

# **Achieving the Millennium Development Goals in Southern Africa**

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## *Some initial remarks ...*

*“Will our legacy of our generation be more than a series of broken promises?” – Nelson Mandela*

- # Having now passed the half way mark on the road to 2015, it is important that we reflect on the progress that has been made towards achieving the MDGs, and identify salient priority areas for the next decade.
- # Despite some signs in progress in Southern Africa, the challenges facing many of these countries has hampered progress. These include the HIV/AIDS pandemic, persisting inequalities, and political unrest.
- # Focus of the presentation:
  - An overview of where countries in the sub-region stand in relation to the MDGs. (*'what is wrong with the world'*)
  - A brief reflection on policy and programmatic responses, with a particular focus on PRS' (*'what is being done about it'*)
  - Identifying some of the important issues for decision-makers in scaling up the response (*'what needs to be done'*)

## *Poverty Reduction: The New Construction*

- **A new construction has developed that consists of 5 key elements of new thinking on the subject:**
  1. **Millennium Development Goals (MDGs)**, with poverty at their heart.
  2. **International consensus** on how to reduce poverty.
  3. A mechanism for operationalising the strategy at country level, in the form of **Poverty Reduction Strategy Papers**.
  4. **Technologies for delivering aid** in support of poverty reduction: MTEFs, SWAs, PRSCs, PRGF, Global Fund, MCA.
  5. A commitment to **results-based** management

# *Millennium Development Goals*

- # Millennium Development Goals: internationally agreed targets for poverty reduction by 2015, adopted as part of the Millennium Declaration by world's leaders in Sept 2000.
- # Product of a decade or more of international debate on economic development.
- # They reflect the fact that:
  - Escaping poverty requires investments in both human capital and physical capital,
  - Poverty is multidimensional, involving not only income but also lack of food security, health, education, gender equality, environmental management and access to basic amenities.

## Millennium Development Goals

- 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
- Develop a Global Partnership for Development

# Poverty and Inequality

- # Economic growth is a necessary condition for poverty reduction.
- # Needed not only to reduce income poverty, but also to reach the other MDGs.
  - Countries with greatest progress in poverty reduction are those with strongest growth rates
- # Factors for high incidence of poverty:
  - Weak economic performance during 1990s
  - Uneven economic performance across countries
  - Political turmoil and civil strife, with Ang and DRC worst affected.
  - Weather: prolonged drought and floods in the sub-region.
  - Skewed income distribution

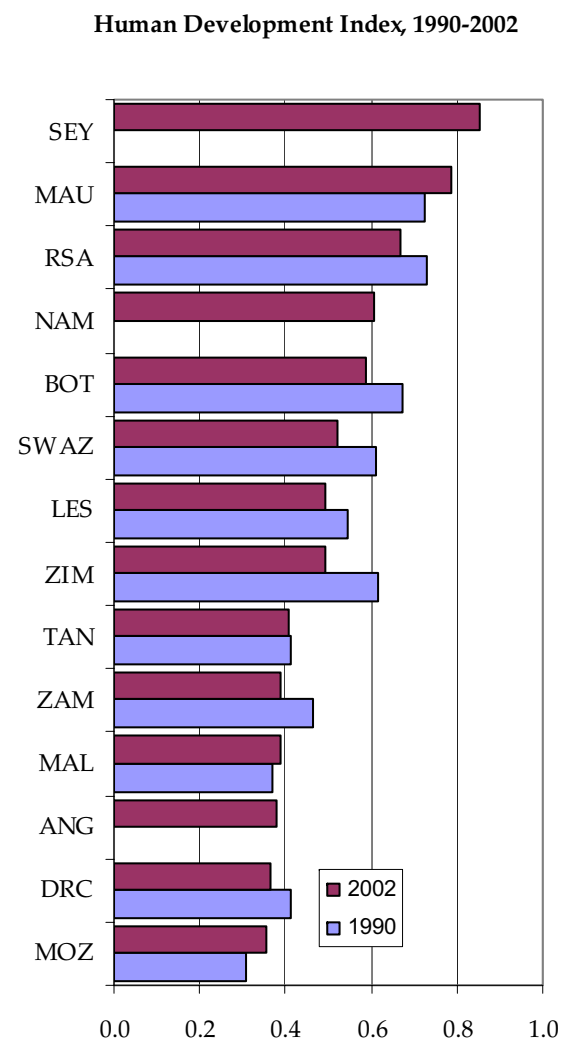
Real Average GDP Growth Rates, 1990s

Country	1980-1990	1991-2000
MOZ	-1.8	5.9
BOT	10.5	5.5
NAM	0.8	4.5
LES	4.0	3.8
MAL	2.0	3.8
ZIM	5.4	3.0
SWAZ	6.2	2.9
TAN	3.4	2.6
RSA	1.9	1.5
ZAM	1.3	0.2
ANG	1.5	-0.3
DRC	1.1	-6.0

Source: Pillay (2002)

