Attainability of Millennium Development Goals (MDGs) in Nigeria: Current Challenges and Future Prospects

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Abstract
Millennium Development Goals (MDGs) serve as one of the pro-poor policies aiming at containing the menace of poverty and hunger, diseases and ignorance, gender disparity and environmental filth. As a time-bound programme, it is now less than one year to the expiration of the MDGs. A cursory look of the progress of the program around the world shows that while some countries in the Asia have recorded superb progress; sub-Saharan African countries have rather recorded abysmal progress. In view of this, this study sets out to examine the progress of MDGs in Nigeria so as to uncover the challenges and future prospects of the programme. A descriptive statistic approach has been employed to scientifically examine the situation using five last goals. The results reveal, in the light of current trend, that goal 5 may be met before the deadline i.e. 2015. The results however, suggest that it is highly unlikely for Nigeria to meet the remaining four goals examined. Such factors as poor funding, high unemployment, inadequate skilled manpower and infrastructural decay are majorly responsible for the poor performance. Hence, the recommendations have been offered by the author: that there should be efficient and effective funding mechanism so as to checkmate corruption in the process. Also, value re-orientation system should be formulated through awareness campaign just to garner people’s support and participation for the success of the programme.

Keywords: MDGs, Time-bound, Descriptive statistics and awareness

1. Introduction
The Millennium Development Goals (MDGs) are eight time-bound international development goals which were set up in the wake of the United Nations Millennium Summit in September 2000, succeeding the acceptance the UN Millennium Declaration by all the then 189 (193 at present) UN member-states. Ever since, over 23 international organizations dedicated have themselves to assisting the members attaining the goals within the deadline of 2015 (UNDP 2011 and Wikipedia 2013).

MDGs emerged out of the mammoth debacle of a vast majority of countries, particularly the LDCs, to fulfill the terms and conditions as contained the Social Charter section of the all UN countries’ and territories’ constitutions. Social Charter, in turn, is a bond between the individual and his government, which acknowledges his rights and responsibilities and undertakes to deliver to him the basic necessities for decent and compassionate human existence (NYSC-MDG Advocacy 2007).

To this effect, Sachs (2012) observed that MDGs serve as a celebrated and effectual avenue of rallying UN member-states to attaining “a set of important social priorities” world over. The well-known public concern about poverty, hunger, disease, low educational attainment, gender disparity, environmental degradation and globalization; are explicitly reflected in the MDGs. These priorities are designed in a straightforward set of eight goals alongside their measurable and time-bound objectives. By so doing, global awareness, political accountability, social feedbacks and public pressure, are promoted by the MDGs.

Given the interconnection or interdependence among the goals vis-à-vis their developmental targets, the member-states have instituted several development plans, strategies and programmes to quicken the process of accomplishing the goals within the time frame. To this end, Nigeria, being a bona fide UN member, has since inaugurated the National Economic Empowerment and Development Strategy (NEEDS) with four cardinal goals of wealth creation, employment generation, poverty reduction, and value re-orientation; meant for domiciliation of the MDGs in the country. Moreover, this effort was also followed by the establishment of National Poverty Eradication Programme (NAPEP) (which has been scrapped few days ago due to ineffectiveness) and Office of the Senior Special Adviser to Presidency on MDG (OSSAP-MDGs).

Against this backdrop, this paper seeks to investigate whether Nigeria is still on track to realizing the goals within the remaining 1.6 years to cut off date, in view of the country’s rate of progress so far.

