

Approaches to Enhanced Political Will for Achieving Nutrition-Related Millennium Development Goals in Nigeria

Oyewole Oyediran E*

Department of Health Promotion and Education, University of Ibadan, Ibadan, Nigeria

Abstract

Background: The year 2015 was set as the target to achieve the Millennium Development Goals (MDGs), including those that are directly linked with nutrition in Nigeria. However, the chances of meeting this target appear very slim as 2015 is here. Efforts geared towards meeting these targets have recorded little success due to myriads of challenges of which weak political ownership takes a vantage position; coupled with lack of specificity in coordination of nutrition programmes. This has contributed to low level of nutrition development because all the government ministries/agencies where nutrition programmes have been domiciled have their specific goals and nutrition is usually considered as add-on Programme.

Objective: To examine tested approaches to achieving nutrition-related MDGs in Nigeria.

Method: Review of literature and relevant national documents using a desk-review guide, which was developed in line with the goal of this presentation.

Results: International agencies including the World Bank are becoming more involved in nutrition programmes and are passionate of the pivotal role of nutrition in the scheme of national development. However, learning from the success story of nutrition programmes in some sub-Sahara African countries, it is certain that proper coordination of nutrition programmes by an agency solely created by the national government is the missing link in the equation for enhanced nutrition development.

Conclusion: Establishment of a full-fledged National Nutrition Council under the Office of the President will be an impetus required to kick-start effective coordination and mainstreaming of nutrition into all developmental agenda. This is in line with the global practice of scaling-up nutrition programmes at the national level.

Keywords: Millennium development goals; Nutrition programmes; Nutritional scaling-up

Introduction

Statistics from National Demographic Health Survey [1] on nutritional status of under-5 children, which is usually used as indicator of development showcase Nigeria in a poor light with 37% of under-5 children categorized as being stunted, 18% wasted, and 29% reported to be underweight.

However, the prevalence of malnutrition is not uniform across the six geo-political zones of the country and also differs along urban-rural divisions. Children in rural areas are more likely to be stunted (43%) than those in urban areas (26%), and the pattern is similar for severe stunting (26% in rural areas and 13% in urban areas). The prevalence of all forms of malnutrition is higher in the northern geo-political zones when compared with the south [2]. The Northwest has the highest proportion of children who are stunted (55%), followed by the Northeast (42%) and North Central (29%). At the state level, Kebbi in the Northwest has the highest proportion of stunted children (61%), while Enugu in the Southeast has the lowest proportion (12%) [1]. Socio-cultural practices, age of mother at first delivery, health status of mother and child, and mother's level of education have contributed significantly to the observed regional differences in nutritional status.

The Nigerian MDG Report [3] presents the actual, targeted and 5-year projection of underweight children. While the actual figures show a decrease from 32.5% in 2000 to 24.0% in 2008; the targeted reveals a palpable reduction from 28.0% in 2000 to 18.5% in 2015 and 5-year projection predicts a decrease to 16.0% by 2015 (Figure 1).

The percentage of low birth-weight babies in Nigeria was reported

to be 11.7 in 2008 [4]. Low birth-weight babies are newborns weighing less than 2,500 gm, with the measurement taken within the first hours of life before significant postnatal weight loss will occur. In general, malnutrition (directly or indirectly) accounted for 53% of child mortality in Nigeria and the reduction of child mortality therefore remains a key challenge. As against the global target of 30/1000 live births, Nigeria had 110/1000 live births (LB) in 2008. Low maternal education, low coverage of immunization, weak primary health care system, and high incidence of poverty, inequality and poor household practices accounted for high mortality rate. The mortality rate of under-5 (per 1000) in Nigeria rose to 151.00 in 2008 falling to 146.70 in 2009 and 142.9 in 2010 [5]. However, it should be noted that wide disparities exist between rural and urban centers and among geographical zones.

