



THE 2013
DATA
REPORT

FINANCING THE FIGHT
FOR AFRICA'S TRANSFORMATION



Malaria is both preventable and treatable, yet it kills more than 650,000 people each year, most of them young children in sub-Saharan Africa. Zambia, in partnership with PATH and others, is pioneering advanced surveillance methods to find remaining malaria cases by testing adults and children, such as this infant in Lusaka. With dedicated partnership and access to lifesaving technologies, such as diagnostics and treatments, Zambia and other countries can advance beyond malaria control to elimination in the near future.

Photo: Gena Morgan/PATH

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Nursery school students eat a lunch of fresh bread and vegetables prepared at The Hunger Project's Debre Libanos Epicenter in Wakene, Ethiopia.

Photo: David Snyder/The Hunger Project

ACKNOWLEDGEMENTS

We would like to thank ONE's board members and trusted advisors: Bono, Josh Bolten, Howie Buffett, Susie Buffett, Joe Cerrell, John Doerr, Jamie Drummond, Michael Elliott, Tom Freston, Helene Gayle, Mort Halperin, Mo Ibrahim, Ngozi Okonjo-Iweala, Jeff Raikes, Condoleezza Rice, Sheryl Sandberg, Kevin Sheekey, Bobby Shriver and Lawrence Summers, as well as ONE's Africa Policy Advisory Board members: Charles Abugre Akelyira, Dr. Melvin Ayogu, Amadou Mahtar Ba, Owen Barder, David Barnard, Erik Charas, Romy Chevallier, Paul Collier, Nic Dawes, Zohra Dawood, Eleni Z. Gabre-Madhin, Neville Gabriel, John Githongo, Angélique Kidjo, Warren Krafchik, Acha Leke, Dr. Xiaoyun Li, Jon Lomøy, Bunmi Makinwa, Susan Mashibe, Dr. Richard Mkandawire, Archbishop Njongonkulu Ndungane, Ory Okolloh, Arunma Oteh, Rakesh R. Rajani, Mandla Sibeko, John Ulanga and Russell Wildeman. We are grateful to ONE's friend and advisor Bob Geldof and our distinguished International Patron, Archbishop Desmond Tutu, for their support and guidance.

We are fortunate to have received comments and feedback on previous drafts of this report from many partners in the NGO community and government. They have all strengthened this report, and any remaining errors are our sole responsibility. We are grateful to be able to draw on this strong group of stakeholders as well as many other friends and colleagues around the world who have advised ONE on this report and in all that we do. The statisticians at the OECD's Development Assistance Committee provided the data which made this report possible. Thanks go to our faithful

copy-editor, David Wilson. The report's design and art direction were guided by the talents of Christopher Mattox from Creative Circle and ONE staff members Elizabeth Brady and Carolyn Williams.

The following ONE staff and consultants contributed significantly to the production of this report: Guillaume Grosso, Tamira Gunzburg, Tom Hart, Jay Heimbach, Erin Hohlfelder, David Hong, Andreas Huebers, Tobias Kahler, Katri Kemppainen-Bertram, Molly Kinder, Joseph Kraus, Adrian Lovett, Dr. Siphon Moyo, Nachilala Nkombo, Larry Nowels, Lauren Pfeifer, Friederike Röder, Kerezhi Sebany, Johanna Stratmann and Eloise Todd.

The management, editing and production of this report were led by Sara Harcourt and Caitlyn Mitchell; the writing was led by Ben Leo and data analysis was led by Catherine Blampied.

To the millions of people who work and campaign tirelessly every day to make poverty history in Africa, thank you. The perseverance and commitment of those working both inside and outside governments are truly inspiring.

ERRORS AND OMISSIONS

This report went to print on 21 May 2013. The information in this report was, to the best of our knowledge, current up until 21 May 2013. We acknowledge that events that occurred after this point may mean that some of the figures and commitments in this report are out of date.

FOREWORD

The world has changed dramatically in the 13 short years since leaders around the globe universally agreed on the Millennium Development Goals (MDGs). In 2000, countless developing countries were labouring under debilitating debt burdens, sluggish economic growth, underinvestment in social services and physical infrastructure, and acute vulnerability to external shocks. Like many of my counterparts around the world, as Minister of Finance at that time I was struggling to address these headwinds, in helping to rebuild a Rwandan economy that had been devastated by destructive conflict, regional instability and poor government policies. At the same time, growth was strong and rebounding in developed nations. Given the vast and seemingly growing differences, international attention focused on ensuring that more countries – and their citizens – benefited from the rapidly expanding reaches of globalisation. There was an acute sense that globalisation also required global action to address the widening gaps between the developing and developed worlds; collective action to address conclusively the world's injustices, which if not confronted would consume the 21st century. The issues which weighed upon our minds included unacceptably high levels of extreme poverty, the growing scourge of HIV/AIDS and other infectious diseases, widespread lack of access to education and basic social services, and the lack of economic opportunities for millions of poor people around the world.

Today, much of the developing world is surging, even as wealthier economies continue to recover from the global financial crisis. It is an era of results, promise and hope for the developing world. This dynamic is being felt across the African continent. Nearly all African countries are experiencing robust growth and many are demonstrating tremendous progress towards reaching the high bar of the MDGs. As a region, sub-Saharan Africa has already made more than 40% of the progress required to reach the MDG targets for gender parity in education, child mortality, maternal mortality and access to safe water, ahead of the 2015 deadline. Progress like this has not been limited to the African continent – every region has made real progress towards the MDGs.

Yet that progress remains uneven, and the job is not finished. In many countries, the growth dividend has not reached the bottom of the pyramid. Inequality remains widespread, and in some nations it continues to grow. An entire category of countries – the 'fragile states' – risk being left behind entirely. And despite numerous bright spots, sub-Saharan Africa continues to lag overall compared with other regions.

Over the coming two-and-a-half years, we must redouble our collective efforts to accelerate the pace of progress and ensure that the fruits of our labour are systemic and sustainable. This is a global responsibility, and all must play their part. In order to convert strong economic growth into concrete and widespread human progress, African governments must be accountable for their own political commitments on health, education and agriculture. They must also deliver on their ambitious vision for an economically integrated continent – connected through trade, investment and cross-border infrastructure. While Africa's domestic resources were more modest 13 years ago, today they have grown over four-fold and are the most important source of financing in the fight against extreme poverty, preventable disease and economic opportunity on the continent. As this year's DATA Report illustrates, African government expenditures now account for nearly 80% of all development resources on the continent. Ensuring that Africa's own commitments are met through targeted, effective and accountable programmes will be essential to accelerating this struggle for human dignity and opportunity.

Developed countries have a responsibility as well. Now is not the time for donors to turn in on themselves, despite pressing challenges at home. While the developing world stands on firmer ground than it did 13 years ago, the need for smart and effective development assistance remains acute. Progress remains fragile in much of the world. Investments must not only be safeguarded and expanded: they must become irreversible. This includes focusing donors' precious resources on effective interventions and key areas where progress is either achievable or stalled. To this end, 2013 is a crucial year to replenish the multilateral institutions that leverage global

resources and invest in growth-enhancing and life-saving programmes. The African Development Fund – which provides grants and highly concessional loans to Africa's poorest nations – will be soliciting contributions that will be invested strategically in transformative infrastructure, regional integration and private sector development projects. These smart investments will help create jobs and provide growth opportunities to position countries to achieve all of their development goals. Other critical multilateral replenishments this year include those for the Global Fund to Fight AIDS, Tuberculosis and Malaria – focused on making progress against several of the health MDGs – and the World Bank's International Development Association. All of these institutions should be strongly supported.

