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HEALTH AND SUSTAINABLE DEVELOPMENT: CAN NIGERIA MEET THE 2030 TARGET?

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Abstract

At the expiration of the Millennium Development Goals (MDGs) in 2015, the UN and all stakeholders were swift to develop seventeen Sustainable Development Goals (SDGs), with the year 2030 as target date. Since 2015, countries globally, have focused on policies and programmes required to achieve these goals before 2030. A critical examination of the progress recorded in achieving the goals showed evidently that some countries across developed and developing economies will no doubt meet the date. However, available facts suggest that Nigeria is lagging behind in several of the goals. The objective of this paper is to assess Nigeria's progress with respect to the attainment of goal 3 (good health and well-being) of the SDGs, using stylized facts and review of related literature. Findings of the study revealed that the state of health outcomes in Nigeria is not inspiring, given the slow progress in reducing infant, under-five and maternal mortality rates. Moreover, the degree of risk of major infectious diseases is still high while life expectancy is just a little above 50 years. These all reflect in the nation's SDG 3 performance over the years. For instance, Nigeria's SDG3 index, which rose from 27.6% in 2017 to 34.6% in 2018 dropped sharply to 28.04% in 2019 and further to 28.0% in 2020. By 2021 it increased marginally to 28.9% before surging to 31.5% in 2022, and thereafter to 36.2% in 2023. These suggested that Nigeria's ability to achieve SDG3 by the target date may remain a mirage. Therefore, concrete and detailed policy initiatives should focus on improving health outcomes in the

country. Specifically, budgetary allocation to the health sector should be raised substantially, health infrastructure and facility development should be accorded priority, attempt should be made to invest in activities that will improve health related SDGs while health personnel should be trained, retrained and retained in the country. In addition, more health sector research and development programmes should be encouraged, there should be strong commitment and political will on the part of the

government towards implementation of health sector development policies and programmes, primary health centres across the country should be revamped, policies should encourage quality and timely data for effective planning, follow-up and review of SDG 3 implementation at national and sub-national levels while the remaining 16 SDGs should not be neglected because SDG 3 cannot be achieved in isolation of them since they are also related either directly or indirectly to health

Introduction

The health status of a nation's population is critical for the attainment of sustainable development goals. It is evident that "human beings are at the centre of concerns for sustainable development"; and thus "are entitled to a healthy and productive life in harmony with nature" (Schirnding, 2002). The fact remains that activities geared towards the achievement of all the seventeen sustainable development goals (SDGs) will remain dormant without human resources, whose health is important for all economic activities. In fact, health occupies strategic position in the process of development, and it is vital for the determination of labour force participation.

Healthy population can enhance national productivity because "healthier people are more productive, supply labour more efficiently, work harder and longer, and think more clearly" (Audibert, Motel & Drabo, 2012, 8). In the words of Vella (na), the foundation required for healthy economies is healthy people. Thus, the priority accorded health in the millennium development goals (MDGs) and the SDGs was informed by the critical role of health in development.

Since the launch of the SDGs in 2015, nations across the globe have continued to implement policies aimed at achieving the 17 goals either before or by the target year of 2030. In view of this, various yardsticks have been employed to monitor the progress with respect to the attainment of the goals. The development of the overall SDG index and indices for all the 17 goals has also made it easy to monitor progress.

Despite the above, not many studies have been carried out to assess the progress in the SDG indices, particularly in Nigeria. Moreover, considering the SDG 3, which measures good health and well-being, theoretical and empirical works evaluating the progress towards its attainment in Nigeria are not plethora. This accounts for why the current study assesses Nigeria's progress so far in the achievement of the SDG 3 in order to ascertain whether or not the country will meet the 2030 target year, which remains just six years from now.

The State of Health in Nigeria

The state of health in Nigeria appears not inspiring. OSSAP-SDGs¹ (2020, xv) reports that Nigeria's health sector is weak, which has contributed to the deterioration of the general health of the nation's citizens, most especially the poor. It further argues

¹ OSSAP-SDGs stands for Office of Senior Special Assistant to the President on Sustainable Development Goals (SSAP-SDGs)

that maternal and under-five mortality rates are very high, thereby responsible for declining household income, creating child-headed households and raising household poverty in the country.

