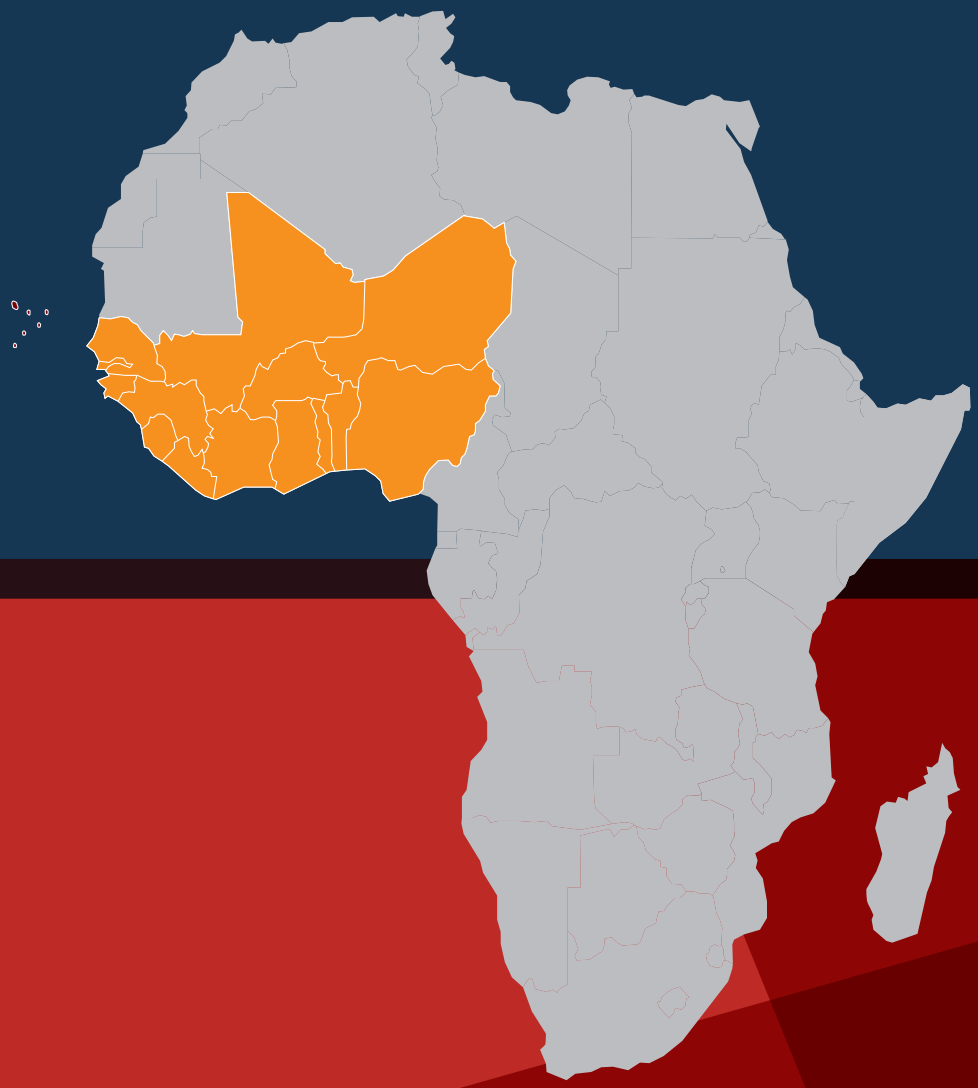
United Nations
Economic Commission for Africa

From Millennium Development Goals to Sustainable Development Goals: lessons learned in West Africa



United Nations
Economic Commission for Africa

From Millennium Development Goals to Sustainable Development Goals: lessons learned in West Africa

Ordering information

To order copies of *From Millennium Development Goals to Sustainable Development Goals: lessons learned in West Africa*, please contact:

Publications
Economic Commission for Africa
P.O. Box 3001
Addis Ababa, Ethiopia

Tel: +251 11 544-9900
Fax: +251 11 551-4416
E-mail: ecainfo@uneca.org
Web: www.uneca.org

First printing August 2017

Designed and printed by the ECA Documents Publishing Unit. ISO 14001:2004 certified.

Table of contents

List of Figures

List of Tables

ANNEX

Acknowledgements

This report on assessing the progress made in West Africa towards achieving the Millennium Development Goals was prepared by the Subregional Office for West Africa of the Economic Commission for Africa. It provides a cumulative annual assessment of the subregion's efforts to fulfil the Millennium Development Goals, and supplies information on progress in individual States. The special feature of the 2015 report presents an overall assessment of progress towards the goals in the subregion after 15 years of implementation and to provides some insight on the ongoing transition to the Sustainable Development Goals. This report was prepared by a Team of economists at the Subregional Office for West Africa under the supervision of Joseph Foumbi, Chief of the Subregional Initiatives Section. The Team of economists comprised Mamoudou Sébégo (Lead author), Amadou Diouf, Jean Luc Mastaki, Kazim Lamine Dakori and Florent Melesse. In addition, the Team fully took on board the guidelines and comments made during the 19th meeting of the Intergovernmental Committee of Experts for West Africa. The report was prepared under the overall leadership of Dr Dimitri Sanga, Director of the Subregional Office.

Jean Baptiste Eken, Administrative and Finance Officer, and Privat Denis Akochayé, Knowledge Management Officer of the Subregional Office of the Subregional Office for West Africa, provide valuable support in the preparation and publication of this report.

Foreword

West Africa made a commitment to implement the Millennium Declaration on Development, with the aim of combating poverty, over the past 15 years until 2015. Following 15 years of implementation and the conclusion of the target period for the Millennium Development Goals (MDGs), West Africa is one of the regions or subregions of the world, which achieved only a low level of fulfilment of the targets associated with the main MDG indicators. The low performance in implementing the MDGs is linked to a number of factors including, limited development-funding and poor internal leadership by the States of the subregion. These States took effective ownership of the MDGs only in the latter years of implementation, thanks to pressure and vigorous action on the part of members of civil society organizations and a number of international development agencies.

This report on assessing the progress made in West Africa towards fulfilling the MDGs, is the second of its kind and not only provides a subsequent assessment of the subregion's efforts to achieve the MDGs, but also provides States with information on the so far made progress. In terms of advances, subregional performances have been mixed. Nonetheless, a number countries produced satisfactory results on certain MDG indicators, including progress in access to primary education, improvement of child health, the fight against HIV/AIDS and access to safe drinking water. Nevertheless, West Africa needs to make increased efforts over the next 15 years to combat poverty and inequality, promote women empowerment, improve child and maternal health and provide access to sanitation facilities while continuing to reinforce the quality of basic social services, particularly in health and education.

In addition to assessing the overall progress made by the subregion in respect of the MDGs, report also marks the effective transition from the MDGs to the Sustainable Development Goals (SDGs) adopted in September 2015 by all United Nations Member States; their implementation began on 1 January 2016 for a period of 15 years. It is important to be aware that the SDGs are a continuation and deepening of the MDGs, designed to make up for what was not achieved during the implementation of the MDGs. They differ from the MDGs in their global developmental nature and their universality, and are sufficiently disaggregated in terms of indicators and targets to ensure that due consideration is given to the weaknesses of the MDGs, in terms of both design and implementation. The Millennium Declaration and the 2030 Agenda share, however, a common basis in seeking a world of prosperity, equity, liberty, dignity and peace.

The report complements the African MDG progress report which has been prepared jointly since 2005 by the Economic Commission for Africa (ECA), the African Development Bank (AfDB), the Africa Regional Office of the United Nations Development Programme (UNDP) and the African Union Commission (AUC). This report was prepared by the ECA Subregional Office for West Africa, using updated and harmonized data drawn from the database of the United Nations Statistics Division, which is the repository of official data for assessing progress made in terms of the MDGs. The report also uses additional data from countries and from some United Nations specialized agencies, including the United Nations Educational, Scientific and Cultural Organization (UNESCO). The choice of these international sources was based mainly on the fact that they collect and supply accurate and comparable data on the MDG indicators in West Africa. The United Nations Secretary-General's *Millennium Development Goals report 2015,* assessing progress worldwide, and the report on progress made in Africa over the same period, were also used to prepare this report. The initiative launched in 2014 by the ECA Subregional Office to record progress made by the subregion towards the MDGs in a single report will be continued and strengthened to make regular reports to States on the status of their progress in achieving the SDGs over the next 15 years.

The implementation of the MDGs launched in 2000 enabled African States in general and West African States in particular to learn valuable lessons and adopt good development practices from others. Building on these lessons, which, relate mainly to issues of policymaking, formulation of development strategies, programme implementation and monitoring and evaluation and the impact of the internal leadership of the States, must become a reality in the subregion throughout the SDG cycle. Furthermore, enhanced internalization of the SDG guidelines and the African Union's Agenda 2063 through national policies, strategies and programmes, together with a balanced prioritization of the 17 goals and associated indicators, should enable the subregion to be on the development track by 2030.

Professor Dimitri Sanga

Director, ECA Subregional Office for West Africa

Executive summary

Progress made towards achieving the Millennium Development targets

There are two distinct trends in progress made towards implementing the MDGs: those where the subregion has achieved a satisfactory performance and those where much still remains to be done.

With respect to subregional performances in implementing the MDGs, countries reported satisfactory results in access to primary education, improvement of child health, efforts to combat HIV/AIDS and access to drinking safe water. In primary education, 9 of the 15 West African countries achieved a net enrolment ratio of at least 70 per cent, and 4 (Cabo Verde, Benin, Togo and Ghana) achieved over 80 per cent. This performance is the outcome of the efforts made by governments and their development partners to intensify and enhance action to increase the provision of education (rehabilitation and building of educational infrastructure and an increase in the quantity and quality of teaching staff). It also results from an increase in the demand for education resulting from awareness-raising activities, as well as improved household income as poverty in some countries of the subregion has substantially declined.

With respect to improvement in child health, Niger and Senegal reached the target and Cabo Verde recorded the lowest subregional mortality rate for children under five, while three countries (Niger, Guinea and Mali) were notable for reducing the rate at record speed. However, it must be pointed out that more children who are dying of preventable diseases could be saved, since the majority of children die as a result of infectious diseases. National authorities and their partners should intensify their efforts over the next 15 years in specific actions which produce rapid benefits: births attended by qualified health professionals and emergency obstetrical care; management of premature births, including administering prenatal corticosteroids to speed up pulmonary maturation; basic neonatal care; neonatal resuscitation; early detection of serious infections and treatment with antibiotics; clinical care for very small or sick newborns; and the prevention of mother-to-child HIV transmission.

The proportion of the population using a clean water source in West Africa increased by over 64 per cent between 1990 and 2015, with four countries (Burkina Faso, Cabo Verde, Côte d'Ivoire and Ghana) notable for achieving access to drinking water for over 80 per cent of the population in 2015. However, urban areas enjoy a significant advantage when it comes to accessing clean water in the subregion: intensified efforts will be needed to bridge this gap as the SDGs are implemented.

Alongside these sectors where satisfactory results have been achieved, it is clear that West Africa must make greater efforts over the next 15 years in combating poverty and inequality and promoting women empowerment, improving maternal health and providing access to sanitation facilities, while continuing to strengthen the quality of basic social services.

The subregion failed to achieve the target of reducing extreme poverty, and must redouble its efforts to eradicate it by 2030, since over 60 per cent of the countries of the subregion are still recording over 40 per cent of persons living in extreme poverty. In addition to the intrinsic impacts of poverty, the state of persistent poverty is endangering achievement of the target of ensuring full employment and the opportunity for everyone, including women and young people, to find decent and productive work. Nonetheless, alongside this overall assessment of the subregion, some individual countries, particularly

Senegal, Ghana and Guinea, achieved the target before the end of 2015. Other countries such as Niger, Mali, Burkina Faso and Cabo Verde fell less than 15 per cent short of the target. It should be noted that the slowness of the decline of world poverty is largely attributable to Africa in general and West Africa in particular; China and India, on the other hand, were the main contributors to the decline, reducing the proportion of people living on less than US$ 1.25 per day from 36 per cent in 1990 to 12 per cent in 2015. The satisfactory results recorded by some countries of the subregion in reducing extreme poverty are considered to be mainly due to strong economic growth over the last 15 years, the creation of decent jobs, the increase in production capacity, the provision of social security to the most vulnerable groups and the rapid expansion of the middle class.

With respect to the improvement of maternal health, the subregion recorded an average reduction in the maternal mortality rate of 41.6 per cent between 1990 and 2015 with only Cabo Verde achieving the target and five other countries (Ghana, Burkina Faso, Sierra Leone, Mali and Senegal) managing to achieve a reduction rate higher than the subregional average. If maternal mortality is to be significantly reduced in the subregion, future intensified efforts must focus on the presence of qualified health-care professionals during childbirth, the improvement of technical facilities, enhanced awareness of contraception use in relation to the high birth rate among adolescents and efforts to combat early marriage, which is regarded as a common practice in the subregion.

One of the major challenges that the States of the subregion must meet over the next 15 years is to improve access to improved sanitary facilities, because a significant proportion of the population continues to defecate in the open air, particularly in rural areas. Access to improved sanitary facilities is still something of a luxury in the subregion. Despite this somber picture of the subregion with respect to sanitation, in 2015, six West African countries (Guinea-Bissau, Burkina Faso, Benin, Ghana, Guinea and the Niger) managed to more than double their level of access to sanitation facilities compared with 1990, although they started from a very low benchmark of less than 30 per cent.

Lessons learned from implementing the Goals

The 15 years of implementation of the MDGs generated valuable lessons, which can help the stakeholders to see more clearly in their development efforts over the next 15 years, particularly with respect to preparing policies and formulating strategies for programme implementation and monitoring and evaluation. Areas where these lessons can be drawn include defining and implementing the MDGs, monitoring and evaluation, country leadership and financing, etc.

On the design and implementation of the MDGs, the continent's stakeholders in development viewed it as a "top-down" process. The poor and vulnerable countries, which are most directly concerned with the objectives pursued by the MDGs, were not fully involved in the design process. This failed to promote ownership and hence implementation of the MDGs in Africa in general and in the subregion in particular. Consequently, the participatory and inclusive approach, which guided the design of the SDGs, starting with the post-2015 national consultations and ending with the negotiations in September 2015, may be considered to be a response to these acknowledged MDG design weaknesses.

On monitoring and evaluation of the MDGs, it is clear that effective data use can help to galvanize development efforts, implement targeted actions successfully, monitor outcomes and enhance the accountability that is key to the smooth implementation of any development programme. Consequently, sustainable development in the subregion requires a data revolution to improve the availability, quality, relevance and breakdown of the statistical data. Substantial improvement in the human and financial capacities of the national statistical systems of the subregion is required for an effective response to SDG monitoring and evaluation needs.

On leadership, limited internal leadership in States both at the launch and throughout the implementation of the MDGs unfavourably impacted on the achievement of the goals. The stakeholders in general and the countries in particular did not regard the MDGs as credible, and consequently engaged with the related commitments very late and/or at a very low level. This failure was highlighted when, under the leadership of the United Nations, the strategy followed in defining the SDGs sought to correct it using more participatory, inclusive and shared methods and a communication approach which engaged those in the front line more closely.

On financing, the mobilization of resources was one of the missing or weak links in the MDG implementation process in Africa in general and in the subregion in particular. Financing came mainly from external sources, partially accounting for the low rate of implementation of the development projects and programmes drafted by the States to help speed up the achievement of the targets in 2015. The failure to respect the undertakings made at Monterrey 2002 in the framework of the MDG financing initiatives was identified as one of the chief factors in the underperformance of the States in implementing the MDGs. The SDG financing strategy in the subregion should therefore focus on mobilizing domestic resources and supplementing them with external resources.