# Goal 1: Poverty and Inequality

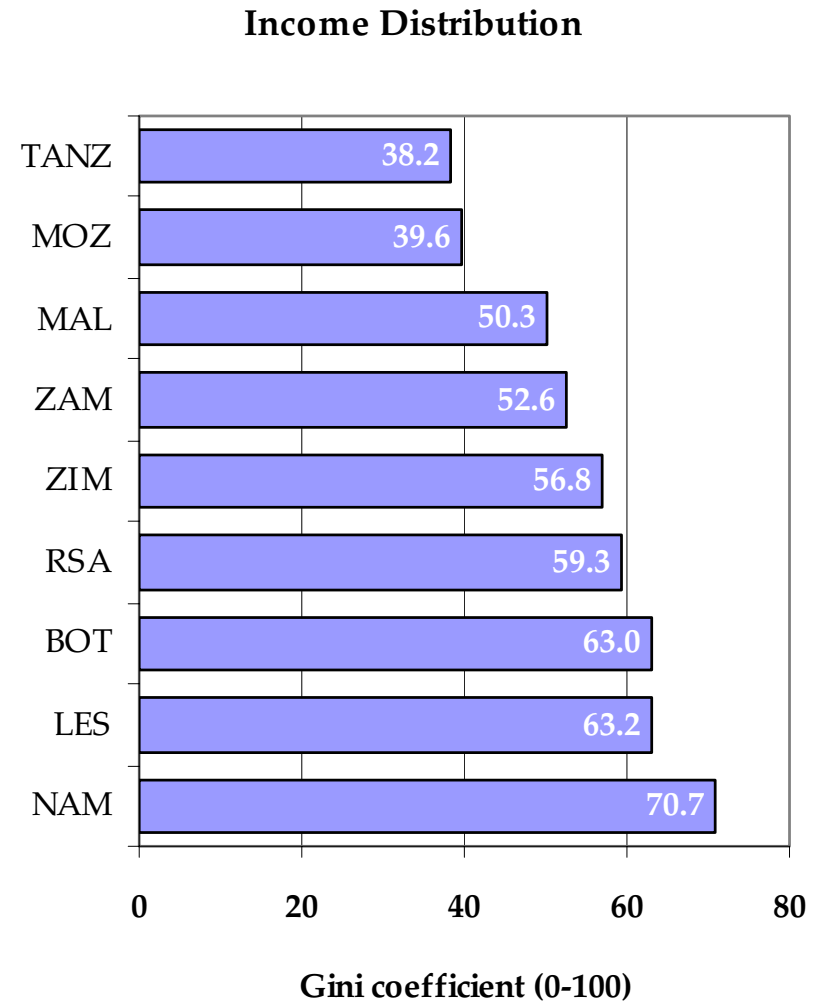
	GNI per capita (US\$)	HDI ranking (of 177)	Classification of economies
SEY	6780	35	UMC
MAU	3860	64	UMC
BOT	3010	128	UMC
RSA	2500	119	LMC
NAM	1790	126	LMC
SWAZ	1240	137	LMC
ANG	710	166	LIC
LES	550	145	LIC
ZIM	480	148	LIC
ZAM	340	164	LIC
TAN	290	162	LIC
MOZ	200	171	LIC
MAL	160	165	LIC
DRC	100	168	LIC



Source: UNDP (2004) HDR 2004

# Goal 1: Poverty and Inequality

- # For many states in the sub-region, a high level of poverty is juxtaposed with equally high income inequality.
  - Of the world's ten most unequal societies, half are in Southern Africa (Nam, Les, Bot, RSA and Zim).
  - Only Moz and Tanz have Gini coefficients below 0.50; but have high levels of absolute poverty.
  - Inequality between rural and urban areas persists
- # Disconcerting given mounting evidence suggesting that the prospects for reducing poverty are better for countries with low levels of income inequality relative to those with higher levels



# *Poverty and Inequality*

## # WIDER research:

- Structural inequality: depends on factors such as land concentration, urban bias, and unequal access to education and credit.
- Recent rises in within-country inequality: related to the adoption of policies towards liberalisation and globalisation.
- Need a strategy for growth and equity that:
  - Aims at removing 'structural causes' of inequality and poverty while...
  - Avoiding the adverse distributive effects of liberalisation and globalisation.



# Goal 1: Hunger

- # Under-nourishment: mixed progress during the 1990s.
  - Some progress: Mal, Moz, Ang
  - Reversals in DRC, Tan and Bot
- # Overall, food insecurity remains very high:
  - Affects one-third or more in half the states in the sub-region.
- # Main reasons for slow progress: economic downturns, weak governance, HIV/AIDS and armed conflicts
- # Sub-region has the highest proportion of people experiencing hunger
- # Humanitarian crisis: likely to have worsened the situation
  - Long-term livelihoods failure
  - HIV/AIDS: 'new variant famine'
  - Climatic factors and other structural factors (human mismanagement, population growth, urbanisation)

Proportion of undernourished in total population

Country	1990-92	1998-2000	Change
<b>SADC</b>	<b>42</b>	<b>54</b>	<b>+12</b>
<b>DRC</b>	<b>32</b>	<b>73</b>	<b>+41</b>
<b>ANG</b>	<b>61</b>	<b>50</b>	<b>-11</b>
<b>MOZ</b>	<b>69</b>	<b>55</b>	<b>-14</b>
<b>ZAM</b>	<b>45</b>	<b>50</b>	<b>+5</b>
<b>TAN</b>	<b>36</b>	<b>47</b>	<b>+11</b>
<b>ZIM</b>	<b>43</b>	<b>38</b>	<b>-5</b>
<b>MAL</b>	<b>49</b>	<b>33</b>	<b>-16</b>
<b>LES</b>	<b>27</b>	<b>26</b>	<b>-1</b>
<b>BOT</b>	<b>17</b>	<b>25</b>	<b>+8</b>
<b>SWAZ</b>	<b>10</b>	<b>12</b>	<b>+2</b>
<b>NAM</b>	<b>15</b>	<b>9</b>	<b>-6</b>
<b>MAU</b>	<b>6</b>	<b>5</b>	<b>-1</b>

# Goal 1: Hunger

- # Main obstacle is poverty. Poor people can't get enough food, either by growing it or buying it.
- # Introducing measures to reduce poverty will help to reduce hunger.
- # In the past, poverty reduction strategies have focused too much on treating the symptoms of hunger by providing food aid rather than dealing with the underlying causes.
- # Hunger is inextricably linked to poverty. Instead of focusing on the production of food, the emphasis needs to be on its sustainability, accessibility and affordability.