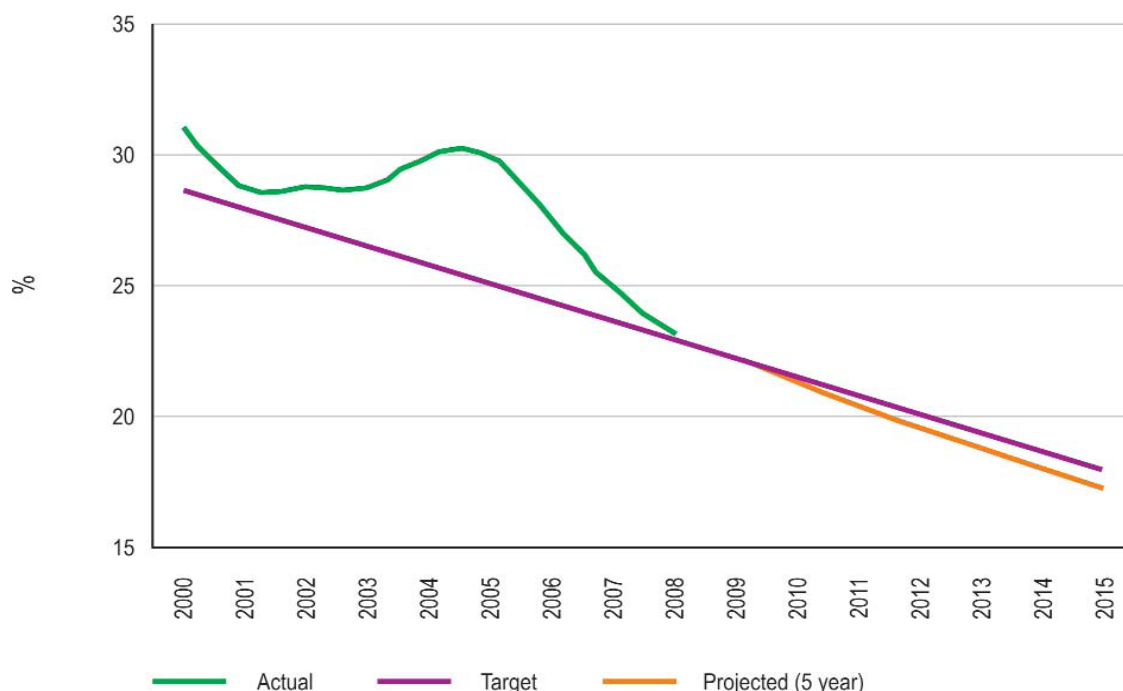
Nigeria fares very poorly in all development indices. Nigeria is among the 20 countries in the world with the widest gap between the rich and the poor. The GINI index measures the extent to which the

***Corresponding authors:** Oyewole Oyediran E, Department of Health Promotion and Education, University of Ibadan, Ibadan, Nigeria, Tel: +234-802-325-9403; E-mail: oyewole2002@yahoo.com

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Source: Nigeria MDG Report, 2010.

Figure 1: Actual and targeted percentage of underweight children in Nigeria.

distribution of income (or in some cases consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI index for Nigeria was 50.6 in 1997 dropping to 43.0 in 2014. However, this compares poorly with other countries such as Guinea (33.7), Iraq (29.5) and Niger (31.2) [6].

Despite being the largest oil producer in Africa and the 12th largest in the world, Nigeria is ranked 158 out of 177 on the United Nations Development Programme (UNDP) Human Poverty Index [7]. However, Nigeria is one of the most developed economies in Africa and the petroleum industry provides 95% of foreign trade earnings and about 80% of budget revenues. Agriculture is however, the main source of revenue for two-thirds of the population and more than 50% of Nigerians live in poverty with corruption and poor infrastructure as the major obstacles for future sustainable development. Poverty incidence has been consistently higher in rural areas than urban areas while wide disparity occurs in poverty trend in the zones. Poverty in Nigeria is in the midst of plenty, a situation which prompted UNICEF to describe her as a rich country with poor citizens [2]. Nigeria presents a low human development level with Human Development Index (HDI) value of 0.448, which ranks the country as 179 among 197 countries in the world [8].

With these statistics, it is obvious that new approach is required to promote the course of nutrition in Nigeria. Nutrition has suffered mainly from poor coordination both at the national, state and local government levels. There is need for high level of political involvement in promoting all nutrition-related programmes and nutrition should be considered as a developmental tool [9].

Nigeria and nutrition-related MDG

The Millennium Development Goals (MDGs) are a set of quantifiable and time-bound goals expected to dramatically improve

human condition by 2015. MDGs draw together in a single agenda issues that require priority to address the development question. Quest for MDGs adds urgency and transparency to measurable international development agenda and explicit resource commitments have been made to achieve them. In the Nigerian context, the Civil Society Consultative Forum on the MDGs held in Abuja, Nigeria on 20th April, 2004 provided the following three reasons why Nigeria needs to engage the MDGs:

- MDGs provide additional entry point to engage government on development issues.
- MDGs affect all segments of the society and Civil Society Organizations serve as the link between government and the grassroots.
- MDGs provide the link between local and international actions towards human-centred development

These add to the justification for the development of MDGs, using all the available structure at disposal.

