

The Millennium Development Goals in Nigeria: An Assessment of the Journey so far

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Abstract: The Millennium Development Goals (MDGs) have generally been embraced as a framework, with the immense advantage of incorporating time-bound, measurable and achievable targets, both to help countries address a spectrum of development problems and to encourage stepped-up efforts by the international community to support them. Initiated in the year 2000, with the year 2015 as the goal target year, Nigeria did a mid-point stock taking in 2007, to assess the progress made so far in addressing these myriad of problems. For instance, unemployment rate in Nigeria rose from about 12, out of 100 working age people in 1999 to 18 in 2005, with the rate of youth unemployment rising in the urban areas than in the rural. Unfortunately, growth has not generated enough jobs and its effect on poverty is not yet clear (the most recent data are from 2004). This paper examined the concept of the various MDGs at inception; the strategies embarked upon by Government to tackle the various goals, the seemingly sluggish progress in some aspects and the fast-tracked progress in some others, through the midpoint till date.

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1. Introduction

The United Nations, in a bid to address the problem of poverty and promote sustainable development, adopted the Millennium Declaration in September 2000, with the year 2015, as the goal for achieving the utmost success in sustainable development. The eight goals of the Millennium Declaration, to be achieved by 2015, and the various targets for each goal are as shown in Table 1 below.

Goal 1: According to FGN/MDG (2008), the federal government, in a mid-point assessment of the Millennium Development Goals in Nigeria (2000-2007), reports that the proportion of the population living in relative poverty was expected to have fallen to 28.78 per cent in 2007, if the MDG target is to be met in 2015. However, among every ten Nigerians in that year, five were still living in poverty. An analysis of poverty incidence by sectors indicated that poverty was more pronounced in the rural areas than in the urban.

Similarly, while poverty was more pronounced among farmers and larger households headed by persons with lower levels of education, income inequality was more pronounced in urban centres. Unemployment rate in Nigeria rose from about 12 out of 100 working age people in 1999 to 18 in 2005 with the rate of youth unemployment rising in the urban areas than in the rural. According to UNDP (2007), each of the eight elements of the Millennium Development Goals (MDGs) has recorded some impact in Nigeria even as we do a countdown to the target year, 2015.

Retrospective View of MDGs in Nigeria

According to FGN/MDG (2008), the various Presidential Initiatives on Agriculture and Rural Access as well as programmes such as Mobility Programme, Buyer of Last Resort Programme, Fertilizer Stabilization Programme, National Special Programme on Food Security, Community-Based Agricultural Development Programme and National Fadama Development Programme, coupled with the safety nets of government, created relatively better supportive policy environment.

Some of the strategies aimed at achieving Goal 1 included: **1.** Conditional grants to state governments and the Presidential Initiatives on various agricultural commodities and micro finance. **2.** Quickening improvements in infrastructure, services and human resource capacity, particularly in the rural areas. **3.** Strengthening industrial processing technology, market linkages and increased public investment in the agricultural sector to boost employment in and income from agriculture, which is the main occupation of the largest proportion of poor households? **4.** Increasing investments in agriculture and promoting modern equipment and technology transfer to attract the younger generation into the sector. **5.** Providing more efficient and wider social safety nets with particular focus on the core poor and vulnerable groups, such as AIDS orphans, widows, the needy and women with VVF. **6.** Improving urgently all the coordination, monitoring and evaluation of poverty eradication efforts in the country.

Table 1: The Millennium Development Goals Millennium Development Goals
<p>Goal 1: Eradicate extreme hunger and poverty</p> <p>Target 1 Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.</p> <p>Target 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger.</p>
<p>Goal 2: Achieve universal primary education</p> <p>Target 3 Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</p>
<p>Goal 3: Promote gender equality and empower women</p> <p>Target 4 Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.</p>
<p>Goal 4: Reduce child mortality</p> <p>Target 5 Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.</p>
<p>Goal 5: Improve Maternal Health</p> <p>Target 6 Reduce by three-quarters, between 1990 and 2015, the maternal mortality rates</p>
<p>Goal 6: Combat HIV/AIDS, malaria and other major diseases</p> <p>Target 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS.</p> <p>Target 8 Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.</p>
<p>Goal 7: Ensure environmental sustainability</p> <p>Target 9 Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.</p> <p>Target 10 Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.</p> <p>Target 11 By 2020, to have achieved significant improvement in the lives of at least 100 million slum dwellers.</p>
<p>Goal 8: Develop a global partnership for development</p> <p>Target 12 Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction – both nationally and internationally.</p> <p>Target 13 Address the special needs of the least developed countries. Includes tariff and quota free access for least developed countries' exports, an enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction.</p> <p>Target 14 Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly).</p> <p>Target 15 Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.</p> <p>Target 16 In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.</p> <p>Target 17 In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.</p> <p>Target 18 In cooperation with private sector, make available the benefits of new technologies, especially information and communication.</p>

