



Available online at

<https://www.jhspract.com>

Journalgurus

<https://www.journalgurus.com>



REVIEW ARTICLE

Nigeria and The Global Nutrition Targets 2025: Where Are We?

¹John C, ²Al-Mansur M, ³Leshi O, ⁴Envuladu EA, ⁵Steve-Edemba C.

¹Department of Paediatrics, College of Health Sciences, University of Jos, Jos Nigeria

² Nutrition Division, Department of Family Health, Federal Ministry of Health Abuja, Nigeria

³Department of Human Nutrition, University of Ibadan, Ibadan, Nigeria

⁴Department of Community Medicine, College of Medicine Sciences, University of Jos, Jos Nigeria

⁵UNICEF Abuja Field office, Abuja Nigeria

ABSTRACT

Background: Nigeria has a high burden of malnutrition and is a signatory to several global actions to mitigate the burden of malnutrition. Efforts have been made to mitigate this burden through the development and implementation of key nutritional policies and programmes. Despite this, the country is challenged in the attainment of its nutritional targets as adapted from the global nutritional targets 2015. Factors responsible for the poor nutritional indicators are multifaceted. **Methodology:** This review article seeks to document the progress or otherwise made by the country in line with its stated objective regarding the 2025 global nutrition target by reviewing the country's published data and policy statements as well as relevant documents that highlights its effort at meeting the 2025 global nutrition target. **Result:** Available data shows that the country has made some improvement in the rates of exclusive breastfeeding and a reduction in the prevalence of wasting but no change in its stunting prevalence despite the presence of policies and funding aimed at addressing these gaps. **Conclusion:** To achieve the desired target, the country must fast track its steps, review and implement its policies and put in mechanisms to address gaps in implementation of policies and programmes.

Keywords:

INTRODUCTION

Nigeria has a high national prevalence of

Corresponding Author

Dr Collins John
Department of Paediatrics,
College of Health Sciences,
University of Jos,
Jos, Nigeria.
Tel: +2348032822168
Email: cchibunkem@yahoo.com

malnutrition and contributes significantly to the global burden. In the last two decades, the Government of Nigeria and its [nutrition

programme implementing partners such as the World Bank, United Nations International Children's Education Fund amongst others] have made efforts to confront this menace by putting in a number of programmes, initiatives and policies to address these nutrition-related challenges. Some of these include: the National Policy on Food and Nutrition (NPFN) (2016), the Food Security Bill (2015), the National Strategic Plan of Action (NSPAN, the health sector's response), the Micronutrient Control Programme, the Baby-friendly Initiative (BFHI), Infant and Young child feeding policy (IYCF) and the School Feeding Programme. In addition, laws were enacted

requiring the fortification of food items with micronutrients like Vitamin A, Iron and Iodine as a means of preventing micronutrient deficiencies, and to regulate the sale, marketing and distribution of breastmilk substitutes.

In 2012 the World Health Assembly (WHA, Resolution 65.6) endorsed a comprehensive implementation plan on Maternal, Infant and Young Child Nutrition, specifying a set of six global nutrition targets for 2025. These targets include: a 40% reduction in stunting in children under five; a 50% reduction of anaemia in women of reproductive age; a 30% reduction of low birth weight; no increase in childhood overweight; at least a 50% increase in the rate of exclusive breastfeeding in the first 6 months and a reduction and maintenance of childhood wasting below 5%¹. In line with these targets, Nigeria developed its NPFN in 2016² and adopted these goals in addition to other targets. This was further elucidated in the National Strategic Plan of Action on Nutrition (NSPAN 2014-2019) drawn from the NPFN³.

The targets set by the [NPFN] in line with the six global WHA targets in 2013 to be achieved by 2025 included an increase exclusive breastfeeding rate from 17% to 65% reduction of stunting rate among under-five children from 37% to 18% reduction of childhood wasting including Severe Acute Malnutrition (SAM) from 18% to 10%; and a reduction of anaemia in pregnant women from 67% to 40%.

Other targets set in the NPFN by 2025 are: to reduce the proportion of people who suffer hunger and malnutrition by 50%; increase the percentage of children aged six months and above who receive appropriate complementary feeding from 10% in 2013 to 40% by 2025; achieve and sustain universal household access to iodized salt; increase coverage of zinc supplementation in diarrhoea management from 7% in 2013 to 50% of all children needing treatment by 2025 as well as increase the proportion of children who receive deworming tablets from 13.4% in 2013 to 50% by 2025.