Methodology

This was a purely qualitative research based on desk review of national and international documents the identify issues related to performance of the nutrition Programme in Nigeria.

A 4-item desk review guide was developed to assist in the collection of qualitative data that are relevant to the goal of this assessment. The items in the desk review guide include:

- Past efforts to develop nutrition Programme in Nigeria
- Successes recorded from the efforts
- Challenges confronting nutrition Programme

- Evidence-based success stories from other sub-Sahara African countries and adopted strategies

Results obtained from relevant documents

While many countries have made significant progress towards the goals, dozens including Nigeria are far off track from achieving them unless progress is accelerated dramatically [10]. The 2004 MDG report states that “based on available information, it is unlikely that Nigeria will be able to meet most of the goals by 2015, especially the goals related to eradicating extreme poverty and hunger, reducing child and maternal mortality and combating HIV/AIDS, malaria and other diseases”.

Since nutrition is strongly linked with more than 70% of goals under MDGs, it therefore means that if nutrition is neglected and poorly coordinated, the dream of achieving the goals, even if the target is shifted beyond 2015, will be a mere mirage.

Nigeria first published an MDG report in 2004, at a time when it was closely integrated into the country’s National Economic Empowerment and Development Strategy (NEEDS). In 2005, the country successfully negotiated debt relief from the Paris Club. This translated into annual gains of one billion dollars for the country, which the Federal Government immediately decided to utilize for stimulating national development by investing in the pro-poor programmes needed to achieve the MDGs [11].

This report further revealed that unprecedented progress has been made on some indicators, with a one-third reduction in maternal mortality, reflecting targeted investments and effective partnerships. Sustained improvements on indicators such as nutrition and access to safe water have been recorded, but there is still much room for improvement because the pace is erratically slow when compared to the set target of 2015. With nutrition alone having a strong hold on 75% of the components of MDGs (Table 1), it will be the most cost-effective Programme to focus attention on to achieve the goals. The level of progress that MDGs have made in recent times is strongly linked with the political and donor supports it enjoys. However, because the coordinators of MDG programmes have many other programmes to oversee, this may reduce the level of attention given to nutrition, which may in turn slow-down the desired progress needed to promote nutrition to the point where it will have a reverberating effect on the general outcome of the MDGs.

Nutrition and national development

According to the World Bank, malnutrition is a leading cause of death of mothers and young children worldwide, and for those fortunate enough to survive it in early childhood, its harmful effects stay with them for the rest of their lives, making them less-productive

adults. Survivors are likely to start school late, more likely to drop out of school, and less able to learn because their brain function and learning capacities might have been compromised during the early years. There is therefore the need to break the vicious cycle of poverty and malnutrition to give people the opportunity to achieve sustained economic growth as presented in Figure 2.

Programmes for improving the food/nutrition situation have become essential activities within the different governmental sectors (health, agriculture, education etc.) for national socio-economic development plans. While programmes for improving community nutritional status are also increasingly seen as integral activities of local government, NGO’s and bilateral agencies, the success of these programmes depends to a large extent on both professional knowledge and managerial skills of the stakeholders who carry responsibilities for planning and management.

Coordination of food and nutrition activities in Nigeria: Pre-policy era

In the past, food and nutrition-related activities in Nigeria have been sectoral, uncoordinated and limited in scope. Various ministries prepared policies in which nutrition considerations were tangentially addressed as part of their respective mandates. Nigeria can do better than what is obtained in the present scorecard. Howbeit, many continue to struggle against poverty, hunger, and malnutrition and all nutritional indicators are suggestive of poor performance. Nutrition has been treated like a foster child, who is being sent to different parents for care! It could be inferred that if between 1990 and 2014, the nutrition situation has not improved significantly, then, there is a need to critically examine the situation in order to intensify efforts to address the problem. It is important to reflect on the existing structure as regards the coordination of nutrition activities in Nigeria. Having nutrition domiciled under another agency cannot provide the enabling environment for effective national impact. There is therefore a need to find a ‘home’ for nutrition to ensure proper coordination of activities.

