

National Health System, Maternal Health and the Millennium Development Goals: A Review of Abiye Programme in Ondo State, Nigeria

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Abstract

Health is one of the critical components of the developmental agenda and governance of a state. One of the major health issues in Africa is the problem of effective national health system and sustainable maternal health policy which has contributed to the increase in infant and maternal mortality rate. The impact of these problems on global development is frightening to the extent that one of the main targets of the Millennium Development Goals (MDG) by 2015 is the reduction by two-third in infant mortality and three-quarters in maternal mortality rate. Ondo State has the highest record in the Southwest region of Nigeria in infant and maternal mortality rate. However, the administration of Dr Mimiko initiated a health policy known as 'Abiye' in year 2009 to help address this maternal health problem. This study examines the MDG and maternal health in Nigeria and reviews the Abiye programme and its lessons for maternal health and national health system in Nigeria. The paper concludes that until the Abiye programme is integrated into the national health system and the Nigerian leadership demonstrate the political will to address the issues confronting maternal health in the national health care system, the targets of the MDG in Nigeria will be a mirage.

Keywords: Abiye, Infant Mortality, Maternal Death, Maternal Mortality, Millennium Development Goals, National Health System, Ondo State

Introduction

The national health system is critical to the sustenance of the global economy. One of the challenges of the national health system is the increasing rate of infant and maternal mortality in the world particularly in Africa where half of the challenges to maternal health takes place. The impact of maternal death on global and national development is overwhelming. It affects individuals, families, communities and nations and represents a formidable barrier to sustainable social and economic emancipation and development. It disrupts families, work, education of children, and progress in the family and cuts short joy from the family, friends and relations (Oluwagbemiga and Olagunju, 2010). It was in the light of this situation, maternal health turns out to be one of the major issues of over 190 United Nations members in September, 2000 at a Summit in New York. The millennium declaration of the summit was tagged Millennium Development Goals which has eight cardinal goals to accomplish by 2015. One of the prime targets of the goals is to reduce by two-third infant mortality and three-quarters in maternal mortality rate in the world.

In spite of the global and national strategies to improving maternal health, Nigeria remains one of the countries with the highest rate of infant and maternal mortality in the world. According to the World Health Organisation (WHO, 2012), Nigeria accounts for about 14 percent of maternal death worldwide; and that the country remains one of the ten most dangerous countries in the world where a woman can give birth. It is estimated that 630 of every 100,000 live births result in maternal death (WHO, 2012).

According to the 2009 communiqué of the Nigerian national health conference, health care system remains weak as evidenced by lack of coordination, fragmentation of services, dearth of resources, including drug and supplies, inadequate and decaying infrastructure, inequity in resource distribution, and access to care and very deplorable quality of care (cited in Osain, 2011: 470). The Nigerian 1999 Constitution made health related matters and governance an issue on the concurrent list. It is on the basis of this constitutional provision that Ondo State (created in February 3, 1976); one of the component units of the federal structure in Nigeria derives its power to intervene in the challenge of maternal health and national health system in Nigeria.

Also, the report of the National Demographic and Health Survey (DHS, 2008) in Nigeria indicated that the state has the highest maternal mortality rate in the South West region of Nigeria.

Worried by this situation, the administration of Dr Olusegun Mimiko (Governor of Ondo State) initiated the Abiye (Safe Motherhood) programme in year 2009 to address the challenge of infant and maternal mortality and to ensure that access to maternal health care services and delivery is efficient and effective so as to achieve for the state the targets of the Millennium Development Goals. The Abiye programme has not only received local and international supports and honours after its full implementation but also deals with national health system and policy in Nigeria.

The Abiye initiative is a model for study in maternal health intervention in achieving the targets of the MDGs in Nigeria in view of its impact. What therefore are the strategies adopted by Ondo state to make Abiye a successful programme? How can the Abiye programme be integrated into the Nigerian health system in order to achieve the MDG? What makes the programme unique to call for its adoption throughout the federation in Nigeria?

The Abiye programme has not been studied as part of efforts in the maternal health intervention of Nigeria's health system within the framework of the MDG. This paper therefore is an attempt to filling the research gap. This paper will also provide a new frame of analysis for more scholarly study in the field of health and social sciences. The paper will also be helpful to researchers, health related intergovernmental bodies, social and health policy makers in Nigeria, international and local non-governmental organisations working in the areas of health and social development; and other countries of the world particularly African countries that are currently on the struggle to improve their maternal health condition and attainment of the targets of the Millennium Development Goals. The paper examines national health system, maternal health and MDG in Nigeria. It paper also reviews the impact of Abiye programme in Ondo state and its lessons for achieving the MDG and sustainable national health system in Nigeria.

