American Journal of Science and Technology
2014; 1(3): 95-100
Published online May 30, 2014 (http://www.aascit.org/journal/ajst)

Keywords
MDGs,
Nigeria,
Terrorism,
Malaria,
Poverty,
Education

Received: February 19, 2014
Revised: March 01, 2014
Accepted: March 02, 2014

Millennium development goals (MDGs) in Nigeria: Issues, challenges and what next?

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Citation
Theresa Ebiere Dorgu, Hamilton-Ekeke, Joy-Telu. Millennium Development Goals (Mdgs) in Nigeria: Issues, Challenges and What Next? *American Journal of Science and Technology*. Vol. 1, No. 3, 2014, pp. 95-100.

Abstract
The time frame for the achievement of MDGs was set for 2015 and the goals are meant to serve as precursors to overall national development. The end of the MDGs is close and just above a year more. Remarkable progress has been made in some of the MDGs but some are still lacking behind. The on-going innovations and improvement in governance, accountability, and policy are likely to speed up progress towards the attainment of the MDGs by 2015. It should however be acknowledged that additional support is required as Nigeria seek to ensure coordination within a complex federal system. One thing that is imperative for Nigeria to focus on after the MDGs is to ensure the safety and security of its citizens. As non of its six geo-political zones is save from terrorism, military insurgencies, kidnapping, armed robbery and other anti-social vices, the maintenance and consolidation of MDGs gains and its continuity is in doubt.

1. Introduction

The United Nations Millennium Development Goals (MDGs) are eight goals that all 191 United Nations Member States have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000 commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this Declaration, and all have specific targets and indicators. The time frame for the MDGs was set for 1990 to 2015 and the goals are meant to serve as precursors to overall development. The end of the MDGs is close indeed and it is time for serious countries and global health stakeholders to begin to take stock of the developmental issues covered by MDGs such as maternal and child health, gender equality, education, sanitation, global partnership and poverty alleviation, the challenges and what to learn from them and most importantly considering what comes after the MDGs?

2. Millennium Development Goals Global Achievement Statistics

While some countries have made impressive gains in achieving health-related targets, others are falling behind. Often the countries making the least progress are

those affected by high levels of HIV/AIDS, economic hardship or conflict. Malnutrition is the underlying cause of death in an estimated 35% of all deaths among children under five years of age. The proportion of underweight children in developing countries has declined from 28% to 17% between 1990 and 2011. This rate of progress is close to the rate required meeting the MDG target, however improvements have been unevenly distributed between and within different regions.

Globally, significant progress has been made in reducing mortality in children under-five years of age. In 2011, 6.9 million children under-five died, compared with 12 million in 1990. Between 1990 and 2011, under-five mortality declined by 41%, from an estimated rate of 87 deaths per 1000 live births to 51. The global rate of decline has also accelerated in recent years – from 1.8% per annum during 1990–2000 to 3.2% during 2000–2011. Despite this improvement, the world is unlikely to achieve the MDG target of a two-thirds reduction in 1990 mortality levels by the year 2015. In 2011, global measles immunization coverage was 84% among children aged 12–23 months. More countries are now achieving high levels of immunization coverage; in 2011, 64% of Member States reached at least 90% coverage. Between 2000 and 2010, the estimated number of measles deaths decreased by 74%, accounting for about one fifth of the overall decline in child mortality.

Despite a significant reduction in the number of maternal deaths – from an estimated 543 000 in 1990 to 287 000 in 2010 – the rate of decline is just over half that needed to achieve the MDG target of a three quarters reduction in the mortality ratio between 1990 and 2015. To reduce the number of maternal deaths, women need access to good-quality reproductive health care and effective interventions. In 2008, 63% of women aged 15–49 years who were married or in a consensual union were using some form of contraception, while 11% wanted to stop or postpone childbearing but were not using contraception. The proportion of women receiving antenatal care at least once during pregnancy was about 81% for the period 2005–2011, but for the recommended minimum of four visits or more the corresponding figure drops to around 55%.

The proportion of births attended by skilled personnel – crucial for reducing prenatal, neonatal, and maternal deaths – is above 90% in three of the six World Health Organisation (WHO) regions. However, increased coverage is needed in certain regions, such as the WHO African Region where the figure remains less than 50%.

In 2011, an estimated 2.5 million people were newly infected with HIV – 24% less than the 3.1 million people newly infected in 2001. Sub-Saharan Africa accounted for 70% of all the people who acquired HIV infection globally. There were an estimated 34 million people living with HIV in 2011, an increase from previous years. As access to antiretroviral therapy in low- and middle-income countries improves (a little over 8 million people in low- and middle-income countries received treatment in 2011), the population living with HIV will continue to grow since fewer people are dying from AIDS-related causes.

