Assessing Progress in Africa toward the Millennium Development Goals

MDG Report 2009

Economic Commission for Africa

African Union

African Development Bank Group

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Foreword

The year 2008 was characterized by three defining crises – the food crisis, the fuel crisis, and the global financial and economic crisis – the ripple effects of which are still being felt in 2009 and the aggregate of which is yet to be fully determined. The impact of these crises on poor regions has been severe. The number of poor and hungry people has risen across the developing world, but more acutely in Africa. This number is likely to increase, depending on the severity and duration of the current global economic recession.

It is against the background of these crises that our three pan-African institutions prepared the report, *Assessing Progress in Africa toward the Millennium Development Goals, 2009*. The impetus for this report comes from two sources: the 2005 United Nations Economic Commission for Africa (ECA) Conference of Ministers of Finance, Planning and Economic Development in Abuja mandated the Commission to prepare an annual report on progress toward the Millennium Development Goals in Africa, and second the 2005 Sirte Decision of the African Union, which mandated the African Union Commission (AUC), in collaboration with ECA and the African Development Bank (AfDB) to annually prepare status reports on progress toward attaining the Millennium Development Goals (MDGs) in Africa.

There is little doubt that the global economic slowdown has had an adverse impact on African economies and presents a new challenge to achieving the MDGs in the region. However, this report does not capture the impact of the crisis on progress toward the targets of the MDGs because it is based on UN data derived prior to the outbreak of the crisis. While availability of data remains a constraint in the analysis of progress toward the MDGs in Africa, this report notes that the situation is improving in this respect. This is in large measure due to the efforts of African National Statistics Offices to collect data at the national level for reporting purposes and also to scale-up advocacy for data development throughout the region. Nonetheless, as underscored in previous reports, data gaps remain a serious constraint for monitoring and reporting of progress toward the MDGs in Africa. It is thus imperative that Member States sustain and intensify their efforts to improve national statistical systems.

The overall message of this report is that progress toward the MDGs remains on course, albeit unevenly across some goals and subregions. The report testifies to the fact that African countries, with the support of their development partners, are scaling up efforts to accelerate progress to achieve the MDGs. Significant progress has been made on primary school enrollment, gender parity, women's empowerment, and access to improved sanitation and safe water. Sadly, progress on the health MDGs remains poor. In addition, the incidence and prevalence of tuberculosis is increasing in some subregions of the continent.

Overall, at current rates, the continent continues to lag on many of the goals. Consequently, aid remains essential if gains are to be safeguarded and future achievements secured. However, some of Africa's development partners have still to honor the commitments they made at the G8 Summit in Gleneagles. The current global financial and economic crisis should not be seen as an excuse for scaling down much-needed development assistance. Reduced global trade will harm all countries, developed and developing alike. Current financing constraints make it even more important for donors to ensure, in keeping with the Paris Declaration, that aid is predictable, transparent, and aligned with African countries' policy priorities.

A group of experts from African Member States reviewed the draft of this report at a meeting held in April 2009 in Addis Ababa, Ethiopia. We thank them for their contributions and for helping to enhance the quality and relevance of this document. The final version of the report was presented at the second joint ECA Conference of Ministers of Finance, Planning and Economic Development and the AU Commission Conference of Ministers of Economy and Finance, held in June 2009, in Cairo, Egypt and at the African Union Heads of State Summit held in Sirte, Libya in July 2009.

The objective of this report remains the same: to provide the latest Africa-specific MDGs analysis and to contribute to the development of policies to accelerate progress toward achievement of the MDGs in our region. We commend this report to all stakeholders in African development and more importantly to our Member States.

Abdoulie Janneh
Executive Secretary
Economic Commission
for Africa

Jean Ping
Chairperson
African Union Commission

Donald Kaberuka
President
African Development Bank

Acknowledgments

This report is the joint product of the United Nations Economic Commission for Africa (ECA), the African Union Commission (AUC), and the African Development Bank (AfDB). It was produced under the overall guidance of the United Nations Under Secretary-General and Executive Secretary of ECA, Mr. Abdoulie Janneh, the Chairperson of the AUC, Mr. Jean Ping, and the President of the AfDB, Dr. Donald Kaberuka. The report was presented at the second joint ECA Conference of Ministers of Finance, Planning and Economic Development and the AU Commission Conference of Ministers of Economy and Finance, in June 2009, in Cairo, Egypt. A slightly expanded version of the report was presented at the African Union Heads of State Summit in Sirte, Libya, in June-July 2009.

The Report was put together by a team headed by Mr. Kasirim Nwuke, Chief MDGs/Poverty Analysis and Monitoring Section, African Centre for Gender and Social Development (ACGS) of ECA. Members of the core research and writing team, which was provided by ECA, included Adrian Gauci, Oumar Diallo, Elizabeth Woldermariam, and Souleymane Abdallah. Excellent research support was provided by Tsega H. Belai, Selamawit Mussie, and Jean Claude Ndabananiye. Azeb Moguesse provided high-quality administrative and logistical support and Berhanu Tesfaye competently handled publication-related matters. Dimitri Sanga of the African Center for Statistics (ACS) and Chukwudozie Ezigbalike of the Information Technology, Science and Technology Division reviewed and provided comments on early drafts of this report.

Under the supervision and general guidance of Dr. Maxwell Mkewezalamba, African Union Commissioner for Economic Affairs, the AUC team was led by Mr. Dossina Yeo and composed of Ndinaye Sekwi Charumbira, Rodolphe Missinhoun, Hussein Hassan Hussein, Rita Bissoonauth, Janet Byaruhanga and Leila ben Ali. René N'Guettia Kouassi, Director of Economic Affairs Department of the AUC coordinated the efforts. The AfDB team was led by Charles Lufumpa, Director of Statistics, and was composed of Beejaye Kokil and Maurice Mubila.

The first draft of the report was discussed in April 2009 at a meeting of experts from Member States co-organized by the AUC and AfDB in collaboration with ECA in Addis Ababa, Ethiopia. The countries represented at the ad hoc expert group meeting, along with the names of the experts were: *Algeria*: Mr. Ali Hafrad and Mr. Mokrane Djouadi: *Angola*: Mr. Miguel Gonçalves and Ms. Olim Constancia; *Burundi*: Mr. Balthazar Fengure; *Cameroon*: Mr. Issofa Nchare and Mr. Jean Marie Otele Ahanda; *Chad*: Mr. Ahmat El-hadj Hamida; *Comoros*: Mr. Hamadi Soalihy; *Congo*: Mr. Joachim Bassakinina; *Côte d'Ivoire*: Mr. Allassane El Banguia; *Egypt*: Mr. Karim Ismail; *Ethiopia*: Mr. Daniel Yilma, Mr. Dereje Ketema and Mr. Tamrat Yacob; *Gabon*: Mrs. Marie Rosine Mimie Itsana; *The Gambia*: Mr. Abdou Touray; *Equatorial Guinea*: Dr. Teodoro Ondo Mba; *Kenya*: Mr. Michael Oyugi and Michael Muthura Mwangi; *Lesotho*: Mrs. Ntsiuoa Jaase; *Liberia*: Mr. Ohyndis B. Sleweon; *Malawi*: Mrs. Charlotte Chinyama and Mr. Robert Msuku; *Mauritania*: Mr. Sidi Mohamed Ould Zenvour; *Mozambique*: Mr.

Abílio Gune and Mr. Eufrasio Gouveia; *Namibia*: Mr. Sylvanus Nambala; *Niger*: Mr. Ali Madai; *Nigeria*: Mr. J.C. Ejinaka and Mr. A. Jidda; *Senegal*: Mr. Thierno Seydou Niane; *Sierra Leone*: Mr. Solomon Scott; *Somalia*: Mr. Nur A. Weheliye; *Tanzania*: Mrs. S. Elide Mwanri; *Togo*: Mr. Komlanvi Odaye; *Tunisia*: Ms Jaballah Moufida; *Zimbabwe*: Ms. D.M. Mafoti. Also in attendance was Mr. Etienne de Souza from the UNDP Subregional Office for West and Central Africa.

Experts at the meeting of the joint Committee of Experts of the ECA Conference of Ministers of Finance, Planning and Economic Development and the AUC Conference of Ministers of Economy and Finance held in June 2009 in Cairo, Egypt provided additional comments.

The African Development Bank provided resources for printing the Report.

List of Acronyms and Abbreviations

AAA	Accra Agenda for Action
ACGS	African Center for Gender and Social Development
ACS	African Center for Statistics
ACT	Artemisinin-based Combination Therapy
AfDB	African Development Bank
AGOA	Africa Growth and Opportunity Act
ART	Antiretroviral Therapy
ATC	Agreement on Textiles and Clothing
AU	African Union
AUC	African Union Commission
CAR	Central African Republic
CDIAC	Carbon Dioxide Information Analysis Center
CFCs	Chlorofluorocarbons
DAC	Development Assistance Committee (OECD)
DOTS	Directly Observed Treatment, Short-Course
DRC	Democratic Republic of Congo
ECA	Economic Commission for Africa
EPAs	Economic Partnership Agreements
EU	European Union
FAO	Food and Agriculture Organization
GDP	Gross Domestic Product
GNI	Gross National Income
GTLP	Global Trade Liquidity Program
HBC	High-Burden Countries
HIPC	Heavily Indebted Poor Countries
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IAEG	Inter-Agency and Expert Group
IMF	International Monetary Fund
IMR	Infant Mortality Rate
ITNs	Insecticide-Treated Nets
LDCs	Least Developed Countries
MDGs	Millennium Development Goals
MDRI	Multilateral Debt Relief Initiative
MMR	Maternal Mortality Rate
ODA	Official Development Assistance
ODS	Ozone Depleting Substances
OECD	Organization for Economic Cooperation and Development
PPP	Purchasing Power Parity
SSA	Sub-Saharan Africa
SSM	Special Safeguard Mechanism
TB	Tuberculosis
U5MR	Under-Five Mortality Rate
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UN-HLE	UN High-Level Event
UNICEF	United Nations Children's Fund
UNSD	United Nations Statistics Division
WHO	World Health Organization
WTO	World Trade Organization

SECTION I: Introduction

Africa continues to make progress toward the achievement of the Millennium Development Goals (MDGs), but this progress remains uneven across goals and subregions. Progress in Sub-Saharan Africa (SSA) continues to considerably lag behind all other regions of the world. Nonetheless, during 2008 there continued to be high-level political support both inside and outside Africa for the MDGs. In July, at the African Union Summit in Sharm El-Sheikh, Egypt, African leaders discussed and adopted a resolution urging all countries to deploy every means necessary to achieve the targets by the set dates.

The Report of the United Nations Secretary-General's MDG Africa Steering Group was launched and considered at the AU Summit held in July 2008. In September, at the UN High-Level Event (UN-HLE) on MDGs, world leaders expressed concern about the slow rate of progress, especially on the human development indicators. In the MDGs Call to Action that resulted from the September UN-HLE, countries were requested to scale up efforts to achieve the MDGs. The Secretary-General's MDG Gap Task Force Report highlighted shortfalls in meeting Goal 8, on Partnerships, and urged major development partners to honor and fulfill their previous commitments on aid and trade.

On a more positive note, there have been significant improvements in data collection and monitoring, both in terms of reporting and in terms of coverage. This is largely due to enhanced efforts at the country level to collect MDG-relevant data by national statistical agencies. Improvements have been bolstered by intensified advocacy for data by continental institutions, such as the African Union Commission and the United Nations Inter-agency and Expert Group on MDGs indicators.

A number of new challenges to meeting the MDGs in Africa emerged in 2008. Notable among these were the fuel crisis, the food crisis, and the global economic and financial crisis. The global financial and economic crisis presents major obstacles to achievement of the MDGs in Africa, threatening to stall, erode, or reverse hard-won gains in the region. For example, preliminary evidence suggests that the slump in exports is resulting in an increase in poverty incidence. Artisanal mines have closed as a result of which many artisanal miners have lost their source of income. Inflation is rising, local currencies are depreciating, and the prices of staple foodstuffs and imported commodities are on the increase. These changes will have an adverse impact on the strength of national economies. In particular, balance of payments are deteriorating and are bringing in their wake many secondary effects such as shortage of imports and weak domestic currencies. In some cases, it is making it more difficult for governments to import medicines to advance progress toward the health targets. Lower incomes and reduced demand for finished goods will negatively impact manufacturing, leading to a rise in unemployment in many countries, and the possibility of social unrest. Governments have to be careful in the policy choices that they make to attenuate the impact of the crisis and ensure that these do not result in reversals of progress made to date.

To summarize progress made on specific goals and targets:

- **Goal 1:** Although data on income poverty are not readily available, the current crisis is likely to erode some of the progress already made in countries like Ghana in reducing the poverty headcount. The crisis could also undermine actions already taken by governments to reduce poverty.

- Progress toward full employment in the region has been slow, despite positive economic growth over recent years in many African countries. Labor productivity growth was positive across all regions during 2006 but it was not strong enough to accelerate progress toward full and decent employment for all. Labor productivity growth remains vulnerable to exogenous shocks and cyclicality.

- **Goal 2:** The region is on track to meet the primary education enrollment target. However, progress toward the target for primary completion, although improving, is unlikely to be achieved if current trends continue. The urban and income gradient in enrollment underscores the need to focus more attention on rural areas and poor households in order to meet the targets.

- **Goal 3:** The trend toward gender parity remains strong in primary education but the gender gap continues to be wide at secondary and tertiary levels. One encouraging sign is the growing number of women in national parliaments, as evidenced in recent elections in a number of countries.

- **Goals 4, 5, & 6:** Progress toward the health goals continues to present a serious challenge, particularly for child and maternal mortality rates. However, immunization coverage is approaching universality and is thus reducing infant mortality rates significantly in many countries. Reduction in the prevalence of HIV/AIDS is also being achieved, but not at a rate to reverse the spread of the disease.

- **Goal 7:** The proportion of the population with access to improved water supply and sanitation is growing but is mostly concentrated in urban areas. More effort needs to be directed to rural areas.

- **Goal 8:** Significant gaps in fulfilling the global partnership for development remain. These include the inability to conclude the Doha Round of trade negotiations, and the inability of major OECD/DAC countries to reach the ODA/GNI ratio target of 0.7 percent. The Economic Partnership Agreements (EPAs) continue to pose a risk to the African trade development. Meanwhile, trade with emerging economies like China, India, and South Korea is growing, particularly in the mining sector.

- The current global financial and economic crisis presents both opportunities and risks. In particular, it provides opportunities for African countries to deepen their financial systems, persevere with structural and economic reforms, and to adopt economic and social policies aimed at providing safety nets for the poor and socially vulnerable. Such actions will reinforce and secure progress already made toward achieving the MDGs.

Overall, this report reiterates much the same message as that of the 2008 Report: The continent is making steady progress on a few goals, but less so on others. There is no convergence either in levels or rates of progress across the subregions. Achieving the MDGs in North Africa though remains less of a challenge than in other subregions.

SECTION II:
Tracking Progress[1]

There have been some changes in the indicators[2] that are used to report and track progress. As noted earlier, there have been improvements in the reporting of data as well as in their coverage. This is due in part to stepped-up efforts by the Inter-Agency and Expert Group (IAEG) on MDG indicators and the national producers of data. Nonetheless, there is still insufficient data for tracking and reporting progress on a number of targets.

This report, like the two that preceded it, is based on data from the United Nations Statistics Division (UNSD), the internationally agreed authoritative repository of information for monitoring progress toward the MDGs at the global and regional levels.[3] The UNSD database has significant gaps though, and some of the data series are not up to date. For example, there continue to be critical gaps in the series on poverty and maternal mortality. This report has therefore drawn, when there was a need to, from other international but non-UNSD data sources as complements. Where non-UNSD data sources have been used, these are explicitly indicated. However for some targets (e.g. targets 8C and 8E) country level data are not even available, underscoring the need to intensify efforts to strengthen statistical systems in the region.

Box 1: On national and international data collection

There is intense debate in the region on whether or not MDG progress reports should be based on national or international data sources. However, this is something of a false dichotomy since data in the UNSD database, although reported with a time-lag, originate from national sources. The lag in reporting results from the need to harmonize data from different sources, which are collected using different methodologies. This results in some residual data differences between national and international data sets.

Monitoring MDGs at a level other than national therefore requires that the data be comparable across countries and use the same definitions, concepts, standards etc. Hence the need for a harmonized reporting mechanism such as the one put in place through the Inter-Agency and Expert Group on MDG indicators to feed the global database at the UNSD. In this context, reliance has been placed on the UNSD to ensure consistency and comparability across countries in cross-country analyses.

Fortunately, efforts have intensified in the recent past to improve data availability through UNSD. The international data collection and processing mechanism established to monitor and track progress toward the MDGs has led to enhanced cooperation among various stakeholders – from national producers, via regional and international organizations – to improve the global UNSD database.

1 All UNSD data used in this report are available at http://mdgs.un.org/unsd/mdg/Default.aspx

2 A listing of the official MDG indicators is presented in Annex 1 of this report.

3 This report is mostly based on 2006 data, the most recent year available at the time the report was being prepared.

Nonetheless, many challenges still constrain the capacity of countries to report their data on a timely basis and significant data gaps remain. In general, the major sources of data gaps, problems and differences between national and international sources are as follows: definitional problems, methodological issues, lack of recent data at the international level, lack of coordination at the national level, differences in population estimates in inter-census periods, lack of transparency in the estimation and modeling procedures by international organizations, delays in publishing results by National Statistical Offices, and lack of coordination within and among international agencies.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 1A – Halve, between 1990 and 2015, the proportion of people whose income is less than USD 1 a day

Reducing poverty continued to represent an urgent challenge for Africa in 2008, as it did in 2007. Unfortunately, due to the paucity of available information, data on the extent and depth of poverty in the region are largely estimates. Household surveys are infrequent and there continues to be considerable debate in the region on the appropriateness of the USD 1/day metric.[4] Recent positive economic growth has failed to deliver on poverty reduction. In 2008, the geography of poverty in Africa remained unchanged: poverty, as measured by the USD 1/day metric, remains endemic in all regions of the continent except North Africa, and continues to be concentrated in rural areas. Poverty is also concentrated in politically marginalized areas (i.e. areas that do not support the political party in power) and *in areas* in countries in conflict such as the eastern Democratic Republic of Congo, Sudan's Darfour region, and Nigeria's Niger Delta, or countries recovering from conflict[5] such as Sierra Leone, Liberia and Central African Republic. Similarly, poverty is concentrated in countries with hostile eco-systems and in landlocked countries such as Niger and Chad.

However, the UNSD does not have sufficient data to enable an assessment of progress on this score. The World Bank produces projections of headcount poverty based on purchasing power parity (PPP). While projections can help to fill a gap, they can present significant risks, such as over-estimating

4 There continue to be serious reservations on the continent regarding the use of this metric. Many argue that using USD 1/day does not fully capture non-monetary income, and that national poverty lines should be used instead, since they represent a much broader and fuller measure. However, in spite of these reservations, this USD 1 /day metric continues to be widely used to measure progress toward poverty reduction.

5 There were about 20 African countries experiencing conflict or post-conflict tension in 2008/9. These were: Nigeria, Cote d'Ivoire, Guinea, Guinea-Bissau, Liberia, Sierra Leone, Algeria, Morocco/Western Sahara, Eritrea, Ethiopia, Sudan, Kenya, Somalia, Zimbabwe, Burundi, Uganda, Democratic Republic of Congo, Central African Republic, Chad and Niger. There are residual tensions in Angola and Rwanda.

the lack of progress in African countries. Worrisome for many African countries is rising income inequality; progress in reducing poverty will be limited if vigorous action is not taken to address this.

Target 1B – Achieve full and productive employment and decent work for all, including women and young people.

This target, along with the indicators to measure progress associated with it, was introduced in 2007. There are sufficient data to measure progress on the growth rate of GDP per person employed, and the employment-to-population ratio is now available for monitoring and reporting purposes.

