

Contributions by the Kwara State Primary Health Care Development Agency (KWSPHCDA) to Sustainable Development Goals (SDGs) in Kwara State, Since 2015

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Abstract

The global commitment to human development presents a unique opportunity to examine the nexus between Primary Health Care (PHC) and Sustainable Development Goals. The paper, therefore, combined primary and secondary sources of historical research to examine the contributions by the Kwara State Primary Health Care Development Agency to the Sustainable Development Goals in the State. Findings revealed that the KSPHCDA has contributed significantly to improved health outcomes in the state, resulting in reduced child and maternal mortality rates, increased access to health care, polio eradication, and the control of other vaccine-preventable diseases. Findings further revealed that the SDGs, which are geared towards global commitment to human development, cannot be achieved by quality healthcare services alone without the eradication of poverty. The study concluded that, without prejudice to the achievements of the Kwara State Primary Health Care Development Agency and the contributions of sister agencies to quality health care delivery in Kwara State, a high poverty rate is an impediment to the attainment of the Sustainable Development Goals by the year 2030. The study therefore recommended poverty eradication and increased investment in state-owned health institutions through sustainable funding; facilities upgrade and improved condition of service of health workers to enable attainment of SDGs in Kwara State.

Keywords: Primary Health Care, Quality Health, Sustainable Development Goals, Eradication of Poverty, and Improved Health Outcome

Introduction

The Alma-Ata International Conference on Primary Health Care (PHC), which took place between September 6th and 12th 1978 in present-day Russia, revolutionized global thinking and policy decisions about health care worldwide. In attendance were representatives of 134 governments, including Nigeria, where it was resolved to adopt Primary Health Care as a tool for achieving “Health for All” by the year 2000. However, when it became evident that objective would not be realized by the end of the 20th century due largely to the alarming scale of ill health and death in the developing countries, heads of states and governments adopted the Millennium Development Goals (MDGs) to guide government action at the international, national, and local levels for 15 years period (Nigerian Health Review, 2007).

Even though significant progress had been made in many areas of MDGs in 2015, several goals were not fully achieved, leading to criticism regarding their scope and inclusiveness (NPHCDA, 2012, 2023). The shortcomings were identified in areas such as persistent gender inequality and increasing gaps between the poorest and richest nations of the world. Hence, the mantra “The future we want,” which set forth the process for developing Sustainable Development Goals (SDGs) to build on the MDGs, led to the adoption of the 2030 Agenda for Sustainable Development at the UN Sustainable Development Summit in 2015 (ICLEI Briefing Sheet, 2015). The Sustainable Development Goals (SDGs), with a history associated with the historic Alma-Ata, led to health policy reforms in countries whose health systems were based on Primary Health Care.

Meanwhile, Goal 3 of the SDGs, which is closely aligned with the principles of PHC: Good health and well-being, is central to health, with a total of 13 targets and 28 indicators. Other SDGs are directly or indirectly related to health (Evaezi, 2013). According to the United Nations Foundation 2015, “The Sustainable Development Goals (SDGs) are the world’s shared plan of action to end extreme poverty, reduce inequality, and protect the planet by 2030”. The SDGs are also time-bound (2015-2030), quantifiable targets for human development. They consist of 17 goals, 169 associated targets, and 248 global indicators. The aim is to provide access to good-quality health services for all, without financial hardship (Sustainable Development Goals, Progress Report, 2024).

Methodology

The study, which was conducted in the year 2024 adopted a historical approach to data collection and employed primary and secondary sources of history covering the 16 Local Government Areas of Kwara State. Key Informant Interview (KII), focus groups, and content analysis were used with a sample of fifty (50) relevant respondents, including medical doctors, nurses, PHC Coordinators, midwives, social workers, traders, civil servants, and members of the Ward Development Committee (WDC). The selection of respondents was based solely on the relevance of their areas of specialization to the largely open-ended interview questions. The primary sources of data were oral interviews complemented by pictorial evidence obtained during fieldwork. The review also consulted relevant books, journals, dissertations, and online reports. Using mixed designs, mostly descriptive, findings have been qualitatively analysed by collecting, collating, interpreting, and presenting various aspects of the research topic in chronological order.

