

II. CAN THE CAIRO CONSENSUS CONTRIBUTE TO ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS IN AFRICA?

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“The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed.” UN Secretary General Kofi Annan – Fifth Asian and Pacific Population Conference, Bangkok, December 2002.

A. INTRODUCTION

If Africa continues on the Cairo path at the current pace, can it achieve the Millennium Development Goals and if so, what progress has been made to address population aspects that are relevant for the achievement of these goals since Cairo? The answer to the first part of the question is almost certainly no unless a majority of African countries swiftly and significantly scale up action (International Bank for Reconstruction and Development/World Bank, 2004). The answer to the second part of the question is more encouraging. African countries have made very good progress in implementing the Programme of Action of the International Conference on Population and Development (ICPD-PoA) and the Key Actions recommended at the ICPD+5 review.

According to two ICPD at Ten surveys conducted in 2003 by the Economic Commission for Africa (ECA) and the United Nations Population Fund (UNFPA), most African countries have prioritized the implementation of comprehensive reproductive health programmes, including family planning and there is some progress on gender equality, combating HIV/AIDS and good governance (ECA, 2004a; UNFPA 2004a, 2004b). African governments have used the Cairo consensus to develop policies and programmes that cover all eight areas contained in the Millennium Development Goals (MDGs), which include those aimed at alleviating poverty, reducing maternal and child mortality, promoting gender equality and protecting the environment. These policies and programmes cover all eight areas that are contained in the Millennium Development Goals (MDGs). However, although African countries have made marked progress on addressing population aspects that are relevant for the achievement of the MDGs, the continent is not on track to meet any of the MDGs by 2015.

B. SUSTAINABLE SOCIAL AND ECONOMIC DEVELOPMENT

1. *Population growth and economic development in Africa*

The achievement of MDGs in Africa depends on many factors, among which are the population challenges the region is facing. For instance, there is no doubt that population issues can either be a constraint or an asset when it comes to accelerating progress toward achieving the MDGs agenda and the ICPD goals. Although some African countries are beginning to see the end of population growth rates exceeding 3 per cent per annum as a result of declines in fertility or due to the mortality impacts of the HIV/AIDS epidemic, population momentum will continue to exert considerable pressure on some countries. Since Africa will not experience a demographic bonus anytime soon because of past high fertility levels and population momentum, the region will continue to see its largest youth generation in history exert considerable pressure on its struggling economies and inadequate resources. Rapid

population growth (exceeding 3 per cent per annum) in countries like Chad, the Democratic Republic of Congo, Liberia, Mali, and Niger will continue to curtail the provision of adequate health, social and other related services.

Partly because of continued high rates of population growth, Africa's per capita growth was only 1.7 per cent in 2003, well below the 7 per cent growth rate that is required to achieve the goal of halving poverty by 2015 (ECA, 2004b). Only five countries achieved the required per capita growth rate of 7 per cent in 2003 and these are Angola, Burkina Faso, Chad, Equatorial Guinea and Mozambique. On the other hand the following countries registered negative growth, thereby undermining their prospects of achieving some of the goals: Burundi (-0.3 per cent), Central African Republic (-0.7 per cent), Guinea-Bissau (-1.8 per cent), Cote d'Ivoire (-2.3 per cent), Seychelles (-2.8 per cent), Ethiopia (-3.8 per cent), and Zimbabwe (-11.2 per cent) (ECA, 2004b). Rapid population growth is also overwhelming overseas development assistance (ODA) given to poor African countries since the scale of that aid is not large enough and is not sustained over long periods of time to counteract the impacts of high rates of population growth. To compound the situation, the economies of most African countries have not reached what is often referred to as the "threshold for self-sustaining growth" (Sachs and others, 2004). High rates of population growth, combined with extreme poverty and the unbalanced spatial distribution of the population are also negatively impacting the environment and the availability of resources. For instance, 500 million hectares of land have been affected by soil erosion since 1950 partly because of population pressure in Africa (UNDP, 2002). This makes it much harder for most African countries to ensure environmental sustainability.