Indicator 1.4 – Growth rate of GDP per person employed

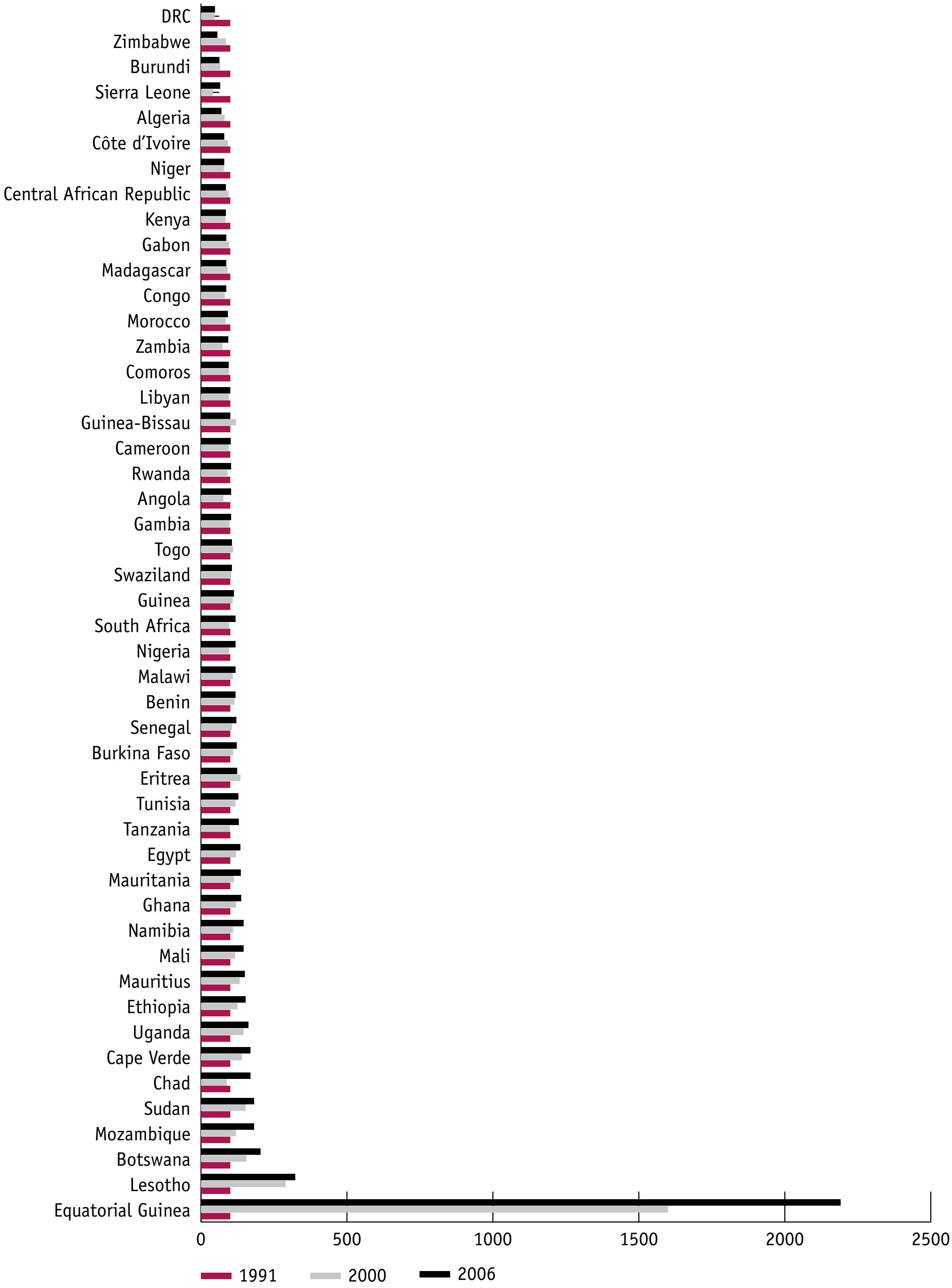
The growth rate of GDP per person employed, which is used as a measure for labor productivity growth, helps gauge the potential of economies to generate decent jobs. In countries where employment expansion is a key policy objective, rising labor productivity could present short-term difficulties in the sense that greater output will be produced with less labor. This short-run trade-off between labor productivity and employment disappears over the long term. Low labor productivity results in weak output expansion, sluggish product demand, and therefore weak demand for labor. But sustained increases in labor productivity raise GDP potential by allowing the same level of labor to generate a higher output or by cutting labor cost for firms, augmenting workers' incomes, increasing demand for products, and raising demand for labor. In addition, strong labor productivity growth sustains higher wages, thereby fueling domestic demand and income.

Analysis of the data for this indicator shows that, relative to 1991, labor productivity growth has been positive in all subregions of the continent, except in East Africa (see Figure 2). The impressive growth in labor productivity per person employed, which began in 2000 across all subregions of the continent, was due in part to increased mining and mineral resources activities, especially in Angola, Botswana, Chad, Equatorial Guinea, Lesotho, Nigeria, and Zambia.

There have been significant variations across countries in labor productivity growth. In Equatorial Guinea, Lesotho, and Botswana, it grew on average by almost 5 percent but declined by more than 3 percent in Burundi, Zimbabwe, and the Democratic Republic of Congo (DRC). The positive growth rate of GDP per person employed was sustained by the buoyant expansion of economic activity in the first group of countries. In Equatorial Guinea, output expansion was driven by oil, in Lesotho by water, and in Botswana by mining. Labor productivity declined in the second group of countries in part due to conflict, which resulted in a reduction in the efficiency of labor and therefore a severe contraction of aggregate demand.

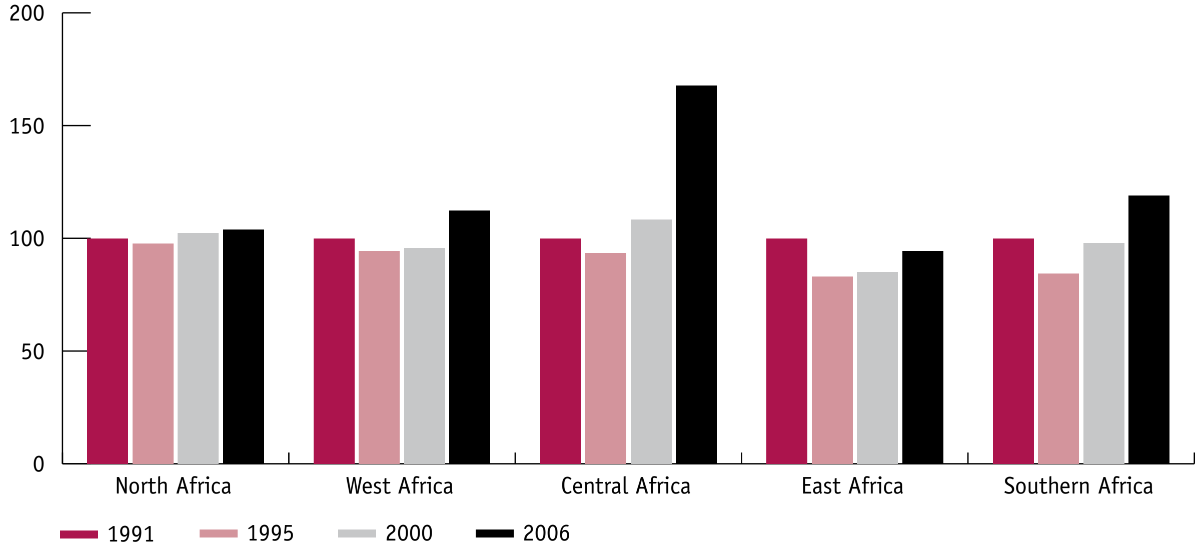
There are also significant subregional variations in output per person employed. Between 1991 and 2006, labor productivity was relatively stable in North Africa but significantly volatile in the rest of Africa. This is largely due to differences in the structure of production, with mining and other natural resources harvesting dominating output in all of Africa except the North.

Figure 1: Index of GDP per employed person by country



Source: ECA computations based on UNSD data, updated in July 2008. No data for five countries in 1991, 2000, and 2006.

Figure 2: Index of GDP per person employed across subregions (Base: 100=1991)



Source: ECA computations based on UNSD data, updated in July 2008. No data for five countries in 1991, 1999, 2000 and 2006.

In sum, labor productivity shows very limited progress across the continent. The challenge of generating productive employment remains as pressing now as it was in the 1990s.

Key to solving this problem is political stability. Across the region, there is evidence that in countries where there is political stability and a strong focus on infrastructure and social development, the private sector grows. This results over time in a decrease in unemployment.

Indicator 1.5 – Employed-to-population ratio
Available data indicate that the employment-to-population ratio remained virtually unchanged from 1991 to 2006 in Africa, although marginal variations took place across subregions. On the one hand, very modest increases occurred in Northern Africa, where the ratio increased slightly from 43.51 percent in 1991 to 45.05 percent in 2006. This subregion, however, still recorded the lowest employment-to-population ratio in the continent, due in large part to the weak participation of women and youth in labor markets. On the other hand, employment-to-population ratio in Central, East, Southern and West Africa declined very marginally from 1991 to 2006, despite the economic growth revivals witnessed during the period 2003-2006.

These subregional developments conceal important differences among individual countries (see Table 1). In countries for which data are available, employment-to-population ratio increased markedly in Algeria, Libya, and Zambia, while it declined significantly in Botswana, Cape Verde, Ghana, Lesotho, Mali, Namibia, Rwanda, and Senegal. A host of country-specific factors contributed to these trends.

Table 1: Changes in employment-to-population ratio, 1991-2006

Countries	>5% increase in employment-to-population ratio	Countries	>5% decline in employment-to-population ratio
Algeria	12.6	Botswana	12.5
Libya	7.1	Cape Verde	5.8
Zambia	6.5	Ghana	6.3
		Lesotho	17.3
		Mali	5.1
		Namibia	8.3
		Rwanda	5.2
		Senegal	5.1

Source: ECA computations based on UNSD data, updated in July 2008. No data for three countries in 1991 and 2006.

The end of the preferential treatment enjoyed by African textiles and clothing exports consequent upon the elimination of the Agreement on Textiles and Clothing (ATC) in January 2005 caused a severe contraction of the labor-intensive textile sector, thus shedding thousands of jobs in textile-dependent economies such as Lesotho. The combination of this reduction in employment and the steady labor force growth gave rise to lower employment-to-population ratios in these countries. By contrast, some countries such as Algeria and Libya witnessed impressive employment gains, sustained to a large extent by massive public works programs.

Overall, the employment situation on the continent is troubling, despite recent strong and persistent economic growth. The "joblessness" of recent growth remains a major cause of concern for policymakers and an impediment to the achievement of the employment-related MDGs in the region. Employment growth in Africa is likely to be further constrained by the worsening global economic and financial conditions. The army of the unemployed is likely to increase with a consequent impact on migration, social and political conditions.

Judged by performance on all three indicators, the continent is unlikely to achieve the target of full and productive employment and decent work for all, including women and young people, if current trends continue.

Target 1C – Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Up until 2008, Africa was making made steady progress in reducing the proportion of people suffering from hunger. However, that progress came under threat from the rapid escalation in food prices that began in early 2008, which undermined food security in the region. The problem of food insecurity is accentuated by the global economic and financial crisis, which is resulting in a deceleration of regional growth, putting pressure on average prices, the price of staples, imports, and agricultural inputs. Recent conflicts in the Central African Republic, Chad, Democratic Republic of Congo, Sudan, and Zimbabwe, are further undermining efforts to combat hunger and poverty.

Indicator 1.8 – Prevalence of underweight under-five year olds

Reporting on this indicator has deteriorated since 2000, when the UNSD database was able to provide data for 25 African countries. In 2006, the UNSD had data on only 17 African countries and this made it difficult to assess progress.

However, the World Health Organization (WHO) does maintain a good database. The WHO data are presented in decennial intervals for countries for which data are available. However, this makes it difficult to measure rate of progress for individual countries with 1990 as the base year. Table 2 below presents evidence from the WHO on the reduction in the proportion of underweight children under the age of five in 25 African countries for which data are available. Among the 25, 18 countries reported improvements on this target. Angola reported the biggest improvement (9.5 percent), followed by Tanzania (8.6 percent), Mali (8.1 percent), and Nigeria (7.9 percent).

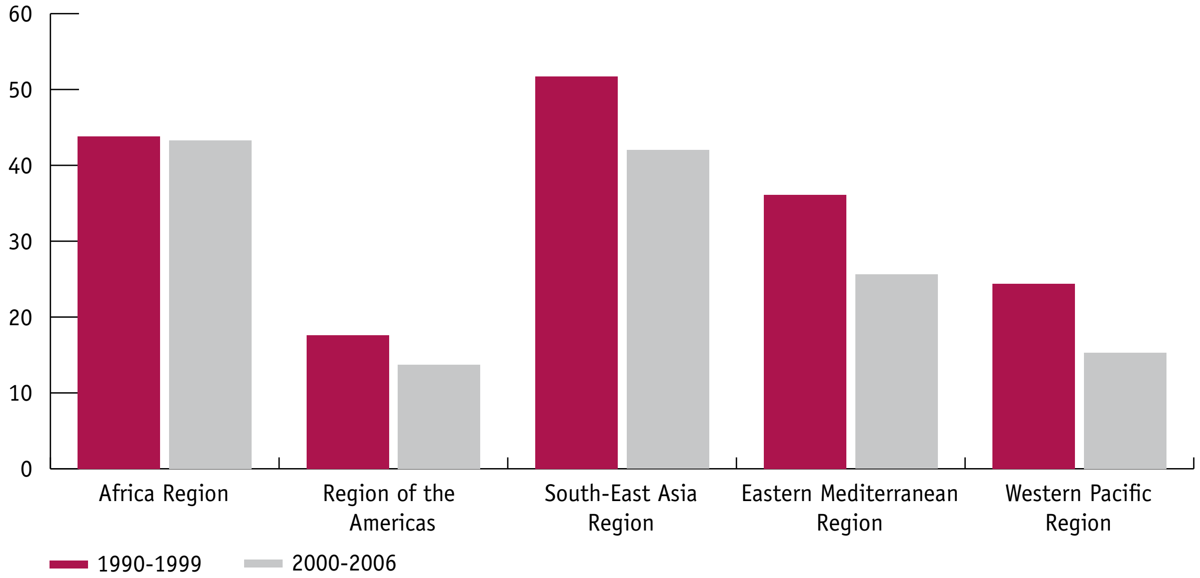
Seven countries reported a deterioration in the proportion of children under-five who are underweight. Except for Zambia and Morocco, all of these are countries that have been under significant political and military stress.

Table 2: Progress in reducing the ratio of underweight under-five year olds from 1990-1999 to 2000-2006, for selected African countries

Countries showing improvement of 1-5% from 1990-1999 to 2000-2006	Countries showing improvement of 5-9.5% from 1990-1999 to 2000-2006	Countries showing a decline in progress from 1990-1999 to 2000-2006
Algeria	Angola	Comoros
Cameroon	Malawi	Côte d'Ivoire
Central African Republic	Mali	Guinea
Chad	Mozambique	Madagascar
Eritrea	Niger	Morocco
Ghana	Nigeria	Zambia
Kenya	Rwanda	Zimbabwe
Namibia	Senegal	
Uganda	Tanzania	

Source: WHO World Health Statistics 2008. No data for 28 countries for the period 1990-1999 to 2000-2006.

Figure 3: Percentage of underweight under-five year olds for years 1990-1999 and 2000-2006



Source: WHO World Health Statistics, 2008. Regions are grouped according to WHO regional grouping.

Figure 3 shows that Africa fared badly compared to other regions of the world with respect to this indicator. The continent has on average made very little progress in reducing the proportion of children under five who are underweight. This contrasts with Southeast Asia and the Eastern Mediterranean region, which have both seen significant reductions.

In sum, the indications are that Africa is unlikely to reduce the number of children under five years of age who are underweight by 2015. Progress on this target may be severely constrained by the dramatic increases (although now moderating) in food prices that began in late 2007. The current economic crisis, with the resultant inflationary pressures, is also undermining efforts to achieve this target.

Indicator 1.9 – The proportion of population below the minimum level of dietary energy consumption

According to the Food and Agriculture Organization of the United Nations (FAO), about 200 million Africans were undernourished in 2000, with some regional disparities. In West Africa, the numbers and prevalence of undernourishment have fallen dramatically and the region is on track to halve the proportion of people who suffer from hunger by the target date. Leading the list of performing countries for this indicator are Benin, Ghana, and Nigeria. Undernourishment remains low in North Africa, with Eastern and Central Africa subregions accounting for the bulk of Africa's undernourished. In the absence of a major increase in agricultural productivity and economic growth rate, it is very unlikely that Africa as a whole will achieve this target by 2015.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2A – Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

The region is sustaining good progress toward achieving universal primary education, as reported in 2008.[6] Most African countries are on track to achieve universal primary enrollment by 2015, if current trends continue. But actions need to be taken to improve access to primary education for children from poor households, for children who live in rural areas, and for HIV orphans.

Indicator 2.1 – Net enrollment in primary education

Data on net primary enrollment for 2006 show significant improvements over 2005. Figure 4 summarizes the evidence for a subset of countries, with practically all exhibiting significant progress. In Ethiopia, for example, net enrollment increased by 6.3 percent in 2006 over 2005 and based on current trends, the country is on track to achieve the target of universal primary enrollment by the target date. As of 2006, nine African countries registered net primary enrollment rates of over 90 percent.

But there are also some cases of reversals, for example in Algeria, Cape Verde, Lesotho, São Tomé and Principe, and Tunisia. This underscores the importance of vigilance and actions to ring-fence successes already achieved.

6 ECA/ African Union, *Assessing Progress Towards Attaining the Millennium Development Goals in Africa 2008*, presented at African Union Heads of State Executive Council, 11th Ordinary Session, June 2008, Egypt.

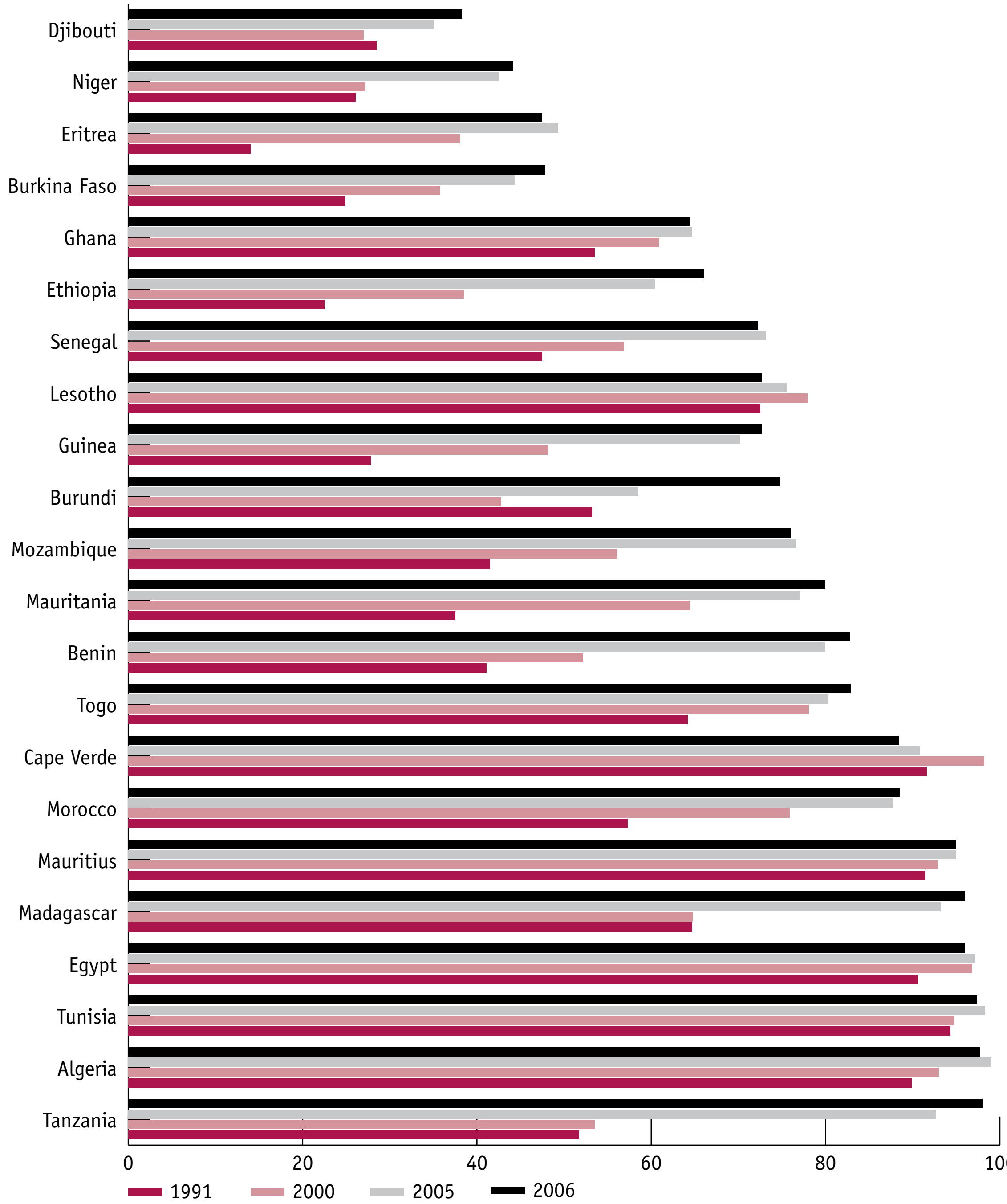
Indicator 2.2 – Primary completion rate

How well an educational system succeeds in keeping or retaining children in primary school is measured by the proportion of enrolled children who reach (complete) the last grade of primary school. In Africa as a whole, primary completion rates have been rising. In 2006, the most recent year for which data are available, the completion rate – although low at 62.2 percent – represented an improvement of about 2.2 percent over 2005. There was an average increase of 5.3 percent in completion rates[7] in 17 African countries between 2005 and 2006.

Figure 5 summarizes evidence on net enrollment and completion rates for about 20 African countries. The figure shows that the primary completion rate significantly lags the net enrollment rate. Among countries for which data are available, the completion rate declined in Burundi, Central African Republic, and Mauritius. The average primary completion rate is low in countries in conflict, in countries emerging from conflict, and in Africa's most populous countries, namely Ethiopia and Nigeria. Benin, Guinea, Morocco, and Tunisia show significantly high completion rates relative to the net enrollment rate. Based on current trends, the continent is unlikely to achieve the primary completion target.