Finally, both developing and developed countries can, and must, do more to increase transparency on spending and to build capacity to track results. I am optimistic that

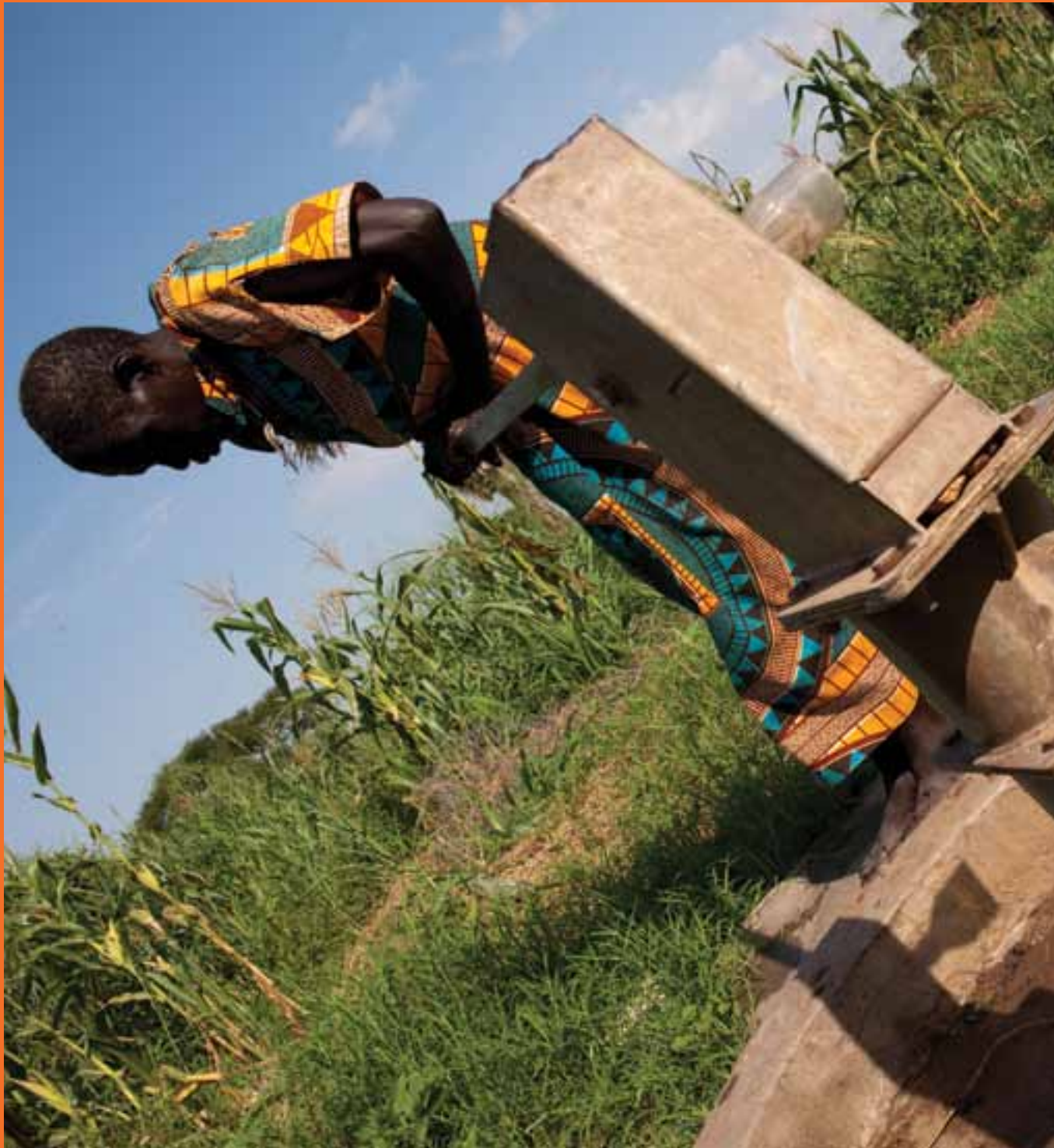
the latest agreement by six of the world's largest international financial institutions (including the African Development Bank) to strengthen statistical capacity in member countries and to share data and monitoring of development outcomes will lead to more effective programmes and policies. This is just the start. More must be done to ensure that every naira, peso, kwacha, rupee, shilling, dollar, euro or pound is used where it is most needed, and that it delivers results for those whom we seek to serve – the world's poorest citizens. This DATA Report makes a number of recommendations, which merit active consideration by policy-makers across the globe. I warmly commend it.

With sustained momentum and concerted effort, 2015 can be a turning point, not an end point. And the next 1,000 days will determine whether Africa and other developing regions will be ready to embark on the next set of challenges, in the post-MDG world.



A handwritten signature in black ink, which appears to read 'Donald Kaberuka'.

Dr. Donald Kaberuka
President
African Development Bank Group
Groupe de la Banque Africaine de Développement



A young woman fetches water at a borehole in the village of Bilinyang, near Juba, South Sudan.

Photo: Arne Hoel/World Bank

EXECUTIVE SUMMARY

The Millennium Development Goals (MDGs) have rallied the international community around a common fight and have mobilised a significant body of resources, expertise and focus to help achieve their aim. In 2013 the world is nearing the finish line and, with less than 1,000 days to go, the stakes are high.

Despite sluggish growth in much of the world, emerging economies have led a global recovery, and many sub-Saharan African countries have proved particularly resilient, with growth rates averaging 5% over the past seven years. This continued growth in the developing world, coupled with increased development assistance over the past decade from donor countries, has delivered dramatic progress on a number of fronts. Overall, the number of people living in extreme poverty declined from 43% of the world's population in 1990 to 21% in 2010. Should this progress continue and expand to lagging regions and countries, the possibility of virtually ending extreme poverty in the next few decades could be a reality. Compared with 2000, the annual number of child deaths has decreased by 2.7 million (from 9.6 million per year), and malaria deaths have fallen by more than a quarter. The numbers of lives saved are truly astonishing.

In addition to halving extreme poverty, two other MDGs have already been met globally – improving access to clean water and achieving gender equality in primary education. But these global averages disguise vast disparities between different

countries, regions and MDG indicators. Sub-Saharan Africa as a region is lagging furthest behind on the majority of the MDGs, but individual countries are making great strides. To support those countries that are showing progress but are short of the goal, collectively we must pick up the pace and increase momentum to get the job done. The world cannot lose sight of current targets in our rush to create new ones. A strong surge to achieve the 2015 goals will build the momentum needed to sustain progress through the next development framework between 2016 and 2030, and ensure the virtual elimination of extreme poverty.

Further progress will require sustaining or increasing resources for development from all sources. Development assistance from donors remains critical, but developing countries' own resources dwarf aid resources in many cases, and the domestic political decisions that governments make about how to channel these resources have the biggest effect on development outcomes.

ONE's 2013 DATA Report, 'Financing the Fight for Africa's Transformation', examines the recent progress of individual countries against eight core MDG targets, particularly in sub-Saharan African countries, using the MDG Progress Index originally developed by the Center for Global Development.¹ The report then compares country progress on the MDGs against both African domestic government spending and external donor financing in the health, agriculture and education sectors.

