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**REPORT ON PROGRESS IN ACHIEVING THE
MILLENNIUM DEVELOPMENT GOALS
IN AFRICA
2012**

Introduction

1. At the fourth *Joint Annual Meetings of the AU Conference of Ministers of Economy and Finance* and the *ECA Conference of African Ministers of Finance, Planning and Economic Development*, member States concluded that Africa's Millennium Development Goal (MDG) performance had been positive and in the right direction, but acknowledged that the pace was too slow and uneven across countries and goals to assure the achievement of the MDGs by the 2015 target date.
2. The continent's positive, albeit mixed, progress on the MDGs was paralleled by a growth acceleration spanning approximately a decade. Despite a slowdown during the global financial and economic crises, Africa's economic outlook remains positive in the medium term; growth is estimated to recover to 4.3 per cent in 2012 and rise to 5.2 per cent in 2013. Alongside the favourable growth trends, the continent has achieved significant progress in primary school enrolment and women's empowerment. Improvements in HIV infection rates have been sustained and measurable progress has been made in tackling malaria and tuberculosis. However, high levels of poverty and malnutrition, coupled with slow progress in reducing maternal and child mortality, pose serious challenges to the continent's MDG performance.
3. Inequities in access and utilization of public service remain a challenge to faster progress toward the MDGs. Lower income groups, rural populations and vulnerable groups tend to have weaker access to essential basic services; an urban dweller is 1.8 times more likely to access improved water sources than a person living in a rural area. Health indicators also reveal similar spatial and income disparities in progress towards the MDGs. In effect, aggregate trends provide only partial information to policymakers and reinforce the need for equity interventions and monitoring mechanisms.
4. The positive outlook for economic growth on the continent provides Africa with a new opportunity to focus on pro-poor inclusive growth, underpinned by poverty reduction and improved employment opportunities. The new challenges in Africa, particularly climate change, are additional burdens, but also opportunities to revitalize the agricultural sector as a basis for a sustainable structural transformation and steering a new agenda on MDGs post 2015.
5. The foregoing assessment is based on data from the United Nations Statistics Division (UNSD), the repository of data for assessing progress towards targets of the MDGs, and other international sources such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the Organization for Economic Cooperation and Development (OECD). Most indicators have been updated for this report. Just like the 2011 report, this document assesses progress toward the MDGs a target-by-target basis (instead of a goal-by-goal basis)¹, and also distinguishes between targets for which the continent as a whole is on the right track and those for which efforts need to be stepped up.

¹ 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.

I. Targets for which significant improvement has been made

6. The latest available data shows promising trends in a number of goals, including education and gender parity (goals 2 and 3), infant mortality (goal 4), fight against HIV/AIDS (goal 6), global partnerships for development and access to new technologies (goal 8).

Goal 2: Achieve universal primary education

7. The gains made in primary education in Africa have been sustained partly due to the establishment of free tuition at primary level in 27 African countries and building of schools (UNESCO, 2011).

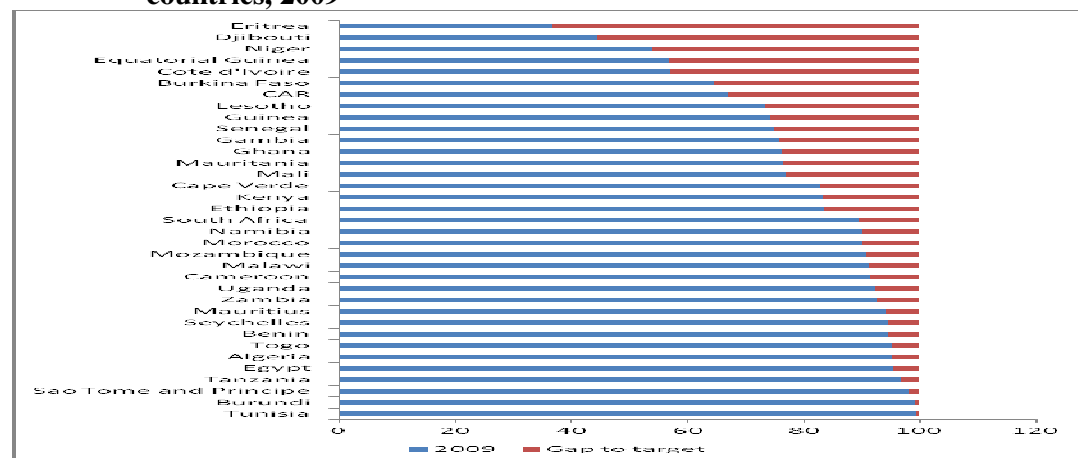
Target 2A: *Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*

Indicator 2.1 – Net enrolment ratio in primary education

8. Seventeen of the 35 African countries with data have achieved net enrolment ratios of above 90 per cent as of 2009². And although the majority of countries have not yet achieved universal enrolment in primary schools, only nine countries (Burkina Faso, Central African Republic, Cote d’Ivoire, Djibouti, Equatorial Guinea, Eritrea, Guinea, Lesotho and the Niger) have enrolment rates below 75 per cent. Furthermore, even in countries where enrolment rates are low, enrolment is increasing at relatively rapid rates. For example, in the Niger, enrolment rates increased by 30.7 percentage points from 1991 to 2009.

9. The gap to net enrolment target in primary education illustrates how far countries have to go to achieve universal primary enrolment. As illustrated in figure 1, Djibouti, Cote d’Ivoire, Eritrea, Equatorial Guinea and Niger and are the least likely to meet Target 2A by 2015.