Humanitarian Crisis in Six Countries

Country	Pop in need of food aid	Percent in need
Zimbabwe	6,7 m	49
Malawi	3,3 m	29
Zambia	2,9 m	26
Mozambique	0,6 m	3
Lesotho	0,7 m	30
Swaziland	0,3 m	24
<b>Sub-region</b>	<b>14,4 m</b>	<b>25</b>
Angola	1,9 m	16

Estimated need US\$507 million to feed the millions people at risk of starvation in 2002/03

## Goals 2-3: Education and Gender Equality

- # Southern Africa saw some progress in educating its children during the 1990s:
  - Mal and Moz - substantive gains; Les - modest gain.
  - Ang and DRC: sizable reversals; Zam - modest decline.
- # Only Mal, Moz and Les are on track to make primary education universal by 2015.
- # For the others, a continuation of the progress encountered during the 1990s will be insufficient to meet the goal.
- # Significant urban-rural disparities in enrolment exist in some countries: e.g. Nam, Tanz

Net primary enrolment ratio

Country	1990/91	2000/01	% Change
SEY	n.a	106	n.a
MAU	95	93	-2.1
RSA	88	90	2.3
LES	73	84	15.1
ZIM	86	83	-3.5
BOT	85	81	-4.7
MAL	50	81	62.0
NAM	83	78	-6.0
SWAZ	77	77	0.0
ZAM	79	66	-16.5
MOZ	45	60	33.3
TAN	50	54	8.0
DRC	54	35	-35.2
ANG	58	30	-48.3

Source: UNDP (2004) HDR 2004

## Goals 2-3: Education and Gender Equality

- # Mixed progress on the gap between girls' and boys' net primary enrolment ratios during 1990s
- # Enrolment of girls is equal to or even larger than boys in Les, Nam, and Tanz
- # In all but Ang and Moz, the girls' enrolment exceeds 90% that of boys.
  - # DRC and Mal: notable improvement.
- # However, some worrying signs
  - # Les: notable decrease. [changing livelihoods patterns; HIV/AIDS and caregiving]

Ratio of girls to boys in primary education

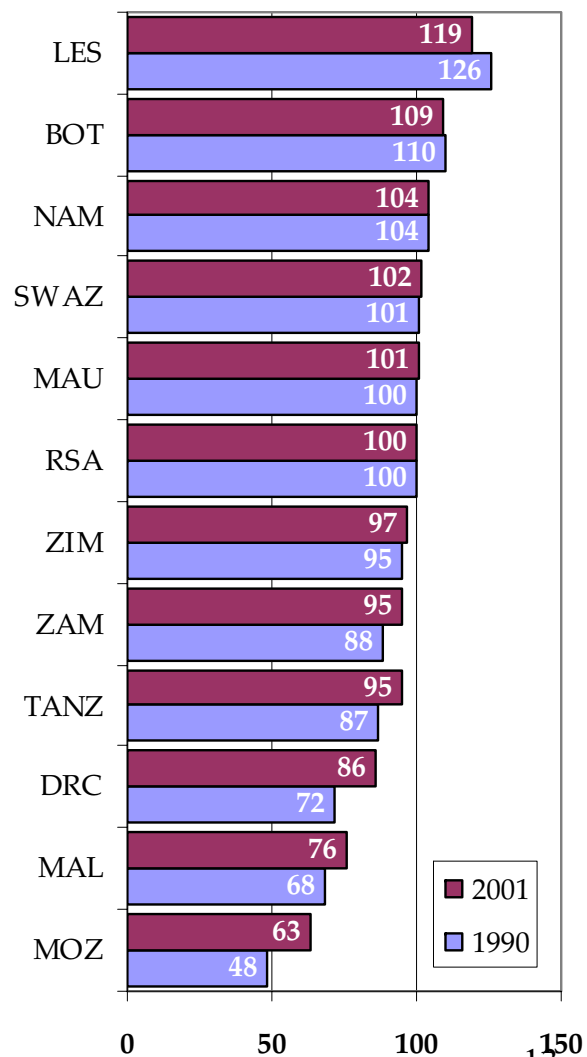
Country	1990/91	2000/01	Change
LES	121	102	-19
NAM	108	100	-8
TANZ	98	100	2
BOT	107	99	-8
MAU	98	97	-1
SEY	n.a	97	..
ZIM	99	97	-2
MAL	82	96	14
SWAZ	99	95	-4
RSA	98	94	-4
ZAM	n.a	93	..
DRC	74	90	16
ANG	92	88	-4
MOZ	76	77	1

12

## Goals 2-3: Education and Gender Equality

- # Female literacy as a proportion of male literacy rose slightly in the sub-region during the 1990s (from 92 to 96).
- # The small reduction in female/male disparity is partly attributable to the fact that ratio was above 90% for most.
- # In contrast, countries with the largest increases were those with low overall literacy rates (Moz, Mal, DRC)
- # If the current trend persists, the target will be met for all countries except Moz and Mal
  - Both will end up with ratios in the 80-90 range.

Ratio of literate females to males  
(ages 15-24)