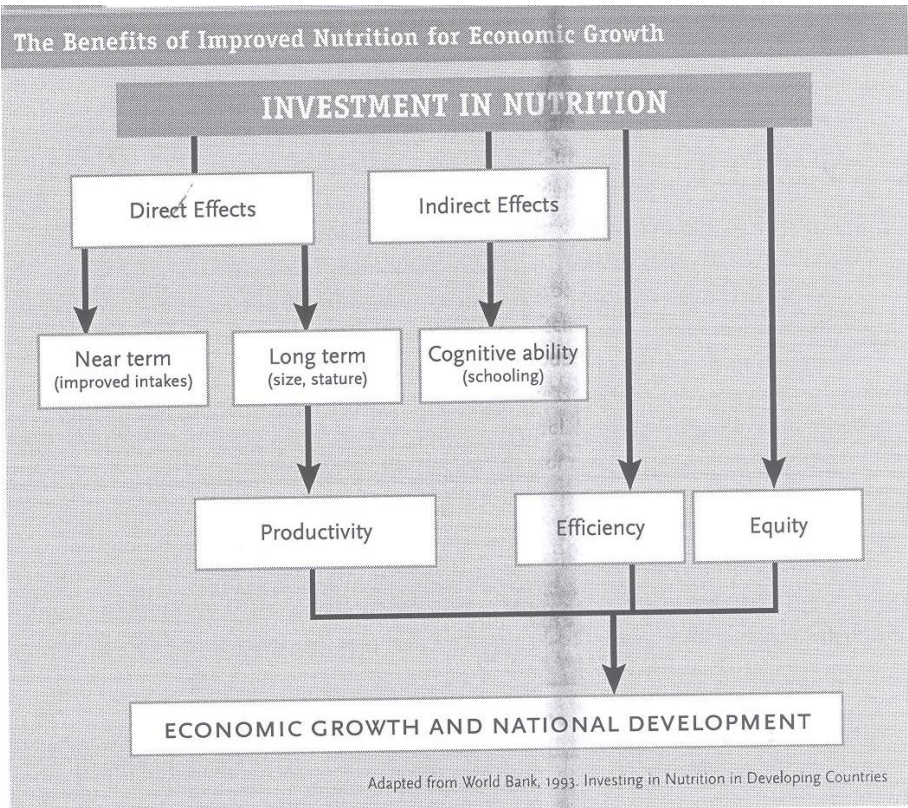
Why nutrition falters in comparison with other sectors in Nigeria?

The worrisome nutrition situation, which has resulted into minimal accomplishment over the last two decades, can be traced to a number of reasons. These include poor coordination by the various sectors, which have hitherto implemented nutrition programmes; leadership problems especially the inability of the assumed sectoral leaders of nutrition programmes to accurately understand the multi-disciplinary nature of nutrition problems, and effectively coordinate programmes that will produce meaningful impact. The fact remains that most of the agencies presently coordinating and implementing nutrition programmes have many objectives directly related to their agencies

Goal 1: Eradicate extreme poverty and hunger	Malnutrition erodes human capital, reduces resilience to shocks and infections with the consequent reduction in productivity (impaired physical and mental capacity).
Goal 2: Achieve universal primary education	Malnutrition reduces mental capacity. Malnourished children are less likely to enroll in school, or more likely to enroll later. Current hunger and malnutrition reduces school performance.
Goal 3: Promote gender equality and empower women	Better-nourished girls are more likely to stay in school and to have more control of future choices
Goal 4: Reduce child mortality	Malnutrition is directly or indirectly associated with more than 50% of all child mortality and it is the main contributor to the burden of disease in the developing world
Goal 5: Improve maternal health	Maternal health is compromised by an anti-female bias in allocations of food, health and care. Malnutrition is associated with most major risk factors for maternal mortality
Goal 6: Combat HIV/AIDS, malaria and other diseases	Malnutrition hastens onset of AIDS among HIV-positive individuals. It weakens resistance to infections and reduces malarial survival rates.

Source: Standing committee on nutrition - 5th Report on the World Nutrition Situation, 2004.

Table 1: Nutrition’s Contributions to MDGs.



Source: Investing in Nutrition in Developing Countries: World Bank, 2008

Figure 2: The benefits of improving nutrition for economic growth.