Transition to the Sustainable Development Goals

The Sustainable Development Goals adopted in September 2015 are designed to continue and deepen the MDGs to make up for what was not achieved during the previous 15 years of implementation. They differ only in their global developmental nature (economic, social and environmental) and their universality, i.e. they are addressed to the whole population and all components of the world (and not only the poor countries, as was the case with the MDGs), and they are sufficiently disaggregated in terms of indicators and targets. Their long-term goal is therefore to correct weaknesses and to complete what was not achieved by the MDGs in their design, implementation and monitoring and evaluation. Nonetheless, both the Millennium Declaration and the 2030 Agenda are based on the quest for a world of prosperity, equity, liberty, dignity and peace.

In contrast to the case of the MDGs, Africa made a strong and active contribution to the design and adoption of the SDGs, especially through the Common African Position and the Addis Ababa Conference on Financing for Development. The combination of enhanced domestication of the SDGs through national development strategies and programmes, prioritization of the SDG goals and indicators and a focus on mobilizing domestic resources to finance national statistical systems and build their financial and human capacities for improved monitoring and evaluation of the SDGs constitutes a broad blueprint to enable the subregion to be on the development track by 2030.

1. INTRODUCTION

The year 2015 marked the end of the implementation of the Millennium Development Goals (MDGs), which mobilized the whole world in September 2000 around a common programme designed to make poverty history by 2015. The overall objective of the eight MDGs, shared by every country in the world and all of the world's great development institutions, was to meet the needs of the world's poorest people. The long-term purpose of these ambitious, measurable and universally agreed goals was to eradicate extreme poverty and hunger, to prevent fatal but curable diseases and to broaden the educational prospects of all children, among other development needs.

In the world in general, and in Africa in particular, the guidelines and discipline governing the implementation, monitoring and evaluation of the development policies and programmes advocated by the MDGs helped to achieve substantial progress, despite initial difficulties. Africa managed to achieve increased enrolment in primary education, improve the gender balance in primary education, strengthen the representation of women in national parliaments, lower infant and maternal mortality and reduce the prevalence of HIV/AIDS (ECA et al. , 2015).

Like the other African subregions, West Africa entered into the continent's new dynamism. Although many countries still fell very short of achieving most of the targets in 2015, considerable progress was made, particularly in the sphere of school attendance and gender parity in primary education, the reduction of infant and maternal mortality, the fight against HIV/AIDS and access to safe drinking water. Even though the reduction of poverty continues to be the greatest challenge throughout the subregion, the results obtained over the last 15 years highlight the importance of national commitment and its role as a catalyst, supported by global partnership, in achieving development goals.

Desirous of completing the advances in development driven by the MDGs and ensuring that no one is left behind, world leaders met at United Nations Headquarters in New York in September 2015 to adopt a new programme for sustainable development. This new development agenda for 2030 comprises 17 new Sustainable Development Goals (SDGs), which will guide development policy and financing for the next 15 years. This historic agreement is the conclusion of consultation work with governments, civil society and other partners and is intended to take advantage of the impetus created by the MDGs to design an ambitious post-2015 development agenda. Unlike the MDGs, the SDGs involve every country in efforts to promote peaceful and open societies, create better jobs and meet the current environmental challenges, particularly climate change (ECA et al., 2015).

This report entitled *"From the Millennium Development Goals to the Sustainable Development Goals"*, which presents the progress made in the subregion towards the MDGs and the transition to the SDGs, was prepared for the 19th meeting of the Intergovernmental Committee of Experts for West Africa, organized by the ECA Subregional Office for West Africa. Its broad purpose is to provide member States with information on the overall progress the subregion has made since 2000 with regard to the MDGs, learn lessons from what has been done and discuss the strategic and operational guidelines needed to complete the efforts initiated in the framework of the MDGs over the next 15 years. It will also act as an advocacy tool for ownership and effective mobilization by the member States for more successful implementation of the SDGs by 2030. Specifically, the report

- Presents an updated picture of overall progress made by the countries of the subregion towards the MDGs over the period 2000-2015 and also identifies what has not been completed and the areas of improvement that need to guide the implementation of the SDGs;

- Informs and raises awareness among the member States and other stakeholders on the scope of the SDGs and the issues they raise in order to ensure enhanced ownership;

- Shares the lessons and good practices derived from the implementation of the MDGs in order to lay the foundations for the successful implementation of the SDGs;

- Discusses the strategic and operational guidelines to be undertaken by the member States and the other development stakeholders over the next 15 years.

The report was prepared by the ECA Subregional Office for West Africa, using the United Nations MDG Indicators Database, the global[1] and African[2] reports monitoring progress towards the MDGs and the country reports published in 2015. In addition, a number of international databases (African Development Bank, World Bank, OECD, etc.) were used to fill any gaps in recent country data. The preference given to international sources is based mainly on the fact that they collect and supply comparable data on MDG indicators. The irregular nature of surveys and censuses, combined with the differences in definitions and methodologies selected to produce the indicators, may sometimes explain the time lag between the reference year and the various years for which statistical data are available.

The remainder of the report is divided into three major sections. After an assessment of the progress made by countries in the subregion and the lessons drawn from the implementation of the MDGs, the third section presents the overall approach to designing the SDGs and the related commitments by attempting to demonstrate the complementary nature of the SDGs in relation to the MDGs. The last section includes the conclusion and proposed recommendations for scaling up efforts in the context of the implementation of the SDGs.

2. ASSESSMENT OF PROGRESS MADE BY WEST AFRICA AND LESSONS LEARNED FROM IMPLEMENTING THE MILLENNIUM DEVELOPMENT GOALS

2.1 Overall progress in West Africa towards the MDGs

During the implementation of the MDGs over 1 billion people escaped from extreme poverty, there was remarkable progress in the fight against hunger and more girls than ever before are now enabled to go to school. The mobilization of all national and international development stakeholders around the MDGs resulted in new and innovative partnerships, galvanized public opinion and demonstrated the supreme importance of setting ambitious goals. By placing individuals and their immediate needs in the forefront, the MDGs reshaped decision-making in both developed and developing nations (United Nations, 2015).

West Africa has made notable strides in implementing the global millennium development programme notwithstanding the initial difficult circumstances of most of the countries. Despite the limited statistical facilities in the States of the subregion, analysis of the available data shows that West Africa has recorded significant progress on the principal MDG-related socioeconomic indicators, which include increased primary school enrolment, gender parity in primary attendance, reduced infant mortality, lower prevalence of HIV/AIDS and improvement in the supply of drinking water.

1 United Nations Secretary-General 2015 report, prepared by the Department of Economic and Social Affairs.

2 MDG report 2015 – Assessing Progress in Africa Toward the Millennium Development Goals, prepared by ECA, UNDP, the African Union and AfDB.

Table 1 gives an overview of the status of MDG-related achievements in West Africa and shows that there is uneven progress between countries and targets. For example, the majority of countries did not achieve the extreme poverty reduction goal. Two countries achieved the goal and five countries made significant progress, although they did not reach the target. West Africa has made considerable progress in eradicating hunger. Two countries achieved the objective before the due date, while seven countries recorded impressive progress.

Six countries are on their way to achieving the goals related to universal primary education. Insufficient progress has been made in the area of gender equality and women empowerment. Although major strides have been made towards achieving parity in primary education, with seven countries having made substantial progress and two countries having attained the objective, insufficient progress was made on the other gender equality indicators. On the issue of child mortality, three countries have achieved the objective. Two countries are not far off the target, but the majority (nine countries) failed to achieve the goal. In the sphere of maternal health, West Africa has not made sufficient progress, with nine countries lagging behind; one country has achieved the goal and seven countries have made significant progress. Generally speaking, the subregion reports satisfactory progress in the fight against HIV/AIDS, malaria and other diseases, but a third of the countries are still far from achieving the target.

Table 1: Overview of the fulfilment of the MDGs in West Africa, 2015

Goals	Status	Targets and indicators		Countries reporting best results
Goal 1: Eradicate extreme poverty and hunger	Not achieved	Target 1.A	Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day	Guinea, Senegal, Ghana, Niger, Burkina Faso, Cabo Verde, Mali
	Not achieved	Target 1.C	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Ghana, Mali
Goal 2: Achieve universal primary education	Not achieved	Target 2.A.2	Proportion of school pupils who complete a full course of primary education	Cabo Verde, Benin, Togo, Ghana, Senegal, Côte d'Ivoire
Goal 3: Promote gender equality and empower women	Not achieved	Target 3.A.1	Gender ratio in primary, secondary and tertiary education	Cabo Verde, Gambia, Ghana, Senegal, Sierra Leone, Burkina Faso
Goal 4: Reduce child mortality	Not achieved	Target 4.A.1	Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	Niger, Cabo Verde, Senegal, Burkina Faso, Mali, Benin, Guinea
Goal 5: Improve maternal health	Not achieved	Target 5.B	Achieve, by 2015, universal access to reproductive health	Cabo Verde, Ghana, Burkina Faso, Sierra Leone, Mali, Senegal
Goal 6: Combat HIV/AIDS, malaria and other diseases	Not achieved	Target 6.A	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Cabo Verde, Liberia, Niger, Burkina Faso, Mali, Guinea
Goal 7: Ensure environmental sustainability	Not achieved	Target 7.A.1	Proportion of land covered by forests	Cabo Verde, Côte d'Ivoire, Gambia
	Not achieved	Target 7.A.2	Total CO_2 emissions per capita and for $1 of GDP (PPP)	Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia, Mali, Niger

Goals	Status	Targets and indicators		Countries reporting best results
	Not achieved	Target 7.C.1	Proportion of people using improved drinking water sources	Burkina Faso, Gambia, Ghana, Guinea-Bissau and Mali
	Not achieved	Target 7.C.2	Proportion of people using improved sanitation facilities	None

Source: ECA, AUC, AfDB and UNDP, UNDESA 2015. MDG report 2015

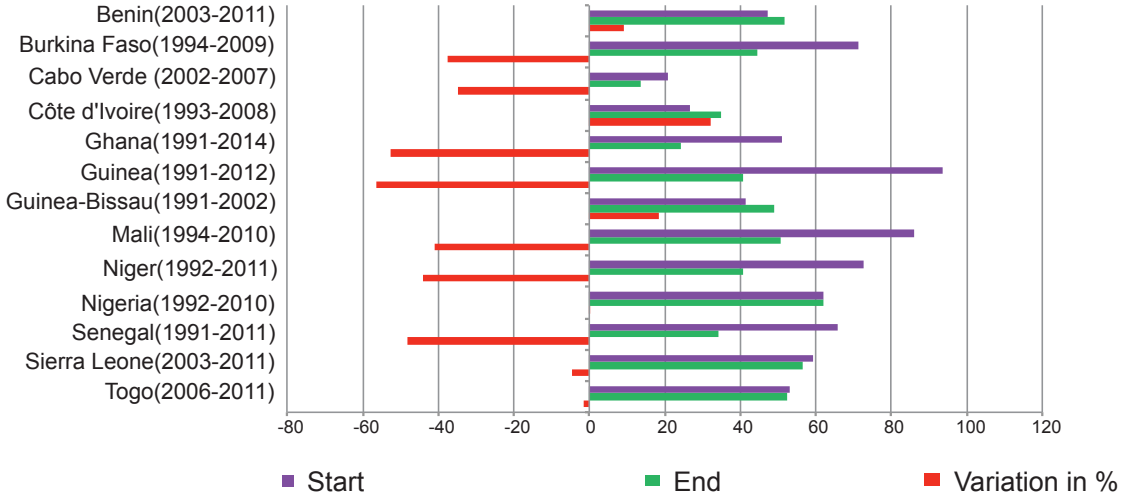
MDG 1: Eradicate extreme poverty and hunger

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day
According to the United Nations Secretary-General's 2015 report, world poverty has declined significantly over the last two decades. The MDG target of halving the proportion of people living in extreme poverty was achieved five years before the deadline of 2015. The proportion of people living on less than US$ 1.25 a day fell from 36 per cent in 1990 to 12 per cent in 2015, with China and India making the principal contribution to this reduction. The reduction of the poverty rate worldwide is attributable mainly to strong economic growth, decent jobs, increased production capacities and the provision of social protection to the most vulnerable groups (United Nations, 2015). In Africa, the reduction of extreme poverty still poses a major challenge despite the good macroeconomic performances recorded since 2001. Although the decline of poverty has speeded up over the last decade, there has still been insufficient progress made in Africa (excluding North Africa), since over 40 per cent of the population is still living in extreme poverty in 2015 (ECA et al., 2015).

In West Africa, the majority of countries made progress overall in significantly pushing back the frontiers of extreme poverty, although most were unable to achieve the target in 2015. According to recent data provided by UNDESA, 60 per cent of the countries of the subregion are still reporting over 40 per cent of their populations in extreme poverty, and only 20 per cent of the countries (3 out of 15) achieved the target of halving the proportion of people living in extreme poverty between 1990 and 2015. It should also be noted that despite the overall underperformances recorded, 46 per cent of the countries (7 out of 15) reported robust progress in reducing the extreme poverty rate, whereas 20 per cent of the countries (4 out of 15) reported an increase in the number of persons living in extreme poverty over that period. Ghana, Guinea and Senegal reached the target before 2015 by reducing the number of people living in extreme poverty by over 50 per cent, while the Burkina Faso, Cabo Verde, Mali and Niger were between 10 per cent and 15 per cent off the target. However, the extreme poverty situation had worsened in Benin, Côte d'Ivoire, Guinea-Bissau and Nigeria.

The state of persistent poverty is endangering the achievement of the target of ensuring full employment and the opportunity for everyone, including women and young people, to find decent and productive work. Poverty in West Africa has resulted in a deterioration of the job market, in which the informal sector remains dominant. According to 2014 figures supplied by the International Labour Organization, the number of workers in the formal employment sector in West Africa is not keeping the pace with the rapid increase in the working-age population. With a rate of demographic growth estimated at about 2.5 per cent per annum, unemployment affects young people of both sexes and is more pronounced in the urban areas.

Figure 1: Progress made in the proportion of the population living on less than US$ 1.25 a day in terms of purchasing power parity in West Africa (per cent)



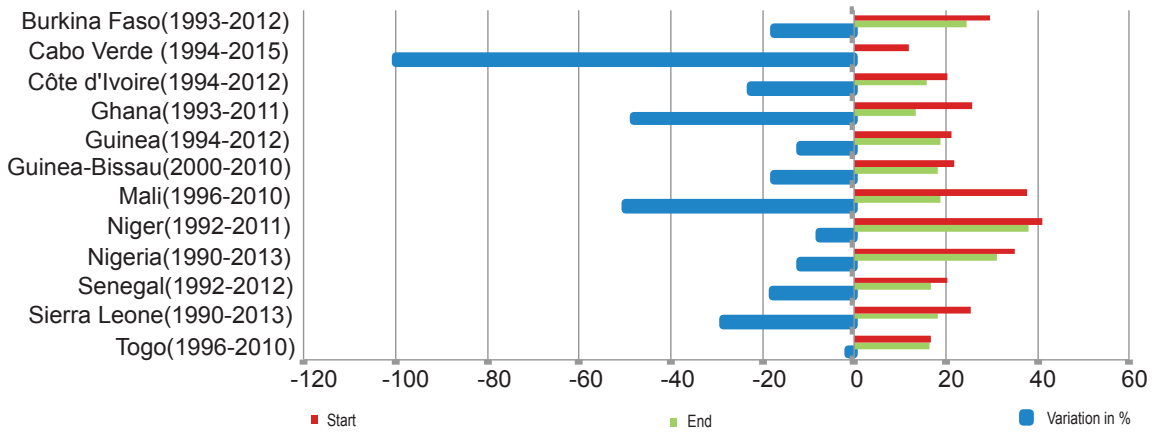
Source: *ECA calculation using the UNDESA MDG Indicators Database, 2016*

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

Poor nutrition in the first 1,000 days of a child's life is also linked to reduced cognitive skills and poorer performance at school and work. According to the United Nations Millennium Development Goals report 2015, over 90 million children under five, or one child in seven throughout the world, is underweight and 90 per cent of all underweight children live in two regions: half in south Asia and a third in Africa (excluding North Africa). In Africa, the prevalence of low weight decreased by only a third between 1990 and 2015. However, in reality, owing to the population increase in the region the number of underweight children actually increased.

