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Thirtieth meeting of the Committee of Experts

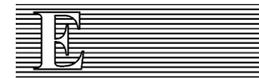


AFRICAN UNION
COMMISSION

Sixth meeting of the Committee of Experts

**Meeting of the Committee of Experts of the 4th Joint Annual
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Finance and ECA Conference of African Ministers of Finance,
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**Report on Progress in Achieving the Millennium Development Goals
(MDGs) in Africa, 2011**

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I. Introduction

1. In September 2010, world leaders gathered at the United Nations Headquarters in New York to evaluate progress made by countries towards the targets of the Millennium Development Goals (MDGs) agreed at the United Nations Millennium Summit in 2000. While it emerged from the meeting for Africa, the cup could be seen as half-full, leaders reaffirmed their commitment to the goals and examined strategies that have worked and those that have failed. In particular, they recognized that the increasing interdependence of national economies in a globalizing world and the emergence of rules-based regimes for international economic relations have meant that the space for national economic policy, especially in the areas of trade, investment and international development, is now often framed by international disciplines, commitments and global market considerations. In this regard, the leaders encouraged all countries to continue to design, implement and monitor development strategies tailored to their specific situations and called for increased efforts to enhance policy coherence for development at all levels.

2. Indeed, recent progress towards achievement of the MDGs occurred in an environment marked by the global food, fuel and economic and financial crises. This reaffirms the need for mutually supportive and integrated policies across a wide range of economic, social and environmental issues to achieve the MDGs and sustainable development. The world economy demonstrated signs of recovery from the crisis in the first half of 2010. Africa has sustained and strengthened its economic recovery with an average GDP growth rate of 4.7 per cent in 2010 compared to 2.4 per cent in 2009.

3. In recent years, African countries have generally been on a steady path towards achievement of universal primary education and empowerment of women. Significant progress has also been made in the fight against HIV/AIDS, using methods such as awareness campaigns, and promotion and use of antiretroviral therapy (ART), which have curbed numbers of new infections and AIDS-related deaths. However, several targets have still not been met. African countries should focus on Goal 1 (eradicate extreme poverty and hunger), in order to address the ever-increasing global food and fuel prices. Though many African countries have impressive economic growth forecasts for the coming years, chronic poverty persists and recovery remains fragile, due to volatile international commodity prices. In the area of health, while a few countries have made strides overall, the continent lags behind other regions in terms of maternal and child health. Similarly, more effort should be made to eradicate malaria and tuberculosis. Goals 4, 5 and 6 depend on adequate health systems, access to health services, resource allocation and levels of household income.

4. With less than five years remaining to the target date of 2015, this assessment is of utmost importance as it will help countries identify the targets that require concerted efforts for achievement of the MDGs. As they embark on economic recovery, African countries have a new opportunity to harness economic growth and reduce poverty through employment creation and social protection schemes. Strong, sustained and shared growth must be the key priority for future macroeconomic policy, given that most countries were only able to maintain stabilization during the global economic and financial crisis. Putting Africa on this growth path for the next decade would entail focusing less on macroeconomic stability and more on inclusive growth. This requires national economic structural transformation, unlocking entrepreneurship across regions and sectors, with well-designed and supportive policy and actions underpinned by a vibrant private sector and productive entrepreneurship. Increasing resilience by mobilizing domestic resources would also make Africa's growth more sustainable and help prepare the continent for future crises. In the same vein, the recent global financial

and economic crisis has again underscored the importance of creating mechanisms in Africa to protect the most vulnerable segments of population against unexpected external shocks. Building social safety nets would help ensure that growth is shared with the most vulnerable.

5. This assessment is based on data from the United Nations Statistics Division (UNSD), the repository of data for assessing progress towards the targets of the MDGs. While this progress report seeks to depict the situation on the ground as faithfully as possible, given data availability, it once again impresses on African countries to provide adequate and timely data on MDG indicators. This is essential to have an accurate picture of progress for all goals, particularly Goals 1 (eradicate extreme poverty and hunger) and 5 (improve maternal health). Although progress towards achievement of the MDGs is usually evaluated on a goal-by-goal basis, this document does so on a target-by-target basis. Indeed, because many targets and indicators are defined to evaluate each of the MDGs, the pace of progress can differ widely for different targets of the same goal. While the region as a whole has made remarkable strides for some goals and targets, it needs to pick up the pace for others.

II. Remarkable progress has been made in meeting education targets, gender empowerment, combating HIV/AIDS and debt sustainability

6. African countries have recorded a satisfactory performance for Goals 2 (achieve universal primary education) and 3 (empower women). Progress towards the first target of Goal 6 (fight against HIV/AIDS) and the debt sustainability target of Goal 8 (global partnership for development) are also noteworthy.

A. Primary Education (Goal 2): African countries are likely to meet primary education enrollment targets, but must consolidate efforts for primary completion rates

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

7. Achieving universal primary education continues to be the goal towards which African countries are making the most progress. Advancements toward the targets paint a mixed picture, however. Whereas a majority of countries are set to achieve universal primary schooling, only few countries are expected to meet the goals for primary completion rates and young adult literacy rates.

Indicator 2.1 – Net enrollment in primary education

8. Fifteen of the 30 African countries with data have achieved net enrollment ratios of above 90 per cent as at 2008. They are: Algeria, Benin, Burundi, Egypt, Malawi, Mauritius, Namibia, Rwanda, Sao Tome and Principe, South Africa, Tanzania, Togo, Tunisia, Uganda and Zambia. Six of these countries (Malawi, Rwanda, Togo, Tunisia, Uganda and Zambia) surpassed the 90 per cent mark in 2008. Ten countries (Burkina Faso, Ethiopia, Guinea, Mali, Morocco, Mozambique, the Niger, Rwanda, Senegal and Tanzania) improved their net enrollment rates by more than 25 percentage points from 1991 to 2008.

9. While the majority of countries are on track to achieve universal primary education, a few countries are still far below the required enrollment rates, and have made little progress over the last

several years. The Central African Republic's net enrollment ratio is 66.9 per cent - just a slight improvement from 53.4 per cent in 1991, while Djibouti and Eritrea remain below 50 per cent.

