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Review of Progress towards the Millennium Development Goals in Africa

The 8 MDGs

1 Eradicate Extreme Poverty and Hunger

2 Achieve Universal Primary Education

3 Promote Gender Equality and Empower Women

4 Reduce Child Mortality

5 Improve Maternal Health

6 Combat HIV/AIDS, Malaria and other diseases

7 Ensure Environmental Sustainability

8 Develop a Global Partnership for Development

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African Union Commission

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Abbreviations and Acronyms

AGOA	African Growth and Opportunity Act
AIDS	Acquired immuno-deficiency syndrome
ARV	Antiretroviral drug
AU	African Union
BMFI	Baby–Mother Friendly Initiative
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CSO	Civil society organization
EPI	Expanded programme of immunization
FBO	Faith-based organization
FDI	Foreign direct investment
GA	General Assembly
GDP	Gross domestic product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI	Human Development Index
HDR	Human Development Report
HIV	Human immuno-deficiency virus
HRBAP	Human rights based approach to programming
ICPD/PoA	International Conference on Population and Development/Programme of Action
ICT	Information and communication technology
IDPs	Internally displaced persons
ILO	International Labour Organization
IMCI	Integrated management of childhood illnesses
IMF	International Monetary Fund
IMR	Infant mortality rate
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
MMR	Maternal mortality rate
NEPAD	New Partnership for Africa's Development
NGOs	Non-government organizations
ODA	Overseas development assistance
OECD/DAC	Organization for Economic Cooperation and Development/Development Assistance Committee
OVCs	Orphans and vulnerable children
PLWHAs	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission (of HIV)
PRS	Poverty reduction strategies
PRSPs	Poverty reduction strategy papers
SSA	Sub-Saharan Africa
STIs	Sexually transmitted infections
RHP	Reproductive health programmes
TB	Tuberculosis

U.S.	United States
U5MR	Under 5 mortality rate
UN	United Nations
UNAIDS/WHO	Joint United Nations Programme on HIV/AIDS/World Health Organization
UNCECSR	United Nations Covenant on Economic, Cultural and Social Rights
UNCST	United Nations Council for Science and Technology
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
WSSD	World Summit for Social Development
WSSD	World Summit for Sustainable Development
WTO	World Trade Organization

Executive Summary

1. During the last decade, commendable progress has been made in the African region. This includes putting in place institutional mechanisms, policies, and strategies such as poverty reduction strategies and programmes aimed at improving the quality of life of the African population. However, owing to the interplay of various factors, post-independence gains, particularly in the social sector, were reversed in many countries and Africa continues to face development crises expressed in terms of deepening poverty, the persistence of the HIV/AIDS pandemic, the burden of diseases, the demographic trap, gender inequality in all walks of life, economic stagnation in many African countries and in some cases regression and recurring conflicts. Moreover, external factors such as declining Overseas development Assistance (ODA), increasing debt servicing, limited inflows of foreign direct investment (FDI) and issues related to conditionality have compounded Africa's development crisis. The development crisis is partly a result of the inadequate implementation of a wide array regional and international instruments in which promises made were not at par with promises kept.

2. Cognizant of the escalating development crisis, in the year 2000 the largest ever gathering at the United Nations adopted the Millennium Declaration. The Declaration's eight Millennium Development Goals (MDGs) intended to bring together developing and developed countries in partnership to reduce poverty, ensure gender equality, combat environmental degradation, improve access to social services, especially education, maternal health care, safe drinking water and improved sanitation, and combat HIV/AIDS, malaria and other communicable diseases. Achieving the Millennium Development Goals in Africa is of paramount importance if the African Union's vision and mission for the continent are to be realized, and the objectives of the New Partnership for Africa's Development (NEPAD) achieved.

3. On close examination, it is evident that all the MDGs are interrelated and one cannot be achieved in isolation from the others. For example, as much as poverty has an impact on education, health, population dynamics and the environment, inversely, these factors also affect poverty. Similarly, global partnership affects all the goals because of its significance for peace, economic development and exchange of technology. And since these goals are about people, each of them addresses different but related aspects of the needs of the population.

Achieving the Millennium Development Goals in Africa is of paramount importance if the African Union's vision and mission for the continent are to be realized.

4. There is continuing evidence that Africa's economic performance is improving. According to the United Nations Economic Commission for Africa, in 2003 Africa was the second fastest growing region in the developing world after Eastern and Southern Asia. Real GDP grew by 3.8% in 2003 compared with 3.2% in 2002. North Africa with 4.8% growth was the fastest growing sub region in the continent. Nevertheless, while there is optimism that the continent's growth in 2004 would reach 4.4% overall, the effects of growth have so far not had much impact on poverty reduction.

5. Even so, many African countries are also optimistic about meeting the MDGs by 2015, given a right mix of policies, increasing investment in social sectors, effective implementation of regional and international instruments, peace and security, gender

equality, and youth development. They take hope in the democratic evolution in some countries, the attempt to step up good governance, the determination of African leadership as expressed in the AU mission and vision and the NEPAD programme. Optimism about meeting the MDGs by 2015 also assumes debt relief, a culture of good governance and favourable terms of trade.

6. Socio-economic indicators including life expectancy, educational achievement and access to essential social services, along with national reports and evidence from related sources, indicate that Algeria, Cape Verde, Libya, Mauritius, Seychelles and Tunisia are "most likely" to achieve all the MDGs by 2015 and are clearly ahead of other African countries on most MDG indicators. Not coincidentally, these countries also rank "High" on the UNDP Human Development Index. In addition, they enjoy relative peace and political stability, good governance, and fruitful international partnerships.

7. Countries that are "likely" to achieve all the MDGs share to some extent the development traits of the countries in the "most likely" category. These countries include Equatorial Guinea, Gabon, Sao Tome and Principe, Egypt, Morocco, Botswana, Namibia, and South Africa. Perhaps the major constraint to the achievement of all the MDGs is the spread of HIV/AIDS, which is most severe in Botswana, Namibia and South Africa.

8. The rest of the countries in the continent face considerable difficulties in their efforts to achieve all the MDGs by 2015, although they may accomplish some targets for some of the goals. These countries have shown limited economic growth potential and all are in preliminary stages of demographic transition. In addition, some have experienced prolonged civil conflict in recent years. Again not coincidentally, these are also countries in the "Low" category of the UNDP Human Development Index.

Critical MDG-Related Challenges in Africa

9. In general, then, despite the growth and the optimism, current socio-economic indicators and the stage of social development of the continent as a whole give rise to the fear that most of Africa might not achieve the MDGs by 2015. This fear has been amplified by the results of a UNDP review of 2003, which concluded that progress in sub-Saharan Africa is lagging far behind that in other regions. Among the difficult obstacles that must be overcome are the persistence of extreme poverty in most African countries despite decades of investment, the demographic trap, pervasive inequality and the burden of disease, especially HIV/AIDS. Closing the poverty gap is the major challenge, without which it will be impossible to achieve most of the MDGs.

Persistence of Poverty

10. The roots of poverty in one way or another are related to all the MDGs: the interplay of the burden of disease, inadequate access to quality education and health services, insecurity and political instability, insufficient investment in human capacity development – which in turn minimizes productivity – inequality between men and women in resource accessibility and distribution, environmental degradation, and the demographic trap. External factors include the debt

Twenty-two African countries have submitted full reports on their progress towards achieving MDG targets. Other reports are in process. For a variety of reasons the data provided are not always easily harmonized from country to country. This can make it difficult to draw firm cross-country comparisons on progress.

burden and unfavourable terms of trade. Unless Africa realizes significant economic growth and social development, coupled with equitable distribution of resources and investment in people, poverty eradication will remain an illusion.

11. Human capacity development has been further curtailed by the emigration of thousands of highly qualified professionals in all fields of specialization from Africa to Europe and North America. This has implications for the poor quality of the available labour force, technological backwardness and limited productivity. The weakness of many institutions is also a major contributor. All these are exacerbated by issues of governance – transparency, accountability and commitment – that cause mismanagement of human, material and financial resources.

12. In addition, while agriculture is the predominant occupation of the labour force, production technology in many countries remains primitive, with the result that productivity is low and invariably at the mercy of climatic conditions. Poor infrastructure, particularly in rural areas, limited economic diversification and unfavourable pricing of raw materials in foreign trade also contribute to pervasive poverty.

The Demographic Trap

13. Another significant challenge is to take fully into account the implications of population dynamics, particularly high growth rates resulting largely from persistent high fertility, high mortality and limited life expectancy, and matching these with available resources and land carrying capacity. Rural–urban migration remains a problem, along with the rapid rate of urbanization in African countries and the attendant issue of unemployment especially among youth and women. Uneven distribution of population is observed in many countries, often creating severe pressure on the ecosystem as manifested in frequent drought and environmental degradation. Increasing population pressure contributes to diminishing farm size and agricultural income, resulting in food insecurity and aggravating poverty.

The Demographic Trap…

Rapid population growth, unmatched by resource availability and land carrying capacity, increases demand for vital social services and employment, compounding the challenges of migration, urbanization and environmental pressures. These all contribute to poverty, which in turn aggravates all the rest.

14. The challenge is how to achieve the transition to low fertility levels and thereby slow population growth rates in most African countries. Without this transition, economic transformation and sustained growth amount to idle speculation. Countries in Asia such as South Korea, Taiwan and Singapore – and even Mauritius in Africa – have achieved demographic transition as reflected in their relatively high social and economic development indicators. In the demographic situation observed for most African countries, the way out is to step up the implementation of the Programme of Action of the International Conference on Population and Development as reflected in the national population policies in the continent.

15. It is to be noted, however, that rapid population growth, per se, is not necessarily a disadvantage to the economy and society. If capacity development opportunities are there and well taken, the large and increasing army of young people resulting from persistently high fertility and rapid population growth could be a robust reservoir of productive work force – dynamic, innovative and resourceful. In essence, the large number of people can become an asset rather than a liability, if they have the opportunity to reach their full potential.

Pervasive Inequality

16. The issue of equitable distribution of the fruits of economic development is critical. There seems to be no spillover effect of the small economic growth that African countries are achieving, as a few people are getting richer and the majority are getting poorer and poorer and more marginalized in the process. The abolition of all discriminatory laws, the equitable distribution of the fruits of economic growth through improved access to social services, especially education, health, safe water and improved sanitation facilities, and access to resources such as land, credit, agricultural inputs and others for the rural population and employment for the urban poor and marginalized population remain a challenge to the continent.

17. There is also the problem of an increasing age dependency burden, worsened by AIDS related deaths, which are most pronounced among the youth and middle aged persons and thereby leave a diminishing number of economically active people supporting an increasing number of children and the elderly.

Burden of Disease

18. Most African countries are beset by a heavy burden of mostly preventable diseases and other conditions that sap the continent's strength. These include HIV/AIDS, other sexually transmitted infections (STIs), tuberculosis, malaria, diarrhoea, malnutrition and others. More than 70% of HIV-positive persons and AIDS related deaths are in sub-Saharan Africa, with adult prevalence rates over 20% in some countries. Given that about 93% of HIV transmission in Africa is through sexual intercourse and mother-to-child transmission, there is need to increase investment in reproductive and sexual heath.

Although the extent of suffering caused by malaria epidemics is not adequately documented, it is generally believed that their overall health and economic impacts are enormous.

19. The link between HIV/AIDS and poverty is complex, but the existence of widespread poverty and economic and gender inequality directly and indirectly contribute to HIV transmission and impede care and support. From the other direction, HIV/AIDS exacerbates poverty as it ravages families, takes away breadwinners, diverts economically productive labour to care for the ailing, and leaves millions of orphans without resources or opportunities for education. This calls for urgent action aimed at empowering women, discouraging early marriage, changing behaviour and promoting effective use of contraceptives, particularly condoms, to curtail the spread of HIV and the vicious poverty circle it perpetuates.

20. Tuberculosis, because of its linkage with HIV, has become a major public health concern in countries hit by the HIV/AIDS pandemic. While TB has dropped by 20% in other areas of the world, it has increased threefold in Africa. Malaria is the leading killer of children in sub-Saharan Africa, and a major cause of morbidity and mortality in many countries. Limited progress has been achieved in preventing the disease.

21. Africa accounts for 20% of the world's births but contributes 40% of maternal deaths. It thus becomes an economic, social and moral imperative to invest in maternal health, as further justified by a number of studies. The World Bank estimates that ensuring skilled care in delivery and particularly emergency obstetric care would cut maternal deaths by about 74%. Another study illustrates that access to voluntary family planning could reduce maternal

The development process can be hampered because of lack of relevant, reliable and up-to-date data for policy formulation, planning, monitoring and evaluation.

deaths by 20–35% and child deaths by as much as 20%. Furthermore, cost–benefit analyses of investing in maternal health in Africa show that basic maternal health and newborn care can cost less than US$3 per person per year. On the other hand, if action is not taken to reduce maternal deaths and associated disabilities, there will be a US$22 billion loss due to maternal deaths and US$23 billion due to disabilities – US$45 billion in lost productivity!

22. Needless to emphasize, good health is linked to human capacity to contribute to development. Therefore safeguarding women's reproductive and sexual health, controlling other diseases (malaria, tuberculosis), and improving nutrition will go a long way towards achieving poverty reduction among this vulnerable group.

Lack of Data for Development

23. The monitoring of MDGs is taking place globally, through annual reports of the UN Secretary General to the General Assembly and periodic country reporting. Two types of indicators are generally used in MDG monitoring: those internationally compiled and those derived from national sources. Country reporting typically uses indicators compiled from national sources by the national statistical system. On the other hand, global reporting relies on indicators compiled by international organizations such as UN agencies, among others. While international indicators use standard definitions and are therefore comparable across regions and countries, national indicators are often based on national definitions, which may vary from country to country, thus making comparability difficult. Even international data are incomplete for some countries.

24. African countries need to include monitoring and evaluation (M&E), supported by a comprehensive national database, in their development agenda. Statistical systems should ensure that all relevant variables can be disaggregated by gender. Care should be taken to collect pertinent information on vulnerable groups to facilitate targeted programming. The M&E should be able to capture relationships between national policies and objectives and local initiatives and targets, and to track progress of key indicators in different sectors of the economy. The database should cover the MDG indicators and more, and should pay attention to international definitions, particularly on the MDGs, to assure international comparison.

Review of Progress towards Achievement of MDGs

25. It is important to note that the eight MDGs are interrelated, and one goal should not be considered in isolation in terms of strategies for making progress in achieving the MDGs. It must also be borne in mind that MDGs are aggregate indicators and the average values computed for the targets mask significant internal variations within each country, and across countries, making it difficult to monitor and compare progress among vulnerable groups.

Goal 1: Eradicate Extreme Poverty and Hunger

26. As is well known, worldwide about 20% of the world's population survives on less than $1 a day. In Africa, particularly the sub-Saharan region, the problem of poverty is much deeper and far more widespread than in other major region. Half of Africans live in extreme

poverty and one-third in hunger. In countries such as Sierra Leone, Liberia, Angola, Democratic Republic of Congo, Sudan, Rwanda, Burundi, Somalia, Eritrea and Ethiopia, current levels of poverty, hunger and child mortality are probably worse than two decades age.

27. In the four countries of Northern Africa for which there are complete data (Algeria, Egypt, Morocco, Tunisia), less than 9% of the people have incomes under $1 per day. South of the Sahara, however, widespread poverty of the magnitude of 50% or more abounds (1990–2001), reaching excessively high levels of over 70% in Uganda, Ethiopia, Mali and Nigeria. Most of the other countries in the region exhibit high poverty levels of between 40 and 70%. Among countries with data, South Africa, with a poverty index of under 2%, stands out as the beacon of hope for SSA. Nevertheless, considering the high level of income disparities in the country, particularly the concentration of poverty among the majority black population, the average statistics may be misleading.

Of all the regions in the world, Africa south of the Sahara has the largest proportion of people (48%) living in extreme poverty – some 300 million Africans live on less than $1 a day.

28. Benin, Botswana, Cape Verde, the Central African Republic, Egypt, Ethiopia, Ghana, Kenya, Madagascar, Morocco, Mozambique, Namibia and Tunisia made relatively good progress and reduced extreme poverty in their respective countries. In Benin, although extreme poverty has fallen at the national level, it has nevertheless increased in the rural areas from 25.2% in 1994/95 to 32.9% in 1999/2000. On the other hand, extreme poverty has generally increased in Burundi, Guinea, Nigeria, Rwanda, Swaziland and Zambia.

29. Seychelles (rank 36) is the only African country in the "High" group of countries on the Human Development Index, with an index value of 0.84. Another 20 are ranked as "Medium", ranging from Libya (rank 61) to Togo (rank 141). All the remaining African countries are in the "Low" group and the least developed 25 countries in the world are all in Africa, with Sierra Leone being the poorest of all.

30. Interestingly, the few African countries that are making notable progress on the human development index are also countries that have achieved a good measure of transition from high to low levels of fertility and mortality. This points to the importance of national reproductive health and family planning programmes and measures to enhance the status of women as a combined strategy to achieve demographic transition and sustained economic development – which ultimately will be the major contributor to poverty eradication.

Goal 2: Achieve Universal Primary Education

31. Primary school enrolment is woefully low in sub-Saharan Africa (barely 57% on average), and the probability is that only one in three children in the region will finish primary school. Youth literacy is a indicator of the effectiveness of the primary education system: as an MDG target, it is used as a proxy measure of social progress and economic achievement.

32. Given this interpretation, there has been some appreciable social progress over the past ten years or so in nearly all African countries (some countries are without data and no valid conclusion could be drawn). In many countries, however, the level of youth literacy attained is low: only 23.5% in Niger, 37% in Mali and 35.8% in Burkina Faso. If youth literacy rates are so low, the level of adult literacy is bound to be much worse.

33. All African countries have taken human development through education as a key strategy for achieving development objectives. It seems, however, that the commitment of governments to education has varied. In good performing countries firm commitments have been expressed in terms of national development policies, strategies and programmes, and – importantly – sector budgets. Strong partnerships among governments, civil society organizations, community-based organizations and the private sector in many countries have contributed to the good performance of these countries.

34. In addition, the adoption of population measures such as reproductive health and family planning practices has contributed to national efforts to increase enrolment by slowing population growth and, hence, the supply of school age children, which in turn reduces the pressure of demand for school places and facilities. In order to fight poverty effectively, education for all children – girls as well as boys – is key; and in order to assure universal education at primary and other levels, economic investment strategies must be combined with population strategies of the sort mentioned above. Otherwise, rapid increases in the number of school age children will simply neutralize the most ambitious annual budget allocations to the education sector.

35. Available reports suggest that Botswana, Cape Verde, Central African Republic, Egypt, Ethiopia, Ghana, Guinea, Kenya, Rwanda, Senegal, Tunisia and Uganda are likely to meet the MDG 2 targets. Countries that may probably meet targets are Benin, Morocco and Namibia, while Nigeria, Swaziland and Zambia have the potential to meet the goal. Those countries that may find difficulties in meeting the MDGs are those with the lowest development indicators, those in conflict and those having slow economic growth.

Goal 3: Promote Gender Equality and Empower Women

36. Ethnicity, class, religious interpretations, societal norms and politics continue to define gender relations in favour of men. Gender relations shape women's access to resources and their work opportunities and limit what a woman may undertake at work, in the family or in public life. They frame male behaviour, responsibilities and entitlements; affect social and economic functioning at all levels; and influence relationships between spouses, between children and parents, between managers and employees, and among community members.

37. In Africa, considerable gender disparities exist in access to education, especially at the tertiary level. MDG 3 seeks to eliminate gender disparity in primary and secondary education by 2005 and in all levels of education by 2015. Considering the statistics on male/female enrolment ratios in most African countries, the battle for the first part of MDG 3 for 2005 has already been lost.

Seychelles, South Africa, Namibia, Mozambique and Rwanda have over 25% of seats in their parliaments held by women. In most African countries, less than 10% of parliamentarians are women.

38. The disparity in school enrolment between boys and girls increases with education levels in all African countries except Lesotho, Namibia and South Africa, where the situation is reversed. In these three countries, female enrolment increases with rising levels of education, with the result that women dominate tertiary education. By 2001, most African countries had achieved a male/female ratio of 1:0.8 at primary school level. At secondary school level, the ratio drops to about 1:0.6. Even worse, at tertiary level, for every one female student there are as many as three males. The major

facilitating factor for the progress in primary enrolment in most countries is the decision to make primary education a prime development objective.

39. Women are shut out of decision making in many African countries because of their limited access to education and the persistence of discriminatory cultural and traditional practices. One highly visible piece of evidence for this is the proportion of seats in parliament held by women: Seychelles, South Africa, Namibia, Mozambique and Rwanda are in the lead in Africa with over 25% of seats in their parliaments held by women. This has been achieved through empowerment legislation and effective advocacy. In most of the remaining African countries, less than 10% of parliamentarians are women.

40. Empowering women through education, participation in economic activities, particularly in the modern sector of the economy, and adequate representation at all levels of governance and decision making – in short, recognizing them as equal partners in the development process – would go a long way in enhancing overall national productivity and income. In essence, without giving women the necessary opportunities to function as effectively as men in the economy and in society, the battle against poverty will be hard and prolonged.

Goal 4: Reduce Child Mortality

41. An examination of the causes of child mortality in the developing countries shows they are largely preventable. In Africa malaria is the leading cause of death in young children, followed by water-borne diseases. AIDS is becoming a major killer of children especially in countries with high HIV prevalence rates. Malnutrition is a significant underlying factor in more than half of all child deaths. It is important to point out that an educated mother is a very important factor in child health because she is better informed, more likely to seek pre- and postnatal care, more likely to have her children immunized, and generally more able to take better care of her children. Men, too, have a vital role to play in reducing child mortality by taking responsibility to lighten the burden of work that women undertake during pregnancy and long after delivery, providing adequate nutrition for mother and child, and ensuring social protection.

42. MDG 4 calls for the reduction in under-five childhood mortality by two-thirds between 1990 and 2015. Many SSA countries need to make concerted effort to achieve this goal, and will require strong support from the international community. Basic to infant and child survival is the status of the mother, the environment in which children are nursed, and access to nutrition and health care. The increasing subscription to immunization campaigns across Africa is encouraging, but coverage remains low for some countries.

Goal 5: Improve Maternal Health

43. There is no doubt that pregnancy related deaths can be considerably minimized in Africa. The health risks of mothers are greatly reduced as the proportion of babies delivered under the supervision of health professionals increases. Only a small proportion of babies born in most African countries are delivered in health facilities, however. Postnatal care is also important to the health of mothers, as a large proportion of maternal deaths occurs

Investing in maternal health is an economic, social and moral imperative.

shortly (within 48 hours) after delivery because of limited access to maternal health services and the poor quality of existing services. Postnatal care is also extremely low in most SSA countries.

44. In terms of progress achieved towards this objective, UNECA's ICPD+10 report indicates that there has been an increase in facilities for commodities and services, as well as expansion of coverage and improved quality of primary health care through information, education and communications (IEC), better referral services, provision of emergency obstetric care, and capacity building. However, the report recommends that the health of women and children should be considered as central in all development plans at all levels.

45. Effective family planning programmes can go a long way in reducing fertility and thereby reducing the risk of high overall maternal mortality in the population. In addition, countering the widespread traditional practices that affect women's reproductive health could also have positive impacts on maternal well being. Probably the most damaging of these practices are early marriage and female genital mutilation, both of which can be related to (among others) the development of fistula, a debilitating condition that is a personal tragedy and an increasing public health problem. Early marriage is also a major contributor to school dropout among girls, thus reducing their opportunities and limiting their potential.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

46. AIDS has become the leading cause of death among adults in sub-Saharan Africa, with malaria arguably in second place. Tuberculosis, because of its linkage with HIV, is resurging and becoming a major public health concern in countries hit by the HIV/AIDS pandemic.

47. Findings show that the MDG targets related to HIV/AIDS were met in Uganda in 1996, although it is resurging; the prevalence has gone up from 6.1% in 2000 to 6.5% in 2001. Kenya's latest Demographic and Health Survey (KDHS 2003) indicates an adult prevalence rate of between 6.7 and 10.5%, down from over 13.5% in 2000. Botswana, Egypt, Kenya, Tunisia and Zambia are likely to meet their targets for HIV. Kenya will probably meet the targets for TB, Morocco and Senegal for HIV, and Mozambique for malaria. Countries that have the potential to meet targets are Rwanda and Zambia (for malaria). Those countries that are unlikely to meet HIV targets are Mozambique, Namibia (the HIV situation is worsening) and Nigeria. The countries that have not expressed whether they will meet targets or not are Benin, Burundi, Cape Verde, Central African Republic, Ethiopia, Ghana, Guinea and Madagascar. There is no report from Swaziland, but it is among the countries most affected by the HIV epidemic, with a prevalence rate of 38.8%.

48. Countries with good progress and that are likely to meet, will probably meet and are potentially able to meet the targets have expressed that they have strong supportive environments for achieving the targets for HIV/AIDS, malaria and TB.

Goal 7: Ensure Environmental Sustainability

49. According to the national reports, efforts to sustain the environmental ecosystem by combating deforestation and environmental degradation and increasing forest coverage have been weak in many countries. In fact, deforestation has taken place in Benin, Ethiopia, Ghana, Madagascar, Namibia, Nigeria, Tunisia (land being invaded by sand and wind erosion and secondary salination) and Zimbabwe (slightly). By contrast, reforestation efforts in Cape

Verde, Egypt, Morocco and Senegal have increased forested acreage in these countries. There has been no change in Guinea. Various policies, programmes and institutional mechanisms have been put in place to safeguard and maintain biodiversity in countries where forests are protected. In Ghana, emphasis has been on environmental impact assessments and audits.

50. There is no doubt that African governments have made considerable investments over the years to improve access of the population to safe water and sanitation. Much of the investment, however, has been concentrated in urban centres, leaving a substantial proportion of the rural areas – where over 60% of the population live – largely without access to safe drinking water and adequate sanitation. The dimension of the problem becomes worse in countries such as Ethiopia, Burundi, Malawi, Rwanda, Uganda and Lesotho, where close to 80% of the national population live in rural areas. In most African countries, less than half of the rural population enjoys safe drinking water. Exceptional cases are Mauritius, where there is 100% access to safe water in both urban and rural areas, and Botswana, where access also reaches 100% in urban areas and 90% in rural areas.

Goal 8: Develop a Global Partnership for Development

51. The Millennium Declaration calls MDG 8, the development of a global partnership, the prerequisite for meeting MDGs 1–7. Without a focused partnership between developing countries and rich countries in a variety of forms, which include developing further free access to developed country markets, debt relief and cancellation, and more generous official development assistance, developing countries – especially those facing serious development challenges – cannot meet these MDGs. Rich countries are expected to make policy changes to meet this goal, and have so pledged at a variety of international forums. The data provided by the respective countries on progress towards this goal were limited to a few targets, and were not sufficient to measure quantitatively the overall progress.

Rich countries are expected to make policy changes to meet MDG 8, and have so pledged at a variety of international forums.

52. Only one country, Senegal, reported on target 16, which talks about the development and implementation of strategies for decent and productive work for youth. Only Cape Verde reported on target 17, which is about cooperation with pharmaceutical companies for the purpose of providing access to affordable essential drugs. Cape Verde now produces about 30% of its drugs locally; the remainder are imported.

53. Some countries (Benin, Botswana, Ethiopia, Namibia, Nigeria, Tunisia and Uganda) reported being beneficiaries of global and regional trade agreements and movements (African regional economic communities, Cotonou, the African Growth and Opportunity Act – AGOA – and the World Trade Organization – WTO). Ethiopia and Uganda have undertaken some activities to address the special needs of landlocked countries as stated under target 14. These countries addressed the challenge of geographic disadvantage through regional cooperation.

54. Benin, Botswana, Ethiopia, Ghana, Kenya, Madagascar, Mozambique, Namibia, Nigeria, Senegal, Tunisia, Uganda and Zambia reported on target 15, which is about making debt sustainable to the long term. They reported that their receipt of ODA had gone down considerably and the level of debt cancellation has not been to their expectations because of the long processes and conditionalities imposed on them. However, they have emphasized commitment to ensuring sustainable fiscal policy through expenditure management and comprehensive resource mobilization, tight monetary policy, development of capital markets

to mobilize funds for long-term investments, and promotion of exports and export diversification. Zambia, especially, reported that its ability to achieve the MDGs has been hampered because of the suspension of the Poverty Reduction Growth Facility. On the other hand, many developed countries are taking their role in the achievement of the MDGs very seriously and there are several new initiatives, including the UK's Commission for Africa, among the donor countries that are seeking to significantly increase aid to Africa, reduce or write off debt, and enhance capacity building.

55. Regarding employment, the rationale for the indicator of youth employment is that it serves as a measure of the success of strategies to create jobs for youth. Notwithstanding, the indicator does not fully reflect the dimensions and seriousness of the employment issues that face these countries, particularly African countries. It is not common to find a youth employment indicator in most national statistics – only four countries in Africa (Algeria, Morocco, Botswana and South Africa) are reported as having computed this measure. In these countries, youth unemployment is more serious among females than their male counterparts, and worse in the two southern African countries than those in the north.

Globalization and the MDGs

56. Globalization has an impact on the achievement of all of the MDGs. Since the 1990s, there has been an enormous increase in global trade and in private capital flows to developing countries. Africa has not kept pace with this growth, and its share in world trade has dwindled. Foreign direct investment in most African countries is low, although gradually increasing. The income gap between advanced and African countries has widened. Of all the regions in the world, SSA has the largest proportion of people (48%) living in extreme poverty

57. The IMF and World Bank also say that globalization has helped increase growth and wealth in recent years, but has not done so for all continents. The fears about globalization in general are that countries that are not involved in globalization may become increasingly marginalized and prevented from making progress in their poverty reduction efforts because of intense international competition and the dominance of giant multinational corporations. In addition, globalization, like technological change, can cause short-run disruptions such as job losses and income declines, which disproportionately hit the poor.

Population projections show that for many African countries, the most trying period of demographic experience will probably be between 2000 and 2010, mostly as a result of the devastating impact of the AIDS epidemic, but also because of civil/regional conflicts and refugee movements.

58. In order to counter the threat of globalization to the MDGs, African countries must strengthen domestic policies to consolidate macroeconomic stability, improve basic infrastructure, enhance human resource development, spur agricultural development and strengthen regional cooperation. The critical underpinnings are ensuring good governance and making economies more efficient by defining the role of the state and reforming the civil service so as to improve the business climate. Members of the international community should honour their commitments and open their markets to African exports, relieve African countries of their external debt burden by cancellation or rescheduling, and support the promotion of private capital flow. There are also growing pressures on developed countries to reduce agricultural subsidies so that African countries can make progress towards greater

equality in global trade. The IMF and World Bank must continue to work with African countries to implement participatory poverty reduction strategies and programmes.

