the Millennium Development Goals in Africa: promises & progress

Report prepared by UNDP and UNICEF at the request of the G-8 Personal Representatives for Africa

New York • June 2002

"We will assist Africans in their struggle for lasting peace, poverty eradication and sustainable development."

United Nations Millennium Declaration, 2000

In 2001, Mr. Nelson Mandela asked, "Will the legacy of our generation be more than a series of broken promises?" This report attempts to answer that question by reviewing the progress made in Africa in achieving the set of development goals agreed at the United Nations Millennium Summit of September 2000.

The Millennium Development Goals (MDGs) embody the aspiration for human betterment, expressed in a limited set of numerical and time-bound targets. They include halving income poverty and hunger; achieving universal primary education and gender equality; reducing under-5 mortality by two-thirds and maternal mortality by three-quarters; reversing the spread of HIV/AIDS; and halving the proportion of people without access to safe water. These targets are to be achieved by 2015, from their level in 1990.

Progress and Setbacks

It is often said that global targets are easily set but seldom met. In fact, the 1990s saw many success stories in Africa, even though efforts to ameliorate the continent's socio-economic and political situation do not always get full coverage. A number of countries—Cape Verde, Mauritius, Mozambique and Uganda—have sustained growth rates close to 7 or 8 per cent per year. The peaceful transition from apartheid to democracy in South Africa, as well as the lengthening list of countries where elections took place during the 1990s—Benin, Cape Verde, Gambia, Ghana, Malawi, Nigeria, Senegal, Tanzania, Uganda, Zambia—underscore Africa's aspirations for democratic governance and the protection of human rights. Improvements in education in Guinea and Malawi, reductions in child mortality in the Gambia, as well as the containment of HIV/AIDS in Senegal and Uganda deserve to be highlighted as concrete achievements.

But for each success story, there have also been setbacks. The under-5 mortality rate increased in Kenya, Malawi and Zambia—an unprecedented trend after

decades of steady decline. The primary school enrolment ratio dropped in Cameroon, Lesotho, Mozambique and Tanzania. The gender gap in primary education widened in Eritrea, Ethiopia and Namibia. Instead of decreasing, malnutrition increased in Burkina Faso. Most ominously, countless countries saw their HIV prevalence rate increase several times during the 1990s, severely undermining the feasibility of most MDGs, in health and beyond.

Progress in over 50 countries in the region is difficult to summarise. Regional information is not always reliable, comparable or up-to-date. Different sources often give different estimates, without necessarily being inconsistent. Regional trends, moreover, are only estimates; they are never precise or actual values. Hence, this review draws on the best data currently available. Indicators without trend data or with inconsistent data have been omitted.

Beyond Averages

Most importantly, averages—which are commonly used to measure MDG progress—do not tell the full story of how far countries have gone in fulfilling the development aspirations of their people. Groups for which social progress has been fastest seldom represent the disadvantaged people. Thus, while averages give a good sense of overall progress, they can be misleading.

Different groups in society usually have very different levels of social and economic well-being—based on characteristics such as gender, age, rural/urban location, region, ethnicity, religion, or wealth. Failure to disaggregate for gender may hide the fact that average household income is very much an abstraction for women who have little or no control over how it is spent. A child from a poor family is invariably more likely to die before age 5 than her counterpart from a rich family. Children from poor families are also less likely to complete primary education than children from rich families.

Disparities are also on the rise on the income front, both between and within countries. Income disparities are not only increasing between rich and poor, but among the poor as well—sometimes leading to an increase in the number of destitute people, even while the proportion of those living in poverty declines.

The poor, in short, are often by-passed by 'average' progress. As disparities are widening for a range of indicators, the informational value of national averages gradually decreases. A good assessment, therefore, must go beyond averages and aggregates to shed light on the situation of the most disadvantaged groups in a society.

goal one

part I

Eradicate extreme poverty and hunger

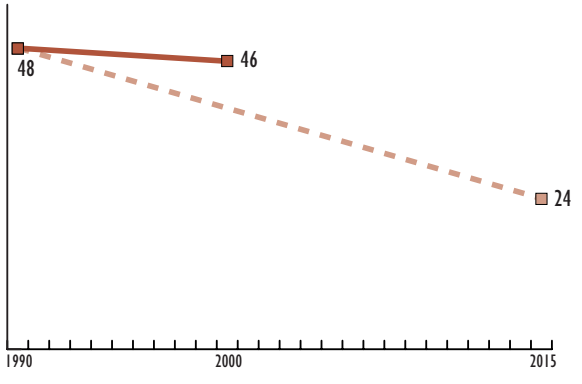
TARGET:

Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day

INDICATORS:

- **Proportion of the population below $1 a day**
- **Share of poorest quintile in national consumption**

Proportion of the population below $1 a day (sub-Saharan Africa)

