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# Post Millennium Development Goals and Population Growth: Universal Access to Sexual and Reproductive Health and Innovation Can be the Real Accelerators for Health Gains in Africa

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## Abstract

There is no doubt that Millennium Development Goals (MDGs) has brought the whole world in sharing the fight against diseases, poverty and other problems afflicting the world and most importantly sub-Saharan Africa. Much has been achieved though not well captured in the developing nations where the indicators as per the target of MDGs in 2000 when the campaign began were below the targets. In addition, the inequalities, disparities and conflicts that is continuously witnessed in the sub-Saharan Africa threatens to scatter the few successes that have been observed in recent past.

Though the MDG's have led to a reduction of maternal and child mortality rates in sub-Saharan Africa, the population growth is likely to reverse the gains due to the already stretched scarce resources that continue to be depleted. Adolescent pregnancy is a concern and has risen at an alarming rate in sub-Saharan Africa.

Universal access to health are necessary when it comes to improving the health results and other fundamental objectives of the health systems, and are based on all people's right to enjoy the maximum level of health, equality and solidarity. There is a need to take appropriate action when it comes to poverty and inequality that continue to rise substantially in sub-Saharan Africa hence Sustainable Development Goals (SDGs) framework.

Lastly, technology and innovation represent an opportunity for cost effective solutions to reach more people and have more impact.

**Keywords:** Population growth; Millennium development goals; Sustainable development goals; Maternal and child mortality; Sexual reproductive health; Universal access; Innovation

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## Background

As the world recently met in New York in September 2015 to close the door on the Millennium Development Goals (MDGs) and open another on Sustainable Development Goals, Africa also needs to examine herself and her role as the main beneficiary of this global concert of goals and targets [1].

The globalised campaign on Millennium Development Goals has demonstrated that global campaigns can work to pull the

world together for a common objective in the effort to ensure widespread gains against poverty and disease [2].

However, gains have been sketchy especially in the developing world where health indicators in particular were significantly below the MDG targets at the start of the campaign in 2000.

According to the Millennium Development Goal Report 2015, extreme poverty has declined over the last two decades with data showing that nearly half of the population in the developing

world lived on less than \$1.25 a day globally fell from 36% in 1990 to 15% in 2011. In addition, projections indicate that the global extreme poverty rate has fallen further to 12% as of 2015. However, despite enormous progress, the report shows that more than 40 per-cent of the population in sub-Saharan Africa still live in extreme poverty. According to the report, nearly 60% of the world's 1 billion extremely poor people lived in just five countries including two Africa countries: India, Nigeria, China, Bangladesh and the Democratic Republic of the Congo (ranked from high to low) [2].

### Population growth can outpace the gain in maternal and child mortality

Africa will record the largest rate of population growth of any world region between now and 2050. Her population is expected to more than double, rising from 1.1 billion today to at least 2.4 billion by 2050. And three countries: Nigeria, Democratic Republic of Congo and Ethiopia will count for one third of the total population [3]. These estimates might be conservative because in addition to high birth rates, the region's population is also quite young, with 41% of the population aged below 15 years and therefore not yet in the reproductive age [3]. Even if the 50% reduction in proportion of people living in extreme poverty were to have been achieved in Africa by 2015, going by the current population explosion (630 million in 1990 and 1.16 billion in 2015) the absolute numbers of people living in extreme poverty would at worst be the same and at best reduce by a mere 30 million people. The population projection means that gains are likely to be reversed.

Being underweight puts children at greater risk of dying from common infections, increases the frequency and severity of such infections and contributes to delayed recovery. Despite the fact that the proportion of children under five has been cut almost in half between 1990 and 2015 [4], the rate of undernourishment in sub-Saharan Africa still remains at 23% of the population but has grown in absolute numbers as discussed above. This has largely been contributed to by rapid population growth, putting a pressure on limited resources and precipitating environmental fragility as well as political and economic upheaval [5].

The dramatic decline in preventable child deaths over the past quarter of a century is one of the most significant achievements in human history. According to the estimates, the global under five mortality rate has declined by more than half dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015. However, child mortality still remains a problem in Africa [2] with, 1 child in 12 dies before his or her fifth birthday in sub-Saharan Africa [6].

While the rates have dropped by 52% in sub-Saharan Africa, they are still double the world's average at 86 for every 1,000 live births compared to a world average of 43. This reduction is not enough to meet the targets set in the Millennium Development Goals and the situation will be further compounded by a rapidly expanding number of live births and the under-five population. Neonatal death represents an important proportion and, majority of neonatal deaths are due to preventable causes [7]. The number of under-five deaths will then increase unless efforts in reducing

the under-five mortality rate are enough to outpace population growth [2]. More work is therefore needed to improve child survival rates but this has to be addressed hand in hand with population control initiatives in the sustainable development agenda.

Many developing regions have made steady progress in improving maternal health. For example, between 1990 and 2013, the mortality rate in sub-Saharan Africa fell by 49%. However, every day hundreds of women die during pregnancy or from childbirth-related complications with 2013 data showing that most of those deaths were in the developing regions where the maternal mortality ratio is about 14 times higher than in the developed regions. Indeed, Africa still accounts for 200,000 of the 289,000 mothers who die every year from pregnancy or childbirth-related complications. This is a chilling reality – one mother dying every two minutes [2,5].

