

State of Progress for Maternal, Neonatal and Child Health (MNCH)-Related SDGs in Nigeria



Introduction

As countries pursue the Sustainable Development Goals (SDGs), it is necessary to assess their progress and identify corrective measures they can implement to fulfil their commitments, particularly SDG 3, which focuses on “ensuring healthy lives and promoting well-being for all”. However, the COVID-19 pandemic impacted the global landscape of public health, posing a significant threat to countries worldwide. In Nigeria, the already dire situation stemming from health crises that the COVID-19 pandemic precipitated was exacerbated by persistent conflicts, like the Boko Haram insurgency in northern parts of the country, and climate shocks, such as prolonged droughts, which have collectively impeded progress in SDG 3.

The Putting Countries Back on the Path to the Sustainable Development Goals (Back-on-Track) project was a two-and-a-half-year study from October 2020 to June 2023 led by the African Institute for Development Policy (AFIDEP) and funded by the Children’s Investment Fund Foundation (CIFF). The project assessed progress on maternal, neonatal and child health indicators (MNCH)-related SDG targets. It also leveraged data and evidence to outline actions for Nigeria to achieve its SDG 3 MNCH targets.

Methodology

Using routine data from Demographic and Health Surveys (DHS), the Back-on-Track project conducted statistical analysis for projections towards achieving SDGs and geospatial mapping of modern contraception use. Maternal mortality rate (MMR) was based on WHO-modelled estimates.

The trends include projections for 2030 under three scenarios: The reference scenario assumes achievement based on maintaining the business-as-usual status quo until 2030; these were based on International Health Metrics Evaluation (IHME) projections, labelled as the reference category in the graphs. The better-case scenario projects achievement if Nigeria advances at a rate equal to or greater than the top 15% of previous performers in sub-Saharan Africa (SSA). The worst-case scenario assumes achievement if the country advances at a rate equal to or less than the bottom 15% of previous underperformers in SSA. Additionally, each indicator’s annual rate of change or reduction needed to achieve the SDG targets by 2030 was calculated.

Key Messages

- Nigeria has made some progress but is entirely off track in achieving its Sustainable Development Goal (SDG) 3 targets for maternal, neonatal, and child health (MNCH) by 2030.
- Projections to 2030 indicate that Nigeria will fall short of achieving the targets of the neonatal mortality rate (NMR) and under-five mortality rate (U5MR): 12 and 25 deaths per 1000 live births, respectively. According to the latest estimates in 2018, NMR was 39 deaths per 1,000 live births, and U5MR was 132 deaths per 1,000 live births. An annualised rate of reduction (ARR) for NMR of 10% is desired versus the historical 1.4%, while for U5MR, an ARR of 14% is required versus a historical ARR of 11%.
- In 2018, the coverage of essential childhood vaccines was 31%, which is unlikely to reach the target of 95% in 2030. An annualised rate of change (AROC) of 9% is required, but only 6% was achieved.
- The country has one of the highest maternal mortality rates (MMR) in sub-Saharan Africa, at 1,047 per 100,000 live births. The projections for 2030 indicate that MMR will still be high.
- Antenatal care of at least four visits (ANC4+) is projected to be 56% in 2030, while skilled birth attendance (SBA) is projected to be 45% under the ‘business-as-usual’ modus operandi. Both will be below the target of 95%.
- The utilisation of modern contraception is low among sexually active adolescent girls and young women (AGYW) at 8.4%. Additionally, demand for family planning satisfied with modern methods (mDFPS) coverage among sexually reproductive women aged 15 to 49 years is also low at 36%.
- States in the north have the poorest coverage of healthcare interventions. These states have also faced a disproportionate share of the insecurity in Nigeria, making some parts unsafe for medical personnel.
- To improve MNCH-related SDG outcomes, the government should increase healthcare sector financing and realise the Abuja Declaration commitment of allocating 15% of its annual budget to health. It should also strengthen the capacity of local governments to manage and deliver primary healthcare services effectively.

A political economy analysis (PEA) was also done, consisting of reviews of policy documents and reports and key informant interviews to understand socio-political factors influencing MNCH agendas. Information gathered from the data analytics, systematic reviews, and PEA was used to develop recommendations and call to action to guide Nigeria's progress towards achieving the MNCH SDGs targets.

Incomplete, inconsistent and inaccessible data in the Health Management Information Systems (HMIS) prevented an analysis of the impact of COVID-19 on MNCH indicators in Nigeria.

