

Millennium Development Goals, Sustainable Development Goals and the Nigerian Constitution: Veritable Tools for Overcoming Nigeria's Health Challenges?

J.O. OLATOKE
University of Ilorin, Nigeria.

Abstract. Health is and has always been pivotal to any meaningful development a nation can achieve. The policies and responsiveness of the government of any state as regards the health of its citizens is a major index for determining the seriousness of the government as regards development. Due to the towering influence of the Millennium Development Goals (MDGs, an off shoot of the 8th September, 2000 Millennium Declaration) -now replaced with the Sustainable Development Goals (SDGs) on the health sector in Nigeria, any discuss which attempts an appraisal or as little as a highlight of the Government's response to health in Nigeria, must needs examine the health related goals of the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs). Nigeria has no doubt been thoroughly influenced by same in her health policies and in the provision of medical facilities, rural and urban areas inclusive. This work examines the health related goals of the Millennium Development Goals (MDGs) and draws inferences from available data and statistics. It further considers the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) against the backdrop of the Nigerian Constitutional provisions for health, and puts forward a poser- Whether the Millennium Development Goals (MDGs) cum Sustainable Development Goals (SDGs) are necessary in the first place for overcoming Nigeria's health

challenges in view of the profound Nigerian Constitutional provisions on health? After taking a position, the writer attempts to make a case for the Millennium Development Goals (MDGs) cum Sustainable Development Goals (SDGs), but dismantles all the arguments made in support of the Millennium Development Goals (MDGs) cum Sustainable Development Goals (MDGs), baring its unnecessariness. Finally, this writer proffers recommendations which suggest the way forward so as to ensure that Nigeria's health aspirations are achieved.

1. Introduction

'Healthy citizens are the greatest asset any country can have'. In extension, the greatest asset the world can have are healthy people. This probably underscores the attention the United Nations has given health related issues through its various programs and policies. A handy example is the Millennium Development Goals (MDGs) cum Sustainable Development Goals (SDGs) program. Three (3) of the Eight (8) goals in the MDGs are health related, while under the SDGs, Goals 2 and 3 which concern health with numerous targets. Nigeria, an enthusiastic signatory to the transformative goals has prima facie demonstrated that its Government is aware of the pivotal role health plays in National development. A cursory look at how the MDGs cum SDGs evolved is necessary at this juncture.

1.1 History and Origin of the Millennium Development Goals Cum Sustainable Development Goals

The General Assembly of the United Nations, by its resolution 53/202 of 17 December 1998, decided to designate the fifty-fifth session of the General Assembly “The Millennium Assembly of the United Nations”, and to convene, as an integral part of the Millennium Assembly, a Millennium Summit of the United Nations. The Millennium Summit was held from Wednesday, 6 September, to Friday, 8 September 2000 at United Nations Headquarters in New York. In attendance were 149 Heads of State and Government and high-ranking officials from over 40 other countries.

The main document, unanimously adopted, was the Millennium Declaration, which contained a statement of values, principles and objectives for the international agenda for the twenty-first century. It also set deadlines for many collective actions’.

Highlights of the declaration are treated below.

1.1.1 Highlights of the Declaration

Essentially, the heads of states and Government resolved at the summit that apart from their separate responsibilities to their individual societies, they have collective responsibilities to uphold the principles of human dignity, equality and equity at the global level. The import of this is that Governments of the world attested to the fact that they live in a larger community other

than their immediate societies, and that happenings at the global level affect their individual communities, thus nations of the world hand in hand must work for development that is global.

The world leaders equally reaffirmed their commitment to the purposes and principles of the charter of the United Nations and to also establish a just and lasting peace all over the world in accordance with the purposes and principles of the charter of the United Nations.

As part of upholding values and principles, they emphasized on the need to rededicate respect for their territorial integrity and political independence as a means of ensuring sovereign equality of all states. They also considered certain fundamental values to be essential relations in the 21st century which are:

- i. Freedom – They believe men and women have the right to live their lives and raise their children in dignity which can only be achievable through democratic and participatory governance based on the will of the people.
- ii. Equality – It was resolved that no individual or nation must be denied the opportunity to benefit from the development. Therefore men and women should be treated equally.
- iii. Respect for Nature – Prudence must be shown in the management of all living species and nature resources in accordance with the precepts of sustainable development.
- iv. Tolerance –Every nation must give allowance for other cultures and religious inclinations. The issue of foisting a belief on other states by super powers is addressed by this principle, thus entrenching the idea of cultural pluralism and relativism. Nations and indeed human beings ought to have respect for each other irrespective of their culture, beliefs and language, and not look down with contempt and

disregard for another nations customs and traditions.

