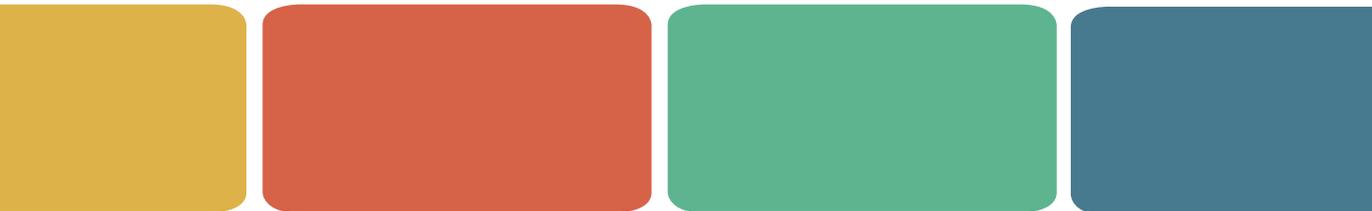


# MDG Report 2013



**Assessing Progress in Africa toward the Millennium Development Goals**  
**FOOD SECURITY IN AFRICA: ISSUES, CHALLENGES AND LESSONS**





# Assessing Progress in Africa toward the Millennium Development Goals

MDG Report 2013

**Food security in Africa:  
Issues, challenges and lessons**



*Empowered lives.  
Resilient nations.*



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# Foreword

Africa's impressive economic performance over the past decade has rekindled hopes for the continent's future as an important player in the global economic landscape. The challenge for Africa is ensuring that the gains from growth leverage progress on the Millennium Development Goals (MDGs). Indeed, most developing countries that have seen rapid growth have also enjoyed declines in poverty. With growth steady at 7 per cent, East Asia has maintained unemployment at around 4 per cent. China's rapid progress has led to substantial poverty reductions, accounting for a large share of the global decline.

With fewer than 1,000 days until 2015, the impulse of policymakers is to strive for the targets without considering quality, equality and sustainability. The urgency must be tempered by the imperative of sustaining progress beyond 2015. After all, the development process and its challenges and opportunities will persist long after the MDGs have passed. Africa must commit to inclusive, transformative development that reduces income poverty, creates decent jobs, enhances the quality of and access to social services, reduces inequality and promotes resilience to climate-related hazards. Achieving these objectives will invariably put Africa on a trajectory towards sustained and sustainable development. The continent must ensure that the outcomes of its interventions meet the litmus test of economic, social and environmental sustainability.

Failing to address Africa's inequalities is a recipe for social unrest. The stark income, gender and rural-urban inequalities have implications for social cohesion and thus the sustainability of the continent's MDG performance. Inequalities result in part from the enclave structure of most African economies, which concentrates economic activity in the ex-

tractive and commodity-producing sectors. With limited spillover to other sectors, such production patterns generate few jobs, concentrate wealth in resource-rich sectors, encourage inequality and sow the seeds of social unrest. This report demonstrates that without concerted efforts to reduce inequality, growth will have only limited effects on poverty. Policymakers must thus pursue inclusive growth strategies that promote broad participation of the active labour force while ensuring that the returns from growth are invested in programmes that enhance the productive capacities of broad segments of society, particularly women, young people and the vulnerable.

The livelihoods of countless African households will be imperilled without efforts to improve resilience to environmental hazards, including those attributable to climate change. Sustaining progress on the MDGs will require strengthening capacities to anticipate and respond to climate-related disasters and capitalizing on green growth opportunities. Without a doubt, Africa's (especially the Sahel and the Horn of Africa) dependence on climate-sensitive sectors makes it more vulnerable than other regions to climate hazards. Climate-related shocks manifested by extreme weather conditions have destroyed livelihoods and exacerbated Africa's food insecurity, resulting in a high incidence of underweight children, widespread hunger and poor dietary consumption patterns.

Sustaining Africa's momentum on the MDGs entails adequate, reliable financing. This report shows that, adjusted for inflation, official development assistance declined the last two years, partly because of the Eurozone's sovereign debt crisis. This trend is worrying, as official development assistance is im-

portant for helping low-income African countries fight HIV/AIDS, tuberculosis and malaria. With declining official development assistance, sustaining progress on several MDGs entails identifying alternative sources of funding, including through the mobilization of domestic resources. Externally, engaging closer with emerging countries like China, Brazil and India will be necessary, and such partnerships must support the continent's development priorities. Domestically, measures that promote accountable and transparent governance, expand the middle class and strengthen the capacity of revenue-collecting agencies will be vital.

Africa will regress on the MDGs unless efforts to improve access to social services are matched by measures to ensure that these services meet minimum quality standards. Ultimately, it is service quality that enhances people's health and expands their productive capacities. Neglecting quality will only undermine the returns on Africa's investments in its people's health and education. In this context, Africa's high dropout rates and low-quality education and healthcare should be given due attention. Increasing primary enrolment will promote development only if students complete a full course of study, achieve a minimum level of literacy and make meaningful contributions to society.

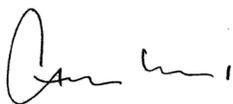
Building Africa's resilience to food system stresses requires addressing the key drivers of instability, man-

aging the risks associated with the many threats to food security and enhancing human capabilities. This report thus urges member states to work closely with the private sector, civil society groups and development partners to tackle the recurring problem of food insecurity in Africa. It also admonishes African governments to expand the agricultural productivity frontier by encouraging policies that support the sustainable use of agricultural inputs, invest in infrastructure, develop financial markets and create and apply local knowledge. The interlocking dynamic between food security and health indicators suggest that tackling this challenge will accelerate progress on the MDGs.

The report shows that, were MDG progress measured in effort, Africa would rank among the best. Indeed, Africa has made great strides. But the continent's low development has required more effort to make meaningful progress. And while it might not reach the finish line first, its efforts should not be discounted. Perhaps most important, Africa must put structures in place to sustain its development well beyond the MDG timeline. We hope that this report inspires and energizes member states to accelerate efforts towards the MDGs. Further, we recommend that the post-2015 development agenda consider the initial conditions of nation-states and recognize countries' efforts towards the goals, as opposed to just measuring how far they fall short.



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# A note on data

This year's *Assessing Progress in Africa towards the Millennium Development Goals* uses the latest updated and harmonized data from United Nations Statistics Division—the official data repository for assessing progress towards the Millennium Development Goals (MDGs). It also uses data from United Nations agencies, the World Bank and statistical databases of the Organisation for Economic Co-operation and Development (OECD). The main reason for using international sources is that they collect and provide accurate and comparable data on MDG indicators across Africa. The irregularity of surveys and censuses, ages, definitions and methods of production of the indicators might explain the lag between the reporting year and the data years.

United Nations agencies regularly compile data from countries using standardized questionnaires or other mechanisms agreed on with those countries. Submitted questionnaires are then validated through a peer review process based on the data collection and processing methods. The agencies provide estimates, take the responsibility for filling data gaps by estimating missing values and make adjustments (if needed) to ensure cross-country comparability. The OECD also collects data to track aid flows, based on a standard methodology and agreed on definitions to ensure comparability of

data among donors and recipients. These United Nations agencies and the OECD provide harmonized and comparable sources of data for producing MDG reports at the continent level. However, this report used some countries' national data on some MDGs.

Over the last few years, African countries have taken commendable steps, with the support of international organizations, to obtain data for tracking MDG progress. The African Union Commission, the United Nations Economic Commission for Africa and the African Development Bank have developed programmes that respond to data challenges and that improve African countries' statistical capacity. They include the Africa Symposium for Statistics Development, an advocacy framework for censuses; the African Charter on Statistics, a framework for coordinating statistics activities in the continent; the Strategy for the Harmonization of Statistics in Africa, which provides guidance on harmonizing statistics; and a new initiative on civil registration and vital statistics. Since 2009, the three institutions have set up a joint mechanism for continental data collection and validation—to produce an Africa statistical yearbook. These initiatives will scale up the availability of data for tracking future MDG progress.

# Abbreviations

AfT	Aid for Trade	MDG	Millennium Development Goal
CAADP	Comprehensive Africa Agricultural Development Programme	MDR-TB	Multidrug-resistant tuberculosis
DAC	Development Assistance Committee	ODA	Official development assistance
DOTS	Directly observed treatment short course	ODS	Ozone-depleting substances
GNI	Gross national income	OECD	Organisation for Economic Co-operation and Development
iDE	International Development Enterprises	TB	Tuberculosis

# Section I: Africa's Recent MDG Performance

As the Millennium Development Goals (MDGs) target date of 2015 approaches, it is essential to take stock of Africa's progress. This 2013 MDG report reveals a mixed pattern—successes and failures, improvements and challenges, innovations and obstacles. Africa's substantial progress toward many goals, targets and indicators is beyond doubt. But serious challenges remain, especially in translating economic growth into decent job opportunities, improving service delivery and minimizing income, gender and spatial inequalities.

Africa's slow progress on social indicators can be linked to policymakers' inability to solve the continent's food insecurity problem, the theme of this report. Africa's food insecurity predates the MDGs. Since the mid-1980s, the number of food emergencies in African countries has tripled, and emerging challenges like climate change and underdeveloped agriculture have only made the problem worse. How does this phenomenon affect other MDGs, particularly those for health? And how would a concerted effort to improve agriculture, food distribution and nutrition fast-track progress towards other MDGs?

Table 1 summarizes Africa's MDG performance and identifies the best performing countries by indicator. The best performers are not necessarily those that have reached the target but those that have made the greatest improvements from their initial conditions.

When measured by effort, African countries have made substantial progress on the MDGs. Table 2 shows the top 20 performers based on efforts to-

wards the goals as opposed to how far they fall short<sup>1</sup>.

Measured by effort, three African countries—Burkina Faso, Mozambique and Namibia—lead the way in accelerating progress for 16 of the 22 indicators accessed.

Many countries in Southern, East, Central and West Africa have substantially improved their rate of progress and figure among the top 20 countries, and in most indicators progress has sped up. In North Africa, Egypt led the way, accelerating or maintaining its rate of progress in 11 indicators, followed by Morocco with 9 and Tunisia with 8. In the rest of Africa, by contrast, 40 of 50 countries have accelerated or maintained the rate of progress in at least 11 indicators between the pre- and post-2000 periods. The analysis confirms the commitment and commendable effort that African countries are making towards the MDGs and the need to revisit the metric of progress in this context.

## Poverty reduction lags behind growth

Africa is the world's second fastest growing region. Poverty has declined faster since 2005 than over 1990–2005—but not fast enough to reach the target by 2015. Most workers are employed in vulnerable jobs with low wages and low productivity. High inequality and the enclave structure of most African economies have tempered the nexus

<sup>1</sup> This analysis is based on the United Nations Children's Fund's annual average rate of reduction method, which quantifies the rate of change of a given indicator from a baseline to the current year. When estimates are available for multiple years, this method allows the annual average rate of reduction to be calculated using a regression analysis.

**Table 1. Africa's Millennium Development Goal performance at a glance, 2013**

Goal	Status	Best performing countries, selected targets and indicators
Goal 1: Eradicate extreme poverty and hunger	Off-track	Target 1A: Egypt, Gabon, Guinea, Morocco, Tunisia Target 1B: Burkina Faso, Ethiopia, Togo, Zimbabwe Target 1C: Algeria, Benin, Egypt, Ghana, Guinea Bissau, Mali, South Africa, Tunisia
Goal 2: Achieve universal primary education	On-track	Indicator 2.1: Algeria, Egypt, Rwanda, São Tomé and Príncipe Indicator 2.2: Ghana, Morocco, Tanzania, Zambia
Goal 3: Promote gender equality and empower women	On-track	Indicator 3.1: The Gambia, Ghana, Mauritius, Rwanda, São Tomé and Príncipe Indicator 3.2: Botswana, Ethiopia, South Africa Indicator 3.3: Angola, Mozambique, Rwanda, Seychelles, South Africa
Goal 4: Reduce child mortality	Off-track	Indicators 4.1 and 4.2: Egypt, Liberia, Libya, Malawi, Rwanda, Seychelles, Tunisia
Goal 5: Improve maternal health	Off-track	Target 5A: Equatorial Guinea, Egypt, Eritrea, Libya, Mauritius, Rwanda, São Tomé and Príncipe, Tunisia Target 5B: Egypt, Ghana, Guinea Bissau, Rwanda, South Africa, Swaziland
Goal 6: Combat HIV/AIDS, TB, malaria and other diseases	On-track	Target 6A: Côte d'Ivoire, Namibia, South Africa, Zimbabwe Target 6B: Botswana, Comoros, Namibia, Rwanda Target 6C: Algeria, Cape Verde, Egypt, Libya Mauritius, São Tomé and Príncipe, Sudan, Tunisia
Goal 7: Ensure environmental sustainability	Off-track	Target 7A: Egypt, Gabon, Morocco, Nigeria Target 7C: Algeria, Botswana, Burkina Faso, Comoros, Egypt, Ethiopia, Libya, Mali, Mauritius, Namibia, Swaziland
Goal 8: Global partnership for development	Off-track	Target 8F: Kenya, Libya, Rwanda, Seychelles, Sudan, Uganda, Zambia

Source: Authors.

between growth and poverty reduction. Still, the continent's growth acceleration provides it with a unique opportunity to reduce poverty and create jobs through proactive policy interventions. Creating more decent jobs faster calls for a structural transformation of African economies—with bold industrial policies that promote value addition and economic diversification.

Africa's food insecurity challenge is manifested by high prevalence of hunger and malnutrition, particularly among children. African countries must build on existing initiatives, such as the African Union's Comprehensive Africa Agricultural Development Programme, and focus on the multidimen-

sional aspects of food security to accelerate progress towards halving hunger and ensuring food security.

### **Attending primary school is becoming the norm, but the quality of education remains a challenge**

Most countries have achieved universal primary enrolment, with rates above 90 per cent. As a result, the continent as a whole is expected to achieve Goal 2. Low completion and high grade repetition remain a challenge, however. Indeed, one in three pupils enrolled in a primary school will dropout. Reasons include late entry, poverty, poor quality of education and a lack of awareness of the importance of schools. Some 30 per cent of students with

**Table 2. Acceleration in MDG performance: top 20 countries, 2012**

Country	\$1.25 per day poverty	Underweight children	Primary enrolment	Reaching last grade	Primary completion	Gender primary	Gender secondary	Gender tertiary	Under-five mortality	Infant mortality	Maternal mortality	Skilled birth attendance	Antenatal care (≥ 1 visit)	HIV prevalence	Tuberculosis incidence	Tuberculosis prevalence	Forest cover	Protected area	CO2 emissions	ODP substance consumption	Safe drinking water	Basic sanitation	Number of indicators with accelerated progress
Burkina Faso	a	a	a	a	s	a	s	a	a	a	s	a	a	a	a	a	s	s	a	a	s	a	16
Mozambique	a	a	a	a	a	a	a		a	a	a	a	a	a	s	a	s	s	a	a	s	s	16
Namibia		a	s	a	a	a	a	a	a	a	a	m	a	a	a	a	s	a	a	a	s	s	16
Rwanda		a		a	a	a	s		a	a	a	a	a	m	a	a	a	a	a	a	s	s	15
Azerbaijan	a	a	s	a	a	a	a	a	a	a	a	a	a	s	s	m	m	s	a	s	a	a	15
Tanzania	a		a	a		a		a	a	a	a		a	a	a	a	s	s	a	a	m	s	14
Zambia	s	a	a	a		s			a	a	a	a	a	a	a	a	s	s	a	m	a	a	14
Honduras	s	a	a	a	a	s		s	m	a	a	a	a	a	a	a	a	a	a	s	s	s	14
Tajikistan	a			a	a	a	a	a	a	a	a		a	s	s	s	m	s	a	s	a	a	14
Turkey	a	a	s	a		a	a	s	a	a	a	a	m	a	a	a	a	s	a	s	s	m	14
Burundi			s	a	a	a	s	a	a	a	a			a	a	a	a	a	a	s	s	s	13
Côte d'Ivoire	a		s	a	s	a	a	s	a	a	a	s	s	a	a	a	s	a	a	m	a	m	13
Kenya		s	s			a	a		a	a	a	a	a	a	a	a	m	a	a	s	s	a	13
Lesotho		s	a	a	s	a	a	s	a	a	a	a	a	a	a	a	s		a	m	s	s	13
Swaziland	a		a	a	a	a	s	s	a	a	a	s		a	a	a	s	a	s	m	s	a	13
Uganda	a	a				s		a	a	a	a	a	s	a	a	a	s	s	a	a	s	a	13
Cambodia	a	a	s	s		a	a		a	a	a	a	a	a	a	s	s	a	a	s	m	s	13
Botswana		s	a	a	s	a	a	m	a	a	a	s		a	a	a	s	a	a	s	s	s	12
Cameroon	s	s		a	a	a	s		a	a	a	a	a	a	a	a	s	s	a	s	s	s	12
CAR	s	s		a		a			a	a	a	a	a	a	a	a	s	a	s	s	s	s	12

Source: Based on data from the United Nations Millennium Development Goal database.

a = accelerated rate of progress; m = maintained rate of progress; s = slowed rate of progress.

ODP is ozone-depletion potential

six years of schooling cannot read a sentence, and girls are more likely to drop out than boys. Some good news —school feeding programmes and access to preschools have been instrumental in reducing dropout rates.

### Encouraging progress toward gender parity

Women across Africa are becoming more empowered, with more girls attending both primary and secondary school and more women in positions of political power. Nearly half the countries in Africa have achieved gender parity in primary school, and while parity at the secondary and tertiary levels has

improved, limited data makes measuring progress difficult. At nearly 20 per cent in 2012, the proportion of seats held by women in national parliaments in Africa is surpassed only in Latin America and the Caribbean.. While Africa is making great strides towards Goal 3, early marriage, household power dynamics and low economic opportunities for women, are slowing progress. These challenges must be addressed for Africa to reach all the targets and indicators by 2015.

### **Despite good progress, Africa still has the greatest burden of child and maternal deaths**

In recent years, both Africa's under-five mortality rate and its maternal mortality rate have declined significantly. Over 1990–2011, the continent reduced its under-five mortality rate 47 per cent. But an inexcusable amount of children and pregnant women still die every year from preventable causes. To fast-track progress, integrated maternal and child health interventions focusing on infant mortality, as well as holistic policies to address the underlying causes of maternal and child deaths, will be important.

### **Africa has halted the spread of HIV/AIDS, tuberculosis and malaria**

Africa has halted and reversed the spread of HIV/AIDS, with a drop in prevalence rates from 5.9 per cent in 2001 to 4.9 per cent in 2011, due to strong political will, focused interventions and the antiretroviral therapy available for the majority of the population. While tuberculosis and malaria remain serious health threats, Africa as a whole has halted the spread of both. Tuberculosis infections and deaths have fallen sharply in recent years, as have malaria cases and deaths. Improved prevention and treatment played a large role in the declines.

### **Ensuring environmental sustainability—mixed progress**

Achieving and sustaining environmental sustainability is a challenge, especially with the emerging threat of climate change. And Africa is doing well in limiting CO<sub>2</sub> emissions and ozone-depleting substances, yet forest cover is shrinking, and most countries struggle to meet targets on water and sanitation. To improve access to water and sanitation, countries must concentrate efforts in rural areas and low-income groups, as urban–rural income disparities in access are holding back progress.

### **Medium-term prospects for official development assistance flows are dim**

Donors, still well short of their official development assistance (ODA) commitments to developing countries and least developed countries, are unlikely to substantially increase funding in the short to medium term. As a percentage of their combined gross national incomes, ODA to developing countries and least developed countries in general declined 4 per cent in real terms in 2012 following a 3 per cent decline in 2011. In real terms, bilateral ODA to Africa also declined in 2012. Total ODA to all African landlocked developing countries increased an average of only 2 per cent in nominal terms over 2009–2010. These trends can be attributed in part to the sovereign debt crisis and are likely to continue into 2016. Cutbacks in ODA were evident in highly affected Eurozone crisis countries such as Spain and Portugal.

### **Mobile communication, an incipient revolution in Africa**

The number of mobile cellular subscribers in African countries continues to grow steadily, increasing an average of 17 per cent between 2010 and 2011. Africa is the world's fastest growing mobile market. The increasing use of smartphones and falling Internet costs have contributed much to Africa's rising number of Internet users. Further, through innovations in

money transfer systems, mobile phones have revolutionized the continent's financial transactions.

### **Africa's share of global trade remains marginal**

Efforts to increase Africa's marginal share of global trade through Aid for Trade and preferential market access initiatives have yielded mixed results. Aid for Trade commitments and disbursements to Africa have been increasing in the past few years, but disbursements have always fallen short of commitments. Further, the proportion of developed country imports from Africa (admitted duty free) has generally stagnated but increased more than 50 per cent for 14 African countries. Overall, Africa's contribution to global trade remains largely unchanged since 2000, at around 3 per cent.

### **Food insecurity—a recurring challenge**

Africa has yet to face its food insecurity, despite the huge impact on the population's productive capacities. In 2012, African countries, particularly those in the Southern, East, Central and West regions had the world's second highest Global Hunger Index, and most of the region was identified as having serious to alarming levels of hunger. Increasing climate variability, natural disasters, widespread political instabilities, surging populations, an increasing number of refugees in various regions and the inability to access humanitarian assistance have undermined recovery efforts. Regional and national programmes to tackle Africa's food security challenge have shown that food security is an intersectoral problem that calls for an integrated approach. However, the responses have been undermined by weak political ownership, the limited scope of programmes and weak private sector and civil society involvement.

### **Moving forward**

Africa has, without a doubt, come a long way since 2000, making substantial progress toward several of the MDGs. Benin, Egypt, Ethiopia, The Gambia, Malawi and Rwanda are making especially impressive progress. While not all the interventions that have worked in these countries can be applied everywhere, best practices and successful policy interventions can indeed inform interventions elsewhere. It is thus imperative that countries continue learning from each other so that they can emulate successes and avoid failures. In short, countries with sustained, equitable growth, political stability and human development-oriented policies are doing well in most of the goals.

### **Beyond the MDGs**

With less than 1,000 days until 2015, the discourse is shifting from an exclusive focus on achieving the MDGs to reflections and debate on the defining elements of the successor framework—the post-2015 development agenda (ECA et al., forthcoming). Africa's performance on the MDGs provides useful pointers for the agenda. Indeed, Africa regional consultations led by the United Nations Economic Commission for Africa, African Union Commission, African Development Bank and United Nations Development Programme confirm that health, education, water and sanitation and the environment remain high priorities for African countries. In addition, stakeholders would like to see inclusive growth that creates employment and livelihood opportunities, especially for the continent's young. Stakeholders have identified structural economic transformation, human development, financing and partnerships, and technology and innovation as the priority areas for responding to these challenges in the post-2015 development agenda.

As countries everywhere assess their priorities for the post-2015 agenda, they should look at how the MDGs have brought about positive developments—and at where they have fallen short. Countries must reflect on their successes and shortcomings of the past 15 years, both to prepare for a new development agenda and to speed progress towards the MDGs. With less than three years to go, and with more eyes on the post-2015 agenda, Africa must not lose focus on attaining the MDGs.

# Section II: Tracking Progress

## Goal 1: Eradicate extreme poverty and hunger

Reducing poverty, creating jobs and promoting food security are not only targets in themselves but also a way to accelerate progress towards the Millennium Development Goals (MDGs) as a whole. Reducing income poverty and creating better access to jobs can have considerable positive effects on households' education and health decisions. Well-nourished children have stronger immune systems, are less likely to die prematurely from communicable diseases and are more likely to perform better in cognitive learning.

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

**Indicator 1.1: Proportion of people living on \$1.25 a day**

The developing world reached the global target of halving income poverty in 2010—with 20.6 per cent of the population living on less than \$1.25, 0.95 percentage point past the 2015 target of 21.6 per cent. This translates to about 1.21 billion people in 2010 living below \$1.25 a day, compared to 1.91 billion in 1990. If this trend continues, poverty in the developing world will fall to 15.5 per cent by 2015, with about 245 million people lifted out of poverty. The success and expected improvement have been linked to the major progress in populous countries like China, Indonesia and Brazil.<sup>1</sup> Africa also saw a positive trend emerging in the 2000s, possibly attributed to higher growth. Yet poverty reduction

has been uneven across regions (table 1.1). In 2008, three regions accounted for 96.3 per cent of those living on less than \$1.25 a day in the developing world: South Asia (41.9 per cent), Southern, East, Central and West Africa as a group (42.1 per cent) and East Asia and the Pacific (11.8 per cent). Four regions have already reached the target (East Asia and the Pacific, Europe and Central Asia, Latin America and the Caribbean and Middle East and North Africa).

Despite the excruciating impact of the recent food, fuel and financial crises, as well as that of the Euro-zone crisis, with its associated fiscal consolidation on low-income African countries, Africa's poverty rates have continued to decline. The proportion of people living on less than \$1.25 a day in Southern, East, Central and West Africa as a group fell from 56.5 per cent in 1990 to 48.5 per cent in 2010, about 20.25 percentage points off the 2015 target, compared with just 4.1 percentage points for South Asia. On annual average, poverty declined faster over 2005–2008 than over 1990–2005. The annual average decline is lower in Southern, East, Central and West Africa than in other regions. The regional differences in economic growth elasticity of poverty partly explains the disparity in poverty reduction.

<sup>1</sup> For more analysis, see Ravallion (2013); World Bank (2012); and ECA et al. (2012).

**Table 1.1 Regional breakdown of poverty incidence (1990–2010) and projections for 2015**

		1999	2005	2008	2010	2015 (Forecast)	Annual rate of decline (1990-2010)
<b>Poverty rate (% of the population living below \$1.25 a day)</b>							
East Asia and the Pacific	56.2	35.6	16.8	14.3	12.5	5.5	4.11
Europe and Central Asia	1.9	3.8	1.3	0.5	0.07	0.4	4.01
Latin America and Caribbean	12.2	11.9	8.7	6.5	5.5	4.9	2.62
Middle East and North Africa	5.8	5.0	3.5	2.7	2.4	2.6	2.55
South Asia	53.8	45.1	39.4	36.0	31.0	23.2	2.65
Africa (excluding N. Africa)	56.5	58.0	52.3	49.2	48.5	42.3	1.29
Total	43.1	34.1	25	22.7	20.6	15.5	2.96
<b>Number of poor (millions living below \$1.25 a day)</b>							
East Asia and the Pacific	926.4	655.6	332.1	284.4	250.9	114.5	
Europe and Central Asia	8.9	17.8	6.3	2.2	3.1	1.9	
Latin America and Caribbean	53.4	60.1	47.6	36.8	32.3	33.0	
Middle East and North Africa	13.0	13.6	10.5	8.6	8.0	9.3	
South Asia	617.3	619.5	598.3	570.9	506.8	406.5	
Africa (excluding N. Africa)	289.7	376.8	394.9	399.3	413.8	408.0	
Total	1,908.6	1,743.4	1,398.6	1,289.0	1,214.9	970.2	

Source: World Bank, 2012; Ravallion, 2013.

Due to the slow pace of poverty reduction, the number of people living in extreme poverty (less than \$1.25 per day) increased in Southern, East, Central and West Africa as a group over 1990–2010, from 289.7 million to 413.8 million. When compared with the \$1 per day poverty line, about 32 million people moved out of extreme poverty, as opposed to an increase (3.2 million) in the number of people that fell below the \$2 per day line. This suggests vulnerability between the \$1.25 per day and \$2 per day lines. The emerging exposure to economic shocks is mostly among the middle class—a group that plays a critical role in Africa’s growth (ECA et al., 2012). Addressing the exposure should be a top policy priority.

As pointed out in the 2012 report, 20 of 25 countries with recent international data on this indicator

show improvement.<sup>2</sup> Tunisia, Egypt, Cameroon and Guinea have achieved the target, while Senegal, The Gambia, Swaziland, Uganda and Mauritania are very close—about 5 percentage points away. Ghana, South Africa, Mali and Niger are about 10 percentage points away. Côte d’Ivoire, Kenya, Madagascar, Nigeria and Morocco fell back. Key drivers explaining progress in several countries include improved access to physical infrastructure, improved risk profiles,<sup>3</sup> reduced inequality, falling fertility, increased wage employment, higher agricultural production

2 Several countries have recently conducted national poverty surveys with new estimates (for example, Ethiopia, Rwanda, and Nigeria). However, differences in approaches made comparability quite challenging.

3 This is manifested in a better macroeconomic environment—for example, inflation declined about 60 per cent between the 1990s and 2000s—fairly stable political situations and more progressive business policies (including credit, labour market and business regulations; McKinsey & Company, 2013).

and greater access to social protection (box 1.1; ECA et al., 2012). Governments need to implement strategies to sustain and consolidate progress and to address impediments to success.<sup>4</sup>

Poverty in Africa is predominantly rural. Poverty is at least three times higher in rural areas than in urban—in such countries as Morocco, Egypt, Ghana, Zambia, Cameroon, Cape Verde and Rwanda. The deplorable state of rural infrastructure, rural livelihoods and youth employment, limited access to quality education and high child labour are all key drivers of rural poverty.<sup>5</sup> Formulating and implementing integrated rural development remains critical to addressing this imbalance. To this end, creating growth poles or clusters in rural communities is important for creating jobs and enhancing

livelihoods. Improving agricultural yields is especially critical, for generating income, lowering food staple prices and increasing purchasing power, which stimulates nonfarm activities (UNDP, 2012). Urban poverty is, however, an issue in several countries, such as South Africa and Nigeria. This is linked to rural–urban dynamics. For instance, urban growth has been associated with the urbanization of poverty in a number of cities in South Africa.<sup>6</sup> Addressing this phenomenon is important for rapid progress. Tackling the imbalance between rural and urban development is a starting point and should be complemented with enhanced municipal service delivery, improved infrastructure provision, slum upgrading, microfinance, job creation and economic growth—all of which can help reduce the incidence and severity of urban poverty.<sup>7</sup>

### Box 1.1 Tunisia's success in accelerating poverty reduction

Tunisia reduced the proportion of people living on less than \$1 per day from 5.9 per cent in 1990 to 1.4 per cent in 2005—a 76.3 per cent drop. The country's consistent economic growth of about 5 per cent over the past two decades and long-standing commitment to social and physical development have played an important role. Commitment to long-term infrastructure development across rural and urban areas supported better distribution of the benefits of growth. The promotion of irrigated farming covering more than 4,000 square kilometres for producing olive oil, grains and citrus fruits is also vital. Agricultural development, especially in rural areas, promoted self-sufficiency, generating employment and improving living conditions.

Over the years, even during fiscal austerity, the government protected the public expenditures in social sectors, including welfare for the vulnerable and marginalized. The government has several safety nets, including: food subsidies targeted to the poor through self-selection mechanisms using quality differentiation; direct transfers, in cash and kind, targeted to the needy (the elderly, the disabled, schoolchildren and needy families); and public works programmes that provide short-term jobs for unskilled workers, in both urban and rural areas, through self-targeted mechanisms, such as setting wages below the minimum wage and locating the work sites in predominantly poor areas. These interventions have helped alleviate poverty. But despite the progress, the interventions need better targeting and the programmes need to be implemented more efficiently.

*Source: UNSD, n.d.; Friedman, 2010; World Bank, 1995.*

4 Several studies have also shown the role of structural factors in propagating poverty, ethnic minority, geographical environment (for example, living in rural areas) and lack of education (CPRC, 2011; NISR, 2011; Anyanwu, 2012).

5 See NISR (2011) and CPRC (2011).

6 For more information, see [www.sacities.net/what/671-study-into](http://www.sacities.net/what/671-study-into).

7 Mabogunje (2005) provides a comprehensive agenda for dealing with urban poverty in Africa.

Women are disproportionately impacted by poverty in countries like Egypt, Cameroon, Morocco, Kenya, Cape Verde, South Africa, Guinea and Madagascar (in order of intensity). Several factors account for this. First, women's work in the home and the workplace tends to be undervalued. Second, women's jobs usually garner low wages and have poor working conditions. Third, there is limited access to productive assets (such as land) due to traditional restrictions on women's property rights. Fourth, a lack of or low education reduces access to decent, high-wage jobs. Last, the prevalence of violent civil conflicts discriminates against women and weakens their ability to be fully engaged in productive activities. Policy and actions should be targeted at factors propagating the unequal distribution of economic opportunities between men and women.

Why is Africa's progress on poverty reduction so slow? In addition to some of the structural factors mentioned above, economic, demographic and social factors play a role, along with political instability and conflicts:

Although Africa is the world's second fastest growing region (figure 1.1), its consistency and pace of growth (still less than 7.0 per cent) is not enough to achieve the MDGs. However, there is still an opportunity for more rapid growth. Indeed, Africa boasts 16 of the 29 economies projected to grow the fastest over 2012–2014 (figure 1.2). For this to reduce poverty significantly, it has to be inclusive—ensuring that the poor contribute to and benefit from the growth process. Such growth also needs to be rich in jobs. To this end, Africa needs to reverse its low elasticity of poverty (figure 1.3).

Income inequality is very high. Growth is generally much more effective in reducing poverty in countries with low income inequality than in those with high inequality. The inequality elasticity of poverty in Africa is the lowest of any region (figure 1.4). This

reduces the responsiveness of poverty to economic growth. Inequality also takes the form of unequal access to assets, such as land, and use of public services, such as education and healthcare, which to a large extent hinder poverty reduction in many countries.

High population growth constrains progress and could create more damage if not harnessed. With fertility rate of 4.37 births per woman in Africa, mostly driven by Central and West Africa (see figure 1.4), population is growing faster than the reduction in the poverty rate—0.84 per cent over 1990–2008. In fact, Africa accounts for seven of the eight countries with a fertility rate of 5 or above.<sup>8</sup> This has serious planning implications and puts pressure on existing social and physical facilities.

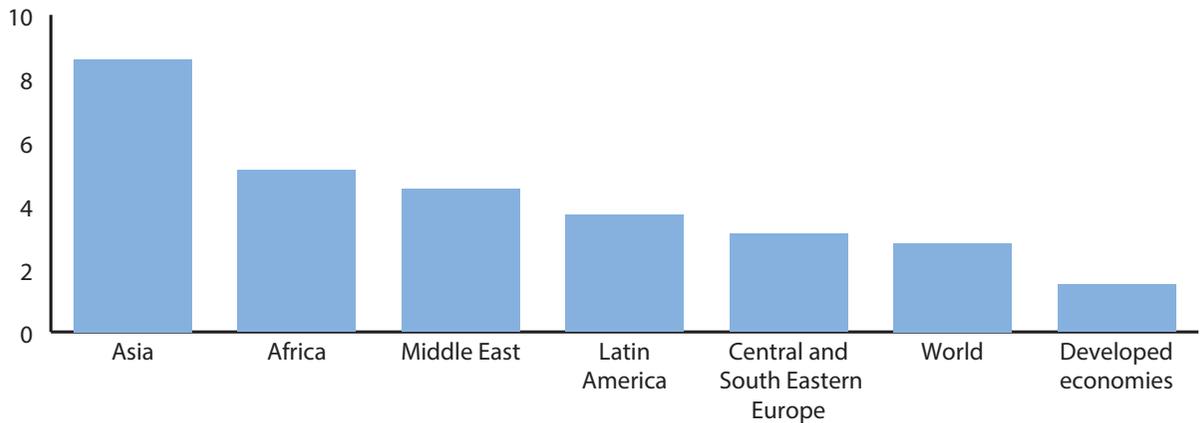
Conflicts impinge on poverty reduction. Development can be achieved only during peace. The development literature is replete with the causal link between conflict and poverty in Africa.<sup>9</sup> Indeed, armed conflicts have been the single most important determinant of poverty and human misery in Africa affecting more than half the continent's countries during the 1980s and 1990s (Luckham et al., 2001). Conflicts, however, mostly arose from the paradox of poverty—"poverty in the midst of plenty."

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8 Zambia (6.3), Uganda (5.9), Timor Leste (5.9), Burkina Faso (5.8), Chad (5.7), the Central African Republic (5.5), Tanzania (5.5) and Guinea (5.0; UNFPA, 2012).

9 See Luckham et al. (2001); Draman (2003); and Ikejiaku (2009).

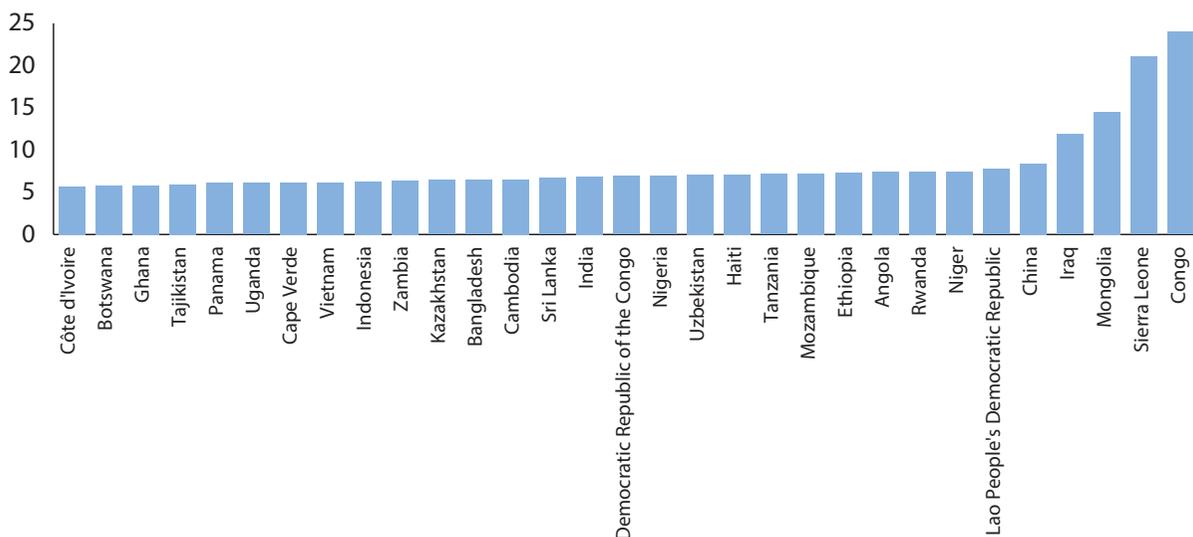
**Figure 1.1 Africa was the second fastest growing region over 2000–2011 (per cent)**



*Source: McKinsey and Company, 2013.*

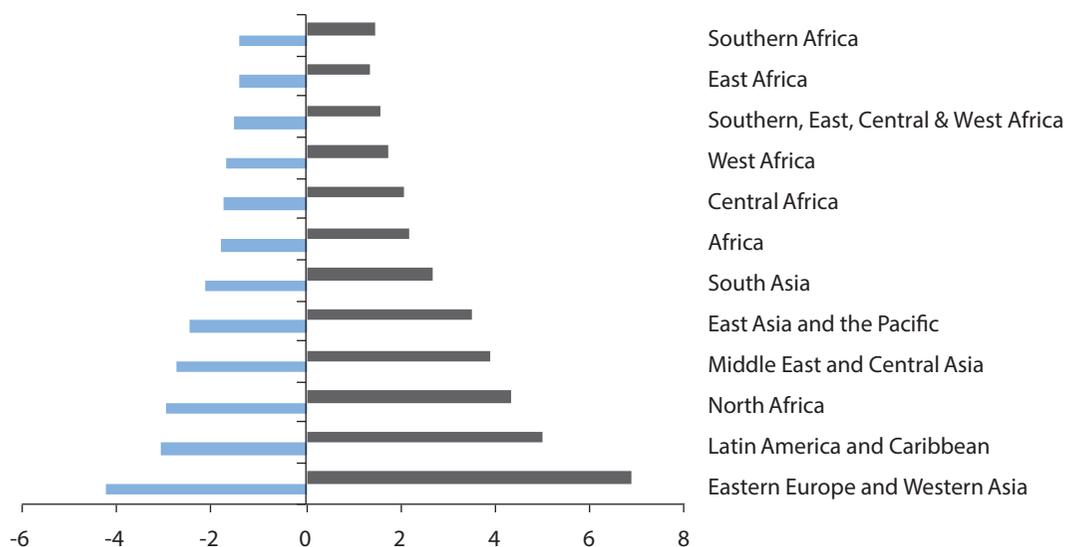
Some of the other factors that have been hindering poverty reduction include poor health and lack of education, which often deprive people of productive employment; depletion and degradation of environmental resources; and weak governance, especially corruption and mismanagement of public resources, which tends to discourage private investment (World Bank, 2012 [b]).

**Figure 1.2 More than half the economies projected to grow the fastest over 2012–2014 are from Africa (per cent)**



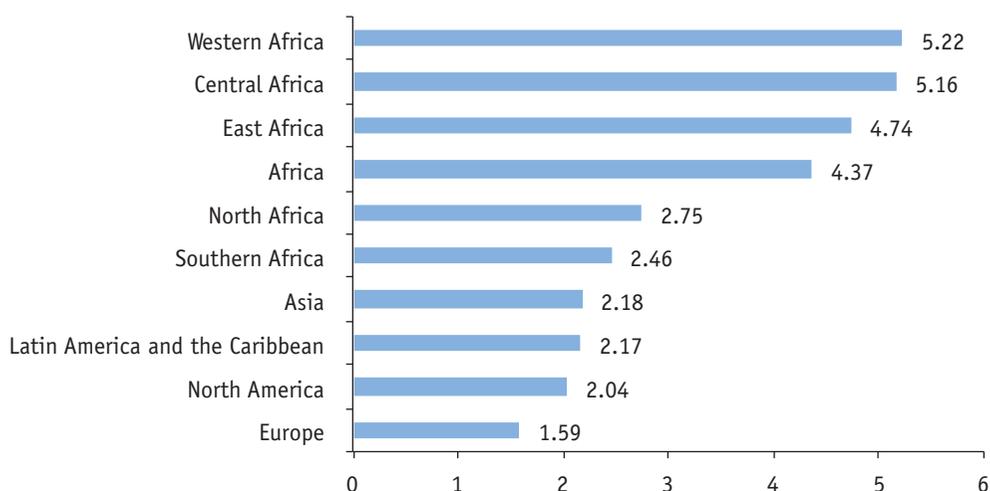
Source: World Bank, 2012a; CIA, n.d.

**Figure 1.3 Growth and inequality elasticities of poverty across developing regions, 1996-2005**



Source: Authors' calculations based on Fosu (2011).

**Figure 1.4 Fertility rate in Africa and other regions, 2012 (births per woman)**



Source: UNFPA, 2012.

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

Productive employment is an instrument for achieving economic and social transformation and development. Vital for individual well-being, jobs are central to many broader societal objectives—like poverty reduction, economywide productivity growth and social cohesion. In fact, jobs provide higher earnings and more generous benefits as countries grow (World Bank, 2013). Despite the critical role of jobs in human and social development, the stalling global recovery in 2011 was followed by a dip in both growth and employment in 2012, leading to a further rise in unemployment of 4 million that year.<sup>10</sup> The advanced economies account for half the increase in unemployment of 28 million since the crisis began. And it is no surprise that the employment challenge facing advanced economies has had a significant effect on developing economies' labour markets. Indeed, while 25 per cent of the 4-million-person rise was in the advanced economies, 75 per cent was in developing

regions (ILO, 2013), especially East Asia, South Asia and Southern, East, Central and West Africa. This adds to the 10 million new entrants to the labour force in Southern, East, Central and West Africa as a group each year

The global macroeconomic developments have had a serious impact on labour markets through negative feedback loops from households, firms, capital markets and public budgets. Against weak aggregate demand and fiscal austerity programmes in a number of countries, labour markets have been weakened by direct cuts in employment and wages. The reversal from the anticyclical response to the initial crisis in 2009 and 2010 to procyclical measures afterwards contributed to a shrinking of labour markets in 2011 and 2012 (ILO, 2013).