Results

Neonatal and under-five child mortality rate

For both neonatal mortality rate (NMR) and under-five mortality rate (U5MR), the reference or business-as-usual projections indicate that Nigeria is off track and far from reaching the SDG targets by 2030 (Figure 1). According to the latest estimates in 2018, NMR was 39 deaths per 1,000 live births. The decline has been less noticeable in NMR compared to U5MR. Under the current trend (i.e., reference scenario), NMR is projected to be 22 deaths per 1,000 live births in 2030. To achieve the SDG target of 12 neonatal deaths per 1,000 live births by 2030, an annualised rate of reduction (ARR) of 10% for NMR is required (Figure 1). From 2003 to 2018, the neonatal mortality rate ARR was 1.4%.

Similarly, the under-five mortality rate (U5MR) was 132 deaths per 1,000 live births, according to the 2018 estimates. Under the current trend, U5MR is projected to be 57 deaths per 1,000 live births by 2030. To meet the SDG target of 25 U5MR deaths per 1,000 live births by 2030, an ARR of 14% is necessary. From 2003 to 2018, the under-five child mortality rate ARR was 11%.

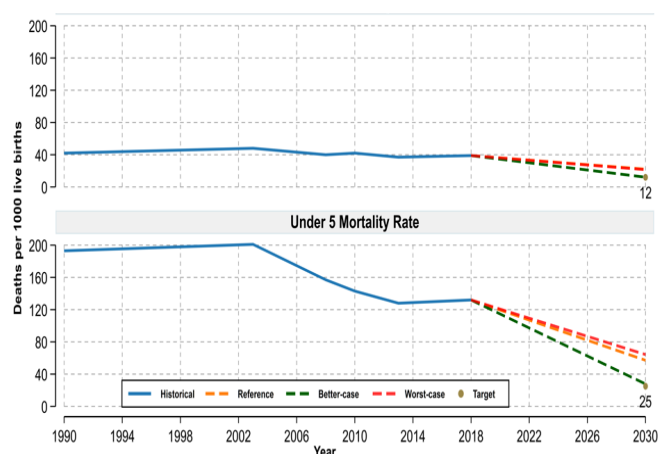


Figure 1: Neonatal (top) and under-five (bottom) mortality rates in Nigeria between 1990 and 2018: progress, trends, and projections to 2030. (Data source: Nigeria DHS 1990 to 2018 and 2030 projections from IHME).

Child vaccination coverage

Vaccine-preventable diseases can be devastating, causing immense suffering and claiming countless young lives. High child vaccination coverage is the most potent weapon in this fight, dramatically reducing childhood mortality and morbidity. The percentage of children receiving all essential vaccines increased from 13% in 2003 to 31% in 2018. However, the projected coverage of 41% by 2030 is far below the recommended target of 90%. To achieve the SDG target by 2030, an annualised rate of change (AROC) of 9% is required. From 2003 to 2018, the AROC was only 6%, which falls short of this goal (Figure 2).

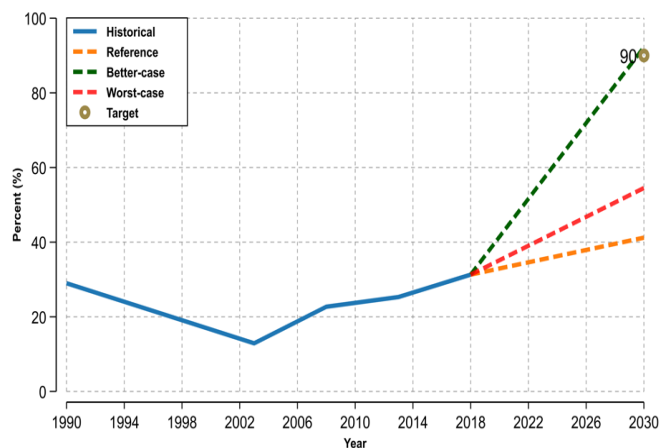


Figure 2: Basic child vaccination coverage in Nigeria between 1990 and 2018: progress, trends, and projections to 2030. (Data source: Nigeria DHS 1990 to 2018 and 2030 projections from IHME).

