

An Exploratory Assessment of Nigeria's Performance in Millennium Development Goals (MDGs): Towards a Better Performance of Sustainable Development Goals (SDGs)

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Abstract

Background: In September 2015, the Sustainable Development Goals (SDGs) were rolled out, following poor outcomes of the Millennium Development Goals (MDGs), especially in Africa and many low and middle-income countries (LMICs). With the SDGs in place for another 15 years, it is worthwhile to critically review the performances of the MDGs in many African countries, identify gaps and improve appropriately on the relevant SDGs. This study aimed to undertake an in-depth review of the MDGs in Nigeria as well as provide recommendations towards achieving the SDGs.

Methods: An expo-facto descriptive analysis of secondary data: The Millennium Development Goals Performance Tracking Survey Report (MDGPTSR, 2012-2015) by National Bureau of Statistics (NBS) and United Nations Millennium Development Goals Report (UNMDGR, 2015) which were the main sources of data for this study was adopted. A search of Google Scholar and relevant organizations' websites was conducted to identify other published and unpublished literature. A descriptive analysis, detailed synthesis and content analysis of findings were presented.

Results: Findings revealed Nigeria and many African countries generally performed poorly on MDGs 2, 3, and 7. Improved performances were recorded on other MDGs, with this mainly limited to post-2010 period.

Conclusion: This study suggests major pitfalls in the MDGs may have been due to poor government support and political will at implementation phase. It is important that gaps and lessons are appraised, and this improved on over the next 15 years of the SDGs in these countries.

Keywords: Millennium Development Goals, Sustainable Development Goals, in-depth, descriptive, Nigeria, Africa.

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I. INTRODUCTION

Millennium Development Goals (MDGs) were eight carefully-chosen goals that were officially established following the millennium summit of the United Nations in year 2000. MDGs originated from the United Nations Millennium Declaration. The Declaration asserted that every individual has dignity and hence; the right to freedom, equality and basic standard of living that includes freedom from hunger and violence and encourages tolerance and solidarity (Singer, 2008). The MDGs set concrete and measurable targets and indicators for poverty reduction in order to achieve the goals in the Declaration. This became necessary because the United Nations perceived uneven development and economic progress all over the world. While some countries live in affluence having over 1000 US dollars per capita, there are several other countries where people live on less than 1.25 dollars per day especially in developing countries. To forestall these skewed regional development and progress, the UN had to come up with those goals especially for the benefits of developing countries. It was not just about development but sustainable development which means improving the quality of human life while living within the carrying capacity of supporting ecosystems (Ajiboye, 2011).

There were eight goals with 21 targets, and a series of measurable health indicators and economic indicators for each target, forty two of them in all. The MDGs caught the world's imagination from the very day they were agreed by a record 189 United Nation member states at the time. Also, at least 23 international

organizations were present at this UN General Assembly in September 2000 and committed to achieving the following goals by 2015;

1. To eradicate extreme poverty and hunger
2. To achieve universal primary education
3. To promote gender equality and empower women
4. To reduce child mortality
5. To improve maternal health
6. To combat HIV/AIDS, malaria and other diseases
7. To ensure environmental sustainability
8. To develop a global partnership for development

Each goal had specific targets, and dates for achieving them. Not comfortable with the progress being made so far regionally and to accelerate progress, the G8 Finance Ministers agreed in London in June 2005 to provide enough funds to the World Bank, the International Monetary Fund (IMF) and the African Development Bank (AFDB) to cancel between \$40 and \$55 billion in debt owed by members of the Heavily Indebted Poor Countries (HIPC). This was to allow them redirect resources to programs for improving health and education and for alleviating poverty (Easterly, 2007). Recipients would theoretically re-channel debt payments to health and education. While the World Bank and AFDB limited Multilateral Debt Relief Initiative (MDRI) to countries that complete the HIPC program, the IMF's eligibility criteria were slightly less restrictive so as to comply with the IMF's unique "uniform treatment" requirement. Instead of limiting eligibility to HIPC countries, any country with per capita income of \$380 or less qualified for debt cancellation. The IMF adopted the \$380 threshold because it closely approximated the HIPC threshold.

The MDG emphasized three areas: **human capital, infrastructure and human rights** (social, economic and political), with the intent of increasing living standards. Human capital objectives include nutrition, healthcare (child mortality, HIV/AIDS, tuberculosis, malaria, and reproductive health) and education. Infrastructure objectives include access to safe drinking water, energy and modern information/communication technology; increased farm outputs using sustainable practices; transportation; and environment. Human rights objectives include empowering women, reducing violence, increasing political voice, ensuring equal access to public services and increasing security of property rights. The goals were intended to increase an individual's human capabilities and "advance the means to a productive life" (NBS, 2015). The MDGs emphasize that each nation's policies should be tailored to that country's needs; therefore most policy suggestions are general. Other key desires of MDGs include gender and reproductive rights, environmental sustainability, and spread of technology (FGN, 2004).

Most indicators were carefully selected so they could be measured because the UN was bent on monitoring and measuring the progress made particularly by developing countries. The importance of using statistical data to corroborate progress or otherwise in the MDGs cannot be over emphasized. Though this critical role of data in monitoring the implementation and progress of the MDGs was not acknowledged at the inception; it was later generally recognized and supported.

Developed nations were admonished to assist developing nations achieve these lofty goals which was the main outline of goal eight. This sets objectives and targets for developed countries to achieve a "global partnership for development" by supporting fair trade, debt relief, increasing aid, access to affordable essential medicines and encouraging technology transfer. Thus developing nations seemed ostensibly became partners with developed nations to reduce world poverty. Interventions were prioritized towards the developing countries to bridge the gap of poverty between them and the developed countries. Although developed countries' aid rose during the Millennium Challenge, more than half went towards debt relief. Much of the remainder aid money was channeled towards disaster relief and military aid. According to Economic Commission for Africa (2013), the 50 least developed countries received about one-third of all aids that flow from developed countries.

MDGs had series of privileges it afforded the developing nations. Increasing debt relief some of them got during this period helped them to channel resources towards other development agenda such as more allocations on health and education as it was the case for Nigeria (MDGPTSR, 2015). Prioritizing interventions helps developing countries with limited resources make decisions about allocating their resources. MDGs also strengthen the commitment of developed countries and encourage aid and information sharing. Also, Easterly (2007) claimed that empowering women through access to paid work would help reduce child mortality. In South Asia, babies often suffer from low birth weight and high mortality due to limited access to healthcare and maternal malnutrition. Paid work could increase women's access to health care and better nutrition, reducing child mortality. Increasing female education and workforce participation increased these effects. Improved economic opportunities for women also decreased participation in the sex market, which decreased the spread of AIDS. MDGs were therefore viewed by many developing countries as the most broadly supported poverty reduction targets in the world history.

