery)
3. Planning and implanting strategies to address human resources for health needs in order to enhance its availability as well as ensure ^mf quality of health care (human resources for health)
4. Ensuring that adequate and sustainable funds are available and allocated for accessible, affordable, efficient and equitable health care provision and consumption at LGA, state and federal levels (Health financing)
5. Providing an effective national health information management system by all governments in the federation lo be used as a management tool for informed decision making at all levels and for improved health care (health information system)
6. Attaining effective community participation in health development (community participation and ownership)
7. Enhancing harmonized implementation of essential services in line with national health

policy goals (partnership for health)

8. Utilizing research to generate knowledge to inform policy, improve health, achieve nationally and internationally health related development goals and contribute to the global knowledge platform (research for health)

These plans are laudable but cannot be achieved without adequate provision of resources It is a known fact all over the world that, the bulk of health care activities which include health promotion, illness.

Prevention, health restoration, alleviation of suffering and health advocacy, rest on the shoulders of nurses. This is why attention is being given to the education of nurses all over the world. The better educated the nurse is, the better the quality and outcome of health care (Aina 2017).

Sustainable Development Goals and Nursing

Definition Nursing

> Nursing encompasses autonomous and collaborative care of individual of all ages, families, group and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

According to the International Council of Nurses the Sustainable Development Goals (SDGs) were adopted by the United Nations in 2015 to replace the Millennium Development Goals (MDGs). They contain 17 goals covering a broad range of sustainable development issues for the world, such as ending poverty, hunger, improving health and education, combating change, etc. the 19 UN Member States have agreed to achieve these new goals by 2030 and Health has a central place in SDG3. Ensure healthy lives and promote wellbeing for all ages. Nursing has a major role to play in relation to SDG 3. But the work of nurses also has a major impact on the delivery of other SDG's such as education and poverty etc these are often referred to as the Social

Determinants of Health. (SDH)

The SDH are the conditions in which people are born, grow, work, live and impact on the conditions of health and daily lives. While nurses seek to help people achieve their optimal health, our work frequently includes addressing the SDH and nurses understand the links between wider conditions and individual and population health

The Millennium Development Goals did much towards improving the lives of millions of people around the world, but the gap between the rich and the poor, the health and unhealthy, the educated and uneducated continues to grow. Thus, the Sustainable Development Goals aim to address inequalities between nations, but also within nations. It is now well-recognised that social factors, such as education, employment status, income level, gender and ethnicity have a direct influence on how healthy a person is.

The health of populations is not only the responsibility of the health sector, but that of transport, environment, housing, trade and agriculture.

INTERNATIONAL COUNCIL OF NURSES (ICN)

Founded in 1899, ICN was the world's first professional women's organization and is now the world's premier and widest reaching international organization. As the recognized global voice of nurses, ICN works to ensure quality nursing care for all, sound health policies worldwide, the advancement of nursing knowledge, the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

ICN Vision Statement

> The International Council of Nurses (ICN) represents the voice of nurses around the world. We influence health, social and economic policy at country, regional and global levels through the sharing of evidence and best practice. ICN envisions world in which human rights are respected and protected including the right of present and future population to a safe, health and sustainable environment. We work in partnership and collaboration to advance the profession and

improve the well-being of nurses and the health of populations everywhere and advocate for the respect of culture values, customs and spiritual beliefs.

The International Council of Nurses (ICN) forecasted since 1999 all the changes that will occur that will affect and modify nursing and health till 2020. The forces include trends in larger society, health and nursing. The changes are based on observed trends and scenario in nursing, health and the larger society (ICN 1999).

The changes to come were documented for nurses to the aware, be prepared, plan ahead and for nurse leaders to be futuristic and think like a nurse futurist. The future is uncertain but the forces forecasted can be used to predict the future and design preferred future for nursing rather than be subject to it. Alankay in ICN (1999) said "the best way to predict the future is to invent it".

Forces affecting Nursing (ICN 1999-2020) unidentified include trends in the larger society like information technology, globalization and changing demographic / disease patterns etc. Health Trends like the use of technology in caring, Research and development of new therapists, Empowerment of the health consumers, Focus on the community, Rise of alternative therapy etc.

These trends were to be used by futuristic nurse leaders and nursing association in each country to formulate nursing agenda action plans for country to demonstrate the impact of nursing on health care.

