

# AFRICA

## development



## BACKGROUND

# Achieving the Millennium Development Goals in Africa

## Introduction

**W**hen the presidents and prime ministers of 189 countries adopted the Millennium Development Goals (MDGs) at the United Nations in September 2000, the international community agreed to find ways to improve the well-being of the world's poorest people by 2015. Their targets are reflected in Goals 1 to 7. In signing on to the goals, the wealthier donor countries pledged to partner with developing countries by providing market access for agricultural exports, debt relief, predictable development financing and other forms of assistance. Those commitments are included in Goal 8; for Africa, they have already had a positive impact in some areas, including expanded access to anti-retroviral drugs for Africans living with HIV/AIDS and reduced foreign debt for the region.

Africa pledged to support the goals, in keeping with its determination to assert greater ownership of its development path. In 2001, the continent adopted the New Partnership for Africa's Development (NEPAD), a wide-ranging framework for economic and social development. In the plan, the region committed itself to democracy, respect for human rights, economic reform and periodic peer reviews to assess progress and identify areas for improvement. NEPAD's detailed plans for national, regional and continental investment in transportation, communications, health, education, clean water and agriculture were unprecedented. African leaders made some specific pledges, including to allocate 15 per cent of national budgets for health and 10 per cent for agriculture and rural development. Earlier, in 1990, they had agreed to provide education for all. Only a few countries have met these commitments, but domestic investment in health and education is generally increasing.

Midway to the target date of 2015 for achieving the goals, some sub-Saharan African countries are on track to achieve some of them. But if current trends continue, no African country will achieve all of them. Where progress is being made, improvements are often not evenly shared. Women, poorer people and those who live in rural areas tend to benefit less.

Many of the goals are linked: progress towards one contributes to progress towards others. For example, women who have at least two years of education make more progress than women with no education. So the more education a woman has, the more likely it is that she — and her children — will have a better and healthier life.

More progress will be made if programmes and strategies that work can be replicated and expanded to more people in more countries. Funding needs to be available for that.

*"The MDGs can be achieved if national leaders take development issues seriously, allocate resources appropriately, and make sure that programmes reach the people intended. Most problems relate to the implementation of plans. Poor governance and corruption really hamper development and growth. So does excluding people and communities from the development process."*  
— Salil Shetty, director of the UN Millennium Development Campaign.

**High-level meeting on Africa's development needs**  
**United Nations, New York, 22 September 2008**

United Nations Department of Public Information, [www.un.org/AR](http://www.un.org/AR)



## **Goal 1: Reduce poverty and hunger**

The goal is to reduce by half the percentage of people who live on less than \$1.00 a day (now adjusted to \$1.25 to reflect the increase in the cost of living in 2005, but not taking into account the impact of recent price increases for food and energy). Related goals are to achieve full, productive and decent employment for everyone, including women and young people, and to reduce by half the percentage of people who suffer from hunger.

### **Poverty**

In sub-Saharan Africa, there has been no significant change in the percentage of people who live in extreme poverty. The rate was 58 per cent in 1999 and fell to 50 per cent in 2005. However, the number of Africans living in poverty has actually increased, by 100 million between 1990 and 2005. Half of Africa's poor lived on only 70 cents a day in 2005. Poor people who do not produce their own food are most seriously affected when food prices rise, since they spend a larger percentage of their incomes on food than people with more money. Higher food prices are expected to push more people into poverty.

### **Jobs**

About 79 per cent of working-age men in sub-Saharan Africa are employed, but half earn less than \$1.25 a day (only 55 per cent of women earn even that). For millions, jobs provide little relief from poverty because they pay so little. More than three quarters of African women are working for themselves or as unpaid labour in family businesses. When they lose their jobs or can no longer work, they have no way to meet their expenses — there is no “safety net.” Women are more likely to be in such vulnerable employment.