10. However, even where countries may not achieve universal primary education by 2015, remarkable progress has been made in countries where net enrollment ratios are still relatively low. In Burkina Faso, for example, although the net enrollment ratio is 64.4 per cent, this is an incredible improvement from 27.3 per cent in 1991. Likewise, Ethiopia moved from 24 per cent in 1991 to 79 per cent in 2008. While the Gambia, Guinea, Kenya, Mali, Mozambique and the Niger are all still below 90 per cent, they have been increasing their net enrollment ratios by over 20 percentage points, and in some cases up to 50 percentage points, since 1991.

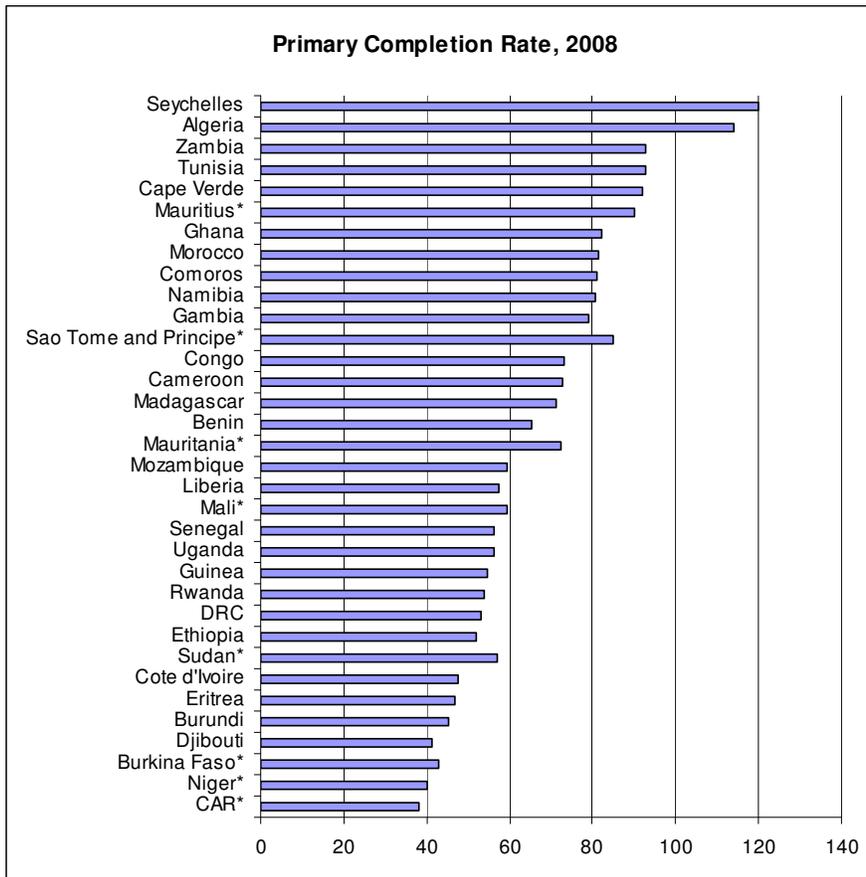
11. Whether countries have exceeded 90 per cent enrollment or are still hovering around 75 per cent, there should be continued focus on primary school education. It remains to be seen what the effects of improved primary school enrollment will be, although, 2015 may be too soon to see the outcomes of primary education. In order for countries to continue the progress made in education, there must be adequate planning for improving the quality of primary school education, and increasing enrollment rates beyond primary school.

Indicator 2.2 – Primary completion rate

12. While African countries continue to make advancements toward universal primary school enrolment, these are yet to translate into increased primary completion rates. Some countries have made overall progress toward higher primary completion rates. Figure 1 shows that Seychelles and Algeria have both attained a net primary completion rate of above 100 per cent¹. Benin has increased completion rates from 22.1 per cent in 1991 to 65.1 per cent in 2008 and Cameroon has shown a remarkable 17 percentage point increase from 55.5 per cent completion rates in 2007 to 72.7 per cent in 2008. The Comoros, Mozambique, Rwanda and the Sudan also showed improvements of over 10 percentage points each in 2007. However, figure 1 also shows that most countries have not attained a completion rate above 80 per cent. Furthermore, Chad, Congo, Eritrea, Namibia and Tunisia have digressed from the target since 2007. This slow progress demonstrates the importance of improving the quality of education rather than aiming solely for the quantitative target.

¹ Net primary completion rates are calculated by taking the total number of students in the last grade of primary school, subtracting the number of repeaters in that grade, and dividing by the total number of children of official graduation age. A completion rate above 100 per cent reflects an over-age or under-age student population.

Figure 1: Primary completion rates in African countries, 2008



*2009 Data

B. Gender empowerment (Goal 3): Positive trends in education parity and improvements in political representation of women

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

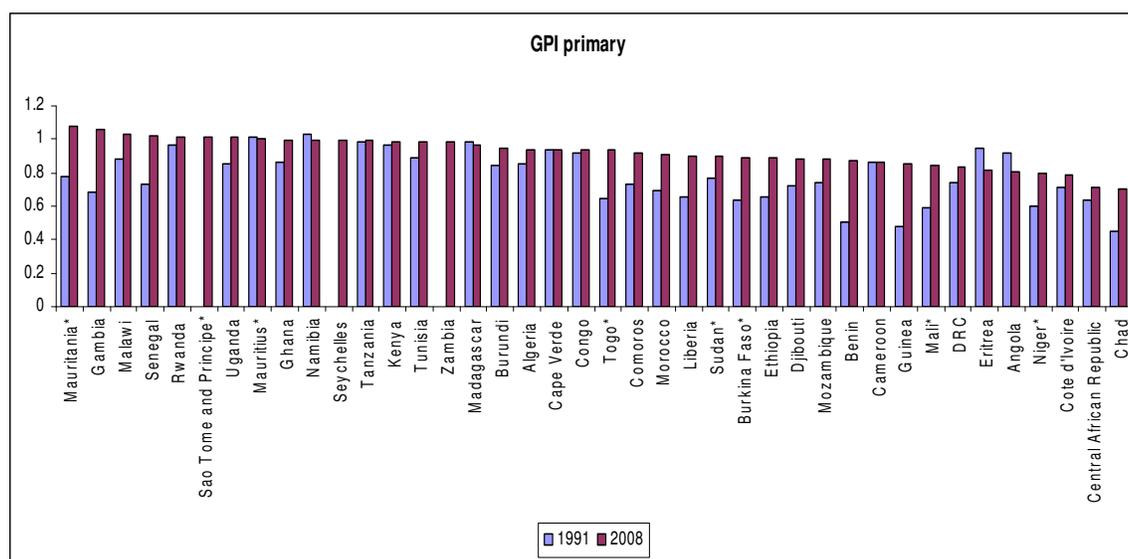
Indicator 3.1 – Ratio of girls to boys in primary, secondary and tertiary education

13. Latest available data indicate that in 2008 and 2009, African countries maintained their positive trend towards progress in gender equality and women’s empowerment. Some African countries have already managed to achieve gender parity in educational enrolment, while others are approaching it, especially in primary education. Overall performance in tertiary education recorded in previous years was rather sluggish.