(Adapted from FAO, 2005)

Goal 2: The mid-point assessment admitted that the country is on the road to achieving the goal of universal primary education by 2015. Net enrolment ratio in primary education consistently increased from about 8 in every 10 eligible children in 2004, to 9 in 2007 as a result of the implementation of Universal Basic Education (UBE) programme. This was complemented with the upsurge in the establishment of private primary schools.

Literacy rate also continued to increase; the urban areas have, however, fared better relative to the rural areas. Primary Six completion rate however declined from 8 pupils out of 10 in 2004, to 7, in 2007. The literacy rate of 15-24-year-olds also raised from 6 out of 10 students to 8 during the same period. In all these indicators, females lag behind males and more seriously, in primary completion rate. The policy environment was supportive of the progress made on this goal. This ranges from the launch of free and compulsory Universal Basic Education in 2004 and its subsequent vigorous implementation in many states of the federation (whose focus is the first nine years of basic schooling) and the comprehensive educational reform in 2006 (including education sector analysis and 10-year education sector plan).

The implementation of debt relief gains in the sector led to the in-service training of 145,000 teachers and the recruitment of 45,000 new teachers across the country in addition to the provision of primary school facilities (classrooms, toilets, instructional materials). Moreover, the Girls Education Project (GEP), a joint government effort supported by UNICEF/DFID, had been scaled up with the debt relief resources over the previous three years.

The following strategies were aimed at achieving Goal 2: **1.** Increased budgetary allocation at state and local government levels to carry out the UBE programme as originally envisaged. **2.** Basic education curriculum must not alienate the learners from the community; rather, it should integrate them by preparing them for the world of work and to contribute to national integration. **3.** Quality of teachers required urgent consideration; recruitment and promotion should be based on merit, teachers' salaries should be enhanced and productivity based, and training of teachers should be regularized. **4.** Greater and special attention should be paid to the education of physically challenged children. **5.** Parent-teachers association should be fully involved in the management and supervision of schools. **6.** Regular tracking of budgetary allocations to schools by independent monitoring groups should be institutionalized and the results published.

Goal 3: Gentle, but gradual progress towards achieving Goal 3 exists, but inequality continues to subsist in various aspects of life of men and women in

Nigeria. For instance, the proportion of girls enrolled in primary, secondary and tertiary education is still lower than that of boys (about 8 girls to every 10 boys), but there is a positive trend in girls' enrolment for all levels of education.

According to the mid-point assessment, (FGN/MDG, 2008), there was sustained increase in girls' enrolment in primary schools, from 2000 to 2007; while in the secondary schools, a steady increase in girl's enrolment was observed from 2005 when about 9 girls to every 10 boys were in school. At the time of the assessment, women were grossly under-represented at the highest decision making levels, such as the National Assembly. Although there had been some improvement (from 3 women to 100 men in 2000, to about 8 women to 100 men in 2007), the rate of improvement was considered very slow in relation to the 30 women to every 100 men recommended by the Beijing Platform for Action which has been adopted as the national policy.

Strategies for achieving Goal 3 included: **1.** Passage and full implementation of Child Rights Laws in all States of the country. **2.** Encouragement of greater use of the National Child Policy and Guidelines, with the Federal government and the Office of the MDGs creating incentives for promoting full implementation of this policy at the state and local government levels. **3.** Provision of an enabling environment (e.g., grants) to attract more child care projects from the Civil Society Organizations. **4.** Promotion of girl-child enrolment, retention, completion and high performance in school. **5.** Capacity building, training and advocacy for women in politics. **6.** Mainstreaming of gender issues into relevant development programmes and policies. **7.** Demonstrating more commitment to the policy that prescribes at least 30 per cent of public positions for women on merit by government.