Beyond the MDGs

59. It is imperative for Africa to look beyond the MDGs. These goals are indeed critical to accelerating development in the developing countries of the world, but it is generally agreed that they are the minimum requirement for integrated and holistic national development. As countries formulate their national development frameworks, they should take care not to focus solely on the MDGs. Poverty is about more than inadequate financial resources; it is also about voicelessness – the lack of power to influence decision making. In the long run, reducing poverty will require attention to fundamental issues of human rights. Growth alone, sound economic policies alone, are necessary but not sufficient conditions for improving the human condition. They must be accompanied by pro-poor social policies and programmes and their effective implementation. In short, meaningful national development, in which the mass of the people derives benefit, requires that consideration should go beyond the MDGs.

60. In the area of social policy, as one example, the UN Secretary General, Kofi Anan, underscored the fact that the MDGs cannot be achieved without addressing population and reproductive health issues. African countries in particular cannot afford to take such issues for granted. Key among these are population distribution, urbanization and migration, which are not addressed by the MDGs.

61. The issue of international migration, its overall impact on the economy and society in African countries, and the tension, or xenophobia, between African nations must be considered, including both positive and negative effects of "brain drain". One aspect of the brain drain that requires greater scrutiny is how to more effectively tap the resources abundant within the African Diaspora – not simply the generous remittances so many send to families and communities, but also the know-how they have acquired that could be applied to development "back home". As for employment issues, there has been a clear absence of adequate regional initiatives focusing on the strategic role of employment as a central goal of economic development. How can poverty be eradicated when a significant proportion of the economically active members of the population remain largely unemployed or under-employed? The various dimensions of the employment problem must be carefully examined to identify appropriate approaches, strategies, policies and programmes to promote employment.

62. The conventional argument that resource constraints are a major drawback to African development appears untenable in the light of evidence from other developing countries – and from Africa itself. Despite years bemoaning the emigration of high quality professionals, for example, no country in Africa has developed an effective policy mechanism for reversing this trend. As for financial and natural resources, some of Africa's most mineral rich countries belong to the poorest group of nations in the HDI ranking. Transparent and accountable management of the resources that are available is the key.

It is time to move away from merely talking about the problems that confront the people to actually resolving them through committed resources and targeted rogramming.

63. Over the years, African countries, individually and jointly, have adopted a sufficient number of policies and programmes, resolutions and recommendations, treaties and conventions with little or no effect on development. What is lacking is the effective

implementation of regional, international and national policies, as well as the necessary investment in social development and political will to make it happen. If African nations are genuinely committed to achieving the MDGs, and more, there must be a fundamental change in the way business is done – not business as usual, which has generated limited effect on the development process in the past decades. It is time to move away from merely talking about the problems that confront the people, to actually resolving them through committed resources and targeted programming.

PART 1

Introduction

1. Despite the socio-economic and political changes in the 1990s in many developing countries, especially in terms of increasing life expectancy, raising literacy levels and reducing poverty, the 1990s was a decade of despair in some countries. These countries became much poorer, and many millions of their people went hungry. More children died, school enrolments shrank at all levels and life expectancy fell to a much lower level. The decline in the Human Development Index, which comprises living a long and healthy life, being educated, and having a decent standard of living, was very much a reflection of the development crisis, particularly in Africa and most especially in sub-Saharan Africa.

2. In recognition of the brewing development crisis, the largest ever gathering at the United Nations – all 191 Member States participated – adopted the UN Millennium Declaration in 2000. The Declaration commits the Member States to put in place measures necessary to attain peace, security and development in the world, and more importantly, to implement strategies that will accelerate the development of poorer countries. The Declaration was further elaborated in the subsequent UN Secretary General's report entitled "A Road Map Towards the Implementation of the UN Millennium Declaration" (GA Resolution A/56/326). Arising out of these two declarations and on the basis of further consultations and agreement reached by the UN, OECD/DAC, World Bank and IMF, eight ambitious, target-oriented Millennium Development Goals (MDGs)[1] were selected as a set of quantifiable and time-bound goals to dramatically improve the human condition by 2015. This commitment of the international community was re-affirmed at the Monterrey Conference on Financing for Development, March 2002, and the World Summit on Sustainable Development, held in Johannesburg in 2002.

3. The Millennium Declaration gives focus to the peculiar problems facing Africa and pledges to support the consolidation of democracy in the continent and to assist Africans in their struggle for lasting peace, security, poverty eradication and sustainable development, in order to bring Africa into the mainstream of the world economy (Art VII, 27; UNDP, 2000).

4. The eight Millennium Development Goals (MDGs) that emanated from the Millennium Declaration bound together developing and developed countries to work in partnership to: reduce poverty, ensure gender equality and the empowerment of women, combat environmental degradation and deterioration, improve access to social services, especially primary, secondary and tertiary education, primary health care, safe drinking water and improved sanitation, and combat HIV/AIDS, malaria and other communicable diseases.

5. These goals were adopted on the assumption that they were country owned and driven. The goals are intended to mobilize the active participation of all people and civil society groups in the respective countries. In addition to this, the goals are stringed with new political commitment and a new approach to doing business. As signatories to the Declaration,

[1] The list of the goals, targets and indicators is presented in Annex 1.

African countries are increasingly placing the MDGs in central focus in their development planning and resource allocation.

6. The Millennium Declaration and the MDGs mean a lot to African countries, as they would be a means to accelerate the eradication of poverty and improve the lives of the millions of Africans who are affected by poverty and associated socio-economic problems. They are also important for the realization of the objectives of the New Partnership for Africa's Development (NEPAD) and international conferences and declarations such as the International Conference on Population and Development (ICPD), the World Summit on Social Development (WSSD), the World Summit on Sustainable Development (WSSD), the Beijing Platform of Action, the Abuja Declaration on HIV/AIDS, and many others.

7. The 1994 International Conference on Population and Development (ICPD) urged each nation to truly integrate population concerns into all aspects of economic and social activity, on the premise that their interrelationships would greatly assist in the achievement of an improved quality of life for all individuals as well as for future generations. Governments were also encouraged to make all efforts to pursue sustained economic growth within the context of sustainable development. The ICPD Programme of Action urges all governments and health systems to establish, expand or adjust programmes to meet the reproductive and sexual health needs of men and women (including adolescents), to respect rights to privacy and confidentiality, and to ensure that attitudes of health care providers do not restrict adolescents' access to information and services.

8. ICPD served as a precursor to the social and population related MDGs. Unlike the MDGs, however, the ICPD programme does not contain numerical (demographic) targets. Some of the qualitative and quantitative objectives and goals of the PoA include: provision of education, especially for girls; promotion of gender equity and equality; reduction of infant, child and maternal mortality; and the provision of universal access to reproductive health services, including for family planning and sexual health. What the MDGs seem to do is provide quantitative (demographic) targets for the ICPD goals and objectives.

9. Midway through implementing the 20-year ICPD Programme of Action (ICPD PoA), the UNFPA re-emphasized the significance of population issues in the current efforts to end poverty and meet the MDGs for 2015. According to the report: "Efforts to end poverty and meet the UN's Millennium Development Goals for 2015 depend on success in carrying out the action plan of the 1994 International Conference on Population and Development (ICPD). Promoting women's rights, providing universal access to comprehensive reproductive health services, and ensuring that development plans and policies take population trends into account are key" (UNFPA, 2004)

10. The New Partnership for Africa's Development (NEPAD) is a vision and strategic framework for Africa's renewal. NEPAD is designed to address the current challenges facing the African continent. Issues such as escalating poverty levels, underdevelopment and the continued marginalization of Africa needed a new and radical intervention – spearheaded by African leaders – to develop a new vision that would guarantee Africa's renewal.

11. Apart from the MDGs, the ICPD PoA and NEPAD, African countries are signatories to other international treaties and conventions focusing on the protection of human rights, sustainable development, and the uplifting of people who are marginalized by society for reasons of gender, race, minority status or cultural belief. Among these are the International

Covenant on Economic, Social and Cultural Rights (1996); Convention on the Elimination of All Forms of Discrimination against Women (1979); Convention on the Rights of the Child (1989); and the Rio Declaration (1992). The relationship between the ICPD PoA, NEPAD and the MGDs is illustrated in Annex 1 of this report. Perhaps the major challenge facing most countries in the continent is translating these policy frameworks into action through comprehensive programme implementation.

Purpose

12. The main purpose of this review is to a) find out the progress made by African countries towards the achievement of the eight MDGs; b) identify the key challenges to achieving them; c) identify also the facilitating and inhibiting factors; and d) recommend measures that could contribute to achieving them by 2015 and actions beyond the MDGs.

Methodology

13. The monitoring of MDGs is taking place globally, through annual reports of the United Nations Secretary General to the General Assembly, and through periodic country reporting. Two types of indicators are generally used in MDG monitoring: those internationally compiled and those deriving from national sources. For country reporting, use is generally made of indicators compiled from national sources, invariably by the national statistical system. On the other hand, global reporting relies on indicators compiled by international organizations such as UNDP, WHO, UNFPA, UNICEF and the various divisions of the UN, among others. Given the nature of this report, both indicator sources will be used as appropriate.

14. Although not harmonized and consistent, and in may cases incomplete, reports on the progress of the MDGs have been received from 22 African countries. But not all countries had reports that address all eight goals. Swaziland, for example, reported only on Goals 1 to 3. In other cases, there have been no standardized indicators and years used so as to facilitate comparisons between years and among countries. The 22 countries are found in all the different regions of the continent:

- Southern Africa: Botswana, Lesotho, Namibia, Swaziland
- Western Africa: Benin, Cape Verde, Ghana, Guinea, Nigeria, Senegal
- Central Africa: Central African Republic
- Eastern Africa Burundi, Ethiopia, Kenya, Madagascar, Mozambique, Rwanda, Uganda, Zambia
- Northern Africa Egypt, Morocco, Tunisia

Challenges of Population Growth and Dynamics

15. Africa's population growth rates are illustrated in Figure 1.1; the majority are above 2% per year. At the root of high population growth is a persistently high level of fertility, the type of pattern observed for most African countries. This is due to the generally low level of education and limited access to reproductive health services. The average total fertility rate (TFR) for Africa (2000–2005) is 4.91, and many countries have rates in excess of 6.0, among the highest in the world. Figure 1.2 illustrates the pattern of fertility in Africa.

16. Population dynamics (changes in population, particularly population growth rates) have implications for family/household size and poverty; labour force supply and unemployment rates; the supply of school age population and the ability to achieve universal education at different levels; the supply of women of reproductive age and future fertility; the level of fertility and health of mothers (maternal mortality) and children (infant and child mortality); rural and urban population distribution and density; and related social and economic indicators that are critical to the MDGs.

Figure 1.1: Population growth rates for African countries (2000–2005)

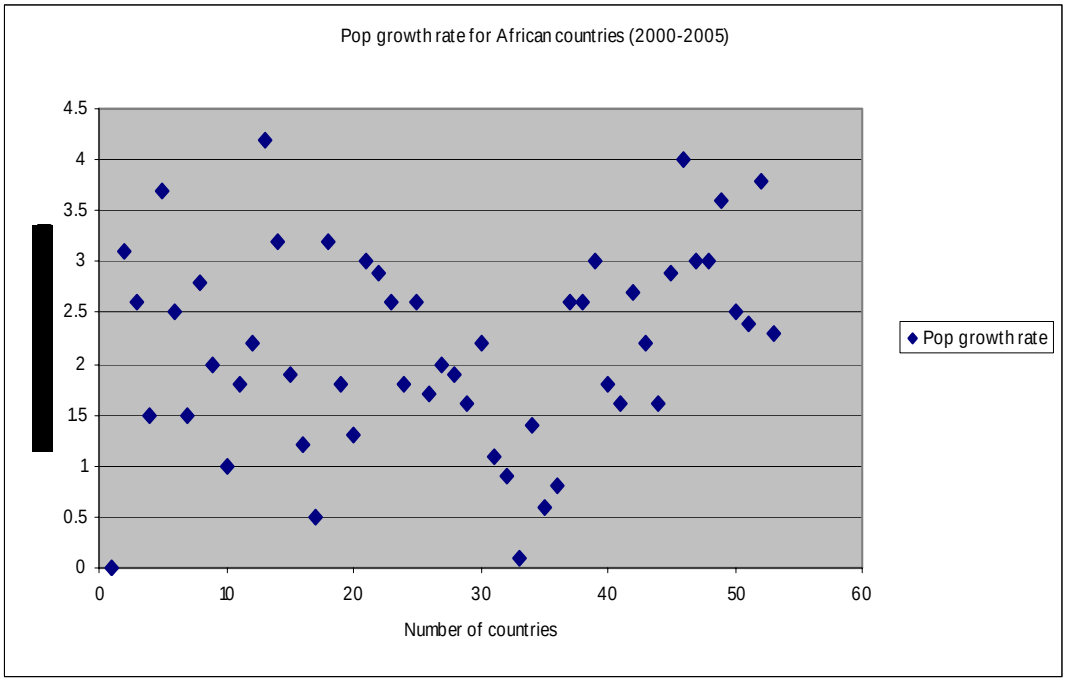
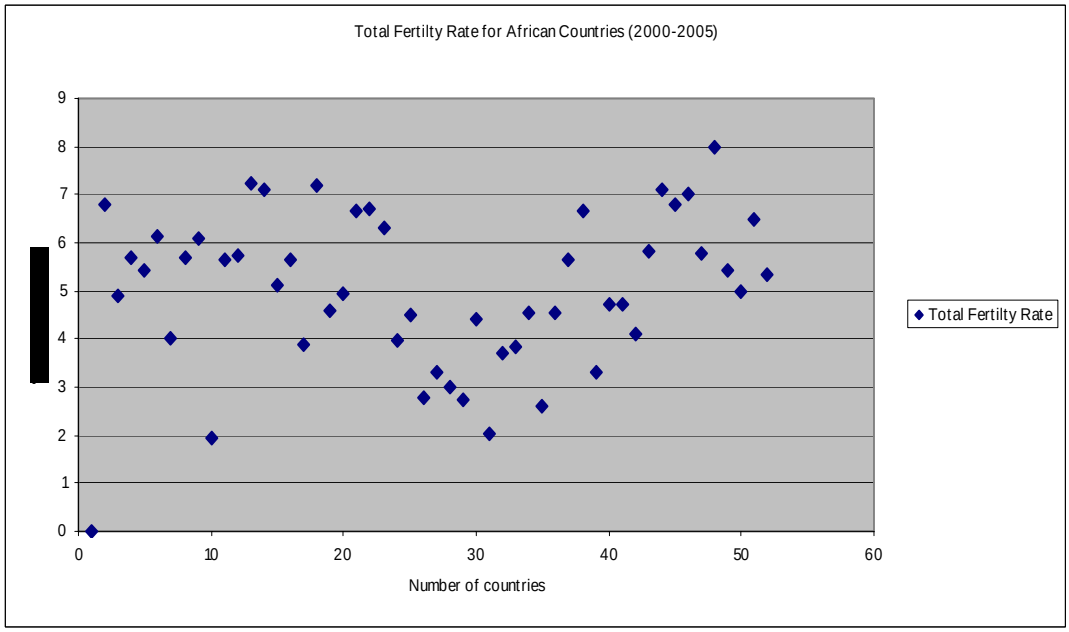


Figure 1.2: Total fertility rates for African countries (2000–2005)



17. Reducing fertility levels through family planning interventions will not only reduce the pressure on demand for investments in obstetric and paediatric needs, it will cut down on outlays in general preventive and curative medical services and facilities for mothers and children. Fertility affects family welfare in several ways:

- Smaller families share income among fewer people, and average income per capita increases.
- Fewer pregnancies lead to lower maternal morbidity and mortality, and often to more education and economic opportunities for women.
- High fertility undermines the education of children, especially girls.
- Families with lower fertility are better able to invest in the health of each child, and to give their children proper nourishment.

18. The available body of evidence among countries shows that a high rate of population growth calls for an increase in health costs because the high fertility rate that promotes rapid expansion of the population demands larger investments in obstetric and paediatric needs, as well as increasing outlays in general preventive and curative medical services and facilities to reduce the high rates of morbidity and mortality that characterize a rapidly increasing population.

19. For illustration, it is noted that the challenges faced by many African countries in fulfilling the right to employment are twofold: managing the dynamics of population growth and expanding labour-intensive productive activities. However, in general, the policies and strategies of governments aim at the second – increasing employment opportunities – while ignoring the need to manage the dynamics of population growth through strategies aimed at slowing the rate of population growth. Without slowing the growth rate of population, growth in employment creation must progress faster than the supply of entrants into the labour force if the unemployment situation is not to worsen. Therefore, increased contraceptive use among all sexually active persons will go a long way in reducing rising levels of unemployment. This will require quality, affordable and accessible reproductive health services. Gender equality that gives women access to better education, better jobs and a larger role in decision making will also improve good governance and raise the overall productivity of the economy and reduce poverty.

20. During the remaining period of the MDGs (2005–2015), it is projected that the school age population (7–18 years) in Africa will increase significantly. This implies that, apart from the existing backlog of children not in school, the system must make provision for an increasing number of new entrants. What population measures such as increasing application of family planning methods could do is to cut down on the supply of potential pupils. If there were 40 million fewer children born during the MDG period through the adoption of family planning, the system would be able to spread its resources more effectively.

21. Widespread adoption of modern methods of contraception and interventions to promote behaviour change will help lower fertility levels, improve the health of mothers and reduce HIV/AIDS/STIs, as well as cut down significantly on the incidence of early marriage and early and frequent pregnancies, thereby freeing girls to enrol in and complete their education and be more productive in the economy.

22. Education is a primary avenue here. Education for all in itself can provide a better foundation for gender equality and empowerment of women, if it can lead to women having better employment prospects so that they can attain financial independence.

23. Environmental degradation is often linked to increasing human and livestock population pressure on arable land and forest resources, resulting in serious loss of soil fertility and ecological imbalance. The population solution to such environmental degradation, declining agricultural productivity and widespread rural poverty is to reduce the rate of population growth through family planning.

24. National and international migration levels are other aspects of population dynamics that require consideration. Remittances, for example, are one of the development benefits of migration. Their impact is felt most distinctly at the individual or household level, but also at community and national levels. Movements of population within and out of individual countries in Africa also influence exposure to HIV/AIDS and STIs, particularly in destination areas (such as the urban areas of Ethiopia). Return migration promotes the spread of HIV/AIDS to rural areas.

Monitoring the MDGs

25. There are two interrelated dimensions in the monitoring of the MDGs: monitoring MDG outcomes (degree of "human rights standards" achieved) and monitoring the MDG process (the extent to which progress has been made without compromising human rights principles). The process of human development is as important as the outcome. As noted by UNDP (2000), however, although human development thinking has always insisted on the importance of the process of development, many of the tools developed by the human development approach measure the outcome of social arrangements in ways that are not sensitive to how these outcomes were brought about.

26. Presentation and discussion of the MDGs should therefore be done in the context of the full Millennium Declaration rather than a narrow focus on the goals themselves. This will help to translate the current rhetoric into realistic plans and establish a transparent system of accountabilities that will reduce the rhetoric/action gap. Box 1.1 presents a summary of this two-pronged measurement.

The Relationship of MDGs to Social Development Issues

27. All the eight Millennium Development Goals are directly or indirectly related to social development issues, as they address poverty reduction (MDG 1); improvement in the health of the people, including reduction in maternal, infant and childhood mortality and the prevention of communicable diseases such as HIV/AIDS, malaria, etc. (MDGs 4, 5, 6); universal primary education (MDG 2); gender and development (MDG 3); access to safe water and basic sanitation (MDG 7, targets 10 and 11);

Box 1.1: The Millennium Declaration standards and principles

Human Rights Standards (MDGs outcome):
- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

Human Rights Principles (MDGs process):
- Universality and indivisibility
- Equality and non-discrimination
- Participation and inclusion
- Accountability and rule of law
- Sustainability
- Transparency

rural and urban development (MDG 7, target 11); the overall sustainable utilization of available resources for development (MDG 7 target 9); and provision of employment opportunities (MDG 8 target 16). The concern here is to analyse trends in the MDG (outcome) indicators for Africa with a focus on selected countries. These indicators are defined together with their targets in Annex 1.

MDGs Achievement Process

Millennium Development Goals
- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development

28. One of the key components of the Millennium Declaration concerns the integration of human rights principles and the application of the "human rights based approach to programming" (HRBAP). This approach is consistent with the UN Secretary General's Reform Programme, which calls on the UN system to mainstream human rights into all its activities (including research) and programmes, within the mandate of the respective agencies' funds, programmes, etc.

29. The focus requires working closely with individuals, households and communities. At the centre of research and analysis is the recognition of the need for action to be placed at these levels (including local and national) if sustainable solutions are to be found. If followed in a participatory manner, this exercise should enable communities to build their own capacity, in relation both to themselves and to the structures of local government immediately above them. It should enable them to overcome key capacity constraints, leading to effective implementation of programmes. It should also enable international development partners to support governments' basic strategies of social mobilization and community empowerment, creating an effective partnership in pursuit of development. The essence is to promote the adoption of a human rights based approach to programming in all development programmes and projects.

The Millennium Declaration opens in Article I with statements on fundamental values and principles that all nations must cherish, including: freedom, equality, solidarity, tolerance, respect for nature, shared responsibility. Article V focuses on human rights, democracy and good governance. The idea is that achievement of MDGs should be done within the context of adherence to human rights principles.

30. Several of the recommendations put forward for UNECA Member States at the evaluation of progress made ten years after ICPD (ICPD+10) also emphasize the need to adhere to human rights principles as Member States implement their national population and development programmes. UNECA Member States are urged to, among others: practice good corporate and political governance and improve the pace of the democratic process; uphold the reproductive rights of women and adolescents; ensure that policies, strategic plans and all aspects of programming and implementation of reproductive and sexual health services respect all human rights, including the right to development; uphold the Universal Declaration of Human Rights as it relates to both international and internal migrants; and promote good governance (UNECA, 2004).

31. In essence, the ICPD PoA and the MDGs were founded on human rights principles. As such, if national efforts to achieve the MDGs or ICPD goals are being evaluated, so also should the process by which the achievements were realized. The same goes for the vision and strategic framework for Africa's renewal embodied in the New Partnership for Africa's Development (NEPAD). As shown in Box 1.2, NEPAD is based on human rights principles and linked to the MDGs.

32. This report draws on all available country information on both the outcomes and the processes of attempts to achieve the MDGs. However, it is presented with the full realization that concrete data may be lacking for most countries in many indicators of human rights principles such as accountability, transparency, non-discrimination, inclusion and others.

Box 1.2: Principles and objectives of NEPAD

Principles

- Good governance as a basic requirement for peace, security, and sustainable political and socio-economic development.
- African ownership and leadership, as well as broad and deep participation by all sectors of society.
- Anchoring the development of Africa on its resources and the resourcefulness of its people.
- Partnership between and amongst African peoples.
- Acceleration of regional and continental integration.
- Building the competitiveness of African countries and the continent.
- Forging a new international partnership that changes the unequal relationship between Africa and the developed world.
- Ensuring that all partnerships with NEPAD are linked to the Millennium Development Goals and other agreed development goals and targets.

Primary Objectives

- To eradicate poverty.
- To place African countries, both individually and collectively, on a path of sustainable growth and development.
- To halt the marginalization of Africa in the globalization process and enhance its full and beneficial integration into the global economy.
- To accelerate the empowerment of women.

PART 2

Progress towards Achieving the MDGs in Africa

MDG 1 – Eradicate Extreme Poverty and Hunger

Goal 1: Eradicate extreme poverty and hunger	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	**Indicators** 1. Proportion of population below $1 per day (PPP-values) 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children (under five years of age) 5. Proportion of population below minimum level of dietary energy consumption

33. In 1994 the International Conference on Population and Development proposed to raise the quality of life for all people through appropriate population and development policies and programmes aimed at eradicating poverty, sustaining economic growth in the context of sustainable development and sustainable patterns of consumption and production, developing human resources, and guaranteeing all human rights (ICPD/PoA, para. 3.16). These objectives are fundamental to the achievement of the Millennium Development Goals.

34. The ICPD/PoA recognized that there are well-known population strategies that could, if combined with other development strategies, effectively accelerate the reduction of poverty and hunger. UNECA's ICPD+10 report (UNECA, 2004), which reviewed progress on the PoA, shows that ten years after the Conference, UNECA member States are making notable advances in implementing actions proposed by ICPD:

- Population issues are being addressed to a better extent within the context of poverty, environment and decentralization of planning processes.
- Actions are being taken on specific issues of population, including population ageing.
- Specific measures and the formulation of specific population distribution, urbanization and migration policies have been adopted in about 69% of the countries.

Progress towards Achieving MDG 1

35. Worldwide, about 20% of the population survives on less than $1 a day. In Africa, particularly the sub-Saharan region, the problem of poverty is much deeper and far more widespread than in other major regions. The UNDP review (2003) of progress towards the achievement of MDGs in different nations of the world concludes that sub-Saharan Africa (SSA) and South Asia both face enormous poverty, but unlike South Asia, sub-Saharan Africa is being left behind because of economic stagnation. SSA economies have not grown, half of Africans live in extreme poverty and one-third in hunger, and about one-sixth of children die before age five – the same as a decade ago. In countries such as Sierra Leone, Liberia, Angola, Democratic Republic of Congo, Sudan, Rwanda, Burundi, Somalia, Eritrea

and Ethiopia, current levels of poverty, hunger and child mortality are probably worse than two decades ago. Ethiopia's MDGs report (2004) admits that the lack of any significant decline in the poverty index between 1995 and 2000 was due mainly to the border conflict with Eritrea, which compromised the microeconomic environment by causing a diversion of resources from poverty reduction programmes. For all African countries where data are available, the proportions of people whose income is less than $1 a day and who suffer from hunger are shown in Table 2.1.

Table 2.1: Goal 1: Eradicate extreme poverty and hunger

	Target 1			**Target 2**		
	Halve, between 1990 and 2015 the proportion of people whose income is less than $1 a day			*Halve, between 1990 and 2015 the proportion of people who suffer from hunger*		
	% pop below (1990-2001)	Poverty (1990-2001)	Share of poorest (1990-2001)	% of underweight (1995-2001)	% total pop 1990/2	1998/00
Eastern Africa						
Comoros	..	..	..	25	..	..
Eritrea	..	..	..	44	..	58
Ethiopia	44.2	11.9	..	47	59	44
Kenya	23	6	5.6	23	47	44
Madagascar	49.1	18.3	6.4	33	35	40
Malawi	41.7	14.8	4.9	25	49	33
Mauritius	..	..	..	16	6	5
Mozambique	37.9	12	6.5	26	69	55
Rwanda	35.7	7.7	9.7	24	34	40
Somalia	..	..	..	26	67	71
Tanzania, United Rep	19.9	4.8	6.8	29	36	47
Uganda	82.2	40.1	7.1	23	23	21
Zambia	63.7	32.7	3.3	25	45	50
Zimbabwe	36	9.6	4.6	13	43	38
Middle Africa						
Angola	..	..	..	..	61	50
Cameroon	33.4	11.8	4.6	21	32	25
Central African Rep.	66.6	38.1	2	24	49	44
Chad	..	..	..	28	59	32
Congo, Dem. Rep	..	..	..	31	32	73
Congo, Rep. of	..	..	..	14	37	32
Gabon	..	..	..	12	11	8
Northern Africa						
Algeria	2	0.5	7	6	5	6
Egypt	3.1	0.5	8.6	4	5	4
Libya Arab Jama.	..	..	..	5	..	..
Morocco	2	0.5	6.5	9	6	7
Sudan	..	..	..	17	31	21
Tunisia	2	0.5	5.7	4	..	..
Southern Africa						
Botswana	23.5	7.7	2.2	13	17	25
Lesotho	43.1	20.3	1.4	16	27	26
Namibia	34.9	14	1.4	24	15	9
South Africa	2	0.5	2	12	..	..
Swaziland	..	..	2.7	10	10	12
Western Africa						
Benin	..	..	..	23	19	13
Burkina Faso	61.2	25.5	4.5	34	23	23
Cape Verde	..	..	..	14	..	..
Côte d'Ivoire	12.3	2.4	7.1	21	18	15
Gambia	59.3	28.8	4	17	21	21
Ghana	44.8	17.3	5.6	25	35	12
Guinea	..	..	6.4	23	40	32
Guinea-Bissau	..	..	5.2	23	..	..
Liberia	..	..	..	20	33	39
Mali	72.8	37.4	4.6	43	25	20
Mauritania	28.6	9.1	6.4	32	14	12
Niger	61.4	33.9	2.6	40	42	36
Nigeria	70.2	34.9	4.4	27	13	7
Senegal	26.3	7	6.4	18	23	25

Seychelles	..	..	..	6	..	..
Sierra Leone	57	39.5	1.1	27	46	47
Togo	..	..	..	25	28	23

Source: UNDP (2003).

36. As illustrated in Figure 2.1, in the four countries of Northern Africa for which there are complete data (Algeria, Egypt, Morocco and Tunisia), less than 9% of the people have incomes under $1 per day. South of the Sahara, however, widespread poverty of the magnitude of 50% or more abounds (1990–2001), reaching excessively high levels of over 70% in Uganda, Ethiopia, Mali and Nigeria. Most of the other countries in the region exhibit high poverty levels of between 40 and 70% (see Figure 2.2). Among countries with data, South Africa, with a poverty index of under 2%, stands out as the beacon of hope for SSA. Nevertheless, considering the high level of income disparities, particularly the concentration of poverty among the majority black population, the average statistics may be misleading. As shown in Box 2.1, the Government of South Africa, by its own definition, puts the level of poverty at 50% of the population; but this definition is hardly comparable to the MDG conception of poverty.

