



Fast-tracking Progress on the Millennium Development Goals in Africa

The Issue

With three years remaining until the 2015 Millennium Development Goals (MDGs) target deadline, African countries must ensure that policies sustain and fast-track gains made thus far, especially for lagging MDGs. While performance across countries and within targets has been mixed, overall, the current pace of progress is insufficient to achieve the MDGs by 2015.

Recent trends in Africa's Progress on the MDGs

Areas of Progress

Africa has made noticeable aggregate progress in primary school enrollment, certain aspects of gender equality and representation in national parliaments, measles vaccinations, and the reduction in HIV prevalence rates. As a result of scaled-up national education financing since 1999, Africa now holds the best record of improvement in primary school enrollment (see chart below), putting almost all African countries on track to reach targets on universal primary education. In addition, many African countries have already achieved gender parity in primary schools, and in countries such as Malawi, Rwanda, Togo and Senegal, the number of girls attending primary school currently exceeds that of boys.

Legislated and voluntary party quota systems have contributed positively to women's empowerment. Female representation in national parliaments continues to rise steadily: 80 percent of countries with available data increased the proportion of national parliamentary seats represented by women between 1990 and 2010. The top three best performers in 2010 were Rwanda (56 percent), South Africa

(45 percent), and Mozambique (39 percent) (ECA et al., 2011). Although additional efforts are required to increase women's participation in the executive, judicial, traditional, and other public spheres, the current positive trends are notable for the continent.

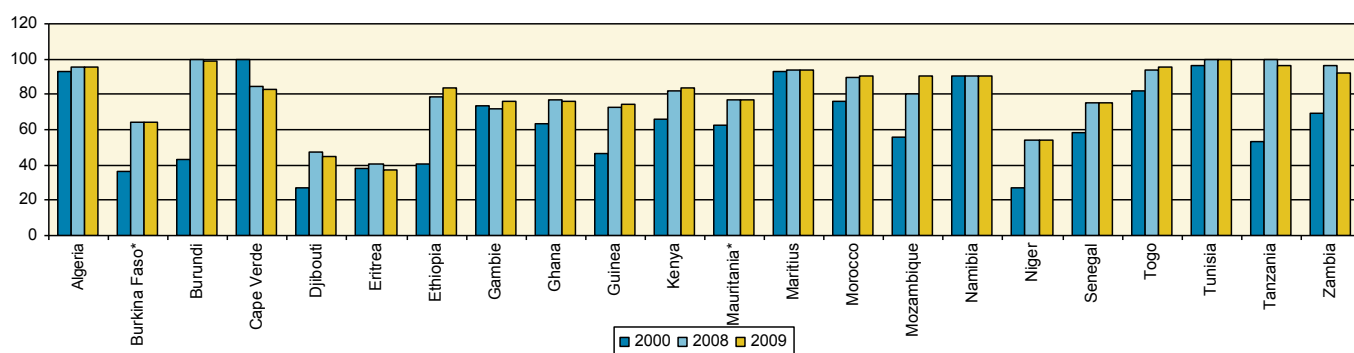
Awareness campaigns focusing on behavior change and the promotion and use of condoms and antiretroviral treatment (ART) have helped curb the numbers of new HIV infections and AIDS-related deaths. In fact, the number of newly infected people fell from 2.2 million people in 2001 to 1.8 million in 2009 (UNAIDS, 2011). Similarly, measles immunizations have helped reduce, albeit slightly, child and infant mortality.

Areas requiring further attention

Primary school completion rates as well as the overall quality of education remain a challenge, progress to reduce child and maternal mortality has been slow, malaria remains a major threat and access to potable water and sanitation is still limited across the continent. Despite advances made in maternal healthcare, conditions for pregnant and lactating women remain dire. From 1990 to 2008, maternal mortality rates in Africa (excluding North Africa) only declined by 1.7 percent, and remained exceedingly high at 590 deaths per 100,000 live births, worse than any other region in the world (UN, 2011). Finally, malaria remains a major cause of mortality and morbidity as insecticide-treated nets (ITNs) have not reached all intended beneficiaries, particularly the rural poor.

Insufficient and inequitable public service delivery and widespread inequities (across gender, income groups, and location) in the delivery of social services (education, health, access to potable wa-

Progress in net primary enrollment in primary education for selected African countries, 2000, 2008/ 2009 (percent)



Source: compiled from UNSD data (updated in September 2011)

ter and sanitation etc.) have contributed to impeding MDG progress. Almost 50 percent of women in Ethiopia from the richest wealth quintile, compared to less than 3 percent from the poorest wealth quintile, have access to delivery assistance from a health professional (UNECA, 2009). Over a 20 year period (i.e., between 1990 and 2008), the proportion of the population using improved sanitation facilities increased by a mere five percentage points (ECA et.al, 2011). Furthermore, the poorest 20 percent of the population in urban areas are almost six times more likely to rely on an unimproved drinking water source than the richest 20 percent. If progress on all MDGs is to be fast-tracked, equity in access to social services must be improved.

