

ACHIEVE UNIVERSAL
PRIMARY EDUCATION



ERADICATE EXTREME POVERTY AND HUNGER

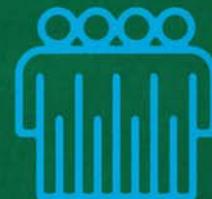
REDUCE CHILD
MORTALITY



PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN



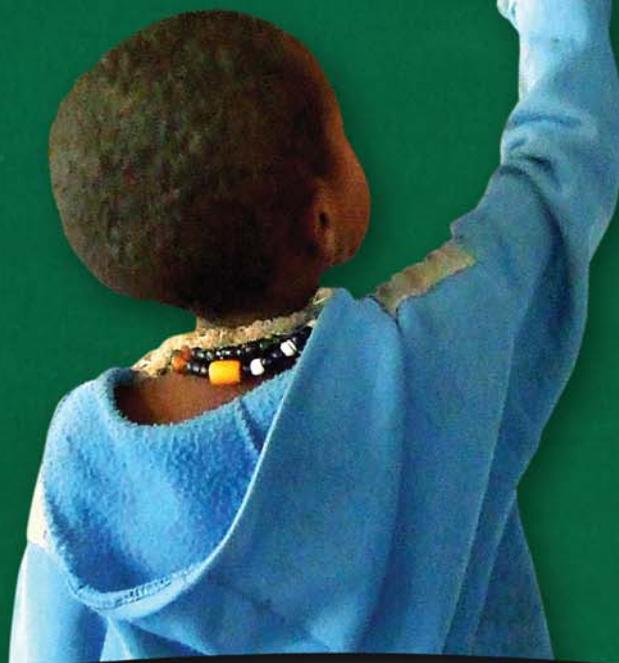
COMBAT HIV/AIDS,
MALARIA AND
OTHER DISEASES



GLOBAL PARTNERSHIP
FOR DEVELOPMENT



ENSURE
ENVIRONMENTAL
STABILITY



IMPROVE
MATERNAL
HEALTH



ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS (MDGS) IN AFRICA



CAPE TOWN, SOUTH AFRICA

POLICY RESEARCH SEMINAR REPORT
VINEYARD HOTEL, CAPE TOWN, SOUTH AFRICA
DATE OF PUBLICATION: NOVEMBER 2013

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RAPORTEURS
SCOTT DRIMIE AND DAN KUWALI

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Acknowledgements

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About the Organiser

The Centre for Conflict Resolution, Cape Town, South Africa, was established in 1968. The organisation has wide-ranging experience in conflict interventions in Southern Africa and is working on a pan-continental basis to strengthen the conflict management capacity of Africa’s regional organisations. Its policy research focuses on Peacekeeping and Peacebuilding in Africa; Region-building and Regional Integration on the continent; Africa and the European Union (EU); and Achieving the Millennium Development Goals in Africa.

The Rapporteurs

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Executive Summary

The Centre for Conflict Resolution (CCR), Cape Town, South Africa, held a policy research seminar in Cape Town from 13 to 14 May 2013 on “Achieving the Millennium Development Goals (MDGs) in Africa”.

The MDGs, which were signed by 189 countries, including 53 African states, in 2000, set eight benchmarks to: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria, and other diseases; ensure environmental sustainability; and develop a global partnership for development by the year 2015. The Cape Town meeting sought to assess critically the progress that the continent has made towards achieving the MDGs, and to support African institutions in shaping the post-2015 development agenda.

1. Achieving the Millennium Development Goals in Africa: Progress, Problems, and Prospects

Although the MDGs represent a global promise, they were derived from a United Nations (UN)-led consultation in which international institutions, dominated by powerful Western countries and institutions including the Organisation for Economic Cooperation and Development (OECD), the World Bank, and the International Monetary Fund (IMF), played a crucial role. Thus, while they are widely viewed as providing useful indicators for measuring socio-economic progress, the Goals have been criticised for promoting the priorities of a neo-liberal ideological framework shaped by the parochial concerns of the more powerful and richer countries at the international negotiating table, and for failing to promote a comprehensive vision of Africa's development. The structural underpinnings of poverty and inequality in Africa and elsewhere often reflect global power relations, which are generally not addressed by the framework for the MDGs. In addition, worldwide averages are used to gauge the progress made towards the Goals, which cannot convey an accurate picture of development on the continent.

Progress towards achieving the Goals has been slow, but far from uniform across Africa. Although it is unlikely that the continent will achieve all the targets by 2015, the rate of progress is improving on several indicators such as primary school enrolment; the proportion of seats held by women in national parliaments; rates of HIV-prevalence; and the proportion of women in non-agricultural wage employment. Lack of financial resources and a hostile economic environment are the most visible hurdles to progress in achieving the MDGs in Africa. The Goals also place insufficient emphasis on the importance of domestic resource mobilisation for the continent. The emerging consensus on the post-2015 development agenda for Africa is that the MDGs cannot be achieved unless they are expanded to include broader concerns such as climate change and environmental sustainability; economic and social transformation; institutional capacity challenges; greater roles for civil society and the private sector; and the improved accountability of external donors in delivering on their commitments. Furthermore, African governments and regional bodies should assume ownership of this agenda – prioritising measures to reduce poverty and improve health.

2. Poverty, Hunger, and Education

Goal One: Eradicating Extreme Poverty and Hunger

Despite unprecedented annual economic growth of almost five percent on average over the past decade and Africa's possession of abundant natural resources, the MDG targets for eradicating extreme poverty and hunger on the continent by 2015 will almost certainly remain unmet. Africa is the only region in the world where average food production per person has fallen in the past 40 years. The continent's agricultural sector and overall socio-economic development have continued to be hindered by structural limitations such as high transport costs; relatively small markets for produce and goods; patterns of farming that inhibit productivity; disease burdens that restrict economic capacity; sluggish industrialisation; slow diffusion of technological imports; and a legacy of asymmetrical trade relationships with powerful Western and other countries (for example, China), in which Africa exports primary products and imports processed goods. The impediments to development have also included: the introduction of inappropriate externally-designed programmes; under-capacitated policymaking and planning structures in national governments and research institutions; ineffective implementation of projects; poorly managed and inadequate public services; huge external debts; and the lack of an effective continental strategy to engage regional markets or external investors with a long-term vision, despite the efforts of the New Partnership for Africa's Development (NEPAD) which was adopted in 2001 and the Comprehensive Africa Agriculture Development Programme (CAADP) of 2003. In addition, violent conflicts have sometimes undermined the stability required for strong economic development.

Goal Two: Achieving Universal Primary Education

The percentage of African children, particularly girls, enrolling for primary education rose steadily between 1999 and 2008 from 31 percent to 77 percent, as the number of children in primary schools increased by 46 million. Notwithstanding this unparalleled progress, access to education and opportunities to complete a full course of primary schooling in Africa continue to be hindered by discrimination based on gender, ethnicity, income, language, and disabilities. Important standards set by the MDGs relating to quality of education have also not been met. Schoolchildren are not learning enough. Education systems across Africa continue to suffer from too few teachers; poor infrastructure and facilities; inadequate teaching and learning materials; and a lack of reliable data to inform policy. Cuts in international aid for education have further exacerbated these challenges.

3. Child Mortality and Combating HIV/AIDS, Malaria, and Other Diseases

Goal Four: Reducing Child Mortality Rates

Globally, child deaths have been halved since 1990 due to better nutrition and healthcare, and higher standards of living, although the lower mortality rates will probably fall short of the two-thirds cut sought by MDG Four. However, the highest rates of child mortality remain in sub-Saharan Africa, where one in nine children died before the age of five in 2012. In the previous year, the under-five mortality rate on the continent was twice that of other developing regions, and 15 times higher than in the rich world. Sub-Saharan Africa has also had the slowest decline in child mortality due to a range of factors: high rates of premature births; the poor health of young mothers; low rates of contraceptive usage; and inadequate access to proper obstetric care caused by too

few health workers and the long distances that many women have to travel to seek medical attention. Interventions that target the poorest members of society – for example through recruiting more community health workers and addressing underlying conditions such as malnutrition – often have the greatest impact, since the marginalised, who are generally the last to be reached by new health programmes, experience the highest mortality rates. African countries that have made significant progress on this Goal in the past two decades such as Liberia, Niger, and Rwanda are not those with the strongest economies or health systems.

Goal Six: Combating HIV/AIDS, Malaria, and Other Diseases

In 2011, sub-Saharan Africa accounted for 71 percent of new HIV infections globally, and 70 percent of all AIDS deaths, although only about 15 percent of the world's population live on the continent. In 2012, an estimated 7.5 million people in sub-Saharan Africa were receiving anti-retroviral drugs (ARVs), a rise of about 20 percent on the 6.2 million, or 56 percent of those in need, who were receiving ARVs in 2011. Although this represents the largest annual rise in access to ARVs, the targets for halting and starting to reverse the spread of the virus, and providing universal access to treatment for HIV/AIDS are unlikely to be reached by 2015. Meanwhile, the versatility of the malaria parasite, which can evade auto-immune responses and resists the actions of chemotherapeutic agents, continues to make this one of the world's most intractable diseases. Tuberculosis (TB) has been more susceptible to prevention efforts, although its incidence remains highest in Africa, which in 2012 had 24 percent of the world's cases and the greatest number of deaths per capita from the disease. Although MDG Six sets numerical targets for reducing the spread of infectious diseases, it fails to articulate clearly the need to strengthen national health services. Many African countries have been unable to fulfil their pledges made in 2001 to allocate 15 percent of their national budgets to providing health services, while international funding for this sector has stagnated. In 2012, sub-Saharan Africa had 25 percent of the world's disease burden, but only three percent of its trained health workers.

4. Gender Equality and Maternal Health

Goal Three: Promoting Gender Equality and Empowering Women

Africa has outperformed South-east Asia, Latin America, the Caribbean, and Western Asia in addressing the gender gap in primary school enrolment. Similarly, representation of women in national parliaments was relatively high in Africa in 2012. However, these achievements cannot serve as a comprehensive measure of gender equality, and can divert attention from the need for a development agenda that integrates action to redress broader inequalities between men and women. Women continue to experience severe discrimination and high levels of gender-based violence across the continent.

Goal Five: Improving Maternal Health

Most African countries will not meet the targets for reducing maternal mortality rates by three quarters and providing universal access to reproductive health. Since 1990, maternal mortality has decreased by an average of only 1.6 percent a year on the continent. However, some countries such as Egypt, Equatorial Guinea, Morocco, and Rwanda – mainly with high economic growth rates – have greatly reduced the percentage of mothers dying by implementing national policies to recruit more obstetrics staff; ensure the provision of essential drugs and adequate medical facilities; improve transport to referral health institutions; educate more

people about using contraceptives; and increase women's agency over issues relating to their health. Furthermore, many complications at birth can be managed by careful prioritisation and implementation of medical interventions.

5. Environmental Sustainability and Global Partnership for Development

Goal Seven: Ensuring Environmental Sustainability

The Goal of environmental sustainability adopts a de-contextualised approach to development which can promote initiatives that may actually reinforce inequality and social exclusion. Environmental sustainability needs to be linked to issues of economic growth and poverty reduction by African policymakers in order to promote a "green development" approach to which poor people can contribute, and from which they will benefit (for example, through greater educational opportunities, employment, and the promotion of local industries); and which simultaneously addresses inequality, rapid urbanisation, and climate change. Country-specific plans should address the high levels of inequality in many African countries which create severe disparities in the access to, and quality of, essential services among populations. These inequalities are often masked by official statistics. Such an approach also involves holistically addressing the issues of poor governance and weak institutional capacity which can inhibit the effective delivery of essential water, housing, power, and sanitation services to populations most in need.

Goal Eight: Developing a Global Partnership for Development

Although the Goal on developing an accountable global partnership for development is critical for the achievement of the MDGs, progress towards some of its targets has been limited, including on access to affordable essential medicines and new technologies. In addition, important obligations on external donors to provide aid – which constitute a key target of the Goal – remain unmet. Debt relief initiatives have generally not reduced the vulnerability of heavily indebted poor countries (HIPC) which often remain profoundly dependent on borrowing and external investment. Fragmentation of aid has contributed to incoherence in national development policies; and dependence on foreign assistance has exposed national programmes to unsteady fluctuations in levels of support, as well as donor preferences about which projects should be funded.

Policy Recommendations

The following ten policy recommendations emerged from the policy research seminar:

1. African governments should cooperate with the private sector and civil society to assess the advantages and disadvantages of the MDGs as planning tools in order to shape the continent's future development agenda more effectively. They should seek to promote an agriculture-led, inclusive model after 2015 in order to eradicate poverty and hunger;
2. African governments should improve the quality of education through programmes to train more teachers; improve classroom facilities; supply free textbooks; provide school lunches; and offer scholarships; as well as introduce mechanisms to measure achievement in schools more comprehensively. Policies in Eastern and Southern Africa, should focus on improving access to schools

for all children; while policies in Central, North, and West Africa should prioritise improving access for girls and children with special needs;

3. A systematic and intensive process of consultation with grassroots women's groups should be established as soon as possible in pursuit of a future development model that places greater emphasis on social justice. Consideration should be given to expanding the MDGs after 2015 to include ending all forms of violence against women and girls; and enabling them to make choices over their sexual and reproductive health and rights; as well as ensuring that the framework for these Goals addresses social, cultural, and legal norms that can inhibit the role that women are permitted to play in development efforts;
4. The adoption of national child-survival programmes targeting poor and rural populations have led to the greatest reduction in under-five mortality rates. African governments need to expand such programmes focusing specifically on this group, which experiences the highest proportion of deaths among infants;
5. African governments and their development partners must scale-up interventions to improve maternal health. These programmes should seek to provide rural women with improved access to properly staffed and equipped child-bearing services. Best-practice models for such interventions should be adopted. The recruitment and training of mid-wives, nurses, gynaecologists, and other professional staff to deliver sexual and reproductive healthcare should also be prioritised. Increased health budgets should be made available to local governments to implement these measures;
6. International development partners must support African governments in creating well-structured and sustainable health systems. Facilities to test for, and treat HIV and AIDS, malaria, and tuberculosis should be staffed by qualified workers dispensing appropriate advice and drugs. Government policies should incentivise health professionals to work in marginalised areas. National and international employment regulatory mechanisms must seek to redress the "brain-drain" of health workers from public sectors across Africa. As previously agreed, African governments should allocate at least 15 percent of their national budgets to the health sector, without creating barriers to access such as user-fees;
7. African governments should adopt a "green development" approach that enables an equitable exploitation of resources through more productive and efficient investments. This approach should integrate the imperative for environmental sustainability with economic and social development programmes that promote growth;
8. In order to foster accountability for the national pledges made by rich countries to promote global development, civil society activists should campaign for their governments to meet these obligations under international human rights law. Mechanisms for redress in case such promises are not met in future should be included in the agenda of the post-2015 framework. African states must not only advocate for debt relief, but also for broader equality within the global economic system in order to ensure that such relief is sustainable;
9. Africa should seek to reduce dependence on external financing by strengthening mobilisation of domestic resources through better collection of tax revenues; curbing illicit financial flows; and fostering intra-African trade, which represents a mere ten percent of total imports and exports. African

countries must also form a united front at global political and economic fora to promote the continent's interests more effectively, and to create more beneficial international partnerships for socio-economic development; and

10. The post-2015 agenda should link development to targets on democracy, equality, non-discrimination, and security. In order to integrate and improve the provision of basic services, African governments should institute more effective data-gathering and monitoring mechanisms and align their development policies with those of NEPAD and other relevant continental mechanisms.

Introduction

The Centre for Conflict Resolution (CCR), Cape Town, South Africa, hosted a policy research seminar in Cape Town, from 13 to 14 May 2013, on “Achieving the Millennium Development Goals (MDGs) in Africa”. This report is based on discussions and papers presented at this meeting, as well as on further research.

The seminar brought together about 30 policymakers, scholars, practitioners, and civil society actors from a wide spectrum of backgrounds, mainly from Africa, to assess critically the progress that the continent has made towards achieving the Millennium Development Goals by 2015 for its 800 million citizens; and to support African institutions, including the African Union (AU), the continent’s major regional economic communities (RECs) – the Economic Community of West African States (ECOWAS); the Southern African Development Community (SADC); the Intergovernmental Authority on Development (IGAD); the Economic Community of Central African States (ECCAS); the East African Community (EAC); and the Arab Maghreb Union (AMU) – and the African Development Bank (AfDB), in shaping the post-2015 development agenda for Africa. The meeting also sought to examine the role of African civil society organisations and key external partners such as the United Nations (UN) and the European Union (EU) in shaping the development policies and preferences of African countries; to identify gaps in the current MDG framework in relation to economic and human development, and environmental sustainability on the continent; and to reflect on the lessons from efforts to implement the MDGs in individual African countries, continent-wide, and in other regions of the world.

The MDGs represent a global promise – signed by 189 countries, including 53 African states,¹ in 2000 – derived from a UN-led consultation. The Goals set eight benchmarks: to eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria, and other diseases; ensure environmental sustainability; and create a global partnership for development by the year 2015.² Each of the eight Goals sets specific targets and indicators to track their achievement (see the table on page 8).

The aim of the MDGs is to encourage development in the world’s poorest nations through collaborative multilateral action. Systematic efforts have been taken to promote, finance, implement, and monitor the achievement of the eight Goals.³ Africa’s 55 states do not, however, constitute a homogenous bloc, and progress towards achieving the MDGs has not been uniform across the continent. While significant progress has been made in pursuit of the Goals, particularly since 2010 when the impending deadline galvanised countries, marked disparities remain between countries, as well as between rich and poor, men and women, and rural and urban communities, revealing the structural challenges still facing Africa’s socio-economic development efforts.