Figure 2.1: MDG 1 Target 1 for Northern African countries

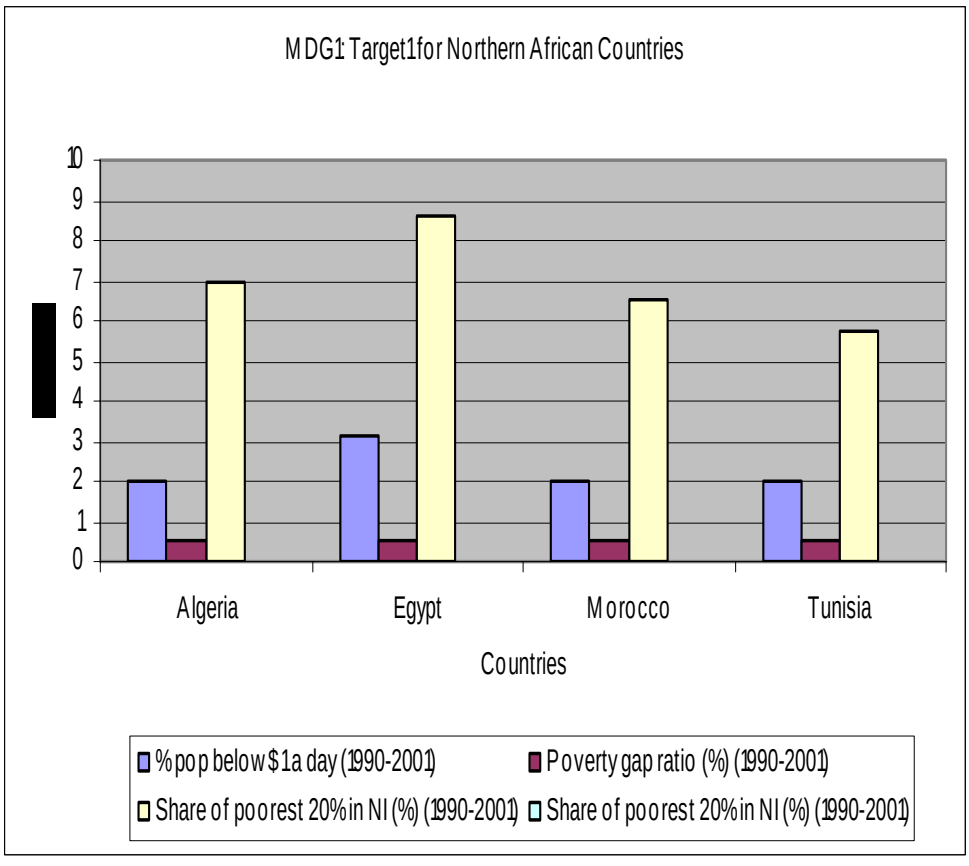
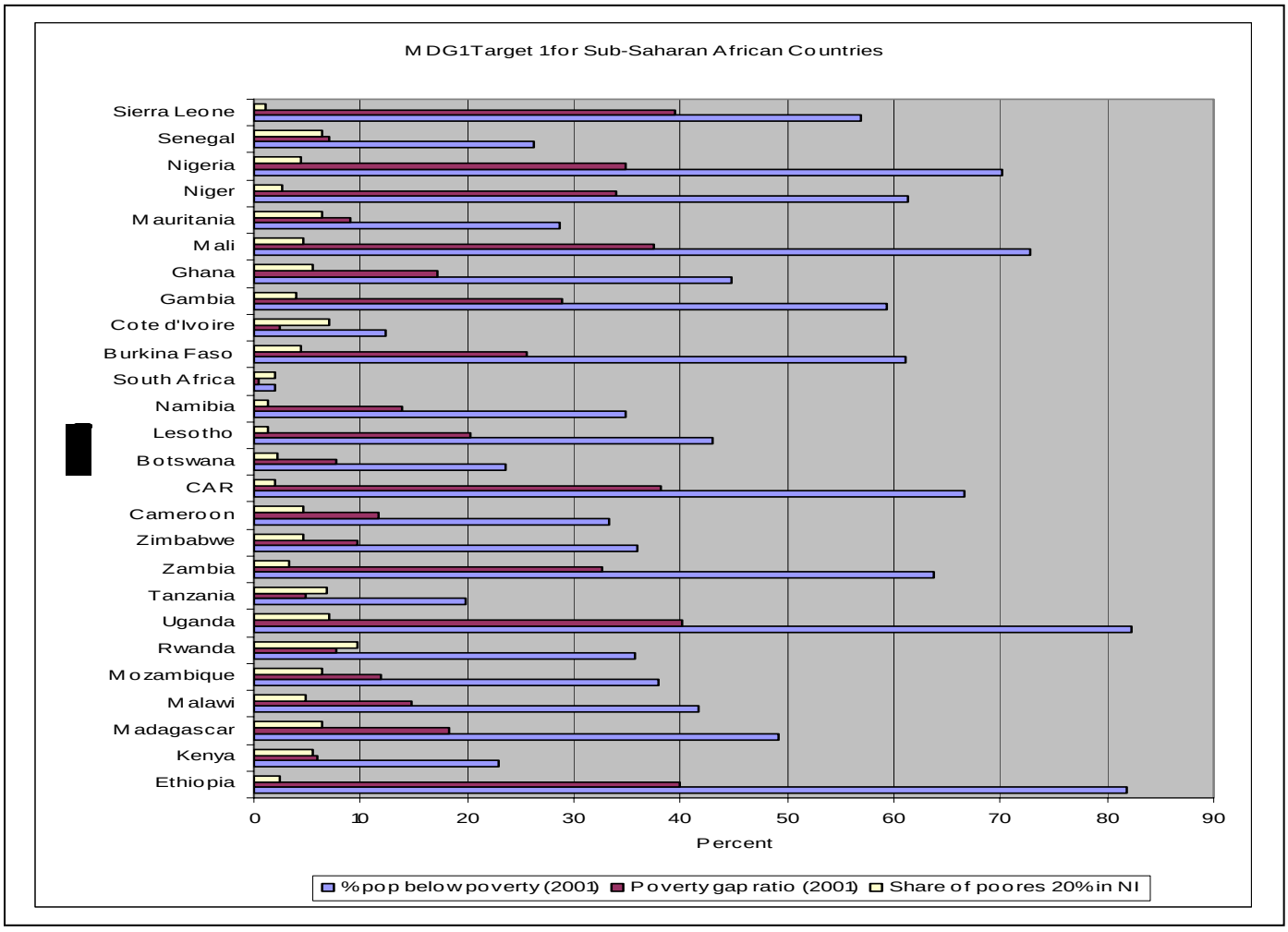


Figure 2.2: MDG 1 Target 1 for sub-Saharan African countries



Box 2.1: The extent and distribution of poverty in South Africa

It is conventional to draw up a "poverty line" reflecting the monetary value of consumption that separates the "poor" from the "non-poor". For South Africa this cut-off point can be defined by considering the poorest 40% of households (about 19 million people or just under 50% of the population) as "poor", giving a monthly household expenditure level of R353 per adult equivalent.

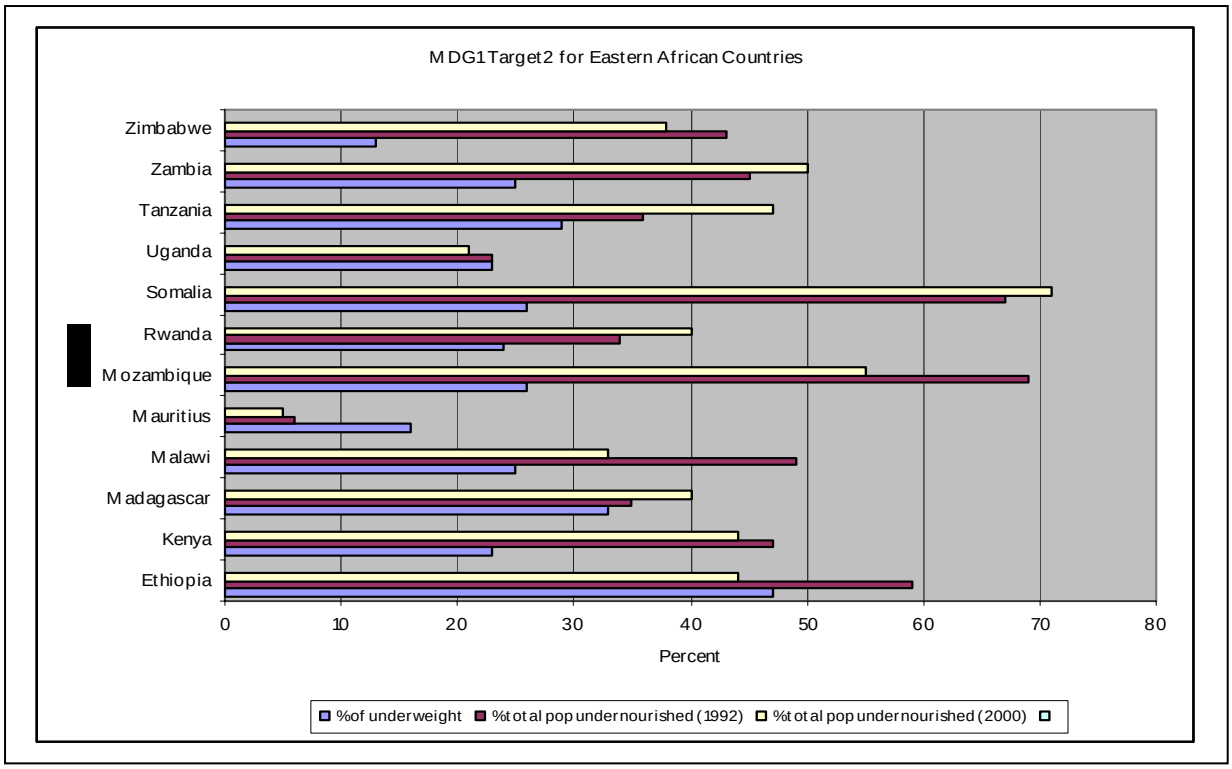
Most of the poor live in rural areas: while 50% of the population of South Africa is rural, the rural areas contain 72% of those members of the total population who are poor. Poverty is distributed unevenly among the nine provinces. Provincial poverty rates are highest for Eastern Cape (71%), Free State (63%), North-West (62%), Northern Province (59%) and Mpumalanga (57%), and lowest for Gauteng (17%) and Western Cape (28%). Poverty is *deepest* in Eastern Cape, Free State and Northern Province, which together make up 36% of the population but account for 51% of the total poverty gap. Poverty is not confined to any one race group, but is concentrated among blacks, particularly Africans: 61% of Africans and 38% of coloureds are poor, compared with 5% of Indians and 1% of whites. Three children in five live in poor households, and many children are exposed to public and domestic violence, malnutrition, and inconsistent parenting and schooling. The child risk of poverty varies widely by province: in Eastern Cape 78% of children live in poor households, compared with 20% in Gauteng.

Source: *Poverty and Inequality in South Africa*, Report prepared for the Office of the Executive Deputy President and the Inter-Ministerial Committee for Poverty and Inequality (May 1998).

37. The national reports show that Benin, Botswana, Cape Verde, the Central African Republic, Egypt, Ethiopia, Ghana, Kenya, Madagascar, Morocco, Mozambique, Namibia and Tunisia made relatively good progress and reduced extreme poverty in their respective countries. In Benin, although extreme poverty has fallen at the national level, it has nevertheless increased in the rural areas from 25.2% in 19945/95 to 32.9% in 1999/2000. On the other hand, extreme poverty has generally increased in Burundi, Guinea, Nigeria, Rwanda, Swaziland and Zambia.

38. The proportion of people who suffer from hunger (target 2) is measured by the prevalence of malnutrition among children under the age of five years, in the form of underweight, stunting and wasting. The situation in most African countries is shown in Figures 2.3–2.5. The prevalence of hunger has increased in Burundi, Guinea, Kenya, Madagascar and Swaziland, while in the rest of the countries it has declined.

Figure 2.3: MDG 1 Target 2 for Eastern African countries



39. The analysis of the country reports indicates that countries that are likely to meet targets are Botswana, Cape Verde (target 2, which is hunger), Central African Republic, Egypt, Ethiopia, Ghana, Morocco, Tunisia and Uganda. Those countries that will probably meet both targets (poverty and hunger) are Guinea, Madagascar, Namibia, Nigeria, and Rwanda. On the other hand, Kenya, Mozambique and Zambia are unlikely to meet either target (extreme poverty and hunger).

40. It is argued that halving the proportion of people in extreme poverty will require far stronger economic growth in countries such as those in SSA, where growth has been falling. But while economic growth is necessary to achieve development and poverty reduction, it is not a sufficient condition. Countries will in addition need to implement policies that will strengthen the links between stronger growth and higher incomes for the poorest households.

Figure 2.4: MDG 1 Target 2 for Northern, Central and Southern African countries

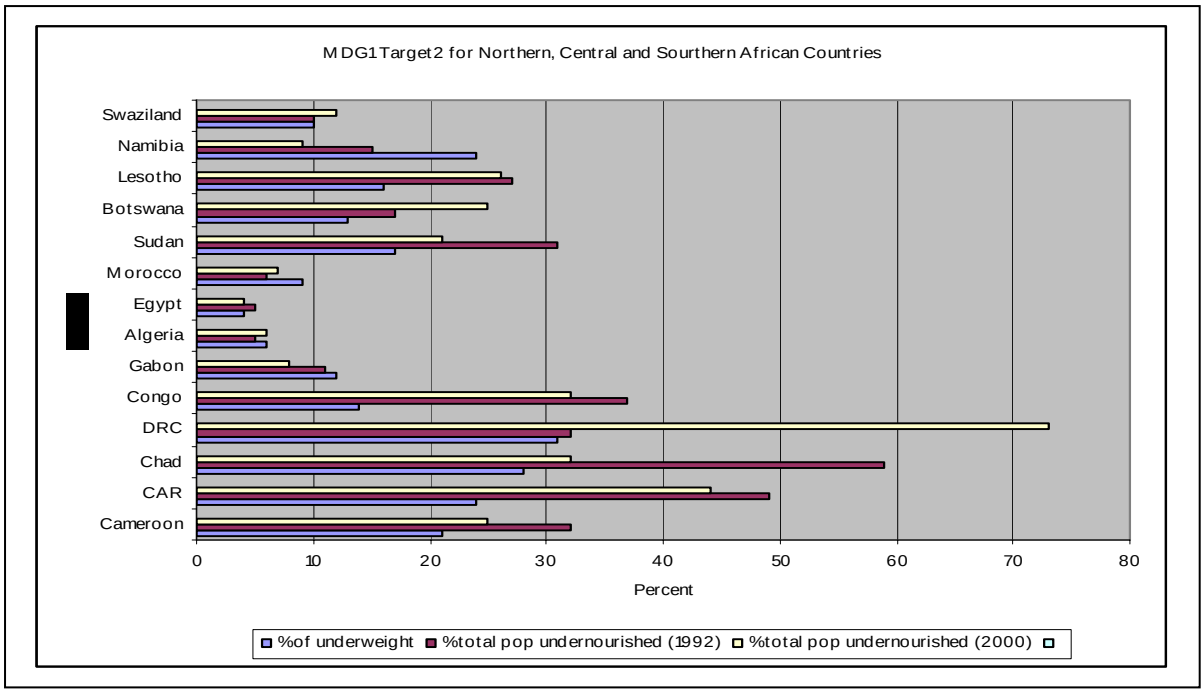
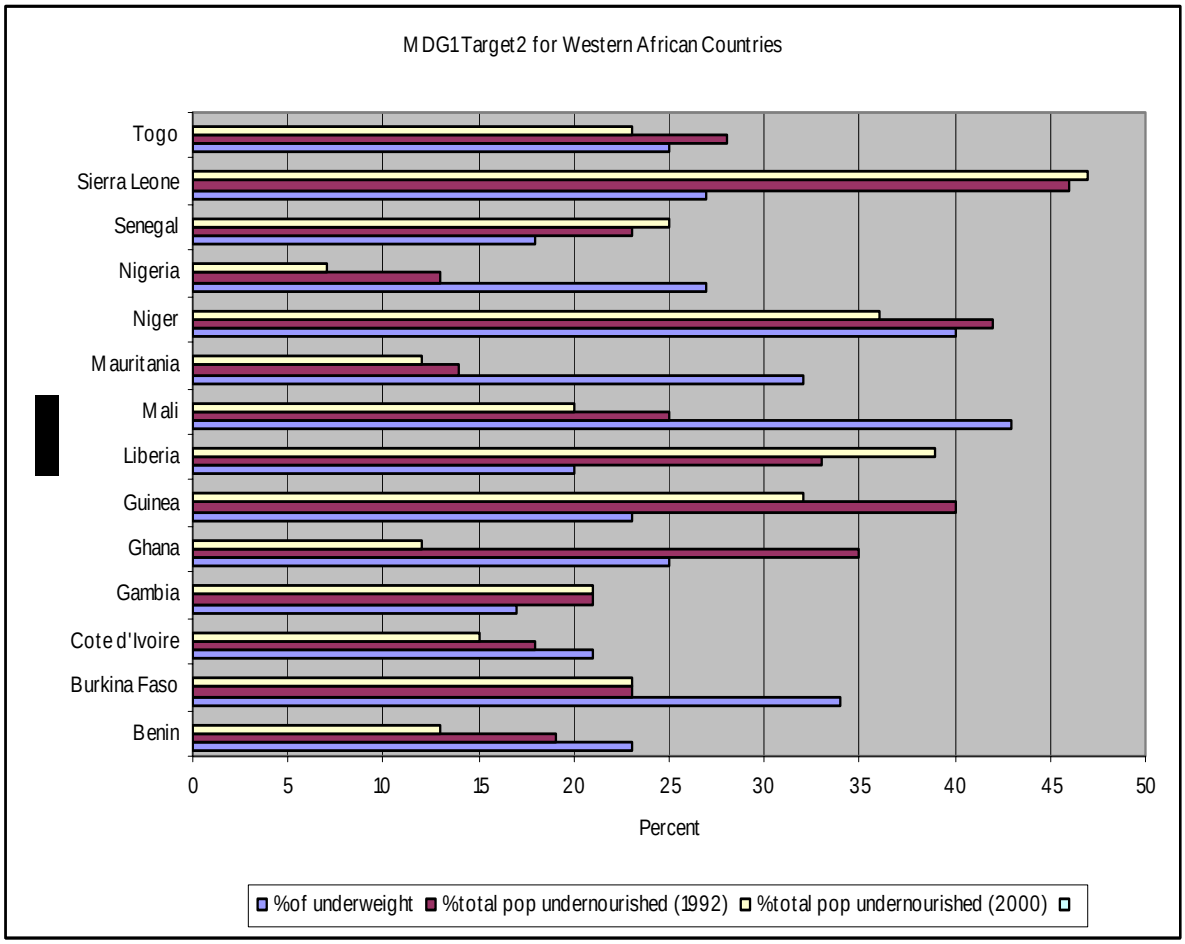


Figure 2.5: MDG 1 Target 2 for Western African countries



41. Among these policies are those related to population. Perhaps the single most important population factor associated with social and economic development (and the reduction of poverty) in developing countries such as those in Africa is the high rate of growth of the population. Unlike economic factors, a high population growth rate does not provide the drama of financial crises, but its long-term effect in a weak economy can be damaging. At the root of high population growth rates is the combination of persistently high levels of fertility and declining mortality in most African countries (see Annex 3). The average total fertility rate for Africa is 4.91, the highest for any major region in the world, and the annual population growth rate is similarly high, estimated at 2.2%.

42. At the macroeconomic level, high fertility can impede development. According to UNFPA (2004: 13), the impact of fertility on a family's wealth occurs in several ways: a) Smaller families share income among fewer people, and average income per capita increases; b) Fewer pregnancies lead to lower maternal morbidity and mortality, and often to more education and economic opportunities for women; c) High fertility undermines the education of children, especially girls; and d) Families with lower fertility are better able to invest in the health of each child, and to give their children proper nourishment. It is therefore equally important to combine economic development efforts at national level with reproductive health and family planning strategies aimed at slowing the high rate of population growth and reducing the burden of excessive fertility and the high frequency of pregnancies, thereby enabling women to become more economically productive.

Growth in mineral rich countries in SSA is narrowly based and capital intensive, and government revenues are not adequately invested in social infrastructure and human development, particularly to the neglect of the rural population.

43. During the 1990s, some SSA countries are reported to have made impressive progress in areas articulated in the MDGs. Such countries include Cape Verde, Mauritius, Mozambique and Uganda, where per capita income grew by more than 3% a year. Also on the list are Ghana and Mozambique, which achieved some of the world's sharpest reductions in hunger (Ghana reduced its hunger rate from 35% to 12%, and Mozambique from 69% to 55%). These developments were facilitated by conducive policy environments, including open markets, good governance and extraordinary political commitment.

44. There are pockets of real economic growth in SSA that have no notable effect on poverty: Nigeria, Gabon and Angola, oil producing countries, still rank among the poorest countries in the world. This is largely because growth in these countries is narrowly based and capital intensive, and government revenues are not adequately invested in social infrastructure and human development, particularly to the neglect of the rural population, where most if their people live, and the mass of unemployed and under-employed urban dwellers. In some other countries, per capita growth rates have been curtailed by a combination of forces – rapid population growth, wars and civil conflict, and drought.

45. Poverty reduction has been an overarching policy of all countries and because of this, all countries have poverty reduction strategy papers (PRSPs) and poverty reduction programmes that focus on raising family incomes, providing equitable and efficient delivery of public services such as health, education, water and sanitation, and ensuring basic nutrition. The strategies and programmes also focus on agricultural expansion to strengthen food security and on the promotion of non-agricultural and informal sector employment. Furthermore, programmes and projects are prepared and implemented by public and non-public partners such as non-government and community-based organizations (NGOs and CBOs).

46. Some countries such as Namibia and Zambia have used medium-term expenditure frameworks and annual budgets as means to promote poverty reduction by stimulating economic growth through investing in the social sectors. Some countries fund social safety nets that address vulnerable groups such as female headed households, orphans, the elderly and people with disability, war veterans, people living with HIV/AIDS (PLWHAs), and others.

47. As part of its strategy for poverty reduction in Africa, the African Development Bank has introduced a micro-credit concessional window in support of small-scale enterprises especially in rural areas and targeting women and vulnerable groups.

48. The challenges faced by many of the countries as outlined in their reports are sustaining real economic growth with bias towards poverty eradication, achieving greater equality in the distribution of economic growth (pro-poor growth), creating jobs in rural and urban areas, improving access of the poorest to productive assets including credit and land, combating the HIV/AIDS epidemic – which is the greatest challenge, with its severe impacts on the income of individuals, families and communities – and coping with recurrent drought and food insecurity in drought prone countries.

Prognosis for the Future

49. Many African countries have lost much of their social, economic and demographic advancement to wars and civil conflicts. Chief among these are Sierra Leone (the poorest country in the world), Liberia, Côte d'Ivoire, Sudan, Uganda, Democratic Republic of Congo, Angola, Rwanda, Burundi, Eritrea, Somalia, Ethiopia and Mozambique. In total, West Africa accounts for more than 70% of military coups in Africa (World Bank website, "Military coups in Africa", 2005). Given the duration of some of these wars and civil conflicts, and the magnitude and severity of the situation of refugees and internally displaced persons (IDPs) within and outside some of these countries, the hope of their meeting the MDGs in 2015 is very bleak. Indeed, the UNDP (2003: 45, Box 2.5) monitoring report cites violent conflict as a key obstacle to achieving the Millennium Development Goals, and notes that sub-Saharan Africa has been hit the hardest.

50. Central to the refugee and IDP phenomenon in the region is conflict over ascendancy to political power, often contested through military coups and counter-coups involving regular armed forces and hastily recruited civilians, including women and young children – girls as well as boys. Apart from civil war, recurrent drought, local disputes over grazing rights, and violent religious clashes in ethnic communities have contributed in no small measure to the catalogue of forced population movements and the accompanying human tragedy across the Africa region. Unless the African Union, in collaboration with regional bodies and the international community, can act decisively to prevent outbreaks of hostilities within and between African nations, and do the same to stop ongoing conflicts in such countries, prospects for achieving the MDGs are bleak. Given peace and political stability, the implementation of national population policies, particularly reproductive health and family planning policies, would go a long way towards reducing poverty in Africa.

Given peace and political stability, the implementation of national population policies, particularly reproductive health and family planning policies, would go a long way towards reducing poverty in Africa.

MDG 2 – Achieve Universal Primary Education

Goal 2: Achieve universal primary education	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	**Indicators** 6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15–24-year-olds

51. The education goal is considered central to the achievement of the other goals. Indeed, African countries have realized the critical role of education for the promotion of social and economic development since the famous 1962 Addis Ababa Declaration by African Heads of State in which Member States committed themselves to "Education for all children by 1980". A quarter of a century since that declaration, Africa is far from meeting this commitment. Primary school enrolments are woefully low in sub-Saharan Africa (barely 57%), and the probability that an African child will complete primary school is 0.33, implying that only one child in three in the region finishes primary school.

Progress towards Achieving MDG 2

52. There are wide variations in primary school enrolment rates across the 22 reporting countries, ranging from 30% in Mali to 99% in Cape Verde (2000/2001). The results are presented in Table 2.2. Rates in excess of 100% in a few countries (Uganda, South Africa and Malawi) are a reflection of the accommodation of over-age children school rather than the complete enrolment of all children. Indeed, enrolment rates declined in South Africa from 103% in 1990/91 to 86% in 2000/01, showing that over-age children had been taken care of and the realistic enrolment rate is the later figure.

53. Nine African countries, all in sub-Saharan Africa, recorded enrolment rates below 50% in 2000/01, and none has shown any signs of significant improvement during the past ten years. Benin stands out as an example of a country that has made significant progress, with enrolment rates increasing from 49% to 70% during the ten-year period in reference (see Table 2.2). Other notable achievement in enrolment is seen in Rwanda (from 66% to 97%), Côte d'Ivoire (from 47% to 64%) and Togo (from 75% to 92%). Mali more than doubled its enrolment rate over the period – from 21% to 43% – but still has a very long way to go.

54. Enrolment rates are not the end of it, however. Children who do enrol must have the opportunity to complete their primary education. Table 2.2 and Figure 2.7 illustrate the situation in Africa. In countries with data, such as Rwanda, Malawi, Liberia and Guinea-Bissau, fewer than half of children who enrol in primary school make it through Grade 5. Table 2.2 also shows clearly that countries like Benin, Cameroon, Côte d'Ivoire, Guinea, Mali, Namibia, Swaziland and Tanzania are in the forefront of primary school completion, with over 80% of their *enrolled* children getting up to Grade 5 (2000/01) – but do note the low enrolment rates in some of these countries. The observed success trend in Côte d'Ivoire, as in other countries experiencing civil disturbance, may be short-lived or even reversed unless political stability is quickly restored.

Table 2.2: Goal 2: Achieve universal primary education

	Target 3: *Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*					
	Enrolment ratio (%)		Children reaching grade 5 (%)		Literacy rate (% age 15-24)	
	1990/1	2000/1	1990/1	1999/0	1990	2001
Eastern Africa						
Burundi	52	54	62	58	51.6	65.1
Comoros	..	56	46	77	56.7	58.8
Djibouti	32	33	87	77	73.2	84.9
Eritrea	..	41	..	..	60.9	71.1
Ethiopia	..	47	..	64	43.0	56.2
Kenya	..	69	..	71	89.8	95.5
Madagascar	..	68	22	..	72.2	80.8
Malawi	50	101	64	49	63.2	71.8
Mauritius	95	95	98	..	91.1	94.0
Mozambique	47	54	33	..	48.8	61.7
Rwanda	66	97	60	39	72.7	84.2
Seychelles	..	..	93	..	..	..
Somalia	..	..	..	..	..	..
Tanzania, United Rep. of	51	47	79	82	83.1	91.1
Uganda	..	109	..	..	70.1	79.4
Zambia	..	66	..	81	81.2	88.7
Zimbabwe	..	80	94	..	93.9	97.4
Middle Africa						
Angola	..	37	..	..	..	..
Cameroon	..	..	..	81	81.1	90.5
Central African Rep.	53	55	24	..	52.1	68.7
Chad	..	58	53	54	48.0	68.3
Congo, Dem. Rep	54	33	55	..	68.9	82.7
Congo, Rep. of	..	..	62	..	92.5	97.6
Gabon	..	88	..	..	..	..
Northern Africa						
Algeria	93	98	94	97	77.3	89.2
Egypt	..	93	..	..	61.3	70.5
Libya Arab Jama.	97	..	..	..	91.0	96.7
Morocco	58	78	75	80	55.3	68.4
Sudan	..	46	94	87	65	78.1
Tunisia	94	99	87	93	84.1	93.8
Southern Africa						
Botswana	93	84	97	87	83.3	88.7
Lesotho	73	78	71	75	87.2	90.8
Namibia	89	82	63	92	87.4	91.9
South Africa	103	89	75	65	88.5	91.5
Swaziland	88	93	76	84	85.1	90.8
Western Africa						
Benin	49	70	55	84	40.4	54.3
Burkina Faso	27	36	70	69	24.9	35.8
Cape Verde	..	99	..	..	81.5	88.6
Côte d'Ivoire	47	64	73	91	52.6	62.4
Gambia	51	69	87	69	42.2	58.6
Ghana	..	58	80	66	81.8	91.6
Guinea	..	47	59	84	..	..
Guinea-Bissau	..	54	..	38	44.1	59.5
Liberia	..	83	..	33	57.2	69.8
Mali	21	43	72	95	27.6	37.1
Mauritania	..	64	75	61	45.8	49.3
Niger	25	30	62	74	17.0	23.8
Nigeria	..	..	..	..	73.6	87.8
Senegal	48	63	85	72	40.1	51.8
Seychelles	..	..	93	..	..	..
Sierra Leone	..	..	93	..	..	..
Togo	75	92	50	74	63.5	76.5

Source: UNDP (2003).