ICN had predicted since 1999 new development in health like

- Gene and genomics and new therapeutic agents.
- Genetically engineered antibiotics with gene based drug therapy
- Gene therapy for control of diseases like cancer, heart disease diabetes etc
- Tele-health technology telemedicine tele-nursing has shifted health care from acute care to the home, professional training to self care, and simulation before surgery with video consultation.

- Reemergence of diseases. T.B. yellow fever etc.
- New plaques like AIDs, and antibiotics resistance with refugee and internal conflict contributing,
- Use of Nano Medicine in health as it does in industry etc

In a study of global nursing issues and development WHO document were used because WHO has responsibility to provide leadership on global health matters and nurses are the largest group of health providers and have the most direct impact on principle's health. Also with document has a global perspective in health and healthcare and a structure that theoretically covers all world regions

Data estimates that 19 million nurse in the world contribute to caring for individuals, families, communities daily. The study revealed that challenges to nursing in six countries of four continent are

- Shortage of nurse workforce development
- Ambiguous scope and lack of autonomy of nursing practice
- Varied educational requirement for entry to practice
- Remuneration structures
- Work load

These are global challenges same obtains in Nigeria WHO has identified the important position of nursing leadership in healthcare for decades and advocated for an effective health team for effective and efficient care delivery. The important of higher education for nursing by WHO lead to the establishment of Department of Nursing University of Ibadan by WHO in collaboration with Nigeria government in 1965 to train nurse leaders and educators the Department served the whole of the Sub-Sahara Africa in the 60^{s} 70^{s} 80^{s} before products of the Department from South Africa Botswana Ghana Kenya etc set Departments in their various countries. The role of WHO in nursing practice the development improvement strengthening of nursing education globally cannot be over emphasized.

Sustainable Development Goal in Nursing and Midwifery Council of Nigeria

Nurses and midwives constitute a large human resource and a significant health workforce that has keyrole to play for the attainment of the SDGs. Observation related to late response and poorly articulated agenda to guide coordinated and documented action, programmes and activities reduced the impact that nurses and midwives could have made for the achievement of MDGs. Therefore, the Nursing and Midwifery Council of Nigeria is firmly convinced that an articulated agenda based on nursing and midwifery practice, deliberately designed for the achievement of the SDGs is most desirable and necessary. Such agenda or actions which should be driven by evidence should focus on harnessing the potentials offered by Nursing education, practice and research. Though nurses and midwives are directly involved in activities bordering on SDG 3, they could also make contributions in other related SDGs.

The Nursing and Midwifery Council of Nigeria, having realized that coordinated and collaborative effort is required for nurses and midwives to contribute holistically towards the achievement of the SDGs have started marking the road map through the following actions:

- Incorporating the achievement of the Strategic Health Development Goals in the Five Year Strategic Plan of the Nursing and Midwifery Council of Nigeria at Governance level;
- Strengthening the capacity of nurses and midwives through incorporation of the SDGs in the mandatory continuing professional development programme and in the curricular for Nursing and Midwifery education at all levels;
- Developing strategies and innovations towards improving access to health care at the family and community levels, through:
    - Exploring the possibilities of initiating new programmes that support the expanded roles of the nurse, such as Gerontology Nursing, Advanced Nurse Practice etc.;
    - Exploring the possibilities of having Clinical Nurse Specialists through the reorganization of the Post Basic clinical nursing specialties into Post Graduate Programmes;
    - Developing Masters and PhD programme in Midwifery to promote the emergence of Consultant Midwives, and to cater for areas of need such as Neonatal Care, Reproductive and Fertility Care as well as Women's Health and Gender Issues.
- Promoting activities that ensure nurses and midwives participate in SDGs and their

contributions are documented, published/disseminated. These could include local and international conferences, as well as public health programmes addressing specific felt needs of communities.

- Working towards establishing more partnerships and collaboration with NGSs and Agencies working on SDG 3 and other related ones.

Specifically and currently, the NMCN is collaborating with the development partners in areas of Nursing and Midwifery education as follows:

Women for Health:

- Strengthening of Community Midwifery Curriculum aimed at improving midwifery practice and better career progression prospects.
- Review of nursing and midwifery curricula of schools in some Northern States of Nigeria to incorporate contents on nursing and midwifery care in humanitarian situations. This is targeted at pre-service level such that the student nurse/midwife is equipped like disasters, wars, terrorism etc.
- Developing modules for the training of preceptors in the clinical areas.