Goal 4: The emerging trend in child mortality was of great concern at the mid-point of goal achievement period. Infant mortality rate actually rose from 81 per 1000 live births in year 2000 to 110 per 1000 live births in 2005/06, which is farther away from the global target of 30 per 1000 live births in 2015. Besides, the target percentage of one year-olds fully immunized was expected to be total; however, the proportion only increased from 32.8 per cent in 2000 to 60 per cent in 2007. This is about 50 per cent increase over a period of eight years. This slow pace accounted for the increase in avoidable diseases such as polio. For instance, polio cases rose from 201 in 2007 to 651 cases in 2008. With this, Nigeria had 86 per cent of the total number of polio cases in the world.

Under-5 mortality rate also increased from 184 per 1000 live births in 2000, to 201 per 1000 live

births in 2007. This trend would have continued if critical steps were not taken to address the situation. This is in spite of the introduction of Integrated Management of Childhood Illness (IMCI) Strategy, Integrated Maternal Newborn and Child Health Strategy (IMNCHS), Integrated Disease Surveillance and Response (IDSR), intensive capacity building for health workers and Community Resource Persons (CORPs) and the Integrated Child Survival and Development Strategic Framework and Plan of Action (2005-2009) to guide implementation of child survival interventions by government at all levels.

The significance of the implementation of debt relief gains in this area is noteworthy: 166 new primary health care centres were built and 207 rehabilitated across the country in 2006 alone. The commitment of the National Agency for Food and Drug Administration and Control (NAFDAC) to eradicate fake drug also contributed immensely to reducing risks associated with this menace. The current health sector reform and the National Health Insurance Scheme are also making their impact with the introduction of the Community Health Insurance Scheme in six pilot states with a focus on pregnant women and children under five. Each state was to cover over 100,000 women and children with increases determined by the amount leveraged in counterpart funding by states.

Strategies put in place for achieving **Goal 4** included: **1.** Institution of a more focused approach to rejuvenate all existing primary health care institutions through the collaborative efforts of federal, state and local governments. **2.** Establishment of a more comprehensive strategy for monitoring health care delivery needs to be fashioned out with adequate involvement of key stakeholders. **3.** Increased campaign against unfavourable religious and cultural beliefs that have adverse effects on accessing health facilities, such as willful release of children for immunization and taking blood sample. **4.** Encouragement of the adoption of safe health-seeking and healthy living practices. **5.** Improvement in health sector funding in line with international practices. **6.** Encouragement of the immunization programme to go beyond the current campaign approach with ad hoc support for routine immunization. **7.** Creation of incentives for attracting medical personnel into the rural areas. **8.** Encouraging the international development partners to scale up technical and financial support to primary health care in aid of the new Health Bill and the Health Investment Plan.

Goal 5: During the mid-point assessment of MDGs in Nigeria, 2000 – 2007, reduction of maternal mortality represented a major challenge for Nigeria. Midway to the target date for achieving the MDGs, the maternal mortality rate should have been 440 per 100,000 live

births. The reality, however, showed that in the rural areas, it was 828 deaths per 100,000 live births, and 531 deaths per 100,000 live births in urban areas. Disparity was very wide on zonal basis. Approximately two-thirds of all Nigerian women and three-quarters of the rural women delivered outside of health facilities and without medically-skilled attendants present. The factors responsible for this included poor attitudes to antenatal and postnatal care and low quality of health care delivery as well as poor attitudes to reproductive health.

Overall, progress towards the attainment of the target was slow. Given the centrality of infant and maternal health to all health indicators due to their synergistic effects, it may have been necessary to declare primary health care as a national emergency. The health sector reform was an opportunity that could impact positively on this goal; however, committed implementation was still weak. Although several policies were instituted, such as the implementation of National Health Insurance Scheme (NHIS), Safe Motherhood Programme, development of National Vital Registration System and Making Pregnancy Safer Initiative, yet there was minimal impact of these initiatives on maternal health. This was an indication of a weak policy environment.