Figure 2.6: Net primary enrolment in African countries (1990, 2000)

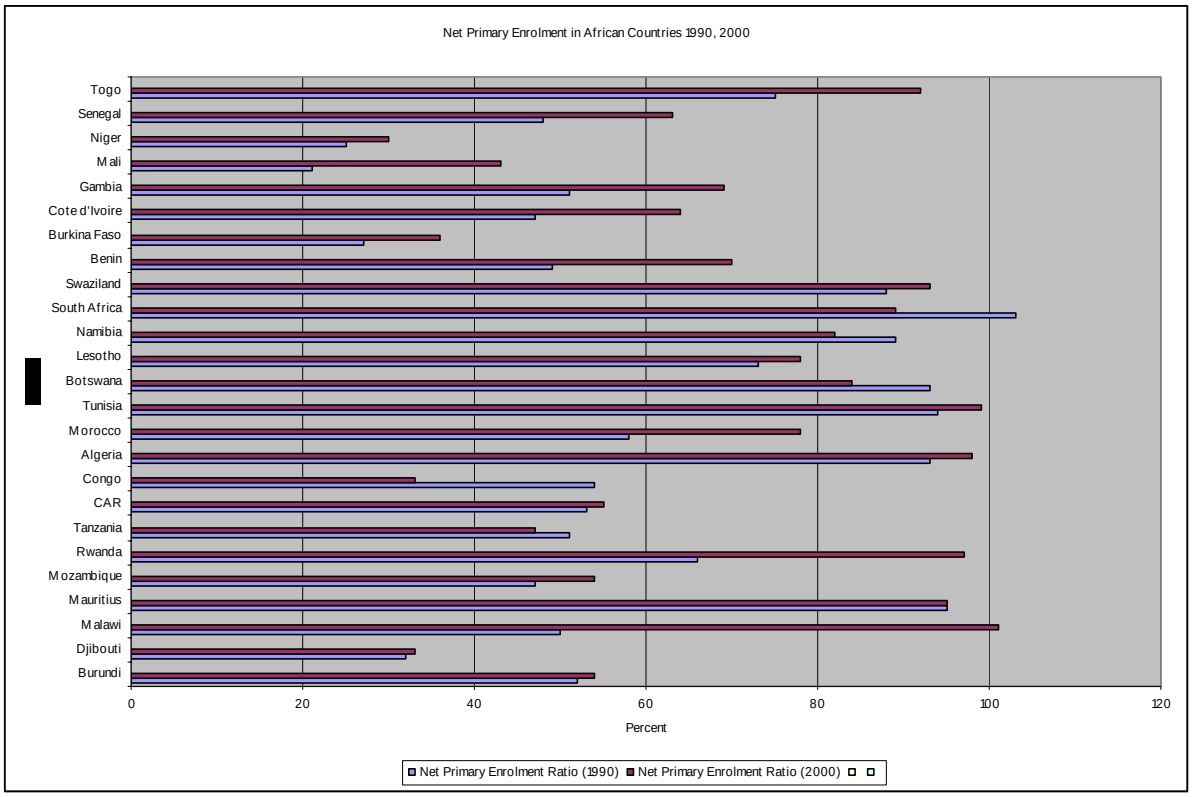
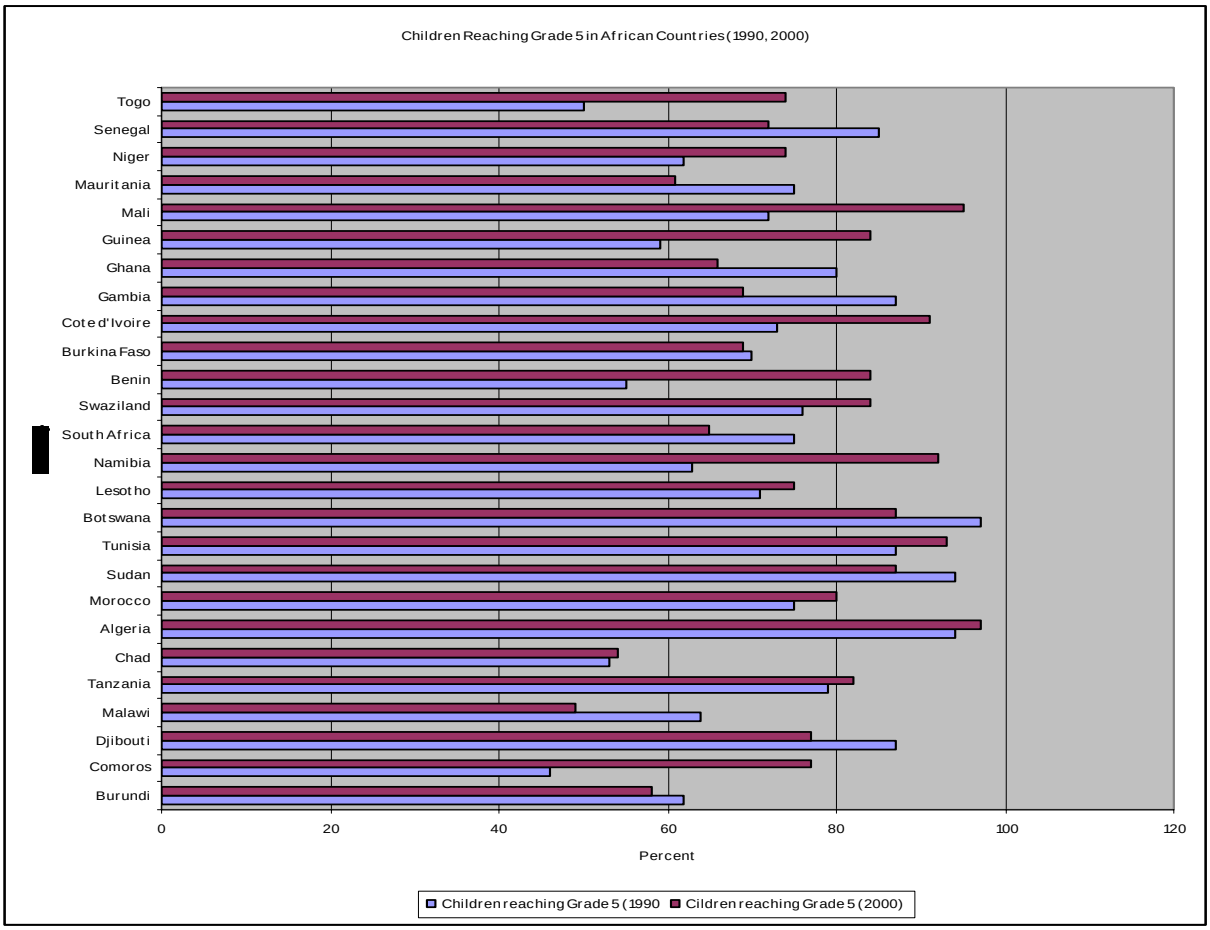


Figure 2.7: Children reaching Grade 5 in African countries (1990, 2000)



55. Youth literacy rate is another measure of the effectiveness of the primary education system, and as an MDG target is conceived as a proxy measure of social progress and economic achievement (UNDP, 2003). Given this interpretation, the data presented in Table 2.2 on youth literacy suggest that there has been some appreciable social progress during the past ten years or so in nearly all African countries where sufficient data are available to draw conclusions. In many countries, however, the level of youth literacy attained is low: only 23.5% in Niger, 37% in Mali and 35.8% in Burkina Faso. If youth literacy rates are so low, the level of adult literacy is bound to be much worse.

56. The analysis of the data from 20 of the 22 countries shows that with the exception of Botswana, Burundi, Kenya, Mozambique, Swaziland and Zambia, the reporting countries are making relatively good progress towards meeting the Millennium Goal of achieving universal primary education by 2015. Those six countries lost what they achieved in the 1990s and their primary school net enrolment rates declined by 5–10%.

57. Both the national and international reports show that with the exception of the Central African Republic (24% for 1990/91) and Madagascar (34% for 2000/01), children completing Grade 5 constitute well over 50% in all the 22 reporting countries.

58. In many African countries with low primary enrolment rates, there is also widespread unemployment of graduates from secondary and tertiary institutions. These young men and women could easily be trained as teachers and mobilized to teach three streams of pupils throughout the day. National governments could give opportunity for greater parental and community participation in the education system as a way to share the burden and responsibility of providing education with parents themselves.

59. There is no known African country that is not capable of providing primary education to all its children, in terms of the availability of human, financial or material resources. In some countries, cultural and traditional barriers must be broken in order to ensure the enrolment of all children, particularly in rural areas. Special consideration should also be given for children of pastoralists who may be averse to formal schooling for their children for obvious reasons. National governments must admit that education of children to primary level is a human right as well as a development imperative, and they must be committed to ensuring that this fundamental right is not denied any child, regardless of ethnic or religious circumstances.

60. All countries have taken human development through education as a key strategy for achieving development objectives. Good performing countries have expressed their firm commitments in their national development policies, strategies and programmes and sectoral policy frameworks – along with budget allocations. Strong partnerships among governments, civil society organizations, CBOs and the private sector in many countries have been achieved and contribute to the good performance of these countries.

61. On the basis of these findings, countries that are likely to meet targets are Botswana, Cape Verde, Central African Republic, Egypt, Ethiopia, Ghana, Guinea, Kenya, Rwanda, Senegal, Tunisia and Uganda. Those that may probably meet targets are Benin, Morocco and Namibia. In addition, Nigeria, Swaziland and Zambia have indicated having the potential to meet this goal. The countries that are unlikely to meet the goal are Burundi, Madagascar and Mozambique.

62. High dropout rates are the major operational challenge encountered. Among the causes of dropout are poverty, hunger, lack of security for young girl students whose schools are far away from their homes in the rural areas, and the HIV/AIDS epidemic. Lack of schools within reasonable proximity and lack of qualified teachers and teaching-learning materials are other challenges. Girls in rural areas particularly may miss up to a week of school every month because there is no water available (or privacy) to enable them to manage their menses; they fall behind and many eventually quit altogether. Some traditional practices, like early marriage and female genital mutilation (FGM), along with early pregnancies resulting from sexual abuse or simple ignorance of reproductive health, also force many girls out of school.

63. HIV/AIDS is having a significant impact on the education sector by reducing the capacity of teachers to deliver quality education, and disproportionately affecting girls. Girls are themselves infected at a higher rate than boys their age and are often forced to leave school to care for their parents affected by HIV/AIDS. Girls – and many boys as well – may also become heads of households at an early age as they and their siblings are left orphaned.

Prognosis for the Future

64. Many African countries have expressed unqualified optimism regarding their hope of achieving the targets of MDG 2 by 2015. However, past experience has shown that particularly in sub-Saharan Africa, there is a wide and growing gap between policy and implementation, between promises made and promises kept.

65. Although rural and urban breakdowns of enrolment figures are not available, it is obvious from the pattern of development in Africa that rural people are nearly always at a disadvantage. Yet the population of Africa is predominantly rural. National reports show a wide gap between rural and urban populations in school enrolment rates at all levels of education. Therefore, if significant progress is to be achieved in meeting MDG 2 in Africa, the focus of national and international support must be on the rural population. Perhaps the greatest barrier against education in rural Africa is the paucity of physical infrastructure. In many cases there are no facilities – all-season roads, safe drinking water, electricity, telephones, good housing. Without basic infrastructure, it is difficult to attract teachers to take up employment in rural areas. Even if community teachers are available and willing to serve, children are discouraged from going to school because of the enormous distance they have to cover every school day from their homes to the nearest school location.

66. A number of recommendations are made in some country reports, including support towards increasing the number of trained teachers to improve quality of education especially in more HIV/AIDS affected countries, special support to orphans and vulnerable children especially those affected by HIV/AIDS, and greater support to non-formal education for out-of-school youths and adults.

67. While national efforts focus on structural and financial issues in promoting school enrolment, it would be worthwhile to look at the population dimension in planning for the education sector. According to UNFPA (2004: 13), there is abundant evidence showing that high fertility undermines the education of children in a variety of ways. Larger families have less to invest in the education of each child. Moreover, early pregnancy – which is characteristic of a high fertility regime – interrupts young women's schooling, and in large families mothers often remove daughters from school to help care for siblings. Finally, less

education typically implies increased poverty for the family as well as inter-generational transmission of poverty.

68. The underlying population factor in education planning should be seen in the size, growth rate and distribution of the school age population. One of the initial planning questions should be: How large will the school age population be over the plan period? A high rate of population growth is one significant factor that has set a limit on the attainment of education goals in many African countries. It is an uphill task to increase enrolment ratios because actual enrolments must progress more rapidly than the population increase. What population measures, including for increased application of family planning methods, could do is to reduce the supply of potential pupils. If 3 million fewer children were born during the plan period because of successful family planning policies, the system would be able to spread its resources on education and other services more effectively.

MDG 3 – Promote Gender Equality and Empower Women

Goal 3: Promote gender equality and empower women	
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	**Indicators** 9. Ratio of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15–24-year-olds 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament

69. All eight MDGs relate – directly and indirectly – to gender equality and empowerment of women: maternal health, universal primary education, reduction in maternal mortality and child mortality, and combating communicable diseases such as HIV/AIDS, malaria and tuberculosis. Goals 2, 3, 4 and 5 are directly related to gender equality and women's empowerment, while the others indirectly address gender issues because women represent half of the population of Africa.

Progress towards Achieving MDG 3

70. The tendency to relegate women to a subordinate position is pervasive and has been a feature of human societies throughout recorded history. Over relatively more recent years, however, an array of international conventions, declarations and treaties (see Box 2.2) that recognize the rights of women have attempted to safeguard them from traditional and customary discriminatory practices. These provisions have been adopted by most countries in the world, and implemented by many. There is a great way to go, however, as in many developing countries – including most of Africa – ethnicity, class, religious interpretations, cultural norms and politics continue to define gender relations in favour of men. Gender relations shape women's access to resources and their work opportunities; and dictate the limits of what a woman may undertake at work, in the family or in public life. They frame male behaviour, responsibilities and entitlements; affect social and economic functioning at all levels; and influence relationships between spouses, between children and parents, between managers and employees, and among community members.

Box 2.2: A sample of provisions of agreements to safeguard women's rights

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
States commit themselves to undertake a series of measures to end discrimination against women in all forms, including:

- To incorporate the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women;
- To establish tribunals and other public institutions to ensure the effective protection of women against discrimination; and
- To ensure elimination of all acts of discrimination against women by persons, organizations or enterprises. *The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN General Assembly*

The 1994 ICPD Programme of Action
It urges all governments and health systems to establish, expand or adjust programmes to meet the reproductive and sexual health needs of men and women (including adolescents), to respect rights to privacy and confidentiality, and to ensure that attitudes of health care providers do not restrict adolescents' access to information and services.

71. MDG 3 seeks to eliminate gender disparity in primary and secondary education by 2005 and to all levels of education by 2015. In Africa, considerable disparities exist in access to education between boys and girls. Considering the statistics on male/female school enrolment ratios in most African countries, the battle regarding the first target of MDG 3 for 2005 has already been lost.

72. As illustrated in Figures 2.8, 2.9 and 2.10 and summarized in Table 2.3, the disparity in school enrolment between boys and girls increases as the level of education rises in all African countries except Lesotho, Namibia and South Africa, where the situation is reversed. In these three countries, female enrolment increases with rising level of education, with the result that women dominate tertiary education. By 2001, most African countries had achieved a male/female ratio of 1:0.8 at the primary school level. At the secondary school level, the ratio drops to about 1:0.6. Worse still, at the tertiary level, for every one female student there are as many as three males.

Figure 2.8: Ratio of girls to boys at primary, secondary and tertiary education levels in Eastern African countries

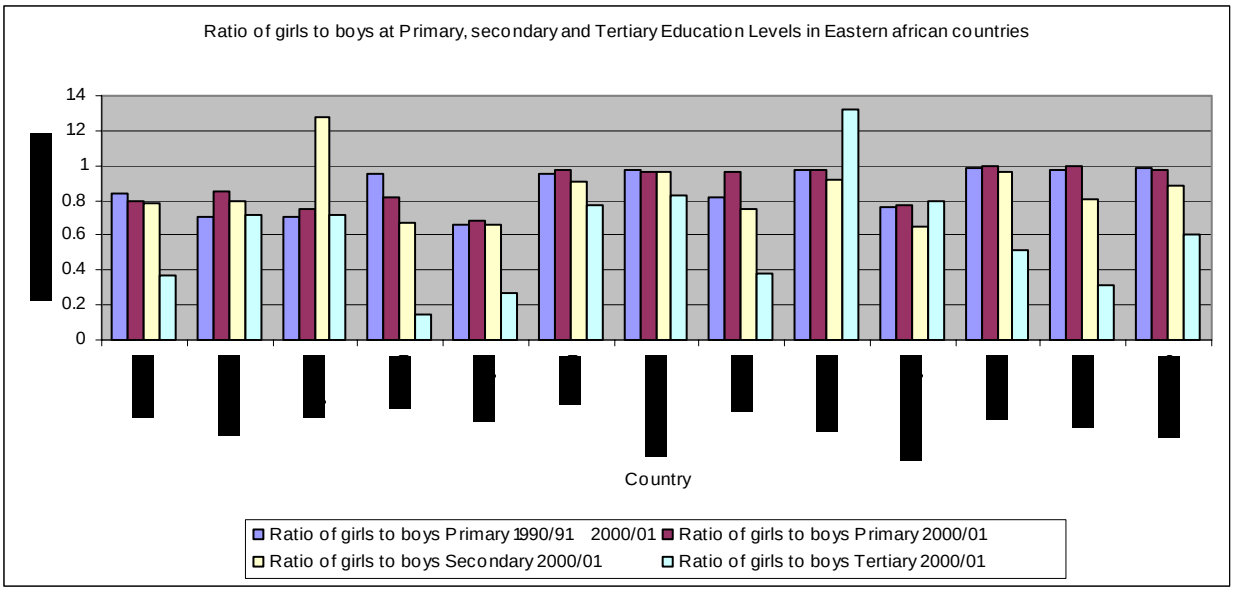


Figure 2.9: Ratio of girls to boys at primary, secondary and tertiary education levels in Northern, Central and Southern African countries

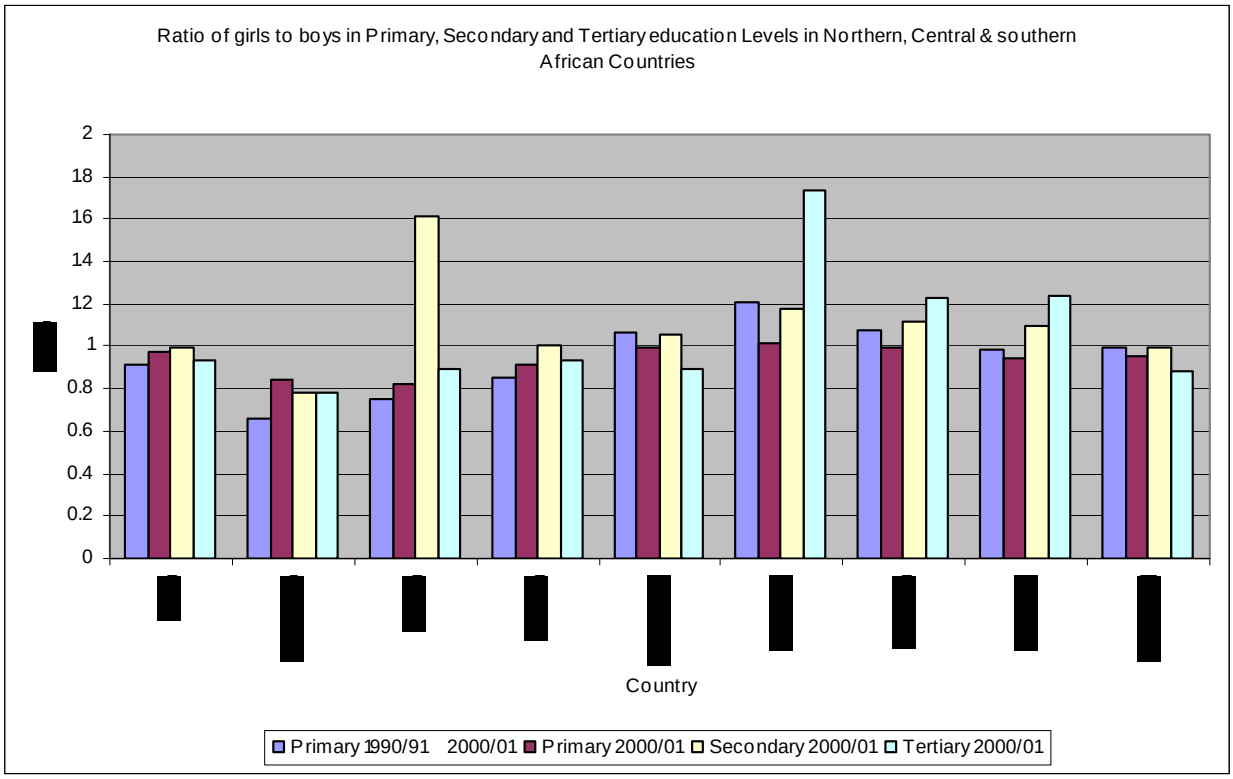


Figure 2.10: Ratio of girls to boys at primary, secondary and tertiary education levels in Western African countries

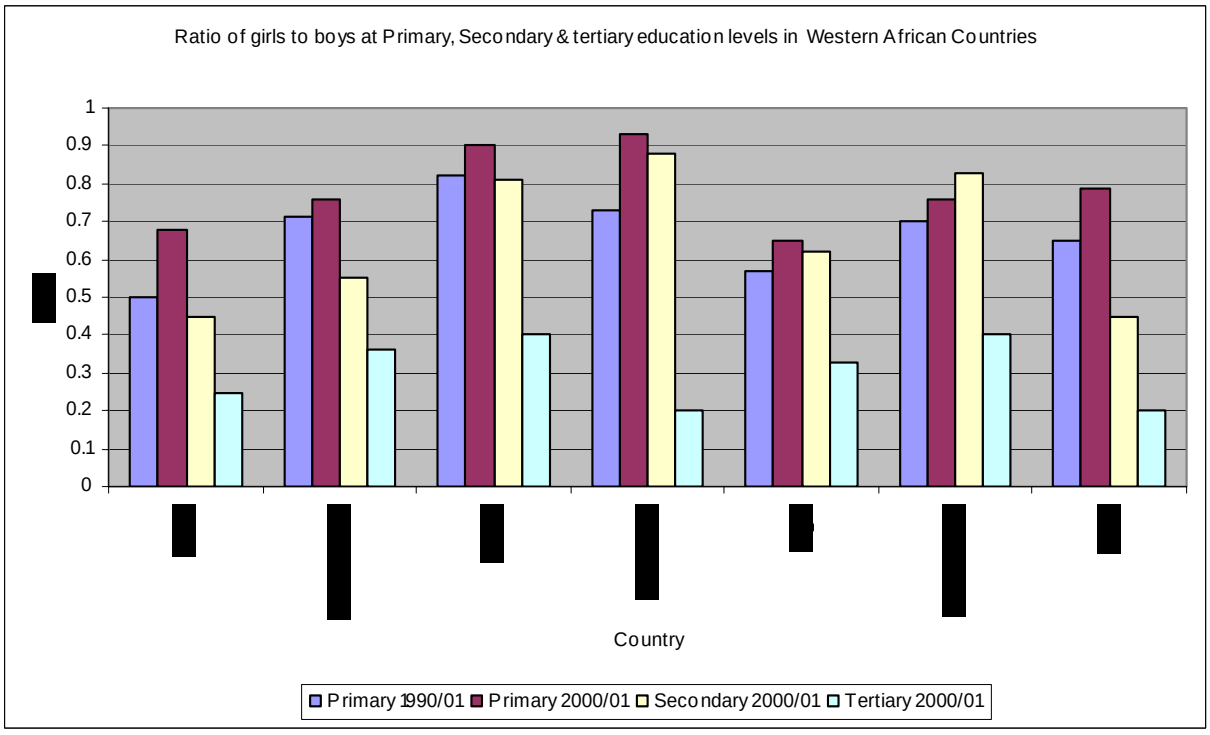


Table 2.3: Goal 3: Promote gender equality and empower women

	Target 4: *Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015*					
	Ratio of girls to boys				**Seats in parliament held by women (as % of total)**	
	Primary		Secondary	Tertiary		
	1990/91	*2000/01*	*2000/01*	*2000/01*	*1990*	*2003*
Eastern Africa						
Burundi	0.84	0.80	0.78	0.37	..	18
Comoros	0.71	0.85	0.8	0.72	..	..
Djibouti	0.71	0.75	1.28	0.72	..	11
Eritrea	0.95	0.82	0.67	0.15	..	22
Ethiopia	0.66	0.68	0.66	0.27	..	8
Kenya	0.95	0.98	0.91	0.77	1	7
Madagascar	0.97	0.96	0.96	0.83	7	4
Malawi	0.82	0.96	0.75	0.38	10	9
Mauritius	0.98	0.97	0.92	1.32	7	6
Mozambique	0.76	0.77	0.65	0.79	16	30
Rwanda	0.99	1.00	0.96	0.51	17	26
Seychelles	..	0.97	1.02	..	16	29
Somalia	..	..	..	..	4	..
Tanzania, United Rep.	0.98	1.0	0.81	0.31	..	22
Uganda	0.80	..	0.75	0.52	12	25
Zambia	..	0.93	0.8	0.46	7	12
Zimbabwe	0.99	0.97	0.88	0.6	11	10
Middle Africa						
Angola	0.92	0.88	0.83	0.64	15	16
Cameroon	0.85	0.86	0.78	..	14	19
Central African Rep.	0.65	0.69	..	0.19	4	7
Chad	0.45	0.63	0.28	0.18	..	6
Congo, Dem. Rep	0.74	0.90	0.52	..	5	..
Congo, Rep. of	0.90	0.93	0.85	0.14	14	9
Gabon	..	0.98	0.94	0.55	13	9
Northern Africa						
Algeria	0.81	0.88	1.03	..	2	6
Egypt	0.80	0.89	0.9	..	4	2
Libya Arab Jama.	0.91	0.97	1	0.93	..	..
Morocco	0.66	0.84	0.78	0.78	..	11
Sudan	0.75	0.82	1.61	0.89	..	10
Tunisia	0.85	0.91	1.01	0.93	4	12
Southern Africa						
Botswana	1.07	0.99	1.06	0.89	5	17
Lesotho	1.21	1.02	1.18	1.74	..	12
Namibia	1.08	1.00	1.12	1.23	7	26
South Africa	0.98	0.94	1.1	1.24	3	30
Swaziland	0.99	0.95	1	0.88	4	3
Western Africa						
Benin	0.50	0.68	0.45	0.25	3	6
Burkina Faso	0.62	0.70	0.64	..	..	12
Cape Verde	..	0.96	..	..	12	11
Côte d'Ivoire	0.71	0.76	0.55	0.36	6	9
Gambia	0.68	0.91	0.7	..	8	13
Ghana	0.82	0.90	0.81	0.4	..	9
Guinea	0.46	0.70	0.35	..	..	19
Guinea-Bissau	..	0.67	0.55	0.18	20	8
Liberia	..	0.69	0.71	0.75	..	8
Mali	0.59	0.71	0.52	..	..	10
Mauritania	0.73	0.93	0.88	0.2	..	..
Niger	0.57	0.65	0.62	0.33	5	1
Nigeria	0.76	..	..	..	..	3
Senegal	0.72	0.87	0.65	..	13	19
Seychelles	..	0.97	1.02	..	16	29
Sierra Leone	0.70	0.76	0.83	0.4	..	15
Togo	0.65	0.79	0.45	0.2	5	7

Source: UNDP (2003).

73. In many African countries, when it comes to decision making, women are hardly involved. This is evident from the proportion of seats women hold in parliaments across the continent, as shown in Table 2.3 and illustrated in Figures 2.11 and 2.12. Countries such as Seychelles, South Africa, Namibia, Mozambique and Rwanda are in the lead in Africa, with over 25% of seats in their parliaments held by women. Significantly, these are also countries that are making notable progress towards the achievement of the other MDGs. This has been accomplished through empowerment legislation and effective advocacy. In most of the remaining African countries, less than 10% of seats in parliament are held by women; Madagascar has 4%, Nigeria and Swaziland have 3% each, while Niger has a mere 1%. Exclusion of women from legislative and decision making bodies is not only a denial of human rights principles, but also failure to appreciate the role of women in development.

Figure 2.11: Percentage of seats held by women in parliaments in Eastern, Central and Southern African countries (1990, 2003)

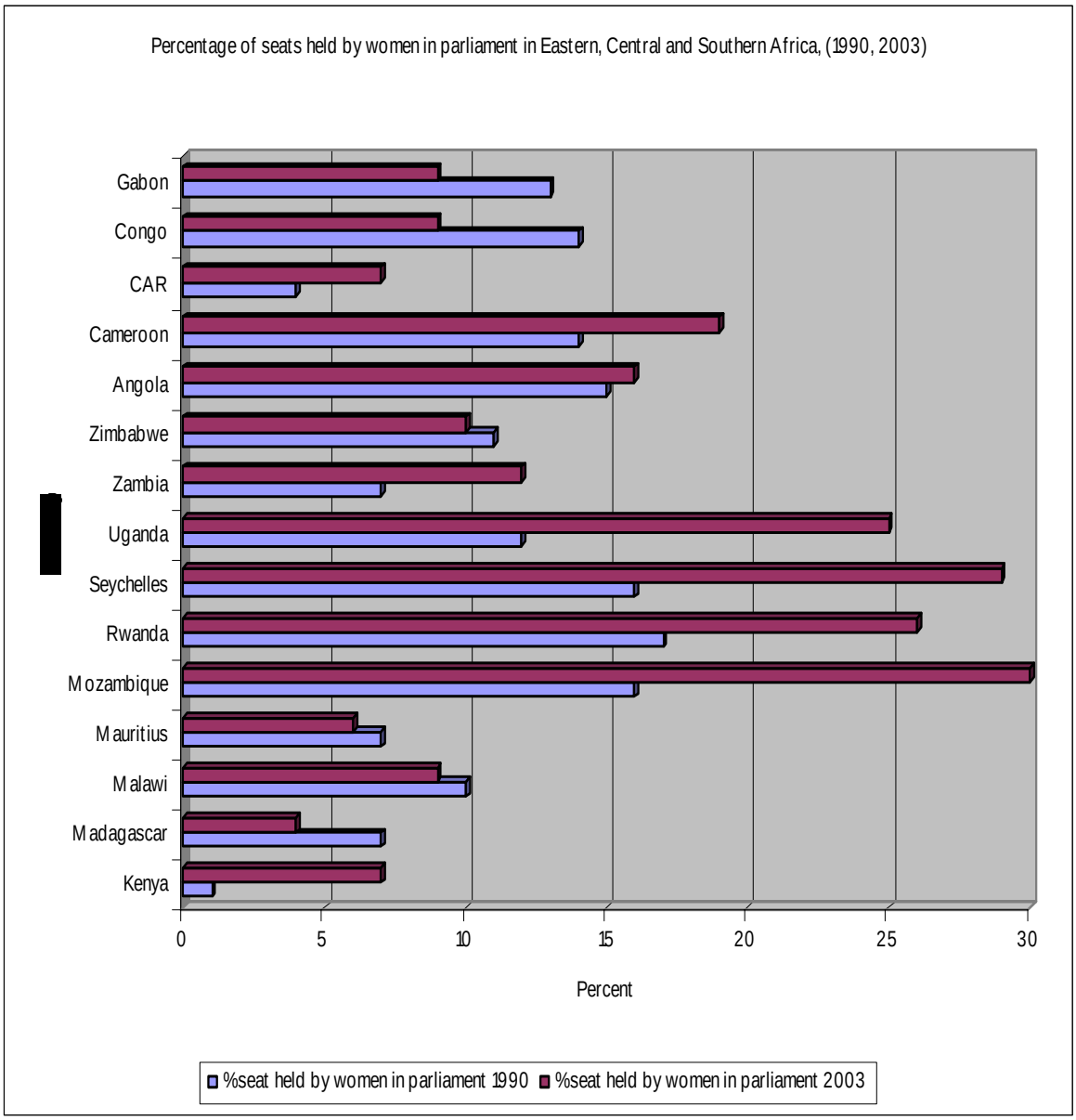
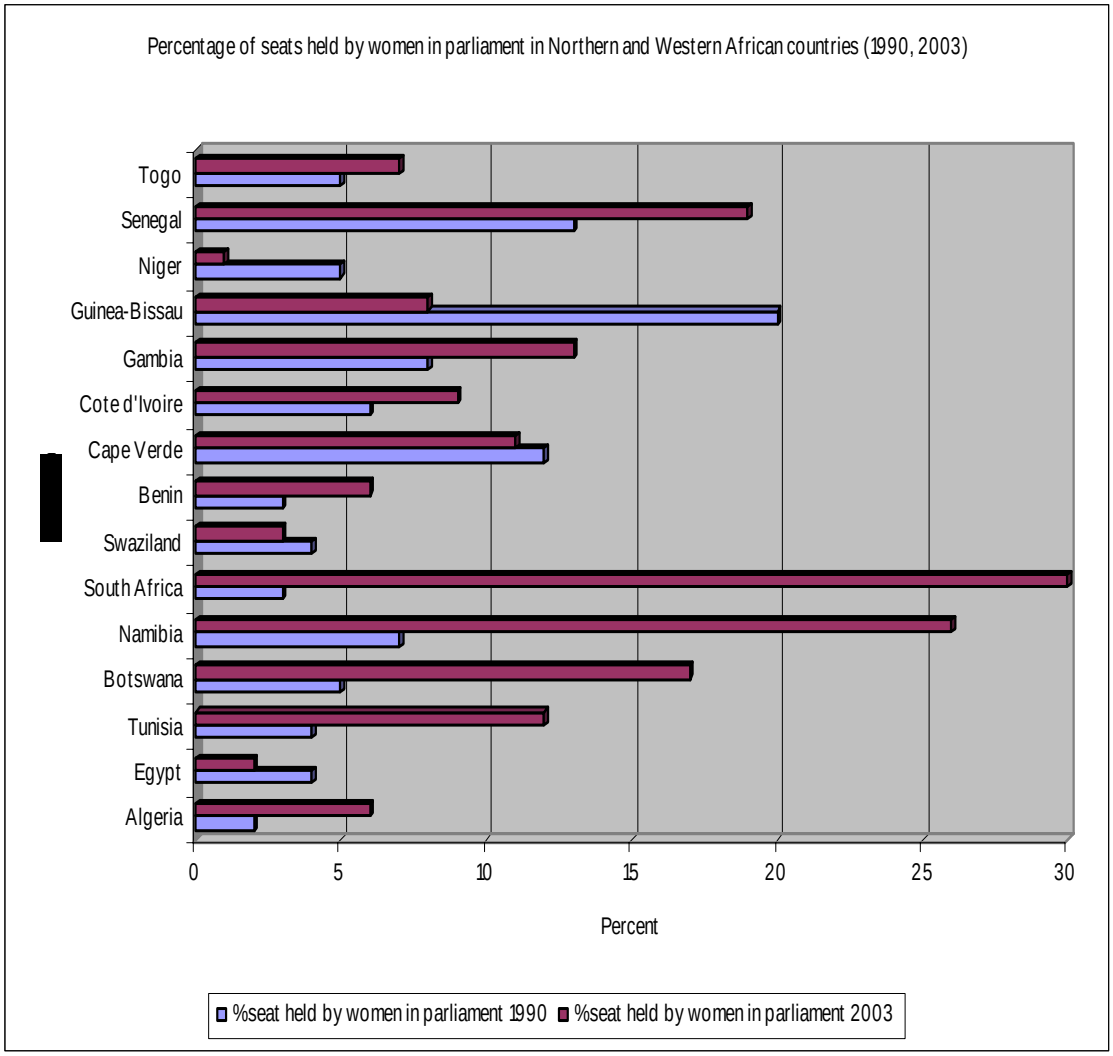


Figure 2.12: Percentage of seats held by women in parliaments in Western African countries (1990, 2003)



74. To be sure, many African countries, in response to national concerns and international commitments, have designed appropriate gender policies and formulated laws and regulations that discourage gender based discriminatory practices. Yet despite the laws and policies and institutional structures created to promote gender consciousness and gender responsive programming, there are strong indications of inequality in relationships between men and women in the continent. In general, constraints to women's participation in education and development across Africa remain formidable. They include traditional attitudes, beliefs and practices that reinforce gender roles that are disadvantageous to the equal rights and development of women, and a lack of understanding of gender issues by men, particularly in rural communities. There are relatively very few programmes designed to empower women and correct imbalances in women's access to productive resources, economic opportunities and active involvement in decision making at all levels of governance. In addition, as discussed below, there are limited resources for implementing training and activities to increase understanding of gender issues, and for supporting gender sensitive development actions.