### **Hunger**

Since the 1970s, crop yields in Africa have stagnated, leading to a drop in the amount of food available to each person. Without emergency assistance, the recent increases in food costs can worsen the situation. Climate change, which contributes to droughts, floods and failed harvests, further threatens the food supply of millions of Africans.

### **What is needed now?**

- Increase emergency food assistance to Africa.
- Support Africa's farmers to be more productive.
- Remove obstacles to an open and fair global trading system, which still obstructs African agricultural exports to the world's largest and wealthiest markets.
- Bring the World Trade Organization's Doha Development Round negotiations to a successful conclusion, including by removing Northern agricultural subsidies and high tariffs against Africa's processed agricultural goods.
- Launch an African “Green Revolution,” as outlined in NEPAD's Comprehensive African Agriculture Development Programme (see *Africa Renewal* magazine, January 2004, [www.un.org/AR](http://www.un.org/AR)).

### *The good news*

If African farmers can obtain fertilizer, seeds and other inputs to produce and market more food than they consume, they can benefit from rising food prices. Targeted interventions work. Malawi's fertilizer subsidy programme shows that rapid gains are possible (see *Africa Renewal*, October 2008). School feeding programmes can reduce hunger and malnutrition in children, as well as in the community.

## **Goal 2: Ensure that all girls and boys attend and complete primary school**

The good news: The political will of African leaders and the international community, together with targeted investments, has led to significant gains.

### **Progress**

- In 2006, 71 per cent of children were enrolled in primary school, up from 54 per cent in 1991.
- Most countries posted gains. Some, such as Ethiopia, Mozambique, Kenya and Zambia, had large increases.
- About 95 per cent of children in North Africa complete primary school, up from 83 per cent in 1991.

- South Africa has the next highest proportion of children completing primary education.

### **Problems**

- Almost 30 per cent of children are not enrolled (some 38 million in 2006).
- Fewer children in countries in conflict or emerging from conflict are in school.
- Children in West Africa are less likely to complete primary school than those in other regions.
- Children from poorer households in the cities and in rural areas are less likely to go to school.

### **The way forward**

It has been shown that children will attend and finish primary school if:

- school fees are eliminated,
- school meals are provided,
- there is a safe school environment, and
- girls are encouraged to postpone marriage until later in life.

## **Goal 3: Promote equality between women and men and empower women**

African governments have pledged to empower women and improve their status. But only 23 countries have ratified the African Union Protocol on the Rights of Women. African governments need to redouble their efforts to integrate gender in national policies and to narrow the gender gap in their countries.

### **Education**

- In sub-Saharan Africa, nine girls are enrolled in primary school for every 10 boys.
- No region has a larger gap between educating girls and boys than sub-Saharan Africa.
- In North Africa almost the same numbers of girls go to secondary school as boys.

#### *What is needed*

Programmes that:

- encourage parents to register children's births,
- help poor parents send their children to school,
- discourage child labour, and
- support families affected by HIV and AIDS.

#### *The good news*

- When more teachers are women, girls are more likely to go to school.
- When both girls and boys are attending primary school in large numbers, girls are more likely to continue their education into secondary school.

### **Paid non-agricultural work**

In sub-Saharan Africa, women's participation in paid non-agricultural work is increasing slowly (31 per cent in 2005, up from 25 per cent in 1990). However, most women employed in non-agricultural jobs live in urban areas and have no security or benefits. In North Africa, few women are in paid employment (only 20 per cent in 2005, the same as in 1990).

#### *What is needed*

- Support for the majority of women who work in vulnerable "own account" jobs or as unpaid family workers.
- Equal pay for equal work.
- The removal of barriers to women's moving into higher-paying, more secure work.
- More donor aid for improving women's status in education, employment and political life.

### **Participation in political life**

In politics, women are gaining some ground, but men are still in control.

- Sub-Saharan women's representation in parliaments was 17 per cent in 2008, up from 7.2 per cent in 1990. In North Africa, it increased from 3 per cent in 1990 to 8 per cent in 2008.