14. Figure 2 shows that Mauritania is the only one among the 40 countries for which data is available, to have achieved gender parity in primary education for the period 1991-2008/2009. Furthermore, 17 of these countries were approaching the parity with a score of 90 and above in 2008. Malawi, Rwanda, Sao Tome and Principe, Senegal, Togo and Uganda, scored a gender parity index of

slightly more than 1.0, indicating that more girls than boys were enrolled in primary school in these countries. The policy challenge in such a case was increasing boys' enrollment in primary education. No changes were recorded for Cameroon and Cape Verde from 1991 to 2009 in primary enrollment. In 2008, the Gambia, Guinea and Benin managed to reduce gender disparity in primary education by more than 0.35 points. Unfortunately, the gender gap in primary schools increased for Eritrea and Angola in 2008, compared to 1991. Overall, if the same trend is sustained, most African countries should be able to achieve gender parity in primary education by the target date.

Figure 2: Gender parity index in primary level enrollment – selected African countries

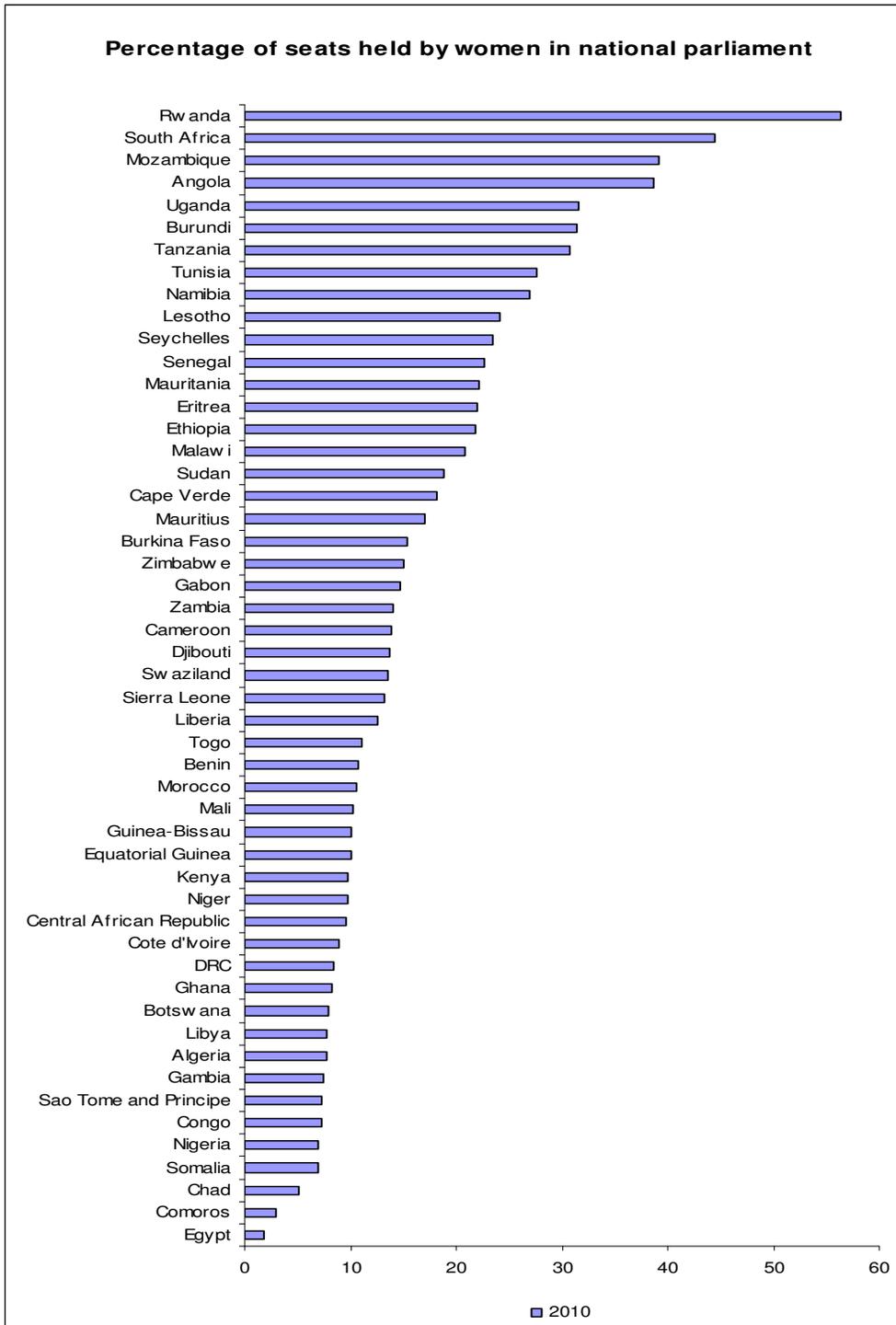


Source: ECA computations based on UNSD data updated July 2010 (* indicates data for 2009).

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

15. Most African countries have made significant improvements in this indicator. As illustrated in figure 3, many countries have more than 20 per cent of women in their parliaments. Furthermore, in 2010, 36 of the 39 African countries with available data for both 1990 and 2010 increased their proportion of national parliamentary seats represented by women. The most significant change was recorded by South Africa, Rwanda, Burundi and Tanzania, while Guinea-Bissau, Congo, Equatorial Guinea, Sao Tome and Principe, Egypt, Cameroon and the Gambia showed some decline in women's representation in parliament from 1990 and 2010. Overall, progress of African countries towards achieving gender parity in national parliaments is very encouraging. However, women's participation in the executive, the judiciary, traditional and other public spheres is visibly low across most countries.

Figure 3: Percentage of seats held by women in national parliaments, 2010



Source: ECA computations based on UNSD data updated June 2010.