In addition to the strategies mentioned in **Goal 4** above, other specific strategies included the following: **1.** Effective implementation of Safe Motherhood Programme and the insistence on this, as a precondition for accessing DRG (Debt Relief Gains) spent on health issues at the state level. **2.** Full implementation of universal access to reproductive health across the three tiers of government. **3.** Free essential Obstetrics & Gynaecology care and use pre-natal clinic to give away ITNs (Insecticide Treated Nets) in all federal, state and private not-for-profit health facilities. **4.** Articulation and implementation of the National Maternal New Born Child Strategy and the creation of demand for public health facility-based reproductive health services by scaling up the provision of free delivery of facilities. **5.** Promotion of strong health referral systems in the country and the strengthening of coordinating mechanisms at the local level. **6.** Continuous capacity improvement of health institutions, including hiring adequate and qualified health personnel, regular training of health personnel, rehabilitation of existing institutions and provision of basic equipment.

Goal 6: The mid-point assessment of MDGs in Nigeria, 2000 – 2007 recorded remarkable progress made on HIV & AIDS since 2003. For instance, the prevalence rate of HIV & AIDS dropped from about 5 in every 100 Nigerians in 2003 to about 4 in 2005. This reflected a downward trend in HIV & AIDS prevalence. Among pregnant women aged 15-49

years, this has also declined over the last few years (from 6 out of every 100 pregnant women aged 15-49 years in 2001 to 5 in 2003 and 4 in 2005). The same trend had been observed among young pregnant women aged 15-24 years (a drop from 5 in 2003 to 4 in 2005 for every 100 women in this category). The decline notwithstanding, there was disparity across various regions and states.

The number of AIDS orphans was estimated at 1.97 million, which marked them as a major vulnerable group in the country. According to Izugbara (2005), the majority of adolescents in Nigeria have had sex before reaching age 17, with 56% of boys and 31% of girls estimated to have had at least two sexual partners by this age. Since HIV prevalence in the younger age bracket (15-24 years) is generally accepted to be indicative of the level of HIV incidence, this development suggested a modest decline in the number of new infections in the country. The proactive role of the National Agency for the Control of HIV & AIDS (NACA) and some donor agencies contributed immensely to the progress: implementation of national response, creation of high level awareness and advocacy, widespread distribution of condoms, PMTCT (Prevention of Mother-to-Child Transmission) and ART (Anti-Retroviral Therapy) service delivery centres. New infections by mode of exposure in adult population varied from low-risk heterogonous sex (about 45 per cent), casual heterogeneous sex (about 23 per cent) and injecting drug use (7 per cent). Others include blood transfusion and medical injection, to mention a few. Some cultural practices, high level of unemployment and poverty have been mentioned as key driving factors. Partnership with the Clinton Foundation with added resources from the debt relief also introduced the AIDS orphans programme nationwide.

Malaria: The number of reported cases of malaria and tuberculosis is also reducing. For instance, the prevalence rate of malaria declined from 2,024 per 100,000 in 2000, to 1,158 in 2004. The Roll Back Malaria Initiative contributed to the success. This notwithstanding, malaria accounted for 60 per cent of out-patients, 30 per cent of hospital patients and an annual average of 300,000 deaths, including 11 per cent of maternal mortality. Its highest incidence was found in children and pregnant women – a pointer for policy targeting. Substantial resources were lost to malaria in the form of treatment, prevention and productivity loss.

Tuberculosis (TB): TB remains a public health problem in the country. Although it also declined from 16 per 100,000 in 2000 to 7 per 100,000 in 2004; as at 2006, Nigeria remained among the 22 high burden countries in the world and first in Africa. The mere positive detection rate of 27 per cent in 2005 fell short

of the 70 per cent global standard. The actual TB case notification has been quite low as a result of low coverage of services - 1 TB microscopic centre for 300,000 people and 1 Directly Observed Therapy Centres (DOTS) for about 150,000 people. With the help of international development partners, there has been improvement in DOTS services coverage and treatment success rate has increased. Evidence has shown that almost one-fifth of TB patents were HIV positive. Hence, TB patients could also be candidates for HIV policy targeting. Reversing the incidence of malaria and other major diseases is beginning to show some promise, given the present epidemiological situation and increased resources. This was the outcome of the Roll Back Malaria initiative in Nigeria and several control activities under the major strategic interventions.

