Tracking the Millennium Development Goals in sub-Saharan Africa

Allam Ahmed
East London Business School, University of East London, London, UK
Emmanuel Cleeve
Department of Economics, Manchester Metropolitan University, Manchester, UK

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Abstract *This paper reviews, assesses and evaluates the performance of sub-Saharan African countries towards achieving the international development goals and targets set by the United Nations, UN Millennium Development Goals and the Agenda for Action of the 2nd Tokyo International Conference on African Development. Africa's recent economic performance is a reflection of the policies it has pursued since the 1960s. It summarises the progress of sub-Saharan African countries with a view to providing a clearer understanding of the constraints they face in reaching the goals, with a special focus on the economic, poverty, education, and health targets. The paper also outlines the urgency for action at the national, regional, and international levels. It also demonstrates that the economic and social recovery that Africa experienced in the late 1990s cannot be sustained unless there is progress towards the goals. Africa's efforts alone cannot achieve the goals, it would require global support and understanding of the special needs of the region.*

Introduction

Sub-Saharan Africa (SSA) seems to have come full circle to a position of real promise in the four decades since most countries in the region attained independence. At independence, there were great expectations of rapid economic and social progress. These expectations were broadly realised in the 1960s, when production grew and real per capita incomes increased appreciably. After this initial period of growth, however, most economies stagnated in the 1970s and went into decline in the 1980s. Although a number of countries undertook far-reaching adjustment and reform programs with considerable success, the region's aggregate economic performance remained disappointingly weak, with falling real incomes per capita and increasing poverty throughout the continent. Now, in the new millennium, renewed signs of economic progress and a broader commitment to reform augur well for the future. These reform efforts need to be sustained, strengthened and directed towards the attainment of the millennium development goals and targets.

The rest of the paper is presented as follows. In the next section, we discuss some of the conditions that led to policy perception in SSA in the 1970s and

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1980s. Then, we review the Millennium Development Goals (MDGs) and then go on to discuss the methodology for assessing and analysing SSA's performance towards meeting the MDGs. Next, the results of the analysis is presented with the conclusions of the study finalising the article.

Policy perspectives of the 1970s and 1980s

As has been discussed extensively in the literature, both external shocks and domestic factors contributed to SSA's poor overall economic performance during the last two decades. Indeed, many countries, especially the poorer ones in SSA, were hit hard by rising import prices, declining export prices, and severe droughts. Nevertheless, in most cases, the deterioration was due largely to inappropriate economic policies, which led to price distortions (notably overvalued exchange rates), poor investment choices, increasing budgetary deficits, a proliferation of loss-making public enterprises, growing inflationary pressures, and a loss of international competitiveness. There was also a serious deterioration in governance, which was epitomised by corruption in the management of public resources, particularly those involved in the marketing of key crops and minerals. These problems were compounded by rapid population growth, neglect of human resource development, deteriorating infrastructure, and outbursts of ethnic conflict and political instability. In an effort to shore up their countries' shrinking domestic resource bases, many governments undertook extensive external borrowing for consumption and investment, but, given the very low and declining rates of return on public outlays, their external debt burdens often became unsustainable and arrears accumulated.

There is general agreement that the crisis of the 1970s and 1980s is a direct result of the policy pursued in the 1960s and 1970s. Development policy in the 1960s and early 1970s had an important influence on the policy discussions of the 1980s. In fact, the majority of changes that occurred in development policy during the 1980s and early 1990s that led to liberalisation and deregulation cannot be understood without the assumptions and objectives of the policies of the 1960s and 1970s. A short review of the theoretical and conceptual background to these policies would be helpful to understand how far development policy has evolved to produce, what is now, the millennium declaration – "a distilled wisdom of 30 years of global experience" (Learner, 2003, p. 1).

Policies from the 1960s and early 1970s were part of the mainstream developmentalist position of that period which was centred on strategies of import substitution. Industrialisation based on import substitution was practised in the majority of developing countries though for very different durations. In its most articulate form it was implemented in countries of Latin America and India. However, for shorter periods of time it was practised in countries of East Asia, before they embarked on a path of export substitution strategy.

The policy focus of the time was on industrialisation (technology transfer) and imperfections in this process. The thrust of literature and policy prescriptions were directed towards issues of access to technology and other means of production, and accordingly were concerned with how to achieve access to them under fair conditions.