2. Framework of the Study
MDGs are constituted by eight goals, eighteen targets and seventeen indicators, which are expected to be accomplished within the time limit of 2015. The table below is the summary of the MDGs
<table>
<thead>
<tr>
<th>S/N</th>
<th>MDGs</th>
<th>Targets</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>1.</td>
<td>To Eradicate Extreme Poverty and Hunger</td>
<td>To halve between 1990 &amp; 2015 poverty rate and hunger.</td>
<td>Poverty rate and Proportion of population below minimum dietary energy consumption.</td>
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<td>2</td>
<td>Achieve Universal Primary Education</td>
<td>Ensure that, by 2015, children everywhere, boys &amp; girls, will be able to complete a full course of primary schooling</td>
<td>Net enrollment ratio in primary education, Proportion of pupils starting grade 1 who reach grade 5, &amp; Literacy rate 15-24 yrs</td>
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<td>3</td>
<td>Promote Gender Equality and Empower Women</td>
<td>Eliminate gender disparity in primary and secondary education preferably by 2005 to all levels of education no later than 2015</td>
<td>Ratio of girls to boys in primary, secondary and tertiary education. Ratio of literate female to male etc</td>
</tr>
<tr>
<td>4</td>
<td>Reduce child mortality</td>
<td>Reduce by 2/3 between 1990 and 2015 the under-five mortality rate</td>
<td>Under-five mortality rate, Infant mortality rate and immunization coverage. Maternal mortality rate, proportion of births attended by skilled health personnel</td>
</tr>
<tr>
<td>5</td>
<td>Improve maternal health</td>
<td>Reduce by 3/4, between 1990 and 2015, the maternal mortality rate</td>
<td>HIV, Malaria and TB prevalence rates, etc</td>
</tr>
<tr>
<td>6</td>
<td>Combat HIV/AIDS, Malaria and other diseases</td>
<td>To halve by 2015 and to begin to reverse the spread of HIV/AIDS, Malaria and other diseases.</td>
<td></td>
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<tr>
<td>7</td>
<td>Ensure environmental sustainability</td>
<td>To integrate the principle of sustainable development into country policies and programmes and reverse the loss of environmental resources, and improve access to safe drinking water by 50% etc by 2015</td>
<td>Land area covered by forest, CO2 emission, access to safe drinking water, access to improved sanitation facilities, etc</td>
</tr>
<tr>
<td>8</td>
<td>Develop a global partnership for development</td>
<td>Entail reduction and cancellation of bilateral debt among countries, avoid discriminatory trade and financial system among countries, address the special needs of landlocked countries, enhance the productivity of youth in developing countries, provides affordable essential drugs for developing countries and to make information and communication technologies available to LDCs.</td>
<td>Net Official Development assistance, debt service, fixed line and mobile phone subscribers, internet users, etc</td>
</tr>
</tbody>
</table>

Sources: UNDP 2011 and World Development Indicators 2002.

The above are the MDGs together with their targets and indicators for easy assessment of the progress made so far.

3. **Stylized Facts About MDGs in Nigeria: The Journey So Far**

Generally, substantial progress towards achieving MDGs have been made by the member-states, but the progress
is highly divergent across the globe, countries, and regions. Put differently, the global headway to MDGs is rather “patchy” and “uneven”. The general deduction is that few goals are likely to be achieved worldwide. Least advancements in Africa and South Asia slow down the global progress. MDG 1 is track and has been halved since 2010 in view of the rapid economic growth in the world’s most populous country, China. The aspects of MDGs have been remarkably achieved but unsatisfactory achievements are being recorded on MDG 2a, MDG 4 and MDG 5. While the progress towards MDG 3 is rather sluggish, attaining MDG 7 has been hampered by skyrocketing rate of deforestation. Finally, global economic crises and austerity measures have also jeopardized the progress in MDG 8, as Africa is being short-changed by the aid flows.

United Nations Economic Commission for Africa (2013) in its report on Africa’s progress towards the MDGs, Nigeria is nowhere to be found among the top or best 20 performing countries in selected targets and indicators. This portrays that Nigeria has poor performance towards attaining MDGs.

To properly and comprehensively study the attainability of MDGs in Nigeria, this paper strives to analyze five of the goals using Nigeria’s empirical data on their indicators. Among others, the goals to be analyzed include:

1. MDG 4: Reduce Child Mortality
2. MDG 5: Improve Maternal Health
3. MDG 6: Combat HIV/AIDS, Malaria and other diseases
4. MDG 7: Ensure Environmental Sustainability
5. MDG 8: Develop Global Partnership for Development

These are so chosen because previous studies mostly cover the first four goals. The following are their analyses.