Figure 1: Gap to net enrolment target in primary education for selected African countries, 2009



Source: Computations based on UNSD data.

Indicator 2.3: Literacy rates of 15-24 year olds.

² Algeria, Benin, Burundi, Cameroon, Egypt, Malawi, Mauritius, Morocco, Mozambique, Namibia, Sao Tome and Principe, Seychelles, Togo, Tunisia, Uganda, Tanzania and Zambia.

10. Besides primary education, there has been a rise in literacy rates across African continent. Central, East, South and West regions have increased youth literacy rates (15-24 years of age) by 7 percentage points from 65 to 72 per cent between 1990 and 2009, due to increased enrolment rates. North Africa chalked up an impressive increase of 20 percentage points from 68 to 88 per cent over the same period.

11. The aggregate figure masks cross-country variations. Thirteen African countries have youth literacy rates above 90 per cent while five countries have rates ranging between 80 and 90 per cent in 2009. The modest improvement in Africa, excluding North Africa, reflects low completion rates and deficits in the quality of primary education. Improving literacy rates is critical for enhancing labour productivity and employability of the labour force.

Goal 3: Promote gender equality and empower women

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

12. There has been notable improvement in women's empowerment in Africa as evidenced by gains in gender parity at the primary school level and improvements in women's representation in national parliaments. However, enhancing gender parity at higher levels of education and improving women's participation in the labour market remain challenges to women's empowerment.

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

13. African countries continued to progress in terms of the gender parity index (GPI) in primary enrolment. Eighteen of the 41 countries with data for 2009 0.9 or higher (90 per cent girls compared to 100 per cent boys), while seven in that group scored slightly higher than 1.

14. In terms of change over time, 11 African countries have progressed very well, achieving at least a 25 percentage point improvement over the 1991-2009 period. At the same time, 13 countries have progressed well with improvements between 10 and 25 per cent, while six countries have progressed little or not at all. Unfortunately, data suggest that South Africa, Namibia and Eritrea have actually regressed over the same period (see table 1 below).

Table 1: Change in GPI from 1991 to 2009

<i>Changes of over 25 %</i>		<i>Changes between 10 - 25 %</i>		<i>Little or no change</i>		<i>Deterioration</i>	
Guinea	79.2	Djibouti	23.6	Congo	2.2	South Africa	-3
Benin	72.5	Mozambique	21.6	Tanzania	2.0	Namibia	-4.9
Chad	55.6	Malawi	17	Rwanda	2.0	Eritrea	-12.6
Togo	44.6	Sudan	16.9	Kenya	1.0		
Senegal	42.5	Egypt	15.7	Cameroon	0.0		
Mali	42.4	Burundi	15.5	Madagascar	0.0		
Burkina Faso	39.1	Ghana	15.1				
Mauritania	38.5	DRC	14.9				
Ethiopia	37.9	Cote d'Ivoire	14.1				
Morocco	33.3	Nigeria	11.4				
Niger	33.3	CAR	10.9				
		Algeria	10.6				
		Tunisia	10.1				

Source: Computations based on UNSD data.

15. Data on secondary education enrolments are scanty, but point more to weak progress in gender parity at this level of education than at the primary level. Eight of the 31 countries with available data for 2009 (Algeria, Cape Verde, Lesotho, Mauritius, Sao Tome and Principe, Seychelles, South Africa and Tunisia) have surpassed the GPI of 1, while the remaining 22 display significant gender disparity against girls.

16. In terms of change, all 19 countries with comparable data from 1991 to 2009 display improvements in gender parity. The Gambia, Malawi, Mozambique, Mali, the Niger, Guinea and Central African Republic were the frontrunners in reducing gender disparity in secondary education enrolment significantly (by more than 25 per cent) from 1991 to 2009.

17. Data for the tertiary level are even scantier. Three of the 21 countries with data for 2009 (Algeria, Cape Verde and Tunisia) surpassed gender parity in tertiary education, while only two (Sao Tome and Principe and Madagascar) display gender parity. In contrast, eight countries have GPIs below 0.5.

Indicator 3.3: Proportion of seats held by women in national parliaments

18. Africa has experienced a steady rise in the proportion of seats held by women in national parliaments. Thirty of the 35 countries with available data for 1990 and 2011, show slow progress. Furthermore, half of these 30 countries more than doubled their share of women in national parliaments from 1990 to 2011.

19. More effort is needed to achieve gender equality in Africa's parliaments. Of the 50 African countries for which data is available, only Rwanda has achieved gender parity. Women accounted for 26 to 39 per cent of parliamentarians in nine countries and 10 to 24 per cent in 27 countries (see table 2 below).

Table 2: Percentage of seats held by women in national parliaments, 2011³

45 - 100 %		25-44.9 %		10 - 24.9 %				0-9.9 %	
Rwanda	56 (17)	Mozambique	39 (16)	Namibia	24 (7)	Cameroon	14 (na)	Kenya	10 (1)
South Africa	45 (3)	Angola	39 (15)	Lesotho	24 (na)	Djibouti	14 (0)	Cote d'Ivoire	9 (6)
		Tanzania	36 (na)	Seychelles	24 (16)	Swaziland	14 (4)	DRC	8 (5)
		Burundi	32 (na)	Senegal	23 (13)	Sierra Leone	13 (na)	Ghana	8 (na)
		Uganda	31 (12)	Mauritania	22 (na)	Egypt	13 (4)	Botswana	8 (5)
		Ethiopia	28 (na)	Eritrea	22 (na)	Liberia	13 (na)	Algeria	8 (2)
		Tunisia	28 (4)	Malawi	21 (10)	Madagascar	13 (7)	Libya	8 (na)
		Sudan	26 (na)	Mauritius	19 (7)	Togo	11 (5)	Gambia	8 (8)
				Sao Tome and Principe	18 (12)	Benin	11 (3)	Congo	7 (14)
				Cape Verde	18 (12)	Morocco	11 (0)	Nigeria	7 (na)
				Burkina Faso	15 (na)	Mali	10 (na)	Somalia	7 (4)
				Zimbabwe	15 (11)	Equatorial Guinea	10 (13)	Chad	5 (na)
				Gabon	15 (13)	Guinea-Bissau	10 (20)	Comoros	3 (0)
				Zambia	14 (7)				

Source: Computation based on UNSD data.