Specific strategies for achieving Goal 6 included:

1. The programmes of the National Agency for the Control of AIDS (NACA), especially the five-year National Strategic Framework for Action (2005-2009), which was guiding the national response to HIV & AIDS, and the National Policy on HIV & AIDS in the workplace which was to be implemented with dedication. Following that, is the current National HIV/AIDS Strategic Plan (2010-15), which provides a framework and plan for advancing the multi-sectoral response to the epidemic in Nigeria, so as to achieve effective control of the disease by reducing the number of new infections, providing equitable care and support, and mitigating the impact of the infection.

According to NSP (2010), NACA estimates there were about 2.95 million people living with HIV (LHIV) in 2009, ranking the country third among countries with the highest burden if HIV infection in the world, next only to India and South Africa.

2. The country was investing N3 billion in the HIV test kit factory at Sheda which will also produce test kits for malaria. As a matter of policy, Nigeria was expected to start the production of condoms, ARV and other consumables with a view to reducing the cost of procuring them from abroad.
3. To genuinely reverse the trend of HIV pandemic, it was important to strengthen the comprehensive strategy to shift focus from treatment to prevention, which seemed to be more cost effective and sustainable.
4. The institutional and human capacity involved in the management of Roll Back Malaria programme would be better equipped to scale up its activities and resources and enforce transparency and accountability in the management of such resources.
5. Proactive strategies of how to reduce the cost of seeking health would be developed and implemented at every layer of the health care system.
6. The DOTS (Directly Observed Therapy Centres) services should be given

enhanced coverage in all the 36 states of the federation; also TB zones should be mapped and efforts intensified in endemic areas for access and better coverage. **7.** An integrated approach should be found for engaging development partners in addressing HIV, malaria and TB for better results and impact. **8.** Subsequent Global Fund activities and other donor initiatives should be designed to address these three burning issues.

Goal 7: As at the time the mid-point assessment took place, the proportion of land area covered by forests fell from 14.6 per cent in 2000 to 12.6 per cent in 2007 against the target of 20 per cent by 2015. This was largely attributable to lack of serious commitment to the various afforestation programmes. Gas flaring had also continued to constitute environmental menace in the oil producing areas, even though the proportion of gas flared fell from 53.0 per cent in 2000 to 34.0 per cent in 2007. Progress towards ending gas flaring had been encouraging, particularly as the 2008 deadline given to oil producing companies drew near.

With respect to potable water, the proportion of people with access to safe drinking water gradually raised from 54.0 per cent in 2000 to 60.0 per cent in 2005/2006. The proportion of population with access to basic sanitation also dropped from 42.9 per cent in 2000 to 38 per cent in recent times. The poor progress in achieving access to basic sanitation was partly a result of the expansion and development of squatter settlements and slums. Many neighbourhoods lacked basic sanitation facilities and this trend was likely to continue unless painstaking efforts were made in that direction. Government's increasing recognition of the need for sustainable development was an opportunity for making progress on this goal. The 2008 deadline for gas flaring, the implementation of strategic gas master plan and the use of gas-fired electricity provided opportunities to meet some of the targets. Construction of dams and urban renewal of federal and some state governments and ocean reclamation also created some impact.

Strategies aimed at achieving Goal 7 included: **1.** Continuous integration of sustainable development ideals into national, state and local development plans and strategies, and committed implementation of such plans, including the Niger Delta Development (NDD) Plan of Action/New Ministry for the Niger Delta. **2.** Involvement of the community in securing oil installations across the oil producing communities. **3.** Adoption of a more effective mechanism for controlling logging, deforestation and marine fishing and committed implementation of afforestation and desert acclamation programmes. **4.** Enforcement of government decision to end gas flaring in 2008 and imposition of stiff penalties from 2009. **5.**

Establishment of sanitation inspection officers at local government areas to enforce local sanitation laws and community cleanliness. **6.** Implementation of a growing investment in water and sanitation infrastructure and related services by not less than 10 per cent annually at the federal, state and local government levels as well as the adoption of public-private partnership in the provision of such infrastructure. **7.** Scaling up of urban renewal projects of the federal and state governments as well as the refocusing of public and private housing financing and delivery systems to include the poor. **8.** Reduction of cost of building materials by promoting increased domestic production through local competition.

