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CONTRIBUTIONS TO BOOKS

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

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- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

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MILLENNIUM DEVELOPMENT GOALS IN AFRICA, POLICIES AND ACHIEVEMENT STRATEGIES: AN APPRAISAL AND WAYS FORWARD

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ABSTRACT

The major focus of this paper was on the problems associated with the achievement of Millennium Development Goals in Africa. The baseline was that, for over thirteen years of inception of the Millennium Development Goals (MDGs), Africa remains wanting in human development indices, poverty eradication, literate population, health development, economic, political, and social development. These have been the case despite the introduction of a number of strategies aimed at achieving the MDGs and associated cost estimates by the Millennium Project and the World Bank. Our aim was to appraise the extent of achievement of the MDGs in Africa, guided by the question of whether practical policy initiatives for achieving the MDGs can be identified for Africa. We would like to contribute significantly to the policy initiatives. Methodologically, we concentrated on a survey of the policy prescriptions for the achievement of MDGs in Africa and the extent to which these policies had contributed to achievement of the MDGs. The data sources were basically from: (i) the African regional development indicators; (ii) Millennium Development Goals Reports; (iii) the MDG Africa Steering Group; and, other relevant literature. The analysis of data was highly descriptive and appropriate enough for assessment of the extent of achievement of the MDGs in Africa. In a nutshell, our assessments indicate the following constraints to the achievement of MDGs in Africa: (i) discouragingly low human development indices in Africa compared to the global average; (ii) inappropriate policy recommendations for achievement of the MDGs in Africa; (iii) non-applicable predictive models; (iv) the problem of paucity of data in Africa; (v) low level of infrastructural development in rural areas; (vi) high rate of underemployment; (vii) deficiencies in policy implementation processes; and, (viii) lack of research and development culture. Based on these observations, the paper makes the following recommendations: (i) regional partnerships in development projects; (ii) development and application of country-specific strategy models; (iii) country-wide emphasis on availability of relevant data, complemented with research and development activities; (iv) emphasis on infrastructural development especially in the rural areas; and, (v) refined policy implementation processes based on the use of appropriate personnel and other policy implementation instruments, such as monitoring and evaluation.

KEYWORDS
MDGs, human development indices, poverty eradication.

1. INTRODUCTION

The Millennium Development Goals (MDGs) have been a famous concept for the low income, developing countries since their propagation by the United Nations in the year 2000. These goals were conceived of with the aim of helping under-developed low income countries overcome the problems of illiteracy, poverty, low health status, and quality of life. Substantial emphasis was on the attainment of the Millennium Development targets in education due to the pivotal role of education in national development. Such targets included education for all by the year 2015 through one hundred percent gross enrollment rate, gender equality in access to education opportunities, eradication of adult illiteracy, and general improvement in the quality of education in low income countries.

Maduabum (2013) reiterated the fact that the emergence of MDGs was due to a genuine concern by both developing and advanced countries to ensure a meaningful development in low income countries. In September 2000, to be precise, during the United Nations (UN) Millennium summit, the international community adopted the Millennium Declaration (MD) and the Millennium Development Goals (MDGs) as strategic indicators by which Low Income Countries (LICs) and the donor community can measure progress in the reduction of poverty in improvement of key dimension of development. The LICs were advised to adopt the MDGs in the context of their Poverty Reduction Strategy Paper (PRSP) as was presented in the Summit, and monitor progress toward meeting the goals (Pierre-Richard et al, 2005).

In order to ensure total compliance to the Millennium Development targets, at the 2002 International Conference on Financing for Development, held in Monterrey Mexico, the international community established a framework for global partnership between developed and developing countries with the aim of combating widespread poverty around the world. Additionally, at the World Summit on Sustainable development held in Johannesburg, South Africa, the United Nations member States did reaffirm their commitment to helping LICs meet the Millennium Development Goals.

It is worrisome the extent and speed of attainment of the Millennium Development goals in Africa. The previous assessments of the status of meeting the MDGs in low income countries revealed that the progress in achieving them, especially in Africa, has been slow (Commission for Africa, 2005; United Nations, 2005). On the same token, the Millennium Project (2005), noted that although many countries were on track to achieving some of the MDGs, the Sub-Saharan African countries were continuously lagging behind.

Many similar reports on the progress in achievement of the MDGs suggest that economic growth is a key requirement for improving standard of living in Sub-Saharan Africa. Such reports emphasise the fact that there is the need for a "big push" in public investment in education, health and infrastructure in order for the African countries to achieve the MDGs. OECD (2004) observed that many poverty reduction strategies papers (PRSPs) in Africa recognised the role that infrastructure plays in stimulating economic growth, particularly those aimed at improving productivity and reducing production costs in agriculture. Similarly, a joint report by the Breton Woods institutions (World Bank, 2005b) and the Bank's Action Plan for Africa (World Bank, 2005c) had called for a doubling of spending on infrastructure in Sub-Saharan Africa. It appear a majority of these reports alluded to the fact that the achievement of MDGs in Africa remains far-fetched. This puts into test, the authenticity of the policies being recommended for the achievement of MDGs in Africa. This paper aims at appraising the MDGs in Africa in relation to the progress in their achievements. The guiding question would be: " Are there identifiable practical policy initiatives for achieving the MDGs in Africa. The paper will address the answer to this question in a logical and reasonable manner. The rest of the paper is organised as follows: section 2 presents a survey of the relevant literature; section 3 discusses the methodology; section 4 is an overview of the development indicators in Africa; in section 5, we appraise the effectiveness of the recommended policies for attainment of the MDGs in Africa; and, in section 6, the paper concludes with some recommendations for the ways forward.

2. LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

The Conceptually, economic development generally refers to a process in which an economy is transformed from traditional static behaviours to modern dynamic types behaviours, characterized by a long-period continuity of events (Onwe, 1993: 17). It is the features of a development process that form the basic background of most theoretical views on economic development, including Professor Rostow's stages of development and Arthur Lewis-type models of economic development. In varying degrees, most policy prescriptions for development of a given economy have made references to these models.

Though economists do not explicitly distinguish between the concepts of 'economic development' and 'economic growth', as they are often used interchangeably, we should bear in mid that economic development follows fairly uniform pattern, passing through a series of stages, with different development theorists emphasising transition along different lines of development. The best known of the stage theories were those of Karl Marx, the historic Russian development economists of the 19th century, who postulated changes in economic institutions, from feudalism to capitalism, then to socialism. Other stage theorists, as outlined by Kindleberger (1975), were:

List, emphasising: savagery → pastoral life → agriculture → agriculture and manufactures → agriculture, manufactures, and trade.

Hildebrand, emphasising: barter → money → credit.

Ashley, emphasising: household system → guild → domestic system → factory.

Gras, emphasising: village → town → nation → world.

The most recent stage theory, advanced by Rostow (1975) has five stages including:

1) The *traditional society* which rests on static equilibrium until disturbed.

2) The *precondition* stage, involving slow changes in attitudes and organisation.

3) The *take-off* stage, where resistances and blocks to the development processes are overcome and technical changes are strongly felt.

4) The *drive to maturity* stage, where technical changes are spread to all parts of the economy.

5) The *high mass consumption* stage in which durable consumer goods, life in the suburbs, and college education come within reach.

Our worries are on the extent of reference to these theories of economic development by the proponents of the Millennium Development Goals (MDGs). It could be the case that achievement of the goals would have been grossly determined by logical reference to these theories in the design of the policy prescriptions for achievement of the MDGs. At this stage, let us examine the conceptualization of the Millennium Development Goals.

The Millennium Development Goals (MDGs) were time-specific targets designed to improve global human condition, supported by heads of State during the 2000 United Nations Millennium Declaration (United Nations, 2000). The goals were enumerated as follows (Reddy and Heuty, 2005):

(i)   eradication of extreme poverty and hunger;

(ii)   achievement of universal primary education;

(iii)   promotion of gender equality and empowerment of women;

(iv)   reduction of child mortality;

(v)   improvement of maternal health;

(vi)   fighting against HIV/AIDS, malaria and other diseases;

(vii)   ensuring environmental sustainability; and,

(viii) development of a global partnership for development.

Each of these goals were associated with specific targets, and each target was related to quantifiable indicators. The Millennium Development Goals and targets are summarised in Appendix 1.

To ensure compliance with the requirements of the Millennium Development Goals, the Millennium Project was commissioned to serve as an advisory body to the United Nations Secretary General. In 2005, this body developed and published what might be referred to as "a practical plan for achieving the MDGs" (Millennium Project, 2005). The Millennium Project also developed a list of interventions aimed at potentially promoting the MDGs, as well as investment plans aimed at attaining the MDGs through the listed interventions (Millennium Project, 2005: 242 - 244).

Though the Millennium Project Report presented a laudable "political message", it has been argued that the usefulness of its recommendations in achieving the MDGs is questionable. According to Reddy and Heuty (2005), a truly practical plan for achieving the MDGs has to be based on recognition of the fact that it is impossible to know exactly how to achieve any goal in advance. They noted that existing approaches to identifying the best development strategies have been unreliable. The reason that was advanced was that estimates of costs and benefits of alternative strategies were based on implausible and restrictive assumptions. Such estimates were also based on poor quality data and fail to adequately reflect uncertainties about the future.

It has also been noted that existing predictive models recommended for identifying strategies for achieving the MDGs have been questionable. This has been due to their reliance on unjustifiable assumptions and weak data base (Reddy and Heuty, 2005: 401). Such models, for example, assume that unit costs of required activities for achieving the MDGs are fixed. This is a highly unrealistic assumption as unit costs cannot be fixed, given the expected progressive nature of the attainment of the MDGs. We may however, consider the likelihood that changes in marginal and unit costs may play an important role in the achievement of the MDGs. For instance, some beneficiaries of the MDGs may be so isolated that the cost of reaching them can be outrageous. In addition, the limited supply of the required skilled personnel may make it increasingly costly to extend services to communities that are isolated due to geographical and social reasons. Nevertheless, positive externalities may reduce barriers to provision of services. Such externalities can be represented by transformations in such norms and transmission of relevant knowledge with social networks (Rosenzweig and Foster, 1995). In another argument, it was noted that the cost of expanding services of a kind depends on the extent to which services of another kind have already been expanded. The argument is that it can be less costly to improve a child's health if the child attended school on the one hand. And on the other hand, decreases in mortality rate are likely to increase the number of children for whom schools must be provided, thereby increasing the cost of achieving school enrolment goals and objectives.