Evidence available from World Bank (2024) revealed that infant mortality (IFM) and under-five mortality (UFM) rates in the country currently stand at 70.6 and 110.8 per 1,000 live births, respectively while maternal mortality ratio (MMR) is 1,047 per 100,000 live births. These values are far above the world and Sub-Saharan African (SSA) averages. For instance, the global average values for IFM, UFM and MMR remain 28.4, 38.1 and 223, in that order while the figures for SSA are correspondingly 49.9, 73 and 536. Life expectancy, although has witnessed some improvements still remains 52.68 years as against the value for SSA (60.24 years) and the global figure of (71.33 years).

Moreover, the degree of risk of major infectious diseases has been very high. Similarly, information from WHO (2023) indicated that out of the twenty-nine countries that accounted for 95% of malaria cases worldwide, four of them, Nigeria (27%), the Democratic Republic of the Congo (12%), Uganda (5%) and Mozambique (4%) are responsible for about half of all cases globally.

Furthermore, out of the 29 countries that were responsible for 96% of malaria deaths worldwide in 2022, four of them accounted for over 50%, given as Nigeria (31%), the Democratic Republic of the Congo (12%), Niger (6%) and the United Republic of

Tanzania (4%). These indicate that health outcome improvement in Nigeria still drags, which presupposes that the nation's ability to attain the SDG 3 by 2030 is doubtful.

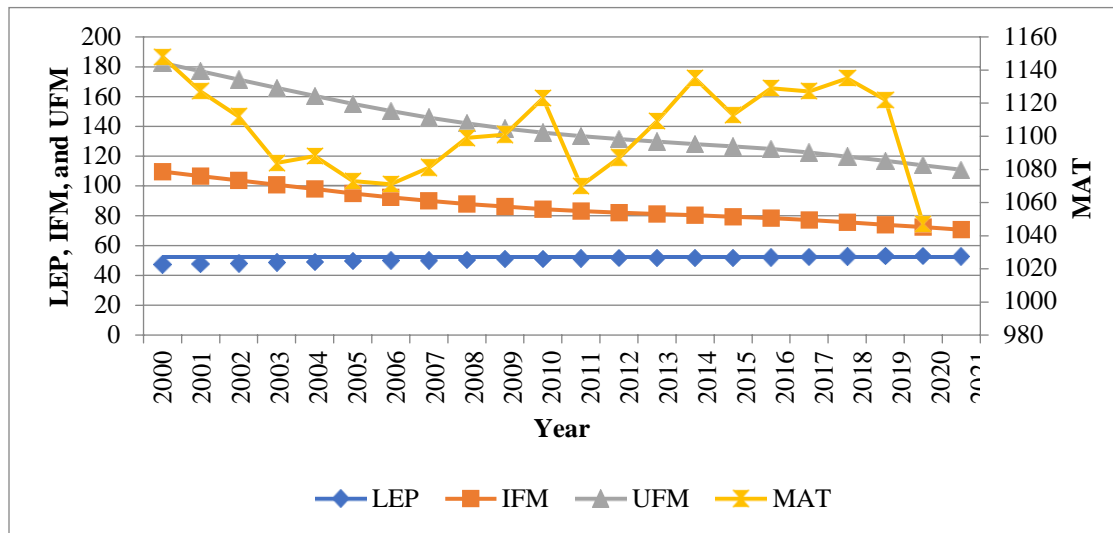
The evidences presented above with respect to the performance of Nigeria against health indicators provide 'a lens into the weakness of the healthcare system' of the country (OSSAP-SDGS (2020, xv).

Health and Sustainable Development in Nigeria: An Assessment of SDG 3 and its Targets

The SDG3 focuses on ensuring healthy lives, which aims at promoting well-being for all persons at all ages. This section presents facts on this goal and some of its targets to ascertain how Nigeria is faring towards achieving SDG 3 in comparison with other West African countries.

The SDG 3 has thirteen targets and twenty-eight indicators. The aim of these targets is to focus on the main health priorities and tackle any challenge facing them. Part of these targets and indicators are child and maternal mortalities, which are paramount because they constitute health outcome variables and are very critical for measuring health as a form of human capital. Moreover, life expectancy at birth is an important health outcome that indicates the state of health of any country. These variables are essential for the determination of health status of any population and data are readily available on them, which makes some of them easy for incorporation into the computation of SDG indices, and in particular, the SDG 3 index

Figure 1 shows the trend of life expectancy, child and maternal mortalities in Nigeria between 2000 and 2021 inclusive.



Where: LEP = Life expectancy at birth, IFM = Infant mortality rate per 1,000 live births; UFM = Under-five mortality rate per 1,000 live births; and MAT = Maternal mortality ratio per 100,000 live births.