C. Combating HIV/AIDS (Goal 6): Significant improvements made in prevention of new HIV infections and provision of HIV/AIDS treatment

16. According to the latest UNAIDS report, more than ever before, HIV/AIDS seems to be under control in Africa (excluding Northern Africa). Improvements in stemming the HIV/AIDS pandemic have been significant both in preventing new infections and making antiretroviral treatment available to infected people.

Target 6A: “Have halted by 2015, and begun to reverse, the spread of HIV/AIDS”

17. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that HIV/AIDS prevalence rate in Africa, excluding North Africa, was 5.0 per cent in 2009, compared to 5.9 per cent in 2001. However, this decline in prevalence does not translate into a decrease in the number of people living with HIV/AIDS due to population growth. Indeed, 22.5 million people were living with HIV/AIDS at the end of 2009, compared to 20.3 million at the end of 2001. Furthermore, although the annual number of new HIV infections (incidence) has been steadily declining since the late 1990s, this decrease is offset by the reduction in AIDS-related deaths (1,300,000 in 2009 compared to 1,400,000 in 2001) due to the significant scale-up of antiretroviral therapy.

18. Figure 4 shows that the decrease in HIV/AIDS prevalence is even more pronounced in Southern Africa which is the most affected subregion. Adult HIV prevalence is very low in Egypt and Tunisia (less than 0.1). However, from 2001 to 2009, adult HIV prevalence increased in 12² African countries.

Indicator 6.1: HIV prevalence among population aged 15–24

19. UNAIDS data show that the annual HIV incidence among 18-year olds declined sharply from 1.8 per cent in 2005 to 0.8 per cent in 2008; and among women aged 15–24 years, it dropped from 5.5 per cent in 2003–2005 to 2.2 per cent in 2005–2008 (UNAIDS 2010). This positive trend in prevalence among young people is associated with safer sexual behaviour. For example, in Zambia where HIV incidence declined by more than 25 per cent from 2001 to 2009, the number of young and older adults with multiple partners also declined. Furthermore, the proportion of men and women aged 15–24, with more than one partner in the past year who used a condom at last sex also declined sharply.

Target 6B: “Achieve by 2010 universal access to treatment for HIV/AIDS for all those who need”

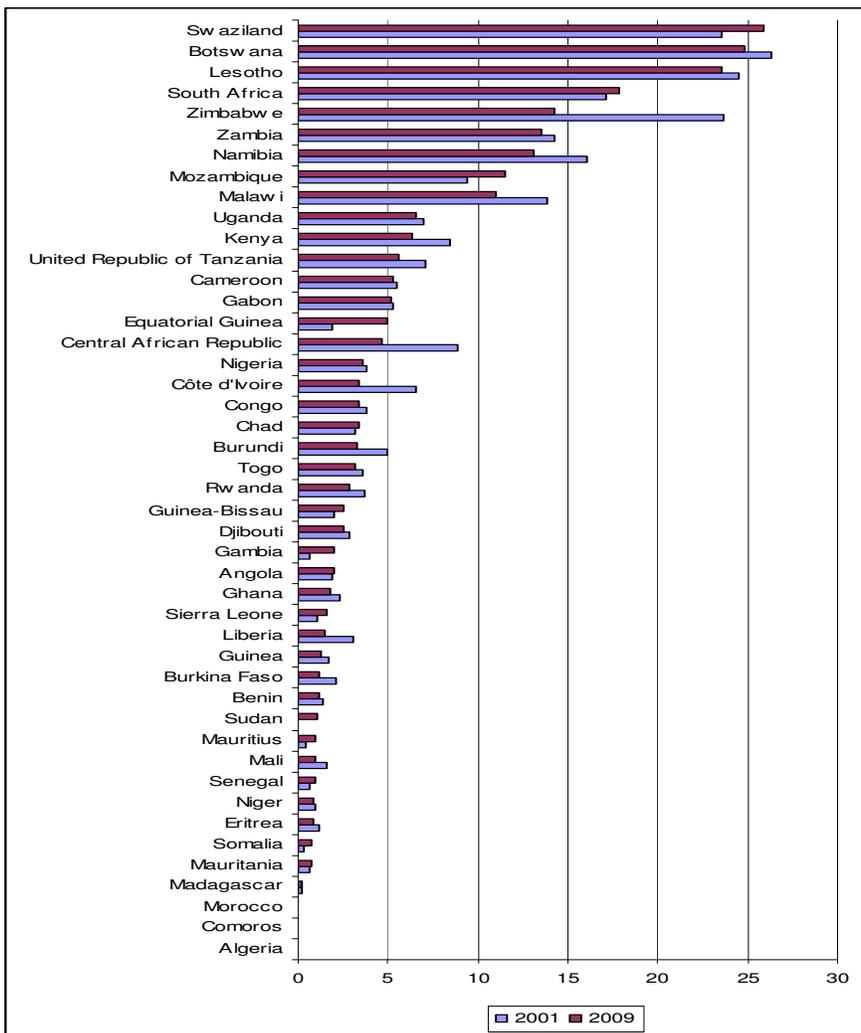
20. Predictable and adequate funding to tackle HIV/AIDS focuses on provision of free treatment. Evidence shows that donor specific funding, through vertical funds, seems to positively affect rates of progress toward target 6B.

² Angola, Chad, Equatorial Guinea, the Gambia, Guinea-Bissau, Mauritius, Mozambique, Senegal, Sierra Leone, Somalia, South Africa and Swaziland.

Indicator 6.5: Proportion of people with advanced HIV infection who have access to antiretroviral drugs

21. In sub-Saharan Africa, nearly 37 per cent of people eligible for treatment were able to access life-saving medicines in 2009. Three African countries —Botswana, Namibia and Rwanda—achieved antiretroviral therapy coverage of 80 per cent or more. However, seven countries with high prevalence (Cameroon, Côte d’Ivoire, Ghana, Mozambique, South Africa, Tanzania and Zimbabwe) had coverage of less than 40 per cent, with coverage for children lower than for adults.

Figure 4: Adult HIV/AIDS prevalence in African countries, 2001 and 2009



Source: ECA computations based on UNAIDS Report on the global AIDS epidemic 2010.