However, as encouraging and beautiful those goals were, regional commitments to achieving them varies. Variations in commitment to them likely caused variations in successes recorded in all regions. Progress towards reaching the goals has been uneven across countries. While some countries achieved many goals, some others were not on track to realizing any (Singer, 2008). Brazil for instance achieved many of the goals, while others, such as Benin, were not on track to realize any as of 2013 (MDGPTSR, 2013). The major successful countries include China (whose poverty population declined from 452 million to 278 million) and India. The World Bank estimated that MDG target 1A (halving the proportion of people living on less than \$1 a day) was achieved in 2008 mainly due to the results from these two countries and East Asia. A UN conference in September 2010 reviewed progress to date and concluded with the adoption of a global plan to achieving the eight goals by their target date. New commitments targeted women's and children's health, and new initiatives in the worldwide battle against poverty, hunger and disease. In the early 1990s Nepal was one of the world's poorest countries and remains South Asia's poorest country. Doubling health spending and concentrating on its poorest areas halved maternal mortality between 1998 and 2006. Its Multidimensional Poverty Index (MPI) approach has seen the largest falls of any tracked country. Bangladesh has made some of the greatest improvements in infant and maternal mortality ever seen, despite modest income growth. Between 1990 and 2010 the population living on less than \$1.25 a day in developing countries halved to 21%, or 1.2 billion people, achieving MDG1A before the target date, although the biggest decline was in China. However, child mortality and maternal mortality are down by less than half.

Federal government of Nigeria was not slack on tracking the progress made about achieving MDGs using several measurable indicators. It was in recognition of this important role of data and in demonstration of the commitment of the federal government to meeting the targets of the MDGs that National Bureau of Statistics (NBS) commissioned the MDGs Performance Tracking Survey (PTS) since 2013. There have been three series since then (2013, 2014 and 2015). The survey generated several indicators across the eight MDG goals to track progress for the country in particular and for Africa in general.

Therefore, the aim of this paper is to undertake an in-depth analysis of successes and failures recorded by Nigeria in the just outgone MDGs. This will afford the country ample opportunity to see areas of grave shortcomings and why towards a better performance on the current Sustainable Development Goals (SDGs) which runs till year 2030.

II. METHODOLOGY

This research did a deep descriptive and analytical study of each of the 8 main MDGs for Africa in general and Nigeria in particular, revealing her successful areas and also where we have fallen short of the expectations of the United Nations. Detailed synthesis of findings was presented. The Millennium Development Goals Performance Tracking Survey Reports (MDGPTSR) 2013-2015 for both Africa and Nigeria and United Nations Millennium Development Goal Report (UNMDGR), 2015, served as the main secondary data which were used for the research. A search of Google Scholar and relevant organizations' websites was conducted to identify other published and unpublished literatures.

Results were presented graphically projecting the world's, Africa's and Nigeria's performances in MDGs using flow charts, histogram, component bar charts and other relevant diagrams we deemed fit on some of the 8 points in the MDGs. More detailed studies were done on goals 2, 3 and 7 where Nigeria performed below expectations. We finally suggested what could be done to bridge the gap in the newly introduced SDGs in these below par goals.

III. RESULTS

MDG 1: ERADICATION OF EXTREME POVERTY AND HUNGER

Target 1A of MDG1 is to halve, between 1990 and 2015, the proportion of people living on less than \$1.25 a day. Worldwide, the number of people living in extreme poverty has declined from 1.9 billion in 1990 to 836million in 2015, which indicates a decline of more than half. In 1990, 47% of the population of developing countries lived below \$1.25 a day. However in 2015, that proportion has dropped to 14% which shows that extreme poverty has declined significantly over the last two decades (UNMDGR, 2015). In every performance indicator, it should be noted that even performance is almost non-existing globally. With this lofty achievement in global poverty reduction, Singer (2008) analyzed 28 African countries and found out that 17 of them would need 6% per capita growth over 2010-2015 if they should stand any chance of achieving goal 1.

Target 1B of MDG 1 was to achieve decent employment for women, men, and young people. This was to be measured by employment rate and proportion of family-based workers in employed population. The population of the working middle class (people living on more than \$4 a day according to United Nations, 2015) has more than tripled between 1991 and 2015. The working middle class now makes up half the workforce in the developing regions which is an improvement of 18% from 1991 figures. The main challenge according to the United Nations Millennium Development Goals Report (UNMDGR, 2015) was that employment opportunities were being outpaced by the growing labour force particularly in developing countries. Globally,

employment-to-population ratio-the proportion of working age population that is employed has fallen from 62% in 1991 to 60% in 2015 (UNMDGR, 2015). The economic and financial crisis which is a global phenomenon in recent years has widened the global jobs gap by 67 million people.

Target 1C was to halve, between 1990 and 2015, the proportion of people who suffer from hunger. This was to be measured by prevalence of underweight children less than five years of age and proportion of population below minimum level of dietary energy consumption. The proportion of undernourished people in the developing regions has fallen since 1990 by almost half, from 23.3% between 1990-1992 to 12.9% between 2014 and 2015 (UNMDGR, 2015). This attainment is also not even across developing countries as one in eight people still go to bed hungry, despite major progress. Globally, nearly one in six children under age five is overweight; one in four is stunted. An estimated 7 per cent of children under age five worldwide are now overweight, another aspect of malnutrition; one quarter of these children live in sub-Saharan Africa. So, most achievement regarding poverty reduction is skewed towards Northern Africa and South Asia.

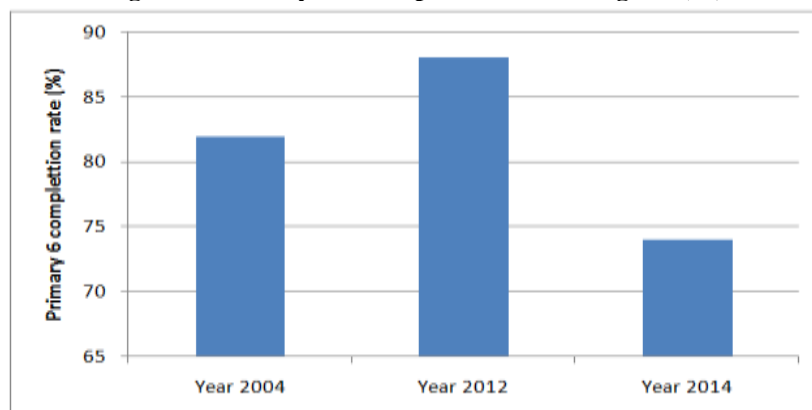
Global success on MDG 1 was not even as people living on less than 2 dollars a day were and are still skewed towards two regions-South Asia and sub-Saharan Africa (SSA) and they account for about 80% of the global total of extremely poor people (UN, 2015). Almost 60% of the world's 1 billion highly poor people live in just 5 countries ranked in descending order- India, Nigeria, China, Bangladesh and Congo DR. (UN, 2015).

