

**TEXT OF THE LECTURE BY PROF. A.O. KUNLE-OLOWU AT THE Q & FOUNDER'S DAY CELEBRATION OF THE DEVELOPMENT POLICY CENTRE HOLDEN IN IBADAN ON THURSDAY, SEPTEMBER 6, 2018.**

**Protocols:**

**Introduction:**

Distinguished guests, I welcome you most heartily to the 2018 Founder's Day Celebration of the Development Policy Centre, DPC, put in place to celebrate the life and times of our highly cerebral, respected Prof. Ojetunji Aboyade, CON, a patriot, a compatriot and an uncommon man who did uncommon things to achieve uncommon results.

I must not forget to mention how much I consider it an honour of immeasurable dimensions to be invited as the Lead Speaker at today's event which is attended by the crème-de-la-crème of the society made up of members of the Bar and Bench, royalty, clergy, captains of industry and top politicians as well as renowned Academics. I am most grateful for the honour.

**The Prof. Ojetunji Aboyade I know:**

Prof. Aboyade, a world class Economist, was a man after my heart in many ways since I came in contact with him many years back. He was pleased to meet a younger brother of his friend, late Mr. Olajide Olowu, a Federal Permanent Secretary. He was an astute manager of resources, a patriot and a selfless man indeed. He was charming, knowledgeable and honourable. His knowledge of the subject matter was legendary. He provided

valuable services to virtually all the Heads of government as regards economic think tank of the nation.

The late Professor was an example per excellence of a cerebral, good natured, committed and an excellent team player who achieved peace for himself and accommodation with his environment.

### **Appreciation:**

I want to seize this opportunity to thank the Chairman of the DPC, the erudite and motherly Patriarch of Aboyade dynasty, Prof. Bimpe Aboyade, and her colleagues on the Governing Board of the DPC for giving me this unique opportunity to address you today and particularly for keeping the flag flying in honour of our beloved Academic giant, a lover of humanity and a man of all times and seasons. Men like that don't come too often. We thank God for his life and accomplishments when he was yet with us on Planet earth. We will not be tired of celebrating him for this is one of the few things we owe him. I thank all of you for your love towards Prof. Ojetunji Aboyade and his family.

### **The Topic for the Day: "Goal for Health (SDG 3)"**

The topic for the 2018 Founder's Day Celebration of the Development Policy Centre is: "**Goal for Health (SDG 3)**". For a proper understanding of the subject matter, it is of critical importance to appreciate from the start that quality health is a very expensive enterprise which government alone cannot bear or fund having regard to several competing areas of need.

Ladies and gentlemen, when health is not properly funded in any nation anywhere in the world, peoples in such climes will

unquestionably be susceptible to all manners of diseases and ailments which will make it impossible for them to live a healthy life or make it impossible for them to contribute significantly to national growth. Indeed, such people will find it difficult to meet the need for self-reliance and national development.

The final decisions on SDG, otherwise known as "Health SDG" came into being after some concerned UN-member states, the Civil Society and Private Foundations as well as the for-profit sectors came together to endorse the initiative after which the multiple MDGs on health were brought together under one single umbrella of SGD 3. The SGD 3 has since then been accepted by champions of the "Universal Health Coverage" (UHC) to be a victory for an approach focused on strengthening Public Health systems.

It is important to note that this is an important advance over the MDGs which treated health related goals separately, thereby operating to undermine a deep systemic approach, which is doubtful if it has been effectively overcome over the years.

Because of the importance and relevance of SDG 3 which as I indicated earlier cannot be funded alone by Government, some private initiatives and Foundations like the Bill and Melinda Foundation (BMGF) have stepped in, thus becoming one of the largest health funders both within and outside the World Health Organization (WHO) spectrum.

But whereas such altruistic funding has been applauded by many, particularly in countries that are bedevilled by inadequate funding even within UN-member states, there is this prevailing accountability issue as private funders are often not accountable to anyone outside themselves.