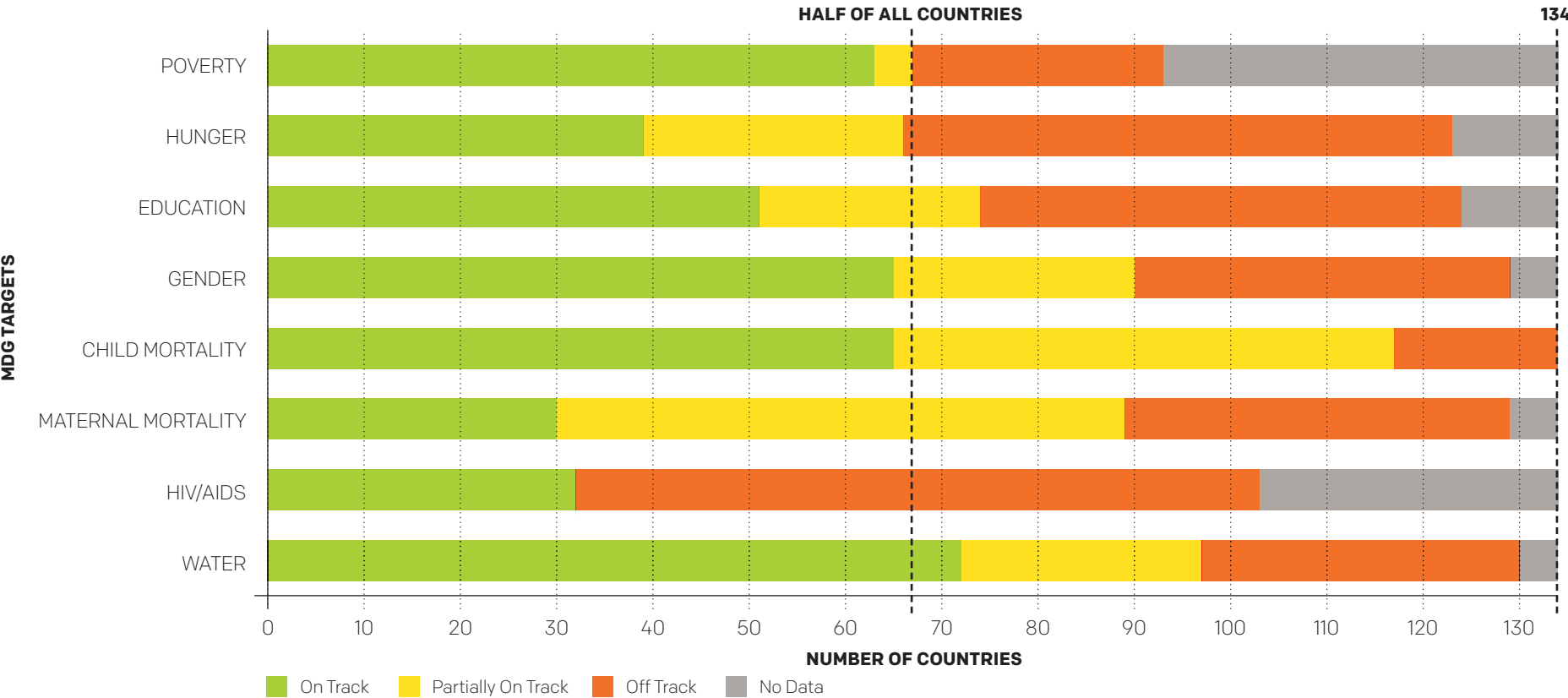
KEY FINDINGS

1 MDG progress continues to be strong overall.

ONE’s analysis in the 2013 MDG Progress Index shows that, since 2010, 49 poor countries have improved their overall MDG scores, 17 have declined and ten have stayed the same. All in all, this demonstrates a positive trajectory for the majority of countries. The number of MDG trailblazers (those countries with a Progress Index score of at least 5) is 45, ten of which are in sub-Saharan Africa. This is almost twice the number of trailblazer countries from just two years ago. Furthermore, the gap

between poor and middle-income countries’ progress towards the MDGs continues to narrow. Poor countries’ average scores are now nearly identical to those of middle-income countries. Figure 1 shows that on five of the eight MDG targets measured in this report, more than half of countries are either ‘on track’ or ‘partially on track’ to meet these goals.

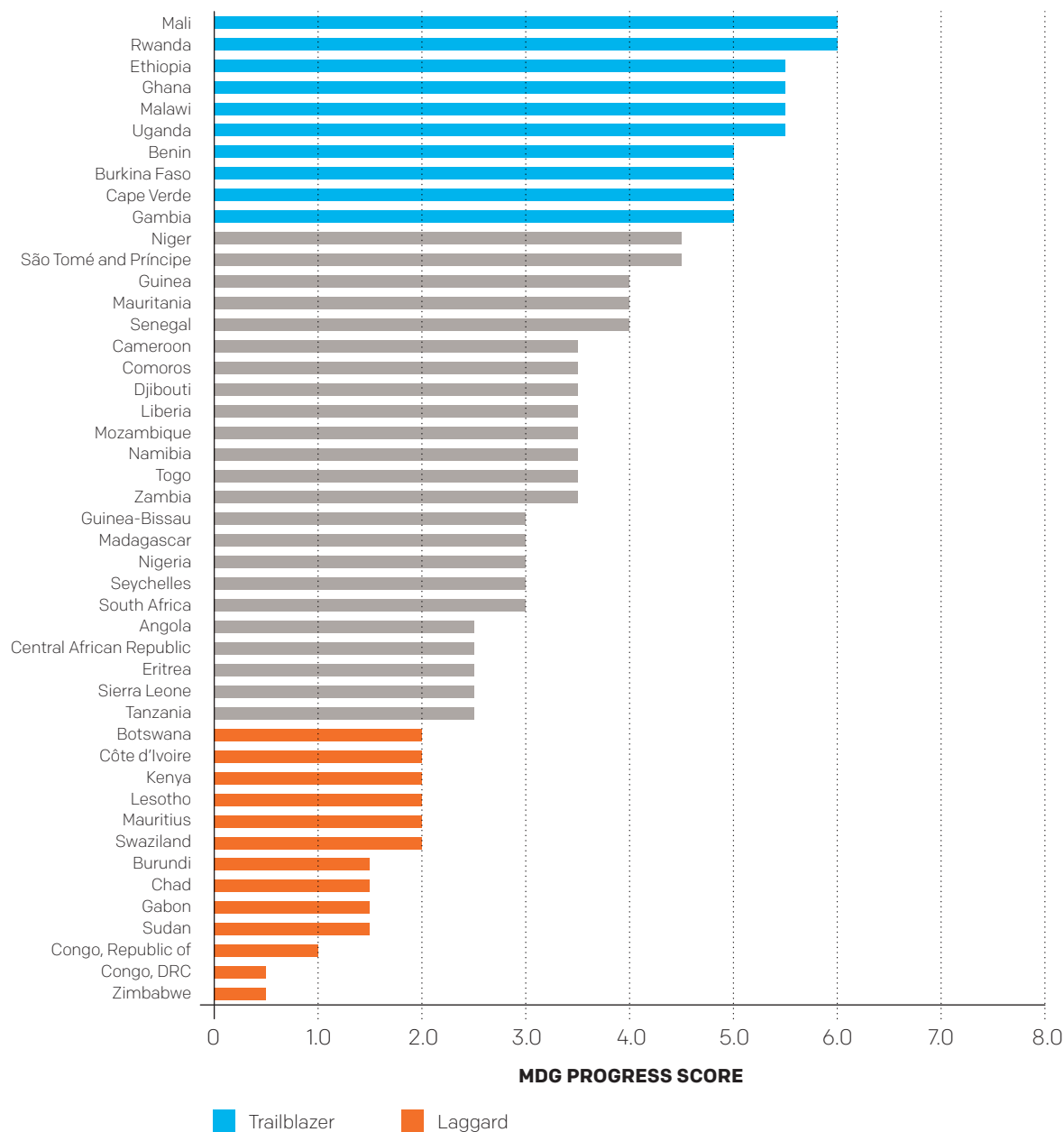
FIGURE 1: 2013 MDG Progress Index, by MDG Indicator



Sources: World Bank, World Development Indicators and ONE calculations

Note: Total number of examined countries is 134. There are no ‘partially on track’ countries for HIV/AIDS because there is no examined trajectory as for the other goals: countries are either ‘on track’ (if the prevalence rate has been held steady or decreased) or ‘off track’ (if the prevalence rate has increased).

Figure 2: 2013 MDG Progress Index Score, Sub-Saharan African Countries



2 MDG progress is uneven across countries, and too often growth is not inclusive.

Sub-Saharan African countries are showing excellent progress on average, among them top performers such as Rwanda, Ethiopia, Malawi, Ghana, Uganda, Benin and Burkina Faso. But while the number of MDG trailblazers has increased, 14 poor countries (nine of which are in sub-Saharan Africa) are lagging behind and have shown little improvement over time, or in some cases have declined. This year, the Democratic Republic of Congo (DRC) and Zimbabwe stand out as the worst-performing countries, with MDG Progress Index scores of only 0.5. More worrying still, the vast majority of laggards' scores have remained the same or have actually declined since 2010, with the exception of Burundi and Côte d'Ivoire, which have shown some moderate progress. Figure 2 shows the vast range of rates of progress across sub-Saharan African countries. There remains a worrying trend that economic growth is not as correlated with poverty reduction as it could be, raising questions about the inclusivity of growth as well.