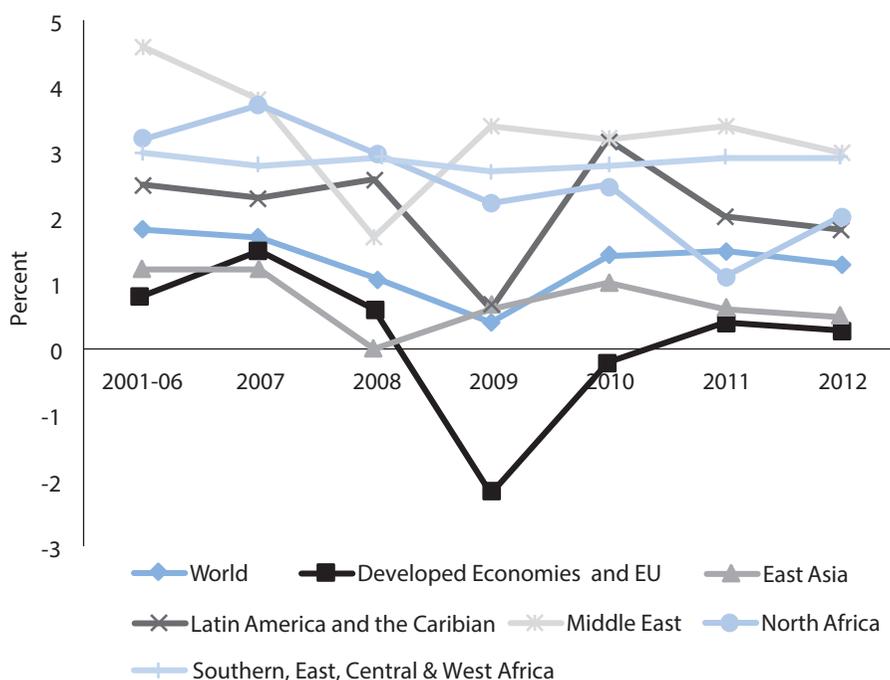
Despite the global economic crisis, Africa's employment growth remains firm. Since the crisis manifested fully on the labour market in 2009, Southern, East, Central and West Africa as a group and the Middle East have seen employment trend up (figure 1.5). Employment rose in North Africa by 1.1 per cent in 2011 and 2.0 per cent in 2012 and remained

<sup>10</sup> This made the earlier projection of 1.3 per cent growth for 2012 (ILO, 2012) unattainable.

constant in Southern, East, Central and West Africa (2.9 per cent) during the period. However, chances are that the regions that have managed to prevent a further increase in unemployment could have seen job quality worsen—vulnerable employment as a

copying strategy. Although women’s involvement in the labour market improved over 2000–2012, the gender composition of employment still favours men.

**Figure 1.5 Annual employment growth by region, 2001–2012 (per cent)**



Source: Authors’ calculations based on ILO (2013).

**Indicator 1.4: Growth rate of GDP per person employed**

Labour productivity is an important element of economic and social transformation. It is central to sustaining economic growth, reducing poverty, narrowing inequality and improving livelihoods. An understanding of the driving forces behind it—particularly the accumulation of machinery and equipment, and improvements in organization, as well as physical and institutional infrastructures, improved health and skills of workers and generation of new technology—is important for formulating policies to support higher productivity.

Increasing labour productivity is still a challenge. Since 2001, no region has been consistent in improving output per worker. Between 2011 and 2012, only two regions managed to raise worker productivity—Africa and South East Asia and the Pacific (table 1.2). Against the projected decline in North Africa, due to the past years’ political upheavals, productivity growth picked up faster than expected in 2012—rising from 0.2 per cent in 2001 to 9.7 per cent in 2012. The rise in labour productivity may be reflecting the increased resilience of African economies.

**Table 1.2 Growth in labour productivity across regions**

Region	2001–06	2007	2008	2009	2010	2011	2012 <sup>a</sup>
World	2	3.5	1.4	-1.3	3.7	2.2	1.9
Developed economies and the European Union	1.4	1.1	-0.5	-1.8	3	1	0.9
Central and South Eastern Europe (non-European Union) and the Commonwealth of Independent States	5.5	5.6	3	-5.1	3.8	3.4	2.4
East Asia	7.4	10.8	7.9	6.4	8.9	7.6	6.3
South East Asia and the Pacific	3.6	4.2	2.2	-0.1	5.3	2.4	3.5
South Asia	4.2	8.1	3.1	7.1	7.7	4.2	2.9
Latin America and the Caribbean	0.6	3.2	1.5	-2.3	2.6	2.3	1.4
Middle East	0.1	1.5	2.9	-1.9	1.7	2	0.3
North Africa	1.3	1.8	2.2	1.5	1.6	0.2	9.7
Southern, East, Central and West Africa	2	3.7	2.3	-0.1	2.3	1.6	2.2

Source: Authors' calculations based on ILO (2013).

a. Preliminary estimates.

The tepid recovery in global investment has prevented faster reallocation of resources towards more productive uses in Africa. Structural change (due to weak investment and a highly uncertain global outlook) has lost momentum, largely because jobs are no longer moving out of agriculture as fast as expected and agricultural productivity growth remains low.<sup>11</sup>

### Indicator 1.5: Employment to population ratio<sup>12</sup>

The employment-to-population ratio is the share of the working-age population that is employed (ILO, 2012). The global employment-generating capacity shrank in 2012, partly because of the Eurozone crisis, which contributed to the ratio's 1.5 per cent fall over 2000–2012 (figure 1.6). But while the ratio fell in developed economies (including the Europe-

an Union), East Asia and South Asia, it rose in other regions—5.0 per cent or more in North Africa, the Middle East and Latin America and the Caribbean and 2.0 per cent in Southern, East, Central and West Africa. As of 2011, women's participation was 80 per cent of the increase in Southern, East, Central and West Africa and about 60 per cent in North Africa.<sup>13</sup> Many African governments have launched employment strategies, such as public works programmes, including Ethiopia, Malawi, Nigeria and South Africa. To a large extent, this is yielding dividends.

Structural transformation has altered the sectoral composition of employment in favour of services particularly in Southern, East, Central and West Africa. Over 1991–2012, agriculture's share of employment fell from 67.5 per cent to 62.0 per cent. This shift mostly benefited the services sectors, leaving employment in industry stagnant at 8.6 per cent. The transformation has been associated with changes in the gender distribution of employment by sector. It

11 ILO (2013) provides a detailed assessment of the role of structural change arising from the global crisis in slowing productivity.

12 The employment-to-population ratio is the share of the working-age population that is employed (ILO, 2012).

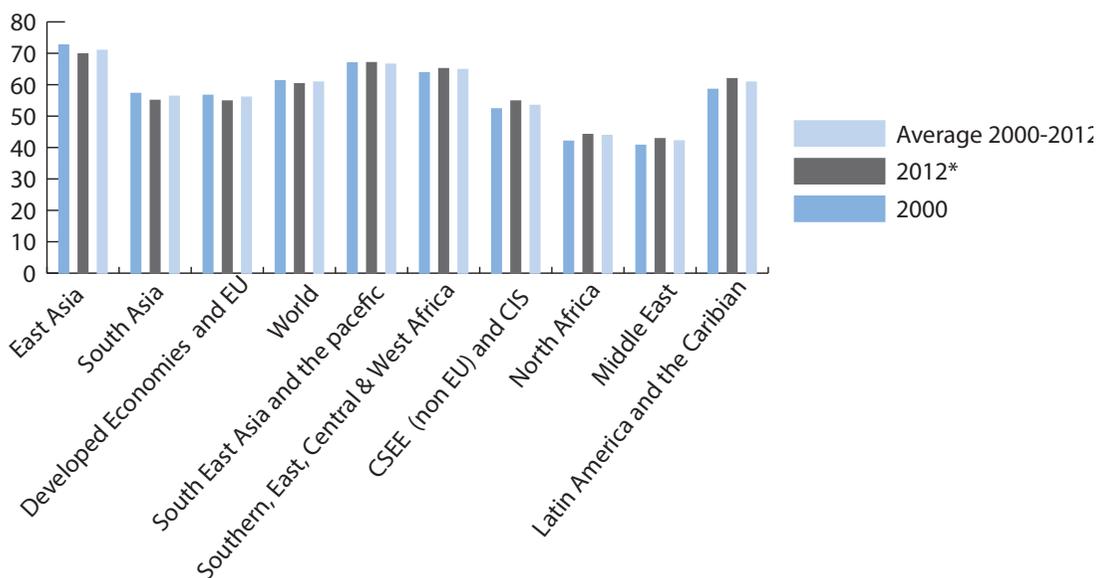
13 See ILO (2012) and ECA et al. (2012) for more information.

appears that most women are moving out of agriculture and into services, though they still make up the majority of the agricultural sector (62 per cent in 2012). The 9.5 percentage point decrease in women's agricultural employment was nearly matched by the 8.9 percentage point increase in services employment (ILO, 2013). Both agriculture and services are still constrained by low wages, poor working conditions and low productivity. This is likely to

reduce the positive impact of the structural shift in employment for women.

For the increase in the employment-to-population ratio and the structural shift in women's employment to yield demographic dividends in the long run, productivity and working conditions must improve in these sectors.

**Figure 1.6 Employment-to-population ratio across regions, 2000–2012 (per cent)**



Source: Authors' calculations based on ILO (2013).

Note: Data for 2011, 2012 and 2017 are estimates.

CSEE = Central and South Eastern Europe; CIS = Commonwealth of Independent States.

**Indicator 1.6: Proportion of employed people living on less than \$1.25 a day**

Workers earning less than \$1.25 a day are defined as the extreme working poor.<sup>14</sup> Over 2000–2012, the number of extreme working poor people fell to 383.8 million—a 311.5 million drop. An increase in job opportunities in China and East Asia accounted for much of the decline. North Africa's absolute number of working poor declined just 300,000; Southern, East, Central and West Africa's remained

constant but is projected to fall 11 million by 2017 (table 1.3).

<sup>14</sup> See ILO (2013), p. 40.

**Table 1.3 Workers earning less than \$1.25 a day by region, 2000–2017**

Region	Number of people (millions)					Share in total employment (per cent)				
	2000	2007	2011	2012	2017	2000	2007	2011	2012	2017
World	695.3	488	396.7	383.8	288.3	26.6	16.5	12.9	12.3	8.7
CSEE (non-European Union) and CIS	7.3	3.9	3.1	2.9	1.8	5	2.5	1.9	1.7	1.1
East Asia	232.2	93.3	52.2	46.3	14.6	31.2	11.5	6.3	5.6	1.7
South East Asia and the Pacific	81.7	49	36.8	35.4	22.2	33.7	17.9	12.4	11.7	6.9
South Asia	224.5	198	160.9	155.9	119.4	43.9	33	25.7	24.4	17.1
Latin American and the Caribbean	16.1	11.3	9.7	9.6	7.7	7.8	4.6	3.6	3.5	2.6
Middle East	0.6	0.8	1	1.1	1	1.4	1.5	1.6	1.8	1.4
North Africa	4.5	3.1	3.1	4.2	4.1	9.5	5.3	4.9	6.4	5.6
Southern, East, Central and West Africa	128.4	128.6	129.8	128.4	117.4	56.7	46.2	41.7	40.1	31.6
Africa	132.9	131.7	132.9	132.6	121.5	66.2	51.5	46.6	46.5	37.2

Source: ILO, 2013.

Note: Data for 2011, 2012 and 2017 are estimates

CSEE = Central and South Eastern Europe; CIS = Commonwealth of Independent States.

Africa's working poor as a share of its total employment stood at 66.2 per cent in 2000, had declined to 51.5 per cent by 2007 and is projected to fall further to 37.2 per cent in 2017—the result of a combination of policy factors (ECA et al., 2012). First, the last decade's moderate economic growth pushed wages above the international poverty line. Second, the conditions of the working poor have been upgraded in a number of countries, including South Africa. Third, the forecast decrease in poverty levels (see above) to 36 per cent by 2015 is driven partly by the drop in the proportion of the working poor. Fourth, more discoveries of natural resources across the continent could enhance the conditions of the working class.

In North Africa, however, this indicator worsened over 2000–2011, and it has been unstable partly because of high unemployment. Governments give more priority to reducing unemployment than to

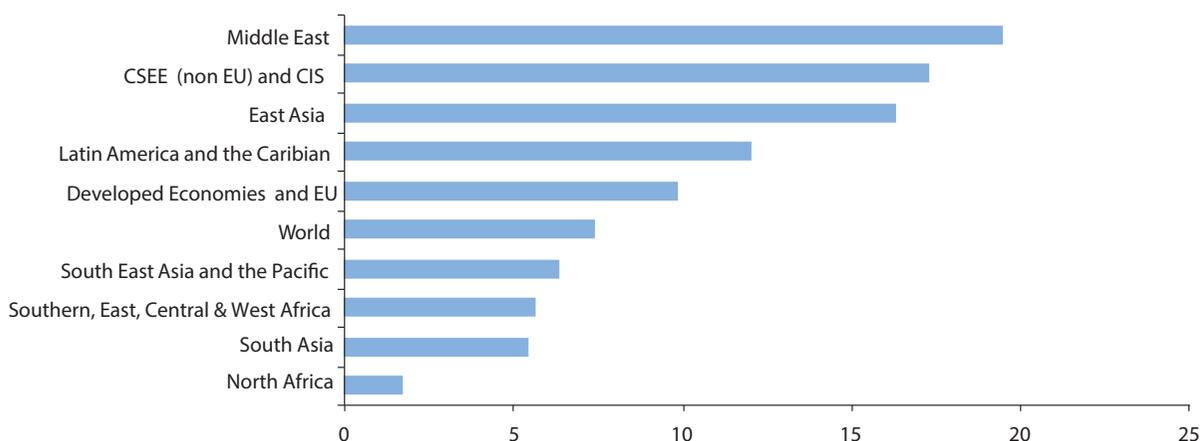
the working poor. Yet, focusing policy on the working poor as well the unemployed is critical to accelerating poverty reduction and strengthening social cohesion.

### **Indicator 1.7: Proportion of own account and contributing family workers in total employment<sup>15</sup>**

Globally, vulnerable employment declined 7.3 per cent over 2000–2012. This happened across all the regions but primarily in the Middle East, the Commonwealth of Independent States and Central and South Eastern Europe, and Latin America and the Caribbean (figure 1.7).

15 The term "own-account and contributing family workers" is used to capture the proportion of workers in vulnerable employment.

**Figure 1.7 Vulnerable employment across regions, 2000–2012 (per cent)**



Source: Authors' calculations based on ILO (2013)

CSEE = Central and South Eastern Europe; CIS = Commonwealth of Independent States.

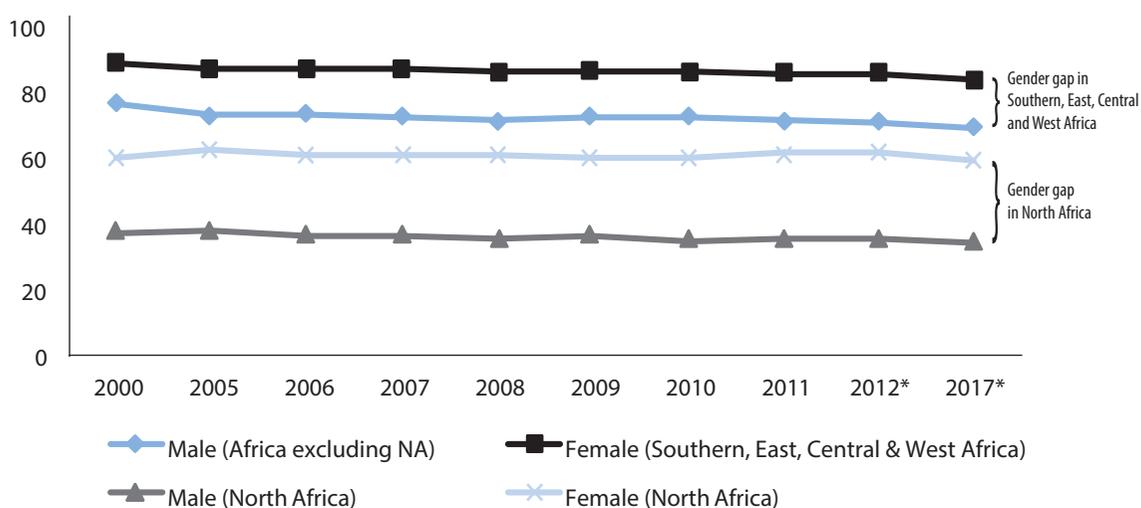
Africa's employment creation has been driven largely by the informal sector. Indeed, vulnerable employment has accounted for 70 per cent of employment growth since 2007. Four of ten employed in North Africa in 2011 were in vulnerable employment. In Southern, East, Central and West Africa, vulnerable employment remains at 76.6 per cent, on average, though it has fallen 3.8 percentage points in the last decade.

The vulnerable employment figures are higher in Southern, East, Central and West Africa and negatively skewed by gender and age. In North Africa in 2012, 35.5 per cent of jobs held by men were vulnerable; the figure for women was 61.2 per cent. In 2012, 70.6 per cent of jobs held by men in Southern, East, Central and West Africa were vulnerable; the figure for women was 84.9 per cent (figure 1.9).

Africa's growth dynamic is characterized by low but rising labour productivity and a slow but steady structural shift of labour from agriculture to services—but without an expansion of the industrial sector. This trend has been associated with persistently high vulnerable employment, which has declined

only marginally over the past two decades. Indeed, despite a 0.33 per cent annual reduction in vulnerable employment between 1991 (83 per cent) and 2012 (77 per cent), the absolute number of vulnerably employed actually increased by 100 million. In 2012, Southern, East, Central and West Africa had 247 million workers in vulnerable employment. So designing nationally relevant policies and strategies is important for lifting them into productive employment.

**Figure 1.8 Gender gap in vulnerable employment in Africa, 2000–2017 (per cent)**



Source: Authors' calculations based on ILO (2013).

Note: Data for 2012 and 2017 are estimates.

Each country should focus on jobs with the greatest returns on development at that point in time. Because countries differ in their level of development, demography, endowments and institutions, the type of job on which to focus should match the context. For instance, agrarian societies face the challenge of making agricultural jobs more productive and creating job opportunities outside farms. But resource-rich countries need to diversify their exports from primary products to ensure that jobs are connected to global markets.

Africa needs to approach job creation from a development angle, not just as a sectoral issue. National development visions, plans and strategies should focus on jobs—jobs mainstreamed into all sectoral and development strategies. To mainstream jobs into national development processes in a more practical sense, the following are key:

**Get the policy fundamentals right—focus on growth rich in jobs.** To achieve the growth–employment nexus in practice, the policy environment must be conducive to growth. This requires promoting mac-

roeconomic stability; fostering an environment for businesses to thrive; paying particular attention to human capital accumulation, especially by aligning the education system with labour market realities; establishing the rule of law; and advancing the security of life and property.

**Establish sound labour policies and strategies as a necessary condition for growth.** Labour policies matter more than often thought. They need to facilitate job creation and enhance the returns on development in terms of jobs. And they should remove market distortions without obstructing efficiency and effectiveness.

**Set the priority for public actions on jobs that have the greatest returns on development.** This should depend essentially on each country's development context—agriculture, rich in resources, conflicts, small island states, youth unemployment, and so on. This requires countering key market imperfections and institutional failures that hinder job creation in such a development context.

One reason appreciable economic growth achieved over the past decade has not yielded significant reduction in poverty is that the growth has not been rich in jobs. Practical strategies and policies aimed at creating secure and remunerative jobs are likely to strengthen the link between economic growth and living conditions in the short run and human development in the long run. UNDP (2013) sheds light on how countries with simultaneously high growth and poverty reduction also rapidly created jobs. Examples include Malaysia and Thailand in the 1970s, China and Indonesia in the 1980s and India and Viet Nam in the 1990s. African countries like Mauritius, Rwanda and Uganda had similar experiences in the 1990s. In fact, countries that expanded employment 2–6 per cent while raising productivity and wages in the 1990s, especially through small-scale agriculture and exports, had a very strong relationship between economic growth and poverty reduction.

The need to prioritize job creation in Africa is more urgent than ever. Over the past 10 years, Africa's labour force expanded by 91 million people but added only 37 million jobs in wage-paying sectors. Generating substantial jobs would require focusing on strategies and policies in labour-intensive sub-sectors like manufacturing and agriculture, as well as retail, hospitality and construction. With strong investment in young people's capabilities, including in education, training and skills acquisition, Africa could create as many as 72 million jobs by 2020, 18 million more than under current growth levels (UNDP, 2013).

To accomplish this, Africa needs pragmatic and proactive policies and programmes that continually address improving infrastructure.<sup>16</sup> To this end, the continent needs to tackle its infrastructure deficit in such areas as electricity, road, rail, waterways, irrigation, telecommunications and water supply. Also urgent is the need to remove bottlenecks to entre-

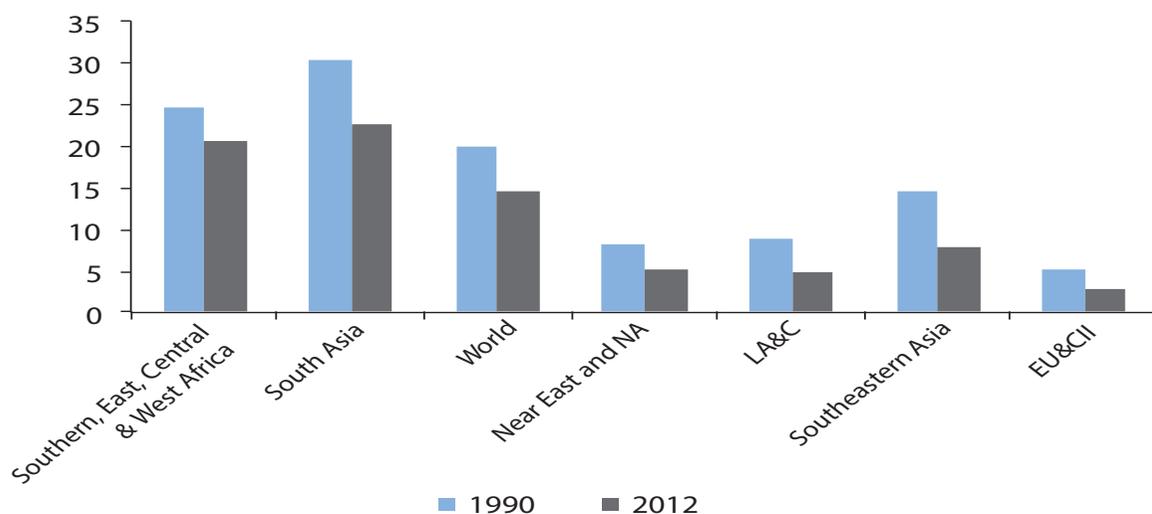
<sup>16</sup> See UNDP (2013) and Chorev (2012).

preneurial transformation and private sector development. Facilitating access to finances for both micro and small enterprises will be critical for creating decent jobs. Simplifying and harmonizing the challenging, and sometimes outdated regulations will also be pivotal.

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

Globally, progress on halving the proportion of people who suffer from hunger has been slow, with not a single developing region having reached the target in 2012 (figure 1.9). The progress from all developing regions was about 26 per cent over 1990–2012. Three regions reduced hunger by at least 40 per cent—Eastern Europe and the Commonwealth of Independent States (46.15 per cent), Southeast Asia (45.52 per cent) and Latin America and the Caribbean (44.32 per cent). Southern, East, Central and West Africa made the least progress, at 16.67 per cent. The frequent droughts in the Sahel and the Horn of Africa, which sometimes led to serious food shortages, is one of the factors making it difficult to reduce hunger. West Africa's variable cereal production is a good example. The 2011 drought in the Sahel resulted in a 26 per cent fall in cereal production from 2010 (figure 1.10). This, to a large extent, reduced cereal production 9 per cent in West African countries and 7 per cent in Economic Community of West African States countries.

**Figure 1.9 Regional progress on the Global Hunger Index, 1990–2012**



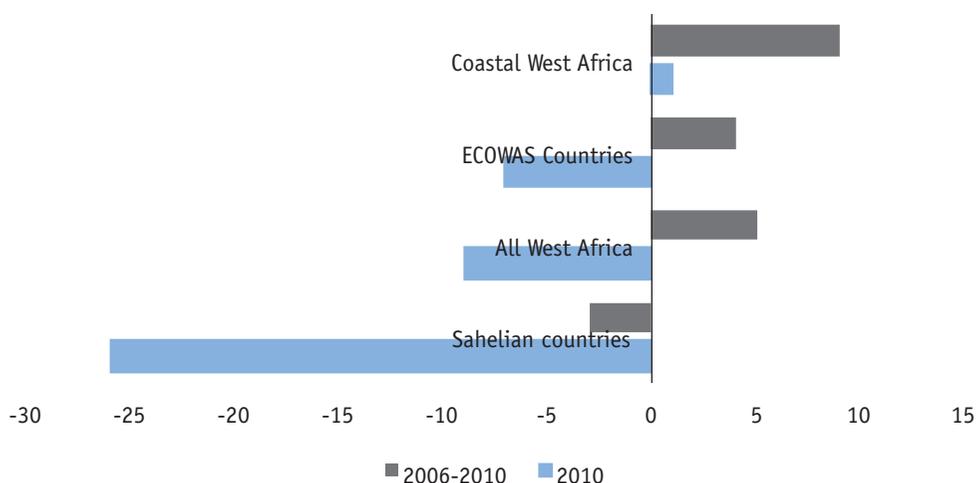
*Source:* Authors' calculations based on IFPRI, Concern Worldwide, and Welthungerhilfe (2012).

*Note:* Starting point for Eastern Europe and the Commonwealth of Independent States is 1996.

The performance of African countries varies markedly. Over 1990–2012, 3 countries reduced hunger by 50 per cent or more (Ghana, the Democratic Republic of the Congo and Mauritania); 19 reduced hunger 20.0–49.9 per cent and 13 reduced hunger 0.0–19.9 per cent. Five countries (Burundi, Swaziland,

Comoros, Cote d'Ivoire and Botswana) experienced setbacks (figure 1.11). Climate change (drought, especially in the Horn of Africa and the Sahel, and erosion in Swaziland) and conflicts (in Côte d'Ivoire, for example) are among the factors contributing to setbacks.

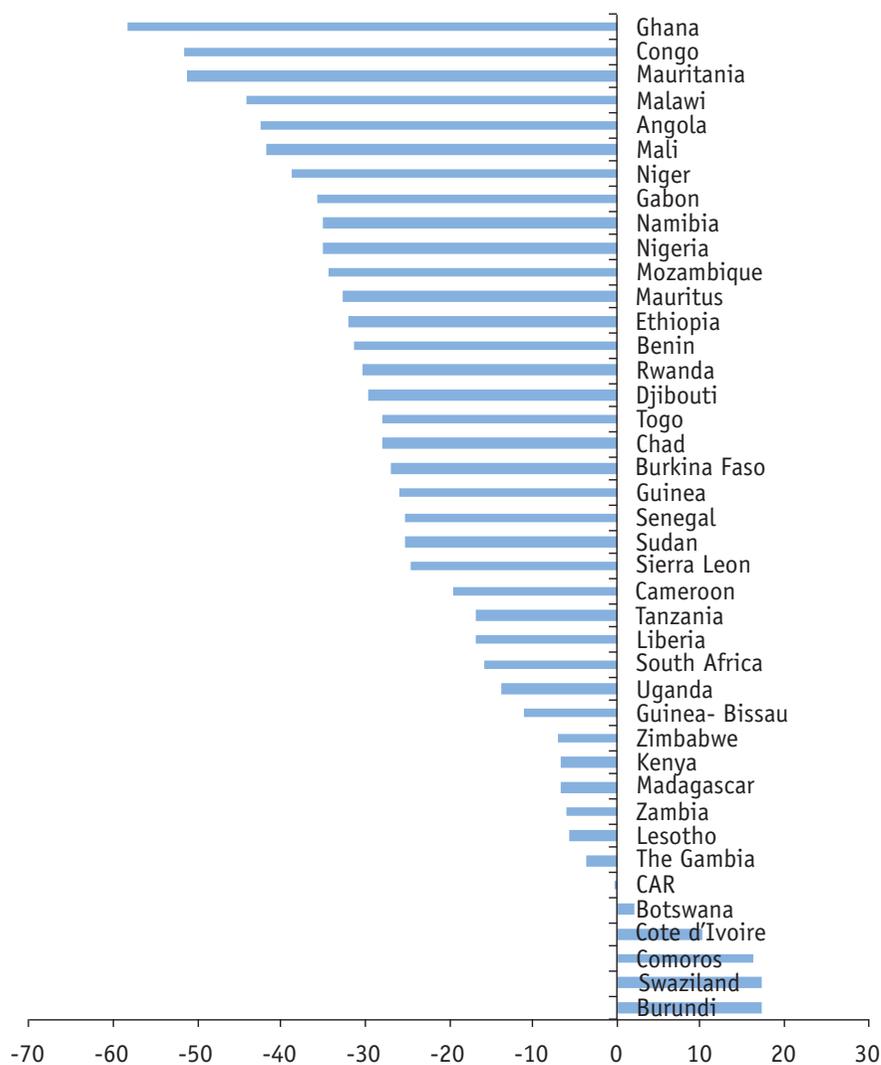
**Figure 1.10 Percentage of 2011 cereal production compared with 2010 and 2006–2010**



*Source:* Authors' calculations based on IFPRI, Concern Worldwide, and Welthungerhilfe (2012).

ECOWAS = Economic Community of West African States.

**Figure 1.11 Progress in reducing the Global Huger Index, 1990–2012 (per cent)**



Source: Authors' calculations based on IFPRI, Concern Worldwide, and Welthungerhilfe (2012).

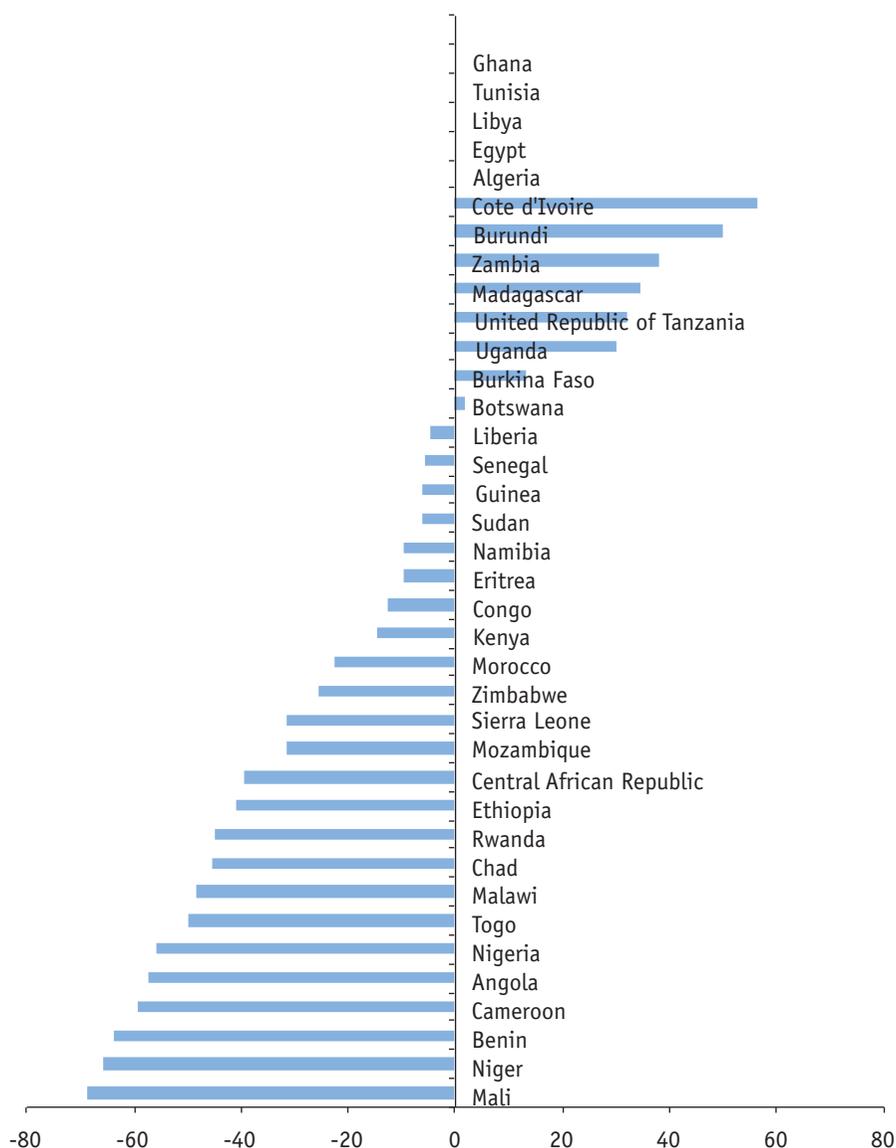
Africa reduced its prevalence of malnutrition<sup>17</sup> 16 per cent over 1990–2012. Slow progress in Southern, East, Central and West Africa is holding the continent back. North Africa maintained less than 5 per cent malnutrition, while the rest of Africa struggled to reduce it from 32.8 per cent to 26.8 per cent.

Twelve countries achieved the target in 2012; eight experienced setbacks (figure 1.12).<sup>18</sup>

17 This refers to the proportion of undernourished people as a percentage of the population (reflecting the share of the population with insufficient caloric intake) (IFPRI, Concern Worldwide, and Welthungerhilfe, 2012).

18 Countries that have achieved the target are Algeria, Egypt, Liberia, Tunisia, Ghana, South Africa, Nigeria, Angola and Cameroon. Countries that suffered setbacks are Côte d'Ivoire, Burundi, Zambia, Madagascar, Uganda, Tanzania, Burkina Faso and Botswana.

**Figure 1.12 Progress in reducing undernutrition, 1990–2012 (per cent)**



*Source:* Authors' calculations based on IFPRI, Concern Worldwide, and Welthungerhilfe (2012).

*Note:* Blank indicates less than 5 per cent progress.

The slow progress has not been matched by advances in nutrition levels. The global food price hikes and the recurring droughts in the Sahel and the Horn of Africa are among key factors accounting for the slow progress. Price hikes and volatility make both smallholder farmers and poor consumers increasingly vulnerable to poverty, because food

accounts for a large share of farmers' incomes and poor consumers' budgets. Large price changes have large effects on real incomes. Thus, even short episodes of high prices for consumers or low prices for farmers can cause productive assets—land and livestock, for example—to be sold at low prices, leading to potential poverty traps. In addition, smallholder

farmers are less likely to invest in measures to raise productivity when price changes are unpredictable. Price hikes can give rise to coping mechanisms that defer education and health spending at the household level, resulting in an overall drop in welfare and long-term development.<sup>19</sup> The seriousness of food insecurity has led some countries to declare national emergencies and accelerate priority action plans, including Burkina Faso, Chad, the Central African Republic, The Gambia, Niger, Mali, Togo and Tanzania. These actions have started mobilizing global support, partnerships and resources and strengthening the coordination of development management.

### **Indicator 1.8: Prevalence of underweight children under five years of age<sup>20</sup>**

Progress in reducing the prevalence of underweight children has been slow globally. In developing countries, the proportion of children under age 5 who are underweight declined about 24 per cent over 1990–2012. Latin America and the Caribbean (44.4 per cent), Southeast Asia (43.8 per cent) and Eastern Europe and the Commonwealth of Independent States (40.0 per cent) contributed substantially to the global progress. On average, Southern, East, Central and West Africa reduced the prevalence of underweight children by 14.3 per cent. Figure 1.13 provides additional information on the progress made across the developing world.

What are the main causes of underweight in children? Genetics, digestive diseases and low-fat diets may cause a child to be slightly slimmer than his or her peers. Children may be unusually thin because they have inherited a small frame from their parents. Paediatric eating disorders have become much more common in recent decades. Hyperthyroid-

19 See UN (2011); IFPRI, Concern Worldwide, and Welthungerhilfe (2012); and ECA et al. (2012).

20 This refers to the proportion of children under age 5 who are underweight (that is, have low weight for their age, reflecting wasting, stunted growth or both), which is one indicator of child malnutrition (IFPRI, Concern Worldwide, and Welthungerhilfe, 2012).

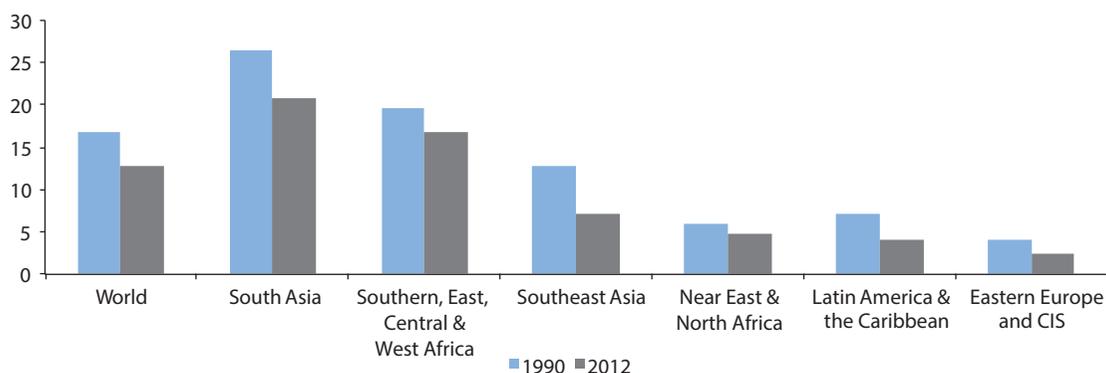
ism, a hormonal condition marked by an unusually active thyroid gland, can cause a child to become underweight. Some underweight children have digestive conditions, such as gastroesophageal reflux disease or inflammatory bowel disease, which in most cases make children refuse to eat normal quantities of food because they often experience heartburn or bowel pain after eating.<sup>21</sup>

Several studies have suggested the link between socioeconomic conditions and underweight children (for example, Boheim, 2002; WHO, 2013). Children in the poorest households are twice as likely to be underweight as those in the richest. Children living in rural areas are more likely to be underweight than those in urban areas. This, to a large extent, has led to children's deaths in most of the developing world. Childhood malnutrition, including poor growth and micronutrient deficiencies, accounts for about 35 per cent of all deaths among children under five years of age (WHO, 2013,).

There is wide disparity in performance at the country level. Five countries (Algeria, Mauritania, Uganda, Angola and Gabon) had achieved the target in 2012. Eighteen countries were able to reduce the prevalence of underweight children 20.0–49.9 per cent, and nine actually worsened (table 1.4).

21 See Tarascio (2010) for more information on possible causes of underweight in children.

**Figure 1.13 Progress on prevalence of underweight children, 1990–2012 (per cent)**



*Source:* Authors' calculations based on IFPRI, *Concern Worldwide*, and *Welthungerhilfe* (2012).

Findings from studies on countries like Burkina Faso, Ghana and Togo show an important link between households' demographic and socioeconomic situations and underweight children. Children born in households to mothers with low education, living in rural areas and with insecure sources of water and a lack of toilets have the highest risk of being underweight (Boheim, 2002). Child malnutrition is negatively skewed towards boys and tends to have a negative spill over into other MDGs. Infants undernourished in their first 1,000 days can suffer irreparable damage to their physical and mental development, which could handicap them for life. When they become adults, they are likely to bear another generation of underweight babies. Malnutrition affects children's cognitive learning, educational performance and status in life (Victora et al., 2008). Indeed, malnutrition is an underlying cause in more than a third of deaths among children under age 5

and more than 20 per cent of maternal mortalities (UNICEF, 2010; WHO, 2013).

The cost of preventing undernutrition is far lower than the costs of managing its side effects once it has occurred. This underscores the importance of addressing this challenge in Africa. Many African countries have initiated nutrition programmes that have generated positive results.<sup>22</sup> Lessons from most of the programmes emphasize the importance of national ownership, increased government funding, improved governance of nutrition programmes, decentralization and strong collaboration with development partners.

<sup>22</sup> For detailed information on key elements and achievements of some of these programmes, see WHO (2010) and UNICEF (2009).

**Table 1.4 Progress on underweight children, 1990–2012 (percentage change)**

Achieved (50 per cent or more decline)		Appreciable progress (20–49 per cent decline)		Slow progress(0–20 per cent decline)		Setback (rising trend)	
Algeria	-67.39	Malawi	-43.44	South Africa	-19.44	Gambia	0.56
Mauritania	-67.21	Ghana	-40.42	Namibia	-18.60	Madagascar	2.25
Uganda	-61.18	Mali	-38.83	Tanzania	-16.75	Democratic Republic of the Congo	2.54
Angola	-56.10	Togo	-35.46	Eritrea	-15.93	Burundi	7.98
Gabon	-51.00	Egypt	-35.24	Kenya	-15.03	Libya	16.67
		Mauritius	-33.56	Guinea	-14.75	Central African Republic	20.83
		Morocco	-32.10	Sierra Leone	-14.57	Comoros	34.57
		Congo	-31.79	Ethiopia	-11.73	Somalia	43.86
		Zambia	-29.72	Niger	-10.73	Côte d'Ivoire	44.62
		Mozambique	-28.24	Swaziland	-9.38	Djibouti	50.50
		Burkina Faso	-27.58	Cameroon	-7.78	Zimbabwe	75.00
		Botswana	-26.32	Sudan	-7.20		
		Rwanda	-25.93	Liberia	-5.88		
		Nigeria	-23.93	Guinea Bissau	-4.74		
		Senegal	-23.68	Lesotho	-4.35		
		Chad	-23.06				
		Tunisia	-22.79				
		Benin	-22.31				

Source: Authors' calculations based on IFPRI, Concern Worldwide, and Welthungerhilfe (2012).

## Conclusions

Progress on Goal 1 has been unequal across both indicators and countries. Many countries have made substantial progress, but disparities still exist within and across them. Despite Africa's growing faster than all but one region and having 16 of the 29 economies projected to grow the fastest over 2012–2014, the pace of poverty reduction has been too slow to reach the target by 2015. Africa has yet to make the rapid growth cut across most countries and sustain it for long. Nor has it made growth more effective in reducing poverty. Other factors impeding progress include high inequality, high population growth, recurring food price hikes, prevalent conflicts, weak

governance and climate change. In addition to addressing these challenges, the dominance of rural poverty and the gender gap in poverty in some countries should be given serious consideration.

Although Africa has considerable potential to generate employment over the medium term, addressing youth unemployment and increasing labour productivity are daunting challenges. With pragmatic and proactive policies and programmes to improve infrastructure (road, rail, irrigation, electricity, telecommunication) and remove bottlenecks to entrepreneurial transformation by facilitating access

to finances and simplifying regulations could accelerate the generation of decent jobs.

Progress on malnutrition is slow, with many countries still having a large proportion of their population, especially children, malnourished. Accelerated efforts are required on this target. African governments need to build on the current momentum of the African Union's Comprehensive Africa Agricultural Development Programme to achieve agricultural transformation—not only to promote food security but also to reduce poverty and generate employment, especially from agricultural value chains. Formulating and implementing inclusive national employment strategies, with a particular focus on youth employment, is also important. This report enjoins member states to focus on jobs with the greatest returns on development. For instance, agrarian societies face the challenge of making agricultural jobs more productive and creating job opportunities outside farms, while resource-rich countries need to diversify their exports from primary products to ensure that local jobs are connected to global markets.

Food security has multiplier effects across all the MDGs. Therefore, promoting short- and long-term strategies for food security is of high importance to Africa. At the short end is the development of national policies to improve nutrition outcomes. This includes developing a comprehensive nutrition programme that combines the provision of health clinic services, home visits by health workers and the distribution of therapeutic food supplements to the vulnerable groups, especially women and children. Long-term policies and strategies that promote improved use of fertilizers, access to improved seedlings and all-season farming are needed. Farmers need access to market information and technology. Credit and assisted insurance to farmers should be institutionalized at the national level to operationalize the Comprehensive Africa Agricultural Development Programme. Strong commitment to implementing these short- and long-term strategies is vital for accelerating progress.



# Goal 2: Achieve universal primary education

Education is crucial for economic development, and progress towards achieving universal primary education has positive spillover effects on other MDGs. Primary enrolment has risen significantly across the world—but even more so in Africa. Excluding North Africa, where enrolment rates rose more than two-thirds, 43 million more African children enrolled in primary school in 2010 than in 1999 (UN, 2012). But completion rates have not matched these rising enrolment rates. While the completion rates stands at 90 per cent globally, the figure for Southern, East, Central and West Africa as a group is a mere 70 per cent. Low completion rates reduce the number of qualified students who advance from primary to secondary education and raise questions about the quality of primary education in Africa.