As the 2015 deadline for achievement of the Goals approaches, greater attention has been focused on efforts to shape national, regional, and global development agendas after that date. The UN Department of Economic and Social Affairs (UN DESA) and the UN Development Programme (UNDP) are jointly leading consultations

1 South Sudan subsequently became an independent state in 2011.

2 United Nations (UN), “Road Map Towards the Implementation of the United Nations Millennium Declaration: Report of the Secretary-General”, A/56/326, 6 September 2001.

3 David Hulme, *The Making of the Millennium Development Goals (MDGs): Human Development Meets Results-based Management in an Imperfect World*, Brooks World Poverty Institute, Working Paper 16, Institute for Development Policy and Management, University of Manchester, England, 2007.

at the world body to define the agenda for the MDGs after 2015. The UN Secretary-General, South Korea's Ban Ki-moon, has established a task team to support the process and created a high-level panel chaired by the leaders of Indonesia (Susilo Bambang Yudhoyono), Liberia (Ellen Johnson-Sirleaf), and Britain (David Cameron). Ban has also appointed Nigeria's Amina Mohammed as his Special Advisor on Post-2015 Development Planning. Eleven thematic and 60 national consultations have been initiated across the world facilitated by the UN Development Group (UNDG). The UN Economic Commission for Africa (UNECA), the African Union Commission, the AfDB, and the UNDP's Regional Bureau for Africa have facilitated regional consultations for the continent which aim to articulate a common African position.⁴

African policymakers have sought to align these discussions with the development agenda that has already been established for the continent. The New Partnership for Africa's Development (NEPAD) which was adopted in 2001, has aimed to promote a common vision for the eradication of poverty and a sustainable growth path for Africa and adopted many of the MDG targets. The AU, the AfDB, and UNECA have reported steady economic growth and improved poverty reduction efforts which continue to assist progress towards achieving the MDGs.⁵ However, inadequate social services, socio-economic inequality, unemployment, increased vulnerability to environmental shocks, and the fragility of present growth rates all remain serious challenges to meeting these Goals.

Important questions have been asked about whether the MDG framework should be retained in its current form but with an extended deadline; modified; or even abandoned completely after 2015. The reformulation of the Goals to take into account the development experience of the continent over the past two decades and to incorporate the challenges that have arisen, has been promoted as a viable approach.⁶ This is known as the "MDG Plus" option. The emerging consensus for this option emphasises strengthening development enablers such as institutional capacity, improving the universal delivery of basic services, and prioritising outcomes such as reduced poverty and better health among African populations. Furthermore, African governments would have to transform their economies in order to support rapid and inclusive growth and to generate sufficient domestic resources to offset shortfalls in external financing.

Millennium Development Goals and Targets

Goals	Targets
Goal I: Eradicate extreme poverty and hunger	Target I.A: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day
	Target I.B: Achieve full and productive employment and decent work for all, including women and young people

4 African Union (AU), "Assessing Progress in Africa toward the Millennium Development Goals: Emerging Perspectives from Africa on the Post-2015 Development Agenda", report by AU Commission, UN Economic Commission for Africa (UNECA), African Development Bank (AfDB), and UN Development Programme (UNDP) Regional Bureau for Africa, 2012.

5 Organisation for Economic Cooperation and Development (OECD), AfDB, and UNECA, *African Economic Outlook 2010* (Paris: Organisation for Economic Cooperation and Development, 2010); OECD, AfDB, UNDP, and UNECA, *African Economic Outlook 2011* (Paris: Organisation for Economic Cooperation and Development, 2011).

6 Deepak Nayyar, "The MDGs After 2015: Some Reflections on the Possibilities", unpublished paper, UN System Task Team on the Post-2015 UN Development Agenda, April 2012.

	Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger
Goal 2: Achieve universal primary education	Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
Goal 3: Promote gender equality and empower women	Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education by no later than 2015
Goal 4: Reduce child mortality	Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Goal 5: Improve maternal health	Target 5.A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
	Target 5.B: Achieve, by 2015, universal access to reproductive health
Goal 6: Combat HIV/AIDS, malaria, and other diseases	Target 6.A: Have halted and begun to reverse the spread of HIV/AIDS by 2015
	Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
	Target 6.C: Have halted and begun to reverse the incidence of malaria and other major diseases by 2015
Goal 7: Ensure environmental sustainability	Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
	Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
	Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
	Target 7.D: Have achieved a significant improvement in the lives of at least 100 million slum dwellers by 2020

<p>Goal 8: Develop a global partnership for development</p>	<p>Target 8.A: Develop further an open, rules-based, predictable, non-discriminatory trading and financial system. Promote “good governance”, development and poverty reduction – both nationally and internationally</p>
	<p>Target 8.B: Address the special needs of the least developed countries (LDC). Promote tariff and quota free access for LDC exports; an enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official, bilateral debt; and more generous overseas development aid (ODA) for countries committed to poverty reduction</p>
	<p>Target 8.C: Address the special needs of landlocked developing countries and small island developing states</p>
	<p>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>
	<p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>
	<p>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially in information and communications</p>

Source: UN 2012⁷



From left, Dr Dan Kuwali, Senior Researcher, Centre for Conflict Resolution, Cape Town, South Africa; Dr Adekeye Adebajo, Executive Director, Centre for Conflict Resolution, Cape Town; and Dr Scott Drimie, Associate Professor, Interdisciplinary Health Sciences, University of Stellenbosch, South Africa

⁷ UN, *The Millennium Development Goals Report 2012* (New York, United States, June 2012).

1. Achieving the Millennium Development Goals in Africa: Progress, Problems, and Prospects⁸

Although the MDGs represent a global promise, they were derived from a United Nations-led consultation in which international institutions, dominated by powerful Western countries and institutions including the Organisation for Economic Cooperation and Development (OECD), the World Bank, and the International Monetary Fund (IMF), played a crucial role. Implicit in the approach to achieving the MDGs is the assumption that African development can only be promoted through a globalised liberal market.⁹ However, an effective development agenda for Africa depends on the participation of Africans at all stages of its planning, implementation, and monitoring.¹⁰

The MDGs are widely viewed as providing useful indicators for measuring socio-economic progress, but they have also been criticised for representing an imported ideological framework that serves Western interests and fails to promote a comprehensive vision for the continent's development. For example, the architects of the MDGs largely failed to incorporate issues of agricultural development in formulating the Goals, although this sector forms the economic base for most African countries, typically providing employment for 70 percent of its populations. In addition, although the MDGs were formulated to boost socio-economic development, they only measure outcomes and thus fail to address the underlying economic, political, and social factors that often impede development. The structural underpinnings of poverty and inequality reflect global power relations, which are generally not addressed by the MDG framework. Indeed, since the Goals were agreed in 2000 through international consensus at the UN, they have been criticised for having been shaped by the parochial concerns of the more powerful countries at the negotiating table, rather than by wider global interests. The failure of the Goals to address the specific contexts of developing countries is also reflected in how their achievement is reported: worldwide averages are used to gauge the progress that has been made by individual states, which cannot convey an accurate picture of development in Africa's widely divergent regions and countries.

Furthermore, the Goals have been widely misinterpreted as "one-size-fits-all" targets for every country despite their design as global aims. This approach is prejudicial to countries in Africa "with low starting points" because it ignores the significance of existing conditions, distorts interpretations of the progress that has been made, and reinforces "Afro-pessimist" perceptions that the continent is "failing". Critics have also questioned the benefits for Africans of buying into a global framework that holds governments accountable to international institutions rather than to their own populations.¹¹ Consequently, African states should carefully and critically assess the advantages and disadvantages of the MDGs as planning tools, so that they can shape the future development agenda for the continent more effectively, particularly after the 2015 deadline for the achievement of most of the eight Goals. NEPAD, which coordinates development work on behalf of the African Union, actively tracks progress and reports on Africa's ability to achieve the various MDGs, although it is the responsibility of individual countries to integrate the Goals into their own national development agendas. In this regard, African governments and civil society must take greater responsibility for defining their own development paradigms and priorities, and for implementing and monitoring the relevant projects effectively.

8 This section is largely based on the presentation made by Mbaya Kankwenda, "Rethinking the MDGs and the Post-2015 Vision for Development in Africa", at the Centre for Conflict Resolution (CCR) policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13-14 May 2013.

9 Mbaya Kankwenda, "Rethinking the MDGs and the Post-2015 Vision for Development in Africa".

10 Kankwenda, "Rethinking the MDGs and the Post-2015 Vision for Development in Africa".

11 Antonia Porter and Zanele Khumalo, "Gender Justice Key in Goals", *The Star*, 1 August 2013, p.12.

Although Africa has made significant progress in achieving some of the MDGs, the continent's aggregate performance on the Goals "masks wide income, gender and spatial inequalities in accessing social services".¹² In general, the implementation of the MDGs on the continent has been slow. Although it is unlikely that most African countries will achieve all the targets by 2015, the rate of progress is improving on several indicators such as primary school enrolment (including gender parity); the proportion of seats held by women in national parliaments; rates of HIV-prevalence; and the proportion of women in non-agricultural wage employment. A 2011 report on the MDGs published by the UN, the AU, and the AfDB indicated that Africa was unlikely to achieve at least three of the seven Goals over which it has control.¹³ (The Eighth Goal deals with the development role of international partners.) Although Africa has some chance of meeting the targets to "achieve universal primary education" (Goal Two); "promote gender equality and empower women" (Goal Three); "improve maternal health" (Goal Five); and "ensure environmental sustainability" (Goal Seven), the continent is unlikely to reach the remaining Goals on "eradicating extreme poverty and hunger" (Goal One); "reducing child mortality" (Goal Four); and "combating HIV/AIDS, malaria, and other diseases" (Goal Six). Lack of financial resources and a hostile economic environment are the most visible hurdles to progress in achieving the MDGs in Africa. The Goals place insufficient emphasis on the importance of domestic resource mobilisation for the continent's development agenda. Governance, under-capacitated institutions, and political instability in some countries, as well as misuse of existing resources, have exacerbated these challenges. In addition, the combination of the AIDS epidemic, chronic poverty, erratic rainfall, environmental degradation, and the heightened impact of these problems on women, have greatly impeded the attainment of the MDGs in Africa, especially the Goals dealing with "eradicating extreme poverty and hunger", "reducing child mortality", and "combating HIV/AIDS, malaria, and other diseases". Agriculturally-based economies are particularly susceptible to extreme climatic variability, which is becoming more common. For example, in 2000, a food shortage in six countries in Southern Africa – Lesotho, Malawi, Mozambique, Swaziland, Zambia, and Zimbabwe – coupled with the AIDS pandemic in the sub-region, adversely impacted the livelihood of millions of inhabitants.

Goal Eight which seeks "to develop a global partnership for development" is unlikely to be met partly because many external donors are unwilling to fulfil their financial commitments. External debt estimated at \$290 billion¹⁴ also remains a serious burden in Africa, with many countries far above the debt-service-to-export earnings ratio of below five percent.¹⁵ Past debt relief strategies, including the heavily indebted poor countries initiative, have not provided sufficient relief, and obligations to service national debts have severely constrained poverty reduction efforts. For example, Angola and Zambia had large debt-service ratios of 15 and 22 percent before 2003 and 2004, respectively. In 2011, Uganda, Tunisia, and Morocco had government debts that amounted to 43, 44, and 57 percent of gross domestic product (GDP) respectively; and the two North African countries each had debt-service ratios of about 10 percent.¹⁶ Countries such as the Seychelles and Mauritius have been unable to raise sufficient domestic resources to service their debts.¹⁷

12 Kankwenda, "Rethinking the MDGs and the Post-2015 Vision for Development in Africa".

13 AfDB, AU, UNDP, and UNECA, "Assessing Progress in Africa toward the Millennium Development Goals: MDG Report 2011" (accessed at web.undp.org/africa/documents/mdg/2011.pdf). The continent has little control over MDG Eight, which concerns appropriate levels of aid to be provided by external donors.

14 See The World Bank, "Economic Policy and External Debt", information held on a website page (accessed on 6 November 2013 at <http://data.worldbank.org/topic/economic-policy-and-external-debt>).

15 This ratio is the amount of debt service payments (on the principal sum plus interest) made by, or due from, a country related to that country's export earnings. A country's international finances are healthier when this ratio, which is considered to be a key indicator of a country's debt burden, is low. This ratio is between zero and 20 percent for most countries. See *External Debt: Definition, Statistical Coverage and Methodology* (Paris: World Bank, International Monetary Fund [IMF], Bank for International Settlements, and OECD, 1988).

16 The World Bank, "Economic Policy and External Debt", website page, 2013.

17 Economic Commission for Africa, "Economic Report on Southern Africa 2011: Status and Prospects for Economic Diversification in Southern Africa", Addis Ababa, Ethiopia, April 2012, p. 14.

Six of the MDGs focus explicitly on social issues – poverty and hunger; education; gender equality; child mortality; maternal health; and disease prevention – while Goal Seven, which targets environmental sustainability, also has a social dimension. Although achieving the targets in these areas would provide benefits to African countries, this would not guarantee the creation of an industrialised continent. Critics have argued that the MDGs were formulated in support of a neo-liberal approach to development in which the twin principles of open markets and privatisation should guide a country's engagement in the global economy, with a promise of increased donor support awaiting governments that comply and accede to accompanying "good governance" conditions. In this regard, the MDGs as a policy mechanism, are unable to address the political instability that the continent faces, or offer alternative approaches when neo-liberal prescriptions, far from succeeding, actually often exacerbate poverty and undermine the provision of adequate education, health services, and housing. African leaders, who are often the product of Western education, can be complicit in upholding inappropriate frameworks for national development, largely ignoring their democratic accountability to their own citizens in the process.

As the world approaches 2015, thinking has begun on how to advance the global development agenda beyond the target date. Under the auspices of the AU, a number of regional consultations for the continent have been facilitated, which aim to articulate a common African position on the MDGs. This has been recognised as an opportunity to ensure that African voices are far more engaged than they were in the establishment of the Goals in 2000. Broadly, three options have been proposed for the post-2015 agenda: first, to retain the MDGs in the current form but allow more time to achieve them; second, to reformulate the Goals to incorporate the challenges that have arisen over the past 13 years (this is known as the "MDG Plus" option); and third, to institute a radical new vision that moves beyond the limits of the existing Goals. The emerging consensus in Africa is for the third option, arguing that the MDGs cannot be achieved unless they are expanded to include broader concerns such as climate change and sustainability; economic and social transformation; the shaping and ownership of the development agenda – prioritising measures to reduce poverty and improve health – by African governments and regional bodies; institutional capacity challenges; greater roles for civil society and the private sector; and improved accountability of external donors in delivering on their commitments.



ABOVE: Dr Agostinho Zacarias, United Nations (UN) Resident Coordinator/UN Development Programme Resident Representative, Tshwane, South Africa
MIDDLE: Ms Nomcebo Manzini, Country Representative, UN Women South Africa, Johannesburg
RIGHT: Professor Mbaya Kankwenda, Chief Executive Officer, Congolese Institute for Development Research and Strategic Studies, Kinshasa, Democratic Republic of the Congo

2. Poverty, Hunger, and Education

Goal One: Eradicating Extreme Poverty and Hunger¹⁸

The MDG targets for eradicating extreme poverty and hunger by 2015 across Africa will almost certainly remain unmet, despite the continent's abundant agricultural resources and average annual economic growth of 4.9 percent between 2004 and 2008, which slowed to just under three percent during the global financial crisis of 2008/2009, but rose again from 2010 to 4.9 percent in 2011, and 4.8 percent in 2012.¹⁹ In relation to the target of halving the proportion of people living on under \$1 a day, poverty rates in Africa declined only marginally from 56 percent of the population in 1990 to 47.5 percent in 2012, which represents the slowest rate of improvement globally.²⁰ World Bank indicators and the annual human development reports published by the UNDP since 1990 have consistently placed African countries among the least developed in socio-economic terms, and with the greatest internal disparities of income. In relation to the millennium target of halving the proportion of people suffering from hunger by 2015, Africa is the only region in the world where average food production per person has fallen in the past 40 years. Indeed, the number of undernourished Africans rose from 210 million in 2003 to 239 million in 2012.²¹ Although countries such as Uganda, Ghana, and Mozambique are on track and others have made significant progress toward halving poverty by 2015, it is estimated that meeting the poverty and nutrition targets of the MDGs would require average agricultural growth rates of six percent in Africa, a significant increase on the actual average annual growth rates of 3.4 percent between 2001 and 2010. For example, in Sierra Leone, agricultural production rose 4.2 percent in 2007, but projections indicated that average annual growth rates of 5.5 percent would be required for the West African country to meet Goal One.²²

Nevertheless, important steps have been taken to boost socio-economic development and to promote increased agricultural production in Africa. The Comprehensive Africa Agriculture Development Programme (CAADP), an initiative of the New Partnership for Africa's Development, was crafted in 2003 to improve food security and nutrition, and to increase incomes in Africa. The programme focuses on: sustainable land and water management; market access; food supply and hunger; and agricultural research. CAADP has supported the development of the agricultural sector by national policymakers, and mobilised a cross-section of stakeholders across the public, private, and civil society sectors around these issues, providing important political support for the creation and adoption of technical processes that address food insecurity.²³ Eleven African countries – Burkina Faso, Chad, Ethiopia, Ghana, Guinea, Malawi, Mali, Niger, Senegal, Zambia, and Zimbabwe – out of 55 have met or exceeded the target of allocating ten percent of their national budgets to

18 This section is largely based on the presentation made by Mandi Rukuni, 'Elimination of Poverty and Hunger in Africa: An Alluring Mirage, a Distant Echo or a Reality', at the CCR policy research seminar, 'Achieving the Millennium Development Goals in Africa', Cape Town, 13-14 May 2013.