Goal 8: At this point in time, the country was actively participating in a number of regional initiatives such as the African Union (AU) and the New Partnership for Africa's Development (NEPAD). The country also belonged to a number of bilateral and multilateral trade pacts such as the World Trade Organization (WTO), the Economic Community of West African States (ECOWAS) and the African Caribbean Pacific-European Union Economic Partnership Agreement (ACP-EU EPA). Achieving the MDGs is partly dependent on the flow of financial resources in the form of official development assistance (ODA) and other international sources such as foreign direct and portfolio investment.

The ODA from the developed countries to Nigeria had been increasing consistently since 2001. It rose from US\$167 million in 2001 to US\$578 million in 2004; and US\$11,433 million in 2006. However, in per capita terms, ODA flow to Nigeria was still very minute and falls far short of the resources required to fill the funding gap to achieve the MDGs. Nigeria benefited immensely from its global partnership through debt relief and cancellation which led to its exit from London and Paris Clubs and the subsequent inflow of foreign investment into the banking and the oil sector. Tele-density in the country expanded from 0.73 per cent in 2001 to 15.72 per cent in 2005 and 27.41 per cent in June 2007, which was far above the International Telecommunications Union (ITU) minimum standard of 1:100. In terms of the use of the internet, the proportion of Nigerians using the internet rose from 0.68 in every 1000 persons in 2000 to 38.1 in 2005. Even at that, internet access is still very low in the country relative to other similar countries.

The specific strategies needed for achieving this Goal were to: **1.** Integrate external and domestic debt management strategies to effectively fund development projects at the federal, state and local government levels. **2.** Attract more FDIs (Foreign Direct Investments) through guided capital account reform and FDI policy to optimize its development relevance. **3.** Create a conducive political and

economic environment to attract more development assistance. **4.** Implement ODA (Official Development Assistance) policy within the context of the Paris Declaration by promoting effective donor coordination and harmonization to ensure mutual accountability between national institutions and development partners. **5.** Develop appropriate debt sustainability analysis for domestic and foreign debts and set benchmarks and mechanisms for early warning. **6.** Implement the provisions of the Fiscal Responsibility Act and the Public Procurement Act at the federal level and mount a strong advocacy for their adoption at the state and local government levels. **7.** Enforce high-quality ICT in urban and rural areas and develop a framework that ensures high tele-density, enforce service providers to be efficient and responsive to consumers and protect consumers' rights. **8.** Enforce the local content policy in the extractive industries in a way that promotes local job and wealth creation in the upstream and downstream subsectors of the oil industry.

Progress on the Journey So Far

Goal 1: Eradicate Extreme Poverty and Hunger

The Human Development Report (2011), while giving a status report for each of the MDGs observed some success stories, although a lot is yet to be achieved. For each of the Goals, practicable suggestions which are achievable as long as there is a concerted effort by all stakeholders to work towards the Goals are proffered. Recent economic growth, particularly in agriculture, has markedly reduced the proportion of underweight children, from 35.7 per cent in 1990 to 23.1 per cent in 2008. Unfortunately, growth has not generated enough jobs and its effect on poverty is not yet clear (the most recent data is from 2004).

The available data and the current policy environment suggest that the target will be difficult to meet. Growth needs to be more equitable and broad based. Developing agriculture and creating jobs will require the public sector to create an enabling environment for business, including building critical infrastructure, making regulatory services transparent and providing sustainable access to enterprise finance. Social protection and poverty eradication programmes need to be scaled-up and better coordinated.

Goal 2: Achieve Universal Primary Education -

Witnessing a bold step forward, nearly nine out of ten children, (88.8 per cent), are now enrolled in school. Nevertheless, regional differences are stark. State primary completion rates range from 2 per cent to 99 per cent. In particular, progress needs to be accelerated in the north of the country if the target is to be met. Low completion rates reflect poor learning environments and point to the urgent need to raise teaching standards. The rapid improvement in youth literacy, from 64.1 per cent to 80 per cent between

2000 and 2008, appears to have reached a plateau. The Universal Basic Education Scheme is a promising initiative that needs to be reformed and strengthened. The Federal Teachers' Scheme and in-service training by the National Teachers' Institute has begun to address the urgent need to improve the quality of teaching. To accelerate progress and reduce regional disparities, these initiatives need to be rapidly expanded and improved.

Goal 3: Promote Gender Equality and Empower Women -

This area is experiencing a gradual improvement, vis-a-vis the proportion of girls enrolled in primary school. However, this is not yet enough to meet the target. There are still fewer girls than boys in school. There are signs of backsliding in the number of girls in tertiary education. Measures to encourage girls to attend school, particularly by addressing cultural barriers in the north of the country, and to provide the economic incentives for boys to attend school in the southeast, are urgently required.

