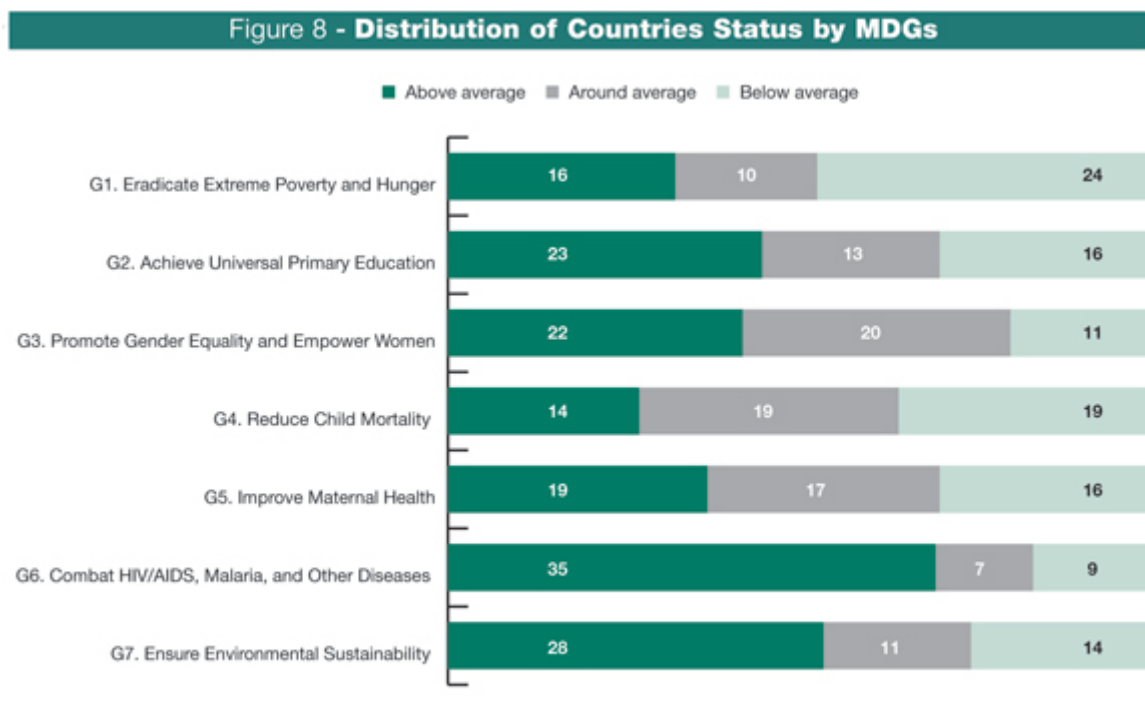


The Millennium Development Goals: Progress Report

(African Economic Outlook, 2009)

Just six years from the deadline set by the international community for achieving the Millennium Development Goals (MDGs), world reports indicate that with the exception of North Africa, none of the Sub-Saharan African countries is currently on track to attain all of the goals by 2015. This broad statement however, inevitably conceals the variety of the results obtained by each country, and more particularly, the striking progress made by some.

For several years now, the economic and political context in Africa has been developing favourably with good economic performances and a significant drop in the number of countries suffering from civil conflict. Several African countries have conducted strict macroeconomic policies and have launched democratic and growth acceleration reforms. However, rising world prices for food products combined with the global slowdown in economic growth and the ever-present risk of conflict and long-term climate change are undermining the conditions for growth and attaining the MDGs. The repercussions of the food crisis and climate change on the ability of African countries to eradicate poverty and attain human development goals makes it all the more imperative that MDGs be integrated into national programmes, backed up by a reinforced commitment by political actors and by financing from development aid institutions.



Source : African Development Bank.

The table Main Progress towards Achieving the Millennium Development Goals is the outcome of the application of a methodology calculating a measure of progress for each goal. This

indicator is obtained by comparing the current rate of growth with the rate of growth necessary to attain the goal by 2015. Four levels of progress have thus been identified: “early achiever” meaning that the goal is already attained or will be by the expected deadline; “on track” meaning that the country is on course to attain the goal; “off-track” if progress is slow, and lastly, “regressing” signaling a reversal in the trend towards the goal. Figure 8 - Distribution of Countries Status by MDGs shows the distribution of African countries according to each country’s indicator value.