Development of Primary Health Care in Nigeria

Despite her participation in the Alma-Ata Conference of 1978, Nigeria did not formally launch its PHC program until the adoption of the National Health Policy in 1988. To ensure sustained progress, the National Primary Health Care Development Agency (NPHCDA) was established in 1992 and tasked with rallying national and international support, overseeing program implementation, and conducting research on PHC-related matters (Public health milestones through the years, 2023). Bringing the “Primary Health Care Under One Roof” (PHCUOR) agenda, which was introduced into the National arena, aims to improve the governance system of PHC in the country. So far, remarkable progress has been made in the reform initiative whereby nearly 90% of the 36 states and FCT have established their State PHC Boards (BHCPF, 2020).

Review of the Study Area

Kwara State, which was carved out of the former Northern Nigerian Region, is today one of the 36 states in the Federation. Following the promulgation of Decree No. 14 of 1967 by the Federal Military Government of General Yakubu Gowon, the four-region arrangement that then constituted the Federation of Nigeria was broken into 12 States. Kwara State was initially made up of the former Ilorin

and Kabba Provinces. (Abdulrahimi, 1995). On 13 February 1976, the Idah/Dekina portion of the state was carved out and merged with part of the then Benue/Plateau State to form Benue State. In a related development, on 27 August 1991, five local government areas, namely Oyi, Yagba, Okene, Okehi and Kogi, were also excised to form part of Kogi State, while a sixth, Borgu Local Government Area, was merged with Niger State (www.kwasang.org.uk, 2025).

It is also interesting to note that Kwara State has been occupied for several years by various ethnic groups, the majority of whom are [Yoruba](#). Others are the [Nupe people](#) in the northeast, [Bariba \(Baatonu\)](#) and [Busa \(Bokobaru\)](#) in the west, and a small [Fulani](#) population in [Ilorin](#) and nomadic [herders](#) moving through the State (Brief History of Nigeria,1986). Another interesting aspect of the life of the Kwara people that deserves attention is their health and well-being. “Health is Wealth,” no doubt, is a popular proverbial health remark among the people of the state. More than a decade after the establishment of the Kwara State Health Care Development Agency (KSPHCDA) under the supervision of the Kwara State Ministry of Health, there is no better time than now to examine its contributions to Sustainable Development Goals (SDGs).

Establishment of Kwara State Primary Health Care Development Agency

Kwara State, like many other states in Nigeria, experienced a time during which traditional medical practices were predominant before the introduction of modern healthcare systems. The evolution of modern healthcare in Kwara State can be linked to early interactions with Europeans, and the influence of colonial public health initiatives in the Ilorin Province during that era holds notable historical significance. The colonial administration introduced various measures to protect public health, including the deployment of a small number of British medical officers and trained local personnel who served as sanitary inspectors and implemented health programs. (Rasheed et al. 2023).

Yet, while these programs brought certain benefits, they were also accompanied by a dismissive attitude toward indigenous medical and religious practices, which were often labeled unscientific and were seen as obstacles to progress. This perspective actively undermined traditional African healing systems, laying the foundation for a lasting divide between conventional and modern medicine in Nigeria. Meanwhile, Nigeria’s involvement in Primary Health Care could be traced to 1960, when the country

became independent, as it was an important criterion for participation in the first International Conference on Primary Health Care in 1978.

Following the 1988 First National Health Policy, which led to the adoption of PHC as the cornerstone of the Nigerian health system, there was a need to ensure seamless implementation of the PHC and sustain its gains. Consequently, the National Primary Health Care Development Agency (NPHCDA) was established in 1992. In compliance with the directive of the Federal Ministry of Health (FMH) to the States to establish their own Agency or Board, the Kwara State Primary Health Care Agency (KWSPHCDA) was established in 2010. Since then, the Agency has been playing a significant role in healthcare provision in the State.

In line with the above, the Kwara State Strategic Health Development Plan (2010-2015) captured the vision of the State as “to reduce the morbidity and mortality rates due to communicable diseases to the barest minimum; reverse the increasing prevalence of non-communicable diseases; meet global targets on the elimination and eradication of diseases; and significantly increase the life expectancy and quality of life of Kwarans”. It was noted that the Plan sought to do so by “developing and implementing appropriate policies and programmes that could strengthen the Kwara State Health System to deliver effective, quality and affordable health services (Kwara State Strategic Health Development Plan 2010-2015). The development led to the establishment of the Kwara State Primary Health Care Development Agency.