Apart from poor quality data and questionable predictable models, many authors have noted that the data needed for assessing the baseline scenario of the MDGs and to monitor their progress over time have been noted to be severely deficient in low-income countries. This has made it almost impossible to ascertain either the extent of achievement of the MDGs or the costs of achieving the required level of achievement. This observation was supported by Snow et al (2005), who found that the number of malaria cases worldwide may be close to double that previously estimated by the World Health Organisation (WHO). The authors pointed out that WHO relies heavily on clinical reports of the malaria diseases for its statistics, while many patients do not in reality seek treatments from official health clinics. On the same token, Reddy and Pogge (2003) argued that the estimates of the extent and trend of poverty across countries are highly sensitive to the assumptions that are made, coupled with unreliable existing estimates.

The observed deficiencies in the existing approaches to the achievement of the MDGs call for alternative practical approaches that focus on the value of learning. The assumption here is that knowledge of how best to achieve the MDGs can be imperfect and that beliefs about how best to achieve the goals need to be continuously updated in light in light of new information. And, according to Reddy and Heuty (2005), strategic choices can be made more effective than otherwise by seeking out and incorporating relevant information maximally.

With the argument that the credibility of existing predictive models used in assessing alternative strategies for achieving the MDGs in Africa have been impoverished by a number of factors, including weaknesses in the relevant data, lack of robustness to variations in assumption, and the likelihood of actual costs and benefits of alternative actions being influenced by unpredicted shocks, it would be obvious that alternative models, capable of overcoming these shortfalls, are needed.

In line with this, Reddy and Heuty (2005) had developed a predictive model, referred to as Institutionalised Financial and Learning Mechanism (IFLM), for achieving the MDGs. The purpose of this model, according to Reddy and Heuty is to provide a realistic, effective, and flexible approach to goal-oriented learning, decision-making, planning, and financing. The model recognises the limitations of the previous models.

Reddy and Heuty (2005) pointed out that the IFLM model is motivated by the following core empirical beliefs:

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1) The importance of learning. Since it is difficult to know in advance the best way of achieving the MDGs, it would be necessary to foster individual and collective learning on the MDGs.
2) The importance of flexibility. Since it is also difficult to know in advance what it would cost to achieve the MDGs, it would be necessary to reassess periodically the best strategy to adopt.

The model is assumed to operate through what the authors referred to as Peer and Partner Review Mechanism (PPRM). Through this mechanism, each country's efforts in achieving the MDGs would be assessed by a peer and partner review committee, informed by evidence from diverse sources, and operating in a publicly transparent and broadly consultative way. Depending on the country involved and societal beliefs, a peer review committee might include representatives from within a region and beyond it, and from among civil society representatives, as well as government officials. Such mechanism is expected to be able to provide flexible instruments for identifying each country's requirement of resources needed for achieving the MDGs, and to identify opportunities for resource generation and policy reorientation. This mechanism is also expected to bring about periodic assessments of each country's efforts and capabilities for for achievement of the MDGs.

We are of the opinion that the IFLM model has some validity for adaptation to the needs of Africa. The concept of peer and partner review mechanism would be ideal for application to the achievement of MDGs in Africa.

3. METHODOLOGY

Our methodology will involve an analysis of the literature information on the concept of the Millennium Development Goals, existing policy recommendations for the achievement of MDGs in Africa, the extent of achievement of such policies, and scholarly proposals on the ways forward for the realisation of MDGs in Africa. Apart from information from the literature survey, our analysis will make reference to data from: (i) the regional development indicators; (ii) Millennium Development reports; and (iii) the MDG Africa Steering Group. Our analytical method will be highly descriptive in nature and practical enough for a general understanding. Our recommendations for the ways forward will majorly come from the analytical results.

4. OVERVIEW OF DEVELOPMENT INDICATORS IN AFRICA

A review of the trend in the key development indicators in Africa would provide the basic background on the existing potentials for achieving the MDGs in Africa. We lay emphasis on the following important development indicators:

1) The average annual rate of growth in population
2) The teenage age composition
3) The standard per capita income
4) The per capita rate of growth of gross domestic product (GDP)
5) Life expectancy
6) Adult literacy rate

It is our opinion that analysis of the trends in these indicators would provide some background information on the likelihood of achieving the MDGs in Africa. The trends are summarised in tables 1 and 2 below. Table 1 reveals that, as of 2013, not much progress has been made in the achievement of the basic Millennium Development Goals in Africa. According to the table, the African regional average human development index (HDI) of 0.487 remains low compared to the world average. We may recall that the HDI is a comparative measure of life expectancy, literacy rate, education, and standard of living. It is also a standard measure of well being and the impact of economic policies on quality of life. In addition, as indicated by the table, the average per capita income of $1,859 is highly discouraging; and, the average life expectancy of about 57 years is nothing to write home about.

The correlation matrix presented in table 2 reveals some interesting information. Negative relationships exist between per capita income and the rate of growth of GDP in Africa; per capita income and age composition of the population; and, per capita income and the rate of growth in population. These observations have critical implications for achievement of the MDGs in Africa.