These concerns followed from a structuralist approach, which was the dominant intellectual paradigm in the economics of developing countries in this period. Structuralist ideas varied and differences in views were quite significant[1]. If we take the most prominent structuralist perspective – the dependency school – it focused on market exchange and interpreted underdevelopment as Edwards (1995, p. 109) points out: "as a basically distributional problem over a technologically fixed physical surplus". This school, in particular the writings of Frank (1967), Amin (1974), Dos Santos (1973) and Sunkel (1973), argued that the development of peripheral countries is conditioned by the development and expansion of centre countries. The policy solution was either dependent or autonomous development with the latter ranging from "de-linking" from the economic system of the centre to various attempts to improve the bargaining power of developing countries in their internal economic system.

Critiques of strong versions of structuralist positions, especially of dependency theories, showed that in factual terms, they were wrong (Schiffer, 1981) or inconsistent in conceptual terms (Lall, 1975). However, strong versions of structuralism should be distinguished from the theorising of economists who derived arguments for import substitution from the structural characteristics of the industrialisation of developing countries.

Economists like Hirschman (1958), Helleiner (1972) and Myrdal (1970) favoured government intervention based on arguments, which remain relevant today. The argument was that the industrialisation of developing countries would not occur if industries did not achieve a certain scale of production, which might then generate forward and backward linkages. In addition, technological learning would not take place unless enterprises were given a certain time to acquire learning-by-doing capabilities – the infant industry argument.

It is important to bear in mind that this diversity of theoretical perspectives, mixed up with equally diverse political positions at the time, represented inputs for the design of specific development policies. The objective here is to consider the 1960s/1970s mainstream view on development policy in the current context. The early debates are interesting from the point of view that they contributed to the creation of a consensus among different policymakers and continue to influence academic discussion. Also, individual theoretical or policy views retained their relevance while others have not survived. However, it is this mainstream consensus that formed the basis of policy and that was revised during the 1980s and led to development programmes that emphasised market reforms and economic stabilisation as prerequisites for growth. The resulting policy prescriptions in the 1990s often led to low growth and deepening poverty.

Sub-Saharan Africa has made good progress towards macroeconomic stability during the 1980s/1990s through sound financial policies and market-friendly structural reforms. Government intervention in economic activity is on the wane. Administrative price controls are being removed, and agricultural marketing has been widely liberalised. Most countries are opening their economies to world trade by eliminating multiple exchange rate practices and non-tariff barriers and also lowering the degree of tariff protection – a complete reversal of the policies of the 1960s and 1970s.

Although quantitative measures of progress, based on these reforms, have been disappointing, it has opened the way for the UN Millennium Development Declaration and TICAD II, which has specified time-bound goals, targets and indicators for all SSA countries in particular and developing countries in general.

Sub-Saharan Africa and the Millennium Development Goals

The World Bank's (2002) latest annual report on social and economic conditions across SSA – *African Development Indicators* – sounds a clear warning that the rapid spread of HIV/AIDS, anaemic aid and investment flows, and weak commodity prices threaten to undo the hard-fought gains of recent years. SSA is the only major region where per capita income, food production, and industrialised production have declined over an extended period: the only developing region where development appears to be moving in reverse and that conventional developments efforts by donors and governments have largely failed to halt the spiral, indeed in some cases have aggravated it (World Bank, 2002; ADB, 2002; IIED and WRI, 1987, p. 221). Although SSA is a vast subcontinent comprised of 47 countries with heterogeneous endowments of resources and levels and opportunities for development, it is still considered the poorest part of the world's economy.

The home to 300 million people, this region enters the twenty-first century with many developmental problems and challenges. The UNs population projections suggest that most of the additional 4.8 billion people will be added to the populations of the developing countries, with over half of the population in most of these countries living below the poverty line. In Malawi, for example, an estimated 54 per cent of the population live below the poverty line. The most frightening prospect in SSA is food insecurity and nowhere has less growth and development taken place than in Africa. Indeed, incomes shrank rather than grew during the 1980s. The decade-long drought during the 1980s created chronic problems of food shortages and threatened sheer survival. These natural disasters have been exacerbated by such unnatural problems as wars, political turmoil, and ill-advised economic strategies. In the last three decades much of the world's focus has been on African agriculture as SSA is the only region in the world freely declaring incapacity to feed itself. SSA also has not benefited from the massive global increase in trade where the SSA's share of global exports fell from 3.1 per cent in 1955 to just 1.2 per cent in 1990 (*Scotland on Sunday*, 1996).