Drawing from the baseline and targets set in 2013 and the WHA global nutrition targets of 2012, the NSPAN was developed to provide an overview of the priority nutrition interventions and strategic directions for nutrition in the Health Sector for the period 2014 to 2018 along with the following set of targets: to reduce the number of

under-five children who are stunted by 20% by 2018 reduce low birthweight by 15% by 2018, ensure no increase in childhood overweight by 2018, reduce and maintain childhood wasting to less than 10% by 2018, reduce anaemia in women of reproductive age by 50% by 2018 and increase exclusive breastfeeding rates in the first six months to at least 50% by 2018.

The six cross-cutting strategic areas identified to achieve high coverage and quality delivery on the prioritized areas of focus in nutrition, to achieve the objectives and targets of the NSPAN were: behaviour Change Communication, service delivery, capacity building, advocacy and resource mobilization, research, monitoring and evaluation as well as coordination and multi-sectoral partnerships.

However, the implementation of these strategies and the enforcement of extant legislation remains a challenge. With just 3years left for achieving the WHA global nutrition targets, how well has Nigeria fared in its quest to meet these targets? These concerns are also heightened considering that the sustainable development goals 2030 builds on the existing global nutrition target and countries efforts to meet the nutrition related SDGs. In the 2020 global nutrition report, only Kenya and Sao Tome and Principe are on course to meet four targets, while Nigeria is only on course to meet one target⁴.

The objective of this paper is to review progress made towards achieving the NSPAN targets in line with the global nutrition targets, and to determine if Nigeria is on course to achieve the 2025 global nutrition targets. We also aim to utilize the available data to make projections on the rate of change expected of the target indicators, for the global nutrition targets to be met as well as achieve the SDGs by 2030.

METHODOLOGY

A desk review of the implementation status of the national programmes on nutrition and the data from the national demographic health surveys of 2013⁵ from which the NSPAN drew its statistics, the 2018 NDHS⁶ which shows progress or otherwise made from 2013 and the global nutrition targets as well as extant publications documenting the achievement of nutrition

interventions across the key themes of the NSPAN were reviewed.

The rates of change achieved or desirable to meet the global nutrition targets were calculated based on average annual increment or decrement from base year to meet target at end point. Thus, expected increase or decrease per year are represented in graphical form. The results are presented in the analysis and narratives below.

RESULTS

Nutritional survey outcomes and the targets

Since the 2012 WHA declarations, several nutritional surveys have been conducted in the country to assess the nutritional status of Nigerian children. These surveys included the 2013 and 2018 National Demographic Health Surveys (NDHS)⁵⁻⁶, and the National Nutrition and Health Surveys (NNHS) of 2014 and 2018⁷⁻⁸. These surveys showed varying levels of attainment of the NPFN and NSPAN set targets. The NSPAN targets and the progress made as documented by the 2013 and 2018 NDHS are summarized in the Table 1.

Table 1 National Demographic Health Survey 2013 and 2018

| Indicators | NDHS 2013 | NDHS 2018 | Annual rate of change | Changes | Comments |
|--------------------------|-----------|-----------|-----------------------|---------|------------|
| Under five mortality | 128/1000 | 132/1000 | +0.8% | -3.13 | Increased |
| Stunting | 37% | 37% | 0.0% | 0.0% | No changes |
| Wasting [#] | 18% | 8% | -2.0% | 10% | Declined |
| Exclusive Breast feeding | 17% | 29% | +2.4% | 12% | Increased |
| Low Birth Weight | 8% | 7% | -0.2% | 1% | Declined |
| Overweight | 4% | 2% | -0.4% | 2% | Declined |
| Anaemia* | 67% | 58% | -1.8% | 9% | Declined |

#measured using WHZ and as WHZ<-2 *2013 Anaemia prevalence drawn from NPFN document while 2018 is from NDHS 2018

Table 2: NSPAN Target, Global target and status

| Indicator | National Target | Global target | As at 2018 | Comment |
|----------------------|-----------------|----------------|------------|------------------|
| Stunting | ↓ by 20% | ↓ 40% | 37% | No change |
| Low Birth Weight | ↓ by 15% | ↓ 30% | 7% | Declined by 1% |
| Childhood overweight | No increase | No increase | 2% | Declined by 50% |
| Wasting | < 10% | <5% | 8% | Declined |
| Anaemia in women | reduce by 50% | ↓ 50% | 58% | *No baseline |
| EBF | At least 50% ↑ | At least 50% ↑ | 29% | Increased by 12% |