19 World Bank, 'Despite Global Slowdown, African Economies Growing Strongly — New Oil, Gas, and Mineral Wealth an Opportunity for Inclusive Development', press release, 4 October 2012 (accessed at <http://www.worldbank.org/en/news/press-release/2012/10/04/despite-global-slowdown-african-economies-growing-strongly-world-bank-urges-countries-spend-new-oil-gas-mineral-wealth-wisely>). See also AfDB, 'Africa's Economic Growth Rate Forecast to Fall in 2011 to 3.7 Percent from 4.9 Percent', 6 June 2011 (accessed at <http://www.afdb.org/en/news-and-events/article/africas-economic-growth-rate-forecast-to-fall-in-2011-to-3-7-percent-from-4-9-percent-8067/>).

20 Frank FK. Byamugisha, *Securing Africa's Land for Shared Prosperity: A Program to Scale up Reforms and Investments* (Washington D.C.: The World Bank, 2013).

21 Food and Agriculture Organisation of the UN (FAO), International Fund for Agricultural Development, and the World Food Programme, *The State of Food Insecurity in the World 2012* (Rome: Food and Agriculture Organisation, 2012), p. 9 (accessed at <http://www.fao.org/docrep/016/i3027e/i3027e02.pdf>).

22 Comprehensive Africa Agriculture Development Programme (CAADP), 'Sierra Leone: Agricultural Growth, Poverty Reduction, and Food Security: Past Performance and Prospective Outcomes', Sierra Leone CAADP country brochure 2, Freetown, Sierra Leone, 2007, pp. 2-4.

23 AU and NEPAD, 'Comprehensive Africa Agriculture Development Programme', framework document, Midrand, South Africa, July 2003 (accessed at www.nepad.org/system/files/caadp.pdf).

agriculture, as agreed under the 2003 Maputo Declaration and as promoted by CAADP. Only seven African countries – Burkina Faso, Ethiopia, Malawi, Mali, Niger, Zambia, and Zimbabwe – have surpassed the minimum target regularly in the past few years.²⁴ Africa's farming has improved since the late 1990s, as exports started to rise following a long period of stagnation or decline, and as technological innovations have increased production.

However, the agricultural sector and overall socio-economic development have continued to be hindered by structural limitations such as high transport costs; relatively small markets for produce and goods; patterns of farming that have inhibited productivity; disease burdens that restrict the capacity of domestic economies; sluggish industrialisation; slow diffusion of technological imports; and a legacy of asymmetrical trade relationships with powerful Western and other countries (for example, China), in which Africa supplies primary products to external markets and imports processed goods in return. In addition, although emerging economies such as China, Brazil, and India have claimed an increasing share of global trade, this has yet to translate into a significant shift in Africa's trade with the rest of the world.²⁵ For example, the economies of Côte d'Ivoire, the Democratic Republic of the Congo (DRC), and Zambia, which depend on the exports of raw materials, are vulnerable to the fluctuating prices for these primary goods caused by rising and falling demand in the global marketplace. Underdevelopment on the continent continues to be promoted by cyclical world economic crises and to be exacerbated by the repatriation of huge profits from Africa's natural resources by foreign multinational companies and investors.²⁶

The impediments to development have also included: the introduction of inappropriate externally-designed programmes; under-capacitated policymaking and planning structures in national governments and research institutions; ineffective implementation of projects; poorly managed public services; huge external debts; and the lack of an effective continental strategy to engage regional markets and external investors with a long-term vision, despite CAADP's efforts in this area. Other exacerbating factors include inadequate health and education facilities and services; high levels of illiteracy; and a continuing "brain drain", which all create huge social costs and inhibit economic productivity. Furthermore, environmental degradation, inadequate water resources, and climate change continue to increase the susceptibility of many African countries to drought, while high levels of poverty multiply the negative effects of environmental disasters.²⁷ Economic inequalities, struggles over control and exploitation of natural resources, contestations for influence among diverse ethnic groups and between political parties, and the meddling of external actors such as France, the United States (US), and Britain can create and exacerbate conflicts in Africa that also severely inhibit development prospects.

Inadequate African governmental institutions that have been weakened by social and political instability and conflicts often lack the capacity to produce and implement effective economic plans.²⁸ Such institutions are also

24 The Maputo Declaration is a commitment by African Heads of State and Government to allocate "at least ten percent of national budgetary resources to agriculture and rural development policy implementation within five years". See AU, "Maputo Declaration on Agriculture and Food Security in Africa", Assembly/AU/Decl.7 (III), Maputo, Mozambique, July 2003 (accessed at www.nepad.org/system/files/Maputo%20Declaration.pdf). See also Sam Benin, "Complying with the Maputo Declaration: Progress and Implications for Pursuit of Optimal Allocation of Agriculture Expenditure", Ninth CAADP Partnership Platform, Addis Ababa, March 2013 (accessed at <http://www.slideshare.net/resakss/complying-with-the-maputo-declarationprogress-and-implications-for-pursuit-of-optimal-allocation-of-public-agriculture-expenditure>).

25 Kankwenda, "Rethinking the MDCs and the Post-2015 Vision for Development in Africa".

26 L. Adele Jinadu, "Governance and Development in Africa", paper prepared for the CCR policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13-14 May 2013.

27 Jinadu, "Governance and Development in Africa".

28 Macartan Humphreys and Paul Richards, "Prospects and Opportunities for Achieving the MDCs in Post-Conflict Countries: A Case Study of Sierra Leone and Liberia", research paper, 3 April 2005 (accessed at <http://www.columbia.edu/~mh2245/papers/HR.pdf>).

prone to widespread corruption,²⁹ which siphons off an estimated 20 to 30 percent of funding from basic service provision on the continent.³⁰ An estimated \$854 billion was misappropriated from the public purse in Africa between 1970 and 2008. Average illicit financial flows between 2000 and 2008 amounted to \$50 billion a year on the continent.³¹ Some African political systems have viewed basic services as privileges rather than rights³² and failed to promote a regulatory environment that reins in the excesses of “predatory” global capitalism, which has resulted in continuing underdevelopment, inadequate provision of social services, and persistent or growing economic inequality in societies at large.³³ As a result, many African countries are unlikely to achieve the MDG of eradicating extreme poverty and hunger by 2015.³⁴ Strong, accountable and participatory governance institutions and processes are also required to manage diversity in African states constructively, and to chart an economic path to nationally inclusive development.³⁵

Development, human rights, and peace and security are inseparable.³⁶ Development is indispensable to establishing a secure environment, while peace, security, and human rights are prerequisites of comprehensive development.³⁷ The work of NEPAD, the African Peer Review Mechanism (APRM) of 2003,³⁸ and UNECA are predicated on this symbiosis.³⁹ The importance of these links is acknowledged in the blueprint for the African Union’s Solemn Declaration on the Conference on Security, Stability, Development, and Cooperation in Africa (CSSDCA) of 2000,⁴⁰ and its Solemn Declaration on a Common African Defence and Security Policy of 2004.⁴¹ However, the MDGs adopt a narrower view of development, and fail to include targets on human security, participatory political systems, equality, and non-discrimination.⁴²

In relation to development goals in Africa, the agricultural sector also remains a key area of concern. The crafting and implementation of policies in line with the continent’s CAADP framework remain uneven at national and sub-regional levels, and the programme needs to promote greater ownership by, and more

29 Oluwole Owoye and Nicole Bissessar, “Bad Governance and Corruption in Africa: Symptoms of Leadership and Institutional Failure”, paper presented at International Conference on Democratic Governance: Challenges in Africa and Asia, University of Pennsylvania, United States, 7 August 2012 (accessed at Association for Middle Eastern Public Policy and Administration website: www.ameppa.org/upload/Bad%20Governance.pdf).

30 “Africa: Corruption Hampers MDCs - Transparency International”, AllAfrica.com, 27 October 2010 (accessed at <http://allafrica.com/stories/201010271133.html>).

31 Dev Kar, and Devon Cartwright-Smith, *Illicit Financial Flows from Africa: Hidden Resource For Development* (Washington D.C.: Global Financial Integrity, 2010); and UNECA, “The State of Governance in Africa: The Dimension of Illicit Financial Flows as a Governance Challenge”, E/CA/CGPP/3/2, 18 February 2013, p. 8. In March 2011, the African Union and UNECA established a High Level Panel on Illicit Financial Flows led by former South African president, Thabo Mbeki, to probe the issue. See also Geepu-Nah Tiepoh, “External Debt and Adjustment Prospects for African Economic Growth and Transformation,” in Bakut tswah Bakut and Sagarika Dutt (eds.), *Africa at the Millennium: An Agenda for Mature Development* (Basingstoke: Palgrave, 2000), pp. 35–95, especially p. 39.

32 Humphreys and Richards, “Prospects and Opportunities for Achieving the MDGs in Post-Conflict Countries”.

33 Saliem Fakir, Manisha Culati, and Louise Scholtz, “MDG7: Is There a Future After 2015?”, paper presented at CCR policy research seminar, “Achieving the Millennium Development Goals in Africa”, Cape Town, 13–14 May 2013.

34 Jinadu, “Governance and Development in Africa”.

35 Jinadu, “Governance and Development in Africa”.

36 UN System Task Team on the Post 2015 Development Agenda, “Peace and Security Thematic Piece”, Peacebuilding Support Office, New York, May 2012, p.7 (accessed at http://www.un.org/millenniumgoals/pdf/14_peace_and_security_20July.pdf).

37 Ernie Regehr and Peter Whelan, “Reshaping the Security Envelope: Defence Policy in a Human Security Context”, Project Ploughshares Working Paper, Vol. 4, No. 4, 2004, p. 10.

38 Adebayo Adedeji, “NEPAD’s African Peer Review Mechanism: Progress and Prospects”, in John Akokpari, Angela Ndinga-Muvumba, and Tim Murithi (eds.), *The African Union and Its Institutions* (Johannesburg: Jacana, 2008), pp. 241–270.

39 Jinadu, “Governance and Development in Africa”.

40 Africa Leadership Forum, Organisation of African Unity (OAU), and UNECA, “The Kampala Document: Towards a Conference on Security, Stability, Development, and Cooperation in Africa”, 19–22 May 1991, Kampala, Uganda (accessed at <http://www.africleadership.org/rc/the%20kampala%20document.pdf>).

41 AU, “Solemn Declaration on a Common African Defence and Security Policy”, adopted at the Second Extraordinary Session of the Assembly of Heads of State and Government of the AU, Sirte, Libya, 27–28 February 2004.

42 UN System Task Team, “Peace and Security Thematic Piece”, pp. 6–8.

partnerships among, its signatories – only 26 African states had established appropriate plans and monitoring mechanisms for investment in agriculture and food security by February 2013.⁴³ In addition, a series of new global financial, energy, and climate-change crises have arisen, which have exacerbated problems of food supply, leading to higher prices. In order to stimulate sustainable agricultural growth and improve food security, Africa's policymakers need to challenge some of the dominant development paradigms and practices, which include externally designed policies and programmes,⁴⁴ and develop home-grown solutions that place greater value on the continent's own natural resources in order to leverage these more effectively to access technology and capital; enlarge markets; create jobs and wealth; and thus foster greater development which can lift more Africans out of poverty.⁴⁵ Agricultural development strategies should focus on small-holder farmers, who constitute the majority on the continent, rather than seeking to expand the high-technology large-scale farming sector. In addition, interventions should support women who play a generally overlooked but crucial role in the agricultural sector.⁴⁶ Accountable and transparent governance are essential to provide the appropriate political and economic environment for development of this critical sector. State and non-state actors, including farmers' organisations, rural civil society organisations, and the private sector should also work together to promote agricultural development that addresses the social costs of poverty and hunger more effectively. Furthermore, as young people increasingly move off the land, education and employment policies need to shift their focus from production of primary resources, to creating more training and opportunities further up the economic value chain in food processing and related services.⁴⁷

Goal Two: Achieving Universal Primary Education⁴⁸

Important progress has been made in Africa towards achieving Goal Two: that all children should be able to complete a full course of primary schooling. The percentage of African children, particularly girls, enrolling for primary education rose steadily between 1999 and 2008. The enrolment ratio increased from 31 percent to 77 percent during this period, as the number of children in primary schools rose by 46 million. Policy interventions such as the introduction of free primary education have driven this increase. The number of young learners in Malawi and Zambia combined rose from 1.9 million to 3.2 million after free primary schooling was introduced in these countries in 1994. The abolition of primary school fees also doubled the rate of enrolment in Tanzania to 98 percent by 2008 compared with 1999; boosted the number of schoolchildren in Ethiopia from 36 percent in 1999 to 86 percent in 2011; and substantially increased rates of enrolment in Ghana (82 percent in 2012), Kenya (83 percent in 2009), Mozambique (90 percent in 2012), and Namibia (85 percent in 2010).⁴⁹

43 The 26 countries that had established appropriate frameworks under the Comprehensive Africa Agriculture Development Programme by January 2013 were: Benin, Burkina Faso, Burundi, Cape Verde, the Central African Republic (CAR), Côte d'Ivoire, Djibouti, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Tanzania, Togo, and Uganda. See CAADP, "Country Status Update", February 2013 (accessed at <http://www.caadp.net/pdf/Table%20of%20Countries%20with%20Investment%20Plans%20over%201999.pdf>); and CCR, *The African Union at Ten: Problems, Progress, and Prospects*, policy report, Berlin, Germany, August 2012, pp.19-22 (available at www.ccr.org.za).

44 Richard M. Mkandawire and Mandivamba Rukuni, "Elimination of Poverty and Hunger in Africa: An Alluring Mirage, a Distant Echo or a Reality?" paper presented at the CCR policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13-14 May 2013.

45 Colin Thirtle, Lin Lin, and Jenifer Piesse, "The Impact of Research-Led Agricultural Productivity Growth on Poverty Reduction in Africa, Asia, and Latin America", *World Development*, Vol. 31, No. 12, 2003, pp. 1,959-1,975. See also Alain de Janvry and Elisabeth Sadoulet, *Agricultural Growth and Poverty Reduction: Additional Evidence* (Oxford: Oxford University Press, 2009).

46 Mkandawire and Rukuni, "Elimination of Poverty and Hunger in Africa".

47 Mkandawire and Rukuni, "Elimination of Poverty and Hunger in Africa".

48 This section is partly based on the presentation made by Francis R. Mkandawire at the CCR policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13-14 May 2013.

49 See The World Bank, "Education – School Enrolment, Primary (Percentage Net)", 2013 (accessed at <http://data.worldbank.org/topic/education>).

However, despite these achievements, access to education continues to be hindered by discrimination based on gender, ethnicity, income, language, and physical disabilities.⁵⁰ For example, girls remain under-represented in the classroom, with less than 60 percent attending primary and secondary school. In Rwanda and Malawi, pupils from poor households are about 50 percent more likely to repeat their studies than those from wealthier families. In Burkina Faso, repetition rates in urban areas are higher than in rural areas (which is an exception to the usual pattern).⁵¹ Furthermore, too many pupils are dropping out of school. In relation to the number of children successfully finishing their primary school education, only six African countries – Algeria, Egypt, Seychelles, South Africa, Tanzania, and Tunisia – recorded completion rates of at least 90 percent in 2009. Six countries – Burkina Faso, Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, and Niger – recorded rates of under 30 percent. Factors that account for low completion rates include: poverty, child labour, teacher absenteeism, and geographically inaccessible schools.⁵²

Important standards set by the MDGs relating to quality of education have also not been met. Schoolchildren are not learning enough. Education systems continue to suffer from too few teachers; poor infrastructure and facilities; inadequate teaching and learning materials; and a lack of reliable data to inform policy. The Southern and Eastern Africa Consortium for Monitoring Education Quality (SACMEQ) found that, by 2011, only 64 percent and 37 percent of students in SADC and EAC countries had attained minimum levels in reading and mathematics, respectively.⁵³ The Programme on the Analysis of Education Systems in Francophone countries (PASEC) noted that, by 2011, about 43 percent and 53 percent of young learners in ECOWAS and ECCAS Francophone countries were reaching minimum standards in reading and mathematics, respectively. Studies conducted by SACMEQ and PASEC have suggested that more languages of instruction should be used; class sizes need to be reduced; textbooks should be free; early literacy programmes should be introduced; and school governance and management of education systems must be improved.⁵⁴

These myriad challenges have been exacerbated by cuts in international aid for education. Current donor funding falls far short of the \$16 billion required to meet the targets in this Goal.⁵⁵ While official development assistance increased dramatically following the introduction of the MDGs, the share allocated to the education sector has stagnated at ten to 12 percent of the total, despite global commitments made in the Senegalese capital of Dakar in 2000 to provide additional funding for countries struggling to meet the Education For All (EFA) goals.⁵⁶ Funding is likely to become increasingly scarce since the percentage of official development

50 Francis R. Mkandawire, "Achieving Universal Primary Education", paper presented at the CCR policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13-14 May 2013.