Malaria: About half the world's population is at risk of malaria, and an estimated 216 million cases in 2010 led to approximately 655 000 deaths – 86% of these in children under the age of five. In a total of eight countries and one territory in the WHO African Region there was a more than 50% reduction in either confirmed malaria cases or malaria admissions and deaths (Ayi *et al*., 2010). The coverage of interventions such as the distribution of insecticide-treated nets and indoor residual spraying has greatly increased, and will need to be sustained in order to prevent the resurgence of disease and deaths caused by malaria.

Tuberculosis: The annual global number of new cases of tuberculosis has been slowly falling since 2006 and fell 2.2% between 2010 and 2011. In 2011, there were an estimated 8.7 million new cases, of which about 13% involved people living with HIV. Mortality due to tuberculosis has fallen 41% since 1990 and is trending to globally reach a 50% reduction by 2015. Incidence rates are also falling in all WHO's six regions. Globally, treatment success rates have been sustained at high levels, at or above the target of 85%, for the past four years.

Other diseases: neglected tropical diseases affect more than a billion people worldwide. With the exception of dengue and leishmaniasis, these diseases rarely cause outbreaks, and thrive in the poorest, most marginalized communities, causing severe pain, permanent disability, and death.

Through a coordinated and integrated approach since 2007, WHO has demonstrated that control, elimination and even eradication of these diseases is feasible. With fewer than 1058 cases of dracunculiasis reported in 2011, the disease is on the verge of eradication without the use of any medication or vaccine.

The world has now met the MDG target relating to access to safe drinking water. In 2010, 89% of the population used an improved source of drinking water compared with 76% in 1990. Progress has however been uneven in different regions. With regard to basic sanitation, current rates of progress are too slow for the MDG target to be met globally. In 2010, 2500 million people did not have access to improved sanitation facilities, with 72% of these people living in rural areas. The number of people living in urban areas without access to improved sanitation is increasing because of rapid growth in the size of urban populations.

Many people continue to face a scarcity of medicines in the public sector, forcing them to the private sector where prices can be substantially higher. Surveys undertaken from 2007-2011 show the average availability of selected generic medicines in low- and middle-income countries was only 51.8% in the public sector. Patient prices of lowest priced generics in the private sector averaged 5 times international reference prices, ranging up to about 14

times higher in some countries. Even the lowest-priced generics can put common treatments beyond the reach of low-income households in developing countries. Patients suffering chronic diseases pay the greatest price. Effective treatments for the majority of the global chronic disease burden exist, yet universal access remains out-of-reach (Alaba and Alaba, 2009).

3. An Overview of Millennium Development Goals in Nigeria: Current Progress

The progresses made so far on the eight MDGs in Nigeria are as follows:

Goal One: Eradication of Extreme Poverty and Hunger; 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. However, 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 programs need to be scaled-up and better coordinated.

Goal Two: Achievement of Universal Basic Education; in a major step forward, nearly nine out of ten children, 88.8 per cent, are now enrolled in school. Nevertheless, regional differences are lush. 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 (Hamilton-Ekeke, 2012). The Federal Teachers' Scheme and in-service training by the National Teachers' Institute have 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 Three: Promotion of Gender Equity and Equality: there is a gradual improvement in the proportion of girls enrolled in primary school, though noteworthy, 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 south-east, are urgently required. Although few women currently hold political office, the new policy framework is encouraging. 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 Four: Reduction of Child Mortality: progress 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 four. 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 Five: Improving Maternal Health: recent progress towards this goal is 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 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 Six: Combating 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 percent

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 six, 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 inclusion of malaria education in school curriculum from primary to tertiary level on the vector-control strategy of malaria eradication (Hamilton-Ekeke, 2013).

Goal Seven: Ensuring 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 (Jimoh, 2005). 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 over-exploitation of groundwater in the North and the influx of saline water in the South, innovative solutions are required across the country.

Goal Eight: Developing a Global Partnership for Development: debt relief negotiated by Nigeria in 2005 provided new opportunities for investment in the social sector. Debt servicing fell from 15.2 per cent of exports in 2005 to 0.5 percent 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.

4. National Health Policy and Strategy is the Basis for Improving Health Outcomes

Each MDG has targets set for 2015 and indicators to monitor progress from 1990 levels. Several of these relate directly to health. Therefore the way forward for the actualization of MDGs will include thus:

- Better health outcomes depend on effective interventions delivered by better health systems.
- Better health requires coherent policies and a comprehensive approach that also addresses the social, environmental, and economic determinants of ill health.
- Outcomes, interventions, programs, and systems come together in a robust national health policy and strategy.
- Systems that seek synergies between programs get better results and can accelerate progress towards the MDGs.
- The national health policy and strategy links an analysis of needs and current performance with future objectives and priorities and details of the financial and institutional arrangements needed to achieve them.
- Development of a national health policy and strategy must be country-led and requires an inclusive process of consultation to ensure democratic ownership of the product.
- There is an urgent need to align external support around the national health policy and strategy to reduce fragmentation and the burden on a country.