Over the last ten years, the UN, World Bank, IMF and other world leading organizations and institutions have introduced a general approach to establish an agreed universal framework of international development goals and targets to be reached in the near future (2010 and 2015) by SSA and the world as a whole. The UN Summit on Social Development in Copenhagen (1995) established goals relating to reduction of poverty by 50 per cent from its level in 1990. In October 1998, the 2nd Tokyo International Conference on African Development (TICAD II) incorporated these goals in its Agenda for Action. In 2000, the OECD and UN's Copenhagen plus five Conference, endorsed and adopted these goals universally and they finally referred to them as the UN Millennium Development Goals (MDG). In July 2001, the MDGs were embodied in the New African Initiative adopted at the African Leaders Lusaka Summit. The MDGs were established by a consortium of experts from the UN in consultations with IMF, the World Bank, and other specialized agencies of the UN system. The MDG is a framework of eight goals, 18 targets, and 48 indicators to measure world progress towards the implementation of these goals. The eight goals include:

(1) Eradicate extreme poverty and hunger.
(2) Achieve universal primary education.
(3) Promote gender equality and empower women.
(4) Reduce child mortality.
(5) Improve maternal health.
(6) Combat HIV/AIDS, Malaria, and other diseases.
(7) Ensure environmental sustainability.
(8) Develop a global partnership for development.

Research method and analysis

Based on the literature and similar studies by the UN and World Bank addressing the performance of SSA towards the MDGs, the objectives of this study are to assess and evaluate the performance of SSA countries towards the MDGs as well as to examine the progress made so far by SSA countries to achieve the MDGs and the policy implications of such progress.

For the purpose of this research, the principal data sources used for this analysis include: the World Bank (1998) World Development Indicators (including African); World Bank, 2000a, b, 2001, 2002; UNDP's (1999) *Human*

Development Report; *UNESCO Statistical Yearbook 1999*; UNICEF *State of the World's Children 2000*; and the WHO *World Health Report* 1998.

The UN and World Bank analyses of the universal goals and targets as per the Agenda for Action of TICAD II will be used extensively for this analysis to assess the performance of SSA with regard to the different goals and targets. These targets are classified as follows:

The poverty and economic targets include:

- Halve, between 1990 and 2015, the proportion of people whose income is less than $1 purchasing power parity (PPP) per day.
- Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

The education targets include:

- Universal primary education (UPE) by 2015.
- Achieve 80 per cent primary completion rate by 2005.
- Halve 1990 adult illiteracy rates by 2005.
- Gender equality in primary enrolment by 2005.
- Gender equality in secondary enrolment by 2005.

The health targets include:

- Reduce the maternal mortality rate to half of the 1990 level by 2005, and by a further half by 2015.
- Reduce the infant and child mortality rates to one-third of the 1990 level by 2015.
- Universal access to reproductive health services by 2015.
- Safe water and sanitation for 80 per cent of the population by 2005.
- Halve the number of people who are malnourished by 2015.

For more details of these goals, targets and indicators, see the UN (2002) and the World Bank (2000a, b, 2001, 2002).

Van De Walle (2001) and others have evaluated and assessed the economic performance of SSA by comparing the GNP of each country over several periods of time to assess its performance during a particular period. In this paper, the GNP ratios of SSA countries for the period between 1970 and 2002 are used to assess the economic performance of each country. Each SSA country's GNP per capita for 1998 is divided by the same statistics (in constant 1995 terms) for 1970 to determine the GNP ratios over such period.

Data available from the different sources on SSA are used to identify individual countries that are either on-track or off-track in terms of reaching the poverty, education and health targets according to TICAD II. We measure progress towards the millennium goals as the ratio of the annual rate of change required between the current year, i.e. end of the trend period or nearest available year, and the target year, against the annual rate of change achieved during the trend period, i.e. between the start year and the current year. This ratio could be expressed mathematically as follows:

$$\rho_t = x_0(x_T - x_t)/x_t(x_t - x_0)$$

where:

x_0 = the value of the indicator (poverty, education, health) in the start year;

x_t = the value of the indicator in the current year;

x_T = the value of the indicator in the target year;

when $\rho_t \leq 1$, that country is on-target;

when $1 < \rho_t \leq 2$, that country is moderately off-target;

when $\rho_t > 2$, that country is seriously off-target.

Finally, the two poverty and hunger targets, all five education targets, and the five health targets are grouped into three ratios; poverty and hunger, education, and health ratios.

Results

Table I summarises the results for the SSA countries for which data is available either completely or partially and the symbol (*) whenever there is no data available at all. For those with only partial data, the symbol (**) is used to indicate this. However, with available data for each country, the GNP, poverty and hunger, education and health ratios are calculated. The simple average ratio for SSA as a total has also been calculated from the different countries ratios.

For the GNP ratios, a high number suggests rapid growth while a number less than one indicates negative growth. For the poverty and hunger, education, and health ratios, a high number suggests poor performance towards the targets while a small number (close to one) indicates a very good performance towards the goals and targets.