51 Mkandawire, "Achieving Universal Primary Education".

52 Ricardo Sabates, Kwame Akyeampong, Jo Westbrook, and Frances Hunt, "School Drop-out: Patterns, Causes, Changes, and Policies", background paper prepared in 2010 for the Education for All Global Monitoring Report 2011: "The Hidden Crisis: Armed Conflict and Education", UN Educational, Scientific, and Cultural Organisation (UNESCO), July 2010 (accessed at <http://unesdoc.unesco.org/images/0019/001907/190771e.pdf>). See also Mkandawire, "Achieving Universal Primary Education".

53 UNESCO, "Sub-Saharan Africa 2012 EFA Report, Global Education for All Meeting", 20-23 November 2012, Paris, p.13 (accessed at http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Dakar/pdf/SSARRegional_Reportnov2012.pdf). See also, UN Economic and Social Council (ECOSOC), "Imperative for Quality Education for All in Africa: Ensuring Equity and Enhancing Teaching Quality", background paper prepared for the ECOSOC Annual Ministerial Review Regional Preparatory Meeting for Africa, Lomé, Togo, 12 April 2011, p.9 (accessed at http://www.un.org/en/ecosoc/newfunc/pdf/background_paper-imperative_for_quality_education_for_all_in_africa.pdf); and Southern and Eastern African Consortium for Monitoring Educational Quality (SACMEQ) Policy Issues Series, "What Are the Levels and Trends in Reading and Mathematics Achievement?" No. 2, September 2010 (accessed at <http://www.sacmeq.org/downloads/policy/002-SACMEQPolicyIssuesSeries-Pupiliachievement.pdf>).

54 Mkandawire, "Achieving Universal Primary Education".

55 Nicholas Burnett and Colin Felsman, "Post-2015 Education MDGs", Results for Development Institute/Overseas Development Institute (ODI), 10 August 2012, pp. 6-8 (accessed at <http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7776.pdf>).

56 World Education Forum, "The Dakar Framework for Action: Education For All-Meeting Our Collective Commitments", adopted by the World Education Forum, Dakar, Senegal, 26-28 April 2000 (accessed at <http://unesdoc.unesco.org/images/0012/001211/121147e.pdf>).

assistance allocated to education over the past decade is anticipated to continue to fall in real terms. For example, the European Union, including the bilateral assistance of its 28 member states, contributed over 60 percent of global ODA between 2007 and 2013, allocating \$66.6 billion to development programmes between 2007 and 2013.⁵⁷ However, although the amount of European aid increased from \$9.8 billion in 2005 to \$15.7 billion in 2009, the percentage allotted to basic education decreased from 2.7 to 1.1 percent over the same period, while the allocation for basic health fell from 4.7 to 1.3 percent. By contrast, the share of spending on education allocated by governments in developing countries has increased substantially, from 2.9 percent in 1999 to 3.8 percent in 2011.⁵⁸

The issue of quality education – how to translate higher enrolment rates into learning achievements – represents a key topic for consultation for national and regional policymakers to identify possible areas of engagement before and after the 2015 deadline for this Goal. African governments working with the UN and civil society groups across the continent have raised standards by upgrading infrastructure; providing more and better qualified teachers; improving the instructional materials offered; introducing literacy and numeracy programmes; reforming curricula; and implementing appropriate mechanisms for monitoring and evaluating systematic performance and learning outcomes.⁵⁹ In order to achieve universal primary education by 2015, an additional one million teachers will be needed across Africa. Training these new teachers properly would be as big a hurdle as paying their wages. Parallel to the MDGs, the African Union is seeking to implement a plan for its Second Decade of Education for Africa (2006 – 2015), which places less priority on the provision of universal primary education. In order to ensure effective collaboration and to maximise impact, the MDG acceleration process should be integrated within the AU’s plan of action.



ABOVE: Dr Mandivamba Rukuni, Director, Mandi Rukuni Seminar Group, Harare
RIGHT: From left, Dr Francis Mkandawire, Executive Secretary, Malawi National Commission for UN Educational, Scientific, and Cultural Organisation (UNESCO), Lilongwe; and Professor Sam Moyo, Executive Director, African Institute for Agrarian Studies, Harare, Zimbabwe

57 Alliance 2015, "The 2015-Watch Report: The EU's Contribution to the Millennium Development Goals", No. 6, Copenhagen, Denmark, 2010, pp. 21-23 (accessed at http://www.alliance2015.org/fileadmin/user_upload/The_EU_s_Contribution_to_the_Millennium_Development_Goals_Keeping_the_Goals_Alive.pdf).

58 UNESCO, "Financing", information held on a website page (accessed on 6 November 2013 at <http://www.unesco.org/new/en/education/themes/strengthening-education-systems/quality-framework/supporting-mechanisms/financing/>).

59 Mkandawire, "Achieving Universal Primary Education".

3. Child Mortality and Combating HIV/AIDS, Malaria, and Other Diseases

Goal Four: Reducing Child Mortality Rates⁶⁰

Globally, child deaths have been halved over the past few decades due to better nutrition and healthcare, and higher standards of living. However, the lower mortality rates will probably fall short of the two-thirds cut sought by MDG Four on reducing child mortality. In 1990, 13 million children in developing countries died before the age of five from malnutrition and diseases such as diarrhoea, pneumonia, malaria, and tuberculosis (TB), as well as infections resulting from HIV. By 2006, this number had dropped to ten million. Yet under-five mortality rates remain unacceptably high. In 2011, 6.9 million children under the age of five died from preventable causes. Africa accounted for about half of these deaths, with the AIDS epidemic and violent conflicts exacerbating the toll. In the same year, the under-five mortality rate on the continent was twice that of other developing regions, and 15 times higher than in the rich world.⁶¹

Of the estimated 1.7 million people who died of AIDS-related illnesses worldwide in 2011, 230,000 of them were children under the age of 15.⁶² In 2011, there were roughly 3.1 million children living with HIV in sub-Saharan Africa, with 300,000 new HIV infections.⁶³ The majority of these children had been infected with HIV during pregnancy, child-birth, or breastfeeding, as a result of their mother being HIV positive. The Joint UN Programme on HIV/AIDS (UNAIDS) has documented at least 1.2 million AIDS-related deaths in sub-Saharan Africa, accounting for 71 percent of the world's total in 2011.

The MDG framework has promoted the adoption of targeted national programmes supported by international development partners to cut mortality rates among young children. Two-thirds of the developing world's ten million annual child deaths are caused by three treatable diseases: pneumonia, diarrhoea, and malaria. Low-cost, high-impact interventions for these diseases – including the recruitment and training of community health workers to manage uncomplicated cases and address underlying conditions such as malnutrition – can be relatively easily expanded to reach large segments of the population.

Africa has also had the slowest decline in child mortality due to a range of factors including: the high rate of premature births; the poor health of young mothers who have married early before their bodies have properly matured; low rates of contraceptive usage; and inadequate obstetric care caused by a severe shortage of health workers in many countries, combined with the long distances that many women have to travel for medical attention. In 2009, the mortality rates for infants below the age of one and children below the age of five were

60 This section is partly based on the presentation made by Agbessi Amouzou, "Progress Reducing Child Mortality", at the CCR policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13–14 May 2013.

61 World Health Organisation (WHO), "Children: Reducing Mortality", September 2012 (accessed at www.who.int/mediacentre/factsheets/fs178/en/).

62 UN Children's Fund (UNICEF), "Childinfo: Monitoring the Situation of Children and Women", November 2012 (accessed at www.childinfo.org/hiv_aids.html).

63 Joint UN Programme on HIV and AIDS (UNAIDS), "Global Report: UNAIDS Report on the Global Epidemic 2012", UNAIDS/JC2417E, 2012.

about 110 per 1,000 live births and 118 per 1,000 live births, respectively.⁶⁴ In 2012, one in nine children died before the age of five in sub-Saharan Africa – more than in any other region of the world.⁶⁵ Reporting data on this MDG also presents a challenge because sub-Saharan Africa has the highest percentage (66 percent) of children under five years old who are not registered at birth.⁶⁶ Analysis of the annual rate of decline suggests that the largest decreases in under-five mortality in sub-Saharan Africa are in Eastern and West Africa, where the top three killers remain malaria, pneumonia, and diarrhoea. However, the relative impact of the diseases varies from sub-region to sub-region. While malaria is the leading cause of death in Central and West Africa, infections resulting from HIV cause the most deaths among children under the age of five in Southern Africa. Pneumonia, which is the leading cause of death in children worldwide,⁶⁷ is dominant in East and North Africa.

The adoption of national policies and strategies to promote rapid expansion of child survival programmes has led to the greatest reductions in under-five mortality rates. In particular, interventions that target the poorest members of society who are generally the last to be reached by new health programmes, may have the greatest impact since this group experiences the highest proportion of deaths among infants.⁶⁸ The accelerating fall in child mortality rates across Africa since 2000 suggests that such interventions may be having a significant positive effect.⁶⁹ Importantly, countries that have made the most progress in the past two decades are not necessarily those with the strongest economies or health systems. These include Liberia, Niger, and Rwanda, all of which have overseen great declines in their infant mortality rates. Niger, which is one of the poorest countries in the world, witnessed a 60 percent fall in under-five mortality from 314 per 1,000 live births in 1990 to 125 deaths per 1,000 in 2011 – an average annual decrease of 4.4 percent. The government in Niamey provided sustained support for a range of policies to decrease the number of child deaths, including improved access to primary healthcare for young children; the mass provision of insecticide-treated nets; nationwide vaccinations for measles; the widespread provision of vitamin A supplements; and a national programme to address malnutrition. In Liberia, the mortality rates for children below the ages of one and five fell to 72 and 75 per 1,000, respectively, in 2009, as the ratio of skilled healthcare workers to the general population rose to 0.65 per 1,000 compared with under 0.5 per 1,000 for most of the continent.⁷⁰ Important lessons can be drawn from governments that have developed robust evidence-based child survival policies and programmes by countries that are failing to make adequate progress in meeting their infant mortality targets such as the Central African Republic (CAR), Mauritania, São Tomé and Príncipe, and Swaziland.

64 UNDP, 'Assessing Progress in Africa toward the Millennium Development Goals Report 2011', p. 21.

65 UNICEF, 'Committing to Child Survival: A Promise Renewed', progress report 2012, September 2012 (accessed at http://www.unicef.org/videoaudio/PDFs/APR_Progress_Report_2012_final.pdf).

66 UNDP, 'Assessing Progress in Africa toward the Millennium Development Goals 2010', p. 28 (accessed at <http://web.undp.org/africa/documents/mdg/2010.pdf>).

67 UNICEF and WHO, 'Pneumonia: The Forgotten Killer of Children', 2006, p. 5 (http://www.childinfo.org/files/Pneumonia_The_Forgotten_Killer_of_Children.pdf).

68 Cesar G. Victora, Patrick Vaughan, Fernando C. Barros, Anamaria C. Silva, and Elaine Tomasi, 'Explaining Trends in Inequities: Evidence from Brazilian Child Health Studies', *The Lancet*, Vol. 356, No. 9,235, 23 September 2000, pp. 1,093–1,098.

69 Amouzou, 'Progress Reducing Child Mortality'.

70 See Liberian Ministry of Health and Social Welfare, 'National Strategy for Child Survival in Liberia (2008-2011)', 2007, p. iv (accessed at <http://liberiamohsw.org/Policies%20&%20Plans/National%20Strategy%20for%20Child%20Survival.pdf>); and UNDP, 'Assessing Progress in Africa toward the Millennium Development Goals Report 2011'.

Goal Six: Combating HIV/AIDS, Malaria, and Other Diseases

In 2011, sub-Saharan Africa accounted for 69 percent of the more than 33.4 million people living with HIV globally, and 70 percent of all AIDS deaths, although only about 15.2 percent of the world's population live on the continent.⁷¹ The region also accounted for over two-thirds of HIV cases among adults, over 90 percent of new HIV infections among children, and more than 70 percent of total new HIV infections. In 2009, an estimated 5.4 million young people aged between 15 and 24 were infected with HIV; and prevalence was highest in sub-Saharan Africa, where 90 percent of HIV-positive children and adolescents live. In 2011, more than 8 million people living with HIV had access to anti-retroviral drugs (ARVs). In 2012, an estimated 7.5 million people in sub-Saharan Africa were receiving anti-retroviral drugs, an increase of about 20 percent on the 6.2 million, or 56 percent of those in need, who were receiving ARVs in 2011. This represents the largest ever annual rise in access to such drugs.⁷² Between 2002 and 2010, the growth in anti-retroviral coverage on the continent only increased by 20 percent, compared with other regions of the developing world such as East Asia, where access rose by 38 percent over the same period. Distributing ARVs requires financial resources and a well-structured health system with enough testing facilities staffed by qualified and experienced workers dispensing the right information and the appropriate drugs. Sub-Saharan African health services generally lack sufficient capacity and have struggled to cope with the increasing numbers of people requiring treatment. However, although the MDG targets for halting and starting to reverse the spread of the virus, and providing universal access to treatment are unlikely to be reached in Africa by 2015,⁷³ significant progress has been made in reducing deaths from AIDS. The disease claimed 1.7 million lives in 2011 compared with 2.3 million in 2005. About 5 million lives have been saved by ARV treatment. The rate of new infections has dropped by 25 percent or more from its peak in the worst-affected countries.⁷⁴

Furthermore, HIV incidence rates have remained relatively stable – they have neither increased nor decreased by more than 25 percent – in Angola, Benin, Congo-Brazzaville, Gambia, Lesotho, Nigeria, Uganda, and Tanzania. Furthermore, rates fell by more than 50 percent between 2001 and 2011 in Botswana, Burkina Faso, Djibouti, Ethiopia, Gabon, Ghana, Malawi, Namibia, Rwanda, Zambia, and Zimbabwe. Such reductions may be attributed to robust programmes supported by national administrations. In Ethiopia, the government deployed cadres of health workers to promote access to, and uptake of, HIV prevention and treatment services. Zimbabwe introduced an AIDS tax on income to support expanded HIV service provision and community engagement efforts.⁷⁵

In North Africa, a shortage of reliable data on the spread of HIV and widespread stigmatisation of those living with, or at higher risk of contracting, the virus have hindered the provision of, and access to, essential HIV

71 UNAIDS, "Global Fact Sheet", 20 November 2012 (accessed at www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_factsheet_global_en.pdf). See also Angela Ndinga-Muvumba and Robyn Pharoah (eds.), *HIV/AIDS and Society in South Africa* (Scottsville: University of KwaZulu-Natal Press, 2008); and CCR, *HIV/AIDS and Human Security: An Agenda for Africa*, policy report, Addis Ababa, Ethiopia, 9-10 September 2005; *HIV/AIDS and Militaries in Southern Africa*, policy report, Windhoek, Namibia, 9-10 February 2006; *AIDS and Society in South Africa: Building a Community of Practice*, policy report, Cape Town, South Africa, 27-28 March 2006; *HIV/AIDS and Human Security in South Africa*, policy report, Cape Town, 26-27 June 2006; *HIV/AIDS and Militaries in Africa*, policy report and brief, Windhoek, February 2006; Cairo, Egypt, September 2007; and Addis Ababa, November 2007; and *HIV/AIDS in Integrated Peace Support Operations in Africa*, training manual, Cape Town, August 2010.

72 WHO/UNAIDS/UNICEF, "Global Update on HIV Treatment 2013: Results, Impact and Opportunities", report, June 2011, p.18.

73 This paragraph is largely based on the presentation made by Maureen Adudans at the CCR policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13-14 May 2013.

74 "Thirty Years of a Disease: The End of AIDS?" *The Economist*, 2 June 2011.

75 Maureen Adudans, "Combating HIV, Malaria, and Other Diseases", paper presented at the CCR policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13-14 May 2013.

services. The epidemic has been on the rise in the Middle East and North African (MENA) region since 2001. About 500,000 people were reported to be living with the virus in 2011. However, MENA governments called for accelerated action to provide universal access for HIV prevention and treatment in Dubai in June 2010 and subsequently agreed to intensify efforts to combat the virus. In Djibouti, discrimination against people living with HIV, including foreigners, has been addressed by the government, and they have been guaranteed freedom of movement. In addition, Arab states have agreed plans to offer HIV services for mobile people, migrants, and other marginalised populations residing in, or passing through, the ports of the Red Sea and the Gulf of Aden.⁷⁶

In relation to the other targets of Goal Six, the versatility of the malaria parasite, which can evade auto-immune responses and resists the actions of chemotherapeutic agents, continues to make this one of the world's most intractable diseases. Many mosquitoes that carry malaria have developed resistance to insecticides, which are also often not used properly. Notwithstanding these obstacles, eight of the 43 African countries affected by the disease have reduced reported cases by 75 percent since 2000.⁷⁷ In Botswana,⁷⁸ for example, a nationally funded indoor residual spraying programme has been implemented by local governments. Swaziland has established a robust plan of action that identifies local and imported cases of malaria, and tests all people living within a one-kilometre radius of every confirmed case. Training to classify febrile illness correctly has also been provided as part of a country-wide policy supported by a national advisory group. Eritrea is on track to achieve reductions in malaria admission rates of at least 75 percent by 2015; while Madagascar and Zambia are projected to achieve reductions of 50 to 75 percent within the same timeframe.⁷⁹

The global tuberculosis epidemic has been more susceptible to prevention efforts, although the incidence of TB remains highest in Africa, which had 24 percent of the world's cases and the greatest number of deaths per capita from the disease in 2012.⁸⁰ Furthermore, many new cases of tuberculosis remain unreported, undiagnosed, and untreated.