3.1. Goal 4: Reduce Child Mortality

This goal is very fundamental to the population distribution and economic development in any country. This is because the population of children constitutes the potential labour force of the economy. Hence the higher the population of children the higher the likelihood that such an economy would have higher productivity in time to come, though there may be high dependency in the short runs. For a country to reap such a fruit, the health of the children can be ensured by making available affordable and easy-to-access health care services by all and sundry. By so doing the MDG 4 can be met as at when due. But the situation is very farther from the ideal in Nigeria based on the data on the indicators in table 3.1a. below:

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<tbody>
<tr>
<td>1.</td>
<td>Under-five mortality Rate (per 1000 live births)</td>
<td>230</td>
<td>191</td>
<td>207</td>
<td>198</td>
<td>143</td>
<td>190</td>
<td>77</td>
</tr>
<tr>
<td>2.</td>
<td>Infant mortality rate (per 1000 live births)</td>
<td>91</td>
<td>195</td>
<td>81.38</td>
<td>100</td>
<td>128</td>
<td>123</td>
<td>Less than 30</td>
</tr>
<tr>
<td>3.</td>
<td>Percentage of one year old fully immunized against measles</td>
<td>46</td>
<td>32.80</td>
<td>60</td>
<td>75</td>
<td>64.8</td>
<td>100</td>
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</tbody>
</table>


In the table 3.1a above, it is shown that the Under-five mortality rate has been instead oscillating between 230 and 190 since 1990 to date. This indicates that the Under-five mortality rate reduces at average annual rate of 0.8% far below the required rate of 2.8%. With this we can say Nigeria may not the indicator target.

The Infant mortality rate is rather deteriorating as it increased from 91 in 1990 to 195 in 1995. Thereafter, it reduced by 58% between 1995 and 2000. But later it jumped to 123 in 2013 higher than of 1990. This tells us that the infant mortality rate soared instead of trimming down towards the target.

In regard to the area of immunization coverage, Nigeria made a marvelous performance as the rate up surged from 46% in 1990 to 75% in 2010 but dropped to 64.8% afterwards. This suggests that the coverage boosted at an average annual rate of 1.5% rather than the desired rate of 4%. Given the gap between the target and the actual rate, Nigeria is still unlikely to meet this target.

The results infer that it is implausible for Nigeria to attain this goal.

3.2 Goal 5: Improve Maternal Health

There is a saying that a status of women exposes the general quality of life in the overall country. This is so because women play very essential roles, which cannot be economically evaluated, in the country. Henceforth, the best indicator that displays health status is the maternal mortality ratio. The table below presents the health status of women in Nigeria.
Table 3.2a Reduce by three-quarters, between 1990 and 2015, the Maternal Mortality Rate

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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Maternal mortality rate (per 100,000 live births)</td>
<td>1000</td>
<td>1100</td>
<td>704</td>
<td>800</td>
<td>630</td>
<td>350</td>
<td>250</td>
</tr>
<tr>
<td>2.</td>
<td>Proportion of births attended by skilled health personnel (%)</td>
<td>45</td>
<td>33</td>
<td>42</td>
<td>43.5</td>
<td>46.5</td>
<td>58.6</td>
<td>100</td>
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</table>


The table 3.1a puts on view that Nigeria may attain maternal mortality rate target in 2015 as the annual average rate of 2.8% almost coincides with the desired rate of 3%.

In contrast, the story is disappointing with respect to the proportion of births attended by skilled health personnel. The proportion oscillated around 45 to 47% between 1990 and 2010. Subsequently, it improved to 58.6%. Thus, the gap between the actual proportion and the target is very wide, making highly doubtful for Nigeria to meet the target within the time limit.

3.3 MDG 6: Combat HIV/AIDS, Malaria and other Diseases

The adverse effect of diseases such as malaria, HIV/AIDS and tuberculosis, on the economy cannot be overemphasized in view of the saying that “a healthier economy is a wealthier”. The MDG 6 addresses this problem by devising three major targets of halting HIV incidence, reversing the malaria prevalence, and also reversing the cases of other diseases in the country. The situation of these targets is presented in the table below:

Table 3.3a Halting HIV, Malaria and other Diseases

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<tbody>
<tr>
<td>1.</td>
<td>HIV Prevalence (% of Population ages 15-49)</td>
<td>4.2</td>
<td>N.A.</td>
<td>5.8</td>
<td>N.A.</td>
<td>3.6</td>
<td>5.9</td>
<td>To be halted</td>
</tr>
<tr>
<td>2.</td>
<td>Malaria Prevalence (per 100,000)</td>
<td>1,112</td>
<td>N.A.</td>
<td>2,024</td>
<td>1,157</td>
<td>3,600</td>
<td>3,090</td>
<td>To be reversed</td>
</tr>
<tr>
<td>3.</td>
<td>Incidence of Tuberculosis (per 100,000)</td>
<td>231</td>
<td>134.2</td>
<td>483</td>
<td>531</td>
<td>306</td>
<td>171</td>
<td>To be reversed</td>
</tr>
</tbody>
</table>