2. Population effect on poverty and hunger

According to the 2003 Human Development Report, sub-Saharan Africa is the only region in the world that continues to face massive poverty. Nearly one third of the world's hungry people are in sub-Saharan Africa (UNDP, 2003). Half of the population in sub-Saharan Africa lives in poverty, lacking adequate food security, shelter, health and meaningful employment opportunities. The region also has 196 million undernourished people. However, poverty reduction prospects in much of Africa are being undermined by high rates of population growth, slow economic growth, the HIV/AIDS epidemic, Africa's persistent disease burden, civil strife and protracted droughts.

As a result of population growth, its share of the poor increased by over 6 million per year in the 1990s (UNDP, 2002). Such high levels of poverty can push families into a poverty and hunger trap, especially when these families have little or no savings to begin with (Sachs and others, 2004). The patterns of population distribution and rapid urbanization also compound the challenge of achieving MDGs by making the average cost of providing social services high in many countries.

To address these poverty and hunger problems, a growing number of African countries have been integrating population issues into the formulation, implementation, monitoring and evaluation of various sustainable development policies and programmes. For instance the government of Ethiopia, with the assistance of the UNFPA Country Support Team, has been actively streamlining the MDGs with its population strategies and development plans. Poverty Reduction Strategy Papers (PRSPs) and food security and environmental policies and programmes being developed across the region are increasingly paying close attention to the role played by various population issues covered by the ICPD Plan of Action that have a direct or indirect bearing on extreme poverty and hunger in the region (ECA, 2004a). The Economic Commission for Africa is helping countries develop these policies through capacity building and strengthening as exemplified by the creation of the African PRSP Learning Group whose primary function is to facilitate systematic information sharing and peer learning among African country experts (ECA, 2004c). To eliminate extreme poverty and hunger, ECA has also produced a road map on

promoting a Green Revolution in Africa and is engaged in reviewing disaster related food crises with the goal of identifying and recommending effective practices at the sub-regional and national levels.

C. HUMAN CAPITAL DEVELOPMENT

A significant proportion of Africa's young girls and women lack access to basic education. By promoting universal primary education, both the ICPD Plan of Action and MDGs aim at uplifting the status of women, lifting families out of poverty as well as lessening their reproductive burdens. In almost all African societies, women tend to marry early and are burdened with low employment prospects and poor reproductive health as a result of low levels of education, gender inequality, and a variety of cultural and religious norms and beliefs. Consequently, Africa's uneducated women tend to marry early, thereby increasing the chances that their lifetime fertility would be much higher than that of their educated counterparts. Early marriages are also associated with poor health outcomes for both the mother and child such as obstetric fistula and low birth weight respectively.

Interventions within the education field are critical to achieving MDGs. Improving education, particularly maternal education has positive impacts on several aspects of the individual woman and her family, such as maternal and child health, and leads to significant reductions in household poverty through the creation of better employment opportunities and earnings. For instance, it has been noted in Kenya that the productivity of educated women farmers is much higher than that of uneducated female farmers (IFPRI, 2000).

African governments have taken initiatives to provide universal primary education and to reduce gender disparities in education. The 2003 ECA ICPD at Ten survey showed that many African governments had made commendable progress in enacting equal education legislation and promoting programmes for improving girls' access to primary and secondary school levels. To boost the numbers of girls and children from poor households attending school, countries like Malawi and Kenya are providing free primary education. Thus, it is only in such countries where the prospects of achieving universal primary education by 2015 are brighter. Given current primary school enrolment trends, several other countries in northern and southern Africa will also approach the goal of universal primary education.

D. REDUCING AFRICA'S DISEASE BURDEN

1. *Reducing child and maternal mortality*

Although infant and child mortality rates have declined considerably in much of Africa, the region continues to exhibit some of the highest levels of under-five mortality in the world. Decades of steady decline in under-five mortality have been reversed or slowed in most countries in southern and eastern Africa as a result of inadequate and/or collapsing primary health care systems and the spread of HIV/AIDS (UNDP, 2002). The ECA has been actively monitoring the adoption and implementation of strategies, measures and programmes aimed at reducing child mortality in Africa. ECA's ICPD at Ten regional review revealed that African governments are actively making health care services and facilities easily accessible, available and affordable to a large number of people. A majority of governments have also integrated reproductive health services into their primary health care systems at various levels; developed specific programmes to address maternal and infant mortality such as the provision of emergency obstetric care, managing abortion related complications, assisted delivery, neonatal care, integrated care of infant morbidity and extended immunization programmes. Governments have also increased domestic resources for reproductive health programmes and are actively tackling the problem of adolescent fertility, which is a major contributory factor to maternal mortality in Africa (ECA, 2004a).