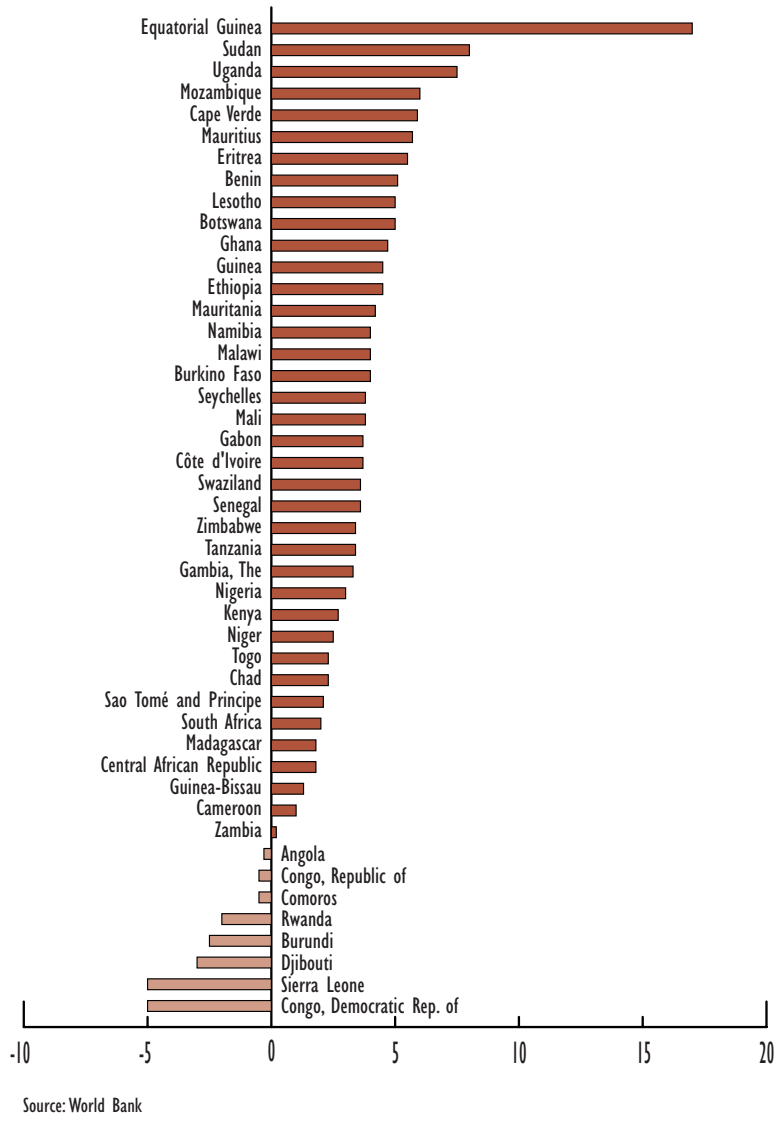


Source: World Bank

Sub-Saharan Africa has the highest proportion of people living in poverty, with nearly half of its population below the international poverty line of $1 a day. This means that some 300 million people face the daily struggle of surviving on less than that income. Thousands of them—especially children—lose that daily struggle. Between 1990 and 1999, the number of poor in the region increased by one-quarter, or over 6 million per year. If current trends continue, Africa will be the only region where the number of poor people in 2015 will be higher than in 1990. It will then account for nearly half of the poor in the developing world, up from less than a fifth in 1990.

Poverty reduction was hindered by the region's weak economic performance during the 1990s. While average growth improved in sub-Saharan countries in recent years, the annual average rate for the entire decade was a low 2.1 per cent. This average improves slightly when the growth performance of the North African countries is added.

Economic growth, 1990s



Source: World Bank

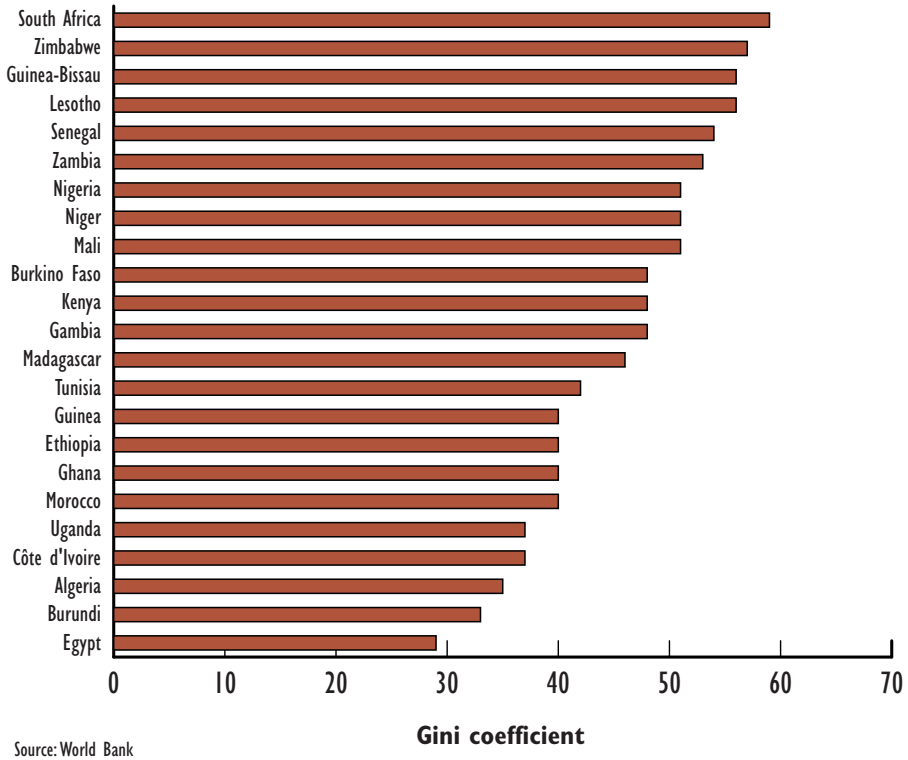
But if population growth is factored in, then the region registered a decline in per capita GDP of about -0.6 per cent per year during the 1990s. Economic performance was also highly uneven across countries: twenty countries with more than half the region's population are actually poorer now than in 1990, while per capita incomes grew at less than 1 per cent a year in a further six countries. In only five countries growth was greater than 3 per cent during the decade. Recently, the strongest performers have been concentrated among the oil producers as a result of strong terms-of-trade gains and sustained investments in the hydrocarbon sector.

Political turmoil and civil strife in a significant number of countries were a major factor in the region's weak growth performance. As a group, the worst affected countries—Angola, Burundi, Central African Republic, the Democratic Republic of Congo, Rwanda and Sierra Leone—saw their GDP decline.

The vagaries of weather have been another important factor in the poor performance of many countries, particularly the predominantly commodity exporters. Protracted drought in Eastern and Southern Africa, the Sahel and the Horn of Africa, as well as typhoons and floods in Southern Africa, resulted in a major disruption of agricultural production, which constitutes the main source of livelihood for the bulk of Africa's population.

Progress in reducing poverty is further complicated by sub-Saharan Africa's highly skewed income distribution. Equatorial Guinea, Gabon, Guinea Conakry, Kenya, Lesotho, Senegal, South Africa, Zambia, and Zimbabwe are among the countries with very unequal income distribution. Not only does high inequality inhibit economic growth, but it may also neutralize and even cancel out whatever

Income distribution



Source: World Bank

positive impacts growth could have on poverty reduction. Because the poverty-reduction elasticity of growth diminishes as income distribution worsens, high-inequality countries will normally need substantially higher growth rates to reduce poverty. Should such levels of inequality persist, the prospects for translating any gains from economic growth into shared prosperity and meaningful poverty reduction will be dim.

goal one

part II

Eradicate extreme poverty and hunger

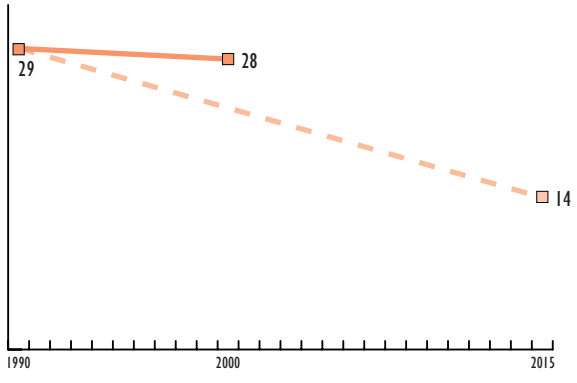
TARGET:

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

INDICATORS:

- **Prevalence of underweight children under five years of age**
- **Proportion of population below minimum level of dietary energy consumption**

Proportion of the population below minimum level of dietary energy consumption (Africa)



Source: FAO

Africa has made little progress in tackling food insecurity and malnutrition during the 1990s. Diets fall significantly short of what a person needs to undertake normal activities. In 18 out of 40 sub-Saharan countries for which recent data are available, the proportion of under-nourished was very high, affecting one-third or more of the population. Sixteen countries are on track to halve hunger by 2015, but 19 are not. And in six of these, the proportion of under-nourished people is actually increasing.