Maternal mortality rate

Nigeria has one of the highest MMR rates in SSA, at 1,047 per 100,000 live births as of 2020. The projected rate for 2030 shows that it will still be high, at 501. To attain the SDG target of 70 MMR from 2020 to 2030, a required annualised reduction rate (ARR) of 27% is necessary (Figure 3). Yet between 2003 and 2020, the ARR for MMR was 0.2%.

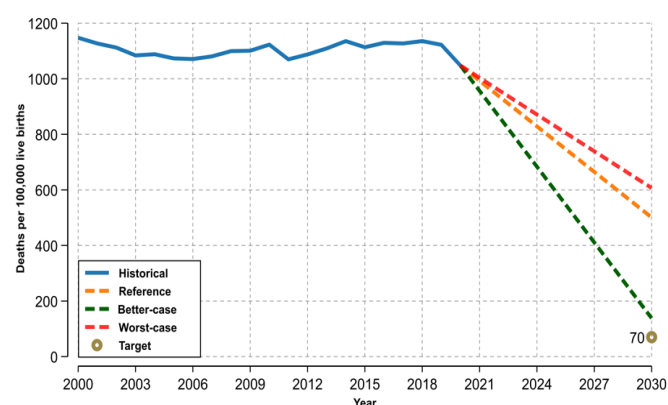


Figure 3: Maternal mortality rate in Nigeria between 2000 and 2017 and projections (reference, better- & worst-case scenarios) for 2030. (Data source: WHO MMR estimates and 2030 projections from IHME).

Antenatal care and skilled birth attendance coverage

Reducing preventable maternal and newborn deaths requires a multipronged approach, including access to quality antenatal care during pregnancy and skilled birth attendance (SBA) during delivery. Nigeria has shown slow progress in the coverage of antenatal care fourth visit (ANC4+) and SBA. Projections for 2030 indicate that there will be more progress in ANC4+ than in SBA (Figure 4). Assuming current trends persist, ANC4+ is projected to be at 56% in 2030, below the 95% coverage target. To achieve the SDG target for ANC4+ by 2030, an annualised rate of change (AROC) of 5% is required. From 2003 to 2018, the ANC4+ AROC was 1.2%.

Similarly, the projections for SBA indicate slower progress, with an expected coverage of 45% by 2030, also below the 95% target. To reach the SDG target for SBA by 2030, an AROC of 6% is necessary. From 2003 to 2018, the SBA AROC was 1.3%.

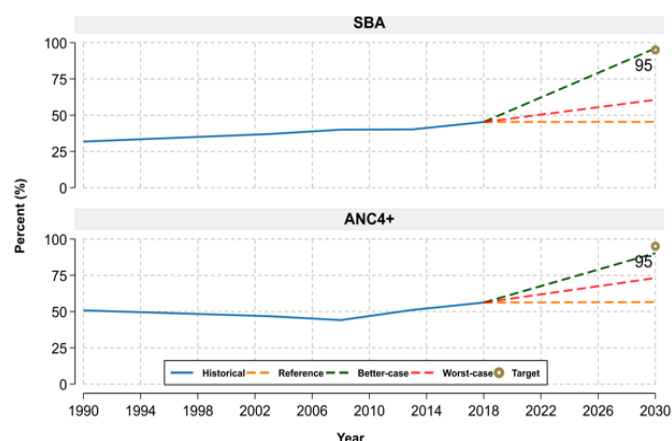


Figure 4: Skilled birth attendance (SBA) and antenatal care fourth visit (ANC4+) coverage in Nigeria between 1990 and 2018: progress, trends, and projections to 2030. (Data source: Nigeria DHS 1990 to 2018 and 2030 projections from IHME).

Demand satisfied for modern family contraception methods (mDFPS)

Meeting the demand for family planning by women of reproductive age (15–49 years) leads to improved MNCH outcomes, including reduced unintended pregnancies, child and maternal mortality rates, and increased educational opportunities for women. Between 1990 and 2018, mDFPS coverage peaked at 39% in 2013 but slightly declined to 36% in 2018. The business-as-usual projection anticipates mDFPS to be 51% by 2030. To meet the 2030 SDG target of 75%, an AROC of 6% is required (Figure 5). From 2003 to 2018, the AROC averaged 0.8%.