- Almost 49 per cent of parliamentary seats in Rwanda are held by women.
- Africa elected its highest-ranking female politician in 2004 when Tanzania's Gertrude Mongella became president of the Pan-African Parliament, the legislative body of the African Union.
- Africa elected its first female head of state in 2006 (Liberia's President Ellen Johnson-Sirleaf),

#### *The good news*

Progress is made when there are:

- political will to ensure that women enter public and political life,
- a strong national women's movement,
- training and funding for women's election bids, and
- most importantly, analysts say, gender quota systems.

### **Goal 4: Reduce by two thirds the percentage of African children who die before their fifth birthday**

Overall, the news from sub-Saharan Africa is not good. Little progress has been made in improving survival rates for very young children. Out of every 1,000 live births, the number of children who died before their fifth birthday fell from 184 in 1990 to 157 in 2006. The situation is better in North Africa, where deaths of children under five were 35 per 1,000 in 2005, down from 82 in 1990.

#### **The good news**

There are some successes:

- Tanzania reduced its infant mortality rate by 30 per cent in the past five years.
- An international Measles Initiative provided support to targeted countries in Africa for vaccination coverage, and the percentage of children under two who received at least one measles vaccination increased from 56 per cent in 1990 to 72 per cent in 2006.
- Measles-related deaths fell by nearly 75 per cent between 1999 and 2006.

#### **Lessons learned**

- The lack of progress in child survival is directly related to the poor state of Africa's health services.
- If women giving birth in Africa were able to space their pregnancies at least 36 months, the death rate for infants would drop by 24 per cent and the rate for those under five would fall by 35 per cent.
- War and conflict are still leading contributors to deaths among children in some parts of Africa.

### **Goal 5: Reduce by three quarters the percentage of women and girls who die because of pregnancy or childbirth**

#### **What is happening**

- In sub-Saharan Africa, maternal mortality rates (the percentage of women dying from complications during pregnancy or while giving birth) showed a negligible decline of 1.8 per cent between 1990 and 2005.
- An African woman's chance of dying from pregnancy or in childbirth is 1 in 16 over her lifetime, compared with 1 in 3,800 in developed countries.
- Although the presence of a skilled birthing attendant can reduce the number of maternal deaths, in 2006 only 47 per cent of births were assisted by such an attendant (up from 42 per cent in 1990).
- Maternal deaths in North Africa dropped by one third between 1990 and 2005 and the percentage of women who received skilled assistance during childbirth increased from 40 to 75 over the same period.

#### **Reproductive health**

Sexual and reproductive health is vital for women's well-being. It also affects the emotional, social, and economic health of their families and the societies in which they live. Access to reproductive health services — including contraception,

medical personnel trained to detect problems early and emergency gynecological and obstetric care — can lower maternal death rates. Preventing unplanned pregnancies can reduce maternal deaths by one fourth (including those that result from unsafe abortions).

In sub-Saharan Africa, contraceptive use by women who are married or in stable unions increased from 12.3 per cent in 1990 to 21.3 per cent in 2005. But there is still a wide gap between the demand for contraception and its availability. If contraception were available to all women and adolescent girls who request it, the maternal death rate in sub-Saharan Africa could drop by as much as 39 per cent.

### **What can be done?**

Support low-cost actions that can:

- make contraception more affordable and available to women and girls,
- train women and men in the community to be skilled birth attendants,
- provide adolescent girls and boys with services that are sensitive to their needs, and
- link sexual and reproductive health programmes to those addressing HIV/AIDS.

## **Goal 6: Combat HIV/AIDS, malaria and other infectious diseases**

The goals: to halt and begin to reverse the spread of HIV/AIDS by 2015; to achieve, by 2010, access to HIV/AIDS treatment for everyone who needs it; and to halt and begin to reverse the spread of malaria and other major diseases.