United Nations Population Fund (UNFPA)

- ✓ Development of continuing education modules in six (6) different areas of Reproductive Health with the aim of updating of knowledge and skills of nursing and midwifery workforce for better service delivery and achievement of universal health coverage.
- ✓ Developing a curriculum on adolescent nutrition with aim of producing a module for continuing education of nurses and midwives.

Engender Health Fistula Care+

- Zonal training of trainers on obstetric fistula prevention and management using urethral catheter etc.

Marie Stopes International Organization, Nigeria (MSION)

- Development of curriculum on Long Acting Reversible Contraceptives (LARC) for preservice education of nurses and midwives etc.

World Health Organization

- o Participating in WHO consultative/expert meetings on strengthening of Midwifery education 2030 at national and global levels etc.

Government strategies towards SDG 3

The National Council Health which is the highest policy making body in Nigerian health sector meeting for 2017 theme was "Economic Recovery and Growth Plan" (ERGP) and the health sector: Matters arising Adewole (2017) said the theme was chosen because of the relationship between improved health and economic growth. Investment in health sector therefore should positively impact on the economic growth of the nation. ERGP recognizes that Nigeria lags behind in indicators for health, education nutrition and employment. He went further to say that to grow and develop the economy sustainably, it is imperative that we must invest in the Nigerian people. This means improving access to good and affordable health care and education fostering social inclusion, promoting jobs creation and protecting the environment. This is very landable as it looks at health with all the social determinants that result in ill health thereby taking a holistic

view of SDG 3.

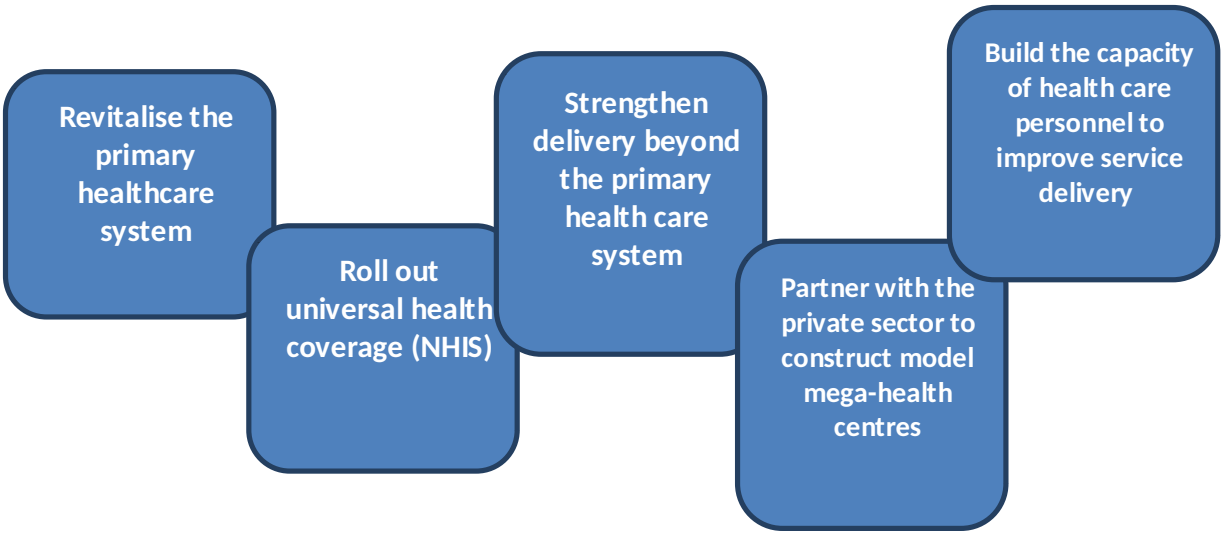
The mission vision goals, principles broad objectives and purpose of the plan are will articulated in the 2017 report. Our focus here will be the strategies for the health sector that will assist to achieve SDG 3.

The implementation has began and when fully implemented it will address all the target areas of SDG 3.