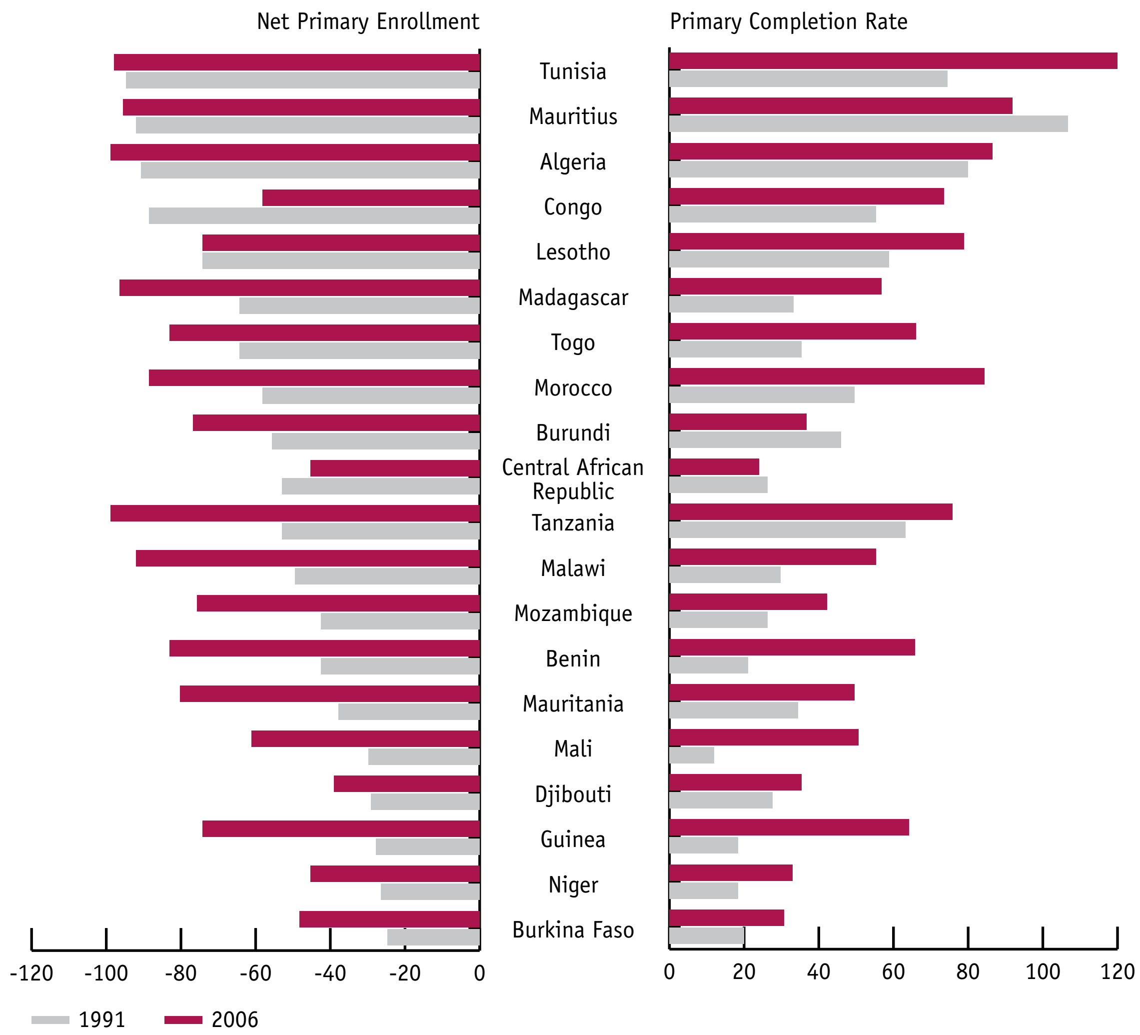
7 The proportion of pupils starting grade 1 who reach the last grade of primary education, known as the "Survival Rate to Last Grade of Primary," is the percentage of a cohort of pupils enrolled in grade 1 of the primary level of education in a given school year who are expected to reach the last grade of primary school, regardless of repetition.

Figure 4: Trend in net enrollment rate in primary education for selected African countries (%)



Source: ECA computations based on UNSD data, updated in July 2008. No data for 9 countries in 1991, 14 in 2000, 19 in 2005 and 20 countries in 2006.

Figure 5: Net primary enrollment and primary completion rate for selected African countries (%)



Source: ECA computations based on UNSD data, updated in July 2008. No data on net enrollment for 10 countries in 1991 and 20 countries in 2006. No data on completion rate for 21 countries in 1991 and 2006.

Indicator 2.3 – Literacy rate of 15-24 year olds, women and men

The high net enrollment rate and improvement in completion rate are driving improvements in numeracy and literacy skills among 15 to 24 year olds. According to available data, 13 countries have youth literacy rates above 90 percent, and five countries between 80 and 90 percent. Only three African countries have literacy rates below 50 percent.

Youth literacy is highest in Southern Africa and North Africa and lowest in Central Africa. The low literacy rate in Central Africa is largely related to many years of conflict and to relatively low primary completion rates.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

The continent continues to make progress toward gender equality and empowerment of women. Girls' primary school enrollment rate outstripped that of boys between 2000 and 2006. Despite these gains, girls still account for 55 percent of the out-of-school population in the region. Gender parity in primary education has been achieved in a large swathe of countries. However, the gender gap continues to widen in secondary education and is widest in tertiary education. The increase in the number of women parliamentary representatives remains strong, as evidenced in recent elections in a number of countries. Although data are scant, in the non-agricultural sector, women account for 80 percent of own-account, seasonal, part-time, and informal work.

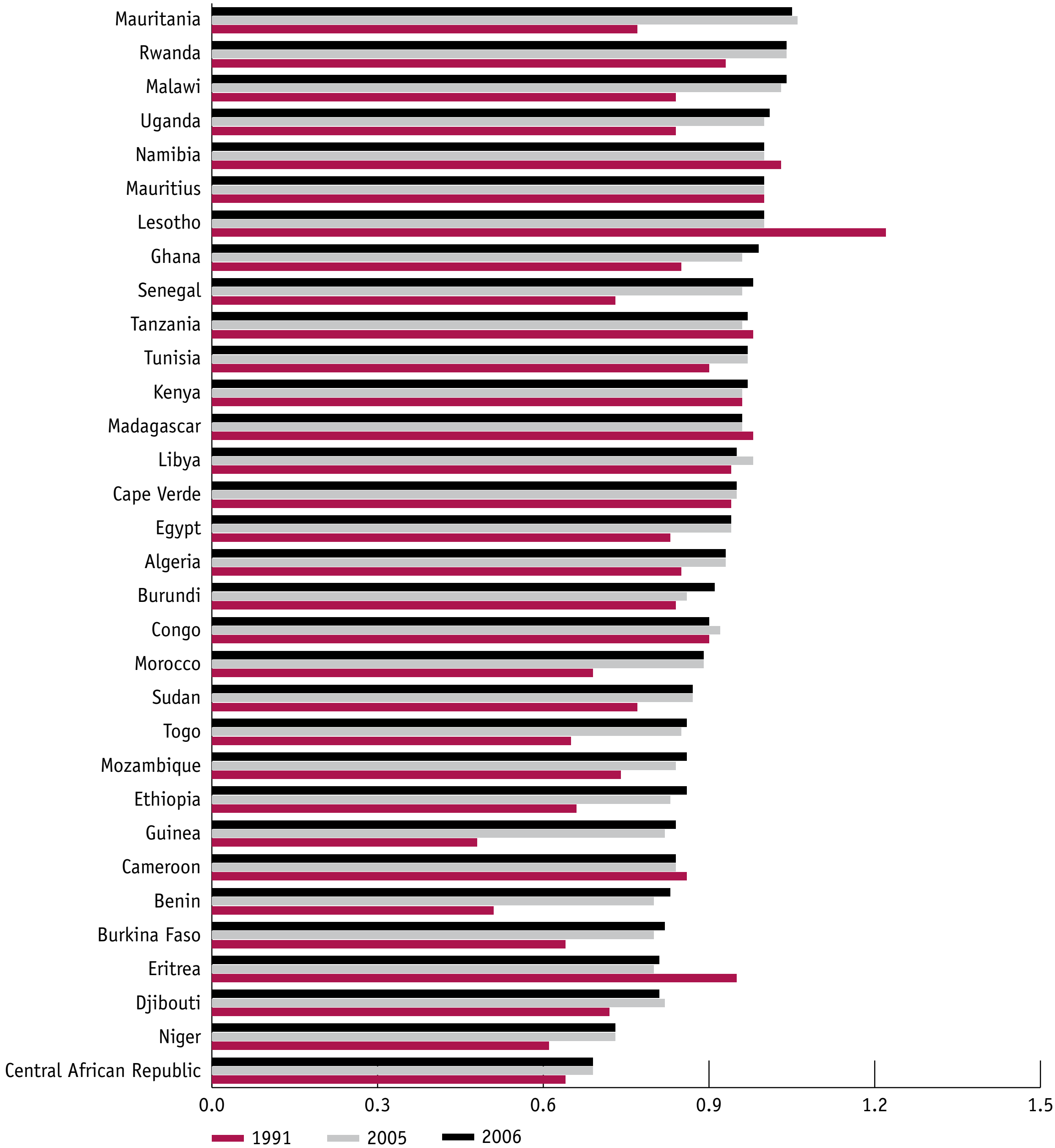
Target 3A – Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015

Indicator 3.1 – Ratios of girls to boys in primary, secondary, and tertiary education

Eleven countries,[8] according to available data, achieved gender parity in primary education in 2006. There was a slight regression in Libya, which had been among this group of early achievers. The worst performing African Member States, relative to this indicator, are the Central African Republic (CAR) and Niger. A small number of countries, including Malawi, Mauritania, and Rwanda, have a gender parity index greater than 1, indicating that more girls are enrolled than boys in primary schools. Overall, based on available data, most African countries have a gender parity index of over 0.90, placing them on track to achieve gender parity in primary education if current trends continue (see Figure 6).

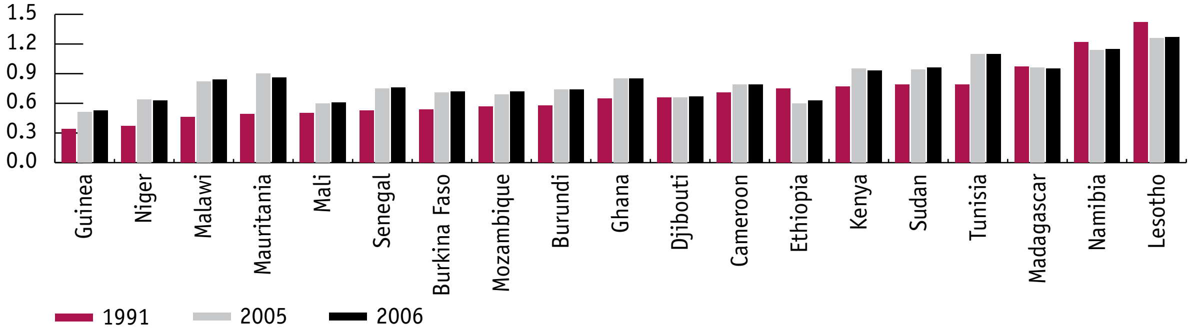
8 The Gambia, Gabon, Lesotho, Malawi, Mauritius, Mauritania, Namibia, Rwanda, São Tomé and Principe, Seychelles, and Uganda.

Figure 6: Gender parity index in primary education for selected African countries



Source: ECA computations based on UNSD data, updated in July 2008. No data for 6 countries in 1991, 12 countries in 2005, and 15 countries in 2006.

Figure 7: Gender parity index in secondary education for selected African countries



Source: ECA computations based on UNSD data, updated in July 2008. No data for 13 countries in 1991, 16 countries in 2005, and 28 countries in 2006.

Most African countries have yet to achieve gender parity in secondary education, nearly four years after the target date of 2005. Only 11 countries have achieved this target,[9] and 5 others report a gender parity index of over 0.90[10] (see Figure 7). For Lesotho and Namibia, more girls are enrolled in secondary schools than are boys. Overall, it is highly unlikely that African countries will reach the target of gender parity in secondary education by 2015, if current trends continue.

Progress toward gender parity in tertiary education is also slow. Of the countries for which data are available, only eight have achieved gender parity in tertiary education.[11] Ten countries have a gender parity index of less than 0.50 in tertiary education,[12] and so will need to make exceptional efforts to meet the target. Figure 8 below summarizes the evidence for a selected group of countries.

As Figure 8 shows, the worst-performing countries for gender parity in tertiary education are mostly low-income and least developed countries (as defined by the UN). Tunisia stands out as the best performer on this target, surpassing Morocco and South Africa. Key challenges are: (i) to ringfence progress in the countries where parity has been reached in order to avoid any regression and (ii) to ratchet up action, including expanding university capacity, in the lagging countries.

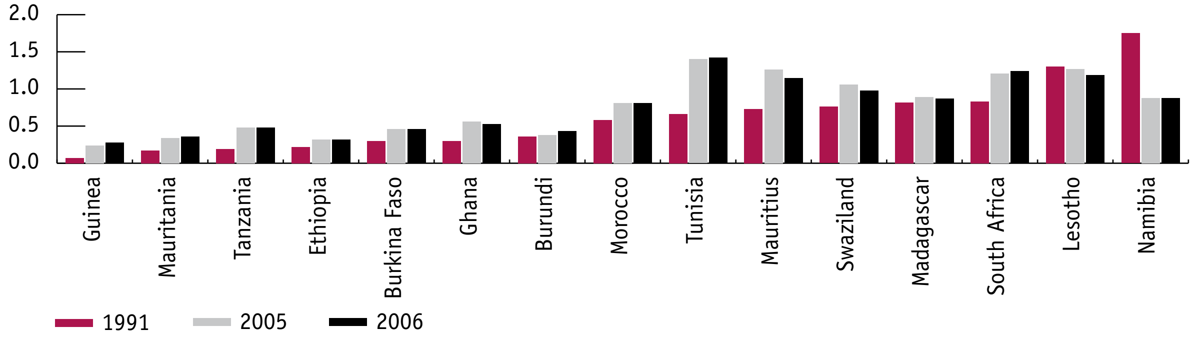
9 Gender parity in secondary education in 2006 was achieved by: Algeria, Botswana, Cape Verde, Lesotho, Libya, Namibia, São Tomé and Principe, Seychelles, South Africa, Swaziland, and Tunisia.

10 Over 90 percent gender parity in secondary education was achieved by: The Gambia, Kenya, Madagascar, Sudan, and Zimbabwe.

11 Algeria, Botswana (2005), Cape Verde, Lesotho, Libya (2003), Mauritius, South Africa, Tunisia.

12 Benin (0.25); Burkina Faso (0.46), Burundi (0.43), Central African Republic (0.28), Eritrea (0.15), Ethiopia (0.34), Guinea (0.28), Mauritania (0.36), Niger (0.29), and Zambia (0.48).

Figure 8: Gender parity index in tertiary education for selected African countries



Source: ECA computations based on UNSD data, updated in July 2008. No data for 26 countries in 1991, 27 countries in 2005, and 33 countries in 2006.

Table 3: Gender parity index in primary, secondary, and tertiary education for selected African countries

Country	Primary			Secondary			Tertiary		
	1991	2005	2006	1991	2005	2006	1991	2005	2006
Burkina Faso	0.64	0.80	0.82	0.54	0.71	0.72	0.30	0.46	0.46
Burundi	0.84	0.86	0.91	0.58	0.74	0.74	0.36	0.38	0.43
Ethiopia	0.66	0.83	0.86	0.75	0.60	0.63	0.22	0.32	0.32
Ghana	0.85	0.96	0.99	0.65	0.85	0.85	0.30	0.56	0.53
Guinea	0.48	0.82	0.84	0.34	0.51	0.53	0.07	0.24	0.28
Lesotho	1.22	1.00	1.00	1.42	1.26	1.27	1.30	1.27	1.19
Madagascar	0.98	0.96	0.96	0.97	0.96	0.95	0.82	0.89	0.87
Mauritania	0.77	1.06	1.05	0.49	0.90	0.86	0.17	0.34	0.36
Namibia	1.03	1.00	1.00	1.22	1.14	1.15	1.75	0.88	0.88
Tunisia	0.90	0.97	0.97	0.79	1.10	1.10	0.66	1.40	1.42

Source: ECA computations based on UNSD data, updated in July 2008.

Many African countries have reported progress in gender parity in respect to adult literacy. As Table 4 shows, in 2007, eight countries reported the target as achieved. In 13 other countries, the index is above 0.9, indicating that more men than women are literate, while in eight countries, the index was significantly below 0.9. This latter group of countries has to intensify efforts to improve literacy among adult women, especially given the known benefits of maternal literacy on child welfare.

Table 4: Gender parity index in adult literacy, 2007

Countries that achieved the target	Countries at 0.9 and above in gender parity for adult literacy	Countries below 0.9 in gender parity index in adult literacy
Botswana	Algeria	Benin (0.65)
Cape Verde	Comoros	Burkina Faso (0.71)
Liberia	Congo	Mali (0.62)
Mauritius	Egypt	Morocco (0.79)
Namibia	Gabon	Mozambique (0.81)
São Tomé and Principe	Ghana	Niger (0.48)
South Africa	Guinea Bissau	Senegal (0.75)
Zimbabwe	Libya	Sierra Leone (0.68)
	Malawi	
	Nigeria	
	Tunisia	
	Tanzania	
	Uganda	

Source: ECA computations based on UNSD data, updated in July 2008. No data for 23 countries in 2007.

It should be noted that three countries not listed above – Equatorial Guinea (2000), Ethiopia (2004) and Kenya (2000) – reported an adult gender parity index of 1. However, these countries have been excluded from this analysis because there are no recent updates.

Indicator 3.2 – Women's share of wage employment in the non-agricultural sector

There is a lack of data relative to women's economic empowerment, as measured in their share of wage employment in the non-agricultural sector. This is one area where gender-disaggregated data should be made available by countries to monitor progress. From the available information for 2006, Ethiopia (47.3 percent), Botswana (42.4 percent), and South Africa (43.1 percent) reported gender disaggregated shares of workers in the non-agricultural sector. Madagascar, Mauritius and São Tomé and Principe all report around 37 percent share. Since the information is not available for the majority of the African countries, it is not possible to draw any firm conclusions for this indicator.

Indicator 3.3 – Proportion of seats held by women in national parliament

Women's representation in national parliament has shown limited progress from the 2007 level, reflecting changes that occur only during election years. About 18 countries have shown some improvement from the 2007 level, for example

Lesotho more than doubled its 2007 participation level from 11.7 to 25 percent. Five countries though have shown a slight decrease from the 2007 level (see Figure 9).

The highest achievers of gender parity in terms of seats held in national parliament in 2008 are the following: Rwanda (48.8 percent), Mozambique (34.8 percent), South Africa (33.0 percent), Uganda (30.7 percent), Burundi (30.5 percent), Tanzania (30.4 percent), Namibia (26.9 percent), Lesotho (25.0 percent), Seychelles (23.5 percent), Tunisia (22.8 percent), Mauritania (22.1 percent), Eritrea (22 percent), Senegal (22 percent), and Ethiopia (21.9 percent).

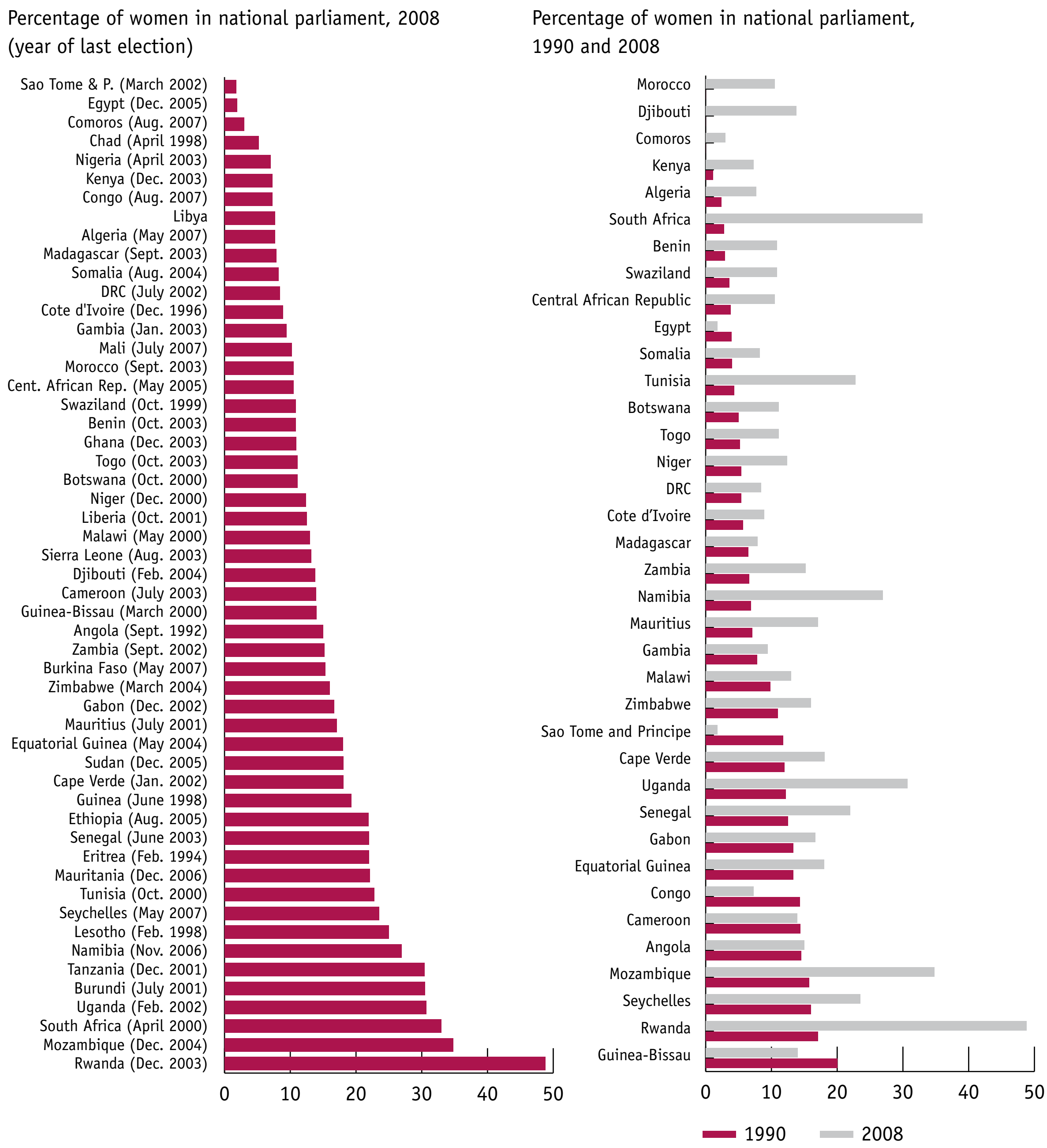
The worst performing countries, with less than 10 percent women's representation in parliament, are: Algeria (7.4 percent), Chad (5.2 percent), Comoros (3.0 percent), Congo (7.3 percent), Côte d'Ivoire (8.9 percent), DRC (8.4 percent), Egypt (1.8 percent), The Gambia (9.4 percent), Kenya (7.3 percent), Libya (7.7 percent), Madagascar (7.9 percent), Nigeria (7 percent), São Tomé and Principe (1.8 percent), and Somalia (8.2 percent).