In West Africa, progress towards the hunger reduction target varied significantly between countries. The target was almost reached by Ghana (- 48.0 per cent) and Mali (-49.8 per cent), but the reduction levels were marginal in some countries such as Togo (-1.2 per cent) and the Niger (-7.5 per cent) and about 11.7 per cent for Guinea and Nigeria. Countries such as Côte d'Ivoire, Sierra Leone, Benin, Senegal, Burkina Faso and Guinea-Bissau recorded moderately satisfactory performances, with reductions of between 28.7 per cent and 17.3 per cent.

Figure 2: Proportion of moderately or seriously under-weight and unde five year children in West Africa between 1990 and 2013 (per cent)



Source: *ECA calculation using the UNDESA MDG Indicators Database, 2016.*

MDG 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*

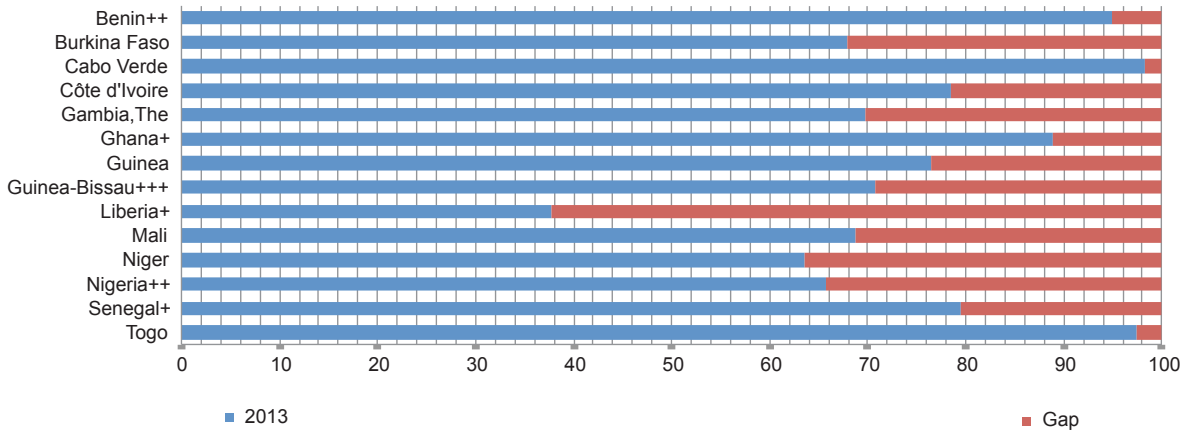
While the number of children not enrolled in school worldwide had decreased considerably since 1990, universal primary education had not been achieved by the end of 2015. In 2015 it was estimated that 57 million children of primary school age were not enrolled in school, down from 100 million in 2000. They included 33 million in Africa excluding North Africa, and over half (55 per cent) were girls (United Nations, 2015). Africa (excluding North Africa) is facing colossal challenges, particularly the rapid growth of the population of primary school- age (which increased by 86 per cent between 1990 and 2015), high levels of poverty, armed conflicts and other emergencies. However, the continent made the greatest progress in terms of primary enrolment of all the developing regions. Its enrolment rate rose from 52 per cent in 1990 to 78 per cent in 2012 (ECA et al., 2015).

In West Africa, the net primary enrolment ratio improved significantly. Between 1990 and 2013, the sub-region recorded a rise of about 51 per cent in its net enrolment ratio, while progress in this sphere in Africa as a whole (excluding North Africa) was estimated at 26 per cent. This certainly suggests that the countries of the subregion made undeniable progress toward universal primary education because in 2013, 9 of the 14 countries for which data were available achieved a net primary enrolment ratio of at least 70 per cent, with four of them (Cabo Verde, Benin, Togo and Ghana) recording a figure of over 80 per cent. In terms of the pace of progress, four African countries (Burkina Faso, Guinea, Benin and Niger) experienced an impressive rise of over 40 percentage points in their net primary enrolment ratios. The significant strides made in the subregion were partly attributable to the sustained resolve of governments to invest in educational infrastructure and to increase the number of qualified teaching staff. These significant advances were also facilitated by improvements in educational policies favouring participatory approaches, the provision of better services and strengthened governance (ECA et al., 2015).

It should, however, be mentioned that there are still major challenges to be met as regards the quality of education in the subregion. Primary completion rates in the subregion are among the lowest in the world (ECA, 2015). While Ghana and Cabo Verde achieved their primary completion rate target in 2012, reaching at least 70 per cent, with Ghana making more rapid progress (38.6 percentage points between

2000 and 2013), the Niger recorded less than 50 per cent and others (Benin, Burkina Faso, Côte d'Ivoire and Mali) experienced very sharp declines. The principal causes of this underperformance may be conflicts, political instability or the impact of the higher enrolment rate on the quality of education in the short term (ECA et al., 2015).

Figure 3: Shortfall compared with the net primary enrolment ratio target of 100 per cent in 2013 in West Africa (per cent)



Source: *ECA calculation using the UNDESA MDG Indicators Database, 2016.*

Note: *+2014, **2011, +++2010, ++2012.*

MDG 3: Promote gender equality and empower women

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

The education of women and girls has a positive multiplier effect on progress in every sphere of development. The consequence of national and international efforts and the MDG campaign is that many more girls are now being enrolled in education than was the case 15 years ago. Gender disparity has diminished considerably at every level of education since 2000. In 2015, all the developing regions achieved the target of eliminating gender disparity at all levels of education, with a gender parity index of 0.98 in primary and secondary education and 1.01 in higher education (United Nations, 2015). Also according to the Secretary-General's 2015 report, notwithstanding the advances made by women in the education sector, they face a more difficult transition towards salaried work and earn lower salaries than men. Furthermore, women are also more likely than men to be family workers.

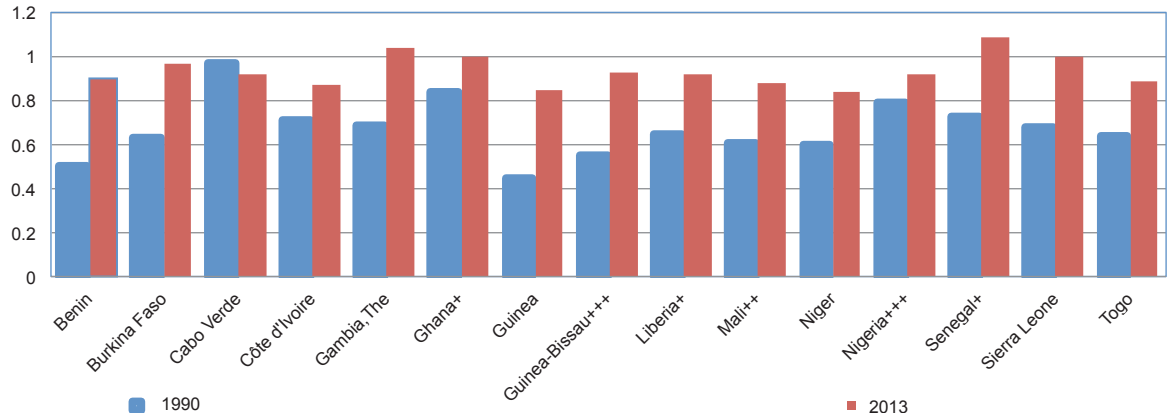
Notwithstanding the substantial progress made between 2000 and 2014 by the West African countries in relation to gender parity in the primary sector, it is still the most impoverished girls who face the greatest risk of never attending primary school. For example, in Guinea and the Niger, in 2012, more than 70 per cent of the most impoverished girls had never attended primary school, compared with less than 20 per cent of the wealthiest boys (UNESCO, 2015).

According to UNESCO (2012), gender parity is achieved when the Gender Parity Index stands between 0.97 and 1.03. Applying this standard and given the upward trend since 2000, the majority of the countries of the subregion should have been able to achieve gender parity in primary education by 2015. In 2013, five countries (Burkina Faso, the Gambia, Ghana, Senegal and Sierra Leone) achieved gender parity in primary education. Five countries (Guinea, Benin, the Gambia, Guinea-Bissau and Burkina Faso) which has achieved less than 60 per cent parity in 1990, made considerable progress to achieve over 85 per

cent. In secondary education, however, there has unfortunately been a decline in parity, while the gap is widening in higher education.

As regards gender equality and female empowerment, female representation in West African national parliaments presents another challenge. Women accounted for about 16 per cent of representatives in 2014 compared with only 9 per cent in 1990, as against 27 per cent in East Africa (and only 8 per cent in 1990). The countries with the highest number of women elected to parliament in 2014 were Senegal (43.3 per cent), Guinea (21.9 per cent) and Cabo Verde (20.8 per cent). Benin and the Gambia were among the countries with a small number of women elected to Parliament, with 8.4 per cent and 9.4 per cent respectively.

Figure 4: Gender parity index in primary education in West Africa, 1990 and 2013



Source: *ECA calculation using the UNDESA MDG Indicators Database, 2016*

Note: *+2014, ++2012 and +++2010*

MDG 4: Reduce the under-five mortality rate

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

Significant progress has been made in reducing child mortality over the last two decades, but more children dying of preventable diseases could be saved. According to the United Nations ***Millennium Development Goals report 2015***, the spectacular fall in preventable child deaths constitutes one of the most important achievements in human history. Between 1990 and 2015, the mortality rate of children under five worldwide dropped by more than half in relation to 1990, from 90 to 43 deaths per 1,000 live births (United Nations, 2015).

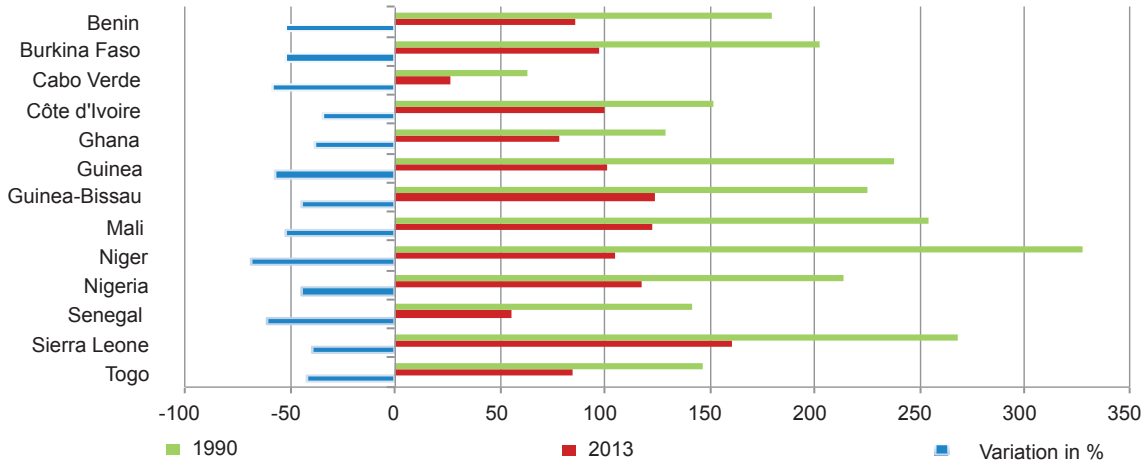
Although Africa (excluding North Africa) has the highest child mortality rate in the world, it has experienced the greatest fall in its child mortality in absolute terms over the last two decades; the annual rate of reduction doubled from 1990 to 2000 and from 2000 to 2011. The under-five mortality rate fell by 55.5 per cent, from 146 to 65 deaths per 1,000 live births between 1990 and 2013, compared with the target of a two-thirds reduction. Surprisingly, the majority of these children died of infectious diseases, which could easily have been prevented. In addition to bearing half the burden of under-five deaths in the world, Africa (excluding North Africa) is the only region where the number of live births and the number of children under five are both predicted to rise substantially over the coming decades (ECA et al., 2015).

Regarding the progress made in reducing the under-five mortality rate in West Africa over the period 1990-2013, only the Niger (with a reduction of 68 per cent) reached the target by 2015, followed by Sene-

gal (with a reduction of 60.8 per cent). However, Cabo Verde continues to be the country in the subregion with the lowest under-five mortality rate of only 26 deaths per 1,000 live births in 2013, compared with 63 in 1990. Five of the subregion's 15 countries (Burkina Faso, Mali, Benin, Guinea and Cabo Verde) managed to achieve a mortality rate of between 50 and 59 per cent over the period in question. The Niger, Guinea and Mali led the way in the subregion in terms of the pace of progress over the period under review. However, countries such as Côte d'Ivoire, Ghana, Nigeria, Guinea-Bissau and Togo recorded insufficient progress, with over 100 deaths per 1,000 births.

If the child survival rate is to improve over the next 15 years, it is crucial to bring down neonatal mortality. There are a number of interventions which have proved their worth in terms of effectiveness, affordability and major impact: they include childbirth attended by qualified health-care personnel and emergency obstetrical care; management of premature births, including the administration of prenatal corticosteroids to accelerate lung maturation; basic neonatal health care; neonatal resuscitation; early detection of serious infections and treatment by antibiotics; clinical care for very small or sick newborns; and the prevention of mother-to-child HIV transmission. It is crucial that these interventions should be given priority and integrated into health-care provision. Furthermore, children living in the poorest households must benefit from social welfare mechanisms, including health insurance that will allow better access to high-impact interventions.

Figure 5: Under-five mortality rate in West Africa between 1990 and 2013



Source: ECA calculation using the UNDESA MDG Indicators Database, 2016

MDG 5: Improve maternal health

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

Globally, maternal mortality dropped by 45 per cent between 1990 and 2013, falling from 380 to 210 deaths per 100,000 live births. Nonetheless, this progress fell well short of the 2015 target of reducing maternal mortality by three quarters. In 2015, 16 of the 18 countries recording the most significant maternal mortality rates (higher than 500) worldwide were in Africa. Sierra Leone had the highest maternal mortality rate, with 1,360 maternal deaths per 100,000 live births. Other West African countries in this group were Côte d'Ivoire (654), Guinea (679), Liberia (640), the Niger (553), Guinea-Bissau (549), Nigeria (820) and Mali (587).

West Africa reported an average reduction of 41.6 per cent of its *maternal mortality ratio* between 1990 and 2015. Only Cabo Verde (83.6 per cent) achieved and even surpassed the target of a two-thirds reduction before the deadline of 2015, while Côte d'Ivoire (12.3 per cent) and Benin (29.7 per cent) reported the smallest reduction in the subregion between 1990 and 2015. In addition to Cabo Verde, five other countries of the subregion recorded a reduction of over 40 per cent: Ghana (49.7 per cent), Burkina Faso (49.0 per cent), Sierra Leone (48.3 per cent), Mali (41.9 per cent) and Senegal (41.1 per cent).