Figure 1: Health Outcome Indicators for Nigeria, 2000-2021

Source: Generated by Author from World Bank (2024)

It is evident from Figure 1 that Nigeria has made some progress over the years in the health outcomes presented in the Figure; particularly in life expectancy and child mortality (infant and under-five mortality rates), which is apparent from the declining trend of child mortality measures and the rising trend of life expectancy. However, the achievement appears not substantial. For instance, the graph of life expectancy appears flat; which is an indication that the progress is minute. A critical observation shows that it has remained below 55 years since 2000 till date. Infant and under-five mortalities have maintained a steady declines but the values of both variables still remain high. For maternal mortality, the graph has maintained a fluctuating trend since 2000 till date, with the figures being four digits.

Nigeria's performance in comparison with other West African countries as shown in Table 1 is not cheering. For example, her

life expectancy has been among the least over the years in the sub-region, with the latest (52.68) being the least compared to the highest (74.05) recorded by Cape Verde. Furthermore, in the entire sub-region, Nigeria's infant and under-five mortality rates are the second highest. The implication of these facts is that the nation's progress in health outcomes is far from the achievements of other countries in the sub-region.

The state of health outcomes in the country as indicated in this study is not surprising. This is because Nigeria's investment in the health sector is far from reality. For instance, health input measure like health expenditure as a percentage of GDP currently is 3.38% (World Bank, 2024). This figure is influenced by private and external health expenditure, as can be observed from domestic general government health expenditure as percentage of GDP, which is 0.51%.

In addition, budgetary allocation to the health sector has not been applauding. For instance, while countries such as Rwanda and South Africa have met the 15% benchmark agreed upon by African heads of state and governments under the African Union in Abuja, Nigeria in April 2001, Nigeria’s budgetary allocation to the health sector has remained far below 10% over the last 23 years (Onwuzoo, 2023). In fact, during the outbreak of COVID-19 pandemic,

the nation’s budgetary allocation to the health sector was 4.5% (Awoyemi, Makanju, Mpapalika & Ekpeyo, 2023) while the allocation in the 2024 budget was just 5.03% (Adebowale-Tambe & Ileyemi, 2023).

The above information suggests that Nigeria’s progress with respect to the achievement of the SDG3 is slow and cannot be compared with that of other West African countries. This is apparent in Figure 2 and Table 2.

Table 1: A Comparative Statistics of Health Outcome Indicators for Nigeria and West Africa, 2000-2021

Year	2000				2005				2010			
	A	B	C	D	A	B	C	D	A	B	C	D
Benin	56.58	85	136.8	469	57.13	76.6	121.6	509	58.36	69.6	109.1	598
Burkina Faso	50.85	90.8	178.7	506	53.09	80.6	152.8	417	56.48	68.3	121.9	357
Cape Verde	68.62	31.0	38.1.0	125	72.68	23.5	28.0	77	73.50	22.3	26.5	54
Cote d'Ivoire	50.84	95.6	142.9	473	51.82	85.5	125.7	540	55.02	74.9	106.4	604
Gambia, The	56.94	61.7	113.7	778	58.39	53.2	91.8	718	60.72	45.9	74.0	620
Ghana	58.20	64.6	100.1	499	59.76	55.2	83.5	390	61.16	47.4	69.8	337
Guinea	52.48	100.6	165.6	971	54.63	85.3	137.2	846	56.72	76.8	121.9	741
Guinea-Bissau	50.12	105.3	174.5	1300	52.25	89.6	145.2	977	56.23	72.6	114.4	795
Liberia	51.36	127.6	189.2	777	56.91	90.7	129.6	676	59.43	71.9	99.9	634
Mali	50.54	101.7	187.7	742	54.00	88.7	157.8	560	56.38	78.4	134.1	547
Mauritania	61.03	62.7	98.8	684	61.66	49.9	72.5	652	63.11	41.6	56.7	586
Niger	49.32	98.2	228.5	867	53.59	79.0	171.8	768	58.37	65.8	133.3	594
Nigeria	47.19	109.6	182.4	1148	49.30	95.0	155.1	1073	50.95	84.4	135.7	1123
Senegal	56.94	67.7	129.7	638	60.92	53.2	91.7	519	64.62	42.7	66.4	450
Sierra Leone	45.05	138.6	225.9	1682	48.24	124.6	196.5	1327	53.69	107.6	161.4	837
Togo	54.74	75.7	120	479	55.96	66.3	103.2	494	57.30	58.3	89.1	530