Figure 9 below shows that 34 African countries registered an increase in the percentage of women in the national parliament between 1990 and 2008. Only four countries showed a decline for this indicator in the same period.

A threat to the rising empowerment of women in the region is growing male disillusionment and reduced male opportunities with respect to education and employment. This trend may well be feeding and fueling conflicts, resistance to modernity, and fundamentalist tendencies in many countries. In countries such as Nigeria, Egypt, and South Africa, evidence suggests a slowing rate of growth for male employment and enrollment in education. For many young men, reduced economic and social opportunities for advancement are creating a situation that is incompatible with the traditional norms and values. Their social and economic positions threatened, young men are retreating into traditional and religious institutions that shore up their positions and authority. This is resulting in increasing violence against women and. on occasion, to religious and other ethnic conflicts in society.

Consequently, in order to safeguard the advancement of women's empowerment, a set of policies should also be introduced to ensure that male educational and employment opportunities are not significantly eroded in the process. An important component of this set of policies should focus on economic growth, insofar as this will expand opportunities for all and provide governments with additional revenues to mitigate any unintended negative consequences of social policy.

Figure 9: Percentage of women in national parliaments



Source: ECA computations based on UNSD data, updated in July 2008.

GOAL 4: REDUCE CHILD MORTALITY

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

Indicator 4.1 – Under-five mortality rate (U5MR)

Although data on this target are problematic and at times contentious,[13] significant progress in individual African countries has been registered, although the rate of progress at the continental level is poor. The under-5 mortality rate in Africa dropped from 166 per 1,000 live births in 2005 to 160 per 1,000 live births in 2006. Figure 10 below reveals significant differences in the rate of progress among countries.

Egypt emerges as the best-performing African country in reducing under-five mortality, while Botswana is the worst performing, followed by Swaziland, Zimbabwe, and Lesotho. Of note is the fact that of the 11 worst-performing countries on the right hand-side of the figure, six are in Southern Africa. This outcome is largely attributable to the high prevalence of HIV/AIDS and undernourishment among children in that subregion. High U5MR in the Central African countries of Central African Republic, Chad, Equatorial Guinea, Cameroon, and Congo is partly attributable to the very high prevalence of malaria in the subregion.

Another contributory factor impeding progress in certain countries is that of political conflict. A majority of the countries reporting very high U5MR – of around 200 and above per 1,000 live births in 2005 – have experienced at least one major armed conflict during the past 10-15 years.[14]

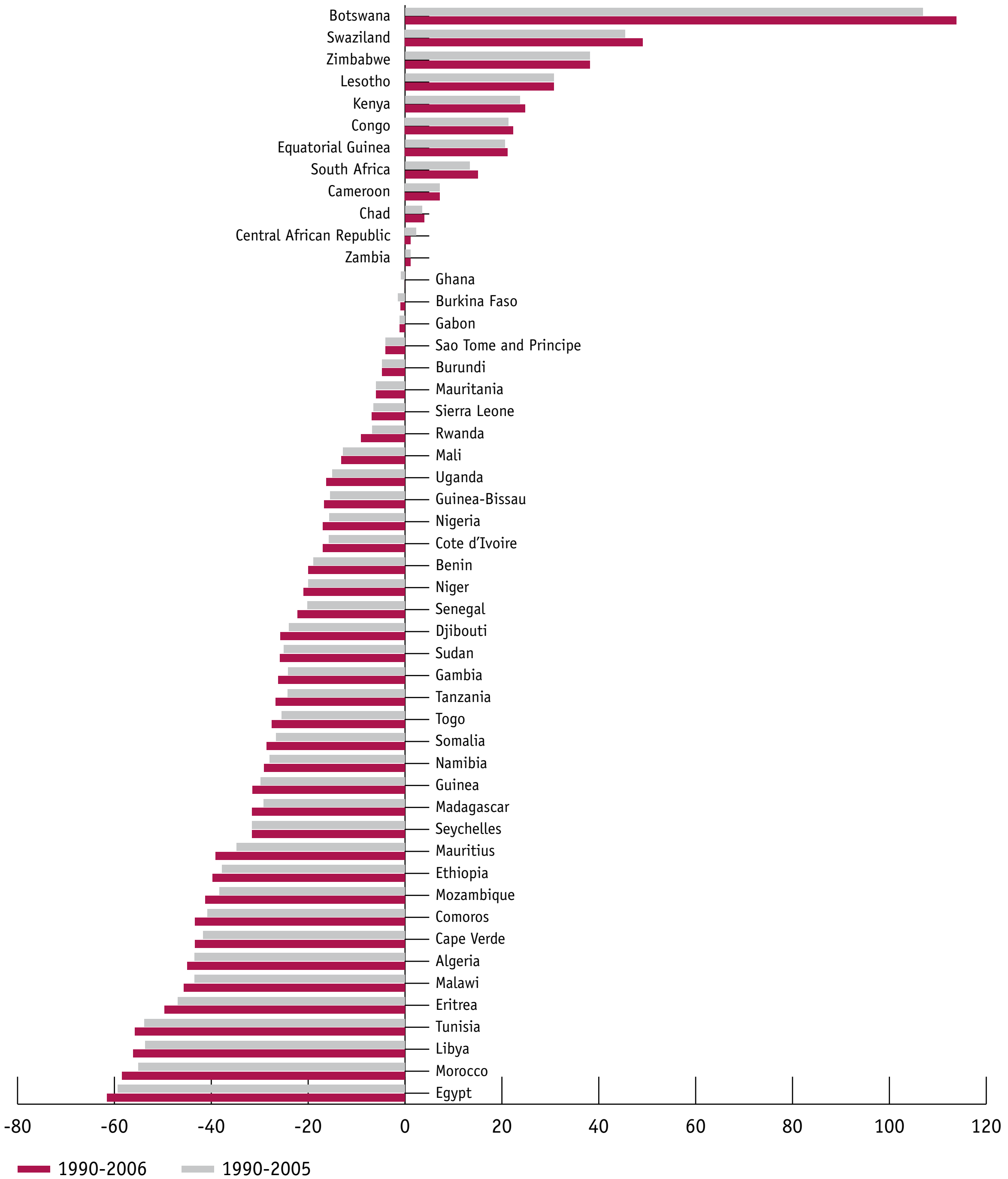
Figure 11 below summarizes progress made by each subregion in reducing under-five mortality. North Africa has made the most progress and appears to be on track to achieve the target. Progress in East, Southern, and West Africa is also evident but the situation is progressively worsening in Central Africa.

It is clear that the continent as a whole is unlikely to meet this U5MR target, if current trends continue. This calls for renewed and intensified efforts by African governments and their development partners to scale up interventions to reduce the U5MR. Access to and utilization of basic health services need to be increased and made more equitable. To reduce the wide gap between rural and urban areas, more resources should be allocated to public health interventions, including environmental health, in rural areas.

13 As evidenced by the recent disagreement between the Government of the Federal Republic of Nigeria and UNICEF over reported figures in UNICEF's *State of the World's Children 2009* Report.

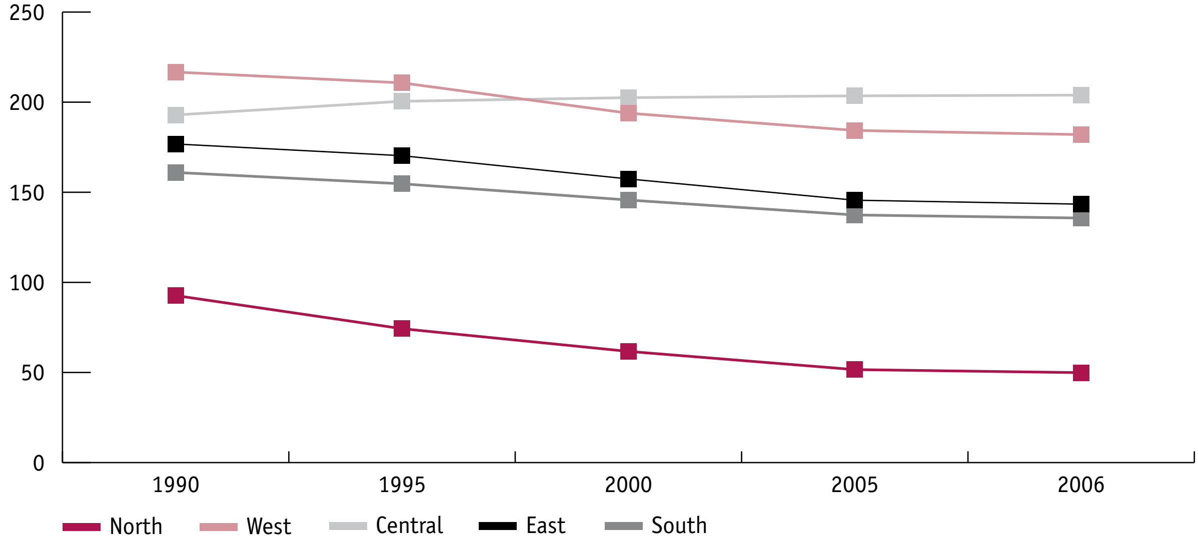
14 Based on data reported in UNDP *Human Development Report 2007/8.*

Figure 10: Progress (percentage change) in the under-five mortality rate



Source: ECA computations based on UNSD data, updated in July 2008.

Figure 11: Under-five mortality rate per 1,000 live births by African subregion, 1990-2006



Source: ECA computations based on UNSD data, updated in July 2008.

Indicator 4.2 – Infant mortality rate (IMR)
The infant mortality rate – deaths of infants under one-year-old per 1,000 live births in the same year – is generally used as an indicator of the level of health of a country. In Africa, this measure remains low in general but varies by country and by subregion. Analysis of UNSD data shows that there has been no reported change in IMR since the 2008 Report; it remains constant at 82 per 1,000 live births. Estimates for 2009 provided by the US Central Intelligence Agency (CIA) in its annual *The World Factbook* reveals that 17 of the 20 countries with the highest IMR are African; and that of these, seven are in West Africa. This means that West Africa has the highest IMR in the world and a reversal of this trend will require an immense scaling-up of efforts.

Neonatal deaths[15] still account for 37 percent of all under-five deaths. Hence, progress in reducing neonatal deaths is critical to reducing the U5MR across the continent. A good number of African countries made progress in reducing the IMR between 1990 and 2006. Most, however, started from a very low initial level. Overall, the aggregate rate of progress is still too slow for the continent to reach this target by 2015. To reduce the IMR, urgent action is required, including improving access to healthcare services and reducing neonatal mortality and maternal mortality rates.

15 Death in infants under 28 days of age in a given period, usually a year. The neonatal mortality rate is this number per 1,000 live births in that period.

Indicator 4.3 – Proportion of one-year-old children immunized against measles

A major cause of under-five mortality is measles. Hence, reducing measles mortality is critical to efforts to reduce the U5MR. The data show that the proportion of one-year-olds immunized against measles has been increasing since 2000. Immunization coverage rose from 73 percent in 2005 to 75 percent in 2006, with an increase of 4 percent in about 15 African countries. This is resulting in a significant fall in measles-induced deaths across the continent. This is true in all subregions of the continent and especially so in North Africa, where measles-induced deaths have fallen by more than 91 percent. This success is due in part to the combination of improved routine vaccination and second-dose coverage.

The rates of immunization against measles vary significantly among countries, as summarized in Table 5 below. Fourteen countries reported above 90 percent coverage rate, with only five countries below 50 percent coverage. Expansion of immunization coverage in Africa's most populous countries – Nigeria, Ethiopia, and Democratic Republic of Congo – is essential in reducing the number of measles-induced deaths. However, another major constraint is inequality in access to immunization services. According to a recent ECA report,[16] there is a wealth and income gradient in access to immunization services, in that immunization increases with income and wealth. Universal coverage, with support from development partners, could help to improve access and reduce the number of measles-induced deaths.

Progress in scaling up and expanding immunization coverage needs to be accompanied by urgent action on the pharmaceuticals side. Millions of African children die each year from counterfeit and expired drugs, thus canceling out the positive impacts of immunization coverage. Governments need to enforce drug legislation and quality control, and to educate their citizens on the dangers of using fake and expired drugs.

16 ECA (2009) *Mainstreaming Health Equity in the Development Agenda of African Countries.*

Table 5: Proportion of one-year-old children immunized against measles, 2006

Coverage rate above 90%	Coverage rate between 50% and 90%		Coverage rate below 50%
Algeria (91)	Benin (89)	Lesotho (85)	Angola (48)
Botswana (91)	Burkina Faso (88)	Madagascar (59)	Central African Republic (35)
Egypt (98)	Burundi (75)	Malawi (85)	Chad (23)
Eritrea (95)	Cameroon (73)	Mali (86)	Niger (47)
The Gambia (95)	Cape Verde (65)	Mauritania (62)	Somalia (35)
Liberia (94)	Comoros (66)	Mozambique (77)	
Libya (98)	Congo (66)	Namibia (63)	
Mauritius (99)	Côte d'Ivoire (73)	Nigeria (62)	
Morocco (95)	Democratic Republic of Congo (73)	São Tomé and Principe (85)	
Rwanda (95)	Djibouti (67)	Senegal (80)	
Tunisia (98)	Equatorial Guinea (51)	Sierra Leone (67)	
Tanzania (93)	Ethiopia (63)	South Africa (85)	
Seychelles (99)	Gabon (55)	The Sudan (73)	
Zimbabwe (90)	Ghana (85)	Swaziland (57)	
	Guinea (67)	Togo (83)	
	Guinea Bissau (66)	Uganda (89)	
	Kenya (77)	Zambia (84)	

Source: ECA computations based on UNSD data, updated in July 2008.

GOAL 5: IMPROVE MATERNAL HEALTH

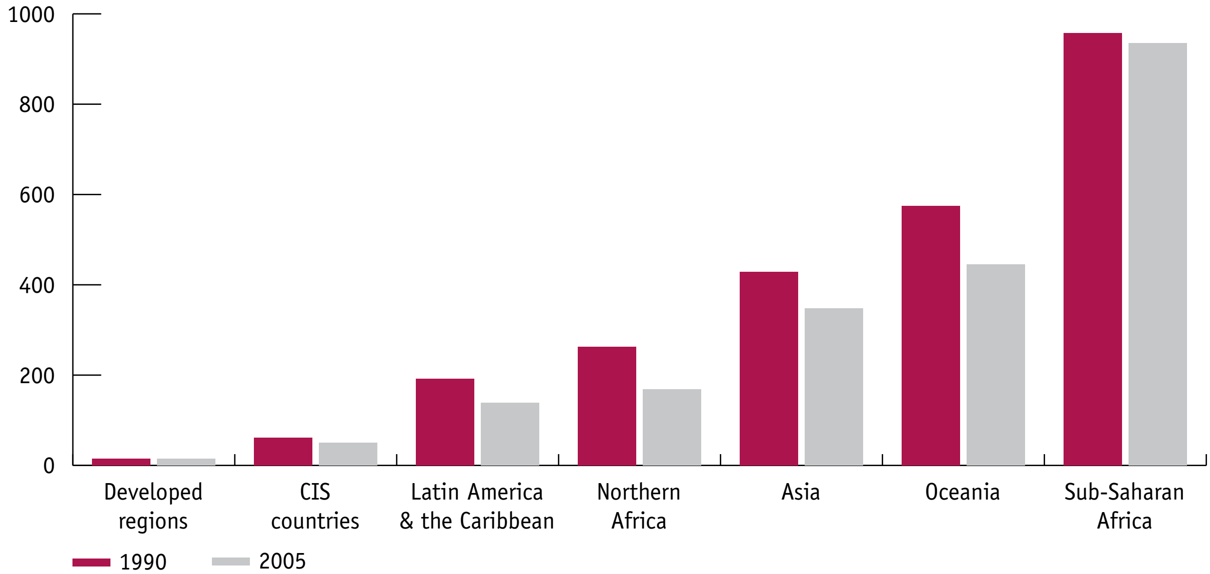
Target 5A – reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicator 5.1 – Maternal mortality ratio (MMR)

Assessing progress toward this target continues to present a major challenge. Data are infrequently collected and are often incomplete and unreliable. The data problem has been complicated by the recent revisions of the methodology previously used to compute estimates.[17] This means that previous estimates cannot be compared and this makes it difficult to assess the rate of progress toward this goal. The 2005 estimate of maternal mortality is

17 The previous methodology used by WHO, UNICEF, and UNFPA was based on a simple model of female life expectancy. The WHO defines maternal death as "death of any woman while pregnant or within 42 days of termination of pregnancy." In many African countries, record-keeping is difficult due to a significant number of births and deaths occurring outside hospitals and usually in rural areas.

Figure 12: Maternal mortality ratio per 100,000 live births by global region, 1990 and 2005



Source: World Health Statistics 2008.

900 deaths per 100,000 live births for SSA; excluding North Africa where it was estimated at 160 deaths per 100,000 live births. Consequently, the target reduction of 75 percent between 1990 and 2015, which requires a 5.5 percent annual decline rate, cannot be met.

Figure 12 compares the maternal mortality ratio by global region and reveals that the largest ratio of worldwide maternal deaths occur in Sub-Saharan Africa (SSA). The figure also shows that SSA made the least progress globally in reducing MMR between 1990 and 2005.

A major explanation for the high MMR in Africa is lack of access to adequate medical care. In many instances, even when access is available, it is often inequitable (ECA 2009). Measuring maternal mortality is challenging in Africa as in other parts of the developing world, for a number of reasons. The routine recording of death and its cause is not common in civil registration systems. Further, the death of a woman of reproductive age often goes unrecorded. And even if the death is recorded, the pregnancy status might not be known. In addition, where medical certification of the cause of death is not the normal practice, accurate attribution of death to pregnancy-related health issues is often difficult. Abortion is still widely condemned and such services are not widely available, leading many women to seek illegal and high-risk terminations of pregnancy. Deaths arising as a result of such terminations are unlikely to be accurately recorded, which exacerbates the problem of data collection for this indicator.

In order to improve the monitoring of this vital goal, strenuous efforts are needed to enhance the civil registration systems in most African countries as an important source of vital statistics, particularly on births and deaths. Civil and vital registration systems are profoundly different from other sources of population statistics, such as censuses and national sample surveys. Unlike these sources, which provide statistics that describe the state of the population at a particular point in time, civil and vital registration systems provide accurate measures of vital events and population change over varying periods of time. Generally, when vital statistics are complete and accurate, vital rates, such as infant mortality rate, child mortality rate, and maternal mortality rate, are also accurate and reliable.

Indicator 5.2 – Proportion of births attended by skilled health personnel

The presence of skilled personnel at birth is critical to reduce maternal mortality. North Africa reduced its maternal mortality rate by one-third over the period 1990-2005, partly by increasing the attendance of a health professional during births, from 45 to 79 percent. In other subregions of Africa, data are inadequate to measure progress for this indicator. However, the high emigration rate of qualified health professionals from this subregion in the recent past, together with capacity constraints in health/medical education institutions, suggests slow progress in this regard. As a result, this target is unlikely to be achieved by the target date.

Target 5B – Achieve universal access to reproductive health by 2015[18]

Sexual and reproductive health has been recognized as a critical factor in improving maternal health and achievement of other health-related MDGs. This target was added in 2005 to bolster the monitoring of progress toward reducing maternal mortality through the availability of reproductive health services.

Indicator 5.3 – Contraceptive prevalence rates for married people

Contraceptive prevalence rates for married people are low. Only eight of the countries for which data are available reported contraceptive prevalence rates of over 50 percent. For most countries that reported data, contraceptive prevalence rates ranged from 8 percent in Eritrea to 19 percent in the Central African Republic.

Indicator 5.4 – Adolescent birth rates

African countries are making progress in reducing adolescent births. Of the countries for which data are available, 35 reported a decline in adolescent birth rates, while 10 reported an increase. Success in this area will be measured by the elimination of adolescent births. A pregnant adolescent has a higher probability of dying during child birth. Similarly, a child born to an adolescent mother is at greater risk of dying in infancy or childhood and is likely to be deprived of the known benefits passed down from educated mothers to their children.

Indicator 5.5 – Antenatal care coverage (at least one visit; and at least four visits)

Antenatal care coverage is improving across the continent. In 2005, the latest year for which data are available, seven countries reported meeting the recommended minimum number of four visits with a coverage rate of 52 percent. Over 26 countries reported a coverage rate of above 80 percent for at least one antenatal visit, and 10 countries had a coverage rate below 80 percent for one antenatal visit.