The study explored secondary sources of data collection. The secondary sources are collected through relevant scholarly materials such as textbooks, articles, journals, official publications, internet articles and unpublished materials relevant to this research work. The data were analysed using the content analysis.

National Health System in Nigeria

Health system according to the World Health Organisation (WHO, 2000) is the activities whose primary purpose is to promote, restore or maintain health. Roemer (1991) defined health system as the combinations of resources, organization, financing and management that culminate in the delivery of health services to the population. National health system is the totality of government structure and plans for the mobilization of the public and resources in order to achieve an efficient and effective comprehensive physical, mental and social well-being for citizens in a state. It is also the coordination of the inter-relationship among the diverse health policies and programmes of government at different levels in a bid to meet the social needs of the people and ensure a functional health care service delivery. The national health system is prearranged and designed in order to ensuring that the citizens' physical and mental condition is constantly stable; giving hopes to the people and making health care services affordable. The national health system is also geared towards ensuring safety, effectiveness, patient-centeredness, timeliness, efficiency and equity (Danesi, 2013). Within the national health system various interactions (horizontal or vertical) and health policies and programmes are initiated to generally and sometimes specifically address issues that will lead to better health for the people.

Health systems have failed globally to narrow the health divide between rich and poor in the last 100 years. In fact, the gap is actually widening (WHO, 2000). We have never had a health system that is meant to satisfy the needs of all its citizens, and instead what we have had since colonial times is a health system designed to look after a few (Harrison, 2012). Nigeria operates a pluralistic health care delivery system with the orthodox and traditional health care delivery systems operating alongside each other, albeit with hardly any collaboration (NSHDP, 2009: 15). The Nigerian national health systems have been ineffective, inefficient and in a deplorable state such that the country was ranked as the 187th of the 191 member nations for its health systems performance (WHO, 2000).

The Nigerian health system as a whole has been plagued by problems of service quality, including unfriendly staff attitudes to patients, inadequate skills and chronic shortages of essential drugs. Electricity and water supply are irregular and the health sector as a whole is in a dismal state (Mojekwu and Ibekwe, 2012; 136).

According to the 2009 communiqué of the Nigerian national health conference, health care system remains weak as evidenced by lack of coordination, fragmentation of services, dearth of resources, including drug and supplies, inadequate and decaying infrastructure, inequity in resource distribution, and access to care and very deplorable quality of care (cited in Osain, 2011: 470). These are further compounded by the dearth of data which renders evidence based planning, policy formulation and health systems management weak (NSHDP, 2009: 16).

The poor performance of the health system is not helped by the lack of clearly defined roles and responsibilities which results in duplication of efforts. This is compounded by inadequate political commitment especially at lower levels, poor coordination, lack of communication between various actors, lack of transparency and poor accountability. In addition, the private sector, a major contributor to health care delivery in the country, is poorly regulated due to weak capacity of State governments to set standards and ensure compliance. All these factors have led to the lack of strategic direction and an inefficient and ineffective health care delivery system (NSHDP, 2009: 19).

Health, as already noted, is a cornerstone to the attainment of the Millennium Development Goals. In fact, four of the issues in the MDG are health related problems. Therefore, the building up and strengthening of the health systems according to World Health Organisation is vital to the progress of the Millennium Development Goals. Unfortunately, the Millennium Development Goals say nothing about strengthening health systems (Enabudoso et al, 2006: 4).

Maternal Health and Millennium Development Goals in Nigeria

One of the critical areas to global development is maternal health. Maternal health refers specifically to health care surrounding childbearing; that is, antenatal care, delivery assistance, and postnatal care (DHS, 2006). It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality (WHO, 2013). Maternal death is the death of a woman from pregnancy-related causes while pregnant or within 42 days of termination of pregnancy. Infant mortality rate is the death of an infant before the first birthday and it is measured as the number of deaths per 1000 infants. Maternal mortality rate is generally defined as the number of women who die per 100,000 live deliveries as a result of pregnancy-related complications.