- v. Solidarity – It was carried by the Assembly that challenges of general nature affecting all nations of the world, should be borne by all nations of the world, though not suggesting that it should be borne evenly, was resolved that challenges must be managed in a way that burdens and costs are evenly and fairly shared in accordance with the basic principle of equity and social justice such that those who benefit least get help from those who benefit most.
- vi. Shared Responsibility – Responsibilities in the area of managing worldwide economic and social development as well as threats to international peace and security must be shared among the nations of the world and should be exercised multilaterally.

In the area of world peace, security and disarmament, they discussed on the effort intended to be made in ensuring the freedom of the people from the scourge of war, whether within or between states which has claims more than Five Million lives in the Five decade. It was therefore resolved that there was need to strengthen respect for the rule of law in international as well as in national affairs and particularly to ensure compliance by member state with the decision of international court of justice.

Also to make United Nations more effective in maintaining peace and security by giving its resources and tools its needs for the prevention of conflict, peaceful resolution of disputes, peace keeping, post conflict peace building and reconstruction. In this context, the report of the panel on the United Nations peace operations was noted.

On development and poverty eradication, they discussed on the efforts needed to be made to free men and women and also children from the abject and dehumanizing conditions of extreme poverty to which

more than a million of them were subjected. These will be done by creating an environment at the national and global level which will be conducive to development and elimination of poverty.

Another achievable means discussed is by granting more generous development assistance, especially to countries that are genuinely making an effort to apply their resources to poverty reduction. They also resolve to address the special needs of small island developing states by implementing the Barbados program of action.

The issue of the environment was not left out, they declared that effort must be made to free all humanity especially children and grandchildren from the threats of living on a planet devoid of human activities and whose resources would no longer be sufficient for their needs. They reaffirm their support for the principles of sustainable development including those set out in agenda 21 agreed upon at the United Nations conference on environment and development.

Also, to stop the unsustainable exploitation of water resources by developing water management strategies at the regional, national and local levels which will promote both equitable access and adequate supplies. They discussed and resolved also on the need to press for the full implantation of convention on biological diversity.

Democracy, Human rights and Good governance being pivotal to any meaningful development, same was not left out of the declarations. They discussed on the need to promote democracy and strengthen the rule of law as well as respect for all internationally recognized human rights and fundamental freedom including the right to development. It was therefore resolved that the Universal Declaration of human rights which will be fully respected and upheld.

Also, to take measures in ensuring respect and protection of human rights of migrants, migrant workers and their families to eliminate the increasing acts of racism and xenophobia in many societies and promote greater harmony and tolerance in all societies.

They resolved to expand and strengthen the protection of civilians in complex emergencies in conformity with international humanitarian law. This is a means of ensuring those children and all civilian populations who suffered as a result of natural disasters, genocide, armed conflicts and other humanitarian emergencies are given every assistance and protection so that they can resume their normal life. In essence, they resolved to promote vulnerable members of the society.

Granted, there are some challenges peculiar to African, the Assembly this took cognizance of the needs and promised to give total support to the consolidation of democracy in Africa especially in their struggle for lasting peace, poverty eradication and sustainable development. This they tend to achieve by giving full support to the political and institutional structures of emerging democracies in Africa. Also, to encourage and sustain regional and sub-regional mechanism for preventing conflict and promoting political stability while ensuring a reliable flow of resources for peacekeeping operations on the continent.

Finally, they pledged to make United Nations a more effective instrument for pursuing all the following priorities:

- i. The fight for development of all the people of the world.
- ii. The fight against poverty, ignorance and disease.
- iii. Fight against injustice.
- iv. Fight against violence, terror and crime

- v. Fight against the degradation and destruction of common homes.

They therefore resolved that there would be need to re-affirm the central position of the general assembly as the chief deliberative, policy making and representative organ of the United Nations and to enable it to play this role effectively. Also they resolved to give greater opportunities to the private sector, non-governmental organizations and civil society in general to contribute to the realization of the organization goals and programs.