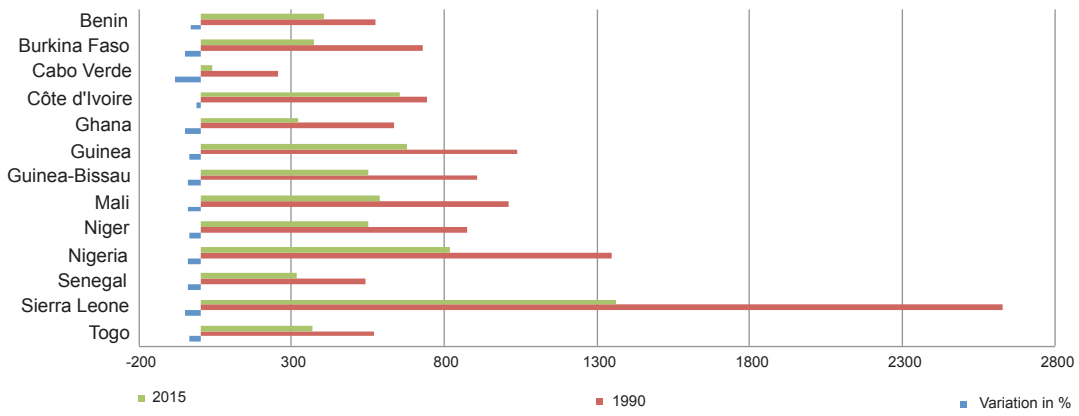
The presence of qualified health-care personnel during childbirth is crucial to the reduction of maternal mortality. Notwithstanding improvements in access to maternal health care, there are still huge disparities between the urban and rural areas. In West Africa, profound inequalities exist in terms of the proportion of deliveries attended by qualified health-care personnel, which stood at 33 per cent in the rural areas compared with 75 per cent in the urban areas between 2010 and 2014. In 2014, six West African countries had a rate of births attended by qualified health-care personnel of below 50 per cent: the Niger (17.7 per cent), Nigeria (38.9 per cent), Guinea-Bissau (43 per cent), Guinea (46.1 per cent), Liberia (46.3 per cent) and Mali (49 per cent). In the subregion, only Cabo Verde (77.5 per cent) and Benin (84.1 per cent) have a rate of over 75 per cent.

Furthermore, the low level of contraceptive use in West Africa (9 per cent) was one of the factors explaining the large number of pregnancies among adolescents throughout the continent. Guinea was one of five countries in Africa with a level of contraceptive use of less than 10 per cent. The birth rate among adolescents is considered to be high when 100 women in 1,000 between the ages of 15 and 19 give birth (ECA et al., 2015).

In addition, early marriage, a common practice in Africa, is a key contributing factor to the high teenage birth rate in the continent. The group of countries with the highest teenage fertility rate includes three West African nations: the Niger with 206 births per 1,000 adolescents, Mali with 172 births per 1,000 adolescents and Guinea with 154 births per 1,000 adolescents.

Analysis shows that the maternal mortality goal has not been achieved in the countries of the subregion. It is true that significant progress has been made with respect to births attended by qualified health personnel in some countries, but the mortality rate remains high. Also, the figure for contraceptive use for West Africa stood at only 9 per cent in 2012.

Figure 6: Reduction in the maternal mortality rate in West Africa between 1990 and 2015



Source: *Calculation using the UNDESA MDG Indicators Database, 2016*

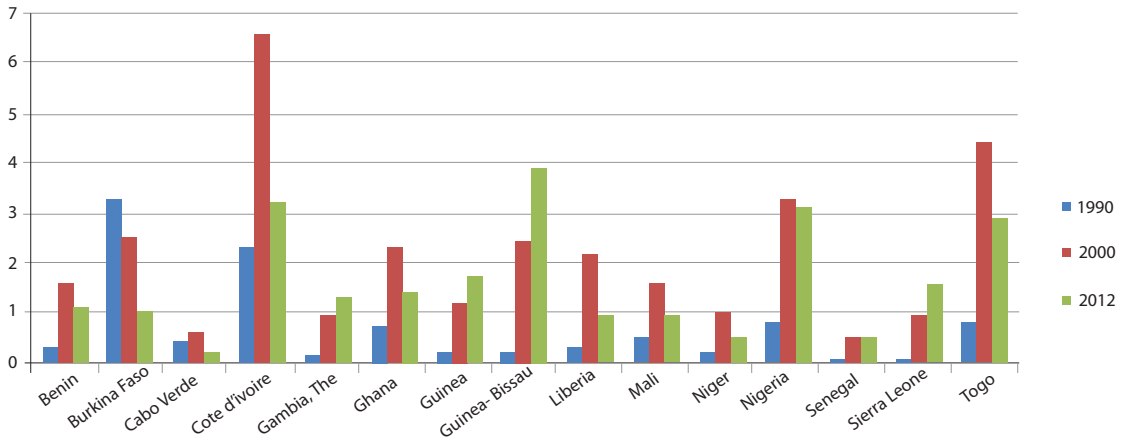
MDG 6: Combat HIV/AIDS, malaria and other diseases

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

In 1990, Africa was the continent with the highest incidence of HIV/AIDS and malaria, accounting for over half of the global totals. For example, the prevalence of HIV in Africa, excluding North Africa, was estimated at 2.7 per cent in 1990, while in the other regions of the world it was below 0.3 per cent (UNSD, 2005). Notwithstanding the fall in new HIV infections and the rise in the number of patients treated with antiretroviral drugs, there were still 35 million people living with HIV in 2013. Africa excluding North Africa is still the centre of this epidemic, with 70 per cent of all new HIV infections.

Although there were problems initially, West Africa has managed to reverse the spread of HIV/AIDS and the incidence of malaria and tuberculosis, particularly post-2000. In terms of progress, the majority of the West African countries have made significant strides in the fight against HIV and decreased the incidence of HIV/AIDS (i.e., the number of new HIV infections per annum per 100 persons) by more than 50 per cent in adults (age 15-49). Burkina Faso was the West African country with the most significant decrease, with a drop of 58 per cent in the number of AIDS-related deaths (UNAIDS, 2014). On the other hand, the situation of Guinea-Bissau deteriorated significantly, with the percentage of persons living with HIV having risen from 0.2 per cent in 1990 to 3.9 percent in 2012. Furthermore, again according to UNAIDS, a decline in the use of condoms has been reported in Côte d'Ivoire, the Niger and Senegal. Progress is still fragile and must be reinforced because HIV prevention is largely a behavioural issue.

Figure 7: Percentage of persons living with HIV for the period 1990-2012



Source: *Calculation using the UNDESA MDG Indicators Database, 2016*

In the fight against malaria, the substantial expansion of activity between 2000 and 2012 led to a fall of 42 per cent in malaria-related deaths worldwide. During this period, almost 3.3 million deaths were prevented, a larger figure than anticipated; about 90 per cent of these prevented deaths (some 3 million) were of children under five in Africa excluding North Africa, thereby making a significant contribution to the reduction of child mortality.

In Africa, anti-malaria interventions have increased in scale in recent years as a result of more robust leadership, greater political will and increased funding for the fight against malaria. The number of estimated cases and the malaria-related mortality rate have declined as a consequence. Control and eradication of malaria require a multifaceted approach, involving the use of preventive therapies, vector control

activities and screening tests. Pregnant women and children continue to be the most vulnerable to the disease; only Burkina Faso, however, has adopted the preventive therapy recommended by the World Health Organization for infants.

Since 2000, there has been a downward trend in tuberculosis prevalence, incidence and mortality in West Africa. Countries with the best outcomes are the Niger, Ghana and Guinea, with reductions of over 50 per cent for each of the three indicators. On the other hand, Liberia and Sierra Leone have more than doubled their 1990 rates for at least two of the indicators mentioned above. The high HIV/AIDS prevalence rates observed in West Africa are believed to have contributed significantly to the high incidence of tuberculosis in the subregion (ECA et al., 2015).

The subregion continues to face enormous challenges in the fight against tuberculosis. In addition to the problems created by the prevalence of HIV/AIDS, there is the danger posed by very frequent lack of access to high-quality and appropriate TB care.

Goal 7: Ensure environmental sustainability

***Target 7.A**: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources*

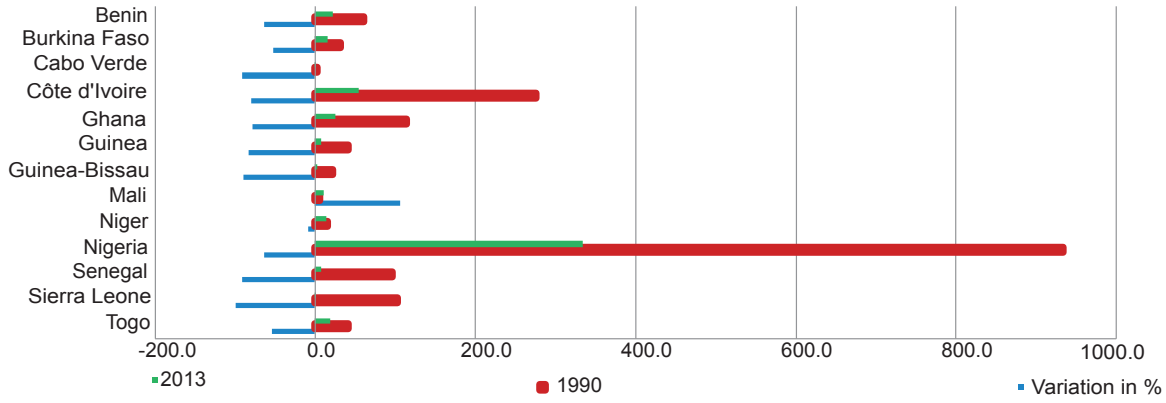
Data collected over more than two decades show that global emissions are growing faster, increasing by 10 per cent from 1990 to 2000 and by 38 per cent from 2000 to 2012, mainly as a result of growth in the developing regions. The average emission rates vary considerably between the developed regions and the developing regions. In 2012, average emissions from the developed regions stood at about 10 tons of carbon dioxide per person per annum, compared with approximately 3 tons in the developing regions (United Nations, 2015). Between 1990 and 2010, only 16 African countries reduced their CO_2 emissions, while 38 actually increased them. The majority of the world's regions recorded increased CO2 emissions between 1990 and 2010, except in Africa excluding North Africa and in Oceania (ECA et al., 2015).

Like the other African countries, the countries of the West African subregion are moving forward towards achieving the targets related to MDG 7, ensuring environmental sustainability. Countries such as Guinea, Mali, the Niger, Guinea-Bissau, Liberia and Côte d'Ivoire consequently reduced their emissions of carbon dioxide (CO_2) between 1990 and 2010. On the other hand, Burkina Faso, Sierra Leone, Togo, the Gambia, Ghana, Nigeria, Senegal, Benin and Cabo Verde increased their carbon dioxide emissions between 1990 and 2010. Between 1990 and 2012, global carbon dioxide emissions increased by more than 50 per cent.

The global level consumption of ozone-depleting substances fell by more than 98 per cent between 1986 and 2013 (United Nations, 2014). Thus, between 1986 and 2012, Consumption of such substances declined by 94 per cent in Africa, 86 per cent in the developing regions and 100 per cent in the developed regions. The majority of African countries currently which have signed the Montreal Protocol have reported good progress in making such reductions.

In common with African countries in general, the subregion has also posted significant progress in reducing the use of ozone-depleting substances, which fell by an average of 57.6 per cent in 1990 and 2013. Six of the subregion's 15 countries (Côte d'Ivoire, Guinea-Bissau, Sierra Leone, Guinea, Senegal and Cabo Verde) reported good performances in this regard, with a reduction of between 80 per cent and 100 per cent over the period in question. Mali, on the other hand, showed a strong increase in its consumption of such substances.

Figure 8: Consumption of ozone-depleting substances in tons of potential ozone depletion



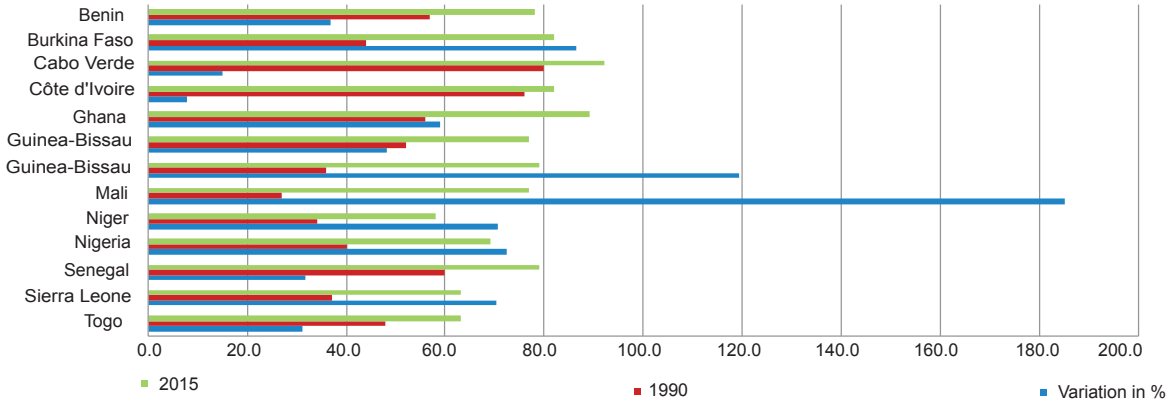
Source: Calculation using the UNDESA MDG Indicators Database,

Target 7.C: *Halve by 2015 the proportion of the population without sustainable access to safe drinking water and basic sanitation*

Between 1990 and 2015, the proportion of the world's population using an improved clean water source rose from 76 per cent to 91 per cent, exceeding the MDG target achieved in 2010. Only 1.9 billion of the 2.6 billion people that have gained access to safe drinking water since 1990 actually have running water. Over half the world's population (58 per cent) now enjoys this amenity. During the same period, the number of people using a surface water source decreased by more than half, from 346 million to 159 million (United Nations, 2015). While access to clean water is improving in Africa, only the urban areas are benefiting. There are stark disparities between the continent's rural and urban areas, causing a decline in national figures.

In West Africa, the proportion of people using an improved clean water source increased by more than 64 per cent during the period 1990-2015. In 2015, four countries posted high rates for improved clean water source use: Cabo Verde (92.0 per cent), Ghana (89.0 per cent), Burkina Faso (82.0 per cent) and Côte d'Ivoire (82.0 per cent), whereas Niger (58.0 per cent) reported the lowest rate in the subregion during that period. From1990 to 2015, three countries (Mali, Guinea-Bissau and Burkina Faso) posted an increase of between 80 per cent and 120 per cent and three other countries (Niger, Nigeria and Sierra Leone) had a progress rate of about 72 per cent. This apparently satisfactory progress belied the wide discrepancies between urban and rural areas. Governments, therefore, must urgently focus on improving implementation of the Sustainable Development Goals for rural areas.