*No baseline in the 2013 NDHS

Table 3: Observed rate of change in targets and expected change per annum

| Indicators | NDHS 2018 | NSPAN 2018 | NPFN 2025 | *GNT 2025 |
|----------------------|-----------|------------|-----------|-----------|
| Stunting | 0% | 3.4% | 1.6% | 1.25% |
| Wasting [#] | 2% | 1.6% | 0.7% | 1.1% |
| EBF | 2.4 | 4.6% | 4% | 4.2% |
| Anaemia* | 1.8% | 3.4% | 2.3% | 2.8% |

*Global Nutrition Target; [#]Weight for height Z-score <-3

The NSPAN 2014-2019 Targets

Tables 2 and 3 indicate the progress made in the NSPAN 2014-2019 target, the global target and the current levels of achievement using the 2013 NDHS baseline. Stunting which represents a chronic form of malnutrition remained unchanged while exclusive breast feeding (EBF) achieved an annual incremental rate of 2.4% and wasting achieved an annual drop of 2% to reach beyond the target set in 2013.

The 2015-2030 Sustainable Development Goals (SDGs)

In 2017, Nigeria ranked 145th out of 157 countries, ranked based on progress toward meeting the Sustainable Development Goals (SDGs)⁹. The ranking was 159 out of 162 countries in 2019, with a score that is 13.8% less than the regional average. Although the country recorded a moderate improvement towards achieving SDG 2 of ending hunger, achieving food security and improved nutrition and promote sustainable agriculture however, this progress has been insufficient to meet the goal¹⁰.

DISCUSSION

This review article was to determine how well Nigeria is on course to meet the 2025 global nutrition target as well as the sustainable development goals based on progress made with the nutrition target.

The results from the most current national demographic health surveys show varying levels of performance of the national targets with many of the targets far from being achieved and in some cases, there is reversal of previous gains. This has also been reported by the global nutrition report for Nigeria in which it was reported that Nigeria is 'on course' to meet one targets for maternal, infant and young child nutrition (MIYCN). However, no progress has been made towards achieving the target of reduction of anaemia in pregnant women but some progress has been made exclusively breastfeeding, and wasting. The national stunting rate remains higher than the West African average of 30.9% and much higher than the global target average of 22%⁴.

Stunting is a major health problem in children under-5 years in many low- and middle-

income countries around the world¹¹. The impact of stunting can be profound with long-term effect on cognitive development, educational performance and economic productivity in adulthood as well as maternal reproductive outcomes¹². Currently, the country is not on course to achieve the global nutrition target nor did it achieve the targets set in the NSPAN. The reasons maybe from the current insurgency and communal clashes in northern Nigeria, and heightened insecurity with large scale displacements of populations may have diminished the impact of interventions to address this index. To mitigate the impact of stunting and achieve the 2025 nutrition target, it is imperative to review these challenges and put in measures to address them.

The country has surpassed its target for wasting with wasting at 7% (NDHS 2018) and just slightly above the global average at 6.7%⁴. Thus far, the 2018 target is more than met and the 2025 target is on course and in line with the global nutrition target of less than five percent. The efforts put in to achieve this target needs to be sustained, irrespective of the emergent challenges such as the intractable herdsmen/farmer clashes, the insurgencies and resultant displacement of communities.

The EBF rate is far from target nor the rate of increment able to catch up by 2025. Although progress has been within 5 years from 2013 to 2018, it is important to identify and address hindrances to EBF. In a study by Ihudiebube-Splendor *et al.*¹³ they showed that more than half of primiparous mothers had inadequate knowledge of EBF and only about two thirds of respondents had intention to exclusively breastfeed for 4–6 months. In an earlier work, Agho *et al.* demonstrated that the key factors that were associated with higher rates of EBF included antenatal clinic visits, household wealth and gender of the index child with four or more antenatal care visits, higher socio-economic class and female gender being responsible for higher EBF rates¹⁴. From the foregoing, knowledge, socioeconomic status, amongst others will require urgent attention.

Birth weight is a good summary measure of multifaceted public health problems including long-term maternal malnutrition, ill health, and poor health care during pregnancy. Currently there is no national data on prevalence of low

birth weight although published data indicate a high burden of 7%. Thus, it would be difficult to say whether the country is on course or not to achieve the global target. Dahlui *et al*¹⁵ identified some modifiable risk factors for low birth weight in Nigeria to include maternal nutrition, socio-economic status, maternal age at birth and maternal level of education. Currently, there is a slight increase in maternal malnutrition rates with the prevalence of thinness (body mass index; BMI<18.5) slightly increasing from 11% in 2013 to 12% in the 2018 NDHS and overweight/obesity, BMI>25, increasing from 25% to 28%. This could imply lower birthweight babies from thin women at birth.