### **HIV/AIDS**

Despite small victories, sub-Saharan Africa continues to be the region most affected by HIV/AIDS. Two thirds of all people in the world living with HIV are in Africa (22 million). Three quarters of all global AIDS deaths annually are in Africa (1.4 million). And some 1.9 million Africans are newly-infected with HIV each year. The situation varies from country to country:

- The epidemic appears to have stabilized in most countries, although often at very high levels, particularly in Southern Africa, where 5.7 million people are living with HIV.
- West Africa has been less affected and the situation appears to be stable or improving in Burkina Faso, Côte d'Ivoire, Mali and Nigeria.
- In sub-Saharan Africa, the proportion of women living with HIV is growing, from 54 per cent in 1990 to 59 per cent in 2007. In North Africa, it rose from 20 per cent to 29 per cent in the same period.

#### *The good news*

The proportion of sub-Saharan women living with HIV who are receiving anti-retroviral medications increased from 21 per cent in 2006 to 30 per cent in 2007, and in North Africa from 24 per cent to 32 per cent in the same period. There are also indications that prevention programmes are working. In Zimbabwe the percentage of pregnant women attending antenatal clinics who were also HIV-positive decreased from 26 per cent in 2002 to 18 per cent in 2006. In Botswana, the proportion of pregnant teenagers who were also newly-infected fell from 25 per cent in 2001 to 18 per cent in 2006.

#### *The bad news*

The demand for anti-retroviral therapy far outstrips availability in many countries. There is evidence that with the higher cost of food, some people have stopped taking HIV medicines, which should be taken with food to avoid debilitating side effects, such as nausea and vomiting.

### **Malaria**

Malaria is the leading cause of death in children and pregnant women in many African countries. Many children who survive a bout of severe malaria suffer from learning difficulties or even brain damage. The proportion of children with malaria-related fever who received medication dropped in sub-Saharan countries from 41 per cent in 2000 to 34 per cent in 2005. Of these, only 6 per cent were treated with newer, more effective combination malaria drugs, known as ACT.

### *The good news*

- The number of children younger than five sleeping under insecticide-treated bednets tripled between 2001 and 2006 in African countries for which data is available.
- The UN Children's Fund (UNICEF) and the Global Fund to Fight AIDS, Tuberculosis and Malaria have increased their distribution of treated bednets (from 7 mn in 2004 to 20 mn in 2007 by UNICEF, and from 1.35 mn to 18 mn for the same years by the Global Fund).
- Funding for and procurement of combination therapy has increased markedly since 2005 and nearly all sub-Saharan countries are promoting it.

### **Tuberculosis**

In sub-Saharan Africa, the number of people diagnosed with tuberculosis (TB) almost doubled between 1990 and 2006 (not counting people who also have HIV). Since TB is contagious, wiping out the disease depends on catching it early and treating it effectively. However, only 46 per cent of cases in Africa are detected, far too few to come close to the target of halving the number of people with TB by 2015.

## **Goal 7: Ensure environmental sustainability**

### **Targets**

- Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.
- Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss.
- Reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation.
- Achieve significant improvement in the lives of at least 100 million slum dwellers by 2020.

