

## Integrating Millennium Goals on Health

Over the past few years, I have continually ruminated over the incidence of infant mortality in Nigeria and how to put a stop to it. As a private citizen without any executive power to effect any change, the only way one could make any impact remains in the areas of advocacy and public enlightenment. The former is geared towards getting the powers that be to improve the health system, and the latter to alert communities towards the situation and various ways in which the ordinary citizens can also facilitate a drastic change in the situation. I also embarked on research on what other countries of the world have done to change the trend and what Nigeria needs to do right to attain the Millennium Development Goals (MDGs). One of my discoveries is the lack of integration of the well-being of the mother, her newborn and her child up till the age of five. We often talk about the issues of infant and maternal mortality as if they are totally exclusive of each other. The fate of these group of people are so intertwined that the lack of care for one invariably translates into trouble for the others. Few families are aware that the quality of a child's nutrition from the age of three could be instrumental to the reproductive capacity of this child when he or she grows up as man or woman. Also, education of women and girls is central to the reduction of deaths from childbirth as it is to so many other things including national development. Nigeria terribly lags behind in this. According to UNICEF, of the 3.2 million children who are out of school, 2.6 million of them are girls. The point is that to achieve Millennium Development Goal (MDG) 4 which is about saving the millions of children who die before the age of five annually, we must integrate Goal number 5 which aims at reducing maternal mortality by 75% before the target date of 2015! None of these two goals can be achieved with the exclusion of the other. Only a very healthy woman, who is well informed on the options available to her and with adequate medical attention would deliver a child with any chance of survival. So till date we suffer from lack of adequate data to even plan for proper and well articulated health delivery. Hospitals at the primary, secondary and tertiary levels are usually not adequately equipped and managed while we are almost without a well co-coordinated referral system. Nigeria, which produces one in every five Africans anywhere in the world ranks second in global under-five mortality. This means that we lose not less than 1,000,000 under-five children every year. It is estimated that between 100 and 201 infants and under-fives die out of every 10,000, a frightening ten percent of global deaths. Neonatal mortality rate in Nigeria is estimated at 48 per 1000 lives. Maternal mortality rates are as frightening. A woman's chance of dying from pregnancy related complications in Nigeria is 1 in 13. So between 52,900 and 59,000 women are believed to die from pregnancy and child birth related causes in Nigeria annually. And for every woman who dies, between 20 and 30 more are believed to develop short and long term disabilities. We have a weak health system and low coverage of previous interventions on Maternal, Newborn and Child Health (MNCH) interventions; while there is a huge problem of lack of education for our women on the need for them to seek medical attention on reproductive issues and even antenatal care. There is the problem of the economic capacity of women to even attend these hospitals. There are several instances of women who would not go to hospitals simply because they do not have money for transportation, not to talk of money to consult doctors or pay for drugs. Nigeria is currently off track as far as MDGs 4 and 5 are concerned. True we have seen a marginal decrease in the death of under-fives in the last few years; we are no where near achieving the MDGs. It is however not late to move in the right direction so that the giant of Africa is not left behind. The current administration has put an Integrated Maternal Newborn and Child Health Strategy (IMNCH) in place as policy guide toward achieving MDGs 4 and 5, which is expected to target focused antenatal care for pregnant women. This ensures that every pregnant woman sees a doctor at least four times during her pregnancy. IMNCH also plans to strengthen interpartum care, emergency obstetric and Newborn Care, routine postnatal care, newborn care, Infant Young Child Feeding and prevention of malaria through the use of Insecticide treated nets and IPT. It will focus on immunisation; prevention of mother to child transmission of HIV/AIDS, management of common childhood illnesses and care of HIV exposed or infected children as well as water, sanitation and hygiene; all in all, a huge plan to help Nigeria avoid unnecessary maternal and infant death. With the drive being lead by the Minister of Health, Professor Adenike Grange, I am confident there will be no problem with the implementation of this plan. The several partnership initiatives currently and more of such collaborative efforts are needed to ensure the IMNCH works. We need to eradicate the inequality of access for women and children to hospitals. So apart from providing more hospitals, states and local government administrations need to consider the user fee abolition for pregnant women and children under five announced by the federal government last year. If we make the education of our girls' a priority we make the girls knowledgeable family planners, more competent mothers, more productive and better paid workers, informed citizens, confident individuals and skillful decision makers. We must go some steps further towards dealing with all the encumbrances to the emancipation of women. We must make effort to reduce poverty and income inequalities among women. We must also empower families and communities to take necessary MNCH actions at home and to seek health care at the right time. Every family must understand how to take the Temperature, Pulse, and Respiratory Rate (TPR) of children when they present for illness. The issue of the nutrition of our children is very important as their growth as children and their capability in future depends on that. Everyone should know where the nearest hospital is and what services are available there. We really need to upgrade hospitals at the primary level with medical personnel who are adequately remunerated and happy to do the job. Laboratory support with a framework for prompt and accurate diagnostics must be a priority for us at this stage even as we must ensure that we have a strong policy on the availability and standard of drugs. I see no way we can have a healthy newborn or child without having a very healthy mother. It is what we invest in our women that they give society back in the children they deliver to us. And we can not blame them if they deliver still births or when their children die even before they start life. A society serious about its future must take the physical, mental and social well-being of its women seriously. We all have a role to play in our various homes and places of work to change this sad tide. We need to think well about how to work together to achieve this and give our country a future we all can be proud of even when we are no longer here.

By **Toyin Saraki**