The adoption of time-bound quantitative MDG targets on maternal and under-five mortality has further heightened the importance of these health burdens among governments, thus further spurring the mobilization of additional resources. However, despite these commendable developments, it is inconceivable that a majority of African countries will reduce by two-thirds the under-five mortality rate before 2015 given that a vast majority of people still does not have access to safe drinking water and sanitation. Moreover, unless such programmes and services are aggressively expanded to Africa's poor and marginalized rural communities, the health MDGs will simply not be met by 2015.

2. Combating HIV/AIDS and other diseases

The principal objectives of the ICPD-PoA regarding HIV/AIDS are to prevent, diagnose, treat and minimize the spread and impact of HIV infection; to increase awareness of the disease; to ensure that people living with HIV/AIDS are not discriminated against and that they receive adequate counseling and treatment services. Likewise, MDG goal 6 aims to combat HIV/AIDS, malaria and other diseases. Following Cairo, African Governments have adopted public health policies and programmes that focus on confronting the HIV/AIDS epidemic. Out of a total of 43 African countries that responded to the ECA ICPD at Ten Survey an overwhelming majority (98 per cent) have increased political commitment. Heads of State and Government have established multisectoral institutional frameworks addressing HIV/AIDS. In addition, many countries have established coordination bodies at different levels within the government structure to tackle HIV/AIDS-related issues. In 56 per cent of the countries, such bodies are located in the President's office and in 70 per cent of the countries AIDS Councils, Commissions or Desks have been established at the ministerial level.

In line with MDGs, African governments have also stepped up the prevention, detection and treatment of sexually transmitted infections, which are a major HIV transmission risk factor. More resources are being spent on prevention and treatment programmes. In some countries, information, education, and communication (IEC) campaigns focusing on STI/HIV prevention have been launched in schools. Efforts are also underway to reach out-of-school youth. In spite of these developments, the prospects of meeting the MDG HIV/AIDS targets by 2015 remain to be seen. HIV/AIDS incidence continues to rise in much of sub-Saharan Africa.

E. PROMOTING GENDER EQUALITY AND WOMEN'S EMPOWERMENT

Both the ICPD-PoA and the MDGs call for the achievement of gender equality, empowerment of women and for the mainstreaming of gender in poverty reduction strategies and population policies. Since gender is a crosscutting element in Africa's development agenda, promoting gender equality and empowering women is central to poverty eradication, enhancing household food security and sustainable development. Nonetheless, a majority of woman in the region does not have legal rights that guarantee access to land and other forms of property, especially when the husband dies. This perpetuates the feminization of poverty across the continent.

According to the ICPD at Ten survey undertaken in 2003 by ECA, a majority of African governments have made some solid gains when it comes to adopting policies and laws protecting the rights of women, putting in place measures to increase girls' enrolment in primary and secondary schools as well as setting up educational and employment programmes for women. Progress in implementing these Cairo goals is undoubtedly leading to the achievement of gender MDGs in Africa.

Gender inequality also implies that a majority of women in the region does not have legal rights that guarantee access to land and other forms of property when the husband dies. In numerous cases, this

predisposes large numbers of women to violence and risky sexual behaviours, including the transmission of HIV/AIDS as they search for alternative ways to break out of the poverty traps they find themselves mired in. Thus, achieving the gender ICPD and MDGs goals will help improve the status of women in Africa as well as the overall welfare of their families, communities and countries.

F. ACHIEVING THE MDGs IN AFRICA: THE ROLE OF ECA

The Economic Commission for Africa, in collaboration with several partners has been actively pursuing various initiatives that are critical to the achievement of MDGs either directly or indirectly. These initiatives include policy analysis and advocacy, capacity building and strengthening, and monitoring the implementation of internationally agreed development goals such as the ICPD-PoA, the Beijing Platform and the Johannesburg Plan of Action.