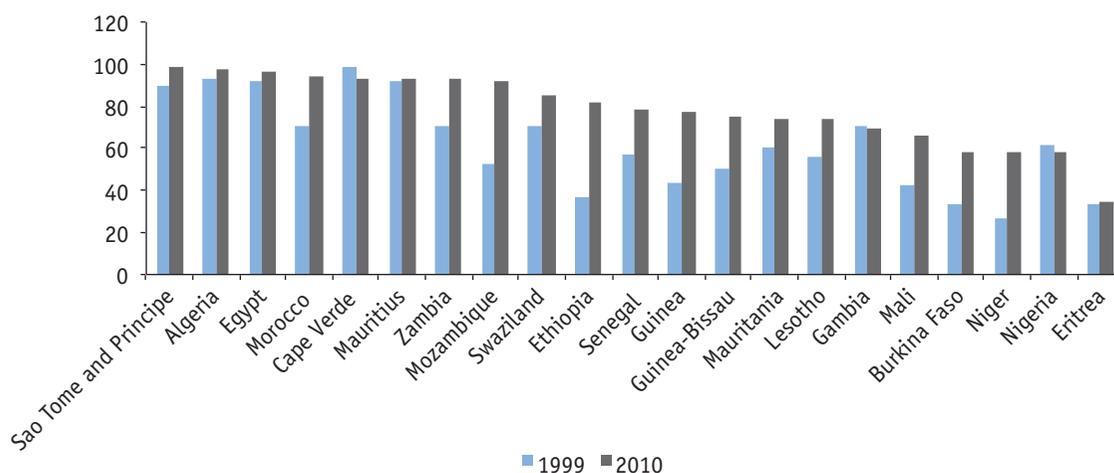
**Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling**

**Indicator 2.1: Net enrolment in primary education**

***African countries continue to progress on primary school enrolment***

The aggregate net primary school enrolment in Africa rose from 64 per cent in 2000 to 87 per cent in 2010 in the 29 countries with available data. Excluding North Africa, enrolment rose markedly from 58 per cent to 76 per cent over the same period, an annual increase of 1.5 percentage points, which is considerable given the high population growth in Africa (UN, 2012). For North Africa, enrolment rose

**Figure 2.1 Net enrolment in primary education, 1999 and 2010 (per cent)**



*Source: Authors' calculations based on UNSD (n.d.).*

*Note: Some of the data have been adjusted by the responsible specialized agencies to ensure international comparability, in compliance with their shared mandate to assess progress towards the MDGs at the regional and global levels.*

from 88 per cent in 2000 to 96 per cent in 2010, reflecting a 10 percentage point narrowing in the difference between that region and the rest of Africa. Even so, progress varies widely across African countries (figure 2.1).

***The gap to the target in primary school remains significant in some African countries but can be improved by 2015***

In recent years, African countries have intensified efforts to achieve the net primary enrolment target.

**Table 2.1 Gap to net enrolment target in primary education for selected African countries**

Country	2010 (per cent)	Gap to target (percentage points)
Rwanda	98.7	1.3
São Tomé and Príncipe	98.6	1.4
Algeria	97.3	2.7
Egypt	96.3	3.7
Morocco	94.1	5.9
Cameroon	93.9	6.1
Benin	93.8	6.2
Cape Verde	93.5	6.5
Mauritius	93.4	6.6
Zambia	92.7	7.3
Mozambique	92.0	8.0
Uganda	91.0	9.0
Congo	90.8	9.2
Angola	85.7	14.3
Swaziland	85.6	14.4
Ghana	84.2	15.8
Ethiopia	82.2	17.8
Senegal	78.0	22.0
Guinea	77.0	23.0
Guinea-Bissau	75.0	25.0
Mauritania	74.4	25.6
Lesotho	73.7	26.3
Central African Republic	70.9	29.1
The Gambia	69.3	30.7
Mali	65.8	34.2
Burkina Faso	63.2	36.8
Niger	58.3	41.7
Nigeria	57.6	42.4
Equatorial Guinea	56.3	43.7
Eritrea	34.9	65.1

Source: Authors' calculations based on UNSD (n.d.).

For instance, Niger increased its net primary enrolment rate by 9 percentage points between 2009 and 2011 (from 53 per cent to 62 per cent), while Ghana increased its enrolment rate by 7 percentage points (from 77 per cent to 84 per cent; UN, 2012). Several African countries still have a long way to go to reach the target of 100 per cent (table 2.1). In 2010, at least 13 countries had a gap to target greater than 20 percentage points. The performance of Niger and the other countries suggests that the challenge can be overcome, however.

### Indicator 2.2: Primary completion rate

#### Low completion rates are a nagging problem

The average primary completion rate rose from 54 per cent in 2000 to 71 per cent in 2010, an increase of 1.7 percentage point a year. In countries with lower initial primary completion rates, progress was greater. For example, Ethiopia, Rwanda and Mozambique improved their primary completion rates annually by 4.9, 4.7 and 4.4 percentage points, respectively, over the last 10 years.

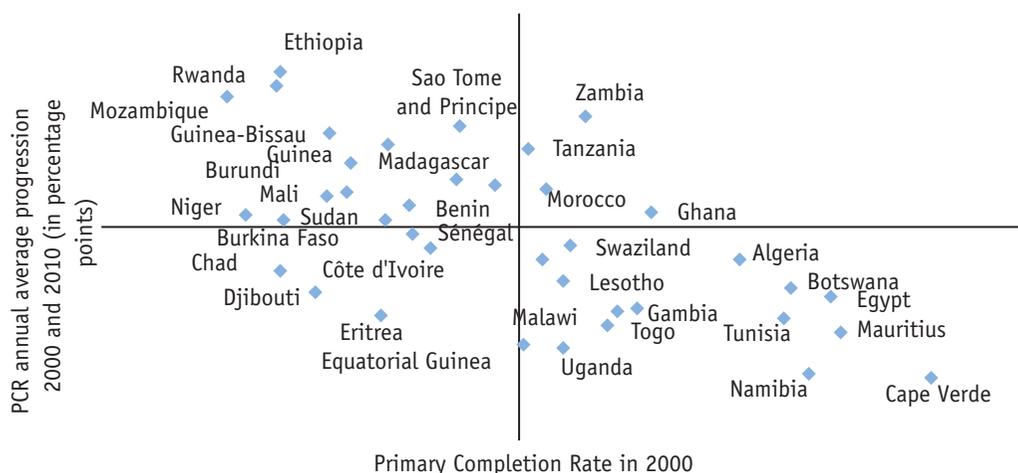
Note that Ghana, Morocco, Tanzania and Zambia, whose primary completion rate exceeded the re-

gional average in 2000, also feature among countries that have made the most progress.

While low completion rates are partly due to poor educational quality, late entry into schools and poverty also play a role. Of children starting primary school in Africa, 41 per cent were two or more years older than the official school entry age. By grade 3, children who entered late can be four times as likely to drop out of school as children who started at the appropriate age. In addition, children from poor households are more likely to start late, due to long distances to schools, poor health and nutritional status or lack of parental awareness of the importance of sending children to school on time. Poverty also holds back completion rates. In 2006, 90 of every 100 children from the poorest quintile in Uganda entered primary school but only 49 of the 90 reached the last grade, compared 97 of every 100 children from the richest quintile entering primary school and 80 of the 97 reaching the last grade (UNESCO, 2012).

Some African countries have made efforts to improve completion rates. Social protection regimes,

**Figure 2.2 Primary completion rate in 2000 and average over 2000–2010**



Source: Authors' calculations based on UNESCO (n.d.).

particularly cash transfers and school feeding programmes, have helped increase enrolment and completion rates. The introduction of pre-schooling in such countries as Nigeria and Tanzania helped smooth the transition to primary grades and, more importantly, completion of the full primary cycle (UNESCO, 2012).

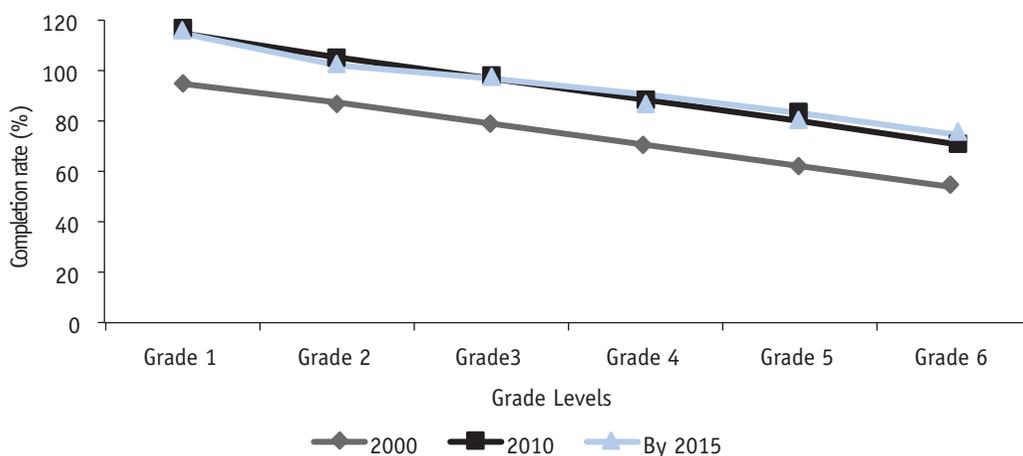
### **Retention in the primary cycle is stagnating**

The retention rate at the primary level remained almost constant over 2000–2010, increasing from 65 per cent to just 68 per cent. If current dropout trends continue, the primary education completion rate will rise only marginally between 2010 and 2015 (Ndém, 2011). Indeed, the primary completion rate would increase from 71 per cent today to nearly 75 per cent in 2015, an annual increase 2.3 times less than that between 2000 and 2010 (figure 2.3). Improving the retention rate is thus necessary to reaching the universal primary education goal.

### **Completion rates vary by gender, location and income**

Both girls and boys struggle to complete primary education in Africa, but boys on average are about 5 percentage points more likely than girls are to complete this schooling. Location and income also determine completion rates. Urban dwellers are more likely to complete school than rural dwellers, as are the wealthiest quintiles compared with the poorest (table 2.2). Indeed, 69 per cent of children who do not complete the primary cycle live in rural areas and 67 per cent of these come from the poorest 60 per cent of households. When these disparities are combined, completion rates drop even more. Girls living in rural areas and who come from the poorest 60 per cent of households represent 26.3 per cent of children who do not complete primary education, whereas boys living in urban areas and coming from the richest 40 per cent of households represent only 8.6 per cent of children who fail to complete primary education.

**Figure 2.3 Primary completion rate, 2000, 2010 and anticipated 2015 (per cent)**



Source: Authors' calculations based on UNESCO (n.d.).

**Table 2.2 Primary access and completion rates according to social characteristics of individuals, probabilistic estimation, 35 countries, 2006–2011 (per cent)**

	Total	Gender		Location		Quintile of wealth		Gender and location				
		Girls	Boys	Rural	Urban	Q123	Q45	RG	RB	UG	UB	
Access	81.6	80.0	83.1	77.5	91.2	76.2	90.4	75.4	79.4	90.0	92.4	
Completion	54.8	52.5	57.1	44.6	71.5	41.7	70.9	41.4	47.3	69.0	74.2	
		Gender, location and wealth							Disparities			
		RGQ123	RGQ45	RBQ123	RBQ45	UGQ123	UGQ45	UBQ123	UBQ45	B/G	U/R	Q45/ Q123
Access	73.1	83.8	77.3	87.9	80.5	92.1	83.9	94.4	1.04	1.18	1.19	
Completion	36.2	57.2	42.4	63.0	48.8	73.4	52.1	78.9	1.09	1.60	1.70	

Source: Authors' calculations based on (Ndém (2011))

Note: Estimates based on household surveys differ from those based on administrative data, because these data are probabilistic and generational, while school administrative data comprise combinations of generation. Further, whereas elements for calculating indicators for household surveys stem from the same source, indicators from administrative data aggregate data from independent sources.

RG = rural girls; RB = rural boys; UG = urban girls; UB = urban boys; Q123 = poorest, second and third quintiles; Q45 = fourth and wealthiest quintiles.

### Indicator 2.3: Literacy rate of 15–24 year old men and women

Literacy data in Africa are encouraging but mask considerable gender and cross-country disparities. In 2010, 13 African countries had a literacy rate

above 90 per cent, but 10 countries were below 70 per cent (table 2.3). Disaggregating data by gender for the same year shows that literacy rates remain higher for men (82.5 per cent) than for women (78 per cent; figure 2.4).

**Table 2.3 Literacy rate by African countries, 2010**

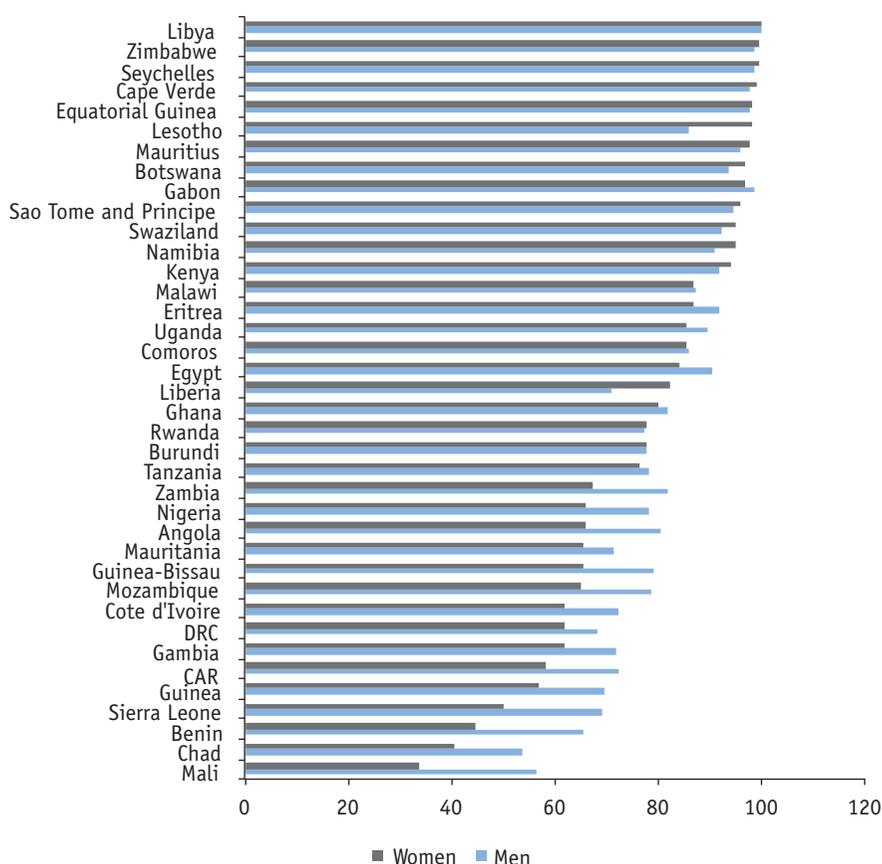
Above 90 per cent	Between 75 and 90 per cent	Below 75 per cent
Libya (99.9)	Eritrea (89.3)	Zambia (74.4)
Seychelles (99.1)	Egypt (87.5)	Angola (73.1)
Zimbabwe (99.0)	Uganda (87.4)	Guinea-Bissau (72.1)
Cape Verde (98.3)	Malawi (87.1)	Nigeria (72.1)
Equatorial Guinea (98.0)	Comoros (85.6)	Mozambique (71.8)
Gabon (97.7)	Ghana (80.8)	Mauritania (68.3)
Mauritius (96.7)	Burundi (77.6)	Côte d'Ivoire (67)
Botswana (95.3)	Rwanda (77.5)	The Gambia (66.7)
São Tomé and Príncipe (95.3)	Tanzania (77.3)	Central African Republic (65.2)
Swaziland (93.6)	Liberia (76.5)	Democratic Republic of the Congo (65.0)
Namibia (93.1)		Guinea (63.4)
Kenya (92.8)		Sierra Leone (59.4)
Lesotho (91.9)		Benin (55.0)
		Chad (47.0)
		Mali (44.3)

Source: Authors' calculations based on UNSD (n.d.).

The appreciable levels of literacy in Africa do not reveal the quality of the skills acquired. Indeed, primary school graduates often lack the requisite numeracy and literacy skills due to the low-quality education they receive. It takes about four to five years of quality primary schooling for children to attain functional literacy and numeracy skills (Ndém, 2011). However, recent analysis of household surveys shows that far more children than expected in low- and lower middle-income countries are completing primary school without becoming literate (Ndém, 2011). In

Ghana, more than half of women and more than a third of men ages 15–29 who completed six years of school could not read a sentence in 2008. Further, 28 per cent of young women and 33 per cent of young men could only read part of a sentence (UNESCO, 2012). About 70 per cent of youth who completed the full cycle of primary education can read a simple sentence with ease (table 2.4). If Africa is to realize a demographic dividend from its youthful population, the literacy rates of its youth need to improve.

**Figure 2.4 Literacy by gender, 2010 (per cent)**



Source: Authors' calculations based on UNSD (n.d.).

Note: Some of the data have been adjusted by the responsible specialized agencies to ensure international comparability, in compliance with their shared mandate to assess progress towards the MDGs at the regional and global levels.

**Table 2.4 Proportion of youths ages 15–24 who can read a simple sentence with ease, in relation to the highest grade attained, 2006–2011, selected countries**

	Highest grade reached										
	0	1	2	3	4	5	6	7	8	9	10
Minimum	0.7	0.9	1.5	2.9	6.9	15.5	34.0	65.5	88.6	94.4	97.2
Average	8.5	11.3	16.9	25.5	37.0	51.9	69.7	85.8	94.9	98.3	99.4
Maximum	26.4	26.4	42.3	66.9	85.1	95.2	98.6	99.6	99.9	100.0	100.0

Source: Authors' calculations based on (Ndém (2011))

**Note:** Countries include Benin, Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Namibia, Niger, Nigeria, São Tomé and Príncipe, Senegal, Sierra Leone, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

## Conclusion

While several African countries are on track to achieve the net primary enrolment target, low-quality education has led to low completion rates, high repetition rates and low levels of functional literacy. And stark gender, income and rural urban inequal-

ities in access to education have caused unequal access to quality education at all levels. Addressing these issues is paramount to Africa realizing the potential demographic dividend that could accrue from its youthful population.



# Goal 3: Promote gender equality and empower women

Improving the status of women and girls is important for achieving the other aspects of the MDGs and to promote human development. When women are more educated, they delay marriage and pregnancy, leading to fewer deaths of mothers and babies during childbirth. Highly educated mothers have the skills to compete effectively for high-skilled, well-paid jobs and will thus be better able to feed their children, care for them and send them to school. Empowering women and girls is central to promoting rapid and equitable economic growth and long-term stability. Promoting girls' education and facilitating poor women's access to productive and financial resources, while promoting gender equality in the household and in society, results in large development returns. Empowering women and girls through education will also enable them to participate in decisionmaking at all levels—within households, locally and nationally—to influence the allocation of resources in a gender-sensitive manner. These efforts can contribute to higher productivity, which increases economic growth. And economic growth generates more resources to finance the necessary investment in primary and secondary education, health, water, sanitation and social protection for vulnerable girls and women. Enhancing women's knowledge and skills is vital for them to function as workers, citizens and fulfilled individuals. An educated woman is also an asset to a country's social and political stability. Given the centrality of women's education to human development, educating girls and women is a primary objective of the Education for All initiative and the Dakar Framework of Actions. The protocol of the African Charter of Human and People's Rights on the Rights of Women in Africa (Maputo Protocol)

and the protocol to establish the African Court on Human People's Rights (which came into effect in 2004 and issued its first decision in 2009), among others, are geared toward protecting and enforcing children's and women's rights.

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

Africa's performance in narrowing gender disparity in primary school has been encouraging over the past two decades. It performed better than South-east Asia, Latin America and the Caribbean and West Asia. But it performed below the Southern Asian average. The ratio of girls to boys enrolled in primary school continues to improve in many African countries. Of the 49 African countries with data, 17 have achieved gender parity<sup>1</sup> (girls' enrolment is almost the same as boys' enrolment). Of these 17, 9 have sustained parity since the 1990s.<sup>2</sup> Only the Central African Republic and Chad had a gender parity index of less than 0.8, and 28 countries had an index between 0.8 and 0.97 (between 8 and 9 girls enrolled for every 10 boys; table 3.1, page 41). Scores higher than 1.0 indicate disparity against boys. Thus, Malawi, Senegal and Mauritania, each with an index above 1.03, have primary school enrolment skewed against boys. So it is important to address this imbalance against boys' enrolment whenever it exists.

1 According to UNESCO (2012), gender parity is achieved when the gender parity index is between 0.97 and 1.03.

2 These countries are Botswana, Gabon, Kenya, Lesotho, Namibia, Seychelles and Tanzania.

Benin, Guinea and Chad made the most progress over 1990/1991–2010, with changes ranging between 62.2 per cent and 77.5 per cent. Guinea is a good example of promoting parity between regions and between towns to narrow gender gaps.<sup>3</sup> Fifteen countries (including Senegal, Mali, Burkina Faso and Guinea Bissau) increased gender parity in primary school enrolment by 25–50 per cent; four countries increased it 10–25 per cent. Ten countries progressed marginally (1–10 per cent). Cameroon, Mauritius and Madagascar maintained their parity levels, and nine countries regressed (figure 3.1). Declines in Lesotho, Namibia and Gabon should be interpreted not as regressions but as the results of efforts to reverse the imbalance against boys' enrolment. On the other hand, Eritrea has regressed consistently since 1991, Cape Verde since 2000. And South Africa has stagnated since 2003. These countries need to step up efforts to accelerate female enrolment in primary schools.

Strong advocacy is key in Uganda's progress, and strong policy actions on girls' education have been quite pronounced in a number of countries, including Tanzania, Zambia and Sudan. Locating schools closer to children is an important driver in Burkina Faso, while promoting girl-friendly schools and establishing scholarships for girls have produced positive results in many countries, including Sudan. Bottlenecks to progress are found at the family level (patrimonial attitudes prevail), at the school level (sexual harassment and inadequate feminine sanitation) and at the national level (weak commitment of political leadership). The gender parity index is higher among high-income groups than among low-income groups. Increasing the proportion of national budgets devoted to education at all levels and maintaining the number of years for which education is compulsory are important drivers in Seychelles. Other challenges include high grade repetition, early marriage, sexual harassment and violence

3 See AfDB et al. (2011) for more information.

both in and outside the education setting.<sup>4</sup> Despite the progress, the quality of education remains low in many African countries.

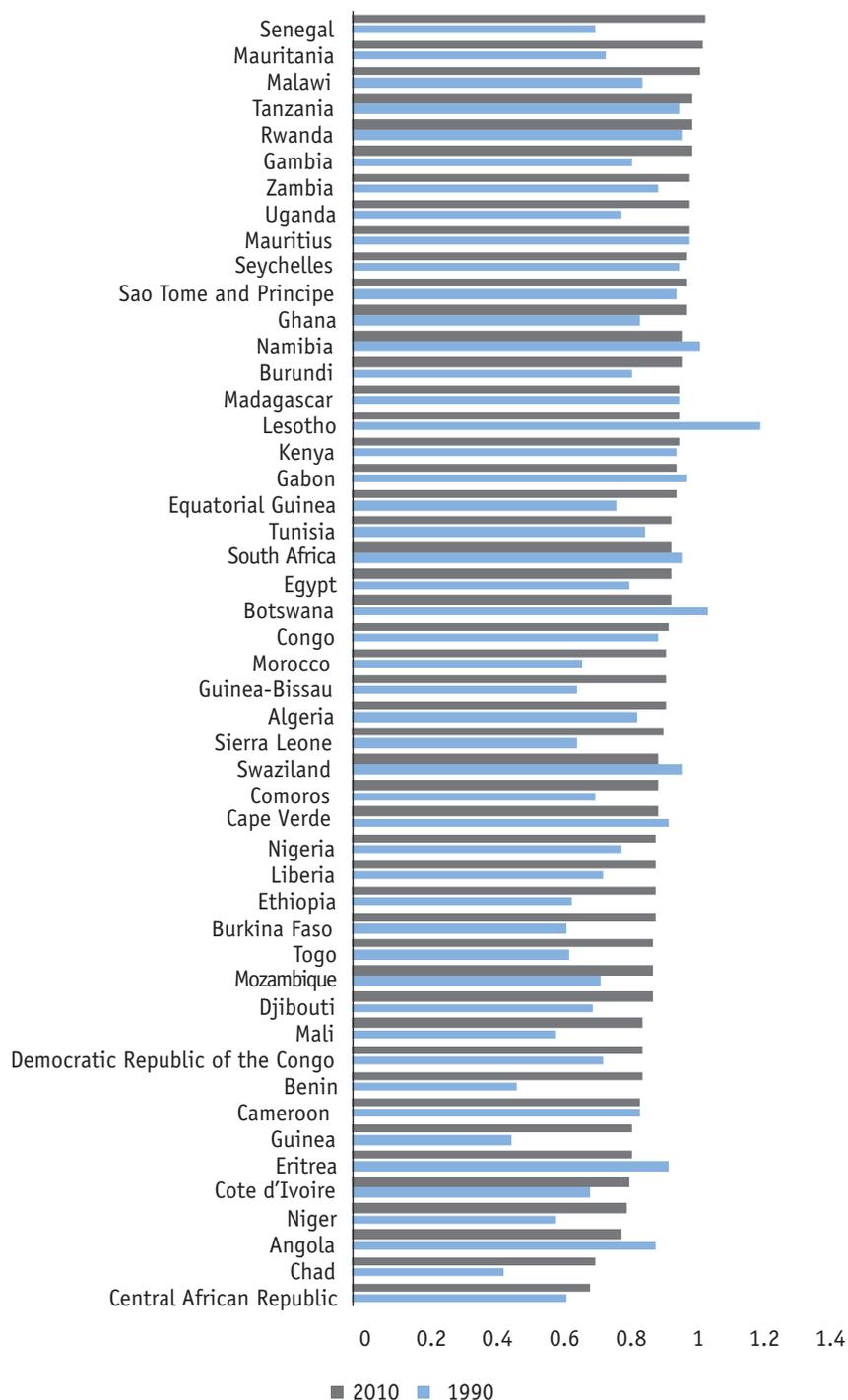
There is limited data on gender parity in secondary education enrolment. For 2010, just 37 countries have data, with 12 achieving parity.<sup>5</sup> Seven (Lesotho, Cape Verde, Tunisia, South Africa, Seychelles, Botswana and Namibia) have surpassed the target parity level of 1.03 (figure 3.3). Although Lesotho, Botswana and South Africa have struggled over the past decade to achieve gender parity, they have yet to address the bias against boys' secondary education. To this end, countries with a low boys' enrolment parity rate need to scale up action to reverse the bias. Egypt and The Gambia are very close to achieving gender parity in secondary school. Twelve countries have also achieved appreciable progress during this period with a parity index between 0.80 and 0.94, including Kenya, Ghana, Nigeria, Malawi, Uganda and Mauritania.

West African countries are among the best performers for improved gender parity in secondary education. Five of the six countries that improved 50 per cent or more (Chad, The Gambia, Niger, Mauritania, Guinea and Togo) are in West Africa. Eleven countries improved parity 20.0–49.9 per cent, while eight improved 1.0–19.9 per cent; another eight countries declined (figure 3.4). Most of the declining countries scaled up efforts to reverse the bias against boys, including Botswana, Lesotho, São Tomé and Príncipe and South Africa. In other countries, however, the high cost of secondary education and early marriages account for the decline. A major hindrance to Angolan girls' education includes fears for their safety, especially if they travel long distances to school; cul-

4 For more information on the drivers and bottlenecks to progress in primary school parity, see UNESCO (2012); WEF (2012); and ECA et al. (2012).

5 These countries are Lesotho, Cape Verde, São Tomé and Príncipe, Tunisia, South Africa, Seychelles, Mauritius, Botswana, Algeria, Swaziland, Rwanda and Mauritius.

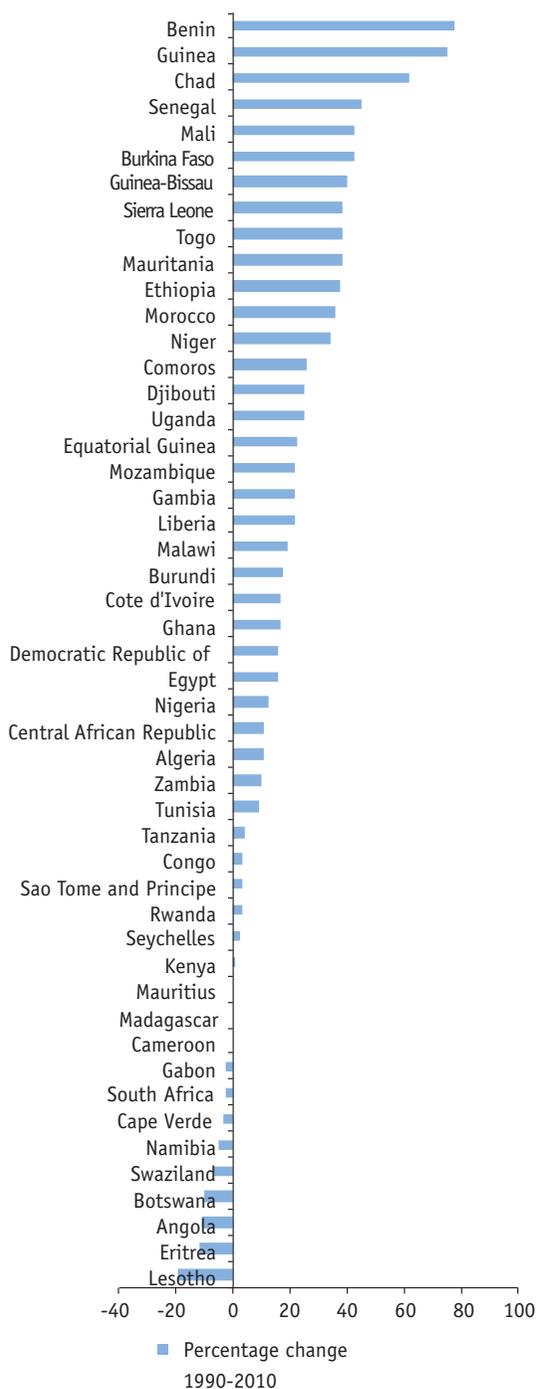
**Figure 3.1 Progress on gender parity index in primary school enrolment, 1990–2010**



Source: Authors' calculations based on UNSD (n.d.).

Note: Data for Comoros and Liberia are from 2008; Botswana, Namibia and South Africa, 2009; Côte d'Ivoire, Djibouti, Gabon, Ghana and Sierra Leone, 2011; others, 2010.

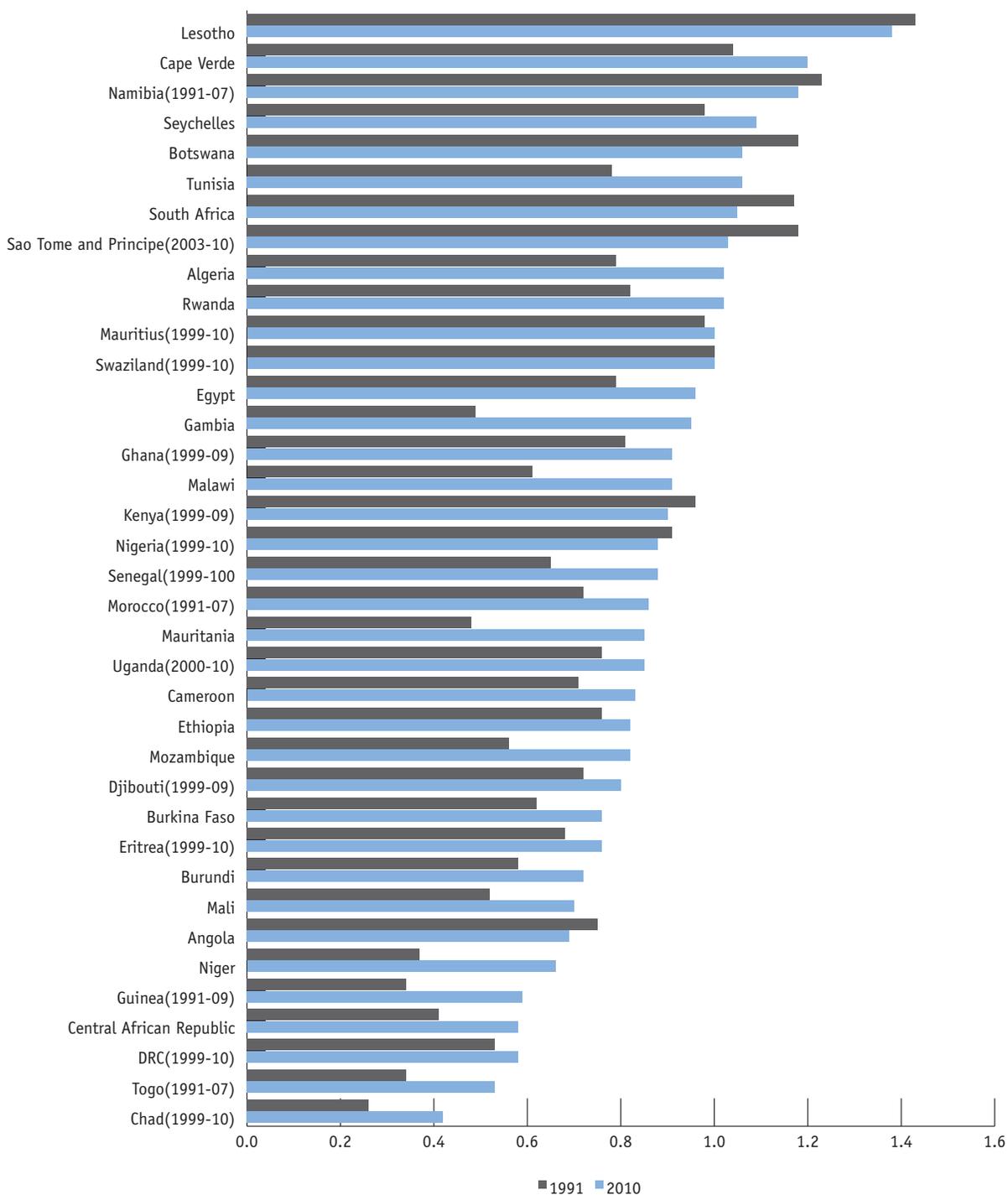
**Figure 3.2 Change in gender parity index in primary enrolment, 1991–2010 (per cent)**



Source: Authors' calculations based on UNSD (n.d.).

Note: The declines in Lesotho and Namibia are due to efforts to balance the gender gap in favour of boys. Data for Comoros and Liberia are from 2008; Botswana, Namibia and South Africa, 2009; Côte d'Ivoire, Djibouti, Gabon, Ghana and Sierra Leone, 2011; others, 2010.

**Figure 3.3 Progress on gender parity in secondary enrolment, 1991–2010**



Source: Authors' calculations based on UNSD (n.d.).

tural preferences for boys' education; and a lack of female teachers (Women's Commission for Refugee Women and Children, 2003).

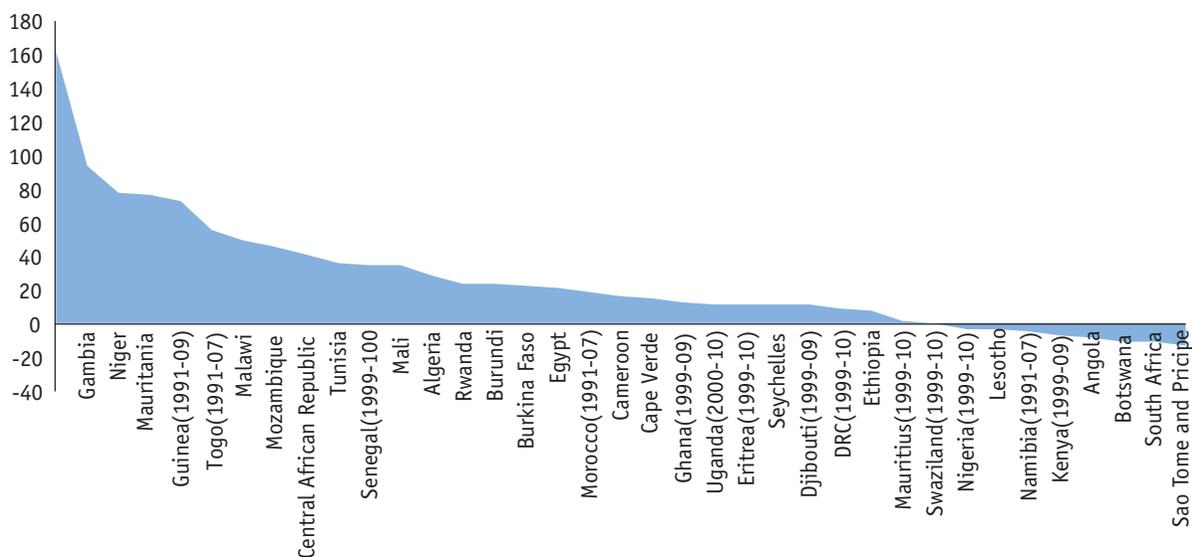
School life expectancy<sup>6</sup> (from primary to secondary schools) in Africa is higher for boys than for girls. Over 1998–2009, it improved from 5.7 years to 8.0 years for girls and from 6.3 years to 8.5 years for boys. Southern, East, Central and West Africa made the fastest improvement in the gender parity index in school life expectancy during the period. Six countries achieved parity in school life expectancy (Cape Verde, Lesotho, Malawi, Rwanda, Mauritius and São Tomé and Príncipe). The Gambia and Senegal almost achieved parity, while the Central African Republic and Chad had a parity index of less than 0.7.

Besides the bottlenecks for primary education, repetition and dropout rates explain why access to secondary education remains a challenge for girls

in many countries. Repetition rates, an indication of the internal inefficiencies of education systems, are also an important determinant of whether a child enrolled in school will complete both primary and secondary school. Cultural attitudes and practices that promote early marriage, the seclusion of girls and the preference to educate boys continue to present formidable barriers to gender parity (World Bank, 2010).

A major challenge to secondary school education is high dropout—mostly of girls. Contributing factors range from cultural practices at both the family and society levels, which constrain girls' secondary education (with preference to send boys to school and pressure for early marriage), to vulnerability to violence, in and out of education settings, and HIV/AIDS. Unpunished sexual harassment from teachers and male counterparts, as well as limited numbers of female teachers to serve as role models for girls,

**Figure 3.4 Percentage change in gender parity in secondary education, 1991–2010**



Source: Authors' calculations based on UNSD (n.d.).

6 The school life expectancy rate is the average number of years of instruction that a boy or a girl entering the system can expect to receive from primary to secondary schools.

are other factors (Women's Commission for Refugee Women and Children, 2003; UNESCO, 2012; WEF, 2012).

Data availability on gender parity at the tertiary education level improved in 2010, with 36 countries having data, up from 21 the year before. Of the 36 countries with data for 2010, 8 (Tunisia, Algeria, Namibia, Cape Verde, Lesotho, Mauritania, Botswana and Swaziland) had achieved gender parity in tertiary education, while 9 (Chad, the Democratic Republic of the Congo, the Central African Republic, Congo, Eritrea, Guinea, Ethiopia, Niger and Benin) had very low parity (gender parity index of less than 0.40). Chad had an index of less than 0.20, and 19 countries had an index between 0.40 and 0.97 (figure 3.5).

Given the importance of tertiary education to women, especially for enhanced income and social status, more countries are now emphasizing higher education. Ten countries improved significantly in gender parity in tertiary education over 1991–2010—ranging from 106.25 per cent to 371.43 per cent (figure 3.6). Guinea, Tanzania, Benin and Mali had the best improvement. And seven countries regressed—Djibouti, the Democratic Republic of the Congo, Chad, Congo, Comoros, Namibia and Lesotho. The decline in Lesotho and Namibia resulted from attempts to reduce disparity against boys in tertiary institutions.

The increase in female enrolment at the tertiary level (almost twice as fast as that of men) over the last four decades has been linked to several factors. This includes increased social mobility of girls and women, enhanced income potential and international pressure to narrow the gender gap. Countries with high national incomes per capita tend to have low gender disparity in secondary school.<sup>7</sup> As such, women are more likely to pursue tertiary education

<sup>7</sup> See ECA et al. (2012); UNESCO (2012); and WEF (2012) for more information.

in countries with higher incomes. However, low economic and job opportunities tend to detract from the value of tertiary education for both women and men.

Achieving gender parity at the primary and secondary levels provides a good opportunity for women to attend tertiary institutions. Secondary and tertiary parities seem to show a positive relationship across countries, with a strong association between them (figure 3.7). Gender parity in tertiary enrolment is higher than in secondary school enrolment in Algeria, Cape Verde, Lesotho, Namibia and Mauritius. The historical migration of male youths to the South African mining industry explains Lesotho's situation.

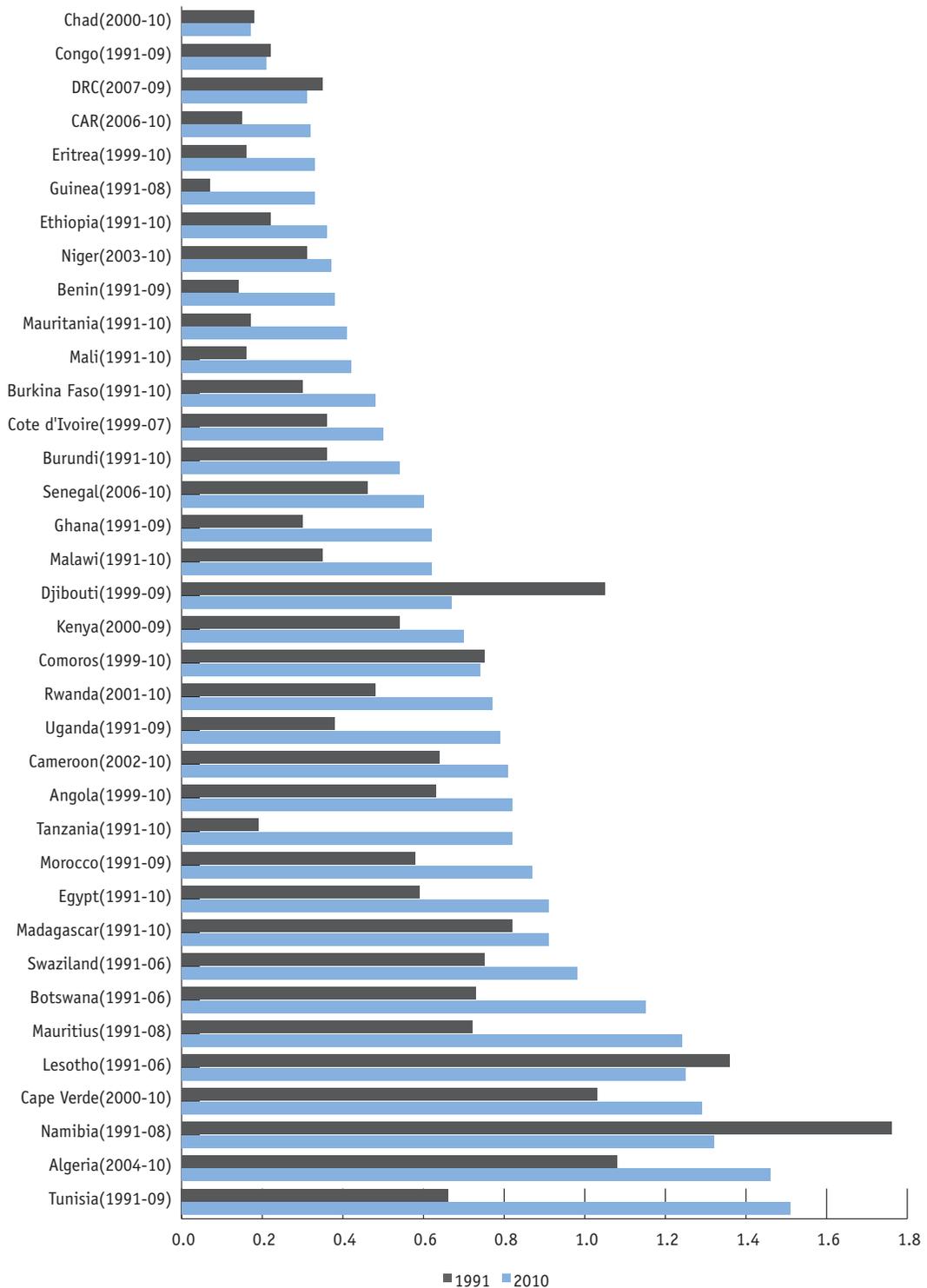
### **Indicator 3.2: Share of women in wage employment in the non-agricultural sector**

Africa's economic transformation depends on the extent to which it can diversify its economy away from agriculture and informal sectors with low productivity, low incomes and poor working conditions. This indicator, aimed at achieving that objective, is premised on the emerging reality that wage employment is a key element in improving household well-being. Monitoring progress on this target has been quite challenging, however, due to a paucity of data. Very few countries have up to date data on this indicator. For instance, only 15 countries have data from back to 2005.

Although women's share of paid employment outside agriculture increased from 35 per cent to 40 per cent over 1990–2010 (UN, 2012), African women's employment in the nonagriculture sector is lower than in other regions (figure 3.8).