D. Long term debt sustainability (Goal 8): A considerable number of African countries have reached post-HIPC completion point

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

Indicator 8.10: Total number of countries that have reached their HIPC decision points and those that have reached their HIPC completion points (cumulative)

22. Significant progress has been recorded in dealing with the high debt burden of African countries. These efforts began in 1996 when the World Bank and the International Monetary Fund (IMF) launched the Heavily Indebted Poor Countries (HIPC) initiative, which was enhanced three years later, under the Multilateral Debt Relief Initiative (MDRI), to accelerate debt cancellation of the poorest countries in the world. The aim of both initiatives was to reduce the debt burden of heavily indebted poor countries, so that their governments would have more resources available to inject into public services, infrastructure development, and poverty reduction, thereby accelerating progress toward achievement of the MDGs. At the end of December 2010, 26 African countries were at post-HIPC completion point, four at an interim stage between decision and completion point, while another three were at pre-decision point. Table 1 below provides a detailed status of African HIPC countries.

Table 1: Classification of African countries by HIPC status (as at 16 December 2010)

Post-completion-point countries (26)		
Benin	Ghana	Rwanda
Burkina Faso	Guinea-Bissau	Senegal
Burundi	Liberia	São Tomé & Príncipe
Cameroon	Madagascar	Sierra Leone
Central African Republic	Malawi	Tanzania
Republic of Congo	Mali	Togo
Democratic Republic of Congo	Mauritania	Uganda
Ethiopia	Mozambique	Zambia
Gambia	Niger	
Interim countries (between decision and completion point) (4)		
Chad	Cote d'Ivoire	
Comoros	Guinea	
Pre-decision point countries (3)		
Eritrea	Somalia	Sudan

Source: IMF (2010) <http://www.imf.org/external/np/exr/facts/hipc.htm>.

Indicator 8.2: Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary healthcare, nutrition, safe water, and sanitation)

23. In spite of the global financial crisis, Africa received the highest proportion of official development assistance (ODA) to developing regions in 2009. This demonstrated sustained commitment by the Organization for Economic Cooperation and Development's Development Assistance Committee (OECD/DAC) donors to assist Africa with achieving the MDGs. Furthermore, ODA to Africa was directed mostly to social sectors, which accounted for 45 per cent of total ODA in 2008. However, this amount was below the agreed 0.7 per cent of Gross National Product (GNP) of donor countries.

III. Progress is slower in poverty reduction, health MDGs and environmental sustainability

24. Notwithstanding the improvements made in the goals and targets described earlier, Africa's performance in Goal 1 (eradicate extreme poverty and hunger) and Goal 5 (improve maternal health) should be improved, if the region is to meet these goals. In addition, data available suggest that impetus should be given to Goal 4 (reduce child mortality), Goal 6 (combat malaria and TB) and Goal 7 (ensure environmental sustainability) targets, if they are to be achieved by the deadline.

A. Poverty reduction and extreme hunger (Goal 1): Economic growth in Africa has not translated into a reduction in absolute poverty; unemployment and hunger remain high

25. While Africa's high growth from 2001 to 2008 was a positive turnaround, it could not address the problem of widespread unemployment and poverty. The main challenge in assessing progress toward Goal 1 was lack of updated data, especially for target 1A. The primary sources of data for this target are the Demographic and Health Surveys (DHS) and Living Standards Measurements Surveys (LSMS), both of which are expensive and time-consuming. Moreover, these surveys are not done on a set schedule for all countries, thus preventing cross-country comparability.

Target 1A: "*Halve between 1990 and 2015 the proportion of people whose income is less than \$1.25 a day*"

26. Africa is now one of the fastest growing regions in the world, with promising projections of similar trends in the coming five years. According to latest figures,³ the proportion of people in Africa living in poverty is decreasing, while the number of poor African people is increasing. This is because population is growing faster than the poverty rate reduction. While some countries in Africa are making progress in poverty reduction, the region as a whole is unlikely to meet the goal without significant additional policy effort and resources. Another critical challenge to achieving Goal 1 in Africa is the significant proportion of the chronically poor population. This means that it will require much more effort to lift and keep them out of poverty. Another challenge for African countries is the fact that rapid economic growth does not have a substantial impact on poverty reduction. This was a notable failure in previous years despite an average 6 per cent growth rate from 2004 to 2008.

³ See for instance World Bank (2010). *World Economic Outlook*.

Target 1B: *“Achieve full and productive employment and decent work for all, including women and young people”*

27. Since 2000, labour market conditions have deteriorated in many countries and this has jeopardized much of the progress made towards decent work (UNDP 2010). Furthermore, the global financial crisis has resulted in both increased unemployment and declining output per worker. The global financial crisis has also brought to the fore, the “working poor”, who are defined as those who are employed but live in households where individual members subsist on less than \$1.25 a day. The United Nations Development Programme (UNDP) estimates that in the case of sub-Saharan Africa, 63.5 per cent of workers were at risk of falling below the extreme poverty line in 2009/2010 as a consequence of the crisis. Recent events in North African countries such as Egypt and Tunisia illustrate the importance of employment creation, as a means of reducing poverty and ensuring social stability.

28. Only if countries are able to translate relatively strong economic growth into employment creation, can Africa make progress toward reducing poverty. Unlocking entrepreneurship across regions and sectors and instituting well-designed and supportive policies and actions would lead to strong, shared and sustainable growth. Africa will achieve such growth through structural transformation guided by the developmental State, underpinned by a vibrant private sector and productive entrepreneurship. While the formal private sector remains limited, it has been thriving in countries such as Mauritius and South Africa. Industrial policy can play an important role in nurturing the entrepreneurial spirit and removing obstacles to entrepreneurship in high-potential sectors and industries, thereby generating employment across the continent.

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

29. Many African countries have made progress toward meeting this target, although overall, the number of people on the continent suffering from hunger has actually increased. North African countries and Ghana have met the target. The proportion of the undernourished population has been falling steadily in all subregions of the continent except Central Africa. West Africa is on track to meet the target of halving the proportion of the undernourished population by the target date, if current trends persist. Progress in East and Southern Africa has been slow for this indicator; and if current trends continue, these two subregions will fail to meet this target.

30. Overall, the Global Hunger Index registered a 13-per cent decrease for Africa compared to over 40 per cent for other developing areas. Efforts should be scaled up in all countries to reduce hunger, because of the impact this target has on other MDGs, especially in the area of health. Rising international commodity prices may have a positive effect on Africa’s trade balances for food-exporting countries, but negative implications for the most vulnerable sectors of society who may not be able to afford even slightly higher-priced primary commodities.