In the Appendix we show the progress of SSA countries in terms of being on-track (ratio = 1), off-track (ratio = 2) and seriously off-track (ratio = 3) for all five of the education and health targets respectively. Figures A1 and A2 (see Appendix) confirm that the majority of SSA countries are either off-track or seriously off-track. The health situation is quite dismal for the majority of SSA countries – being seriously off-track in at least three of the five targets. Only six of these countries are on-track in two or more health targets, and only one, the Gambia, is on-track in four of the five targets.

Economic dilemma

The GNP ratios in Table I, show negative growth across the SSA countries with an average African country's GNP in 1998 almost 91 per cent of its size 30 years before. Income per capita in SSA fell to $474 in 2000 from $552 a head in

Sub-Saharan African countries	GNP ratios	Poverty and hunger ratios	Education ratios	Health ratios
Angola	*	2.54	3.0**	3.0
Benin	1.08	1.83	2.3**	2.2
Botswana	6.44	1.23	1.8	2.6
Burkina Faso	1.4	2.35	2.4	2.2
Burundi	0.89	*	2.6	2.4
Cameroon	1.27	1.39	2.2	2.6
Cape Verde	*	0.84	1.8	2.4
Central African Republic	0.74	2.11	2.8**	2.8
Chad	0.85	2.43	2.3**	2.6
Comoros	*	1.61	1.6	2.5**
Congo Republic	1.50	*	2.3**	2.8
Cote d'Ivoire	0.89	1.00	2.4	2.4
Democratic Republic of Congo	0.32	2.15	2.5**	3.0
Equatorial Guinea	*	*	1.0**	2.5**
Eritrea	*	2.73	*	2.3**
Ethiopia	*	2.13	2.6	2.8
Gabon	1.37	*	1.7**	2.4
Gambia	1.09	2.05	1.8**	1.4
Ghana	0.84	1.71	1.3**	2.6
Guinea	*	1.45	2.4	2.4
Guinea-Biassau	0.75	*	2.0**	3.0
Kenya	1.48	1.24	1.0**	2.4
Lesotho	2.51	1.40	1.6	2.8
Liberia	*	*	2.5**	3.0**
Madagascar	0.59	2.27	2.3**	2.8
Malawi	1.32	1.87	2.0	3.0
Mali	1.06	2.36	1.8	2.8**
Mauritania	0.80	1.31	2.0	2.4
Mauritius	3.36	0.93	1.6	2.0
Mozambique	*	1.61	2.8	2.8
Namibia	*	1.45	1.0*	2.8
Niger	0.55	2.52	2.4	3.0
Nigeria	0.96	2.32	2.0**	3.0
Rwanda	0.85	1.60	2.5**	2.2
Sao Tome & Principe	*	*	*	2.0**
Senegal	0.93	0.97	1.8**	2.6
Seychelles	2.53	0.38	*	3.0**
Sierra Leone	0.48	2.38	3.0**	3.0
Somalia	*	1.61	3.0**	3.0**
South Africa	0.96	0.53	1.8	1.8
Sudan	1.36	2.12	1.8**	3.0
Swaziland	1.80	*	1.4	2.3**
Tanzania	*	1.33	1.6	2.2
Togo	0.86	1.57	2.4	2.6
Uganda	2.03	1.59	2.0**	2.6
Zambia	0.59	2.06	1.5**	3.0
Zimbabwe	1.10	1.16	1.6	2.0
Sub-Saharan Africa average	*0.91*	*1.96*	*2.4*	*2.7*

Sources: Adapted from Van De Walle (2001); UN (2002); World Bank (2000a, b, 2001, 2002)

Table I.
SSA performance towards economic, poverty and hunger, education, and health goals and targets (1970-2002)

1991 with an average fall of 0.6 per cent in the 12 years to 2000. At the same time, the gross domestic savings rate in the region has shrunk to an average 16.1 per cent of GDP compared with 20.2 per cent in the ten years to 1984. The World Bank (2002) preliminary data shows that growth in Africa's gross domestic product climbed to 3.2 per cent in 2000 from 2.9 per cent the year before, supported by a continuing expansion in real exports, but the average annual growth rate since 1990 has been 2.6 per cent and social indicators reflect the hardships of a population growing faster than social services and economies can cope.