Year	2015				2020				2021			
	A	B	C	D	A	B	C	D	A	B	C	D
Benin	59.38	63.3	97.9	591	60.09	56.6	86.0	523	59.82	55.2	83.5	na
Burkina Faso	58.85	59.7	101.1	295	59.73	53	85.4	264	59.27	51.8	82.6	na
Cape Verde	74.62	16.9	19.7	47	74.81	12.2	14.2	42	74.05	11.7	13.5	na
Cote d'Ivoire	57.76	65.6	90.5	530	59.03	57.5	77.3	480	58.60	55.9	74.8	na
Gambia, The	62.49	39.8	60.1	535	62.61	34.9	49.6	458	62.08	34.0	47.9	na
Ghana	63.16	39.2	55.4	286	64.11	33.5	45.5	263	63.80	32.6	44.0	na
Guinea	58.13	71.9	112.6	649	59.33	65.4	101.6	553	58.89	63.8	98.7	na
Guinea-Bissau	59.13	59.9	91.8	713	60.00	51.5	77.0	725	59.65	50.0	74.3	na
Liberia	59.15	64.6	88.3	686	60.95	58.2	78.3	652	60.75	56.7	76.0	na
Mali	58.36	70.2	115.6	494	58.63	63	100.1	440	58.94	61.6	97.1	na
Mauritania	64.49	37.2	48.9	510	64.53	33	41.8	464	64.36	32.2	40.5	na
Niger	61.08	61.3	120.2	491	61.45	59.9	116.3	441	61.58	59.5	115.2	na
Nigeria	51.84	79.3	126.4	1113	52.89	72.3	113.8	1047	52.68	70.6	110.8	na
Senegal	66.88	35.5	51.0	321	68.01	30	40.1	261	67.09	29.1	38.6	na
Sierra Leone	57.19	95.5	141	588	59.76	80.5	108.5	443	60.06	78.3	104.7	na
Togo	59.40	50.9	75.9	441	61.04	44.5	64.6	399	61.62	43.4	62.6	na

Where: A = Life expectancy at birth; B = Infant mortality rate per 1,000 live births; C = Under-five mortality rate per 1,000 live births; and D = Maternal mortality ratio per 100,000 live births.

Source: Compiled by Author from World Bank (2024)

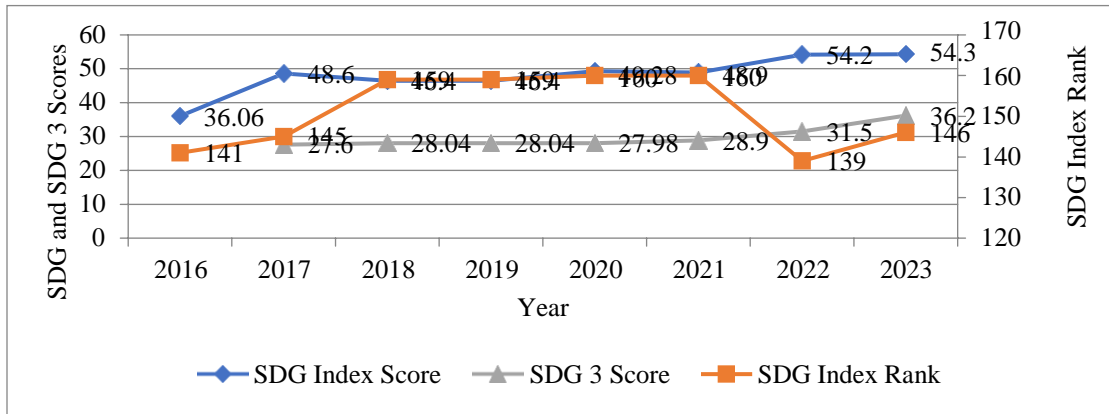


Figure 2: SDG Index Score (0-100); SDG Index Rank; and SDG 3 Score (0-100) for Nigeria, 2016-2023

Source: Generated by Author from Sachs, Schmidt-Traub, Kroll, Durand-Delacre & Teksoz (2016 & 2017); Sachs, Schmidt-Traub, Kroll, Lafortune & Fuller (2018 & 2019); Sachs, Schmidt-Traub, Kroll, Lafortune, Fuller & Woelm (2020); Sachs, Kroll, Lafortune, Fuller & Woelm (2021); Sachs, Lafortune, Kroll, Fuller & Woelm (2022); and Sachs, Lafortune, Fuller & Drumm (2023)

Figure 2 presents the SDG index score, SDG index rank and SDG 3 score for Nigeria, within the period 2016-2023. Apparently, the country’s scores in the overall SDG and SDG 3 have been low since 2016 till date. For example, her maximum score in the overall SDG, 54.3% since 2016 was recorded in 2023 while the maximum in SDG3, 36.2% since 2016 was achieved in 2023. Her rank among nations has over the years remained very low. Looking at the statistics of the overall SDG scores, SDG 3 and SDG rankings for the sixteen West African countries presented in Table 2, Nigeria’s achievement has not been reassuring. Her overall SDG and SDG 3 scores lag behind that of many countries in the sub-region.