The measurement of progress towards each goal enables us to take account of the work remaining to be done.

Goal 1 - Reducing extreme poverty and hunger by half

Target 1 – Reduce by half, between 1990 and 2015, the proportion of the population whose income is less than 1 USD a day

Significant progress has been registered in terms of reducing poverty in Sub-Saharan Africa, which went from 58 per cent in 1999 to 50 per cent in 2005. Of the 48 countries for which data is available, alongside the countries of North Africa, Cameroon, Cape Verde, Mauritania, Senegal, Kenya and Ghana registered the best performances and have every chance of attaining the goal. Likewise, Benin, Republic of Congo, Guinea, Swaziland and Uganda are on target, although these countries exhibit poverty rates that are higher than average.

However, more than half of African countries exhibit either deteriorating poverty or insufficient progress to reverse the indicator’s historic trend. This applies mainly to the countries of Western Africa (10 countries) and Southern Africa (9 countries). If trends continue, none of these countries will manage to obtain the goal. Even more alarming, some of these countries have poverty rates that are substantially higher than the average and they risk being completely marginalised. Despite good economic performances and an improved political climate, growth was not sufficient to speed up poverty reduction. Strong initial inequalities combined with demographic growth have prevented growth from adequately reaching the poorest sections of the population.

Furthermore, the ability of African countries to reach this goal is currently compromised by upheavals in the world economy with rising food prices and financial turbulence liable to destroy former progress. In light of these developments and with a high proportion of the poor in rural areas combined with low agricultural productivity, emergency measures to promote a sustainable improvement in agricultural productivity have become imperative.

Target 2 – Reduce by half, between 1990 and 2015, the proportion of the population who suffers from hunger

In terms of combating hunger, the results are mixed. In Sub-Saharan Africa, the proportion of the population that is under-nourished fell from 32 per cent in 1990 to 28 per cent in 2005 but

efforts have been slow and insufficient to guarantee that the goal will be attained by 2015. In Sub-Saharan Africa, one third of the population concentrated in Central and Eastern Africa suffers from hunger. Angola, Chad, Djibouti, Ghana and Mozambique posted significant improvements. The incidence of hunger increased however in Republic of Congo, Burundi, Liberia, Guinea-Bissau and Comoros as well to a lesser extent in Botswana, Swaziland, Tanzania, Gambia, Sierra Leone and Madagascar. Lastly, in the countries of North Africa as well as in Mali, Mauritius, South Africa, Zambia and Zimbabwe progress has been modest.

Food security is facing new threats due to rising food and petrol prices, and an increasing population while a large part of the population resides in rural zones and agricultural productivity remains poor.

Goal 2 - Achieving universal primary education

Target 3 – Between now and 2015, give children everywhere, boys and girls alike, the means to complete a full course of primary schooling

Net primary enrolment rates

In Sub-Saharan Africa 23 million children attended school in 2006, whilst this figure was 16 million in 1999. In the region, primary enrolment rates increased 14 points between 1999 and 2006, from 56 per cent to 70 per cent. However, the strong rise in the number of primary-school aged children, which should grow by 26 million between now and 2015 necessitates increased efforts. Despite this progress, only 49 per cent of countries reached (18) or are on track to reach (8) the goal by 2015. Madagascar, Malawi, Mauritius, São Tomé and Príncipe, Seychelles, South Africa and Tanzania join the countries of North Africa that have already achieved the target. Certain countries with rates inferior to or near 50 per cent in 1990 recorded remarkable performances, thus attaining net enrolment rates in excess of 70 per cent in 2006. These include Benin, Ethiopia (with a rate rising from 22 to 71 per cent), Guinea, Malawi, Mauritania, Mozambique and Tanzania. The elimination of enrolment fees and the implementation of school-construction programmes particularly in rural areas doubtlessly explain the results. However, half of the countries in the region will not reach the target. In some, progress is practically inexistent (Central African Republic, Democratic Republic of Congo, Guinea Bissau, Sierra Leone and Somalia) or has even in some cases declined significantly as in Angola, Botswana, Cape Verde and Liberia.