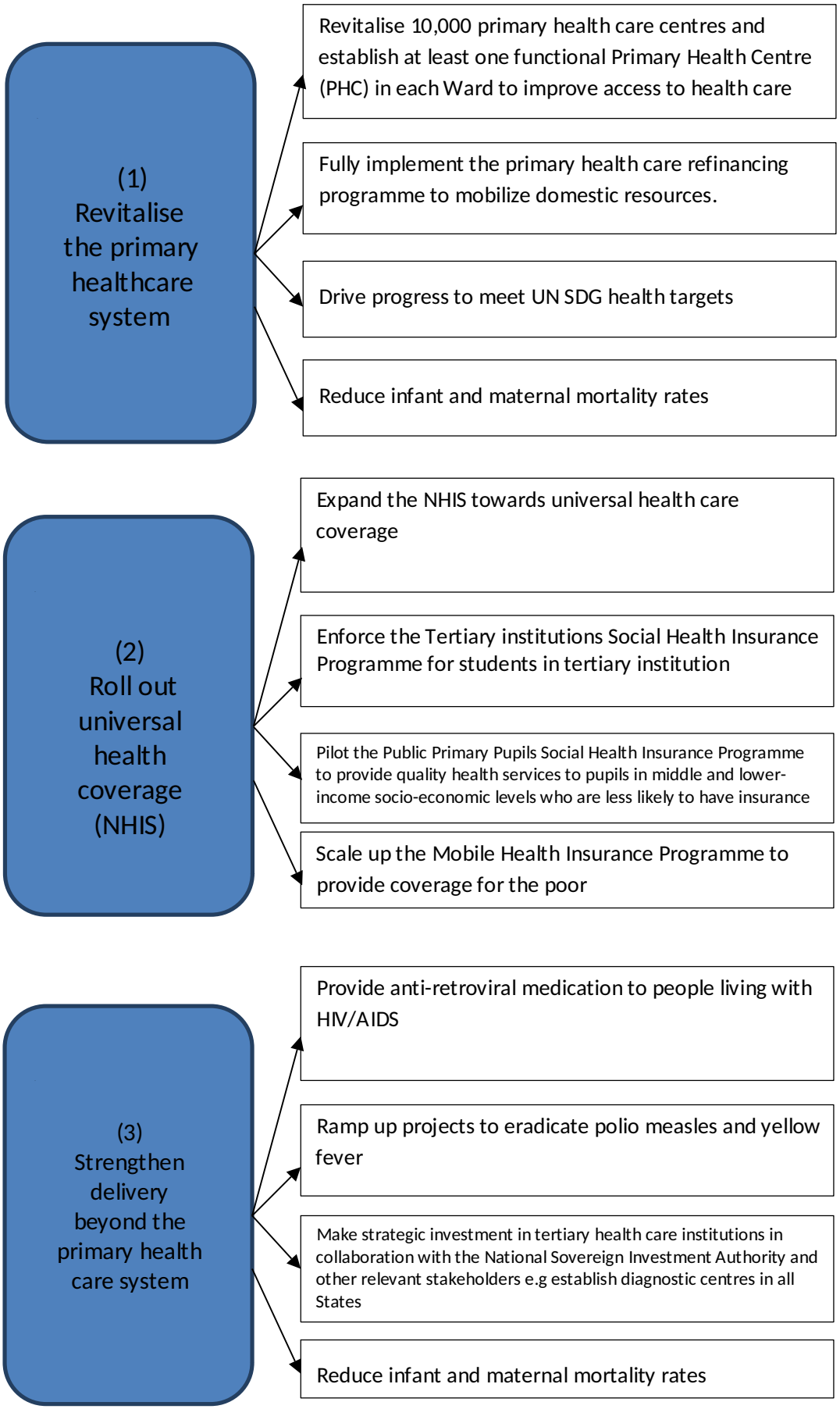
National Council on Health ERGP Objectives for the Health Sector