18 This target was adopted at the 2005 UN World Summit and midterm review of progress towards the MDGs and came into effect in 2007, after it was operationalized by the IAEG.

Indicator 5.6 – Unmet need for family planning

In 2006, only three African countries reported on unmet family planning needs, whereas in 2005 a total of eight countries had reported on this indicator. This significant reduction might suggest that this target is deemed inappropriate in the context of most African countries, or that most African countries do not have any unmet need for family planning. It could also mean that data collection for this indicator is problematic, possibly owing to cultural reticence on the subject or to the inadequacy of statistical systems. While family planning can help reduce the still high fertility rate in the region and boost related goals (such as reducing child mortality, hunger and malnutrition, and increasing primary education enrollment), it is nonetheless important to ensure that data collection for this indicator is undertaken in a culturally and religiously sensitive way.

GOAL 6: COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES

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

Indicator 6.1 – HIV prevalence among population aged 15-24 years

The downward trend in HIV prevalence rate and deaths associated with AIDS is continuing, due to improvements in access to treatment, changes in behavior, and reduction in infection among the most vulnerable groups. Prevalence remains lower in North Africa than in other subregions of the continent. In the SSA region, the prevalence rate decreased to around 5 percent in 2007 (UNAIDS 2008). New HIV infections and HIV/AIDS-related deaths in the region have also fallen. In this regard HIV/AIDS-related deaths fell from 2 million in 2001 to 1.4 million in 2007 and new infections declined from 3 million to 2.7 million during the same time period. But the prevalence rate is still higher among women than men, with women accounting for 60 percent of new infections.

Table 6 below summarizes the distribution of the HIV/AIDS burden globally. As the table shows, Africa still accounts for much of the global burden of HIV/AIDS in spite of the reported progress. Of concern is the high number of deaths due to AIDS as compared to other high-burden regions in spite of the increasing availability of AIDS drugs.

Table 6: Regional HIV/AIDS statistics and features, 2007

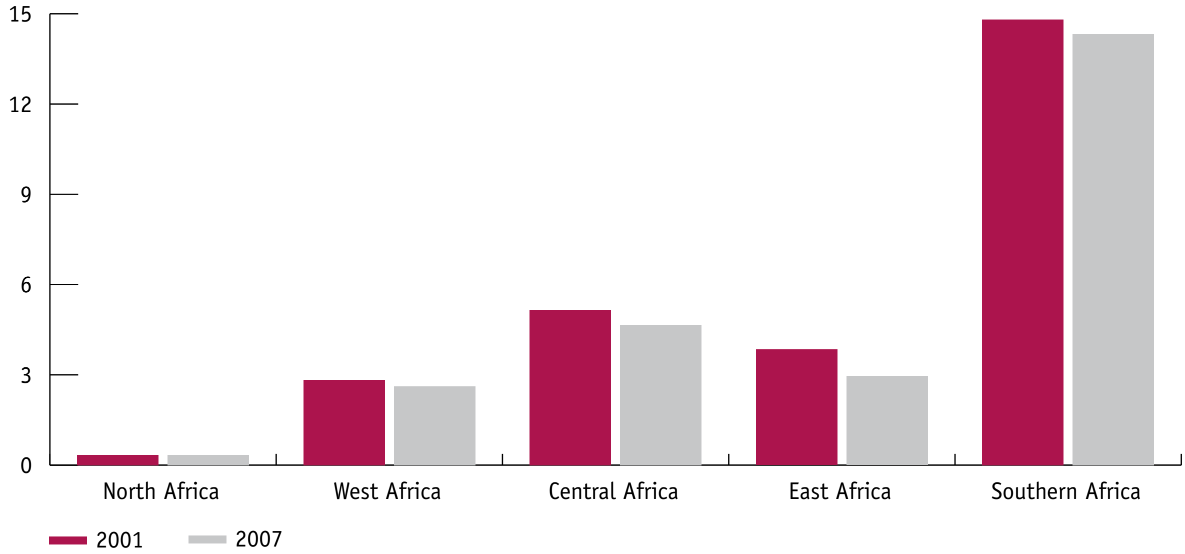
	Adults & children living with HIV	Adults & children newly infected with HIV	Adult prevalence (age 15-49) %	Adult & child deaths due to AIDS
Sub-Saharan Africa	22.0 mn	1.9 mn	5.0	1.5 mn
Middle East and North Africa	380,000	40,000	0.3	27,000
East Asia	740,000	52,000	0.1	40,000
Latin America	1.7 mn	140,000	0.5	63,000
Caribbean	230,000	20,000	1.1	14,000
Eastern Europe & Central Asia	1.5 mn	110,000	0.8	58,000
West & Central Europe	730,000	27,000	0.3	8,000
North America	1.2 mn	54,000	0.6	23,000
Oceania	74,000	13,000	0.4	1,000
TOTAL	33 mn	2.7 mn	0.8	2.0 mn

Source: UNAIDS Global Report, 2008

Improving access to AIDS drugs in Africa is key to reducing the high AIDS-related mortality in the continent.

The proportional distribution across Africa's five subregions in the HIV/AIDS prevalence rate and AIDS-related mortality remain relatively unchanged. As noted in previous reports and as summarized in Figure 13 below, the HIV/AIDS prevalence rate is still very low in North Africa, although Algeria, Morocco, and Libya report high prevalence rates among certain groups. West Africa also continues to have a low prevalence rate. If Nigeria, with its high population, were to be excluded from the statistics for West Africa, then the subregion would have a prevalence rate comparable to North Africa. Southern Africa continues to be the epicenter of the epidemic, followed by Central Africa and East Africa respectively. According to UNAIDS, in 2007 the HIV prevalence rate "exceeded 15% in seven southern African countries (Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe), and was above 5% in seven other countries, mostly in Central and East Africa (Cameroon, the Central African Republic, Gabon, Malawi, Mozambique, Uganda, and the United Republic of Tanzania)."

Figure 13: Percentage of population living with HIV/AIDS by African subregion



Source: ECA computations based on UNSD data, updated in July 2008. No data for four countries.

Overall, the continent appears to be making progress in reducing the prevalence rate of HIV/AIDS. The key challenge confronting the continent is to secure this success and make progress in reversing the spread of HIV/AIDS.

Indicator 6.2 – Condom use for high-risk sex

Barrier methods have proved to be the most effective instruments for preventing the transmission and spread of HIV/AIDS. Determining the extent of condom use for high-risk sexual encounters can assist in assessing the probability of new HIV infections and in the identification of newly infected persons. In 2006, only 15 African countries reported data on this indicator, with only 42 percent of women reporting condom use for high-risk sexual encounters as compared to 52 percent of men. Understanding the differences in sexual behavior by gender is critical for advancing condom use in safe sex education and other interventions to stem the spread of HIV.

Indicator 6.3 – Proportion of population aged 15-24 years with comprehensive knowledge of HIV/AIDS

Data on the proportion of population aged 15-24 years with a comprehensive knowledge of HIV/AIDS, transmission channels, and methods of prevention of infection are unavailable. However, this knowledge is growing, facilitated by increasing youth literacy rates across all countries. As stated elsewhere in this report, the increase in primary enrollment as well as in the primary completion rate means that more African youth can now read and write. This facilitates their access to information and services related to sexual and reproductive health. Increasing enrollment of young girls and women at all levels of the education system will empower them to better negotiate their sexual relationships. Although data are scant, there is a general tendency for African countries with elevated prevalence rates to have higher proportion of 15-24 year olds who are knowledgeable, although this varies across gender.

Indicator 6.4 – Ratio of school attendance of HIV orphans/ non-orphans aged 10-14 years

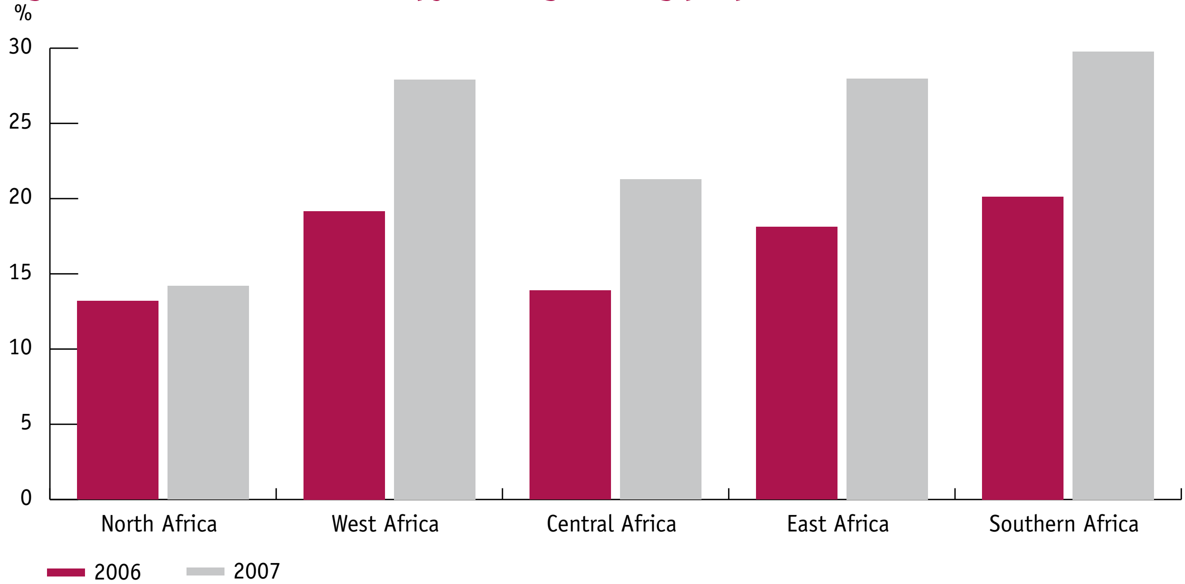
Data on HIV orphans attending school are not readily available. This target is important for determining the extent to which societies and communities care for orphans. However, stigma and the fear of social ostracism impede the official collection of such data. The education of orphans can contribute to decreased infection rates through knowledge acquisition on the causes of HIV transmission and its prevention. However, whether it is ethical to burden the orphans with knowledge of the cause of their parents' death remains an unresolved debate. Further, the psychological and emotional costs of publicly characterizing a child as an HIV/AIDS orphan are still poorly understood and require further research.

Target 6B – Achieve by 2010 universal access to treatment for HIV/AIDS for all those who need it

The number of people who received antiretroviral therapy (ART) for HIV/AIDS has increased across all subregions of the continent, as shown in Figure 14. According to UNAIDS (2008), an estimated 2.1 million people (or 30 percent of those needing it) were receiving ARV therapy in Africa at the end of December 2007. This 30 percent coverage is significantly lower than the 62 percent in Latin America and the Caribbean.

In Southern Africa, the proportion of HIV patients who received antiretroviral therapy (ART) increased from 20 to 30 percent between 2006 and 2007. The improvement in access to ART in other subregions was 10 percent for East Africa, 9 percent for West Africa, 7 percent for Central Africa, and just 1 percent in North Africa, which had the lowest prevalence of HIV.

Figure 14: Antiretroviral therapy coverage among people with advanced HIV infection



Source: ECA computations based on UNSD data, updated in July 2008. No data for five countries.

Target 6C – Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator 6.6 – Incidence and death rates associated with malaria

Data on malaria incidence and mortality are not systematically reported in the UNSD database. However, the burden of malaria in Africa is well documented. It accounts for a large number of deaths in children under five years of age. In this report, we use data from the World Health Organization (WHO) to describe the geographical distribution of malaria mortality rates in Africa. North African countries have the lowest incidence and death rates associated with malaria, followed by Southern Africa and the highlands of Ethiopia and Kenya, where malaria is not endemic. West and Central Africa subregions, where malaria is endemic, report very high malaria mortality rates. Consequently, Africa's progress in meeting this target will depend on successes achieved in Western and Central African countries.

Ongoing research on malaria vaccines, though promising, has yet to deliver any definitive outcomes. Simple interventions such as the use of insecticide-treated bed nets, draining stagnant puddles of water, etc. can help reduce mortality from malaria.

Indicator 6.7. – Proportion of children under five years of age sleeping under insecticide-treated nets (ITNs)

There has been commendable progress in the use of ITNs for children in a number of countries. For example, over the period 2000-2006, The Gambia increased coverage from 15 to 49 percent, and Guinea Bissau from 7 to 39 percent (UN 2008). Table 8 below shows that out of 33 countries that reported data on the percentage of under-fives sleeping under ITNs, 15 countries registered rates above the regional average of 14 percent, while 18 countries were below the average. Niger registered the highest rate of under-fives sleeping under ITNs (56 percent), while Swaziland had the lowest rate (0 percent).

Table 7: Malaria mortality rate per 100,000 population, 2006

Malaria mortality rate below the regional average of 104 per 100,000 population		Malaria mortality rate above the regional average of 104 per 100,000 population		Countries with no data
Country	**Rate**	**Country**	**Rate**	
Algeria	0	Gambia	106	Lesotho
Cape Verde	<1	Ghana	109	Mauritius
South Africa	<1	Togo	113	Seychelles
Swaziland	<1	Cameroon	116	
Botswana	2	Zambia	121	
Eritrea	2	Congo	124	
Zimbabwe	10	Angola	128	
Madagascar	12	Uganda	145	
Sao Tome and Principe	19	Benin	146	
Comoros	36	Sierra Leone	154	
Namibia	47	Nigeria	156	
Ethiopia	51	DRC	158	
Rwanda	59	Guinea	164	
Kenya	74	Liberia	171	
Senegal	80	Chad	173	
Mauritania	85	Burkina Faso	178	
Mozambique	92	Guinea-Bissau	180	
Burundi	94	Mali	201	
Malawi	95	Equatorial Guinea	220	
Gabon	96	Niger	229	
Tanzania	98			
Central African Republic	100			
Côte d’Ivoire	103			

Source: World Health Statistics, 2009.

Table 8: Percentage of under-fives sleeping under insecticide-treated nets, 2000-2007

% of Under-Fives sleeping under ITNs by Country (above regional average of 14%)		% of Under-Fives sleeping under ITNs by Country (below regional average of 14%)		Countries with no data
Country	**%**	**Country**	**%**	
Niger	56	Cameroon	13	Algeria
Gambia	49	Rwanda	13	Botswana
Ethiopia	42	Burkina Faso	10	Cape Verde
São Tomé & Principe	42	Uganda	10	Chad
Guinea-Bissau	39	Comoros	9	Gabon
Togo	38	Burundi	8	Madagascar
Mali	27	Congo	6	Mozambique
Malawi	23	Côte d'Ivoire	6	Namibia
Zambia	23	Kenya	6	South Africa
Ghana	22	Sierra Leone	5	
Benin	20	Eritrea	3	
Angola	18	Liberia	3	
Senegal	16	Zimbabwe	2	
Tanzania	16	Mauritania	1	
Central African Republic	15	Democratic Republic of Congo	1	
		Equatorial Guinea	1	
		Nigeria	1	
		Swaziland	0	

Source: World Health Statistics, 2009. Note: Countries are sorted by the latest available data since 2000.

Usage of ITNs has been boosted by the increase in worldwide production of nets from 30 million in 2004 to 95 million in 2007 (UN 2008). Coupled with an increased allocation of financial resources, the expansion of production has resulted in a rapid rise in the number of ITNs procured and distributed within countries. It should be noted that from 2004 to 2007, the United Nations Children's Fund (UNICEF) increased its procurement of mosquito nets from 7 million to nearly 20 million. Similarly, from 2004 to 2006, the Global Fund to Fight AIDS, Tuberculosis and Malaria increased its distribution of ITNs from 1.35 million to 18.0 million (UN 2008). The sum of these efforts is that in all malaria-endemic countries for which data are available, there has been a substantial increase in

ITN usage among children under five. Sixteen out of 20 countries have at least tripled their coverage since 2000. Nonetheless, overall ITN usage still falls short of demand. Aggressive measures, including local production of ITNs, are needed to keep pace with high levels of demand.

Indicator 6.8 – Proportion of children under five with fever who are treated with appropriate anti-malaria drugs

Data on this indicator are unavailable for most African countries in the UNSD database. However, data from other sources suggest that the proportion of children under five with fever who were treated with appropriate anti-malaria drugs decreased in malaria-endemic countries from 41 percent in 2000 to 34 percent in 2005 (UN 2008). Treatment with the more effective, but more expensive, Artemisinin-based Combination Therapy (ACT) notwithstanding, funding and procurement have increased markedly since 2005, with nearly all malaria-endemic countries having significantly adjusted their national drug policies to promote it.

Indicator 6.9 – Proportion of tuberculosis cases detected and cured under directly observed short course treatment (DOTS)

Data on the proportion of tuberculosis (TB) cases detected and cured is dependent on TB notifications to the WHO. Where health systems are weak and health statistics poor, statistics provided for detection[19] and cure may be based on estimates and therefore widely inaccurate. Hence improved TB notification is essential for progress on this indicator.

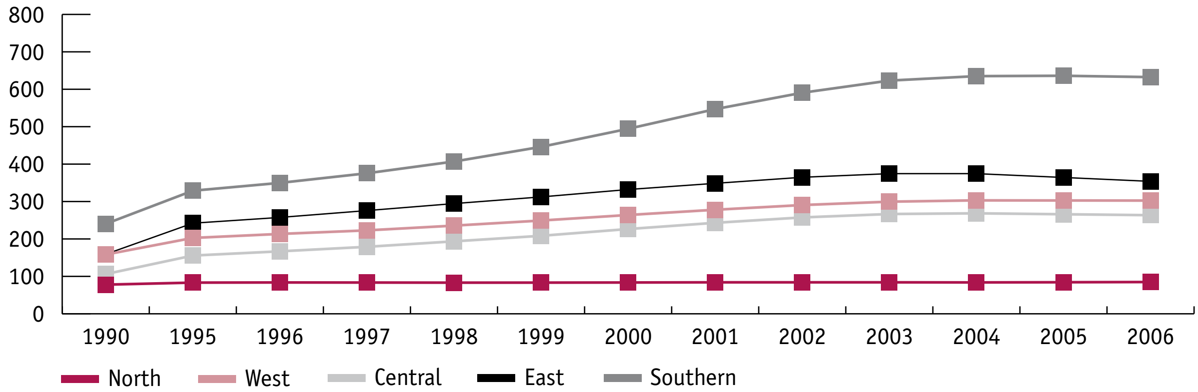
According to the latest WHO estimates, Africa continues to record TB incidence,[20] prevalence and mortality rates that are among the highest in the world, although these appear to have stabilized around 2003/2004, as can be seen in Figure 15 below. The TB epidemic in Africa is driven by the spread of HIV. Given this, the leveling-off of the TB incidence rate in the region may be in part associated with the reported progress in stemming the spread of HIV. However, nine of the 22 countries classified by WHO in 2004 as TB high-burden countries (HBC) that might promote transmission, are in Africa.[21] Due to the high correlation between HIV and TB, Southern Africa – which has the highest HIV prevalence rate in the region – also has the highest TB incidence rate. Similarly, North Africa – which registers the lowest reported HIV prevalence rate – also has the lowest TB incidence rate. There is little sign of any decline in TB prevalence in West Africa, while the low prevalence rate in North Africa has remained steady for more than a decade.

19 Case detection rate is the quotient of annual new smear-positive notifications by a country and estimated annual new smear-positive incidence for the country.

20 Tuberculosis incidence is the estimated number of new tuberculosis (TB) cases arising in one year per 100,000 population. All forms of TB are included, as are cases in people with HIV.

21 These are South Africa, Zimbabwe, Ethiopia, Kenya, Nigeria, DRC, Tanzania, Uganda, and Mozambique.

Figure 15: Tuberculosis incidence rate per 100,000 population by African subregion

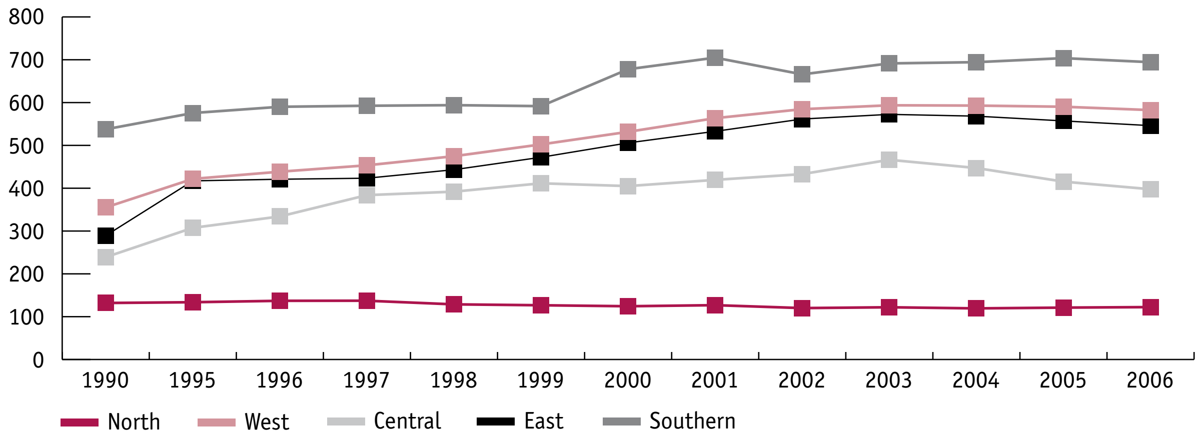


Source: ECA computations based on UNSD data, updated in July 2008. No data for one country.