One of the key issues confronting development and maternal health is infant and maternal mortality. Worldwide, every year about 287,000 women die due to child birth and over 7.6 million children under age five die mostly from preventable and treatable diseases (WHO, 2010). More than 25,000 children die every day and every minute a woman dies in child birth. Available evidence indicates that Africa accounts for the highest burden of mortality among women and children in the world (Udofia and Okonofua, 2008; Prata et al., 2008, cited in Olusegun et al, 2012). Nigeria accounts for about 14 percent of maternal death worldwide; and that the country remains one of the ten most dangerous countries in the world where a woman can give birth. It is estimated that 630 of every 100,000 live births result in maternal death (WHO, 2012). It is also estimated that about 4 maternal deaths occur in Nigeria per hour, 90 per day, and 2,800 per month for a total of about 34,000 deaths annually (NSHDP, 2010: 29). Every minute, the loss of a mother shatters a family and threatens the well-being of surviving children. The health and welfare of women is essential as they are critical to socio-economic development of any society. For every woman that dies 20 or more persons experience serious complications (Cited in Ogunlela, 2012: 354). Therefore, according to Majiyagbe (2010) maternal mortality is not a women's issue, rather a human issue.

Some of the factors associated with maternal mortality according to Olusegun et al. (2012) includes; poor socio-economic development, weak health care system and low socio-cultural barriers to care utilization. Prof. Omene itemised the factors responsible for infant and maternal mortality in Nigeria as "lack of skilled birth attendants, poor basic healthcare facilities, and government's inability to close economic gaps, low female literacy rates and acute shortage of health professionals." The visit of pregnant women to non-professional for child delivery has also contributed to maternal death. UNICEF observes:

That child and maternal mortality have many triggers, both direct and indirect. Poorly funded and culturally inappropriate health and nutrition services, food insecurity, inaccurate feeding practices and lack of hygiene are direct causes of mortality in both children and mothers. The indirect causes may be less obvious externally, but play just as large a role in mortality statistics. Female illiteracy adversely affects maternal and child survival rates and is also linked to early pregnancy, especially where child marriage is prevalent; the lack of primary education and lack of access to healthcare contribute significantly to child and maternal mortality statistics.

UNICEF also notes that discrimination and exclusion of access to health and nutrition services due to poverty, geographic and political marginalizations are factors in mortality rates. (Saraki, 2008; cited in Olusegun et. al, 2012).

The challenge of dependable and credible statistics and monitoring maternal mortality is difficult due to poor reporting and lack of proper methods to measure actual death rates. Estimating the real figure is difficult as only 31% women deliver in health facilities (Lindros and Lukkainen, 2004, cited in Olusegun et al., 2012: 34). The persistent high rate of maternal and child mortality in the country negates the achievement of the 4th and 5th Millennium Development Goals (Olusegun, 2012: 1).

The Millennium Development Goals focuses attention, resources, and action on improving the well-being of all peoples (Olusegun, 2012: 34). MDG is also the international community's adopted specific targets for human life survival (Adekeye, 2008: 267). One of the prime targets of the MDG for maternal health is to reduce by two-third infant mortality and three-quarters in maternal mortality rate in the world. The decisions to achieve these targets were reached by over 190 United Nations members in September, 2000 at a Summit in New York. The tenets, values and principles of the MDG are couched under the need to achieve peace, progress and development (Odebiyi, 2008: 33).

Series of actions, intervention programmes and initiatives have been carried out to address the challenges of maternal health in Nigeria with a view to achieving the goal four and five of the MDGs. Among these initiatives include but not limited to:

Midwives Scheme of training and re-training of nurses and midwives in reproductive health-care and services; and National Programme on Immunization (NPI) to rescue babies from killer diseases. In addition are the recent initiative by Nigeria First Lady on awareness campaign on maternal and child health, stakeholders' sensitization, model quality health service delivery intervention programmes in some states of the federation in Nigeria and the recently launched of African Union Continental Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) (Constance, 2009). Also included is the Journalists Alliance for Prevention of Mother-to-Child Transmission of HIV/AIDS and several coalitions in attempt to stop harmful traditional practices like unsafe abortion, female genital cutting, blood births, premature marriages, etc (WHO, 1995; NPC / USAID, 2004; WHO/Hill-2005; USAID, 2009, cited in Oluwagbemiga and Olagunju, 2010).

In spite of the global and national programmes and strategies to improving maternal health, Nigeria remains one of the countries with the highest rate of infant and maternal mortality in the world. These programmes and policies according to Mojekwu and Ibekwe (2012) mostly do not seem to be adequately planned for and are consequently unsustainable. Recent evidence shows that at current rates of progress, Nigeria cannot achieve this goal before 2040 (Harrison, 2012: 8). Reaching the targets set for the UN's Millennium Development Goals on maternal health will not happen overnight. The problem is complex, progress is slow, and many more women will die before, during or directly after childbirth due to conditions that are preventable (Majiyagbe, 2010).