MDG 2: ACHIEVING UNIVERSAL PRIMARY EDUCATION

Target 2A of MDG 2 was to make sure that by 2015, all children; both boys and girls can complete a full course of primary schooling. Achieving this means that there must be increase in enrolment into primary education and completion rate all over the world because increase in net primary school enrolment rate was the core indicator for this. Talking about achievement in this regard, the primary school net enrollment rate reached 91% in 2015 from 83% in 2000. Worldwide, the number of out-of-school children of primary school age has fallen to an estimated 57 million from 100 million in 2000, which is almost half of its former (UNMDGR, 2015). Since the MDGs were established, Sub-Saharan Africa of any region has had the best record of improvement in primary education. Sub-Saharan Africa achieved a 20% increase from 2000-2015 up from 8% from 1990-2000 in the net enrolment rate. Burkina Faso made greater achievement in this regard than any other SSA countries as they tripled net primary enrolment and completion rate. Globally, there was an increase in literacy rate among youth aged 15-24 from 83% in 1990 to 91% in 2015. The gap between women and men also narrowed according to United Nations Millennium Development Goals Report (UNMDGR, 2015).

Although many Africa countries made tremendous progress in promoting primary education in recent times but where the challenge lied however was primary school completion rate and transition rate to secondary school. We are of the opinion that transition from primary to secondary is the first step to increasing level of literacy for any country. And until a larger percentage of the citizens of a country is literate, civilization which engenders development remains elusive. This is because civilization and development have a nexus since wherever civilization is found, development is the next neighbor. Completion rate is very important in primary school education as it marks the beginning of transition to secondary school. In Nigeria, nationally completion rate according to Figure 1 below in 2004 was 82%. It increased to 87.7% in 2012 and dropped to 74.0 in 2014. Completion rate was higher in 2014 in the urban (84.4%) areas when compared with the rural areas (69.7%). In the zones, completion rate was highest in South East (98.7%) zone, followed by South West (94.1%). Primary six completion rate was poorest in the North East (49.5%) zone. The drop in primary school attendance rate from 84.4% to 74% in 2014 may be one of the factors that caused 12.3 % decrease in primary six completion rate in Nigeria within two years.

Figure 1: Primary Six Completion Rate in Nigeria (%)



Source: Authors' Computation from MDGPTSR, 2015

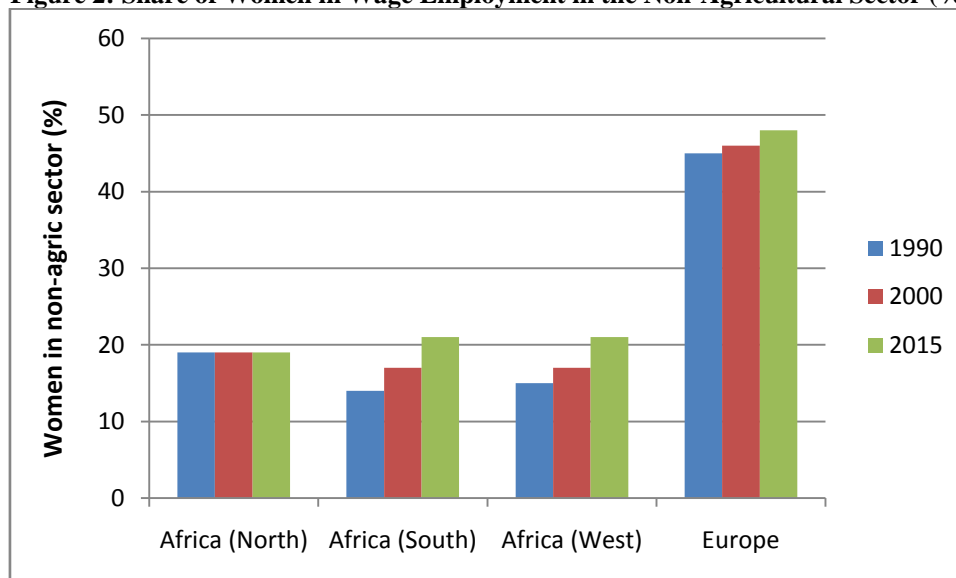
Sub-Saharan Africa (SSA) countries generally did not perform up to expectation in many regards as far as MDG 2 was concerned. Globally in 2011, 57 million children of primary school age, more than half of who live in sub-Saharan Africa were out of school, down from 102 million in 2000. Also globally, 123 million youth (aged 15 to 24) lack basic reading and writing skills; 61% of them are young women. It was therefore amusing for this MDGPTSR 2015 to assert that Nigeria was on track. How can Nigeria be on track when only two (South East and South West) out of the six geo-political zones have high primary school completion rate. All northern states performed very poorly yet we claim to be on track? We therefore advise that the unfinished assignments on education which we believe are secondary school completion rate and transition to higher education must be the focus of SDG as far as education related goal(s) is/are concerned in Africa.

MDG 3: PROMOTING GENDER EQUALITY AND EMPOWERING WOMEN

Target 3A was to eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015. The indicator used for monitoring the target is the Gender Parity Index (GPI). This is the ratios of girls to boys in primary, secondary and tertiary education. When compared to 15 years ago, many more girls are now in school. The developing region as a whole has achieved the target to eliminate gender disparity in primary, secondary and tertiary education. In 1990, only 74 girls in Southern Asia were enrolled in primary school for every 100 boys. In 2015, 103 girls are enrolled for every 100 boys.

Although the Millennium Development Goals Performance Tracking Survey Reports (MDGPTSR) of 2012 indicated that gender parity in Nigeria was achieved ahead of 2015. We want to vehemently differ from this rather too ambitious and data-barren fact in the sense that gender parity in primary school enrolment was close but the gap widens from post-primary education especially in Northern Nigeria. Most regions of the world have reached gender parity in primary education but disparities rise as education rises. According to United Nations MDGPTSR (2015), gender parity is closest to being achieved at the primary level; however, only 2 out of 130 countries have achieved that target at all levels of education.