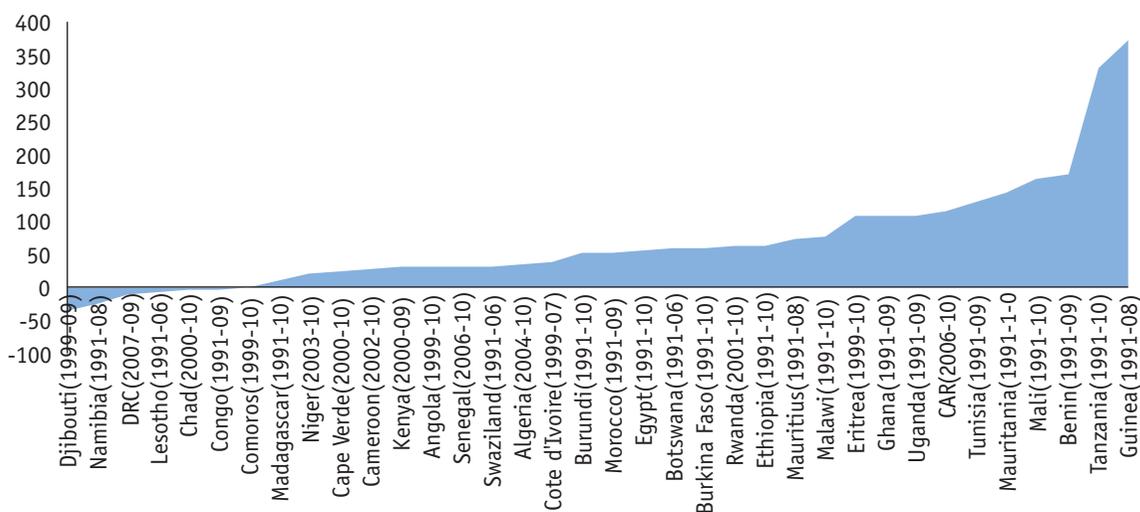
Cultural impediments are key to this low trend. The 2010/11 Global Wage Report cites four major factors that explain why women are in vulnerable employment more often than men correct: women's work may be undervalued because women's econom-

**Figure 3.5 Progress on gender parity index in tertiary education, 1991–2010**



Source: Authors' calculations based on UNSD (n.d.).

**Figure 3.6 Percentage change in gender parity in tertiary education, 1991–2010**

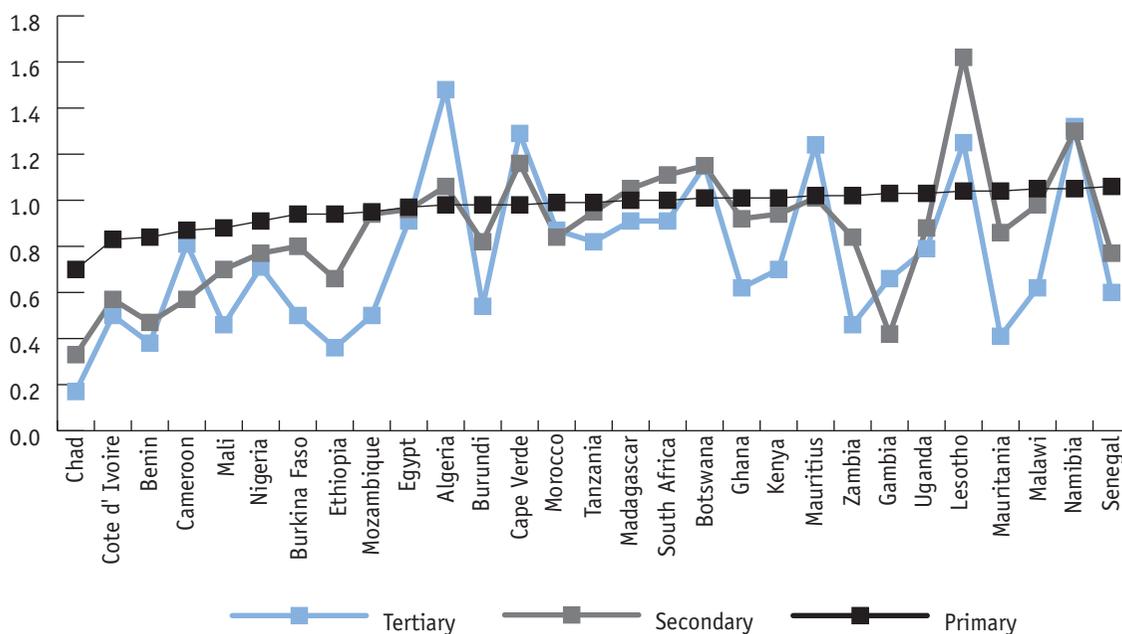


Source: Authors' calculations based on UNSD (n.d.).

ic lives follow different patterns; women tend to have a lower reservation wage than men; gender bias in wage-setting institutions weakens their pay prospects; and women are often disadvantaged by individual workplace practices. As in many African

countries, Mozambican women's labour market participation and access to particular jobs are constrained and shaped by patriarchal power and by the bargaining of women in existing patriarchal systems.<sup>8</sup> These factors, in addition to limited eco-

**Figure 3.7 Gender parity index at the primary, secondary and tertiary levels, 2012**



Source: Authors' calculations based on WEF (2012).

8 See Oya and Sender (2009) for more information on Mozambique.

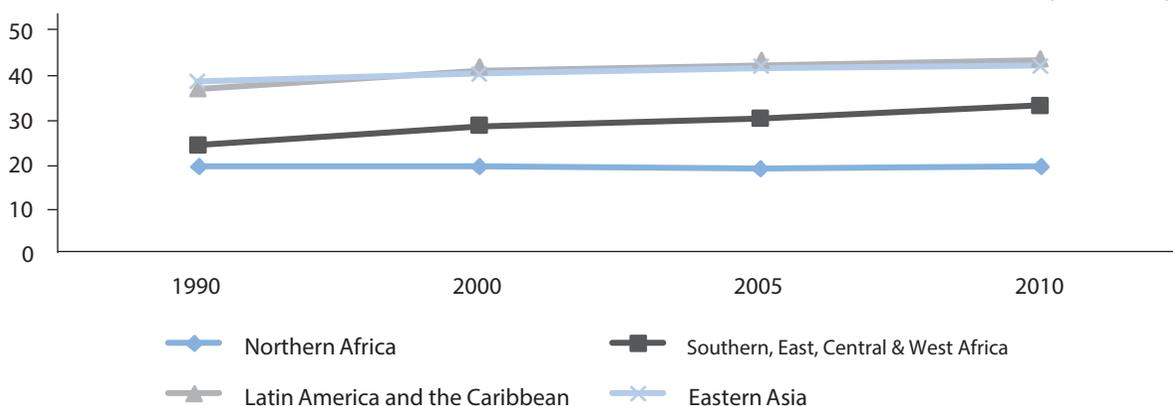
conomic opportunities, drive women into informal and vulnerable employment. Informal activities are the most prevalent source of employment among African women (ECA et al., 2012). The vulnerable employment rate in 2012 was 41.4 per cent, indicating a high proportion of workers in informal working arrangements and without adequate social protection in Africa. More than 60 per cent of female workers are in vulnerable employment, but barely a third of male workers are (ILO, 2012). While low-wage, vulnerable employment is often a first step towards higher wages, especially for young workers and women, it can also turn into a trap from which workers struggle to escape, due to a lack of opportunities for skills development and related factors. Due to low productivity, income insecurity and poor working conditions, vulnerable employment serves mostly as a coping mechanism during periods of limited job opportunities. Its capacity to lift people out of poverty is limited, so efforts should be directed at enhancing its productivity.

Most African countries have yet to benefit from a robust structural transformation from agriculture to industry and services. But in Algeria, Tunisia, Libya and South Africa, the fairly low and declining contribution of agricultural employment, coupled with the rising share of industrial employment, could be

pointing to some form of economic diversification. Nevertheless, women in Africa overall have lower employment opportunities in the industrial sector than men. The proportion of women employed in services is higher than that of men, whereas the opposite holds for industry (table 3.1). The varying female–male employment ratio in industry and services could indicate lower entry barriers in services (for example, limited skill requirements or lower discrimination against women) than in other sectors.

Countries with consistent data on the share of women in nonagriculture wage employment since 1996 are few—but slowly improving. Of the 41 countries with data, 21 had more than 30 per cent of women in nonagriculture wage employment (including Lesotho, the Central African Republic, South Africa, Ethiopia, Namibia, Botswana and Uganda), and 7 had less than 20 per cent (Senegal, Malawi, Liberia, Algeria, Libya, Comoros and Egypt; figure 3.9). Although the coverage of this indicator has started to improve, the national statistical authorities should accelerate their efforts to generate regular and consistent data on it.

**Figure 3.8 Share of women in wage employment in the nonagriculture sector (per cent)**



Source: Authors' calculations based on UN (2012).

**Table 3.1 Employment shares by sector and gender**

	Agriculture				Industry				Services			
	2000	2007	2011	2012	2000	2007	2011	2012	2000	2007	2011	2012
<b>Both genders</b>												
East Asia	47.7	38.9	33.4	33.7	23.4	27.2	29.8	29.2	28.9	33.9	36.8	37.1
Latin America	20.3	17.0	15.8	15.7	21.6	22.5	21.7	21.7	58.0	60.4	62.4	62.6
North Africa	32.4	30.9	27.2	29.8	19.5	21.1	24.0	22.4	48.1	48.0	48.9	47.8
Southern, East, Central and West Africa	66.4	63.1	61.8	62.0	7.9	8.5	8.7	8.7	25.7	28.4	29.5	29.3
<b>Men</b>												
East Asia	41.4	34.3	30.1	31.3	26.3	30.1	32.6	31.2	32.2	35.6	37.3	37.5
Latin America	25.1	21.5	20.8	20.7	26.3	28.2	27.6	27.6	48.6	50.3	51.6	51.7
North Africa	30.3	28.3	25.5	29.0	21.8	24.0	26.8	24.6	47.9	47.7	47.8	46.3
Southern, East, Central and West Africa	65.3	62.4	61.1	61.8	9.6	10.6	10.7	10.6	25.1	27.0	28.2	27.6
<b>Women</b>												
East Asia	55.2	44.5	37.5	36.7	19.9	23.7	26.4	26.8	24.9	31.8	36.1	36.5
Latin America	12.4	10.2	8.6	8.4	13.8	13.9	13.2	13.2	73.8	75.9	78.2	78.3
North Africa	39.9	39.6	32.9	32.3	11.1	11.6	14.6	14.9	49.0	48.9	52.5	52.8
Southern, East, Central and West Africa	67.8	63.9	62.6	62.2	5.7	6.1	6.4	6.5	26.5	30.0	31.0	31.3

Source: ILO, 2013.

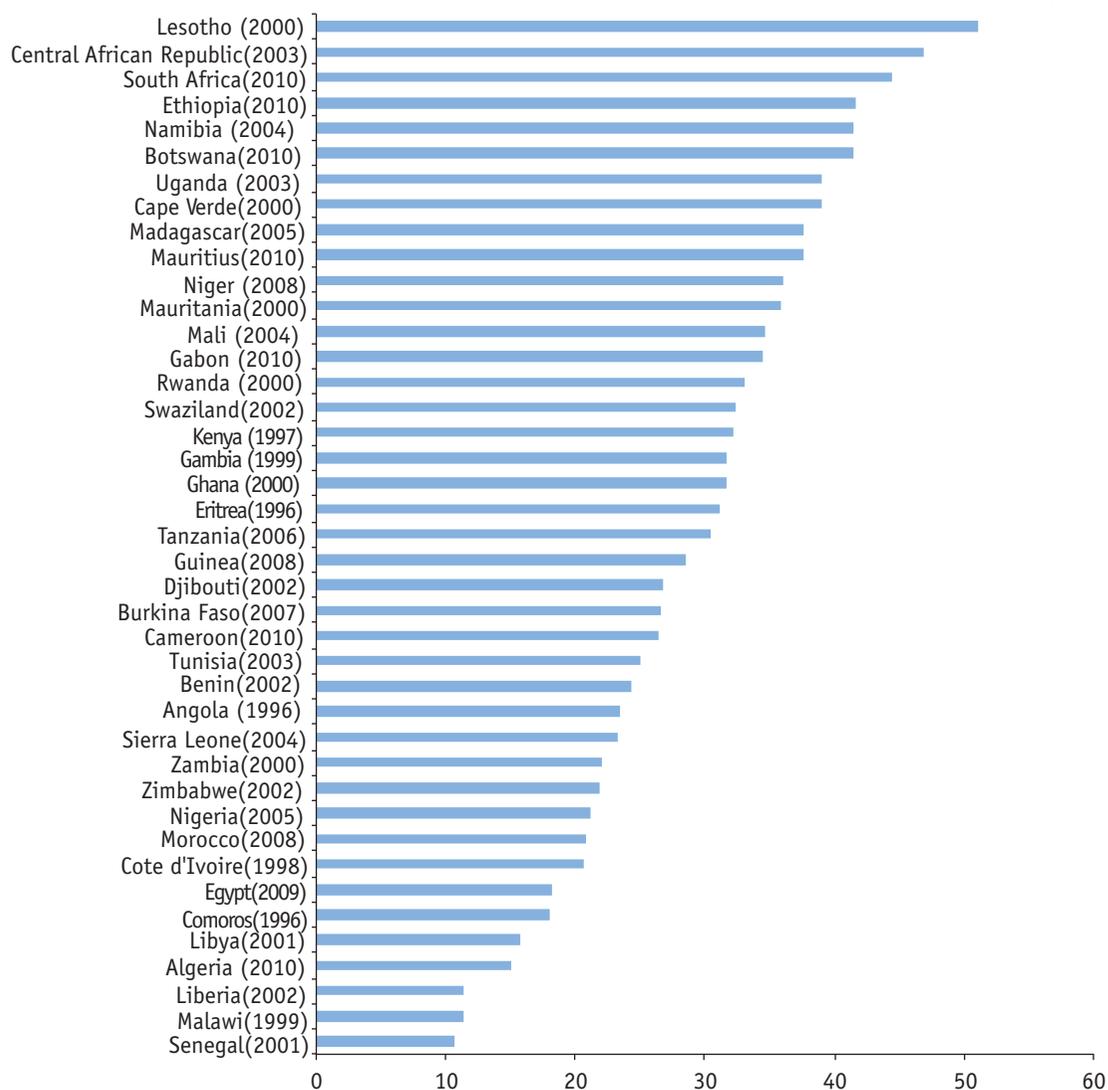
Note: Data for 2012 are preliminary projections.

Wage rates for men and women for similar work are still unequal in many African countries. Egypt, Uganda, The Gambia, Ghana, Malawi, Zambia and Nigeria have a female–male wage ratio higher than 0.7, while Mauritania, Algeria and Côte d'Ivoire each have a ratio of less than 0.5—the worst wage parity between women and men (figure 3.10). Countries need a combination of minimum wage policies, and adopting policies designed to address female wage discrimination is pivotal in accelerating progress.

Promoting women's employment in nonagriculture sectors will require expanding economic their

participation and opportunities. This includes generating productive and decent jobs, improving the functioning of the labour market, facilitating women's access to higher skilled jobs, subsidizing social services to enable more women to have more time to participate in remunerative economic activities and addressing cultural practices that discriminate against girls' education and women's equal access to inheritance.

**Figure 3.9 Share of women in nonagriculture wage employment (per cent)**



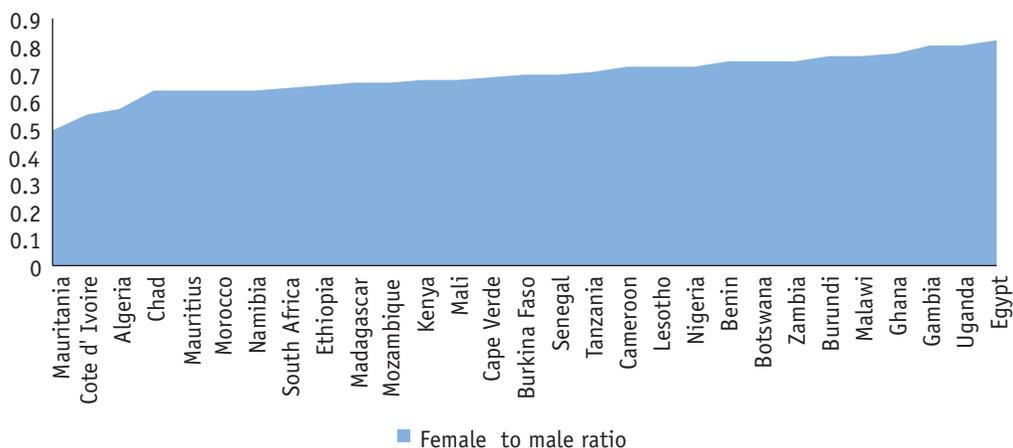
Source: Authors' calculations based on UNSD (n.d.).

### Indicator 3.3: Proportion of seats held by women in national parliament

Africa is making steadier progress on increasing the proportion of seats held by women in national parliament than are other regions. In 2012, only Latin America and developed regions surpassed its achievement (figure 3.11).

Data on the proportion of women in national parliaments are available for 53 countries, and progress looks promising. Eight countries have reached the target of at least 30 per cent women in the national parliament—Rwanda, Seychelles, South Africa, Mozambique, Angola, Tanzania, Uganda and Burundi (figure 3.12). Tunisia and Ethiopia are very close. The nine countries with the fastest growth since 1990—improving more than 400 per cent—are Morocco, Mauritania, South Africa, Ethiopia, Kenya, Tunisia,

**Figure 3.10 Wage equality survey, 2012 (ratio of women to men)**



Source: WEF, 2012.

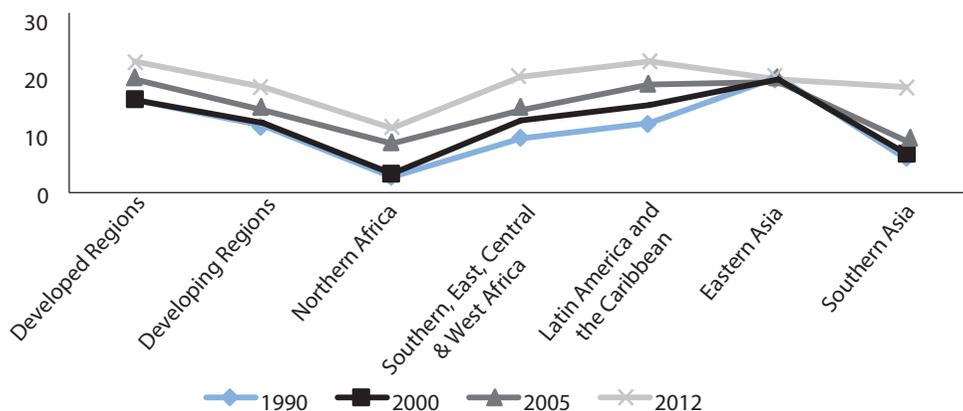
Chad, Lesotho and Burundi. In fact, 35 countries made progress on this target, and only Comoros stagnated. But in seven, mostly West African countries—Guinea Bissau, Congo, Egypt, Equatorial Guinea, Ghana, The Gambia and Cameroon—the number of women in the national parliament dropped.

Several factors account for Africa’s progress on this indicator. The explicit adoption of legal frameworks for a fixed minimum number of women representatives in parliament (as in Uganda, Mauritania and Egypt) plays a crucial role. In these countries, strong political commitment and the adoption of affirm-

ative action accelerated progress. Political parties have a large role to play in facilitating the pace and depth of gender inclusiveness in party politics at the local, regional and national levels. An important strategy in creating a climate for enhanced political participation of women is involving them in non-elective posts, such as ministers and top-level managers of both public and private organizations.

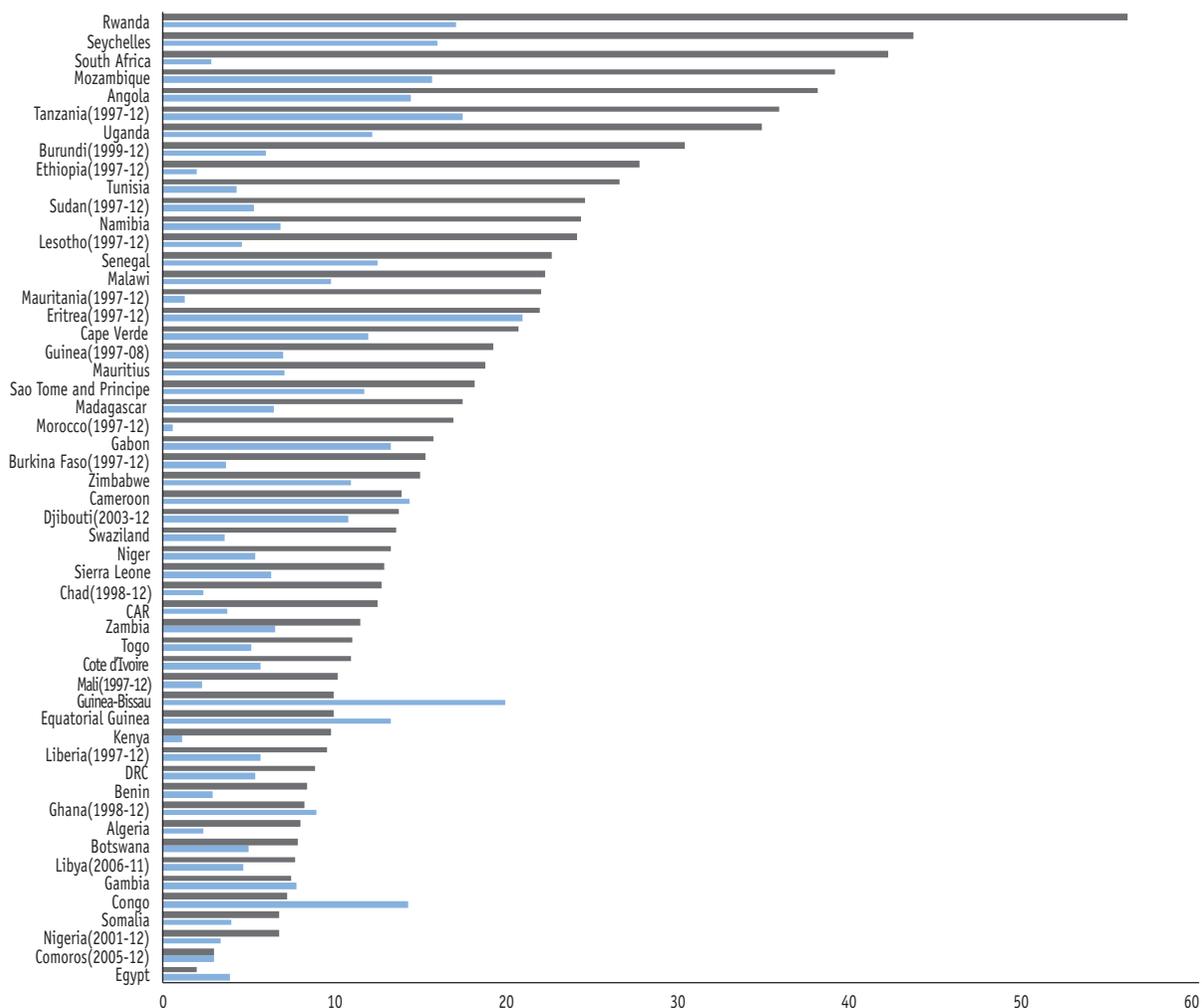
In this context, an assessment of the gender parity of women in ministerial appointments is revealing. In eight countries (Cape Verde, South Africa, Lesotho, Benin, Uganda, The Gambia, Benin and Nigeria),

**Figure 3.11 Proportion of seats held by women in national parliaments (per cent)**



Source: Authors’ calculations based on UN (2012).

**Figure 3.12 Proportion of seats held by women in national parliaments across the regions of the world, 1990 and 2012**



Source: Authors' calculations based on UN (2012).

Note: Countries whose reference point is not 1990 have their reference point in parentheses.

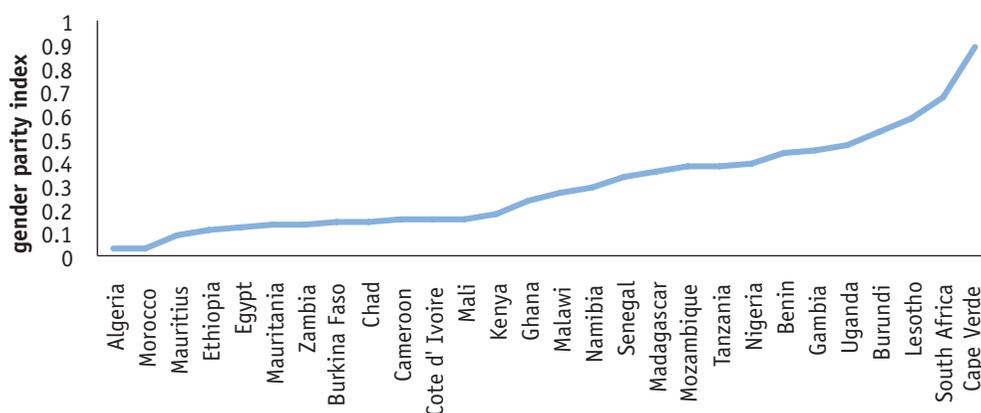
at least 40 per cent of ministers are women. Among the lowest ranked countries are Algeria, Morocco, Ethiopia, Mauritania and Zambia (figure 3.13). With enhanced political commitment from the political class and advocacy by stakeholders (as in Lesotho, South Africa and Cape Verde), this challenge could be addressed.

Human empowerment is a structural issue, and it takes time for key results to become evident. In gen-

eral, evidence from 28 countries where complete data are available shows that the composite gender parity index<sup>9</sup> has improved in many countries. Nine countries enhanced their gender capacity at least 5.0 per cent over 2006–2012, with Lesotho and South Africa recording improvement of more than

9 The gender parity index measures gaps in development outcomes covering four main pillars: economic participation and opportunity, education attainment, health and survival and political empowerment.

**Figure 3.13 Gender parity index in ministerial appointments, 2012**



Source: Authors' calculations based on WEF (2012).

10 per cent. These countries ranked 14 and 16 in the global parity index in 2012, ahead of Canada and the United States (WEF, 2012). Lesotho, especially, has narrowed the gender gap in education, health and survival—and was actually ranked first globally on these indicators. This has, to a large extent, started spilling over into women's economic participation, where Lesotho ranked sixth in the world. Women are now the majority in key local government appointments and are also key for the skilled workforce<sup>10</sup>. Other countries that have done well in narrowing gender gaps include Mozambique, Burundi, Uganda, Malawi, Namibia, Tanzania and Madagascar (in descending order). Sixteen countries reduced their gender gaps between 0.1 per cent and 4.99 per cent over 2006–2012. (figure 3.14). For Chad, Côte d'Ivoire and Morocco, the gender parity index worsened.

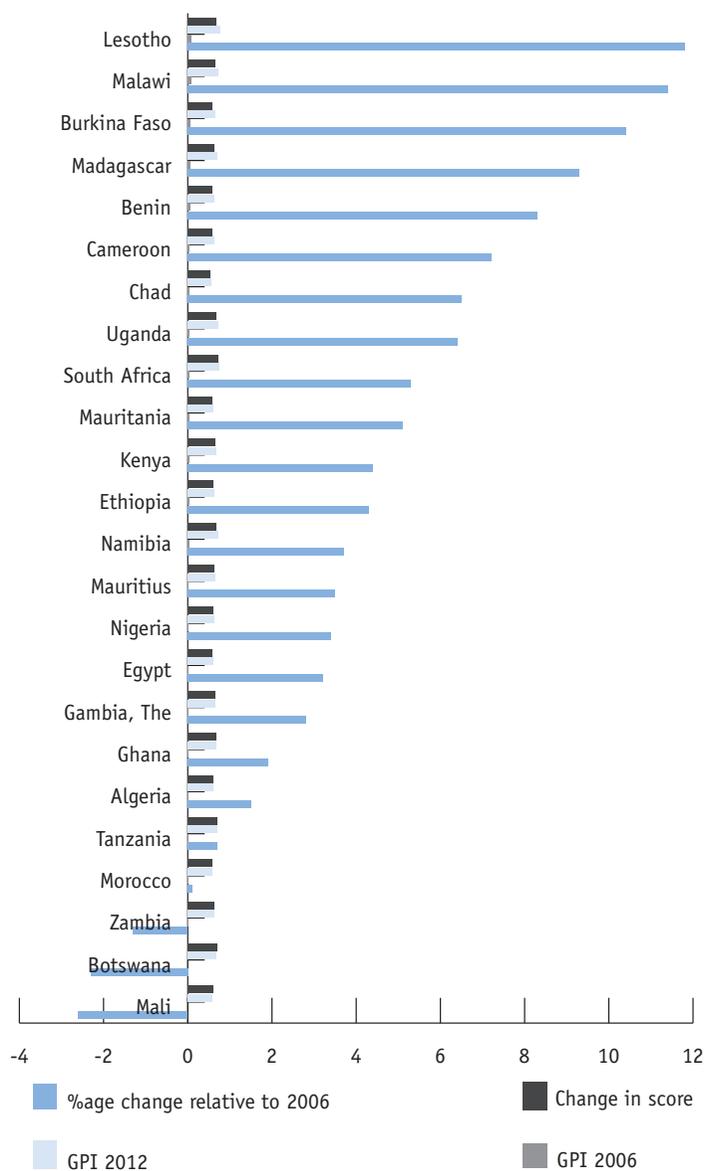
Africa is not short of declarations and treaties that recognize human rights. The main challenge is implementing them to protect women and children's rights. Although the pace of implementation is low, things have started to change. The Treatment Action Campaign's successful litigation against the

intransigence of the South African government in denying the rights of people living with HIV/AIDS to health care is novel. The 2008 pronouncement of the Economic Community of West African States Court of Justice in favour of Hadijatou Koraou, who was sold into slavery at age 12 years to a tribal chief under the local custom of *wahiya* is another success. The court concluded that the physical, psychological and moral harm experienced by Hadijatou called for a reparation and ordered the Nigerian government to pay CFA 10 million (Centre for Reproductive Rights, University of Toronto University of Law and University of the Free State, 2010).

Africa needs to pay particular attention to addressing discrimination against women on reproductive rights. Reproductive and sexual health remains one of the weakest areas of human rights in Africa. The continent's unmet contraceptive needs, high levels of unsafe abortion, high incidence of early or coerced marriages, deteriorating access to healthcare services, prevalence of sexual violence and sexual exploitation, pandemic levels of HIV/AIDS and laws and customs that discriminate on the grounds of sex and sexual orientation all testify to a failure to realize reproductive and sexual health of women in Africa. Box 3.1 provides some examples of women violations on reproductive rights.

<sup>10</sup> UNCTAD (2012) provides some background to the migration history where most men often migrate to the mining industry in South Africa leaving women as the main actors at home, especially in the public service.

**Figure 3.14 Progress on the gender parity index, 2006–2012**



Source: WEF, 2012.

Note: Mozambique starts from 2007, Burundi from 2011, Senegal from 2009 and Côte d'Ivoire from 2010.

### Box 3.1 Gender-based discrimination in marriage and reproductive health remains high in Africa

A woman's rights within marriage and the family greatly affect her ability to control her life and make voluntary, informed reproductive choices. Although equal rights within marriage were among the first human rights pertaining to women's status to be explicitly recognized under international law, hundreds of thousands of women are still prevented from enjoying equality with their husbands. Discriminatory marriage laws and practices are impeding women's right to manage, own and inherit property. In some cases, women are required to obtain their husbands' permission to travel or work outside the home. Infringements on women's rights have serious implications on the rights of children.

Discriminatory punishment for men and women who commit adultery is common in Africa. Women face harsher penalties than men, especially in Benin, Côte d'Ivoire, Sudan and Uganda. This is evident in the widely accepted practice of polygyny (having more than one wife at a time) without a similar acceptance of polyandry (having more than one husband at a time).

Other discriminatory practices expose women to reproductive and sexual abuses. For instance, excluding women from property inheritance and distribution under customary laws deprives them of shelter, exposes them to physical harm like sexual violence and abuse and carries negative social and economic consequences for them and their dependents. It not only violates their dignity but also weakens economic capability and infringes on their sexual and reproductive health rights.

*Source: Centre for Reproductive Rights, University of Toronto University of Law and University of the Free State, 2010.*

## Conclusion

Progress on this goal is encouraging, with many countries achieving outstanding performance, especially on gender parity in primary school education and number of seats held by women in national parliaments. Promoting better access for women to paid nonagriculture jobs remains a challenge, but progress is being made. Cultural practices (including inequitable inheritance practices in a few countries, early marriages and household power dynamics), low economic opportunities for women and limited political continue to impede progress in meeting this goal. For sustained progress, cultural transformation aimed at reversing the negative attitudes in societies towards gender equality and women's empowerment is imperative. Policy changes should be

directed towards addressing discrimination against girls and women in education systems and women in economic opportunities, encouraging increased participation of women in productive and remunerative economic activities and increasing women's voice in decisionmaking at all levels of society. Economic and social policies that respond better to the needs of men and women, such as adopting affirmative actions and strategies, reforming customary laws that discriminate against women and girls and devoting more human and financial resources to enforcing and implementing such laws are crucial to meeting this goal. Likewise, countries with a disparity against boys' education should tackle this issue as a policy priority.



# Goal 4: Reduce child mortality

Goal 4 aims to reduce mortality among children under age 5 by two-thirds between 1990 and 2015. Globally, the under-five mortality rate has dropped 41 per cent—from 87 deaths per 1,000 live births in 1990 to 51 in 2011. East Asia, North Africa, Latin America and the Caribbean, South East Asia and West Asia reduced their under-five mortality rate by more than 50 per cent (UNICEF, 2012).

Africa continues to steadily reduce its under-five mortality rate, from 146 deaths per 1,000 live births to 91 deaths between 1990 and 2011, or 2.2 per cent a year. But it is not enough. Some of the factors contributing to Africa's inadequate achievement of the child health MDGs include weak health systems (physical and financial barriers to essential health services, shortage of medicine, poor human resources) and poor conditions as determinants of health (household education, income, insufficient and inappropriate nutritional practices, poor sanitation facilities).

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

### Indicator 4.1: Under-five mortality rate

The under-five mortality rate varies across African countries. Egypt, Liberia and Tunisia have already surpassed the target for 2015 (figure 4.1). Eleven countries reduced their under-five mortality rates by 60 per cent over 1990–2011.<sup>1</sup> This progress is the product of multiple factors, including focusing on high-impact interventions, strengthening health systems, investing more in health and related social determinants of health (such as nutrition), making gains in medical technology, and improving education, child protection and economic growth. But

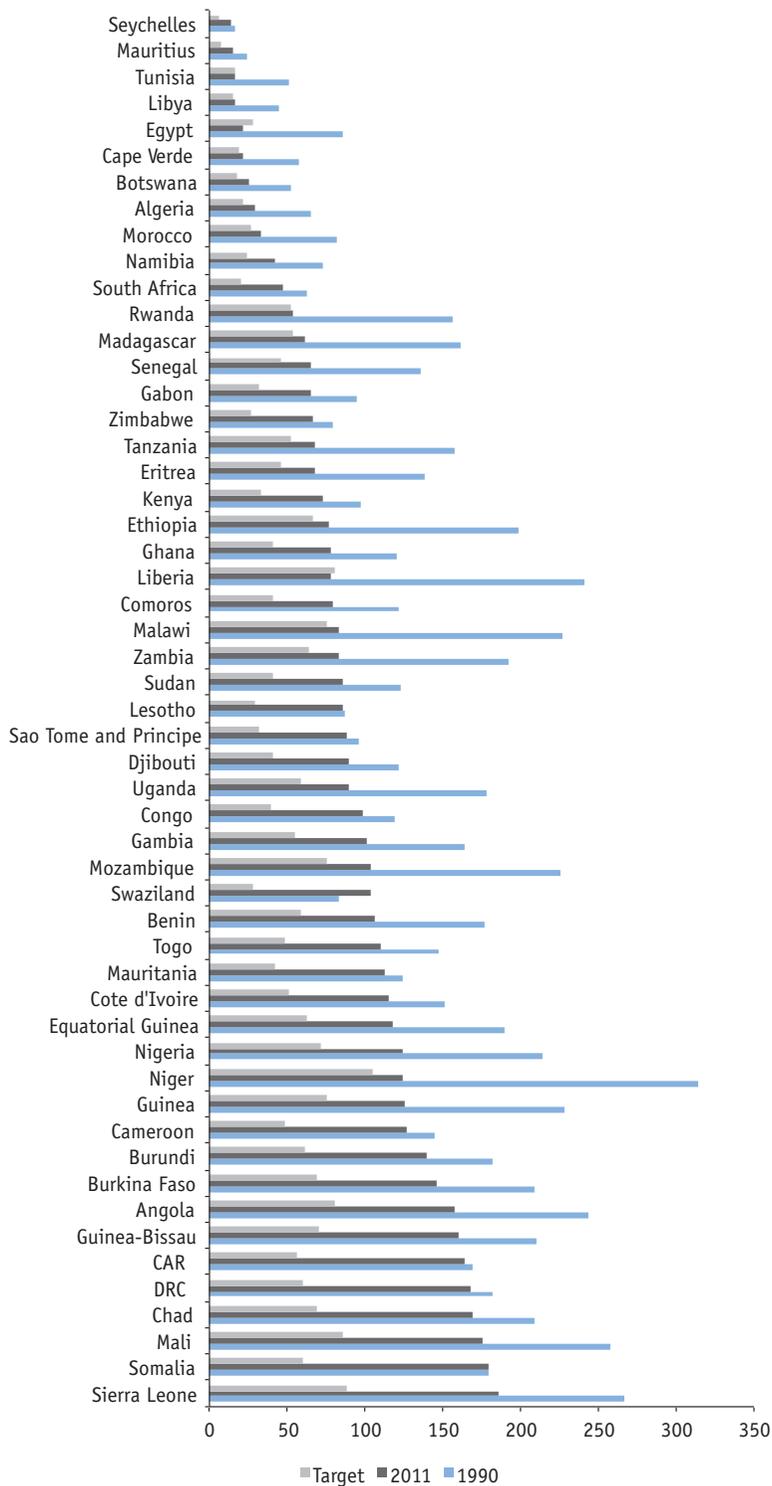
<sup>1</sup> Cape Verde, Egypt, Ethiopia, Liberia, Libya, Madagascar, Malawi, Morocco, Niger, Rwanda and Tunisia.

Burkina Faso, Cameroon, Central African Republic, Chad, Congo, the Democratic Republic of the Congo, Kenya, Mali, Mauritania, Somalia and Swaziland have endured increases in their national burden of under-five deaths since 1990 due to high population growth and stagnant resource allocation.

Among African regions, North Africa has progressed the most in reducing the under-five mortality rate, from 89 deaths per 1,000 live births in 1990 to 41 deaths in 2011, a 54 per cent decrease (figure 4.2). Following North Africa in reducing under-five mortality are Southern Africa (46 per cent) and West and East Africa (each 42 per cent). Central Africa, progressing the slowest, has the highest under-five mortality rate, at 139 deaths per 1,000 live births in 2011. It is also the only African region with more absolute under-five deaths now than in 1990. This could be due partly to high mortality rates from malaria, which account for more than 18.0 per cent of under-five deaths in Central Africa, against an average of just 7.5 per cent in the other regions (UNICEF, 2012). Thus, expanding malaria prevention and treatment in Central Africa could reduce the region's child mortality rate enormously.

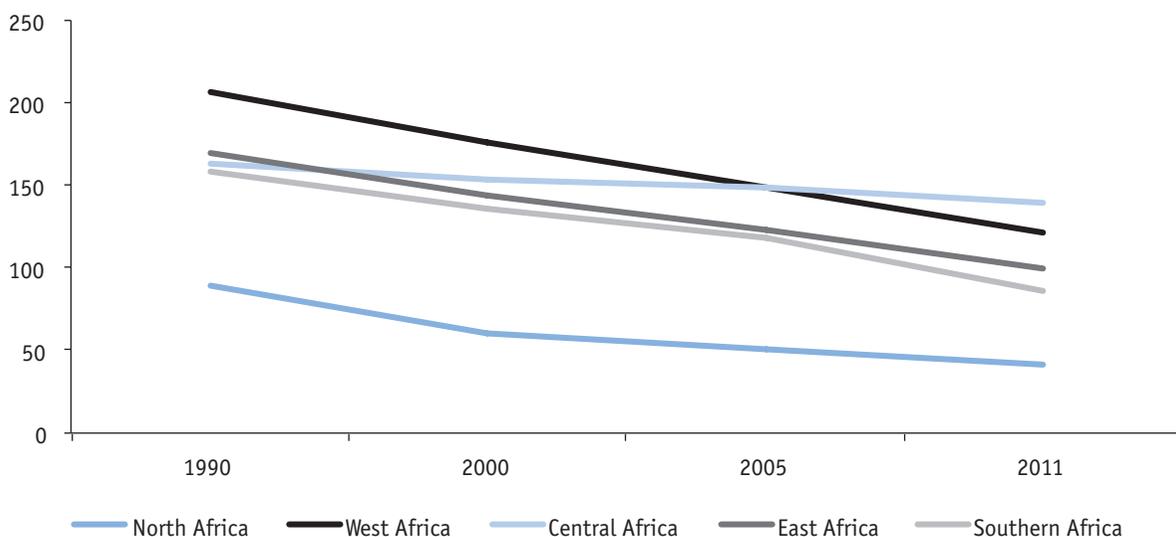
Despite considerable progress, Africa still suffers from the world's highest under-five mortality rates, accounting for 1 in 9 child deaths before age 5. This figure, more than 16 times the average in developed regions (1 in 152) and almost twice that in Southern Asia (1 in 16), is disproportionately high in Southern, East, Central and West Africa. With under-five mortality dropping just 2.2 per cent a year, Africa will not achieve the two-thirds reduction in under-five mortality by 2015. And with global rates of under-five mortality falling, child deaths are becoming more concentrated in Africa.

Figure 4.1 Progress in reducing under-five mortality, 1990, 2011 and 2015 target



Source: Authors' calculations based on UNSD (n.d.).

**Figure 4.2 Under-five mortality rate by region, 1990–2011**



*Source:* Authors' calculations based on UNSD (n.d.).

*Note:* Data are weighted by share of population ages 0–4.

Infectious diseases such as pneumonia, diarrhoea, malaria, meningitis, tetanus, HIV and measles account for roughly 41 per cent of under-five deaths in Africa. And they are markers of equity and access to basic prevention and treatment (UNICEF, 2012). For instance, the prevalence of diarrhoea, one of the major killers of children, is very much related to access to clean water and sanitation facilities. To this end, the global increase in access to improved sanitation facilities since 1990 has been modest, and sharp disparities remain between urban centres, where 76 per cent of people use such facilities, and rural areas, where use is at only 45 per cent.

Under-five deaths from infectious diseases are largely preventable, and many of the major declines in under-five deaths globally were related to expanded efforts against infectious diseases (UNICEF, 2012). Take Niger. Expanded coverage of insecticide-treated bed nets in the country led to a considerable decline in under-five deaths. In 2000, just 1 per cent of children under age 5 slept under one of these nets, and the under-five mortality rate

was 216 deaths per 1,000 live births. Today, 64 per cent of children under age 5 sleep under one, and the under-five mortality rate stands at 125 deaths per 1,000 live births—an almost 50 per cent decline since 2000 (UNICEF, 2012).

**Indicator 4.2: Infant mortality rate**  
***Most child related-deaths occur within the first year of life***

The infant mortality rate measures the number of infants who die before their first birthday for every 1,000 births in the same year. In Africa, some 65 per cent of under-five deaths occur within this first year. Neonatal deaths, which are deaths in the first 28 days after birth, account for more than half of this percentage. Further, infant mortality rates in Africa have declined slower than under-five mortality rates.

***Birth-related complications account for a significant share of deaths***

Most neonatal deaths result from complications related to preterm birth or during birth. Delivering at

home without a skilled health care provider leaves women and babies at greater risk of such complications. So accessing health care during pregnancy and delivery is essential for bettering both maternal and child health. Improving quality and access to primary health care throughout pregnancy and birth greatly enhances neonatal survival. Such improvements entail proper antenatal care during pregnancy in order to detect and treat anaemia, malaria, pre-eclampsia, eclampsia and folic acid supplementation for pregnant mothers. High-impact interventions during delivery and the post-natal period, such as safe and clean delivery, skilled attendance at the birth and exclusive breast-feeding, can drastically reduce neonatal morbidity and mortality. Due to the strong link between neonatal and child mortality and maternal health, countries struggling to reduce child mortality face similar issues in maternal health.

Africa is reducing infant mortality rate gradually. Its infant mortality rate dropped from 90 deaths per 1,000 live births in 1990 to 60 deaths per 1000 live births in 2011, or 1.9 per cent a year. Sixteen countries have reduced infant mortality by more than half over 1990–2011.<sup>2</sup>

Seventeen countries reduced their infant mortality rates by 25–50 per cent, while 14 countries reduced their rates by 10–25 per cent. São Tomé and Príncipe, Mauritania, the Democratic Republic of the Congo, Central African Republic and Swaziland did the worst in reducing infant mortality. Four countries with the highest infant mortality rate (more than 100 deaths per 1,000 live births) are Sierra Leone (119), the Democratic Republic of the Congo (111), Somalia (108) and Central African Republic (108)—and all are fragile states.