### **What is happening**

- Despite binding reduction commitments under the Kyoto Protocol, CO<sub>2</sub> (carbon dioxide) greenhouse gas emissions from developed countries continue to rise, reaching 12 bn tonnes in 2005. Sub-Saharan African nations, as developing countries, are exempt from Kyoto emissions cuts, but produced a total of just 0.7 bn tonnes. Emissions in developed countries averaged 12 metric tonnes per person in 2005 compared to 0.8 tonnes per person in sub-Saharan Africa.
- Some 21.8 per cent of Africa's land mass is forest cover, a figure that reaches about 36 per cent in sub-Saharan Africa. African forests suffered the second highest rate of deforestation in the world, losing nearly 64 mn hectares, between 1990 and 2005.
- The percentage of land and marine areas set aside for biodiversity and soil and water conservation increased slightly in Africa, from 8.5 per cent to 9.5 per cent, compared to a 5.2 per cent increase for all developing countries and a 4.2 rise for developed countries.
- Globally, about 50 per cent of commercial species are at or near their maximum sustainable catch, while the remaining species are classified as overexploited, depleted or recovering. Africa contributes little to the depletion of world fish stocks, although some inland species are at risk of overexploitation. Africa consumes less fish per capita (8.2 kg per year) than any other region, and less than half the world average.
- Water resources are unevenly distributed in Africa. There are extreme shortages in North Africa, parts of Southern Africa and in the Sahel region, while much of West, Central and East Africa have water in comparative abundance. In 2004 Africa used an average of 5.5 per cent of its available water resources, among the lowest levels in the world, largely because of the lack of infrastructure.
- In sub-Saharan Africa, access to improved drinking water increased from 49 per cent of the population in 1990 to 58 per cent in 2005. In North Africa it rose from 88 per cent to 92 per cent.
- Less than a third of people in sub-Saharan Africa used improved sanitation facilities in 2006, although the percentage is up from 26 per cent in 1990. About 25 per cent of the population in the region lacks any form of sanitary facility.
- In 2005, 62 per cent of sub-Saharan African urban dwellers lived in slums, and half of those lived in extreme deprivation.

## **What can be done?**

Africa and its development partners should fully finance the \$5.8 bn annual budget of the African Development Bank's Rural Water Supply and Sanitation Initiative and reverse the decline in agriculture. Developed and industrializing developing countries should take concrete measures to reduce greenhouse gas emissions and ensure the full financing of funds established under the Kyoto Protocol to assist Africa in coping with climate change. Mechanisms should be established to promote the transfer of green technologies and finance forest preservation. African efforts to enforce existing treaties and protocols on biodiversity and conservation should be vigorously supported.

### *The good news*

Africa's rate of deforestation slowed from an average of 4,375,000 hectares per year between 1990 and 2000 to 4,040,000 hectares a year between 2000 and 2005. Progress towards most other targets for environmental sustainability is being made, however slowly. African ownership of environmental sustainability is improving in many countries and public awareness is on the rise. Renewed commitment to revitalize African agriculture has the potential to slow the pace of African urbanization.

### *The bad news*

High poverty levels and inadequate domestic and international financial flows are slowing progress. Deforestation rates remain the second highest in the world, while the lack of water and sanitation facilities falls with particular severity on women. Global efforts to curb greenhouse gas emissions are lagging. Far greater financial resources and political commitment are needed.

## **Goal 8: Build a global partnership for development**

In contrast to the numerical targets incorporated into the other MDGs, the objectives of Goal 8 are broad and address the quality of relationships between partners in the development process. This section focuses on several of these, including official development assistance (ODA), debt and aid effectiveness, which are critical to Africa's progress on the rest of the MDGs.

### **Aid**

The international community has long recognized an obligation to assist African and other poor countries with development finance. In 1970 most industrialized countries pledged to provide 0.7 per cent of their gross national income (GNI) annually in development aid. But to date only five countries — Denmark, Luxembourg, the Netherlands, Norway and Sweden — have reached that figure. In 2007, the average ratio of ODA to national income among donor countries in the Organization for Economic Cooperation and Development (OECD) was 0.28 per cent.

Donors have made numerous commitments to increase both the quantity and the quality of ODA, including:

- to double aid to Africa by 2010, a commitment that, at current exchange rates, would generate more than \$62 bn in ODA to Africa in that year,
- to earmark a minimum of 0.15–0.20 of donor GNI for aid to the 49 least developed countries (LDCs), 32 of which are in Africa, and
- to improve aid quality by making ODA more predictable, aligning aid with national development priorities, improving country-level coordination among donors and holding all partners mutually accountable for results.