Figure 1: Signpost showing the logo of the State Government and the KWSPHCDA

Source: Picture taken during fieldwork @ State office of KWSPHCDA, 2024

The Kwara State Primary Health Care Development Agency, a parastatal of the State Ministry of Health, is a self-accounting agency established by the Law of Kwara State, and Gazetted in 2010 in compliance with the directive of the National Council on Health (NCH). According to Dr. Oguntoye Micheal, the Director, Primary Health Care System, the agency started with only four departments: Finance and Administration; Planning, Research, and Statistics; Primary Health Care System; and Community Health Services. The Agency is charged with the responsibility of coordinating the activities of the Primary Health Care in the State, with the following mandate as listed below:

- i. Recruitment and training of staff;
- ii. Facilities assessment;
- iii. Immunization against diseases;
- iv. Nutrition campaign;
- v. Maternal and Child Health; and
- vi. Health Promotion

Achievements of the Kwara State Primary Health Care Development Agency

A respondent who observed that the recent renovation of primary health care facilities across the state was one of the reasons for the increase in the number of attendants commended the Kwara State Primary Health Care Development Board for the milestone achievement. Another respondent in one of the facilities visited during the field work stated that the availability of so many health services at the PHC facility, including antenatal, delivery, 40 days postpartum, immunization, nutritional counselling for malnourished children, laboratory for clinical investigation, pharmacy, and family planning, among others, is part of the attraction to the PHC facility in recent time. A pregnant woman in attendance at the facility also stated that I was surprised that the health centre is now offering so many services in addition to family planning, as listed in the signpost below.



Figure 2: Signpost detailing various services rendered at the PHC Centre

Source: Picture taken during the fieldwork, 2024

Another informant who attested to the upgrade of PHC facilities in the state stated that due to the absence of medical doctors at the facilities, I was not convinced to use the health centre because of fear of medical-related complications. His concern, however, was summarily addressed by the OIC of Kulende, Akanbi 5, who remarked that the lack of knowledge of the qualifications of health workers recruited to the PHC facilities was the reason their capacity was constantly questioned. She emphasized that PHC staff are regularly trained on the prevailing health care issues in the country.



Figure 3: Upgraded Facility at Ubandawaki/ Olowo PHC Centre, Ilorin West

Source: KPHCDA, 2025

The IMPACT project (at least one facility per ward), sponsored by the World Bank, has added another layer to the channel of interventions in health care delivery, resulting in three funding options: NPHCDA Gate, National Health Insurance (NHIS) Gate, and, lastly, IMPACT Intervention funds. It is also important to stress that innovation in digital data collection and information sharing has led to an efficient and effective programme planning and implementation in health care centres. The establishment of PHC in Kwara State is said to have led to standardized hospital care administration compared with the previous era marked by a lack of coordination. As of today, each primary healthcare center is expected to submit a quarterly business plan for consumables and other essential requirements for effective service delivery.

The process involves seeking approval from the National Primary Health Care Development Agency, through the State Primary Health Care Development Agency, for funds to be released to the facilities concerned (BHCPF- NPHCDA Gate). Funds released to the health centres are expected to be monitored by the LGA, State, and National Offices to ensure transparency and accountability. The Kwara State Primary Health Care Development Agency has recruited and diligently posted health workers, including nurses, pharmacists, technicians, and other categories, to where their services were promptly needed. It has played a prominent role in coordinating supplementary immunization activities of Polio

eradication and other vaccine-preventable diseases across the State. Adopted an effective and efficient channel of obtaining feedback on the services rendered to the people. In its bid to improve the quality of service, the agency has taken over the control, recruitment, training, and payment of salaries of about 35 staff of non-functional PHC in the state;

Kwara State's commitment to PHC has been nationally recognized. The State has received the Nigeria Governors Forum's Primary Healthcare Leadership Challenge award as the best in basic healthcare delivery in the North-central region. This accolade reflects the State's dedication to strengthening its PHC system, thereby advancing SDG 3. (Service Charter, NPHCDA, 2023). The successes achieved have been attributed to staff dedication and support from the government and partners. Consequently, Kwara State Primary Health Care Development Agency has won the Peace Leadership Challenge conducted by the Federal Government through the Nigerian Governor's Forum in the North Central categories for the years 2023 and 2024 consecutively as reported early.



Fig 4.

@PHC Leadership Challenge Fund Launch

Source: NPHCDA Report, African Vaccination Week 2022

Findings

Findings revealed that the period following the establishment of the KWSPHCDA has brought about the development of healthcare services in the state. This is because some other important health and medical institutions were established soon after. The list included, but was not limited to, the Kwara State Health Insurance Agency (KW-HiA), Kwara State Hospital Management Board (KSHMB), and Kwara State AIDs Control Agency (KWASACA), among others. Without prejudice to their contributions to the delivery of a quality health care system in the state, the efforts of the Kwara State Primary Health Care Development Agency on Sustainable Development Goals cannot be overemphasized. Findings further revealed that prior to 2010 and until recently, the history of healthcare development in Kwara State remained largely undocumented, partly due to inadequate records of activities in the healthcare institutions during that period.