The GNP ratios confirm the differences in economic performances among African countries and that growth for the region as a whole remains uneven. Some African countries are doing well. Throughout the continent, 15 countries posted growth rates exceeding 5 per cent in 2000, and another 12 countries posted rates above 3 per cent. But other countries are faring poorly overall, with real economic growth struggling to keep pace with the average population growth of around 2.6 per cent. As growth has slowed, incomes also have declined. Burkina Faso, for example, improved its performance by 40 per cent, whereas Zambia decreased almost by half. So what are the reasons behind such differences? There are distinct patterns in the growth process of SSA countries, which are summarised below for various groups of countries according to their economic performance:

- Botswana showed a higher income per capita in 2000 ($3,300) and is the only African country that has succeeded in achieving a consistently strong growth with a GDP 60 per cent higher in 1998 compared to 1970. According to Van De Walle (2001), Botswana is the only African country that can claim to have engineered structural transformation during this period.
- Swaziland and Lesotho continue to have a very strong performance.
- Some countries like Mauritius and Seychelles have always been much richer than other African countries. Mauritius showed a higher income per capita in 2000 ($3,800). However, it is important to mention the fact that these countries have a very different sociological makeup, notably with large non-African populations and distinct colonial histories.
- The discovery of oil in countries like Sudan, Congo, Gabon, and Cameron has contributed to the limited success of these countries during the last 30 years. However, the catastrophic civil war in Sudan and to some extent Congo should not be underestimated.
- Ethiopia ($100), Burundi ($110) and Sierra Leone ($130) are recorded as the lowest incomes in Africa. However, Sierra Leone, Chad, and Rwanda owe their poor performance to the continuous civil wars and political instability.

- The most notable exception is Uganda, which has seen its average growth rate jump to 6.9 per cent in the most recent decade from 3.4 per cent in the late-1980s.

Poverty and hunger

Table I shows that the poverty rate in SSA had hardly declined at all in the ten years prior to the end of the trend period (UN, 2002). In 1990, the proportion of people in SSA whose income is less than $1 a day was 48 per cent. To meet the first poverty target in 2015, this proportion should halve to 24 per cent. In 2002, however, the proportion stood at 47.5 per cent, just 0.5 per cent down on the 1990 level. The second poverty target is to halve the proportion of people who suffer from hunger. For SSA countries, this proportion stood at 32 per cent in 1990 and 31 per cent in 2002. A few countries are progressing slightly better, including Botswana, Cape Verde, Cote d'Ivoire, Mauritius, Senegal, Seychelles, and South Africa.

It has been argued that the historical reasons for SSA's poverty are not useful for reversing the current situation (see for example, Graham, 2000; Tordoff, 1997; Van De Walle, 2001). However, these historical reasons provides an insight into the hunger problem in SSA and could be seen to explain much of the results in Table I. The SSA countries most affected by the following historical events are also the worst performers in terms of achieving the poverty targets:

- SSA countries have been more prone to catastrophic natural events such as floods and droughts. A total of 60 per cent of SSA are vulnerable to drought and 30 per cent is extremely vulnerable. Niger, Sudan and Ethiopia are very good examples of such major disaster areas associated with drought. The analysis in Table I provides a clear picture of the poor performance of Sudan, Chad, Eritrea, Angola and Niger. The African population suffers the most from food shortages. This is because rodents, insects, mould, and spoilage destroy 40 per cent of grain crops and more than 50 per cent of their fruits and vegetables each year (*Scotland on Sunday*, 1996). Such losses are largely prevented in the industrial countries. Famines are still occurring in Africa, even when, national food supplies are adequate. This is basically because some part of the population lacks the capacity to produce or purchase food and some of these countries are rich in minerals such as zinc, copper, oil and even gold – all valuable commodities in the global market place.
- It is often suggested that poverty is rooted in the attitudes or behaviour of the SSA people themselves. Traditional societies and rural communities in SSA are sometimes thought to embrace values which impede their own development. Almost all SSA countries are poor because they have too many children. However, it is important to note that having a large family in SSA countries is often a rational response to poverty. The basic

necessities of food, water and fuel require large inputs of labour and an extra pair of hands can increase rather than decrease a family's chance of survival, and might lead to a vicious cycle of poverty.

- Poverty in SSA is often seen to be the outcome of the operation of national and global economic structures under capitalism. There is a large academic literature that sees this as the root cause of inequalities not only in SSA but globally. There is no country in SSA that is now removed from the influences of globalization. However, globalization is a label covering a whole diversity of processes and it is important to distinguish between them since they impact on SSA countries in different ways. According to analyses and most recent data from the World Bank (2002), two important sources of finance to SSA; foreign direct investment (FDI) and official aid declined in 2000, even to those countries widely perceived as adhering to sound economic and social policies. The official development aid to SSA countries had fallen to $12.3 billion at the end of 1999 from $17.2 billion in 1990. While aid flows have declined most sharply to African countries at war, assistance to governments recognized as having sound policies also has dwindled. Net official development assistance to Ghana, for example, dropped by almost $100 million in 1999 from the year before. Mozambique, one of Africa's poorest countries, yet also regarded as a strong policy performer, saw aid fall to $804 million from $1.04 billion over the same period. Both these countries are off-track in achieving the poverty targets.

