Transiting from MDGs to SDGs and Post-2015 Developmental Agenda: Continuity or Transformation?

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Many health policy commitments have come and gone like the Alma Ata Declaration of 1978, Health for all in the 21st century, the Abuja and Ouagadougou Declarations. Another epoch of post-2000, known as the Millennium Development Goals (MDGs) has passed; and the post-2015 has dawned upon us whereby we have to renew and rename our developmental goal's vows. The vows of the current era, as we have come to know them, are referred to as the Sustainable Development Goals (SDGs) and Post-2015 developmental agenda. The 2000 United Nations (UN) MDG declaration was agreed on by 189 heads of state to achieve eight set goals by the year 2015. Given the progress made in the developed nations such as North America and Europe, Africa still lags behind in achieving envisaged developmental goals, particularly health related developmental goals.

Africa's healthcare status

Let's reduce the focus to Africa's health care status, since the majority of data suggests that the continent is failing to rise to the occasion. In Africa important developmental matters have been marginalised for material wealth. Human life and health have become an ideal notion, rather than a practical reality. Instead of prioritizing meaningful sustainable quality of life, Africa is romantically imagining what could potentially be, and not what ought to be. Of course the distasteful interventions and physical destructions of the West continue to linger and cause hangover across the continent. However, it is time that Africa's renewal of the developmental agenda recognises health as a subterranean state-building path. Health is classified as a human right, but it is appalling how the majority of people in the African continent do not have the privilege to enjoy this "scarce commodity". Healthcare in many of the African countries is a service provided by the state and thus is supposed to be a priority in the national budgets. The hurdle is that many African states are, to a certain extent, unable to provide this social service precisely because this would have to source funding from the government revenue. Therefore, if it is a matter of solely pressurising the finance part of things, then it is important to find means to curb the implications in order to reach the envisaged "sustainable development". In the current economic models states are not supposed to compete in the economic activities, however, it has to play an interventionist role (1). The states generally accrues the revenue from taxation and the fiscus. This accumulation of the state's revenue is heavily reliant on the public servants, which places burden on them. This inevitably results in the frustration of the general population if the fiscus is not utilised equitably, prosperously and reasonably; as essentially is a betrayal of human rights. If the economic models are to continue in the current form, health will remain the bottleneck of the state, while the private sector is siphoning billions which could be channelled to the achievement of this social value.

As we learn that sustainable development ties together economic, environmental and social development, it is critically vital to understand for who and by whom is the development undertaken. The question of development in Africa has been lingering and daunting for decades. However, reality is that development or a developmental agenda that marginalizes people should not be recognized at any cost, because healthy human beings are central to

development. Uroh (2) and Osia (3) in their seminal works eloquently provided a distinction between development and economic growth:

> "Development so conceived is not to be taken as a synonym for economic growth, though sometimes the line of symmetry here could be rather very thin. While the latter denotes an increase in the total output of the economy, usually measured in terms of per capita income and not necessarily on how the benefits and liabilities of the society are distributed among the populace, (quantitative growth, if you like) genuine development entails a qualitative increase or decrease as the case may be, in inequality among the people – more or less marginalization among them or more democratic or authoritarian political regimes and so on".

So if we are to talk of transition to adaptation of new policies, declarations, agenda, goals, whatever the case or name maybe, it is equally important to cut to the crux of the matter. The continent is suffering from chronic political and governance ailments that seems to be exposed by global and internal health disasters such as Ebola. The 2014 Ebola outbreak exacerbated the vulnerability of the African health systems and daunting governance of affected countries. Liberia, a country that according to the WHO health expenditure has met its Abuja declaration (4) target of 15.5% of the gross domestic product (GDP) could not brag about this achievement (5,6). One is itched and compelled to wonder about the distribution of the budget as lack of basic medical products was reported during this crisis (7). It should be considered a crime for a country to report milestones without tangible results. This practice is indicative that we should be transiting to an era where we need not be high on theories, concepts and declarations, but rather be active and practical.

Continuity or transformation of the inherited legacies and structures?

It is therefore timely to ask, is it authentic for the African continent to agree and set goals on a ground that maintains, or even better, sustains the current status quo of inequity and inaccessibility? Or should we no seek transformation of the inherited legacies and structures in order to progressively combat the challenges we are faced with? The legacies I am referring to are those that perpetuate weak governance systems that undermine human life, particularly human life of peasants, purporting inequality and deprivation. The inherited infrastructural legacies that disadvantage the poor from accessing health care facilities. Like in many African states, the structure of governance was designed to serve the few elites and disadvantage the majority of peasants (8). This problem is still persistent in many African countries today. For instance, the 2008 census in Liberia revealed that 66% of the rural population resides over a 1 hour long walk to the nearest health facility; as opposed to only 15% of those in the urban areas (9). Basic health indicators show that 84% live below poverty line of $1.25 per day, the human development index ranks 182 out of 187 countries, malaria accounts for more than 40% deaths, and maternal deaths are burgeoning (9,10). Given a snippet of the persisting challenges, it leaves much to be desired for; which goes to illustrate that there is something terribly erroneous with reporting an "achievement" of a target. How is it a state's achievement when the fundamental objective has purged people from its core mission?

As the fundamental aim of the sustainable health agenda is to attain health security, equity, accessibility and enhanced life expectancy, it is of importance to note that we need to convert them from ideas to implementation and ultimately realisation. Taking into consideration the proposed health system models, it is also important for the African countries to aggressively

challenge the colonial arrangement of their economies, exercised leadership style as well as patriotic responsibility, in the best interests of their populations. This would enable countries to adequately respond to challenges such as deadly diseases like Ebola, malaria and poor quality of life.

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