Sources: World Bank, World Development Indicators and ONE calculations

Note: ONE did not examine every single sub-Saharan African country due to insufficient data. Countries excluded from this analysis are: Equatorial Guinea, Somalia and South Sudan. MDG Progress Index indicator coverage is not complete in all cases due to the unavailability of data. In light of these data limitations, caution should be taken when considering these findings. Countries with reduced data availability, and hence lower indicator coverage, are more likely to score lower because they cannot achieve a score of 0.5 or 1 on these MDGs, hence these missing data points are effectively counted as zero.

3 Resources for development in Africa have dramatically increased since 2000.

In the past 12 years, expenditures by sub-Saharan African governments have quadrupled and now account for 78% of total resource availability; see Figure 3. In that same time, official development assistance (ODA) to the region has also increased significantly. However, aid flows from major donors (the DAC countries) to sub-Saharan Africa have dipped over the past two years, with a 6% decline between 2011 and 2012.

- Domestic expenditures increased from \$84 billion in 2000 to \$363 billion in 2011.
- Over that same period, ODA to sub-Saharan Africa increased from \$11.7 billion in 2000 to \$41.8 billion in 2011, although it has declined from 2011 to 2012.

4 However, resources are far short of promised levels – if financing commitments were kept, the results could be truly transformational.

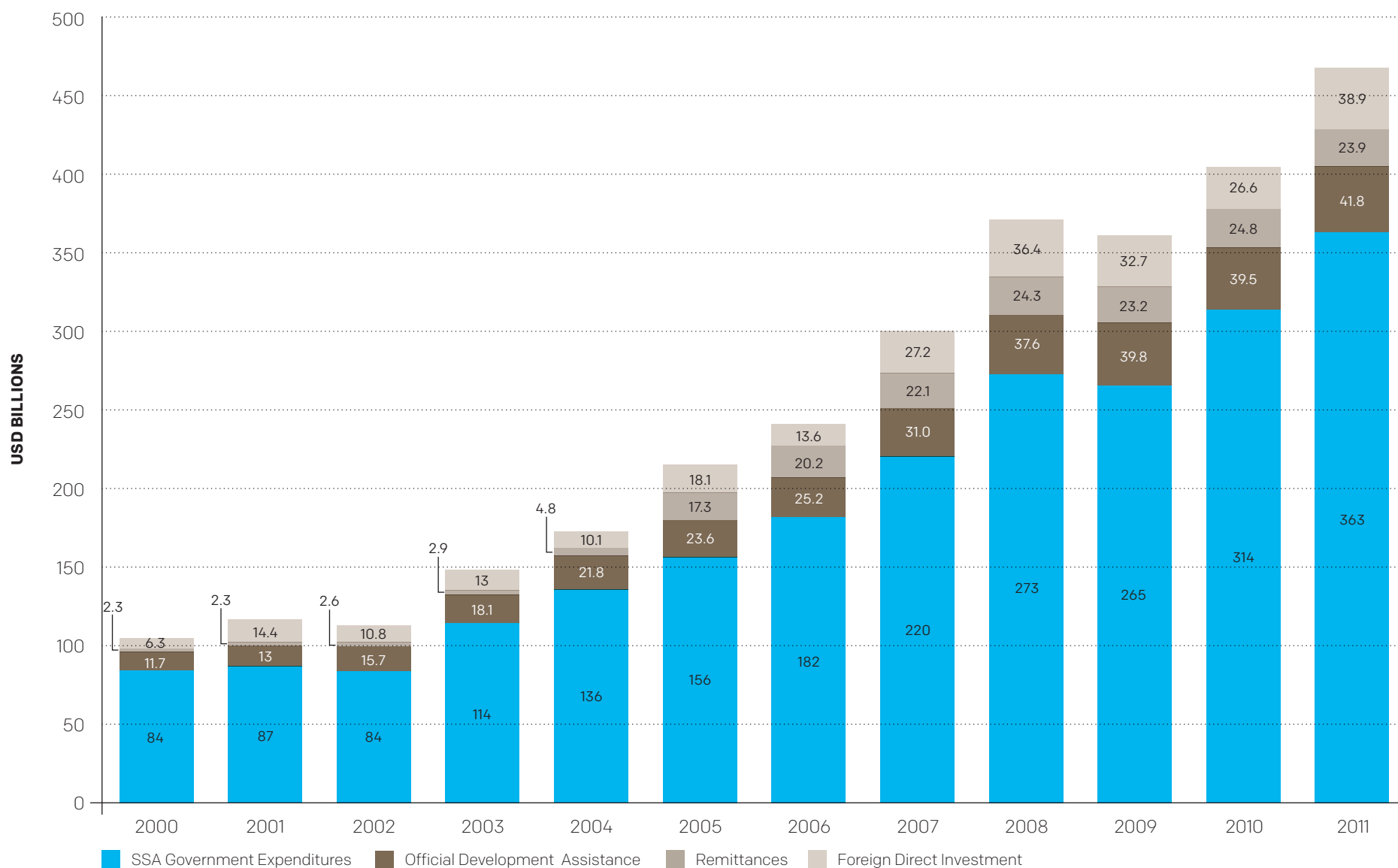
The majority of sub-Saharan African countries have not met their financing commitments to health, agriculture or education. These commitments were made in the African Union or other multilateral contexts and governments committed to spend a certain percentage of their expenditures or GDP on health (Abuja commitments), agriculture (Maputo commitments) and education (Dakar commitments). Donor progress on commitments to give half of all ODA increases to Africa, per the EU's commitment to achieve 0.7% ODA/GNI by 2015, is broadly off track as well.

Some African countries are further behind than others, however, and the amount of resources that are currently not being mobilised for these sectors could be life-changing for millions of people. For instance, if Nigeria were to meet its health spending commitment each year from 2013 to 2015, the total projected additional resources (\$22.5 billion), if invested in effective health programmes, could provide anti-malarial bednets to every single citizen, fully vaccinate every young child against deadly childhood diseases (such as pneumonia, rotavirus, diphtheria and whooping cough) and provide antiretroviral treatment to every single person who is HIV-positive

in Nigeria. The malaria intervention alone could save the lives of almost half a million children over time. If Angola were to meet its education spending commitment each year from 2013 to 2015, just a fraction of the total projected additional resources (\$21.6 billion) could ensure that every single child was enrolled in primary school.

- Altogether, if sub-Saharan African countries met their spending commitments on health (Abuja commitments), there would be an additional \$68 billion available between 2013 and 2015.
- If sub-Saharan African countries met their spending commitments on agriculture (Maputo commitments), there would be an additional \$40 billion available between 2013 and 2015.
- And if sub-Saharan African countries met their spending commitments on education (Dakar commitments), there would be an additional \$135 billion available between 2013 and 2015.
- In total, there could be an additional \$243 billion available between 2013 and 2015 for these three sectors if sub-Saharan African governments kept all their promises.

FIGURE 3: Sub-Saharan Africa (SSA) Resource Flows, 2000-11



Sources: IMF World Economic Outlook Database; OECD DAC; World Bank World Development Indicators

Note: All data is measured in USD billions in current prices to compare all flows. African government expenditures are calculated by converting government expenditure shares (measured as a percentage of GDP) into absolute expenditure estimates. ODA figures exclude debt relief. Remittances are defined as receipts measured through the balance of payments method. FDI is defined as net inflows measured through the balance of payments method. The following countries are excluded due to lack of data for some flows: Somalia, South Sudan and Sudan.