Proportion of school children beginning the first year of studies in primary education and completing the fifth year

The enrolment of children in primary schooling is clearly a necessary step towards universal primary education, but it is not in itself sufficient. Increasing the completion rate in primary education poses a real challenge for the region. The performances registered in enrolment rates have not been accompanied by a sufficient increase in primary completion rates. In Sub-

Saharan Africa, more than 30 per cent of children enrolled in education do not complete the primary cycle (versus 10 per cent in North Africa). While net enrolment rates are close to 100 per cent in North African countries and exceed 85 per cent in 11 Sub-Saharan African countries, they are particularly weak in Burkina Faso, Central African Republic, Eritrea and Niger. Likewise, while the literacy rate has improved since 1990 (from 66.5 per cent in 1990 to 73 per cent in 2006), progress remains wholly inadequate to attain the goal of 100 per cent by 2015. In 2006, save for the countries of North Africa, only 10 countries in which the initial rates were already high recorded rates of between 80 and 90 per cent, while in 8 countries less than 50 per cent of youth are literate

Goal 3 - Eliminating gender disparity

The progress in eliminating gender disparities in access to primary education is the most striking. Gender gaps in education are weakest in Eastern Africa, followed by [South Africa](#) and North Africa, while Southern Africa exhibits the greatest disparities. Thus, 67.9 per cent of countries have reached or are on course to reach the target by 2015 and more than 80 per cent have a rate superior or close to the average. [Gambia](#), [Guinea](#), [Mauritania](#) and [Benin](#) have reached parity with gaps closing by more than 30 points since 1990. Some countries ([Mauritania](#), [Gambia](#), [Rwanda](#) and [Malawi](#)) exhibit moreover an advantage in favour of women. In contrast, disparities remain particularly high and register weak improvements in [Somalia](#), [Central African Republic](#), [Guinea Bissau](#) and [Chad](#). Lastly, four countries ([Cape Verde](#), [Eritrea](#), [Libya](#) and [Swaziland](#)) although close to the average in terms of status, have not progressed. Performances in primary education are to a lesser extent reproduced in secondary education where disparities between countries are correlated to those in primary schooling.

While the eradication of gender disparities in school enrolment represents a major development objective in itself, it is also imperative that women have the opportunity to enter the labour market and participate in political decision making. In this field, progress has been mixed. Thus, the reduction of gender disparities in labour market participation is not significant. On the other hand, representation of women in the political sphere while poor, is improving. Thus, in 12 countries the percentage of national parliamentary seats occupied by women more than doubled between 1990 and 2007. Rwanda exhibited the best performance with a rate of 56 per cent, followed by [Mozambique](#) (34.8 per cent) and [South Africa](#) (32.8 per cent). In contrast, the already high inequalities in [São Tomé and Príncipe](#) were maintained and they deepened further in [Chad](#) and [Mali](#).

Goal 4 - Reducing child mortality

Target 4 – Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Overall, the under-five child mortality rate fell by 12.85 per cent for Africa as a whole between 1992 and 2007, while an annual rate of decline of 8 per cent is needed if the goal is to be attained on time. Child survival presents a real challenge for the region. But this broad trend however, conceals variations between regions and between countries. While the rate receded