Goal 4: Reduce child mortality

20. Out of the three targets to assess this goal, only the infant mortality rate displays a satisfying pattern.

Indicator 4.2: Infant mortality rate

21. Whereas the majority of African countries are making insufficient or no progress towards achieving MDG 4, trends are more promising for infant mortality rates. Eight countries – Egypt, Eritrea, Liberia, Libya, Madagascar, Malawi, Morocco and Tunisia – had more than a 50 per cent reduction in infant mortality from 1990 to 2010. Twenty two countries had a 25 to 50 per cent reduction, and 15 countries showed a 10 to 25 per cent reduction. Burkina Faso, Cameroon, Central African Republic, the Democratic Republic of the Congo, Lesotho, Mauritania, Somalia and Zimbabwe are the worst performing countries, with less than 10 per cent reduction in infant mortality from 1990 to 2010. Incidentally, the majority of these are least developed countries (i.e., excluding Cameroon and Zimbabwe).

22. The relatively successful reduction in infant mortality can be attributed to focused interventions such as free immunization campaigns. Indeed, there was an increase in vaccination coverage in Africa from 1990 to 2010.

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

23. Most recent data shows a sharp increase in immunization coverage. Twenty one countries registered rates above 90 per cent in 2010. Only Chad and Somalia reported rates below 50 per cent coverage, whilst Benin, Central African Republic, the Comoros, Equatorial

³ In brackets are percentage of seats held by women in 1991; “na” = not available, and grey marked countries have regressed in this respect.

Guinea, Gabon, South Africa and Zimbabwe, registered a slight decline in coverage from 1990 to 2010.

Goal 6: Combat HIV/AIDS malaria, tuberculosis and other diseases

The fight against HIV/AIDS, malaria and tuberculosis has yielded some positive results in Africa.

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

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

24. Africa, excluding North Africa, remains the region most heavily affected by HIV. In 2010, it accounted for about 68 per cent of all people living with HIV and 70 per cent of new HIV infections. There was however, a notable decline from 2.2 million in 2001 to 1.9 million in 2010, in the regional rate of new infections. The epidemic continues to be most severe in southern Africa, which accounted for almost half of deaths from AIDS-related illnesses in 2010. South Africa, for example, has more people living with HIV (an estimated 5.6 million) than any other country in the world.

25. The annual HIV incidence in South Africa, though still high, dropped by a third between 2001 and 2009, from 2.4 per cent to 1.5 per cent. Similarly, the epidemics in Botswana, Namibia and Zambia appear to be declining. The epidemics in Lesotho, Mozambique and Swaziland seem to be levelling off, at unacceptably high levels (UNAIDS, 2011). Only 15 of the 47 African countries with data for 2009 have reported adult HIV prevalence rate above the WHO regional level of 4.7.

26. The total number of new HIV infections in Africa, excluding North Africa declined by more than 26 per cent, between 1997 and 2010, and AIDS-related deaths have steadily decreased, as free antiretroviral therapy has become more widely available in the continent.

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

Indicator 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs

27. The increasing number of people living with HIV reflects the life prolonging effects of antiretroviral therapy (ART). Available data reveals that ART coverage is improving in Africa. Three African countries, namely the Comoros, Botswana and Namibia, achieved ART coverage of 90 per cent and above in 2010. However, 33 African countries still had ART coverage of below 50 per cent in 2010.

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

28. The estimated number of malaria cases decreased from 233 million in 2000 to 225 million in 2009 worldwide (WHO, 2011). Since 2000, 11 countries in Africa (Algeria, Botswana, Cape Verde, Eritrea, Madagascar, Namibia, Rwanda, Sao Tome and Principe, South Africa, Swaziland and Zambia) have shown reductions of more than 50 per cent in the number of confirmed malaria cases (and/or reported hospital admissions for malaria) and deaths (United Nations, 2011). One of the likely reasons for the positive drop in malaria cases is the increased use of insecticide-treated bed nets, particularly in rural areas.