The whole essence and indeed the kernel of the SDG 3, according to the proponents of the goal is "to promote physical and mental health and well-being and to extend life expectancy for all, we must achieve **universal health coverage** and access to quality health care without leaving anyone behind".

As a people, as Nigerians, it is left to us to appraise ourselves of how much of the critical kernel of SDG 3 we have achieved bearing in mind the following targets of Health SGG 3:

- **Reduction of maternal mortality**
- **End new-born and child preventable death**
- **End epidemics of infectious diseases**
- **Reduce NCD mortality**
- **Prevention and treatment of substance abuse**
- **Reduce deaths and injuries from road accidents by 50%**
- **Universal access to sexual reproductive health care services**
- **Universal Health coverage**
- **Reduce mortality and illness from pollution**
- **Unhindered access to medicines and vaccines**
- **Health financing and healthy work force, and**
- **Strengthen capacity of health risks.**

### **Adoption by Nigeria:**

It is a notorious fact that Nigeria is part of the global community. And that being the case, recently in 2015, countries of the world, including Nigeria, adopted the United Nations Sustainable Development Goals (SDGs) Goal 3 which encourages all countries to "Ensure healthy lives and promote well-being for all at all

ages". SDG 3 contains 13 robust targets that contain commitments by countries to guarantee free, quality and accessible health by the year 2030. They are:

**Target 1: By 2030, reduce the global maternal mortality ratio to less than 70% per 100,000 live births**

**Target 2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12% per 1,000 live births and under-5 mortality to at least as low as 25% per 1,000 live births**

**Target 3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.**

**Target 4: By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.**

**Target 5: By 2030, strengthen the prevention and treatment of substance abuse including narcotic drug abuse and harmful use of alcohol**

**Target 6: by 2020, halve the number of global deaths and injuries from road traffic accidents.**

**Target 7: By 2030, ensure universal access to sexual reproductive health-care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes.**

**Target 8: By 2030, 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.**

**Target 9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination**

**Target 10: By 2030, strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.**

**Target 11: By 2030, 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 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.**

**Target 12: By 2030, 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.**

**Target 13: By 2030, strengthen the capacity of all countries, in particular developing countries, for early**

**warning, risk reduction and management of national and global health risks.**

### **Implication of adoption of SDGs goals:**

As a signatory to these important instruments, Nigeria has a fundamental obligation, as a responsible nation, to fully respect, protect and fulfill the right of every citizen to health in accordance with these provisions of International Law. Fulfilling the right to health not only includes taking steps to ensure that every Nigerian is able to access quality health, it also includes the responsibility of the Nigerian government to remove all barriers to accessing quality healthcare delivery.

But the above lofty provisions under the SDG 3 notwithstanding let us take a cursory look at some Nigerian peculiarities.

### **Challenges faced by young girls:**

I appreciate that my role as the Lead Speaker at this august gathering today. But then, it is important for me to call our attention to the fact that all over the world, especially in the developing countries, including Nigeria, young girls (our prospective women) face various socio-economic challenges of exploitation, violence and abuse. They also face rape, discrimination and harmful traditional practices such as female genital mutilation, food taboos leading to childhood loss and an endangered future.

### **Early marriages and associated problems:**

As they grow up especially those from poor households, they are heavily burdened with economic and domestic duties and labour

which rob them of childhood education. Largely unschooled, many of these girls are married off early, for financial and cultural reasons. They arrive in marriage without education and their bodies inadequately developed for child-bearing. They are also faced with the dismal prospect of obstructed labour leading to Vesico Vaginal Fistula (VVF), unsafe abortion and maternal mortality.

There is no doubting the fact that unemployment and lack of productivity will reign supreme among any people that promote 'baby mothers' by consenting to early marriage by their adolescents girls instead of encouraging them to go to school or learn some worthwhile vocation that will stand them in good stead in life.