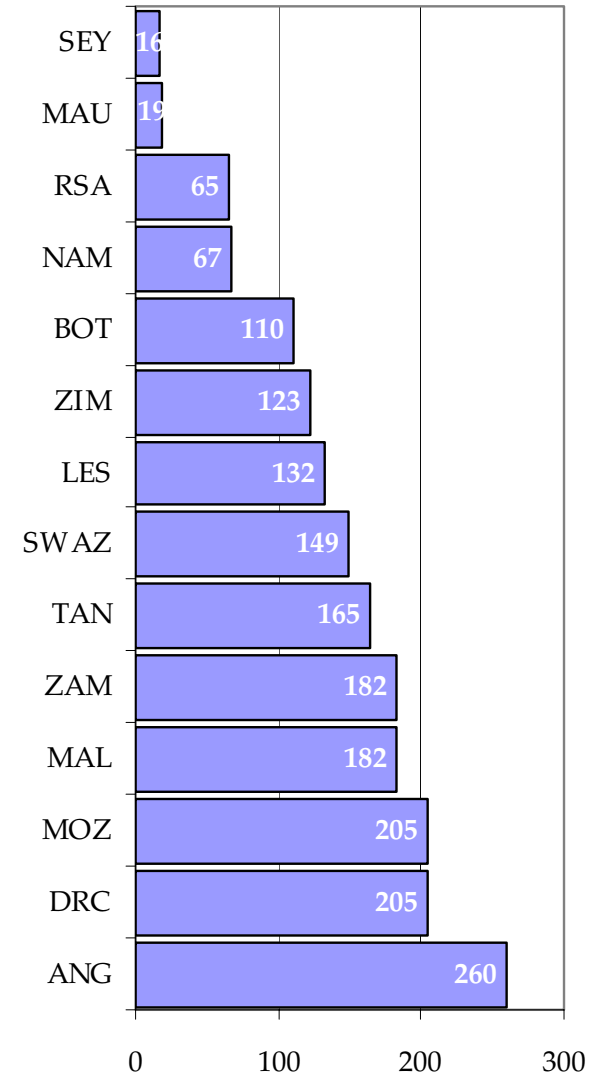


Source: UNDP (2003) HDR 2003

# Goals 4-5: Child and Maternal Health

- # Child mortality rates (deaths before the age of five per 1000 live births) are above 100 in 10 of the 14 Southern African countries
- # Only exceptions are the island states, together with South Africa and Namibia.
- # Diversity across countries reflected in presence of vast socio-economic disparities within countries
  - Rich/poor: gap in mortality between bottom 20% of popn and top 20% increased (e.g. Tanz, Zim)
  - Rural/urban

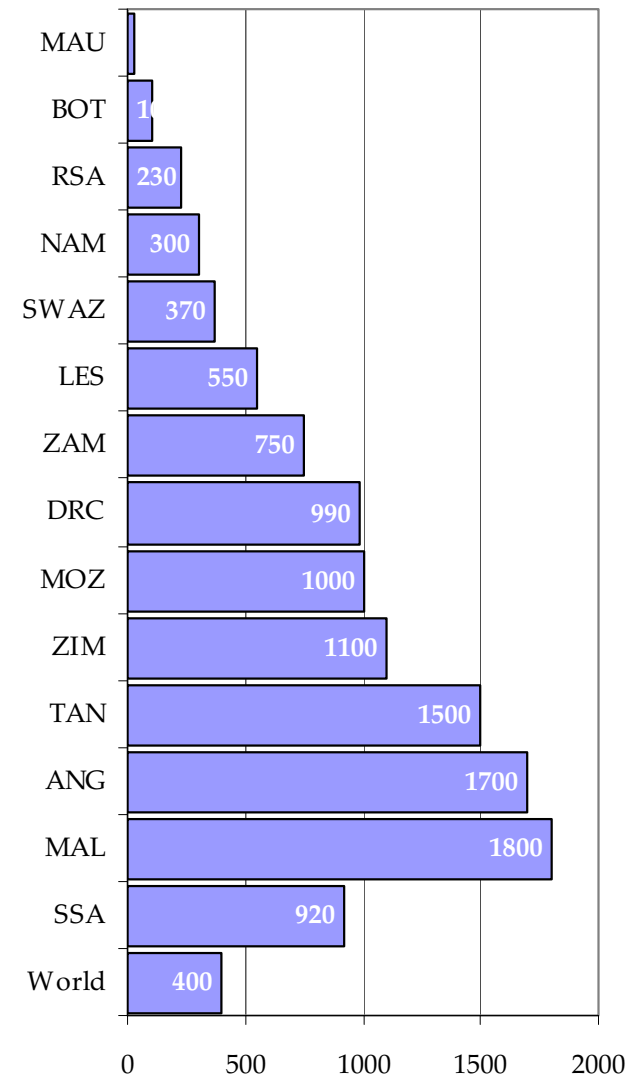
Child mortality, 2002



# Goals 4-5: Child and Maternal Health

- # MDG 5 calls for a 75% reduction by 2015 in the maternal mortality ratio (the number of maternal deaths for every 100,000 births) from 1990 levels.
- # Maternal mortality target going to be difficult to meet for a number of countries in the sub-region.
  - Progress in most countries has been slow and maternal mortality and morbidity remain tragically high
  - SSA: 41% of deliveries attended by a skilled attendant in 2000 (up from one third in 1985).
- # Causes of maternal death worldwide.
  - 80% - direct obstetric complications;
  - 20% - indirect causes (e.g. anaemia, malaria, AIDS).

Maternal Mortality Ratio, 2000



## *Goals 4-5: Child and Maternal Health*

- # Focus of interventions:
  - Access to skilled attendance at delivery;
  - Improving facilities for and access to emergency obstetric care to treat pregnancy complications;
  - Referral and transport systems are in place so women with complications receive care quickly.
  - Access to family planning services to reduce unwanted pregnancies;
  - Quality and capacity of countries' health systems;
  - strengthening human resources.
- # Improving quality of services: training for health staff in obstetric care introduced in ANG, LES, MOZ, NAM, SWAZ and ZAM since 1994.
- # Post-abortion care introduced in some countries, incl. MAL and ZIM
- # In many settings, available safe motherhood services cannot meet demand or are not accessible to women because of distance, cost or socio-economic factors.
- # Current interventions will need to be scaled up and more resources directed towards them if significant inroads are to be made to protect women's lives and health.



# Goal 6: HIV/AIDS

- # Magnitude and far-reaching consequences of HIV/AIDS in Southern Africa
  - Potential to undermine the likelihood of attaining many MDGs, incl. the poverty target.
- # Most countries saw their HIV prevalence rate increase several times during the 1990s
- # Worldwide: 37.8 million infected  
Southern Africa: over 14 million.
  - 6 countries with rates above 20%.
  - Countries with low HIV prevalence rate have clusters of people or locations where rate >20%
  - Nearly 6 million children orphaned by AIDS (39% of world total).
- # Impact: deepening and spreading poverty; worsening gender inequalities; reversing human devt; undermining govt capacity to provide essential services.