31. Strong, sustained and shared growth must be the key priority for future macroeconomic policy, given that most countries were only able to maintain stabilization during the global economic and financial crisis. Putting Africa on this growth path for the next decade would entail focusing less on macroeconomic stability and more on growth. Without inclusive growth, it will be difficult to significantly reduce poverty on the continent. In this regard, governments should implement effective

social protection schemes to ensure that the most vulnerable segments of society also benefit from economic growth.

B. Reducing child mortality (Goal 4): limited and uneven progress in child health not enough to meet commitments

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

Indicator 4.1: Under-five mortality rate

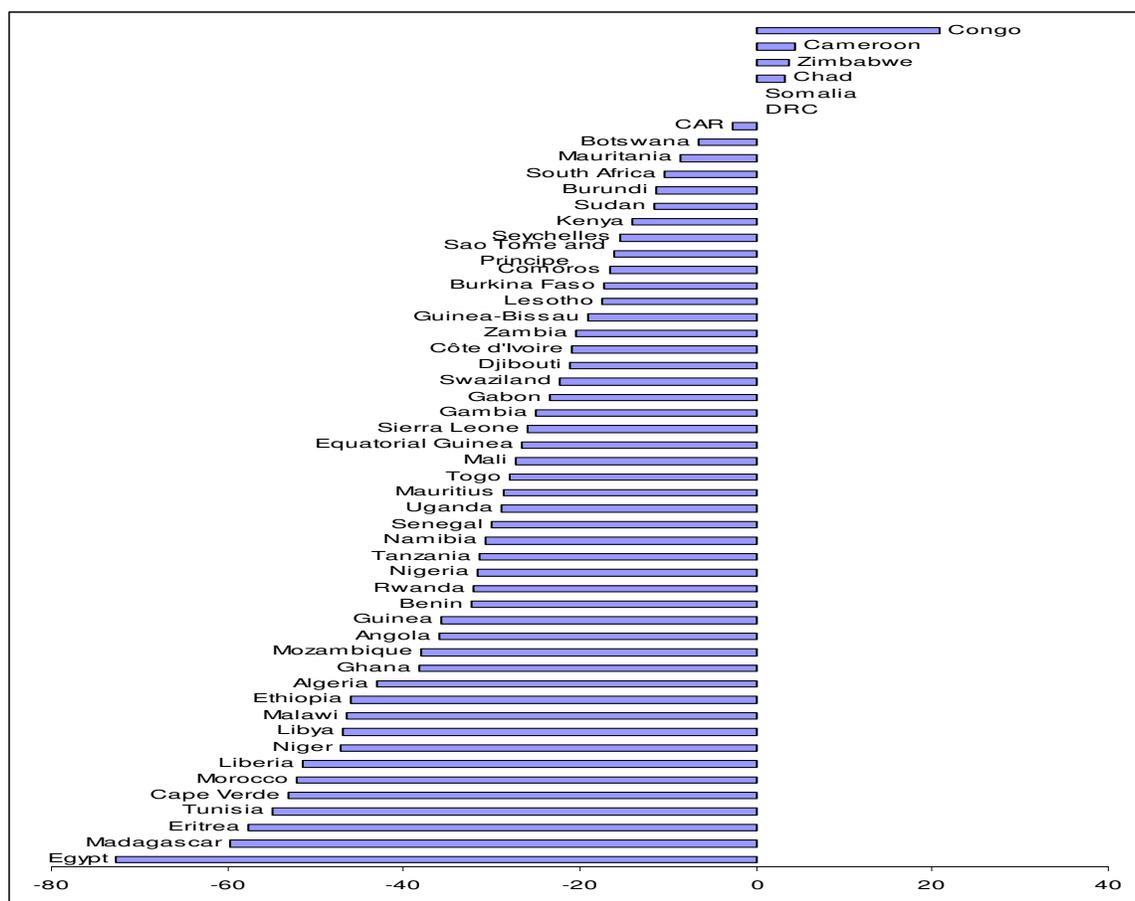
32. The under-five mortality rate (U5MR) in Africa declined by a mere 20 per cent from 1990 to 2009, making it impossible for the continent to attain this target. However, this average figure masks huge disparities among countries. Egypt has already surpassed the target. Algeria, Cape Verde, Eritrea, Libya, Madagascar, Mauritius, Morocco, Seychelles and Tunisia are on track to achieve the target of reducing under-five mortality by two-thirds. Ethiopia, Malawi, Liberia and the Niger registered the most progress by reducing under-five mortality by more than 100 percentage points from 1990 to 2009. Over the same period, progress was very slow in Burkina Faso, Burundi, Cote d’Ivoire, Gabon, Mauritania, Sao Tome and Principe, the Sudan and Swaziland;’ while for Cameroon, Chad, Congo and Zimbabwe, under-five mortality rates increased.

33. If current trends continue, the continent as a whole is unlikely to meet the goal of reducing under-five mortality by the target date of 2015.

Indicator 4.2: Infant mortality rate

34. Infant mortality follows the same trend as under-five mortality. From 1990 to 2009, the infant mortality rate rose sharply in Congo, Chad, Cameroon and Zimbabwe, resulting in an increase in under-five mortality in these countries. As figure 5 shows, Egypt performed the best in reducing infant mortality rate, while CAR registered the least progress.

Figure 5: Progress (per cent change) in infant mortality rate, 1990-2009



Source: ECA computations based on UNICEF data, updated in 2010.

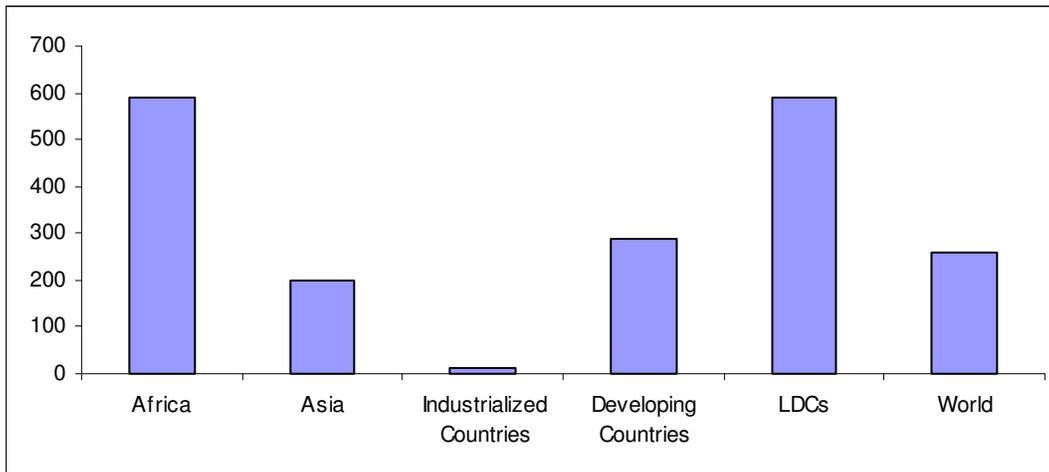
C. Improving maternal health (Goal 5): Despite slow improvements, conditions for African mothers remain dire