The above declarations were made in respect of values and principles, peace security and disarmament, development and poverty eradication, protecting our common environment, Human rights, democracy and good governance, protecting the vulnerable and lastly, meeting the special needs of Africa.

As a result of the said Declaration, a blue print for the actualization of the resolution was made and that blue print is what became known as the Millennium Development Goals.

2. Health Related Aspects of the Millennium Development Goals and the Sustainable Development Goals in Perspective.

Whilst goals 4, 5, 6, and 8 deal directly with health, Goal 1, impacts on health to the extent that poverty directly affects individual's purchasing power to access health services, and hunger on the other hand is a fore runner of diseases and sicknesses. Poor diet and nutrition are generally well known causes of many diseases and where they are not causes, they are predisposing factors to many a diseases, as it generally lowers immunity thus making the individual more susceptible to diseases and infections. The Said goals are summarily as highlighted below:

Goal 1: Eradicate extreme poverty and hunger.

Goal 2: Achieve Universal Primary Education

Goal 3: Promote gender equality and empower women.

Goal 4: Reduce child mortality.

Goal 5: Improve maternal health

Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 7: Ensure environmental sustainability.

Goal 8: Develop a global partnership for development (i.e in cooperation with pharmaceutical companies, provide access to affordable essential medicines in developing countries)

The period within which the goals were to be achieved was between the year 2000, and 2015, i.e a period of 15 years. The time within which the goals were to be achieved was fast approaching and yet the ‘successes’ and achievements did not measure up to the expectations, neither were the set goals achieved. The successes recorded were perceived to be largely so, only on graphs and charts in glossy magazines, rather than in reality. At the end of the targeted time within which the MDGs were to be achieved, specifically on September 25th 2015, countries adopted a set of goals to end poverty in all its forms everywhere, end hunger, achieve food security and improve nutrition and promote sustainable agriculture, ensure healthy lives and promote well-being for all at all ages, ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, achieve gender equality and empower all women and girls, ensure availability and sustainable management of water and sanitation for all, ensure access to affordable, reliable, sustainable and modern energy for all, promote sustainable, inclusive and sustainable economic growth, full and productive employment and decent work for all, build resilient infrastructure, promote inclusive and sustainable industrialization and faster innovation, reduce inequality within and among countries, make cities and human settlements inclusive, safe, resilient and sustainable, ensure sustainable consumption and production

patterns, take urgent action to combat climate change and its impacts, conserve and sustainably use the oceans, seas, and marine resources for sustainable development, protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt bio diversity loss, promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels and finally, strengthen the means of implementation and revitalize the global partnership for sustainable development.

Of utmost importance and amongst the numerous goals, are goals, 2, 3, 6, 11, 13, 14, 15 and 16, which are health related goals, and goals which impact directly on the health of individuals in the society. The said health related goals are to wit,

2. End hunger, achieve food security and improve nutrition and promote sustainable agriculture.

3. Ensure healthy lives and promote well-being for all at all ages.

6. Ensure availability and sustainable management of water and sanitation for all, ensure access to affordable, reliable, sustainable and modern energy for all.

11. Make cities and human settlements inclusive, safe, resilient and sustainable.

13. Take urgent action to combat climate change and its impacts.

14. Conserve and sustainably use the oceans, seas, and marine resources for sustainable development.

15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt bio diversity 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.

The above goals were to be achieved within 15 years (2015-2030). One striking feature of the SDGs is that it showed clearly the importance of health and hence, more attention was paid to same. The 17 goals had 169 targets in all, whilst health as a goal had 13 targets. The major health goal is broad: “*Ensure healthy lives and promote well-being for all at all ages*”. Health has a central place as a major contributor to and beneficiary of sustainable development policies, especially as there are many linkages between the health goals and other goals and targets, reflecting the integrated approach that is underpinning the SDGs.

Some of the targets for the health goal are, to reduce the global maternal mortality ratio to less than 70 per 100,000 live births, 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, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, all the above by 2030. It is also targeted that the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol will be strengthened and that by 2020, the number of global deaths and injuries from road traffic accidents will have been halved. Further to the above, it is targeted that by 2030, 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 programs will be achieved. The achievement of 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 is also one of the targets of the SDGs. The United Nations is also working to substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination, as well as strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate and 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 (The Agreement on Trade-Related Aspects of Intellectual Property Rights) 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. The Substantial 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 is equally been eyed by the United nations, and lastly, Strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks is a target for the United nations SDGs.