Adult prevalence of HIV/AIDS (15-49) and children under 17 who have lost one or both parents to AIDS, 2003

	Adult prevalence (%)	Orphaned children (total)
SWAZ	38.8	65,000
BOT	37.3	120,000
LES	28.9	100,000
ZIM	24.6	980,000
RSA	21.5	1,100,000
NAM	21.3	57,000
ZAM	16.5	630,000
MAL	14.2	500,000
MOZ	12.2	470,000
TAN	8.8	980,000
DRC	4.2	770,000
ANG	3.9	100,000
MAU	..	..
SEY	..	.. 17

Source: UNAIDS (2004)

## *Goal 6: HIV/AIDS and Other Major Diseases*

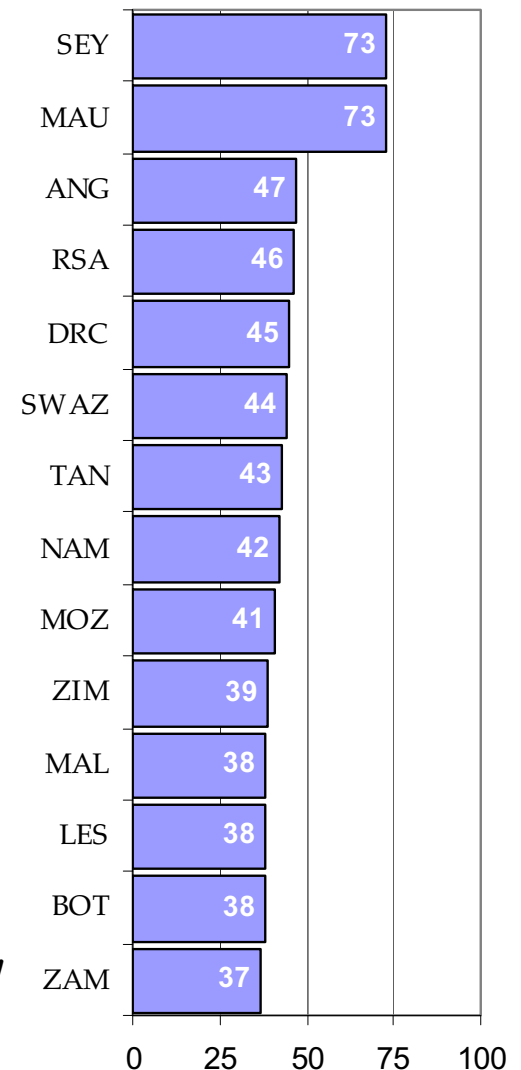
- # The greater risk of HIV infection among women is attributable to a complex mix of biological, social and economic factors.
  - **Physiology** - significant bearing, but **women's lack of power** over their bodies and their sexual lives, reinforced by their social and economic inequality, that makes them so **vulnerable to contracting HIV/AIDS**.
- # The nature of the pandemic raises important questions about the **extent to which the healthcare system is responding** to the increasing demands being imposed on it
- # Example - South Africa:
  - Mounting evidence of the strain that AIDS is placing on the already overstretched health care system.
  - Health services: adversely impacted by **staff loss** to factors such as burden of rising patient load, illness, absenteeism, low staff morale.
  - About 80% of healthcare facilities surveyed (in 4 provs) expressed need for extra staff to cope with demand for HIV/AIDS services.
  - Compounded by **insufficient supply of equipment** to treat HIV/AIDS patients (stocks of HIV test kits, protective clothing and gloves, and sterilising equipment).
  - Immediate challenge in coming years: **cost of caring for PLWAs**. Failure to do so may result in progressive deterioration in the quality of care.

## Goal 6: HIV/AIDS and Other Major Diseases

- ✦ It is not only the healthcare system that is suffering on the scale of the pandemic. The education sector is also under threat.
- ✦ Example - Zambia:
  - Absenteeism and deaths among teachers is high.
  - 1300 teachers died in the first ten months of 1998, a number of deaths reported in 1997.
- ✦ The irony is that education has been identified as being instrumental in overcoming the silence, shame, stigma and superstition that contributed to the transmission of HIV.

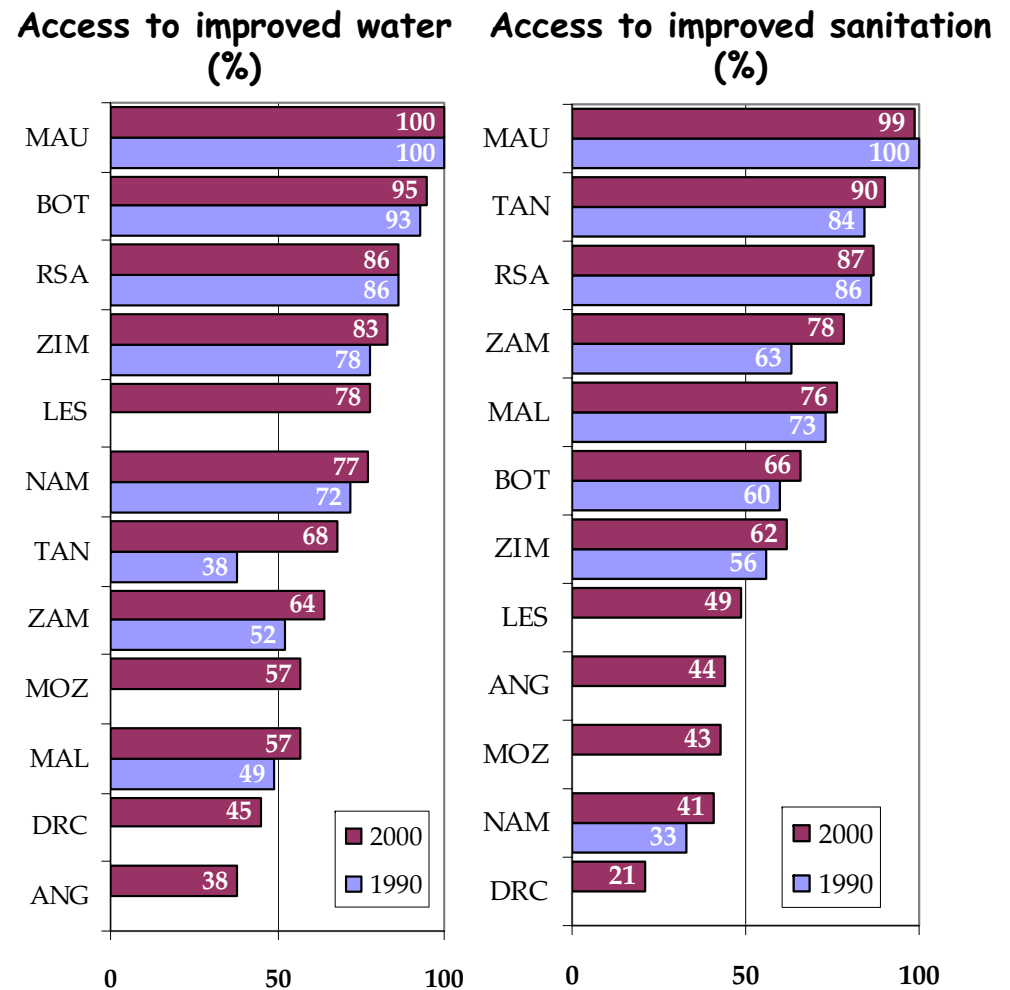
- ✦ In all but the island states, life expectancy at birth is below 50 years