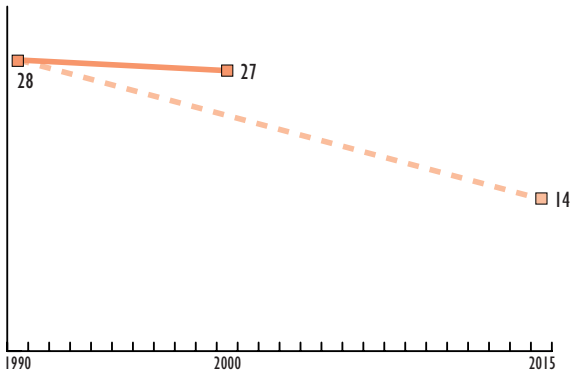
The number of under-nourished people has increased steadily over the past decades to reach nearly 200 million people at present. The problem is especially severe in Central, East and Southern Africa, where almost half of their combined population of 360 million is under-nourished. At current trends, it is estimated that Africa will be able to feed less than half its population by 2015.

Children and women are particularly vulnerable to food insecurity. Indeed, malnutrition is one of the leading causes of death among

children under the age of 5. In most cases, children who die from causes related to malnutrition are only mildly or moderately under-nourished. The young victims seldom show outwards signs of under-nourishment, as severe malnutrition is implicated in only one-quarter of the deaths. The plight of these children, therefore, is largely invisible.

While the average proportion of underweight children in the developing world declined during the 1990s, prevalence rates in Africa showed virtually no change. Eastern Africa even saw a full 5 percentage point increase, to reach a prevalence rate of 37 per cent in 2000. Because of population growth, the number of underweight children under 5 years of age actually increased throughout the region—by an estimated 8 million children in sub-Saharan Africa alone.

Prevalence of underweight children under five years of age (Africa)



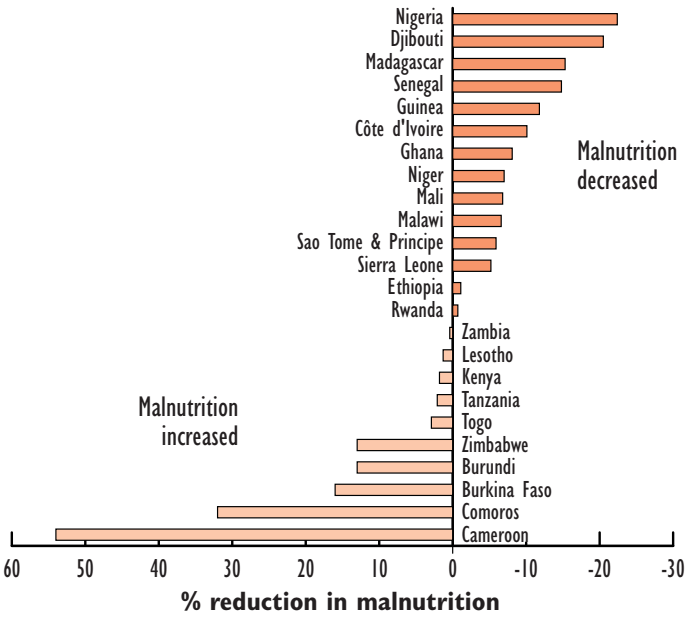
Source: UNICEF

The continent is the most seriously affected by desertification, which threatens more than one-third of its land area and undermines agro-pastoral activities that constitute a critical part of people's livelihoods. The problems of escalating soil erosion, rapid population growth, inequitable land distribution and poor farming methods often exacerbate declining fertility and persistent drought.

During the 1990s, the spread of HIV/AIDS also had a devastating effect on families and communities. The loss of productive capacity among families affected by HIV/AIDS had a major impact on food production and nutritional well-being. To make matters worse, HIV/AIDS transmission rates and the progression of the disease tend to be higher in under-nourished populations, trapping them into a vicious cycle of hunger and disease.

Women's status in society, and particularly the level of women's education, has an important bearing on household well-being. Under-nourishment among girls and women is often compounded by their lack of control over resources and exclusion from decision-making. Reducing malnutrition among infants and young children will require significant improvements in the levels of education as well as the health and nutrition of women, especially during pregnancy.

Progress and setbacks in reducing child malnutrition during the 1990s



Source: UNICEF

goal two

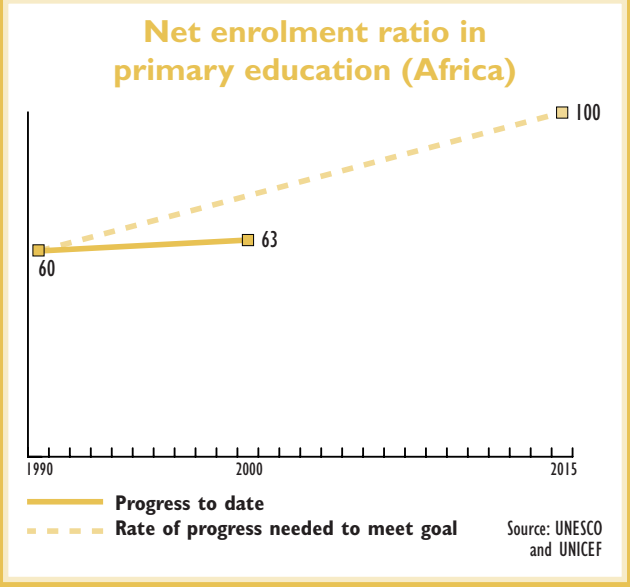
Achieve universal primary education

TARGET:

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

INDICATORS:

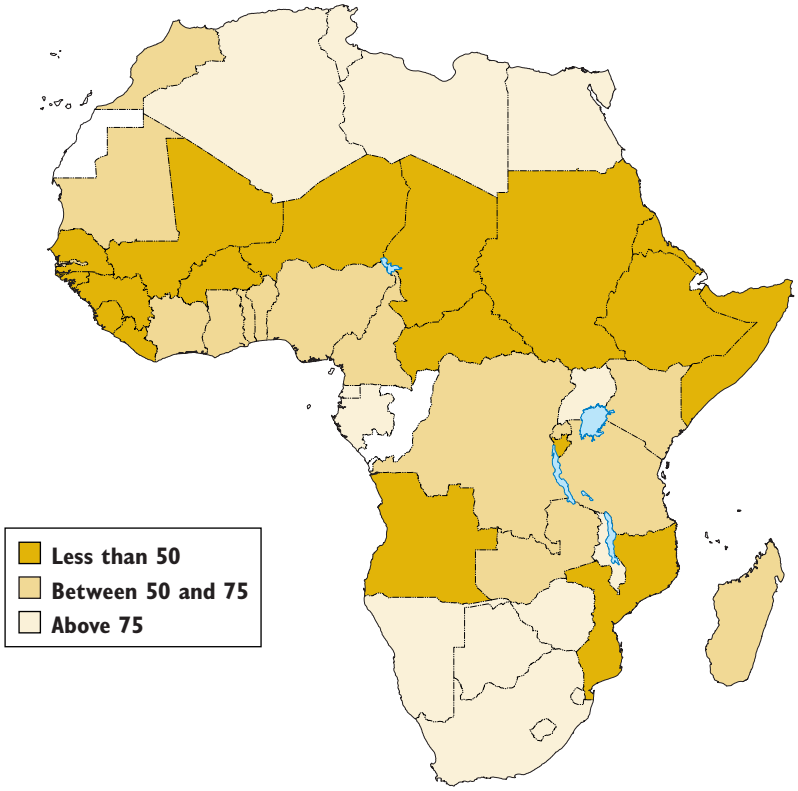
- **Net enrolment ratio in primary education**
- **Literacy rate of 15-24 year olds**



Africa saw some progress in educating its children during the 1990s, but this progress was not nearly enough to meet the goal set for the year 2015. In over a third of the countries, every other child is out of school. The net primary school enrolment ratio grew by 3 percentage points over the decade, from 60 per cent in 1990 to 63 per cent in 2000. The increase was faster for girls (from 56 per cent to 60 per cent) than for boys (from 63 per cent to 65 per cent), thereby closing the gender gap. At this rate, nonetheless, Africa will not witness universal primary education until after the year 2100. Only seven countries are on track to make primary education universal by 2015.