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

Indicator 5.1: Maternal mortality ratio

35. Maternal Mortality Ratio (MMR), the most common measure of maternal health, continues to be high in Africa compared to the rest of the world. Overall, African countries and the Least Developed Countries (LDCs) have similar levels of MMR, However, Africa has a significantly higher level of MMR than the average for developing countries, as illustrated in figure 6.

Figure 6: Maternal mortality ratio for selected regions, 2008 (maternal deaths per 100,000 live births)



Source: ECA computations based on UNICEF data, updated in 2010.

36. In 2008, the MMR for five countries: Cape Verde, Egypt, Libya, Mauritius and Tunisia, was less than 100 per 100,000 live births, while for 21 other countries⁴ it was 100-500 per 100,000 live births, and 500-1000 per 100,000 live births for 22 others.⁵ However, it is worrisome that Chad, Guinea-Bissau and Somalia had an exceedingly high MMR of above 1,000 per 100,000 live births. Also of concern is the fact that Africa as a whole had a disproportionate number of maternal deaths, compared to its share of births in the world.

Indicator 5.2: Proportion of births attended by skilled health personnel

37. To accelerate the reduction of maternal mortality in Africa, it is necessary to increase the *proportion of births attended by skilled health personnel*. Births attended by skilled health personnel are also decreasing; but this target remains skewed towards urban and high income groups. High HIV/AIDS prevalence contributes to the elevated maternal mortality rates.

38. Access to reproductive health is crucial to improving maternal health, although, in many parts of the continent, this is a contentious cultural and religious issue. The unmet need for family planning remains one of the most difficult indicators to track, in part, because many deliveries in Africa still do not occur in health facilities. Furthermore, available data are not comparable across time because of frequent revisions of the methodology. Yet, family planning is an essential element of policies and interventions for improving maternal health. The recent initiative by the international community on the MDGs Summit 2010 and the Global Strategy for Women's and Children's Health, can play an important role in speeding up progress towards achievement of this goal. It calls for a coordinated and united effort by partners to pool resources and take action together toward a common goal (UNICEF, 2010).

⁴ Algeria, Benin, Botswana, the Comoros, Côte d'Ivoire, Equatorial Guinea, Djibouti, Eritrea, Ethiopia, Gabon, the Gambia, Ghana, Madagascar, Morocco, Namibia, Senegal, South Africa, Swaziland, Togo, Uganda and Zambia.

⁵ Angola, Burkina Faso, Burundi, Cameroon, Central African Republic, Congo, Democratic Republic of the Congo, Guinea, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Mozambique, the Niger, Nigeria, Rwanda, Sierra Leone, the Sudan, Tanzania and Zimbabwe.

39. At the September 2010 General Assembly of the United Nations, World leaders expressed grave concern over the slow progress being made towards improving maternal and reproductive health and reducing maternal mortality. World leaders commended regional efforts made to rectify the prevailing situation, and in particular, the 15th African Union Summit held in Kampala from 19 to 27 July 2010, with the theme “*Maternal, Infant and Child Health and Development in Africa*”; the launch of the African Union “Campaign on accelerated reduction of maternal mortality in Africa” and the “Africa cares: no woman should die while giving life” campaign.

D. Combat HIV/AIDS malaria, tuberculosis and other diseases (Goal 6): Malaria and tuberculosis remain a significant health risk and major cause of death in Africa

Target 6C: “*Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*”

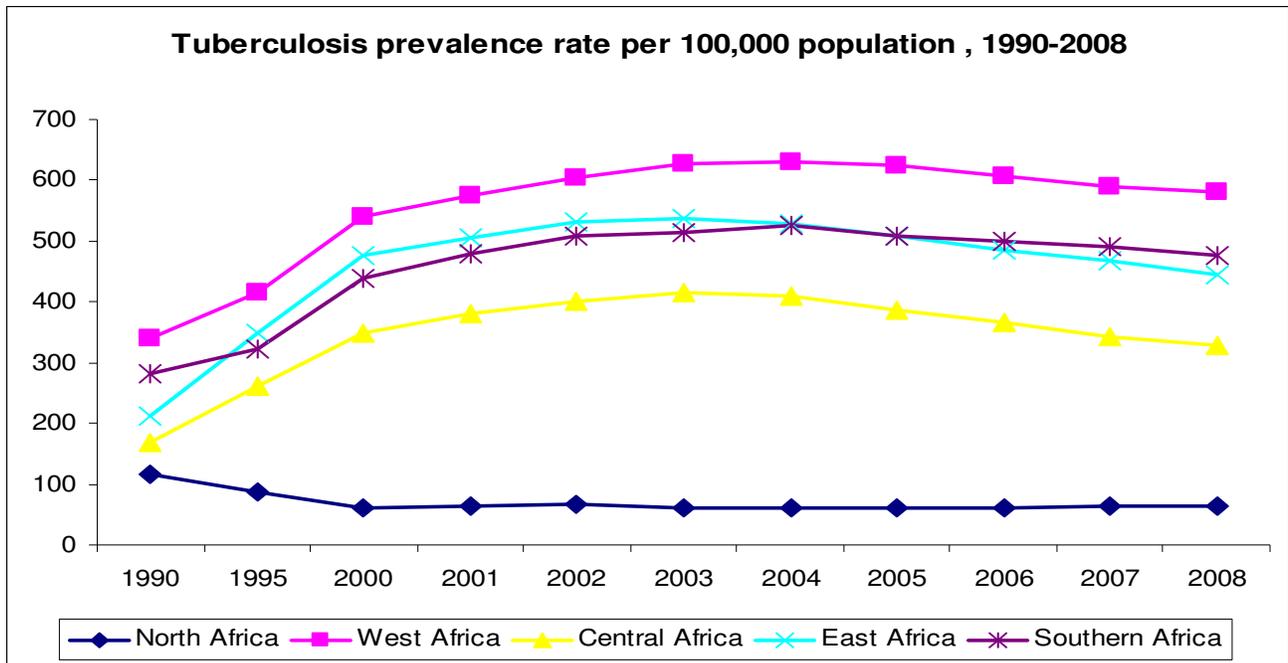
Indicator 6.6: Incidence and death rates associated with malaria