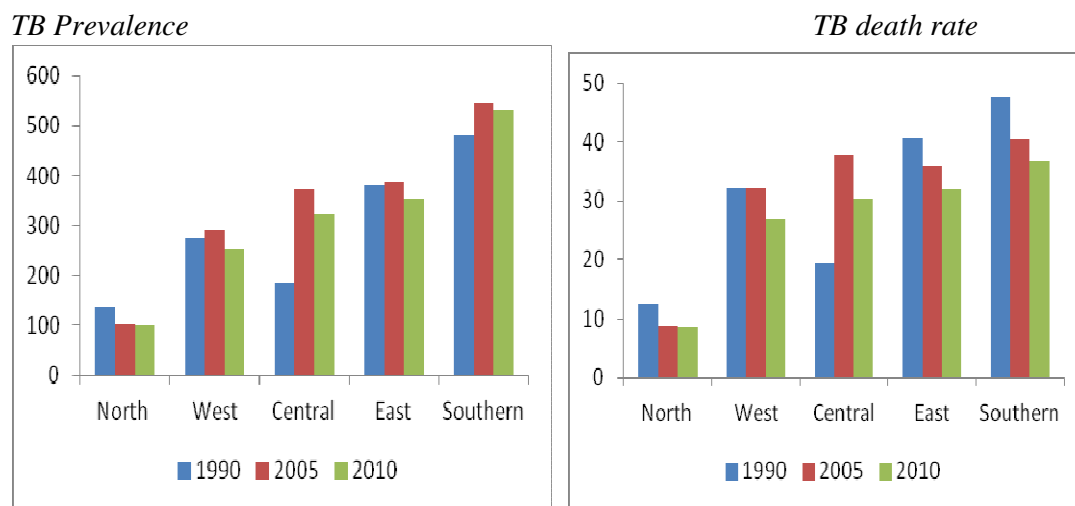
Indicator 6.7: Proportion of children under-five sleeping under insecticide-treated bed nets

29. According to a recent United Nations 2011 report, most African countries with data for 2009-2010 show increased mosquito net coverage and reduced disparities among various population groups, largely due to nationwide campaigns for the distribution of free nets, especially to poor rural areas. Rural and urban children in Africa are now likely to sleep under an insecticide-treated mosquito net.

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

30. All regions of the continent show a decline, in tuberculosis prevalence and death rates between 1990 and 2010 (See figure 2).

Figure 2: Tuberculosis prevalence and death rate by African subregions 1990, 2005 and 2010



Source: Compiled from Global TB report.

Goal 8: Develop a global partnership for development

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

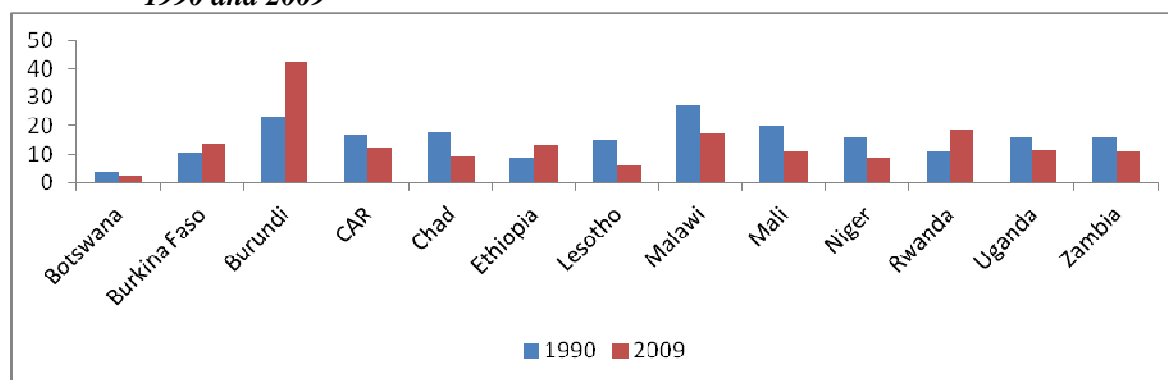
Target 8.1: Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income

31. Official development assistance (ODA) from Development Assistance Committee (DAC) donors reached a record high of almost \$129 billion in 2010, according to preliminary data. ODA reached 0.32 per cent of DAC member countries' Gross National Income (GNI) in 2010, up from 0.31 per cent in 2009. However, the volume of ODA continues to fall well short of the United Nations target of 0.7 per cent of donor country GNI. Denmark, Luxembourg, the Netherlands, Norway and Sweden met the United Nations target in 2010.

Indicator 8.4: ODA received in landlocked developing countries as a proportion of their GNI

32. ODA received by African Landlocked Developing Countries (LLDCs) as a percentage of their GNI increased from 1990 to 2009 in four African LLDCs: Burkina Faso, Burundi, Ethiopia and Rwanda (figure 3).

Figure 3: ODA received in landlocked developing countries as a proportion of their GNI, 1990 and 2009



Source: Compiled from UNSD data (Updated in July 2011).

Indicator 8.5: ODA received in small island developing states (SIDS) as a proportion of their GNI

33. ODA received by African SIDS as a proportion of their GNI has declined since 1990, although it remains high in Guinea-Bissau and Sao Tome and Principe. ODA received started to rise after 2005 in all the SIDS except in Cape Verde and Sao Tome and Principe.

Indicator 8.15: Cellular subscribers per 100 inhabitants

34. In Africa, where fixed-line telephone services have been undersupplied, the spread of mobile cellular service continues to be rapid. In Botswana, Gabon, Libya, Morocco, Seychelles, South Africa and Tunisia, each inhabitant had more than one mobile line in 2010.

Algeria, Congo and Mauritius had over 90 mobile subscriptions per 100 inhabitants in 2010. However, Eritrea, Ethiopia and Somalia, all LDCs, had less than 10 mobile subscriptions per 100 inhabitants in 2010.

Indicator 8.16: Internet users per 100 inhabitants

35. Worldwide, Internet penetration rates increased on average by about 14 per cent per year from 2005 to 2010, but growth has been stronger in developing countries (22 per cent) than in developed countries (+7 per cent). Use of the Internet in Africa continues to increase. According to recent available data, Morocco had the highest number of Internet users, followed by Seychelles, Tunisia, Cape Verde, Nigeria and Egypt in 2010. On the other hand, Ethiopia, Liberia, the Niger and Guinea had the least (less than 1 per 100 inhabitants) number of Internet users in 2010.