The decrease in the TB incidence rate has been accompanied by a decrease in the prevalence rate (the number of existing cases per 100,000 people) and in TB-related mortality. The evolution of prevalence rate by subregions from 1990 is summarized in Figure 16. In all subregions, there has been a leveling-off of the prevalence rate since 2003, except for Central Africa and East Africa, where it shows a more marked decline.

The continent as a whole has seen a fall in TB-related mortality rates driven by the fall in mortality rates in East and Central Africa. In East Africa, TB mortality fell from 86 per 100,000 population in 2003 to 77 per 100,000 population in 2006 and in Central Africa from 65 to 33 per 100,000 population over the same period.

Figure 16: Tuberculosis prevalence rate per 100,000 population by African subregion



Source: ECA computations based on UNSD data, updated in July 2008.

Of concern, however, is the fact that TB treatment outcomes are persistently poor in several African countries. According to the WHO (2006), the Directly Observed Treatment Short-Course (DOTS) success rate is low in Africa, relative to other global regions. This is due in large part to treatment interruptions and transfers without follow-up. In addition, treatment access for HIV-positive people remains limited. These are factors that may be driving the reported increase in prevalence rates in a number of Southern Africa countries in 2008.

The reported high TB mortality contrasts sharply with the decrease in AIDS-related mortality. This suggests that DOTS has not yet had the impact on transmission and incidence needed to achieve the "Stop TB Partnership" targets of halving the global 1990 prevalence and death rates by 2015.[22] The differences in observed treatment outcomes for HIV/AIDS and TB call for the interrogation of the comparative effectiveness of the mechanisms for delivering DOTS and ART to patients. While DOTS requires patients to visit TB clinics on a regular basis, to be directly observed taking their treatment, ART does not. Since TB is generally associated with HIV, DOTS, in addition to removing agency from patients, fails to provide them with privacy and may expose them to social stigma. Meanwhile, ART empowers patients as well as providing privacy, allowing them to receive confidential treatment. Hence, in societies where the stigma associated with TB is still strong and agency is considered important, it may be necessary to consider a combination of the DOTS and ART delivery mechanisms in order to improve TB treatment outcomes.

22 For more on the Stop TB Partnership, see: http://www.stoptb.org/

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7A – Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

There is a consensus that climate change poses an additional challenge to the attainment of the MDGs. Climate change may, if not urgently addressed, reverse some of the gains made in reducing poverty and controlling infectious diseases. It could negatively impact the productivity of land and accelerate the loss of environmental resources, including forestry. The frequent occurrences of floods and droughts triggered by climate change will damage the predominantly rain-fed agriculture sector, which is the mainstay of many African economies. Furthermore, it could negatively impact other sectors, such as those of manufacturing and services. Indeed, backward and forward linkages coupled with sector-specific supply constraints (for example, drought-induced power shortages), would transmit climate change shock to non-agriculture sectors.[23]

In the majority of African countries, the consumption of toxic substances related directly to negative environmental impact has decreased since 2005-2006. This is clearly in line with the Montreal Protocol of phasing out the chlorofluorocarbons (CFCs) and ozone-depleting substances (ODSs) to achieve the dual benefit of ozone protection and climate change mitigation (see Table 9).

23 Ethiopia and Kenya, for example, have been experiencing serious electricity supply shortages for two years running. Severe power shortages pose a significant risk to Ethiopia's recent growth and may complicate recovery efforts in Kenya, as that country struggles to recover from its recent conflict.

Table 9: African countries' status of ratification, accession, or approval of the Montreal Protocol and Montreal Amendment

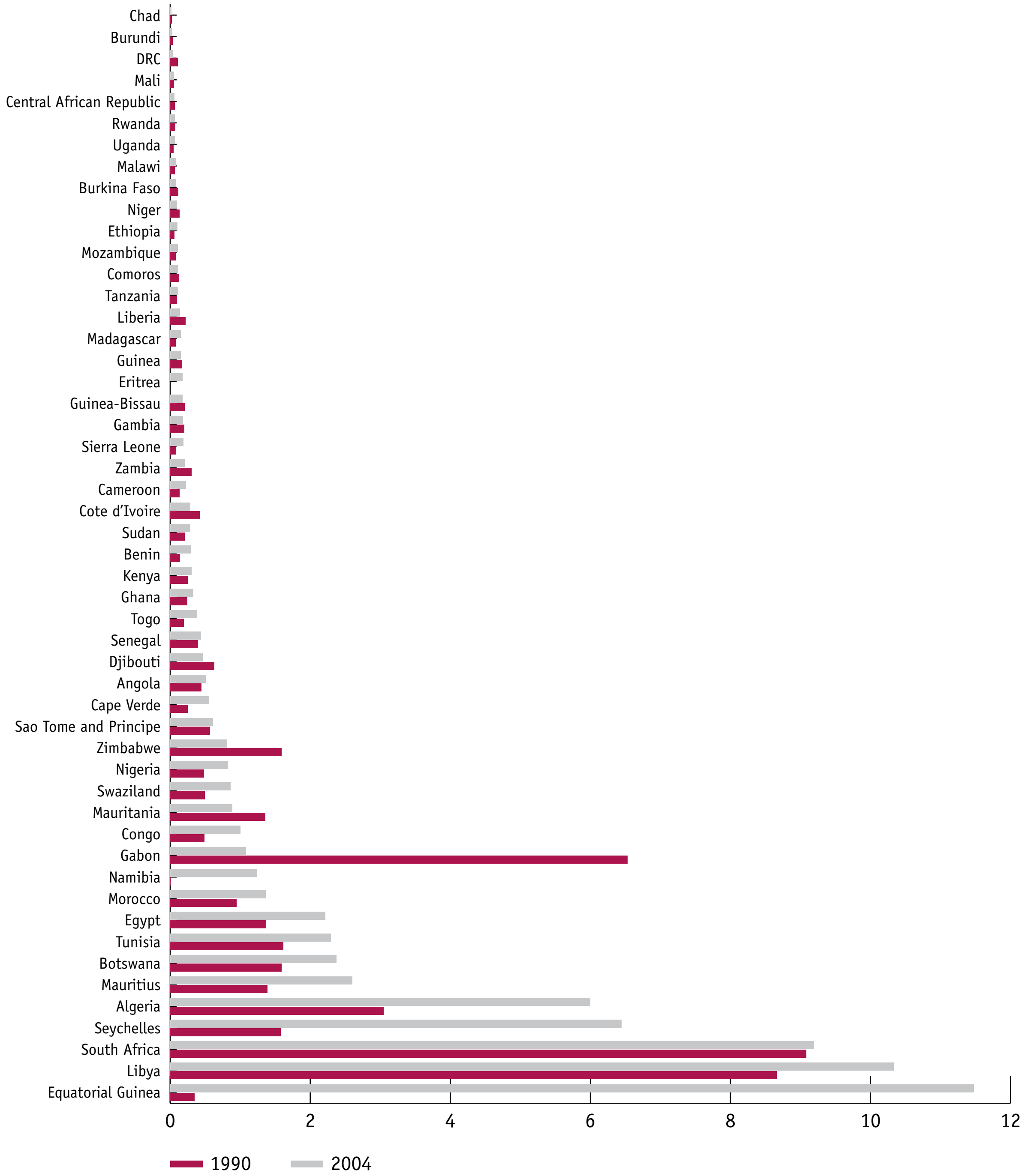
Montreal Protocol		Montreal Amendment		
Accession	**Ratification**	**Accession**	**Ratification**	**Acceptance**
Algeria	Burkina Faso	Cape Verde	Algeria	Benin
Angola	Chad	Comoros	Burkina Faso	Burundi
Benin	Egypt	Congo	CAR	Mali
Botswana	Ghana	DRC	Chad	Mauritania
Burundi	Kenya	Djibouti	Egypt	Mauritius
Cameroon	Morocco	Equatorial Guinea	Gambia	Namibia
Cape Verde	Senegal	Eritrea	Kenya	Togo
CAR	Togo	Gabon	Malawi	
Comoros	Uganda	Ghana	Niger	
Congo		Guinea-Bissau	Nigeria	
Côte d'Ivoire		Liberia	Tunisia	
DRC		Madagascar	Tanzania	
Djibouti		Rwanda		
Equatorial Guinea		Sao Tome and Principe		
Eritrea		Senegal		
Ethiopia		Seychelles		
Gabon		Sierra Leone		
Gambia		Somalia		
Guinea		South Africa		
Guinea Bissau		Sudan		
Lesotho		Swaziland		
Liberia		Uganda		
Libya		Zambia		
Madagascar				
Malawi				
Mali				
Mauritania				

Montreal Protocol		Montreal Amendment		
Accession	**Ratification**	**Accession**	**Ratification**	**Acceptance**
Mauritius				
Mozambique				
Namibia				
Niger				
Nigeria				
Rwanda				
São Tomé & Principe				
Seychelles				
Sierra Leone				
Somalia				
South Africa				
Sudan				
Swaziland				
Tunisia				
Tanzania				
Zambia				
Zimbabwe				
Total Number 44	**9**	**23**	**12**	**7**

Source: http://ozone.unep.org, updated April 23, 2009.

Carbon dioxide emissions, another major source of climate change, remained static in Africa at 0.5 billion metric tonnes over 2003-2004. However, gas flaring in the major oil-producing countries of Nigeria, Angola, and Libya remains a concern. See Figure 17 for a comparative view of carbon dioxide emissions per capita between 1990 and 2004 across African countries.

Figure 17: Metric tonnes of CO_2 emissions per capita (CDIAC), 1990 and 2004



Source: ECA computations based on UNSD data, updated in August 2008. No data for two countries in 1990 and 2004.

Target 7B – Reduce biodiversity loss and achieve by 2010 a significant reduction in the rate of loss

Indicator 7.6 – Proportion of terrestrial and marine areas protected

There has been an improvement in the proportion of marine and terrestrial protected areas to total area. In 27 countries, there was a positive change in protected areas between 1990 and 2007, ranging from 7.8 percent in Egypt to 9.3 percent in Equatorial Guinea, 11.6 percent in Gabon, and 26.3 percent in Guinea Bissau. Kenya and Mauritius, however, recorded an increase of just 0.3 percent in protected areas in the same period. The figure was lower still in Tunisia and Zimbabwe, at 0.1 percent.

Overall, this augurs well for the reduction in biodiversity loss, although environmental degradation and rapid urbanization remain serious concerns. If the trend in the expansion of protected areas continues at the current rate, the continent will be on track to attain the target. However, increased mineral exploration and consumer-led demand by food-insecure countries such as the Arab Gulf countries and South Korea, present a threat to further expansion of protected areas in a number of African countries. In addition, many African countries lack the institutional capacity and legislation to encourage reforestation and to expand protected areas. Finally, a growing population and changing patterns of consumption are resulting in increasing domestic demand for food, leading to the application of intensive agricultural production systems and to land degradation.

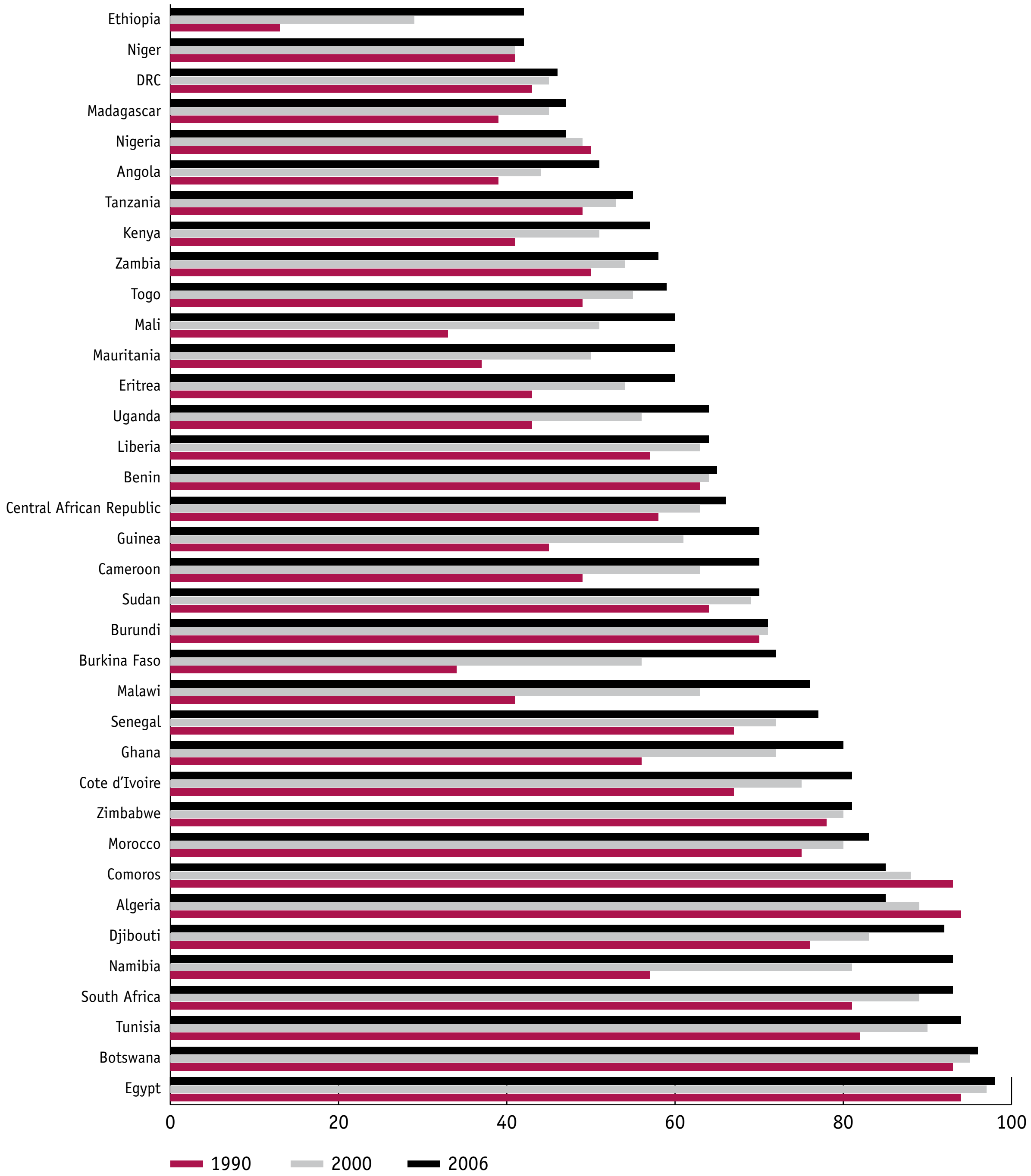
Target 7C – Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator 7.7 – Proportion of population using an improved drinking water source

Many countries continue to make progress on this indicator. In 2006, as can be seen in Figure 18, in 26 countries the proportion of people using an improved drinking water source reached 60 percent or more. In countries such as Egypt, Tunisia, Botswana, Namibia, and South Africa, the proportion was close to 100 percent. Countries like Ethiopia, Mauritania, and Mali reported the highest rate of improvement. However, the overall continental average will be weighted down by slow progress in Nigeria, the continent's most populous country, where less than 50 percent of the population uses an improved drinking water source.

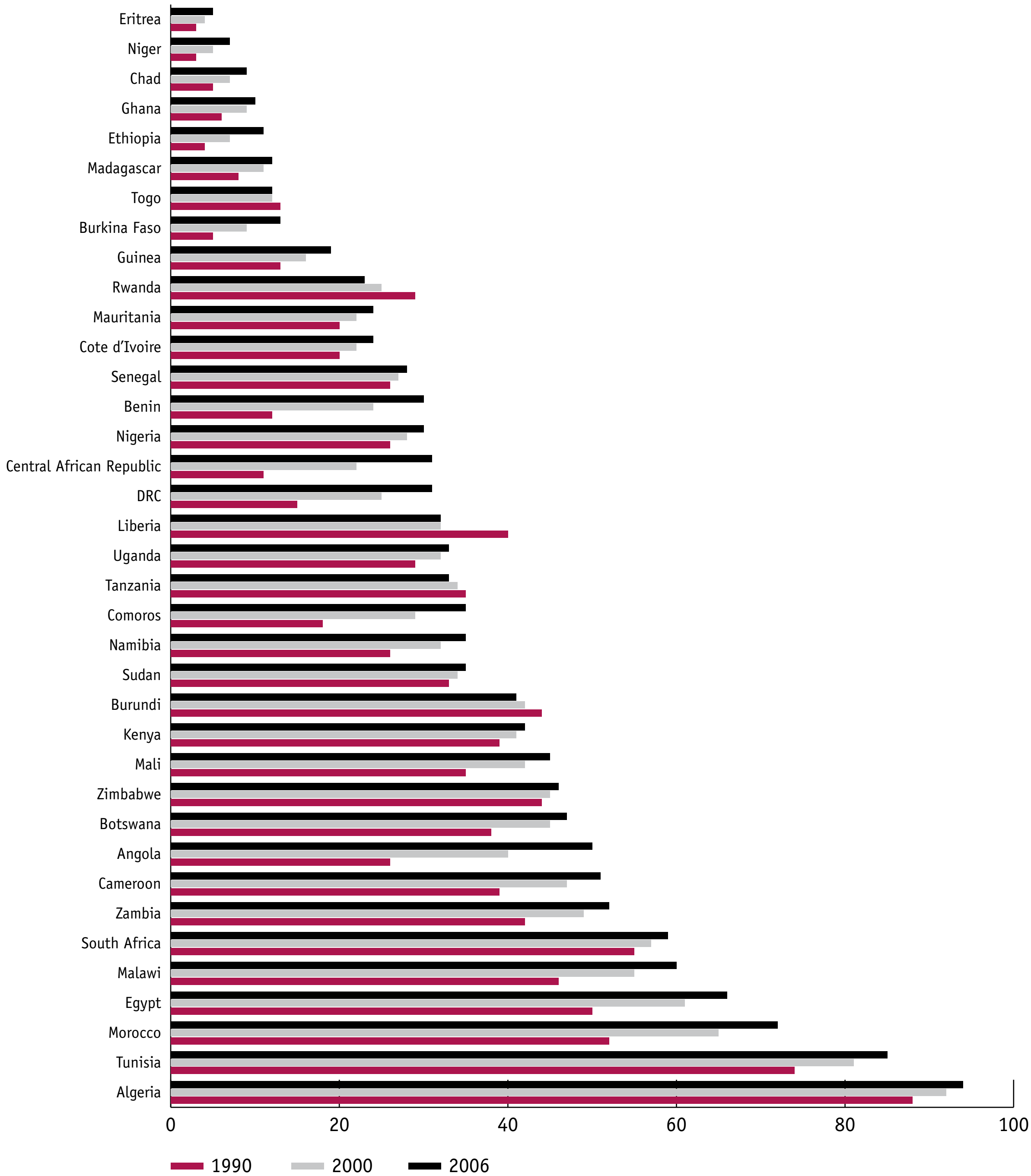
There are major disparities between urban and rural areas in respect to this indicator. Except in North Africa and Southern Africa, the continent's rural population has limited access to an improved drinking water source. At the current rate of progress, it is unlikely that the target of at least 89 percent coverage will be attained for the continent as a whole.

Figure 18: Percentage of population with access to improved drinking water



Source: ECA computations based on UNSD data, updated in July 2008. No data for 13 countries in 1990, one country in 2000, and four countries in 2006.

Figure 19: Percentage of population with access to improved sanitation facilities



Source: ECA computations based on UNSD data, updated in July 2008. No data for 13 countries in 1990, one country in 2000, and two countries in 2006.

Indicator 7.8 – Proportion of people using an improved sanitation facility

Relative to 1990, progress continues to be made in respect of the proportion of people using an improved sanitation facility, as shown in Figure 19. The conditions in the 1990s in the majority of African countries were particularly grim and this will necessitate a scaling-up of efforts to achieve the target by 2015. A number of countries have improved significantly between 2000 and 2006 on this indicator, including Côte d'Ivoire and Ethiopia. However, a number of other countries, mostly those in conflict or recently emerging from conflict such as Burundi, Liberia, and Rwanda, have regressed since 1990. Reducing conflict and dealing effectively with the consequences of conflict are therefore critical to achieve this target.