TABLE 1: SUMMARY OF DEVELOPMENT INDICATORS IN AFRICA

Indicator	Regional Average	Maximum	Minimum	Std Dev.	(Skewness) Kurtosis	Jaque-Bera	Probability
HDI	0.487	0.784 (Libya)	0.338 Democratic Rep of Congo	0.11	(0.92) 3.296	5.309	0.070
Ave. Annual population growth rate (%)	2.535	3.700 (Eritrea)	0.800 (Zimbabwe)	0.775	(-0,81) 2.759	4.117	0.128
Age composition 0 - 14 years (%)	41.784	50.00 (Niger)	23.00 (Tunisia)	6.259	(-1.52) 4.751	18.965	0.00
Per capita Income ($)	1,859.19	1,3560.00 (Equatorial Guinea)	220	2717.68	(2.78) 11.10	148.90	0.00
GDP per capita growth rate (%)	1.45	13.00 (S. Leon)	-57.70 (S. Sudan)	10.43	(-5.040) 29.54	1244.27	0.00
Life expectancy at birth (years)	56.68	75 (Algeria)	47.54 (S. Leon)	7.53	(1.15) 3.53	8.65	0.01
Adult literacy rate, 15 years and above (%)	60.62	92 (Zimbabwe)	29 (Burkina Faso)	16.54	(-0.31) 2.41	1.11	0.57

Source: e-View Analytical Output, 2014

TABLE 2: THE CORRELATION MATRIX

	AGPR	APR	GDPCG	HDI	LEB	PCI
AGPR	1	0.19	0.26	-0.20	0.36	-0.16
APR	0.19	1	0.09	-0.10	0.23	0.03
GDPCG	0.26	0.09	1	0.16	0.009	-0.31
HDI	-0.20	-0.10	0.16	1	0.02	0.19
LEB	-0.36	0.23	0.009	0.02	1	0.17
PCI	-0.16	0.03	-0.31	0.19	0.17	1

Source: e-View Correlation Output, 2014

Note:

AGPR	=	Average Annual Population Growth Rate
APR	=	Adult Literacy rate
GDPCG	=	GDP per capita growth
HDI	=	Human Development Index
LEB	=	Life Expectancy at Birth
PCI	=	Per Capita Income

In the section that follows, we examine in detail the recommended policies for achievement of the MDGs in Africa. The aim is to appraise the effectiveness of such policies.

5. AN APPRAISAL OF THE EFFECTIVENESS OF POLICIES FOR ATTAINMENT OF MDGs IN AFRICA

This section begins with the key recommendations of the MDG Africa Steering group (2008). These recommendations outlined the steps needed to translate commitments into results at the country level. In each area addressed by the MDGs, the African steering group identified the following (see appendix 2):

1) Specific results expected by scaling up known and proven intervention;
2) Organisations that can provide policy leadership;
3) Multilateral financing mechanisms that can complement other bilateral and multilateral funding sources; and,
4) Estimated external financing needs.

The group's recommendations with reference to the areas addressed by the MDGs can be enumerated as follows:

I. AGRICULTURE, FOOD SECURITY AND NUTRITION

The belief has been that agriculture is central to poverty reduction, combating hunger and malnutrition, and accelerating growth in Africa. In effect, the group recommended that a particular focus was needed on smallholder farmers, who are predominantly women and account for about 80 percent of the African farmers. The group further:

(i) urged African governments to seize opportunities presented by high global agricultural commodity prices by reducing trade distorting subsidies as well as barriers to trade in agricultural products;
(ii) urged African governments and the international community to lend their full support to the implementation of Comprehensive African Agricultural Development programme (CAADP), which provides the framework for supporting the design and implementation of national agriculture and food security strategies;
(iii) urged African governments to launch an African Green Revolution within the framework of CAADP key interventions to include: providing access to improved seeds, fertilizers and financial extension services; strengthening land and water management; improving rural infrastructure; strengthening farmers' associations; and, increasing access to markets;
(iv) urged international community to increase external financing for African agriculture, and to mobilise all available bilateral and multilateral financing channels;
(v) urged international community to support African governments in rolling out school feeding programmes, using locally produced food; and,
(vi) recommended that investments in agricultural research should be significantly scaled up to support research into high-yielding crop and livestock varieties, as well as sustainable agricultural practices that are resistant to droughts and climate changes.

II. EDUCATION

Though the steering committee observed that several African countries were on track to achieving universal primary education by 2015, the general progress towards universal primary education remains too slow, as millions of children from poor background as well as rural communities still do not have access to primary education. Many African countries could not provide adequate services for their teaming population and continue to allow school fees and associated costs that discourage school attendance. There were also serious problems in government efforts to increase access to post-primary education, improve the quality of education, and address threats to education systems, from natural disasters and civil conflicts.

To make reasonable progress in the achievement of universal primary education goal, the committee therefore, recommended as follows:

(i) International community to fulfill its commitments toward education, using the full range of bilateral and multilateral instruments;
(ii) The Education for All-Fast Track Initiative (EFA – FTI) partners to systematically review country's sector plans for consistency with projected resource requirements for achieving the millennium development and EFA goals by 2015;
(iii) All development partners to systematically meet recipient governments' requests for long-term education sector support to ensure country ownership, predictable financing, a sound division of labour among donors, and full alignment with country systems over multiple years; and,
(iv) African leaders to give high priority to setting up strong national statistical systems for tracking progress toward the education goals.

III. HEALTH

The Committee observed that, in most African countries, the basic health infrastructure, human resources, equipment and supplies were grossly inadequate to provide essential maternal, child and reproductive health services, and to control and treat infectious diseases. In respect of these, the steering group commended as follows:

(i) Development partners to systematically meet recipient government's requests for sector-wide approaches and long-term health compacts;
(ii) African governments to be supported by international community to expand:
(a) primary health systems;
(b) emergency obstetric care to reach all women by 2015; and,
(c) scaling up of community and mid-level health workers, while addressing the need for highly trained and specialized staff;
(iii) International support for comprehensive family planning to be expanded through the United Nations Population Fund (UNPF), other reference institutions and bilateral channels.
(iv) African countries to continue expansion of preventive, control and treatment programmes for HIV/AIDS, malaria, tuberculosis, and other priority diseases, through the Global Fund and other mechanisms.