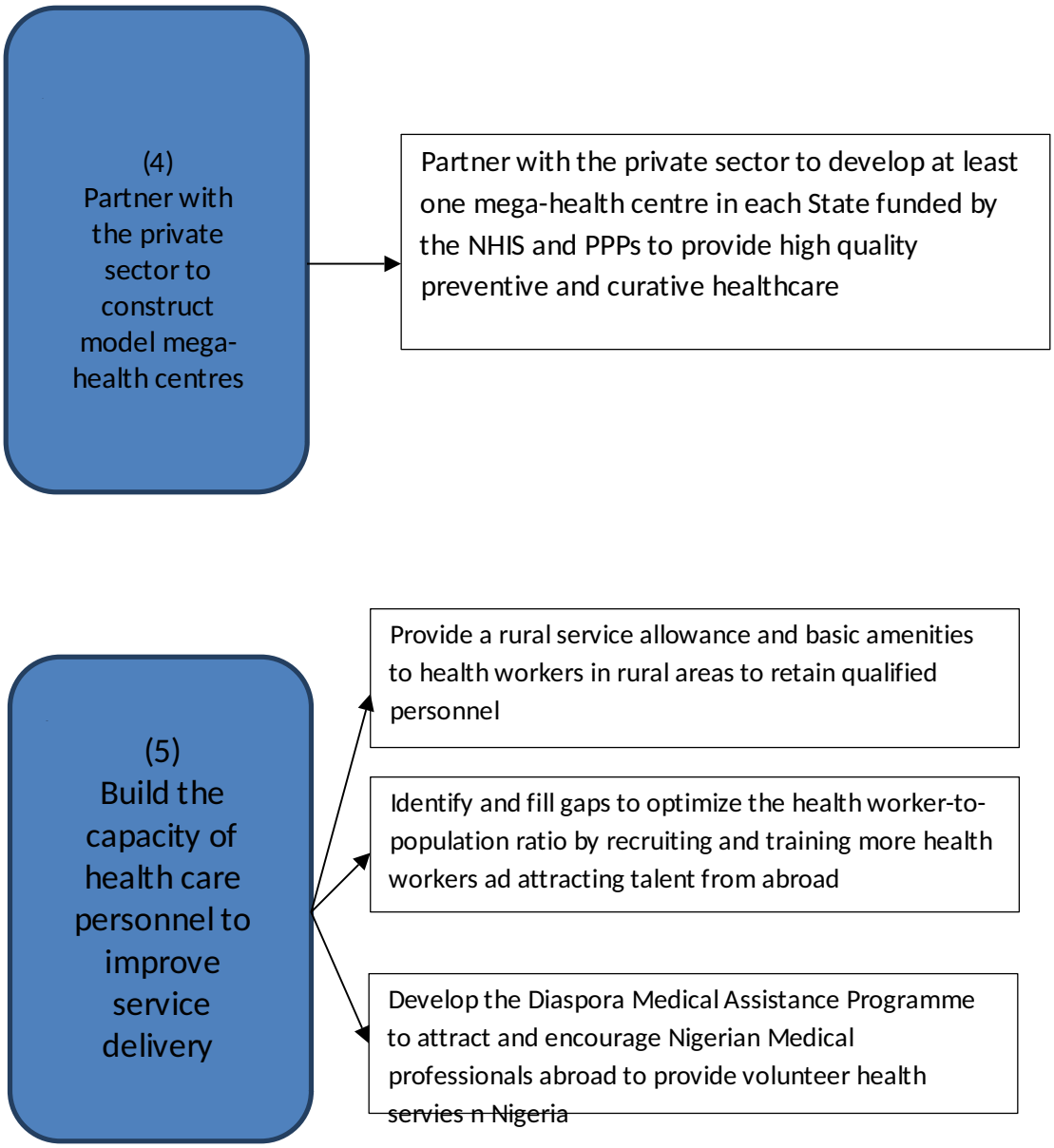
- Investing in our people is one of the broad objectives of the ERGP
    - The ERGP recognizes that our people are the best resource we have. Thus, we need to invest in them through improving access to healthcare and education, promoting social inclusion and creating jobs.
    - Federal government to continue to invest in the health sector to meet the international targets set under the UN's sustainable Development Goals (SDGS)
    - The ERGP targets improvement in the accessibility, affordability and quality of healthcare and to roll out the National Health Insurance Scheme across the entire country.
- The ERGP's key objectives for addressing the challenges in the Health sector are to
    - Improve the availability, accessibility, affordability and quality of health services
    - Expand healthcare coverage to all Local Governments.
    - Provide sustainable financing for the health care sector
    - Reduce infant and maternal mortality rates (National Council of Health 2017)