Year	Location of Nutrition Coordinating Body
1990	National Committee on Food and Nutrition (NFCN) established under the Ministry of Science and Technology
1993	Ministry of Science and Technology phased out in 1992, NFCN transferred to the Federal Ministry of Health
1994	NCFN transferred to the National Planning Commission (NPC) to coordinate and harmonize all food and nutrition-related policies being implemented by various ministries and agencies
2002	A milestone: Domiciliation of NCFN under NPC was the first closeness of the nutrition committee to the President. This resulted into the launching of the first National Food and Nutrition Policy document by the Federal Government of Nigeria in November 2002
2008 till date	Back to Federal Ministry of Health

Table 2: Period and coordinating bodies for food and nutrition programmes in Nigeria.

other than nutrition, thereby considering nutrition as a secondary focus. From 1990 till date, coordination of Nutrition programmes in Nigeria has passed through four different Ministries and government agency, for some twice (Table 2). There is little doubt that this is one of the reasons for poor development of nutrition Programme in the country.

Also, poor funding and sometimes wrong perception of the potentials of nutrition programmes contribute to poor disposition to national nutrition issues.

Discussions

If nutrition situation has deteriorated as presented in the NDHS [1], there is need to intensify efforts to address the problem and reflect on the existing structure as regards the coordination of nutrition activities in Nigeria. Therefore, a more pro-active 'home' is required for Nutrition to ensure better coordination, access to political support and better understanding of nutrition as a developmental venture just the same way national economy is managed and protected.

Possible reasons for the neglect of nutrition in the development agenda

- The emphasis has been on the young child and this might have led to the misconception that nutrition is not a problem of the general population.
- Decision makers do not see adequate nutrition and nutritional improvement as a contribution to productivity, poverty reduction and national development.
- It is not widely known that there are actions readily available to promote nutrition. The small scale nutrition intervention Programme successes are not well documented and widely reported.
- Effects of nutrition on other major national problems are not overtly showcased in national discourse, even in the recently concluded National Constitutional Conference.
- The political class is well conversant with the concept of food

security but nutrition security is yet to receive adequate understanding that can influence the promotion it deserves.

Approaches to mainstreaming nutrition into national development agenda

Political Advocacy to Improve Nutrition: When the Government of Malawi established a National Food Security and Nutrition Unit in the Office of the President and Cabinet in 1987, the nutrition community in that country welcomed it as a positive step towards addressing the alarmingly high rates of chronic malnutrition and child mortality [12]. This step was quite encouraging, given the lack of attention devoted to nutrition during the previous decades. Though the establishment of this unit was preceded by many years of nutrition advocacy by national and international institutions, it was precipitated by economic decline and conditions imposed by aid donors in the 1980s [12]. Presently, it is not debatable that Malawi is on the threshold of overtaking even bigger countries in Africa including Nigeria in the ladder of national development vis-a-vis economic, education and other relevant sectors.

In order to attract political attention to nutrition situation in Nigeria and learning from the success story of Malawi, stakeholders in Child Health and Nutrition arranged for a meeting with the then President, Federal Republic of Nigeria. On the 22nd of February, 2007, a Stakeholders' Forum on Child Nutrition Situation in Nigeria was held at the State House, Abuja. The meeting was presided over by the then President and the Commander-in-Chief of the Armed Forces, Chief Olusegun Obasanjo. At the end of the meeting, having listened to the arrays of evidence-based information presented and the submission of all the stakeholders on the urgent need to promote nutrition as a developmental agenda, the establishment of a National Nutrition Council (NNC) was proposed and to be domiciled in the Presidency and chaired by the President. A meeting of stakeholders was slated for this effect but the political issues that surrounded the ending of his administration could not support holding of the meeting till he left office. It is believed that the document (minutes of meeting) relating to this stakeholders' meeting is still within the Presidency awaiting the desired consideration.

The Mission Statement of the Proposed NNC: To effectively

coordinate and harmonize all the efforts of government in tackling malnutrition, so as to maximize the contribution of adequate nutrition to the growth, development and full realization of the human capacity and potential in Nigeria.