The Abiye Programme in Ondo State

Ondo state is one of the states in the Nigerian federation and created out of the Old Western State in February 3, 1976. The state has 18 local government areas and is located in the South-western region of Nigeria. The state is approximately 15,317 sq km which represents 1.66 percent of the entire region of Nigeria. The state's population according to the National Population Census (2006) is 3,441,024 (1,761,203 males and 1,679,761 females). The state is essentially an agrarian economy though with abundant natural, mineral resources and petroleum. In spite of the abundant resources in the state, it has the highest infant mortality and maternal mortality in the south west, Nigeria. Embarrassed by this report, the state government under the leadership of Dr. Olusegun Mimiko launched a programme tagged 'Abiye'.

The Abiye (Safe Motherhood in Yoruba language) programme is a home-grown comprehensive and strategic health policy initiated in 2009 to address the challenges of maternal health in the state. It is also a programme intended to achieve the Millennium Development Goals targets by 2015. The Abiye initiative aims at ensuring that infant and maternal mortality rate is reduced and access to maternal health care service delivery is efficient and effective in the state.

Prior to the Abiye programme, the World Health Organisation (WHO) in 1987 had launched the Safe Motherhood Initiative in Nairobi, Kenya in which Nigeria is a signatory. The aim of the initiative is to help reduce the existing high levels of maternal mortality and morbidity; empowering women, setting up efficient antenatal care and working referral systems, together with emergency obstetric care, and an increased acceptance of family planning (Harrison, 2012: 6). He however argued that the initiative apart from an improved advocacy little was achieved due to the implementation of the Structural Adjustment Programme (SAP) which introduces harsh austerity measures, deepened impoverishments and increasingly wreaked havoc on the lives of mothers and babies in Nigeria.

To address the maternal health challenge, the state conducted a study on maternal health in order to have an holistic view, statistical information and analysis on methods and approaches maternal health care services and delivery had been operated in the time past in the state. First, realizing the high level of illiteracy among the people (particularly the rural areas) and lack of adequate information on maternal health related matters, the government launched an aggressive campaign and enlightenment programmes for women in the state particularly the pregnant ones. The women were educated on maternal health issues from the basics and how they can locate and obtain allied maternal health care services in the state without any impediment. The women according to Isola (2013: 2) were also attached to Community Health Extension Workers (called Health Rangers) who were appointed, trained and posted to rural areas in the state to act as intermediaries between pregnant women and Abiye maternity health centres. Twenty-five pregnant women were assigned to one health ranger who visits them regularly. The health rangers with customised check list, detect high risk, carry out birth plan, embark on complications readiness, and carry out education and advice on family planning and use of insecticide treated mosquito nets (Fajimbola, 2011).

Secondly, the government knowing full well the role of telecommunication in the development of health system and maternal health, introduced and make available a free toll GSM handset for the health rangers and every pregnant woman registered with government healthcare facility in the state. To facilitate the movement of these people, the government also provided some transportation means (motorbikes, tricycles and ambulances) to convey them.

Thirdly, a synergy was consummated between the state government through some key ministries, international development partners and local governments in the state to establish Basic and Compressive Health Centres in political wards and local government areas respectively; and general hospitals wherein maternal health drugs, competent staff and equipment were provided for efficient and effective qualitative maternal health care services and delivery. Added to these established health care establishments are tertiary health institutions and world class maternal and child health care facilities called Mother and Child Hospitals (MCH). They are specifically established and designed to handle all forms of referral on maternal health issues and emergencies free of charge. Quoting the Chief Medical Director of MCH, Isola (2013: 2) posited that each of the MCH carry out an average of twenty-two complicated deliveries, including caesarean operations per day.

Furthermore, to enable the state have a reliable database for continued planning, Omame (2011) posited that the Ondo State House of Assembly passed in 2010 Confidential Enquiry into Maternal Death law, which makes it mandatory for all health facilities in the state to report any maternal death when it occurs. According to him, the government is keen to know the facilities that pregnant women who died in the course of child birth were denied before their death and to encourage compliance with the law. Though, according to Omame (2011) there will be no punishment for those whose health centres lacked facilities that eventually led to the death of any pregnant woman during childbirth. He however maintained that failure to report the death of any pregnant woman during childbirth will be regarded as a breach of the law in the state.