IV. INFRASTRUCTURE AND TRADE FACILITATION

The steering group observed that lack of basic transport, power, communication networks, water, sanitation, and other infrastructure services poses severe constraints on economic growth, trade and poverty reduction across Africa. On this observation, the group recommended as follows:

(i) Launching of a 'New Deal' for the energy sector to plan and build transformational generation and transmission facilities across Africa, as well as improvement of the performance of power utilities;
(ii) The international community to assist in financing regional infrastructure, such as road corridors, power pools, multipurpose water infrastructure, and information and communication technology;
(iii) The international community to support African countries in the implementation of national strategies for achieving water supply and sanitation targets;
(iv) Use of enhanced integrated framework and aid for Trade in supporting country efforts to develop trade capacity and performance;
(v) The multilateral and bilateral donors to increase the use of public-private partnerships (PPPs) in leveraging public financing;
(vi) The Infrastructure Consortium for Africa (ICA) to be strengthened to support the monitoring of infrastructure results, particularly in the transport and power sectors, where progress is necessary for the achievement of the MDGs on poverty alleviation and on environmental sustainability.

V. NATIONAL STATISTICAL SYSTEMS

The steering group reported that the availability of high-quality statistics for monitoring progress on the MDGs remains inadequate in many African countries, due to weak statistical capacities. Based on this constraints, the group's recommendation was basically that African governments, with support from development partners, should finance and implement bankable National Strategies for the Development of Statistics (NSDS) to strengthen data systems and develop statistical capacity across Africa.

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VI. AID EFFECTIVENESS AND AID PREDICTABILITY

The Steering group observed that progress in the implementation the 'aid effectiveness agenda', outlined in the Paris Declaration remains too slow. In particular, development partners were yet to overcome donor fragmentation; promote collaboration and complementarities; and, increase budget support where possible. The consequent recommendations by the group were as follows:

(i) Countries providing development assistance to reconfirm their intentions to fully implement the Paris Declaration on Aid Effectiveness;

(ii) Bilateral donors to provide country-by-country schedules on how they will scale up their aids to Africa in order that the existing commitments could be met;

(iii) The African Development Bank (ADB), African Union (AU), International Monetary Fund (IMF), the United Nations systems, and the World Bank to assist African governments in maintaining strong domestic policy frameworks; and,

(iv) African governments and development partners to formalise compacts, outlining each others' roles and responsibilities in ensuring that financial commitments are met and aligned with national systems, delineate a clear division of labour among donors; provide for the use of budget support where appropriate; untie aid; design and implement any conditionality in a way that promotes predictability; and, take account of existing sector programmes.

VII. TRANSLATING THE MDGS INTO INTEGRATED PROGRAMMES ON THE GROUND

The steering group had reported that country programmes in Africa remained constrained by insufficient, as well as, unpredictable financing, and do not specify the full set of policies and supporting public expenditure needed to achieve sustained economic growth and the Millennium Development Goals. To this effect, the Steering Group recommended that the ADB, AU, IMF, UN systems, and the World Bank should assist African governments that request for support.

There exists therefore, some evidence that strategies for achieving the MDGs in Africa have been in place. It is however, worrisome that irrespective of the numerous models, strategies, and policies that have been advanced for achieving the MDGs, Africa is still lagging behind in achievement of the Millennium Development Goals. Many gaps are yet to be closed. This observation is supported by the progress reports of the United Nations (UN) and similar international institutions. The UN report (2014) summarises the extent of achievement of the MDGs in Africa as follows:

Goal 1*: Eradication of extreme poverty and hunger.*

Despite the general claim that this MDG target has been met

1) about one out of five persons in Africa still lives on less than $1.25 per day;

2) vulnerable employment still accounts for 56 percent of all employments in developing countries in general and specifically, in Africa, compared to 10 percent in developed countries, and, vulnerable employment rates continue to be higher for women than for men; the largest gender gaps were reported for sub-Saharan African countries in 2013;

3) about 173 million fewer people worldwide suffered chronic hunger between 2011 and 2013 than between 1990 and 1992, indicating some improvements, though the target of reducing the proportion of people suffering from hunger by 50 percent between 1990 and 2015 was yet to be achieved in Africa, as about one in eight people in Africa were estimated to have been suffering from hunger between 2011 and 2013.

4) one in four children under age five in the world had inadequate height for his/her age;

5) in 2013, about 3200 people had to abandon their homes everyday to seek protection from conflict-induced disturbances.

These observations imply that existing policies designed to attain the MDG target of eradicating extreme poverty and hunger in Africa have not been as effective as expected. Such policies need to be re-examined.

Goal 2: *Achievement of universal primary education*

The UN report (2014) indicated that not much progress has been made on the MDG target of ensuring that by 2015 African children complete a full course of primary schooling. According to the report, only 3 out of 5 pupils in sub-Saharan Africa were able to complete primary education between 2000 and 2013. Boys were found to have greater risk of leaving the primary school earlier than the girls. Some of the critical factors for early school leaving were noted to have included travelling long distances from home to school, household poverty, the combination of work and study, and opportunity costs. It follows that good measures to stop early school leaving need to address these factors and promote early intervention, including wider access to pre-primary school programmes to facilitate school readiness and timely entry to school.