II. Targets for which efforts must be stepped up

36. While commendable efforts have been made in the targets presented in the first section of this report, African countries need to fast track progress to achieve poverty reduction, secure decent employment, maintain quality of education, improve child and maternal health, ensure environmental sustainability and increase access to basic services (water, sanitation and essential drugs).

Goal 1: Eradicate extreme poverty and hunger

37. The positive growth experience of Africa has not resulted in commensurate employment creation and poverty reduction. The slow progress towards Goal 1 can be partly attributed to the fact that Africa's aggregate economic growth, both pre- and post-international crises, have fallen short of the 7 per cent threshold required to achieve poverty reduction.

38. The main challenge in assessing progress toward Goal 1, especially target 1A is lack of comprehensive and timely data to track poverty trends. 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 carried out on a set schedule for all countries, thus preventing cross-country comparability.

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

39. The proportion of Africans (excluding those in North Africa) living on less than \$1.25 a day, decreased marginally from 58 per cent in 1990, to 51 per cent in 2005. However, based on recent economic growth, performance and forecasted trends, the extreme poverty rate in Africa (excluding North Africa) is expected to fall below 36 per cent by 2015. Although this projection is short of the target to halve poverty by 2015, it is nevertheless positive and in the right direction (United Nations 2011). Indeed, there are a number of African countries on track to meet this target. For example Ghana's pro-poor and agriculture-focused policies, termed the Livelihood Empowerment Against Poverty (LEAP) has contributed to the country's success in achieving the poverty target.

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

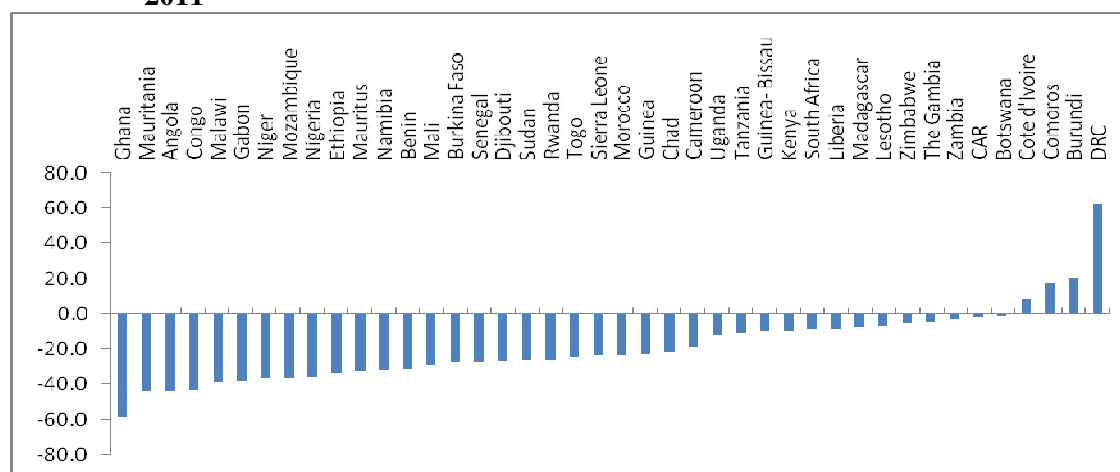
40. Employment-to-population levels remained basically unchanged since the last report. Nevertheless, an important observation was that moderately good economic growth and legislative interventions in Africa did result in a significant downward shift in the working poor's share of employment from 63 per cent to 58.5 per cent between 2003 and 2008.

41. Although vulnerable groups continue to face additional obstacles in the labour market, there has been a drop in Africa's (excluding North Africa) vulnerable employment rate from 79.5 per cent in 2000 to 75.8 per cent in 2009. Female unemployment levels are double the figures for males in North Africa, compared with about 12 per cent difference in Africa excluding North Africa for the same period. In North Africa, the disparity is even worse for youth-adult unemployment levels (15-24 year olds), which are four times that of their adult counterparts. In Africa, excluding North Africa, the same disparity is roughly two-fold.

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

42. A reduction in hunger levels in African countries continues unabated, but the progress has been slow. The Global Hunger Index⁴ (GHI) score fell by 18 per cent from 1990 to 2011 (see figure 4). Incidentally, in terms of absolute progress, Angola, Ethiopia, Mozambique and the Niger were among the top performers from 1990 to 2011. On the downside, five African countries, excluding North Africa, regressed over the period under review and showed a worsening hunger level, partly caused by political instability.

Figure 4: Percentage change in hunger index for selected African countries, 1990 and 2011



Source: Compiled from IFPRI 2011.

⁴ The IFPRI Global Hunger Index is a multidimensional statistical tool used to measure progress and failures in the global fight against hunger. The GHI combines three equally weighted indicators: (a) The proportion of the undernourished as a percentage of the population; (b) The prevalence of underweight children under the age of five; and (c) The mortality rate of children under the age of five.

43. This slight improvement in hunger levels was severely challenged by the international food crisis. The international financial, fuel and food crises have left world food prices volatile and high driven by increased production of bio fuels, extreme weather conditions and increased volume of trading in commodity future markets.