According to MDG report, one in four babies worldwide are delivered without a skilled care. A key strategy to avert this is ensuring that every birth occurs with the assistance of skilled health personnel, meaning a medical doctor, nurse or midwife [2]. With the latest figure, it is clear that the biggest problem lies in access to care, and that human resources for health must remain a key focus in the post-MDG agenda.

### Adolescent health is a growing concern

A key contributor to slow progress in maternal mortality is adolescent pregnancy [2]. Adolescent pregnancy, especially for younger adolescents, can carry increased risks of a range of pregnancy and childbirth complications. However, risks of adverse outcomes among pregnant adolescents can be further magnified by a higher prevalence of risk factors compared with older women, such as malnutrition, smoking, substance abuse, anaemia, malaria, HIV/AIDS and sexually transmitted infections [8]. In a study in Limpopo Province in South Africa, a range of factors were implicated in how and why adolescent pregnancies occur among them inadequate sexual knowledge, changing attitude towards sex and peer pressure [9].

Adolescent childbearing remains high in sub-Saharan Africa, at 116 births per 1,000 adolescent girls in 2015, which is more than double the world's average [2]. As Africa's population grows and considering that already nearly half of Africa's population has yet to enter the reproductive age, this problem is only going to get worse.

According to 2015 world population data sheet, demand for family planning satisfied with modern methods has emerged as a key indicator of contraceptive availability and use. Though experts have urged countries to strive for meeting at least 75%, many countries remain far below the proposed figure. For example, in Kenya, Nigeria, Senegal, and Egypt, the % of demand for family planning satisfied by modern contraceptive methods in 2014 stood at 71, 31, 43 and 80 respectively [3].

Adolescent pregnancy is wrought with complications and must remain an area of focus. New approaches including sex education and family planning interventions must be stepped up as evidence continues to show an increase in early sexual encounters.

According to Kenya Demographic Health Survey (KDHS), 15% of women age 15-19 have already has a birth while 18% have begun childbearing (had a live birth or are pregnant with their first child). The survey reports that the percentage of women who have begun childbearing increases rapidly with age [10]. In Senegal, among women age 20-49, 15% had sexual intercourse before age 15, and 56% before age 20 [11]. Increasing school enrolment is helping [11] but the rapidly growing under-18 population is eating away at the gains.

### **Universal access to services and innovation are key**

According to WHO Constitution, 'The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,' and this is the core value of universal access to health and universal health coverage[12].

Universal access is defined as 'the absence of geographical, economic, sociocultural, and organizational or gender barriers.' Universal access is achieved through the progressive elimination of the barriers that impede all people from using the integral health services, equitably established at the national level [13].

Serious challenges in health persist in relation to the health of women and children, and control of communicable diseases that have long been eliminated or mitigated in other parts of the world. The massive gains over the past 15 years have been due largely to an increase in international financing along with strengthened political commitment. Nevertheless Africa's health systems still face challenges to respond adequately to the health needs of Africans in the era of universal health coverage. Sustained political commitment, predictable financing and strategic investments in health systems and new tools are necessary to maintain and improve on these gains. Furthermore making neglected lifesaving commodities available to all women and children is a critical aspect of this work [14].

Wireless technology is altering the manner in which health care is delivered, the patient experience, and the cost of health care. Mobile devices and mobile health (mHealth) services help with maternal care, chronic disease management, and disease epidemics.

They improve the efficiency and effectiveness of the medical system through patient tracking and reporting, and they extend critically needed health services to underserved areas [15].

A good example of how technology is important was demonstrated in Bangladesh where 90% of childbirths in rural areas occurred outside hospitals or health care clinics. After the launch of a mobile birth notification system that calls health clinics when a

woman in labor starts asking for a midwife, 89% of births now take place with trained health workers in attendance [16].

The use of innovation and information technology with a focus on ensuring unrestricted and universal access to sexual and reproductive health information and services will be key tools in achieving the Sustainable Development Goals [17,18]. In this regard, African governments should be ready to adopt mobile technology innovation similar to Amref Health Africa's Health Enablement and Learning Platform (HELP) to expand training, increase access to services and information and save costs [19]. They must also recognise that Community Health Volunteers are not a stopgap in achieving universal healthcare but are an integral part of the strategy and should be integrated into health plans and budgets. They must also enact policies that adopt task shifting to address the shortage of human resources for health.

Further, accountability, efficiency, value for money, and transparent tracking of health expenditure must become standard principles in utilisation of healthcare resources by both state and non-state health stakeholders.

All of these are needed to ensure healthy lives and promote well-being for all people of all ages in the post-MDG sustainable development era.

### **Conclusion**

Health is a precondition, a practical indicator as well as an outcome of sustainable development. As part of the post-2015 development agenda, efforts are needed to sustain gains made to-date. But most importantly universal access to quality health services should guide all interventions and efforts and the use of cost effective innovative approaches promoted. Lastly absolute numbers need to be considered when measuring progress and success.

### **Competing interest**

The authors declare no competing interests.

### **Author's contributions**

GG wrote the first draft, JOO reviewed the draft, ST reviewed the draft and coordinated the development and the submission of the manuscript.

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