As can be gleaned from above, the attention given to health is just too glaring to be ignored. Apart from the fact that for example four (4) of the Millennium Development Goals directly relate to health, (i.e goals 4, 5, 6, and 8), historically, there had been health related conferences held by the United Nations prior to the Millennium declaration. These conferences are what culminated into the health goals of the MDGs, and substantially influenced the Millennium Declaration.

3. Health in Nigeria: Figures and Statistics

The problem of statistics and effective data gathering and management has been the bane of Nigeria’s developmental challenges in several

areas of national concern. This is no less the case in Nigeria's health sector. Although, there is paucity of data, and in cases where data is available it is insufficiently consistent thus making it difficult to speak with exactitude about the health situation in Nigeria. Nevertheless, health in Nigeria shall be viewed against the backdrop of available statistics, from the World Health Organization and the Federal Ministry of Health.

One of the notorious health challenges bedeviling Nigeria has been and still is Malaria. In 2014, there was reported over 500 in 1000 person cases of malaria admissions in Nigeria, the highest since 2003. On the other hand, it is quite saddening that as at 2014, malaria still claimed the lives of 3 in 1000 persons in Nigeria, though one of the lowest figures since 2001. Confirmed malaria cases as at 2014 stood at over 30 per 1000 persons and Annual Blood Examination rate. One thing that must be borne in mind is that in reality, the figures would most probably be higher than it is, as it is not that easy to get figures from private hospitals in Nigeria due to poor record keeping, as opposed to their government counterparts who are better record keepers. Another major concern is that the data collected does not include those who patronized unlicensed doctors and nurses, patent medicine stores, traditional medicine and other forms of unorthodox medicine. Whereas, there seems to be an increase in the number of traditional medicine practitioners in Nigeria as well as those that patronize them. This largely unregulated field of medicine poses a challenge to the health of Nigerians.

As regards the Lassa fever epidemic that beat hard upon Nigeria, upon its outbreak, the Federal Ministry of Health published on its website daily situation reports as regards the position of the epidemic and how it was being addressed by the Ministry until 24th January, 2016, when it published its last report. According to that last report the ministry stated that although no new confirmed cases were reported that day, however, one (1) death was reported in a confirmed case in Rivers state, and

contact tracing and decontamination was in progress. It was further stated that, eleven (11) suspected cases were reported in the following five (5) states: Ondo; Nassarawa, Ekiti, Rivers and Niger and the figures were put at one (1), one (1), one (1), three (3,) and five (5), respectively. The suspected cases reported from Delta and Oyo States the previous day tested negative to Lassa fever and other VHF's. It was also stated that 1 new rumour was being investigated in Oyo state and Outbreak investigation was ongoing in the states and retrospective cases which fit the standard case definition for suspected cases were being updated. According to the ministry, Surveillance officers from NCDC were deployed to priority states to support outbreak investigation and reporting.

The ministry further stated in sum its response to the epidemic in terms coordination that NCDC/FMOH is taking leadership for coordination with support from other partners. Daily review meeting at the EOC, Provision of technical guidance to states based on available capacities (coordination, surveillance, case management and IPC) within states, and Production of daily Situation report. In addition, case Management and Infection Prevention and Control, Isolation centers were identified in most states and Ribavirin and PPEs positioned in affected states. The Ministry, additionally reported that in the area of surveillance, it focused on continuing outbreak investigation in the affected states, Nationwide alert to SMOH on current situation and need for preparedness, Contact tracing ongoing in affected states, and Clinician sensitization ongoing in affected states.