Figure 2: Share of Women in Wage Employment in the Non-Agricultural Sector (%)



Source: Authors' Computation from MDGPTSR, 2015

The situation is worse in paid employment as shown in Figure 2 above which is another way to eliminate gender inequality. The share of women in wage employment in the non-agricultural sector and proportion of seats held by women in national parliament showed great gender disparity though the situation is improving. Women now make up 41% of paid workers outside the agricultural sector, an increase from 35% in 1990. Globally, 40 out of 100 wage earning jobs in the non-agricultural sector are held by women (UNMDGR, 2015). The statistics is however poor in Africa when compared to Europe as shown in Figure 2 above as the percentage of women in non-agriculture employment in Europe doubled those of Africa zones from 1990 to 2015 and even up till now. There are more men than women at almost all organizations in Nigeria. This is not just in numbering but also in wages. Men earn more than women in many paid employment, the basis of which is still a mirage. Globally women earn 24% less than men, with the largest disparities found in South Asia (33%) and SSA (30%). Female participation in labour force remains especially low in Northern Africa, Southern Asia and Western Asia where cultural constraints are more severe (UNO, 2015). Also, the number of women in

parliament has nearly doubled between 1990 and 2015, yet still only one in five members are women. Financial security is therefore very low for women in these regions as they have to depend on their husbands for almost everything.

MDG 4: REDUCTION IN CHILD MORTALITY

Target 4A was to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate globally. Under-five mortality rate, infant mortality rate and immunization coverage were the indicators for this target. Level of immunization against measles was to be seriously monitored having realized it was the leading cause of death among under-five children especially in developing countries.

Talking about global performance, records showed encouraging results. Since 1990, child mortality rate had dropped by 41%; 14,000 fewer children are dying each day. The global under-five mortality rate had declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015 (MDGPTSR, 2015). The number of deaths of children under five declined from 12.7 million in 1990 to almost 6 million in 2015 globally, regardless population growth in the developing regions. Since the early 1990s, the rate of reduction of under-five mortality has more than tripled globally. The annual rate of reduction of under-five mortality in Sub-Saharan Africa was over five times faster during 2005-2013 than it was during 1990-1995. Measles vaccination helped prevent nearly 15.6 million deaths between 2000 and 2013. The number of globally reported measles cases declined by 67% for the same period. About 84% of children worldwide received at least one dose of measles-containing vaccine in 2013, up from 73% in 2000.

However, 6.9 million children under age five died in 2011—mostly from preventable diseases (MDGPTSR, 2015). In sub-Saharan Africa, one in nine children die before age five, more than 16 times the average for developed regions. This indicates regional variation in the success of reduction of child mortality around the world. Why Africa and South Asia made a lot of success in this regard, many preventable U5M still take place especially in SSA. For instance, we found it very embarrassing for a bulletin from the federal government of Nigeria to refer to under-five mortality (U5MR) of 89 per 1000 live births as at 2014 as “**ONLY**” when this is less than 5 in developed countries (MDGPTSR, 2015, P. 20). This was just because the figure dropped from 201 per 100 live births in 2004 to 89 live births in 2014. However, this was just the national average. Most states in Northern Nigeria had far higher than that. Notable among these include Kogi State (169), Katsina (165) and Kaduna (169). South West had the least of all which was 45 U5MR per 1000 live births. We adjudge that this is still very high compared to what is obtainable in developed countries most of where child mortality is now under 10 to every 1000 live births (PRB, 2015).

MDG 5: IMPROVEMENT IN MATERNAL HEALTH

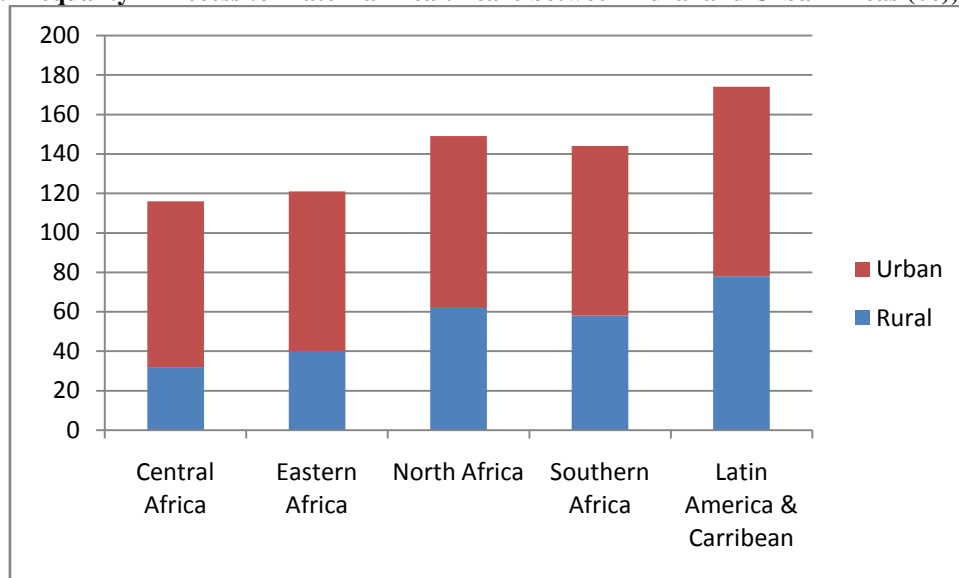
Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio and to achieve universal access to maternal health by 2015. Proportion of births attended by skilled health personnel was to be seriously monitored among others. In Africa, it used to be a cultural pride for a man to be a baby boomer as having many children confers some honour on African men, the health and education of those children notwithstanding. This archaic culture is however waning as families begin to consider the multiplier effect of multiple births on the health, education, economy and other social status of such children. The effect of multiple ill-spaced births on reproductive mothers can be fatal especially in rural areas where health care is only provided haphazardly.

Target 5B was to achieve, by 2015, universal access to reproductive health. Reproductive health among other indicators includes contraceptive prevalence rate, adolescent birth rate, antenatal care coverage and unmet need for family planning.

Talking about successes, there were general improvements on most of the above indicators globally. The maternal mortality ratio declined since 1990 by 45% worldwide, and most of this reduction occurred since 2000. Maternal mortality ratio in Southern Asia declined by 64% between 1990 and 2013, while in Sub-Saharan Africa, it fell by 49% (UNO, 2015). More than 71% of births were assisted by skilled health personnel globally in 2014, an increase from 59% in 1990. In Northern Africa, the proportion of pregnant women who received four or more antenatal visits increased from 50% to 89% between 1990 and 2014. Contraceptive prevalence among women aged 15 to 49, married or in a union, increased from 55% in 1990 worldwide to 64% in 2015. In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two thirds.