Policy Options to Sustain and Fast-track MDG Progress in Africa

Progress on the MDGs has largely been attributable to: African Heads of State's resolute political will, underpinned by increased targeted budgetary allocations to address lagging MDGs in their respective countries; strengthened partnership with the international development community; and renewed national and global commitments to accelerate the achievement of the goals. Better policy coordination and the integration of the MDGs in countries' development strategies have also played a key role. In order to sustain and fast-track progress made on achieving the MDGs, however, African countries should:

1. Minimize disparities in access to social services by increasing pro-poor targeting to ensure that governments implement suitable policies and strategies to improve the geographic distribution of, and access to social services. Institutionalizing fiscally

sustainable social protection programs, that minimize the negative impact of shocks on poor households and help to minimize the gap between the rich and the poor, is one effective way governments can provide social services to their populations, inclusive of specific groups who ordinarily are excluded from participating in social, economic and political processes of society.

Best practice: Having adopted a broad social protection framework that guarantees its citizens both social transfers and basic social services, South Africa is an example of a country that has successfully mainstreamed social protection in their constitution and Bill of Rights. The state is mandated to provide primary services including adequate nutrition, social assistance, education, health and social security as a basic right to its citizens. Evidence from South Africa confirms that social grants are indeed effective in reducing the prevalence of poverty, deprivation and destitution (Samson et al., 2004). The country's comprehensive social grants system, which includes the state Old Age grant, consumes on average 3.4 percent of GDP and about 12 percent of total government expenditure. These investments have increased school attendance, led to further investment in human capital, improved health and nutrition, increased gender equity and promoted job search and labor market participation. Simulations using 2000 uptake rates revealed that, altogether, social grants reduced the poverty headcount in the country by 4.3 percent and the destitution gap by 45 percent. The Old Age pension program reduced the poverty gap by 2.5 percent, and the disability grant reduced the total and poverty gap by 5.1 percent.

2. Strengthen national ownership of the MDGs: by i) ensuring fiscal sustainability of MDG-related programmes and projects in order to but-

tress lagging goals, and ii) integrating MDGs into national, sub regional and local development plans. Governments should prioritize and engage in robust domestic resource mobilization in order to minimize dependency on international aid on one hand, and on the other, insist that donor assistance be more closely aligned to national priorities, including the achievement of the MDGs.

Best practice: In Algeria, for example, total and youth unemployment rates were as high as 30 percent in 2000 and 48 percent in 2001. In response to the deteriorating employment situation, the Algerian government introduced a rigorous employment policy that granted firms subsidies as incentives to hire the unemployed, and introduced specific programs that developed the capacities of the unskilled. As a result, the Algerian government was able to create 1.3 million new jobs, which led to a reduction in the total unemployment rate from 30 percent in 2000 to 15.3 percent in 2005, and finally 10.2 percent in 2009. In particular, youth unemployment fell from 48 percent in 2001 to 31 percent in 2005. Female employment rose from 1.2 million to almost 1.5 million between 2005 and 2009 (Algeria 2010 MDG report).

3. Prioritize development interventions: by focusing on targeted interventions that will yield maximum multiplier effects in accelerating MDG progress, especially for lagging MDGs. The UNDP MDG Acceleration Framework (MAF), currently piloted in 10 African countries, is one tool that i) enables governments to focus on disparities and inequalities, and ii) provides national stakeholders with a flexible yet systematic, actionable and country-specific approach to identify and analyze bottlenecks that undermine progress on the MDGs (UNDP, 2010).

To maximize the effectiveness and impact of policy interventions, governments must acknowledge and exploit the interrelatedness between the MDGs. For example, it has been found that the U5MR is significantly higher among children of less-educated mothers. Children in Africa (excluding North Africa) born to mothers with no education are 1.2 times more likely to die before their fifth birthday than children born to mothers with primary school education. Worse still, they are twice as likely to die before their fifth birthday as children born to mothers with secondary or higher education (UN, 2011). Therefore, positive correlations between mother's education and U5MRs ought to inform interventions. This will ensure that child mortality is not misconstrued solely as a health-related issue. Another example is that the noteworthy high primary school enrollment figures must be matched by subsequent completion

rates, thus ensuring MDG interrelatedness. Cross cutting areas that need particular attention include: i) prioritizing and implementing pro-women and pro-poor policies to specifically address gendered poverty, and enhance women's empowerment, and ii) advancing the health-related MDGs.

Women in Africa are increasingly becoming victims of vulnerable employment*. Concrete laws and policies should be introduced to ensure that gender imbalance in the school and work place is curtailed. To increase women's representation in parliament and institutionalize female government participation, governments can set minimum quotas for women parliamentarians. Regarding lagging health-related MDGs, governments should strengthen healthcare-targeting and health systems to ensure good quality continuum of care.