5

There is a strong relationship between sub-Saharan African governments' spending and MDG progress.

This report shows that, on average, sub-Saharan African countries that have allocated a greater share of government expenditures to health, education and agriculture over the past decade demonstrate improved MDG outcomes in those areas (see Figure 4).

- In health, countries that are 'on track' to achieve their child mortality reduction targets are also those that are making greater progress towards their health (Abuja) spending targets (with an average deficit of only 21% between 2001 and 2010).² This compares with an average health spending deficit of 42% for those countries that are 'off track' to meet their child mortality reduction targets.
- In agriculture, countries that are currently 'on track' to achieve their poverty targets have an average agriculture (Maputo) spending deficit of 28%, whereas countries that are currently 'off track' have an average Maputo commitment spending deficit of 61%. Similarly, countries that are currently 'on track' to achieve their hunger targets have an average Maputo spending deficit of 38%, whereas countries that are 'off track' have an average Maputo spending deficit of 49%.

- In education, countries that are 'on track' to achieve their primary education completion rate targets by 2015 had an average education spending deficit (towards their Dakar targets) of 32% between 2000 and 2010. This compares with an average education spending deficit of 45% for those countries that are 'off track' to meet their primary education targets.

There is a robust positive correlation between sub-Saharan African countries' average social expenditures (combined health, education and agriculture expenditure, as a share of their total expenditure over the past decade) and their MDG Progress Index scores. Looking across all sectors, sub-Saharan countries that are MDG 'trailblazers' allocate an average of 39% of government spending to the above three sectors, while those that are 'laggards' allocate only 29%.

6

Donor development assistance relates to better MDG outcomes in sub-Saharan Africa, but more should be done to target assistance more effectively.

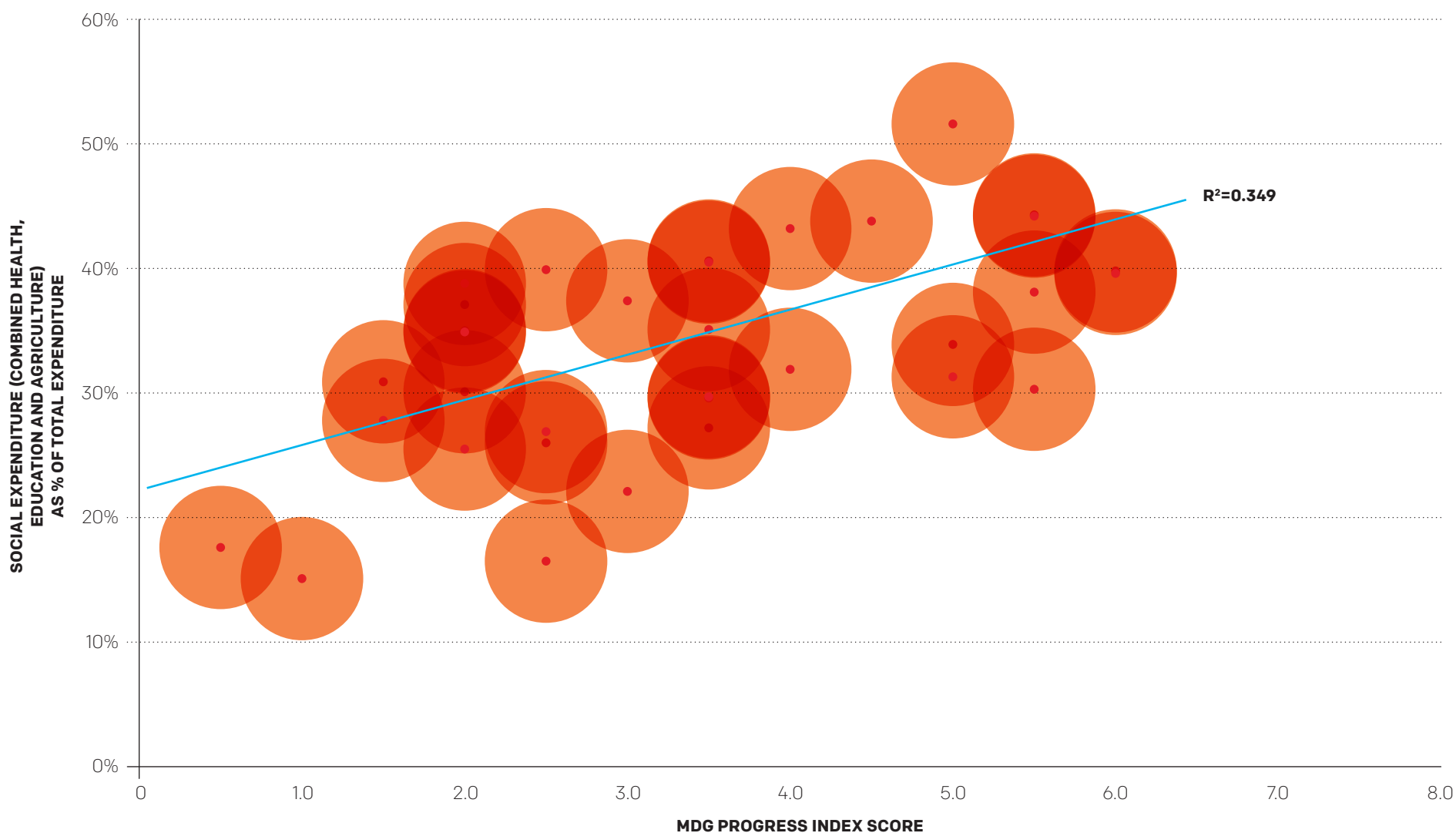
This report finds a correlation between donor spending on sectoral priorities and corresponding results on individual MDG targets. However, looking across total donor spending per capita on all three sectors combined reveals a very weak correlation with overall MDG progress. This relationship is much weaker than the previous relationship between African domestic spending and overall MDG progress, raising numerous questions that require further research. Although it is beyond the scope of this report, future analysis may include looking more closely at the interaction between donor spending and domestic spending. Within ONE's analysis, we find:

- On average, sub-Saharan African countries that have received greater education assistance over the past decade are also demonstrating better outcomes on the education MDGs (primary completion and gender equality).
- In health, sub-Saharan African countries that have received greater health assistance per capita are demonstrating better outcomes on child mortality.

However, maternal mortality is showing the opposite relationship. This is not necessarily surprising given that the majority of donor assistance over the past decade has targeted other health priorities and maternal mortality challenges often reflect broader health system obstacles that are harder to address through vertical health interventions.

- And finally, sub-Saharan African countries that have received greater agriculture assistance flows, on average, are also demonstrating slightly better outcomes on their extreme poverty and hunger MDGs. Agriculture spending, however, has been notoriously neglected by donors, and increased commitment in this area, coupled with improved country- and activity-level targeting, may lead to further progress.

FIGURE 4: Sub-Saharan African Governments' Estimated Average Spending on Health, Education and Agriculture (Combined) as a Percentage of Total Expenditure (2000–10) by MDG Progress Index Score



Sources: IMF World Economic Outlook Database, World Health Organisation, ReSAKSS, UNESCO, World Bank World Development Indicators and ONE calculations

Note: Only 34 sub-Saharan African countries are examined here, due to limited data availability on health, agriculture and education expenditures. Since we are not examining the full period for agriculture (2003–09) and the figures used are estimates only, caution should be taken when interpreting these findings.

