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

Economic Commission for Africa United Nations

"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

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

The adoption of time-bound quantitative MDG ta

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

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.

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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 (para 3.16)
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 $(para\ 11.6)$
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 underfive mortality rate below 45 per 1,000 ($para\ 8.16$)
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 $(para\ 8.21)$
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 infectionHIV infection rates in persons 15 to 24 years of age, with

TABLE II.1 (continued)

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