Where challenges lie in this MDG5 is rural-urban dichotomy in the level of success recorded. There were also regional variations from developing to developed nations. While developed nations eradicated most of the causes of unnecessary deaths among reproductive mothers, developing countries struggled with some of these diseases or causes.

Figure 3: Inequality in Access to Maternal Health care between Rural and Urban Areas (%), 2010-2014

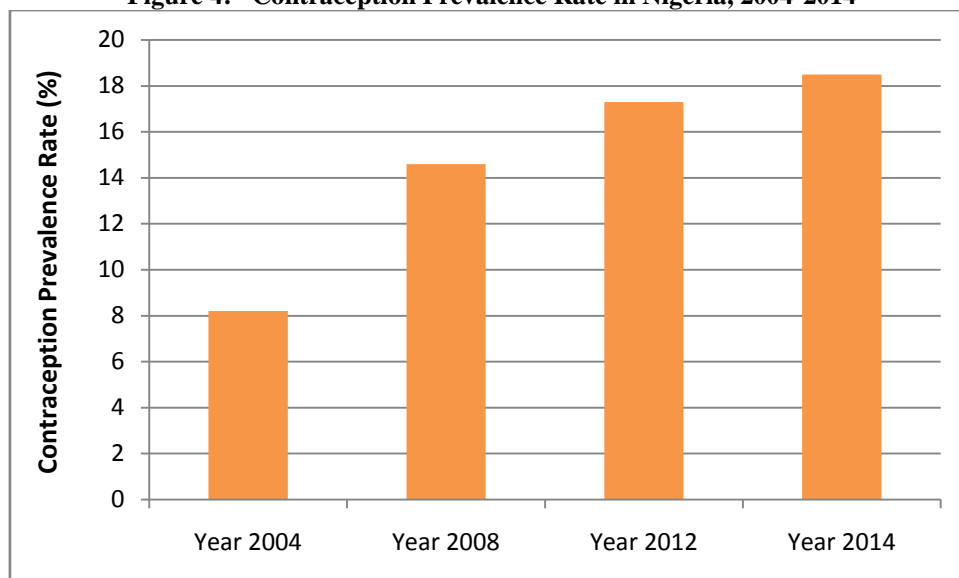


Author's Computation from UNO, 2015

WHO recommends a minimum of 4 antenatal care visits during pregnancy to ensure the wellbeing of mothers and new babies. They are to receive nutritional advice and other warning signs during these visits. However, as of 2014, only 52% of pregnant women in developing regions align with this directive compared to 88% in Latin America and the Caribbean (UN, 2015) as shown in Figure 3 above. Only half of pregnant women in developing regions receive the recommended minimum of four antenatal care visits. Inadequate accessibility and poor health care delivery in rural regions in Africa have been found to account for this.

As women in most cases bear the burden of large families, majority of them are now interested in birth control and family planning. This is particularly true with women that are sexually active and within the child bearing age. Maybe due to ignorance, poor education, lack of access and general poverty, some women in this category meet their spouses without any method of contraception. This is why research has confirmed that though knowledge on contraception has increased tremendously among Nigeria reproductive women but accessibility, acceptance and application levels are still considerable low as shown in Figure 4 below. Though contraception prevalence rate increased steadily between 2004 and 2014, yet 18.2% of reproductive women in Nigeria as revealed here was still very low

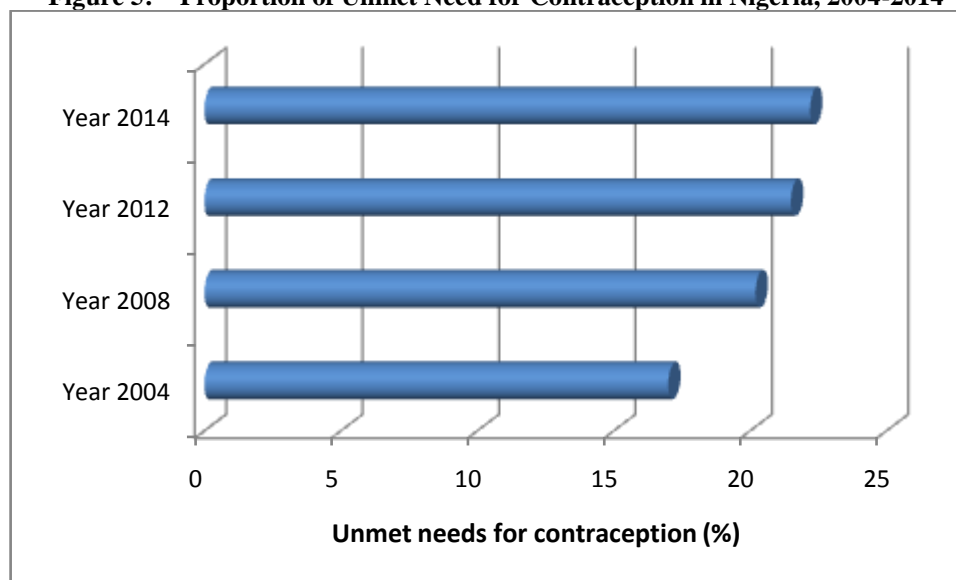
Figure 4: Contraception Prevalence Rate in Nigeria, 2004-2014



Source: Authors' Computation from MDGPTSR, 2015

So, the proportion of women who are interested in using contraception but have no real access perhaps through ignorance or poverty but are willing are said to have unmet need. Also, women who wish to delay giving birth for two or more years or who want to avoid pregnancy altogether, but are not using a contraceptive method are said to have an unmet need for family planning. In Nigeria, there were about 17% of women in this category in 2004 as shown in Figure 5 below. They increased to 20.2% in 2008 and 21.5% in 2012. This we believe is good news because it shows women are now willing to use contraception if they have real access unlike before when cultural barriers kept them at bay. However, there was a marginal increase in 2014 (22.2%). Some 140 million women worldwide who are married or in union say they would like to delay or avoid pregnancy, but are not using contraception.

Figure 5: Proportion of Unmet Need for Contraception in Nigeria, 2004-2014



Source: Authors' Computation from MDGPTSR, 2015

MDG6: EFFECTIVELY COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6A was to have halted by 2015 and begun to reverse the spread of HIV/AIDS. Its level of prevalence was to be measured by proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS. This was to be achieved by universal access to treatment for HIV/AIDS for all those who need it by 2010 which was to be monitored by proportion of population with advanced HIV infection with access to antiretroviral drugs and to have begun to reverse the incidence of malaria and other major diseases.