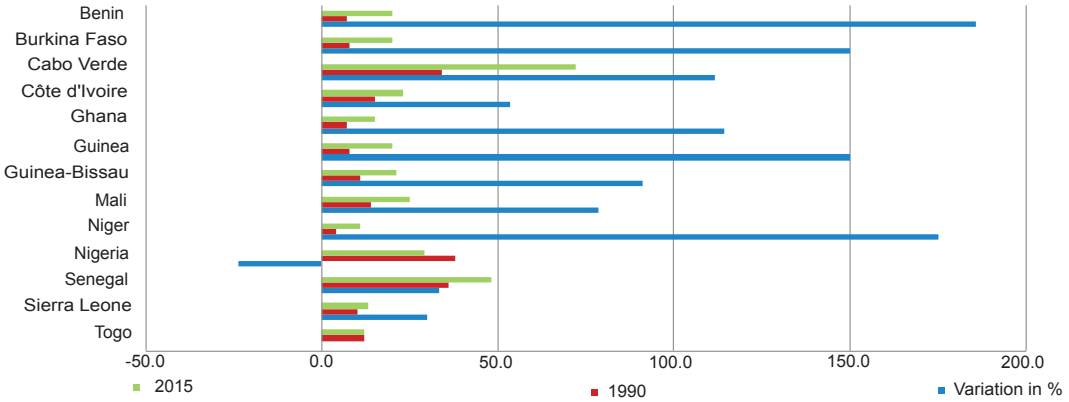
Figure 9: Proportion of the population using an improved clean water source



Source: *ECA Calculation using the UNDESA MDG Indicators Database, 2015*

In the area of sanitation, the proportion of the population with access to improved sanitary facilities is low in all developing countries. In Africa (excluding North Africa), the use of enhanced sanitary facilities is still regarded as a luxury. This indicator rose by only 6 per cent between 1990 and 2012, from 24 per cent to 30 per cent. This was in sharp contrast to North Africa where the rate rose from 72.0 per cent to 91.0 per cent, and in the other developing regions where the proportion rose from 36 per cent to 57 per cent during the same period. Moreover, Africa is still very far from the 66 per cent coverage rate projected for 2015. Only 4 (Algeria, Cabo Verde, Egypt and Tunisia) of the 77 countries, which achieved this target in 2012, were African (WHO and UNICEF, 2014). Nonetheless, in 2015, six West African countries (Benin, Burkina Faso, Ghana, Guinea, Guinea-Bissau and Niger) managed to more than double their 1990 level, although they started from a much lower benchmark (less than 30 per cent) than that of the other countries, which had achieved the target. Governments in the subregion will need to tackle the major challenge of improving access to enhanced sanitary facilities during the implementation of the Sustainable Development Goals, as many people, in the rural areas, especially, continue to defecate in the open air.

Figure 10: Proportion of the population using improved sanitation facilities



Source: *ECA, calculation using the UNDESA MDG Indicators Database, 2015*

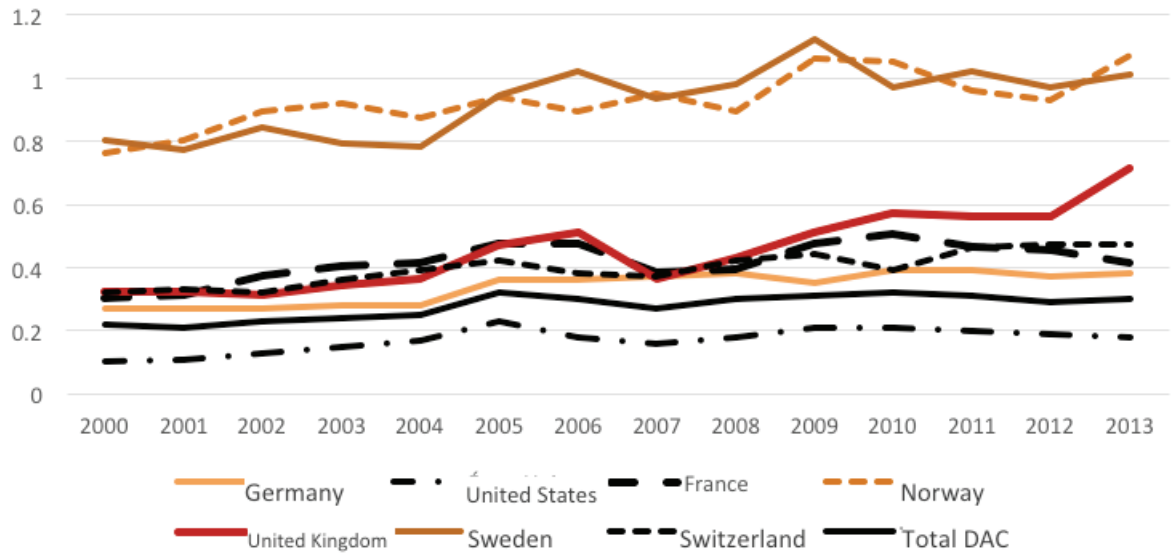
MDG 8: Develop a global partnership for development

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

At the ninth Ministerial Conference of the World Trade Organization (WTO) held in Bali, Indonesia, in December 2013, ministers gave new impetus to the Doha programme for development by adopting the "Bali Package", a three-part agreement on facilitating trade, agriculture and cotton and development issues, to assist the least developed countries (WTO, 2013). For Africa, however, MDG8 targets are still far from completion. New forms of protectionism put in place by a plethora of non-tariff barriers, including subsidies, are damaging African trade, currently reflected in the share of the continent's exports in global trade, which decreased slightly from 3.5 per cent in 2012 to 3.3 per cent in 2013, in contrast 4.9 per cent in the 1970s (ECA, 2015).

Official development assistance (ODA) remained practically unchanged in nominal terms, amounting to $135.1 billion in 2014 compared with $135.2 billion in 2013. According to provisional data, bilateral assistance given to the least developed countries in 2014 decreased by 16 per cent in real terms, in comparison with the previous year. The decrease in aid flows in the last years of the twentieth century was reversed at the beginning of the new millennium. Net ODA provided by the member countries of the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD) increased by 66 per cent between 2000 and 2014. Development assistance in the form of net aid for basic bilateral projects and programmes, which accounted for nearly 60 per cent of the total, remained almost unchanged from 2013 to 2014. On the other hand, debt relief grants fell by 87 per cent in real terms, from $3.6 billion to $476 million. Humanitarian assistance increased by 22 per cent in real terms, from $11 billion to $13 billion. In 2014, total ODA from DAC members accounted for 0.29 per cent of their gross national income (GNI), well short of the 0.7 per cent target. The top five donors in volume terms were the United States of America, the United Kingdom of Great Britain and Northern Ireland, Germany, France and Japan. Denmark, Luxembourg, Norway, the United Kingdom and Sweden continued to exceed the United Nations ODA target set at 0.7 per cent of GNI. The United Arab Emirates, a non-DAC country, topped the list of donors with an ODA/GNI ratio of 1.17 per cent (OECD, 2015a). In 2014, the Group of Seven industrialized countries (G7) accounted for 71 per cent of net total ODA of DAC members, compared with 55 per cent for the countries of the European Union.

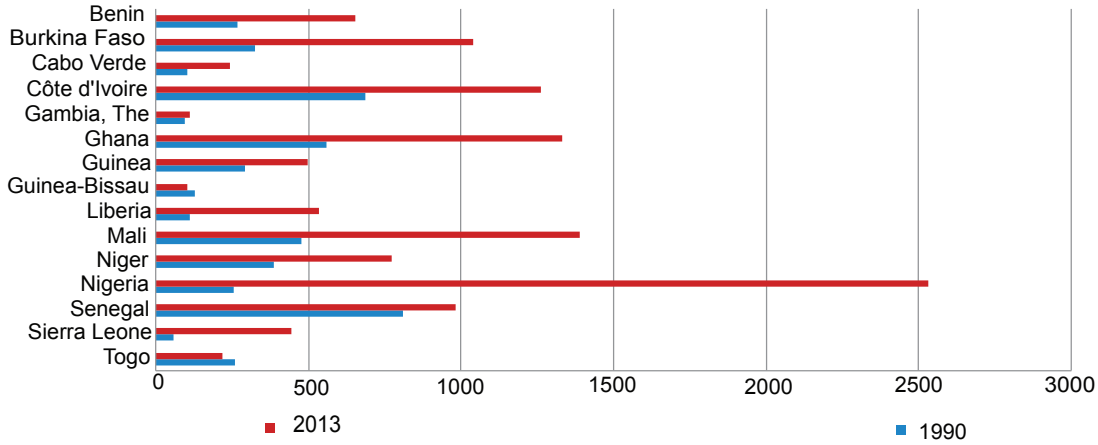
Figure 11: Official Development Assistance from DAC and other countries as a percentage of GNI



Source: *OECD, January 2015.*

In 2013, the top six recipients of net ODA to the subregion were: Nigeria ($2529.5 million), accounting for 20.8 per cent of the total volume; Mali ($1391.3 million); Ghana ($1330.5 million); Côte d'Ivoire ($1262.0 million); Burkina Faso ($1040.1 million); and Senegal ($982.8 million). While the assistance received in 2013 by the small island developing States (Cabo Verde and Guinea-Bissau) had risen, it accounted for only 2.8 per cent of the total volume received by the subregion. A comparison of the progress made by this group of countries in implementing the MDGs and the volume of ODA that they had received leads to speculation about the effectiveness of such assistance in the development process of our States in general, and in poverty reduction in particular. The States of the subregion will therefore need to face the major challenge of mobilizing domestic resources for development financing, particularly in the context of implementing the SDGs.

Figure 12: Net Official Development Assistance received by the subregion (in $ million)



Source: *Global development indicators and ECA calculation, 2016*

In 2010, Africa's total foreign debt accounted for more than 30 per cent of its GDP and was set to reach 37.1 per cent in 2015. Net foreign debt (i.e., total debt less reserves) as a percentage of GDP was expected to stand at only 1 per cent of GDP in 2015, following a negative trend since 2006 because of high global oil reserves in the oil exporting economies. Mineral-rich oil importing countries posted a positive net foreign debt and in certain extreme instances, presented a very high debt-to-GDP ratio, which raises issues of debt viability in these countries (ECA et al., 2015).

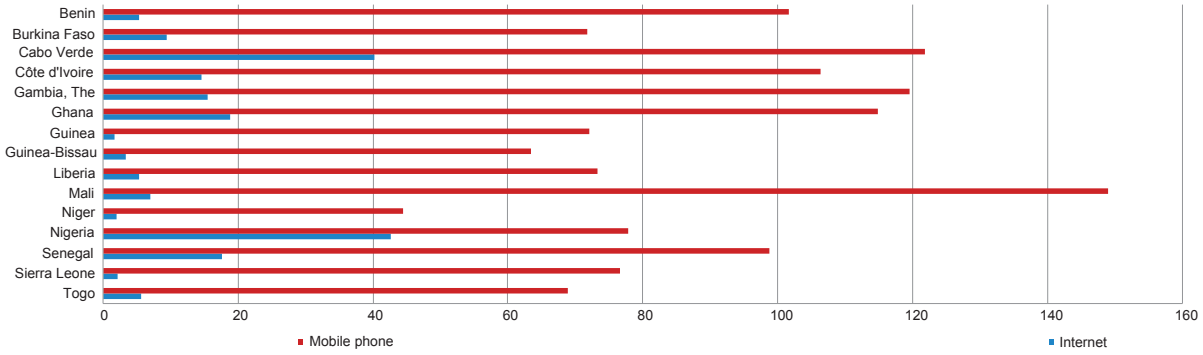
The Heavily Indebted Poor Countries (HIPC) initiative helped to reduce the debt burden of countries eligible for debt relief. The total debt relief granted to all eligible African heavily indebted poor countries totalled $105 billion in nominal terms at the end of 2012 (ECA and OECD, 2014). In addition, on the recommendation of the Group of Eight (G8), in 2005, the International Monetary Fund (IMF) cancelled 100 per cent of the debt contracted by low-income African countries, a total amount of $3.4 billion in nominal terms, under the Multilateral Debt Relief Initiative (IMF, 2015).

Target 8.F: In cooperation with the private sector, make available benefits of new technologies, especially information and communication technologies

In 1990, only four African countries (Egypt, Mauritius, South Africa and Tunisia) had mobile cellular service subscribers, with an average subscription rate of a mere 0.005 subscribers per 100 inhabitants. Ten years later, 48 of the 53 African countries with available data had mobile subscribers, with an average subscription rate of 2.57, ranging from 32.54 (Seychelles) to 0.1 (Mali). In 2013, the 53 countries with available data all had mobile telephone subscribers, with an average number of 80.2 subscribers per 100 inhabitants, with the difference ranging from 214.75 (Gabon) to 5.6 (Eritrea). Subscription levels of over 100 are due to the fact that in Africa, cellular telephone users often have several subscriptions for a single handset. It is therefore difficult to make a precise determination of the number of individuals possessing a mobile phone or using the same handset (ECA et al., 2015). All the West African countries made remarkable strides between 1990 and 2014, with subscriptions rising on average from 0.0 subscribers per 100 inhabitants to 69.7 subscribers per 100 inhabitants with some countries exceeding the proportion of 100 (Côte d'Ivoire, Ghana, Benin, Cabo Verde and the Gambia).

Between 2004 and 2013, the number of Internet users per 100 inhabitants increased much more quickly in Africa than in the rest of the world, with an average annual growth of 21.7 per cent compared with 10.2 per cent at the global level. Currently, this indicator stands at 14.7 per cent for the African continent compared with 43.7 at the global level. Contrary to mobile telephony, Internet use is not widespread in West Africa. It posted an average proportion of 12.7 users per 100 inhabitants in 2014, with Nigeria (42.7) and Cabo Verde (40.2) showing the highest penetration rates in the subregion. In addition to the crucial quantitative growth lag, the disparities in access between the urban and rural environments and the quality of the service provided continue to create a major challenge for the subregion. These poor performances are largely attributable to the quantitative and qualitative flaws in infrastructure.

Figure 13: Proportion of the population using a mobile cellular phone and Internet per 100 inhabitants in 2014 in West Africa



Source: ECA calculation using the UNDESA MDG Indicators Database, 2015

Generally, Africa has made remarkable progress in technology indicators. However, quality-related aspects of the use of this technology are still very limited, because of cost, inherent service disruptions, power supply and the strict monitoring of information flows by authorities, in an effort to obstruct political activism (Donovan and Martin, 2014).

The 15-year period of implementing the MDGs led to valuable lessons that can inform the stakeholders in their development efforts in the next 15 years, particularly in preparing policies and strategies for the implementation of the programmes and monitoring and evaluation. Among the salient features of these lessons are: (a) the design and implementation of the MDGs; (b) monitoring; (c) leadership of the States; and (d) financing

2.2 Lessons learned

All the development stakeholders acknowledged the merits of the MDGs, especially with respect to the rigorous approach to results-based planning and monitoring and evaluation. While all the countries did not achieve every target, they all made progress in at least one of them.

- ***Designing and implementing the Millennium Development Goals***

African countries and all other stakeholders alike viewed the MDG process as a "top-down" one. The poor and vulnerable countries, which were most directly concerned by the Goals, were not fully involved in the design process. This non-participatory and non-inclusive process made the African countries lose interest and not recognize the MDGs. This stance did not augur well for ownership and implementation of the MDGs on the continent. The participatory and inclusive approach, which guided the design of the Sustainable Development Goals, offered a robust response to the design flaws of the MDGs.

The MDG implementation highlighted the fact that improved access to basic services was not often synonymous with enhanced quality in the services provided. Given the substantial resources required to bring about the change and urgent need to improve access to services, the quality of service delivery did not receive adequate attention, since every country focused its efforts on the quantitative development of the indicators, because they were evaluated on that progress. Consequently, particular attention was given to the capital investments needed for the construction of schools and clinics, to the detriment of recurrent spending to ensure the smooth operation of those facilities. The situation requires a review of the intervention and cooperation strategies between the beneficiary countries and the donors (ECA et al., 2015). When infrastructure costs are financed by technical and financial partners, these interventions

should be focused on long-term sustainability and quality of service delivery. The donors must therefore constantly bear in mind to internalize the principles of the Paris Declaration by being more flexible in defining and implementing the parameters of the assistance provided, and also aligning what they provide with the countries' priorities and strategic frameworks.