ERGP strategies for Health sector



Below are the details of each strategy


(1) Revitalise the primary healthcare system
Revitalise 10,000 primary health care centres and establish at least one functional Primary Health Centre (PHC) in each Ward to improve access to health care
Fully implement the primary health care refinancing programme to mobilize domestic resources.
Drive progress to meet UN SDG health targets
Reduce infant and maternal mortality rates
(2) Roll out universal health coverage (NHIS)
Expand the NHIS towards universal health care coverage
Enforce the Tertiary institutions Social Health Insurance Programme for students in tertiary institution
Pilot the Public Primary Pupils Social Health Insurance Programme to provide quality health services to pupils in middle and lower-income socio-economic levels who are less likely to have insurance
Scale up the Mobile Health Insurance Programme to provide coverage for the poor
(3) Strengthen delivery beyond the primary health care system
Provide anti-retroviral medication to people living with HIV/AIDS
Ramp up projects to eradicate polio measles and yellow fever
Make strategic investment in tertiary health care institutions in collaboration with the National Sovereign Investment Authority and other relevant stakeholders e.g establish diagnostic centres in all States
Reduce infant and maternal mortality rates


(4)
Partner with the private sector to construct model mega-health centres
Partner with the private sector to develop at least one mega-health centre in each State funded by the NHIS and PPPs to provide high quality preventive and curative healthcare
(5)
Build the capacity of health care personnel to improve service delivery
Provide a rural service allowance and basic amenities to health workers in rural areas to retain qualified personnel
Identify and fill gaps to optimize the health worker-to-population ratio by recruiting and training more health workers ad attracting talent from abroad
Develop the Diaspora Medical Assistance Programme to attract and encourage Nigerian Medical professionals abroad to provide volunteer health servies n Nigeria

ERGP IMPLEMENTATION

This is ongoing still to be completed.

- Huge capital required for financing the health sector in the country
    - Government's budgetary allocations not enough to address the situation
- This led to the enactment of the National Health Act
- The National Health Act 2014 provides a framework for the regulation, development and management of health system and sets standards for rendering health services in Nigeria
- Section 11 sub-section (1) of the Act established the Basic Health Care Provision Fund
    - Section 11 sub-section 2(a), states that the Basic Health Care Provision Fund shall be financed from Federal Government Annual Grant of not less than one percent of its Consolidated Revenue Fund
- The Ministry of Health has asked for the implementation of the 1% contribution from the Consolidated Revenue Fund (CRF)
    - Which translates to hundreds of Billion of Naira
    - This is more than half of the entire annual capital budget of the Federal Government.
- While this is being considered, it is important to note that Government alone cannot provide all there sources need of the health sector.

What role for stakeholders

- The current administration takes health issues very seriously
    - Investing in our people as one of the three broad objectives of the ERGP
- Stakeholders in the health sector must buy into the vision of the ERGP to ensure effective implementation.
- The health sector actors needs to come up with public health policies and action Plan to address the health related strategies of the ERGP
- Effective monitoring, accurate recording and reporting of health data is also essential. This will help in tracking implementation.
- The cooperation of sub-national governments (States and Local Governments) is very important if we must achieve the objects of the ERGP

- Partnerships between public and private health sector players must be strengthen to ensure that we reverse the tide of medical tourism in the country when billions of dollars are spent abroad.