Target 6B was to have halted by 2015 and begun to reverse the incidence of malaria and other major diseases. This was to be monitored by prevalence and death rates associated with malaria, proportion of children under-5 sleeping under insecticide-treated bed nets, proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs, incidence, prevalence and death rates associated with tuberculosis, proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment Short Course)

Talking about success recorded in these regards, Globally, new HIV infections fell by approximately 40% between 2000 and 2013, from an estimate 3.5 million cases to 2.1 million (MDGPTSR, 2015). Number of people newly infected with HIV continues to decline especially in Africa where it used to be endemic. In 2011, 230,000 fewer children under age 15 were infected with HIV than in 2001. Eight million people were receiving antiretroviral therapy for HIV at the end of 2011. In the decade since 2000, 1.1 million deaths from malaria were averted. Treatment for tuberculosis has saved some 20 million lives between 1995 and 2011. New HIV infections fell by approximately 40% between 2000 and 2013, from an estimated 3.5 million cases to 2.1 million. By June 2014, 13.6 million people living with HIV received antiretroviral therapy (ART) globally, an immense increase from just 800,000 in 2003. ART averted 7.6 million deaths from AIDS between 1995 and 2013. Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under five years of age in sub-Saharan Africa. The global malaria incidence rate has fallen by an estimated 37% and the mortality rate by 58%. More than 900 million insecticide-treated mosquito nets were delivered to malaria-endemic countries in sub-Saharan Africa between 2004 and 2014. Between 2000 and 2013, tuberculosis prevention, diagnosis and treatment interventions saved an estimated 37 million lives. The tuberculosis mortality rate fell by 45% and the prevalence rate by 41% between 1990 and 2013.

The only point of concern here is the slow pace in reversing the rate of new incidence or occurrence of AIDS, malaria and tuberculosis. These are infectious diseases which should have been totally reduced and reversed if not eradicated.

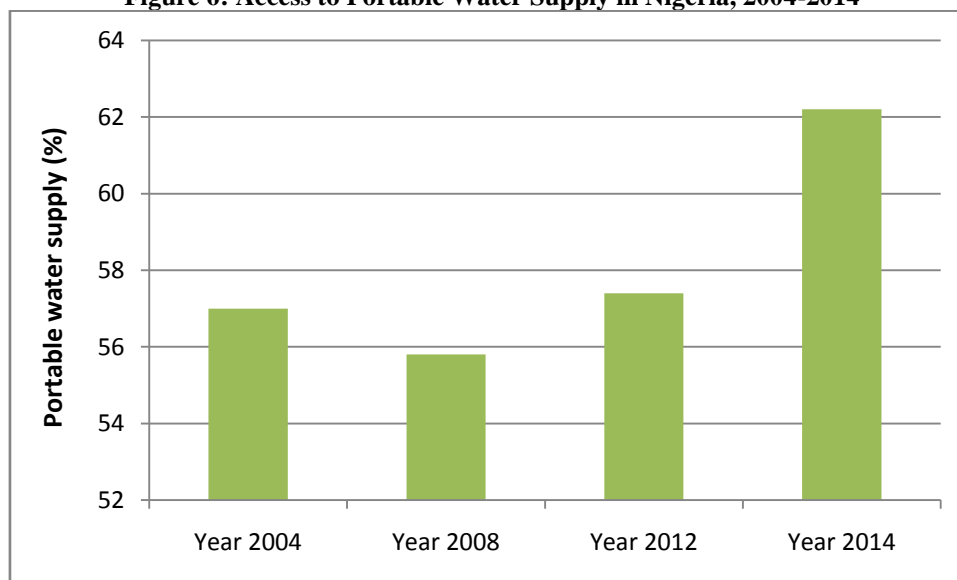
MDG 7: ENSURING ENVIRONMENTAL SUSTAINABILITY

Target 7A was to integrate the principles of sustainable development into country policies and programs and to reverse the loss of environmental resources while Target 7B was to reduce biodiversity loss which by 2010 has seen some achievements because a significant reduction in the rate of loss of biodiversity has been achieved though much still need to be done. Target 7C was to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation. This was to be measured by proportion of population with sustainable access to an improved water source (urban and rural) and proportion of urban population with access to improved sanitation while Target 7D was to have by 2020 achieved a significant improvement in the lives of at least 100 million slum-dwellers. This was to be monitored by the proportion of urban population living in slums. This last target featured prominently in the present Sustainable Development Goals (SDG) because affordable housing for all is very important looking at unprecedented rate of urbanization especially in Africa.

Rate of protection of biodiversity was to be measured by; proportion of land area covered by forest, CO₂ emissions total per capita and per \$1 GDP (PPP), consumption of ozone-depleting substances, proportion of fish stocks within safe biological limits, proportion of total water resources used, proportion of terrestrial and marine areas protected and proportion of species threatened with extinction (MDGR, 2015).

We like to first pay attention to the number of people with access to improved water source in Nigeria because it is one area that we, like most other SSA countries are challenged as far as MDG 7 was concerned. As of 2015, the proportion of folks who have access to good drinking water in Nigeria stood at 62.2% which was 14.8% less than the MDG's benchmark of 77%.

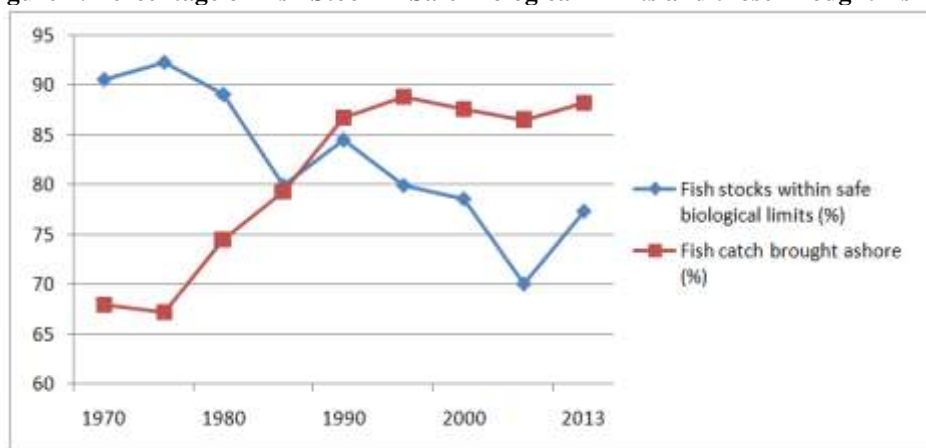
Figure 6: Access to Portable Water Supply in Nigeria, 2004-2014



Source: Authors' Computation from MDGPTSR, 2015

Level of exploitation of marine fisheries was another indicator under MDG 7 which we deeply considered. Overexploitation of marine fisheries is rising, threatening ecosystems and livelihoods. The world's fisheries make significant contributions to global food security, livelihoods and economies. However, depleting of fish stocks below sustainable-yield level is a major driver of ecological and evolutionary harm to marine ecosystems. The percentage of overfished stocks that remain within safe biological limits has been falling over time. Between 1974 and 2011, the proportion of marine fish stocks within safe biological limits fell 19% points from 90% in 1974 to 71% as shown in Figure 7 below. Nearly one third of marine fish stocks have been overexploited. Many species are at risk of extinction, despite an increase in protected areas. This 40 year deterioration in the condition of global fisheries make fish stocks go below the level at which they can produce maximum sustainable yields. Although successes have been reported on building overfished stocks in Europe, North America and Oceania, but this same success has not been replicated in Africa as most of her fish demands are still being imported. Overfishing not only reduces the productivity of fish stocks but also impairs ecosystem functions and biological diversity (UN, 2015).