- ***Monitoring and evaluation***

Monitoring and evaluation of the MDGs clearly showed that the effective use of data can help to galvanize development efforts, successfully implement targeted actions, monitor results and enhance accountability. Consequently, sustainable development requires a data revolution to improve availability, quality, relevance and breakdown of the data. Sustainable investments in statistical capacities are therefore needed at every level, particularly the country level, to support implementation of national and international programmes, such as the Sustainable Development Goals (United Nations, 2015).

During the MDG monitoring and evaluation process, various stakeholders clearly identified the fact that the initial conditions were of crucial importance to fulfilling the MDGs and accelerating progress in the countries. Consequently, differentiated approaches are needed to support future progress and for evaluation purposes. For those countries, which have come close to achieving specific targets, quality will perhaps be more important than the pace of progress. On the other hand, countries that are still far from the targets, the pace of progress in relation to the initial benchmarks seems to be a more appropriate measure of performance for the next 15 years.

- ***Internal leadership***

The lack of internal leadership at the start and throughout the implementation of the MDGs had an adverse effect on the achievement of the goals. Stakeholders and countries alike did not believe in the Goals and consequently delayed in meeting the commitments, or did not embrace them fully. Ownership of the MDGs was therefore a topical issue throughout the implementation process. This was particularly relevant because, under the leadership of the United Nations, the procedural strategy for designing the Sustainable Development Goals attempted to correct this weakness by being more participatory, inclusive and shared with a communication strategy that required more from the leading stakeholders. Consequently, the national, subregional, regional and thematic consultations, which were conducted in the context of designing the SDGs were welcomed and valued by the various stakeholders.

The momentum of willingness and commitment generated by the States over the past five years of implementation of the MDGs must be maintained and enhanced with a view to achieving better outcomes by 2030.

- ***Financing***

The issue of financing was one of the missing or weak links in the MDG implementation process in Africa. Financing came mainly from external sources, partially accounting for the slow pace of implementing the development projects and programmes prepared by the States to speed up the achievement of the targets by 2015. The failure by the developed countries to fulfil the commitments made at Monterrey in 2002 to finance MDG initiatives was identified as one of the main reasons for the poor performance by the States. One major lesson to be drawn is that, the SDG financing strategy adopted by the African States should focus first on mobilizing domestic resources, and only supplement them with foreign resources. Innovative development financing strategies should be another opportunity for development financing in Africa, in the next 15 years.

2.3 Best practices

Effective communication and monitoring have been key factors in achieving progress. While the commitments made by States signatory to the MDG Charter were not binding, the MDG programme did achieve some success, since the cases of progress recorded stemmed partly from the effective communication and ongoing monitoring processes used, thereby helping to exert pressure on governments to fulfil their social contract obligations. Effective communication of performance, through the country and regional monitoring and evaluation reports, mobilized civil society and created an atmosphere of positive competition among countries posting good results and those that were under performing. The MDG process, however, lacked the active involvement of some key stakeholders such as civil society and the private sector in the implementation and financing of relevant development projects and programmes; and this must be corrected for the SDGs.

Sustainability in investment was crucial to the durability and economic viability of the facilities built as part of the implementation of MDG-related development programmes and projects. Consequently, political decision-makers must support the building of schools and hospitals with additional investment to cover recurrent expenditure, such as teaching materials and educational facilities and training of qualified healthcare professionals.

The implementation and monitoring and evaluation of the MDGs highlighted the advantages and enhanced efficiency in drawing from intersectoral synergies and the role played by planning in achieving this. In addition, African countries have incorporated the MDGs into their development planning frameworks as an initial stage in implementation. The success achieved in making use of such synergies was not widespread, however, owing probably to the lack of technical capacities needed for an objective assessment of the interdependence between the different goals and the identification of the entry points that would have generated the greatest impact. In terms of intersectoral synergies, the improvement of child and maternal health is far from being a mere health issue, because it requires interconnected interventions upstream, unrelated to health; these include reduction in the number of adolescent mothers, increased contraceptive use and better access to sanitation facilities and improved water sources. Also, cultural practices that favour early marriage and obstruct the education of girls must be discouraged (ECA et al., 2015).

While most of the countries of the subregion were unable to achieve the MDG target to halve extreme poverty incidence between 1990 and 2015, considered as the outcome of the other indicators, inclusive and sustainable growth did have a positive impact on poverty reduction, especially for those that made substantial progress. For example:

- Burkina Faso reduced poverty by 37.3 per cent between 1994 and 2009, thanks largely to livestock farming. This approach also helped to improve food security and human development in the rural areas. From 2007 to 2008, earnings from livestock farming covered 56 per cent of household food requirements, 42 per cent of their health spending and 16 per cent of schooling costs for their children.

- Tunisia succeeded in reducing extreme poverty by 76.3 per cent between 1990 and 2005, largely following rapid and sustained real GDP growth of about 5 per cent over the past two decades, owing to the country's long-standing commitment to the physical and social development of its people. Investments in infrastructures in both urban and rural areas led to a more equitable division of the benefits of growth.

- Ethiopia also made remarkable progress in achieving the MDGs by investing in rural development, agricultural productivity and social welfare, despite its limited natural resources. The proportion of Ethiopians living below the poverty line dropped by one-third, from 45.5 per cent in period 1995-1996 to 29.6 per cent in the period 2010-2011.

- In Rwanda, improved distribution of earnings kept pace with economic growth, thereby curbing inequality from 2007. The specific reforms and policies which contributed to this trend included provision of access to energy, enhanced agricultural productivity, greater access to the market, facilitated access for small and medium enterprises to credit, and investments in social welfare.

According to the ECA MDG report 2015, social protection programmes and projects implemented by countries accounted for most of the poverty reduction rates and inequalities, particularly when they were geared towards capacity building activities. Social protection programmes have played an effective complementary role in poverty reduction and in building the skills and capacities of poor and vulnerable groups. These programmes had beneficial impacts where they were regarded not as a "handout", but rather a long-term investment in human resources, supported by regular budget allocations. For example:

- In Rwanda, the multiple social safety nets mechanism, known as the "Vision 2020 Umurenge" programme, which includes universal health insurance (covering 91 per cent of the population), free education and social transfers, such as in the form of a pension, contributed to the overall decrease in extreme poverty from 39 per cent in 2006 to 34.5 per cent in 2009.

- In Mauritius, the universal social pension scheme, which was set up had a significant impact in reducing the country's poverty rate.

- In South Africa, the retirement savings plan system decreased the poverty gap by 2.5 per cent and disability allowances reduced the total poverty gap by 5.1 per cent; the family allowances paid to children until the age of 18 also helped to reduce the poverty gap by 21.4 per cent.

- In Ethiopia, the Productive Safety Net Programme has reached 8 million beneficiaries (approximately 1.5 million households), providing them with monetary and food aid through public works in areas affected by drought, thereby lifting the target population out of poverty.

- Ghana, Kenya, Nigeria, Mozambique, Senegal and the United Republic of Tanzania have set up various types of social safety nets, such as emergency food distribution, to support vulnerable groups (orphans, widows, the elderly, etc.), which had conclusive effects on poverty reduction.

- Benin, Burkina Faso, Mali and Niger have also pushed back the frontiers of poverty by establishing an emergency food distribution network through cereal banks and special shops selling foodstuffs at subsidized prices to the poor and vulnerable.

Although public works programmes in the form of social protection, dubbed high labour-intensive work, contribute to significantly improving the livelihoods of vulnerable target groups by increasing the income of the target households, their impact on poverty incidence is generally negligible because their effectiveness depends on their capacity to target the vulnerable groups. The results of these programmes are more disappointing when they are financed by donors, leaving beneficiaries vulnerable to the volatility of the flows of resources paid out by the donor (McCord et al.,2009).

Sustainable development also implies tackling the underlying causes of underdevelopment more than its symptoms. Focusing on MDG outcomes such as poverty reduction, without paying attention to the method or catalysts needed to achieve those goals, could prove fruitless in the long term. Priority aspects should include: supporting the African agenda to promote structural transformation; building capacities in mobilizing national resources; fostering cooperation to stem illicit outflows of capital; supporting technology, innovation and science; promoting fair trade; increasing trade facilitation; and promoting good governance (ECA et al., 2015).

3. From the MDGS to the SDGS: overall approach to the design, complementarity and scope of further efforts

Following the expiry of the MDG deadline, at the United Nations Sustainable Development Summit held in New York on 25 September 2015, Member States adopted a new sustainable development programme, which includes a set of 17 global goals to eliminate poverty, combat inequality and injustice and deal with climate change by 2030.

Box 1: List of the 17 Sustainable Development Goals

Goal 1: End poverty in all its forms everywhere

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 5: Achieve gender equality and empower all women and girls

Goal 6: Ensure availability and sustainable management of water and sanitation for all

Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

Goal 10: Reduce inequality within and among countries

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable

Goal 12: Ensure sustainable consumption and production patterns

Goal 13: Take urgent action to combat climate change and its impacts

Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development

Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development.

3.1 Africa in the Sustainable Development Goal design process: from global priorities to West African priorities

Although progress has been made globally, Africa is still lagging behind in achieving most of the MDGs as outlined in 2000. Indeed, most of its ambitions remain as relevant as ever, even beyond 2015. Some of the major criticisms of the MDGs are the failure to factor in the different development levels of the countries and thus designing identical targets for all, and also not taking specific country and regional circumstances into account. Africa tried to deal with this problem by coming together to define a common continental position, ensuring to speak with a single, clear and audible voice throughout the SDG and the post-2015 development agenda process.

Consequently, the African continent played an active role in the post-2015 process as a genuine global dialogue (Volta Basin Authority 2015), which involved developing and developed countries, civil society, young people, the private sector, local authorities, parliamentarians, and the poor and marginalized groups.

The Rio+20 outcome document entitled, "The future we want", called for the launch of consistent and targeted action to foster sustainable development, ensuring a balanced incorporation of the three aspects of sustainable development and their interrelationships. The Sustainable Development Goals are designed to comply with and be integrated into the post-2015 development programme, driven by a transparent and participatory intergovernmental mechanism, and open to all stakeholders, for formulation (ECA et al., 2015).

At the African regional level, in May 2013, the Assembly of Heads of State and Government of the African Union created a high-level committee on the post-2015 development agenda, which was tasked with supervising the African process and finalizing the common African position while ensuring that the selected priorities were integrated into the post-2015 development agenda.

The Africa Regional Consultative Meeting on the Sustainable Development Goals, held from 31 October to 5 November 2013, and attended by ministers and other high-level representatives of African countries, regional and subregional organizations, a broad spectrum of large groups and development partners, proposed and endorsed 12 sustainable development goals.

The common African position on the post-2015 African development agenda was contained in the Declaration of Heads of State and Government of the African Union, meeting at the twenty-second Ordinary Session of the African Union Assembly on 31 January 2014. The development priorities for Africa are structured around six pillars: (a) economic structural transformation and inclusive growth; (b) science, technology and innovation; (c) human-centred development; (d) environmental sustainability, management of natural resources and risks of natural disasters; (e) peace and security; and (f) financing and partnerships (Volta Basin Authority 2015).

Table 2: The 12 Sustainable Development Goals proposed and endorsed by Africa

Goal 1:	End poverty in all its forms
Goal 2:	Promote sustainable agriculture, provide food security and adequate nutrition for all
Goal 3 :	Provide quality, adequate, affordable and complete health services for all
Goal 4 :	Provide access to affordable and quality education for all, at every level
Goal 5 :	Achieve gender equality, protect and empower women, young people and persons in vulnerable circumstances
Goal 6 :	Provide social inclusion and protection, including a guaranteed minimum income and social security, and decent work for all, particularly for young people

Goal 7 :	Achieve economic structural transformation and sustained and inclusive economic growth; speed up infrastructural development, inclusive and sustainable industrialization, and the expansion of access to affordable energy; build resilient cities and sustainable settlements
Goal 8 :	Improve the quality, resilience and protection of the environment; promote the sustainable exploitation, use and management of natural resources
Goal 9 :	Combat desertification and soil degradation, mitigate the effects of drought and promote the sustainable management of land and oceans
Goal 10 :	Promote cultural, research, science, innovation and technological development
Goal 11 :	Intensify world and regional partnerships for development
Goal 12 :	Promote good governance both nationally and internationally

Source: *ECA, Africa regional report on the Sustainable Development Goals, February 2015*

ECA organized an Africa regional implementation meeting jointly with the African Union Commission, the African Development Bank (AfDB) and the Department of Economic and Social Affairs. The meeting considered the principal conclusions of Rio+20 and discussed the implications for the continent. It recommended the implementation of an effective, open and participatory consultation mechanism in Africa to finalize the goals, indicators and targets needed to underpin the sustainable development goals.

The post-2015 development agenda has also been the subject of national, regional and subregional consultations intended to guide the definition of priority action areas capable of gathering broad support among the many stakeholders of the region for ensuring ownership from "the bottom up".

3.2 Complementarity between the Sustainable Development Goals and the Millennium Development Goals

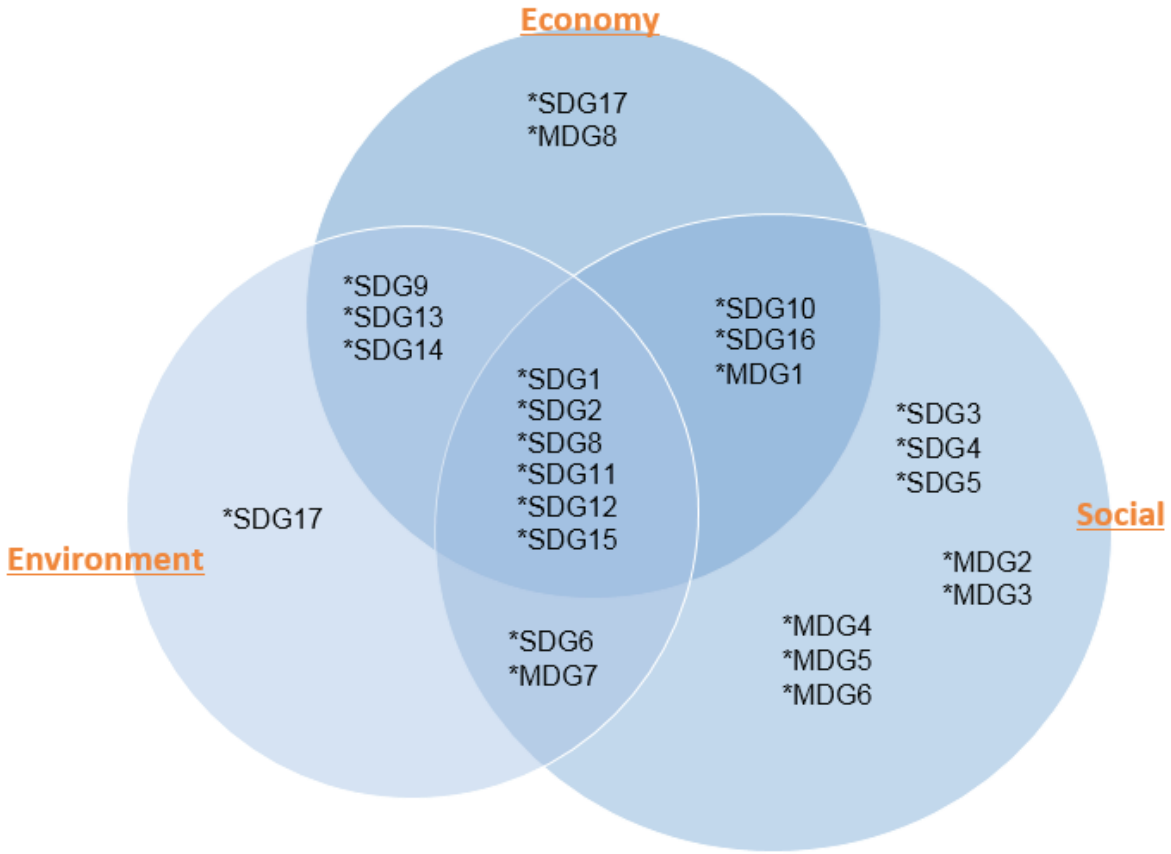
The adoption of the 2030 agenda, guided by 17 goals and 169 targets, measuring related progress guaranteed the continuity of the MDGs (8 goals and 60 indicators for monitoring progress). The conceptual foundations (structures, dimension, scope, deadline) were intended to correct the weaknesses and complete the unfinished work of the MDGs in the long term, in terms of design and implementation as well as monitoring and evaluation. The SDGs originated from the outcomes of the Rio+20 conference, which marked the 20th anniversary of Agenda 21 for sustainable development.