75. On the positive side, the Central African Republic and Uganda have already met the targets of closing the gender gap at primary and secondary school levels. Cape Verde has

done so for the secondary education level. Countries that are likely to meet targets in the future are Benin, Botswana, Cape Verde (for primary school level), Central African Republic, Ethiopia, Guinea, Madagascar, Mozambique, Rwanda, Senegal and Tunisia. Those that will probably meet targets are Burundi, Morocco and Nigeria, while those that have the potential to meet targets are Egypt, Ghana, Kenya, Namibia and Swaziland. Only Zambia among the 22 countries reporting progress on the MDGs is unlikely to meet its targets for 2015.

76. All 43 States that supplied information for UNECA's ICPD+10 report said they have taken action to ensure gender equality and the empowerment of women. These include promoting women's full and equal participation in the economy; improving the collection, dissemination and utilization of gender-disaggregated data in all sectors; ensuring that all educational institutions provide equal access to women; protecting the girl-child against harmful practices; tailoring extension and technical services to women producers; and focusing research efforts on division of labour and control over resources within the household. The report notes, however, that some difficulties are yet to be overcome in order to achieve these objectives in full across the continent.

77. The facilitating factors for the progress towards these goals were government commitment to gender equality and empowerment, enhancement of various legal instruments, and the signing, ratification and integration of numerous international agreements such as CRC, CEDAW, ICPD, the Beijing Platform for Action and others into national laws and development programmes. Other facilitators were the development and implementation of women-friendly policies and mainstreaming gender in development programmes at different levels.

78. The factors that inhibited progress were:
- Persistent cultural beliefs and stereotypes by men against gender equality.
- Translating the high level of educational attainment into greater opportunities for women in the labour market in general and in decision making positions in particular.
- Violence against women and children.

Prognosis for the Future

79. The magnitude of the challenge posed by the gender related MDGs is enormous indeed. It is now clear that gender equality and empowerment of women are not only important determinants of economic growth and development, but that a critical focus on their contribution to the development of human capital is directly related to the reduction of poverty and hunger, which is what the first MDG speaks to.

80. Cultural and traditional practices exert considerable influence on gender relations in African countries. Even among the well-educated, culture is often used to reinforce gender discrimination in some communities. Gender-biased educational processes, including curricula, educational materials and practices, teachers' attitudes, and classroom interactions, are said to reinforce existing gender bias in many countries (UNFPA, 1997) The 2004 UNFPA report, *The State of the World Population,* touches on challenges faced by countries in meeting the MDG 3 targets and identifies four critical issues. These are the lack of sex-disaggregated data on the relevant variables; the lack of funds for national programmes promoting women's development; the absence of good practices in gender mainstreaming; and the lack of political will by government in many countries to advance the course of gender equity and equality. While all these factors apply to African countries, it seems that

the lack of political will stands out as the most critical element in women's emancipation and empowerment, without which the attainment of MDG 3 will amount to chasing the shadow.

81. In order to make further progress, programme efforts in the various MDG sectors should address factors that tend to reduce fertility (increase in contraceptive use, education of girls, reduction in infant and child mortality, increased employment in the modern sector, etc.) in order to bring about the dramatic decline in fertility levels needed to achieve demographic transition in the region and improve the status of women. Family planning programmes can be particularly effective in causing fertility decline if well coordinated and promoted. Much of the progress towards this goal will therefore depend on the strength of the country's family planning efforts. In addition, the following actions may be required:

- Campaign for a broad-based change in the negative attitudes of societies towards gender equality for both men and women.
- Encourage women to do whatever they can to take charge of their own lives and work towards empowering themselves.
- Stimulate education and empowerment of women, children and men to exercise their rights against violence.

MDG 4 – Reduce Child Mortality

Goal 4: Reduce child mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	**Indicators** 13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1-year-old children immunized against measles

82. Infant mortality defines the probability of dying between birth and the first birthday. It is essentially a component of under-five or childhood mortality – and a significant component as such, particularly in the developing countries of the world. The estimated average infant mortality rate for the world (UNDP, 2003) for the period 2000–2005 is 56 per 1,000 live births, with a wide differential between the more developed regions and the less developed regions estimated at 8 and 61, respectively. The highest rates are found in Africa, with an average of 89 per 1,000 live births.

83. The major causes of child deaths in the world are: pneumonia, diarrhoea, malnutrition, malaria, measles and newborn illnesses (see Figure 2.13). Many of these deaths can be prevented by implementing known cost-effective interventions reaching all vulnerable populations. In Africa, malaria is the leading cause of death in young children, while HIV/AIDS is of increasing concern as a killer of children especially in countries with very high HIV prevalence rates.

84. Micronutrient supplementation with Vitamin A, zinc and iodine contributes to fighting disease and ensures normal growth and development. Multiple micronutrient supplements given to pregnant women can prevent low birth weight in the newborn and will improve child health. Malnutrition in children often follows infection with preventable diseases such as measles, hence the need for improved routine immunization coverage. Children with HIV/AIDS frequently present with signs of malnutrition. It is important to point out that an educated mother is a very important factor in child health because she is better informed,

more likely to seek pre- and postnatal care, more likely to have her children immunized, and generally more able to take better care of her children (see, for example, NCPD, 2004). Men, too, have a vital role to play in reducing child mortality by taking responsibility to lighten the burden of work that women undertake during pregnancy and long after delivery, providing adequate nutrition for mother and child, and ensuring social protection.

Figure 2.13: Under-five deaths in developing countries by cause, 2002

Progress towards Achieving MDG 4

85. There are several measures of mortality that point to the health situation in a population. MDG programming focuses on under-five mortality, the infant mortality rate (IMR) and the immunization rate among one-year-old children as indicators for measuring progress. The relevant data for African countries are presented in Table 2.4 and illustrated in Figures 2.14–2.18.

86. According to the data presented in Table 2.4, within the Eastern Africa subregion, seven countries had IMRs of 100 or more in 2001: Djibouti, Ethiopia, Mozambique, Somalia, Tanzania, Burundi and Zambia. The projected rates show that the most trying period of demographic experience for most countries in the sub-region will probably be between 2000 and 2010, obviously as a result of the devastating impact of the AIDS epidemic, and to some extent the impact of civil/regional conflicts and refugee movements. The problem is not peculiar to the subregion.

87. Under-five mortality rates are also high across the continent, and only seven countries (Mauritius, Seychelles, Cape Verde and Libya) record rates below 40 per 1,000 live births. For the rest of the continent, under-five mortality rates range from 41 per 1,000 live births in Egypt to 265 per 1,000 in Niger.

88. Basic to infant and childhood survival is the status of the mother, the environment in which children are nursed, and their access to nutrition and health care. It is encouraging to observe the increasing subscription to immunization campaigns across African countries, but coverage remains low for some countries (Sierra Leone, 37%; Rwanda, 40%; Mauritania, 37%; Democratic Republic of Congo, 46%; Congo, 35% – down from 75% in 1990; Chad, 36%; Central African Republic, 29%; and Burkina Faso, 46%).

89. Malnutrition is a major underlying factor in more than 50% of all young child deaths in Africa. Ensuring household food security is critical to preventing hunger and reducing malnutrition. Exclusive breastfeeding in the first six months of life can save up to 1.3 million children. Continued breastfeeding to two years or longer, with appropriate supplementary

feeding, will save another half a million children. Although many mothers in Africa initiate breastfeeding early, they often discontinue before the child reaches six months of age. Too often supplementary feeding is started too early and relies on milk powder (frequently in insufficient quantity) mixed with unsterilized water, resulting in recurrent diarrhoea, malnutrition and death.

Table 2.4: Goal 4: Reduce child mortality

Target 5	*Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate*			
Indicators	Under-five mortality (per 1,000 live births)		Infant mortality rate (per 1,000 live births)	
	1990	*2001*	*1990*	*2001*
Eastern Africa				
Burundi	..	190	..	114
Comoros	120	79	88	59
Djibouti	175	143	119	100
Eritrea	155	111	92	72
Ethiopia	193	172	128	116
Kenya	97	122	63	78
Madagascar	168	136	103	84
Malawi	241	183	146	114
Mozambique	235	197	143	125
Rwanda	178	183	107	96
Seychelles	21	17	17	13
Somalia	225	225	133	133
Uganda	152	141	88	79
United Rep. Tanzania	163	165	102	104
Zimbabwe	80	123	53	76
Middle Africa				
Angola	260	260	166	154
Cameroon	139	155	85	96
Central African Rep.	180	180	115	115
Chad	203	200	118	117
Congo, Dem. Rep	205	205	128	129
Congo, Rep. of	110	108	83	81
Gabon	90	90	60	60
Northern Africa				
Algeria	69	49	42	39
Egypt	104	41	76	35
Libya Arab Jama.	42	19	34	16
Morocco	85	44	66	39
Sudan	123	107	75	65
Tunisia	52	27	37	21
Southern Africa				
Botswana	58	110	45	80
Lesotho	148	132	102	91
Namibia	84	67	65	55
South Africa	60	71	45	56
Swaziland	110	149	77	106
Western Africa				
Benin	185	158	111	94
Burkina Faso	210	197	118	104
Cape Verde	60	38	45	29
Cote d'Ivoire	155	175	100	102
Gambia	154	126	103	91
Ghana	126	100	74	57
Guinea	240	169	145	109
Guinea-Bissau	253	211	153	130
Liberia	235	235	157	157
Mali	254	231	152	141
Mauritania	183	183	120	120
Niger	320	265	191	156
Nigeria	190	183	114	110
Senegal	148	138	90	79
Sierra Leone	323	316	185	182
Togo	152	141	88	79

Source: UNDP (2003).

Figure 2.14: Child mortality in Eastern African countries (1999, 2001)

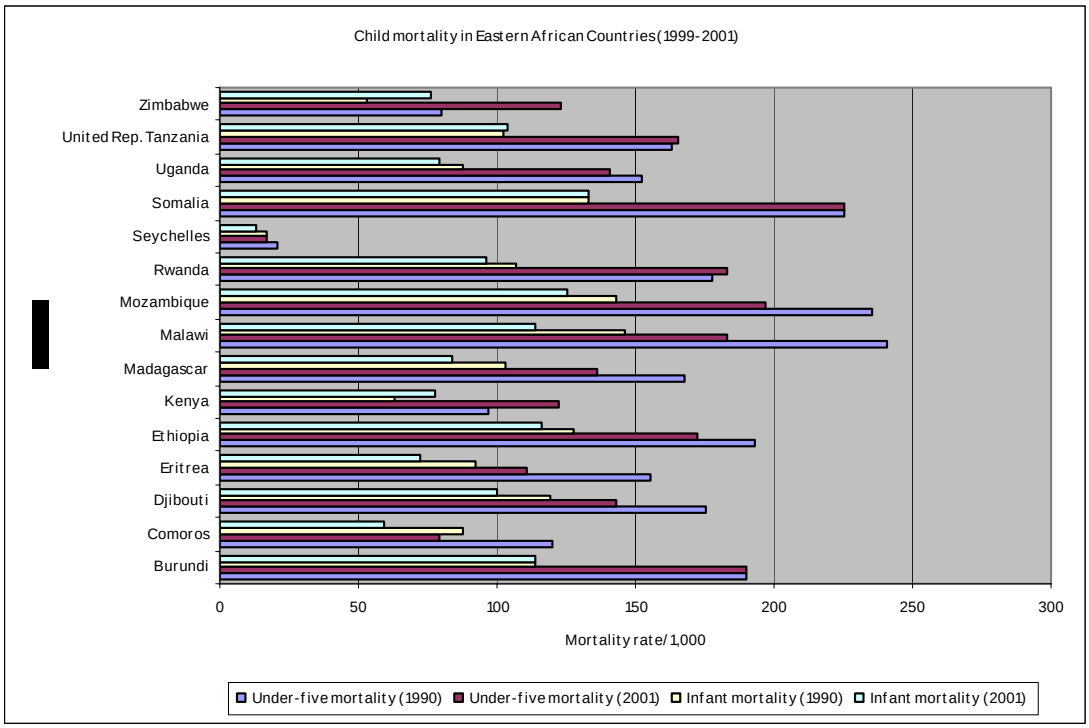


Figure 2.15: Child mortality in Western African countries (1999, 2001)

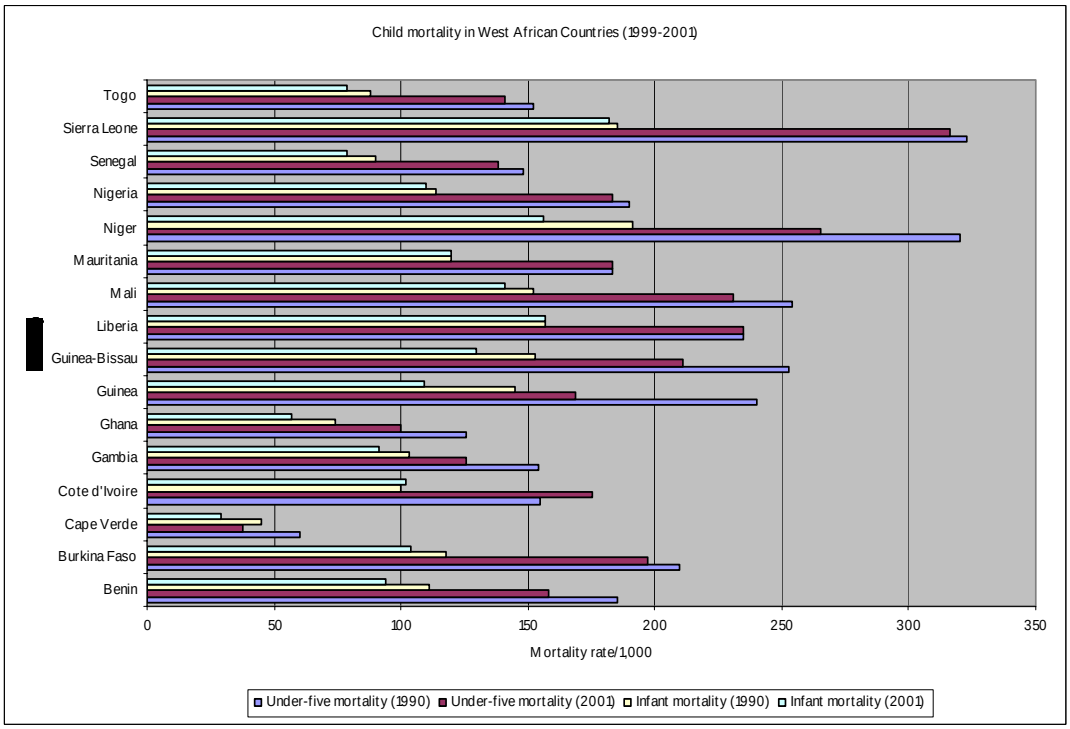


Figure 2.16: Infant mortality rates for Northern, Central and Southern African countries (1990, 2003)

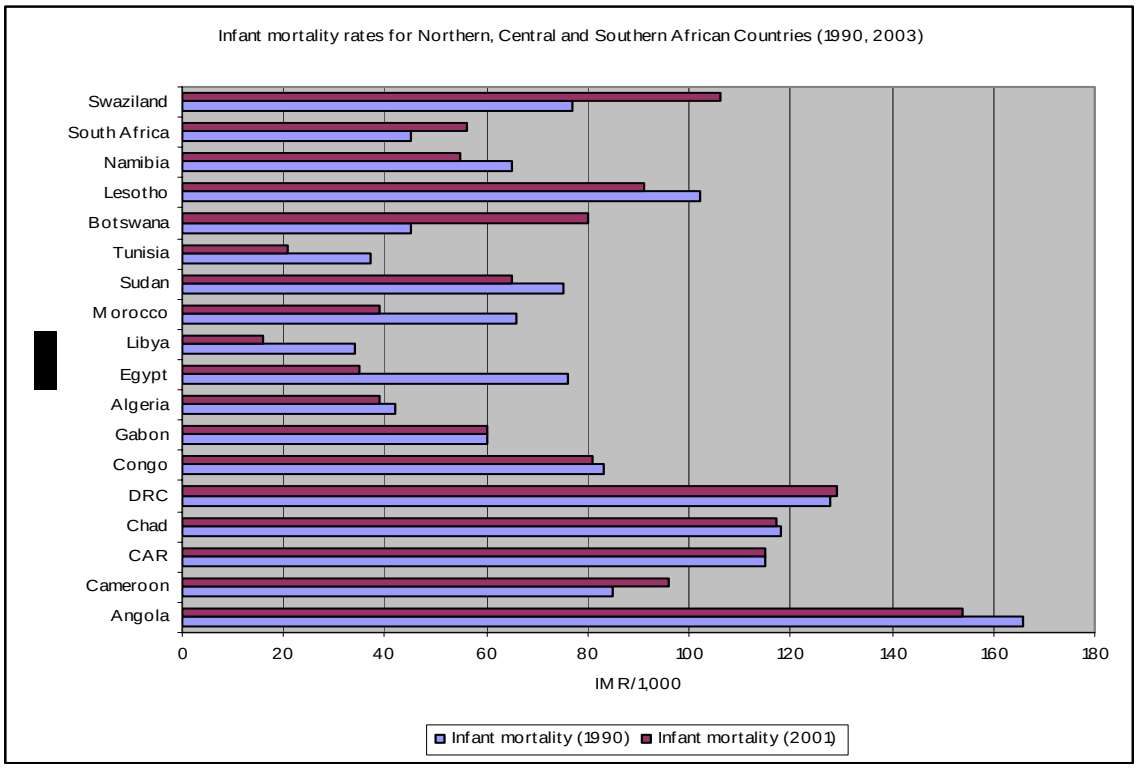


Figure 2.17: Infant mortality rates for Eastern African countries (1990, 2000)

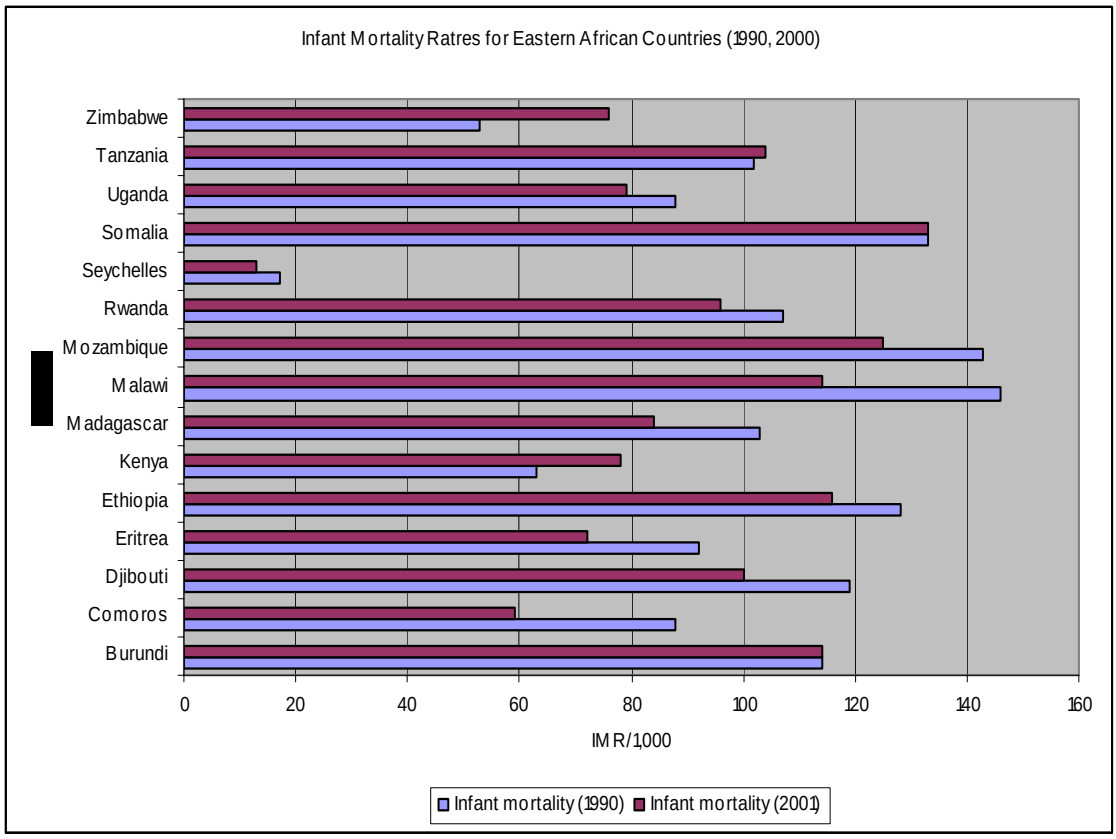
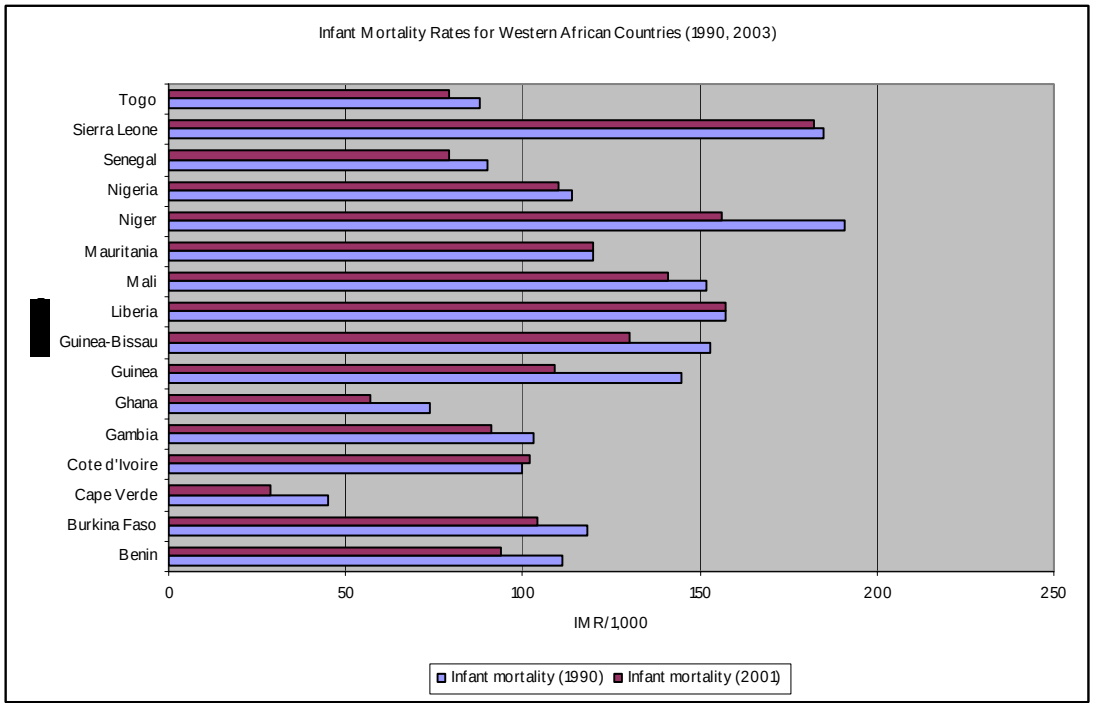


Figure 2.18: Infant mortality rates for Western African countries (1990, 2003)



90. National reports show that a number of countries are making slow but good progress towards meeting the goal; these are Botswana, Cape Verde, Egypt, Guinea, Madagascar, Morocco, and Tunisia. Both Egypt and Tunisia have made dramatic progress and registered a drastic fall in child mortality. Benin, Burundi, the Central African Republic, Ethiopia, Ghana, Mozambique, Namibia, Nigeria, Senegal, Swaziland, Uganda and Zambia have also made progress but their pace is relatively slower.

91. Unfortunately, child mortality has risen in Kenya and Rwanda. The 1994 genocide in Rwanda is reported to have contributed to the rising child mortality in that country. A footnote to this is that according to the 2004 Human Development Report of UNDP, the highest child mortality (IMR of 114 and U5MR of 190 per 1,000 live births for 2002) is observed in Burundi, a country that is also torn by continuing conflict. The analysis of the country reports indicates that Benin, Cape Verde, Central African Republic, Ethiopia, Ghana, Guinea, Kenya (in spite of setbacks), Madagascar, Rwanda and Tunisia are likely to meet the targets. Countries that will probably meet targets are Egypt and Morocco, while Mozambique and Nigeria are unlikely to meet their targets. The countries that have the potential to meet their targets are Botswana, Namibia and Senegal.

92. The interventions for the reduction of infant and under-five mortality rates include the following: education of girls to secondary school level; access to antenatal and delivery care; health care, including immunization; improved sanitation, including access to safe drinking water; and improved status of women.

93. Progress towards achieving the ICPD/PoA objectives in Africa, as monitored and reported by UNECA (ICPD+10, 2004) indicates that UNECA member States have adopted policies and programmes and enacted laws favourable to adolescent reproductive health. The report also shows that there have been facilities for commodities and services as well as expansion of coverage and improved quality of primary health care through information, education and communications (IEC) initiatives, better referral services, provision of

emergency and obstetric care, and capacity building. In addition, national immunization campaigns and promotion of breastfeeding have helped considerably to reduce child mortality across the continent. Success rates are not uniform, however, and some States have to overcome significant challenges, including limited financial and human resources, the HIV/AIDS pandemic, difficulties in addressing culturally sensitive issues, and inadequate provision of emergency obstetric care.

Prognosis for the Future

94. The strong participation by African leaders at the 1990 World Summit for Children and their endorsement of the MDGs show a strong commitment to improving the health of children and their families. Similarly, NEPAD's major challenge is tackling poverty; success here will go a long way towards improving the health of women, infants and children – as well as of the rest of the African people.

95. Nevertheless, with MDG 4 calling for the reduction in under-five childhood mortality by two-thirds between 1990 and 2015, many countries in Africa will need to make concerted effort to achieve this goal, and will require strong support from the international community.

96. Survival of infants and children is directly related to the social and economic characteristics of their mothers and the environment in which they live. Urban living, increasing level of education and access to maternal health care are significant factors associated with reduction of infant mortality in the population. In many African countries, the health infrastructure and facilities that support successful gestation, parturition and infant/child survival are weak.

97. It is also important to note that under conditions of poor health services and high overall death rates, as in African countries, infants suffer most and this tends to influence parents' reproductive responses, choice of family size and birth spacing (Arowolo, 1977, 1986). Where women practice extended breastfeeding, intervals between births tend to be longer when the preceding child survives; consequently, improving the survival of infants may be expected to reduce fertility or lower family size (Preston, 1978). Longer birth intervals also contribute to improved health status of both mother and child and, as such, improved capacity of the woman to contribute to the economy and effectively attack poverty.

98. There is also the "hedging" effect occasioned by the persistence of the uncertainty factor of high infant and child mortality. Given that parents prefer the reassurance of a certain minimum number of children in the family, they tend to have more children than necessary to ensure that the required number survive (Arowolo, 1986). Furthermore, having to take care of a large number of children generally creates conflict between motherhood and professional responsibilities. The upshot is that women with large families are usually constrained in terms of effective participation in the work force, and when such women have no education or modern skills, their contribution to poverty reduction is likely to be weak.

99. The facilitating factors for the progress that has been reported include the expanded primary health care delivery structures (physical facilities, personnel and programmes), which greatly contributed to the prevention and management of childhood and other diseases. Others are the development and institutionalization of policies and guidelines for the implementation of primary health care programmes, strong partnerships with development partners and civil society organizations, and strong inter- and intra-sector collaboration and

coordination with relevant ministries, organizations and NGOs for a combined effort to alleviate poverty, which is the major cause of ill health and malnutrition. The development and implementation of different initiatives, policies, programmes, including reproductive health programmes, the Baby–Mother Friendly Initiative (BMFI), food and nutrition policies, and integrated management of childhood illnesses (IMCI) are among the successful approaches being implemented by the respective countries.