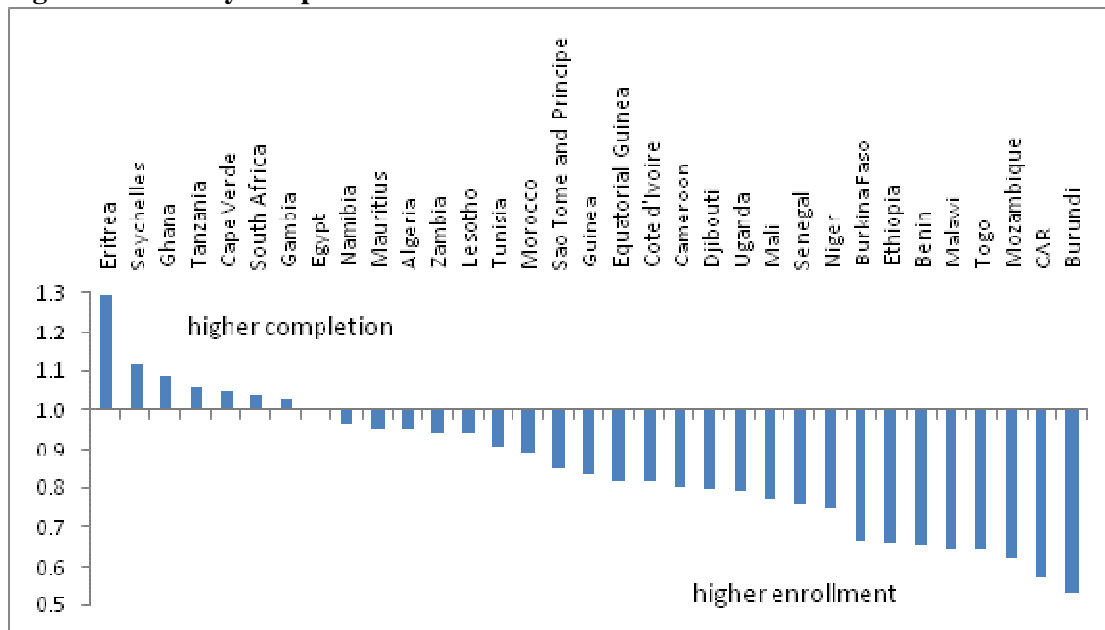
Goal 2: Achieve universal primary education

Indicator 2.2 – Primary completion rate

44. Despite the good story depicted by the analysis of enrolment figures, the quality aspect of primary education continues to be an area of concern throughout Africa. Primary completion rates are still low when compared with enrolment rates. Only six of the 38 countries with available data for 2009 have completion rates of over 90 per cent, and only 15 countries have completion rates of over 75 per cent. The same dataset shows that eight countries (Burkina Faso, Central African Republic, Chad, Cote d’Ivoire, Djibouti, Eritrea, Equatorial Guinea and the Niger,) had completion rates below 50 per cent in 2009. However, the vast majority of the countries experienced improved completion from 1999 to 2009. Only five (Cape Verde, Equatorial Guinea, Malawi, Mauritius and Namibia) of the 33 countries with data for both 1999 and 2009 experienced a decline in completion rates during the reference period.

45. In order to highlight one indicator of success in primary education, the completion rates are divided by enrolment rates. The resulting ratios are displayed in the figure below. For instance, the highest ratio of 1.3 for Eritrea means that 30 per cent more pupils have completed their primary education than the number enrolled for that year (this could be due to a lagged effect of an earlier standstill in primary education). At the other extreme is Burundi, where the number of pupils that have completed their primary education correspond to only about half the number of enrolled pupils for that year.

Figure 5: Primary completion/enrolment ratios 2009



Source: Compiled from UNSD data.

Goal 4: Reduce child mortality

46. Despite recent improvements, reduction of child mortality is still insufficient to achieve Goal 4 by the target date.

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

Indicator 4.1: Under-five mortality rate

47. The leading causes of under-five mortality – pneumonia, diarrhoea, malaria, measles and HIV/AIDS – accounted for 43 per cent of all deaths in children under-five worldwide (UNICEF and World Bank, 2011). Only two countries in Africa, Egypt and Tunisia, have achieved a two-thirds reduction in child mortality since 1990, and few countries are on track to achieve MDG 4 by 2015. Africa, excluding North Africa, saw only 1 per cent decline from 1990 to 2010, whereas North Africa experienced a 69-per cent decline over the time period – the most progress out of any region in the world. However, despite slow progress over the past 20 years, Africa, excluding North Africa, has doubled its average rate of reduction from 1.2 per cent per year from 1990 to 2000 to 2.4 per cent per year from 2000 to 2010. Yet, this is still below the threshold of 4 per cent defined by UNICEF as “on track” to achieving MDG 4.

48. Eleven countries – Algeria, Egypt, Eritrea, Liberia, Libya, Madagascar, Malawi, Mauritius, Morocco, Seychelles and Tunisia – are on track⁵ to achieving or have achieved MDG 4; 27 countries are making insufficient progress⁶; and 11 – Burkina Faso, Cameroon, Chad, Central African Republic, Democratic Republic of the Congo, Ethiopia, Lesotho, Mauritania, Somalia, South Africa and Zimbabwe – have made little or no progress⁷ at all toward MDG 4⁸.

Goal 5: Improve maternal health

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

49. Lack of data on maternal health continues to be a major challenge to tracking progress. Latest available data revealed that Africa registered steady progress in improving maternal health. However, the slow rate of progress is insufficient to achieve this Goal by the target date.

⁵ Under-five mortality rate (U5MR) is less than 40 in 2010, or the average annual rate of reduction of U5MR is at least 4 per cent over 1990-2010.

⁶ U5MR is at least 40 per cent and the average annual rate of reduction is at least 1 per cent but less than 4 per cent over 1990-2010.

⁷ U5MR is at least 40 and the average annual rate of reduction is less than 1 per cent over 1990-2010.