A singular innovative feature the SDGs is that it is all-encompassing, particularly with respect to the areas covered and the target audience. While the MDGs essentially tackled the social problems of developing countries (particularly the poor and vulnerable), Agenda 2030 draws lessons from their implementation process and tackles the problems of the three core development pillars (social, economic and environmental), involving every country in the world. Furthermore, the quest for a world of prosperity, equity, liberty, dignity and peace continues to form the common basis for both the Millennium Declaration and Agenda 2030.

The analysis in annex 1 shows that overall, the SDGs were designed to correct and make up for the unfinished work of the MDGs, by according countries 15 more years, and making the goals, indicators and targets more specific, albeit more inclusive and all-encompassing, and focused on the well-being issues not clearly stated in the MDGs.

In terms of the integrated nature of the development goals of both initiatives, figure 14 below shows the more integrated nature of the SDGs as compared to the MDGs. Five of the eight MDGs were devoted exclusively to social development challenges, one exclusively to the economic challenges (MDG8), while the two others were partially integrated, i.e. one incorporating both social and economic concerns (MDG1) and the other social and environmental concerns (MDG7). None of the goals incorporates all three pillars of development at the same time.

Figure 14: Taking account of the three core sustainable development pillars



source: *ECA, January 2016*

Six (SDG1, SDG2, SDG8, SDG11, SDG12 and SDG15) of the 17 Sustainable Development Goals are fully integrated and simultaneously tackle development challenges in the economic, social and environmental spheres; only one (SDG17) could be considered as exclusively economic and three exclusively social. The seven other SDGs could be characterized as partially integrated.

This analysis effectively demonstrates that in addition to the complementary nature of the SDGs in relation to the MDGs, the SDGs are considered to have a universal, cross-cutting character in relation to the three development pillars (economic, social and environmental).

3.3 Scope of additional efforts to be made by West Africa in implementing the Sustainable Development Goals

From 2000 to 2015, significant progress was made in halving hunger and poverty. The number of children enrolled in school rose and child mortality decreased. With much of the work for the MDGs still

incomplete, a new 15-year deadline was agreed to allow countries to make up for the delay. The present section attempts, therefore, to assess the efforts countries must make to achieve progress during the next 15 years as opposed to the progress made during the past 15 years. This assessment is intended to inform each country of the scale of the progress that it must achieve so as to plan the intervention strategies and resources needed. This exercise focuses on three principal MDG/SDG indicators: reducing extreme poverty, under-five mortality and reducing maternal mortality.

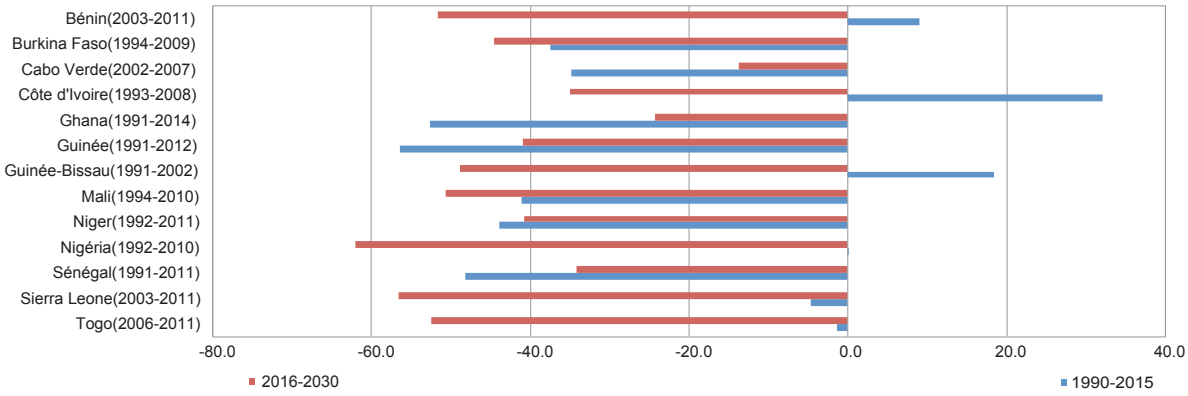
- **Reducing extreme poverty**

While countries had undertaken to halve extreme poverty during the past 15 years, under the new programme, they are required to eradicate extreme poverty by 2030. Achieving such a goal involves more effort by almost every country in the subregion (except Cabo Verde), as they must reduce extreme poverty by an average 43.5 per cent between 2016 and 2030, compared to an average reduction of less than 30 per cent between 1990 and 2015.

After 15 years of relentlessly battling poverty, reducing extreme poverty still poses a major challenge in West Africa, despite relatively strong economic growth (6.7 per cent), which is well above the 3 per cent global average (AfDB, 2014). Consequently, with hindsight, as the SDG implementation dawns, growth should not be viewed as a prerequisite for poverty reduction; focus must rather be on the quality of such economic growth.

In the next 15 years, countries for which the poverty rate has risen, albeit or has risen only slightly must make greater efforts. These countries are: Benin, Burkina Faso, Guinea-Bissau, Mali, Nigeria, Sierra Leone and Togo. They must reduce their poverty rate by at least 50 per cent. Cabo Verde is the only country needing to make the least effort to eradicate extreme poverty by 2030, with a reduction of only 13.7 per cent, while Nigeria will need to make the most effort to achieve a reduction level of over 60 per cent.

Figure 15: Comparison between efforts in extreme poverty reduction for 2016-2030 and 1990-2015 (per cent)

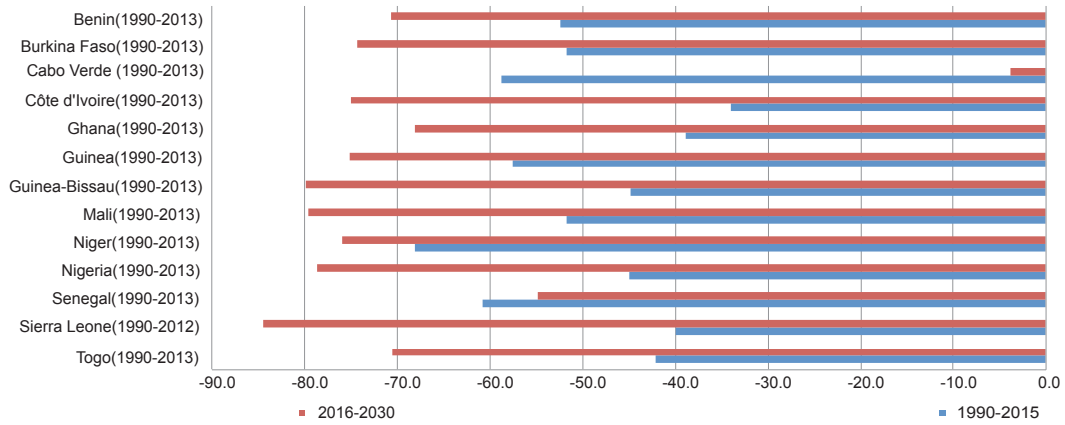


Source: *ECA Calculation using the UNDESA MDG Indicators Database, 2015, 2015*

- **Reducing child mortality**

Overall, the countries of West Africa reported substantial progress during the past 15 years in achieving MDG4, with its target to achieve a two-thirds reduction in the mortality rate of under-five children. West Africa recorded an average reduction of approximately 50 per cent compared with a target of 66.6 per cent. With the new target of fewer than 25 deaths per 1000 live births, West Africa needs to achieve an average reduction level of 68.5 per cent by 2030. Cabo Verde has less effort to make, with a gap of 3.8 per cent reduction compared to at least 70 per cent for 10 countries (Benin, Burkina Faso, Côte d'Ivoire, Guinea, Guinea-Bissau, Mali, Niger, Nigeria, Sierra Leone, and Togo). Ghana and Senegal are in an intermediate position. Almost all the countries of West Africa will need to make considerably more effort in the SDGs than they did during the implementation of the MDGs.

Figure 16: Comparison between efforts in child mortality reduction for 2016-2030 and 1990-2015 (per cent)



Source: *ECA Calculation using the UNDESA MDG Indicators Database, 2015*

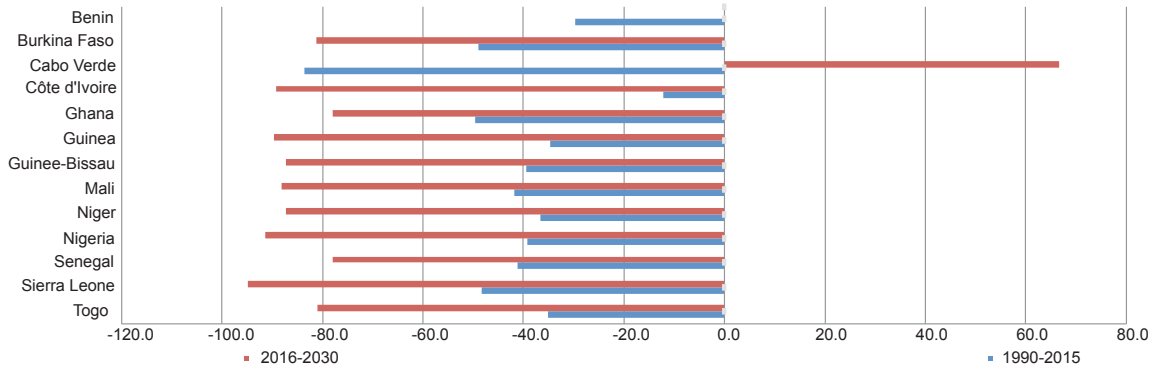
- **Reducing maternal mortality rate**

If West Africa countries are to reduce their maternal mortality rate below 70 deaths per 100 000 live births from 2016 to 2030, they must spare no effort in adopting a comprehensive civil status register system,

which properly identifies the cause of death. The availability of such registers is crucial to the accurate measurement of maternal mortality rates.

West Africa recorded an average maternal mortality reduction of about 41.6 per cent, short of the 75 per cent target. With the new target of fewer than 70 deaths per 100 000 live births, West Africa must achieve an average reduction rate of approximately 79 per cent for the period 2016-2030. Cabo Verde has already achieved the SDG target as part of the implementation of the MDGs, with a mortality rate of 42 deaths per 100 000 live births. On the other hand, the other 14 countries would have to achieve at least 86 per cent reduction. Almost all the West African countries will need to make much greater efforts for the SDGs than they did during the implementation of the MDGs. Under the SDGs, the health sector would require improved financing, upgrading of health systems and health information systems.

Figure 17: Comparison of efforts in maternal mortality reduction for 2016-2030 and 1990-2015 (per cent)



Source: *ECA Calculation using the UNDESA MDG Indicators Database, 2015*

4. Initiatives, commitments and prospects for financing the Sustainable Development Goals

4.1 Initiatives and commitments of countries and other stakeholders in implementing the SDGs

The African regional implementation meeting proposed that the SDGs should, among others, be based on the Rio principles, while the goals, targets and indicators should: incorporate the three aspects of sustainable development; be action-oriented to enable monitoring and evaluation of their achievement; be universal and adaptable; be accompanied by appropriate means of implementation; and promote equitable and inclusive human-centred development (ECA, 2015).

Sustainable development priorities were identified by Africa's five subregions: North Africa, West Africa, Central Africa, East Africa and Southern Africa. The five subregional reports were prepared on the basis of an exhaustive literature review, field studies and consultations with the subregional stakeholders. They were discussed in the form of projects at the Africa Regional Consultative Meeting on the Sustainable Development Goals, jointly organized by ECA, AUC and AfDB, from 31 October to 5 November 2013.

In addition to common cross-cutting themes such as governance and institutions, peace and security, financing, capacity development and technology transfer, the priority issues for West Africa include the fight against poverty; gender equality; improving the quality of education; expanding access to good quality and affordable health care; sustainable development of water, energy and transport infrastructure, and inclusive growth; agricultural and food security; sound management of environmental and natural resources; social protection of poor and vulnerable populations; management of the urban environment and sanitation; and strengthening of partnerships for development (ECA, 2015).

The Third International Conference on Financing for Development held in Addis Ababa in July 2015 marked a crucial stage in the mobilization of efforts to achieve inclusive and sustainable development, as defined in the SDGs.

At the twenty-first session of the Conference of the Parties to the United Nations Framework Convention on Climate Change in December 2015, with a clear and common agenda, Africa asserted its genuine desire to speak increasingly clearly and audibly with one voice and to make itself heard in the development and implementation process of the new international development agenda.

4.2 Innovative financing requirements

Following the MDGs, renewed commitment and financing are needed to revamp the development of Africa. While the MDGs, adopted a "social whole" approach, and focused on global partnership, which prioritized ODA and external resources to finance the development of the African continent, the SDGs mark a perceptible paradigm shift in which greater importance is given to the mobilization of domestic resources for sustainable and inclusive development driven by the structural transformation of African economies.

Needless to say, current growth in Africa, together with MDG-driven investment needs, will boost demand for already scarce infrastructure, the bane of sustainable development in West Africa and the continent in general. Studies made by the Programme for Infrastructure Development in Africa and the African Infrastructure Country Diagnostic showed that some of the countries in the subregion were lagging behind in terms of infrastructure owing, among others, to difficulties in raising the necessary funding. The paucity of infrastructure in Africa is undermining growth at the rate of approximately 2 per cent per annum (COMAI VII, 2014).

Under the common African position on the post-2015 development agenda, African Union leaders declared that policies to improve and enhance the quality of finances from national sources should remain a priority for governments (African Union, 2014).

It is therefore becoming imperative to restore and strengthen the link between income, savings and investments, through better domestic taxation and innovative regional savings collection instruments to help implement economic transformation policies.

It has been empirically proven that the capacity to mobilize domestic resources in West Africa still exceeds the resources allocated by ODA. However, this capacity remains exposed to a broad range of losses and leaks in the form of massive illegal transfers and fiscal incentive policies characterized by costly exemptions allowed by the States (ENDA CACID-OSIWA, 2014).

Implementing the SDGs can only be successfully promoted by intelligent finance, which goes beyond covering deficits to mobilize, secure and catalyse the flows of private funding and domestic resources. Although ODA is still an important part of foreign financing for development, it will now need to be used as a lever to mobilize other sources of financing, which take into account countries' specific needs, using enhanced targeting and increasing results-based management. The multilateral financial institutions will need to play a new role as strategic instruments in consolidating, mobilizing and channelling the sources of both public and private financing (IMF, 2015).

Currently, the other developing regions have outstripped Africa in terms of bringing the private sector into the development of their infrastructures, although the period 2005-2006 saw a sharp rise in commitments in this sphere. The region urgently needs to improve its economic governance to act on the

factors affecting public-private partnerships in terms of supply, and especially all the obstacles in the way of mobilizing private sector resources.

In a context where estimated investment needs show that the public resources and even those awarded by donors are still far below requirements, access to private capital is becoming a key lever in accelerating the establishment of public infrastructure vectors of West Africa's structural transformation (World Bank, 2009).