A glance at SDG score shown in the Table indicates that out of the sixteen countries in West Africa, Nigeria was marginally ahead of only three countries

(Burkina Faso, Niger Liberia) in 2023. With respect to SGD 3 score, the country was ahead of only Guinea and Liberia in 2023. Her score was 36.2% while that of Guinea and Liberia stood at 32.3% and 32.8%, respectively. However, countries like Cape Verde, Ghana and Senegal posted 68.8%, 61.8% and 61.8% SDG scores, respectively while their corresponding performances in the SDG3 in 2023 were 75.5%, 52.8% and 57.8%.

From the foregone, the worrisome performance of Nigeria in the SDG scores presented in Figure 2 and Table 2 is due to the appalling feat of the country in health outcomes used for computing SDG 3 as well as the targets of other goals. Until the nation improves on these targets, her capability to meet the 2030 deadline for the achievement of the SDGs will remain an illusion.

Year	2016			2017			2018			2019		
	A	B	C	A	B	C	A	B	C	A	B	C
Cape Verde	55.48	96	na	na	na	na	64.7	88	75.3	65.1	96	73.3
Ghana	51.41	104	59.9	109	54.9	62.8	101	55.4	63.8	104	54.39	
Senegal	45.84	114	56.2	119	55.8	57.2	118	57.1	57.3	124	54.25	

Cote d'Ivoire	43.49	127	5.2	122	6.3	5.7	129	4.82
Togo	40.85	137	5.2	132	6.5	1.6	144	2.97
Benin	39.98	142	4.9	147	6.9	0.9	151	7.15
Mauritania	39.6	133	1.6	134	8.5	3.3	134	7.17
Mali	38.22	146	9.7	142	6.9	0.2	152	2.33
The Gambia	37.77	148	1.6	133	8.4	5.5	131	3.18
Sierra Leone	36.92	149	9.1	146	9.1	9.2	155	6.73
Nigeria	36.06	145	7.5	150	4.6	6.4	159	8.04
Guinea	35.93	144	2.1	131	6.7	2.8	138	3.28
Burkina Faso	35.63	138	0.9	136	7.1	2.4	141	7.99
Niger	31.42	151	8.5	148	0.6	9.4	154	9.09
Liberia	30.49	154	8.3	149	2.2	8.2	157	39.2

Year	2020			2021			2022			2023		
	A	B	C	A	B	C	A	B	C	A	B	C
Cape Verde	67.18	92	73.5	68.1	86	73.9	na	na	na	68.8	89	75.5
Ghana	65.37	100	52.7	62.5	114	53.52	63.4	110	51.5	61.8	122	52.8
Senegal	58.27	127	56.3	58.4	126	57.52	58.7	126	57.7	61.8	121	57.8
Cote d'Ivoire	57.91	128	36.2	57.6	131	39.35	58.4	127	40.4	62.3	120	43.1
Togo	52.7	147	42.1	53.2	143	42.29	55.6	133	44.5	56.3	136	45.7
Benin	53.31	145	45.1	49.9	155	46.3	51.2	153	42.9	55.1	140	42.0
Mauritania	57.72	130	44.4	55.5	133	41.84	55.8	132	43.9	57.2	133	51.8
Mali	51.39	156	34.8	52.2	146	35.01	54.1	142	38.3	58.0	131	40.7
The Gambia	57.86	129	44.2	59.3	123	45.01	60.2	122	48.6	58.3	129	48.6
Sierra Leone	51.91	153	24.8	51.7	148	28.8	53.0	146	31.7	55.7	137	36.6
Nigeria	49.28	160	28.0	48.9	160	28.9	54.2	139	31.5	54.3	146	36.2
Guinea	52.47	150	31.51	51	153	31.58	51.3	152	31.8	54.9	142	32.3
Burkina Faso	55.22	137	47.6	53.5	135	47.23	54.5	138	45.3	52.4	153	46.6
Niger	50.15	157	38.8	49.5	156	40.51	52.2	149	40.4	48.3	161	37.6
Liberia	47.12	162	39.8	48.6	161	36.58	49.9	158	38.7	49.9	157	32.8

Where: A= SDG Index Score (0-100); B=2023 SDG Index Rank; and C=Goal 3 Score (0-100).