For proper and effective analysis, five (5) National laboratories with PCR capabilities were conducting analysis of samples and fifty five(59) samples were analyzed amongst which thirty (30) tested positive for Lassa fever, while other VHF's were negative. As at the time of the report, some laboratory results are being awaited. As regards communication and Social Mobilization, Radio and television jingles were ongoing in the states and community health education was equally ongoing. The Ministry related its Challenges as Coordination of

laboratory network leading to delay in sending laboratory results, Logistics support for contact tracing in the states and Logistics for sample transportation for prompt laboratory diagnosis. As a way of counteracting the challenges, the ministry stated that it was set to reinforce active surveillance, contract tracing, continue outbreak investigation, continue clinician sensitization to ensure early detection and reporting, continue health education and community sensitization, ensure capacity building at state level for coordination surveillance, ensure case management and IPC, ensure communication and social mobilization, and Coordinate laboratory network for prompt release of documented results’

Of utmost importance, the epidemiologic summary was put at Suspected Cases: One Hundred and Forty (**140**), Confirmed cases: thirty (**30**) Deaths: Fifty three (**53**) (CFR: 37.86%)

Despite the seemingly impressive response indicated by the Ministry on its website, the World Health Organization, WHO, scored Nigeria low in its response to Lassa fever outbreak. The United Nations Organization said that since it broke out, Lassa fever has killed more than 160 people in West African countries with Nigeria accounting for 85 percent (138) out of 164 Lassa fever deaths in the region. The challenges claimed to have been experienced by the Ministry are not good excuses, as this would not be the first Lassa fever outbreak in Nigeria. This only exposes how ill prepared Nigeria can be for an epidemic, even one that is not new. The successes recorded during the Ebola epidemic thus seem in this light to be a one off event, one that was recorded due to the zeal, determination and dedication of individuals and not as a result of any proper foundation or lasting infrastructure as the necessary infrastructures have been shown to be absent.

Another very saddening fact as touching health in Nigeria is that as at 2015, it was estimated by the World Health organization that approximately 830 women die from preventable causes related to pregnancy and childbirth every day and a high percentage of all maternal deaths

occur in developing countries, including Nigeria. And even more specific representation is provided by the United Nations Children’s Emergency Fund, UNICEF, which reports that “Every single day, Nigeria loses about 2,300 children under five and 145 women of childbearing age. This makes the country the second largest contributor to the under-five and maternal mortality rate in the world.”

There is also low accessibility level to reproductive health. Proportion of birth attended by skill health personnel is still below 50% and the percentage of pregnant women receiving prenatal care is around 60%.

On the whole, Nigeria has performed poorly in relation to the health-related MDGs cum SDGs targets. A cursory review of the health statistics shows that much remains to be done. The statistics demonstrate the deplorable condition of the health sector in Nigeria. Coupled with the fact that most of the health related MDGs targets have not been achieved, in Nigeria, the maternal mortality rate, adolescent fertility rate, incidence of tuberculosis, HIV prevalence among adult and children and infant mortality rate are very high by world standard.

4. Constitutional Provisions for Health: A Veritable Tool for Overcoming Nigeria’s Health Challenges

Section 17 (3)(c) and (d) of the Constitution of the Federal Republic of Nigeria, 1999 as amended, provides as follows:

‘17 (3) The State shall direct its policy towards ensuring that:

- (a)
- (b)
- (c) the health, safety, and welfare of all persons in employment are safeguarded and not endangered or abused;
- (d) there are adequate medical and healthcare facilities for all persons’

Granted, the justiciability of chapter 2 of the Constitution has been the subject of a lot of

debate. However, without entrenching, this discuss into the waters of the justiciability debate, it is at least undoubtedly carried by lawyers and intellectuals that the health of citizens of the nation, is recognized in the constitution as being paramount to the development of the Nation. Little wonder its constitutional entrenchment. Assuming without conceding that indeed Chapter 2 of the Constitution of the Federal Republic of Nigeria is non-justiciable, is the MDGs cum SDGs more binding and justiciable? Yet, the office of Senior Special Assistant to the president on MDGs was created and all the states of the federation equally had that office replicated. Further to this, there was a yearly budgetary allocation for the office. It is interesting to note further that projects were in that regard commissioned, in rural areas as well as urban areas. Money was also spent sensitizing corps members about MDGs and getting them to sensitize others, via publication of magazines for example in Kaduna State and web publications. With such a loose legislation i.e. soft law as the 8th September, 2000 Millennium Declaration, , the elaborate length the Government went in terms of budgetary allocations and creation of portfolios manned by experts, but mainly politicians shows that they went all out to join the bandwagon with the rest of the world just because it seemed the whole world was talking about Millennium Development Goals, if not the government would have worked with the available constitutional provisions to do all that has been done or purported to have been done.