Goal 3: *Promotion of gender equality and empowerment of women*

The major target in this goal was to eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. The United Nations suggested that gender parity in education is reached when the gender parity index (GPI), defined as girls' gross school enrolment ratio divided by the corresponding ratio for the boys, is between 0.97 and 0.03. According to the UN report, gender disparities were more prevalent at higher levels of education, with greater variances among African countries. The report further indicated that all developing countries were close to achieving gender parity in primary education in 2012. However, girls' enrolment ratios were still lower than the boys' in sub-Saharan Africa. Enrolment ratios of young women were found significantly lower than those of young men in the sub-Saharan Africa.

One of the notable indicators of gender parity in the African labour market is the time-related underemployment rate, which measures the percentage of employed men and women who are willing and available to work additional hours. In most African countries, it was observed that the time-related underemployment rate for women is higher than that of men.

This calls for family-friendly policies that not only encourage work-family balance, but also enhance the quality of part-time jobs and improve overall business productivity. Such policies may include legislation on flexible time, parental leave, other codes of conduct, and new working practices, as well as childcare and elderly-care facilities.

Goal 4: *Reduction of child mortality*

The major target here was to reduce by two-thirds, the under five mortality rate between 1990 and 2015. Despite an observed substantial progress, the UN reported that the world still fall short of the MDG child mortality target. It was observed that the global rate of under-five mortality in 2012 was almost 50 percent of the 1990 rate. Fewer children died each day in 2012 than in 1990. All regions, with the exception of sub-Saharan Africa and Oceania, reduced their under-five mortality rate by more than 50 percent (UN, 2014).

The major causes of under-five deaths in Africa were reported as preventable diseases. Another major cause of child mortality in Africa was reported as outbreak of measles. Frequent outbreaks of measles were due to weak routine immunization systems and delayed implementation of accelerated disease control in Africa.

The UN (2014) report suggested that the reduction of under-five mortality in Africa requires political will, applied consistently in support of child and maternal health through concerted action, sound strategies, and adequate resources. Additionally, addressing the decline in political and financial commitment to measles control is the key to making progress in achieving the target of reduction in child mortality in Africa.

Goal 5: *Improvement of Maternal Health*

The target here was to reduce by 75 percent, the maternal mortality ratio between 1990 and 2015. The extent to which this target has generally been met appears highly discouraging. According to the UN report (2014):

1) Almost 300,000 women died globally in 2013 from causes related to pregnancy and child birth;

2) The population of deliveries attended to by skilled health personnel in developing regions improved by rising from 56 percent in 1990 to 68 percent in 2012;

3) In 2012, 40 million births were not attended to by skilled health personnel in developing countries, and over 32 million (80 percent) of these births occurred in rural areas; and,

4) About 52 percent of pregnant women had four or more antenatal care visits during pregnancy in 2012.

In sub-Saharan Africa, the maternal deaths per 100,000 live births for women of ages between 15 and 49 years, between 1990 and 2013 are summarized by table 2.

TABLE 2: MATERNAL DEATHS PER 100,000 LIVE BIRTHS FOR WOMEN OF 15 TO 49 YEARS

Year	Maternal deaths per 100,000 live births	Proportion of deliveries attended to by skilled health personnel (%)
1990	900	40
2000	830	43
2013	510	53

Source: UN Report, 2014

By implication, the maternal dearth ratio went down by just about 43 percent between 1990 and 2013. With the emerging political, social and economic conditions of the sub-Saharan Africa, the probability of attaining the 75 percent target reduction in maternal mortality appears very low.

Despite the improvements in access to maternal health care, as indicated by table 2, the UN report noted large disparities in access to health care between urban and rural areas in sub-Saharan Africa. The urban-rural gap in the proportion of births attended to by skilled health personnel narrowed merely from 33 percent to 31 percent between the periods of 2000 and 2012 (MDG Report, 2014).

The UN report (2014) observed that a major cause of maternal mortality in Africa is early child bearing, which is associated with tremendous health risks. It follows that prevention of early child bearing will go a long way in helping to achieve not only the maternal health target but other MDG targets such as those on poverty, education, gender equality, and child mortality.

Goal 6: *Combating HIV/AIDS, malaria and other diseases*

The target here was to halt and reverse the spread of HIV/AIDS by the year 2015. On the extent of achievement of this target, the MDG report noted as follows:

1) Almost 600 children died of AIDs-related causes every day in 2012;
2) Antiretroviral medicines were delivered to 9.5 million people in developing regions, including Africa in 2012;
3) Malaria intervention saved the lives of 3 million young children between 2000 and 2012;
4) Between 1995 and 2012, tuberculosis treatment saved 22 million lives in developing regions.

Despite the progress made so far, as implied by the United Nations reports, the incidence rate of HIV per year per 100 people of 15 to 49 years of age in Africa was estimated as 58 percent in 2001 and 34 percent in 2012, barely 24 percent reduction in about 11 years. The report also pointed out that in sub-Saharan Africa, only 39 percent of young men and 28 percent of young women, between 15 and 24 years of age had comprehensive knowledge of HIV by the year 2012. In he same Africa, the report indicated that condom use among young men and women who had high risk sex reach 57 percent and 37 percent, respectively. According to the United Nations report, these rates were far below the 95 percent target agreed at the United Nations General Assembly Special Session on HIV and AIDs in 2001.

There were some observed progresses in combating malaria and related diseases globally. Between 2000 and 2012, an observed substantial expansion of malaria intervention globally led to a 42 percent decline in malaria-related mortality rate. It was noted however, that the fight against malaria in Africa further requires sustained political and financial commitment from both the international community and affected countries, as an estimated 3.4 billion people was reported to be at risk of infection.