Given the low enrolment at the beginning of the decade, some countries had the opportunity to make major gains. Benin, Mali, Niger and Swaziland increased their primary net enrolment by around 20 per cent, while Malawi and Uganda experienced a rise of over 30 per cent. However, there have also been countries where the enrolment ratio fell during

Primary net enrolment ratio in Africa, 1999



the 1990s—sometimes considerably, as in Central African Republic, Lesotho and South Africa, where declines were over 10 per cent.

Urban-rural disparities in net primary school enrolment are all too common. In some countries, the enrolment ratio in urban areas is two or three times as high as in rural areas. In Burkina Faso, Mali or Senegal, there are three urban children going to school for every child of primary school age attending a rural school. Disparities are smaller but still significant in other countries such as Cameroon, Namibia, Uganda or Tanzania.

Urban-rural gaps declined in some countries during the decade. Kenya managed to close the gap almost entirely. In Niger, too, the ratio of urban to rural enrolment dropped—from 4:1 to 3:1—but huge disparities still remain. Tanzania, on the other hand, is among the countries that saw the urban-rural gap widen during the span of a decade.

Failure to meet the education target will reduce the chances of reaching other MDGs because basic education is key to unlocking positive externalities and synergies. Basic education empowers children, especially girls, and enhances their self-confidence. An educated mother is likely to marry later, space her pregnancies better, and seek medical care for her child and herself when needed. Health investments are also more efficient when people are better educated, in large part due to the adoption of good hygienic behaviour.

goal three

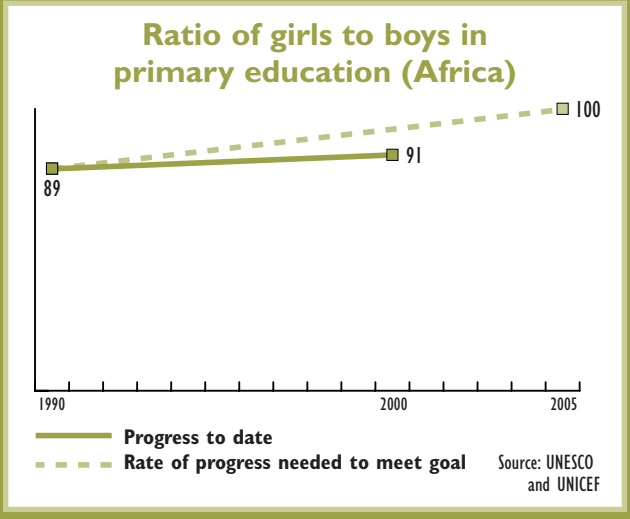
Promote gender equality and empower women

TARGET:

Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015

INDICATORS:

- **Ratio of girls to boys in primary, secondary and tertiary education**
- **Ratio of literate females to males of 15-24 year olds**

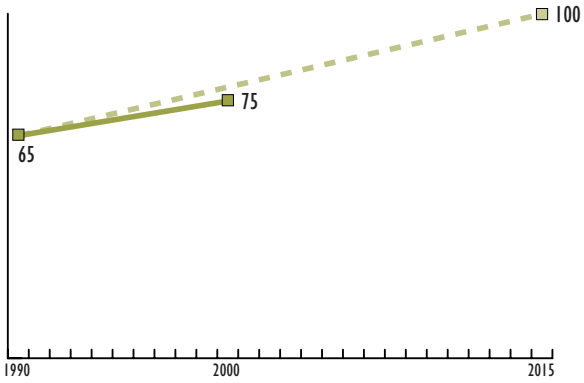


There has been a decline in the gap between girls' and boys' net primary enrolment ratios during the 1990s. While only 89 girls were enrolled in school for every 100 boys in 1990, the proportion rose to 91 girls per 100 boys in 2000. In more than half of countries in Africa, girls' enrolment represents over 90 per cent that of boys. In Botswana, Equatorial Guinea, Malawi, Namibia, Swaziland, Tanzania, Zambia and Zimbabwe, net enrolment of girls is equal to, or even larger than, boys'.

In other countries, however, the net enrolment ratio for girls is one-third or more below that for boys. It is often the case that the widest gender gaps occur where the overall net enrolment ratio is relatively low. Among the countries where the gender ratio worsened, Eritrea and Ethiopia registered an expansion of both female and male enrolments, but most of the gains accrued to boys. In contrast, in the Central African Republic and Lesotho, both male and female net enrolment ratios fell, with girls suffering disproportionately more.

Female literacy rose as a proportion of male literacy throughout the 1990s. For every ten literate men in 1990, less than seven women could read and write. Currently, for every ten literate men, almost eight women are literate. The smallest reductions in female/male disparity occurred in countries where female to male literacy ratios already were over 90 per cent—Botswana, Lesotho, Mauritius, Namibia, South Africa, Swaziland, and Zimbabwe. In Botswana and Lesotho, female literacy is actually higher than that for males. By contrast, countries with the largest increases in the proportion of literate women to literate men are those with the lowest overall literacy rates and where primary schooling has expanded, even if slowly: Ethiopia, Mali and Nigeria.

Ratio of literate females to males, 15 years and older (Africa)



Source: UNESCO and UNICEF

Despite steady improvements in closing the gender gap in literacy, the pace will need to accelerate if the goal of gender equality is to be achieved by 2015. At the current rate, it will not be reached before 2035. The same applies to the continuing gap between girls' and boys' net primary enrolment, which at current rates will not be bridged until twenty years after the target date of 2005.

