The MDGs Report Card

- In 1990, with poverty rates of about 55 percent, Sub-Saharan Africa and East Asia were at the same starting position for MDG 1a – to halve the number of people in extreme poverty. By 2010, East Asia made spectacular progress and reduced extreme poverty rate to 12 percent compared to Sub-Saharan Africa which still had a poverty rate of 48 percent. According to projections, in 2015, Sub-Saharan Africa’s rate for extreme poverty will be 42 percent, or 408 million of the world’s 970 million people living in extreme poverty.
- As a region, Sub-Saharan Africa will miss all 9 MDGs by a significant margin (Figure 1). It is lagging most on the MDGs related with halving extreme poverty and access to sanitation.
- In a set of 46 countries, the poverty profiles of individual countries indicate varied progress. Between 9-18 countries have met or have made sufficient progress to reach the MDG targets related with halving extreme poverty, primary completion and gender parity in primary and secondary education (Table 1). With accelerated implementation, 5 more countries can reach the poverty reduction and gender parity targets, and 12 more countries can achieve the primary completion target by 2015.
- Sub-Saharan Africa has made least progress in achieving the MDGs related with reducing infant and maternal mortality, and access to sanitation. Acceleration can help at most 4-5 countries to achieve the health targets, but can only help Botswana to reach the sanitation target by 2015.

Rural-Urban Disparities

In Sub-Saharan Africa, poverty is concentrated in rural areas where 75 percent of the poor reside. Unlike other regions where the urban poor are concentrated in smaller towns, in Sub-Saharan Africa, the urban poor and poverty are concentrated in the capital and large cities. Compared to rural areas, urban areas have lower poverty and better access to basic amenities. Rural-urban disparities are large.
- In 2008, the region had the highest poverty rates of all regions – 46 percent of rural compared to 34 percent of the urban population lived in extreme poverty. For each poor person in an urban area, there were 2.5 as many in rural areas.
- Primary education and its quality are equally important for reducing poverty. In 2007, only 57 percent of rural compared to 75 percent of urban grade 6 students achieved competency in reading. Only 18 percent of rural relative to 24 percent of the urban children achieved competency in mathematics. Urban-rural literacy differentials were as high as 40 percent.
- The infant mortality rate is 65 (per 1,000 live births) in urban relative to 80 in rural areas. The urban-rural child mortality differentials range between 2.5 – 40 percent.
- In 2010, 49 percent of rural compared to 83 percent of urban residents had access to safe water. Only 23 percent of rural and 42 percent of urban residents have access to sanitation services.

Rural-Urban Dynamics and Policy implications

Several factors exacerbate the challenge of narrowing rural-urban disparities in poverty and access to basic services. The rural poor migrate to cities in search of better paying jobs and basic amenities. Migrants with basic education and good health usually find better paying jobs. In rural Kagera in Tanzania, consumption increased more than 120 percent for migrants but only 40 percent for non-migrants.

1. Since Sub-Saharan Africa’s poor are disproportionately concentrated in rural areas and cannot migrate at once to urban areas to enjoy the benefits of urbanization, the challenge of delivering MDG-related services is to bridge rural-urban differentials. Any strategy to attain the MDGs should include increasing rural productivity through the introduction of new farm technologies and investment in the human capital development of rural residents; removal of land market distortions; improved connectivity with urban markets; and a fostering of nonfarm activity and rural-urban migration. Facilitating rural to urban migration can also help the rural poor to escape poverty.
Global Monitoring Report 2013: 
Rural-Urban Dynamics and the Millennium Development Goals

Sub-Saharan Africa

2. The first best policy solution attain the MDGs is to equalize services across rural and urban areas. But this first best solution may not be financially feasible and it may be necessary for Sub-Saharan Africa to set priorities taking into account country-specific circumstances when allocating resources.

3. In countries where migration is significant, and population density in rural areas is low, boosting urbanization through better service delivery in large cities would make them more attractive, and speed up rural to urban migration. Delivering piped services (water and sanitation) in densely populated areas is more cost effective. According to a global study, on average, the cost of a cubic meter of piped water is $0.70—0.80 in dense populated areas compared with $2 in sparsely populated areas. To find better paying urban jobs, rural migrants would need to have basic education and be healthy. Public investment in primary education and health care should be directed to the poor in urban and rural areas. This seems relevant for sparsely populated countries with low urbanization rates as in Sub-Saharan Africa.

4. In countries where migration is limited but population density is high, differentials in poverty and availability of basic services between poorly served rural areas and better served large cities are unlikely to shrink sufficiently. Progress toward the MDGs would be accelerated by delivering services – primary education, primary health care, and piped services (access to safe drinking water and sanitation) – wherever the poor are concentrated.

5. In situations where people are concentrated in small towns with little prospect of moving, policies should focus on improving connectivity with other urban centers. Measures to better connect the activities in small towns with the economies of large cities become paramount for the creation of nonfarm jobs.

6. In all three cases, investment in portable services (education and health care) would optimally be provided wherever the poor are. But in countries with high migration and low population density in rural areas, delivery of non-portable infrastructure services in larger cities would be more cost-effective and more supportive of urbanization and industrialization, and could be prioritized as such.

7. Governments can leverage the suite of macroeconomic policy instruments to spur urbanization through a coordinated approach that includes planning, connecting, and financing.
   a. Planning – charting a course for cities by setting the terms of urbanization, especially policies for using urban land use and expanding basic infrastructure and public services. Strengthening the institutions for land management is key. A successful model is Bogotá (Colombia).
   b. Connecting – making a city’s markets (labor, goods, and services) accessible to other neighborhoods in the city, to other cities, and to outside export markets. Connecting firms and people with markets can only be successful if public transport is affordable. An example of a successful model of affordable public transport is Curitiba (Brazil).
   c. Financing – finding sources for large capital outlays needed to provide infrastructure and services as cities grow and urbanization picks up speed.

8. To reduce the number of slum dwellers needs a dedicated approach. Land tenure, land pricing and connectivity of residential and commercial areas’ policies for slums should be consistent with corresponding policies for cities. Government should take advantage of slum dwellers’ willingness to pay for services and low unit costs of service delivery in cities to provide basic health, education services and access to piped services in slums (public toilets and water to slum dwellers in creative ways such as putting water fountains in public places).
Figure 1. Sub-Saharan Africa (developing countries weighted by population)
### Table 1. Sub-Saharan Africa: Country-level progress in attaining the MDGs

<table>
<thead>
<tr>
<th>Met</th>
<th>Poverty</th>
<th>Under-nourishment</th>
<th>Primary Completion</th>
<th>Gender Parity</th>
<th>Under 5 Mortality</th>
<th>Infant Mortality</th>
<th>Maternal Health</th>
<th>Water</th>
<th>Sanitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient Progress (&lt;2015)</td>
<td>Botswana, Cameroon, Mauritania, Namibia, South Africa</td>
<td>Chad, Rwanda</td>
<td>Botswana, Cameroon, Mauritania, Tanzania</td>
<td>Burundi, Chad, Congo, Rep., Ethiopia, Uganda</td>
<td>Botswana, Cape Verde, Ethiopia, Madagascar, Malawi, Niger, Tanzania, Zambia</td>
<td>Rwanda, Uganda</td>
<td>Angola, Eritrea, Ethiopia, Rwanda</td>
<td>Benin, Cape Verde, Guinea, Guinea-Bissau, Sierra Leone, South Africa</td>
<td>Angola, Cape Verde</td>
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