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2 Egypt, Algeria, Botswana, Cape Verde, Ethiopia, Liberia, Libya, Madagascar, Malawi, Morocco, Mozambique, Niger, Rwanda, Tunisia, Tanzania and Zambia.

While progress in infant mortality in Africa can be attributed to focusing more on high-impact interventions, strengthening health systems (particularly at community level) and increasing political attention, more efforts are needed to accelerate this progress. The bulk of under-five mortality occurs during the neonatal period, and the health interventions needed to address the major causes of neonatal deaths differ in general from those needed to address other under-five deaths.

### **Indicator 4.3: Proportion of 1 year-old children immunized against measles**

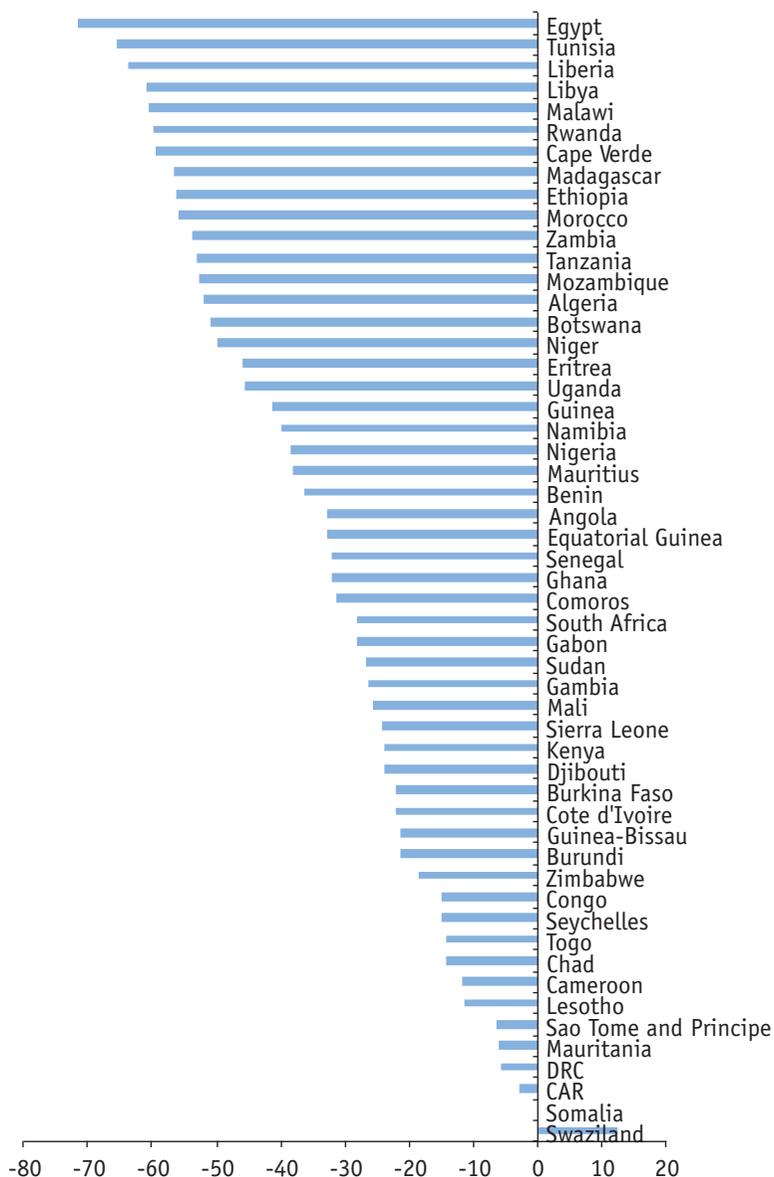
This indicator measures the share of children under age 1 who have received at least one dose of a measles vaccine. Children should be immunized against measles at the age of nine months.

By immunizing a large proportion of their population against vaccine-preventable diseases, countries eliminate or significantly reduce related morbidity and mortality. Measles immunization is one of the proven cost-effective interventions and key indicators under Goal 4. Achieving significant coverage of this antigen entails increasing the availability of vaccines, protecting vaccine potency through a functional cold chain system, promoting safe injection technologies, and implementing service delivery strategies to reach eligible children.

Twenty-one countries immunized more than 90 per cent of their population against measles in 2010, and only two (Chad and Somalia) covered less than half their population. The top five performing countries that expanded their measles immunization coverage at least 30 percentage points between 1990 and 2010 were Angola, Niger, Ethiopia, Sudan and Ghana (figure 4.4).

Note that measles vaccination is a one dose immunization as opposed to others (such as vaccines for diphtheria, pertussis and tetanus), thus making it

**Figure 4.3 Reduction in infant mortality rate, 1990 to 2010 (per cent)**



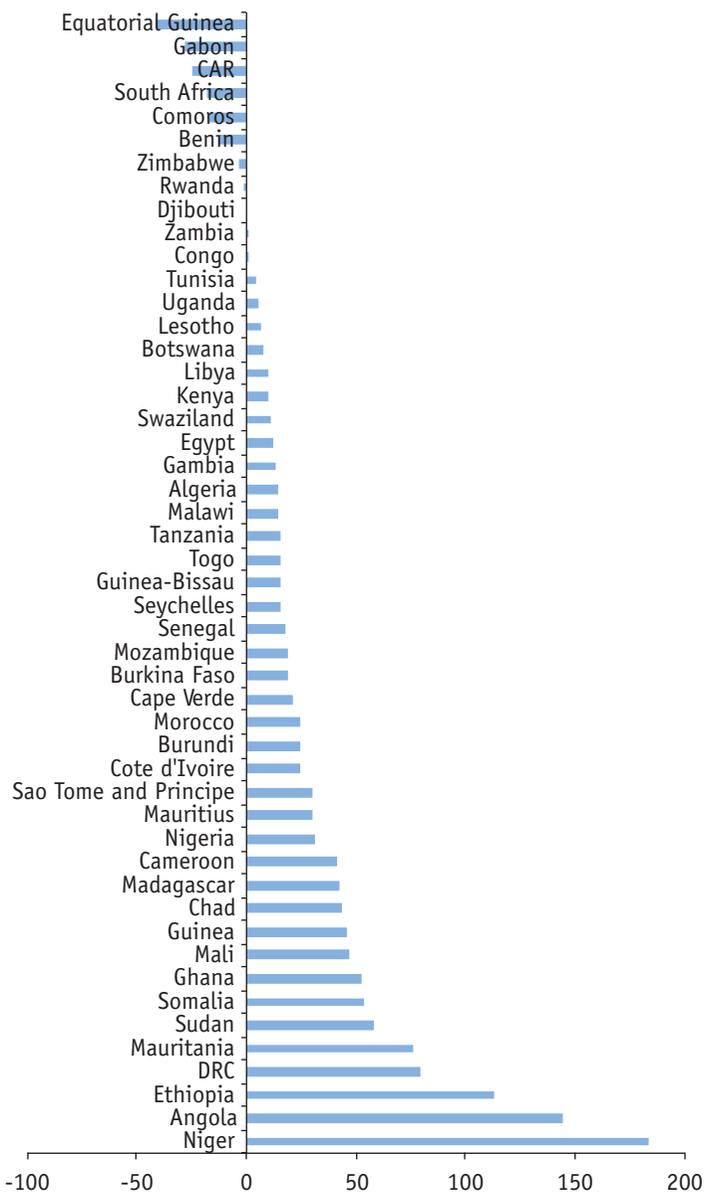
Source: Authors' calculations based on UNSD (n.d.).

Note: Some of the data have been adjusted by the responsible specialized agencies to ensure international comparability, in compliance with their shared mandate to assess progress towards the MDGs at the regional and global levels.

relatively easy to achieve higher coverage. Further, in many African counties, it is provided through campaigns together with vitamin supplementation. This implies that the high coverage of measles in many African countries does not necessarily reflect the performance of the health system (particularly

in countries where immunization campaigns are conducted frequently).

**Figure 4.4 Proportion of 1-year-old children immunized against measles, 1990–2010 (percentage change)**



Source: Authors' calculations based on UNSD (n.d.).

## Conclusion

Overall, African countries have progressed substantially towards achieving Goal 4. And in particular, Southern, East, Central and West Africa, a historically weak performing region, has seen a faster decline in its under-five mortality rate, with the annual reduction rate doubling between 1990–2000 and 2000–2011. However, the current progress is not enough, and achieving the Goal is unlikely in Africa. The continent's slow progress in reducing neonatal mortality has hampered progress in reducing child mortality overall.

By scaling up proven, cost-effective and high-impact interventions, systematically reducing bottlenecks in health systems and improving social determinants of health, Africa can reduce child mortality. High-impact interventions include keeping newborn babies warm, encouraging early, exclusive and continuing breast-feeding, expanding coverage of insecticide-treated bed nets and using oral rehydra-

tion therapy for diarrhoea, vaccinations, vitamin A supplementation and deworming.

The global economic downturn has increased unemployment and vulnerable employment in Africa, thus dropping more households into poverty. For children living in the poorest households, social protection mechanisms including health insurance are needed to improve access to high-impact interventions. This will allow countries to mitigate the impact of inequalities by refocusing on the poorest and most marginalized children and families. Empowering women (especially economically and educationally), maintaining the political momentum of the MDGs and improving governance and accountability to provide better health services are some key system interventions in need of more attention.



# Goal 5: Improve maternal health

Maternal mortality and associated morbidity are serious public health problems that reflect some of the deepest inequalities in living conditions. They concern the health of women of childbearing age, the state of health services and quality of the care that women can access, such as contraception, antenatal care, attendance of skilled health personnel during delivery and emergency obstetric services. Without such services and medical attention, women suffer from health problems avoidable through adequate care before, during and after delivery as well as effective response to post-partum complications.

Globally, there were an estimated 287,000 maternal deaths in 2010, down 47 per cent since 1990. New maternal mortality estimates confirm that the number of women dying in pregnancy and childbirth is declining in Africa. Since the Campaign on Accelerated Reduction of Maternal Mortality in Africa was launched in 2009, 37 African countries have launched the initiative and more are preparing to do so. Africa-wide, the campaign has made tremendous progress, with several countries adopting national road maps and developing strategic health development plans.

Despite some progress, Africa still has the largest burden of maternal deaths in the world, with 56 per cent of the global burden of deaths in 2010. For example, Nigeria accounted for 14 per cent of global maternal deaths in 2010, despite its maternal mortality ratio falling 41 per cent over 1990–2010 (WHO et al., 2012). And at 429 deaths per 100,000

live births, Africa lags behind all developing regions (240), South Asia (220) and the Caribbean (190). In fact, the 10 countries with the highest maternal mortality ratios are in Africa.

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

**Indicator 5.1: Maternal mortality ratio**

Africa reduced its maternal mortality ratio from 745 deaths per 100,000 live births in 1990 to 429 deaths per 100,000 live births in 2010, a 42 per cent reduction. However, the mortality ratios and trends vary across the continent.

Equatorial Guinea has reduced its maternal mortality ratio 81 per cent since 1990. It is thus the only African country to have reached the Goal 5 target of reducing the maternal mortality ratio by three-quarters between 1990 and 2015. Eritrea and Egypt are both on track to achieving the Goal 5 target, meaning that they have seen their maternal mortality ratios decline 5.5 per cent or more a year over 1990–2010 (WHO et al., 2012). In contrast, Botswana, Cameroon, Chad, the Congo, Lesotho, Somalia, South Africa, Swaziland and Zimbabwe saw maternal mortality rise since 1990. The HIV epidemic in the region is the principal cause of this rise in the Southern African countries, and once antiretroviral therapy became more available, their maternal mortality ratios started to drop. More than half of African countries are making progress in reaching the goal of reducing maternal mortality (table 5.1).

**Table 5.1 Progress of countries in reaching the goal of reducing maternal mortality**

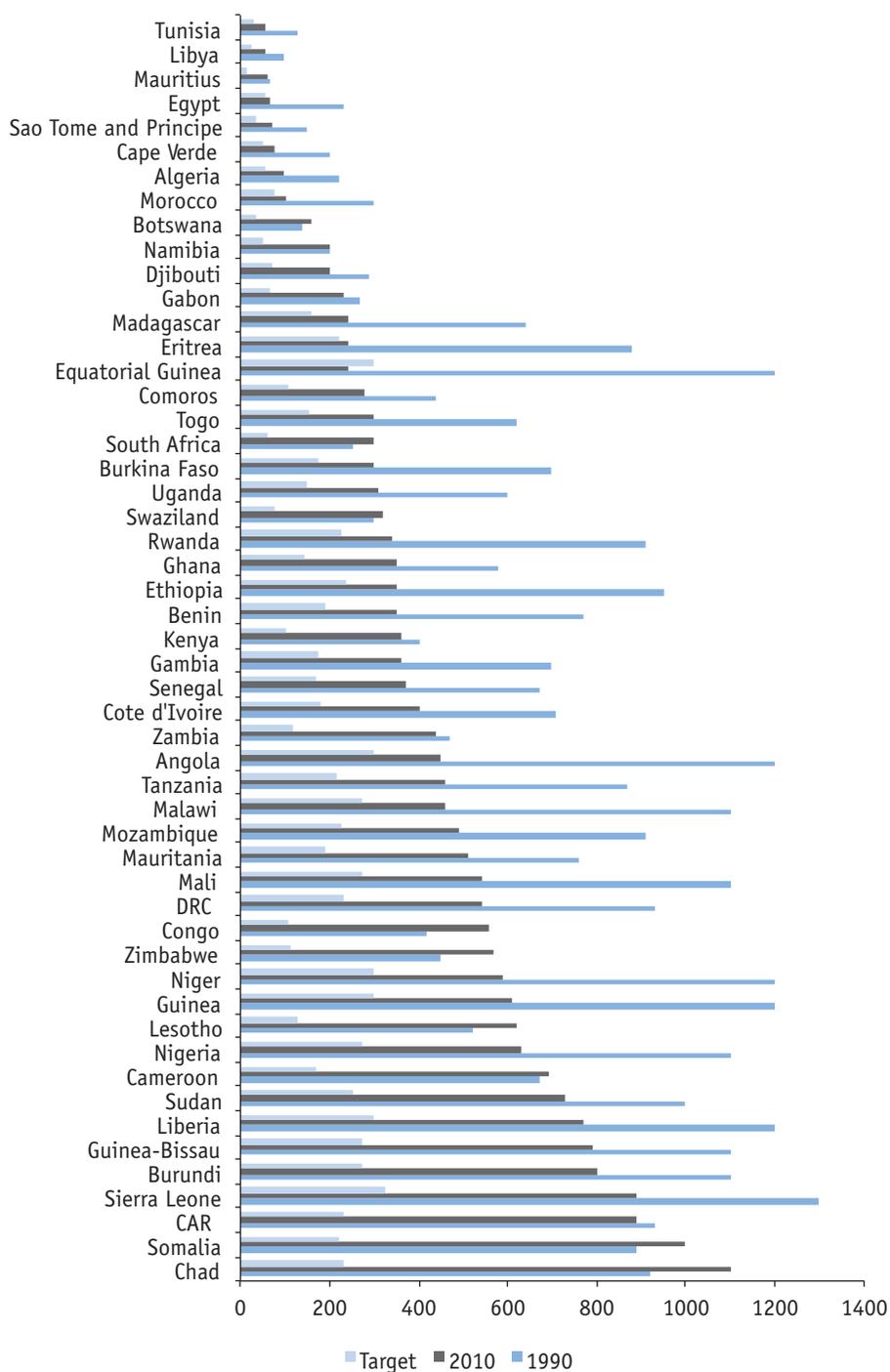
On track	Progress		Insufficient progress	No progress
Egypt	Algeria	Malawi	Central African Republic	Botswana
Eritrea	Angola	Mali	Djibouti	Cameroon
	Benin	Mauritania	Gabon	Chad
	Burkina Faso	Morocco	Guinea-Bissau	Congo
	Cape Verde	Mozambique	Kenya	Lesotho
	Comoros	Niger	Sierra Leone	Namibia
	Côte d'Ivoire	Nigeria	Sudan	Somalia
	Democratic Republic of the Congo	Rwanda	Zambia	South Africa
	Ethiopia	São Tomé and Príncipe		Swaziland
	The Gambia	Senegal		Zimbabwe
	Ghana	Togo		
	Guinea	Tunisia		
	Liberia	Uganda		
	Madagascar	Tanzania		

Source: WHO et al., 2012.

A country's maternal mortality ratio is considered high if above 300 deaths per 100,000 live births and extremely high if above 1,000 deaths (WHO et al., 2012). The best performing countries in 2010 are Tunisia, Libya, Mauritius, Egypt, São Tomé and Príncipe, Cape Verde and Algeria, with maternal mortality ratios of less than 100 deaths per 100,000 live births. Conversely, Chad and Somalia are doing the worst, with ratio above 1,000 in 2010 (figure 5.1). Twenty-four African countries have reduced the number of maternal deaths more than 40 per cent since 1990.

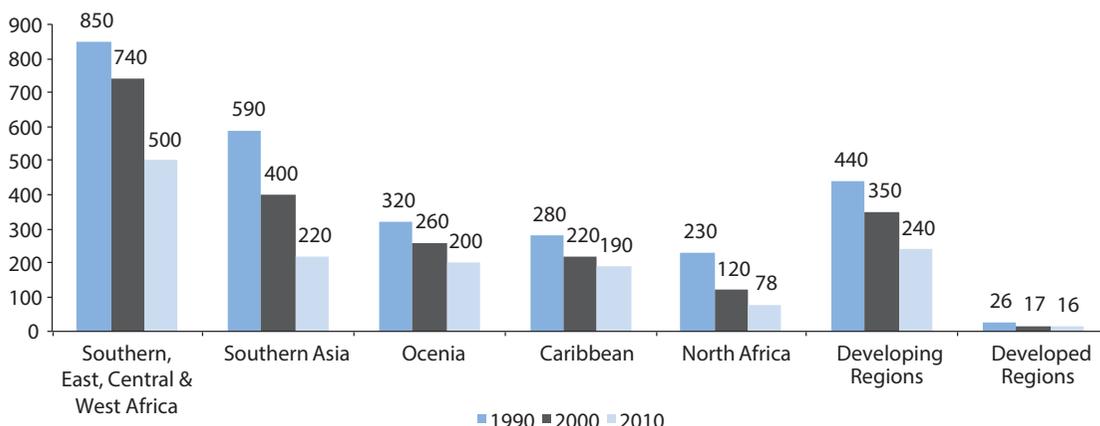
The maternal mortality ratio is declining in all regions across the world, although it remains high in Southern, East, Central and West Africa (figure 5.2). The ratio is lowest in developed regions, followed by North Africa and the Caribbean. North Africa reduced its maternal mortality ratio the most over 1990–2010 (66 per cent), followed by Southern Asia (63 per cent), developing regions (45 per cent) and Southern, East, Central and West Africa (41 per cent).

**Figure 5.1 Progress in reducing the maternal mortality ratio, 1990, 2010 and 2015 target (deaths per 100,000 live births)**



Source: Authors' calculations based on UNSD (n.d.).

**Figure 5.2 Maternal mortality ratio, 1990, 2000 and 2010 (deaths per 100,000 live births)**



Source: UN, 2012.

### Indicator 5.2: Proportion of births attended by skilled health personnel

The proportion of births attended by skilled health personnel (doctors, nurses or midwives) is the share of deliveries attended by health personnel trained in providing life-saving obstetric care. Such care includes giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, conducting deliveries on their own and caring for newborn babies. This does not include traditional birth attendants, even if they receive a short training course. The two most critical interventions for safe motherhood are ensuring care during delivery by skilled health personnel and referring the mother for any needed emergency care. Skilled health personnel should be capable of handling normal deliveries safely and recognizing the onset of complications that are beyond their capacity. Traditional birth attendants, whether trained or untrained, can neither predict nor cope with serious complications.<sup>1</sup>

One of the major reasons for high maternal mortality ratios in Africa is that few births take place in the presence of skilled attendants. Of 52 African coun-

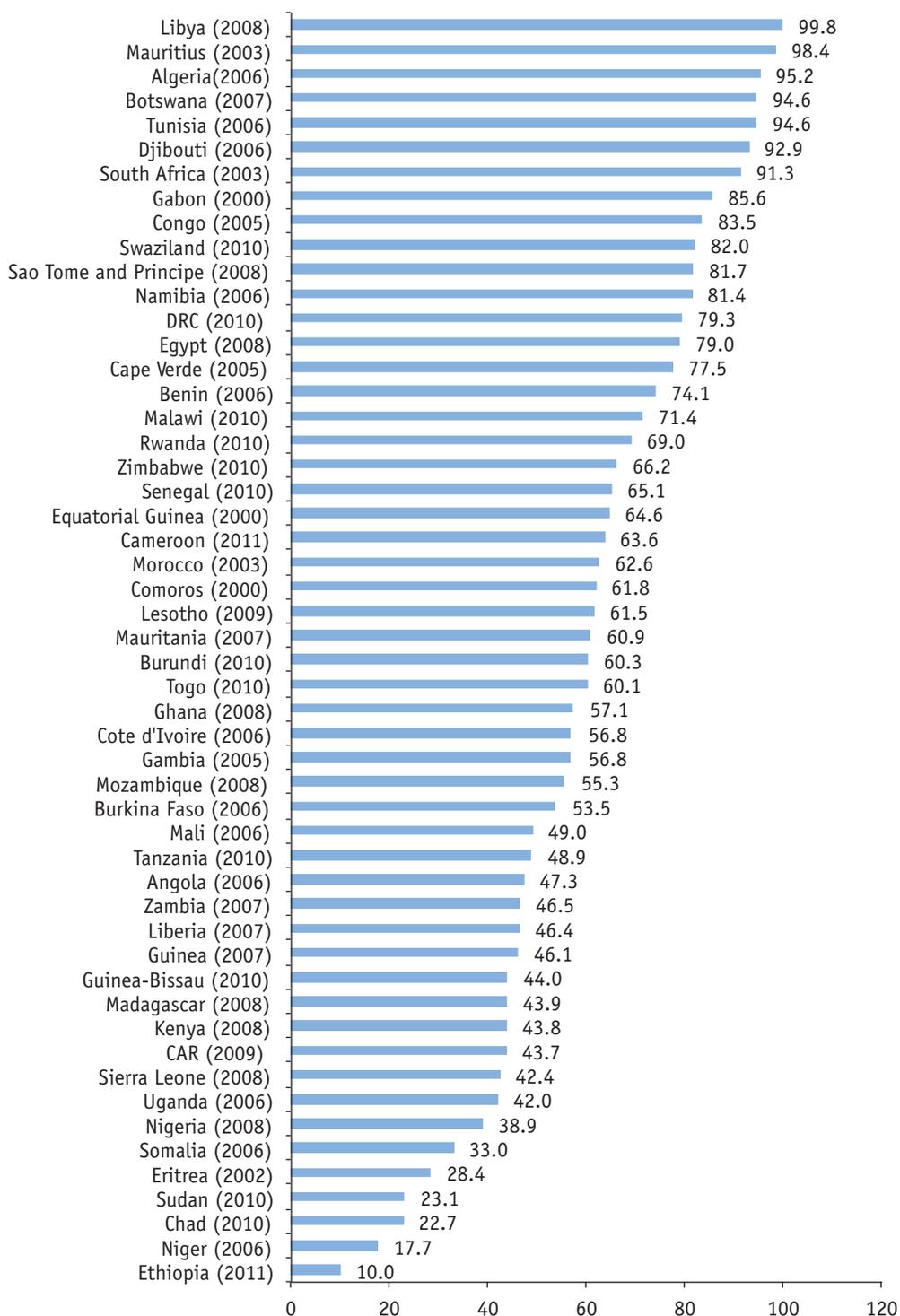
tries with data, only 7 reported that more than 90 per cent of births were attended by a skilled health professional (figure 5.3). In 19 countries, less than half of births were attended by skilled health personnel. Libya is the best performer in this indicator, and Ethiopia, the worst.

There is a considerable disparity between rural and urban areas in accessing delivery care. In Africa, only 42 per cent of births in rural areas are attended by skilled health personnel, while 77 per cent in urban areas are. The disparity is very high even in the worst performing countries. In Ethiopia, 51 per cent of births in urban areas in 2011 were attended by skilled health personnel, compared with only 4 per cent in rural areas (figure 5.4).

The disparity is also high across household wealth quintiles, with the poorest households less likely than the wealthiest to use basic health services such as immunization, maternity care and family planning. In Africa, births in the richest quintile were nearly three times more likely to be attended by a skilled health professional than births in the poorest quintile (table 5.2).

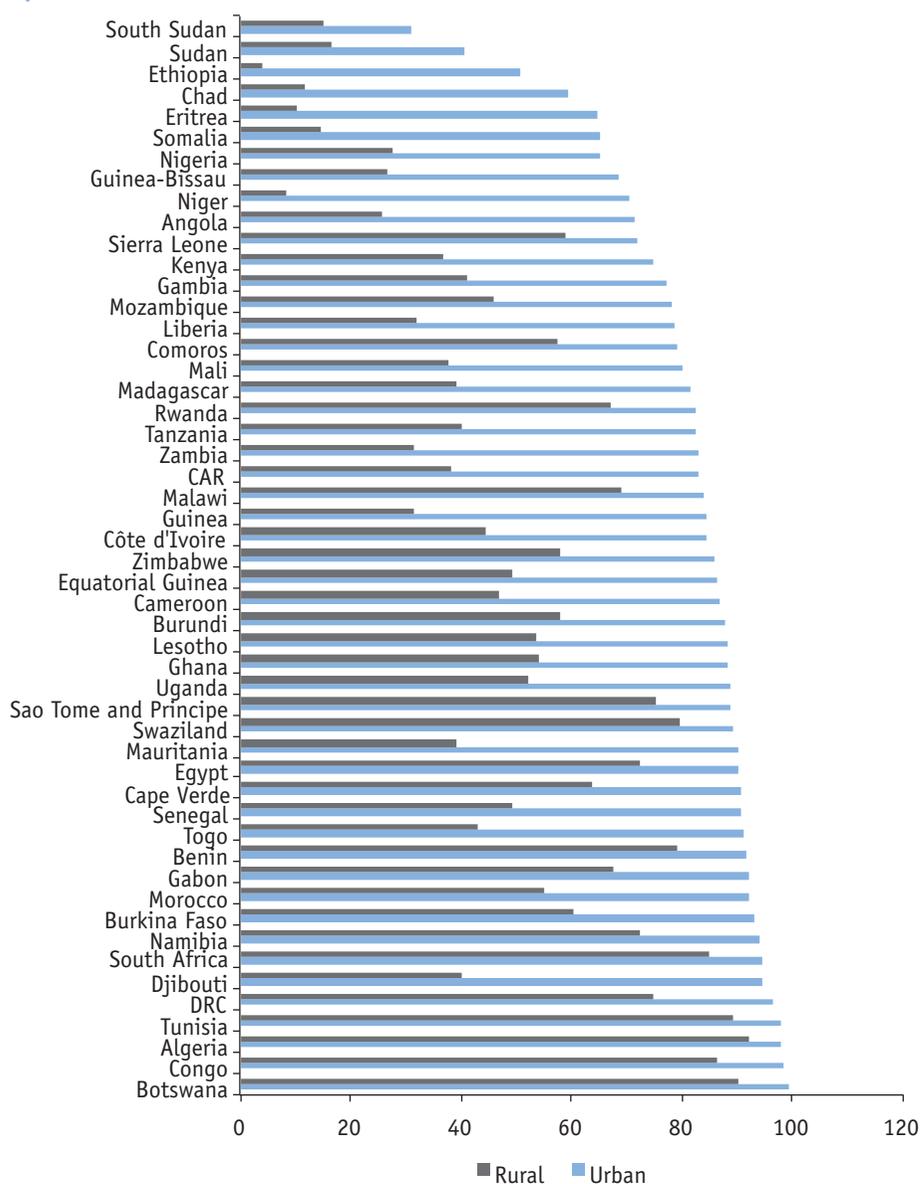
<sup>1</sup> See "Delivery Care", United Nations Children's Fund, updated January 2013, [www.childinfo.org/delivery\\_care.html](http://www.childinfo.org/delivery_care.html).

**Figure 5.3 Births attended by skilled health personnel (per cent)**



Source: Authors' calculations based on UNSD (n.d.).

**Figure 5.4 Births attended by skilled health personnel, by rural or urban area (per cent)**



**Source:** See "Delivery Care: Skilled Attendant at Birth", United Nations Children's Fund, updated January 2013, [www.childinfo.org/delivery\\_care\\_countrydata.php](http://www.childinfo.org/delivery_care_countrydata.php).

**Note:** Data are from latest available year since 2000.

**Table 5.2 Births attended by skilled health personnel by location, wealth quintile and region (per cent)**

Region	Location		Wealth quintile		Total
	Urban	Rural	Lowest	Highest	
Africa	77	42	29	83	51
Asia	84	57	28	84	67
Least developed countries	76	40	30	78	48
World	84	53	31 <sup>a</sup>	85 <sup>a</sup>	66

Source: See "Skilled Attendant at Birth"; United Nations Children's Fund, updated January 2013, [www.childinfo.org/delivery\\_care\\_countrydata.php](http://www.childinfo.org/delivery_care_countrydata.php).  
a. Excludes China.

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

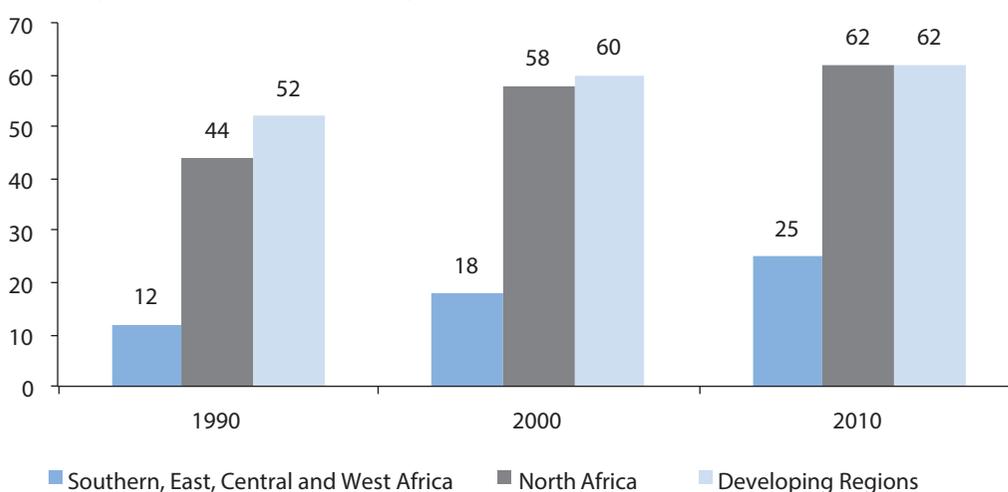
Good maternal health depends on access to reproductive rights and effective family planning, which can prevent unintended pregnancies, induced abortions and the associated morbidity and mortality.

using (or whose partner is using) a contraceptive method, reflects women's access to family planning and their empowerment. In Southern, East, Central and West Africa, the share of women using any method of contraception rose from 12 per cent in 1990 to 25 per cent in 2010 (figure 5.5). However, contraceptive use is very low compared with other developing regions.

### Indicator 5.3: Contraceptive prevalence rate

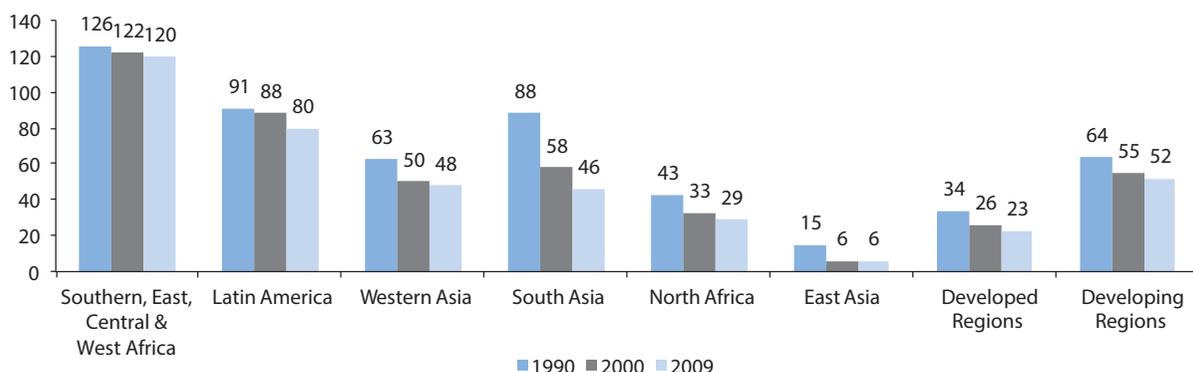
The contraceptive prevalence rate, which is the proportion of women of reproductive age who are

**Figure 5.5 Women ages 15–49 using any method of contraception, 1990, 2000 and 2010 (percentage of women)**



Source: UN, 2012.

**Figure 5.6 Births per 1,000 women ages 15–19, 1990, 2000 and 2009**



Source: UN, 2012.

#### Indicator 5.4: Adolescent birth rate

The share of births that take place during adolescence is more than 50 per cent in Southern, East, Central and West Africa, compared with about 2 per cent in China and 18 per cent in Latin America and the Caribbean.<sup>2</sup> Half of all adolescent births occur in just seven countries, three of which are in Africa: the Democratic Republic of Congo, Ethiopia and Nigeria. Adolescent pregnancy has long-term implications for girls as individuals and for their families and communities, since many girls who become pregnant have to leave school. Delaying adolescent births could significantly lower population growth rates, potentially generating broad economic and social benefits, in addition to improving the health of adolescents.

Adolescent birth rates dropped significantly in most regions between 1990 and 2009. South Asia made the most progress, cutting adolescent fertility almost in half over the period, followed by North Africa (33 per cent) and Western Asia (23 per cent). But Southern, East, Central and West Africa recorded the least progress in reducing adolescent fertility only

by 5 per cent during the same period (see figure 5.6).

More than half of African countries have an adolescent birth rate above 100 per 1,000 women ages 15–19, which is considered high. Algeria, Libya and Tunisia have the lowest adolescent birth rate, at less than 10.

#### Indicator 5.5: Antenatal care coverage

Antenatal care is the clinical assessment of mother and foetus during pregnancy, for the purpose of obtaining the best possible outcome for the mother and child. And it plays an important role in a successful labour and delivery. Regular antenatal care visits help prepare women physically and mentally. Antenatal care ensures maternal and foetal health and well-being and prepares women physically for labour, delivery and the post-partum period. In Africa, 77 per cent of pregnant women attended at least one antenatal check-up, but a remarkable disparity exists between location and among wealth quintiles (table 5.3). Ninety per cent of urban women had at least one antenatal care visit during pregnancy, compared with 71 per cent of rural women; 93 per cent of women from the wealthiest households had at least one antenatal care visit, compared with 60 per cent of women from the poorest households.

<sup>2</sup> See “Adolescent Pregnancy” World Health Organization, [www.who.int/maternal\\_child\\_adolescent/topics/maternal/adolescent\\_pregnancy/en/](http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/).

**Table 5.3 Women having at least one antenatal care visit during pregnancy, by place of residence, wealth quintile and region (per cent)**

Region	Location		Wealth quintile					Total
	Urban	Rural	Lowest	Second	Middle	Fourth	Highest	
Africa	90	71	60	67	76	86	93	77
Southern, East, Central and West Africa)	90	72	61	68	76	86	93	77
East and Southern Africa	92	76	72	77	78	86	92	81
West and Central Africa	89	69	52	62	76	87	94	74
North Africa	89	70	54	65	77	87	94	80
Asiaa	89	69	55	66	76	86	95	80
South Asia	86	64	49	60	72	83	94	70
Least developed countries	89	69	61	67	72	82	91	74
Worlda	91	71	59	69	78	87	95	81

Source: See "ANC1+ Antenatal Care, At Least One Visit", United Nations Children's Fund, updated January 2013, [www.childinfo.org/antenatal\\_care\\_country.php](http://www.childinfo.org/antenatal_care_country.php).

a. Excludes China, except for the total estimate.

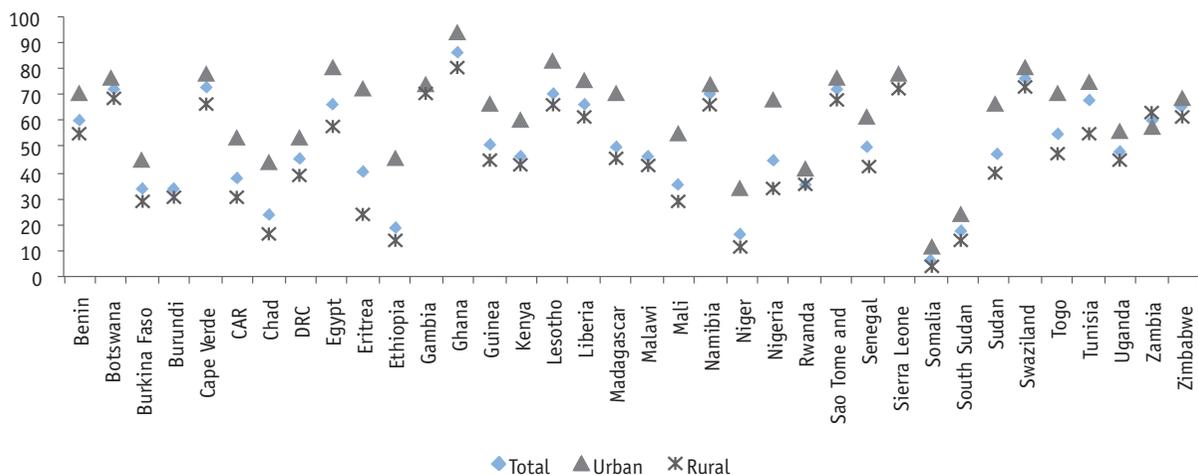
While the number of pregnant women having at least one antenatal care visit has increased in Africa, only 47 per cent of pregnant women attended the recommended four antenatal visits. In most countries, there is a significant disparity by place of residence in accessing the recommended four antenatal care visits (figure 5.7). Rural women are less likely to receive adequate health care than urban women. This is especially true for countries with low numbers of skilled health workers. The major factors preventing women from receiving or seeking care during pregnancy and childbirth are poverty, distance, lack of information, inadequate services and cultural practices. To improve maternal health, barriers to access to quality maternal health services must be identified and addressed at all levels of the health system.

### **Indicator 5.6: Unmet need for family planning**

Women with an unmet need for family planning are those who are fecund and sexually active but are

not using any method of contraception and who report the desire to delay or avoid pregnancy. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour. Women who use a traditional method of contraception such as calendar method are considered as having an unmet need for family planning, because traditional methods can be considerably less effective than modern methods. Data on this indicator are scarce since they are gathered using special surveys such as Demographic and Health Surveys, Reproductive Health Surveys and national surveys. Unmet need for family planning is higher in Africa (22.7 per cent) than in other regions across the world (figure 5.8). Uganda, São Tomé and Príncipe, Liberia, Ghana, Mauritania, Senegal and Togo have high unmet needs for family planning, at more than 30 per cent (figure 5.9)

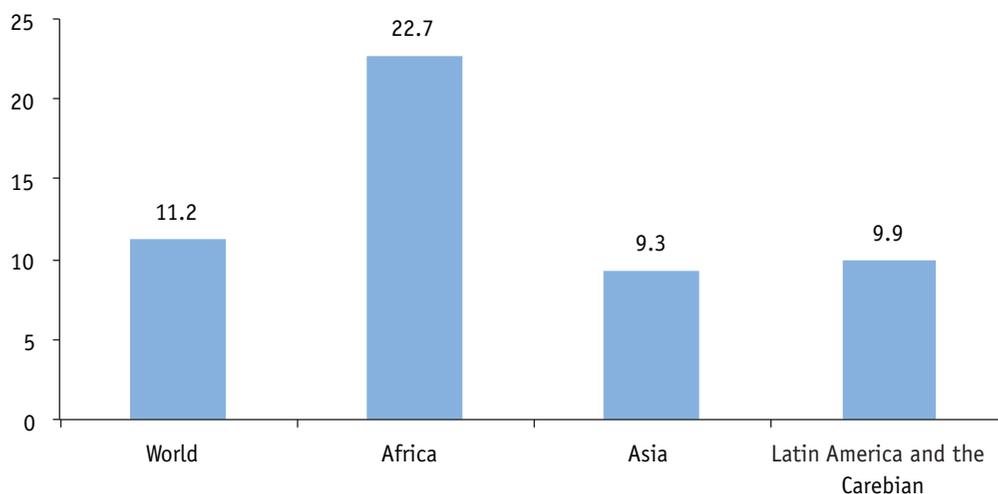
**Figure 5.7 Women having at least four antenatal care visits, by place of residence (per cent)**



*Source:* See 'ANC 4+ Antenatal Care Coverage, At Least Four Visits', United Nations Children's Fund, updated January 2013, [www.childinfo.org/antenatal\\_care\\_four.php](http://www.childinfo.org/antenatal_care_four.php).

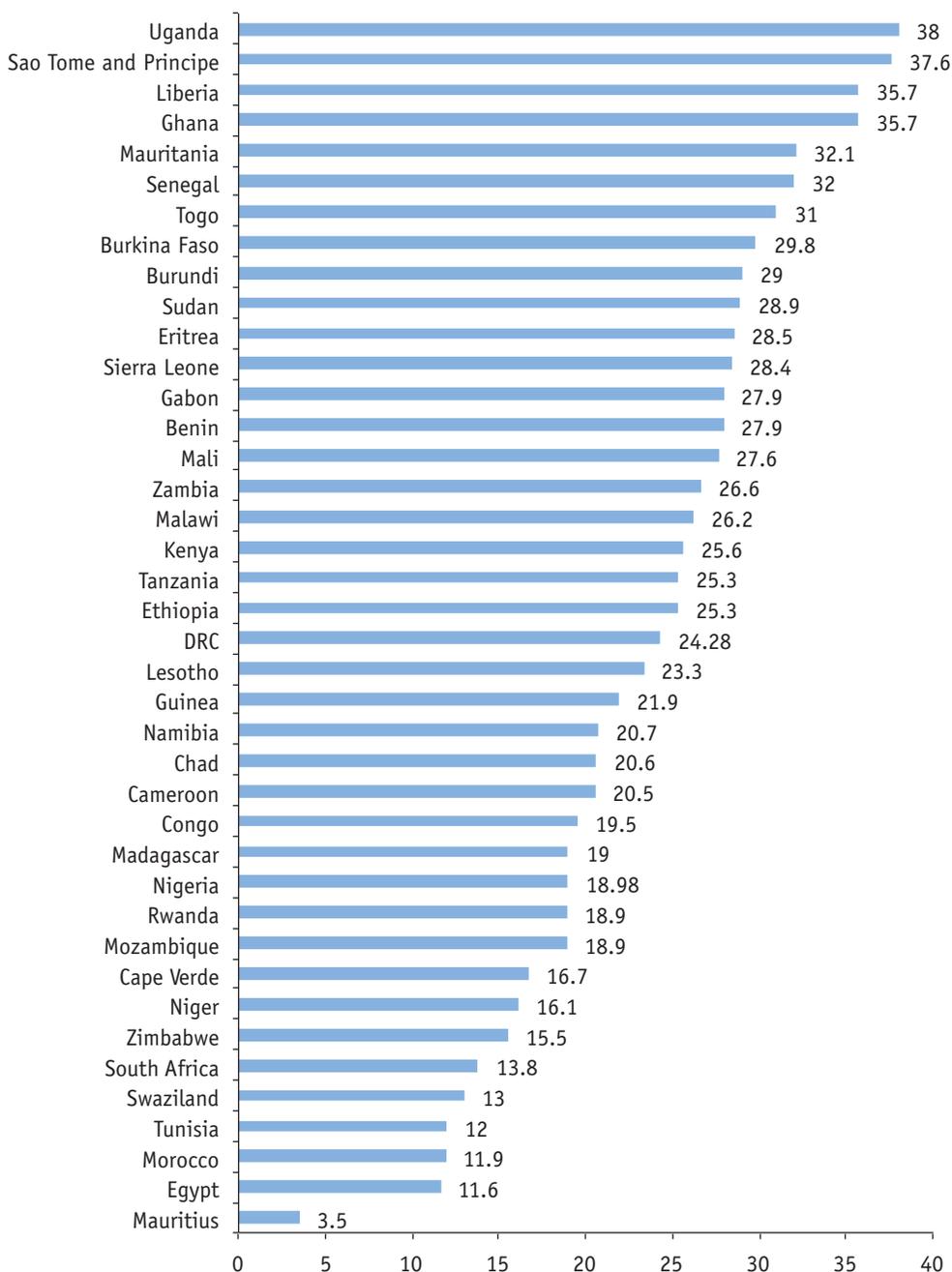
*Note:* Includes all African countries with available data. Data are from latest available year since 2000.