Education

African development indicators (World Bank, 2002) show significant improvement in the number of children in secondary school, albeit from low levels. Secondary school enrolment in SSA climbed to over 26 per cent between 1994 and 1997, from just 15 per cent in 1980, but primary school enrolments edged lower to 78 per cent from almost 81 per cent over the same period. Only one in four girls in rural areas of SSA get the chance to attend school.

Achieving Universal Primary Education (UPE) by 2015 remains the greatest development challenge facing SSA. According to the World Bank (2001), around 40 million children of primary school age are outside the education system in SSA – or more than 40 per cent of the school age population. The challenge is especially great because of rapid population growth and the high dependency ratio in SSA. An additional 34 million children will swell the region's school age population by 30 per cent over the next 15 years. Slightly more than half (51 per cent) of the SSA countries are off-track towards meeting the 2015 UPE target (see Table I). However, the growing concern with this data is that these off-track countries are expected to account for over 70 per cent of Africa's school age population by 2015. Eight of the countries on-track are in the Southern Africa region and seven of them are in the top ten. Similar to the arguments raised regarding GNP and poverty in SSA, unsurprisingly, the on-track list includes the wealthiest countries in SSA, Botswana, Gabon, Mauritius, Namibia, South Africa, and Swaziland.

The 80 per cent primary completion target was adopted by TICAD II to complement the 2015 goal of UPE. Improving student retention and completion is an urgent priority in many SSA countries. Almost 60 per cent of SSA countries are seriously off track towards meeting the target. Six of the 12 on-track countries are in the Southern Africa region, while 11 of the 17 seriously off-track countries are in central and West Africa.

The majority of SSA countries are off-track to halve the 1990 illiteracy rates by 2005. Similar to the previous primary completion target, these off-track countries are concentrated in Central and West Africa. Because of the historical neglect of girls' education in many of these countries, illiteracy rates are especially high for women. Once again, nine of the 16 on-track countries are in Eastern and Southern Africa, including the wealthier countries in SSA.

The majority of SSA countries are off-track (74 per cent) and (85 per cent) for achieving gender equality in primary and secondary enrolment by 2005 respectively. As the countries approach UPE, it is necessary to close the gender gap in enrolment. Given that the primary school cohort that will graduate in 2005 has already entered the system in every country, any country that has not achieved gender equality in its intake since 1999 cannot attain the target, except by reducing boys' enrolments to the same level as girls' enrolment. Therefore, countries where this is the case need to analyse the reasons for failure, and develop strategies that address the root causes of gender inequality in education. Moreover, given the extreme gender inequalities in secondary education in SSA, the task of reaching the 2005 goal is commensurately greater than at the primary level. It is not surprising, therefore, that the majority of the 85 per cent off-track countries are seriously off-track, and need to more than double the current rate of progress if they are to attain the target. The results also show that Kenya is the only country in SSA that is on-track to reach the 2005 target for both primary and secondary education.

Health

Another major factor associated with education is health. SSA faces its greatest development challenge in reducing infant and child mortality rates. In no other area of human development does the region fall so far behind other parts of the world, and in no other indicators is SSA so markedly off-track towards attaining the international development goals (Table I). Ill health in SSA results much more from infectious diseases and nutrition deficiencies than it does elsewhere (Feachem and Jamison, 1991):