40. Malaria is still endemic in most African countries and continues to be a major cause of morbidity and mortality on the continent. Yet, data on malaria incidence and mortality are not consistently reported in the UNSD database. Data from the latest Roll Back Malaria Report (2010) indicate that, only four (Egypt, Cape Verde, Swaziland and South Africa) of the 46 African countries with available data, have fewer than 100 notified cases of malaria per 100,000 people. While there has been a reduction in malaria mortality in a number of countries in the region, including Ethiopia, Mozambique, Rwanda, Tanzania and Zambia, a lot remains to be done to reduce malaria mortality. The malaria death rate is still high in Africa, with 16 countries (Cameroon, Sierra Leone, the Sudan, Zambia, Benin, Congo, Guinea, Guinea-Bissau, Uganda, Equatorial Guinea, Nigeria, the Niger, DRC, Burkina-Faso, Mali and Chad) recording more than 100 deaths per 100,000 people. On a positive note, funds allocated to malaria control from international sources have consistently increased over the years (WHO, 2010).

Indicator 6.9: Incidence, prevalence, and death rates associated with tuberculosis

41. Although tuberculosis (TB) remains a significant health risk and a major cause of death in Africa, from 2005 to 2008, TB prevalence declined, albeit at varying degrees in all the subregions of the continent, especially in Central and East Africa (*see figure 7*). An important factor explaining the declining prevalence rate of TB in Africa could be the increased use of Directly Observed Short-course Treatment (DOTS). However, Africa as a region is unlikely to meet the TB targets by 2015. This is largely due to the high prevalence of HIV and rising AIDS-related mortality in some countries.

Figure 7: Tuberculosis prevalence rate per 100,000 people in Africa’s subregions



Source: ECA computations based on UNSD data, updated in June 2010.

Note: For the purpose of regional analysis the data is weighted by population data of each country.

E. Sustainable access to safe water and sanitation (Goal 7): Despite some progress, access to safe drinking water and sanitation in Africa should be scaled up

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

42. Most countries for which data are available have shown an improvement in coverage since 1990. Nine African countries have improved access to safe drinking water by 90 per cent. Despite this progress, however, large inequities remain in access and outcomes. African countries need to scale up their efforts to meet the targets and pay particular attention to the urban-rural divide in access to improved water sources.

43. It is estimated that 242 million people were using sanitation facilities in 2006. In order to provide improved sanitation to 66 per cent of the African population (to meet target 7C), African countries need to provide such facilities to an additional 370 million people. This objective is far from being met. Moreover, 13 countries in the region still have coverage below 20 per cent. Indeed, improvements in sanitation largely remain an urban phenomenon, illustrating inequities in the access to basic services.

IV. Conclusion and way forward

44. African countries are making steady progress towards MDG targets such as achieving universal primary education and empowerment of women. Most countries are set to achieve universal primary education by 2015. Yet, they must now pay particular attention to improving the quality of education, with focus on primary completion rates. Gender empowerment has seen positive trends, as more girls are gaining access to primary, secondary and tertiary education, and most countries have increased the proportion of parliamentary seats held by women. The past several years have also seen significant progress in the fight against HIV/AIDS due to an increase in access to treatment and improved prevention efforts. Most African countries have made significant strides toward debt sustainability. These positive trends must not be overlooked as they highlight a significant social development in many African countries.

45. Notwithstanding the positive picture above, other important MDG targets are not likely to be met by many African countries. First and foremost, absolute poverty remains high and the continent is unlikely to achieve the target of halving the proportion of people whose income is less than \$1.25 a day by 2015. Failure to design appropriate policies to create employment means that poverty reduction efforts by countries may be futile. Furthermore, achievement of Goal 1 will also significantly help with progress toward other targets, especially the health related MDGs, which are still not on track. Although slight improvements have been observed, child and maternal mortality remain areas of grave concern.

46. In the context of limited financing, low human resources, and time constraints, African governments should strive to recalibrate and reprioritize public interventions, consolidating the gains made and accelerating efforts towards goals where progress is slow. In looking at the progress in achieving MDGs, countries must take note of the policy implications of their successes and failures. Improvements in primary education and HIV/AIDS demonstrate the effectiveness of focused funding. Donor funding, as well as political commitment to improving access to HIV/AIDS treatment and prevention, have translated into positive results for the fight against HIV/AIDS. Therefore, in addressing other MDGs, in particular, child and maternal health, it is critical for countries to target funds and design policies toward achieving these goals.

47. Furthermore, as many countries still rely on official aid to supplement their resources, donors need to work towards reducing fragmentation and disburse aid in adequate amounts and in a timely manner. ODA support should be guided by national expenditure priorities and the competing needs of the social sectors and longer term economic development balanced. The support should also factor in private sector investment.

48. More importantly, failure to translate economic growth into meaningful poverty reduction and employment creation has negative effects on all the MDGs. Child and maternal health, fight against diseases, and environmental sustainability all rely on the income status and even more so on government policies. The targets reflect the living conditions of the most vulnerable sectors of society and those living below the poverty threshold. Countries must address this by introducing social protection schemes for employment, and health indicators. As progress toward reducing absolute poverty may be slow, governments must take alternative measures to grant access to the most basic social services for the poorest members of society.

49. The recent global financial and economic crisis has again underscored the importance of creating mechanisms in Africa to protect the most vulnerable segments of the population against unexpected external shocks. Without creating job opportunities and wealth for the poorest of the poor, countries cannot expect to make any meaningful progress toward some MDG targets. Building social safety nets would help to ensure that growth is shared with the most vulnerable. As the global financial crisis has turned into a job crisis, African countries have realized the importance to pay more attention to public works programmes, such as labour-intensive infrastructure investment. Moreover, short-term social safety nets should be supplemented by well-targeted longer-term protection programmes to ensure shared growth in the medium term.