⁸ The Levels and Trends in [Child Mortality Report 2011](#) estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation have re-estimated trends, making it difficult to compare with last year's report (UNICEF and World Bank, 2011).

Indicator 5.1: Maternal mortality ratio

50. Maternal mortality, measured by the maternal mortality ratio (MMR), continues to be very high in Africa, as compared to other regions in the world. According to WHO, MMR in Africa, excluding North Africa, is 620 deaths per 100,000 live births in 2008, and the rate of decline is also low compared to other regions in the world (WHO, 2011). From 50 countries with data for 2008, 24⁹ African countries registered an MMR of more than 500 deaths per 100,000 live births (figure 6a). As of 2008, only Egypt, Equatorial Guinea, Mauritius and Tunisia seem to be on track to achieve a three-quarters reduction in MMR from 1990 to 2015. If current trends persist, the majority of African countries will not achieve this indicator by the target date (fig 6b).

Indicator 5.2: Proportion of births attended by skilled health personnel

51. One of the factors most closely associated with lower maternal mortality is skilled care during pregnancy and child birth, measured by the proportion of births attended by skilled health personnel. Data from UNSD show significant improvements in many African countries for this indicator. Seven countries: Algeria, Botswana, Djibouti, Libya, Mauritius, South Africa and Tunisia) reported 90 per cent or higher births being attended by skilled health personnel. Nineteen African countries, however, have a proportion of births attended by health personnel of below 50 per cent, and the majority of countries are not on track to achieve this indicator.

Target 5B: Achieve, by 2015, universal access to reproductive health

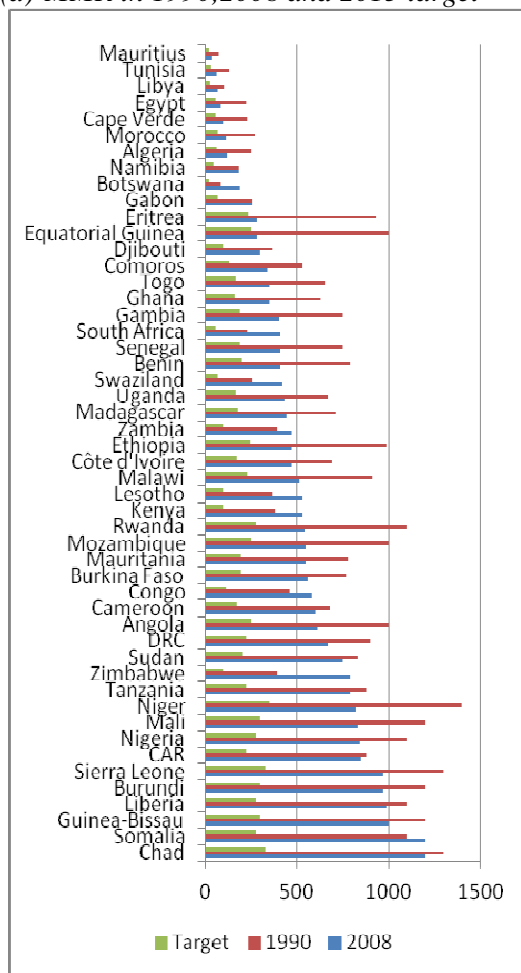
Indicator 5.3: Contraceptive prevalence rate for married people

52. Lack of access to contraceptive methods is another key factor in maternal mortality, as it gives rise to high-risk unwanted pregnancies. The WHO regional average for contraceptive prevalence rate is 24.4 per cent. Twenty-three of the 51 African countries for which data are available are above this average while 28 fall below it; with Libya and Seychelles not reporting any data (WHO, 2011). At this rate, most African countries, excluding North Africa, will fail to achieve this target by the target date.

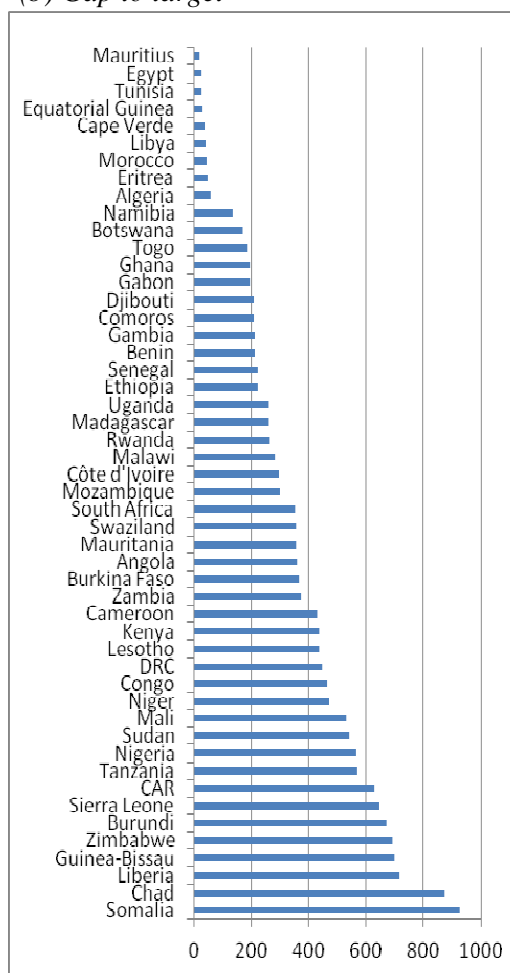
⁹ Angola, Burkina Faso, Burundi, Central African Republic, Cameroon, Chad, Congo, Democratic Republic of the Congo, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Mozambique, the Niger, Nigeria, Rwanda, Sierra Leone, Somalia, the Sudan, Tanzania and Zimbabwe.