Although MDG Six sets numerical targets for reducing the spread of infectious diseases, it fails to articulate clearly the need to strengthen national health services, which provide essential support to efforts to combat AIDS, malaria, TB, and other major diseases. Financial constraints have hindered many African countries from contributing 15 percent of their national budgets to the health sector as agreed in the Abuja Declaration of 2001.⁸¹ Furthermore, international donor support for this sector has stagnated. The expansion of health services on the continent is further constrained by a severe shortage of trained health professionals, particularly doctors and nurses, across Africa. In 2012, sub-Saharan Africa had 25 percent of the world's disease burden, but only three percent of the world's trained health workers.⁸² In 2010, almost 90 percent of Africans were living in areas where there were fewer than five doctors per 10,000 people. In addition, there were fewer than five nurses or midwives per 10,000 people for more than 60 percent of the continent's population. This compares

76 UNAIDS, "Middle East and North Africa: Regional Report on AIDS 2011", pp. i – vii (accessed at http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2257_UNAIDS-MENA-report-2011_en.pdf).

77 See The Henry J. Kaiser Family Foundation, "The Global Malaria Epidemic", 7 March 2013 (accessed at <http://kff.org/global-health-policy/fact-sheet/the-global-malaria-epidemic-4/>).

78 The other seven countries that have reduced malaria by at least 75 percent are: Algeria, Cape Verde, Namibia, Rwanda, São Tomé and Príncipe, South Africa, and Swaziland.

79 WHO, "World Malaria Report 2012", p. 54 (accessed at http://www.who.int/malaria/publications/world_malaria_report_2012/wmr2012_full_report.pdf).

80 WHO, "Global Tuberculosis Report 2012", p. 131 (accessed at http://www.who.int/tb/publications/global_report/gtbr12_annex3.pdf).

81 OAU, "Abuja Declaration on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases", OAU/SPS/Abuja/3, Abuja, Nigeria, 27 April 2001.

82 Aid for Africa, "World Health Day: How Can Sub-Saharan Africa have 25 Percent of the Disease Burden But Only 3 Percent of the World's Trained Health Workers?" blog, 6 April 2012 (accessed at <http://www.aidforafrica.org/blog/world-health-day-how-can-sub-saharan-africa-have-25-percent-of-the-disease-burden-but-only-3-percent-of-the-world%E2%80%99s-trained-health-workers/>).

unfavourably with the ratio of at least 23 doctors and nurses per 10,000 people recommended by the World Health Organisation (WHO). Few incentives are offered to doctors and nurses to work under harsh conditions in Africa's rural areas. Limited access to continued medical education often denies health workers important information about the latest treatments for HIV/AIDS and other major diseases. These staffing shortages are exacerbated by a "brain drain" of health workers from the public sector. National and international employment policy bodies and regulatory mechanisms should therefore urgently address this damaging phenomenon.⁸³

In addition, this MDG fails to address the double burden of diseases associated with poverty, which are primarily infectious, coupled with chronic illnesses associated with smoking, poor diet, obesity, and physical inactivity. Public health education programmes can play a role in changing behaviour to prevent the spread of diseases. However, poverty, low social status, and inadequate health services will continue to take their toll. Social exclusion and inequality based on gender also continue to undermine the sustained impact of efforts to achieve this MDG. For example, HIV/AIDS disproportionately affects women and girls. In Africa, women accounted for 58 percent of people living with HIV in 2011.⁸⁴ Many of them are unable to access life-giving healthcare – including sexual, reproductive, and HIV/AIDS services – without their male partner's consent. For infected individuals, this restriction inhibits disclosure for fear of abandonment, violence, and other forms of abuse; thus compromising consistent adherence to treatment. In many African countries, HIV programming also often fails to address fully the needs of other vulnerable at-risk populations, in particular men who have sex with men, sex workers, and intravenous drug users.⁸⁵



ABOVE: Dr Ashraf Grimwood, Executive Director, Kheth'Impilo AIDS Free Living, Cape Town, South Africa

MIDDLE: Dr Agbessi Amouzou, Assistant Scientist, Centre for Global Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States

RIGHT: Dr Maureen Adudans, Regional HIV/AIDS and Tuberculosis Advisor, MDG Centre, East and Southern Africa, Columbia Global Centres – Africa, Nairobi, Kenya

83 Adudans, "Combating HIV, Malaria, and Other Diseases".

84 UNAIDS, "Regional Fact Sheet 2012: Sub-Saharan Africa" (accessed at http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012_FS_regional_ssa_en.pdf).

85 Maureen Adudans, "Combating HIV, Malaria, and Other Diseases".

4. Gender Equality and Maternal Health

Goal Three: Promoting Gender Equality and Empowering Women⁸⁶

Africa has outperformed South-east Asia, Latin America, the Caribbean, and Western Asia in addressing the gender gap in primary school enrolment. Similarly, representation of women in national parliaments was higher in Africa in 2012 – by 20.4 percent – than in Asia, the Pacific, and the Middle East. The number of women in parliaments in Africa has risen seven percentage points since 2002. Senegal achieved the highest electoral gain, with women accounting for 42.7 percent of parliamentarians in 2012. Algeria also recorded a significant improvement, with women comprising 31.6 percent of its lower house. By comparison, the proportion of women in parliaments in the Pacific region, Asia, Europe, and the Americas in 2012 was 15.3, 17.9, 23.2, and 24.1 percent, respectively. The global average of women in parliaments was 20.3 percent in 2012, up from 15 percent in 2003.⁸⁷ However, targets for parity between boys and girls in education and the proportion of seats held by women in national legislatures cannot serve as comprehensive measures of gender equality as a whole, and can potentially divert attention from critical issues around broader inequalities between men and women. For example, achieving numerical parity between boys and girls in the classroom does not address the gendered power relations that they experience in school more generally, as well as beyond the school gates.

The UN Millennium Development Report of 2012 indicated that Africa was on track to achieve gender parity at primary education level, with the ratio of girls to boys enrolling for school at 96 percent in sub-Saharan Africa in 2010, up from 72 percent in 1999. Eight countries – including Mali, Senegal, and Togo in Africa – improved gender parity in primary school enrolment by more than 30 percent. However, at secondary education level, fewer advances have been made. Ten countries recorded an increase in gender parity in secondary school enrolment of more than 25 percent between 1991 and 2009, including Chad, Guinea, and Niger in Africa.

Gender issues are not limited to this MDG and have a bearing on most of the other Goals, particularly the targets for nutrition, health, education, and the environment. In addition, meeting this Goal has wider ramifications for development. For example, increasing the attendance of girls at school helps to alleviate poverty. However, despite the growing feminisation of poverty, MDG One, which focuses on increasing income levels and providing universal employment, is “gender blind”, as are most of the other Goals. The input of women’s groups, especially at the grassroots level, should therefore be sought through more extensive consultations in order to ensure the adoption of appropriate mechanisms, targets, and indicators for a post-2015 gender equality agenda. A “twin track” approach featuring stand-alone targets as well as a development framework that incorporates gender issues in all their aspects, would help to transform structural inequalities. Despite this MDG, women still experience severe discrimination and unequal treatment, including high levels of gender-based violence in many African countries. In South Africa, a woman is raped every 35 seconds, and “corrective rape” of lesbians is widespread.⁸⁸ In order to address broader gender concerns, international

86 This section is partly based on the presentation made by Zanele Khumalo and Antonia Porter at the CCR policy research seminar, “Achieving the Millennium Development Goals in Africa”, Cape Town, 13-14 May 2013.

87 Inter-Parliamentary Union, “Women in Parliament in 2012: The Year in Perspective”, March 2013 (accessed at <http://www.ipu.org/pdf/publications/WIP2012e.pdf>).

88 Khumalo and Porter, “Gender Justice Key in Goals”.

women's advocates have recommended expanding the Goals after 2015 to include ending all forms of violence against women and girls; and ensuring that women and girls have the capacity to make choices over their sexual and reproductive health and rights. The framework for these Goals should also address social, cultural, and legal norms that can inhibit the roles that women are permitted to play in development.

Furthermore, a programme that places social well-being and gender justice at the heart of development and adopts a human rights-based approach should replace the mainstream model for development adopted by the MDGs, which focuses on economic growth as a universal panacea. A development approach grounded in patriarchy and neo-liberalism cannot genuinely transform the lives of ordinary women. Multi-stakeholder consultations, including with vulnerable and socially excluded groups, should be prioritised in pursuit of a model that places greater emphasis on social justice. African actors, including the AU, must urgently put in place thorough and effective means of gathering the views of ordinary people on the continent, and especially socially-excluded and vulnerable groups. This will be crucial to building a framework for tackling gender inequality and patriarchy after 2015. The views of ordinary women and girls in urban and rural communities must also be sought, since women's groups at grassroots level are often key agents of societal transformation.⁸⁹

Goal Five: Improving Maternal Health⁹⁰

MDG Five seeks to reduce the maternal mortality ratio (MMR) by three quarters, and advocates universal access to reproductive health.⁹¹ In 2008, the average mortality ratio for mothers in Africa was 590 deaths per 100,000 live births – a total of 210,223 deaths, or an average of one woman dying as a result of pregnancy or birth every 2.5 minutes. Since 1990, maternal mortality has decreased by an average of only 1.6 percent annually in Africa, although some countries, such as Egypt, Equatorial Guinea, Morocco, and Rwanda, have done better than others and are likely to meet this MDG by 2015. These countries have greatly reduced their maternal mortality rates by implementing national policies to recruit more obstetrics staff; to provide transport in order to improve access to referral health institutions; and to educate more people about using contraceptives. These countries also share high economic growth rates, reflecting the relationship between this Goal and MDG One on eradicating extreme poverty and hunger. For example, Rwanda's economy grew by an annual average of 8.2 percent between 2000 and 2012; while Equatorial Guinea's oil-fuelled economy grew 15 percent between 1986 and 2012.

Globally, adolescent girls are twice as likely to die during child-birth as women aged 20 years and over. Complications during pregnancy and child-birth, and unsafe abortions, are the leading causes of death for young women aged 15 to 19. Adolescent girls face a range of sexual and reproductive health risks, including

89 This paragraph is based on Porter and Khumalo, "Gender Justice Key in Goals".

90 This section is largely based on the presentation made by Grace Kyomuhendo, "Improving Maternal Health Through Health Sector Reform and Gender Integration: Policy Recommendations to Address the Challenges of Meeting the Targets of the MDG 5 in Africa", at the CCR policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13-14 May 2013.

91 WHO defines maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. See WHO, *The International Statistical Classification of Diseases and Related Health Problems – Tenth Revision* (Geneva: World Health Organisation, 2004). See also Grace Kyomuhendo, "Improving Maternal Health"; and Africa Progress Panel, "Maternal Health: Investing in the Lifeline of Healthy Societies and Economies", policy brief, September 2010, Geneva (accessed at http://www.who.int/pmnch/topics/maternal/app_maternal_health_english.pdf).

sexually transmitted infections, HIV/AIDS, unwanted pregnancy, and sexual violence and coercion. Unsafe abortions and complications from pregnancy or child-birth among adolescent girls contribute up to 30 percent of total maternal mortality.⁹²

Official indicators used to track progress towards achieving this Goal include: the proportion of births attended by skilled health personnel; the prevalence of contraceptives; births to adolescent mothers; the availability and quality of ante-natal care; and unmet needs for family planning. Interventions to improve maternal health need to address explicitly the barriers to meeting these indicators, and should focus on ensuring the provision of essential drugs and adequate medical facilities; improving access to properly staffed and equipped obstetric services, particularly for rural women; training and recruiting enough professional health attendants; providing increased information about contraception; and promoting increased women's agency over issues relating to their health.⁹³ Many complications at birth can be managed by careful prioritisation and implementation of medical interventions. "Best practice" models for such planning should be adopted. Increased health budgets should also be made available to local governments across Africa to implement these measures.⁹⁴ Research in Uganda has shown that inadequate provision of health services, poor infrastructure and transport, and general disempowerment of women, have contributed to the disproportionately high number of mothers continuing to die during child-birth.⁹⁵ The main clinical causes included haemorrhages, sepsis, hypertensive disorders, unsafe abortions, and prolonged or obstructed labour.

Poor road infrastructure and transport pose a further challenge to the access of mothers to healthcare across the continent. In rural Zimbabwe, inadequate transport has been cited as the cause in 28 percent of maternal deaths, compared to three percent in the country's capital, Harare. Increasing road access to health facilities improves maternal mortality rates. In Ghana, use of public health facilities has been shown to double when distances to clinics or hospitals are halved.⁹⁶ In addition, most African countries have too few health providers. On average in 2009, there were only 13.8 nurses and midwives for every 10,000 people in Africa, compared with 98.2 such staff per 10,000 people in the US, and below the minimum threshold of 23 professional carers per 10,000 recommended by the WHO.⁹⁷ In the poorest countries, this ratio is less than one per 100,000 people. Furthermore, obstetric care may not be available when it is most needed. For example, in Malawi, a 2008 study found that only 13 percent of clinics offered 24-hour midwifery, denying most women emergency care at night.⁹⁸ In Eastern Africa in 2010, only 34 percent of women had a skilled attendant present at birth. A Ghanaian project to increase the training and mobilisation of community health nurses to provide maternal

92 ODI and UNICEF, "Maternal and Child Health: The Social Protection Dividend in West and Central Africa", UNICEF Regional Office for West and Central Africa, 2009 (accessed at <http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/4563.pdf>). See also United States Agency for International Development (USAID), Interagency Gender Working Group, "A Summary Report of New Evidence That Gender Perspectives Improve Reproductive Health Outcomes", Population Reference Bureau, January 2011 (accessed at http://www.prb.org/igwg_media/summary-report-gender-perspectives.pdf).

93 Kyomuhendo, "Improving Maternal Health in Africa".

94 Kyomuhendo, "Improving Maternal Health in Africa".

95 This research was conducted by Makerere University, Kampala, Uganda, in partnership with the Norwegian government at Kikuube Health Centre IV near Hoima in Uganda. See Kyomuhendo, "Improving Maternal Health in Africa".

96 ODI and UNICEF, "Maternal and Child Health". See also Kyomuhendo, "Improving Maternal Health in Africa".

97 WHO, "Achieving the Health-related MDGs. It Takes a Workforce!", information held on a website page (accessed on 6 November 2013 at http://www.who.int/hrh/workforce_mdgs/en/).

98 David McCoy, Barbara McPake, and Victor Mwapasa, "The Double Burden of Human Resource and HIV Crises: A Case Study of Malawi", *Human Resources for Health*, August 2008 (accessed at <http://www.human-resources-health.com/content/6/1/16>); and Lee-Roy Chetty, "Why is Africa's Healthcare So Far Behind the Rest of the World?" *The Christian Science Monitor*, 10 May 2013 (accessed at <http://www.csmonitor.com/World/Africa/Africa-Monitor/2013/0510/Why-is-Africa-s-healthcare-so-far-behind-the-rest-of-the-world>).

care in rural areas reduced mortality rates among women.⁹⁹ In Ethiopia, the government – with donor support – has invested heavily in training and deploying 31,000 female health extension workers since 2004 to provide basic maternal services among others. The project helped to reduce Ethiopia’s number of maternal deaths from 22,000 in 2005 to 17,500 in 2008.¹⁰⁰

Intra-household gender relations that discriminate against women in relation to their status and financial autonomy can also prevent them from seeking and accessing adequate healthcare. A Ugandan case study has shown that women’s care-seeking behaviour during pregnancy, birth, and obstetric emergencies is inextricably linked to their decision-making power, access to family income, and roles and responsibilities in the home.¹⁰¹ The prevailing patriarchy in many local communities across Africa, characterised by gender-based inequalities and discrimination, often restricts women’s care-seeking options. In this regard, the Ugandan case study recommended that policymakers and stakeholders engaged in providing sexual and reproductive health services should consult women at the grassroots level on reforms within the sector, including the design and implementation of services, particularly in relation to issues such as intimacy, privacy, and cultural acceptability.

The welfare of mothers would be greatly improved, and maternal mortality rates could be reduced, by providing more education on sexual and reproductive health issues, which should include training on methods of birth control and sensitisation to promote greater understanding of the physical aspects of pregnancy, and the risks of child-birth. Such family planning services should include greater participation by men. In 2012, fertility rates were higher than or equal to 4.5 births per woman in some African countries such as Botswana, Ghana, Kenya, Lesotho and Sudan, which is higher than the fertility rate of about 2.1 live births per woman, considered to be the replacement level in rich countries.¹⁰² Pregnancy rates often spike for women aged between 22 and 24 without a corresponding rise in counselling. Rwanda has promoted greater access to, and use of contraceptives by, women, and has made the reduction of fertility rates a maternal health target, alongside the MDGs. As a result, 36.4 percent of women have access to contraceptives, and the national fertility rate fell from 6.1 to 5.5 percent between 2005 and 2007.