FIVE KEY STEPS FOR SPRINTING THROUGH THE 2015 FINISH LINE

In the last 1,000 days until the MDGs deadline, there is a need for developing countries, donor countries and development institutions to instil a greater sense of urgency and focus into their efforts. Promoting a 'war room' mentality, and ensuring that the 2015 deadline remains firmly in the forefront, is about ensuring that the effective use of billions of public sector development finance dollars and saving millions of lives. Thus, ONE makes the following five recommendations to both increase the quality and effectiveness of financing and increase the quantity of resources available:

IMPROVING THE QUALITY OF DEVELOPMENT FINANCE

1 Invigorate monitoring mechanisms and focus on acceleration plans.

The UN and the World Bank will be leading quarterly meetings with an action-oriented agenda focused on: (1) tracking up-to-date MDG outcomes and trends and (2) designing and executing plans to accelerate progress on specific goals and in specific countries, over the next three years. These decision-making sessions will support the UNDP's MDG Acceleration exercise, which seeks to identify areas where noteworthy progress can be achieved. After each quarterly meeting, the organisations will publicly issue detailed progress updates. Every development actor – including both developing and donor country governments – should present clear MDG acceleration plans that span the next 1,000 days and beyond. They should publicly declare how they are moving beyond 'business as usual' and stating how they will intensify efforts, with accountable actions and resources attached.

2 Accelerate budget and aid transparency implementation.

In addition to countries scaling up resources for development, it is equally important for all actors to significantly scale up efforts that will increase the impact and effectiveness of both existing and new resources. For most developing nations, this means dramatically improving budget and expenditure transparency. At the same time, all donors should accelerate their respective timelines for joining and complying with the International Aid Transparency Initiative (IATI). It is equally important to have transparent mandatory reporting measures in the extractives industry and better revenue management authority to increase the tax base in developing countries.

3 Improve the quality of service delivery.

Donor and African governments should rapidly scale up the Service Delivery Indicators (SDI) Initiative, which tracks expenditures along with service delivery quality and performance in the education and health sectors. The SDI Initiative is an effective instrument for identifying performance challenges, such as resource leakages and gaps in teacher knowledge or effort, to ensure greater stakeholder accountability.

INCREASING THE QUANTITY OF DEVELOPMENT FINANCE

4 Fulfil funding commitments.

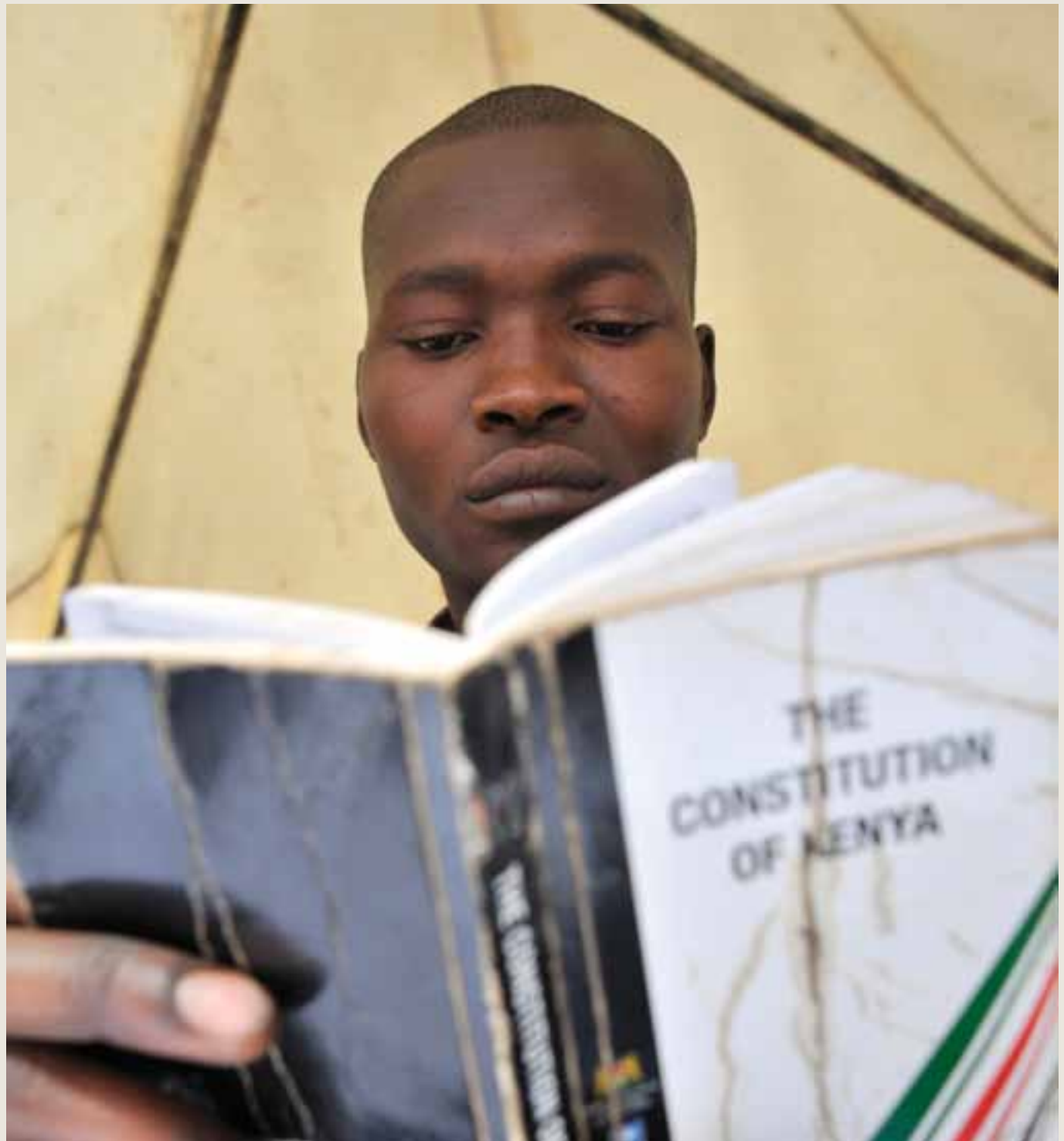
African governments need to meet their commitments to spending in health, education and agriculture to ensure that they are prioritising the allocation of resources towards the MDG target areas. Donor governments need to meet global and Africa assistance targets to ensure a global partnership for development progress, and they must strategically allocate resources to countries and sectors with the greatest potential for demonstrable impacts and outcomes.

5 Support full multilateral replenishments.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, the African Development Fund (ADF) and the World Bank's International Development Association (IDA) will all be soliciting multi-year financial pledges simultaneously from donor governments in 2013. All three organisations play a central role in supporting the MDGs – especially in Africa – and it is essential that they are financed to the greatest extent possible.

Youth Bunge La Mwananchi in the Kibera slum in Nairobi is one of thousands of Kenyan civil society organisations that have established a civic education programme for members.

Photo: Riccardo Gangale/USAID





Education programmes are bringing primary education to vulnerable and conflict-affected children in Uganda.

Photo: USAID

INTRODUCTION

The Millennium Development Goals (MDGs) deadline is now less than 1,000 days away. The world has officially entered the final leg of its 15-year journey to halve extreme poverty and reduce child mortality by two-thirds, reverse the tide against HIV/AIDS and malaria and ensure that more people have access to basic services, such as primary education and safe drinking water.

Despite a challenging global environment, many poor and middle-income countries are making dramatic progress towards the highly ambitious MDG targets. Across some countries and some targets, this progress has been faster than at any time in the past 30 years. On the other hand, the performance of a number of countries continues to lag. Some of these laggards are sufficiently large – such as Nigeria and the Democratic Republic of Congo – that they are holding back regional rates of progress. While the international community is surveying, consulting and debating what the successor targets to the MDGs should look like, there is a fear that the world's attention may shift from the urgent task currently at hand. There is real jeopardy in the current environment that the great progress made against extreme poverty so far may be slowed, or even reversed. Developing countries, donor countries and international partners therefore need to re-double their efforts to ensure that the world flies past the current finish line, before embarking on an even more ambitious agenda to push towards the end of extreme poverty from 2016 through to 2030.

To help ensure that the world accelerates progress over the next two-and-a-half years, ONE's 2013 DATA Report, 'Financing the Fight for Africa's Transformation', focuses on development finance flows – from the public sector – which help the fight against extreme poverty. For the first time, the DATA Report provides a robust assessment of sub-Saharan African government spending towards sectoral commitments, alongside traditional donor development assistance. Although this analysis does not look at all of the resources available for development (such as foreign direct investment, remittances from the diaspora or private financing), it does focus on those resources that governments (African and donor) have control over and can, and should, allocate effectively to meet targets. To this end, the report makes three specific contributions.