5. Millennium Development Goals: The Challenge and What Next

A lot of programs and projects have been instituted across the globe but mostly in Lower Middle Income Countries to help achieve these development goals. With the deadline of 2015 looming, intensified efforts have been made in countries that have not achieved the goals, one of which is Nigeria. There have been various approaches to these programs with some vertical and horizontal methods. Vertical approach being the development and implementation of projects and programs targeted at specific areas e.g. HIV/AIDS programs. While horizontal approaches focus on the development and implementation of projects that span various areas of interest and involve collaborations and integrations with differing

stakeholders in this process. Nigeria has participated in and implemented several international, regional, and local programs in line with these MDGs and a lot of public and private institutions have absorbed these programs. A lot of infrastructure has been built on the premises of these projects and healthcare professionals have been trained alongside. These and many more are still ongoing and expected to be in place up until 2015 and beyond (Ahmadu, 2013).

One thing that is imperative for Nigeria to focus on after the MDGs is to ensure the safety and security of citizens first. It is not clear how any of the development precursors can have any long-term effect in the present unsecured and terrifying state the nation is in. Lives are being wasted and properties destroyed each day across the country. In the North, we have Boko Haram terrorists. In the Southeast and South-south kidnappings and impunity seems rampant and armed robbers terrify people who live in the Southwest of the country. It is so bad in the North that healthcare workers are being targeted and killed in the line of duty, as was the case in Kano and Yobe states. Health professionals are forced to leave violence prone areas and one wonders who would be left to carry on the work; it turns out that the unstable areas are actually the areas that record the poorest MDG indices. For instance in the eradication of malaria, geopolitical zonal variations of malaria indicators were reported by Nigeria Malaria Operation Plan (NMOP, 2012) as follows: the highest malaria prevalence zones were North East (fifty percent), North Central (forty-nine percent), and North West (forty-eight percent), while the lowest prevalence zones were South East (twenty-eight percent), South West (thirty-one percent) and South-South (thirty-two percent). Insecticide Treated Nets (ITN) ownership was highest in the South West (twenty percent). What should be next for Nigeria will be to consolidate the gains of MDGs so far glean through ensuring adequate security of lives and properties in all parts the country.

6. Conclusion

The MDGs have been a powerful force in the fight to reduce poverty and inequity. Health is at the centre of the development agenda. All the MDGs influence health, and all causes of ill-health affect the achievement of the MDGs. The focus on specific goals has spurred innovation – new tools, new ways of doing business and new resources. Progress is being made, but is unequal and fragile also huge challenges remain. Conflict-affected and fragile states are furthest away from achieving the MDGs. More efforts and investment are necessary to prevent setbacks, and to accelerate progress towards the MDGs. Better data are key – the lack of investment in health information systems at country level to assess achievements is a significant problem. Time is short – urgent action is needed.

The on-going innovations and improvement in governance, accountability and policy are likely to speed up progress towards the attainment of the MDGs by 2015.It should however be acknowledged that additional support is required as Nigeria seek to ensure coordination within a complex federal system; sub-optimal coordination; the challenges of human resources and huge funding gaps; and in coping with external shocks such as financial and food crises and climate change. The measuring of progress has in itself posed challenges. Data gaps are only now being plugged, and missing or unreliable baseline data has made it difficult to assess progress on some indicators. Massive variation between our sub-national units, with each facing a different set of challenges and priorities, has made communicating a national message on the MDGs particularly difficult. Skepticism of whether Nigeria can achieve the MDGs has also been widespread, generated by the relative nature of the targets, which place a huge burden the country that started from a very weak baseline. Anyway, in rising to these challenges, Nigeria took a number of steps which include a preparation and a commitment to implementing the 5-Year (2010-2015) Countdown Strategy – Roadmap to Accelerate Nigeria's Progress towards achieving the Millennium Development Goals (OSSAP-MDGs, 2012) The Countdown Strategy is closely linked with Nigeria's medium and long term vision (Nigeria-Vision20:2020) aimed at enabling Nigeria join the league of the top 20 economies of the world by 2020. It contains four strategic imperatives for achieving the MDGs; namely: improving the governance and accountability environment; strengthening coordination and cooperation among the three tiers and arms of government; mobilizing and committing all communities and key stakeholders to the MDGs; and ensuring effective mainstreaming of MDGs into overall national and sub-national development visions and plans.

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