The HIV prevalence among youth has been increasing since 1990 (4.2%) to 2000 (5.8%) marginally but dropped to 3.6% in 2010 and later resumed back to 5.9% in 2013. Considering the trend in the HIV prevalence in Nigeria, we cannot but say that it is unfeasible for Nigeria to meet the target. This is particularly given the wide divergence between the target and the observed prevalence as well as time limit.

The malaria incidence is degenerating since 1990 to 2013 as it escalated from 1,112 to 3,090 instead of declining at a desired rate of 4% annually. This damns the hope of meeting the target.

Contrarily, Nigeria recorded tremendous progress in the area of curtailing tuberculosis from 531 in 2005 to 171 in 2013, though it initially fluctuated between 231 and 531 in 1990 and 2005 respectively. This suggests that Nigeria can hopefully meet the target other things being equal.

3.4 MDG 7: Ensure Environmental Sustainability

The goal sought to address the critical issues of sustainable development, which relate to using natural resources to meeting the present needs without those ones available for next generations or compromising the future needs. The goal aims at tackling the predicaments of depletion of natural resources, could cause pollution, congestion, global warming, diseases, and whole lots of others.

In view of rampant gas flaring, deforestation, desert encroachment, automobile carbon monoxide, and bush burning; this goal has been highly prioritized by Nigeria as it established Federal Ministry of Environment, NASREA and other programmes. Yet, the environmental problems are rather heightened in Nigeria, as shown in the table below.

In the table, it is revealed that the problem carbon dioxide emission has dropped from 0.5 in 1990 to 0.3 in 1995 and since then it has been compounding to 0.4 in 2000, to 1.1 in 2005 and then to 2.1 in 2013. This trend has dashed all hopes of meeting the target and is responsible for the augmenting green-house effect with its attendant consequences of rambling floods, erosion, acid rain and drought experienced here and there in the country.

Correspondingly, forest area has also been shrinking right from 1990 when it was 18.9%, to 14% in 2000 and then to 9.9% in 2010. This poses some challenges to agricultural activities in the country through desert encroachment. Hence, the progress towards the target is slim.

By the same token, there was an insignificant drop in the proportion of people with access to safe drinking between 1990 (54%) and 1995 (50%). Afterward it steadily rises from that of 1995 to 60% in 2005 and
to 63% in 2013. With all this progress yet Nigeria is unlikely to meet the target unless something miraculous can be done.

Analogously, the case of people with access to improved sanitation facilities is the worst as the proportion is dwindling since 1990 when it was just 39% to 34% in 2010 and lastly to 35% in 2013. This tenders also a great challenge towards meeting the target, and causes recurring cases of cholera in some parts of the country.

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</thead>
<tbody>
<tr>
<td>1.</td>
<td>CO₂ Emission (metric per capita)</td>
<td>0.5</td>
<td>0.3</td>
<td>0.4</td>
<td>1.1</td>
<td>2.0</td>
<td>2.1</td>
<td>Reverse</td>
</tr>
<tr>
<td>2.</td>
<td>Forest Area (% of land area)</td>
<td>18.9</td>
<td>14.4</td>
<td>14.0</td>
<td>12.2</td>
<td>9.9</td>
<td>N.A.</td>
<td>20</td>
</tr>
<tr>
<td>3.</td>
<td>Nationally protected land surface Area (%)</td>
<td>3.7</td>
<td>5.5</td>
<td>6.1</td>
<td>6.1</td>
<td>N.A.</td>
<td>N.A.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Access to Improved water (%)</td>
<td>54</td>
<td>50</td>
<td>57</td>
<td>60</td>
<td>49.1</td>
<td>63</td>
<td>80</td>
</tr>
<tr>
<td>5.</td>
<td>Access to improved sanitation facilities (%)</td>
<td>39</td>
<td>49</td>
<td>34</td>
<td>N.A.</td>
<td>42.9</td>
<td>35</td>
<td>100</td>
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</tbody>
</table>


3.5 MDG 8: Develop a Global Partnership for Development

This goal is very central to achieving the first seven goals as it abets the members with the required resources to execute some developmental projects. Looking at the indicators of this goal critically, it could be said to be dealing with the issues of globalization, to which no country or territory can exempt herself. So, it addresses such issues as debt, foreign aid, international trade, communication and so forth. The table below presents the situation of the indicators of goal 8.