Women all over the world must therefore wake up from their slumber and appreciate that it is the symbiotic combination of economically and socially productive men and women that will turn the tide of poverty and unemployment around for better for any country anywhere in our contemporary world.

Many are trafficked internally and across borders for cheap labour, hazardous jobs and sexual exploitation. Girls also suffer domestic violence, live or work on the streets, in addition to millions whose tender lives are destroyed by rape, HIV and AIDS, and drugs. All of these combine to impact negatively on women's contributionsto theirr espectivec ountries' GDP.

### **Discrimination against women:**

The above notwithstanding, women continue to make their marks across all professions and making significant contributions to the economy. But it is rather unfortunate that despite the significant contributions of women to the economy, particularly from the informal sector of the economy which they dominate, they have

been discriminated against in terms of promotions to positions of authority. This should not be so.

It is indeed unfair for men to dominate politics and take the commanding positions in almost all other sectors of the economy to the exclusion of women.

In many banks today, women are precluded from having babies within certain periods of time to allow the banks to use them to drive their deposit base for many years before they start procreation. This is not only insulting, it is also embarrassing to the womenfolk.

The fact that women are found in some high offices both in the public and the private sectors of the economy is a testimony to the fact that women are no less intelligent than their male counterparts. They are equally no less productive in terms of hard work and getting results in their chosen careers.

Improvement in women representation in all sectors of the economy will enable them to address the socio-economic problems associated with their prolonged discrimination. It will encourage women to improve themselves and show that they are not limited to the kitchen, farms, petty trading or **"the other room"** but that they are as competent as their male counterparts and that they can hold their turf in any sector of the economy.

The above gloomy picture against women is a confirmation of the 2010 position when six United Nations organizations – UNICEF, WHO, UNFPA, UNIFEM, ILO and UNESCO – put out an unusual Joint Statement on Accelerating Efforts to advance the rights of Adolescent Girls which said inter alia, that **"many of the 60 million adolescent girls living in developing countries remain invisible in national policies and programmes...live in poverty, are burdened by gender discrimination and**

**inequality and are subject to multiple forms of violence, abuse and exploitation”.**

The statement however identified five strategic priorities of education, health, and freedom from violence, building leadership capacities and strengthening the evidence base through better data collection as well as analysis and use as veritable ways of resolving the malady. It is now left to Nigeria to put on the gauntlet to address the issues afflicting the womenfolk.

### **The way out of the quagmire:**

To borrow the lingo of Nigeria’s pop Musician, Olamide: **“Se ba se ma wa leleyi?”** which translates roughly to “Is this the way things will continue to be?” Most certainly not! For Nigeria to benefit from the carrots inherent in SDG 3, it must team up with the rest of the world in addressing the following four critically important issues:

- **The problem of quantum and pattern of health funding**
- **Poorly regulated and growing role of private initiatives taking multiple forms**
- **The patent inequality and the limitations of many of the current approaches to Universal Health Coverage (UHC) focusing only or significantly on economic inequality, and above all**
- **The challenge of the prevailing conservative religious opposition to women’s human rights and to sexual and reproductive health and rights generally.**

It is trite to acknowledge that the above challenges must be frontally tackled if “healthy lives and...well-being for all at all ages” will ever be achieved in this clime. Again, it must be emphasized that we may wittingly or unwittingly consign our health-related issues to the back burner if the failed efforts to

make the FENSA agreement stronger with regard to relationships with non-UN partners, particularly in the corporate sector, is anything to go by.

Much will however depend in this regard on how the Civil Society can mobilize to use the positive advances contained in some of the SDG 3 targets and push for policy coherence of other health actions and actors with these targets. Much will also depend on the ability of health groups with different antecedents and interests to make common cause to truly work towards “health for all”.

### **Conclusion:**

In conclusion, Ladies and Gentlemen, we must all brace up at all levels to ensure that we benefit in all ways possible from the carrots inherent in SDG 3. I thank you for listening.

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