First, it provides an updated assessment of country-level progress on the MDGs, using recent data from the World Bank and other sources to analyse MDG performance across all developing countries, and updating the MDG Progress Index

originally developed by the Center for Global Development.¹ This analysis identifies where progress is robust, where it is at a tipping point and where it is lagging. We hope that this will help governments and development organisations prioritise where to allocate scarce resources between now and 2015.

Second, the report focuses specifically on the domestic and donor financing picture in sub-Saharan Africa for health, education and agriculture. Collectively, these three sectors account for all but one of the core MDGs (i.e. safe drinking water). We track African governments' performance towards meeting their own MDG-related spending commitments, which covers all three of these sectors. We also look at the effects of donor spending on these sectors.

Third, this report contains a number of concrete proposals, which are intended to help accelerate progress over the next two-and-a-half years and beyond, highlighting those drivers that could be implemented relatively quickly and without significant cost. We hope that this report will embolden all parties to re-double their efforts between now and 2015 to continue, or perhaps even further accelerate, the remarkable trends that we have seen. The report illustrates the importance of working overtime to remove binding obstacles to progress, such as insecurity, inequality, under-investment and poor governance, over the next few years and beyond.

The DATA Report is, and always has been, a tool for accountability – holding leaders to account for promises made, and using cold, hard data to show progress, or lack thereof. There have been many iterations of the DATA Report over the past eight years, but one trend that has held constant is the unwavering importance of up-to-date, accurate statistics for monitoring progress and informing decision-making – and, alongside this, the incredible difficulty involved in securing such statistics, especially in sub-Saharan Africa. This report acknowledges the gaps and caveats that exist for much of the data and supports calls for greater statistical capacity-building in poor countries. ONE is calling for a transparency revolution and a data revolution to help ensure that statistics can be placed in the hands of citizens and public servants, to help them drive progress. We are inspired by those organisations and initiatives that are working to improve the measurement and monitoring of development progress so that all citizens can hold governments to account and demand better in the future.

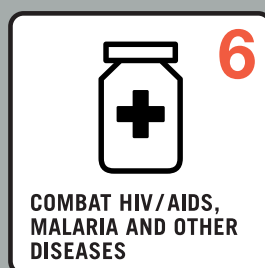
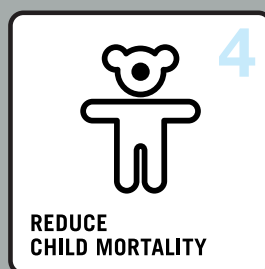


Walvis Bay on the Atlantic Ocean is the main port in Namibia and home to many fishing companies. Fishing is one of the main contributors to the Namibian economy.

Photo: John Hogg/World Bank

MDG PROGRESS INDEX

THE MILLENNIUM DEVELOPMENT GOALS



Source: UNDP Brazil

GAUGING DEVELOPING COUNTRY PERFORMANCE – MDG PROGRESS INDEX

It has been more than 12 years since the world adopted the United Nations Millennium Declaration, and with two-and-a-half years to the deadline, the stakes have never been higher. How are developing countries faring on the highly ambitious Millennium Development Goal (MDG) targets? How has performance changed over the past few years across countries and targets? Are there countries or targets that have reached a tipping point? Are there targets on which little or no progress has been made across the majority of countries? These are all important considerations for policy-makers and practitioners, particularly when allocating scarce resources over the next few years, and beyond.

This section attempts to answer these questions by deploying the MDG Progress Index methodology.¹ The Index allocates countries scores relating to their progress towards eight core MDG targets, with a score of 8.0 representing 'on track' progress to meet all targets.² Countries that are 'partially on track' on a target receive a score of 0.5, rather than 1, and countries that are 'off track' receive a score of 0. Using newly available data, this section outlines updated trends in how individual countries are faring, with a special focus on the poorest countries.³ Poor data quality, however, remains a serious challenge; widespread data revisions and gaps continue to pose significant challenges for measuring developing countries' progress on a consistent basis across the various indicators. For more information about the MDG Progress Index scoring and the issue of data availability, please see the methodology section at the end of this report.

KEY MDG PROGRESS FINDINGS

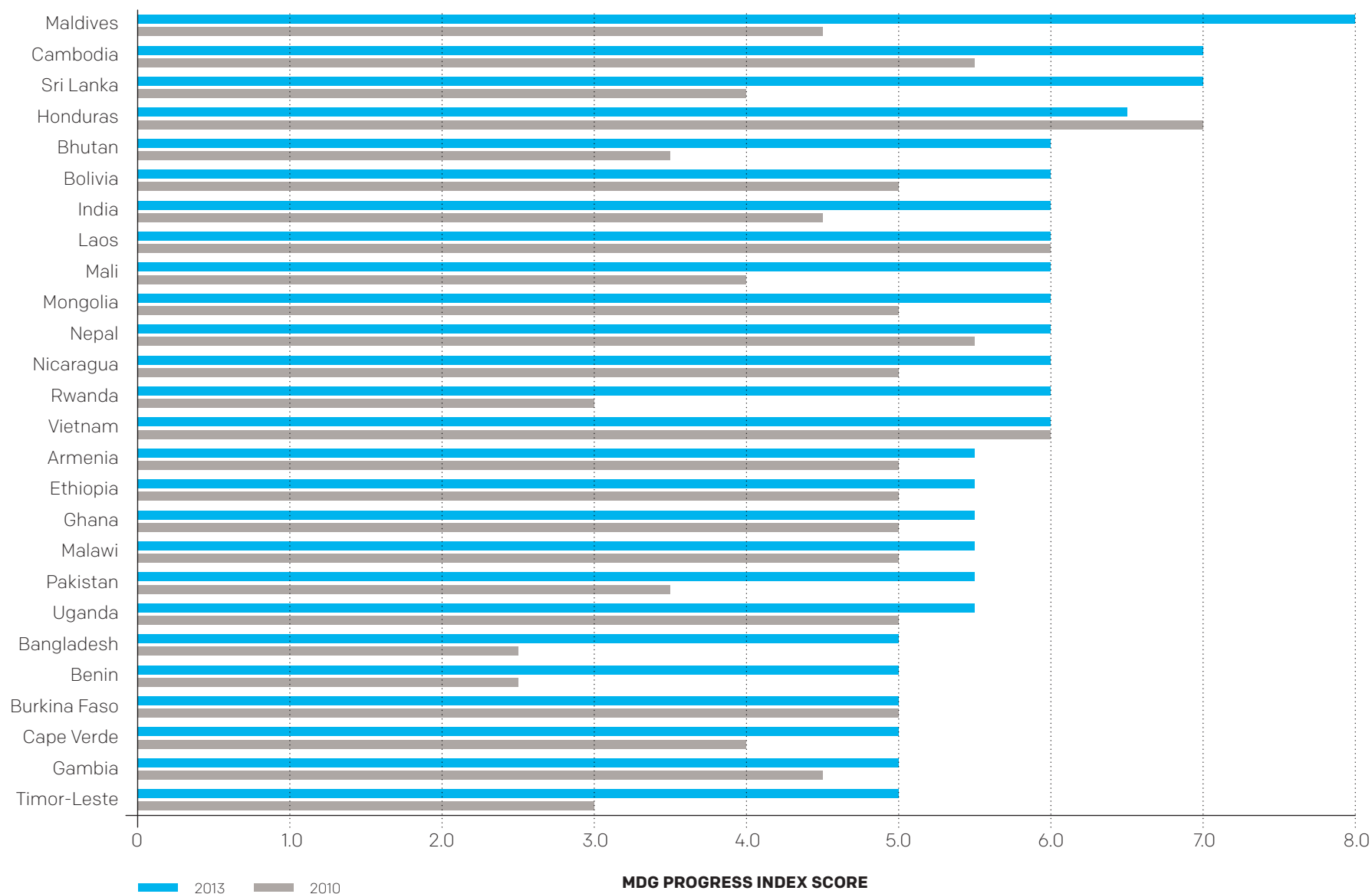
PROGRESS CONTINUES TO BE STRONG

Since 2011, the number of developing countries with an MDG Progress Index score of 5.0 or more – otherwise known as MDG 'trailblazers' – has jumped from 27 to 45.⁴ Of these, 26 are classified as poor countries and ten are located in sub-Saharan Africa. Overall the Maldives has displaced Cambodia as the top-performing country – and is 'on track' to achieve all of the core MDG targets. Both Cambodia and Sri Lanka have scores of 7.0; however, Cambodia's score has dropped from 8.0 last year, whereas Sri Lanka's score rose from 6.0. Based on observed trajectories, nearly all of the 45 MDG trailblazers would achieve at least half of the examined MDG targets.⁵