Although few women currently hold political office, the new policy framework is encouraging (The present Federal Government has about 13 female Ministers in the Federal executive Council- FEC). However, gradual gains in parliamentary representation for women need to be greatly expanded in forthcoming elections. Confronting regional variations in the determinants of gender inequality requires policies based on an understanding of the underlying socioeconomic, social and cultural factors. State and local government efforts will thus be critical to the achievement of this goal.

Goal 4: Reduce Child Mortality -

Progress made in reducing child mortality has been rapid. With sustained effort and improvement in related and lagging sectors, such as water and sanitation, there is a strong possibility of achieving Goal 4 by 2015. Under-five mortality has fallen by over a fifth in five years, from 201 deaths per 1,000 live births in 2003, to 157 deaths per 1,000 live births in 2008. In the same period, the infant mortality rate fell even faster, from 100 to 75 deaths per 1,000 live births. Recent interventions – including Integrated Management of Childhood Illnesses – that reflect the underlying causes of child deaths, have contributed to these successes. However, these need to be rapidly expanded and accelerated if Nigeria is to achieve Goal 4. Access to primary health care needs to be improved by more investment in infrastructure, human resources, equipment and consumables, and better management. Implementation arrangements must target local needs, which vary hugely from community to community and state to state. Routine immunization is unsatisfactory but can be rapidly improved by building on the successes of the near-eradication of polio.

Goal 5: Improve Maternal Health - The Nations recent and deliberate efforts towards achieving this Goal are promising and, if the latest improvements can be sustained at the same rate, Nigeria will reach the target by 2015. Maternal mortality fell by 32 per cent, from 800 deaths per 100,000 live births in 2003 (at the time one of the highest maternal mortality rates in the world) to 545 deaths per 100,000 live births in 2008. However, the proportion of births attended by a skilled health worker has remained low and threatens to hold back further progress. Government commitment is not in doubt.

An innovative Midwives Service Scheme (MSS) is expected to contribute substantially to ongoing shortfalls but its impact has yet to be reflected in the data. If the scheme is expanded in proportion to the national gap in the number of midwives, this will further accelerate progress. In addition, more mothers will be covered by antenatal care as access to quality primary healthcare improves and incentives attract health workers to rural areas, indicating that Nigeria will turn progress to date on this goal into a MDG success story.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases - Nigeria has had striking success in almost eradicating polio, reducing the number of cases by 98 per cent between 2009 and 2010. Another marked success was the fall in the prevalence of HIV among pregnant young women aged 15-24 from 5.8 per cent in 2001 to 4.2 per cent in 2008. Thus, nationally, Nigeria has already achieved this target. However, some states still have high prevalence rates that require urgent policy attention. Successes have been buoyed by better awareness and use of contraceptives. There has been a sharp decrease in malaria prevalence rates. Nationwide distribution of 72 million long-lasting insecticide-treated bed nets, although only in its initial stages, protected twice as many children (10.9 per cent) in 2009, compared to 2008 (5.5 per cent).

Similar progress has been made with tuberculosis. With sustained attention, tuberculosis is expected to be a limited public health burden by 2015. To consolidate and extend progress on Goal 6, challenges that need to be addressed include improving knowledge and awareness of HIV/AIDS, improving access to antiretroviral therapies, and effective implementation of the national strategic frameworks for HIV/AIDS, malaria and tuberculosis control. The involvement of youth corps members in the realization of the Goal-6 of the Millennium Development Goals may be the panacea for annihilating HIV/AIDS amongst the young target group in Nigeria. The figures below show some of the modest achievements that have been recorded in the

country since the inception of MDGs (Goal 6) in Nigeria.