100. As there were facilitating factors, so also were there factors that inhibited progress towards achieving the goals in a number of countries. HIV/AIDS in high epidemic countries contributes to the deterioration of the nutritional status of people in all age groups, especially considering the "femininization" of the epidemic and the growing numbers of orphaned and vulnerable children (OVCs). Drought and other emergencies hampered food security in many countries. Sustaining the national momentum in EPI, IMCI, and other child health and nutrition programmes by making additional resources available to such programmes is a problem for many as well. Access to safe drinking water and basic sanitation, which are vital to the prevention of childhood infections such as diarrhoea, is lacking for huge segments of the population in SSA. And early detection and correct treatment of illnesses such as malaria and malnutrition, which are leading causes of child mortality in most countries, remain problematic because of lack of access to health facilities and personnel.

MDG 5 – Improve Maternal Health

Goal 5: Improve maternal health	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	**Indicators** 16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel

101. Recent estimates of maternal mortality reveal that, globally, there are 529,000 maternal deaths per year, 48% of which occur in Africa (studies by the World Health Organization, UNICEF and UNFPA, reported in UNFPA, 2004). Moreover, it is estimated that 30 to 50 morbidities, including temporary and chronic conditions, occur for each maternal death (UNFPA, 2004). In the developed regions of the world, the maternal mortality ratio is as low as 20 per 100,000 live births, but in sub-Saharan Africa, the average is 920. This implies that 1 out of 10 mothers in sub-Saharan Africa dies of maternal complications, owing to lack of access to prenatal and postnatal care and service delivery. In all, 20 SSA countries have maternal mortality ratios in excess of 1,000 per 100,000 live births, and two countries (Sierra Leone and Rwanda) have ratios above 2,000. The remaining countries have figures above 500, except Mauritius, Cape Verde, South Africa, Swaziland and Namibia (Table 2.5).

102. The health risks of mothers are greatly reduced with increase in the proportion of babies delivered under the supervision of health professionals. The data presented in Table 2.5 (illustrated in Figures 2.19–2.22) show that few of the babies born in most African countries are delivered in health facilities. In some African countries, in fact, less than 10% of all births are delivered with the assistance of a trained health professional, while in many other countries the proportion is far below 50%. Postnatal care is also important to the health of mothers, as a large proportion of maternal deaths occur shortly (within 48 hours) after delivery, but here to access to care is minimal in most SSA countries. Complications arising

from unsafe abortions also contribute significantly to maternal mortality in the continent, although hard data are difficult to find.

Table 2.5: Goal 5: Improve maternal health

Target 6	*Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio*			
Indicators	Maternal mortality rate (maternal deaths per 100,000 live births)		% Births attended by skilled health personnel	
	1993	*2003*	*1993*	*2003*
Eastern Africa				
Burundi	1,300		19	25
Comoros	570	..	62	..
Djibouti	570	520	..	..
Eritrea	1,400	1,100	..	21
Ethiopia	1,400	1,800	10	10
Kenya	650	1,300	54	44
Madagascar	58	..	47	..
Malawi	560	580	55	56
Mauritius	120	45	85	..
Mozambique	1,500	980	25	44
Rwanda	1,300	2,300	26	31
Seychelles	..	..	..	..
Somalia	1,600	1,600	..	..
Tanzania, United Rep.	770	1,100	53	36
Uganda	1,200	1,100	38	38
Zambia	940	870	51	47
Zimbabwe	570	610	70	73
Middle Africa				
Angola	1,500	1,300	15	23
Cameroon	550	720	64	56
Central African Rep.	700	1,200	46	44
Chad	1,500	1,500	15	16
Congo, Dem. Rep	870	940	..	70
Congo, Rep. of	1,100	..	..	..
Gabon	500	620	79	86
Northern Africa				
Algeria	160	150	77	92
Egypt	170	170	41	61
Libya Arab Jama.	220	120	76	94
Morocco	610	390	31	40
Sudan	660	1,500	69	86
Tunisia	170	70	69	90
Southern Africa				
Botswana	250	480	78	99
Lesotho	610	530	40	60
Namibia	370	370	68	76
South Africa	230	340	..	84
Swaziland	560	370	55	55
Western Africa				
Benin	990	880	45	60
Burkina Faso	930	1,400	42	31
Cape Verde	134	190	50	53
Cote d'Ivoire	810	1,200	45	47
Gambia	1,100	1,100	80	51
Ghana	740	590	40	44
Guinea	1,600	1,200	25	35
Guinea-Bissau	1,600	1,200	27	35
Liberia	910	910	58	..
Mali	560	1,000	32	24
Mauritania	1,200	630	40	40
Niger	930	870	15	16
Nigeria	1,200	920	37	42
Senegal	1,000	1,100	46	51
Sierra Leone	2,100	..	42	..
Togo	640	980	54	51

Sources: UNDP (2003); African Union (2004).

103. Besides the personal impact on the individual mother, poor maternal health significantly compromises the capacity of women to participate in economically productive activities and therefore contributes to the persistence of poverty in the population. Africa's generally high rate of fertility (which implies high frequency of pregnancies) is the basis for the high risk of maternal mortality in the continent. Moreover, at some stage, pregnancy usually inhibits a woman's productive capacity; where access to antenatal care is poor – as in most African countries – pregnant women are often unable to contribute effectively to economic production. And when high frequency of pregnancy is combined with limited access to health care, the share of women in gainful occupations can reduce to insignificance. This obviously does not augur well for poverty reduction in the population.

Progress towards Achieving MDG 5

104. In terms of progress achieved towards this objective, UNECA's ICPD+10 report indicates that that there has been an increase in facilities for commodities and services, as well as expansion of coverage and improved quality of primary health care through IEC, better referral services, provision of emergency obstetric care, and capacity building. However, the report recommends that the health of women and children should be considered as central in all development plans at all levels.

Figure 2.19: Maternal mortality ratios for Eastern African countries (1993, 2002)

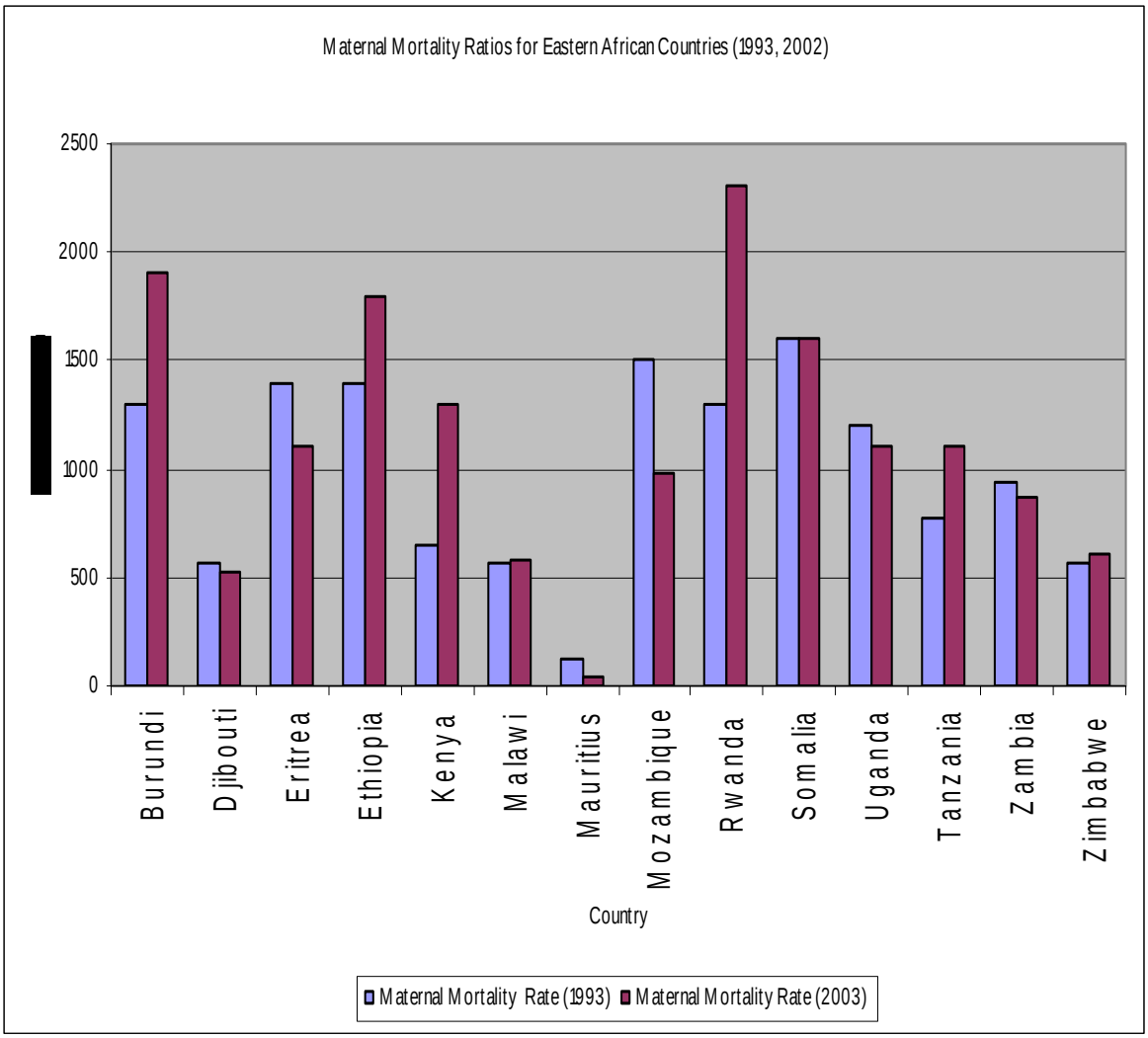


Figure 2.20: Maternal mortality ratios for Northern, Central and Southern African countries (1993, 2002)

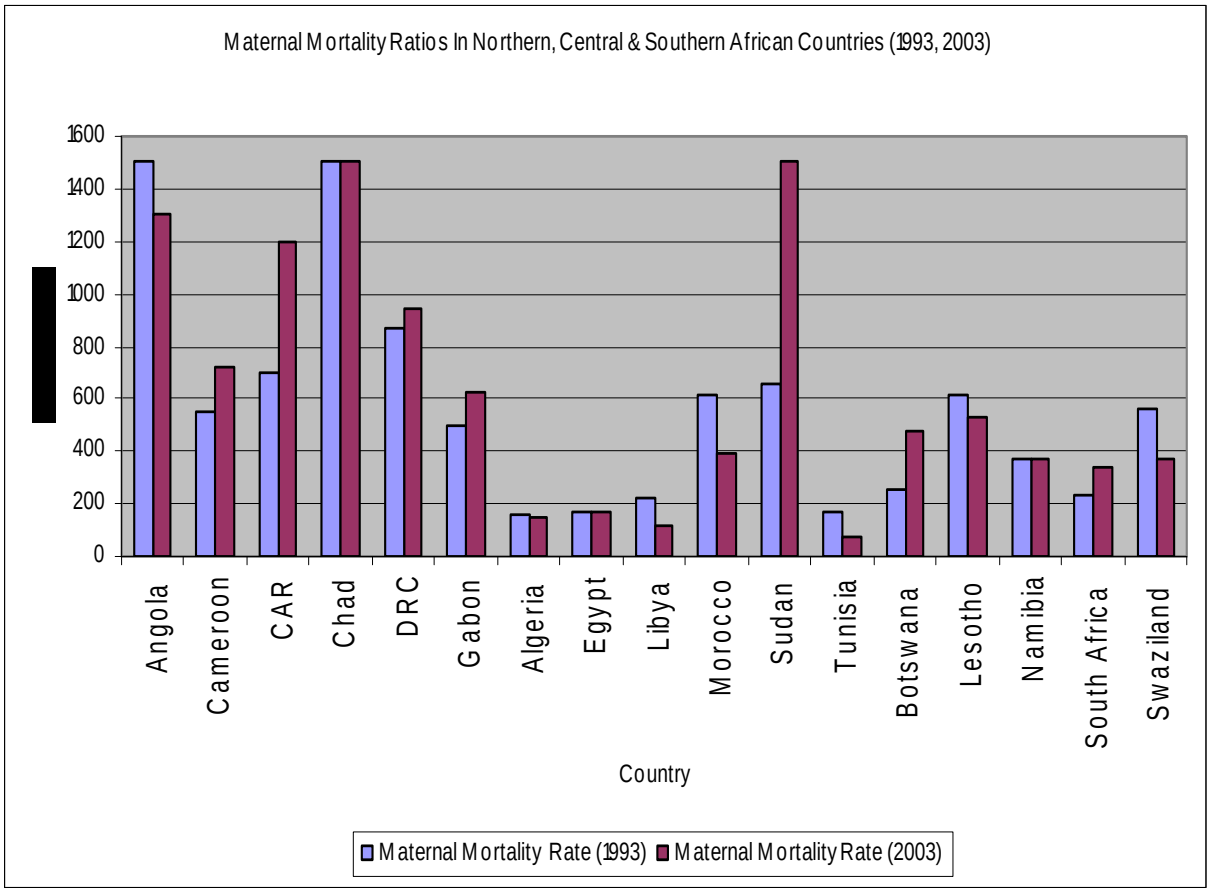
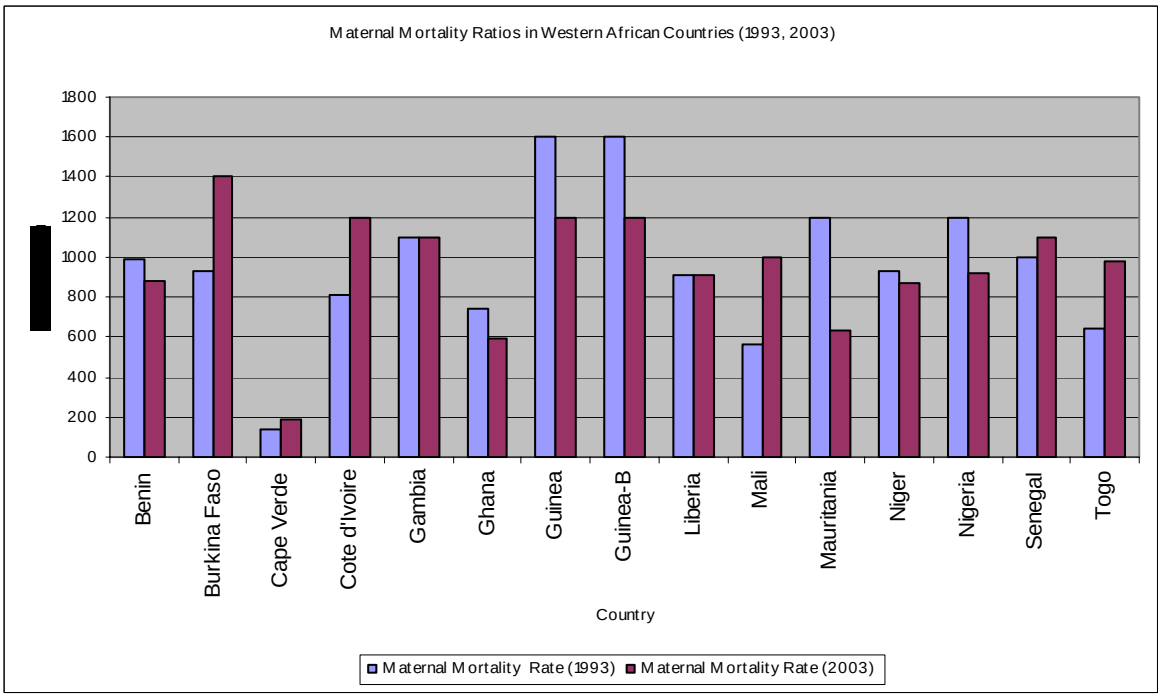


Figure 2.21: Maternal mortality ratios for Western African countries (1993, 2002)



Delhi Declaration: Reproductive Health Essential to Meeting Millennium Goals (11 April 2005)
"Each year, pregnancy and childbirth claim the lives of over half a million women. In addition, more than 10 million children, including 4 million newborns, die each year," the Declaration states. "Cost-effective interventions, if taken to scale worldwide, can prevent close to three fourths of maternal deaths, and over two thirds of child deaths. Thus, we have – almost within reach – the means to save nearly 7 million lives each year."

To achieve this progress, participants agreed, countries need to "invest in strengthening health systems, from community to the referral levels", tailoring programmes to fit national and community needs, and specifically ensuring that "interventions reach and benefit the poor, the marginalized and the underserved".

Reproductive, maternal, newborn and child health should be integrated to ensure a continuum of care from pregnancy through childhood, the Declaration states, stressing that "universal access to sexual and reproductive health care is essential to meeting MDG 5 and will make significant contributions towards achieving MDG 4". It recommends the adoption of a target for Goal 5 relating to universal access.

105. Facilitating factors in progress towards achieving the goal were the following:
- Government commitment, expressed by the development and implementation of population policies and reproductive health programmes that have significant impact on maternal health.
- Use of trained traditional birth attendants.
- Introduction of anti-retroviral therapy (ART).
- Prevention of mother-to-child transmission of HIV (PMTCT).
- Strong partnerships with stakeholders that are committed to improving maternal health.

106. There were also inhibiting factors. Among these were the poor socio-economic status of women, inadequate support by men within the household, long distances to and lack of transport for reaching service points, sparsely distributed health facilities, ineffective use of available facilities, and lack of settled and qualified health personnel. These were compounded by the HIV/AIDS pandemic, as it is reversing earlier achievements in improved maternal health.

Prognosis for the Future

107. Some of the recommendations cited in the country reports to make better progress and eventually achieve the goal are providing adequate support for building the capacity of health personnel for reproductive health, strengthening the communication, referral and transport system to minimize delays in complicated antenatal and delivery services, and supporting PMTC programmes and other activities to address problems related the HIV/AIDS.

108. Other interventions judged to be most effective in preventing and treating complications during pregnancy include expanding women's access to skilled attendance at delivery; increasing access to reproductive health care services and facilities; ensuring adequate nutrition for mother and child; and improving facilities for and access to emergency obstetric care. High levels of fertility, which reach 4.9 for Africa and exceed 6.0 in many countries (see Annex 1), are associated with maternal mortality. Effective family planning programmes can go a long way in reducing fertility and thereby reducing the risk of high overall maternal mortality in the population. In addition, countering the widespread traditional practices that affect women's reproductive health could also have positive impacts on maternal well being. Probably the most damaging of these practices are early marriage and female genital

mutilation, both of which can be related to (among others) the development of fistula, a debilitating condition that is a personal tragedy and an increasing public health problem. Besides its physical effects, early marriage is also a major contributor to school dropout among girls, thus reducing their opportunities and limiting their potential.

109. Recognizing the importance of such interventions, ICPD called on countries to expand maternal health services in the context of primary health care and develop strategies to overcome the underlying causes of maternal death and illness (UNFPA, 2004). The reality of the situation is that whatever might be the level of response to this call in SSA, the maternal mortality remains high for most countries and is deteriorating in many. Higher levels of commitment to reproductive health financing and management will be needed if a downward trend in maternal mortality is to be experienced in the years to come.

MDG 6 – Combat HIV/AIDS, Malaria and Other Diseases

Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	**Indicators** 18. HIV prevalence among 15–24-year-old pregnant women 19. Contraceptive prevalence rate 20. Number of children orphaned by HIV/AIDS
Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)

110. In 2000, when the MDGs were adopted, an estimated 24.5 million people were living with HIV/AIDS in sub-Saharan Africa – representing about 70% of the world's total. The World Bank had declared the epidemic the greatest threat to development in sub-Saharan Africa to date. By 2001, of the 5 million new HIV infections 3.4 million were in sub-Saharan Africa (UNAIDS, 2000, 2001).

111. The latest statistics on the world HIV/AIDS epidemic published by UNAIDS/WHO in December 2004 show the total number of AIDS deaths worldwide by 2004 as 3.1 million, with sub-Saharan Africa accounting for 2.3 million or 74.2% of all AIDS deaths in the world (see Tables 2.6 and 2.7). By December 2004, women accounted for 47% of all people living with HIV worldwide, and for 57% in sub-Saharan Africa. The number of AIDS orphans had grown to around 20 million. PLEASE CHECK THIS An estimated 5 million people in low and middle-income countries do not have the AIDS drugs that could prolong their productive lives.

112. According to an earlier United Nations report (1999), the demographic impact of AIDS becomes dramatic if one focuses on the hardest-hit countries. In these countries, average life

expectancy at birth was estimated to be ten years less in 1995–2000 than it would have been in the absence of AIDS. At the time these hard-hit countries included Mozambique, Namibia, South Africa, Zambia and Zimbabwe; others are Botswana and Swaziland.

Table 2.6: Goal 6: Combat HIV/AIDS, malaria and other diseases

Indicators	Target 7		Target 8		
	Have halted by 2015 and begun to reverse the spread of HIV/AIDS		*Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*		
	HIV prevalence among pregnant women aged 15–24 (%)		Malaria-related mortality rate (per 100,000)		Tuberculosis-related mortality rate/100,000 population
	Major urban areas	Outside major urban areas	All ages	Children 0–4 years	All ages
	1999–2002	1999–2002	2000	2000	2001
Eastern Africa					
Burundi	..	..	143	714	40
Comoros	..	..	80	402	9
Djibouti	..	..	119	620	62
Eritrea	1.3	..	74	391	46
Ethiopia	15	12.7	198	1,006	39
Kenya	21.8	..	63	334	62
Madagascar	..	..	184	904	47
Malawi	..	..	275	1,288	49
Mauritius	..	..	0	0	12
Mozambique	16.1	7.9	232	1,159	33
Rwanda	..	..	200	1,049	46
Seychelles	..	..	4	40	6
Somalia	..	..	81	373	100
Rep. Tanzania	..	15	130	676	47
Zambia	11.6	..	141	721	94
Zimbabwe	32.3	..	1	0	54
Middle Africa					
Angola	..	..	354	1,624	47
Cameroon	11.9	..	108	620	24
Central African Rep.	13.9	13.4	137	777	57
Congo, Dem.	..	..	224	1,000	49
Congo, Rep. of	11	..	78	395	19
Gabon	..	..	80	470	38
Northern Africa					
Algeria	..	..	22	169	2
Egypt	..	..	0	0	4
Morocco	..	..	8	49	10
Sudan	..	..	70	408	50
Tunisia	..	..	0	0	4
Southern Africa					
Botswana	33.3	31.4	15	72	31
Namibia	17.9	..	52	300	35
South Africa	24.1	..	0	0	55
Swaziland	39.4	..	0	0	130
Western Africa					
Benin	..	..	177	960	10
Burkina Faso	5.4	3.1	292	1,444	38
Cape Verde	..	..	22	145	46
Cote d'Ivoire	8.8	3.8	76	438	51
Gambia	..	..	52	305	68
Ghana	3	2.8	70	448	38
Guinea	..	..	200	1,037	38
Guinea-Bissau	..	..	150	749	34
Liberia	..	..	201	1,004	47
Mali	0.9	..	454	2,046	72
Mauritania	..	..	108	553	51
Niger	..	..	469	1,998	39
Nigeria	..	..	141	729	47
Senegal	..	..	72	377	30
Sierra Leone	..	..	312	1,481	67
Togo	..	..	47	256	29

Source: UNDP (2003).

Table 2.7: Regional statistics for HIV and AIDS, end 2004

Region	Adults & children living with HIV/AIDS*	Adults & children newly infected	Adult infection rate (%)	Deaths of adults & children*
Sub-Saharan Africa	25.4	3.1	7.4	2.3
East Asia	1.1	0.29	0.1	0.051
South and South-East Asia	7.1	0.89	0.6	0.49
Oceania	0.035	0.005	0.2	0.0007
Eastern Europe/Central Asia	1.4	0.21	0.8	0.060
Western & Central Europe	0.61	0.021	0.3	0.0065
North Africa & Middle East	0.54	0.092	0.3	0.028
North America	1.0	0.044	0.6	0.016
Caribbean	0.44	0.053	2.3	0.036
Latin America	1.7	0.24	0.6	0.095
Global total	39.4	4.9	1.1	3.1

* Millions

Source: UNAIDS/WHO, World HIV and AIDS Statistics, 2004.

113. It is noted, however, that even in the worst cases, the AIDS toll is not expected to lead to population declines because of the high fertility levels in these countries. As illustrated with the case of Botswana, which the report notes has an adult HIV/AIDS prevalence of 25%, the population in 2025 is expected to be 23% smaller than it would have been in the absence of AIDS. Yet, the population of Botswana is nevertheless expected to nearly double between 1995 and 2050 (UN, 1999: 4).

114. The link between HIV/AIDS and poverty is complex, but the existence of widespread poverty and economic and gender inequality directly and indirectly contribute to HIV transmission and impede care and support. For example, poverty is a major factor in prostitution and the spread of HIV in many African countries, particularly among unemployed or poorly paid rural-to-urban migrants. Likewise, poverty is a factor in the poor health and nutritional status of people that makes them more susceptible to infection with HIV in the first place, and more likely to succumb to opportunistic infections. Again, when it comes to ability to prevent HIV infection and gain access to AIDS treatment, poor people are often at a disadvantage. At some stage in the progression from HIV to AIDS, the health of a person living with the virus is compromised and labour productivity reduced through sick leaves. The productive labour of family members may be diverted from, say, farm activities to caring for the sick, thus reducing available income. Needless to emphasize, the death of a skilled worker or family head due to AIDS exacerbates poverty conditions in the family and community. In order to achieve the MGD goal on HIV/AIDS, African countries would need to, among others, develop strategic efforts to reduce the risk environments for HIV transmission, notably poverty, gender inequality, social instability and conflict, and address the epidemic needs in an integrated way within broader development frameworks and initiatives – with a strong human rights base – to address HIV prevention, care and support, and impact mitigation.

The link between HIV/AIDS and poverty is complex, but the existence of widespread poverty and economic and gender inequality directly and indirectly contribute to HIV transmission and impede care and support.

Progress towards Achieving MDG 6

115. Since malaria is a leading cause of morbidity and mortality in the continent, many countries have made progress in its prevention and control. Tuberculosis, because of its linkage with HIV, is

Countries with good progress and that are likely to meet, will probably meet and are potentially able to meet the targets for HIV/AIDS, malaria and TB have expressed that they have strong supportive environments for achieving these objectives.

resurging and becoming a major public health concern in countries hit by the HIV/AIDS pandemic.

116. Findings show that the MDG targets related to HIV/AIDS were met in Uganda in 1996, although it is resurging; the prevalence is gone up from 6.1% in 2000 to 6.5% in 2001. Kenya's latest Demographic and Health Survey (KDHS 2003) indicates an adult prevalence rate of between 6.7 and 10.5%, down from over 13.5% in 2000 (NCPD, 2004: vii). Botswana, Egypt, Kenya, Tunisia and Zambia are likely to meet their targets for HIV. Kenya will probably meet the targets for TB, Morocco and Senegal for HIV, and Mozambique for malaria. Countries that have the potential to meet targets are Rwanda and Zambia (for malaria). Those countries that are unlikely to meet HIV targets are Mozambique, Namibia (where the HIV situation is worsening) and Nigeria. The countries that have not expressed whether they will meet targets or not are Benin, Burundi, Cape Verde, Central African Republic, Ethiopia, Ghana, Guinea and Madagascar. There is no report from Swaziland, but it is among the countries most affected by the HIV virus, with a prevalence rate of 38.8%.

117. Countries with good progress and that are likely to meet, will probably meet and are potentially able to meet the targets for HIV/AIDS, malaria and TB have expressed that they have strong supportive environments for achieving these objectives. (Figures 2.23–2.26 illustrate the magnitude of the burden of the three diseases faced by countries in sub-Saharan Africa.)

118. UNECA's ICPD+10 report indicates that Member States have developed a range of measures and strategies to confront the pandemic. In the Member States, behavioural surveillance is increasing to supplement epidemiological surveillance in tracking progression of the epidemic and the impact of interventions. Among others, the report identifies the following specific actions/outcomes in the Member States:

- HIV/AIDS awareness has increased in diverse communities.
- Diverse HIV prevention efforts are in place, particularly for youths aged 15–24.
- Voluntary counselling and testing services are being expanded throughout the region particularly in sub-Saharan Africa.
- Condoms are readily available and services for preventing mother-to-child transmission (PMTCT) of HIV are being provided.
- Community care and support programmes for orphans and vulnerable children are being developed, particularly in the southern and eastern sub regions.
- Care and support for people living with HIV/AIDS is increasing with the support of NGOs and faith-based organizations.
- Resource mobilization within and from outside the region has grown significantly.

119. Some constraints are being experienced, however, including insufficient human, financial and material resources, the slow political awakening to the sectoral and development impacts of the AIDS epidemic, AIDS-related attrition in all sectors where prevalence is high, and the difficult economic and sometimes political environments in many States. In addition, entrenched gender inequality remains a major factor behind the spread of the disease, as do socio-economic inequality, poverty, high mobility, instability and conflict.

120. Highlights of the supportive environments in a number of countries were the existence of political leadership at all levels to combat the pandemic, development and implementation of national policies and programmes, international commitments such as the Abuja Declaration and UNGASS, assistance from the Global Fund to Fight AIDS, TB and Malaria (GFATM), and strong partnerships with local stakeholders (NGOs, CBOs, associations of PLWHAs, faith-based organizations and others).