ABOVE: Ms Antonia Porter, Project Officer, Centre for Conflict Resolution, Cape Town, South Africa
SECOND FROM LEFT: Ms Zanele Khumalo, Project Officer, Centre for Conflict Resolution, Cape Town, South Africa
SECOND FROM RIGHT: Professor Grace Kyomuhendo, School of Women and Gender Studies, Makerere University, Kampala, Uganda
RIGHT: From left, Mr Dossina Yeo, Coordinator of the African Union (AU) Millennium Development Goals Team; and Head of Statistics, Economic Affairs Department, AU Commission, Addis Ababa, Ethiopia; and Dr Felix N'zué, Head, Economic Policy Analysis Unit, Economic Community of West African States (ECOWAS), Abuja, Nigeria

99 Africa Progress Panel, "Maternal Health". See also Kyomuhendo, "Improving Maternal Health in Africa".

100 Africa Progress Panel, "Maternal Health".

101 Kyomuhendo, "Improving Maternal Health in Africa".

102 The fertility rate refers to the number of children the average woman in a population is likely to bear based on current birth rates throughout her life. This rate is extrapolated from age-specific fertility rates established over a five-year period. Fertility rates range from more than seven children per woman in sub-Saharan Africa, to around one child per woman in Eastern European and high-income Asian countries. See The World Bank, "Fertility Rate, Total (Births per Woman)", information held on a website page (accessed on 6 November 2013 at <http://data.worldbank.org/indicator/SP.DYN.TFRT.IN>).

5. Environmental Sustainability and Global Partnership for Development

Goal Seven: Ensuring Environmental Sustainability¹⁰³

Although some of the targets under MDG Seven on “ensuring environmental sustainability” are specific in terms of numbers – such as that halving the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015 – they fail to address the real scale and quality of development being sought. For example, the aim of achieving a significant improvement in the lives of at least 100 million slum dwellers sets a numerical target, but fails to define the exact nature of “significant improvement” being sought. Furthermore, this target is global, and thus cannot be tracked at the national level. This Goal has also been criticised for addressing symptoms rather than causes of poverty, adopting a de-contextualised approach to development which can promote initiatives that may actually reinforce inequality and social exclusion. For example, in response to the Goal, policymakers have tended to focus on creating regulatory frameworks rather than investing in environmental management. In addition, this MDG has been criticised for setting “ill-defined targets and indicators” that are based on the concerns of rich countries,¹⁰⁴ for being based on the premise that environmental sustainability can only be achieved at the expense of economic development,¹⁰⁵ and for following an “overwhelmingly project-based approach to the environment, [which] has not been effective”.¹⁰⁶

This Goal seeks to integrate the principles of sustainable development into national policies and programmes; reverse the damage to environmental resources; and reduce the loss of biodiversity. These aims are particularly important for the poorest members of society, who are disproportionately affected by the degradation of the natural environment because their livelihoods and food security often depend on ecosystem goods and services. Many African countries aim to achieve their development objectives through heavy reliance on the extraction of natural resources such as minerals and crude oil which leads to the loss of productive land, surface and groundwater pollution, and soil contamination. The environmental degradation and hazards stemming from such economic activity have had a disproportionate impact on indigenous people and least developed countries as well as vulnerable groups such as women, who also access a less than equal share of the benefits of mining and oil drilling.¹⁰⁷ Urbanisation in Africa, which has among the most populated cities in the world,¹⁰⁸ is increasing pressure on already constrained public services – thus leading to the proliferation of slums – and threatening the livelihoods of the vast majority of Africa’s population, which is rural, through increased pressure on natural resources.¹⁰⁹ Only careful planning by African governments can harness these demographic changes to create sustainable economic growth and prevent the growth of slums, pollution, and crime.¹¹⁰

103 This section is largely based on the presentation made by Saliem Fakir, Manisha Gulati, and Louise Scholtz, “MDG7: Is There a Future After 2015?” at the CCR policy research seminar, “Achieving the Millennium Development Goals in Africa”, Cape Town, 13–14 May 2013.

104 Neil Bird, “MDCs and the Environment: Are Environmental Institutions ‘Fit for Purpose?’ ODI, Opinion 110, 2008, p. 4.

105 Bird, “MDCs and the Environment”, p. 4.

106 Bird, “MDCs and the Environment”, p. 4.

107 See Fakir, Gulati, and Scholtz, “MDG7: Is There a Future After 2015?”.

108 UNECA and AU, “Economic Report on Africa 2011: Governing Development in Africa – the Role of the State in Economic Transformation”, Addis Ababa, March 2011 (accessed at <http://www.uneca.org/publications/economic-report-africa-2011>).

109 Although many African cities are struggling to provide their inhabitants with adequate housing and infrastructure services, urbanisation has many potentially positive effects. In their annual progress report on the MDGs, the World Bank and the IMF noted that “virtually no country has graduated to a high-income status without urbanising”. Quoted in Mark Tran, “Urbanisation Can Be ‘Force For Good’ With Better Jobs and Cheaper Services”, *The Guardian*, 17 April 2013 (accessed at <http://www.guardian.co.uk/global-development/2013/apr/17/urbanisation-force-good-jobs-services?INTCMP=SRCH>).

110 Tran, “Urbanisation Can Be ‘Force For Good’ with Better Jobs and Cheaper Services”.

Although some African policymakers have adopted environmental action plans and strategies to address land degradation and desertification, biodiversity, and climate issues, these initiatives have had limited impact. The proportion of land area covered by forests is declining. In North Africa, five out of six countries – Algeria, Egypt, Libya, Mauritania, and Tunisia – have low forest cover; while in Sub-Saharan Africa the percentage of land covered by forests has decreased from 31.2 in 1990 to 28.1 in 2010. The rate of deforestation is high in several African countries such as Malawi, where environmental degradation is exacerbated by a rapidly growing population in relation to available land; drought; poverty; and the implementation of Structural Adjustment Policies (SAPs) promoted by the World Bank and the IMF.¹¹¹

This MDG also seeks to encourage reduction in biodiversity loss, which is measured through the protection of terrestrial and marine areas and the proportion of available fish stocks. Between 1990 and 2010, 27 countries globally saw improvements in the amount of protected terrestrial and marine areas. In Africa, these included Equatorial Guinea, Gabon, Guinea-Bissau, and Zimbabwe, which adopted measures such as the expansion of national parks, and improved policy and legislative frameworks for managing biodiversity. These and other African countries such as Namibia have also addressed land degradation and desertification issues, including through the development of integrated, often community-based management schemes to protect water resources and coastal areas. Legislation has further been enacted to support the implementation of these plans.¹¹²

However, political instability, the limited capacity of governments, and a lack of actual integration of environmental sustainability plans into national development strategies have all contributed to Africa's relatively weak performance in achieving this Goal. The MDGs prioritise immediate social outcomes over the longer-term transformation of the economic base of developing countries to address poverty. The prevalence of high levels of poverty generally obliges policymakers to prioritise economic objectives that can produce relatively quick results over plans to address structural issues such as environmental degradation, which may only generate benefits in the medium and long terms. Environmental sustainability must be linked to the issues of economic growth and poverty reduction by African policymakers in order to promote a "green development" approach to which poor people can contribute; from which they will benefit (for example, through employment and the promotion of local industries); and which simultaneously addresses inequality, rapid urbanisation, and climate change.¹¹³ Rather than merely seeking to prevent environmental degradation, this strategy requires the establishment of country-specific plans that integrate socio-economic and environmental concerns in order to tackle abject poverty, provide basic education, ensure decent livelihoods, deliver essential services, and ensure food and fuel security. These plans must also address the high levels of inequality in many African countries which create severe disparities in access to, and the quality of, essential services among populations. These issues are often masked by official statistics.¹¹⁴ In this regard, "green development" represents an approach to land-use that considers the broader impacts for local communities and the regional environment, and seeks to employ site-specific green-building techniques. This process encompasses city and environmental planning; architectural theory and practice; landscape design; and community building. This approach also involves holistically addressing the issues of poor governance and weak institutional capacity which can inhibit the effective delivery of services to populations most in need, and exacerbate Africa's huge infrastructural deficits, including in transport, power, and

111 Godwin Kowero, David Ngugi, and Joel Luhanga, "Agricultural Land Expansion and Deforestation in Malawi", *Forests, Trees and Livelihoods*, Vol. II, 2001, pp. 167-182.

112 UNECA, "Governing Development in Africa".

113 See Alex Wilson, Jenifer L. Uncapher, Lisa McManigal, L. Hunter Lovins, Maureen Cureton, and William D. Browning, *Green Development: Integrating Ecology and Real Estate* (New York: Wiley Series in Sustainable Design, Rocky Mountain Institute, 1998).

114 High levels of inequality also mean that economic growth does not necessarily generate a proportional reduction in the number of people living in poverty.

water provision. The absence of readily available and safe supply of water and adequate sanitation services can also lead to environmental contamination that offers a breeding ground for diseases, particularly in urban areas. Lack of access to a clean and reliable energy supply further increases the dependence on biomass energy from plant materials or animal waste for cooking and heating, which exacerbates pollution.¹¹⁵

Goal Eight: Developing a Global Partnership for Development¹¹⁶

Although MDG Eight on developing an accountable global partnership for development is critical for the achievement of the MDGs as a whole, progress towards some of the targets under this Goal has been limited, including on access to affordable, essential medicines and new technologies. In addition, important obligations to provide aid – which constitute a key target of the Goal – remain unmet. Most donors (aside from the Nordic countries and the Netherlands) have failed to set aside 0.7 percent of their gross national income for official development assistance as pledged at the UN in 1970. This has hindered development in countries that are dependent on aid, particularly those which are heavily indebted. Despite meeting many of the neo-liberal macroeconomic conditions set by the World Bank, the IMF, and the World Trade Organisation (WTO), many African countries remain reliant upon the goodwill of rich countries for much-needed development aid.¹¹⁷ In order to promote greater accountability for the national pledges made under this MDG, civil society activists within Africa and the rich world should push for these governments to meet their obligations.

MDG Eight seeks to promote the development of an open, rules-based, predictable, non-discriminatory trading and financial system. In order to redress the power imbalance within the international political and financial system, which has historically favoured the rich North over the global South, the agenda for this Goal should be expanded after 2015 to include a human rights-based approach, incorporating principles of mutual accountability, participation, and redress. Africa should also take robust measures to reduce its dependence on foreign financing by strengthening mobilisation of domestic resources through better collection of tax revenues; curbing illicit financial flows; and fostering intra-African trade, which represents a mere ten percent of total imports and exports. African states must also take greater control of their own resources in order to foster development, and should adopt new technologies to counter climate change. Finance for such initiatives can be provided by external donors through the Green Climate Fund (GCF),¹¹⁸ which intends to raise \$100 billion a year by 2020 for projects initiated by developing countries to limit or reduce their greenhouse gas emissions and adapt to the impacts of climate change.

Debt relief initiatives have generally not reduced the vulnerability of heavily indebted poor countries which often remain profoundly dependent on borrowing and external investment. Furthermore, these initiatives have frequently failed to address the underlying causes of national debts such as unfair terms of trade and irresponsible lending. A 2006 study in Zambia showed that the unfair terms of international trade can reverse gains accrued from HIPC relief, as debts were continually incurred in a bid to balance the national budget.¹¹⁹ In

115 Fakir, Gulati, and Scholtz, "MDG7: Is There a Future After 2015?".

116 This section draws from the presentation made by Cephas Lumina at the CCR policy research seminar, "Achieving the Millennium Development Goals in Africa", Cape Town, 13-14 May 2013.

117 Kankwenda, "Rethinking the MDGs and the Post-2015 Vision for Development in Africa".

118 The Green Climate Fund was established under Article II of the UN Framework Convention on Climate Change (UNFCCC). The aim of the fund is to contribute to global efforts towards attaining the goals set by the international community to combat climate change (see gcfund.net/home.html).

119 Jack Jones Zulu, "Zambia After the HIPC Surgery and Completion Point", policy brief, first quarter 2006, Jesuits Centre for Theological Reflections, Lusaka, Zambia. See also *Libération Afrique*, "Zambia's Trade Situation: Implications for Debt and Poverty Reduction", October 2005 (accessed at http://www.liberationafrique.org/imprimersans.php3?id_article=951&nom_site=Lib%E9ration%20Afrique&url_site=www.liberationafrique.org).

addition, much promised debt relief has not been delivered. Key creditors such as smaller multilateral institutions, non-Paris Club bilateral creditors, and commercial institutions, which together account for 25 percent of the total costs of the HIPC initiative, have only contributed about 47 percent of their expected relief. One third of these creditors have not delivered any relief at all.¹²⁰ Expensive litigation to release HIPC countries from the financial claims of commercial creditors and vulture funds remains a significant burden.¹²¹ Many African countries, even those benefitting from HIPC and the IMF's Multilateral Debt Relief Initiative, are still facing debt distress. For example, Burkina Faso, Burundi, and Gambia are in danger of assuming even more unsustainable debt.¹²² Therefore, states should not only advocate for debt relief, but also for the elimination of broader economic inequalities within the global system – such as through fairer trade conditions – in order to ensure that such relief is sustainable. African national and regional actors should further promote a post-2015 agenda that seeks to provide minimum standards of social protection, and incorporate a double accountability mechanism to ensure that countries meet their commitments at both the national and international levels.

A further important issue is the nature of external official developmental assistance. ODA-funded interventions are often project-specific and determined by donor preferences. They frequently fail to adopt a sequenced approach to making a lasting difference. The presence of many donors in a country, and the consequent fragmentation of ODA have contributed to incoherence in national development policies, including a bias towards funding social sectors. Sub-Saharan Africa receives more ODA than any other region globally – 34.4 percent of the total of \$125.6 billion of ODA in 2012.¹²³ Although ODA is a necessary and complementary source of finance for helping to achieve the eight MDGs, a high degree of dependence on aid can accentuate macroeconomic vulnerabilities and undermine the overall sustainability of the Goals. For developing countries, dependence on foreign assistance exposes them to unsteady fluctuations in the overall volume of aid, and to donor preferences about which projects should be funded. Africans must thus strive to “own” their own domestic development programmes if they are to achieve the MDGs by 2015.



ABOVE: *From left*, Ms Louise Scholtz, Manager: Special Projects, Living Planet Unit, World Wildlife Fund South Africa, Cape Town; and Ms Manisha Gulati, Energy Economist Living Planet Unit, World Wildlife Fund South Africa, Johannesburg
MIDDLE: Ms Vuyo Mahlali, Member of the National Planning Commission, Tshwane, South Africa
RIGHT: Dr Cephas Lumina, United Nations Independent Expert on the Effects of Foreign Debt; and Extraordinary Professor of Human Rights Law, Centre for Human Rights, University of Pretoria, South Africa

120 International Monetary Fund, “Debt Relief Under the Heavily Indebted Poor Countries (HIPC) Initiative”, factsheet, 1 October 2013 (accessed at <http://www.imf.org/external/np/exr/facts/hipc.htm>).

121 UN Office of the Special Advisor on Africa, and the NEPAD OECD Africa Investment Initiative, “External Debt in Africa”, policy brief No.3, October 2010 (accessed at http://www.un.org/africa/osaa/reports/2010_Debtbrief.pdf).

122 IMF and International Development Association, “Preserving Debt Sustainability in Low-Income Countries in the Wake of the Global Crisis”, 1 April 2010, Washington D.C., pp. 17-25.

123 OECD, “Statistics on Resource Flows to Developing Countries”, Statistics updated as of 20 December 2012 (accessed at <http://www.oecd.org/dac/stats/statisticsonresourceflowstodevelopingcountries.htm>). See also Development Initiatives, “OECD Donor Aid in 2012”, April 2013 (accessed at <http://www.devinit.org/wp-content/uploads/DI-OECD-2012-data-briefing.pdf>).

Policy Recommendations

The following ten policy recommendations emerged from the policy research seminar:

1. African governments should cooperate with the private sector and civil society to assess the advantages and disadvantages of the MDGs as planning tools in order to shape the continent's future development agenda more effectively. They should seek to promote an agriculture-led, inclusive model after 2015 in order to eradicate poverty and hunger;
2. African governments should improve the quality of education through programmes to train more teachers; improve classroom facilities; supply free textbooks; provide school lunches; and offer scholarships; as well as introduce mechanisms to measure achievement in schools more comprehensively. Policies in Eastern and Southern Africa, should focus on improving access to schools for all children; while policies in Central, North, and West Africa should prioritise improving access for girls and children with special needs;
3. A systematic and intensive process of consultation with grassroots women's groups should be established as soon as possible in pursuit of a future development model that places greater emphasis on social justice. Consideration should be given to expanding the MDGs after 2015 to include ending all forms of violence against women and girls; and enabling them to make choices over their sexual and reproductive health and rights; as well as ensuring that the framework for these Goals addresses social, cultural, and legal norms that can inhibit the role that women are permitted to play in development efforts;
4. The adoption of national child-survival programmes targeting poor and rural populations have led to the greatest reduction in under-five mortality rates. African governments need to expand such programmes focusing specifically on this group, which experiences the highest proportion of deaths among infants;
5. African governments and their development partners must scale-up interventions to improve maternal health. These programmes should seek to provide rural women with improved access to properly staffed and equipped child-bearing services. Best-practice models for such interventions should be adopted. The recruitment and training of mid-wives, nurses, gynaecologists, and other professional staff to deliver sexual and reproductive healthcare should also be prioritised. Increased health budgets should be made available to local governments to implement these measures;
6. International development partners must support African governments in creating well-structured and sustainable health systems. Facilities to test for, and treat HIV and AIDS, malaria, and tuberculosis should be staffed by qualified workers dispensing appropriate advice and drugs. Government policies should incentivise health professionals to work in marginalised areas. National and international employment regulatory mechanisms must seek to redress the "brain-drain" of health workers from public sectors across Africa. As previously agreed, African governments should allocate at least 15 percent of their national budgets to the health sector, without creating barriers to access such as user-fees;

7. African governments should adopt a “green development” approach that enables an equitable exploitation of resources through more productive and efficient investments. This approach should integrate the imperative for environmental sustainability with economic and social development programmes that promote growth;
8. In order to foster accountability for the national pledges made by rich countries to promote global development, civil society activists should campaign for their governments to meet these obligations under international human rights law. Mechanisms for redress in case such promises are not met in future should be included in the agenda of the post-2015 framework. African states must not only advocate for debt relief, but also for broader equality within the global economic system in order to ensure that such relief is sustainable;
9. Africa should seek to reduce dependence on external financing by strengthening mobilisation of domestic resources through better collection of tax revenues; curbing illicit financial flows; and fostering intra-African trade, which represents a mere ten percent of total imports and exports. African countries must also form a united front at global political and economic fora to promote the continent’s interests more effectively, and to create more beneficial international partnerships for socio-economic development; and
10. The post-2015 agenda should link development to targets on democracy, equality, non-discrimination, and security. In order to integrate and improve the provision of basic services, African governments should institute more effective data-gathering and monitoring mechanisms and align their development policies with those of NEPAD and other relevant continental mechanisms.