Life expectancy at birth, 2002



# Goal 7: Environmental Sustainability

- # Improvements in safe water, hygiene and sanitation can reduce the incidence of diarrhoea and the U5MR.
- # Access to improved water increased during the 1990s for those countries in the sub-region with available data.
- # Lack of sanitation is a major public health problem for a number of countries in the sub-region.
  - Less than half the population of DRC, Nam, Moz, Ang and Les had sustainable access to improved sanitation by 2000.



Source: UNDP (2003) HDR 2003

## *Goal 8: Partnership for Development*

- # Prospects for achieving the MDGs depend on the extent to which countries can increase participation in the global economy.
- # Steep decline of ODA to Africa during 1990s.
- # Debt burden is another important constraint
  - HIPC: Moz, Tanz - Completion Point; DRC, Mal, Zam - receiving interim relief
  - Challenge: maintaining sustainability of debt post-HIPC
  - Need to think creatively about long-term debt sustainability in poorest countries, while ensuring have needed finance to achieve MDGs
- # Partnerships and MDGs
  - Global level: financing the MDGs
  - Sub-regional level: NEPAD and other sub-regional bodies in relation to trade, debt and aid flows
  - Local level: engagement of CSOs and community groups so that the voices of the poor are captured.

## *Drawing together... Uneven Progress*

Country	Hunger	Education	Gender Inequality	Child Health	Environment
		Net primary enrolment	F:M primary enrolment ratio	U5MR	Improved water
ANG	On track	..	..	Slipping back	..
BOT	Slipping back	Slipping back	Achieved	Slipping back	..
DRC	Slipping back	..	..	Far behind	..
LES	Lagging	Slipping back	Achieved	Far behind	On track
MAL	On track	..	..	On track	Lagging
MAU	On track	On track	Achieved	On track	On track
MOZ	On track	Slipping back	Far behind	Far behind	..
NAM	Far behind	On track	Achieved	Far behind	Lagging
SEY	..	..	..	On track	..
RSA	..	On track	On track	Slipping back	..
SWAZ	Far behind	On track	On track	Slipping back	..
TAN	Slipping back	Far behind	On track	Far behind	Far behind
ZAM	Far behind	Slipping back	On track	Slipping back	On track
ZIM	Far behind	..	On track	Slipping back	On track

## *Drawing together... Consistency of results*

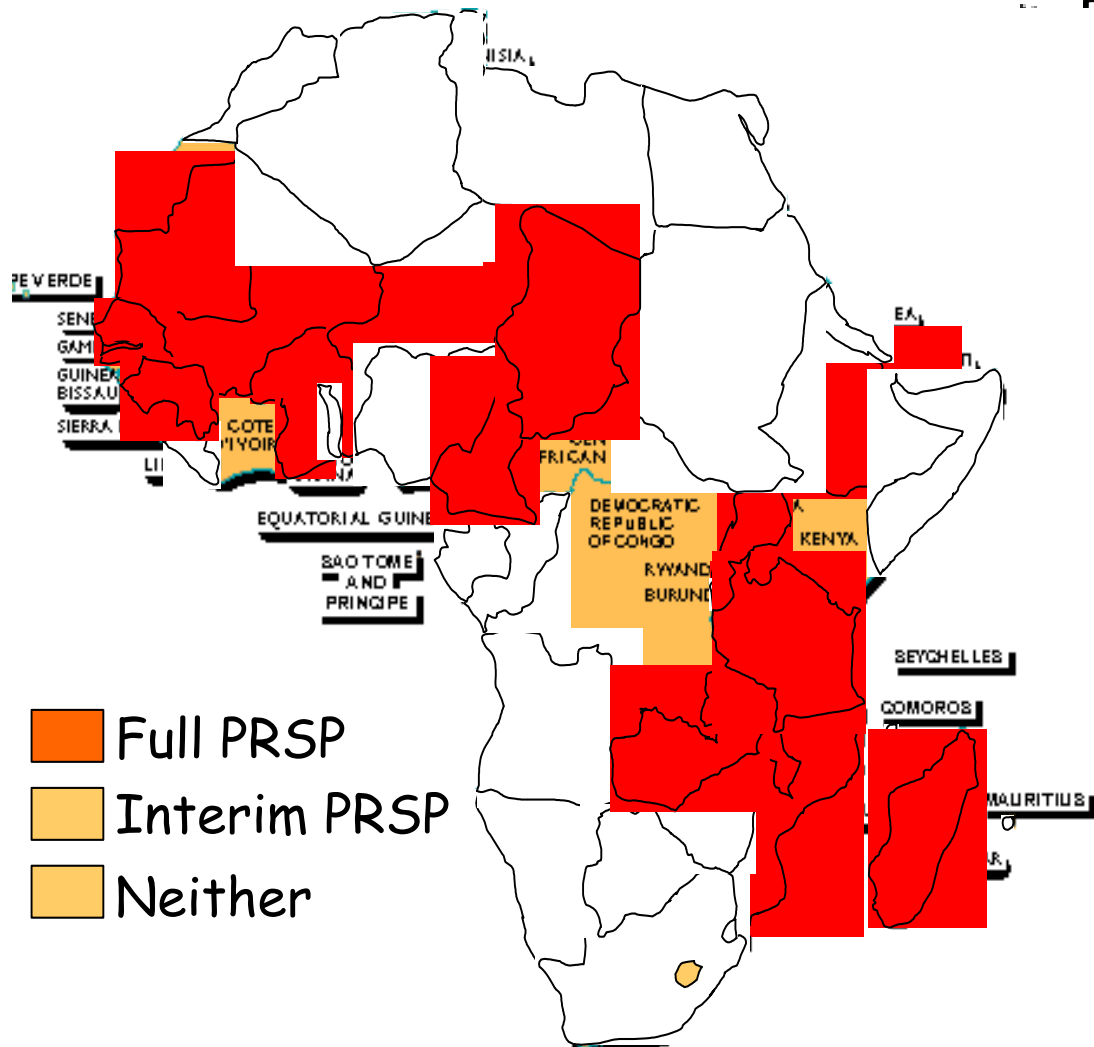
Country		Hunger	Education	Gender Equality	Child Mortality
			Net primary enrolment	F:M primary enrolment ratio	U5MR
MAU	<i>UNDP</i>	On track	On track	Achieved	On track
	<i>MDGR</i>	Probably	Probably	Probably	Probably
<b>MOZ</b>	<b><i>UNDP</i></b>	<b>On track</b>	<b>Slipping back</b>	<b>Far behind</b>	<b>Far behind</b>
	<b><i>MDGR</i></b>	<b>Unlikely</b>	<b>Unlikely</b>	<b>Potentially</b>	<b>Unlikely</b>
SWAZ	<i>UNDP</i>	Far behind	On track	On track	Slipping back
	<i>MDGR</i>	Unlikely	Potentially	Potentially	Unlikely
TAN	<i>UNDP</i>	Slipping back	Far behind	On track	Far behind
	<i>MDGR</i>	Potentially	Unlikely	Probably	Unlikely
ZAM	<i>UNDP</i>	Far behind	Slipping back	On track	Slipping back
	<i>MDGR</i>	Unlikely	Potentially	Probably	Potentially