**Figure 5.8 Unmet need for family planning, by region, 2009 (per cent)**



*Source:* UN, 2011.

**Figure 5.9 Unmet need for family planning (per cent)**



Source: Authors' calculations based on UNSD (n.d.).

Note: Includes all African countries with available data.

### ***Need to address the major causes of maternal health***

Haemorrhage is the leading cause of maternal death in Africa. Sepsis and infections including HIV/AIDS, hypertensive disorders, anaemia, abortion, obstructed labour, early childbirth and lack of family planning are other major causes. In Southern Africa, HIV complications are a leading cause of maternal mortality. Of the estimated 19,000 maternal deaths attributed to HIV worldwide, some 90 per cent are in Southern, East, Central and West Africa. Absent HIV-related maternal deaths, the maternal mortality ratio for Southern, East, Central and West Africa as a group would average 450 maternal deaths per 100,000 live births, instead of 500. By improving access to prevention measures, testing and treatment, the continent would reduce its number of maternal deaths. Malaria is also a major killer of women during pregnancy and a leading indirect cause of maternal mortality. Affordable, effective interventions include intermittent preventive treatment and insecticide-treated bed nets, but they are often not available where needed most. The changing complexities of malaria treatment and the rising cost of newer, more effective interventions pose new challenges, especially to safety in pregnancy.

### ***Equitable access to quality health services is vital***

Many maternal deaths occur due to poor access to reproductive health services, so making progress in achieving universal access to reproductive health by 2015 is imperative. There is large disparity across African regions in receiving quality health care. Antenatal care visits are almost universal in Southern Africa. But in West Africa about a third of pregnant women did not receive an antenatal care visit in 2010. With greater access to contraceptives and antenatal care coverage and lower adolescent birth rates, women are more likely to have well-planned and safe pregnancies.

### ***Addressing gender equality and poverty is important to improve maternal health***

Gender inequality and women's low social status seriously affect women's health, maternal health and overall demand for maternal health care services. Women's and girls' limited access to education deprives them of the knowledge and tools to make informed health decisions. While policies and programmes need to improve and expand services and reduce the burden of cost for low-income women, they alone do not guarantee access to maternal health care. Gender inequality may still limit access and prevent women from using services. Therefore, efforts to improve maternal health care use and outcomes must also find ways to empower women and overcome gender inequality.

### ***Shortage of health service providers is a major constraint***

The lack of adequate skilled birth attendants contributes to 2 million maternal, stillbirth and newborn deaths each year worldwide. The World Health Organization estimates that 80 per cent of all births need to be attended by an adequately equipped skilled birth attendant to reach Goal 5's target of reducing the maternal mortality rate by three-quarters over 1990–2015. On average, Southern, East, Central and West Africa have fewer than 5 doctors per 100,000 people, far below the recommended 20. One major contributing factor for the shortage of health service providers in Africa is distribution of health care workers; health care worker density is highest generally in urban centres with more hospitals and higher income populations than rural areas with fewer facilities. Other factors include brain drain and lack of medical supplies. To address the shortage of health service providers, some African countries have adopted task-sharing programmes. Task sharing is the delegation of specific tasks from doctors to mid-level health workers to improve the coverage of health services and promote the more

efficient use of human resources without compromising the quality of health care.

### ***Civil registration systems facilitate tracking of causes of death***

The lack of complete civil registration systems with good attribution of cause of death is also a challenge to monitoring the health-related MDGs in many African countries. Only Mauritius's country estimates are based on good civil registration data. Nearly 80 per cent of African countries lack good complete registration data on maternal deaths. But other data are available, including periodic population-based surveys (such as Demographic and Health Surveys and Multiple Indicator Cluster Surveys, Round 4) and censuses. And 10 countries have no good quality national data on maternal mortality, thus assessing progress in reaching Goal 5 accurately is difficult (WHO et al., 2012). To better track progress and plan targeted interventions, African countries must follow the Commission on Information and Accountability for Women's and Children's Health recommendation, which states: "by 2015, all countries have taken significant steps to establish a system for registration of births, deaths and causes of death, and have well-functioning health information systems that combine data from facilities, administrative sources and surveys" (WHO, 2011, p. 4). African countries are working towards improving civil registration and vital statistics systems by sup-

porting and implementing the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics.

### **Conclusions**

Africa is making strides in improving maternal health thanks to local, national, regional and international efforts. Several factors account for the decline in maternal mortality between 1990 and 2010, including improvements in health systems, increased female education and greater access to health facilities.

But maternal mortality is still disproportionately high in Africa, with an estimated 164,800 deaths occurring in 2010. The causes of maternal mortality and morbidity are well known and mainly result from the inability of a health system to deal effectively with complications, especially during or shortly after childbirth. The availability of skilled health providers is critical in ensuring high-quality antenatal, delivery, emergency obstetric and post-natal services. With fiercer efforts in the fight against the major causes of maternal mortality and greater access to quality reproductive health care, African countries can accelerate their progress in reducing maternal mortality. To do this, they must improve the accuracy of their civil registration systems that monitor maternal mortality, allowing better targeted interventions.



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

In Africa, unprecedented gains have been achieved in reducing the number of both adults and children newly infected with HIV, in lowering the numbers of people dying from AIDS-related causes and in implementing enabling policy frameworks that accelerate progress. Ten countries with generalized epidemics, including three from Africa (Botswana, Namibia and Rwanda), have attained universal access to antiretroviral therapy (coverage of at least 80 per cent of the population in need), spurring a new hope in countries and communities across the world.

Coverage of at-risk populations with malaria prevention and control measures continues to increase, bringing about a further decline in the estimated numbers of malaria cases and deaths. Over 2000–2010, reductions in reported malaria cases of more than 50 per cent have been recorded in 43 of the 99 countries with ongoing malaria transmission. Downward trends of 25–50 per cent were achieved in eight more. The world saw an estimated 216 million malaria episodes in 2010, about 81 per cent of them, or 174 million, in Africa. And an estimated 655,000 people died from malaria in 2010, 91 per cent of them in Africa and 86 per cent of them children under age 5. The 25–50 per cent declines were not enough to meet the 2010 international targets of 50 per cent, though they are still a major achievement.

Progress towards global targets for reductions in tuberculosis (TB) cases and deaths continues. The target to halt and reverse the TB epidemic by 2015 has already been achieved globally. And the number of new cases has been falling for several years—at 2.2

per cent over 2010–2011. The TB mortality rate has fallen 41 per cent since 1990, and the world is on track to achieve the global target of a 50 per cent reduction by 2015. But the global burden remains enormous. In 2011, there were an estimated 8.7 million new cases of TB (13 per cent coinfecting with HIV) and 1.4 million people died from TB, including 430 000 who were HIV-positive. Despite great improvements, especially the significant strides in HIV/AIDS, Africa is still not on track to halve TB mortality by 2015.

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

Southern, East, Central and West Africa remains the region most severely affected by HIV/AIDS, with nearly 1 in 20 adults (4.9 per cent) living with HIV and accounting for 69 per cent of the people living with HIV worldwide. While the magnitude of the disease remains critical for resource allocation, policy interventions are having a significant positive impact.

New data confirm Africa's drop in adult prevalence from 5.9 per cent in 2001 to 4.9 per cent in 2011, which has been driven partly by a steep (25 per cent) decline in HIV incidence in 23 countries in Southern, East, Central and West Africa. Despite the gains, this region accounted for 71 per cent of the adults and children newly infected in 2011, underscoring the importance of strengthening regional HIV prevention (UNAIDS, 2012b).

An important part of further reducing infections is eliminating them among children by 2015 and

keeping their mothers alive. In 2011, 330,000 children became infected, more than 90 per cent of them living in Central, East, Southern or West Africa. In high-income countries, by contrast, practically zero children had new infections (and maternal and child deaths) due to HIV. Timely access to quality antiretroviral therapy for HIV-positive pregnant women can reduce transmission to less than 5 per cent and lower child and maternal mortality rates (UNAIDS, 2012a).

An important part of reducing new infections and achieving a generation free of HIV through focusing on children and mother-to-child transmission is choosing the right threshold of immune cell counts

on which to initiate antiretroviral treatment. The new World Health Organization guidelines aimed at starting antiretroviral therapy early reduces AIDS-related opportunistic diseases and transmission of HIV, but it creates a need for more resources (box 6.1)

The number of AIDS-related deaths began to decline in the mid-2000s, as antiretroviral therapy was scaled up and HIV incidence declined steadily since its 1997 peak. The decline continued over 2005–2011, at an average of 32 per cent in Southern, East, Central and West Africa, though the region still accounted for 70 per cent of all AIDS-related deaths in 2011 (table 6.1)

### Box 6.1 The World Health Organization's new guidelines create additional costs in resource-constrained countries

The World Health Organization's new recommendations to initiate antiretroviral therapy when the CD4 cell count is 350—instead of the previous 200—would mean beginning treatment two years earlier.

The 350 threshold reduces the likelihood of AIDS-related illnesses earlier and, by reducing viral loads, makes transmission less likely. HIV-positive pregnant women who begin treatment earlier are less likely to transmit the virus to their unborn children, thus contributing to a generation of HIV-free children.

The new threshold would mean an additional 3–5 million HIV patients, most of them in Africa. Because Africa has the most HIV patients, and given that antiretroviral therapy is provided for free, the new threshold will substantially increase costs.

Source: Storrs, 2009.

**Table 6.1 HIV/AIDS statistics in selected regions**

Region	Adults living with HIV (millions)		Adults and children new infections (millions)		Adult prevalence rates ages 15–24 (per cent)		Female prevalence rates, ages 15–24 (per cent)		Male prevalence rates, ages 15–24 (per cent)		AIDS-related deaths (millions)	
	2001	2011	2001	2011	2001	2011	2001	2011	2001	2011	2005	2011
Southern, East, Central and West Africa	20.9	23.3	2.4	1.8	5.9	4.9	5.1	3.1	2.0	1.3	1.8	1.2
East Asia	0.4	0.8	< 0.1	< 0.1	0.1	0.2	0.1	0.1	0.2	0.1	< 0.1	< 0.1
Latin America	1.2	1.4	< 0.1	< 0.1	0.4	0.4	0.1	0.2	0.1	0.1	< 0.1	< 0.1

Source: Authors' calculations based on UNAIDS data.

### **Indicator 6.1: HIV prevalence among population aged 15–24 years**

The HIV status of Southern, East, Central and West Africa's young people has also changed for the better. Over 2001–2011, young women's prevalence rate dropped faster—from 5.1 per cent to 3.1 per cent—than that of young men. Social norms could be driving this trend. Men are discouraged from seeking help and admitting ill-health, while women have higher rates of HIV testing and coverage and better adherence to antiretroviral therapy regimes than men. Indeed, men have higher mortality rates (UNAIDS, 2012b).

The overall drop in prevalence and in infections is also driven by behavioural changes. Fewer young people are having early sexual intercourse, young people are having fewer sexual partners and sexually active people are using condoms more consistently and more often correctly. Sexual behaviour has changed favourably in numerous Southern, East, Central and West African countries with generalized epidemics. The aggregated data is scantier, but a number of countries, like Rwanda and Lesotho, have a high proportion of young people having sex before age 15. Further, Burkina Faso, Côte d'Ivoire, Congo, Ghana and Zimbabwe each had high numbers of men having multiple partners in the past 12 months (UNAIDS, 2012b).

Although population-level behaviour change has been shown to reduce HIV prevalence in several countries with generalized epidemics, linking behaviour change to specific HIV outcomes remains challenging. While it is clear that sex before age 15 and multiple partners increase the likelihood of acquiring HIV, low education, weak gender relations and poverty also have an impact. Disentangling the attribution of effects between specific HIV programme elements and more general changes in the enabling environment are important for increasing the cost effectiveness of policy interventions.

### **Indicator 6.2 Condom use at high-risk sex**

The correct and consistent use of condoms continues to be critical for prevention and one of the most efficient technologies available to reduce the sexual transmission of HIV. Although condom use appears to be increasing in several countries with high HIV prevalence, nationally representative surveys indicate declines in condom use in Benin and Burkina Faso, which have relatively low HIV prevalence rates (2 per cent), and in Côte d'Ivoire (3.4 per cent) and Uganda (7.2 per cent). If prevention is to remain key in tackling HIV, ensuring correct and consistent condom use is vital in both high- and low-prevalence countries.

Favourable changes in risky sexual behaviour are evident in many countries, including Kenya, Malawi, Mozambique, Namibia, Nigeria and Zambia. In other countries—as Côte d'Ivoire and Rwanda—risky sexual behaviour is increasing, highlighting the need to intensify efforts for behavioural change. In fact, there are significant gaps in even basic knowledge about HIV and its transmission. In 26 of 31 countries with generalized epidemics in which nationally representative surveys were recently carried out, less than half of young women had comprehensive and correct knowledge about HIV (UNAIDS, 2012b). And women are less likely to insist on using condoms even when they are aware of its benefits as an HIV safeguard.

A further challenge is that the demand for condoms might be affected by other prevention programmes. For example, male circumcision, postexposure prophylaxis and partners receiving antiretroviral therapy becoming less infectious all contribute to a perceived lower risk and undermine the need for protection as an effective strategy.

## **Target 6B: Achieve by 2015 universal access to treatment to HIV/AIDS for all those who need it**

### **Indicator 6.5 Proportion of population with advanced HIV infection with access to antiretroviral treatment**

Antiretroviral therapy continued expanding rapidly in 2011. More people initiated it in 2011 than in any previous year, and coverage increased 21 per cent from 2010.

Since 1995, antiretroviral therapy has added 14 million life-years in low- and middle-income countries, including 9 million in Southern, East, Central and West Africa. Coverage in Africa is modestly higher than the global average, with 56 per cent of eligible individuals receiving therapy. Botswana, Rwanda and Namibia have achieved universal coverage (at least 80 per cent). The number of countries with coverage of less than 20 per cent fell from 28 in 2009 to 10 in 2011.

Antiretroviral therapy coverage remains higher for women (68 per cent) than for men (47 per cent) in low- and middle-income countries, possibly contributing to lower prevalence rates. But challenges remain. The provision of antiretroviral treatment to children is at approximately 20 per cent. The need to arrive at no new infections makes the increase of HIV treatment an imperative.

A vital element in this regard is the link between HIV and worker productivity. Until a short time ago, HIV/AIDS was associated with a loss in worker productivity, income and welfare (ECA 2004). Antiretroviral therapy gives rise to important economic benefits through employment recovery in HIV patients. A recent study showed that many patients that initiated treatment early enough were able to avoid any loss of employment. Four years after initiating treatment, patients had a 90 per cent change of being employed, while HIV patients who lost their jobs

before undergoing antiretroviral therapy faced long spells of unemployment. These gains in economic well-being provide important policy implications for supporting early treatment once testing positive and seeking care and reducing the stigma (Bar-nighausen, Salomon, and Sangrujee, 2012).

In addition, declining drug costs allow treatment to be delivered to more individuals with the same resources. In Mozambique, enhanced programme monitoring helped reduce the costs of antiretroviral therapy by 45 per cent per person over 2009–2011. Efforts are also needed to further reduce the cost of antiretroviral medicines (UNAIDS, 2012b).

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

Africa has seen substantial progress in reducing prevalence, incidence and death associated with malaria and, to a lesser degree, TB. International funding for malaria control remains on the rise, enabling endemic countries to increase access to insecticide-treated bed nets. But it is not enough, given the scale of the disease. Also helping reduce malaria in Africa is the increase in rapid diagnostic tests and artemisinin-based combination therapies procured. Available facility-level data show that the worldwide percentage of reported suspected cases receiving a parasitological test grew from 67 per cent in 2005 to 73 per cent in 2009, with the largest increase in Africa.

As for TB, accelerated efforts have been made toward the Stop TB Strategy, especially for access to TB care and implementing collaborative TB/HIV initiatives. And new drugs and vaccines are in development, a necessary component of fighting TB, as progress in responding to multidrug-resistant TB (MDR-TB) remains slow. Despite the progress, critical funding gaps for TB care and control remain. It is estimated that low- and middle-income countries

will need up to \$8 billion a year over 2013–2015 to sustain recent gains and make further progress. At current levels of funding, there is a \$3 billion annual gap. In 25 African countries, international donors are especially critical, accounting for more than 60 per cent of funding.

#### **Indicator 6.6: Incidence and death rates associated with malaria**

Of the 43 African countries with ongoing malaria transmission, 8 (Algeria, Botswana, Cape Verde, Namibia, Rwanda, São Tomé and Príncipe, South Africa and Swaziland) have reduced malaria incidence or malaria admission at least 75 per cent. And Eritrea is on track to reduce admission at least 75 per cent by 2015, while Madagascar and Zambia are projected to reduce admission 50–75 per cent by that same year. In the remaining countries, data incompleteness or inconsistency made it impossible to reliably assess malaria trends (WHO, 2012).

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

A total of 39 of the 43 African countries with ongoing malaria transmission distribute free insecticide-treated to all age groups. On average, the proportion of households in Southern, East, Central and West Africa owning at least one net increased dramatically over 2000–2011, from 3 per cent to 53 per cent, and held at about 53 per cent in 2012. Moreover, household surveys indicate that 96 per cent of people with access to a net in the household use it. In addition, the percentage of the at-risk population protected by indoor residual spraying rose from less than 5 per cent in 2005 to 11 per cent in 2010 (WHO, 2012b).

No new data exists for children under age 5 sleeping under insecticide-treated bed nets, but household ownership and use of them indicate improvements.

An estimated 39 per cent of African children slept under the nets in 2010, up from 2 per cent in 2000.

#### **Indicator 6.8: Proportion of children under five with fever who are treated with appropriate antimalaria drugs**

Although the proportion of suspected cases receiving a parasitological test has increased in Africa, according to the latest survey (2010–2011) in 12 African countries, children under age 5 who received adequate treatment remains under 40 per cent. In addition, private health providers account for 30 per cent of malaria testing, while pharmacies account for just 10 per cent.

Unfortunately, data on malaria treatment are scarce due to the need for diagnostic testing. Without a parasitological test, malaria cannot be properly diagnosed or treated. While testing is increasing, especially in Africa (public sector testing increased from 20 per cent in 2005 to 47 per cent in 2011), it is still low, and progress has slowed the past year. Further, malaria diagnosis in malaria-endemic areas is estimated to be confirmed in less than half of the patients tested.

But as of 2011, 41 of the 44 African countries with ongoing malaria transmission report having a policy of parasitological diagnosis for all age groups, up from 37 countries in 2010. With implementation of these policies, consistent testing and improved diagnosis, African countries can enhance their treatment efforts, thus reducing malaria incidence and malaria-related deaths (box 6.2).

#### **Indicator 6.9: Incidence, prevalence and death rate associated with TB**

The 2015 MDG target of halting and reversing TB incidence has been achieved, both globally and in Africa, and the global TB mortality rate has fallen 41 per cent since 1990. The world is thus on track to reach the global target of a 50 per cent reduction in

TB deaths by 2015. Over 2010–2011, Africa's TB incidence declined 3.1 per cent, compared with just 2.2 per cent globally. The decline's annual pace thus augurs well for achieving the target on incidence and prevalence. This unfortunately is not matched by TB mortality rates, which fell at an annual average of 1.5 per cent over 1990–2010. This points to a lack of improvement in adhering to treatment regimens by TB patients and the continent's consistent number of MDR-TB cases. Further, the global TB burden remains enormous, with an estimated 8.7 million cases in 2011, about a quarter of them in Africa.

Despite a disproportionate number of TB cases and deaths globally, Africa has an opportunity to accelerate progress on fighting TB in the coming years. Indeed, all 54 African countries submitted data in the 2012 round of global TB data collection. With better data collection, reporting and monitoring

and evaluation, African countries can better implement Stop TB Strategies and monitor their effectiveness. An additional opportunity for Africa to fight TB comes with reducing HIV/AIDS prevalence and incidence. As HIV/AIDS and TB are closely linked, the battle against one will complement that against the other.

In 2011, 8.7 million people were diagnosed with TB, including 1.1 million HIV-positive people. Globally, incidence rates peaked at 141 per 100,000 people in 2002 and have fallen since. In Africa, however, incidence rates were higher in 2010 than in 1990, having peaked at 300 per 100,000 people in 2004 and decreasing marginally to 286 since.

### **Box 6.2 Political will and domestic resources are essential in eradicating malaria in Mauritius**

Until malaria is eradicated, most countries will continue to face some risk of a resurgence. With its passenger screening programme and other routine interventions to prevent reintroduction, the Mauritius government accepts very little risk and has committed the necessary financial resources. As other countries trying to eliminate malaria establish programmes to prevent reintroduction, they too will have to determine the risk they will accept. While intensive border screening and vector control might be feasible for some countries, poorer countries likely do not have the same options.

The programme in Mauritius has been financed almost entirely from domestic resources, with consistent funding ensured by strong political will. Countries that receive substantial external funding might face greater challenges in securing the necessary stable, long-term resources because of the uncertain funding climate arising in part from the Eurozone crisis. Eliminating malaria and preventing reintroduction will require a change in financing, with the understanding that battling malaria is a recurring investment, like routine immunization.

Mauritius demonstrates that it is possible to eliminate malaria and prevent its reintroduction even in a country with relatively high transmission potential. Residents are required by law to participate in environmental management and vector control, resulting in high coverage of populations at risk with effective interventions. Entomological surveillance and geographical reconnaissance with detailed hand-drawn maps were used extensively to identify transmission foci and provide information for interventions. Mauritius's unique passenger screening programme closely tracks people arriving from malaria-endemic countries to reduce the risk of importation. Mauritius' approach to elimination and prevention of reintroduction was—and continues to be—multifaceted and comprehensive.

*Source: Government of Mauritius and WHO, 2012.*

**Indicator 6.10: Proportion of TB cases detected and cured under directly observed treatment short course (DOTS)**

***Progress in detection and cure of TB cases under DOTS***

TB is generally a curable disease. In 2010, 85 per cent of new TB cases were treated successfully. Over 1995–2011, 51 million people were successfully treated for TB in countries that had adopted the DOTS/Stop TB Strategy, saving an estimated 20 million lives. In Africa, nearly 60 per cent of TB cases were successfully detected under DOTS in 2010, compared with less than 50 per cent in 1990. Similarly, in 2009, about 80 per cent of detected cases were cured, up from less than 70 per cent in 1994.<sup>1</sup>

Some countries have made major progress. Sudan went from detecting less than 1 per cent of cases in 1990 to 50 per cent in 2010. São Tomé and Príncipe went from 11 per cent to 76 per cent; Egypt from 11 per cent to 64 per cent; and Sierra Leone from less than 8 per cent to 32 per cent. Côte d'Ivoire, Kenya, Lesotho and Namibia each detect more than 80 per cent of cases as of 2010, and Tunisia and Morocco each detect more than 90 per cent.

Despite these promising trends, more than a third of Africa's new cases go unreported and are thus not treated under DOTS. More than 84 per cent of the estimated 290,000 cases of MDR-TB in 2010 in Africa are not being diagnosed and treated according to international guidelines. Moreover, many HIV-positive TB patients do not know their HIV status, and most of them are not receiving antiretroviral therapy.

***Research, development and funding accelerating progress in TB care and control***

Since 2000, efforts to develop new diagnostics, drugs and vaccines have intensified. The [Global Tuberculosis Report of 2012](#) notes that, for the first

<sup>1</sup> Data for this indicator are unavailable before 1994.

time in 40 years, a coordinated portfolio of promising new anti-TB drugs are in development. This includes evaluating five new compounds, testing a new three-drug combination regimen to treat both drug-sensitive TB and MDR-TB and conducting trials of 12 vaccine candidates for TB prevention. In addition, funding for TB research and development increased from \$363 million in 2005 to \$630 million in 2010.

Achieving the Stop TB Partnership's target of eliminating TB by 2050 requires improved diagnosis of and renewed efforts of MDR-TB, better and shorter treatments for all forms of TB, mass treatment of people with latent TB infections and mass vaccination with a vaccine more effective than Bacille Calmette Guerin. And funding, though increasing, is still well short of the necessary \$1.4 billion (UNAIDS, 2012a).

**Conclusion**

The gains made in curtailing HIV/AIDS, malaria and TB need to be sustained and accelerated. This requires moving away from disease-specific vertical funds. The sustainability of such funding is not guaranteed, especially given the global economic crisis. Further, strengthening healthcare systems in African countries is an imperative that goes beyond these vertical funds' remit. Increased domestic financing of healthcare systems will improve ownership and accountability.

The improvement in Africa's HIV status is laudable, but expanding access to antiretroviral therapy and adhering to long-term medication remain vital. Focusing on HIV-positive pregnant women and children is also necessary to create an HIV-free generation.

Malaria and tuberculosis have also shown signs of abating, but more effort is needed to diagnose both diseases to ensure effective treatment.



# Goal 7: Ensure environmental sustainability

Africa is making progress on Goal 7, but achieving environmental sustainability remains a challenge overall. The United Nations' Conference on Sustainable Development in Rio de Janeiro in June 2012 reaffirmed its commitment to sustainable development and the promotion of an economically, socially and environmentally sustainable future for generations today and tomorrow (UN, 2012). Realizing this commitment will require political will to implement the international decisions on sustainable development, from the Rio Declaration on Environment and Development to the MDGs and others.

Many countries' CO<sub>2</sub> emissions have increased, but most of the increases were less than 1 per cent, and Africa in general continues to have low emissions. Countries are increasing efforts to reduce their consumption of ozone-depleting substances and are on track to meet this target. The safe drinking water target has been met worldwide, and though Africa has made progress, it still lags far behind. So too does its people's access to an improved sanitation facility.

## **Target 7A: Integrate the principles of sustainable development into country policies and programs; reverse loss of environmental resources**

### **Indicator 7.1: Proportion of land area covered by forest**

No 2011 data are available for Africa's proportion of land area covered by forest, but evidence in several African countries suggests that it is declining and that deforestation is occurring at an alarming rate. The continent has been struggling with many difficult challenges, such as African communities en-

croaching on forest areas in search of wood, livelihoods and agricultural expansion. In recent years, encroachment has expanded, and in some countries, forest land has been given away for investment purposes. For example, more than half of Liberia's forests have been given to logging companies for investment (Ford 2012), while in forest-cover countries like the Democratic Republic of the Congo, forests are cleared for mining.

To mitigate these challenges, African countries need sustainable forestry policies, programmes and management, adequately staffed and financed institutions and diversified economies to reduce reliance and encroachment on forests.

### **Indicator 7.2: CO<sub>2</sub> emissions, total, per capita and per \$1 GDP (purchasing power parity)**

Historically, Africa's CO<sub>2</sub> emissions have been low—less than 4 per cent of world emissions. Of African countries, Libya, South Africa, Seychelles, Equatorial Guinea and Algeria emitted the most CO<sub>2</sub> in 2009 (figure 7.1). Over 1990–2009, only 20<sup>1</sup> African countries reduced their CO<sub>2</sub> emissions, while 34 increased them. Gabon registered the largest reduction (4.1 metric tons per capita); Equatorial Guinea (6.7 metric tons) and Seychelles (6.9) registered the greatest increases. The changes in other African countries were small, in most cases less than 1 per cent. Still, Africa remains at a high risk of the effects of climate change, evidenced in its recent severe droughts and floods. See box 7.1 for details on renewable energy in Seychelles.

1 Burundi, Central African Republic, Comoros, Congo, Côte d'Ivoire, the Democratic Republic of Congo, Djibouti, Gabon, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, Western Sahara, Zambia and Zimbabwe.

## Box 7.1 Promoting renewable energy in Seychelles

Seychelles emitted 273,146 metric tons of CO<sub>2</sub> in 2000, 95 per cent of it from energy and the rest from changes in forest and other woody biomass stocks (Coopoosamy and Jean-Louis, 2008). CO<sub>2</sub> emissions from the energy sector have increased since 1995, and public electricity production remains the highest contributor. Seychelles emitted 3.37 metric tons of CO<sub>2</sub> per capita in 2000. And the country's CO<sub>2</sub> removal capacity in 2000 was 837,380 metric tons, about three times the amount emitted.

Seychelles consumed 83,164 metric tons of oil equivalent) of fuel in 2000 (Coopoosamy and Jean-Louis, 2008), a 37 per cent increase from 1995. In 2007, the country's primary energy consumption reached 115,000 metric tons of oil equivalent. This rapid growth can be attributed to the country's recent economic expansion, particularly in tourism.

Even if Seychelles, at business as usual, is still a net sink for CO<sub>2</sub> to the tune of 564,232 metric tons (three times the amount of emissions), energy consumption will still be expected to continue growing as a result of ongoing development, particularly in the energy sector.<sup>1</sup> This will result in the continual increase in greenhouse gas emissions and at a point surpass the forest areas' CO<sub>2</sub> removal capacity. However, the government has recently geared up its efforts to promote renewable energy. Already some wind turbines have been installed, and a project is underway in solar water heaters. These activities will be supported and encouraged by a new national energy bill.

1. "Business as usual" assumes that the trends in the consumption of petroleum products are allowed to continue without any action to limit the growth or reduce the demand.

*Source: Coopoosamy and Jean-Louis, 2008; Coopoosamy, et al., 2008.*

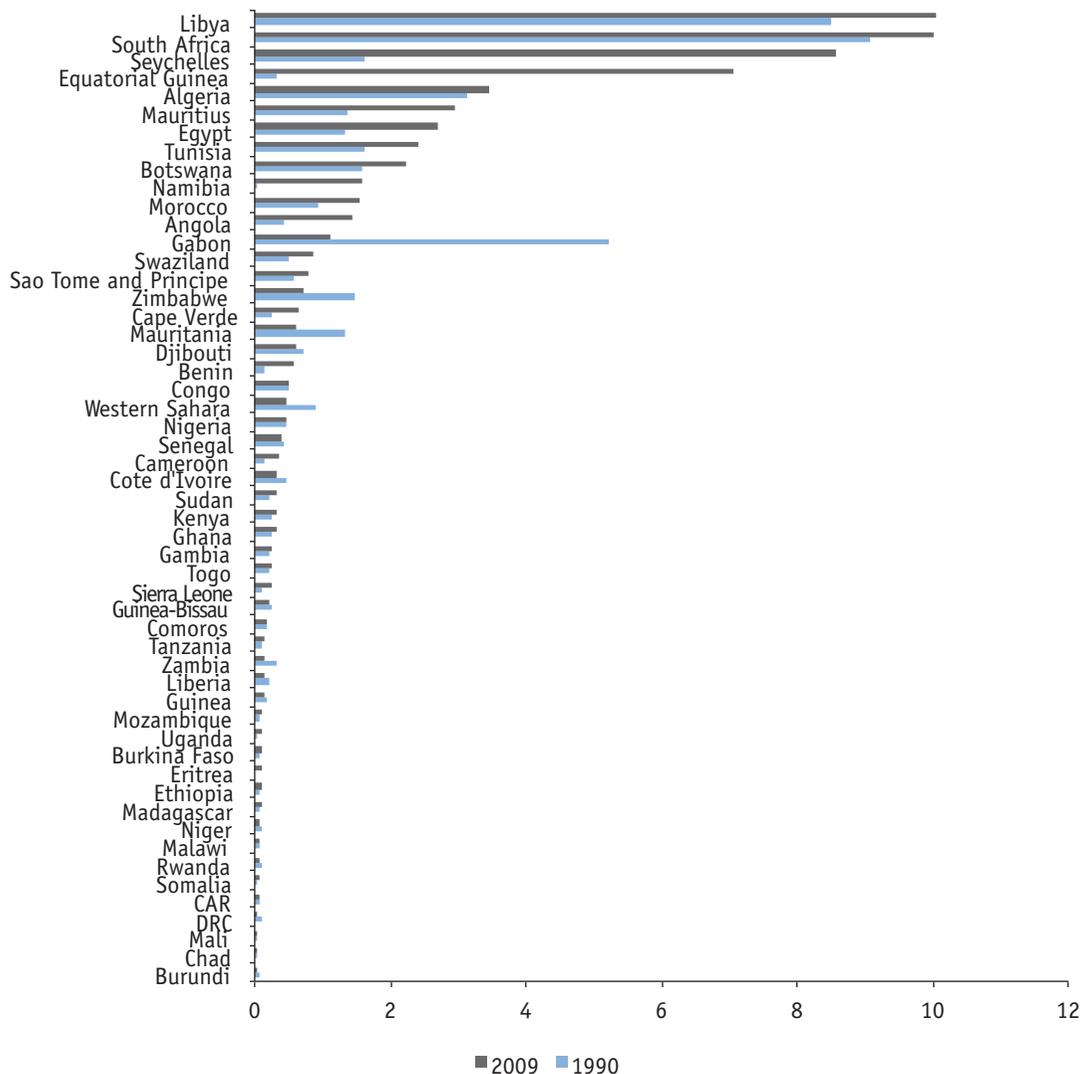
As more African countries industrialize, CO<sub>2</sub> emissions will likely increase. So Africa might need to harmonize industrial development with environmental sustainability, as opposed to taking the "pollute first, clean up later" approach that most industrialized countries took. One challenge to Africa's industrialization efforts is that under the United Nations Framework Convention on Climate Change, current and future international obligations on climate change mitigation and adaptation could impose constraints on how Africa can industrialize. As the international community accelerates plans for cutting greenhouse gas emissions, industries might need to comply with environmental standards and laws at national and international levels. But climate change also provides Africa opportunities to take a "green" path to industrial development, with low carbon, low energy intensity and clean technologies.

### **Indicator 7.3: Consumption of ozone-depleting substances**

This indicator tracks countries' progress in reducing and ultimately phasing out the consumption of ozone-depleting substances (ODS), as per their commitments and schedules in the 1987 Montreal Protocol on Substances that Deplete the Ozone Layer. The Montreal Protocol, the most widely ratified treaty in United Nations history (ratified by 197 members), is also one of the most successful, facilitating ODS reductions of more than 97 per cent worldwide.

Many African countries, steadily reducing their ODS consumption, are on track to meet the target. Over 2000–2010, more than half the countries that reduced their ODS consumption did so by more than 50 per cent. Conversely, countries that increased ODS consumption also did so by more than 50 per cent (table 7.1). Many of the countries that increased their ODS consumption had very low consumption in 2000—around 1 metric ton. This increase is large-

**Figure 7.1 CO<sub>2</sub> emissions per capita, 1990 and 2009 (metric tons)**



Source: UNSD, 2012.

ly attributed to massive increases in hydrochloro-fluorocarbon consumption.

Drawing from Zimbabwe’s experience of reducing ODS by phasing out methyl bromide, African countries accelerated their efforts towards reducing ODS by seeking alternatives to methyl bromide for agri-

cultural fumigation (UNEP, 2012). There is however still a need for more training on these alternatives, creating public awareness and involving the public in the phase out of methyl bromide, infrastructural upgrade and regulatory reform.

**Table 7.1 Consumption of all ozone-depleting substances, 2000 and 2010 (ozone-depletion potential metric tons)**

Country	2000	2010	Country	2000	2010
Egypt	2,746.3	705.6	Zambia	53.2	11.2
Nigeria	4,810.9	426.4	Botswana	6.6	11
South Africa	815.3	393.2	Ethiopia	58	11
Morocco	1,456.5	132.3	Namibia	23.9	10.7
Democratic Republic of the Congo	454.6	76.6	Congo	29.1	10.6
Cameroon	408.9	67.4	Mozambique	18.8	8.7
Côte d'Ivoire	225.4	65.9	Burundi	53.9	7.4
Sudan	296.72	56.22	Equatorial Guinea	49.4	6.4
Kenya	381.4	56.2	Chad	36.6	6.2
Somalia	87.7	45.3	Liberia	42.8	5.5
Tunisia	625.6	43.6	Mauritius	27.6	5.3
Senegal	138	37.5	Swaziland	1.6	5
Ghana	56.7	37.2	Rwanda	30.4	4.4
Algeria	1,704.5	32	Lesotho	2.4	3.1
Burkina Faso	34.9	31	Guinea-Bissau	26	2.9
Gabon	16.2	30.6	Tanzania	215.5	2
Zimbabwe	524.9	29.3	Sierra Leone	90.3	1.8
Benin	55.2	24	The Gambia	6.2	1.5
Guinea	49.9	23.4	Seychelles	0.9	1.3
Togo	41	20.6	Libya	1596.5	1
Mauritania	15.6	20.5	Djibouti	21.2	0.7
Madagascar	14.2	16.8	Cape Verde	1.9	0.3
Niger	40.9	16	Uganda	30.6	0.3
Mali	30.2	15.5	São Tomé and Príncipe	4	0.2
Malawi	101.7	13	Comoros	2.8	0.1
Angola	107	12.7	Eritrea	51.4	0.1
Central African Republic	4.5	12.1			

Source: UNSD, n.d.

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

### **Indicator 7.8: Proportion of population using an improved drinking water source**

Globally, the indicator on sustainable access to water has been met, and the 88 per cent target surpassed by a percentage point (WHO and UNICEF, 2012). But while the world as a whole is on track, Africa is not. Indeed, the continent accounts for more than 40 per cent of people without access to safe drinking water. And this population is concentrated in Southern, East, Central and West Africa as a group. Within countries, urban dwellers generally have more access to water sources than their rural counterparts. In many cases, this has slowed the progress on sanitation and contributed to outbreaks of diseases like cholera and diarrhoea. It was estimated that in 2010 more than 10 per cent of the world's people still relied on unimproved water sources, such as surface water. An estimated 3 per cent of the global population use surface water, 94 per cent of them in Southern, East, Central and West Africa (WHO and UNICEF, 2012).

The population relying on surface water in Southern, East, Central and West Africa declined from an average of 24 per cent in 1990 to 13 per cent in 2010 (figure 7.2). The population relying on other improved water sources rose from 34 per cent to 45 per cent, but the population relying on piped water on premises increased only marginally. Investment in water infrastructure is necessary to improve access. Box 7.2 shows the achievements in infrastructure development that some Africa countries have made in this area.

Factors hindering progress in access to safe drinking water include political instability, the increasing number of refugees and growing populations putting pressure on the available resources. Additionally, African countries generally lack the technologies needed to improve water and sanitation. Where these technologies exist, they do not trickle down to the many rural areas that would benefit from them. Women and girls are the most affected, because they bear the primary responsibility of fetching water, taking up a lot of time that could be used more productively (UN and UNICEF, 2012).

### **Box 7.2 Achievements with infrastructure development and finance**

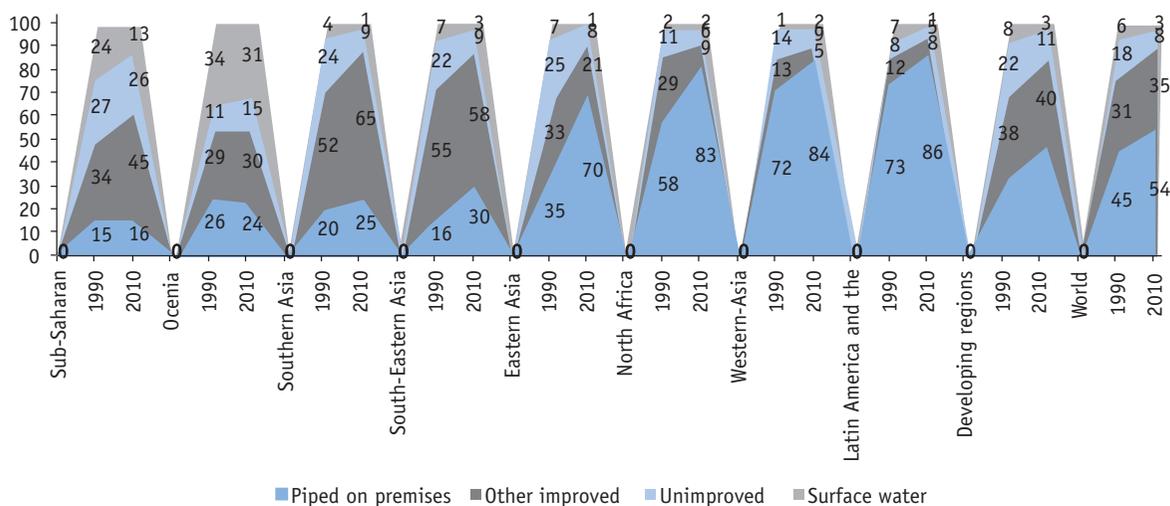
Ghana has rehabilitated its infrastructure, expanding and building new elements to meet current and growing demand with funding from government and development partners. Demand includes urban water supply, rural and small towns' water supply, irrigation and hydropower infrastructure. These investments are enhancing access to urban, rural and small town water supply and improving irrigation facilities for more than 2,400 peasant farmers. Hydropower production has been made more efficient.

Mozambique has given high priority to water-related infrastructure development. The government is financing large schemes for rainwater harvesting, including excavated reservoirs in Gaza Province, the driest area of the country, to minimize the severity of droughts. Moreover, funds are being mobilized for 20 small dams to minimize the severity of droughts.

Benin has made good progress in drinking water supply. Many boreholes, hand-dug wells and piped systems were built for rural and small towns' water supply, and as a result the average coverage of drinking water in rural areas increased from 39 per cent in 2004 to 57 per cent in 2010.

*Source: AMCOW, 2012a.*

**Figure 7.2 Access to water by region and water source, 1990 and 2010**



Source: WHO and UNICEF, 2012

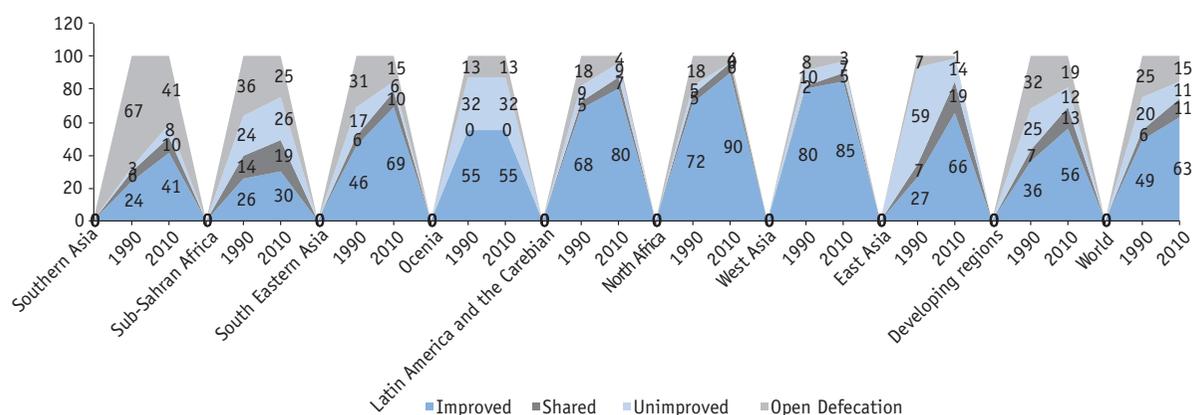
**Indicator 7.8: Proportion of population using an improved sanitation facility**

Much of Southern, East, Central and West Africa as a group is off track to meet the improved sanitation facility target. Sanitation coverage increased just 4 percentage points over 1990–2010—to reach 30 per cent of the population (figure 7.3). In 2010, 45 per cent of the population used either a shared or an unimproved facility. And 25 per cent practiced open

defecation (just an 11 percentage point reduction since 1990), poor considering that 63 per cent of the global population practices improved sanitation. Africa’s population without an improved sanitation facility increased by almost 200 million people—to 612 million—over 1990–2010 (AMCOW, 2012b).

Stark disparities exist between rural and urban areas in the availability of adequate sanitation. Sanita-

**Figure 7.3 Access to sanitation facility by region and type, 1990 and 2010**



Source: WHO and UNICEF, 2012

### Box 7.3 Reed bed treatment systems: innovative technique for small city areas and rural communities

In its decentralization strategy, the National Sanitation Utility endeavours to use innovative solutions and technology adapted to small city areas and rural communities. Using reed bed treatment systems is an effective approach with ecological values and a sustainable solution. This technique, accepted worldwide, has proven efficient and economically viable. The operation and maintenance of reed beds is simple and inexpensive.

A reed bed is essentially a channel, lined with an impermeable membrane filled with gravel and planted with macrophytes, used to treat wastewater. Wastewater passes through the root zone of the reeds, where it undergoes treatment. Inlet and outlet pipes are positioned below the gravel surface so that the water always remains below the gravel surface.

Vertical flow reed beds are another kind of secondary treatment. The effluent from a septic tank is percolated through a tank containing layers of sand and gravel planted with reeds. The reeds help bacteria break down pollutants and make the beds attractive to wildlife. Horizontal flow reed beds are usually a third stage of treatment, used after other systems when a high level of treatment is needed.