Figure 6: Maternal mortality ratio in Africa per 100,000 live births

(a) MMR in 1990, 2008 and 2015 target



(b) Gap to target



Source: Compiled from UNSD data (Updated in July 2011).

Goal 7: Ensure environmental sustainability

53. While Africa's efforts toward environmental sustainability have been laudable, interventions have to be intensified to match the challenge of climate change. Although no new data is available since the last report, progress towards improved access to safe water and better sanitation remains inadequate and highly skewed toward urban areas.

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

Indicator 7.1: Proportion of land covered by forest

54. The United Nations General Assembly designated 2011 as the *International Year of Forests* to raise awareness of sustainable management, conservation and development of all types of forests. Data from UNSD revealed that in 38 African countries, the proportion of

land covered by forest showed a decline between 1990 and 2010. The data further showed that Africa experienced the largest net loss of forest area from 2000 to 2010. Among the causes of the net loss of forest is the rapid and unplanned urbanization.

Indicator 7.2: CO₂ emissions, total, per capita, and per USD1 GDP (PPP)

55. In most African countries, carbon dioxide emissions did not decrease. In Equatorial Guinea, Libya, Seychelles and South Africa carbon dioxide emissions remain a concern (more than five metric tons) in 2008. Gabon recorded significant reduction of carbon dioxide emissions by 3.52 metric tons between 1990 and 2008 (UNSD, 2011).

Indicator 7.3: Consumption of ozone-depleting substances

56. Many African countries including Botswana, Central African Republic, Gabon, Ghana, Lesotho, Madagascar, Mauritania, Sao Tome and Principe, Seychelles and Swaziland increased consumption of ozone depleting substances between 2000 and 2009. On a positive note, many other countries including, Algeria, Djibouti, Eritrea, Ethiopia, Libya, Malawi, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia and Zimbabwe performed better by reducing consumption of ozone depleting substances by more than 90 per cent between 2000 and 2009 (UNSD, 2011).

Target 7B: Reduce biodiversity loss, achieving by 2010, a significant reduction in the rate of loss

Indicator 7.6: Proportion of terrestrial and marine areas protected

57. In 24 African countries, there is no progress in the proportion of terrestrial and marine areas protected from 1990 to 2010. However, there has been an improvement in the proportion of marine and terrestrial protected areas to total area in a significant number of African countries (UNSD 2011).

Goal 8: Develop a global partnership for development

58. The commitment of the donor community is not solely about resources, but also technical assistance to market access, particularly affordable essential drugs.

Indicator 8.13: Proportion of population with access to affordable essential drugs on a sustainable basis

59. During the period 2001-2009, essential medicines were, available in only 42 per cent of public sector facilities, compared to 58 per cent of private sector facilities. Median prices were, on average, 2.7 times higher than international reference prices in the public sector and 6.4 times higher in the private sector in 17 African countries with data. Developing local production capacity has been prioritized in several regional and subregional programmes in Africa, such as the African Union's Pharmaceutical Manufacturing Plan for Africa, Pharmaceutical Business Plan of the South African Development Community and the draft regional pharmaceutical manufacturing plan of action of the East African Community, which is currently being finalized.

III. Conclusion and way forward

60. With only four years remaining until the 2015 deadline for reaching the Millennium Development Goals, Africa's progress toward various targets of the MDGs continues to be mixed.

61. Remarkable advances have been made in some indicators such as net primary enrolment, gender parity in primary education, representation of women in decision-making, immunization coverage and stemming the spread of HIV/AIDS. However, the target on education remains a nagging concern and progress is too slow on health-related MDGs such as child and maternal mortality and access to sanitation. In addition, while poverty in Africa, excluding North Africa, has fallen with the acceleration of growth since 2000, the continent is not on track to meet the goal of reducing poverty and hunger by half. Reducing inequity in access to basic social services also remains a critical challenge for Africa and these inequities largely explain the continent's slow progress in attaining the health MDGs.

62. The recent European debt crisis will likely have a negative impact on Africa's export and tourism revenues, which could, in turn, impact on the growth prospects of the continent. Furthermore, fiscal consolidation in the Eurozone could result in a reduction in ODA and consequently undermine the capacity of African governments to finance development programmes and projects that are critical for improving the socio-economic conditions of its people. In particular, resource-intensive investments in infrastructure and health are likely to be curtailed if ODA levels fall significantly.

63. Addressing Africa's MDG challenges will therefore require a more strategic and integrated approach to the delivery of social services. Policymakers will need to appreciate the inter-linkages among the MDGs and invest more in interventions that have the greatest impact on other indicators. For instance, improvements in gender parity have significant positive effects on maternal and child health and investments in water and sanitation will improve health conditions.

64. Furthermore, policymakers must maintain a balance between enrolment and quality of education. Investments in education enrolment must not be undertaken at the expense of the quality of education services. Efforts to construct new schools must be complemented by interventions to train and recruit new teachers.

65. It is also imperative that African countries identify alternative sources of financing, strengthen efforts to mobilize domestic resources and foster intra-Africa trade to mitigate the adverse domestic effects of euro area debt crisis. African countries will have to ensure that measures aimed at achieving macro-stability do not compromise social spending or impose hardship, particularly on vulnerable segments of the society.

66. Finally, African countries must play a more assertive role in shaping the post-MDG development agenda. This will require a coordinated effort to articulate a common position on the agenda that clearly specifies their priorities and development aspirations.