In a ensuring that the Abiye programme becomes sustainable, the people of the state including political and religious leaders were involved in the monitoring and supervision of the scheme in order to make the people the custodians of the programme.

Shortage of qualified maternal health personnel and inadequate funding is however a major challenge to the Abiye programme. As more people especially from the rural areas and neighbouring states seek the maternal health facilities in the state, the need for expansion and provision of more infrastructures become imperative which require additional funding.

The Impact of Abiye Programme in Ondo State

According to Harrison (2012:10) the Abiye Programme is the greatest advancement made in maternity care in Nigeria. The evaluation report of the Abiye programme revealed that between 2010 and 2012, there has been 45% reduction of maternal mortality cases in Ondo state, an increase of 58% of registered patient and an increase of 96% of the number of live births. There has also been a reduction in disease burdens and increased immunisation coverage in the State. There is also a remarkable increase in child deliveries handled by trained midwives and qualified health personnel. Pregnant women now attend antenatal clinics because of the encouragements and incentives offered on the project. The project has in addition impacted on reducing child mortality. An increase of 26% has been recorded in children admission in paediatrics health centres, which has resulted in corresponding 26% reduction in child mortality in the State. (Isola, 2013: 3).

The Abiye programme has given Ondo state a clear policy direction for maternal health care service delivery and development. The Abiye initiative has not only created an enabling environment for the development of maternal health care service delivery in Ondo state but has also brought about a revitalization of integrated maternal health care towards a quality, equitable and sustainable access to healthcare in the state. As part of efforts for an integrated healthcare service delivery in the state, For instance, the Ondo Health Information System carries out a public health surveillance and clinical communication system (CCS) that provides real-time, early warning information to decision makers and health care providers in the state about health problems requiring attention in a particular population. Also, the Ondo Health Electronic Medical Records (EMR) helps to up-to-date medical records of Ondo state indigenes and gives all the state primary care clinics, general hospitals, specialist hospitals and teaching hospitals the opportunity to adopt uniform information management systems including medical practice management systems and electronic medical records.

The Confidential Enquiry into Maternal Death law in the state has brought about a transformation in terms of accountability and ensuring that un-qualified medical personnel with maternal health facilities lacked patronage from pregnant women. In fact, the traditional birth attendants have been advised to quit their jobs and embrace government loans to set up their businesses. One of the implications of the law is the increase in the number of people who patronized the state owned health facilities where quality health care service delivery can be obtained. The success of the Abiye programme has made Ondo State to be among the three states (Adamawa and Nassarawa) listed for the Result Based Financing in Health in Nigeria by World Bank. The Abiye programme is not only uploaded officially into the website of the World Bank and place on the global map of maternal health in Africa but has also received accolades from different quarters both locally and internationally.

Abiye Programme: A Lesson for Achieving Millennium Development Goals and Sustainable National Health System in Nigeria

Maternal mortality is a multi-dimensional problem which does not only affect the family involved but has a great effect on the society as a whole (Olusegun, 2012). The great and tragic irony of maternal mortality in Nigeria is that the vast majority of maternal deaths are avoidable through relatively uncomplicated health interventions. But ensuring that women have access to, and seek out, these basic health services has proved a complex and daunting task (Cooke and Tahir, 2013: 4) for the national health system which has impacted on the attainment of MDGs in Nigeria. The Abiye programme is a clear case of how the tenets and principles of maternal health can be used to local situation and carried out in a concentrated and planned manner. It is an initiative which the Nigerian health system can learn on how to be effective and efficient on a sustainable basis; and also how the MDGs targets can be achieved in Nigeria. Among the various lessons to be study in the Abiye programme are as follows;

Research Development

Research is very fundamental to the sustenance of national health system. The need for adequate health research cannot be over-emphasized. Health research is defined as the generation of knowledge that can be used to promote, restore, maintain, protect, monitor or conduct surveillance of health of populations. It is also the systematic generation of new knowledge in the field of medical, natural, social, economic and behavioural science and its use to improve the health of individuals or group (NSHDP, 2009: 53).

Nigeria has not taken the advantage of research in the development of its national health system and the achievement of the MDG targets. This has not only affected the way policies are formulated and implemented but has also impacted on the quality of service delivery and project implementation.

In order to have a well planned programme, the Abiye initiative was conceived out of a research study commission by the Ondo state government to find lasting solutions to the challenges of its health system, maternal health and the attainment of the MDG targets for the state. The research findings provided the state the opportunity to make empirically-based and scientifically-valid information on maternal health service delivery in the state which brought about the Abiye policy that is now reckoned with all over the world. The need therefore for a coordinated and well funded health research in the Nigerian national health system is sacrosanct in order to improve the health of its citizens, achieve nationwide and worldwide health-related development goals and accomplish the targets of the MDG through empirically-based and scientifically-valid information.