Figure 7: Percentage of Fish Stock in Safe Biological Limits and those Brought Ashore



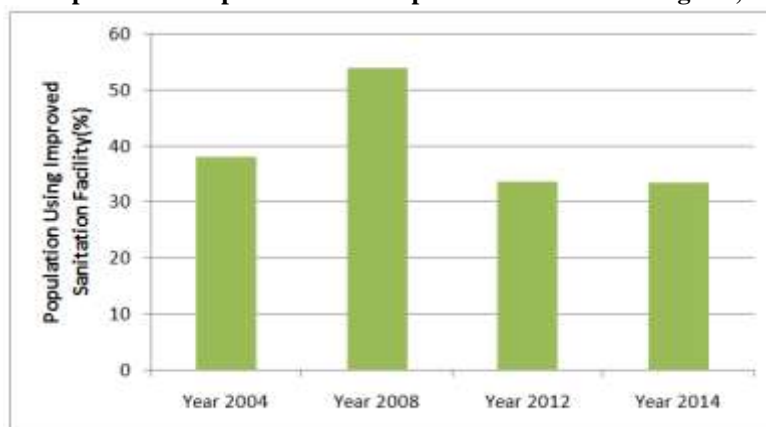
Source: Authors' Computation from UNO, 2015.

While fish stocks in safe habitat was decreasing as shown in Figure 7 above, fish catch at million metric tons was increasing on the other hand. This indeed is neither safe nor sustainable.

Talking about success recorded; between 1990 and 2015, the proportion of the global population using improved sanitation facilities increased from 54% to 68%. This implies that 2.1 billion people have gained access to improved sanitation since 1990, and the proportion of people practicing open defecation globally fell almost by half, from 24% to 13%. However in 2015, 2.4 billion people are still using unimproved sanitation facilities, including 946 million people who are still practicing open defecation. Asia generally has cut by half and improved access to sanitation, Africa on the other hand still lag behind. More than 2.1 billion people and almost 1.9 billion people, respectively, have gained access to improved water sources and sanitation facilities since 1990. Ozone-depleting substances have been virtually eliminated since 1990, and the ozone layer is expected to recover by the middle of this century. Terrestrial and marine protected areas in many regions have increased substantially since 1990. In Latin America and the Caribbean, coverage of terrestrial protected areas rose from 8.8% to 23.4% between 1990 and 2014. In 2015, 91% of the global population is using an improved drinking water source, compared to 76% in 1990. Of the 2.6 billion people who have gained access to improved drinking water since 1990, 1.9 billion gained access to piped drinking water on premises. Over half of the global population (58%) now enjoys this higher level of service. Globally, 147 countries have met the drinking water target, 95 countries have met the sanitation target and 77 countries have met both. Worldwide, 2.1 billion people have gained access to improved sanitation. The proportion of people practicing open defecation has fallen almost by half since 1990. The proportion of urban population living in slums in the developing regions fell from approximately 39.4% in 2000 to 29.7% in 2014.

However, MDG 7 was one of the weakest performances of Africa countries among the 8MDGs. Though the proportion of people practicing open defecation has fallen almost by half since 1990 but this is still very significant in sub-Saharan Africa (SSA). Nearly half of people living in rural areas do not have improved sanitation facilities, and one in four still practice open defecation (MDGPTRS, 2015). In Nigeria, people with access to and use of improved sanitation facilities stood at 33.30% as of 2012, a decline of 1.2% from 2012 observation as shown in Figure 8 below

Figure 8: Proportion of Population with Improved Sanitation in Nigeria, 2004-2014



Source: Authors' Computation from MDGPTRS, 2015

We strongly believe that post 2015 development agenda should focus on improved sanitation services in rural regions and altogether, environmental sustainability should be a core of sustainable development goals for Africa.

MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8A was to develop further an open, rule-based, predictable, non-discriminatory trading and financial system. This also included a commitment to good governance, development, and poverty reduction—both nationally and internationally. Target 8B was to address the special needs of the Least Developed Countries (LDCs). Part of measures to achieve this was to include tariff and quota free access for LDC exports; enhanced program of debt relief for HIPC and cancellation of official bilateral debt; and more generous Official Development Assistance (ODA) for countries committed to poverty reduction. Target 8C was to address the special needs of landlocked developing countries and Small Island developing States while Target 8D was to deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

Certain indicators were put in place and monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and Small Island developing States concerning assistances received from Official Development Assistance (ODA) and other international bodies. A few of them include; ODA received in landlocked countries as proportion of their GNIs, ODA received in small island developing states as proportion of their GNIs, Proportion of total developed country imports (by value and excluding arms) from developed countries and from LDCs, admitted free of duty, Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries, Agricultural support estimate for OECD countries as percentage of their GDP and Proportion of ODA provided to help build trade capacity

Target 8E was to provide access to affordable, essential drugs in developing countries in co-operation with pharmaceutical companies. This was measured by proportion of population with access to affordable essential drugs on a sustainable basis while Target 8F was to make available the benefits of new technologies, especially information and communications in co-operation with the private sector. This was measured by telephone lines and cellular subscribers per 100 population, personal computers in use per 100 population and Internet users per 100 populations.

Talking about success recorded here, Official Development Association from developed countries increased by 66% in real terms between 2000 and 2014. ODA net flow to developing countries was USD135.2 billion in 2014. In 2014, 79% of imports from developing to developed countries were admitted duty free. Humanitarian aid rose by 22% in real terms from USD11 billion to USD13 billion. Debt relief however fell by 87% from USD3.6 billion to USD476 million. Official development assistance stood at \$126 billion in 2012. 83% of least developed country exports enter developed countries duty free. The debt service of developing countries consumes only 3% of their export revenues. In the developing world, 31% of the population uses the internet, compared to 77% of the developed world. In 2014, Denmark, Luxembourg, Norway, Sweden and the United Kingdom continued to exceed the United Nations official development assistance target of 0.7% of gross national income. In 2014, 79% of imports from developing to developed countries were admitted duty free, up from 65% in 2000.