Sources: UNDP (2002) HDR 2002; MDGRs

**What is being done about it?**



# Experience in Africa: Completed PRSPs (Nov 2003)



PRSPs: dominant vehicle for development policy in SSA.

## Sub-Saharan Africa (48)

- 19 full PRSPs
- 9 I-PRSPs
- 8 not eligible
- 12 no (I-)PRSP

## Southern Africa (14)

- 4 full PRSPs
- 2 I-PRSPs
- 6 not eligible
- 2 no (I-)PRSP but started process

## *PRSPs in Southern Africa*

<b>SADC Country</b>	<b>I-PRSP Completion</b>	<b>PRSP Completion</b>	<b>Time Taken (months)</b>
<i>Countries finished or finalizing PRSPs</i>			
DRC	Mar-02	-	<b>27 (not completed)</b>
Lesotho	Dec-00	-	<b>42 (with Cabinet)</b>
Malawi	Aug-00	Apr-02	20
Mozambique	Feb-00	Apr-01	14
Tanzania	Mar-00	Oct-00	7
Zambia	Jun-00	Mar-02	21
<i>Countries in initial stages of PRSP process</i>			
Angola, Zimbabwe			
<i>Countries not eligible for PRSPs</i>			
Botswana (UMC), Namibia (LMC), South Africa (LMC), Swaziland (LMC), Seychelles (UMC), Mauritius (UMC)			

# What needs to be done?

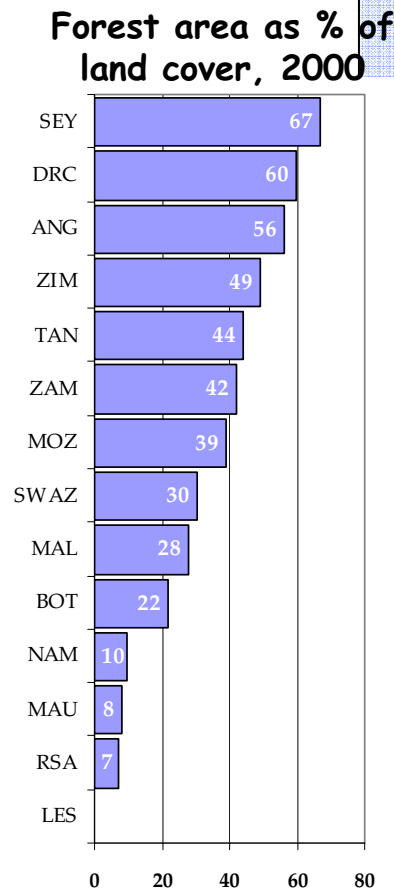
## *Future Imperatives...*

- # **MDGs Forum for Southern Africa (July 2003)**
- # Designed to give momentum to the MDGs campaign at the national and sub-regional level.
- # Key factors that will determine success in accelerating progress towards meeting the MDGs:
  - Country level ownership of development policies and processes. This requires accountability, transparency and reliance on own resources before requesting external support;
  - Participation that includes all actors in the development process;
  - Institutional and human capacity building;
  - Partnership building;
  - Monitoring of the MDG process.