Figure 2.23: Tuberculosis related mortality rate per 100,000 population in African countries (2001)

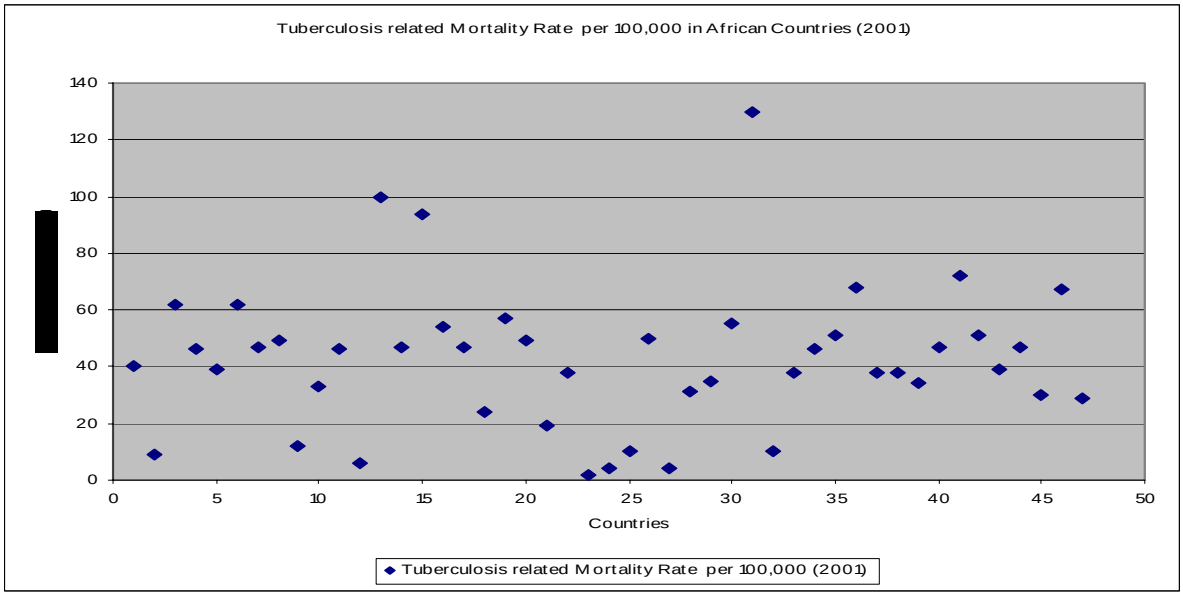


Figure 2.24: Malaria related mortality rates in Eastern African countries (2000)

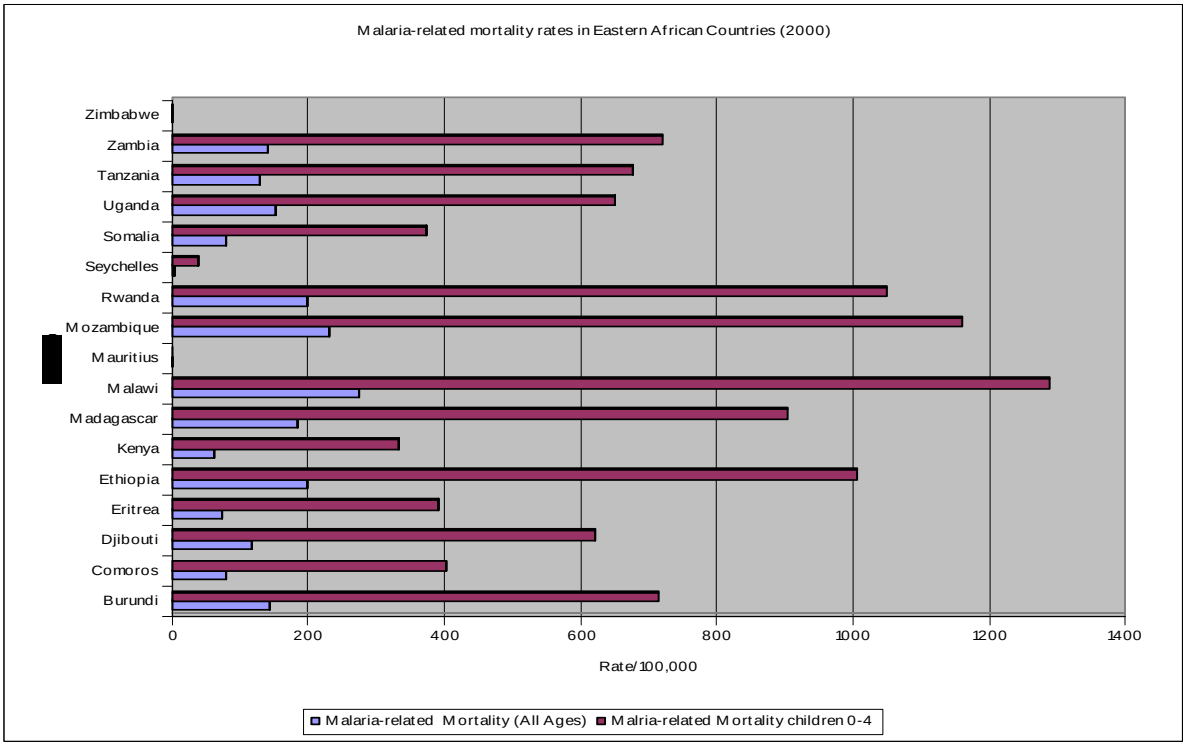


Figure 2.25: Malaria related mortality rates in Northern, Central and Southern African countries (2000)

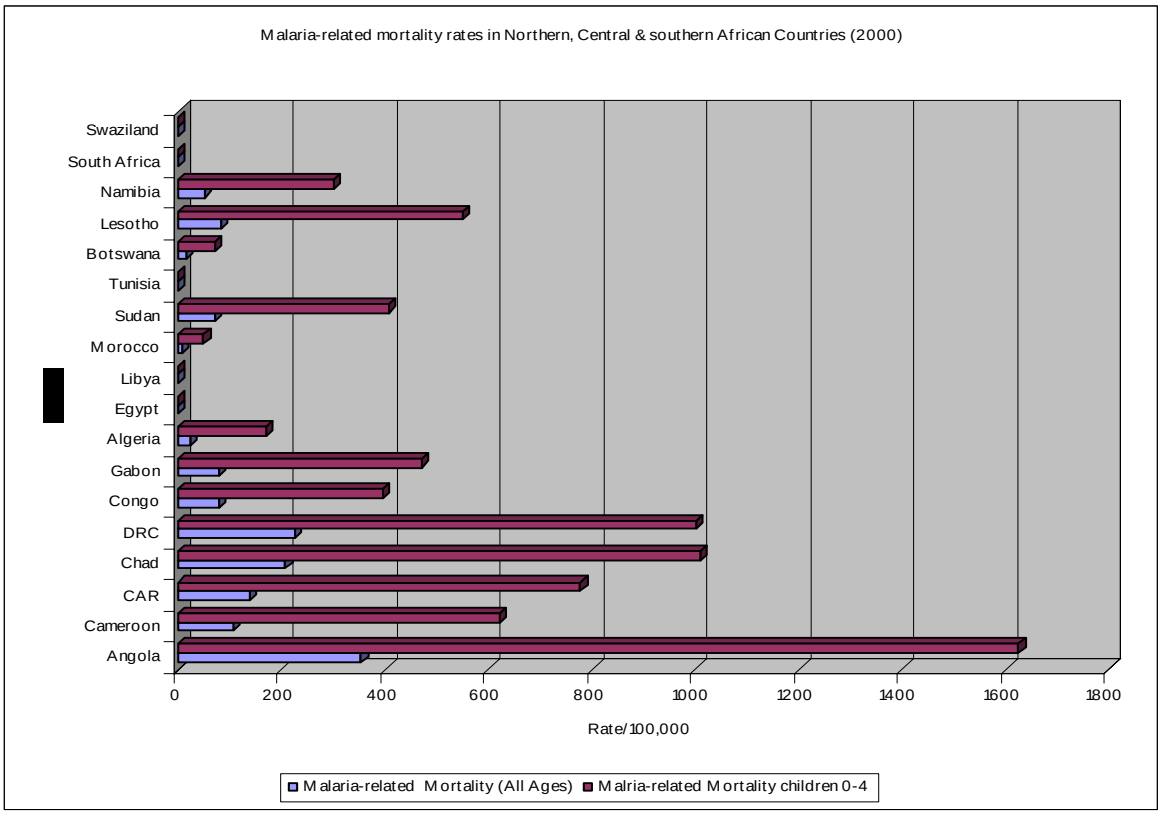
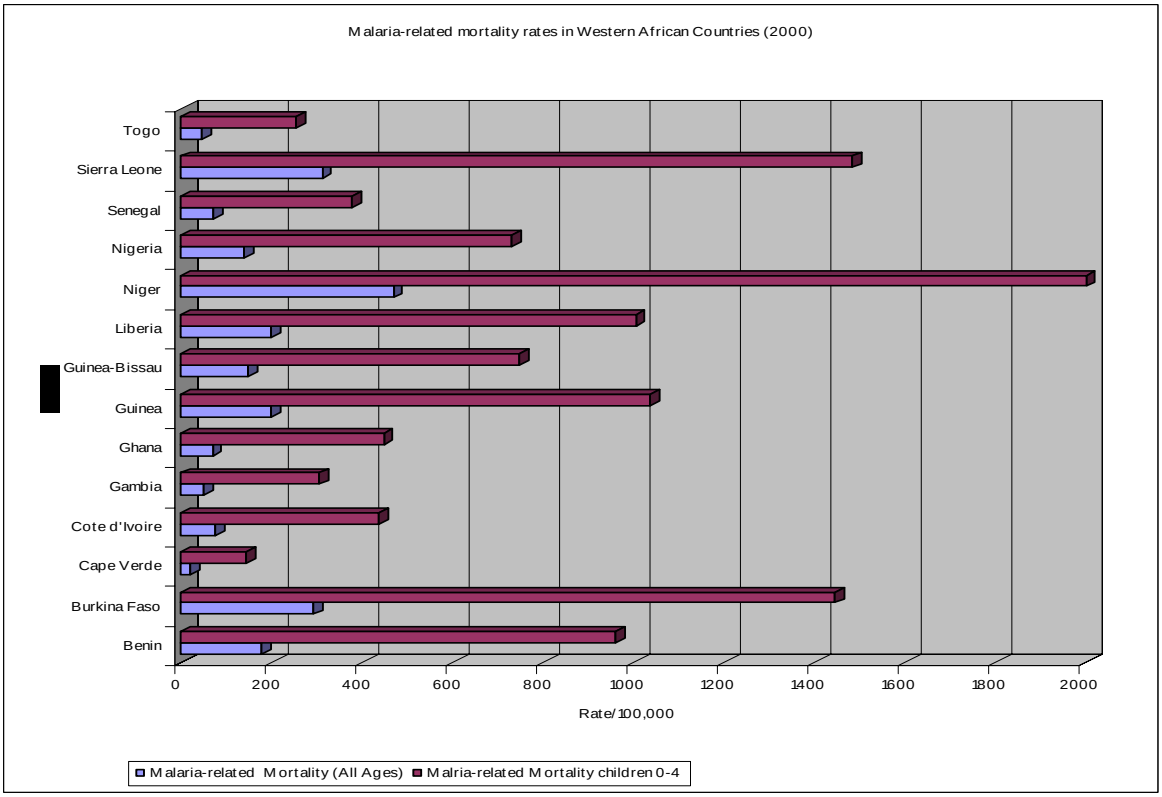


Figure 2.26: Malaria related mortality rates in Western African countries (2000)



Prognosis for the Future

121. As there were supportive environments, there were also challenges in the process of making progress towards achieving this goal. Among the main challenges are shortage of settled human resources, which impeded the implementation of malaria, HIV/AIDS and TB control activities, resource limitations for malaria and TB control, especially equipment and drugs, and weak community-based malaria and TB control approaches.

122. The major recommendations for improving programme implementation and making progress towards the achievement of this goal are to provide support to human resource development to strengthen the implementation capacity of HIV/AIDS, malaria and TB programmes, and to allocate more resources by governments and donors for procurement of drugs, equipment and supplies.

123. The challenge to reducing morbidity and mortality due to HIV/AIDS includes:

- Committing at highest government levels to increase awareness on HIV transmission, prevention and treatment, including open dialogue to remove the social stigma associated with HIV/AIDS illness.
- Setting up a comprehensive national policy on HIV/AIDS and coordinating national efforts through one comprehensive and multi-sector HIV strategy.
- Scaling up PMTCT programmes and increasing access of women and children to care, support and treatment using recommended protocols.
- Normalizing HIV testing in antenatal and hospital settings and making it easily available to all persons.
- Making anti-retroviral drugs freely available to all, including appropriate paediatric formulations for children.
- Strengthening comprehensive care strategies, including family and community-based care and support of all HIV/AIDS patients, and care of AIDS orphans.
- Scaling up comprehensive information, education and communication messages targeting communities, especially the youth and women.

MDG 7 – Ensure Environmental Sustainability

Goal 7: Ensure environmental sustainability	
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	**Indicators** 25. Proportion of land area covered by forest 26. Land area protected to maintain biological diversity 27. GDP per unit of energy use (as proxy for energy efficiency) 28. Carbon dioxide emissions (per capita) [Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water	29. Proportion of population with sustainable access to an improved water source

Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	30. Proportion of people with access to improved sanitation 31. Proportion of people with access to secure tenure [Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers]

124. According to the United Nations Covenant on Economic, Cultural and Social Rights (UNCECSR), "Water is fundamental for life and health. The human right to water is indispensable for leading a healthy life in human dignity. It is a prerequisite to the realization of all other human rights". It is therefore mandatory for countries that have ratified the Covenant to progressively ensure that everyone has access to safe and secure drinking water and sanitation facilities – equitably and without discrimination (UNCECSR, Geneva, 27 November 2002). It has also been affirmed that inadequate water and poor sanitation are primary causes of diseases such as malaria, cholera, dysentery, schistosomiasis, infectious hepatitis and diarrhoea, which are associated with 3.4 million deaths worldwide each year. Inadequate water and sanitation is also a major cause of poverty and the growing disparity between rich and poor. Recognizing the importance of environmental determinants of health, the World Health Organization recently launched the Healthy Environments for Children Initiative, an alliance that will work at country level to address the main environmental risk factors to children's healthy development, including water and sanitation (UNCECSR, Geneva, 27 November 2002).

125. There is no doubt that African governments have made considerable investments over the years to improve access of the population to safe water and sanitation. Many of the investments, however, have been concentrated in urban centres, leaving a substantial proportion of the population in rural areas – where over 60% of Africans live – largely without access to safe drinking water and adequate sanitation. The dimension of the problem becomes worse in countries such as Ethiopia, Burundi, Malawi, Rwanda, Uganda and Lesotho, where close to 80% of the national population live in rural areas. In most African countries, less than half of the rural population enjoys safe drinking water. Exceptional cases are Mauritius, where there is 100% access to safe water in urban and rural areas, and Botswana, where access also reaches 100% in urban and 90% in rural areas (see details in Figures 2.27 and 2.28 and Table 2.8).

There is no doubt that African governments have made considerable investments over the years to improve access of the population to safe water and sanitation, but many of the investments have been concentrated in urban centres, ignoring the substantial proportion of the population in rural areas.

126. High and increasing population densities in large areas of many countries in Africa have generated a negative impact on agricultural production and environmental integrity. Evidence has revealed that owing to increasing human and livestock population pressure on arable land and forest resources, large areas of many countries, particularly in the sub-Saharan region, have been exposed to serious loss of soil fertility, degradation and ecological imbalance. One significant result is declining agricultural productivity. That is why poverty in the continent is so heavily concentrated among the rural population. The solution lies in the respective countries in African formulating and implementing comprehensive national land use and resettlement policies and programmes, quite apart from programmes that address reproductive health and family planning issues intended to reduce the growth rate of the population.

Figure 2.27: Per cent of population with access to safe water in Eastern African countries (2000)

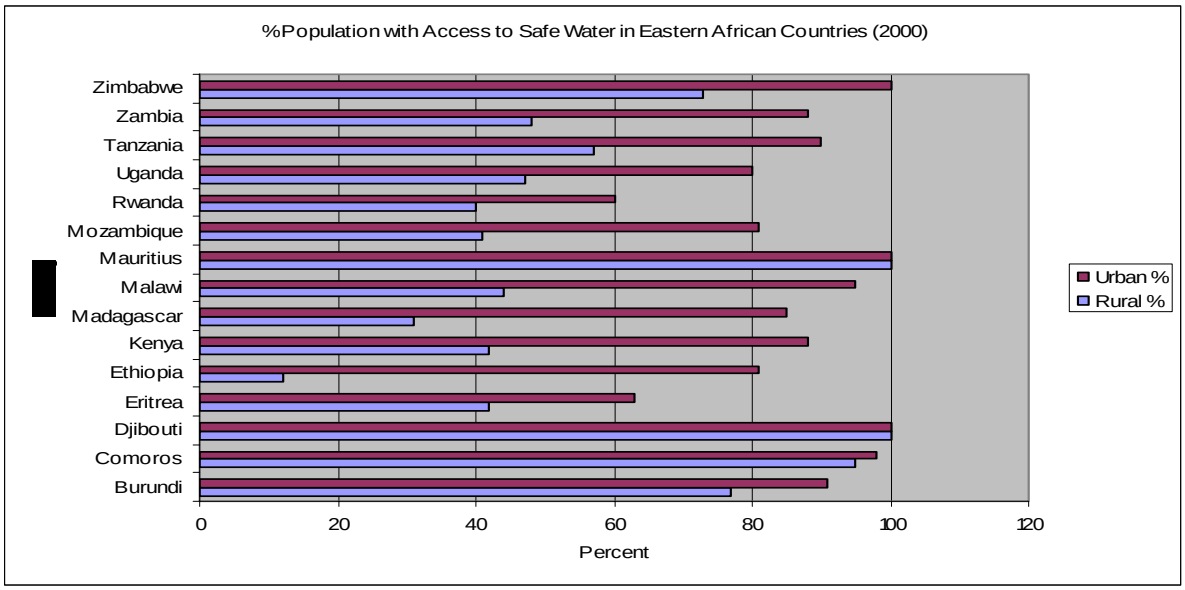


Figure 2.28: Per cent of population with access to safe water in Northern, Central and Southern African countries (2000)

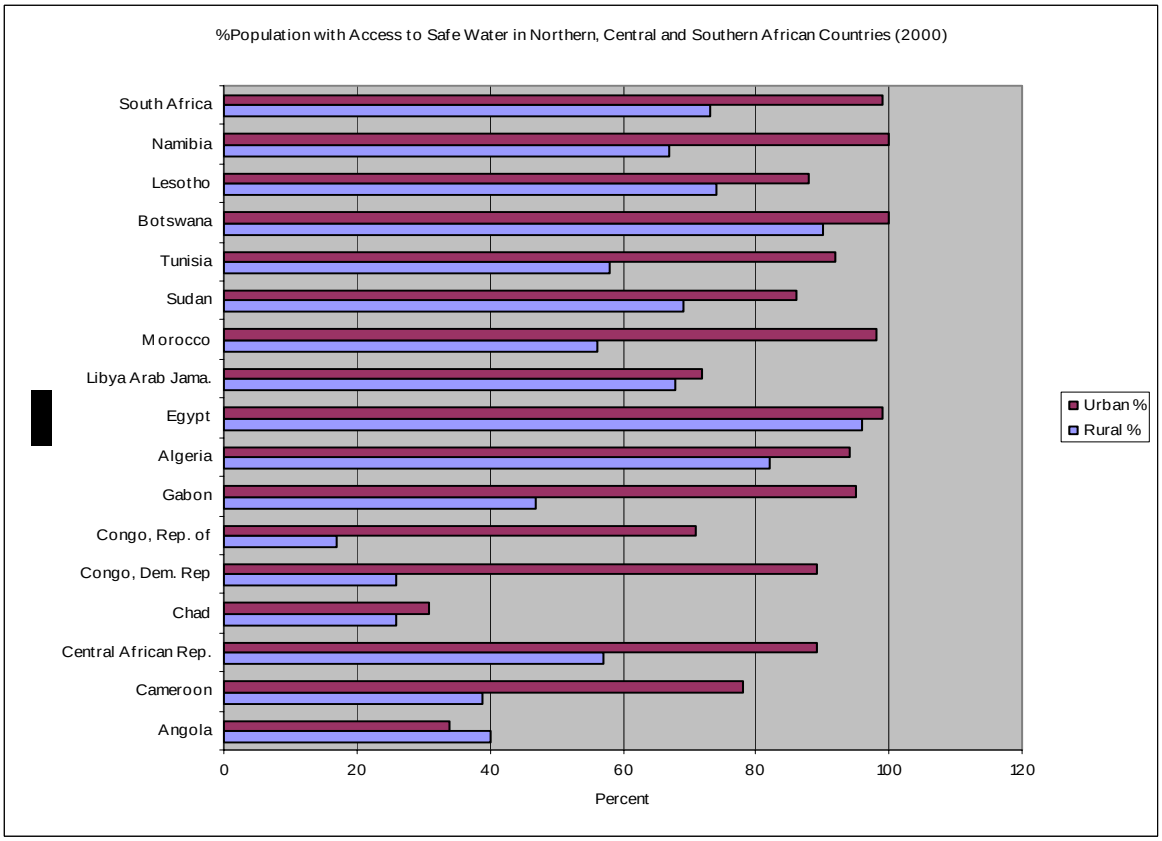


Table 2.8: Goal 7: Ensure environmental sustainability

	Target 10				Target 11	
	Halve, by 2015, the proportion of people Without sustainable access to safe drinking water				*Have achieved, by 2020, a significant improvement in the lives of at least 100m slum dwellers*	
Indicators	Pop. with access to improved water source					
	Rural (%)		Urban (%)		Urban pop. with access to improved sanitation (%)	
	1990	*2000*	*1990*	*2000*	*1990*	*2000*
Eastern Africa						
Burundi	67	77	96	91	65	68
Comoros	84	95	97	98	98	98
Djibouti	..	100	..	100	..	99
Eritrea	..	42	..	63	..	66
Ethiopia	17	12	80	81	24	33
Kenya	31	42	91	88	91	96
Madagascar	31	31	85	85	70	70
Malawi	43	44	90	95	96	96
Mauritius	100	100	100	100	100	100
Mozambique	..	41	..	81	..	68
Rwanda	..	40	..	60	..	12
Seychelles	..	..	..	..	..	..
Somalia	..	..	..	..	..	..
Uganda	40	47	81	80	..	93
Tanzania, United Rep.	28	57	76	90	84	99
Zambia	28	48	88	88	86	99
Zimbabwe	69	73	99	100	70	71
Middle Africa						
Angola	..	40	..	34	..	70
Cameroon	32	39	78	78	97	92
CAR	35	57	71	89	38	38
Chad	..	26	..	31	70	81
DRC	..	26	..	89	..	54
Congo	..	17	..	71	..	14
Gabon	..	47	..	95	..	55
Northern Africa						
Algeria	..	82	..	94	..	99
Egypt	92	96	97	99	96	100
Libya Arab Jama.	68	68	72	72	97	97
Morocco	58	56	94	98	88	86
Sudan	60	69	86	86	87	87
Tunisia	54	58	91	92	96	96
Southern Africa						
Botswana	88	90	100	100	87	88
Lesotho	..	74	..	88	..	72
Namibia	63	67	98	100	84	96
South Africa	73	73	99	99	93	93
Swaziland	..	..	..	..	..	..
Western Africa						
Benin	..	55	..	74	46	46
Burkina Faso	..	37	..	66	..	39
Cape Verde	..	89	..	64	..	95
Côte d'Ivoire	69	72	97	92	70	71
Gambia	..	53	..	80	..	41
Ghana	36	62	85	91	56	74
Guinea	36	36	72	72	94	94
Guinea-Bissau	..	49	..	79	87	95
Liberia	..	..	..	..	..	..
Mali	52	61	65	74	95	93
Mauritania	40	40	34	34	44	44
Niger	51	56	65	70	71	79
Nigeria	37	49	83	78	69	66
Senegal	60	65	90	92	86	94
Sierra Leone		46	..	75	..	88
Togo	38	38	82	85	71	69

Source: UNDP (2003).

Progress towards Achieving MDG 7

127. According to the national reports, sustaining the environmental ecosystem in terms of combating deforestation and environmental degradation and increasing forest hectarage have been weak in many of the countries. ***De***forestation occurred in Benin, Ethiopia, Ghana, Madagascar, Namibia, Nigeria, Tunisia (land being invaded by sand and wind erosion and secondary salination) and Zimbabwe (slightly). However, ***re***forestation has taken place in Cape Verde, Egypt, Morocco and Senegal: land acreage under forest has increased in these countries. There has been no change in Guinea. Various policies, programmes and institutional mechanisms have been put in place for the protection and maintenance of biodiversity in the countries where forests are protected. In Ghana, the emphasis has been on environmental impact assessments and audits.

128. Forest coverage has continued to decrease in countries such as Benin, Ethiopia, Ghana, Nigeria and Tunisia. There has been an increase in Cape Verde, Egypt, Morocco, Namibia (although it is projected to decline from 16.8% in 2001 to 15.1% in 2006), Senegal and Zambia. There was no increase or decrease in Guinea during the period 2002 to 2004. The trend is not known in Kenya, Mozambique, Rwanda, Swaziland or Uganda owing to lack of data.

Prognosis for the Future

129. Progress towards improving access to safe drinking water and improved sanitation has been generally good, although the process has been slow in the rural areas of many countries. Those countries that are making relatively good progress and can achieve targets are Benin, Botswana, Burundi, Cape Verde, Egypt, Ghana, Guinea, Kenya, Morocco, Senegal, Tunisia, Uganda and Zambia. Slow progress is observed Namibia and Nigeria, although they have to the potential to meet targets. Access to safe drinking water is very low in Ethiopia (27.9% in 2000 but committed to raise it to 60% by 2015) and Madagascar (27.2% in 2001, but plans to raise it to 60% by 2015), while Mozambique (37.1%) and Rwanda (45% in 2000) have both expressed that they are unlikely to meet the target. The Central African Republic has the lowest access (16%) among the 21 countries.

Progress towards improving access to safe drinking water and improved sanitation has been generally good, although the process has been slow in the rural areas of many countries.

130. With regard to access to improved sanitation, relatively good progress has been cited in Benin, Botswana, Burundi, Cape Verde, Egypt, Ghana, Kenya, Morocco, Namibia, Nigeria, Senegal, Tunisia, Uganda and Zambia. Moreover, Nigeria and Zambia will potentially and Senegal probably meet their targets, while the rest of the countries are likely to meet the targets. Countries with low coverage are the Central African Republic (25% in 2000) and Ethiopia (12% in 2000, but planning to achieve 46% coverage by 2015) and Rwanda (8% in 2000/HDR 2004). Rwanda is unlikely to meet its target.

131. According to their reports, the countries with the lowest access to adequate sanitation – Botswana, Cape Verde, Egypt, Ethiopia, Ghana, Kenya, Madagascar (water), Namibia (both), Tunisia (both) and Uganda (both) – are likely to meet targets.

132. Those countries that will probably meet targets are Burundi, Guinea (water), Morocco (both) and Senegal (both). The countries that have the potential to meet the water or

sanitation component targets are Nigeria and Namibia. Benin has a worsening record in the two targets. The Central African Republic (in both water and sanitation targets), Guinea (in sanitation), Mozambique and Rwanda (in both areas) are unlikely to meet their targets. There has been no progress report from Madagascar on sanitation to assess the trend.

133. The facilitating factor that existed in many of the countries aspiring to achieve the goal is the existence of awareness and concern among governments and civil society organizations about environmental sustainability and the fundamental importance of water.

134. The inhibiting factors were ensuring adequate protection of watersheds and fresh water ecosystems, fish and other aquatic and wetland related resources, promoting and encouraging more water efficient irrigation technologies such as drip irrigation in countries where there is water shortage, and promoting and implementing urban environmental programmes.

MDG 8 – Develop a Global Partnership for Development

Goal 8: Develop a Global Partnership for Development	
Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	**Indicators** 32. Unemployment rate of 15–24-year-olds
Target 17: In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	33. Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	34. Telephone lines per 1,000 people 35. Personal computers per 1,000 people

135. The Millennium Declaration calls the development of a global partnership the prerequisite for meeting MDGs 1–7. Without an immediate partnership between developing countries and rich countries in a variety of forms – which include further free access to the markets of the developed counties, debt relief and cancellation, and more generous official development assistance – developing countries, especially those countries facing serious development challenges, cannot meet the MDGs. In order to monitor this process, MDG 8 has been included as a specific goal with several targets and indicators. Rich countries are expected to make policy changes to meet this goal, which is entirely a concern to them. They pledged their support, not only at the Millennium Summit, but also at the Monterrey International Conference on Financing for Development in March 2002 and at the Johannesburg World Summit on Sustainable Development in September 2002. Their trade ministers also pledged in November 2001 at Doha, Qatar, to make the interests of poor countries central to their future work on the multilateral trade system. With this in mind, reports on progress towards global partnership have been included in the reports of some countries.

Progress towards Achieving MDG 8

136. Many country reports were not very specific about progress towards the seven targets under this goal. The countries that did report were selective about which targets to work on and make progress. Although many selected two or three targets, there is no similarity in

addressing the related issues. All countries failed to be clear and specific on reporting progress with regard to almost all targets under this goal.

Target 13: Address special needs of the least developed countries

137. Those countries that reported (Benin, Botswana, Cape Verde, Namibia, Nigeria, Tunisia and Uganda) mentioned that they have become beneficiaries of the global and regional trade agreements and movements (African regional economic communities, Cotonou, AGOA and WTO). Kenya did not actually report on AGOA, but has gained substantial benefit from this initiative.

Target 14: Address the special needs of landlocked countries

138. Although the outcome is unclear, Ethiopia and Uganda have undertaken some activities that address the special needs of landlocked countries as stated under target 14.

Target 15: Deal comprehensively with the debt problem of developing countries

139. Fifteen countries – Benin, Botswana, Cape Verde, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Namibia, Nigeria, Rwanda, Senegal, Tunisia, Uganda and Zambia – reported on target 15, which is about making debt sustainable to the long term. They reported that ODA had declined considerably and the level of debt cancellation has not been to their expectations because of the long processes and conditionality imposed on them. However they have placed emphasis on meeting conditionalities such as ensuring sustainable fiscal policy through expenditure management and comprehensive resource mobilization, tight monetary policy, development of capital markets to mobilize funds for long-term investments, promotion of exports, and export diversification. Zambia especially reported that the country's ability to achieve the MDGs through redirection of resources from debt to poverty reduction has been hampered by the suspension of the Poverty Reduction Growth Facility. On the other hand, many developed countries are taking their role in the achievement of the MDGs very seriously and there are several new initiatives, including the UK's Commission for Africa, among the donor countries that are seeking to significantly increase aid to Africa, reduce or write off debt, and enhance capacity building.

Target 16, Indicator: Unemployment rate of 15–24-year-olds

140. The rationale for the indicator of youth employment is that it serves as a measure of the success of strategies to create jobs for youth. While admitting that youth unemployment is a serious problem in the less-developed countries of the world, the indicator does not fully reflect the dimensions and seriousness of employment issues facing these countries, particularly African countries. As the data in Table 2.9 suggest, it is not common to find a youth employment indicator in most national statistics – only four countries in Africa (Algeria, Morocco, Botswana and South Africa) are reported as having computed this measure. In these countries, youth unemployment is more serious among females than their male counterparts and worse in the two southern African countries than in those in the North.

Only one African country is found in the "High" group of human development countries, 20 others are ranked as "Medium". All the remaining African countries are in the "Low" group and the least developed 25 countries in the world are all in Africa.

141. Only Senegal reported on target 16, indicating that its youth employment in 2002 was 18.2%. Nevertheless, it failed to report the cooperation made with its development partners on the development and implementation of strategies for decent productive work for youth.

142. As an overall indicator of human development, and thus a possible pointer to cooperation with development partners, UNDP has been publishing statistics on nations of the world and their rankings on the composite index referred to as the Human Development Index (HDI). The HDI scores for African countries and their ranks among 175 nations are presented in Table 2.9 and illustrated in Figure 2.29. In terms of level of human development, countries are categorized as "High", "Medium" or "Low", with the score of each country providing the basis for the ranking. Rank 1 defines the most highly developed country (Norway), while rank 175 (Sierra Leone) is the least developed of all.