The attainment of the global nutrition target is predicated on the enabling environment put in place by government and its agencies as well as the support received from donors and development partners. Some of the enabling environment that has been leveraged on in the recorded progress include the following;

a. National Strategic Plan of Action on Nutrition

The first NSPAN was developed in 2014 at the national level in conjunction with states and other stakeholders. Implementation of nutrition interventions in Nigeria is mostly based on the NSPAN (2014-2019), which in itself was developed based on National Policy on Food and Nutrition (NPFN 2016). Although it is a national strategic plan, implementation of the plan occurs at the state level which should be tracked at the national level. At the moment, there is no precise mechanism in place at the national level that monitor and evaluate effective implementation of the NSPAN both at the national and state levels. This makes it almost impossible to assess whether set objectives and targets have been met.

To achieve this, a mid-term and end-term reviews are essential to document progress or otherwise. Mid-term reviews (MTR) assesses the degree of implementation of a project or program based on immediate objectives, strategies and assumptions of risks against expected outcomes and impact¹⁶. When an MTR is conducted, an opportunity for the country to review implementation progress, is created. Such review would enable identification of bottlenecks and immediate corrective actions for improved

outcomes would have been instituted within the lifespan of the plan.

b. Policy on Infant and Young Child Feeding

A key tool for driving Infant and Young Child Feeding (IYCF) programs is availability of a national policy and strategy document on IYCF. This document serves as a blueprint for guiding implementation of IYCF activities and tracking progress towards achievement of set national and global objectives and targets. The last IYCF policy for Nigeria was developed in 2011 and recently reviewed. There is a need to aggressively pursue the letter and spirit of the new policy.

c. Baby Friendly Hospital Initiative

Successful breastfeeding initiation and EBF are better attained when mothers attend Baby-Friendly Hospital Initiative (BFHI) facilities¹⁷. It has been observed that babies born in accredited BFHI facility had an average longer duration of EBF and higher rates of continuing breastfeeding than babies born in non-BFHI hospitals¹⁸.

Hospitals that provide systematic promotion of delivery and breastfeeding support to women according to international guidelines in BFHI are likely to have a successful breastfeeding program compared to those that don't¹⁹. The now revised baby friendly initiative should help shore up the exclusive breastfeeding trajectory if implemented.

d. Implementation of the International Code of Marketing of Breast-milk Substitutes

It is estimated that improving breastfeeding practices would save about 820,000 under-5 children, prevent childhood illnesses, protect hospital admissions, reduce annual healthcare costs and enhance higher cognitive functions in children as well as benefit women's health²⁰. In order to protect the practice of breastfeeding, the marketing of Breast-Milk Substitutes (BMS) must be discouraged to prevent inappropriate feeding practices that could lead to infant malnutrition²¹.

In Nigeria, there is a growing market of baby foods and this has adverse effects on promotion of EBF and continuing breastfeeding. Due to the

adverse effects of these unrestricted marketing of infant and young child foods on breastfeeding in Nigeria, the National Agency for Food and Drug Administration and Control (NAFDAC) revised its regulations to *"protect and promote optimal IYCF and eliminate practices that undermine it and the need to ensure the proper use of BMS when necessary on the basis of adequate information and through appropriate marketing and distribution;"* This regulation will no doubt help to curb the unnecessary marketing and use of BMS to the detriment of optimal breastfeeding practices ²².

e. Maternity Protection

It has been observed that women who are employed and receive paid maternity leave of 12 weeks or more, have higher tendency to breastfeed their babies up to 6 months than those who are not ²³. Different countries have different labor laws on paid maternity leave, duration of leave and other support for breastfeeding mothers in the work place. As part of maternity protection, mothers should be able to breastfeed at work. It is recommended that facilities for nursing under adequate sanitary conditions at or near the workplace should be provided for breastfeeding mothers ²⁴.

Funding landscape

Importance of investing in nutrition cannot be overemphasized. Investing in nutrition reduces morbidity, mortality, irreversible growth restriction, poor cognitive function among under-five and low economic productivity and wages among stunted children later in life ²⁵.