Africa, West Africa in particular, will have to build their capacities to mobilize domestic resources, drawing inspiration as appropriate, from the experiences of other world regions, which have developed strong internal financing capacities for their economies. Domestic policies for the successful mobilization of private financing for SDGs will provide protection from the harmful impacts generated by the unpredictability and decline in real terms of ODA.

Official Development Assistance reached levels estimated at $135 billion in 2013, but it is impossible to predict which way it will go and is therefore not sustainable. ODA flows to Africa have declined in real terms in recent years (IMF, 2015)

New development financing trends in West Africa range from incentives to direct investment by the public sector, both foreign and local, to the promotion of various forms of PPP and the development of innovative forms of mobilization of resources, including issuance of bond loans in the national, regional and international markets, the mobilization of investment funds and the use of development banks. Local capital markets are playing an increasingly important part through loans awarded by commercial banks, certain issues of corporate bonds and shares, and the intervention of institutional investors, particularly pension funds and insurance companies.

The member States of the West African Economic and Monetary Union established the need to define new strategies to mobilize resources for their development. They recommended the development of the financial sector as a driver of economic growth and advocated the strengthening of governance in public and private affairs, increased mobilization of domestic savings, strengthening the supply of financial services, an enhanced economic financing environment and increased mobilization of foreign resources (Banque de France, 2012).

4.3 Innovative financing challenges

Innovative financing mechanisms are fraught with challenges, such as significant transaction costs associated with some mechanisms and system information and management tools, and human resources and computer facilities. These resources are expensive, entailing prohibitive entry costs into the mechanism, for some developing countries.

Several administrative hurdles to the implementation of innovative financing mechanisms must be assessed prior to determining the procedures the instrument that would ensure greater effectiveness, reliability and economies of scale. The economic viability of an innovative financing mechanism will often depend on its linked to other mechanisms and the potential synergy between different instruments (Banque de France, 2012).

Innovative market financing instruments must be regulated by the State authority to prevent undesirable side effects, as their creation can result in speculation, leaks and even fraud and may involve the active mobilization of institutions with the capacity to prevent risks, implement warning systems and intervene swiftly to rectify any deficiencies observed.

The successful implementation of innovative financing mechanisms for the SDGs will depend on the quality of financial intermediation at the subregional level and require appropriate institutional and regulatory frameworks to be set up.

In many West African countries, the institutional, legal and regulatory framework is incomplete and imprecise as to supervision, monitoring procedures, and the review and control of the various forms of PPP. Only Niger and Senegal have drafted specific PPP regulations. However, interface issues with the current procurement codes and outsourced public service contracts are hampering the implementation of these rules, while interleaving the rules often leads to confusion (BOAD, 2014).

To mobilize innovative funding for its development, West Africa will need to strengthen its local financial markets, which continue to be underdeveloped, superficial and small, and where long-term financing with appropriate timelines for infrastructure projects are rare. A regulatory framework and adequate financial engineering, an active policy on the part of State authorities and above all the necessary human, technical and institutional resources will need to be deployed to underpin such development.

Other possible options include enhanced channelling of migrant remittances; appropriate taxation of the sectors exploiting natural resources; mobilization of the private sector in the development of the sectors impacting the SDGs; mobilization of sovereign funds and reserves for development purposes in the central banks; improvement of the tax base and strengthening of the quality of public spending; and the mobilization of national and subregional savings through greater involvement of the subregional financial markets, alongside enhanced promotion of PPP for the development of infrastructures and other social sectors.

Many financial resources exist at the global level, including large private funds that can be mobilized in the developed and emerging economies. There are also domestic resources even in low-income countries, which can be more effectively mobilized to finance the SDGs. However, channelling all these resources to serve this purpose continues to be a major challenge for West African States.

5. Conclusion and recommendations for the successful implementation of the Sustainable Development Goals

The West Africa Millennium Development Goals progress report is one of the annual flagship publications of the ECA Subregional Office for West Africa. The 2016 report makes an overall assessment of the progress made by the subregion for the period 1990-2015 in relation to the MDGs. Moreover it provides information on how the subregion is positioned in respect to the 2030 Agenda on SDGs. This report also lays the foundation for ownership of the SDGs and steadfast reinforcement of the thrust and energy triggered in the last years of the MDG implementation. Thus, the many reports on monitoring the progress of the MDGs published at the national (by countries), the subregional (by ECA/SRO-WA), regional (by ECA/AUC/UNDP/AfDB) and global (by UNDESA) levels form an immense pool of knowledge which must be used to prepare for the inclusive structural transformation process, the advent of prosperity for the whole of West Africa and the successful implementation of the SDGs.

Although States clearly need to make additional efforts to consolidate the achievements of the MDGs, when working on the SDGs, detailed analysis of the eight goals shows that West Africa did make process in every sphere, but mostly in universal primary education (MDG2), child health (MDG4), combating HIV/AIDS (MDG6) and access to clean water (MDG7).

Based on the lessons and best practices drawn from the implementation of the MDGs during the past 15 years, national and international development stakeholders must implement some of the recommendations to ensure a qualitative leap forward during the implementation of the SDGs:

Strengthening communication and advocacy strategy among civil society and the private sector in the subregion to ensure their total involvement in the implementation of the development projects and programmes related to the SDGs. Civil society and private sector actors became involved in the MDG implementation process rather late, showing dynamism, however, in its final period. It would be very useful for the States and the international institutions operating in the SDG implementation process in the subregion to adopt a participatory and inclusive approach.

Exploit intersectoral synergies for greater impact. To optimize benefits and enhance efficiency, West African countries must strive to capitalize on intersectoral synergies during the implementation of the SDGs. This, in fact, is already happening with the implementation of the SDGs, as the economic, social and environmental dimensions of sustainable development are all taken into account in their design and formulation. It is therefore crucial to incorporate technical planning and results-based management capacities into development.

Considering statistical production as one of the high priority sectors and equipping it with the financial and human resources needed. During the implementation of the MDGs, monitoring and evaluation activities in the subregion proved key in determining whether or not the development efforts made by the States had been underestimated. To take full advantage of the monitoring and evaluation facility, member States and donors should invest in data collection and processing, and strive to obtain reliable and timely published data. Achieving such an objective necessarily requires financial and human capacity building of the national statistics institutes of the subregion.

Reducing poverty, inequality and unemployment by strengthening the inclusiveness and sustainability of economic growth in the subregion. In order to achieve inclusive and sustainable growth, the economies of the subregion must undergo structural transformation, especially through commodity-based economic diversification and industrialization. This involves strengthening investment in human resources, promoting rural development, increasing agricultural productivity, improving access to energy, the markets and credit, supporting small and medium enterprises, creating sustainable and decent jobs for young people and prioritizing social protection.

Strengthening social development measures. The subregion must make an all-out effort towards social development, so as to increase production capacity and generate enough wealth to bring prosperity to all. In the educational sector, member States must focus on improving the quality and accessibility of primary education and promoting higher education and vocational training, thereby satisfying the economic development needs of the country in general and the job market in particular. With respect to health, wider application of high-impact cost-effective interventions and best practices in terms of service provision mechanisms is crucial to reducing child and maternal mortality and sustaining progress made in child health, HIV/AIDS, malaria, tuberculosis and other diseases. The experience of the subregion in the management of the Ebola virus epidemic calls for a major effort by the whole subregion and development partners to establish solid health systems, equipped with good infrastructure and well-qualified health professionals.

Strengthening capacities to mobilize domestic resources and innovative financing to be able to meet the major financing challenges of the SDGs. Drawing from the subregion's poor performance in implementing the MDGs and the steady decline of ODA, governments need to self-finance

a major share of their development programmes under the SDGs. The countries of the subregion will thus stand to gain by brokering a more robust catalytic role for ODA, enabling enhanced mobilization and exploitation of national resources and other channels of innovative financing. Strengthening the tax administration and improving countries' abilities to stem illicit financial flows are also essential to increasing national resources.

REFERENCES

African Union (2014). Common African Position on the post-2015 Development Agenda. Addis Ababa.

Autorité du Bassin de la Volta (2015). Communication au Forum Régional des Acteurs sur la Gouvernance de l'eau, l'eau source de conflits ou de coopération. Abidjan. 2 to 6 August 2015.

Banque de France (2012). Rapport annuel de la Zone franc, L'évolution économique et financière dans les pays africains de la zone franc: Le financement des économies de l'UEMOA. 2012.

Banque Ouest Africaine de Développement, (BOAD 2014). L'Étude sur l'harmonisation du cadre institutionnel et réglementaire du financement privé des infrastructures dans les pays de l'UEMOA pour un opérateur privé et mériterait clarification. Nodalis Conseil.

COMAI VII (2014). Programme for infrastructure development in Africa (PIDA): Addressing the infrastructure gap in Africa to speed up regional integration. Seventh Conference of the African Union Ministers in charge of integration. 14-18 July 2014. Swaziland.

Donovan, K. and A. Martin (2014). The rise of African SIM registration: the emerging dynamics of regulatory change. First Monday – Peer-reviewed journal on the Internet. Vol. 19, no 2. 3 February 2014.

ECA (2005). The Millennium Development Goals in Africa: Progress and Challenge. Economic Commission for Africa. Addis Ababa.

ECA (2015). The Africa Regional report on the Sustainable Development Goals. Addis Ababa. February 2015.

ECA, AUC, UNDP, AfDB (2015). MDG report 2015: Assessing Progress in Africa toward the Millennium Development Goals. September 2015.

ECA, OECD (2014). The Mutual Review of Development Effectiveness in Africa: Promise and Performance. Addis Ababa.

ENDA CACID (2014). Rapport Final du Symposium sur Gouvernance, mobilization des ressources, et financement du développement en Afrique de l'Ouest Centre Africain pour le Commerce, l'Intégration et le Développement and Open Society Initiative in West Africa (OSIWA), 29 October 2014 at Hotel Terrou-bi, Dakar, an international high-level symposium on : Governance, resource mobilization and development financing in West Africa. Final report November 2014.

IMF (2015). Technical note: L'initiative d'allègement de la dette multilatérale. http://www.imf.org/external/np/exr/facts/fre/mdrif.htm.

IMF-World Bank (2015). From billions to trillions: transforming development finance post-2015 financing for development: multilateral development finance. Development Committee Discussion Notes. April 2015.

Liang Zhi You (2008). Africa infrastructure country diagnostic: Irrigation needs in Africa excluding North Africa. June 2008. www.infrastructureafrica.org.

OECD (2005). Paris Declaration on Aid Effectiveness, Second High-level Forum on Aid Effectiveness. Organization of Economic Cooperation and Development. Paris.

UNAIDS (2014). The Gap report. UNAIDS. Geneva. Pearson, L. and others (2014). From integrated community case management to community-based newborn care. Ethiopian Medical Journal. 2014. Vol. 52, Sup. 3.

United Nations (2015). report 2015: The Millennium Development Goals. report of the Secretary-General.

World Bank (2009). Promotion of African public-private partnerships to investors: Project preparation guide. Consortium for Infrastructures in Africa (CIA), financed by the Public-Private Infrastructure Advisory Facility (PPIAF). See www.ppiaf.org, Washington.

Annex 1: Comparative analysis of the design framework of the Millennium Development Goals and the Sustainable Development Goals

MDG	SDG equivalent	Common features	Differences/innovations
MDG 1: Eradicate extreme poverty and hunger	**SDG 1**: End poverty in all its forms, everywhere **SDG 2**: End hunger, achieve food security and improved nutrition and promote sustainable agriculture **SDG 8**: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	Fight against extreme poverty and hunger Growth and decent work as the principal factor of poverty reduction	MDG 1 broken down into 3 SDGs (1, 2, 3 More precise targets (***"no one left behind"***) Eradication of extreme poverty compared with the goal of reduction in the first programme (MDGs) Account taken of every aspect of poverty including country definitions Focus on the agricultural production system as a whole (agriculture, livestock farming and fishery) including its financing and research
MDG 2: Achieve universal primary education	**SDG 4**: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	Education for all	Focus on the quality of teaching and other aspects of education, particularly adult and youth literacy and vocational training
MDG 3: Promote gender equality and empower women	**SDG 5**: Achieve gender equality and empower all women and girls	Gender equality and female empowerment	Focus on the principal factors of gender inequality (discrimination, violence, work/remuneration, leadership, justice/legislation, economic, financial and technology issues)
MDG 4: Reduce mortality of children under five	**SDG 3:** Ensure healthy lives and promote well-being for all at all ages	Improvement of the health situation of the populations	Merging of 3 MDGs (4, 5 and 6) into one SDG targeting everyone ***("no one left behind").*** The MDG tackled specific problems and one specific target (children and women)
MDG 5: Improve maternal health	**SDG 3:** Ensure healthy lives and promote well-being for all at all ages	Improvement of the health situation of the populations	As above
MDG 6: Combat HIV/AIDS, malaria and other diseases	**SDG 3:** Ensure healthy lives and promote well-being for all at all ages	Improvement of the health situation of the populations	As above

MDG	SDG equivalent	Common features	Differences/innovations
MDG 7: Ensure environmental sustainability	**SDG 6**: Ensure availability and sustainable management of water and sanitation for all **SDG 11**: Make cities and human settlements inclusive, safe, resilient and sustainable **SDG 12**: Ensure sustainable consumption and production patterns **SDG 13**: Take urgent action to combat climate change and its impacts **SDG 14**: Conserve and sustainably use the oceans, seas and marine resources for sustainable development **SDG 15**: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss	Well-being of urban-dwellers in terms of housing and quality of life Improvement of the conditions and quality of life of urban-dwellers Sustainable environmental management Sustainable environmental management and protection Sustainable management of environmental resources and biodiversity Protection and sustainable management of the environment	Focus on improving the quality of life of urban-dwellers Focus on environmentally friendly techniques/models of production and consumption Focus on the fight against climate change Focus on the management and protection of marine areas and their resources Focus on forests, land, mountain ecosystem, sustainable biodiversity (fauna and flora)
N/A	**SDG 7**: Ensure access to affordable, reliable, sustainable and modern energy for all	Sustainable environmental management (renewable, clean and modern energy)	One specific goal devoted to access to sustainable energy
N/A…. But strictly consistent with SDG 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all)	**SDG 9**: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	Industrialization as a key factor in the creation of decent work and sustained and inclusive growth for poverty reduction	A large injection of innovation and technology in the industrialization process
N/A…. But strictly consistent with MDG 3	**SDG 10**: Reduce inequality within and among countries	Reduction of gender inequality	Cross-cutting and universal fairness (economic, financial, social, justice, political, commerce, population, etc.)
N/A	**SDG 16:** Promote just, peaceful and inclusive societies		Focus on violence, human exploitation, fair justice, governance and accountability

MDG	SDG equivalent	Common features	Differences/innovations
MDG 8: Develop a global partnership for development	**SDG 17**: Revitalize the global partnership for sustainable development	Global partnership for development	**FOCUS ON:** ***Finance*** [mobilization of domestic resources; Fulfilment of commitments (0.7 per cent ODA/GNI and 0.20 per cent ODA/GNI in LDC)] ***Technology*** [North-South, South-South and triangular cooperation] ***Capacity building*** via international support [North-South, South-South and triangular cooperation] ***Trade*** [equitable multilateral trade system under WTO leadership] **Systemic problems** (Macroeconomic stability, statistics, monitoring and accountability/responsibility)

source: ECA, January 2016

Printed in Addis Ababa, Ethiopia by the ECA Printing and Publishing Unit.
ISO 14001:2004 certified.
Printed on CF (Chlorine Free Paper)