*Source: The National Sanitation Utility of Tunisia. [www.onas.nat.tn/En/page.php?code=10](http://www.onas.nat.tn/En/page.php?code=10).*

tion coverage in rural areas was below 50 per cent in 2010 in most African countries Except in Algeria, Egypt, Libya, Malawi, Morocco, Rwanda, South Africa and Swaziland, sanitation coverage in rural areas was below 50 per cent in 2010 (WHO and UNICEF, 2012).<sup>2</sup> High population growth is a major constraint in the provision of adequate sanitation. Even in urban areas, where coverage is better, the expansion of slum areas poses a challenge. Tunisia has, however, managed to provide simple effective sanitation facilities for its small cities and rural areas using the reed bed treatment system (box 7.3).

## Conclusions

Africa's progress on Goal 7 is mixed. The continent is doing well on indicators for CO<sub>2</sub> emissions and ozone-depleting substances. But forest cover is contracting, and unless water and sanitation interventions are intensified in the coming years, the continent may not meet these targets. African countries need to develop, improve and implement sustainable forestry policies with accompanying effective

monitoring systems (FAO, 2012b). Access to safe drinking water interventions need to focus on rural populations, which are holding back progress on this indicator. The same applies to sanitation, which requires the efforts of all concerned to ensure adequate coverage of sanitation facilities.

<sup>2</sup> Data are insufficient for Burundi, Cape Verde, Mauritius, Western Sahara, Seychelles and Tunisia.



# Goal 8: Develop a global partnership for development

Establishing a global partnership for development is critical for realizing the MDGs. Specifically, providing official development assistance (ODA) to developing countries is an important source of finance for the MDG interventions, and thus their progress. However, as Europe continues to struggle with its sovereign debt crisis and inflation rates increase, ODA to developing countries has fallen.

Developed country imports from developing countries remained largely unchanged in 2010. The stagnation of the Doha Round for the past decade has greatly affected trade among countries. The past decade has seen a proliferation of regional trade agreements as countries resort more to regionalization.

Africa's progress on information and communications technology is encouraging. The growing importance of the Internet, expanding use of mobile phones and swelling telecommunications investments in Africa have improved the continent's information and communications technology landscape. But the use of fixed telephone lines is low and unlikely to change in the next few years. Mobile phones and technology have rendered fixed telephones obsolete, as many people find little use for them. By comparison, mobile phones are convenient and provide a number of services beyond the traditional phone call and SMS text messages. Such services include mobile Internet access, mobile money transfers and banking services, provisions for email and social networking.

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

Over the past decade, trade between Africa and other emerging economies has grown, propelling Africa's exports in value terms by 28.3 per cent and imports by 18.6 per cent over 2009–2010, and exports by 14.5 per cent and imports by 19.5 per cent in 2011. But these figures may fall by at least half in 2012, owing to the global economic slowdown (World Bank, 2012a). In addition, Africa's exports continue to be driven by emerging markets' burgeoning demand for commodities that may lock the continent in a primary commodity export trajectory and undermine prospects for developing a manufacturing base.

The challenge for African countries: sustaining this increase in exports and exploiting the potential of trade for growth and poverty reduction. They need to develop the capacity required for product and export-base diversification in favour of manufactured goods. In this regard, concluding the World Trade Organization Doha Round negotiations, which have so far not delivered the gains promised in agriculture, nonagriculture market access and development issues (such as more balanced rules, sustainably financed technical assistance and capacity-building programmes to address the needs and interests of developing countries) would be critical. Doing so would help deal with the structural weaknesses of the global trading system by addressing interests of African countries such as increasing duty free market access and eliminating export subsidies and trade-distorting domestic support measures.

The fiscal and economic crisis facing most developed countries, however, may lead to the continuing threat of protectionism as countries try to restore economic growth. Regarding the Economic Partnership Agreements, African regions face pressures to conclude negotiations prior to withdrawal of the market access regulations in January 2014.

Regional integration is critical for African countries. The endorsement of the Action Plan for Boosting Intra-African Trade and the establishment of the Continental Free Trade Area by the African Union Heads of State and Government in January 2012 will go a long way in harnessing Africa's integration agenda. But there is much work to do for the Continental Free Trade Area to bring the needed changes in intra-African trade. First, Africa needs to diversify its intra-regional trade by exploring sectors with a potential dynamic comparative advantage. Second, African countries need to lower the cost of trading, which is a major obstacle to cross-border trade. The high costs are due to remoteness to markets (particularly for landlocked countries), lack of infrastruc-

ture and poor quality transport services, among others. Developing good quality and appropriate infrastructure, halving the time goods spend at African ports and streamlining customs procedures will improve intra-African performance and trade competitiveness. Aid for Trade (AfT) can help support these trade facilitation measures. Africa accounted for 42.2 per cent of all AfT commitments in 2010, roughly \$17 billion, but only 0.2 per cent of AfT commitments was for trade facilitation. This share must rise if Africa is to boost intra-African trade.

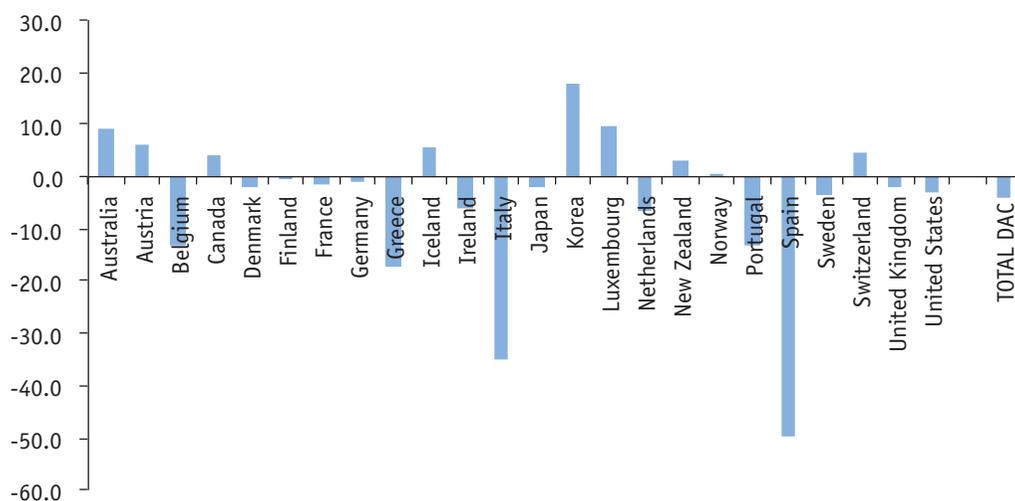
### Target 8B: Address the special needs of the least developed countries

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

##### *Global ODA flows continue to decline in real terms*

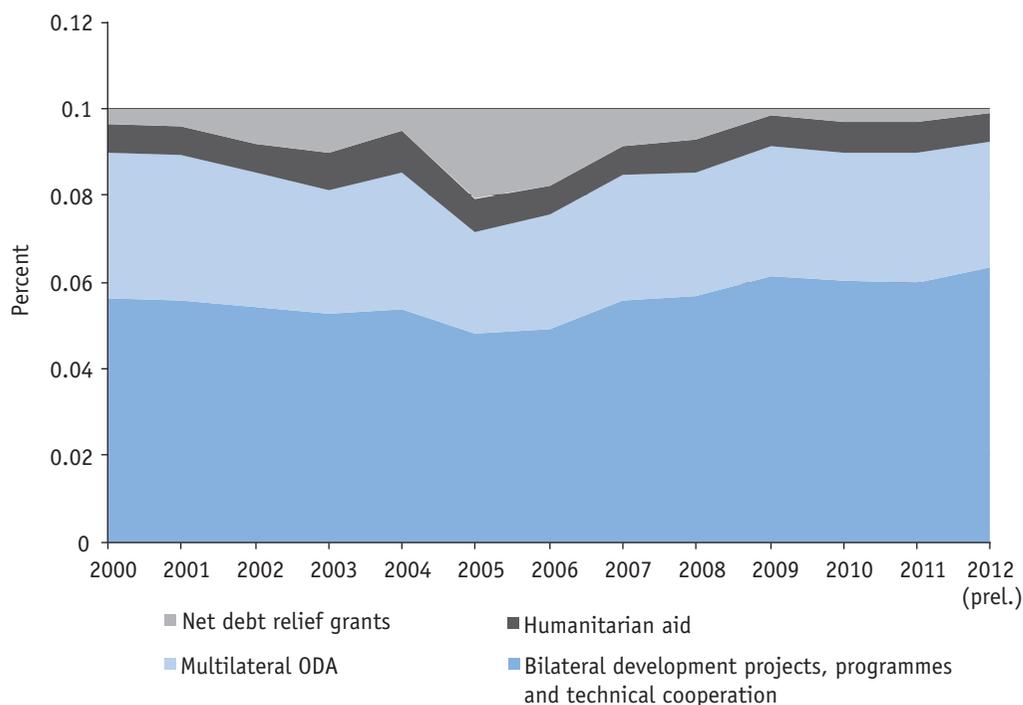
Aid from Development Assistance Committee (DAC) members of the Organisation for Economic Co-operation and Development (OECD) is estimated at \$125 billion in 2012, 4 per cent (in real terms)

**Figure 8.1 Change in official development assistance by Development Assistance Committee countries in real terms, 2012 (per cent)**



Source: Authors' calculations based on OECD (2013).

**Figure 8.2 Composition of Development Assistance Committee official development assistance to all countries**



Source: OECD, 2013.

less than in 2011 (OECD, 2013). The decline in 2012 followed a similar trend in 2011, when development aid from major donors fell in real terms for the first time in nearly 15 years, dropping 3 per cent (OECD, 2012). ODA has not fallen in two successive years since 1996–1997.

Falling real ODA is attributed to the ongoing Eurozone and financial crises. Countries hit most by the Eurozone crisis (Greece, Ireland, Portugal and Spain) accounted for the sharpest reductions in real terms. However, other countries including Belgium and the United States also reduced their ODA in real terms (figure 8.1).

**Real ODA flows to Africa will continue to fall over the medium term**

Africa and least developed countries have not been spared the declines in ODA flows, particularly from

bilateral sources, which comprise 63 per cent of ODA in 2012 (figure 8.2). Between 2011 and 2012, bilateral ODA to Africa fell –9.9 per cent in real terms, following exceptional support to the Arab Spring in 2011. Similarly, bilateral support to least developed countries fell by 12.8 per cent in real terms during the same period (OECD, 2013).

Further, the medium-term ODA outlook for Africa is not promising. In current prices, ODA to Southern, East, Central and West Africa is expected to decline from \$36.4 billion in 2012 to \$36.3 billion by 2016 (table 8.1). Thus, even deeper cuts in concessionary funding for the region can be expected.

**Table 8.1 Regional breakdown of donors' forward spending plans (millions of 2012 dollars)**

Region	Actual	Provisional	Planned			
	2011	2012	2013	2014	2015	2016
Europe	4,682	4,213	4,247	3,823	3,822	3,784
Africa (total)	40,228	41,298	42,095	42,932	42,021	41,773
North Africa	3,588	3,717	4,225	4,116	4,242	4,236
Southern, East, Central and West Africa	35,263	36,404	36,771	37,661	36,519	36,278
Africa, regional/multicountry	1,378	1,177	1,099	1,154	1,260	1,259
America	9,346	8,640	8,871	8,955	9,245	9,455
North and Central America	5,125	4,593	4,472	4,566	4,672	4,775
South America	3,817	3,551	3,916	3,900	4,085	4,195
America, regional/multicountry	404	496	482	490	488	485
Asia	38,723	39,285	43,248	42,876	43,568	43,664
Middle East	5,833	6,538	6,829	6,559	6,626	6,650
South and Central Asia	20,792	20,003	23,173	22,632	22,728	22,730
Far East Asia	11,597	12,268	12,696	13,080	13,546	13,609
Asia, regional/multicountry	501	477	549	606	668	675
Oceania	2,163	2,023	1,982	2,008	2,088	2,075
All developing countries	95,143	95,459	100,443	100,594	100,744	100,751
Thematic to be programmed	n.a.	n.a.	3,616	3,618	3,746	3,722
Total	95,143	95,459	104,059	104,212	104,490	104,473

Source: OECD, 2013.

n.a. = not applicable.

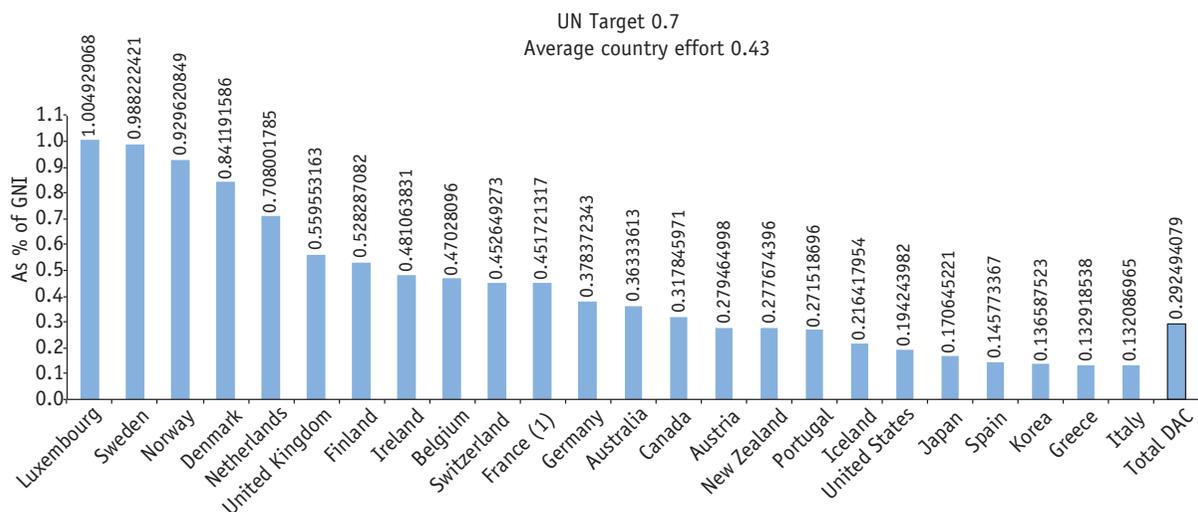
DAC countries are sliding further back on their United Nations (UN) commitment to provide 0.7 per cent of their countries' gross national income (GNI) to developing countries. In 2011, net total ODA was \$134 billion, or 0.31 per cent of donors' combined GNI. By 2012, it had shrunk to \$125 billion, or 0.29 per cent of combined GNI. Indeed, most OECD/DAC countries did not meet the United Nations target in 2012 (figure 8.3). Of the 23 OECD/DAC member states, only Denmark, Luxembourg, the Netherlands, Norway and Sweden met the 0.7 per cent target, and only Australia, Germany, Italy, New Zealand,

Sweden and Switzerland increased their net ODA from the 2010 levels.

### **Declining ODA to GNI shares to least developed countries**

Donors are also regressing on their ODA commitments to least developed countries. DAC donors' net ODA to least developed countries fell from 0.11 per cent of GNI in 2010 to 0.10 per cent in 2011 (figure 8.4). Ten DAC countries met the 0.15–0.20 per cent United Nations target of net ODA from DAC donors to least developed countries in 2011. Luxembourg,

**Figure 8.3 Official development assistance as a share of gross national income in Development Assistance Committee countries (per cent)**



Source: OECD, 2013.

with 0.37 per cent, had the highest net ODA to least developed countries as a share of GNI, while Belgium, Denmark, Ireland, Norway, Sweden and the United Kingdom had shares equal to or above 0.20 per cent. Finland, the Netherlands and Portugal had shares at or above 0.15 per cent. Canada, France, Germany, and Switzerland contributed more than 0.10 per cent, placing them close to the target.

DAC member countries contributed 0.10 per cent of GNI in net ODA to least development countries in 2011, short 0.05 percentage points of the minimum threshold. With fewer than three years until the 2015 MDG target date, there is still time for DAC countries to collectively reach the 0.15 per cent target. But it remains to be seen whether DAC countries will meet this target, given Europe's ongoing sovereign debt crisis and the lingering effects of the global recession.

As Europe struggles with economic hardships spill over into their relations with other countries, African countries thus need to find alternative ways of mo-

bilizing resources to finance their development. The discovery of minerals and oil in some African countries and least developed countries presents a good opportunity for African countries to fund their own development.

### Target 8C: Address the special needs of landlocked developing countries and small island developing states

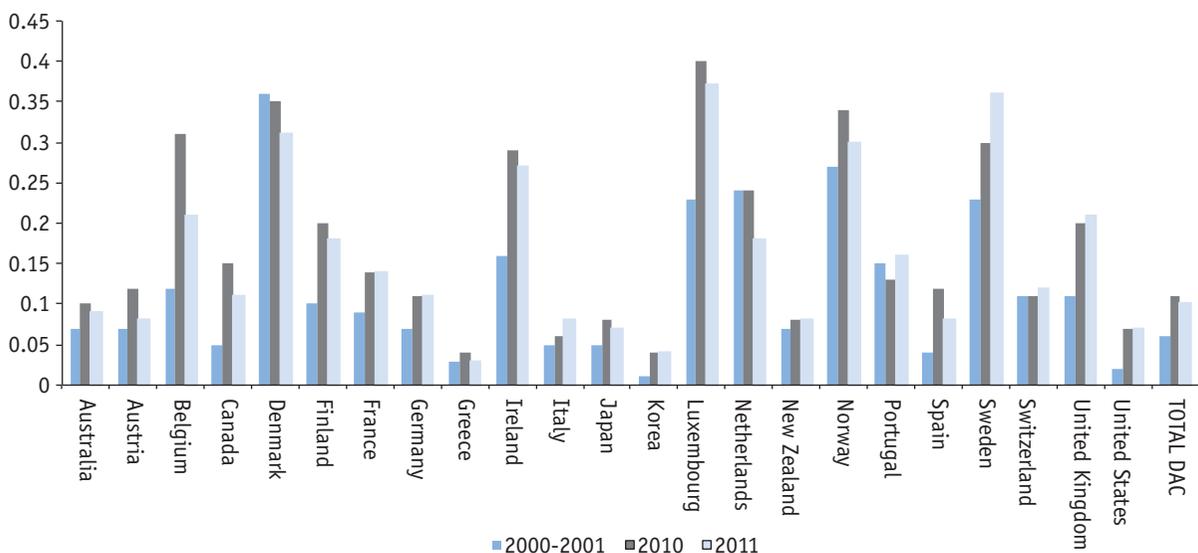
#### Indicator 8.4: ODA received in landlocked developing countries as a proportion of their gross national incomes

Total ODA to African landlocked developing countries between 2009 and 2010 rose only 2 per cent. Of the 15 African landlocked developing countries, Lesotho (86 per cent) and Niger (50 per cent) received the highest increases in ODA as a share of their GNIs between 2009 and 2010. In the same period, Botswana, Burkina Faso, Burundi, Chad, Ethiopia, Uganda, Zambia and Zimbabwe saw a decrease in ODA (figure 8.5)—more than half the African landlocked developing countries. Relying on external sources of funding exposes countries, especially

landlocked developing countries, to exogenous shocks. To counter these shocks, landlocked coun-

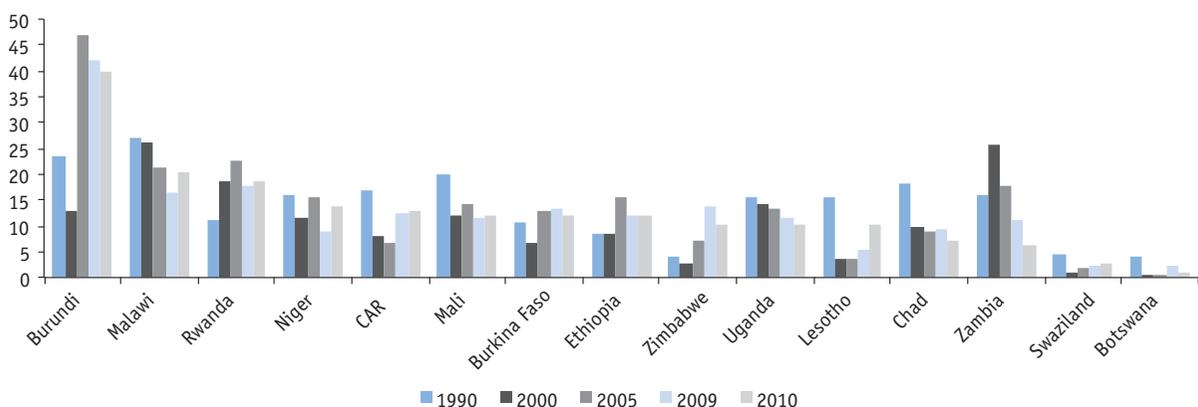
tries need robust strategies to address financing of their development needs.

**Figure 8.4 Net official development assistance disbursements to least developed countries by Development Assistance Committee donor, 2000–01, 2010 and 2011**



Source: OECD, 2012.

**Figure 8.5 Official development assistance received in landlocked developing countries as share of their gross national incomes, various years (per cent)**



Source: Authors' calculations based on UNSD (n.d.).

Landlocked developing countries have unique constraints on their economic growth and development. The biggest constraint: the long distance to, or remoteness from, international markets, which results in high trade costs and transit-related administrative burdens. Others include vulnerability to conflict and instability in transit countries, dependence on other countries' infrastructure and rising world oil prices. Their reliance on other governments or ports of entry highlights the importance of effective intergovernmental co-ordination. Similarly, regional integration and trade facilitation are becoming more critical to addressing the structural challenges of landlocked developing countries.

In 2012, the United Nations General Assembly decided to hold a comprehensive 10-year review conference of the Almaty Programme of Action in 2014. The 11th annual ministerial meeting for landlocked developing countries called for accelerated implementation of the Almaty Programme of Action, by ensuring that AfT to landlocked developing countries takes into account their special needs and requirements (UN-OHRLLS, 2012).

**Indicator 8.6: Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty**

The proportion of developed country imports from Africa (admitted duty free) has generally stagnated, but it increased by more than 50 per cent for 14 African countries since 1996. Most African countries were founding World Trade Organization members states in 1995 and received preferential access into developed country markets. But since 2000, member states have been trying to negotiate and finalize the Doha Round with little success. As a result, global trade has slowed, which explains the stagnant and little growth in developed country imports

from African countries over 2006–2010. Meanwhile, the world suffered multiple crises (financial, food and fuel)—all forcing some developed countries to take protectionist measures. For example, the European Union, a major export destination for African goods, reintroduced tariffs on cereals and increased tariffs on primary products.

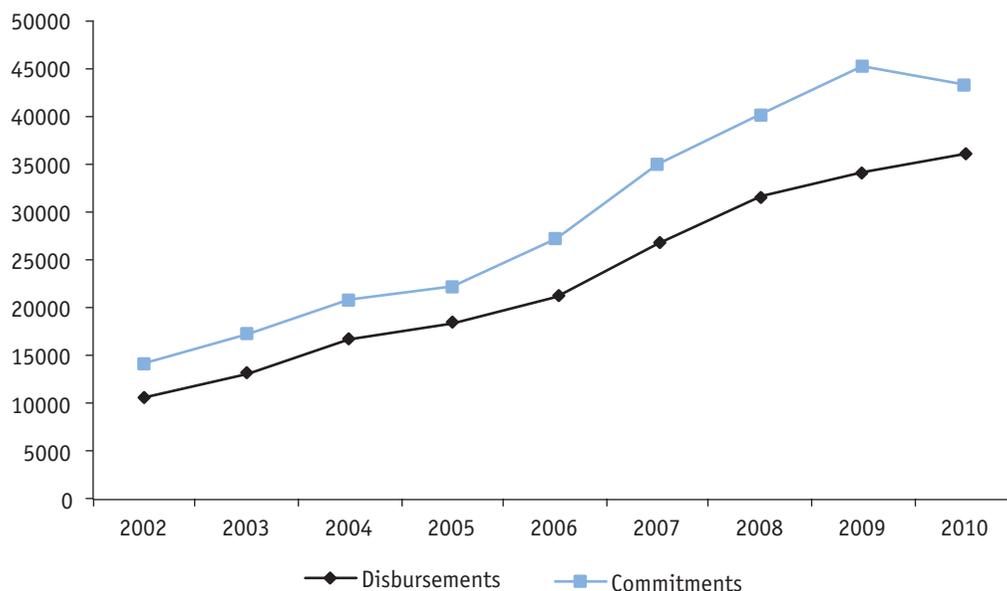
In the last decade, member states have entered into regional trade arrangements, demonstrating growing impatience with the limited gains from the multilateral trading system. In addition, Africa is trading more with emerging economies such as China and India, which are fast becoming Africa's strategic partners. However, the European Union and United States remain Africa's major trading partners, despite their share of trade with Africa steadily declining in the past 10 years (ECA and AU, 2013).

**Indicator 8.9: Proportion of ODA provided to help build trade capacity**

AfT commitments and disbursements to Africa have risen the past few years, but disbursements have fallen short of the commitments (figure 8.6). The gap between commitments and disbursements widened in 2006 and peaked in 2009 at the start of the financial crisis, which forced developed countries to tighten their budgets and cut spending. Moreover, the demand for AfT has grown the past few years, but donors have not been able to respond sufficiently, which also explains the gap between commitments and disbursements.

In 2010, AfT disbursements to Africa were slightly more than \$36 billion, the highest since 2002. The third global review of Aid for Trade in July 2011 showcased some case stories on the impact of AfT in developing countries. In Senegal, an AfT project to support the competitiveness and sustainability of agriculture boosted exports by almost 80 per

**Figure 8.6 Aid for Trade commitments and disbursements to Africa, 2002–2010 (millions of dollars, in current prices)**



Source: OECD, 2012.

cent over 2005–2009 and helped create 85 new businesses. In Uganda, 3,832 women entrepreneurs from rural areas were received business management training, leading to a more than 50 per cent increase in sales in two years for their businesses, creating employment for 500 people and increasing investment. In Cape Verde, AfT supported the country's economic growth strategy, helping it transform into a globally competitive economy, make significant progress on the MDGs and graduate from the least developed country status. And in East Africa, a regional project reduced transit times at the border from three days to three hours (OECD and WTO, 2012).

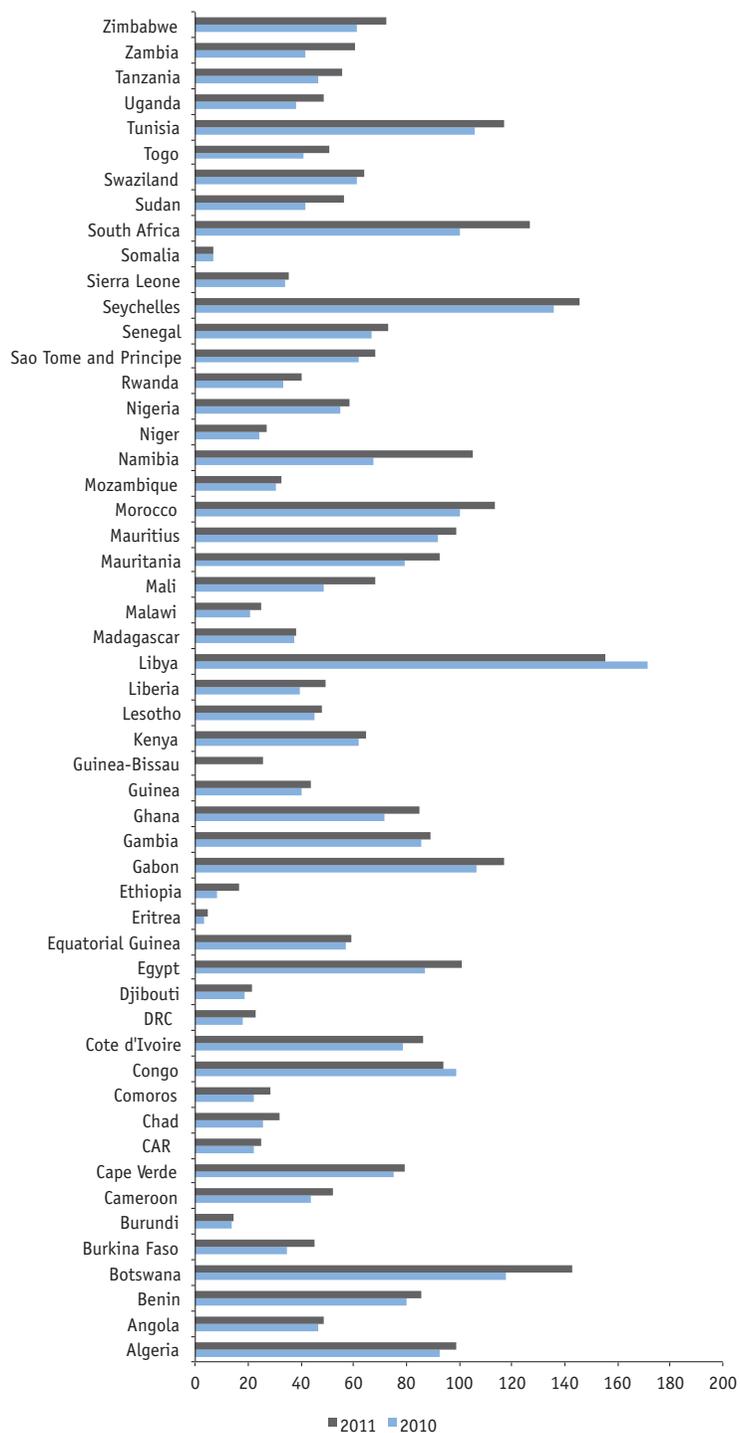
#### **Indicator 8.14: Fixed telephone lines per 100 inhabitants**

The number of fixed telephone lines in Africa has remained low and changed very little over 1990–2011 (figure 8.7). In 2011, no African country had more than 50 fixed telephone lines per 100 inhabitants,

and only Mauritius and Seychelles had more than 20 lines for every 100 inhabitants.

Over 2010–2011, only 12 countries saw their number of fixed telephone lines increase. Uganda had the highest increase of 38 per cent, while Cameroon and Seychelles had increases of more than 20 per cent. The Democratic Republic of the Congo, Ghana, Guinea and São Tomé and Príncipe saw no change. Most African countries registered decreases in the number of fixed telephone lines (see figure 8.7). The growing popularity and diversity of the mobile phone in terms of services and uses available has reduced the use and need for fixed telephone lines. Many people prefer using mobile phones for convenience and accessibility in today's fast-paced world. As a result, fixed telephone lines are being disconnected and abandoned in favour of the mobile phones. The decline in fixed telephone lines is also partly due to continuing vandalism of copper cables that connect the fixed telephone lines and

**Figure 8.7 Change in fixed telephone lines between 2010 and 2011 (per cent)**



Source: Authors' calculations based on UNSD (n.d.).

Note: There was no change in the Democratic Republic of the Congo, Ghana, Guinea and São Tomé and Príncipe.

the high costs of maintaining terrestrial facilities (for fixed line networks).

### **Indicator 8.15: Cellular subscribers per 100 inhabitants**

Africa's number of mobile cellular subscribers continues to grow steadily, increasing an average of 17 per cent over 2010–2011. The world's fastest growing mobile market (Lomas, 2011), Africa reached almost 6 billion mobile subscriptions in 2011, corresponding to global penetration of 86 per cent. As the telecommunications service providers expand their services beyond phone calls and SMS services, more people have been drawn to subscribe.

In Uganda, for example, the use of mobile phones is slowly becoming the cornerstone for many industries, especially, agriculture and health. The ease of carrying out money transfers, mobile banking and utility bills payment transactions has proved an attractive benefit, increasing the number of subscribers. In addition, the use and growing popularity of applications, or "apps," and basic SMS services to effect social change is another contributing fac-

tor. The United Nations, for example, launched its mHealth initiative to help people with noncommunicable diseases manage their conditions and encourage people to live healthier lifestyles. In Kenya, people use the app "Huduma" to report or condemn lacking public services;<sup>1</sup> in Uganda, people use the app "Not in My Country" to report corruption at university campuses (Sambira, 2013). Kenya also has experience with mobile money (box 8.1). Further, Nigeria is giving farmers 10 million handsets in a bid to improve access to information on commodity prices (African Business, 2013). Similarly, mobile phone handsets have become more affordable, even to informal workers.

Over 2010–2011, Ethiopia registered the greatest increase in mobile subscribers, at 102 per cent, followed by Namibia, at 56 per cent (figure 8.8). By the end of 2011, Namibia, Morocco, Tunisia, Gabon, South Africa, Botswana, Seychelles and Libya each had more mobile subscriptions than inhabitants. Congo, Libya and Somalia, however, saw their number of subscribers fall—5 per cent, 9 per cent and 1 per cent, respectively. These countries' widespread

#### **Box 8.1 Kenya's experience with mobile money**

The mobile phone has revolutionized more than just telecommunications in Africa. One way is by improving access to financial services for millions of people in poor countries. Indeed, "mobile money services" have swept through the continent and gained popularity for their user-friendly nature and diversity.

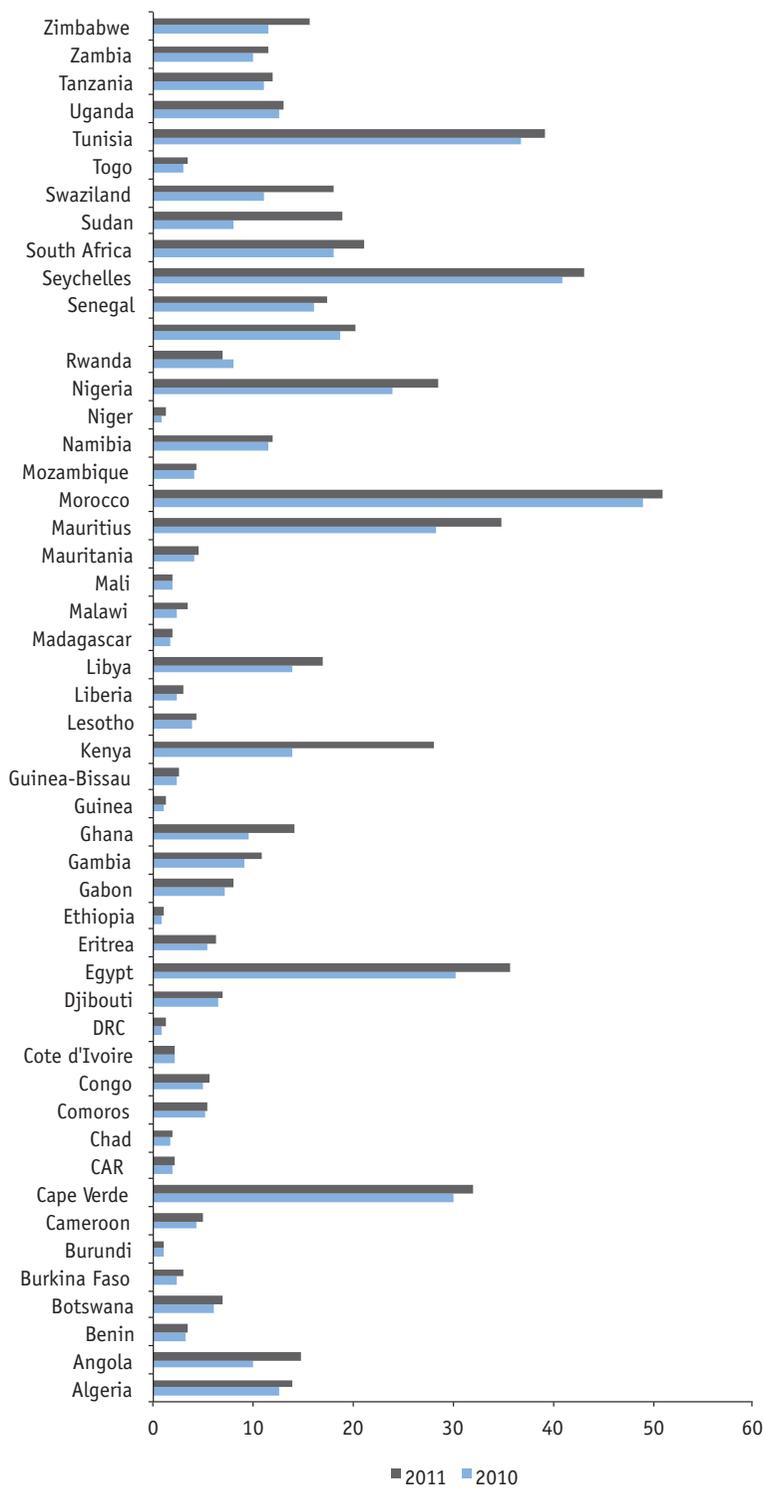
Kenya's mobile money service, M-Pesa, was developed by market giants Safaricom and Vodafone. It was launched in 2007 and readily available to all mobile phone subscribers. The initial idea was to use the service to transfer money among subscribers, similar to Money Gram and Western Union but domestically. By 2010, half of Kenya's population had used the service, and by 2012 it had evolved into a mobile banking service where subscribers use their telephone numbers as accounts from which they can deposit, withdraw and transfer money. Today, Kenya has more M-Pesa agents than bank branches, and more than 15 million people have used the service.

This innovation has not only brought financial services closer to the people but also created many jobs, reduced people's risk of carrying large amounts of money while travelling and demonstrated that, despite its infrastructure challenges, Africa can still adapt to available technologies to improve the economy and people's lives.

*Source: Adapted from Digital Diversity and O'Sullivan (2012).*

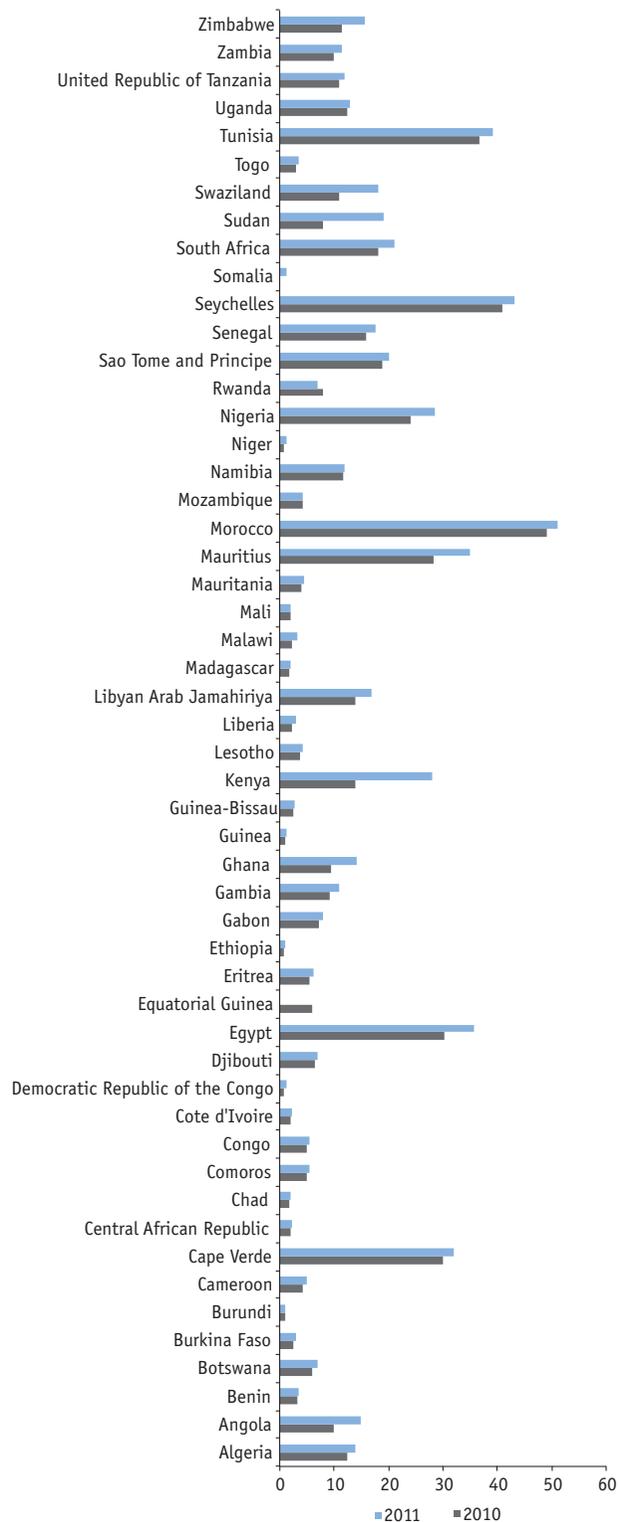
<sup>1</sup> Because of Huduma's popularity, it has been extended to Nigeria, Uganda and Mozambique

**Figure 8.8 Cellular subscribers per 100 people, 2010 and 2011**



Source: UNSD, n.d.

**Figure 8.9 Internet users per 100 people, 2010 and 2011**



Source: UNSD, 2012.

conflicts explain the declines. Thirty countries have more than 50 mobile subscribers for every 100 inhabitants, while four have less than 20.

Zambia has become one of Africa's more competitive mobile markets. Under the new converged regulatory regime, the country has licensed four providers in addition to the existing two fixed-line operators (Zantel and Tanzania Telecommunications Company Limited) and eight operational mobile networks.

### **Indicator 8.16: Internet users per 100 inhabitants**

Over 2010–2011, Africa's number of Internet users per 100 people increased an average of 23 per cent. The continent's increasing use of smartphones and falling Internet costs have been a primary contributor. Countries are making efforts to improve their information and communications technology, a big part of which is improving Internet access. Kenya is building and improving infrastructure to reach full Internet penetration by 2017. Rwanda, with the fastest Internet in Africa, is working to make broadband more affordable (East African Business Week, 2012).

In 2011, Sudan and Kenya recorded an increase of 100 per cent or more in Internet users from 2010 (figure 8.9). And Swaziland, Niger and the Democratic Republic of the Congo increased their Internet users by more than 50 per cent. Africa as a whole, however, has less than 5 mobile broadband subscriptions per 100 inhabitants (oAfrica, 2011).

## **Conclusion**

Europe's sovereign debt crisis has greatly reduced ODA flows to developing countries. If the crisis persists, ODA flows will likely continue to fall, as European ODA donors (the majority of ODA donors) seek solutions and prioritize their recovery. So it remains to be seen whether the target for ODA will be met. In the meantime, African countries should aim to

minimize ODA dependency through robust domestic revenue mobilization measures.

Furthermore, the transformation of African countries from producers of commodities to exporters of dynamic products has remained a key challenge and constraint to the realization of the MDGs. Short of economic transformation through coherent policies for structural change, it is inconceivable for growth to be sufficiently rapid and sustained to drive attainment of most MDGs. Africa needs to actively foster value-addition, diversification of production away from a heavy reliance on commodities, and on capacity-building to meet the technical and business requirements of participation in world trade.

With more telecommunications interest in the African market, progress on information and communications technology may increase and drive Africa to achieve the related targets by 2015. This however is specific to mobile subscriptions and the use of Internet. The use of fixed telephone lines is not likely to progress much more or any faster than the current rate.



# Section III: Food Security in Africa: Issues, Challenges, Lessons

Food insecurity is not a new challenge for Africa. For more than 20 years, the continent has struggled with hunger and food insecurity. Food security is “when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life” (FAO, 2011). Food security has four important dimensions: stability, availability, accessibility and actual consumption and use of food. The dimensions cover a broad range of factors that contribute to food security, from sufficient quantities and types of food to individuals’ or households’ incomes and sustained ability to purchase or produce food in sufficient quantities and types and to how it is stored, processed and consumed. “People are considered well-fed and well-nourished when they can obtain safe food of sufficient quantity, variety and quality to sustain their lives” (UNDP, 2012, p. 9). Food insecurity thus exists when food is not available, when individuals or households lack the means to access it, when it is not available all the time and when individuals or households are unable to consume it.

Africa first received food aid in the late 1950s, and since the mid-1980s the number of African food emergencies has tripled. Moreover, food insecurity and related crises happen despite an abundance of resources, including water and land. For every crisis, there have been responses, but the crises keep recurring. And so several challenges have kept Africa from moving wholly past food insecurity, including ineffective regional and global responses, underdeveloped agriculture, a lack of modernization, poor land structure, chronic poverty and a lack of political focus.

The situation does not look much better today. In fact, the challenges of the past have grown and become more complex, exacerbating food insecurity. Africa’s agriculture is underdeveloped, and people have begun abandoning it for better livelihoods. The effects of climate change are more pronounced and Africa’s population is increasing so fast that countries might be unable to produce all the food they need.