Participants of the policy research seminar, “Achieving the Millennium Development Goals (MDGs) in Africa”, Vineyard Hotel, Cape Town, South Africa

Annex I

Agenda

Day One: Monday, 13 May 2013

09:00 – 09:30 **Welcome and Opening Remarks**

Chair: Dr Adekeye Adebajo, Executive Director, Centre for Conflict Resolution, Cape Town, South Africa

Speakers: Dr Scott Drimie, Extra-Ordinary Associate Professor, Interdisciplinary Health Sciences, University of Stellenbosch, South Africa

Dr Dan Kuwali, Senior Researcher, Centre for Conflict Resolution, Cape Town

09:30 – 10:45 **Session I: Achieving the Millennium Development Goals in Africa: Progress, Problems, And Prospects**

Chair: Ms Nomcebo Manzini, Country Representative, United Nations (UN) Women South Africa, Johannesburg

Speaker: Professor Mbaya Kankwenda, Executive Director, Canadian Institute for Development Research and Strategic Studies on Africa, Montreal, Canada; and Chief Executive Officer, Congolese Institute for Development Research and Strategic Studies, Kinshasa, Democratic Republic of the Congo

10:45 - 11:00 Coffee Break

11:00 - 12:30 **Session II: Poverty, Hunger, and Education**

Chair: Professor Sam Moyo, Executive Director, African Institute for Agrarian Studies, Harare, Zimbabwe

Speakers: Dr Mandivamba Rukuni, Director, Mandi Rukuni Seminar Group, Harare, presenting a paper on behalf of Professor Richard Mkandawire, Vice-President, African Fertiliser and Agribusiness Partnership, Johannesburg

Dr Francis Mkandawire, Executive Secretary, Malawi National Commission for UN Educational, Scientific, and Cultural Organisation (UNESCO), Lilongwe, Malawi

12:30 – 13:30 Lunch

13:30 – 15:00 **Session III: Child Mortality and Combating HIV/AIDS, Malaria, and Other Diseases**

Chair: Dr Ashraf Grimwood, Executive Director, Kheth’Impilo AIDS Free Living, Cape Town

Speakers: Dr Agbessi Amouzou, Assistant Scientist, Center for Global Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States

Dr Maureen Adudans, Regional HIV/AIDS and TB Advisor, MDG Centre, East and Southern Africa, Columbia Global Centres - Africa, Nairobi, Kenya

17:30 – 19:00 **CCR Public Dialogue and Launch of United Nations Development Programme (UNDP) report: “The Rise of the Global South: Human Progress in a Diverse World”**

Venue: 6 Spin Street, Cape Town

Chair: Professor Mbaya Kankwenda, Executive Director, Canadian Institute for Development Research and Strategic Studies on Africa, Montreal; and Chief Executive Officer, Congolese Institute for Development Research and Strategic Studies, Kinshasa

Speakers: Dr. Agostinho Zacarias, UN Resident Coordinator/UN Development Programme Resident Representative, Tshwane, South Africa

Dr Vuyo Mahlali, Presidential Inaugural Member, National Planning Commission, Tshwane; and President, National Women’s Forum for South Africa

Day Two: Tuesday, 14 May 2013

09:30 – 11:00 **Session IV: Gender Equality and Maternal Health**

Chair: Dr Felix N'zué, Head, Economic Policy Analysis Unit, Economic Community of West African States (ECOWAS), Abuja, Nigeria

Speakers: Ms Zanele Khumalo, Project Officer; and Ms. Antonia Porter, Project Officer, Centre for Conflict Resolution, Cape Town

Professor Grace Kyomuhendo, School of Women and Gender Studies, Makerere University, Kampala, Uganda

11:00 – 11:15 Coffee Break

11:15 – 12:45 **Session V: Environmental Sustainability and Global Partnership For Development**

Chair: Ms Vuyo Mahlati, Member of the National Planning Commission, Tshwane; and President, National Women's Forum for South Africa

Speakers: Ms Manisha Gulati, Energy Economist; and Ms Louise Scholtz, Manager: Special Projects, Living Planet Unit, World Wildlife Fund South Africa, Johannesburg

Dr Cephias Lumina, UN Independent Expert on the Effects of Foreign Debt; and Extra-Ordinary Professor of Human Rights Law, Centre for Human Rights, University of Pretoria, South Africa

12:45 – 13:45 Lunch

13:45 – 14:30 **Session VI: Rapporteurs' Report**

Chair: Dr Adekeye Adebajo, Executive Director, Centre for Conflict Resolution, Cape Town

Dr Scott Drimie, Extra-Ordinary Associate Professor, Interdisciplinary Health Sciences, University of Stellenbosch

Dr Dan Kuwali, Senior Researcher, Centre for Conflict Resolution, Cape Town

14:30 – 14:45 Coffee Break and Completing Evaluation

14:45 – 15:30 Session VII:
Volume

Producing the Book

Chair: Dr Adekeye Adebajo,
Executive Director,
Centre for Conflict
Resolution, Cape Town

Dr Scott Drimie, Extra-Ordinary Associate Professor, Interdisciplinary Health
Sciences, University of Stellenbosch

Dr Dan Kuwali, Senior Researcher, Centre for Conflict Resolution, Cape Town

15:30 – 16:00

Session VIII: The Way Forward

Chair: Professor Mbaya Kankwenda, Executive Director, Canadian Institute for
Development Research and Strategic Studies on Africa, Montreal; and Chief
Executive Officer, Congolese Institute for Development Research and
Strategic Studies, Kinshasa

Dr Agostinho Zacarias, UN Resident Coordinator/UNDP Resident
Representative, Tshwane

Ms Nomcebo Manzini, Country Representative, UN Women South Africa,
Johannesburg

Annex II

List of Participants

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18. Ms Nomcebo Manzini
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27. Mr Benon Herbert Oluka
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Mandi Rukuni Seminar Group
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Centre for Conflict Resolution
Cape Town
37. Mr Andile Mxotwa
Intern
Centre for Conflict Resolution
Cape Town

Annex III

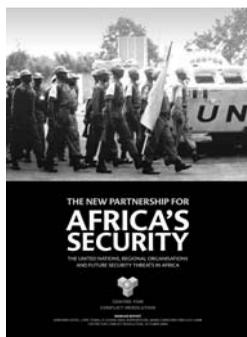
List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AfDB	African Development Bank
AMU	Arab Maghreb Union
APRM	African Peer Review Mechanism
ARVs	Anti-Retroviral drugs
AU	African Union
CAADP	Comprehensive Africa Agriculture Development Programme
CAR	Central African Republic
CCR	Centre for Conflict Resolution
CONFEMEN	<i>Conférence des Ministres de l'Éducation des États et Gouvernements de la Francophonie</i>
CSSDCA	Conference on Security, Stability, Development, and Cooperation in Africa
DRC	Democratic Republic of the Congo
EAC	East African Community
ECCAS	Economic Community of Central African States
ECOSOC	Economic and Social Council (UN)
ECOWAS	Economic Community of West African States
EFA	Education for All
EU	European Union
FAO	Food and Agriculture Organisation of the UN
GCF	Green Climate Fund
HIPC	Heavily indebted poor countries
HIV	Human Immunodeficiency Virus
IGAD	Intergovernmental Authority on Development
IMF	International Monetary Fund
LDC	Least Developed Countries
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
NEPAD	New Partnership for Africa's Development
OAU	Organisation of African Unity
ODA	Overseas Development Aid
ODI	Overseas Development Institute
OECD	Organisation for Economic Cooperation and Development
PASEC	<i>Programme d'Analyse des Systèmes Éducatifs de la CONFEMEN</i>
REC	Regional economic community
SACMEQ	Southern and Eastern Africa Consortium for Monitoring Education Quality

SADC	Southern African Development Community
SAPs	Structural Adjustment Programmes
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
UN DESA	UN Department of Economic and Social Affairs
UNDG	UN Development Group
UNDP	UN Development Programme
UNECA	UN Economic Commission for Africa
UNESCO	UN Educational, Scientific, and Cultural Organisation
UNICEF	UN Children's Fund
UNFCCC	UN Framework Convention on Climate Change
UNOAU	UN Office to the African Union
US	United States
USAID	US Agency for International Development
WHO	World Health Organisation
WTO	World Trade Organisation

Other publications in this series

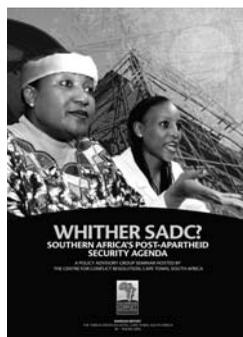
(Available at www.ccr.org.za)



VOLUME 1 THE NEW PARTNERSHIP FOR AFRICA'S SECURITY

THE UNITED NATIONS, REGIONAL ORGANISATIONS AND FUTURE SECURITY THREATS IN AFRICA

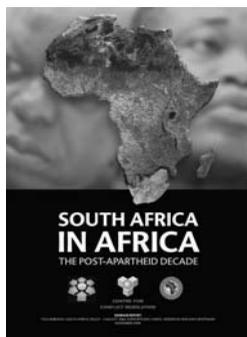
The inter-related and vexing issues of political instability in Africa and international security within the framework of United Nations (UN) reform were the focus of this policy seminar, held from 21 to 23 May 2004 in Claremont, Cape Town.



VOLUME 5 WHITHER SADC?

SOUTHERN AFRICA'S POST-APARTHEID SECURITY AGENDA

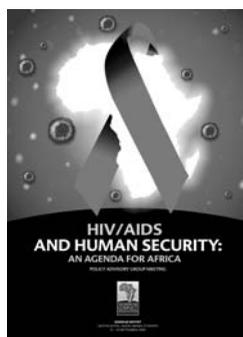
The role and capacity of the Southern African Development Community's (SADC) Organ on Politics, Defence and Security (OPDS) were focused on at this meeting in Oudekraal, Cape Town, on 18 and 19 June 2005.



VOLUME 2 SOUTH AFRICA IN AFRICA

THE POST-APARTHEID DECADE

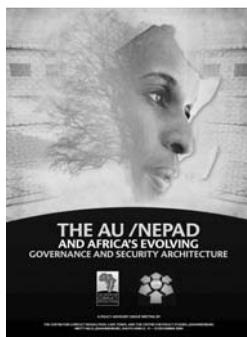
The role that South Africa has played on the African continent and the challenges that persist in South Africa's domestic transformation 10 years into democracy were assessed at this meeting in Stellenbosch, Cape Town, from 29 July to 1 August 2004.



VOLUME 6 HIV/AIDS AND HUMAN SECURITY

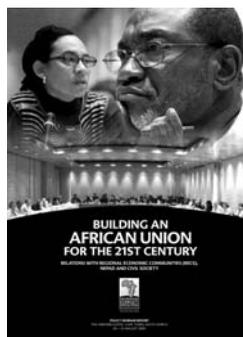
AN AGENDA FOR AFRICA

The links between human security and the HIV/AIDS pandemic in Africa, and the potential role of African leadership and the African Union (AU) in addressing this crisis were analysed at this policy advisory group meeting in Addis Ababa, Ethiopia, on 9 and 10 September 2005.



VOLUME 3 THE AU/NEPAD AND AFRICA'S EVOLVING GOVERNANCE AND SECURITY ARCHITECTURE

The state of governance and security in Africa under the African Union (AU) and The New Partnership for Africa's Development (NEPAD) were analysed and assessed at this policy advisory group meeting in Misty Hills, Johannesburg, on 11 and 12 December 2004.



VOLUME 7 BUILDING AN AFRICAN UNION FOR THE 21ST CENTURY

RELATIONS WITH REGIONAL ECONOMIC COMMUNITIES (RECS), NEPAD AND CIVIL SOCIETY

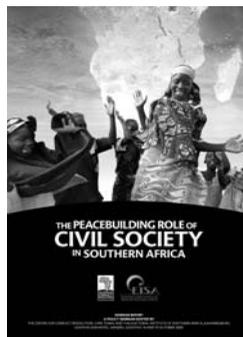
This seminar in Cape Town, held from 20 to 22 August 2005, made policy recommendations on how African Union (AU) institutions, including The New Partnership for Africa's Development (NEPAD), could achieve their aims and objectives.



VOLUME 4 A MORE SECURE CONTINENT

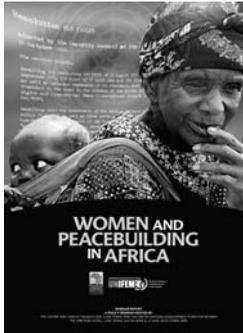
AFRICAN PERSPECTIVES ON THE UN HIGH-LEVEL PANEL REPORT. A MORE SECURE WORLD: OUR SHARED RESPONSIBILITY

African perspectives on the United Nations' (UN) High-Level Panel report on Threats, Challenges and Change were considered at this policy advisory group meeting in Somerset West, Cape Town, on 23 and 24 April 2005.



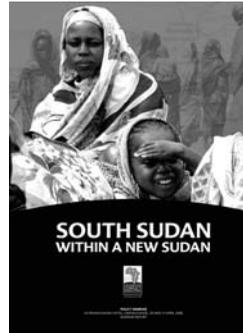
VOLUME 8 THE PEACEBUILDING ROLE OF CIVIL SOCIETY IN SOUTHERN AFRICA

This meeting, held in Maseru, Lesotho, on 14 and 15 October 2005, explores civil society's role in relation to southern Africa, democratic governance, its nexus with government, and draws on comparative experiences in peacebuilding.



**VOLUME 9
WOMEN AND
PEACEBUILDING IN
AFRICA**

This meeting, held in Cape Town on 27 and 28 October 2005, reviewed the progress of the implementation of United Nations (UN) Security Council Resolution 1325 on Women and Peacebuilding in Africa in the five years since its adoption by the United Nations (UN) in 2000.



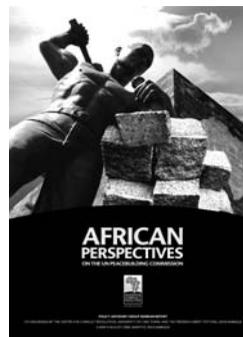
**VOLUME 13
SOUTH SUDAN WITHIN
A NEW SUDAN**

This policy advisory group seminar on 20 and 21 April 2006 in Franschhoek, Western Cape, assessed the implementation of the Comprehensive Peace Agreement (CPA) signed in January 2005 by the Government of the Republic of the Sudan (GOS) and the Sudan People's Liberation Movement/Sudan People's Liberation Army (SPLM/A).



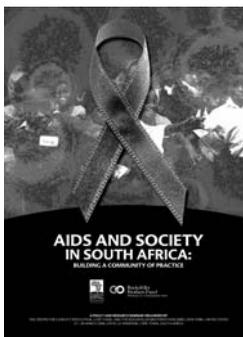
**VOLUME 10
HIV/AIDS AND
MILITARIES IN
SOUTHERN AFRICA**

This two-day policy advisory group seminar in Windhoek, Namibia, on 9 and 10 February 2006 examined issues of HIV/AIDS and militaries in southern Africa.



**VOLUME 14
AFRICAN PERSPECTIVES
ON THE UN
PEACEBUILDING
COMMISSION**

This meeting, in Maputo, Mozambique, on 3 and 4 August 2006, analysed the relevance for Africa of the creation, in December 2005, of the United Nations (UN) Peacebuilding Commission, and examined how countries emerging from conflict could benefit from its establishment.



**VOLUME 11
AIDS AND SOCIETY
IN SOUTH AFRICA**

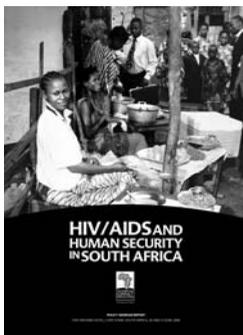
BUILDING A COMMUNITY OF PRACTICE

This policy and research seminar, held in Cape Town on 27 and 28 March 2006, developed and disseminated new knowledge on the impact of HIV/AIDS in South Africa in the three key areas of: democratic practice; sustainable development; and peace and security.



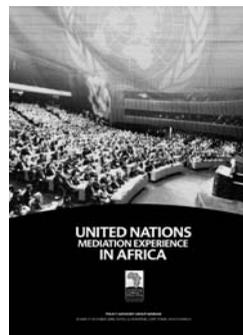
**VOLUME 15
THE PEACEBUILDING
ROLE OF CIVIL SOCIETY
IN CENTRAL AFRICA**

This sub-regional seminar, held from 10 to 12 April 2006 in Douala, Cameroon, provided an opportunity for civil society actors, representatives of the Economic Community of Central African States (ECCAS), the United Nations (UN) and other relevant players to analyse and understand the causes and consequences of conflict in central Africa.