143. Seychelles (rank 36), with an index value of 0.84, is the only African country in the "High" group of countries, while 20 others are ranked as "Medium" human development countries, ranging from Togo (rank 141) to Libya (rank 61). All the remaining African countries are in the "Low" group and the least developed 25 countries in the world are all in Africa.

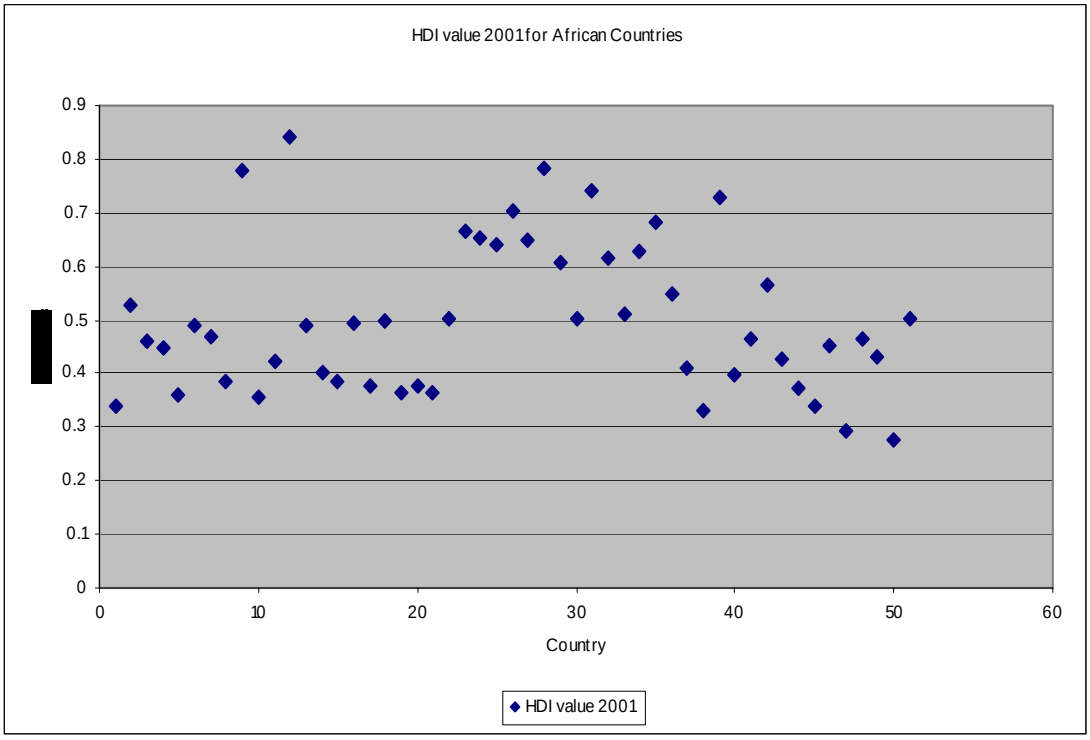
Table 2.9: Goal 8: Develop a global partnership for development

Target 16	*Develop and implement strategies for decent and productive work for youth*			*Human Development Index (HDI)*	
Indicators	Youth unemployment (% of labour) aged 15–24)			HDI value	Rank
	Total	Male	Female	2001	2001
Eastern Africa					
Burundi	..	..	..	0.337	171
Comoros	..	..	..	0.528	134
Djibouti	..	..	..	0.462	153
Eritrea	..	..	..	0.446	155
Ethiopia	..	..	..	0.359	169
Kenya	..	..	..	0.489	146
Madagascar	..	..	..	0.468	149
Malawi	..	..	..	0.387	162
Mauritius	..	..	..	0.779	62
Mozambique	..	..	..	0.356	170
Rwanda	..	..	..	0.422	158
Seychelles	..	..	..	0.840	36
Somalia	..	..	..	..	..
Tanzania, United Rep.	..	..	..	0.400	160
Uganda	..	..	..	0.489	147
Zambia	..	..	..	0.386	163
Zimbabwe	..	..	..	0.496	145
Middle Africa					
Angola	..	..	..	0.377	164
Cameroon	..	..	..	0.499	142
Central African Rep.	..	..	..	0.363	168
Chad	..	..	..	0.376	165
Congo, Dem. Rep	..	..	..	0.363	167
Congo, Rep. of	..	..	..	0.502	140
Equatorial Guinea	..	..	..	0.664	116
Gabon	..	..	..	0.653	118
Sao Tome & Principe	..	..	..	0.639	122
Northern Africa					
Algeria	39 (1990)	14 (1990)	46 (1990)	0.704	107
Egypt	..	..	..	0.648	120
Libya Arab Jama.	..	..	..	0.783	61
Morocco	15	15	16	0.606	126
Sudan	..	..	..	0.503	138
Tunisia	..	..	..	0.74	91
Southern Africa					
Botswana	43	47	38	0.614	125
Lesotho	..	..	..	0.510	137
Namibia	..	..	..	0.627	124
South Africa	56	53	58	0.684	111
Swaziland	..	..	..	0.547	133
Western Africa					
Benin	..	..	..	0.411	159

Burkina Faso	..	..	..	0.330	173
Cape Verde	..	..	..	0.727	103
Côte d'Ivoire	..	..	..	0.396	161
Gambia	..	..	..	0.463	151
Ghana	..	..	..	0.567	129
Guinea	..	..	..	0.425	157
Guinea-Bissau	..	..	..	0.373	166
Mali	..	..	..	0.337	172
Mauritania	..	..	..	0.454	154
Niger	..	..	..	0.292	174
Nigeria	..	..	..	0.463	152
Senegal	..	..	..	0.430	156
Sierra Leone	..	..	..	0.275	175
Togo	..	..	..	0.501	141

Source: UNDP (2003).

Figure 2.29: Human Development Index value for African countries



Target 17, Indicator: Proportion of population with access to affordable essential drugs on a sustainable basis

144. Only Cape Verde reported on target 17, which calls for cooperation with pharmaceutical companies, and the provision of access to affordable essential drugs. The country has indicated that it has reached to a level of producing 30% of its pharmaceutical needs locally.

145. Related to this target is access to family planning drugs and technologies. UNECA's ICPD+10 report (2004) shows that most (91%) Member States have increased their resources for the implementation of population and reproductive health programmes, particularly in the northern and southern sub-regions. During 1994/95 Member States witnessed some growth in both external and domestic resources for population activities, followed by a period of declining funding. Since 2000, however, most funding has been from government

Nearly all (91%) UNECA member States have increased their resources for the implementation of population and reproductive health programmes. Most of the funding has been from government resources, however, implying a decline in external support to such activities.

resources, implying a decline in external support to population and reproductive health activities.

Target 18: In cooperation with the private sector, make available the benefits of the new technologies

146. Nigeria, Senegal, Tunisia, Uganda and Zambia reported considerable cooperation with the private sector for purpose of making available the benefits of the new technologies, especially information and communication technology (ICT). Senegal has expanded fixed and mobile telephone lines, while Tunisia reported on the encouragement and establishment of world digital partnerships and on its plans to host the Second World Summit on the Information Society in 2005. Uganda has put in place a national ICT policy and established the National Council for Science and Technology (UNCST). Uganda has also made efforts to attract more FDI.

147. Progress towards this goal was impeded by factors related to capacity to accelerate the pace of export growth and diversification, create innovative and competitive niches for attracting FDI, improve the public service environment, and strengthen partnership in the fight against HIV/AIDS.

Prognosis for the Future

148. Because the data provided by the respective countries were so limited and reported on only a few targets, it was not possible to quantitatively measure the progress made towards each target of Goal 8. Therefore, it is correspondingly difficult to develop a forecast for the achievement of the overall goal.

Globalization and the MDGs

149. Globalization is linked with all the MDGs and has an impact on the achievement of all of the goals. All processes and interactions in the globalizing world seem to complement the activities undertaken by both developed and developing nations to meet MDG 8 and its targets 12, 13, 15, 17 and 18. Fears about globalization in general are that countries that are not involved in the trend may become increasingly marginalized and prevented from making progress in their poverty reduction efforts because of intense international competition and the dominance of giant multinational corporations. In addition, globalization, like technological change, can cause short-run disruptions such as job losses and income declines, which disproportionately hit the poor.

Fears about globalization in general are that countries that are not involved in the trend may become increasingly marginalized and prevented from making progress in their poverty reduction efforts.

150. According to the IMF and World Bank, globalization has helped increase growth and wealth in recent years, but has not done so for all continents. They say that it has especially not done so in the least developed regions and countries of the world. On the African continent in particular, a worsening of existing imbalances has been noted and this has impeded development and aggravated poverty. Africa is far from reaching its goal of an annual growth rate of above 7%, which is essential for eradicating poverty, accomplishing the other goals and consequently achieving a quality of life for the continent's population similar to that of other developing countries. According to UNECA's Economic Report on Africa

Globalization is – or could be – a vehicle for closing the gap between the industrialized countries and the rest of the world.

2004, real GDP growth was 3.8% in 2003, compared with 3.2% in 2002. The forecast overall growth for 2004 is 4.4%.

151. The challenges for Africa are great, particularly the option globalization offers for labour migration. Since the 1990s, there has been an enormous increase in global trade and in private capital flows to developing countries. The continent has not kept pace with this growth, however, with the result that migration of well trained Africans in virtually all fields of learning to Western Europe and North America has increased to the detriment of the economies of many African countries.

152. Africa's share in world trade has dwindled. Foreign direct investment in most African countries is at low level, although it is gradually increasing. The income gap between advanced and African countries has widened. Of all the regions in the world, Africa south of the Sahara has the largest proportion of people (48%) living in extreme poverty – about 300 million people are living on less than $1 a day.

153. According to the opinions of IMF senior staff Horst Kohler, Anne Krueger and others – (2001), globalization calls for full integration among nations. That is, all humanity shares one world and must lay the foundation for more broadly based prosperity. Globalization is, however – or could be – a vehicle for closing the gap between the industrialized countries and the rest of the world.

154. If globalization leads to improved international cooperation between Africa and the developed world, implementation of the ICPD PoA in many countries could be accelerated in such a way that poverty and related issues are better addressed. As already noted, ODA flows to Africa declined over the last decade or so and this hampered progress in the implementation of national population policies in many African countries.

Responsibilities of African Countries

155. In order to counter the threats posed by globalization, there are a number of responsibilities to be discharged by African countries and roles to be played by the international community. The way to Africa's integration into the world economy is determined by its major goals of achieving faster economic growth and development and reducing poverty. Africa has to implement stronger domestic policies and reforms designed to consolidate macroeconomic stability, enhance human resource development, improve basic infrastructure, spur agricultural development, accelerate trade liberalization, and promote sound banking systems.

Africa should implement stronger domestic policies and reforms designed to consolidate macroeconomic stability, define the role of the state and reform the civil service so as to improve the business climate, and ensure good governance.

156. Specific steps to achieve these goals would include the following:

- Make their economies more efficient, foster the growth of the private sector and ensure good governance. Along with this, African countries must strengthen their bargaining power within the global trading system, undertake institutional reforms, in particular limiting the role of the state in delivering essential public services, promote a dynamic private sector, and strengthen the role of the

civil society to make an important contribution in eradicating poverty and protecting the environment.

- Do their best to create a conducive environment for private investment by promoting greater openness in domestic and foreign trade, which will contribute much to achieving most of the MDGs.

- Focus on social development, particularly health and education, to fill the large deficit that most have in these areas, created as a result of limited social infrastructure and the migration of skilled human resource to the developed countries.

- Strengthen regional economic integration in the continent, as it is important for improving economic efficiency and expanding the market for products from the continent. In addition, regional integration of information and communication technology (ICT) is a sine qua non for Africa in the face of the fast growing world economy for enhancing trade and investment, economic efficiency and growth and development in general.

The Role of the International Community and International Financial Systems

157. The role of the international community and international financial systems to support Africa in achieving the development objectives measured through the MDG targets and indicators during the era of globalization should include the following:

- Honour their commitments and open their markets, i.e., allow the continent's exports free access to their markets. This will allow heavily indebted countries to better integrate with the global trading system. This entails abolishing trade barriers and substantially reducing – or eliminating – agricultural subsidies.

- Cancel or reschedule external debt to free up the resources African countries need to implement programmes and strategies designed to achieve the MDGs through the implementation of the ICPD/PoA and other international instruments mentioned above.

- Provide additional support to the promotion of private capital flow, especially foreign direct investment in African countries. This will help create new jobs and bring in new technologies to the countries.

- Establish/strengthen partnerships with African countries in the areas of natural and mineral resources for the purpose of transferring know-how from the industrialized countries to the countries of Africa.

- For the IMF and World Bank specifically, continue to work together with African countries to implement participatory poverty reduction strategies and programmes. They must work together towards the single objective of making globalization a process of integration and not one of exclusion.

The IMF and World Bank must continue to work with African countries to implement participatory poverty reduction strategies and programmes, and to make globalization a process of integration and not one of exclusion.

PART 3

Beyond the MDGs

158. The Millennium Declaration and similar regional (such as NEPAD) and international agreements have come to be accepted by African countries as instruments for social and economic development. But it must be emphasized that while the MDGs are critical to accelerating development in the developing countries of the world, they represent the minimum effort needed for integrated and holistic national development. In essence, as countries formulate their national development frameworks, care should be taken not to focus only on the MDGs. Consideration for national development should go beyond these goals.

159. African countries cannot afford to take issues such as population distribution, urbanization and migration – which are not addressed by the MDGs – for granted. There are, for example, signs of over-urbanization across the continent, with 45.3% of the population projected to reside in urban areas by 2015, up from 31.8% in 1990. Furthermore, urbanization in Africa is occurring under predominantly peasant agriculture conditions, resulting in urban centres marked by high open unemployment and under-employment, poverty, and an unwholesome environment where rural poverty and urban misery exist side by side.

160. There is also the issue of international migration, its overall impact on the economy and society in African countries, and the tension, or xenophobia, between African nations. Within the African continent, high levels of unemployment have resulted in restrictive immigration policies to discourage economic migrants from moving from poorer countries to the few that seem to be better placed. Therefore, African countries should move the issue of migration, particularly international migration, to the forefront of national and international agenda. Moreover, millions of Africans have emigrated to countries in Europe and North America in search of better economic opportunities, the effect of which is by no means totally negative. The implied “brain drain” syndrome does not portend a future of technological development for most African countries, however, as a large portion of African emigrants are also highly qualified technically and professionally. The AU is in a good position to provide technical support to countries that are badly affected by the brain drain problem.

161. As for employment issues, the focus of the MDGs on youth employment is rather narrow, considering that high levels of open unemployment and under-employment underpin the pervasive poverty and hunger observed in the continent. Available literature on employment indicates that despite the commitments of African Heads of State and Government to promote the goal of poverty reduction and increase employment opportunities, unemployment – with its contribution to poverty – has persisted on the continent. It has been noted that there has been a clear absence of adequate regional initiatives on employment and poverty reduction focusing on the strategic role of employment as a central goal of economic development. How can poverty be eradicated when a significant proportion of the economically active population remains largely unemployed or under-employed? The unemployment situation in African countries is worsened by the rapid growth of the labour force, which has its roots in the high growth rate of the population. This demographic bonus could be an advantage, however, if there were adequate provisions for training and skills development, turning the youth and new entrants to the labour force to productive assets.

Alternatively, a reduction in the growth of population would reduce the size of the labour force and thereby cut the pressure on the labour market. It is therefore imperative that the various dimensions of the employment problem be carefully examined by States so as to identify appropriate approaches, strategies, policies and programmes to promote employment and achieve the MDG targets on poverty reduction.

162. The conventional argument that resource constraints constitute a major drawback to development in African countries seems to be untenable in the light of experience from some other developing countries that have achieved considerable social development with their limited resources. Cuba, Mauritius and Guatemala are examples here. What is critical to social and economic development is effective management and utilization of the resources that are available – human, material and financial. As already noted, African countries have produced high quality professionals in all fields of knowledge, a significant number of whom have emigrated to Europe and North America, but no country in Africa has developed an effective mechanism for reversing this trend. Regarding financial and natural resources, Some of Africa's oil producing countries and other mineral rich countries, such as Angola, Democratic Republic of Congo, Central African Republic, Nigeria, Liberia and Sierra Leone, belong to the poorest group of nations in the HDI ranking. Much of the problem of underdevelopment in African countries has to do with governance issues – transparency, accountability, commitment and political will.

163. The MDGs are aggregate indicators and the average values computed for the targets mask significant internal variations within each country. Thus it is difficult to monitor progress among vulnerable groups, which include rural populations, women, the marginalized urban poor, the unemployed and under-employed, the youth, orphans, people living with HIV/AIDS or disability, the elderly, and internally displaced persons and refugees. In addition, except for those employed by governments and big companies, there is no provision for social security support in most African countries, a factor not captured by the MDGs.

164. Over the years African countries, individually and jointly, have adopted sufficient policies and programmes, resolutions and recommendations, treaties and conventions, but with little or no impact on development. What is lacking is implementation, investment in social development and political will. If African nations are genuinely committed to achieving the MDGs, and more, there must be a fundamental change in the way business is done – not business as usual, which has generated limited effect on the development process in past decades. It is time to move away from merely addressing the problems that confront Africa's people to actually resolving them through targeted programming.

165. In short, poverty is about more than lack of financial resources; it is also about voicelessness and lack of power to influence decision making. Reducing poverty will require attention to fundamental issues of human rights. Growth alone, sound economic policies alone – the MDGs alone – are necessary but not sufficient conditions for improving the human condition. They must be accompanied by pro-poor social policies and programmes and their effective implementation.

166. Certainly, the AU has an important role to play in pushing the development agenda of the continent. For now, the Union seems to be moving in the right direction with regard to peace and security issues. This momentum should be extended to other development arenas, such as the adoption by all States of the NEPAD Peer Review Mechanism, which seems to be operationally viable in terms of promoting good governance.

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ANNEX 1
Population and Social Development Related MDGs

Goals and Targets	Indicators
Goal 1: Eradicate extreme poverty and hunger	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	▪ Proportion of population below $1 per day (PPP-values) ▪ Poverty gap ratio [incidence x depth of poverty] ▪ Share of poorest quintile in national consumption
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	▪ Prevalence of underweight children (under five years of age) ▪ Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	▪ Net enrolment ratio in primary education ▪ Proportion of pupils starting grade 1 who reach grade 5 ▪ Literacy rate of 15–24-year-olds
Goal 3: Promote gender equality and empower women	
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015	▪ Ratio of girls to boys in primary, secondary and tertiary education ▪ Ratio of literate females to males of 15–24-year-olds ▪ Share of women in wage employment in the non-agricultural sector ▪ Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	▪ Under-five mortality rate ▪ Infant mortality rate ▪ Proportion of 1-year-old children immunized against measles
Goal 5: Improve maternal health	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	▪ Maternal mortality ratio ▪ Proportion of births attended by skilled health personnel
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	▪ HIV prevalence among 15–24-year-old pregnant women ▪ Contraceptive prevalence rate ▪ Number of children orphaned by HIV/AIDS
Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	▪ Prevalence and death rates associated with malaria ▪ Proportion of population in malaria risk areas using effective malaria prevention and treatment measures ▪ Prevalence and death rates associated with tuberculosis ▪ Proportion of TB cases detected and cured under DOTS (directly observed treatment short course)

Goal 7: Ensure environmental sustainability		
Target 9:	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	▪ Proportion of land area covered by forest ▪ Land area protected to maintain biological diversity ▪ GDP per unit of energy use (as proxy for energy efficiency) ▪ Carbon dioxide emissions (per capita) ▪ [Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]
Target 10:	Halve, by 2015, the proportion of people without sustainable access to safe drinking water	▪ Proportion of population with sustainable access to an improved water source
Target 11:	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	▪ Proportion of people with access to improved sanitation ▪ Proportion of people with access to secure tenure ▪ [Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers]
Goal 8: Develop a Global Partnership for Development		
Target 16:	In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	▪ Unemployment rate of 15–24-year-olds
Target 17:	In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	▪ Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18:	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	▪ Telephone lines per 1,000 people ▪ Personal computers per 1,000 people

ANNEX 2
Population and Development – Linkages and Synergies

The 1994 International Conference on Population and Development (ICPD) clearly demonstrated that people must be put at the centre of development. Ten years after ICPD, UNFPA re-affirms that efforts to end poverty and meet the UN's Millennium Development Goals for 2015 depend on success in carrying out the ICPD Programme of Action (UNFPA, 2004). A high rate of population growth has been identified as the single most important population factor associated with social and economic development (and incidence of poverty) in developing countries. The growth rate of a population affects the future size of the population, its age structure, labour force supply, rural and urban distribution, and overall and regional densities – all of which have implications for development. The average rate of population growth for Africa (2000–2005) is 2.2%, with considerable regional variations. Africa's population is projected to increase from 869.2 million in 2004 to 1,803.3 million in 2050 (see Annex 3).

In its monitoring of progress towards implementation of ICPD/PoA goals, UNECA undertook a five-year review of the extent to which its Member States had utilized the recommendations from both population and development frameworks in the development of their national population programmes. The ICPD+5 evaluation revealed that member States made "remarkable progress in areas such as improving access to reproductive health services, integrating family planning and safe motherhood into primary health care systems, and developing national action plans designed to empower women". In addition, the review underscores the importance and urgency of addressing emerging issues such as HIV/AIDS and the sexual and reproductive health needs of adolescents.

The review found disparities in such areas as attitudes and practices unfavourable to the elimination of gender discrimination. It also pointed out the heavy focus on reproductive health and reproductive rights with little emphasis on general health and adolescent development issues such as education, income generation and employment. In addition, there was also need to highlight the importance of reducing infant and maternal mortality, HIV/AIDS and sexually transmitted infections; the inadequate treatment of the family; the persistent refugee problem; the role of the aged in society; political and social instability; the interrelationships among NGOs, the private sector and civil society; and insufficient IEC and advocacy strategies.

In 2004, UNECA took another look at ICPD in a ten-year review of progress made by member States in implementing the 20-year Programme of Action. About 80% of the 53 UNECA member States responded to the Commission's ICPD+10 survey, which covered nine population and poverty related sectors: environment and sustainable development; gender equality, equity and empowerment of women; the role, rights, composition and structure of the family; children and youth; reproductive rights and reproductive health; HIV/AIDS; population distribution, urbanization and migration; crisis situations and population consequences; and resource mobilization for the implementation of population policies.

In terms of scope and depth, the accomplishments revealed by the ICPD+10 enquiry seem to be more robust than those towards the MDGs, particularly on population and social development issues that confront African countries. Ten years after ICPD, African countries have made important strides in policy formulation but limited progress in terms of implementation. Certainly there are overlaps between the two development frameworks. As noted earlier, however, while the MDGs are critical for Africa, they do not capture aspects of social and economic development that are equally critical: the family; population distribution, urbanization and migration; unemployment and under-employment; and crisis situations and implications for refugees and internally displaced persons. The ICPD Programme of Action remains critically relevant to the reduction of poverty and the advancement of development – in all its aspects – in Africa.

ANNEX 3
Basic Demographic Indicators for African Countries

Region/Country	Total pop (million) 2004	Projected pop (million) 2050	Total fertility rate (2000–2005)	Pop growth rate % pa (2000–2005)
AFRICA	869.2	1803.3	4.91	2.2
Eastern Africa	276.2	614.5	5.61	2.2
Burundi	7.1	19.5	6.80	3.1
Comoros	0.7	na	4.90	2.6
Djibouti	0.7	na	5.70	1.5
Eritrea	4.3	10.5	5.43	3.7
Ethiopia	72.4	171.0	6.14	2.5
Kenya	32.4	44.0	4.00	1.5
Madagascar	17.9	46.3	5.70	2.8
Malawi	12.3	25.9	6.10	2
Mauritius	1.2	1.5	1.95	1
Mozambique	19.2	31.3	5.63	1.8
Rwanda	8.5	17.0	5.74	2.2
Seychelles	na	na	na	na
Somalia	10.3	39.7	7.25	4.2
Tanzania, United Rep	37.7	69.1	5.11	1.9
Uganda	26.7	103.2	7.10	3.2
Zambia	10.9	18.5	5.64	1.2
Zimbabwe	12.9	12.7	3.90	0.5
Middle Africa	103.4	266.3	6.28	2.7
Angola	14.1	43.1	7.20	3.2
Cameroon	16.3	24.9	4.61	1.8
Central African Rep.	3.9	6.6	4.92	1.3
Chad	8.9	25.4	6.65	3
Congo, Dem. Rep	54.4	151.6	6.70	2.9
Congo, Rep. of	3.8	10.6	6.29	2.6
Gabon	1.4	2.5	3.99	1.8
Sao Tome & Principe	0.2	0.4	4.50	2.6
Northern Africa	187.0	306.0	3.21	1.9
Algeria	32.3	48.7	2.80	1.7
Egypt	73.4	127.4	3.29	2
Libya Arab Jama.	5.7	9.2	3.02	1.9
Morocco	31.1	47.1	2.75	1.6
Sudan	34.3	60.1	4.39	2.2
Tunisia	9.9	12.9	2.01	1.1
Southern Africa	51.9	46.6	2.79	0.6
Botswana	1.8	1.4	3.70	0.9
Lesotho	1.8	1.4	3.84	0.1
Namibia	2.0	2.7	4.56	1.4
South Africa	45.2	40.2	2.61	0.6
Swaziland	1.1	0.9	4.54	0.8
Western Africa	250.6	569.9	5.56	2.6
Benin	6.9	15.6	5.66	2.6
Burkina Faso	13.4	42.4	6.68	3
Cape Verde	0.4	na	3.30	1.8
Côte d'Ivoire	16.9	27.6	4.73	1.6
Gambia	1.5	2.9	4.70	2.7
Ghana	21.4	39.5	4.11	2.2
Guinea	8.6	19.6	5.82	1.6
Guinea-Bissau	1.5	4.7	7.10	2.9
Liberia	3.5	9.8	6.80	4
Mali	13.4	46.0	7.00	3
Mauritania	3.0	7.5	5.79	3
Niger	12.4	53.0	8.00	3.6
Nigeria	127.1	258.5	5.42	2.5
Senegal	10.3	21.6	4.97	2.4
Sierra Leone	5.2	10.3	6.50	3.8
Togo	5.0	10.0	5.33	2.3

Sources: UNFPA (2004); UNDP (2003).

ANNEX 4
Relationship of MDGs, ICPD PoA and NEPAD Goals

(MDGs)	ICPD Objectives/Goals	Comments	NEPAD Goals
Goal 1: Eradicate extreme poverty and hunger *Target 1*: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day *Target 2*: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	3.16 To raise the quality of life for all people, through appropriate population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in the context of sustainable development and sustainable patterns of consumption and production, human resource development, and the guarantee all human rights.	ICPD PoA, III Contains additional objectives for population and development integration, and population and environment.	a) To eradicate poverty. b) To place African countries, both individually and collectively, on a path of sustainable growth and development.
Goal 2: Achieve universal primary education *Target 3*: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	11.5 (a) To achieve universal access to quality education, with particular priority being given to primary and technical education and job training, to combat illiteracy and to eliminate gender disparities in access to, retention in and support for, education. 11.5 (b) To promote non-formal education for young people, guaranteeing equal access for women and men to literacy centres. 11.5 (c) To introduce and improve the content of the curriculum so as to promote greater responsibility and awareness on the interrelationships between population and sustainable development; health issues, including reproductive health; and gender equity.	ICPD PoA, XI Also contains four objectives for population information, education and communication.	
Goal 3: Promote gender equality and empower women *Target 4:* Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015	4.3 (a) To achieve equality and equity based on harmonious partnership between men and women and enable women to realize their full potential. 4.3 (b) To ensure the enhancement of women's contributions to sustainable development through their full involvement in policy- and decision-making processes at all stages and participation in all aspects of production, employment, income-generating activities, education, health, science and technology, sports, culture and population-related activities and other areas, as active decision makers, participants and beneficiaries.	ICPD PoA, IV Contains additional objectives for "the girl-child" and "male responsibilities and participation".	d) To accelerate the empowerment of women.

	4.3 (c) To ensure that all women, as well as men, are provided with education necessary for them to meet their basic human needs and exercise their human rights.		
Goal 4: Reduce child mortality *Target 5:* Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	8.15 (a) To promote child health and survival and to reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among girl infants and children. 8.15 (b) To improve the health and nutritional status of infants and children 8.15 (c) To promote breast-feeding as a child-survival strategy.	ICPD PoA, VIII Also contains additional objectives for "Primary health care".	
Goal 5: Improve maternal health *Target 6*: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	8.20 (a) To promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal mortality and reduce the differences observed between developing and developed countries and within countries; and to reduce greatly the number of deaths and morbidity from unsafe abortion.	ICPD PoA, VIII	
Goal 6: Combat HIV/AIDS, malaria and other diseases *Target 7:* Have halted by 2015, and begun to reverse, the spread of HIV/AIDS *Target 8:* Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	8.29 (a) To prevent, reduce the spread of and minimize the impact of HIV infection; to increase awareness of the disastrous consequences of HIV infection and AIDS and associated fatal diseases; to address the social, economic, gender and racial inequities that increase vulnerability to the disease. 8.29 (b) To ensure that HIV-infected individuals have adequate medical care and are not discriminated against; to provide counselling and other support for people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans; to ensure that individual rights and the confidentiality of persons infected with HIV are respected; to ensure that sexual and reproductive health programmes address HIV infection and AIDS. 8.29 (c) To intensify research on methods to control the HIV/AIDS pandemic and to find an effective treatment for the disease.	ICPD PoA, VIII	

Goal 7: Ensure environmental sustainability *Target 9:* Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources *Target 10:* Halve, by 2015, the proportion of people without sustainable access to safe drinking water *Target 11:* By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	3.28 (a) To ensure that population, environmental and poverty eradication factors are integrated into sustainable development policies, plans and programmes. 3.28 (b) To reduce both unsustainable consumption and production patterns as well as negative impacts of demographic factors on the environment in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.	ICPD PoA, III	
Goal 8: Develop a Global Partnership for Development *Target 16*: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	14.3 (a) To ensure that international cooperation in the area of population is consistent with national population and development priorities centred on the well-being of intended beneficiaries and serves to promote national capacity building and self-reliance. 14.3 (b) To urge that the international community adopt favourable macroeconomic policies for promoting sustained economic growth and sustainable development in developing countries. 14.3 (c) To clarify the reciprocal responsibilities of development partners and improve coordination of their efforts. 14.3 (d) To develop long-term joint programmes between recipient countries and between recipient and donor countries. 14.3 (e) To improve and strengthen policy dialogue and coordination of population and development programmes and activities at the international level.	ICPD PoA, XIV ICPD PoA, III 3.21 Job creation in the industrial, agricultural and service sectors should be facilitated by governments and the private sector.	c) To halt the marginalization of Africa in the globalization process and enhance its full and beneficial integration into the global economy.