Evidence shows that babies born to mothers without formal education are at least twice as likely to suffer from malnutrition or die before age 5 than are babies born to mothers who completed primary school. An educated girl is also the best guarantor that her children will attend school—thereby ending the inter-generational transmission of poverty. Girls' education, therefore, is key to achieving the MDGs.

goal four

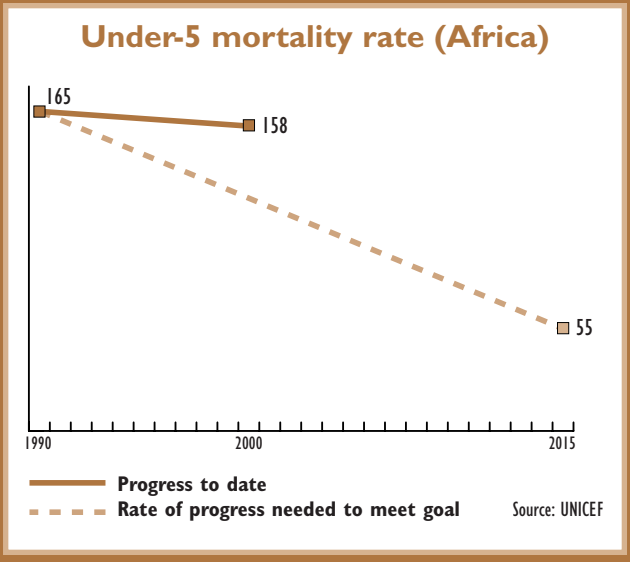
Reduce child mortality

TARGET:

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

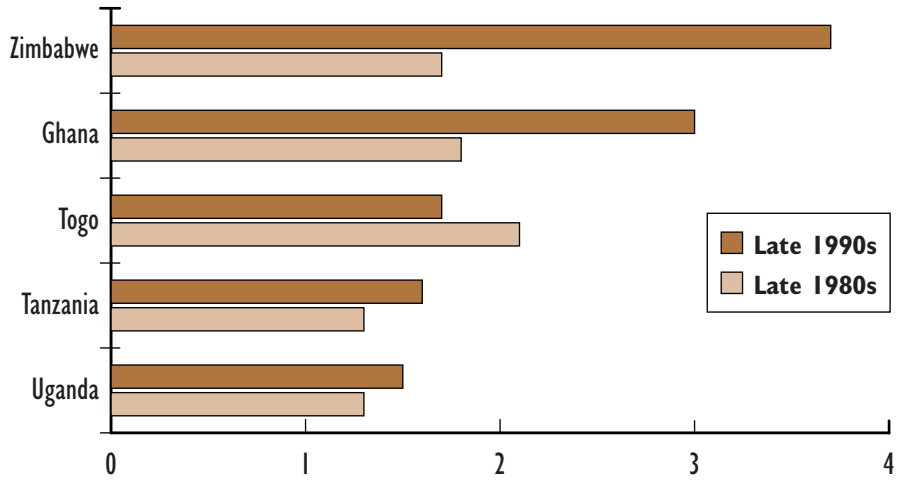
INDICATORS:

- **Under-5 mortality rate (U5MR)**
- **Proportion of one-year old children immunised against measles**



Almost one in six children in the region will not see their fifth birthday. While U5MR declined in the 1990s, progress has been too slow to achieve the global target of two-third reduction by 2015. In fact, only seven countries are on track to reach the target. Moreover, U5MR reduction was slower in the 1990s than in the 1980s, 1970s and 1960s. At the current rate of reduction, the two-thirds decline desired for 2015 will not happen in Africa until after the year 2140.

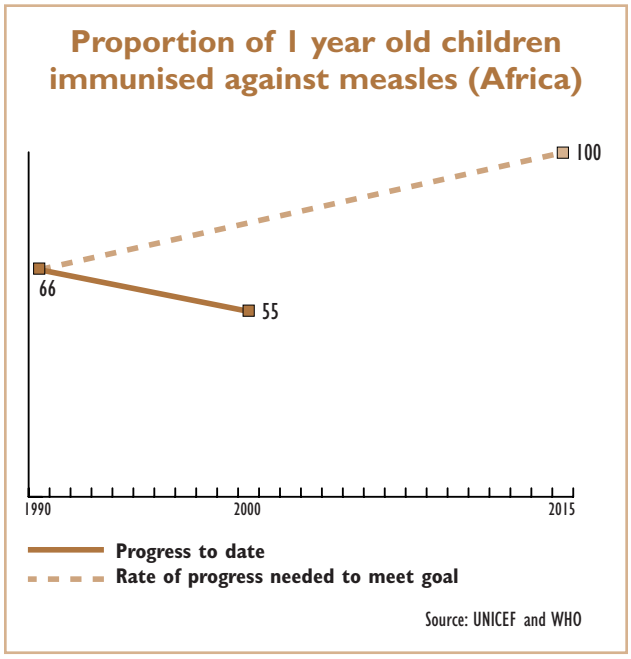
Nevertheless, some African countries seem to be on track for meeting the U5MR target. Equatorial Guinea, Eritrea and Guinea achieved reductions of over 20 per cent during the decade. Cape Verde and Comoros reduced U5MR by one-third, and even larger reductions were registered in Egypt, the Gambia, Libya, Morocco and Tunisia. Egypt, in particular, had the second highest rate of reduction in the world. Yet in many other countries, such as Botswana and Kenya, the spread of the HIV/AIDS pandemic has resulted in increased levels of U5MR.



The diversity observed across countries is also reflected in the presence of vast socio-economic disparities within countries. When households are ranked from the poorest to the wealthiest, a distinct pattern emerges: a child from a rich family invariably faces a much lower risk of premature death than a child from a poor family. On average, the latter is twice as likely to die than the former before age 5. The gap in terms of mortality between the bottom 20 per cent of a country's population and the top 20 per cent increased in most countries, including in Ghana, Kenya, Tanzania and Zimbabwe, while only Togo reported a significant improvement over time in child mortality for the poorest quintile vis-à-vis the richest quintile.

Gender disparities are usually not significant in child mortality. But differences between urban and rural families normally are. In some countries—Kenya, Tanzania—the rural U5MR is only 20 per cent higher than in urban areas, but they are almost double the urban rates in Burkina Faso or Senegal.

Measles is among the leading causes of child mortality that can be easily prevented through immunisation. Because it is so contagious and a small number of those vaccinated do not develop immunity, immunisation coverage must be at least 90 per cent to prevent deaths from measles. Yet the proportion of children immunised against measles is much lower in Africa, and unfortunately has