Over the years, nutrition programs have not benefited from adequate funding from both federal and state governments, however, federal government funding for nutrition has begun to increase. The federal government, for the first time, made a counterpart funding of ₦1.2 billion as contribution for the purchase of RUTF to treat acutely malnourished children in the country, in addition to funding support from UNICEF ²⁶. It is also worthy of note that the procurement and distribution of RUTF and establishment of CMAM sites across the six geopolitical zones has secured funding in the 2020 health budget ²⁷. This

will ensure sustainability of gains made in addressing acute malnutrition in the country.

Nigeria has been a beneficiary of World Bank targeted nutrition funding support to drive nutrition projects in some states. This include the Saving One Million Lives (SOML) project, worth \$500 million ²⁸ and the Accelerating Nutrition Results in Nigeria (ANRiN) ²⁹, a five-year project, spanning 2018 to 2023, whose objectives is to increase utilization of quality, cost-effective nutrition services for under-five children, pregnant and lactating women and adolescent girls in 12 states of the country. Going by antecedents of disbursement and performance of SOML, it is highly desirable that the ANRiN project could optimally "burn up" the allocated funding for spending within the project life cycle.

Nutrition Information Systems and Surveillance

To accurately track implementation of the SDGs, national and SDG targets must be promptly tracked, accurately analyzed and shared across all levels (federal, state and LGA) with key stakeholders such as government, civil society and the general public in order to make informed decisions ³⁰. At the moment however, national nutrition information and surveillance system is weak and requires urgent strengthening.

CONCLUSION

There is an urgent need to fast track the implementation of the national IYCF policy and NSPAN, scale up community IYCF and integrate IYCF activities within routine maternal and child health services at all levels of healthcare delivery, including in private health facilities. The baby friendly initiative needs to be implemented to the latter.

The Government should take the lead in funding nutrition programs in Nigeria. Effective resource mobilization, allocation and disbursement must be employed to make this happen. Nigeria can leverage on the Basic Healthcare Provision Fund as an opportunity for strengthening payment for utilization of nutrition services by vulnerable populations. At the moment, there is a huge opportunity for improving nutrition outcomes in Nigeria through

advocacy to state governments to increase allocation for funding nutrition activities in states.