As revealed, the day-to-day activities of the KWSPHCDA are to ensure that facilities are managed by competent and qualified officers-in-charge (OIC). Accountability, transparency, quality of service delivery, and quarterly advocacy to LGAs and wards with low performance sum up other responsibilities of the agency. It was also revealed that KWSPHCDA's achievements have been attributed to the attention that the State government has given to healthcare development as it was noted that interventions from donor and development partners, such as WHO, UNICEF, AVINET, CHIGERI Foundation, World Bank, and others, are complementing the government's efforts towards achieving quality health care delivery in the State which is akin to the Sustainable Development Goals.

Discussion

Despite global efforts in achieving the goal of "health for all", health care systems over the years have experienced progressive deterioration as a result of several factors, the chief of which is poverty. Poverty is not only a major determinant of diseases, but it also impedes access to health care services since the poor are least able to purchase health care services (Sorsha, R. 2018). Poverty is both a cause and a consequence of poor health. The interaction between ill-health and poverty may make it extremely difficult for affected individuals in the community to improve their situations. It also increases the chances of poor health, while poor health, in turn, traps communities in poverty.

Poverty, defined as a lack of or limited access to essential capabilities that could facilitate a healthy life, becoming more knowledgeable, maintaining an adequate standard of living, and participating meaningfully in decisions affecting one's life, is detrimental to achieving SDGs (Sorsha R, 2018). It is not, therefore, surprising that poverty takes the front line in the list of sustainable development goals, as number 1. Poverty makes healthy diets from sustainable food systems impossible and increases the number of people suffering from hunger. The economic and political structures that sustain poverty and discrimination need to be transformed for poverty and poor health to be tackled systematically. Without an iota of doubt, poverty and poor health will make it difficult to achieve the Sustainable Development Goals by 2030.

Nigeria's poverty trends are quite alarming. As projected by the World Bank, the poverty rate will peak at 62% in 2026, affecting about 141 million people, before slightly decreasing to 61% in 2017. (thisdaylive.com). The report stated that in 2025, an estimated 139 million Nigerians lived in poverty, with the north being the hardest hit where over 80% of people in some states are poor. Key factors contributing to poverty include food inflation, where poor households spend up to 70% of their income on food. The economic reforms of the administration of President Bola Ahmed Tinubu have led to increasing living costs and insecurity, which have further expanded poverty and food insecurity, especially in the northern part of the country. The high cost of living has led to untold hardship, which has compelled several people to abandon the use of modern health care facilities due to high consultation fees and the cost of running laboratory tests. Self-medication and patronage of pharmaceutical shops (including the licensed and unlicensed patent medicine stores and drug peddlers) in place of clinics and hospitals is a common occurrence in most developing countries, including Nigeria. The underutilization of public-sector health services has been almost a universal phenomenon in developing countries.

According to the International Centre for Investigative Reporting (ICIR), the reforms of the administration of President Bola Tinubu have yet to translate into improved household welfare, as weak real income growth and rising living costs are projected to push more families into poverty over the next two years (ICIR, 2026). The report stressed that in the short term, most Nigerians were unlikely

to experience an income increase substantial enough to counter the pressure of rising living costs. Hence, poverty becomes more entrenched in the coming years.

Conclusion and Recommendations

Measuring the contributions of Primary Health Care (PHC) to Sustainable Development Goals (SDGs) in Kwara State requires a multi-dimensional approach. One showcases the achievements for which the State was recognized with an award of excellence in primary health care delivery in the North Central zone, and another, which points to the need to ensure the gains recorded in the health sector through the instrumentality of PHC are sustained. It is therefore imperative to affirm that, without prejudice to the contributions of the Kwara State Primary Health Care Development Agency and its sister agencies, attainment of SDGs would be a mirage without eradication of poverty, improved health care utilization, and increased life expectancy, which are a recipe for the attainment of Sustainable Development Goals.

However, a lack of political will by the state government to address concerns about poverty may prevent any sincere efforts towards the realization of the objective of health for all and the SDGs by 2030. The study therefore recommended increased funding for Primary Health Care-related activities, implementation of interventions to retain the rural health workforce, aggressive health literacy and advocacy, zero tolerance to hunger, improved community engagement, and above all, poverty eradication and wealth creation as part of the efforts to ensure realization of Sustainable Development Goals in Kwara State by 2030.

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