by 55 per cent in North Africa, this trend was reversed in Central Africa where child mortality increased by 13 per cent. Only 32.7 per cent of countries have attained or are on course to attain the goal by 2015. Besides the North African countries, some countries (Eritrea, Malawi, Mauritania, Namibia, Comoros and Gabon) with initially high mortality rates made remarkable progress by having already attained the goal (with a more than 45 per cent reduction). Likewise, Gambia, Madagascar, Uganda and Djibouti, all on course, recorded rates of decline of about 40 per cent. However, in 31 countries, performances are distinctly inadequate and four countries (Democratic Republic of Congo, Côte d'Ivoire, Nigeria and Angola) exhibited a deterioration of the indicator. A significant proportion of countries with below-average ranking followed. In addition, there is a strong correlation between the status and performance in Goal 1 and the position achieved in terms of infant mortality. Deaths are attributable to poverty responsible for increasing malnutrition and declining conditions of hygiene thus reducing immune system defences and causing diseases that could have been prevented by immunisation. Measles is the leading cause of death in children in Africa before AIDS, tuberculosis and malaria (World Health Organization, 2008). While vaccination coverage against measles has registered an improvement in Sub-Saharan Africa (56 per cent in 1990 and 72 per cent in 2006), it remains inadequate to effectively ensure children's chances of survival. Beyond the average trends, it appears that the scale of the challenge of child survival varies from one country to the next. A number of countries, even poor ones, have displayed noteworthy performances (Eritrea, Malawi and Namibia) raising the possibility that progress is possible with political will, adequate resources and targeted strategies.

Goal 5 - Improving maternal health

Target 5 – Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

The performance of the maternal mortality ratio in Africa signals an urgent need for action in order for goal 5 to be attained. According to a WHO study (2008), almost 265 000 maternal deaths, or half of global maternal deaths were recorded in Sub-Saharan Africa. The number of maternal deaths per 100 000 live births varies from 2 100 in Sierra Leone to 23 in Mauritius, with 8 countries registering rates of over 1 000. With a less than 1 per cent reduction in the ratio between 1990 and 2007, a great deal of ground remains to be covered to reach the target. With the exception of Eastern Africa, which experienced a 49 per cent reduction from relatively high initial rates, in other regions maternal health has stagnated or declined.

Only 26.9 per cent of countries made sufficient efforts to reach the target by 2015. While Mauritius, Cape Verde, Tunisia and South Africa have reached the target from poor starting ratios, Rwanda, Eritrea, and Mozambique have performed remarkably well reducing mortality by more than 50 per cent (or more than 60 per cent for some). With ratios now below 1 000, this progress has enabled these countries to improve their standing in terms of this target. In contrast, in 21 countries, maternal health has deteriorated with increases in the mortality ratio sometimes in excess of 60 or 70 per cent. The situation is particularly worrying in Liberia, Guinea, Mali, Malawi and Central Africa Republic where ratios are near the critical threshold of

1 000 as well as for Sierra Leone and Angola for which the ratio of 1 000 appears increasingly out of reach.

Maternal mortality is linked to complications arising from pregnancy or childbirth. The main causes, in decreasing order of importance, are: haemorrhage; sepsis and infections, including HIV; hypertensive disorders; complications following abortion; and obstructed labour. In Niger the risk of maternal mortality over a lifetime is highest, with a mortality rate linked to pregnancy of 1 in 7, compared with 1 in 3300 women in Mauritius (1 in 15 women in Mali). Lastly, the number of adolescent pregnancies represents a risk factor. Despite a noticeable decrease since the 1990s (from 121 per 1 000 in 1997 to 103.5 in 2007), adolescent fertility remains particularly high in Southern Africa (185.3) and Western Africa (124.1); with a rate of 218.8, Liberia has the highest level of adolescent births. These causes could be avoided through improved access to and quality of health care for women, universal access to reproductive health services, access to family planning, prevention of unwanted pregnancies and improved education levels of women. In 2007, only 50 per cent of women gave birth under the supervision of a qualified health worker, compared with a rate of 45 per cent in 1990 with strong country differences, ranging from 10 per cent in Ethiopia to 95 per cent in Algeria. Even when initiatives existed, they could be beyond the reach of the poorest segments of the population. Beyond the challenge of inadequate quality, access to health services can be determined by place of residence in the absence of good communication infrastructure between urban and rural areas, as well as by household wealth or the education level of women.