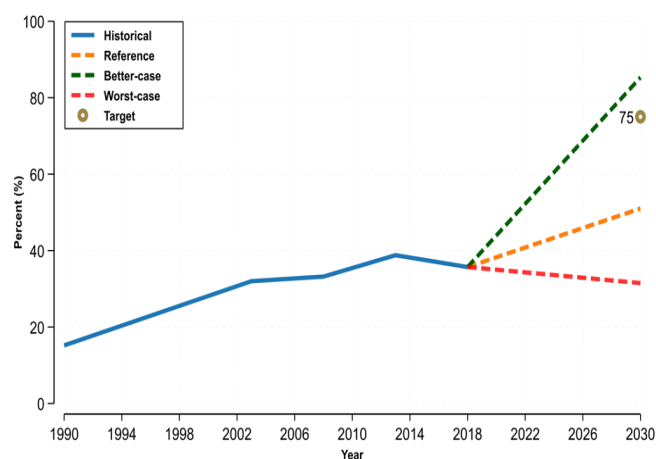


Figure 5: Demand for family planning satisfied by modern contraception methods (mDFPS) coverage in Nigeria between 1990 and 2018: progress, trends, and projections to 2030. (Data source: Nigeria DHS 1990 to 2018 and 2030 projections from IHME).

Based on a spatial analysis of the 2013 and 2018 DHS, several subnational states improved their modern family planning services (mDFPS) proportions between the two time points. These states are Adamawa, Bauchi, Gombe, Jigawa, Kano, Katsina, Kebbi, and Sokoto (Figure 6). However, throughout both periods, the states in southern Nigeria consistently had a higher proportion of mDFPS coverage. Between the two periods, mDFPS stagnated overall, with a slight improvement in coverage noticed in some northern region states.

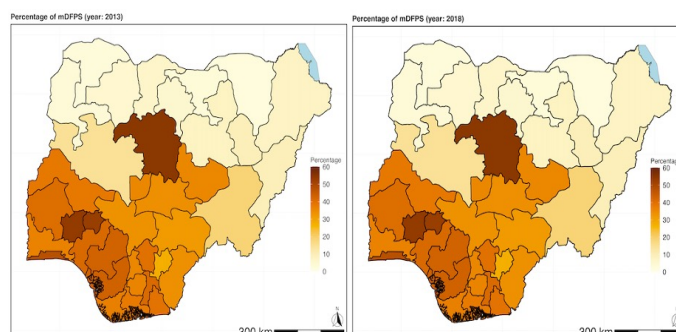


Figure 6: Map of the predicted proportion of demand for family planning satisfied with modern contraception methods (mDFPS) in Nigeria in 2013 (left). Map of the predicted percentage proportion of mDFPS in Nigeria in 2018 (right).

Modern contraceptive use among adolescent girls and young women (AGYW)

Modern contraceptive use was estimated to be about 8.4% among all sexually active AGYWs in Nigeria in 2018. Education, religion, parity, household wealth and marital status were associated with AGYW's use of modern contraceptives. Subnational variations indicate that states in the south had a higher proportion of modern contraceptive usage in AGYW than states in the north (Figure 7).

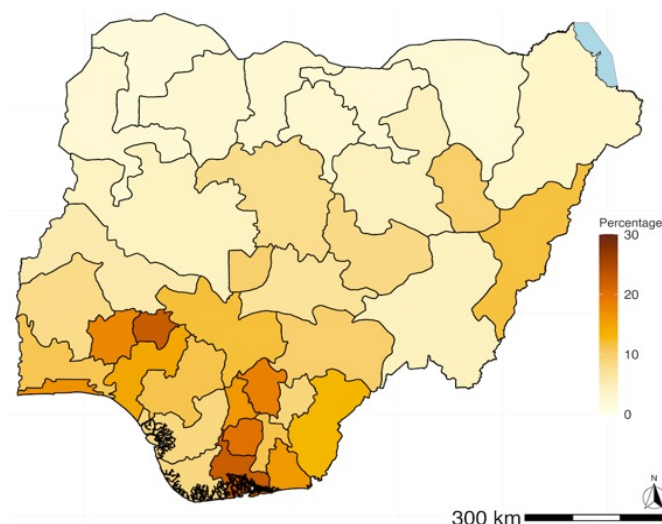


Figure 7: Map of the predicted modern contraceptive prevalence (mCPR) in percentage among sexually active AGYW in Nigeria, at the state level, in 2018.