The main challenge for the past half a decade or so now is the fall in the proportion of external debt relief received by HIPC has started falling seriously. The proportion of external debt service to export revenue in developing countries fell from 12 per cent in 2000 to 3% in 2013. As of 2015, 95 per cent of the world's population is covered by a mobile-cellular signal. The number of mobile-cellular subscriptions has grown almost tenfold in the last 15 years, from 738 million in 2000 to over 7 billion in 2015. Internet penetration has grown from just over 6 per cent of the world's population in 2000 to 43 per cent in 2015. As a result, 3.2 billion people are linked to a global network of content and application

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

In spite of the poor performance Nigeria recorded in some of the goals and the near impossibility of the country achieving the Millennium Development Goals by 2015 or beyond, there are lots of opportunities and potentials that can help the country to better the lot of its citizens. For instance, Nigeria produces 2 million barrels of oil per day and is ranked the sixth largest producer in the Organization of Petroleum Exporting Countries (OPEC). The country's proven reserve of oil is about 37 billion barrels, enough to last for 37 years at the current rate of production. It is estimated that our natural gas reserve is 174 trillion cubic feet, the equivalent of 30 billion barrels of crude oil. If fully utilized, our gas will last another 110 years.

At 924,768 square kilometres, Nigeria is larger than Sweden, Norway and Denmark put together. According to the UN Food and Agriculture Organization, cocoa and rubber accounts for 60% of our non-oil merchandise export. Of our 98 million hectares of land, 74 million is arable and can be of medium to good productivity if properly managed, therefore eradicating extreme poverty and hunger by 2015 in Nigeria alone

should not be our primary focus as a country but we must look for the possible way to liberate other African countries from the bondage of poverty bearing in mind our rich human and natural potentials.

On its part the United Nations fails to apply any sanction to countries who fail to accomplish the set target

Iterative mobilization of local successes that have proven their effectiveness can scale up to address the larger need through human energy and existing resources using methodologies such as Participatory Rural Appraisal, Asset Based Community Development, or SEED-SCALE, originally developed under UNICEF and now tested in a number of countries over two decades

Although significant achievements have been made on many of the MDG targets worldwide, progress has been uneven across regions and countries, leaving significant gaps. Millions of people are being left behind, especially the poorest and those disadvantaged because of their sex, age, disability, ethnicity or geographic location. Targeted efforts will be needed to reach the most vulnerable people.

Women continue to face discrimination regarding access to work, economic assets and participation in decision making, whether private or public decision making. Women are also more likely to live in poverty than men. In Latin America and the Caribbean, the ratio of women to men in poor households increased from 108 women for every 100 men in 1997 to 117 women for every 100 men in 2012, despite declining poverty rates for the whole region. Women remain at a disadvantage in the labour market. Globally, about three quarters of working-age men participate in the labour force, compared to only half of working-age women. Women earn 24 per cent less than men globally. In 85 per cent of the 92 countries with data on unemployment rates by level of education for the years 2012–2013, women with advanced education have higher rates of unemployment than men with similar levels of education. Despite continuous progress, today the world still has far to go towards equal gender representation in private and public decision-making.

Big gaps exist between the poorest and the richest households, and between rural and urban areas. In the developing regions, children from the poorest 20 per cent of households are more than twice as likely to be stunted as those from the wealthiest 20 per cent. Children in the poorest households are four times as likely to be out of school as those in the richest households. Under-five mortality rates are almost twice as high for children in the poorest households as for children in the richest. In rural areas, only 56 per cent of births are attended by skilled health personnel, compared with 87 per cent in urban areas. About 16 per cent of the rural population do not use improved drinking water sources, compared to 4 per cent of the urban population. About 50 per cent of people living in rural areas lack improved sanitation facilities, compared to only 18 per cent of people in urban areas.

Climate change and environment degradation undermine progress achieved, and poor people suffer the most. Global emissions of carbon dioxide have increased by over 50 per cent since 1990. Addressing the unabated rise in greenhouse gas emissions and the resulting likely impacts of climate change, such as altered ecosystems, weather extremes and risks to society, remains an urgent, critical challenge for the global community. An estimated 5.2 million hectares of forest were lost in 2010, an area about the size of Costa Rica. Overexploitation of marine fish stocks led to declines in the percentage of stocks within safe biological limits, down from 90 per cent in 1974 to 71 per cent in 2011. Species are declining overall in numbers and distribution. This means they are increasingly threatened with extinction. Water scarcity affects 40 per cent of people in the world and is projected to increase. Poor people's livelihoods are more directly tied to natural resources, and as they often live in the most vulnerable areas, they suffer the most from environmental degradation.

Conflicts remain the biggest threat to human development. By the end of 2014, conflicts had forced almost 60 million people to abandon their homes—the highest level recorded since the Second World War. If these people were a nation, they would make up the twentyfourth largest country in the world. Every day, 42,000 people on average are forcibly displaced and compelled to seek protection due to conflicts, almost four times the 2010 number of 11,000. Children accounted for half of the global refugee population under the responsibility of the United Nations High Commissioner for Refugees in 2014. In countries affected by conflict, the proportion of out-of-school children increased from 30 per cent in 1999 to 36 per cent in 2012. Fragile and conflict-affected countries typically have the highest poverty rates.

Millions of poor people still live in poverty and hunger, without access to basic services. Despite enormous progress, even today, about 800 million people still live in extreme poverty and suffer from hunger. Over 160 million children under age five have inadequate height for their age due to insufficient food. Currently, 57 million children of primary school age are not in school. Almost half of global workers are still working in vulnerable conditions, rarely enjoying the benefits associated with decent work. About 16,000 children die each day before celebrating their fifth birthday, mostly from preventable causes. The maternal mortality ratio in the developing regions is 14 times higher than in the developed regions. Just half of pregnant women in the developing regions receive the recommended minimum of four antenatal care visits. Only an estimated 36 per cent of the 31.5 million people living with HIV in the developing regions were receiving ART in 2013. In 2015, one in three people (2.4 billion) still use unimproved sanitation facilities, including 946

million people who still practice open defecation. Today over 880 million people are estimated to be living in slum-like conditions in the developing world's cities.

With global action, these numbers can be turned around. Nothing fast-tracks the progress of development goals like political will. In fact, it is the wheel on which other steps roll.

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