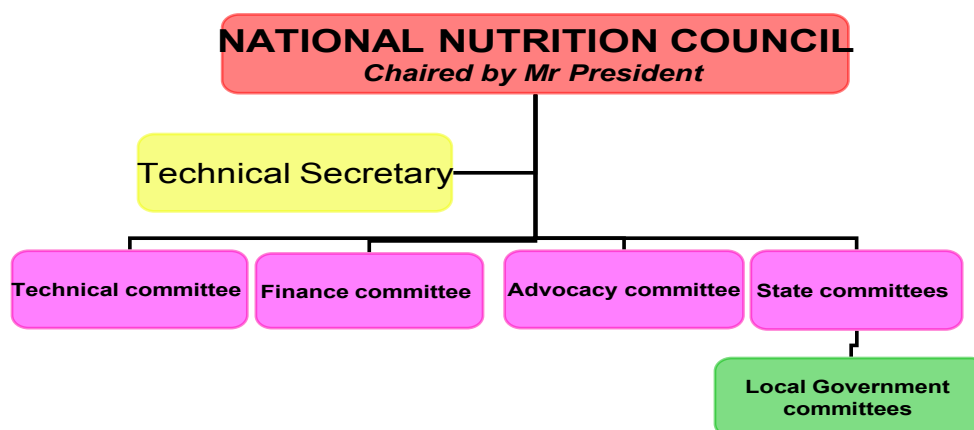
Evidence-based approaches to nutritional governance: Adoption of the Malawi model for scaling up nutrition in Nigeria

Nutritional governance is a measure of strong political will and involvement, which are the ingredients required to promote the course of nutrition in national development. There are many evidence-based success stories from Uganda and presently Malawi as classical examples of what the involvement of political will can achieve if adopted. The Malawi Model is being showcased all over the world and many countries are adopting it to catch up with the rest of the world in all areas of national development. It is envisaged that if deep-rooted national development is sincerely desired, then the way to go is to consider and adopt/adapt the model as presented below:

There are six pillars that have led to the success of Malawi's nutrition model. These are, Political Will/Support/Ownership: The highest political will should be to place nutrition directly under the Presidency, making Mr. President the Minister responsible for Nutrition. The President and his Vice President (who is the overseer of the Department), should be the lead champions of nutrition in this approach to scale-up nutrition (Figure 3). A workable Organogram is proposed in Table 2, where the President is the Head and a Technical Secretary who should be an expert in the field of nutrition should be appointed by the President.

Coordination: In order to enhance effective coordination and mainstreaming of nutrition in all implementing sectors, a full-fledged Nutrition Department should be established in the Office of the President and Cabinet. The Department should be the secretariat and its mandate will be to play a central role in the interpretation of Government's vision of an adequately nourished population. The Department will provide visionary guidance and strategic direction on Nutrition Programme, and develop mechanisms that enhance

The Proposed NNC Organogram



Source: Atinmo and Oyewole, 2007

Figure 3: Proposed Organogram for NNC.

the effective planning, implementation, monitoring and evaluation issues. It will facilitate research and adoption of best practices and information dissemination procedures on nutrition; enhance the institutional and human capacity development to design, implement and manage nutrition programmes and the enactment and enforcement of relevant nutrition legislation. It will also ensure the maintenance of standards in the delivery of nutrition services and mobilize resources for implementation of nutrition programmes by various sectors. To strengthen coordination, the Government may adopt a multi-sectoral approach to Nutrition, with clearly defined roles and responsibilities for each stakeholder; and one joint action plan with annual work plans. At the national level, there should be nutrition coordination and implementation committees, namely; Cabinet Committees on Nutrition; House Committee on Nutrition; Principal Secretaries' Steering Committee; Government and Development Partners' Committee on Nutrition; National Nutrition committees with membership from various nutrition constituencies, for instance, public and private sector, development partners, NGOs, academic and research institutions. These should be replicated at the state and local government levels. Non-governmental agencies with focus on development; who are working at these levels should be incorporated into the programmes.

Policy framework: A conducive policy environment should be created and nutritional data must be included in the National Growth and Development Index. Nigeria already has a comprehensive National Food and Nutrition Policy document, which is still valid till 2016. (It is however, already due for updating, with the current global thinking in the world of nutrition). This will be used as a guide to operationalize the nutrition component of the MDGs.

Resources: Knowing the importance of having resources in order to turn policy into action, government should create a special vote for nutrition within the Government Capital Expenditure budget. The support of private sector in this regards will also be a welcome idea.