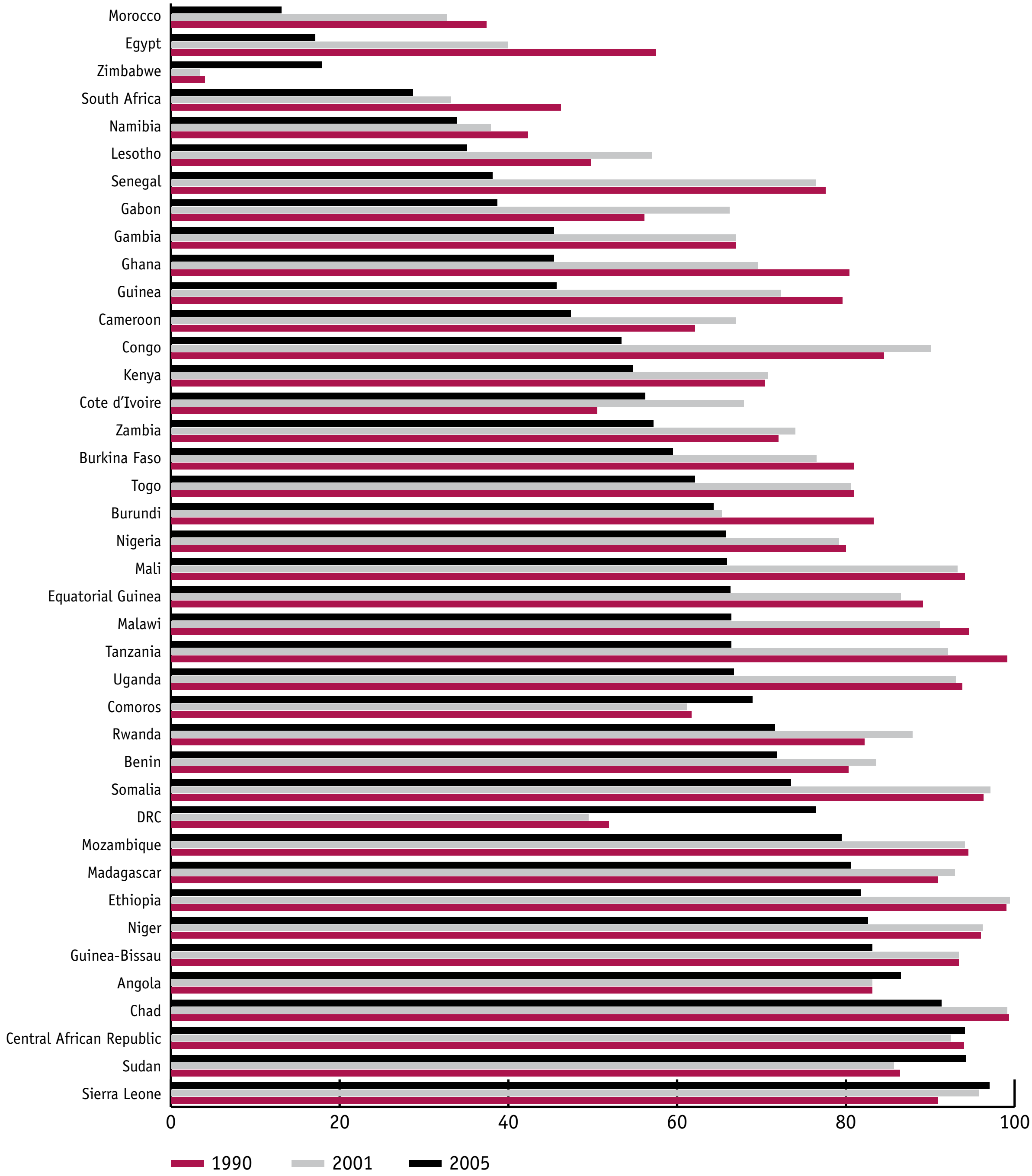
Progress in sanitation is largely an urban phenomenon. Urban populations generally have better access to improved sanitation facilities. There is also a socioeconomic gradient, with access to improved sanitation facilities having a positive correlation with improvements in income and education. In 21 countries (excluding North Africa), only 16 percent in the poorest quintile have access to improved sanitation.

Indicator 7.9 – Proportion of urban population living in slums

African cities have grown quite rapidly in the past decade, leading to a concomitant growth of slums. The proportion of people living in slums is represented as the urban population living in households characterized by at least one of the following: (i) lack of access to improved water supply; (ii) lack of access to improved sanitation; (iii) overcrowding (three or more persons per room); and (iv) dwellings made of non-durable materials. Figure 20 summarizes the evidence.

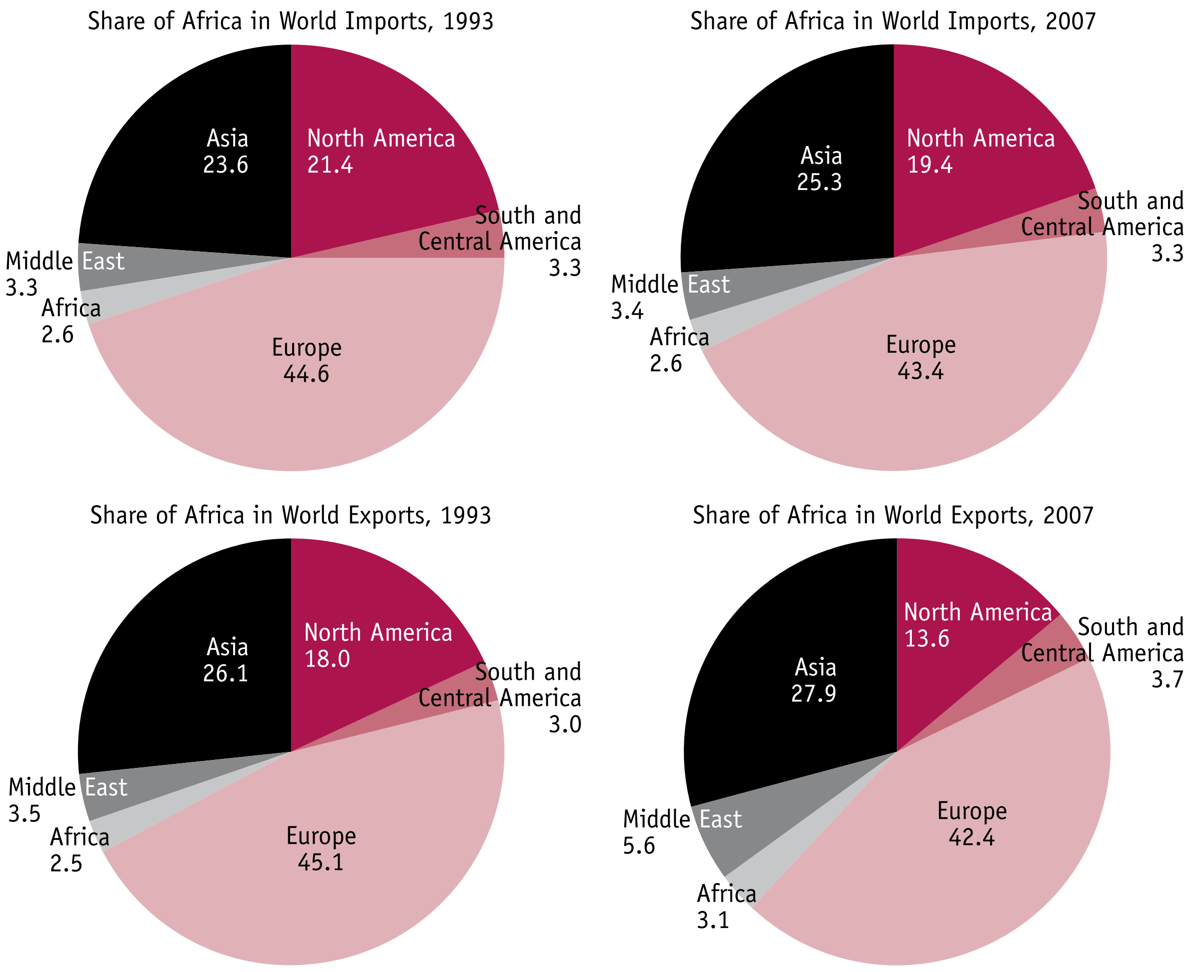
Egypt, Lesotho, Morocco, and Namibia have made the most progress in reducing their slum population as a percentage of urban population. The worst performers – recording a higher percentage of slum population to total urban population in 2005 than in 1990 – were Angola, Comoros, Democratic Republic of Congo, Sierra Leone, Sudan, and Zimbabwe.

Figure 20: Slum population as a percentage of urban population



Source: ECA computations based on UNSD data, updated in July 2008. No data for 5 countries in 1990, 3 countries in 2001 and 13 countries in 2005.

Figure 21: Share of African trade in world imports and exports (%)



Source: World Trade Organization International Trade Statistics 2008 database

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8A – Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Progress in developing further an open, rule-based, predictable, non-discriminatory trading and financial system has been limited. Efforts to conclude the Doha Round of trade negotiations in July 2008 failed, largely as a result of disagreements on the issue of the Special Safeguard Mechanism (SSM). The SSM is a provision that would allow developing countries to increase tariffs on agricultural goods temporarily when faced with rising imports and falling prices.

The failure to conclude the Doha Round of trade negotiations represents a major constraint to Africa's ability to harness trade for development. Africa's share of world trade is very small, having decreased from around 6 percent in the 1980s to slightly less than 2 percent in 2007, as Figure 21 illustrates. Restrictions on market access for African manufactures and agricultural produce are an important factor in explaining the decline in Africa's share of world trade.

Africa's major oil exporters and South Africa hold by far the largest share of exports and imports. Commodity exports dominate, with manufactures accounting for an insignificant 0.82 percent in 2006, up from 0.77 percent in 2002. Several countries moved toward trade liberalization in the 1990s. As of July 23, 2008, 42 African countries are members of the World Trade Organization. Another nine (Algeria, Comoros, Equatorial Guinea, Ethiopia, Liberia, Libya, São Tomé and Principe, Seychelles, and Sudan) are negotiating accession.

Africa is beginning to take full advantage of South-South trade and cooperation. This is most notable in Africa's trade relations with China. According to recent data, the volume of trade between China and Africa exceeded USD 100 billion in 2008. This was an increase of around 45 percent from 2007 and a tenfold increase since 2001. Africa's exports to China increased by 54 percent during 2008, while its imports from China increased by 36 percent. However, trade among African countries is slow and, based on current trends, is unlikely to prove a major contributor to the continent's development in the short run.

There has not been much progress on negotiations with the European Union on the Economic Partnership Agreements (EPAs) designed to replace the Lomé Agreement between Europe and the African, Caribbean and Pacific (ACP) Group of states.[24] The EPAs, which are essentially free trade agreements based on reciprocal market access, present significant risks to Africa. Trade liberalization policies between countries with vastly different levels of development could be very damaging for the weaker parties. For trade liberalization to be of benefit to African countries, it needs to be based on special and differential treatment, so that countries can protect their infant industries until they are strong enough to compete internationally. The current slowdown of the world economy and the potential for developed countries to adopt protectionist measures as a response, make the prospects of achieving this target remote.

Target 8B – Address the special needs of the least developed countries (LDCs)

Most of the countries defined by the United Nations as "least developed countries" (LDCs) are in Africa. Progress on addressing the special needs of this group of countries is slow. LDCs continue to face barriers in their trade with developed countries. Rigid rules of origin, stringent phyto-sanitary requirements, tariff escalation, and domestic subsidies paid by developed countries to their own producers (for example, for cotton and agriculture) limit LDCs' trading opportunities. There have in the past been efforts to address the special needs of African LDCs through initiatives such as Aid for

24 See Annex 2 for listing of ACP states.

Trade and the US Government's African Growth and Opportunity Act (AGOA).[25] However, the full potential of these initiatives is yet to be realized. As a result, the share of duty-free exports by LDCs to major European and US markets stands at 79 percent, well below the target of 97 percent.

Target 8D – Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

There has been significant progress in dealing with the high debt burden of African countries. These efforts began in 1996 with the launching by the World Bank and the IMF of the Heavily Indebted Poor Countries (HIPC) initiative, which was enhanced three years later. Then in 2005 at the Gleneagles Summit, G8 leaders pledged, under the Multilateral Debt Relief Initiative (MDRI), to accelerate debt cancelation of the poorest countries in the world, most of which are in Africa. The MDRI provides additional debt relief under the enhanced HIPC initiative to eligible Member Countries that have reached their completion point. The aim of both the HIPC initiative and the MDRI is to reduce the debt burden of heavily indebted poor countries, so that their governments will have more resources available to inject into public services, infrastructure development, and poverty reduction – thereby accelerating progress toward achievement of the MDGs.

Table 10 below summarizes the current status of African countries toward HIPC completion point. At the end of March 2009, 20 African countries were at post-HIPC completion point, nine at an interim stage between decision and completion point, while another three were at pre-decision point. A total of USD 19.2 billion of irrevocable debt relief has been committed to these 20 post-completion point African countries.[26]

25 Aid for Trade was launched by the WTO at the Hong Kong Ministerial Conference in December 2005. The African Growth and Opportunity Act (AGOA) was signed into law on May 18, 2000 as Title 1 of the US Trade and Development Act of 2000.

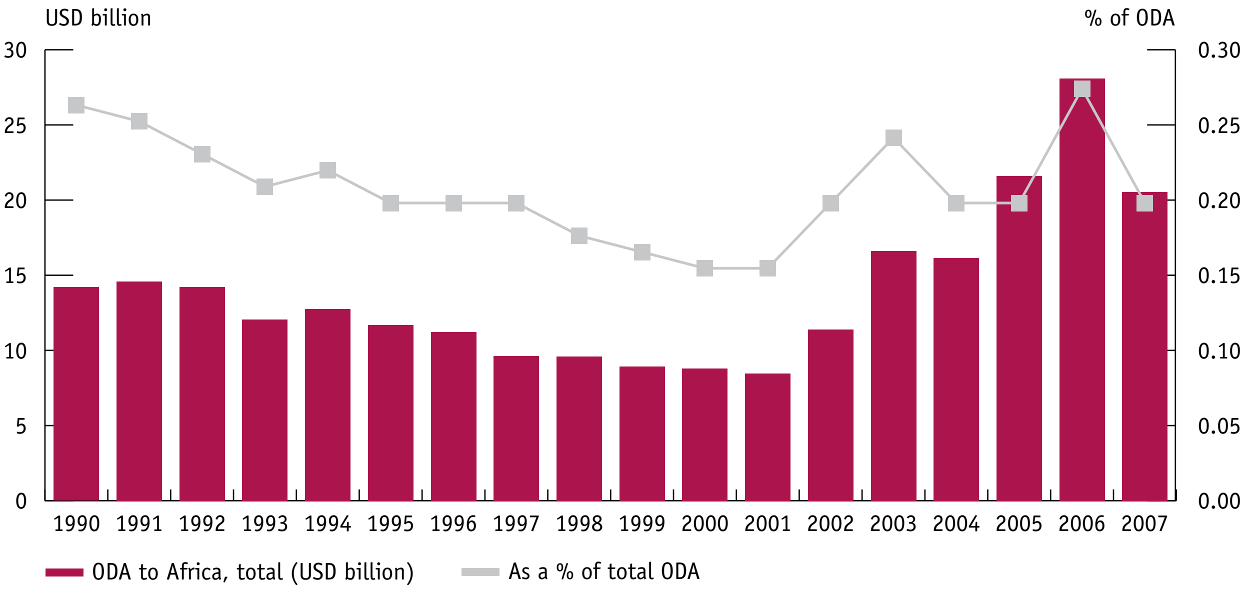
26 http://www.afdb.org/en/topics-sectors/initiatives-partnerships/heavily-indebted-poor-countries-hipc/

Table 10: Classification of African countries by HIPC status (as at May 15, 2009)

Post-Completion-Point Countries (20)		
Benin	Madagascar	São Tomé & Principe
Burkina Faso	Malawi	Senegal
Burundi	Mali	Sierra Leone
Cameroon	Mauritania	Tanzania
Ethiopia	Mozambique	Uganda
The Gambia	Niger	Zambia
Ghana	Rwanda	
Interim Countries (Between Decision and Completion Point) (9)		
Central African Republic	Democratic Republic of Congo	Guinea Bissau
Chad	Côte d'Ivoire	Liberia
Republic of Congo	Guinea	Togo
Pre-Decision Point Countries (3)		
Comoros	Somalia	Sudan

Source: http://www.imf.org/external/np/exr/facts/hipc.htm.

Figure 22: ODA to Africa from DAC members, 1990-2007



Source: OECD/DAC, April 2009.

Official Development Assistance (ODA) to Africa gained momentum during the four years that followed the United Nations International Conference on Financing for Development, convened in Monterrey, Mexico, in 2002 (see Figure 22). ODA net disbursement from DAC member countries to SSA has risen annually by 6 percent from 2004 to 2008 (OECD-DAC 2009).

The share of debt relief grants in total ODA increased in 2007 but fell quite sharply in 2008, according to the latest OECD figures (see Table 11).

Table 11: Share of debt relief grants in worldwide net ODA (USD millions)

Country	2008* ODA	2008* Of which: Debt relief grants	2007 ODA	2007 Of which: Debt relief grants	% Change without debt relief grants 2007 to 2008**
Australia	3,166	33	2,669	292	26.5%
Austria	1,681	733	1,808	925	-0.8%
Belgium	2,381	101	1,953	185	19.9%
Canada	4,725	133	4,080	15	9.4%
Denmark	2,800	96	2,562	123	1.8%
Finland	1,139	N.A	981	N.A	6.7%
France	10,957	899	9,884	1,485	11.1%
Germany	13,910	2,598	12,291	2,867	12.1%
Greece	693	N.A	501	N.A	26.9%
Ireland	1,325	N.A	1,192	N.A	6.4%
Italy	4,444	889	3,971	570	-4.5%
Japan	9,362	1,573	7,679	1,576	13.3%
Luxembourg	409	N.A	376	N.A	1.8%
Netherlands	6,993	252	6,224	392	7.8%
New Zealand	346	N.A	320	N.A	11%
Norway	3,967	53	3,728	61	-2.1%
Portugal	614	0	471	1	21.2%
Spain	6,686	342	5,140	243	18.9%
Sweden	4,730	N.A	4,339	74	5.7%
Switzerland	2,016	99	1,685	64	5.3%
United Kingdom	11,409	655	9,849	70	17.8%
United States	26,008	232	21,787	40	15.9%
Total DAC	**119,761**	**8,688**	**103,490**	**8,983**	**12.1%**
European Commission	13,412	123	11,634	N.A	5.8%
DAC-EU countries	70,168	6,564	61,540	6,934	11.1%
G7 Countries	80,815	6,978	69,539	6,623	13.2%
Non-G7 Countries	38,944	1,709	33,948	2,360	9.7%

Source: OECD, March 30, 2009.

* Preliminary data for 2008.

** Taking account of both inflation and exchange rate movements.

The OECD's Development Assistance Committee (DAC) member countries[27] globally allocated ODA of 0.30 percent of total GNI in 2008, a slight increase from 0.27 percent in 2007, and from 0.25 percent in 2006. This aggregate figure, however, conceals varying efforts among DAC members. While Denmark, Luxembourg, the Netherlands, Norway, and Sweden have consistently reached the UN donor target of 0.7 percent of GNI, the United States and Japan allocated just 0.18 percent of their GNI to ODA in 2008, up from 0.16 percent and 0.17 percent in 2007 (see Table 12).

Non-OECD/DAC donors, particularly from the South, scaled up their aid budgets. Saudi Arabia and Venezuela reached the target of 0.7 percent of GNI. The emerging economies of China, India, and Brazil are becoming important providers of ODA to Africa. In addition, intra-African ODA is growing, with Nigeria, Libya, and South Africa as the leading providers. However, a significant financing gap remains.

In 2008, preliminary data show that net bilateral ODA from DAC donors to Africa totaled USD 26 billion, of which USD 22.5 billion went to Sub-Saharan Africa. Excluding volatile debt relief grants, bilateral aid to Africa and SSA rose by 10.6 percent and 10 percent respectively compared to 2007 in real terms (OECD 2009).

Table 12: Total ODA as percentage of GNI for selected OECD/DAC donor countries

Country	2000	2005	2006	2007	2008*
Denmark	1.06	0.81	0.80	0.81	0.82
Luxembourg	0.71	0.86	0.89	0.90	0.92
Netherlands	0.84	0.82	0.81	0.81	0.80
Norway	0.76	0.94	0.89	0.95	0.88
Sweden	0.80	0.94	1.02	0.93	0.98
Japan	0.28	0.28	0.25	0.17	0.18
USA	0.10	0.23	0.18	0.16	0.18
United Kingdom	0.32	0.47	0.51	0.36	0.43

Source: ECA computations based on UNSD data, updated in July 2008.

* OECD data, March 2009.

27 See Annex 2 for listing of DAC countries.

Progress toward aid effectiveness remains slow. The OECD's *2008 Survey on Monitoring the Paris Declaration*[28] reports that many of the targets of the Declaration have yet to be met. According to the report, some progress has been made, "but not enough" and "without further reform and faster action, it will be impossible to meet the 2010 targets for improving the effectiveness of aid." Areas of progress include donor coordination and the alignment of technical assistance with country programs. However, progress on budgetary support has stalled. Aid remains unpredictable, insufficiently linked to national processes and priorities, and characterized by high transaction costs.

Some of the actions needed to advance the Paris Declaration were agreed at the Accra High-Level Forum on Aid Effectiveness in September 2008 and demarcated in the Accra Agenda for Action (AAA) (OECD 2008a). However, the current contraction of global trade and decelerated economic growth pose major challenges for donor and recipient countries alike. Strenuous efforts are needed by the international community to double development aid assistance to Africa, as pledged at Monterrey in 2002, and subsequently reiterated in Doha, Qatar, in 2008.

Target 8F – In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

There are no quantitative targets delineated for telephone lines, mobile telephones, or internet users. Hence assessing progress across these indicators is difficult. Nonetheless the private sector has been very active in the provision of new technologies, notably information and communications technology in Africa, mobile and fixed line telephony, and improved health and education technologies. Improving the IT infrastructure is vital not only for the growth of African economies and to create a business-enabling environment for domestic and international investment, but also for accelerating progress on health and education-related MDGs.

Indicator 8.14 – Fixed telephone lines per 100 population

Telephone landlines per 100 population have not significantly increased in number in recent years. During the period 1990-2006, North, West, and East Africa made limited progress, however Central Africa made no progress, and Southern Africa showed some regression. This stands in sharp contrast to the rapid spread of mobile telephony across the continent. The stagnation in the growth of fixed-line telephony is probably due to the fact that the operating companies are generally public sector owned. It is also possible that growth has been constrained by the rapid adoption of mobile telephony by the population. Efforts are needed to increase the number of fixed lines per 100 population.