Improving Quality of Care

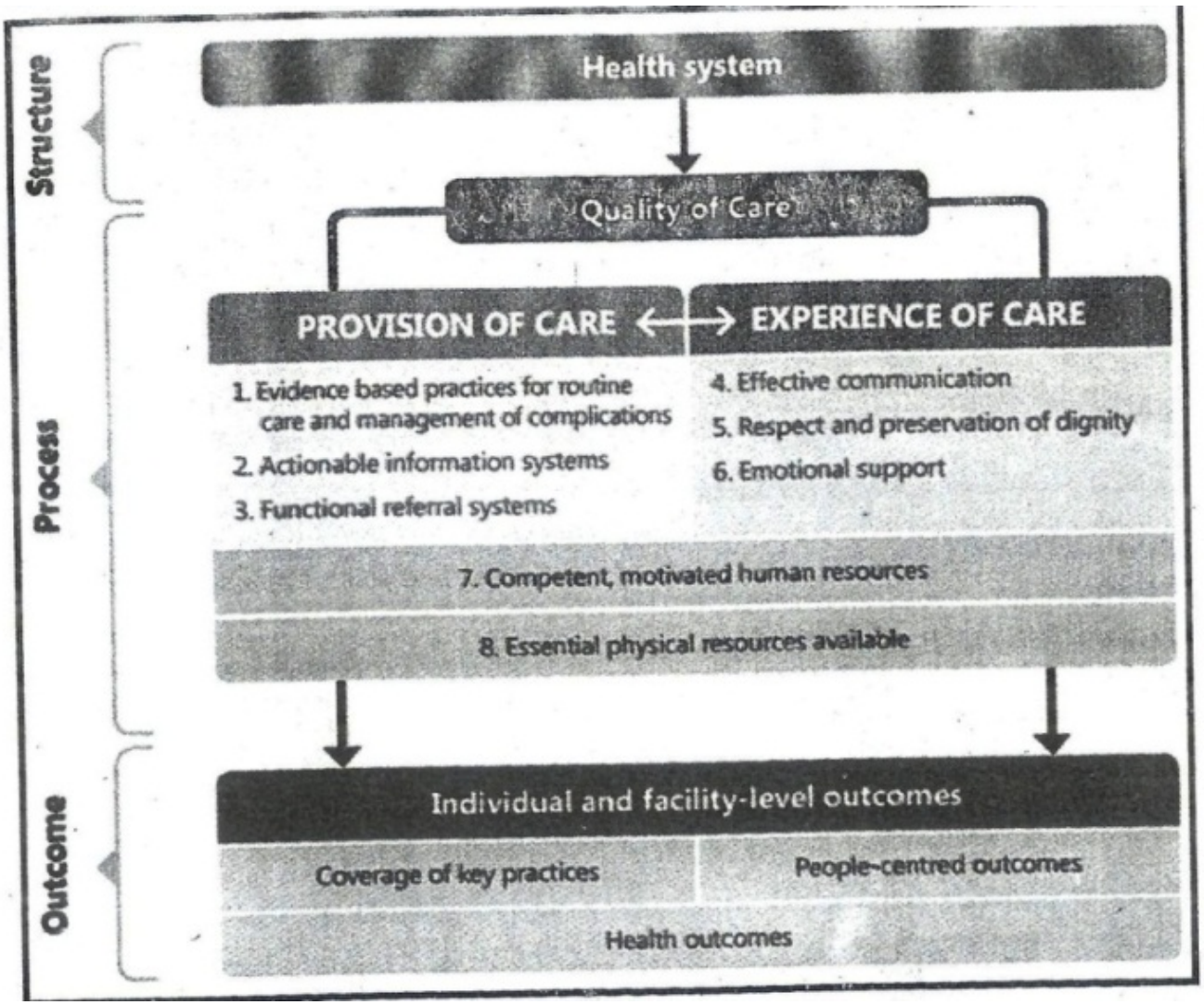
Poor quality care is one of the areas identified for poor performance in MDG and according to Odujirin (2017) who was a member of the quality of care document said *quality of care (QoC) is multifaceted, multidimensional and so a straight jacketed definition is difficult.* But the WHO's definition is widely accepted and it stated "the extent to which health care services provided to individuals and patient populations improve desired health outcomes" and in order to achieve these outcomes, it proposed that health care needs to be safe, effective, timely, efficient, equitable, and people-centered. In addition WHO identified that there are two elements for satisfactory healthcare outcome- the provision of care on one hand and the experience of care on the other and they are both interlinked.

For successful implementation of QoC at facility levels, a framework which exemplified the interlink of these two elements (provision of care and experience of care) for maternal and newborn health was developed.

Together, these two dimensions consist of eight domains, which should be the focus of the assessment, improvement and monitoring of care within the health system for improved outcom.es in MNH. Three of the domains relate to "provision of care", namely (i) Evidence based practices for routine and emergency care; (ii) Actionable information systems, and (iii) Functional referral systems; three domains relate to “experience of care” (iv) Effective communication; (v) Respect and dignity; and (vi) Social and emotional support, while the other two domains are cross-cutting (vii) Competent and motivated human resources; and., (viii) Essential physical resources . Nigeria has adopted the WHO Quality of Care Framework for MNH QoC Strategy. Further to the development of the framework, WHO formulated a standard for each of the eight domains to define the priorities for quality-improvement. Each standard is assigned quality statements that are prioritized steps designed to drive measurable quality improvements in the care around childbirth for example. For each quality statement a set of quality measures (input, output and outcome) were developed to support implementation of quality improvement

as well as offer a step by step guidance m facilities. The primary intention of these quality measures is to improve quality of care at the facility level. Secondary use may be for reporting and further use of the data. Data reporting and linkages to the national health information system is an important priority. These guidance documents are flexible and adaptable to country situations, needs, and ongoing activities related to quality improvement. (Odujinrin 2017).