Mainstreaming: In order to incorporate and strengthen nutrition's positioning, nutrition should be incorporated into other sectors including Health, Agriculture, Education and Women's Development, Universal Basic Education and Science and Technology. This was formerly established but poorly coordinated.

Capacity development: To ensure that the policy is implemented, Nutrition should be made a public good (an item whose consumption is not decided by the individual consumer but by the society as a whole, and which is financed by taxation) for pregnant women and children 0-24 months, while nutrition specialists at decision-making levels should be posted to each of the relevant Ministries and sectors to provide information that will assist in making nutrition-friendly policies. Other responsibilities should include facilitating and coordinating the integration and implementation of nutrition interventions at the sectoral level in the outreach programmes, policies, functions and activities within the sector, ensuring that there are vibrant nutrition workplace programmes; to rationalize resources for sectoral nutrition work; and to ensure that the utilization of nutrition resources in the sector is tracked.

These are validated approaches that will support coordination and better implementation of innovative interventions in nutrition that may include:

- Promotion of optimal feeding of infants, children, pregnant and lactating women through various public and targeted

nutrition education activities, especially during the antenatal and post-natal care services

- Promotion of micronutrients and disease prevention campaigns covering vitamin A supplementation, use of iodized salt, de-worming, use of insecticide-treated bed nets and public health nutrition education targeted at specific groups
- Promotion of dietary diversity and modifications
- Food fortification programmes
- Social and nutritional programmes targeted at vulnerable groups, such as school children, pregnant women, the aged, people living with human immune-deficiency virus and the physically challenged
- Promotion of access to nutrition and related services such as scaling-up of community therapeutic care for malnourished children and scaling-up of nutrition, treatment, care and support for the vulnerable groups
- Focused nutrition education campaigns developed by professionals in the field of nutrition to provide evidence-based information to the population through appropriate media

Strategies to improve nutrition governance in Nigeria

The government at all levels may need to make a wake-up call on all stakeholders in national development and demand for information relating to the role of nutrition in developmental processes. Government needs to develop the idea of integrating nutrition into all the sectors of the economy. The Ministers of National and Economic Planning, Finance and all the State Governors and local government chairmen should be adequately informed about the need to support and promote nutrition during the Federal Executive Council meetings. It is obvious from the foregoing that the pathway to achieving many of the MDGs becomes clear through the implementation of good nutrition programmes.

Adoptable Terms of Reference for the Proposed National Nutrition Council

- Analyze and ascertain the problems of nutrition in Nigeria
- Identify efforts already in place for tackling maternal and child malnutrition problems in Nigeria
- Review of past strategies and their impacts
- Assess further actions to deal with the problems at household, community, local, state, national, institutional and international levels
- Coordination and harmonization of efforts and strategies from line ministries and agencies
- Identify resource mobilization strategies
- Advocacy sensitization efforts to all stakeholders in nutrition and national development agenda
- Monitoring and evaluation of all nutrition programmes
- Regular dissemination of information on progress report

Conclusion

Putting an end to extreme malnutrition will lay the foundation for improving the health and well-being of the present generation and lead

to benefits for future generations beyond the 21st century. Key success criteria are to ensure that there is the highest political will, under a conducive policy environment with clear strategies, focused actions and resources for implementation. At the global level, there is need to have high level structures supporting the advancement of nutrition. If nutrition is to get back on the agenda, there should be right partnership with the global and regional bodies to have the right architecture for focused nutrition. Unless nutrition is at the centre of the development agenda and there is higher political will at all levels, poverty may never end in the country, and many of the MDGs will not be met by 2015. In addition, improvements in nutrition will have spinoffs not only on MDG 1 but also for other related MDGs in health and education. It is expedient for all to rededicate to the course of nutrition and place it as one of the topmost agenda for national economic breakthrough.

As much as every nation aspires to present some indicators of national development, not many actually adopt the most cost-effective strategies to achieve the goal. Investment in Human Development (simply through the 2 small windows of opportunity—adequate nutrition during the first trimester in pregnancy and ensuring adequate nutrition in the first 2 years of life) have been proved to be the best approach to all forms of national development.

Recommendations

- The inauguration of the NNC by the President is long overdue.
- As part of the transformation agenda, the President should chair and “own” the NNC.

All stakeholders in the field of nutrition should harness whatever advocacy arsenal at their disposal to promote the inauguration of NNC

by the President at the national level, State Nutrition Council at the state level and Local/Community Nutrition Council at the local level.

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