REFERENCES

1. Onis M, Dewey KG, Borghi E, Onyango AW, Blössner M, Daelmans B, Piwoz E, Branca F. The World Health Organization's global target for reducing childhood stunting by 2025: rationale and proposed actions. *Matern Child Nutr.* 2013; 9 (S2):6–26.
2. Ministry of Budget and National Planning. National Policy on Food and Nutrition in Nigeria; Ministry of Budget and National Planning: Abuja, Nigeria, 2016.
3. Federal Ministry of Health. National Strategic Plan of Action for Nutrition (2014–2019): Health Sector Component of National Food and Nutrition Policy; Federal Ministry of Health: Abuja, Nigeria, 2014.
4. UNICEF. Countries on track for the 2025 global nutrition targets. UNICEF global databases Infant and Young Child Feeding, 2019.
5. National Population Commission (NPC) [Nigeria] and ICF International. Nigeria Demographic and Health Survey 2013. Abuja and Rockville: NPC and ICF International; 2014.
6. National Population Commission [Nigeria] and ICF International. Nigeria demographic and health survey 2018. Maryland: NPC and ICF International. p. 2018.
7. NBS/UNICEF/USAID, *National Nutrition and Health Survey (NNHS)*, National Bureau of Statistics, Abuja, Nigeria, 2014.
8. National Bureau of Statistics Nigeria. National Nutrition and Health Survey (NNHS) 2018. www.unicef.org/nigeria/reports/national-nutrition-and-health-survey-nnhs-2018. Accessed 25/4/2020
9. Sachs, J., Schmidt-Traub, G., Kroll, C., Durand-Delacre, D., and Teksoz, K. 2017. *SDG Index and Dashboards Report 2017*. New York: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).
10. Sustainable Development Report Dashboards 2019.
11. UNICEF. State of the World's Children Statistical Report. 2015
12. Stewart CP, Iannotti L, Dewey KG, Michaelsen KF, Onyango AW. Contextualising complementary feeding in a broader framework for stunting prevention. *Matern Child Nutr.* 2013; 9(S2):27–45.
13. Ihudiebube-Splendor CN, Okafor CB, Anarado AN, Jisieike-Onuigbo NN, Chinweuba AU, Nwaneri AC, Arinze JC, Chikeme PC. (2019) Exclusive Breastfeeding Knowledge, Intention to Practice and Predictors among Primiparous Women in Enugu South-East, Nigeria. *Journal of Pregnancy*; 3: 1-8. <https://doi.org/10.1155/2019/9832075>.
14. Agho, K.E., Dibley, M.J., Odiase, J.I. *et al.* Determinants of exclusive breastfeeding in Nigeria. *BMC Pregnancy Childbirth* **11**, 2 (2011). <https://doi.org/10.1186/1471-2393-11-2>.
15. Dahlui M, Azahar N, Oche OM, et al. Risk factors for low birth weight in Nigeria: evidence from the 2013 Nigeria Demographic and Health Survey. *Glob Health Action* 2016;9:28822.doi:10.3402/gha.v9.28822.
16. Asian Development Bank. (2008). Evaluation Study: Midterm Review Process. Evaluation. Retrieved from <https://www.adb.org/documents/midterm-review-process-2008>.
17. Munn, A. C., Newman, S. D., Mueller, M., Phillips, S. M., & Taylor, S. N. (2016). The Impact in the United States of the Baby-Friendly Hospital Initiative on Early Infant Health and Breastfeeding Outcomes. *Breastfeeding Medicine*, 11(5), 222–230. <https://doi.org/10.1089/bfm.2015.0135>.
18. Spaeth, A., Zemp, E., Merten, S., & Dratva, J. (2018). Baby-Friendly Hospital designation has a sustained impact on continued breastfeeding. *Maternal and Child Nutrition*, 14(1), 1–12. <https://doi.org/10.1111/mcn.12497>.
19. Marinelli, A., Del Prete, V., Finale, E., Guala, A., Pelullo, C. P., & Attena, F. (2019). Breastfeeding with and without the WHO/UNICEF baby-friendly hospital initiative: A cross-sectional survey. *Medicine*, 98(44), e17737. <https://doi.org/10.1097/MD.00000000000017737>.
20. Victora, C., Bahl, R., & Barros, AJD, et al. (2016). The Lancet Breastfeeding Series. *The Lancet*, (October). Retrieved April 26 2020 from <http://www.thelancet.com/cms/attachment/2045510390/2056840532/mmc1.pdf>.
21. World Health Organization. (1981). International Code of Marketing of World Health Organization. Retrieved from <https://www.who.int/nutrition/publications/infantfeeding/statusreport2011/en/>.
22. National Agency for Food and Drug Administration and Control. Marketing of Infant and Young Children Food and Other Designated Products (Registration, sales, etc.), Regulations 2019 (2019). Abuja: National Agency for Food and Drug Administration and Control. Retrieved from https://www.nafdac.gov.ng/wp-content/uploads/Files/Resources/Regulations/New_Draft_Regulations/Dietary-Supplement-Regulations-2019.pdf.
23. International Labour Organization. (2014). Maternity and paternity at work: Law and practices across the world. Geneva. Retrieved from https://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_242615/lang-en/index.htm
24. International Labour Organization. (2020). International Labour Standard on Maternity Protection. Retrieved from <https://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/maternity-protection/lang-en/index.htm>
25. World Bank. (2014). Costed Plan for Scaling Up Nutrition: Nigeria. Health, nutrition and population discussion paper. Retrieved April 29, 2020, from <https://openknowledge.worldbank.org/handle/10986/21808>.
26. Ojetunde, D. (2019). Nigeria remains perpetual defaulter of the 'Abuja Declaration' on health funding. International Center for Investigative Reporting. Retrieved from <https://www.icirigeria.org/nigeria->

- remains-perpetual-defaulter-of-the-abuja-declaration-on-health-funding/
27. International Center for Investigative Reporting. (2018). Analysis: Federal Government has cut funding for nutrition — and the consequences will be ‘long-lasting’. Retrieved April 29, 2020, from <https://www.icirnigeria.org/analysis-fg-has-cut-funding-for-nutrition-and-the-consequences-will-be-long-lasting/>
 28. World Bank. (n.d.). Nigeria - Program to Support Saving One Million Lives. Retrieved April 24, 2020, from <https://projects.worldbank.org/en/projects-operations/project-detail/P146583?lang=en>
 29. World Bank. (2020). Accelerating Nutrition Results in Nigeria Project-Summary. Retrieved April 25, 2020, from <https://projects.worldbank.org/en/projects-operations/project-detail/P162069?lang=en>
 30. National Bureau of Statistics. (2017). Sustainable Development Goals (SDGs) Indicators Baseline Report 2016. Abuja, Nigeria. Retrieved from <https://www.ng.undp.org/content/nigeria/en/home/library/mdg/nigeria-sdgs-indicators-baseline-report-2016.html>