Goal 7: *Ensuring Environmental sustainability*

The major target here was to integrate the principles of sustainable development into country policies and programmes and to reverse the loss of environmental resources. Regarding the progress made so far on this goal, the UN Report (2014) made the following observations:

1) Global emissions of carbon dioxide, CO_2, increased by 50 percent between 2000 and 2013;
2) Protected ecosystems covered 14 percent of terrestrial and coastal marine areas worldwide by 2012;
3) Over 2.3 billion more people have gained access to an improved source of drinking water since 1990, but 748 million people still depended on unimproved source for their water requirements;
4) Between 1990 and 2012, about 2 billion people obtained access to improved sanitation. However, 1 billion people still resort to open defecation;
5) One-third of urban residents in developing regions, including Africa, still live in slums;
6) About 13 million hectares of forest was lost worldwide each year between 2000 and 2010, either through devastation by natural causes or due to conversion of land to other land uses. Additionally, it was noted that urbanization and expansion of large-scale commercial agriculture were the major causes of deforestation at the global level;
7) The world has almost eliminated ozone-depleting substances (ODS). The global consumption of ODS decreased by over 98 percent between 1986 and 2013. Though the reduction in this consumption in developing regions became noticeable only after 2000.
8) Access to improved drinking water became a reality since 2000. The proportion of the population using drinking water source in Africa rose from 48 percent in 1990 to 64 percent in 2012.

Despite the observed improvement in access to drinking water in Africa, it was reported that many people still rely on unsafe water sources. Safe water has not been easily accessible to the African households.

The number of people living in slum conditions in Africa appears to be increasing. This has been due, in part, to the high pace of urbanization. The population of people still living in slum condition in the African urban areas was estimated at 62 percent. To this effect, a well-planned cities are needed in Africa.

Goal 8: *Development of a Global partnership for development*

The major target of this goal was to address the special needs of the least developed countries, landlocked developing countries, and small island developing states. On the progress made on this target so far, the United Nations (2014) reported that:

1) Official development assistance stood at $134.8 billion in 2013, the highest level ever recorded;
2) 80 percent of imports from developing countries enter developed countries duty-free;
3) The debt burden on developing countries remained stable at about 3 percent of export revenue;
4) The number of internet users in Africa almost doubled between 1999 and 2013; and,
5) 30 percent of the world's youth are digital natives and active online.

In the past few years however, development aids appear to be shifting away from the poorest countries, especially in Africa. The UN report noted that the net bilateral aid to Africa fell by 5.6 percent in 013 to $28.9 billion in real terms. The Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) had suggested the likelihood of a continued decline in bilateral aid by 5 percent in Africa, reflecting reduced access to grant resources on which Africa is highly dependent for achievement of the MDGs.

In a nutshell, the Millennium Development reports have not shown major successes in current policies aimed at achieving the MDGs in Africa. Suggestions on the alternative ways forward are therefore needed. The following section will be aimed at alternative ways forward for the achievement of the MDGs in Africa.

6. CONCLUSION AND RECOMMENDATIONS FOR WAYS FORWARD

There are some indications that, as of 2013, very little progress has been made in the achievement of the MDGs in Africa. We observed that the regional average human development index (HDI) remains low in Africa compared to the global average. The average per capita income in Africa remains low at $1,859. The average life expectancy in Africa remains relatively low at 57 years. An observed negative relationship between per capita income and growth Africa reveals some lapses in productive incentives. Additionally, observed negative relationship between per capita income and age composition of the population, as well as the population growth rate in Africa do have critical implications in the ability of African countries to achieve the MDGs.

Other important observations on the constraints in achieving the MDGs in Africa follow:

1) Policy recommendations of the Millennium Project, an advisory body to the UN secretary General on the achievement of the MDGs and the MDG Africa Steering Group were not hundred percent effective in Africa;

2) Existing predictive models recommended for identifying strategies for achieving the MDGs in Africa were found non applicable, questionable and unrealistic;
3) African countries have been generally characterized by paucity and low quality of data;
4) The deficiencies in existing policy recommendations, as well as deficiencies in the predictive models would imply the search for new and practical approaches to achieving the MDGs in Africa;
5) Low level of development activities in African rural areas;
6) High rate of underemployment of the target population;
7) Low attention to preventable diseases due to unskilled health personnel in Africa;
8) Deficiencies in policy implementation processes; and,
9) Lack of research and development culture in agriculture, health services, and education.

It can be shown that in varying degrees, each of these constraints has negative multiplier effects on the achievement of MDGs in Africa. To guide against these, we recommend the following in addition to the 2008 recommendations of the MDG Africa Steering Group, and those of such authors as Reddy and Heuty (2005). We need to note however, that a practical approach for achieving the MDGs in Africa must be based on the recognition that it is almost impossible to predict in advance exactly how to achieve any goal, as can be evidenced by the dismal record of economies that is based on comprehensive central planning. Nevertheless, the following recommendations for the ways forward are in place:

(i) Regional partnerships in development projects;
(ii) Development and application of country-specific strategy models;
(iii) Country-wide emphasis on availability of relevant data, complemented with research and development activities;
(iv) Emphasis on infrastructural development especially in the rural areas; and,
(v) Refined policy implementation processes based on the use of appropriate personnel and other policy implementation instruments, such as monitoring and evaluation.