Goal 6 - Combating HIV/AIDS, malaria and other disease

Target 6 – Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

The target of halting the spread of HIV/AIDS is beyond the reach of Africa by 2015. In 2007, 22 million adults in Sub-Saharan Africa were living with HIV and 1.5 million deaths were due to AIDS. Although HIV prevalence was stabilising in some countries, the rate went from 2.1 per cent in 1990 to 4.9 per cent in 2009. Southern Africa continues to register the highest rates (higher than 15 per cent, or even more than 20 per cent) contrasted with rates of below 10 per cent in Western, Central and North Africa. Only Ghana, Kenya and Rwanda appear to have reached the target. Likewise, Uganda, which had an initial rate of 13.7 per cent, has achieved sufficient progress to reverse the trend. In contrast, in more than 80 per cent of countries, the HIV infection rate has not sufficiently reduced or, on the contrary, has increased. A defining characteristic of the illness is the speed with which it has spread. In South Africa, Lesotho and Swaziland the infection rate grew from less than 1 per cent to in excess of 20 per cent. Women are those most affected by HIV (59 per cent); infection rates of pregnant women are very high which increases the risk of transmission to children. Furthermore, the increase in the number of AIDS orphans presents a real development challenge in Africa with negative effects on other development objectives. In Southern Africa, more than 70 per cent of orphaned children are due to AIDS. Even in areas where HIV infection rates have stabilised, the number of orphans continues to rise due to the delay between the time a person contracts and dies from the

disease. While effective treatments exist, access to them remains unequal from country to country. In Namibia and Botswana, more than one third of those needing antiretroviral treatment receive it, while only 10 per cent in Ethiopia, Lesotho, Mozambique, Nigeria, Tanzania and Zimbabwe receive treatment. An effect of the HIV epidemic has been to increase the number of cases of tuberculosis. Despite existing treatments and an 84 per cent immunization rate, the incidence of tuberculosis has not fallen except in North Africa, Ghana, Mali, Mauritius, São Tomé and Príncipe, Seychelles and Somalia. The number of cases of tuberculosis is at the highest in Southern Africa with Swaziland leading (1 262 cases per 100 000). Southern Africa also has registered the strongest increase compared with other regions with prevalence increasing by 58 per cent between 1990 and 2005.

Goal 7 - Ensuring environmental sustainability

Goal 7 focuses on ensuring environmental sustainability by improving access to clean water and sanitation supply systems.

Despite an increase in the coverage rate of the population with access to safe water from 56 per cent in 1990 to 64 per cent in 2006, this progress is insufficient for all African countries to achieve the target by 2015. In terms of status, 14 countries have coverage rates below 55 per cent; Ethiopia registers the lowest rate and Mauritius the highest. In addition, access to clean water is higher in urban areas than in rural ones (85 per cent versus 51 per cent). From the point of view of performance, slightly more than 60 per cent of countries (32 countries) have reached or are on track to reach the goal. Thus, starting from a relatively poor initial rate, Namibia, Liberia, Lesotho and Ghana have achieved significant progress. The trend is equally promising for Angola, Central African Republic, Mauritania and Mali. However, 14 countries appear to have performed poorly exhibiting either inexistent progress (Seychelles) or a reduction in their coverage rate (Algeria, Comoros, Republic of Congo, Equatorial Guinea, Ethiopia, Somalia). The challenge lies in extending coverage to the poorest segments in rural zones and urban slums.

Even more worrying is the situation regarding access to sanitation services. Africa has made little progress on this front, with a sanitation rate of 33 per cent in 1990 rising to just 38 per cent in 2006. Coverage is highest in North Africa and lowest in Western Africa. However, access to sanitation is key for other sectors such as health, the environment and education, but also for attaining gender equity. Demographic growth and the acceleration of urbanisation with increasing growth of slums will inevitably aggravate the situation to the detriment of health and the environment. Lastly, given the demographic growth outlook, the real challenge is not to reduce the gap between those with access to safe water and sanitation to reach the goal, but to make provision for all of those needing services who will be born by 2015.

Goal 8 - Developing a global partnership for development

To fulfil the first seven MDGs, donors must contribute even more aid, make debt relief grants more sustainable and opt for more equitable trade regulations. Yet progress has been largely inadequate except in terms of external debt relief.

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