WHO quality of Care Framework for Maternal and Newborn Health



Responding to this call, the World Health Organization (WHO) elaborated a global vision where "every pregnant woman and newborn receives quality care through.

Other quality of core partners include organization such as the Wellbeing Foundation Africa, Mama Ye, Nigeria Society for Family Health and Pathfinder International. Also grant makers such as The Bill and Melinda Gates Foundation, TY Danjuma Foundation.

In September 2016, the World Bank supported Saving One Million Lives Program gave every state in Nigeria including FCT 1.5million dollars each to improve maternal child and nutrition health services with a strong bias for quality of care.

Also USAID, DFID etc. (Odujinrin 2017) with details of areas of functioning. The Nigerian program is currently focusing on Northern States Kaduna, Kano, Katsina, Jigawa, Yobe and Zanfara.

CONCLUSION

There is no doubt that from the foregoing that Nigeria is in top gear with plans for the achievement of SDG 3. Nigeria is known for writing good plans but implementation is often poorly harnessed.

- Causes of maternal, infant and child mortality are known;
- The state of the health system is obvious to all. The funds to run the health system at least 15% of GDP was agreed upon;
- There are policies and programmes, galore already from government developing partners etc NHIS, Health Bill Public Private Partnership etc. but still people pay so much out of pocket for health care.

Am afraid I cannot imagine what else needs to be put in place. The nature of man of Nigerian worker in Nigeria public service needs to be researched. Same health workers perform well in different environment and countries culture of commitment dedication. Compassion and focus on populace and consumer's right protection is lacking.

Even when all resources are available I still don't believe that health status of Nigerians will be drastically improved without drastic action on work ethics; culture of compassion and focus on viewing the populace as consumers who have alternative and right to care.

Implementation of SDG 3 must tackle the poor co-ordination, fragmentation, poor quality and weak health system.

- Poor access, out of pocket syndrome, poor funding resulting in non-affordability poor coverage and lack of confidence in the system.
- As ICN had identified the social determinants of health must be addressed alongside the SDG 3 for universal coverage and impact on people.

SDG 3 is related to all other SDGs, some directly and others indirectly because they all contribute to health and well being. Health sector for alone is not responsible for the health of the populace. All the other subsystem of the social economic system contribute:

- Program must be well co-ordinated integrated and inclusive to make impact;
- While ensuring autonomy for functioning of sectors interrelatedness and interdependence of sectors must be emphasized for effective and efficient health system;
- Rancor conflict in the system must be tackled policy on strike is in place but no political will and strategy to implement it to the letter;
- Policy on interprofessional education of health workers will promote effective team building, respect and team work for better delivery of care with a focus on impact on the populace rather that status of each professional group;
- Federal Ministry of Health must create an autonomous Directorate of Nursing at Abuja to allow implementation of Nursing Agenda and innovation by the director. Presently, the Nursing Directorate in within the department of hospital services without a separate plan budget for each year whereas each State Ministry has a separate functional directorate. As earlier said, Nurses need to be futuristic to design their preferred future rather than be subject to it,

"The best way to predict the future is to invent it" (ICN 1999)

I wish to commend the current Health Minister for innovative strategies especially the Economic Recovery and Growth Plan (ERGP), sources of funding including innovative State design NHIS e.g. in Ogun State it is called Ogun State Community Based Health Insurance "Araya". Seemingly, this has made health care more affordable, accessible to all children, mothers, aged and reduction in maternal mobidity and mortality Implementation of the National Health Act and Basic Health Care Provision Fund and release of the Consolidated Revenue Fund (CRF) of 1% contribution more facilities will be built and best practice facilities provided with standard and current equipment. But the best thing is to make health care free to all at all levels for universal coverage (There should be NO payment at point of seeking care.)

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