Source: Compiled by Author from Sachs, Schmidt-Traub, Kroll, Durand-Delacré & Teksoz (2016 & 2017); Sachs, Schmidt-Traub, Kroll, Lafortune & Fuller (2018 & 2019); Sachs, Schmidt-Traub, Kroll, Lafortune, Fuller & Woelm (2020); Sachs, Kroll, Lafortune, Fuller & Woelm (2021); Sachs, Lafortune, Kroll, Fuller & Woelm (2022); and Sachs, Lafortune, Fuller & Drumm (2023).

Health and Sustainable Development: Brief Literature

Extant literature views health as strategic for growth and sustainability of development. According to National Institutes of Environmental Health Sciences (2011), “a healthy population is essential for

economic development” and thus, “protecting and creating healthy environments is a critical component of sustainable development.”

Sustainable Development Solutions Network (2014, 6) argues that health is not only central to sustainable human

development “both as an inalienable human right and an essential contributor to the economic growth of society”, but it is also “a good summative measure of the progress of nations in achieving sustainable development” due to its contributions to productive employment generation, reduced expenditure on illness as well as greater social cohesion, which extend across generations.

The World Health Organization-WHO (2020) notes that “ensuring the health and well-being of a population is not just a goal in itself, it is also a necessary precondition for achieving sustainable development.” Thus, sustainable development cannot be achieved in any society in the absence of a healthy population.

Empirical findings have reported a positive and significant influence of health (whether measured with health input or outcome variables) on economic growth, development and sustainable development directly and through various channels such as income, investment in human capital, technological progress, aggregate savings, education, institutional quality, labour supply, physical capital accumulation, and skill acquisition, (Bloom, Canning & Sevilla, 2004; Becker, 2007; Sanderson & Scherbov, 2010; Dauda, 2011; Strittmatter & Sunde, 2013; Cervellati & Sunde, 2013; Prettnner, 2013; Bloom & Fink, 2013; Weil, 2015; Lutz & Kebede, 2018; Bloom, Kuhn & Prettnner, 2018; Pandey, 2019; and Fumagalli, Pintor & Suhrcke, 2024).

The above further substantiates the stance of theoretical literature with respect to the influence of health on economic outcomes and sustainable development. This notwithstanding, the enactment and implementation of the right policies are

pivotal to the sustainable enhancement capacity of health.

Progress towards Achieving Sustainable Development Goals 3: Nigeria’s Experience

The experience of Nigeria with respect to her inability to attain the MDGs in 2015 prompted governments at various levels in the country to set up structures, strategies and programmes to enhance appropriate implementation of policies aimed at achieving the SDGs (see Durokifa & Abdul-Wasi, 2016; Akinloye, 2018; and Emah, 2023). For instance, Nigeria was swift to carry out a ‘comprehensive data mapping exercise of the SDGs’ in order to determine government agencies and other stakeholders which can make available relevant data to track SDGS implementation in the country (National Bureau of Statistics-NBS, 2020).

The government also developed the SDGs data bond agreement between the NBS and Ministries, Departments and Agencies (MDAs) at the national and sub-national levels, for the purpose of collecting, collating and “management of administrative statistics in their respective agencies” while the Nigerian Statistical System (NSS) has been realigned with SDGs to strengthen and reposition the NSS so as to ensure “synergy and effective collaboration amongst data producers, suppliers and users” (NBS, 2020, i & ii).

Furthermore, information provided by OSSAP-SDGs & UNICEF (2022, v, xvi) indicates that Nigeria conducted an independent evaluation of SDG 3 between 2020 and 2021, which was alleged to be the first of its kind in the developing countries of the Global South and in sub-Saharan Africa and elsewhere. It was a systematic and

rigorous “assessment of the effectiveness and impact of SDG3 in the country.” Moreover, the report of the assessment showed that Nigeria’s ‘national health sector strategic framework is well developed, and complies with the principle of results based planning and management.’ Similarly, the report submits that the nation’s health sector ‘is built on solid foundations of insightful goal priorities for universal quality health, innovative policies and strategies, and financing initiatives’ with the SDG3 well mainstreamed into the Second National Strategic Health Development Plan (NSHDP II).

In addition, the SDGs initiative was adapted to the national development programme with the deployment of “different levels of staff in relevant government ministries, departments and agencies” in addition to the constitution of Presidential Advisory Committee on SDGs (Emah, 2023, 37).