As these challenges remain unsolved and the food security situation worsens, Africa’s achievement of some of the Millennium Development Goals (MDGs) hangs in the balance. The dynamic relationship between food insecurity and poor education, bad health and poverty can last generations, forming a vicious cycle that often propagates pervasive linkage. For instance, hungry children have weak immune systems and die prematurely from communicable diseases that are ordinarily preventable and treatable, such as dysentery, malaria and respiratory infections. Even when they survive, they start school late, learn less and drop out early. Malnourished mothers are at a greater risk of dying in childbirth and of delivering low-birthweight babies, who often fail to survive infancy. Undernourished babies who make it through infancy are often stunted, crippling and shortening their lives. As adults, they are likely to give birth to another generation of low-birthweight babies, perpetuating the vicious cycle of low human development and destitution (UNDP, 2012)

The cycle is evident in the fact that Africa is off track in eradicating extreme poverty and hunger (Goal 1). Food insecurity has played a large role in slowing

progress on the health MDGs, especially for children and mothers. About half of pregnant women in developing countries suffer from anaemia (WFP, 2013). Malnourished pregnant women are more likely to give birth to underweight babies, who are more likely to die before their fifth birthday. Undernutrition and undernourishment among children younger than 5 years affects their development, resulting in cognitive problems, stunting and weak immune systems. The 2009 MDG report found that progress on the goals was beginning to slow—and in some cases reverse—as a result of food crises and the global economic crises. Now, as the world moves towards the 2015 deadline and decides on a post-2015 development agenda, food security in Africa remains a daunting challenge that could substantially affect the continent's economic transformation, a major aspect of the agenda.

## The situation

Food insecurity has become one of the major development challenges facing African countries, especially the least developed countries. And hunger is an important element of food insecurity. According to the Global Hunger Index,<sup>1</sup> Africa has long been a “hungry continent,” based on the countries' scoring of moderate to extremely alarming levels of hunger since 1990.<sup>2</sup> Most African countries scored between 20 and 40 over 1990–2012, with only modest reductions in their indices (modest improvements in hunger; table 9.1). Note, however, that Africa's overall hunger in 2012 was lower than in 1990, indicating an improvement in food security. Over 1990–2012, North Africa maintained low to moderate hunger, while Ethiopia improved the most, from 42.2 to 28.7.

1 The Global Hunger Index tracks and measures the level of hunger at the country, region and world levels. It is based on a combination of three indicators—undernourishment, child mortality and child underweight. The higher the index, the more severe the hunger

2 The Global Hunger Index is scored as follows:  $\leq 4.9$  is low hunger, 5.0–9.9 is moderate hunger, 10.0–19.9 is serious hunger, 20.0–29.9 is alarming hunger, and  $\geq 30.0$  is extremely alarming hunger

Compared with other regions, Southern, East, Central and West Africa had the second highest Global Hunger Index, and most of Africa was identified as having serious to alarming hunger (index of more than 10 in 2012; IFPRI, Concern Worldwide, and Welthungerhilfe, 2012). Burundi and Eritrea were two of three countries worldwide with extremely alarming hunger and at more than half the population had the most undernourished people in 2012 (IFPRI, Concern Worldwide, and Welthungerhilfe, 2012). The proportion of malnourished children under age 5 in Burkina Faso, Chad, the Democratic Republic of the Congo, Mali, Sierra Leone and Somalia was between 17 per cent and 18 per cent, the highest for 2012.

Between 1990 and 2010, Africa had the lowest average value of food production of any region<sup>3</sup> (FAO, 2013; figure 9.1). Southern, East, Central and West Africa had the lowest values of food production in the periods compared. On a positive note, Africa's average value of food production has increased, which implies an improvement in food production.

While Africa's food production has improved, high and volatile food prices have affected consumers' ability to purchase food and driven many African farmers into poverty. Since the 1960s, world food prices have declined considerably, except for a spike in the early 1970s (FAO, 2011). The decline continued until 2002, when prices started to increase and eventually surged upwards from 2006 (FAO, 2011). This was a result of numerous factors, including rising production costs, the U.S. dollar depreciating, policies that sought to promote biofuels (hence increasing the demand for vegetable oils and maize), weather shocks and low food stocks, all of which eventually led to the food crisis of 2007.

3 The average value of food production provides a cross country comparable measure of the relative economic size of the food production sector in a country or region. It is calculated as the total value of annual food production (estimated by the Food and Agriculture Organization and published by FAOSTAT in international dollars) divided by the total population.

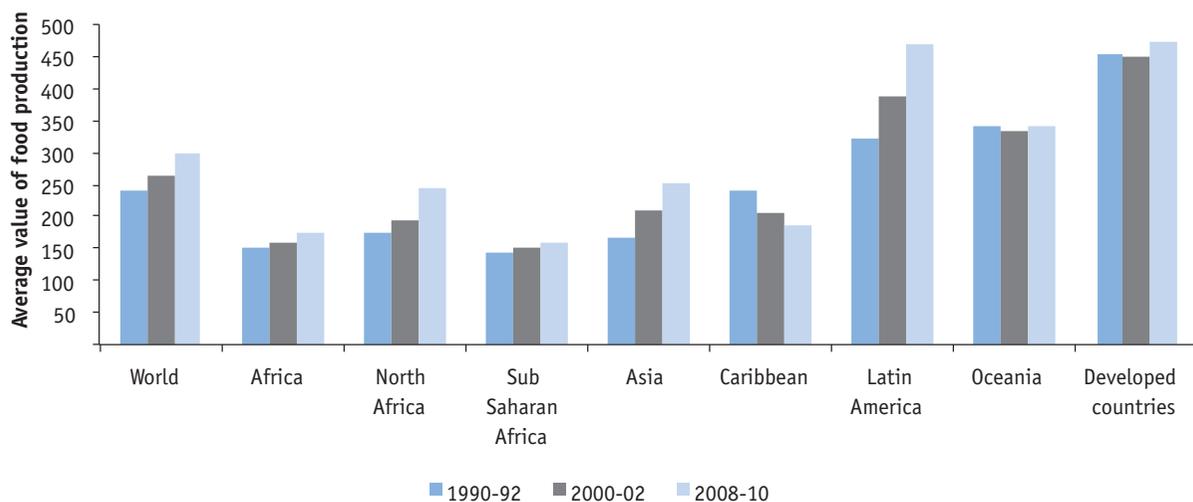
**Table 9.1 Global Hunger Index scores by rank 1990, 2001, 2012**

Rank	Country	1990	1996	2001	2012
1	Libya	< 5	< 5	< 5	< 5
2	Tunisia	< 5	< 5	< 5	< 5
3	Algeria	6.7	7.3	6	< 5
4	Morocco	7.8	6.8	6.2	< 5
5	Egypt	8	6.7	5.3	< 5
6	Gabon	8.4	6.9	7.2	5.4
7	Mauritius	8.0	7.4	6.0	5.4
8	South Africa	6.9	6.5	7.4	5.8
9	Ghana	21.4	16.3	12.8	8.9
10	Swaziland	9.3	12.6	12.9	10.9
11	Mauritania	22.6	16.7	16.6	11.1
12	Congo	23.6	24.1	15.7	11.4
13	Lesotho	12.6	13.6	13.9	11.9
14	Namibia	20.3	19.1	16.3	13.2
15	Botswana	13.4	15.4	15.7	13.7
16	Senegal	18.3	19.6	19.2	13.7
17	Benin	21.3	20.1	16.8	14.6
18	The Gambia	16.2	20.1	16.3	15.6
19	Nigeria	24.1	20.9	18.2	15.7
20	Uganda	18.7	20.3	17.3	16.1
21	Mali	27.8	26.3	23	16.2
22	Guinea	22.4	20	21.6	16.6
23	Malawi	29.9	27.5	22.5	16.7
24	Burkina Faso	23.5	22.4	21.8	17.2
25	Zimbabwe	18.6	22.3	21.3	17.3
26	Cameroon	21.6	22.2	19	17.4
27	Côte d'Ivoire	16.5	17.8	16.6	18.2
28	Guinea-Bissau 4	20.7	20.8	21.4	18.4
29	Liberia	22.7	25.2	25	18.9
30	Togo	26.4	22	23.3	19
31	Kenya	20.7	20.8	20.4	19.3
32	Tanzania	23.2	28	25.9	19.3
33	Rwanda	28.2	32.7	25.6	19.7
34	Sudan	28.7	24.5	25.9	21.5
35	Djibouti	30.8	25.7	25.3	21.7
36	Niger	36.4	35.9	30.5	22.3
37	Madagascar	24.1	23.8	24.9	22.5
38	Mozambique	35.5	30.7	28.8	23.3
39	Zambia	24.8	25	27.2	23.3
40	Angola	41.9	39.9	33	24.1
41	Sierra Leone	32.7	30.1	30.1	24.7
42	Comoros	22.2	26.9	29.7	25.8
43	Central African Republic	27.4	28.4	27.4	27.3
44	Chad	39.3	35.6	30.4	28.3
45	Ethiopia	42.2	38.6	34.5	28.7
46	Eritrea	—	37.8	37.8	34.4
47	Burundi	31.6	35.9	38	37.1

Source: IFPRI, Concern Worldwide, and Welthungerhilfe, 2012.

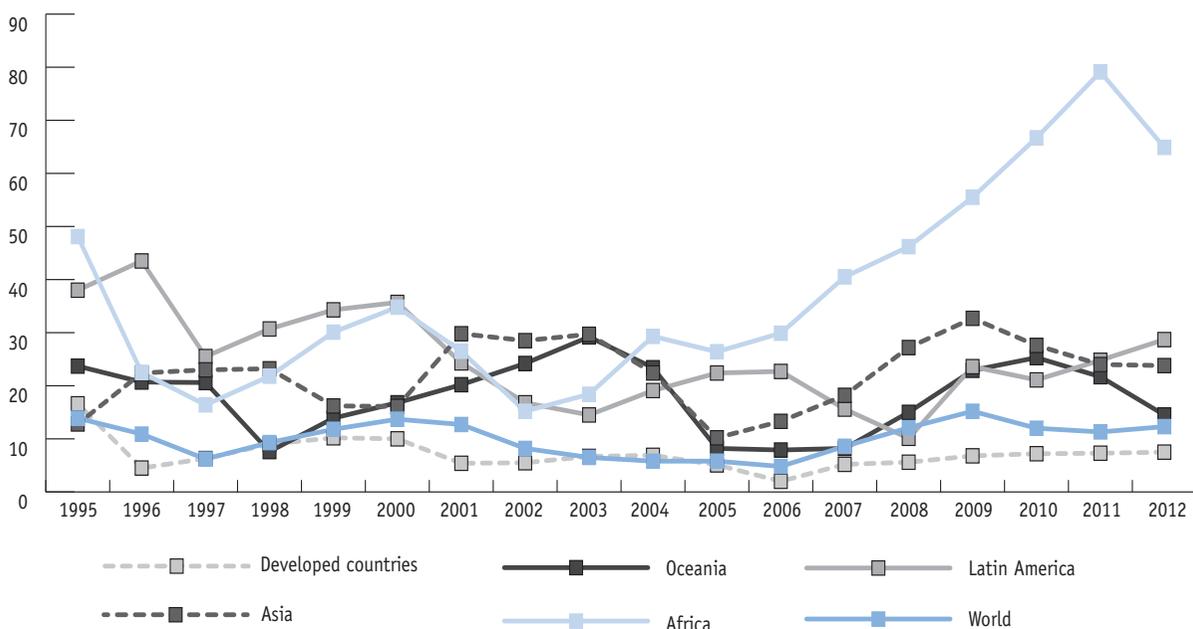
Note: Cape Verde, the Democratic Republic of the Congo, Equatorial Guinea, Somalia and São Tomé and Príncipe were excluded due to a lack of data — = no data.

**Figure 9.1 Average value of food production by region, 1990–1992, 2000–2002 and 2008–2010 (\$ per capita)**



Source: FAO, 2013.

**Figure 9.2 Domestic food price level index volatility, 1995–2012**



Source: FAO, 2013.

Moreover, other challenges like natural disasters, widespread political instabilities, surging populations and an increasing number of refugees in various regions have undermined recovery efforts. Consequently, Africa has been unable to completely emerge from the crisis, remaining largely food insecure since 2007 (ECA, 2012).

Africa has remained a net food importer, and countries depending on imports of major food staples have been vulnerable to global food price volatility. Price volatility, especially for staple foods, has resulted in serious food security issues for African farmers and consumers alike, because such foods are the most widely planted by smallholder farmers and account for a large share of spending among poor consumers.

In Eastern Africa<sup>4</sup> alone, 16 million people are estimated to experience “stressed to emergency” levels of food insecurity, caused mostly by a lack of rain, conflict, high food prices and an inability to access humanitarian assistance (UNOCHA, 2012). Africa ac-

counts for 28 of the 35 countries that need external food assistance (FAO, 2012a).

In 2011, the Horn of Africa was faced with the most severe drought in 60 years, affecting more than 13 million people (ECA and OECD, 2012). An extreme crisis and a famine were declared in Somalia. And about a third of the population was still facing a food crisis in early 2012 (box 9.1). North Africa’s Sahel region was hit by a food and humanitarian crisis that led to severe food insecurity in early 2012. This was a result of the region’s extreme drought and political unrest. A similar situation occurred in West Africa, where postelection violence in Côte d’Ivoire disrupted agriculture, trade and livelihoods in both Côte d’Ivoire and landlocked countries whose goods move through Abidjan (ECA, 2012). Where people face drought, famine and civil insecurity, the movement of commodities is interrupted, productive economic (and especially agricultural) activities for income and food production are halted and millions of people migrate to neighbouring countries.

### Box 9.1 Food insecurity in Africa at a glance

Burkina Faso, Chad, The Gambia, Mali, Mauritania, Niger and Zimbabwe have an exceptional shortfall in aggregate food production and supply resulting from crop failure and excessive postharvest losses, natural disasters, interruption of imports and disruption of distribution.

Eritrea, Djibouti, Liberia and Sierra Leone have a widespread lack of access to food resulting from extremely high food prices, very low incomes and the inability to circulate within the country.

Ethiopia, Burundi, Kenya, Sudan, South Sudan, Somalia, Malawi, Mozambique, Lesotho, the Democratic Republic of the Congo, Madagascar, Côte d’Ivoire, Senegal, Cameroon, the Central African Republic, Guinea and Congo have severe localized food insecurity resulting from reduced early harvests, crop failure, localized flooding and drought, low food stocks, persistent high prices, civil unrest, strife and insecurity restricting access to agricultural land and food and an increasing influx of refugees and internally displaced persons,

*Source: FAO, 2012a.*

<sup>4</sup> Kenya, Uganda, Ethiopia, Eritrea, South Sudan, Sudan and Djibouti.

## Recent food security commitments and interventions

Africa has received numerous responses to its food security situation—from both in and outside the continent. Governments, regional organizations and international development organizations are doing a lot of work on food security. But the continent has been in and out of food crises, indicating that further commitment is required to address its food security challenges. At the regional and international levels, commitments come usually as funds to be channelled into agriculture or as policy changes that governments will undertake to improve it. This section looks at some of the recent food security commitments and interventions for tackling Africa's food security challenges.

### ***Comprehensive Africa Agricultural Development Programme (CAADP)***

Established in 2003 by the African Union, CAADP is an African-owned and -led initiative working to boost agricultural productivity. The programme is based on 4 pillars: extending the area under sustainable land management and reliable water control systems (Pillar I); improving rural infrastructure and trade-related capacities for market access (Pillar II); increased food supply, reducing hunger and improving responses to food emergencies (Pillar III); and improving agricultural research, technology dissemination and adoption (Pillar IV). CAADP's goal is to eliminate hunger and reduce poverty through sustained agricultural growth. To achieve this goal, African governments committed to increasing their investment in agriculture by allocating to the sector at least 10 per cent of the national budget for average annual growth of 6 per cent in agriculture by 2015. By June 2012, more than 40 countries had formally launched CAADP implementation, including 30 that signed national CAADP compacts. Of these, 24 countries have completed CAADP-based National Agriculture and Food Security Investment Plans, and 11 have received funding from the Global Ag-

riculture and Food Security Program to implement these plans. In 2007, Rwanda became the first country to sign a CAADP compact. Many others followed over 2009–2011, with the most implementers in West Africa (15 countries). CAADP estimates that 6 to 10 countries have reached or surpassed the 10 per cent target.<sup>5</sup> Malawi has allocated more than 15 per cent of its national budget to agriculture for the last eight years.

Individual donors are providing financial support through the CAADP Multi-Donor Trust Fund as well as bilateral support at the continental, regional and national levels. The trust fund was established in 2008 to strengthen the capacity of CAADP support implementation institutions mainly the African Union Commission, the National Planning and Coordinating Agency and regional economic communities in CAADP implementation. Six donors contribute to the trust fund, and it is administered by the World Bank.<sup>6</sup> By June 2012, donors had committed about \$50 million (of which \$34.5 million had been disbursed). There is also support from new multilateral instruments, such as the Global Agriculture and Food Security Program, which is expected to be one source of funding for country investment plans. By July 2012, 11 countries had received \$430 million from the programme (including Burundi, Ethiopia, Malawi, The Gambia, Niger, Rwanda, Senegal, Sierra Leone, Liberia, Tanzania and Togo) to implement CAADP-aligned agriculture and food security programmes.

But there is a general lack of ownership of the initiative at the country level, CAADP's biggest disappointment according to the programme's 2010 review. The review reports little engagement between CAADP and the private sector, as well as

<sup>5</sup> The 6–10 range reflects different methodologies and data sources.

<sup>6</sup> The United States Agency for International Development, the European Commission, the Netherlands, France, Ireland and the Department for International Development. The Swedish International Development Cooperation Agency and Japan are also potentially interested.

slow and uneven implementation pre-2010, with only one compact signed. The 8th CAADP Partnership Platform Meeting in Nairobi identified some key challenges that hinder the full implementation of CAADP, including inadequate financial support, difficulty in translating political commitment into concrete actions and a lack of capacity and policy coordination. Still, CAADP is considered relevant for accelerating Africa's agricultural growth. Improved ownership at the country level, engagement of the private sector and support for national policy formulation are needed to improve implementation.

### ***The Food and Agriculture Organization's National and Regional Programmes for Food Security***

These programmes support national efforts in eradicating hunger among the local population and promoting regional integration and agricultural economic development among neighbouring countries. In Africa, Kenya, Nigeria and Sierra Leone have been beneficiaries of the national programmes, which have focused on eliminating food insecurity among rural communities. In Nigeria, the programme helped the government achieve its policy goals of boosting agricultural production for priority crops and commodities, such as cassava, millet, rice, sorghum, vegetables and yams. In Sierra Leone, farmer field schools (a brainchild of the programme) have equipped farmers with skills and knowledge, which in turn has improved their agricultural practices and increased their yields. But early warning indicators need more attention, so governments can respond timely. For example, areas prone to food insecurity, like the Horn of Africa, need food reserves to prevent extreme food insecurity situations. Additionally, the Food and Agricultural Organization organized a regional conference in Congo in April 2012, and among the issues discussed was developing a Food Security Trust Fund for Africa. The fund will be an initiative to raise resources to fight hunger and generally manage and combat food insecurity.

### ***International Development Enterprises (iDE)***

iDE is an international organization working in developing regions on various development challenges.<sup>7</sup> It promotes food security by stimulating smallholder farmer-centred agricultural growth, which increases incomes and food production, promotes prosperity and brings down food prices in local markets for the urban poor. It has helped many rural poor people move out of subsistence poverty by improving poor rural farmers' access to affordable micro-irrigation technologies and market opportunities.

In Zambia, under the Emergency Livelihoods Recovery and Nutritional Monitoring Project funded by the United States Agency for International Development and the U.S. Office of Disaster Assistance, iDE increased food security for 500 vulnerable small farm households affected by malnutrition—by using treadle pumps, drip irrigation and extension services to mitigate drought effects and increase food production. In Ethiopia, iDE, with funding from various bilateral agencies and foundations, works with 37,000 smallholder farmers to improve food production, including high-value horticulture, bee products and livestock. Through the European Commission-funded Rural Agricultural Productivity Improvement and Development project, iDE is bringing measurable improvement in food security status to 6,600 poor rural households in six districts (iDE, 2013). Success depends on inclusiveness of even the smallest farms. Many of the food security interventions contributed to food security in selected areas. But such programmes are often limited to specific regions of a country and in many cases end up being accessed by only a certain segment of the target group. In Zambia, for example, many of the smallest farmers were unable to access the farm-input subsidy and yet they made up a large percentage of the population. As a result, even with

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7 See iDE (2013) for details on where the organization works.

increasing maize surplus, poverty and hunger remained high.

### **Regional economic communities**

African regional economic communities are now finalizing their regional agricultural strategies, within which investment priorities can be addressed in a more concerted and coherent manner (ECA, 2012). Such efforts provide platforms that go beyond the national level for sharing experiences and best practices on food security initiatives. Indeed, the Economic Community of West African States already has a regional agricultural policy under which food security is one objective. The policy also recognizes the need and importance of regional partnership and collaboration and harmonizing agricultural efforts to get the most out of the partnerships. Regional efforts combine strengths and experiences in enhancing investment in agriculture. As a result, African countries would benefit from working with the existing regional economic communities.

### **International efforts**

#### ***New Alliance for Food Security and Nutrition***

Food security is high on the agenda of world leaders, including the G8. Since 2008, several high-level meetings and forums have featured food security as a major issue. At the 2012 G8 summit in the United States, the G8 and African leaders committed to a new Alliance for Food Security and Nutrition aimed at increasing private investments in agriculture in Africa. The U.S. government announced a \$3 billion pledge towards alleviating hunger and boosting food security in Africa. These funds will focus on market development methods to boost production among small-scale African farmers, who are believed to hold the key to increasing world food supplies. In addition, the G8 recommended that funds totalling \$1.2 billion (over three years) be mobilized for the Global Agricultural and Food Security

Programme.<sup>8</sup> The summit further recommended that the programme share relevant agricultural data and information with African countries to help them manage and reduce food and agriculture risks. This new alliance will be rooted in partnership by building on existing efforts. At the national level, the G8 will launch and work through the New Alliance Food Security and Nutrition Cooperation Frameworks that align with each country's CAADP national investment plan priority activities. In August 2012, the United States announced kick-off workshops for implementing the frameworks in Ethiopia, Ghana and Tanzania. Beyond this, not much information is available on how the alliance has progressed.

#### ***Global Alliance for Improved Nutrition***

The Global Alliance for Improved Nutrition, a civil society organization-led initiative, was established to develop nutrition-specific public-private partnerships across agricultural value chains, with the aim of improving project nutrition outcomes, especially for women and children. The initiative carried out assessments of specific agricultural value chains, including staple crops, horticulture and dairy in Kenya and Mozambique. With the results, the initiative is helping donors and project planners identify the most cost-effective, high-impact value chain improvements for addressing undernutrition (ECA, 2012).

The above commitments and initiatives contribute to food security interventions at the national level, where the actual implementation is done. The interventions vary depending on the donors, the country needs and situation, the organizations designing food security projects and the communities in which the implementation will be done. Generally, however, there are numerous interventions that have been implemented across the continent.

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<sup>8</sup> The Global Agricultural and Food Security Programme is a mechanism established in 2010 to facilitate the implementation of pledges made by the G20 in Pittsburgh in 2009.

## **Success stories at the country level and emerging lessons**

### ***Algeria: National Strategies for Food Security and Agricultural and Rural Development Programme***

Since 2000, the Algerian government has used the National Strategies for Food Security and Agriculture and Rural Development programme to improve the conditions of people living in rural areas, especially farmers. The interventions were mainly for infrastructure development, like developing irrigation schemes, increasing the water supply to rural areas and rural electrification. Largely arid and semi-arid, Algeria's water is in short supply. By 2009, the government had invested \$22.5 billion to improve the water supply—in quality, quantity, preservation, purification and irrigation (FAO, 2009). In addition to improving water supply, the southern and Streppe regions have generated electricity through solar power. Farmers are also able to acquire equipment and inputs from the government. Algeria is making a lot of progress in food security because of such government support, especially in ensuring that farmers have the inputs they require. Algeria's experience shows that government commitment to and leadership in agriculture is important for food security—and even more that rural development and extension services to rural farmers help improve their livelihoods.

### ***Ethiopia: Holistic approach to food insecurity***

Ethiopia suffered famine and food insecurity at varying intervals between the 1970s and the 1990s. Rural Ethiopia, in particular, suffered chronic food insecurity brought about by a rapidly increasing population and persistent drought. In 2001, the Food and Agriculture Organization launched a project in Southern Tigray and Northern Shoa, two of the country's marginalized rural areas. The project used a cocktail of interventions in all the broad areas affecting food security to improve the situation: agriculture, health, education and water and sanitation,

with a focus on women-headed households, which were more prone to malnutrition. The interventions included income-generating activities like farming poultry, beekeeping and vegetable growing; health promotion and disease prevention interventions like improving diets, educating communities on nutrition, producing and disseminating nutrition fact sheets and improving access to safe water and training centres on environmental conservation and rural skills. By 2006, the project had benefited more than 26,000 people directly and another 80,000 indirectly, nutrition patterns were improving and acute malnutrition had fallen from 13.4 per cent in 2003 to 9.5 per cent in 2005 (FAO, 2006). Ethiopia's approach highlights the importance of covering all bases associated with food insecurity. A single approach would have addressed just one enabler of food insecurity. In addition, the focus on women-headed households contributed to concentrating on families most affected by food insecurity.

### ***Malawi: The Agricultural Input Subsidy Programme***

In 2005, the Malawi government re-introduced the Agricultural Input Subsidy Programme, with the aim of improving productivity among small-scale farmers, increasing their self-sufficiency and reducing their vulnerability to hunger. This programme was introduced following the failure of the input-distribution programme, which did not operate as efficiently, was expensive for the government and poor farmers and worsened food insecurity among small-scale farmers. Through this programme, which targets half the country's farmers, vouchers for fertilizer and improved seeds were distributed. It provides smallholders access to two 50 kilogram rations of fertilizer per year. Some of the programme's strengths are the role of the communities in deciding which farmers will participate and a focus on small-scale farmers, the most affected by food insecurity. In essence, it showed that making interventions available to poor and marginalized farmers contributes

a lot to improving their food security and increasing their productivity. Within a year, 54 per cent of households had received at least one voucher, and by the next year that figure had jumped to 65 per cent. By 2009, some 1.7 million smallholders were benefiting from the programme. This substantially increased fertilizer use and maize output on small farms. In 2006/2007, Malawi went from a net food deficit to a 1.3 million metric ton surplus, exporting close to 400,000 metric tons of maize (\$100 million). Between 2005 and 2009, farm income and wages rose, nutrition improved and poverty fell. Per capita cereal consumption rose from 170 kilograms in 2005 to 285 in 2009 (UNDP, 2012; ECA et al., 2011). The main challenge, however, is the fiscal sustainability of the process. Indeed, the cost of subsidy rose from 5.1 billion Malawian kwachas (2.1 per cent of GDP) in 2005/2006 to 16.3 billion (3.4 per cent of GDP) in 2007/2008 and to 31.0 billion (5.5 per cent of GDP) in 2008/2009.<sup>9</sup>

### ***Sierra Leone: Community-based Extension and Capacity-building Programme***

Following the end of Sierra Leone's civil war, the government developed the Community-based Extension and Capacity-building Programme in 2002 to eradicate hunger. The programme, implemented in seven stages, operated through farmer field schools and with different activities at different stages. Activities included training district coordinators as facilitators for the schools, operating field schools on select crops (rice and vegetables), marketing produce and establishing district networks for farmers. The networks addressed a host of issues, including productivity improvement, diversification of crops, marketing and health and nutrition. By the third stage, the programme had established a national seed programme, various community programmes and school gardens, having trained more than 200,000 smallholder farmers (FAO, 2009). The [success of the schools](#) attracted more funding for

<sup>9</sup> See ECA et al. (2011) for more information.

the complementary agricultural business centres, which provided farm equipment and storage facilities for rent; skills and entrepreneurship development for farmers; and farm inputs. Today, the centres are being established at the national level to support and facilitate farmers and to develop links with markets, with a view to enhancing food supply to various cities. Additionally, some independent impact assessments have shown that farmer field schools have made community-led initiatives more sustainable and helped rebuild self-sustaining farmer-based organizations. This demonstrates a successful bottom-up approach where the most affected areas—rural areas—are targeted and the success is then built up through the national level. Similarly, implementing complementary programmes that build on and support existing food security interventions and programmes ensures coherence and the effective use of resources.

### **The challenges**

Despite Africa's initiatives and commitment to food security, persistent challenges related to high, fluctuating food prices, as well as droughts, might undermine the progress.

### ***Poor and underdeveloped agriculture sector***

While agriculture is the largest economic activity in Africa, contributing more than 50 per cent to GDP in most African countries, it is still unable to achieve food security for many of these countries. This is because the sector is underdeveloped. Many African farmers still use traditional, rudimentary methods, which often result in low yields. The sector is also characterized by primary and subsistence agriculture, as well as a lack of mechanization, limited use of farm inputs and limited value addition. Many African farmers are unable to invest in modern and profitable agriculture. Compounding this situation is the fact that agriculture depends heavily on weather and hurt by environment degradation. Such degradation is caused largely by pollution

(from activities like industrialization, mining, motorized transport and urbanization) and large-scale deforestation, which in turn leads to negative climate change externalities.

Beyond the constraints on agricultural production, African farmers have to compete with agricultural produce from developed countries, which is heavily subsidized and better marketed. The European Union, for example, has perhaps the world's most subsidized agriculture sector, with which African and other developing countries cannot compete. As a result, the sector cannot develop, and earnings are limited, especially for small-scale farmers, who are then forced to abandon the sector.

### ***Unfavourable policies and poor institutions***

Africa's ineffective policies have had a big impact on its agriculture and food security (Mwakini, 2008). In recent years, some African countries have shifted their focus from agriculture to other sectors as the panacea for development. However, agriculture employs and feeds most of the African population, so reducing funding to the sector leaves many Africans without viable livelihoods and food. In addition, some policies are not inclusive, favouring certain groups of people, regions or companies (Mwakini, 2008). In many such cases, the already-vulnerable groups are the most affected by such policies, which do little to improve their situation. Some government policies and processes also lack stakeholder involvement. In many African countries, the CAADP process, for example, is dominated largely by the public sector, and yet its effects will be felt mostly by the private sector.

In addition, several countries have institutional challenges that affect the work and flow of information in the sector. In Madagascar, for example, the Ministry of Agriculture lacks statisticians, making it difficult to monitor food security. Institutions in other countries, including ministries and government par-

astatals, have differing mandates on agriculture. Coordinating the responsibilities is often a challenge that affects programme implementation.

### ***Natural disasters, such as floods, famine and drought***

In recent years, the effects of climate change and environmental degradation have hit Africa hard, resulted in some of the worst disasters the continent has ever witnessed. In 2008 alone, Southern, East, Central and West Africa had a recorded 96 disasters, including 44 floods and 9 droughts, which affected more than 16 million people (ACCES, 2010). The effects of such disasters are perhaps felt most by the agriculture sector. Heavy rains destroy crops, changing weather patterns affect planting, growing and harvesting seasons (and hence risk crop failure) and rising temperatures reduce crop yields. Consequently, people have been unable to engage in meaningful agricultural production, and food supply has been extremely limited. In Ethiopia, crop and livestock production fell 10 per cent over 2010–2011; in Kenya, at the peak of the drought in 2011, tea production fell 16 per cent and agriculture sector growth fell 5.7 per cent (World Bank, 2011).

### ***Unstable political environment and an increasing number of refugees***

Political instability influences food security, and conversely, food security influences political stability. The link between food insecurity and political instability has been quite evident in Africa. In 2011, when parts of East Africa faced the world's worst food crisis, the situation was further aggravated by the conflict in Somalia, which drove thousands of Somalis to seek refuge in neighbouring Kenya and Ethiopia, both suffering their harshest drought in decades. Kenya is estimated to have the third largest economic impact caused by refugees, hosting 247 refugees per U.S. dollar of its per capita GDP (FAO, 2012b). In Mali, one reason for the early 2012 coup d'état was the food crisis that led to massive starva-

tion and displacement of thousands (ECA, 2012). In both cases, political instability hindered economic activity, forced people off their land to be used for food cultivation and production and made them dependent on food aid.

### ***Access to land and the rural–urban divide***

Most of Africa's food insecure population live in rural areas, are rural landless poor or are urban poor. This brings to attention the issue of access to land that can be used for agriculture and food production. Some African countries have in recent years experienced land grabs, where such land is used for investment, specifically for biofuels. Such cases have steadily increased over the past 10 years and greatly affected the availability of land for food production and the income that can be generated from agricultural production. Further, many African communities still operate under the customary informal land tenure system, which often disadvantages vulnerable groups like women and children. Some African communities continue the traditional practice of denying women access to land. As a result, many women (especially widows) in rural Africa are left landless, with large families to feed and no food or income. WFP (2013) estimates that giving women (farmers) access to more resources, including land, could reduce the number of hungry people in the world by 100–150 million.

### ***Food prices***

World food prices have generally remained high since 2008—and the price of some food products have continued to increase. Many African countries depend on imports (including food imports) and were unable to insulate themselves from the crisis and high food prices. Large developed countries, on the other hand, have restricted food exports to ensure local food availability. This has compounded food scarcity and pushed up the prices on the international markets to the detriment of smaller, less developed countries (IFAD, WFP, and FAO, 2011).

Soaring food prices have driven more than 44 million people into poverty since 2010 (World Bank, 2012b). People cannot afford food at the high prices. Many people have only one meal a day; others go more than three days without food.

Even when food is available, it often does not have the recommended nutritional values. A proper meal with the right nutritional value is unaffordable for many Africans, most of whom live on less than a dollar a day. This leads to other challenges and complications of malnutrition, especially among children.

### ***Rapidly increasing population***

Africa's population grew from 186 million in 1950 to 856 million in 2010 (UNDP, 2012). And the rapid increase is only expected to continue. This has put pressure on the available food resources, and in the future it will likely lower the availability of food per capita. Rural areas, which have higher population growth rates and the poorest households, are the most affected by hunger and food shortages. In addition, rapid population growth has forced people to settle on agricultural land, hence reducing that land's productivity and harvest. In essence, production is not rising fast enough to keep up with population growth. Meanwhile, many people, especially the youth, are shunning agriculture to seek other employment.

### ***Low income and persistent poverty***

Studies have shown that poverty in Africa has decreased since 2000. But the region still has many people living below the poverty line, some of them employed. In Uganda, for example, many people (especially in agriculture) sell produce for export while their families go hungry. Moreover, these products do not fetch them much income because they are primary products with no value added. Such households usually end up being net food buyers and are

prone to shocks, as food prices fluctuate and remain high over extended periods of time.

The lack of value addition has kept African incomes low, especially in agriculture. Without value addition of agricultural products, Africa forgoes a lot of revenue, exports jobs to countries that add value to primary products and risks exposure to price fluctuations in commodity products (ECA and AU, 2013), which contributes to poverty and low incomes in the agricultural sector. In such a state, people are unable to purchase enough, good-quality.

### **HIV/AIDS, poor health and poor nutrition**

Africa's high rates of HIV/AIDS and poor state of health have contributed to food insecurity. Sick people cannot fully engage in economic activity, hence reducing productivity and making them more vulnerable to food insecurity (UNDP, 2012). In Egypt, Ethiopia, Swaziland and Uganda, stunting and undernutrition led to high productivity losses in both manual and nonmanual activities in 2009 (table 9.2).

**Table 9.2 Lost productivity from undernutrition in select African countries, 2009**

Country	Stunted population of working age (15–64)		Lost productivity in manual activities		Lost productivity in nonmanual activities	
	Number	Estimated prevalence (per cent)	National currency	USD	National currency	USD
Egypt	20 million	40	10.7 billion EGP	2 billion	2.6 billion EGP	483 million
Ethiopia	26 million	67	12.9 billion ETB	1.1 billion	616 million ETB	52 million
Swaziland	270,000	40	126 million SZL	15 million	251 million SZL	30 million
Uganda	8 million	54	366 billion UGX	180 million	218 billion UGX	108 million

Source: AUC et al., 2013.

## **Conclusion**

Africa keeps falling in and out of food crises and food insecurity, causing serious hardships both social and economic for many countries and communities. Available data indicate, however, that the continent's food security has improved since 1990. Still, Africa is worse off than the rest of the world, scoring highly on the Global Hunger Index and recording low production.

African countries must fully address the root causes and challenges of food insecurity: the poor state of agriculture, unfavourable policies and poor infrastructure, unfavourable climatic conditions (including natural disasters), civil conflicts, rapid population growth and the associated effects of urbanization, poor infrastructure, high food prices, chronic poverty and land issues. Some African countries have employed interventions

and approaches that have helped them achieved food security. But more work remains, and successful interventions must be replicated for best results.

In recent years, Africa and its developing partners has stepped up efforts to combat food insecurity. Most noticeable is the work of CAADP. Other interventions by international development organizations or non-governmental organizations, though successful, have focused on specific areas or communities and thus worked for only those communities or parts of the country. At the global level, there have been new commitments to eliminating food insecurity, like the New Alliance for Food Security and Nutrition, which work through existing structures in Africa towards a food secure continent. It is hoped that they can learn from Africa's history of food insecurity and use strategic approaches to combat it.



# Section IV: Conclusions and Policy Perspectives

An assessment of Africa's progress on the Millennium Development Goals (MDGs) would be incomplete if it was measured only by how close the continent is to achieving the targets. Measured in terms of effort, the continent would rank among the best.

Africa continues to make remarkable progress towards the MDGs, especially in net primary enrolment, gender parity in primary education, women's representation in parliament, literacy rates of 15–24-year olds and combating HIV/AIDS and malaria (mainly prevalence rates among the population ages 15–24). But progress has been slow in poverty reduction, employment and some health-related goals. Further, the quality of social services remains a concern, and high inequality has marginalized low-income households, women and rural dwellers. Recent trends in official development assistance are also worrying and point to shrinking resources for development financing.

Addressing these challenges will require a multisectoral approach and a mix of interventions that promote rapid inclusive growth while ensuring that the benefits of such growth are invested in strengthening the society's health and productive capacities. The following policy measures are proposed to accelerate progress on the MDGs.

## **Promoting industrialization and structural transformation**

African countries can increase growth and create jobs for its people through a commodity-based industrialization programme. Value chains linking raw material producers to end users can play a vital role in adding value to agricultural and other primary

commodities and in creating jobs along the value chain. For countries that depend on extractive minerals, local content laws that obligate firms to procure inputs locally, train a cadre of local professionals and reserve artisanal mining activities for local entrepreneurs can be instrumental in creating jobs. Local content measures facilitate value-chain development by strengthening links with local suppliers. But to be effective, local content measures must be complemented by measures that strengthen the competitiveness of local suppliers. Such measures include skills development and upgrading, adoption and adaptation of appropriate technologies and access to capital.

Promoting intraregional trade will be necessary to expand markets for nascent African manufacturers. In this context, African countries must expedite the full implementation of the Continental Free Trade Area.

## **Improving the quality of education**

Enhancing Africa's quality of education is vital for making its labour force more productive and employable. Improving completion rates is linked to the quality of education and the perceived returns to completing a full course of study. Investments in education infrastructure, including quality teachers and buildings and rigorous enforcement of quality assurance mechanisms can enhance the quality of education and improve completion rates.

Alongside these efforts, cultural practices that undermine enrolment and completion can be addressed through conditional cash transfers that reward parents for enrolling and keeping their

children in school. For gender-biased cultural practices, transfers should favour girls' enrolment. Such transfers could be linked to parents' livelihoods. For instance, in predominantly agricultural settings, public–private partnerships could be established to guarantee markets for families that enrol and keep their children in schools.

### Addressing inequality

Sharp gender, income and spatial inequalities persist in access to social services. Investing in rural infrastructure to incentivize agricultural transformation and boost rural incomes will be vital for addressing rural–urban income disparities. Such investments will also catalyse economic activity and urbanize rural areas.

Gender inequality should be tackled at the educational, political and occupational levels. Gender disparities in education stem from patrimonial attitudes, sexual harassment and inadequate access to feminine sanitation. Advocacy campaigns can alter behaviour by creating awareness about the negative effects of gender-biased cultural practices. Prioritizing women in teacher training programmes and establishing mechanisms for girls to expose sexual harassment anonymously can reduce that harassment. Further, legislation that integrates feminine sanitation into the national education infrastructure blueprint will ensure that all classroom structures meet minimum standards for feminine sanitation.

At the political level, countries that have succeeded in empowering women have adopted legal frameworks that guaranteed seats for women in parliament (as in Egypt, Rwanda, South Africa and Uganda). And involving women in nonelective posts, such as ministers and top-level managers, provides a training ground for political office in the future.

At the occupational level, gender inequality is characterized by wage disparities for equal work and

the concentration of women in low-paying occupations. Addressing such inequalities will require targeting skills-training programmes towards unqualified women and designing and enforcing equal pay laws and affirmative action programmes to ensure that qualified women are treated fairly in recruitment.

In addition, social protection mechanisms, including health insurance to improve access to high-impact interventions for children, will allow countries to mitigate the impacts of inequalities by refocusing on the poorest and most marginalized children and families.

### Improving health outcomes and the quality of health care

Improving Africa's health outcomes will require focusing on child and maternal health. Infectious diseases, weak health systems, poor diets, limited access to skilled birth attendants, high adolescent birth rates and the high unmet need for contraceptives—all are contributing to high infant and maternal mortality. Reducing it calls for a sharper focus on neonatal deaths, which account for most infant mortality. A cross-cutting factor in child and maternal mortality is limited access to improved water sources and poor sanitation. State-supported sanitation projects that transform waste products into fertilizer or recycle such products are examples of measures that improve sanitation while addressing employment deficits.

Improving access to insecticide-treated bed nets will reduce malaria-related infections, while improved access to contraceptives will reduce adolescent birth rates. In this context, public–private partnerships that focus on producing insecticide-treated bed nets and contraceptives locally will not only reduce maternal and child mortality but also create much needed jobs for local communities.

## Financing MDG-related interventions

Declining official development assistance flows calls for rethinking Africa's resource mobilization strategies. Indeed, strategic partnerships with emerging countries should feature more prominently. A re-orientation towards foreign direct investment and trade is critical for growth, job creation and reduced dependency on aid. Africa's partnerships must be informed by its strategic objective of achieving structural transformation as quickly as possible. This will require that external partnerships are oriented and aligned with Africa's transformation priorities. It will also require giving greater importance to partnerships with the African Diaspora and domestic stakeholders, particularly in the local private sector.

## Achieving food security

### Adopting an intersectoral and coordinated approach

No single sector or group of stakeholders is responsible for achieving food security. It requires multiple sectors and stakeholders—and that they be well coordinated. The agriculture sector should deal with productivity issues. For example, transport and communications could contribute to infrastructure development; the health sector to nutrition, HIV/AIDS and related issues; and the trade sector to marketing and exports. Further, the practical experience of civil society organizations and the private sector can improve policy design, implementation and monitoring.

### Committing to agriculture and honor pledges

African governments need to honour their pledges and commitments to agricultural development, like the 10 per cent Abuja commitment, which few countries have honoured since 2001. This goes hand in hand with strengthening political commitment to agricultural development in order to improve production and productivity. Similarly, Africa's partners must deliver on pledges and partnerships aimed at improving food security. But agricultural

development goes beyond increasing allocations; governance is just as crucial.

### Processing agricultural commodities

Value addition, particularly agroprocessing, can improve food security by reducing the incidence of food spoilage, minimizing farmers' exposure to the price volatility associated with perishable commodities and increasing incomes from agriculture. African governments should thus add value to their commodities and adopt agroprocessing strategies to create jobs, reduce poverty and boost food security.

### Investing in climate adaptation measures

Climate adaptation and mitigation is crucial for agriculture and food security. African governments need to invest in measures to offset the challenges climate change poses for the continent's agriculture. Adaptation measures need to be implemented countrywide in order to have broad coverage, reduce vulnerability to climate and enable countries to benefit as a whole. The policy and institutional actions that governments should take include financing the measures and providing incentives for smallholder farmers to invest in adaptation and mitigation measures.

### Promoting social protection to build resilience to food system stresses

States can foster resilience through targeted social protection programmes that safeguard and enhance people's access to food. To be fiscally sustainable, these programmes must not depend entirely on external financing.

### Improving agricultural productivity

African governments should enhance the agricultural productivity frontier by investing in agriculture-related infrastructure, such as feeder roads, ir-

rigation and storage facilities; facilitating access to credit; providing extension services to encourage the use of appropriate technologies; and improving the dissemination of market and price information. African governments should also establish strategic food stocks for emergencies, such as food shortages and food price fluctuations.

### **Documenting and sharing good practices**

Countries should identify and document good practices so that other countries can duplicate them. This saves policymakers from wasting resources on interventions that may not achieve the intended objectives.

### **Developing early warning systems**

African countries need to develop effective regional mechanisms to monitor and respond to potential food crises in a timely manner. This will require building institutions' capacity to monitor the continent's food security, as well as ensuring that data is collected, subject to rigorous analysis and disseminated, to enable informed decisions.

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