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APPENDIX

APPENDIX 1: MILLENNIUM DEVELOPMENT GOALS, TARGETS AND INDICATORS

Goal	Target
1: *Eradicate extreme poverty and hunger*	**A:** Have, between 1990 and 2015, the proportion of people whose income is less than one dollar per day **B:** Achieve full and productive employment and decent work for all, including women and young people **C:** Halve, between 1990 and 2015, the proportion of people who suffer from hunger
2: *Achieve universal primary education*	**A:** Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
3: *Promote gender equality and empower women*	**A:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.
4: *Reduce child mortality*	**A:** Reduce by two-thirds, between 1990 an 2015, the under-five mortality rate.
5: *Improve maternal health*	**A:** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
6: *Combat HIV/AIDS, malaria and other diseases*	**A:** Halt and begin to reverse, by 2015, the spread of HIV/AIDS. **B:** Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it. **C:** Halt and begin to reverse, by 2015, the incidence of malaria and other major diseases.
7: *Ensure environmental sustainability*	**A:** Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. **B:** Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss. **C:** Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. **D:** Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers.
8: *Develop a global partnership for development*	**A:** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system, including a commitment to good governance, development and poverty reduction – both nationally and internationally. **B:** Address the special needs of the least developed countries. This includes: tariff-and quota-free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and, a more generous ODA for countries committed to poverty reduction. **C:** Address the special needs of landlocked developing countries and small island developing states (through the programme of Action for Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly). **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. **E:** In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries. **F:** In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies.

Source: MDG Africa Steering Group, 2008

APPENDIX 2: SUMMARY OF SCALING UP OPPORTUNITIES IN AFRICA

Scaling-up Opportunity	Summary of Key Results	Policy Leadership	Key Multilateral Financing Mechanisms	Estimated Public External Financing Needs from all Funding sources by 2010
Agricultural Productivity	Launch the African Green Revolution through the CAADP framework: →Doubling of food yield by 2013 →Transformation to commercial agriculture →Strengthened agricultural research in Africa	FAD, IFAD, World Bank, AU/NEPAD	All available bilateral and multilateral financing mechanism	US$8 billion per year
Nutrition and School feeding Programme	Eliminate stunting and chronic malnutrition: →Universal access to micronutrients →Comprehensive school feeding →De-worming	UNICEF, WFP, World Bank	UNICEF, World Food Programme	US$4 billion per year
Education	Meet education for All Goals and implement plan of action for Second Decade on Education: →Comprehensive early childhood care →Universal primary education →50 percent improvement in adult literacy →Gender equality in education →High-quality education →Expanded secondary, vocational, and higher education.	AU, UNESCO, UNICEF, World Bank	Education for All Fast Track Initiative	US$8.3 billion per year
Health Systems, Child Survival, Maternal Health	Build effective primary health systems: →Comprehensive primary health systems that meet demand and supply-side constraints →Adequate human resources for health, including paid community health workers →Universal access to immunization and key child survival interventions →Universal access to emergency obstetrical care, skilled birth attendants, and other reproductive health services	UNICEF, WHO	Global Fund health systems window and GAVI Alliance health systems window	US$10 billion per year
Family Planning	Universal access to family planning	UNFPA,WHO	UNFPA	US$1 billion per year
Vertical Disease Control Programmes	Comprehensive control of AIDS, TB, Malaria and Neglected Tropical Diseases (NTDs), example: →Effective HIV prevention and universal access to AIDS treatment by 2010 →Malaria burden halved by 2010 (from 2000 levels) and malaria mortality reduction to near zero by 2015 →Control of TB through implementation of Global Stop TB Plan of Action →Sharply reduced morbidity and mortality from NTDs	UNAIDS, UNICEF, WHO	Global Fund	Total US$17 billion per year of which: →HIV/AIDS: US$12 billion per year →Malaria: US$2.4 billion per year →TB: US$2 billion per year →NTDs: US$0.5 -1 billion per year
Infrastructure and Trade Facilitation	Adequate connectivity and infrastructure to increase productivity, ensure low-cost service delivery, and integrate African countries into the global economy, example: →Effective regional networks for roads, rail, canals, power pools, ICT →Halve proportion of people without access to adequate water supply and sanitation →Adequate rural and urban electrification and access to other modern energy services →Adequate transport grids, including major expansion of rural feeder roads →Adequate institutions to promote trade facilitation across Africa	AfDB, EC, World Bank	World Bank-AfDB-EC-led consortium facilitated by Infrastructure Consortiuatim for Africa (ICA), AfDB's Rural Water Supply and Sanitation Initiative	US$23.7 billion per year, of which: →Energy: US$11.5 billion per year →Transport: US$5.4 billion per year →Water and sanitation: US$5.8 billion per year →Immigration: US$0.8 billion per year →ICT: no public external finance needs →Trade facilitation: at least US$0.2 billion per year
Statistics	Implementation of National Strategies for the Development of Statistics (NSDS): →Successful 2010 census round →Comprehensive vital registration →Harmonisation of statistics across Africa	ECA, DESA, World Bank	PARIS21 can syndicate	Some U$$0.25 billion per year
Achieving the MDGs in Africa	Comprehensive cross-section public expenditure programmes against clear quantitative targets	Secretary-General and MDG Africa Steering Group, G8 leadership, AU, private sector, foundations	All multilateral, bilateral, private mechanisms providing high-quality, predictable financing	Some US$72 billion per year

Source: MDG Africa Steering Group, 2008

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