By way of reiteration, in the light of the staggering provisions of the constitution, for example Section 17(3) (d), which states that the state shall direct its state policy towards ensuring that there are adequate medical and healthcare facilities for all persons. One wonders whether it was necessary for Nigeria to adopt the MDGs cum SDGs, especially as regards health. If the United Nations did not have the 6-8 September 2000 Millennium summit, is that to say that the

steps taken as regards health in the name of the MDGs would not have been taken?

Perhaps, a case for the MDGs cum SDGs is that they are time bound goals, and as such apply subtle pressure on the government to make policies and embark on projects that will better the health of Nigerians. Whereas, left to the constitutional health provisions alone, the government may do little or nothing for the promotion of the health of its citizens, since there is no time goal in the Constitution.

Another point for the MDGs cum SDGs is that it could cause the government to feel a sense of pressure mounted on it by other developing countries who begin to leave her behind by virtue of their setting machineries in motion towards achieving the goals of the MDGs cum SDGs and this could translate into positive results which would impact on the health of citizens of the Nation.

In terms of legal framework, shouldn't the constitution which is the grund norm, the law which allows even for signing of treaties and such international conventions, protocols and such others, be more revered as to form the basis for any policy or decision taken on health related issues in Nigeria?

Under the Constitution of the Federal Republic of Nigeria, 1999 as amended, Right to life is protected by Section 33. It reads thus:

'33(1) Every person has a right to life, and no one shall be deprived intentionally of his life, save in execution of the sentence of a court in respect of a criminal offence of which he has been found guilty in Nigeria.'

The question that begs to be answered is- What can be said of a deliberate denial or deprivation of facilities and equipment that enable a person to live a wholesome and healthy life, or a deliberate omission that leads to the death of its citizens by a Nation? Is that not a breach of the constitutional right to life by the government. Poor health care provision sponsored by inadequate remuneration as well as delayed payment of remuneration for health care providers are some of the ways the Government of Nigeria has stifled the wellness and health of its citizens. Not to mention inadequate provision of medical equipment which has led to an increase in medical tourism by Nigerians to India, Dubai and Eastern countries.

5. Conclusion

As regards the growth and development of any society, the machinery of the law cannot be dispensed with. Nevertheless, the will of those at the helm of affairs can drive a society forward and engineer the much needed development even in the absence of law. What however makes the law indispensable is the fact that where the will of the leaders are weak, the sanctions that come with the law is enough motivation to steer them to do the right thing. Having demonstrated by facts and figures that the issue of health in Nigeria is not as it should be, it is germane to state that the legal cloak - MDGs cum SDGs under which many administrative actions have been taken is not only unnecessary but also smacks of illegality and has become an equipment for institutionalizing corruption.

It is unnecessary because the constitution can be used as the legal basis for the actions which have been carried out in the name of MDGs cum SDGs for the sake of the health and the wellbeing of the Citizens of Nigeria. It smacks of illegality because budgetary allocations were made to the office of the senior special assistant to the president on MDGs, an office which was not a creation of law but of convenience- which is totally unacceptable because of the difficulty

of properly monitoring such creations of convenience. The fact is that all the goals of the MDGs and even that of the SDGs all come under one ministry or the other, thus making a separate office for it, grossly unnecessary. The absence of proper monitoring on the other hand often leads to corruption and this case is not exempt from that fact.

On the whole, despite the fact that The United Nations meant well by its 8th September 2000 Declaration which birthed the MDGs now SDGs, the constitution remains a better legal tool for overcoming Nigeria's health challenges, rather than masquerading under the cloak of MDGs cum SDGs which is an easier engine for fraud and waste of resources, as it creates several offices and positions that gulp the thinning resources of the Nation, yet, its goals are not realized.

Having stated that although, the Constitution is a better legislative framework for the development of the health sector in Nigeria, as it is better than the Declaration, its Goals and targets. However, same is not in itself a sufficient legislative piece that will help to salvage Nigeria's deplorable health situation. This writer opines that armed with the provisions of the Constitution of (1999), as amended, and the National Health Act, 2014, as well as other existing legislations on health, Nigeria is poised to achieve its desired health aspirations, all it needs in addition is the political will of her leaders and the severance of the head of the hydra headed monster-corruption.

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