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<tbody>
<tr>
<td>1.</td>
<td>Aid per capita (current US $)</td>
<td>2.9</td>
<td>3.2</td>
<td>1.47</td>
<td>48.94</td>
<td>N.A.</td>
<td>N.A.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Tele density (per 1,000)</td>
<td>3.2</td>
<td>4.0</td>
<td>8.3</td>
<td>16.27</td>
<td>79.1</td>
<td>N.A.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Debt Service</td>
<td>22.3</td>
<td>14</td>
<td>12</td>
<td>15.2</td>
<td>N.A.</td>
<td>N.A.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Internet Users (per 1000 people)</td>
<td>0.04</td>
<td>0.1</td>
<td>1.0</td>
<td>13.9</td>
<td>28.43</td>
<td>N.A.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Proportion of Exports (AS % of GDP)</td>
<td>43</td>
<td>N.A.</td>
<td>52</td>
<td>N.A.</td>
<td>47.3</td>
<td>54.1</td>
<td></td>
</tr>
</tbody>
</table>

Sources: UNDP 2013, OSSAP 2012 and NBS 2013 survey.

Debt relief negotiated by Nigeria in 2005, resulted in the drastic decline in the debt service as the debt service fell from US$ 22.3 billion in 1990 to US $15.2 billion in 2005. Yet Nigeria is gradually going back into this debt trap.

Likewise, the deregulation of the telecommunication sector in 2001, the teledensity increased from 3.2 per 1000 in 1990 to 79.1 in 2010 far above the international standard. This is also applied to the internet users which jumped from 1.0 to 28.43 in 1990 and 2010 respectively. As a consequence, a great number of job opportunities were created.

Equally, the proportion of export to GDP has increased steadily from 43% in 1990 to 54.1% in 2013. So also aid flow has skyrocketed from US$ 2.9 per capita in 1990 to US$ 48.94 in 2005.

Summarily, Nigeria has made great success in this goal.

4. Current Challenges and Prospects of MDGs in Nigeria

a. The Challenges

1. The aggravating incidence of poverty in Nigeria, especially in the rural areas, is a major obstacle to attaining MDGs in Nigeria.
2. Poor availability of health care and other facilities such as good hospitals, safe drinking water, and road networks, educational institutions and their likes; are also stumbling blocks towards attaining MDGs.
3. Lack of inadequate skilled manpower especially medical personnel, is also dragging back the country from meeting the goals.
4. Culture and attitudinal factors are hindering some Nigerians from accessing such facilities as health care centres, educational institutions, skill acquisitions and e.t.c.
5. Recurring financial or economic crises are strangulating
6. Lack of efficient and effective supervisory and monitory mechanism coupled with poor culture of keeping data.

4.2 The Prospects

1. There should always be a pro-poor growth so as to be able contain the incidence of poverty in Nigeria.
2. In connection to the above point, there should be holistic and concerted efforts towards adequately providing the social and infrastructural facilities.
3. Nigeria must try to devise means to control brain-drain in the country by upward and favorable review of the terms and conditions of work in the country.
4. Government should strengthen its efforts in value re-orientation so as to disabuse the minds of the populace as regards their negative perceptions of MDGs.
5. A special MDGs Fund should be set up to cope with the global economic crises.
6. Efficient and effectual monitoring mechanism coupled with accurate data collection system has to be put in place.

5. Conclusion
Although Nigeria has made remarkable advancements in some targets, yet, in view of the current trend of progress headway to MDGs and the wide gaps between the actual achievements and targets, it could be inferred that it is not feasible for Nigeria to meet all of the goals given shortest time frame. However, there is an aphorism that the prerequisites for attaining MDGs are: rapid economic growth, substantial foreign aids, and good governance. For Nigeria, she may fail because of bad governance with its attendant consequences of corruption and bastardization of economic and political institutions.

References