Moreover, the OSSAP-SDGs

was reconstituted and designated as the major implementing actor of the programme, with the mandate of providing leadership and guidance on the SDGs, coordinating and integrating the SDGs into Nigeria's national development plans, and developing an actionable framework for implementation at the national, state and local government levels. A roadmap focusing on six thematic areas of policies, institutions, data management, partnership, communication, and finance for the implementation of the SDGs in Nigeria was developed. This implementation programme was intended to be carried out in three phases across the SDGs' 15-year reign. The first phase (2016 – 2020) aimed at building on the existing foundations.... The second phase (2021 – 2026), which is the longest phase, focuses on the scale-up and full implementation of the roles of

institutions to monitor the implementation agenda and policies. The third and last phase (2027 – 2030) is the final year of the programme and is to ensure full coverage in the most challenging areas where no person is left behind (Nigeria's Road to SDGs 2015). (Emah, 2023, 37)

In spite of the above initiatives by Nigeria to ensure attainment of SDG 3, it is unlikely that the country will meet the 2030 target year. This is supported by empirical findings and report as presented below.

Although since the beginning of the implementation of the SDG policies and programmes in Nigeria, not too many studies have been conducted to assess the nation’s progress towards the achievement of the SDGs, especially SDG 3. Out of the four papers produced by literature search, two of them (Aguene, 2021; and Emah, 2023) focus on the entire SDGs while the remaining two (Aliyu & Abubakar, 2022; and Tella, Edet, Green, Wodi & Orazulike, 2022) concentrate specifically on SDG 3. Nevertheless, the four studies unanimously conclude that Nigeria’s progress has been slow and suggests that the country may not be able to achieve SDG 3 by 2030 as the case with MDGs.

Aguene (2021) appraised the implementation of the various programmes of SDGs in Nigeria and reported that the progress attained so far is not sufficient for the country to realise the SDGs by the 2030 target. The study therefore recommends a ‘strong focus on building more equal, inclusive and sustainable’ economy to meet the 2030 target.

On the other hand, the work of Tella, Edet, Green, Wodi & Orazulike (2022) centres on SDG 3. The authors examine “the knowledge of frontline health managers of a primary health care system on” SDG 3 and their perception on attaining the goal with the COVID-19 pandemic in South-South,

Nigeria, using a cross-sectional design. In their findings, it was reported that Nigeria may not achieve the SDGs by 2030 because the political will and partnership required for this purpose in Nigeria appear to be insufficient and that even the outbreak of the COVID-19 pandemic was unlikely to improve such political will and partnership.

Similarly, Aliyu & Abubakar (2022, 121) who employed the social ecological model and the push-pull theory to assess factors affecting the performance of Nigeria regarding the SDG 3 found that the nation has not really made any appreciable progress in the attainment of this goal, rather the little progress made in the MDGs appeared to be reversed in the case of SDG 3. The author attributed this to the problems of “insecurity, poor funding, brain drain of medical professionals, and certain cultural practices.”

Finally, in the paper by Emah (2023), it was found that although Nigeria was able to put in place some structures across levels of government in the country to ensure smooth implementation of the SDGs as against what happened in the case of MDGs, the nation's progress regarding the attainment of the SDGs in 2030 has been slow and poor. According to the author, some of the challenges facing implementation of policies geared towards achieving the goals include “corruption among public officials, poor budgetary allocations to health and education, rising poverty and youth unemployment rates, and weak development policies and programs.” If these problems persist, Nigeria may not meet the 2030 target year of achieving the SDGs.

Health and Sustainable Development in Nigeria: Challenges and the Way Forward

The evidences provided on Nigeria's state of health and progress towards the achievement of the SDG 3, apparently

suggest that the nation is yet to make considerable headway. This is so because there are certain inherent factors that appear to be militating against the efforts of the country aimed at achieving SDG3.

For instance, the Nigeria's health sector is bedevilled by poor financing of the health sector and health related projects and programmes, inadequate development of health personnel, inability to retain the few trained ones due to economic and insecurity challenges, poor health related infrastructure base, shortage of health professionals, high rate of brain drain among healthcare workers, low access to healthcare services, very high out of pocket health expenditure in a country with high rate of poverty, lack of clear policy framework for the health sector, and the problem of insecurity in the country among other challenges. OSSAP-SDGS (2020, xv) reiterates that Nigeria's ‘public healthcare system is failing the poor’, which it attributes to ‘inadequate workforce and issues associated with the National Health Insurance Scheme (NHIS) coverage.’