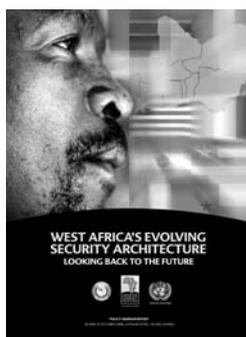
**VOLUME 12
HIV/AIDS AND HUMAN
SECURITY IN SOUTH
AFRICA**

This two-day policy seminar on 26 and 27 June 2006 took place in Cape Town and examined the scope and response to HIV/AIDS in South Africa and southern Africa from a human security perspective.



**VOLUME 16
UNITED NATIONS
MEDIATION EXPERIENCE
IN AFRICA**

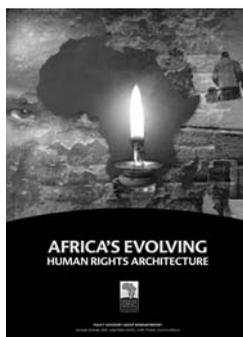
This seminar, held in Cape Town on 16 and 17 October 2006, sought to draw out key lessons from mediation and conflict resolution experiences in Africa, and to identify gaps in mediation support while exploring how best to fill them. It was the first regional consultation on the United Nations (UN) newly-established Mediation Support Unit (MSU).



**VOLUME 17
WEST AFRICA'S
EVOLVING SECURITY
ARCHITECTURE**

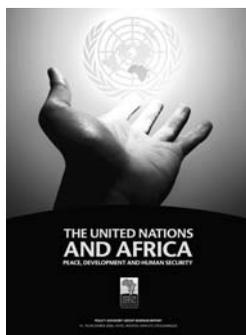
LOOKING BACK TO THE FUTURE

The conflict management challenges facing the Economic Community of West African States (ECOWAS) in the areas of governance, development, and security reform and post-conflict peacebuilding formed the basis of this policy seminar in Accra, Ghana, on 30 and 31 October 2006.



**VOLUME 21
AFRICA'S EVOLVING
HUMAN RIGHTS
ARCHITECTURE**

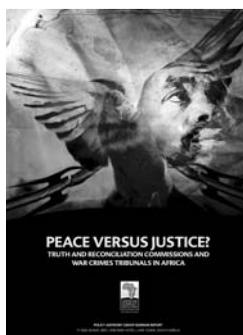
The experiences and lessons from a number of human rights actors and institutions on the African continent were reviewed and analysed at this policy advisory group meeting held on 28 and 29 June 2007 in Cape Town, South Africa.



**VOLUME 18
THE UNITED NATIONS
AND AFRICA**

PEACE, DEVELOPMENT AND HUMAN SECURITY

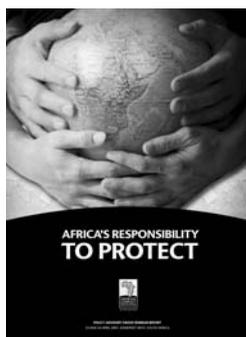
This policy advisory group meeting, held in Maputo, Mozambique, from 14 to 16 December 2006, set out to assess the role of the principal organs and the specialised agencies of the United Nations (UN) in Africa.



**VOLUME 22
PEACE VERSUS JUSTICE?**

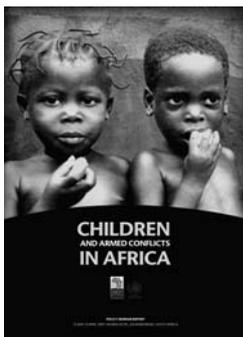
TRUTH AND RECONCILIATION COMMISSIONS AND WAR CRIMES TRIBUNALS IN AFRICA

The primary goal of this policy meeting, held in Cape Town, South Africa, on 17 and 18 May 2007, was to address the relative strengths and weaknesses of "prosecution versus amnesty" for past human rights abuses in countries transitioning from conflict to peace.



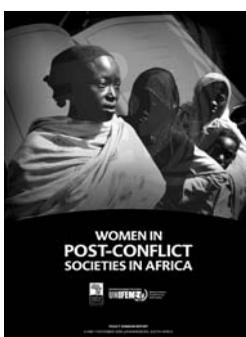
**VOLUME 19
AFRICA'S
RESPONSIBILITY TO
PROTECT**

This policy seminar, held in Somerset West, South Africa, on 23 and 24 April 2007, interrogated issues around humanitarian intervention in Africa and the responsibility of regional governments and the international community in the face of humanitarian crises.



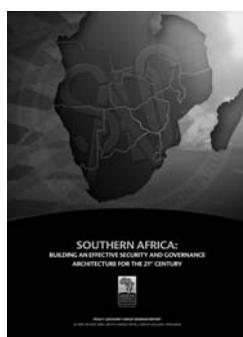
**VOLUME 23
CHILDREN AND ARMED
CONFLICTS IN AFRICA**

This report, based on a policy advisory group seminar held on 12 and 13 April 2007 in Johannesburg, South Africa, examines the role of various African Union (AU) organs in monitoring the rights of children in conflict and post-conflict situations.



**VOLUME 20
WOMEN IN POST-
CONFLICT SOCIETIES IN
AFRICA**

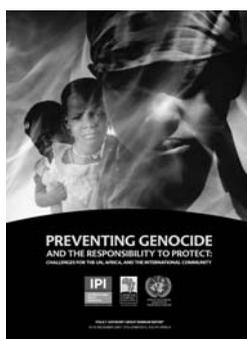
The objective of the seminar, held in Johannesburg, South Africa, on 6 and 7 November 2006, was to discuss and identify concrete ways of engendering reconstruction and peace processes in African societies emerging from conflict.



**VOLUME 24
SOUTHERN AFRICA**

BUILDING AN EFFECTIVE SECURITY AND GOVERNANCE ARCHITECTURE FOR THE 21ST CENTURY

This report is based on a seminar, held in Tanzania on 29 and 30 May 2007, that sought to enhance the efforts of the Southern African Development Community (SADC) to advance security, governance and development initiatives in the sub-region.



VOLUME 25 PREVENTING GENOCIDE AND THE RESPONSIBILITY TO PROTECT

CHALLENGES FOR THE UN, AFRICA, AND THE
INTERNATIONAL COMMUNITY

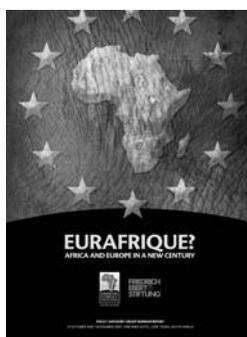
This policy advisory group meeting was held from 13 to 15 December 2007 in Stellenbosch, South Africa, and focused on six African, Asian and European case studies. These highlighted inter-related issues of concern regarding populations threatened by genocide, war crimes, "ethnic cleansing" or crimes against humanity.



VOLUME 29 CONFLICT TRANSFORMATION AND PEACEBUILDING IN SOUTHERN AFRICA

CIVIL SOCIETY, GOVERNMENTS, AND
TRADITIONAL LEADERS

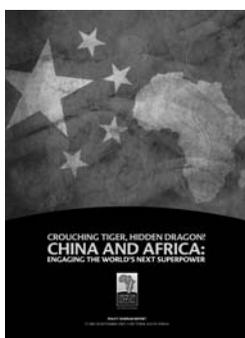
This meeting, held on 19 and 20 May 2008 in Johannesburg, South Africa, provided a platform for participants from Lesotho, Swaziland and Zimbabwe to share insights on sustained intervention initiatives implemented by the Centre for Conflict Resolution in the three countries since 2002.



VOLUME 26 EURAFRIQUE?

AFRICA AND EUROPE IN A NEW CENTURY

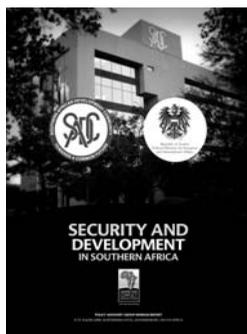
This seminar, held from 31 October to 1 November 2007 in Cape Town, South Africa, examined the relationship between Africa and Europe in the 21st Century, exploring the unfolding economic relationship (trade, aid and debt); peacekeeping and military co-operation; and migration.



VOLUME 30 CROUCHING TIGER, HIDDEN DRAGON? CHINA AND AFRICA

ENGAGING THE WORLD'S NEXT SUPERPOWER

This seminar, held in Cape Town, South Africa, on 17 and 18 September 2007, assessed Africa's engagement with China in the last 50 years, in light of the dramatic changes in a relationship that was historically based largely on ideological and political solidarity.



VOLUME 27 SECURITY AND DEVELOPMENT IN SOUTHERN AFRICA

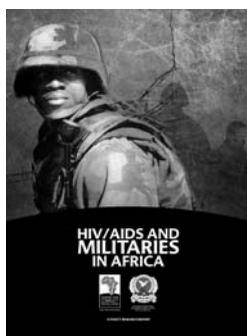
This seminar, held in Johannesburg, South Africa, from 8 to 10 June 2008, brought together a group of experts – policymakers, academics and civil society actors – to identify ways of strengthening the capacity of the Southern African Development Community (SADC) to formulate security and development initiatives for southern Africa.



VOLUME 31 FROM EURAFRIQUE TO AFRO-EUROPA

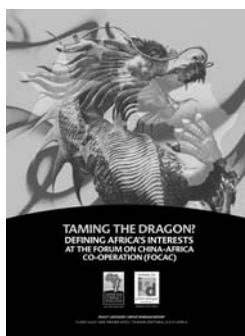
AFRICA AND EUROPE IN A NEW CENTURY

This policy seminar, held from 11 to 13 September 2008 in Stellenbosch, Cape Town, South Africa, explored critically the nature of the relationship between Africa and Europe in the political, economic, security and social spheres.



VOLUME 28 HIV/AIDS AND MILITARIES IN AFRICA

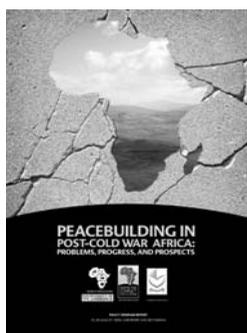
This policy research report addresses prospects for an effective response to the HIV/AIDS epidemic within the context of African peacekeeping and regional peace and security. It is based on three regional advisory group seminars that took place in Windhoek, Namibia (February 2006); Cairo, Egypt (September 2007); and Addis Ababa, Ethiopia (November 2007).



VOLUME 32 TAMING THE DRAGON?

DEFINING AFRICA'S INTERESTS AT THE
FORUM ON CHINA-AFRICA CO-OPERATION

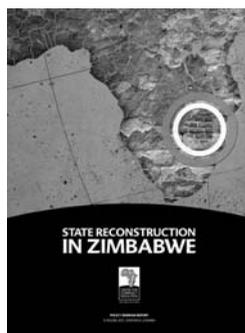
This policy seminar held in Tshwane (Pretoria), South Africa on 13 and 14 July 2009 – four months before the fourth meeting of the Forum on China-Africa co-operation (FOCAC) – examined systematically how Africa's 53 states define and articulate their geo-strategic interests and policies for engaging China within FOCAC.



**VOLUME 33
PEACEBUILDING IN
POST-COLD WAR
AFRICA**

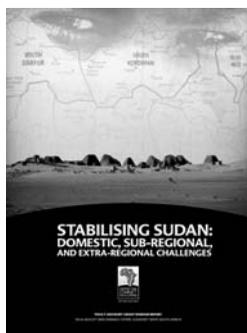
PROBLEMS, PROGRESS, AND PROSPECTS

This policy research seminar held in Gaborone, Botswana from 25 to 28 August 2009 took a fresh look at the peacebuilding challenges confronting Africa and the responses of the main regional and global institutions mandated to build peace on the continent.



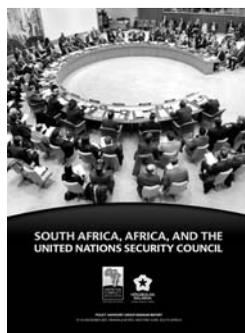
**VOLUME 37
STATE RECONSTRUCTION
IN ZIMBABWE**

This policy advisory group seminar held in Siavonga, Zambia, from 9 to 10 June 2011, assessed the complex interlocking challenges facing the rebuilding of Zimbabwe in relation to the economy, employment, health, education, land, security, and the role of external actors.



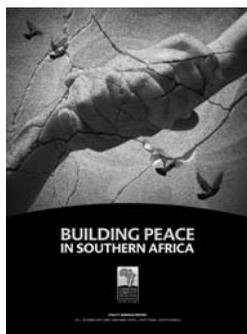
**VOLUME 34
STABILISING SUDAN:
DOMESTIC, SUB-REGIONAL, AND
EXTRA-REGIONAL CHALLENGES**

This policy advisory group seminar held in the Western Cape, South Africa from 23 to 24 August 2010 analysed and made concrete recommendations on the challenges facing Sudan as it approached an historic transition – the vote on self-determination for South Sudan scheduled for January 2011.



**VOLUME 38
SOUTH AFRICA, AFRICA,
AND THE UN SECURITY
COUNCIL**

This policy advisory group seminar held in Somerset West, South Africa, from 13 to 14 December 2011, focused on South Africa's role on the UN Security Council; the relationship between the African Union (AU) and the Council; the politics of the Council; and its interventions in Africa.



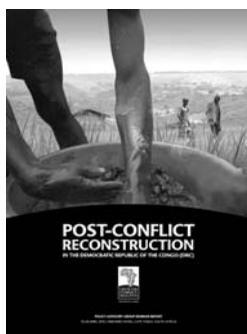
**VOLUME 35
BUILDING PEACE IN
SOUTHERN AFRICA**

This policy seminar held in Cape Town, South Africa, from 25 to 26 February 2010, assessed Southern Africa's peacebuilding prospects by focusing largely on the Southern African Development Community (SADC) and its institutional, security, and governance challenges.



**VOLUME 39
THE EAGLE AND THE
SPRINGBOK:
STRENGTHENING THE NIGERIA/SOUTH
AFRICA RELATIONSHIP**

This policy advisory group seminar held in Lagos, Nigeria, from 9 to 10 June 2012, sought to help to "reset" the relationship between Nigeria and South Africa by addressing their bilateral relations, multilateral roles, and economic and trade links.



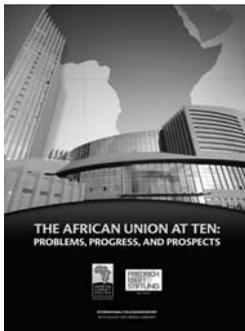
**VOLUME 36
POST-CONFLICT
RECONSTRUCTION IN THE
DEMOCRATIC REPUBLIC OF
THE CONGO (DRC)**

This policy advisory group seminar held in Cape Town, South Africa, from 19 to 20 April 2010 sought to enhance the effectiveness of the Congolese government, the Southern African Development Community (SADC), civil society, the United Nations (UN), and the international community, in building peace in the Democratic Republic of the Congo (DRC).



**VOLUME 40
SOUTH AFRICA IN
SOUTHERN AFRICA**

This policy advisory group seminar held in Somerset West, South Africa, from 19 to 20 November 2012, considered South Africa's region-building efforts in Southern Africa, paying particular attention to issues of peace and security, development, democratic governance, migration, food security, and the roles played by the European Union (EU) and China.



VOLUME 41
THE AFRICAN UNION
AT TEN:
PROBLEMS, PROGRESS, AND PROSPECTS

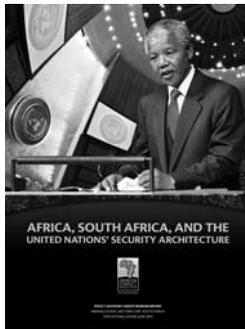
PROBLEMS, PROGRESS, AND PROSPECTS

This international colloquium held in Berlin, Germany, from 30 to 31 August 2012, reviewed the first ten years of the African Union (AU); assessed its peace and security efforts; compared it with the European Union (EU); examined the AU's strategies to achieve socio-economic development; and, analysed its global role.



VOLUME 43
GOVERNANCE AND
SECURITY CHALLENGES
IN POST-APARTHEID
SOUTHERN AFRICA

This report considers the key governance and security challenges facing Southern Africa, with a focus on the 15-member Southern African Development Community (SADC) sub-region's progress towards democracy, and its peacemaking, peacekeeping, and peacebuilding efforts.



VOLUME 42
AFRICA, SOUTH AFRICA,
AND THE UNITED NATIONS'
SECURITY ARCHITECTURE

This policy advisory group seminar held in Somerset West, South Africa from 12 to 13 December 2012, considered Africa and South Africa's performance on the United Nations (UN) Security Council; the politics and reform of the Security Council; the impact of the African Group at the UN; and the performance of the UN Peacebuilding Commission.

Notes

In 2000, 189 countries, including 53 African states, set eight Millennium Development Goals (MDGs) to improve the lives of many of the world's poorest people by 2015. In May 2013, the Centre for Conflict Resolution (CCR), Cape Town, South Africa, convened about 30 leading policymakers, civil society actors, and scholars to assess critically the progress that Africa has made towards achieving the MDG benchmarks; and to support African institutions in shaping the post-2015 development agenda. The Cape Town meeting considered the eight Goals to eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria, and other diseases; ensure environmental sustainability; and develop a global partnership for development for the continent's 800 million citizens.



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