Developed countries are lagging in their ODA commitments. Globally, OECD aid rose only 2.4 per cent in 2007, when debt relief is excluded. Africa has fared better, with its aid flows increasing by 10 per cent in 2007, but the rate of increase is not sufficient to reach the 2010 goal. Donor countries will need to dramatically scale up aid levels for Africa over the next two years to get back on schedule.

### *Agriculture, infrastructure*

There are also concerns about the focus of ODA flows to Africa. Much of the recent increase in aid is a result of debt relief and humanitarian assistance and does not reflect additional resources available to finance development programmes. The shift of ODA to health, education and other social services over the past 30 years, while important for overcoming past neglect, has been accompanied by a decline in aid for productive sectors.

That shift has been most pronounced in agriculture, the mainstay of most sub-Saharan African economies. ODA for agriculture declined from 17 per cent of total aid in 1980 to 3 per cent in 2006, a drop from \$8 bn in 1984 to \$3.4 bn in 2004. The decline has been accompanied by deepening rural poverty and widespread malnutrition.

UN Secretary General Ban Ki-moon has cautioned that “there is need to ensure that the recent emphasis on the social sectors does not lead to a neglect of infrastructure and productive sectors, which are important to stimulate growth, generate employment and reduce poverty.”

### **Aid effectiveness**

In addition to increasing ODA flows, donors and recipients have also worked to increase aid effectiveness, adopting 12 benchmarks to assess progress, including:

- greater “ownership” of the development process by recipient governments,
- less “tying” of aid to the purchase of goods or services from donor country suppliers,
- stronger alignment of donor priorities with national and regional development programmes,
- more policy coherence and coordination among donors, and
- mutual accountability between donor and recipient governments and between governments and their parliaments and civil societies.

Here too progress has been slow and uneven. Less than half of ODA was aligned with recipient development plans or received on schedule in 2006. Fully 18 per cent remained “tied.” Nearly two thirds was restricted to specific projects, instead of being made available for general budgetary support, thus hampering national ownership and creating a major administrative burden for recipients.

### **Debt relief**

Africa and its development partners have made the greatest progress on debt relief. Since the launch of the Heavily Indebted Poor Countries (HIPC) initiative in 1996 to reduce bilateral debt and the Multilateral Debt Relief Initiative (MDRI) in 2005 to cancel debts owed to the IMF, the World Bank and the African Development Bank, Africa’s official debt dropped from \$205.7 bn in 1999 to \$144.5 bn in 2007.

The total external debt of sub-Saharan Africa, to both public and private creditors, declined from \$240.4 bn in 2000 to \$200.9 bn in 2007. Debt service, which absorbed nearly 5 per cent annually of the sub-continent’s gross domestic product in 2000, now accounts for 2.9 per cent.

Nineteen African countries have completed the HIPC and MDRI programmes, but 14 more are still awaiting final approval. Relief should be expanded to middle-income and other non-HIPC countries in Africa. Some post-HIPC countries, battered by rising energy and food costs, are again accumulating high levels of debt, increasingly to private creditors and non-OECD government lenders. African debt to private lenders rose from \$92 bn in 1999 to \$110.2 bn in 2007. This trend makes it important that all creditors, including private creditors, join debt relief initiatives.

### **Primary sources**

*The Millennium Development Goals Report 2008*, United Nations, 11 September 2008.

*Achieving the Millennium Development Goals in Africa: Recommendations of the UN Secretary-General’s MDG Africa Steering Group*, June 2008.

*Delivering on the Global Partnership for Achieving the Millennium Development Goals*, report of the UN Secretary-General’s MDG Gap Task Force, August 2008.

*Assessing Progress in Africa towards the MDGs, 2008*, UN Economic Commission for Africa/African Union, 6 March 2008.

*Economic Report on Africa 2008*, UN Economic Commission for Africa.

## **High-level meeting on Africa's development needs United Nations, New York, 22 September 2008**

United Nations Department of Public Information, [www.un.org/AR](http://www.un.org/AR)