The way forward is for Nigeria to invest rigorously in the health sector and health related activities as well as health-related SDGs. There should be a comprehensive plan for sustainable health financing in the country. The budgetary allocation to the sector should be raised, if possible to the 15% benchmark suggested by the African Union, which should be judiciously used for its purpose. More health sector research and development activities

should be encouraged. There should be a strong commitment and political will on the part of the government to pursue implementation of policies and programmes aimed at developing the health sector.

In addition, “a broader array of health policy and systems research priorities” should be identified with policies also focusing on “social protection, multisectoral collaboration, and new accountability measures” while “non-traditional stakeholders outside of the health sector” as well as “participants from outside the health sector in both research and policy-making” should be engaged to address health related goals (Brolan, McEwan & Hill, 2019; Bennett *et al.* 2020; and Hussain *et al.*, 2020).

It is also crucial to train, retrain and retain health personnel with programmes to prevent brain drain in the health sector. Moreover, there should be enhanced capacity building in order to support national and sub-national plans needed to implement SDG 3 if the nation plans to meet the 2030 deadline. Community health education should be improved, ‘with adequate training, strategic deployment and effective use of community health extension workers to bridge the health force gap in communities’ (OSSAP-SDGS, 2020, xv). To achieve this, government should strengthen its collaboration with the civil society organizations (CSOs) as well as religious groups in the country.

The need to improve access to quality and affordable healthcare services is also paramount. One of the ways to achieve this is to revamp the primary health centres across the country. Furthermore, as suggested by Vella (na), to make any informed decision by all stakeholders with respect to the implementation of SDG

agenda, quality and timely data are key; and therefore, ‘effective planning, follow-up and review of the implementation of the 2030 agenda for sustainable development requires the collection, processing, analysis and dissemination of an unprecedented amount of data and statistics at’ national and sub-national levels.

Furthermore, malaria is one of the diseases contributing to high rate of infant and under-five mortality in Nigeria, it is important to reinforce the implementation of all policies aimed at eradicating malaria in the country. With the approval of the new malaria vaccine, R21 on April 17, 2023 by the country and success of the early trials, it is imperative that the vaccine is made accessible, particularly to the people living in the rural and remote areas, where prevalence and incidence of the disease are high.

Finally, it should be noted that goal 3 of the SDG cannot be achieved in isolation of the other goals. This is because most of the remaining 16 goals are either directly or indirectly related to health, and thus affect the health status of people in the country. For instance, goals 1 (no poverty), 2 (zero hunger), 4 (quality education), 6 (clean water and sanitation), 7 (affordable and clean energy), 8 (decent work and economic growth), 12 (responsible consumption and production), 13 (climate action), and 15 (life on land), affect health directly while goals 5 (gender equality), 9 (industry, innovation and infrastructure), 10 (reduced inequalities), 11 (sustainable cities and communities), 14 (life below water), 16 (peace, justice, and strong institutions), and 17 (partnerships for the goals) are indirectly health related. So, if Nigeria will achieve the SDG 3 by 2030, she must not neglect the other 16 goals.

Conclusion and Policy Implications

This paper examined health and sustainable development in Nigeria with particular focus on the progress the country has attained with respect to SDG3. The purpose is to determine whether or not, the nation will meet the 2030 target date. The study employed stylized facts and review of literature on health and sustainable development briefly. Having assessed the state of some health outcomes captured in the SDG3 targets viz-a-viz the overall SDG and SDG 3 indices as well as the challenges confronting health cum sustainable development in the country, it was discovered that the nation's progress in the attainment of SDG 3 is not cheering, which may impede her ability to meet the 2030 target date. This implies that Nigeria's attainment of SDG 3 by 2030 may be far from reality. The work however, proffered solutions in form of the way forward.

In view of the above, policy direction therefore should focus on improving health outcomes in the country within the remaining six years. Such initiatives should cover substantial increase in the budgetary allocation to the health sector, development of health infrastructure and facility, encouragement of more health sector research and development activities, strong commitment and political will on the part of the government towards implementation of the health sector development policies and programmes, multisectoral collaboration with core health and other stakeholders, training, retraining and retaining of health personnel, genuine accountability measures, revamping of the primary health centres across the country, the need for quality and timely data for effective planning, follow-up and review of the implementation of SDG 3

agenda at national and sub-national levels, and the need for malaria eradication. Finally, it is recommended that the SDG 3 cannot be achieved in isolation of the other 16 goals because of how they relate directly and indirectly to health. Therefore, the other 16 goals should not be neglected.

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