ECA's work involves undertaking policy relevant analytical work in areas such as the economic performance of its member countries, poverty eradication, food security, gender equality and equity, regional integration, trade and information technology for development. For example, over the past few years, ECA has been actively involved in developing action plans for tackling HIV/AIDS through the African Development Forum (ADF) process as well as through the Commission for HIV/AIDS and Governance in Africa (CHGA), which was established in 2003. The primary goal of this Commission is to complement the vital work on transmission and prevention that is being conducted by UN and other agencies. The Commission has a rigorous agenda that charts the way forward on HIV/AIDS and governance in Africa in three interrelated areas. First, it examines the implications of sustained human capacity losses for the maintenance of state structures and economic development. Second, it looks at the technical, fiscal and structural viability of utilizing anti-retroviral (ARV) therapies as a mitigation instrument. Third, the Commission synthesizes effective practices in HIV/AIDS and governance in key development areas with a view to formulating policy recommendations.

ECA has also been involved in assessing the implementation of the Beijing Platform. The African Centre for Gender and Development (ACGD) has been actively involved in creating tools that allow ECA member states to effectively monitor gender equality and gender mainstreaming. One such tool is the African Gender and Development Index (AGDI). The goal of this index is to enable policy makers from member countries and their development partners to measure the status of women in social, economic, and political and women's rights spheres. The index has so far been tested in 12 countries (Benin, Burkina Faso, Cameroon, Ethiopia, Egypt, Ghana, Madagascar, Mozambique, South Africa, Tanzania, Tunisia and Uganda) and the findings from this early test have been welcomed by African ministers responsible for gender issues as well as by gender experts. The index will strengthen ECA's efforts to effectively monitor and evaluate a series of development goals, including those contained in MDGs, the Beijing Platform and ICPD-PoA, particularly those relating to gender equality, equity and women's empowerment issues.

The Cairo consensus recognized that various population aspects were leading to environmental degradation and declines in agricultural productivity due to excessive population pressure on available arable land and poor management of natural resources. ECA is encouraging member states to address the root causes of rapid population growth (particularly in rural areas) that are putting a strain on farm size, availability and overall agricultural productivity as well as on the environment. Furthermore, ECA is also actively involved in the assessment of follow-up activities by African governments to internationally agreed sustainable development goals and platforms of action such as the African Common Position on Environment and Development, Agenda 21, the World Summit on Sustainable Development and the Millennium Declaration. ECA in collaboration with countries is now in the process of initiating a programme to monitor the state of sustainable development in Africa on a regular basis. The Commission

is engaged in awareness creation on the linkages between the nexus issues of population, environment and agriculture using tools such as the Population, Environment, Development, and Agriculture (PEDA) model.

The ECA is also involved in initiatives aimed at developing a global partnership for development (MDG 8), which include promoting the development of the continent's capital markets, the analysis and promotion of regional integration as well as promoting the harnessing and use of technologies for sustainable development. By promoting the region's capital markets and regional integration, ECA hopes its member states will be able to overcome the problem of small market sizes, open up new markets and strengthen Africa's competitive edge in an increasingly globalizing world. These changes, if successfully implemented, will contribute to the eradication of extreme hunger and poverty since rural farmers and traders across Africa will be able to access new and more lucrative markets.

These activities help achieve the MDGs in Africa in many ways. First, more robust African economies will be better positioned to generate the necessary wealth and resources that are needed to significantly scale up action and the provision of health and educational services and infrastructure. Second, they help reinforce the need for countries to commit themselves to eradicating extreme hunger and poverty, combat HIV/AIDS and other diseases, eliminate gender inequalities, and reduce high levels of maternal and child mortality through the establishment of enabling environments, particularly the enactment of appropriate legislation and the adoption of policies and programmes. Third, they bring about increased regional and international focus on the need to increase financial support for the implementation of population, reproductive health and other related programmes whose overarching goal is to improve the well being of people across the continent. Inadequate funding coupled with a weak environment for sustained economic growth will mean that most Africa countries will not be on track to meet the MDGs by 2015.