- The potential income loss from adult illness in SSA is about 6.5 per cent, two to three times that in other regions, confirming cross-country evidence that poor health is associated with slow growth. Strauss (2000) argues that surveys in Cote d'Ivoire, Ghana, and Mauritania show potential losses of almost 6.4 per cent of normal earnings from illness. Every three seconds an African child dies – in most cases from an infectious disease. Indeed, the burden of disease is dramatically higher in SSA than elsewhere.
- From the analysis, the overwhelming majority of countries are seriously off-track for meeting the infant mortality rate (IMR) goal by 2015 (see Table I). IMR eased to 92 deaths per 1,000 children born between 1982 and 1999 but this rate remains well above other parts of the developing world. The IMR actually increased between 1985 and 1995 in Congo, Liberia, Rwanda, and Zambia. Population growth is causing a rapid increase in the absolute number of underweight children, from 23 million in 1975 to 35 million in 1995 (World Bank, 2000a, b). The current infant and child mortality rates in SSA, and the prospect that these rates rising in many countries as a result of AIDS, are significant because mortality rate is one of the most sensitive and multi-dimensional indicators of social and economic progress (Sen, 1998).
- A total of 80 per cent of the world's cases of Malaria occur in SSA, accounting for 11 per cent of the disease burden in SSA and is estimated to cost many SSA countries more than 1 per cent of their GDP – one estimate for Kenya puts it between 2-6 per cent (Gallup and Sachs, 1998). Every day 3,000 people die from Malaria – three out of four of them are children.
- A total of 99 per cent of the 18 million people affected by Onchocerciasis (river blindness) worldwide occurs in SSA.
- Trypanosomiasis (sleeping sickness) occurs in 36 SSA countries and has recently surged.
- Every year 1.5 million people die from tuberculosis and another 8 million are newly infected.
- According to the World Bank (2002), across Africa, more than 24.4 million people (two-thirds of the world's cases) were living with HIV/AIDS at the end of 1999 and that more than 2.2 million people had died of HIV/AIDS. AIDS has orphaned more than 8 million children. In 1982, Uganda was the only SSA country that had an adult HIV prevalence rate above 2 per cent. Today there are 21 countries in SSA where more than 7 per cent of adults live with HIV/AIDS. HIV thus hits people in their prime productive years, profoundly reducing national income.
- Life expectancy rates continue at low levels, particularly in countries faced with long-running civil wars. Sierra Leone's life expectancy rate

was just 37 in 1999, roughly half that of someone living in Tunisia or the Seychelles. The average life expectancy at birth in Malawi is 39 years in 2000 and declining, whereas those born in Japan in the late 1990s can expect, on average, to live for 80 years and this is increasing. Most African nations had life expectancy rates below 50 in 1999, with the average for SSA just 47. Thus, at the extremes, the wealthy can expect to live more than twice as long as the poor.

- As the analysis shows, three-quarters of SSA countries, which are home to 85 per cent of Africa's population, are off-track with the majority of them seriously off-track. Between 1985 and 1995, Niger and the Central African Republic's progresses are less than 5 and 2 per cent respectively of the rate needed to reach the target. On the other hand, South Africa and Mauritius have already reached the 80 per cent target. The analysis also shows almost similar results for the situation of water towards the 2005 target of access to sanitation for at least 80 per cent of the population.
- The nutritional challenge facing SSA is enormous. Over 80 per cent of countries in the region are seriously off-track for reaching the 2015 target, and, of these, only five countries registered any decline in the child malnutrition rate between 1990 and 1996. Eritrea has made substantial progress but must double the rate of reduction if it is to reach the 2015 goal. On the other hand, South Africa has achieved a remarkable reduction in child malnutrition rates between 1990 and 1996 – from 43 per cent to 9 per cent.

Conclusions: can Africa meet the UN goals?

Africa's development or absence thereof, has lessons for all concerned. Lack of progress is bad enough, but slipping back is worse. Many analyses of SSA have treated all countries alike, despite their differences. Zambia, for example has 53 per cent urban population; Burkina Faso has 7 per cent. Annual per capita incomes vary from as low as \$100 to as high as \$3.800. While a few countries have improved living standards in the past 30 years, some have fallen from "middle" to "low" income status in the World Bank classification in the last decade. Moreover, given the weakness of the systems in many SSA countries, for registering births and deaths, most of the figures for SSA countries towards the set goals and targets are likely to be underestimates; therefore, this should be an urgent call to action. Furthermore, data is not available for every country and in some cases are incomplete, which makes the situation even more difficult. The most widely used statistics from the World Bank, IMF, UNESCO etc are still not complete for SSA. Therefore, it is important to note that some of the indicators will require revision as the quality of information improves.

To halve poverty by 2015, SSA economies will need to grow at 7 per cent a year on average, fuelled by much higher domestic savings, and external flows of grants, loans and investment (World Bank, 2002). Most African countries have followed an anti-farming strategy during the 1970s and 1980s. For speedy development, the newly independent African nations chose the advanced type, Lewis (1954) style model of industrialization. That meant urban investment, workers to the cities, and an agricultural tax of subsidised prices to consumers and less-than-world prices to farmers. The industrial transformation did not result. When slowed farm output also slowed foreign exports, lack of foreign exchange led to the accumulation of foreign debt. Manufacturing and other industries have grown by only two per cent since 1965.