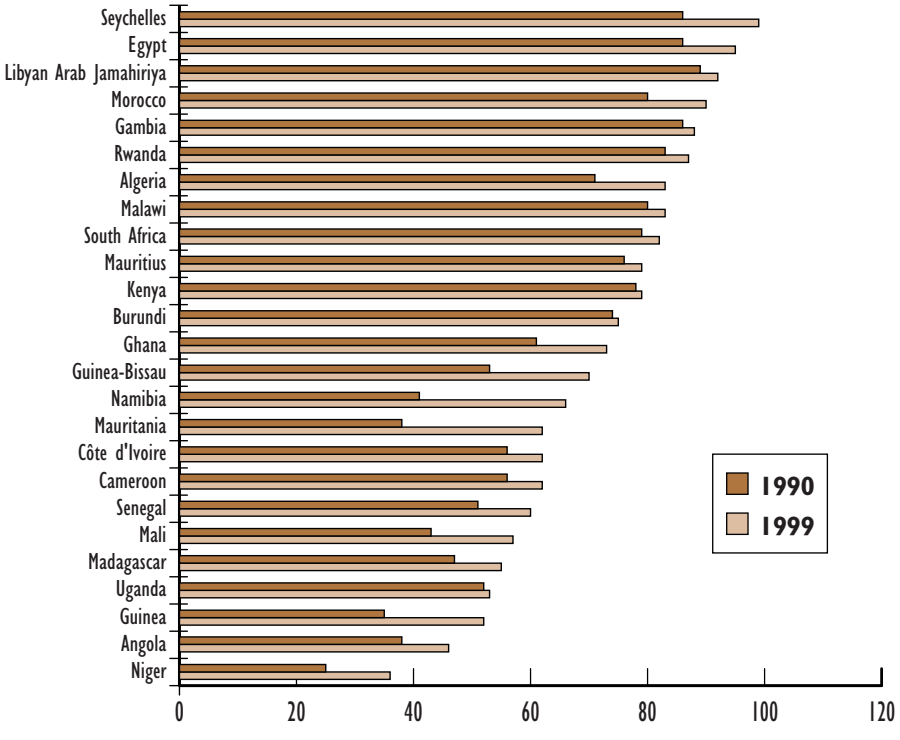


dropped during the 1990s—down from 66 per cent in 1990 to about 55 per cent in 2000. Only Egypt, Eritrea, the Gambia, Libya, Morocco, Seychelles, and Zambia surpass the 85 per cent coverage. The level of immunisation against other childhood diseases is not very different.

The feasibility of effective measles control and the consequent interruption of indigenous measles transmission have been demonstrated in a number of countries. But despite the widespread availability of safe and effective vaccines, measles continues to be a major killer of children. In Burkina Faso, Central African Republic, Congo, the Democratic Republic of Congo, Djibouti, Equatorial Guinea, Ethiopia, Gabon, Nigeria and Togo, immunisation against measles dropped dramatically, by at least 20 percentage points of the population.

Still a few countries—Ghana, Guinea, Guinea-Bissau, Mali, Mauritania, Namibia and Niger—succeeded in achieving more than 20 per cent growth in the coverage of measles vaccine between 1990 and 1999. Because they all started with a very low coverage in 1990, none had surpassed 75 per cent coverage by the end of the decade. However, they may soon achieve the 90 per cent target, as national campaign efforts get under way.

Countries where coverage of measles immunisation increased during the 1990s



Source: UNICEF and WHO

goal five

Improve maternal health

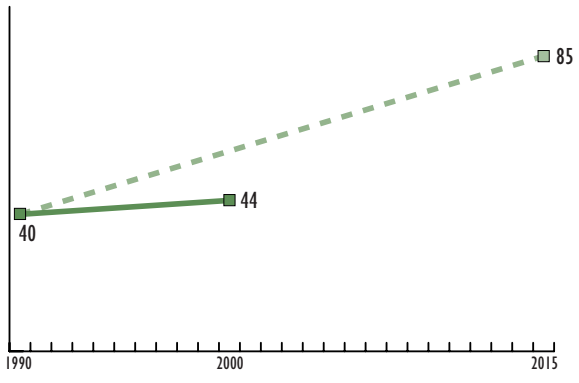
TARGET:

Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

INDICATORS:

- **Maternal mortality ratio**
- **Proportion of births attended by skilled health personnel**

Proportion of births attended by skilled health personnel (Africa)



Complications during pregnancy and childbirth cause the death of approximately 250,000 women each year in sub-Saharan Africa—about one every 2 minutes. The maternal mortality ratio for the world is estimated at 400 per 100,000 live births but, at 1,000 maternal deaths per 100,000 live births, Africa has the highest ratio. The countries with the highest maternal mortality ratio are all in Africa: Rwanda, Sierra Leone, Burundi, Ethiopia, Somalia, Chad, the Sudan, Côte d'Ivoire, Equatorial Guinea, Burkina Faso, Angola and Kenya. The continent is also home to seven of the twelve countries with the highest number of maternal deaths: Ethiopia (46,000 per year), Nigeria (45,000), Democratic Republic of Congo (20,000), Kenya (13,000), the Sudan (13,000), Tanzania (13,000) and Uganda (10,000). These seven countries account for one-third of all maternal deaths in the world.

Measuring maternal mortality is notoriously difficult due to under-reporting and incorrect diagnoses. There is consensus that

the proportion of births attended by skilled health personnel—doctor, nurse or midwife—is very closely correlated with maternal mortality. Access to the care by a skilled health provider at childbirth—when obstetric complications are most likely to occur—greatly reduces maternal mortality.

There has only been minimal change in the proportion of births attended by health personnel in the region during the 1990s. High fertility, combined with high maternal mortality risk, makes a woman in sub-Saharan Africa face a 1-in-13 chance of dying in childbirth, compared with 1-in-160 in Latin America and the Caribbean, and 1-in-280 in East Asia. In industrialised countries, the risk is 1-in-4100. At the present rate, complete coverage of births attended by skilled health providers will not be attained until after 2100.

goal. six

Combat HIV/AIDS

TARGET:

Have halted, by 2015, and begun to reverse the spread of HIV/AIDS

INDICATORS:

- **HIV prevalence among 15-24 year old pregnant women**
- **Number of children orphaned by HIV/AIDS**

Adding to an already heavy disease burden in poor countries, the HIV/AIDS epidemic is deepening and spreading poverty, worsening gender inequalities, reversing human development and eroding the capacity of governments to provide essential services. By reducing labour productivity, the spread of HIV/AIDS is also hampering pro-poor growth in many countries.

The broader and deeper development implications of the pandemic are nowhere more vividly underscored than in Africa. Over three-quarters of all AIDS deaths occurred in sub-Saharan Africa. Worldwide, some 40 million people are currently infected with the HIV virus, over 25 million of them in Africa. More than 10 million children in the region have been orphaned by AIDS. While the global HIV/AIDS prevalence rate is estimated at 1 per cent, the average for sub-Saharan Africa is over 9 per cent. Thus, while HIV/AIDS is a global crisis, the African continent has the highest incidence of the disease.

Adult prevalence of HIV/AIDS and children under 15 who have lost one or both parents to AIDS since the beginning of the epidemic

	Adult prevalence (%)	Orphaned children (total)
Angola	2.8	98,000
Benin	2.5	22,000
Botswana	35.8	66,000
Burkina Faso	6.4	320,000
Burundi	11.3	230,000
Cameroon	7.7	270,000
Central African Republic	13.8	99,000
Chad	2.7	68,000
Comoros	0.1*	
Congo	6.4	53,000
Côte d'Ivoire	10.8	420,000
Dem. Republic of Congo	5.1	680,000
Djibouti	11.7	7,200
Equatorial Guinea	0.5	860
Eritrea	2.9*	
Ethiopia	10.6	1,200,000
Gabon	4.2	8,600
Gambia	1.9	9,600
Ghana	3.6	17,000
Guinea	1.5	30,000
Guinea-Bissau	2.5	6,100
Kenya	13.9	730,000
Lesotho	23.6	35,000
Liberia	2.8	31,000
Madagascar	0.1	2,600
Malawi	15.9	390,000
Mali	2.0	45,000
Mauritania	0.5	
Mauritius	0.1*	
Mozambique	13.2	310,000
Namibia	19.5	67,000
Niger	1.3	31,000
Nigeria	5.1	1,400,000
Rwanda	11.2	270,000
Senegal	1.8	42,000
Sierra Leone	2.9	56,000
Somalia	…	
South Africa	19.9	420,000
Swaziland	25.2	12,000
Togo	5.9	95,000
Uganda	8.3	1,700,000
United Rep. of Tanzania	8.1	1,100,000
Zambia	19.9	650,000
Zimbabwe	25.1	900,000

Source: Africa Recovery, October 2001 and UNAIDS.