Within the framework of the New Partnership for Africa's Development (NEPAD), ECA has also been lending technical support to countries that have acceded to undergo evaluation on good governance through the African Peer Review Mechanism (APRM). If the APRM process successfully helps African governments to create capable and effective states through good governance practices, such developments will undoubtedly create the necessary conditions that will help attack poverty and hunger, achieve universal education, promote gender equality, reduce maternal and child mortality, combat HIV/AIDS and other diseases, and ensure environmental sustainability. This is based on the premise that "the capable state creates an enabling political and legal environment for economic growth and promotes the equitable distribution of the fruits of growth", thereby leading to poverty reduction (ECA, 2004d).

REFERENCES

- Economic Commission for Africa. (2004a). *ICPD 10th Anniversary: Africa Regional Review Report*. Regional Ministerial Review Conference on the Implementation of the Dakar/Ngor Declaration and the Programmes of Action of the International Conference on Population and Development-ICPD at 10, Dakar, Senegal, 7-11 June 2004.
- _____ (2004b). *Economic Report on Africa 2004: Unlocking Africa's Trade Potential*. Addis Ababa.
- _____ (2004c). *ECA Prospectus 2004*. Addis Ababa.
- _____ (2004d). *Striving for good governance in Africa: synopsis of the 2005 African governance report prepared for the African Development Forum IV*. Addis Ababa.
- International Bank for Reconstruction and Development/The World Bank (2004). *Global Monitoring Report 2004: Policies and Actions for Achieving the Millennium Development Goals and Related Outcomes*. Washington, D.C.: The World Bank.
- International Food Policy Research Institute (2000). *Women - the key to food security: looking within the household*. IFPRI Research Policy Brief. Washington D.C..
- Sachs Jeffrey D., John W. McArthur, Guido Schmidt-Traub, Margaret Kruk, Chandrika Bahadur, Michael Faye and Gordon McCord (2004). *Ending Africa's Poverty Trap*. United Nations Millennium Project. Brookings Papers on Economic Activity, No. 1, p. 31.
- United Nations (1995). *Population and Development, Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994*. Sales No. E.95.XIII.4.
- United Nations Development Programme (2003). *Human Development Report 2003. Millennium Development Goals: A Compact Among Nations to End Human Poverty*. New York: Oxford University Press.
- _____ (2002). *The Millennium Development Goals in Africa: Promises and Progress*. New York: UNDP.
- United Nations Population Fund (2004a). *International Conference on Population and Development. Investing in People: National Progress in Implementing the ICPD Programme of Action 1994-2004*. New York: UNFPA.
- _____ (2004b). *State of the World Population 2004. The Cairo Consensus at Ten: Population, Reproductive Health and the Global Effort to End Poverty*. New York: UNFPA.

TABLE II.1. ICPD GOALS AND OBJECTIVES MAPPED TO MDGS

Millennium Development Goals	ICPD Goals and Objectives
Goal 1: Eradicate extreme poverty and hunger	---to raise the quality of life for all people through appropriate population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in the context of sustainable development--- (<i>para 3.16</i>)
Goal 2: Achieve universal primary education	All countries should further strive to ensure the complete access to primary school or an equivalent level of education by both girls and boys as quickly as possible, and in any case before the year 2015 (<i>para 11.6</i>)
Goal 3: Promote gender equality and empower women	Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. (<i>Principle 4</i>) --- ensure that women can buy, hold and sell property and land equally with men, obtain credit and negotiate contracts in their own name and on their own behalf and exercise their legal rights to inheritance (<i>para 4.6</i>)
Goal 4: Reduce child mortality	By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000 (<i>para 8.16</i>)
Goal 5: Improve maternal health	Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015 (<i>para 8.21</i>)
Goal 6: Combat HIV/AIDS, malaria and other disease	--- by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. ---HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced by 25 per cent (<i>ICPD+5 para 70</i>)
Goal 7: Ensure environmental sustainability	To ensure that population, environmental and poverty eradication factors are integrated in sustainable development policies, plans and programmes (<i>para 3.28 (a)</i>)

TABLE II.1 (continued)

Millennium Development Goals	ICPD Goals and Objectives
Goal 8: Develop a global partnership for development	To improve and strengthen policy dialogue and coordination of population and development programmes and activities at the international level, including the bilateral and the multilateral agencies (para 14.3 (e))