Resources Management

The efficient management of resources is a critical factor to an effective national health system and the attainment of the MDGs. The inefficient use of scarce resources is one of the major problems of health development in Nigeria. Public funds are being depleted on unseemly and cost-ineffective services. Too much is spent in the national health system in Nigeria on salaries compared with operating cost couple with management deficit which has made the health system in Nigeria underdeveloped.

The Abiye programme is clear demonstration of how resources are to be managed. In spite of the scarce resources at the disposal of the state, the government of Ondo state was able to put into use adequate monitoring and control of the resources of the state. This alone has earned the state some local and international awards for its unique management of resources. In view of this, proper planning and budgeting is imperative for Nigeria to achieve its targets of the MDGs and a sustainable national health system.

Accountability and Transparency

The health governance and policies in Nigeria lack transparency and accountability which has provided room to corruption. Health governance is the exercise of economic, political and administrative authority to manage the country's health affairs at all levels as well as mechanisms, processes and institutions, through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences (UNDP, 2008). It includes formulation of national health policy and health strategic plans (defining the vision and directions), exerting influence through regulations and advocacy, collecting and using information, and accountability (cited in NSHDP, 2009: 20).

The Abiye programme in Ondo State is a clear manifestation of how transparency and accountability can transform circumstances through effective decentralization of the decision making process, partnership and adequate contribution and participation of the people in the implementation of the scheme. The entrenched cultures of secrecy in the Nigerian national health system and implementation of the MDG policies across the country hinder the drive towards openness. The need therefore to creating platforms for interaction and collaboration with health sector advocacy groups, empowerment of beneficiary communities through sensitization to manage and oversee their health projects and programmes, as well as promoting the emergence of independent health sector 'watch dogs' (NSHDP, 2009: 22) is imperative to the transformation, sustenance of the national health system and attainment of the MDG in Nigeria.

Leadership

One of the major problems in Nigeria is leadership. Leadership is critical to the success of any health system and policy. Leadership in health includes providing direction and the enabling environment for the various stakeholders to articulate the complex social processes which impact on the healthcare delivery system at their level in a participatory way, allowing people's viewpoints and assumptions about their local health system and economy to be brought to light, challenged and tested and jointly developing a mechanism for achieving positive change (NSHDP, 2009).

Leadership is just having a vision, but the vision must be back up with actions that deliver result. Leadership is about commitment for transformation where every breakdown generates further breakthrough. Leadership is also about team work and partnership for development (Fajimbola, 2011). Leadership for Health (LFH, 2013) believes that with effective leadership and a collaborative approach we can achieve a reduction of human suffering globally. Leadership ensures that policy formulation is deliberately structured and linked to programme planning, project selection and task implementation arising from a common shared vision (NSHDP, 2009).

Dr. Olusegun Mimiko has demonstrated a transformational leadership and political will to transform the health sector in Ondo state. The Abiye programme of his administration is a commitment of the focus and visionary leadership of the governor. How could a state that had the worst health indices on maternal health indicator in the South West of Nigeria few years ago, re-emerge to become a role model for the African Continent (Fajimbola, 2011)? Consequently, the leadership must produce and maintain an enabling environment for responsive development in the Nigerian health system and attainment of the MDGs. The leadership must also have a caring hearts and be focus, visionary, dedicated and committed towards providing a clear policy direction for health development in Nigeria.

Conclusion

Fifty-four years after independence, Nigeria is yet to have an efficient and effective national health system. Nigeria's challenge in the attainment of the Millennium Development Goals and improved maternal health care is enormous. The high rate of infant and maternal mortality which has largely been attributed to poverty, illiteracy and poor infrastructure etc calls for immediate attention if the Millennium Development Goals prime targets are to be achieved.

The Abiye programme which has reduce infant and maternal mortality rate in Ondo state has shown that with appropriate commitment to health research, efficient resources management, accountability and transparency and effective leadership, the Millennium Development Goals targets can be achieved and the national health system turn around for efficient and effective health care service delivery in Nigeria. Therefore, until the Abiye programme is integrated into the national health system and the Nigerian leadership demonstrates the political will to address the issues confronting maternal health in the national health care system, the targets of the Millennium Development Goals in Nigeria will be a mirage.

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