Goal 7: Ensure Environmental Sustainability - Nigeria's natural resources, some of its most valuable national assets, are still seriously threatened. For example, between 2000 and 2010 the area of forest shrank by a third, from 14.4 per cent to 9.9 per cent of the land area. Similarly, access to safe water and sanitation is a serious challenge for Nigeria. Little progress was made up to 2005 but improvements since then have brought the proportion of the population accessing safe water to 58.9 per cent and the proportion accessing improved sanitation to 51.6 per cent. The major challenge lies in translating substantial public investments in water into effective access. This requires more involvement by communities to identify local needs, and better planning to deliver holistic and sustainable solutions. In sanitation, efforts are falling short of the target. Rural-urban migration will add to the pressure on sanitation infrastructure throughout the country. It is doubtful that town planning authorities have made adequate preparations for sustainable housing and sanitation. There is an urgent need for managerial, technical and financial resources to deal with these challenges to be established at state and local government levels. Given the risks of overexploitation of groundwater in the North and the influx of saline water in the South, innovative solutions are required across the country.

Goal 8: Develop a Global Partnership for Development - Recently, in 2005; debt relief was negotiated by Nigeria. This provided new opportunities for investment in the social sector. Debt servicing fell from 15.2 per cent of exports in 2005 to 0.5 per cent in 2008. To build on these positive developments there is a need to take action to forestall a relapse into unsustainable levels of debt that could prevent the country from achieving the MDGs. The outlook for the broader partnership for development is not as bright. Trade agreements continue to be inequitable and constrain exports and economic growth. Development assistance has grown although, when debt relief is excluded, it is still very low on a per capita basis.

Improving the quality of human and capital resources available is critical to attracting the foreign direct investment that is needed to contribute to development. As a result of the deregulation of the telecommunications sector in 2001, the proportion of the population with access to mobile telephones increased from 2 per cent to 42 per cent between 2000 and 2008. However, this has yet to bridge the digital divide and only 15.8 per cent of the population currently has access to the internet.

Imperatives for Progress towards the Target Year

Some global developments have potentially critical implications for Nigeria's efforts to achieve the MDG targets. Two notable global developments are the global financial and economic crises since 2008 and the increasing pressures of climate change, including mitigation and adaptation efforts (MDG Report, 2010). The global financial crisis contributed to slow growth across the world's economies, resulting in lower demand for commodities, especially oil. Nigeria suffered contagion effects, such as the drying-up of credit, investment and private capital flows. This led to tighter credit conditions and increased uncertainty, which curbed investment in 2009. Also, the effects of climate change are a threat to efforts to eradicate poverty and hunger and achieve human development and sustainable growth. But, if well managed, the effects of climate change and efforts to adapt to it may offer unique opportunities to ensure more sustainable achievement of the MDGs.

In the submissions of Nigeria's representatives at the just concluded United Nations appraisal summit on Millennium Development Goals (MDGs) in New York City, "For every MDG, there is a positive story to be told. Although there are extreme variations from state to state, indications from primary school enrolment, the proportion of underweight children, the prevalence of HIV/AIDS and debt sustainability show impressive improvements. Progress on improving access to safe water, primary completion rates, empowering women and ensuring births are attended by skilled health workers has been much slower..." (CSR, 2010).

Conclusion

The problem of development is a global challenge and the MDGs are a response by world leaders. There are limitations to utilizing the MDGs as a framework for delivering or measuring development. But they provide a platform to engage the development process. The situation in Nigeria indicates that there are challenges in meeting the goals by 2015. For Nigeria to meet the goals in 2015 there is the need to formulate and implement policies that will promote transparency and accountability; overcome institutional constraints; promote pro-poor growth; bring about structural change; enhance distributive equity; engender social and cultural re-orientation; engineer political transformation; promote human development; practice inclusive urban development; generate employment and transform power relations.

Recently, the MDGs Report, 2012 was launched but no mention of global ageing was made. However, global ageing is one of the most fundamental issues of our time. Already there are more people over 60 than children under five. The proportion of older people in

the developing world is rising at an unprecedented rate. Second World Assembly on Ageing in April 2002, called for action to include older people in development and halving the proportion of people living in extreme poverty by 2015. In a reaction to this, the Post-2015 Report has put forward the following recommendations for the post-2015 process to respond to the challenge of global ageing:

- The opportunities and challenges of global ageing should be central to the post 2015 agenda.
- Policies supporting the contributions of active, secure, resilient and healthy ageing populations must be supported and reflected in the outcomes of a post-2015 development framework.
- National social protection mechanisms for the poorest and most vulnerable, including regular income through social (non-contributory) pensions, and investment in primary healthcare systems are key to addressing poverty, protecting older people and creating opportunity.

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