Another problem in Africa is that Africans take on so many tasks that performance is bound to be poor. According to many reports of the World Bank, both donors and African governments are guilty of this. The poor performance of African countries can be attributed to three principal factors: a lack of openness to trade, a lack of market incentives, and a lack of national saving. The current performance trends of SSA countries clearly indicate that all SSA urgently needs a serious dramatic change in the pace of progress, as the majority of them are not on-track towards the universal agreed targets. Countries seriously off-track need to at least double their current rate of progress to achieve the development goals. No country in SSA is on-track for all the TICAD II adopted targets, and every country is seriously off-track in at least one of the targets. Slightly fewer than half the countries in SSA are off-track for all targets where data are available. SSA countries are making the most progress on education targets; yet even here progress is limited: fewer than half of the countries are on track for achieving UPE by 2015. Angola, Sierra Leone, and Somalia are seriously off track on all of the targets for which data are available.

Achieving the international development goals requires very different strategies and interventions in each country that reflect national conditions, needs, and priorities. These challenges, therefore, must be overcome by the Africans themselves. African leaders have pledged and made strong commitment to their people and the whole world. It is therefore, essential that they follow up on their commitments and genuinely improve governance and transparency in all sectors. Several countries in the region have achieved significant progress towards particular targets, demonstrating the feasibility of progress in even the most resource constrained environments. Therefore, the positive lessons that can be drawn from these countries' experiences should be disseminated and, where relevant, applied by other countries in the region as a first step towards ensuring that the collective status of Africa's performance improves. At the same time, it is equally important that the international community delivers its promises and commitments to Africa on debt relief, generous aid, opening markets for wider trade opportunities, and increasing investment. Africans tend to rely on government for everything and governments have their uses, but may aspects of economic management should be left to the private sector. Proper resource allocation needs freely moving prices. Government spending should match revenues, with more going to education and health and less to over-staffed public bodies and more to incentives and less to interference.

Note

1. For explanations of different structuralist positions in the context of other economic theories, Edwards, 1995 is excellent reading.

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Appendix

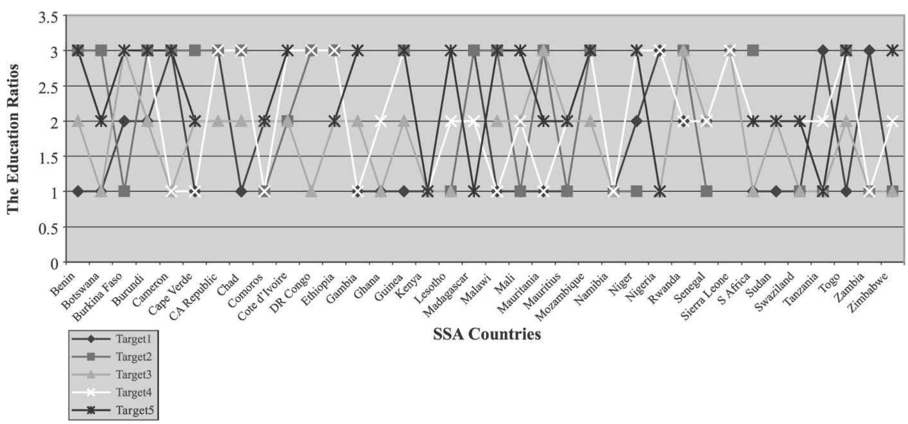

Figure A1.
The education targets

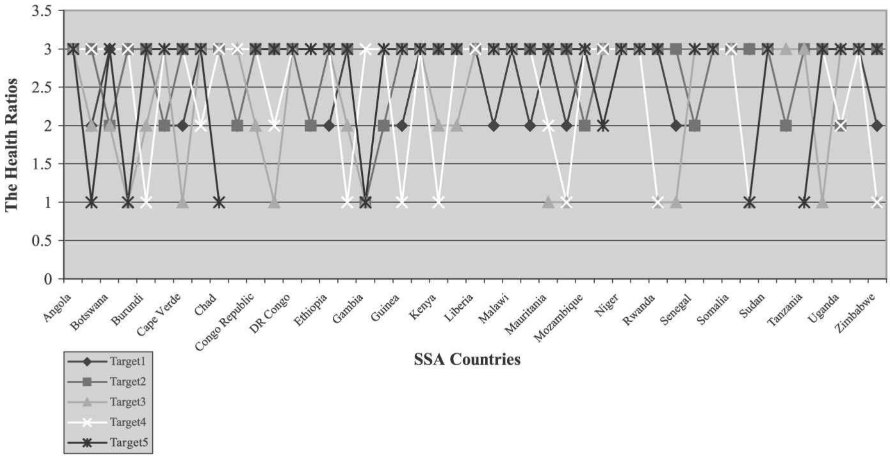

Figure A2.
The health targets