# Future Imperatives...

## # Customising the MDGs

- MDG targets must be tailored and customised to reflect national circumstances and priorities
- Adapt MDGs to national context so development objectives are set against the socio-economic and political realities of each country.
- This is essential to increase the sense of national ownership.
- Asia: efforts to set regic specific targets
- Supplementary indicators



## # Example: Environment Goal

- Not all the indicators for Goal 7 are relevant to the Southern Africa reality.
- Greenhouse Gas (GHG) emissions/capita: little relevance to the sub-region, (except possibly industrialized RSA and Zim).
- Most Southern African countries have low emissions.
- Forest area as % of land cover;

## *Future Imperatives...*

### # Customising the MDGs

- Countries facing an acute HIV pandemic cannot be expected to achieve the same levels of progress as those countries not confronting such a challenge.
- Must have room to determine own policies in meeting MDGs: PRSPs and 'double conditionality'

## *Future Imperatives...*

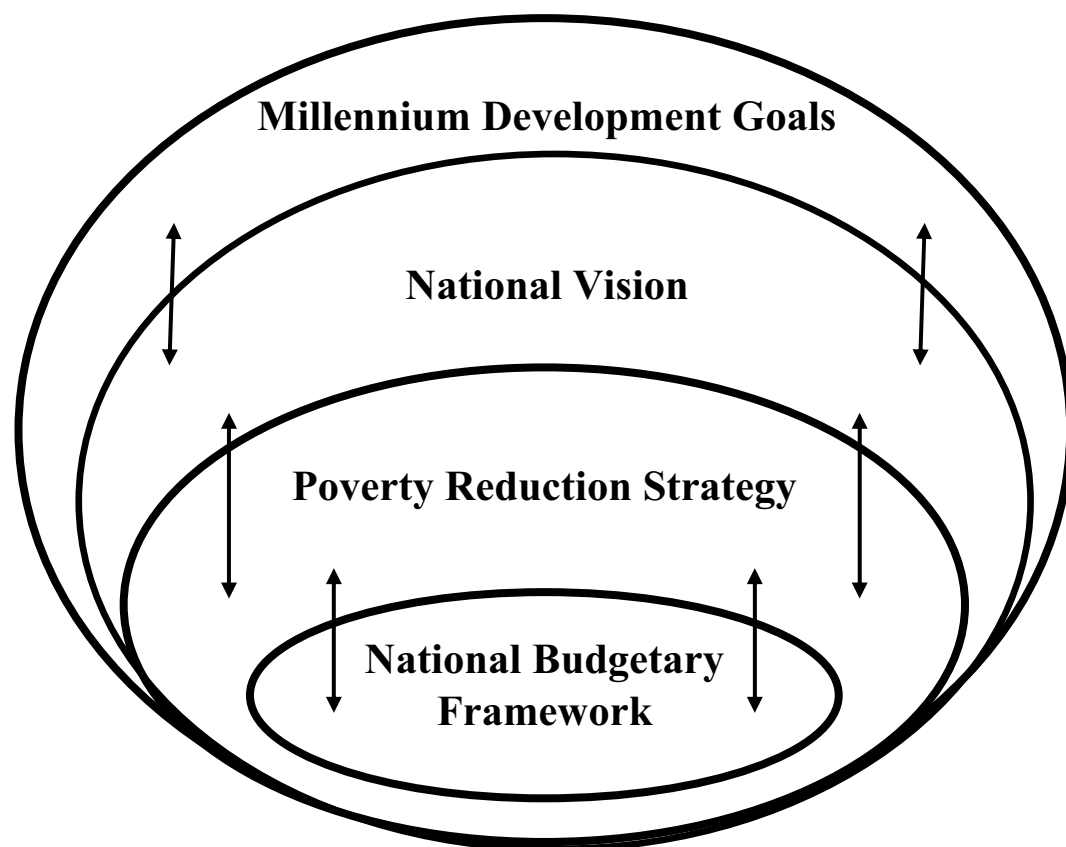
### # Statistical Capacity Building

- Acute lack of basic statistics at country and regional level
- Only 5 countries in the sub-region have official MDGRs (Mau, Moz, Swaz, Tanz, Zam)
- Les has an unofficial MDGR and Nam is due to launch one in the next month.
- Need comprehensive, high quality, and credible data.
- Priority: overcoming weak statistical capacity and strengthen statistical systems to enable regular monitoring of the MDGs and other essential information required for evidence-based policy making.

### # Institutional Capacity Development

- Institutional capacity strengthening is critical for successful policy formulation, analysis and implementation.
- Government, CSOs: Insufficient human capacity, both with regard to understaffing and technical skills
- Should be carried out in collaboration with internal and external partners

## *Future Imperatives...*



- # Limited fiscal resources relative to social demand: responses to sub-region's devt problems must be addressed in **coordinated, strategic** manner.
- # Proliferation of **frameworks, processes and strategies** to relieve social devt challenges at the global, regional and national levels.
- # MDGs need to be fully **integrated** in existing national development priorities
- # Ensure **linkages** between MDG targets, national devt objectives and instruments (PRS; National Long Term Perspectives, and planning and budgetary frameworks
- # Alignment has yet to occur in most countries.



## *Alignment of commitments, goals and priorities*

<b>Commitments / goals / priorities</b>	<b>Copenhagen</b>	<b>MDGs</b>	<b>NEPAD</b>	<b>RISDP</b>
Enabling environment for social devt				
Eradicate poverty				
Employment				
Social integration				
Gender				
Education and health care				
Social devt as a cross cutting issue				
Inclusion of social issues in devt progs				
Financial resources and debt				
Cooperation and partnership				
Governance, accountability, measuremt				
Environment				
Infrastructure				
Trade and economic libn, investment				
Food security and safety nets				
Coordination mechanisms				

**Source:** Cloete (2004)

**How are we going to do it?**

- # Making substantial progress towards the MDGs in Southern Africa requires additional resources.
- # Developing countries will fall short without extra external resource flows.
- # In order to ensure that this does not compromise the objective of national ownership, there is a need for combined financial strategies
  - Domestic and external resources

- # Focus on key cross-cutting policy issues: food security and humanitarian crises; gender inequality and the feminisation of poverty; HIV/AIDS pandemic; .
- # A 'one size fits all' approach clearly not appropriate
- # Cannot treat Southern Africa in an undifferentiated way:
  - # Mauritius and Seychelles: small economies that present idiosyncracies.
  - # South Africa, Botswana, Namibia: richer; mineral deposits. Regional hub.
- # Low income countries versus middle income countries
- # Questioning the pragmatism of the use of income-based definitions: influences donor investment.
- # MICs in Southern African remain fragile: HIV/AIDS, inequality.
- # Role of regional institutions (e.g. NEPAD) in promoting secure , stable participatory and just societies. MDGs do not depend on finance alone