Aggregate figures mask the true extent of the epidemic in some regions of the continent. In southern Africa, there are seven countries with prevalence rates above 25 per cent, with the highest in Botswana at about 35 per cent. Even countries with a relatively low national HIV prevalence rate can have pockets of crises that are concealed by national statistics—clusters of people or specific locations where the prevalence rate is as high as 20 per cent or more.

About one-third of those currently living with HIV/AIDS are aged between 15-24 years. Due to a mix of biological and social factors, adolescent girls are at particularly high risk. Indeed, HIV/AIDS is a disease for which gender could not be more central. In countries with high HIV prevalence, young women with little or no education—those without much power in society—face the greatest risk of infection. In many parts of Africa, teenage girls are five to six times more likely to be infected by the HIV virus than boys their age. New HIV infections are disproportionately concentrated among poor and illiterate adolescent women.

Millions of young people do not know how to protect themselves against HIV. Surveys conducted in the late 1990s in

sub-Saharan African countries found that half of the teenagers did not know that a healthy looking person could be HIV-positive. The proportion of young people who do not know that HIV/AIDS cannot be transmitted by mosquitoes is over 80 per cent in Chad, Niger and Somalia.

In many countries, open and frank discussions about HIV transmission face a wall of silence. Four allies make the virus so prevalent in many societies: silence, shame, stigma and superstition. These four S's thrive in a climate of ignorance and illiteracy, making education a key to defeating this deadly alliance.

But several countries face a Catch-22: HIV/AIDS undermines the education system, thereby compromising the very ingredient—education—that is so critical to reversing the pandemic. Absenteeism and deaths among teachers is high. In Zambia alone, 1,300 teachers died in the first ten months of 1998—twice the number of deaths reported in the previous year. In the Central African Republic, 300 teachers died in 2000, 85 per cent of them because of AIDS. Several African countries are reportedly losing more teachers than the number of new recruits. HIV/AIDS also reduces the demand for basic education, due to a family's inability to pay for schooling, concerns about sexual activity at school, and the declining quality of education that make many children and parents lose interest in school.

Underscoring the prospective devastating impact of the epidemic in Africa is the fact that, even if new infection rates drop in the next few years, half of all 15-year olds alive today in the most affected countries are at risk of dying of the disease. If infection rates remain high, more than two-thirds of these young people will die.

HIV/AIDS has, therefore, become the leading cause of death in the African continent. It not only constitutes a serious constraint to growth and stability of most African economies and societies, but it has actually begun to destroy the hard-won development gains even of countries like Botswana, South Africa and Zimbabwe. As former President Nelson Mandela put it very vividly, "AIDS today in Africa is claiming more lives than the sum total of all wars, famines, and floods, and the ravages of such deadly diseases as malaria."

goal seven

Ensure environmental sustainability

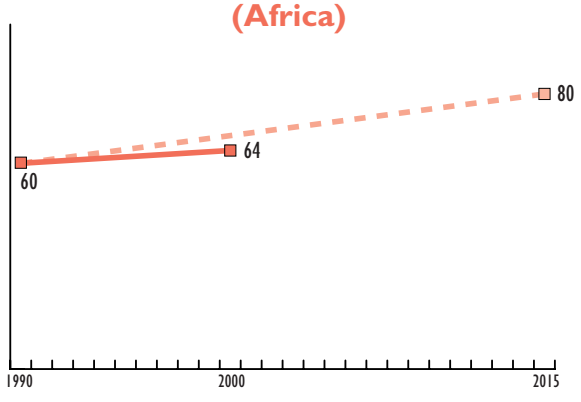
TARGET:

Halve, by 2015, the proportion of people without sustainable access to safe drinking water

INDICATOR:

- **Proportion of people with sustainable access to an improved water source**

Proportion of people with sustainable access to an improved water source (Africa)



Africa is richly endowed with natural resources, but it has yet to put in place effective systems to enable it to fully exploit their development potential. African economies depend to a large extent on their rich biological diversity for growth and development.

Yet the continent is losing its natural resources at a relatively faster pace than other regions. Its wildlife population of rich and unique species of animals and plants is coming under increasing pressure. Its forests are being depleted at a rate of about 1.3 million hectares every year. An estimated 500 million hectares of land—including about 65 per cent of agricultural land—have been affected by soil erosion since 1950.

Africa's share of global carbon dioxide emission into the atmosphere is only 3.5 per cent. The majority of people do not have access to electricity or other clean and cheap sources of energy. Even in urban areas, electricity supplies lag significantly behind demand. More than 90 per cent of the population in rural

areas still depend mostly on traditional energy sources, notably fuel-wood, charcoal, crop and wood residues, and animal dung.

Access to improved water in urban areas has slightly declined during the 1990s, as the urban population increased faster than the expansion of safe water supply systems, especially in marginal and peri-urban areas. Although the trend has been more positive in rural areas, the pace of progress there has been slow. At the current rate of increase, the goal of reducing by half the proportion of people without access to improved water will not be achieved until the 2050s.

Lack of sanitation is a major public health problem throughout the region. Poor sanitation in school buildings makes them unsafe places where diseases are easily transmitted. It impairs children's health, limits school attendance, and negatively affects students' ability to concentrate and learn. Indeed, about one in ten school-age African girls drop out at puberty because of lack of clean and private sanitation facilities in schools.

Improvements in safe water supply, and in particular in hygiene and sanitation, can reduce the incidence of diarrhoea, as well as the number of under-5 deaths. Yet the proportion of African people enjoying access to adequate sanitation (both in urban and rural areas) has stayed essentially the same during the last ten years.

A few countries did manage to register some progress through the 1990s. An additional 12 per cent of the population gained access to improved water in Côte d'Ivoire, followed by Mali (10 per cent), Central African Republic (9 per cent) and Kenya (9 per cent). In turn, Senegal (13 per cent) and Chad (11 per cent) registered the fastest progress in sanitation.

Still, an additional 400 million persons will need to be provided with safe water supplies to reach the target by 2015. This implies roughly a tripling of the pace observed during the 1990s. Roughly similar numbers of additional people, both in urban and rural areas, will need to gain access to sanitation to meet the 2015 goals. This represents a rate of progress about four times higher than in the preceding decade.

goal eight

Develop a global partnership for development

TARGETS:

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Address the Special Needs of the Least Developed Countries

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

INDICATORS:

- **Official Development Assistance**
- **Proportion of exports (by value, excluding arms) admitted free of duties and quotas**
- **Proportion of official bilateral HIPC debt canceled**

The prospects for achieving the MDGs depend in large measure on the extent to which African nations can increase their participation in the global economy. This is underscored by the fact that the region's declining growth performance since the 1980s is associated with a combination of trade-related factors: stagnant and declining exports earnings, export concentration in primary commodities, falling terms of trade, rising debt service payments and severe balance-of-payments problems. Owing to the small size of the markets of most African countries, increasing external trade from a diversified export base is essential to regain high rates of economic growth.