Political economy analysis of the state of progress of MNCH in Nigeria

A comprehensive examination of the landscape unveiled that the predominant individuals shaping the landscape of MNCH in Nigeria are governmental authorities who hold decision-making and influential roles. These include Federal Ministry of Health officials and officials at the planning and implementation institutions for SDGs and MNCH. In addition, politicians at all levels of government – central, state and local – are influential. Furthermore, non-state actors like foreign donors, researchers and religious leaders also play a crucial role in influencing the implementation and uptake of MNCH policies.

Low-income households are disproportionately burdened by catastrophic health expenditures when they need healthcare. Healthcare funding primarily relies on out-of-pocket spending, which constituted 71% in 2019 compared to 60% in 2000. This dependence

on out-of-pocket payments conceals substantial internal disparities, as higher-income households have a significantly greater capacity to finance and consequently access healthcare services (Nigeria Multidimensional Poverty Index, 2022). To address this issue, the financial accessibility of the National Health Insurance Scheme (NHIS) must be improved to make it accessible to underprivileged households.

The country has also consistently failed to meet the 15% allocation of the national budget to health. According to the WHO global health expenditure data, between 2017 and 2021, the budget allocation to health did not exceed 5%. Insecurity appears to be subsiding, but it still significantly hinders healthcare programmes. This is particularly true for rural populations in the northern regions, where terrorism, insurgency violence, and banditry are prevalent.

Nigeria lags in the coverage of effective interventions that will enhance MNCH outcomes, such as childhood immunisation, SBA, ANC4+, and modern contraception methods. Furthermore, investing in health systems towards digitisation of routine health data collection is essential in improving the monitoring and evaluation of MNCH outcomes.

Opportunities

Despite the government's efforts, evidence from data analytics, evidence synthesis and political economy analysis show that halfway through Agenda 2030, Nigeria appears to be off-track to achieving its SDG 3 targets. Poor funding, instability/conflicts, poor coordination, low political will, and poor data are some challenges undermining sustained progress. Courses of action that would be crucial for the

successful delivery and utilisation of MNCH services include adequate funding, efficient management of health services, and transparent accountability of the usage of finances and resources.

The analysis of MNCH indicators, namely NMR, U5MR, childhood vaccination coverage, MMR, ANC4+, SBA, and modern contraception methods, reveals none are likely to meet the set targets by 2030. This is evidenced by the significant gaps between historical annual rates and the rates needed to reach the 2030 targets. The government should endeavour to increase the coverage of effective interventions for MNCH to get the country back on track towards achieving its MNCH SDG targets. Water, sanitation and hygiene (WASH) and childhood vaccination are proven to reduce preventable mortality outcomes for children under five (Darvesh et al., 2017; Orenstein & Ahmed, 2017). Modern contraception methods prevent risky pregnancies—those that are too early in life, too frequent, and too late in life (Mohamed et al., 2023). In addition, ANC and SBA are well-proven interventions for improving MNCH outcomes (Mzembe et al., 2023). Tailored interventions should be developed and targeted at Nigeria's hotspots of poor MNCH outcomes. Further research will need to factor in any negative impacts that COVID-19 (Ahmed et al., 2021) and climate change will have on existing health systems, with the potential for Nigeria to regress on gains made in MNCH.

There is also a need to empower local governments, the authorities closest to primary healthcare delivery, with the mandate and resources to effectively plan, implement, and monitor these services. In addition, CSOs should continue to play an active role in ensuring that the needs of communities are taken care of and in holding the government accountable for achieving targets.



CALL-TO-ACTION

GOVERNMENT

- Increase health sector financing to meet the Abuja Declaration commitment of allocating 15% of its annual budget to health through mobilising domestic resources, increasing fiscal commitments, and improving health spending efficiency.
- In addition, the country needs to implement initiatives to standardise the routine health facility data that comprises the HMIS and other data systems. The data systems should also have quality assurance checks and a transparent data access policy to allow researchers to access and use the data. The government should also invest in carrying out a nationwide census to facilitate accurate calibration of modelled subnational population estimates.

- Prioritise the cessation of conflict in war-affected states in the north of the country, which is affecting service delivery for maternal and child health.

CIVIL SOCIETY ORGANISATIONS (CSOs), RESEARCHERS & DEVELOPMENT PARTNERS

- CSOs must actively oversee the execution of policies related to MNCH activities across various governmental tiers. CSOs should also advocate for transparency and sustain efforts to achieve MNCH SDG targets.
- International donors should support non-governmental organisations that demonstrate high financial transparency while continuing their support for government-led initiatives.

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