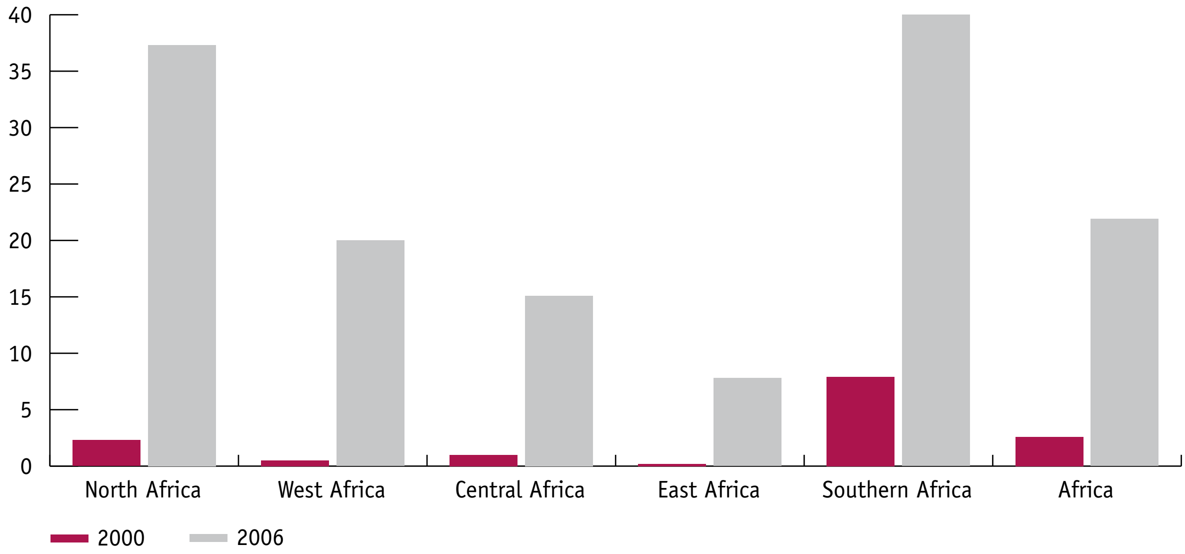
Indicator 8.15 – Cellular subscribers per 100 population

In almost all countries of the continent, there are more mobile than fixed-line telephone subscribers. Today, 40 percent of the African population has a mobile phone.[29] A total of some 65 million subscribers were added in the region in 2006 (UN 2008a). Figure 23 below summarizes the evolution of cellular subscription for each of the African subregions and for the continent as a whole.

28 See OECD (2008).

29 *African Economic Outlook* (2009).

Figure 23: Cellular subscribers per 100 population by subregion



Source: ECA computations based on UNSD data, updated in July 2008. No data for two countries in 2006.

Southern Africa has the largest number of cellular subscribers per 100 population, followed by North Africa and West Africa respectively. East Africa lags behind all other subregions. This is largely due to the low subscription rate in the subregion's largest country, Ethiopia, where the State continues to monopolize the sector. Another factor is that mobile telephone tariffs are relatively high across the continent. This could be impoverishing, especially for those on low incomes.

Roaming is limited because of high roaming fees. There are, however, efforts to promote "one network" services across the region by some mobile telephone operators.[30] Should this succeed, it will add a much-needed impetus to regional integration efforts – such as the free movement of goods and services – and the creation of an African common economic space, as envisaged under the Abuja Declaration (2001) on the African Economic Community.

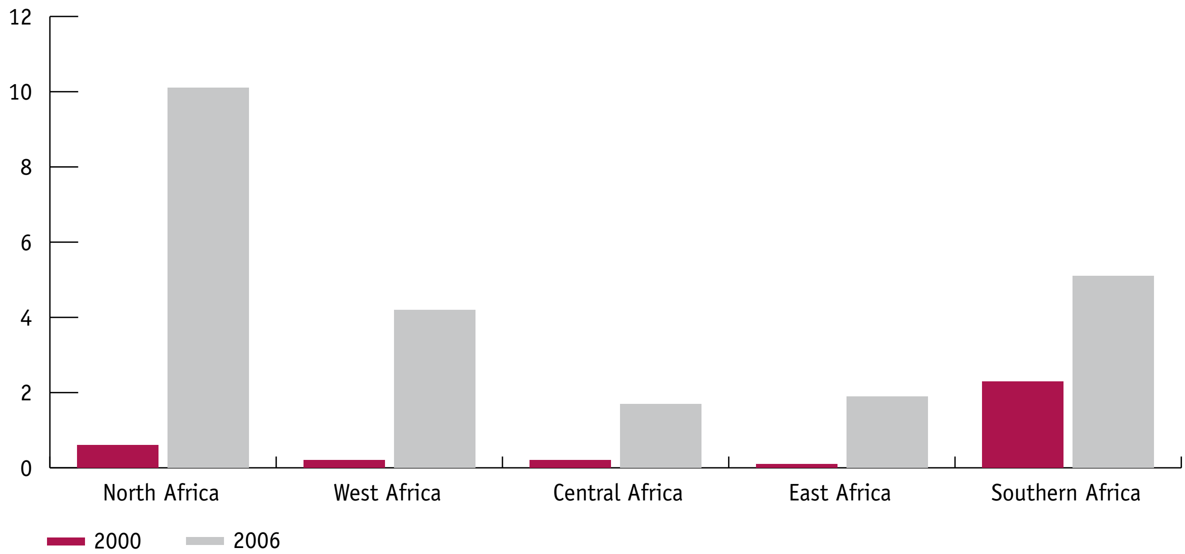
Indicator 8.16 – Internet users per 100 population

Internet use in Africa has grown significantly since 2000, although not as rapidly as cellular telephone use. North Africa has made the most progress, followed by West Africa and Southern Africa. Central Africa had the lowest internet penetration in 2006, the latest year for which data are available on this indicator. The major constraint to internet penetration remains that of poor infrastructure. In addition, the price of computers is still relatively high in Africa, fixed line and wireless services are in short supply, and adult literacy rates are still relatively low to drive the diffusion of computers.

30 The leader here is Zain (formerly Celtel) Communications, followed by Nigeria's Glo Mobile.

Further, access to electricity is poor. In many countries, the electricity supply has become very unreliable due to poor rains and consequent low water levels in hydroelectric dams, a development that has been attributed to climate change. All these factors constrain the growth of internet usage across large swathes of the continent.

Figure 24: Internet users per 100 population by subregion



Source: ECA computations based on UNSD data, updated in July 2008. No data for one country in 2000.

SECTION III: The Global Financial and Economic Crisis – a New Challenge to Meeting the MDGs in Africa

Economic shocks are powerful drivers of poverty and change in the human condition. Positive shocks are likely to reduce poverty and improve human development indicators, while adverse shocks have the opposite effect. The year 2008 was characterized by a number of adverse shocks – the food crisis, the fuel crisis, and the global financial and economic crisis. The environment in 2009 for achieving the MDGs in Africa has been made much more complex by the cumulative impact of these crises and, most notably, by the global financial crisis. Africa's real GDP growth rate registered an average of 5.7 percent in the six-year period 2003-2008, but this is expected to slow significantly in 2009.

The current global financial and economic crisis presents significant short-term risks to Africa's progress toward achieving the MDGs. The major contraction in the global demand for Africa's exports has led to a fall in commodity prices, with a significant adverse impact on African economies. Foreign exchange revenues have fallen, along with corporate tax revenues. As a result, it has become much more difficult for countries to finance imports and critical infrastructure development. In Ethiopia, Burundi, and Uganda the price of coffee has plummeted and small-scale farmers and casual laborers have seen their incomes collapse. The same effect is observable in Zambia and the Democratic Republic of Congo, where mines have closed and small-scale artisanal miners are swelling the ranks of the unemployed. The number of the transitory poor has increased in a number of countries.

Although the financial sector of many African countries is not experiencing significant solvency problems, nonetheless, the impact of the financial crisis is being widely felt. There has been a significant deleveraging by foreign investors, which has resulted in loss of value in African stock markets. Consumer prices have risen significantly, notably because of the high weight of food in the consumption basket and inflationary expectations. Table 13 below presents some evidence on consumer prices in three countries – Nigeria, Kenya, and Rwanda. As the table shows, inflationary pressures are beginning to build in these countries on common staples consumed by the poor, and this has implications for attainment of the MDGs. Many countries (for example, Ethiopia and Nigeria) are now experiencing double-digit inflation.

Table 13: Consumer price index and inflation rates for selected African countries

			Change in CPI (Feb. 2009 - Nov. 2008)	% change in CPI (Nov. 2008 =100)
Nigeria	***CPI***	All items	4.0	2.1
		Food	4.6	2.4
Rwanda	***CPI***	All items	1.9	1.1
		Bread and cereals	7.7	3.5
		Meat	10.0	4.8
		Education	30.2	17.4
Kenya	***CPI***	Overall Kenya index	37.6	12.8
		Nairobi index	47.9	16.2

Source: The National Statistical Bureaux of Nigeria, Rwanda, and Kenya.

The expansive fiscal space that many African countries enjoyed for a number of years, which enabled them to scale up investments in public services and in development /infrastructure programs to accelerate progress toward the targets of the MDGs, is now beginning to contract. This could also threaten the sustainability of gains achieved to date. Table 14 shows a worsening current account position for a number of African countries. This could present a significant future debt burden, increasing the need for these governments to spend more servicing debt and therefore limiting their capacity to increase public spending in MDG-critical areas.

The deterioration in the current account balance of many African countries has put pressure on their domestic currencies. Since October 2008, most African currencies have lost value relative to the US dollar and other major currencies. This is raising the cost of production in domestic prices and contributing to inflationary pressures. Given normal market conditions, depreciation should result in increased exports, as the price of goods becomes more attractive in the global marketplace. However, depressed global demand for Africa's exports limits the ability of African exporters to take advantage of the change in relative prices. The export of commodities such as coffee, tea, horticulture, and ores for example, has fallen significantly. According to estimates by the ECA and AUC,[31] real GDP growth in the region is likely to decelerate to 2.0 percent in 2009, due to the global economic and financial crisis.

31 Economic Commission for Africa (ECA) and African Union Commission (AUC) (2009) *Economic Report on Africa 2008*, launched May 28, 2009 in Addis Ababa.

Table 14: Current account balance as percentage of GDP for selected African countries

	Current Account Balance (as % of GDP)			
Countries	**2006**	**2007**	**2008**	**2009***
Africa	**4.8**	**2.2**	**3.2**	**-5.3**
North Africa	**14.9**	**12.1**	**11.6**	**1.2**
Algeria	24.8	22.4	24.7	9.5
Morocco	2.1	-0.8	-3.7	-2.0
Sub-Saharan Africa	**-0.4**	**-3.1**	**-1.4**	**-8.9**
Ethiopia	-9.2	-3.0	-4.7	-5.0
Kenya	-2.1	-4.1	-4.2	-0.6
Uganda	-3.5	-2.8	-9.8	-7.5
Angola	25.8	11.5	13.6	-14.5
Ghana	-6.4	-12.4	-11.5	-14.1
Nigeria	8.8	3.5	2.0	-10.8
Côte d'Ivoire	-6.3	-7.3	-7.6	-7.9
South Africa	2.8	-0.7	2.2	-0.3
Oil-importing countries	**-4.1**	**-5.4**	**-7.0**	**-6.7**
Oil-exporting countries	**13.1**	**8.8**	**10.5**	**-4.2**

Source: African Economic Outlook 2008/09, African Development Bank.

* 2009 figures are estimates.

The African response to the global economic and financial crisis has been swift and proactive, and taken at the highest levels.[32] The crisis was discussed at a meeting of African Ministers of Finance and Governors of Central Banks in Tunis in November 2008. Similarly, the African Union (AU) Summit in January 2009 discussed the crisis in-depth and adopted a number of resolutions, calling on Member States to deal proactively with the crisis and urging development partners not to renege on their aid commitments to the continent. The AU Summit also called for significant African representation in international organizations and for the G20 to extend stimulus packages to the continent.

There was also a response from continental institutions. The African Development Bank set up

32 A number of conferences were organized in the region to share experiences and to formulate a common position on the global response to the crisis. Among these were: The Conference of African Ministers of Finance and Governors of Central Banks in Tunis in November 2008; the February 2009 African Union Summit; the Conference of African Ministers of Trade in March 2009; and the Conference of Ministers of Finance, jointly organized by the Government of Tanzania and the International Monetary Fund in April 2009.

an emergency USD 1.5 billion Liquidity Facility to provide bridge financing. It also set up a Trade Finance Facility of up to USD 1.0 billion to assist African countries in dealing with the crisis, USD 500 million of which is to be channeled into the IFC's Global Trade Liquidity Program (GTLP). The GTLP aims to mobilize a pool of USD 5 billion of resources from participants, that will catalyze a total of USD 50 billion from both African and international banks, of which up to USD 15 billion is expected to go to Africa to support trade finance.

Overall, due to the stimulus measures taken at the national, continental, and global levels, many analysts believe that Africa will weather the financial crisis better than many developed countries. As a result of macroeconomic policy and structural reforms undertaken previously, African economies are far more resilient now than they were in the past and economic management has significantly improved. Further, the crisis also offers opportunities for future growth and for stemming the brain-drain from the region. While the possible fall in migrant remittances has been highlighted as a major consequence of the crisis, it is also possible that the recession could spur a return migration of skilled Africans to the continent, as well as stem the outflow of scarce skills. The combined effect of this will be to increase the stock of human capital available to advance the MDGs agenda. Further, it is in hard times that innovative economic management skills are developed and honed. So, while the current crisis presents serious challenges to policymakers, it does give African governments the opportunity to strengthen fiscal management, including public finances, and to deepen their financial systems.

Lessons from the East Asian crisis may prove useful.[33] African policymakers should be conscious of the impossible trinity – independent monetary policy, stability of exchange rate, and free movement of capital. Only two of these can be attained simultaneously. The choice of exchange rate – and its trade-off with monetary policy – is tight. The introduction of prudent regulation in the financial sector benefits the whole system. The timing of capital account liberalization is important. Policymakers need to be aware of the potential risk of reversals and other problems that can occur in financial markets by opening up domestic finance markets to foreign investors.

African countries also need to develop effective early-warning systems, and to grow their internal markets through linking up enclave economies and through road and other infrastructure that help create an integrated domestic economy. They should also make their exports less dependent on demand in the developed countries and China and India by vigorously pursuing regional integration and developing regional markets. Finally, the crisis, which clearly will end at some point, should not be an excuse to divert attention from the core development challenges of the continent and the imperative of external assistance. Of the USD 28.3 billion pledged by rich nations to Africa at the G8 Summit in Gleneagles, only USD 9.4 billion has actually been delivered to date.

33 See in this regard, Pircher (2008).

SECTION IV: Conclusion and Recommendations

This Report reiterates much the same message as the 2008 Report: The continent is making steady progress on a few MDGs but relatively little progress on others. There is no convergence either in levels or rates of progress across the subregions. Achieving the MDGs in North Africa presents less of a challenge than it does for the rest of the continent.

With approximately five years remaining to the target date of 2015, urgent action is required on the part of African governments, their citizens, and the private sector to scale up efforts toward achievement of the MDGs. Undoubtedly, the current global economic and financial crisis presents special challenges to sustain progress already made. But the current crisis will eventually end, while the challenge of meeting the MDGs will remain. While much effort has been expended in dealing with the crisis, a similar level of effort needs to be devoted to meeting the MDGs.

The outcome document of the 2005 midterm review of progress toward achievement of the MDGs called on countries to expand public sector investments. But nearly five years on, many countries still lack the resources to do so. And this situation is likely to be accentuated by the global economic and financial crisis. Fiscal space is still constrained by a host of factors, including loan conditionalities imposed by international donors.

Nonetheless, this short-term difficulty should not distract countries from continuing to pursue structural and fiscal reform policies that have underpinned the progress already made in the region. They need to continue to reform their economies and to improve governance and accountability. Further, intensified efforts should be made to mobilize domestic resources to scale up public sector investments in order to achieve the MDGs. Countries should not panic in their response to the current global financial and economic crisis, as ill-considered measures could jeopardize the hard-won gains already achieved. To deal with the immediate adverse effects of the crisis, African countries need well-targeted and flexible social protection measures. Such measures could include public works programs, food-for-work programs, contributory pensions, and health insurance policies.

It is also important for countries to begin to consider the unintended consequences of policies and programs which were adopted to promote and accelerate progress toward the MDGs. For example, the emerging problem of increasing under-representation of young men in secondary and tertiary education presents enormous challenges. Progress in female enrollment must not be at the expense of male enrollment. In some countries, increasing male underrepresentation in education and subsequently in the skilled labor market, risks driving young men into crime, religious fundamentalism, and ethnic jingoism.

These have the potential to result in conflict – both religious and ethnic – as well as increased domestic violence, all of which could undermine the successes achieved in the empowerment of women.

African governments should also ensure that short-term measures adopted to deal with the crisis do not create unsustainable fiscal burdens for the future. MDG-based planning and policy implementation should continue to be emphasized. Governments should cascade MDGs-based development plans and poverty reduction strategies to lower tiers of government or subnational jurisdictions, as these are generally better placed to produce local public goods and to assure the efficiency of social services delivery. In doing so, care must be taken to ensure that increased assignment of fiscal responsibility to lower tiers of government does not result in coordination failures or undermine macroeconomic stability.

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Annex 1:
Official list of MDG indicators

Effective 15 January 2008

Millennium Development Goals (MDGs)	
Goals and Targets (from The Millennium Declaration)	**Indicators for Monitoring Progress**
Goal 1: Eradicate extreme poverty and hunger	
Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than USD 1 per day	1.1 Proportion of population below USD 1 (PPP) per day[i] 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below USD 1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrollment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary school 2.3 Literacy rate of 15-24 year-olds, women and men

i For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

Millennium Development Goals (MDGs)

Goals and Targets (from The Millennium Declaration)	Indicators for Monitoring Progress
Goal 3: Promote gender equality and empower women	
Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of one-year-old children immunized against measles
Goal 5: Improve maternal health	
Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rates for married people 5.4 Adolescent birth rate 5.5 Antenatal care coverage 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use for high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

Millennium Development Goals (MDGs)

Goals and Targets (from The Millennium Declaration)	Indicators for Monitoring Progress
Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO_2 emissions, total, per capita and per USD1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used
Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums[ii]

ii The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material.

Millennium Development Goals (MDGs)	
Goals and Targets (from The Millennium Declaration)	**Indicators for Monitoring Progress**
Goal 8: Develop a global partnership for development	
Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system *Includes a commitment to good governance, development and poverty reduction – both nationally and internationally* Target 8B: Address the special needs of the least developed countries *Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction* Target 8C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly) Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	*Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.* **Official Development Assistance (ODA)** 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3 Proportion of bilateral ODA of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their GNI 8.5 ODA received in small island developing States as a proportion of their GNI **Market access** 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their GDP 8.9 Proportion of ODA provided to help build trade capacity **Debt sustainability** 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services

Millennium Development Goals (MDGs)

Goals and Targets (from The Millennium Declaration)	Indicators for Monitoring Progress
Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets emanate from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by Member States at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, (http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1).

The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty."

Annex 2: Member Countries **of the ACP, DAC, G8 and G20**

ACP country members: Angola, Antigua and Barbuda, Belize, Cape Verde, Comoros, Bahamas, Barbados, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic , Chad, Congo, Cook Islands, Cote d'Ivoire, Cuba, DRC, Djibouti, Dominica, Dominican Republic, Eritrea, Ethiopia, Fiji, Gabon, Gambia, Ghana, Grenada, Republic of Guinea, Guinea-Bissau, Equatorial Guinea, Guyana, Haiti, Jamaica, Kenya, Kiribati, Lesotho, Liberia, Madagascar, Malawi, Mali, Marshall Islands, Mauritania, Mauritius, Micronesia, Mozambique, Namibia, Nauru, Niger, Nigeria, Niue, Palau, Papua New Guinea, Rwanda, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Solomon Islands, Samoa, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Suriname, Swaziland, Tanzania, Timor Leste, Togo, Tonga, Trinidad and Tobago, Tuvalu, Uganda, Vanuatu, Zambia and Zimbabwe.

DAC (Development Assistance Committee) member countries: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, and United States.

All donors include: All DAC member countries, Multilateral Agencies (IMF, World Bank, Arab Agencies, etc.), Regional Development Banks (AfDB, etc), EU non-DAC countries and other donors (Chinese Taipei, Israel and Thailand).

ODA data do not include China, India, Brazil and bilateral aid from African countries like Nigeria and Libya, Venezuela, and countries of the Arabian Peninsula.

G8 members: Canada, France, Germany, Italy, Japan, Russia, United Kingdom and United States.

G20 members: Argentina, Australia, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Mexico, Russia, Saudi Arabia, South Africa, South Korea, Turkey, United Kingdom, and the United States.

Economic Commission for Africa

P.O.Box 3001
Addis Ababa, Ethiopia
Tel: +251 11-544-9900
Fax: +251 11 551-4416
Email: ecainfo@uneca.org
www.uneca.org

African Union

P.O. Box 3243
Roosevelt Street
(Old Airport Area)
W21K19 Addis Ababa
Ethiopia
Tel: (251) 11 551 77 00
Fax: (251) 11 551 78 44
Email: dinfo@africa-union.org
www.africa-union.org

African Development Bank Group

Temporary Relocation Agency (TRA)
13 Avenue du Ghana
BP 323, 1002 Tunis Belvédère
Tunis, Tunisia
Tel: (216) 71 103 325
Fax: (216) 71 103 743
Email: statistics@afdb.org
www.afdb.org

Design, layout and production by Phoenix Design Aid A/S, Denmark. ISO 14001/ISO 9000 certified and approved CO_2 neutral company – www.phoenixdesignaid.dk.
Printed on environmentally friendly paper (without chlorine) with vegetable-based inks. The printed matter is recyclable.