The average growth rate of Africa's exports of manufactured goods was over 30 per cent per year in the 1980s but slowed down to less than 3 per cent in the 1990s. The extent of export diversification actually declined during the 1990s, with exports largely concentrated on primary commodities. In addition, the region's share of the world export market for

primary commodities witnessed a secular decline. In total, Africa's share of global trade declined from about 5 per cent in the 1980s to less than 3 per cent in the 1990s. Coupled with deteriorating terms of trade, the weak export performance inhibited renewed economic growth in the 1990s.

There was also a steep decline in the flow of official development assistance (ODA) to Africa. After an increase in ODA in the latter part of the 1980s, the trend turned negative in subsequent years, particularly after 1992. Combined with the weak trade performance and the continent's inability to attract foreign direct investment in significant quantities, the reduced flow in ODA further constrained Africa's growth and poverty reduction efforts.

Africa's continuing heavy debt burden is another important constraint. As at the end of 2000, the continent's total debt stock was estimated at $206 billion, up from $177 billion in 1990. Close to 60 per cent of it is owed to bilateral creditors, much of it in non-concessional form, and another 25 per cent to multilateral institutions. On average, the ratio of the region's total external debt to its exports of goods and services stood at 180 per cent in 2000, while the ratio to GNP was 66 per cent. A significant number of countries face much worse debt ratios.

As a result, many countries spend more on debt servicing—sometimes three to five times more—than on basic social services. On average, sub-Saharan countries spent about twice as much to comply with their financial commitments vis-à-vis external creditors than to comply with their social obligation vis-à-vis their population. To spend more on external debt than on basic social services—when tens of millions of people lack access to basic education, primary health, adequate food and safe drinking water—makes little economic and moral sense. The HIPC initiative has yet to impact significantly on the debt problem of the region.

Undoubtedly, Africa's external indebtedness would not have been as problematic had the region been more successful in creating a more diversified export base and in attracting non debt-creating foreign direct investment as well as higher inflows of ODA.

MDG progress at a glance

Africa saw some success stories during the 1990s but, on balance, the continent's record in moving towards the Millennium Development Goals has been inadequate, especially for the poor. Twenty-three sub-Saharan countries are failing in half or more of the goals; twelve do not have enough data to be assessed. This leaves a mere ten countries on track to meeting half the goals or more, which underlines the need for urgent and concerted efforts to reverse these trends.

Progress was slow for child mortality, basic education, malnutrition, improved water supply, maternal mortality and gender discrimination in primary enrolment. With the exception of safe water, regional progress was less than one-tenth of the agreed target between 1990 and 2000. Since the MDGs are to be achieved over a 25-year span starting in 1990, 40 per cent of the road should have been covered by 2000—meaning that Africa's progress represents about one-fifth of what should have been accomplished by now. Even worse, little or no progress was achieved in reversing the HIV/AIDS pandemic. HIV prevalence rates continue to rise in numerous countries, whereas only a few succeeded in reducing the spread of the virus.

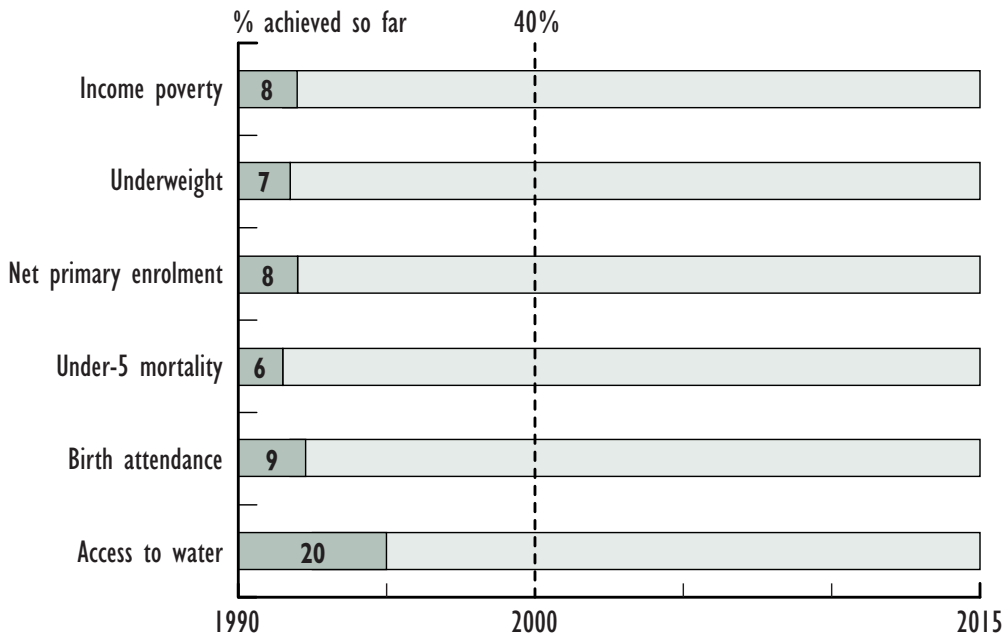
Not only was progress inadequate, much of it by-passed the poor. Global goals are primarily meant to help improve the situation of the poor and the disadvantaged, not only that of better-off and privileged people. Unfortunately, the poor

have benefited proportionately little from 'average' progress, as evidenced by widening disparities in terms of income, education and mortality. Thus, slow 'average' progress in Africa was further compounded by limited progress for the poorest and disadvantaged groups within countries.

Whether the challenge is HIV/AIDS, child mortality, malnutrition, income poverty, maternal health, gender discrimination or environmental degradation, basic education is a central part of the solution. Yet, only 8 per cent of the education target was achieved in the first ten years, leaving 92 per cent to be covered in the next fifteen years. Failure to keep the promise to give each and every child a good basic education will undermine the chances of reaching the other MDGs.

There is no good reason why universal primary education should not yet be a practical reality. Its cost is perfectly affordable; no new technological breakthroughs are needed to get all children in school; there is consensus that it makes good economic sense; and basic education is a fundamental human right that must not be denied to any child. If these conditions are not enough to ensure success, then the question arises as to what it will take to meet the other MDGs.

Slow progress during the 1990s



Source: UNESCO, UNICEF, WHO and World Bank

In opening the Children's Summit in May 2002, Kofi Annan, UN Secretary-General, stated, "We the grown-ups must reverse this list of failures". The MDGs remain unfulfilled, but they also remain feasible and affordable. If the legacy of our generation is to be more than a series of broken promises, then committed leadership, stronger partnerships, extra money, and deeper participation by the poor are needed to bring the region back on track towards the MDGs.

It is not too late to realise the dream by 2015.