Best practice: Botswana, the first African country to introduce and roll out a national antiretroviral program free of charge in 1994, presents an example of a holistic intervention. Apart from providing life-saving drugs and psycho-social benefits, the program provides valuable dietary information as well as public HIV education and awareness services to both young and old, thus integrating aspects of health, education and nutrition into its initiative.

The case of Rwanda's rising female representation in parliamentary and administrative jobs is especially impressive and stands as a source of inspiration to African countries. Adopted in 2003, Rwanda's first post-genocide constitution enshrined a commitment to gender equality. It mandates that at least 30 percent of posts in all decision making organs be granted to women. As a result of strong advocacy, powerful women-led coordination mechanisms and movements, and effective civil society mobilization that work in tandem with the Ministry of Gender and Women in Development, women in Rwanda today have a visible parliamentary presence and constitute 38 percent of ministers, 35 percent of senators, 56 percent deputies, 40 percent governors and 36 percent judges (Groupe Jeune Afrique, 2011).

4. Enhance coordination and prioritize capacity development

Enhanced inter-governmental and intra-agency coordination and collaboration and capacity development are necessary prerequisites for the strategic acceleration of the MDGs. With a myriad of stakeholders tackling various MDGs targets from different angles, African countries must seize the current

* informal employment with inadequate working conditions and social security

international support, awareness and momentum to improve not only upon partnerships, coordination and synergy, but upon knowledge sharing as well. Ensuring this will minimize duplication of work, clarify institutional ownership and leadership, and help achieve desired results faster.

In addition, governments should invest in developing and retaining the capacity of their people, organizations and societies. Capacity development priorities should be integrated into key national, sub-national, sector and thematic strategies. Citizens must be equipped with the required country-specific technical skills and competencies to optimize outputs and increase overall productivity and competitiveness. At the institutional level, governments should ensure that rigorous systems, processes and regulatory frameworks are put in place. The existing *data gap*, which limits countries' capacities to monitor poverty reduction, employment, health coverage and other social and economic development indicators, is another key area of concern. In the absence of reliable data and sound monitoring and evaluating systems, the capacity of policymakers to undertake targeted interventions to address the needs of the most vulnerable segments of society is weakened. In this regard, governments should specifically address the data gap challenge.

5. Build resilience to respond to new and emerging shocks

Africa has been victim to recurring shocks that include climate change, as well as the global food, fuel and financial crises—all of which have had adverse effects on progress toward the MDGs. The global financial crisis is expected to leave an additional 20 million people in Africa (excluding North Africa) in poverty by 2015. Climate change threatens already vulnerable populations' food security, and adversely affects agricultural productivity. Rapid population growth and rising food prices further worsen the situation, particularly for rural and low-income households. It is therefore imperative that governments strengthen disaster risk reduction, management and climate change adaptation mechanisms by developing capacities to anticipate, and build resilience to respond to shocks at local, national and regional levels.

In summary, although Africa has registered significant gains in attaining the MDGs, it is clear that additional focus and support is required to fast-track progress on all the goals. In the remaining three years, African governments should focus public interventions on lagging MDGs, while consolidating gains in areas of good performance.

Contributed by

Adwoa Atta-Krah,
Research Fellow, MDGs and LDCs Section,
Economic Development and NEPAD Division
(EDND), UNECA

References

Government of Algeria (2010). The National MDG Report, Algiers.

Groupe Jeune Afrique, (2011). Doing Business in Africa, Investing Rwanda 2012. No. 34 October 2011. Paris, France.

Samson, M. et al. (2004). "The Social and Economic Impact of South Africa's Social Security System." Economic Policy Research Institute (EPRI) Research Paper No. 37. Cape Town: EPRI Press.

United Nations (2011) Millennium Development Goals Report, New York.

UNAIDS World AIDS Day Report (2011). Retrieved on November 05,2011, from http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2216_WorldAIDSday_report_2011_en.pdf

UNDP, (2010). Unlocking Progress: MDG Acceleration on the Road to 2015, New York.

UNECA, et. al. (2011). "Assessing progress towards the Millennium Development Goals," Addis Ababa.

UNECA, (2009), Mainstreaming health equity in the development agenda of African countries, United Nations Economic Commission for Africa.

ECA Policy Briefs are produced by the United Nations Economic Commission for Africa (ECA) based on various analytical work and research on social and economic development of Africa carried out at, or in collaboration with, the Commission. ECA's mandate is to promote economic and social development in Member States as well as foster regional integration in Africa. For more information, please contact the Economic Development and NEPAD Division, ECA, Addis Ababa, Ethiopia at +251-11-544-3264 or write to policybriefs@uneca.org.

UN Under-Secretary-General and
Executive Secretary of ECA: **Abdoulie Janneh**