Among poor countries, four countries joined the MDG trailblazer ranks this year (Bangladesh, Benin, Bolivia and Gambia).⁶ Two countries dropped off the list (Georgia and Samoa) due to a decline in their performance.

Sub-Saharan African countries are showing excellent progress on average. The top ten performers in 2013 are Mali⁷ and Rwanda (scoring 6.0), Ethiopia, Malawi, Ghana and Uganda (scoring 5.5) and Benin, Burkina Faso, Cape Verde and Gambia (scoring 5.0). A large majority of sub-Saharan African countries (30 of 46) have improved their score since the 2010 Index. Several countries have made dramatic leaps forward, scoring two or more points higher in 2013 than in 2010. These include Rwanda, Guinea-Bissau, Benin, Niger, Mali, São Tomé and Príncipe and Liberia.

FIGURE 1: MDG Progress Index Trailblazers (2013 and 2010), Poor Countries



Sources: World Bank, World Development Indicators and ONE calculations

Note: Data is not available for every indicator for every country. Seven countries in this chart have only seven indicators covered (hence the maximum score possible is 7.0). One country in this chart, Bangladesh, has only six indicators covered (hence the maximum score possible is 6.0).

ON AVERAGE, COUNTRIES ARE IMPROVING THEIR SCORES

Overall among poor countries, the MDG Progress Index scores of 49 countries have improved over the past three years, those of 17 countries have declined and ten have remained unchanged.⁸ This illustrates a general trend of accelerated progress, albeit with remaining pockets of lagging performance. Since 2010, 16 countries' scores have increased by at least 2.0. These countries include Afghanistan, Bangladesh, Benin, Bhutan, Bosnia-Herzegovina, Guinea-Bissau, Haiti, Liberia, the Maldives, Mali, Niger, Pakistan, Rwanda, São Tomé and Príncipe, Sri Lanka and Timor-Leste. In the other direction, the Kyrgyz

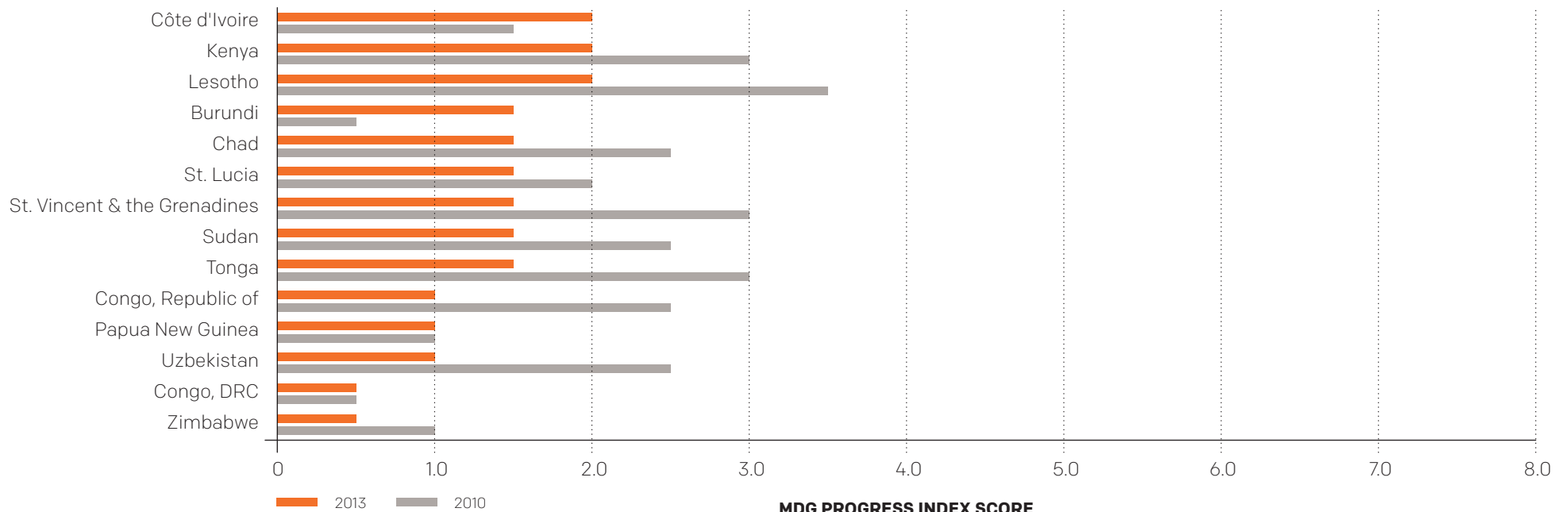
Republic has experienced the worst decline, its score decreasing by 2.0 since 2010. Another six countries have shown a decrease of 1.5: Kiribati, Lesotho, St. Vincent and the Grenadines, Tonga, the Republic of Congo and Uzbekistan.

IN A SMALL GROUP OF COUNTRIES, PROGRESS IS STALLED, OR GETTING WORSE

Out of a total of 134 countries assessed, 25 are classified as MDG laggards due to poor or declining performance (a score of 2.0 or less). Fourteen of these laggards are poor countries and 11 are middle-income countries. Among poor countries, this year the

Democratic Republic of Congo (DRC) and Zimbabwe stand out as the worst-performing countries, with MDG Progress Index scores of only 0.5; see Figure 2. The Republic of Congo, Papua New Guinea and Uzbekistan are only just ahead with scores of 1.0. Based on their observed trajectories, only one country from this group will achieve a single core MDG target (the Republic of Congo is 'on track' to meet its HIV/AIDS target). More worrying still, the vast majority of the laggards' scores have remained the same or have actually declined since 2010, with the exception of Burundi and Côte d'Ivoire, which showed some moderate progress.

FIGURE 2: MDG Progress Index Laggards (2013 and 2010), Poor Countries



Sources: World Bank, World Development Indicators and ONE calculations

Note: The coverage of MDG Progress Index indicators is not complete due to unavailability of data; where data is missing for an indicator, a country effectively receives a score of zero for that indicator. Lack of data is particularly marked for the Democratic Republic of Congo (which has only five indicators covered), St. Vincent and the Grenadines (which has only five indicators covered) and Tonga (which has only four indicators covered). In light of these data limitations, caution should be taken when considering these findings.

Two countries are notable for escaping the laggards' group since last year's Index: the Central African Republic, whose score improved from 1.0 to 2.5, and Guinea-Bissau, whose score improved from 0.5 to 3.0. On the other hand, two countries entered the list of MDG laggards (St. Lucia and Sudan), due to declining performance. Not surprisingly, the list of MDG laggards continues to consist mainly of post-conflict countries or fragile states. Moreover, the majority of the laggards are still located in sub-Saharan Africa (nine out of 14).

POOR COUNTRIES ARE CLOSING THE GAP WITH MIDDLE-INCOME COUNTRIES

The gap between the progress of poor countries and middle-income countries (MICs) towards the MDGs continues to narrow. Poor countries' average scores are now nearly identical to those of MICs (3.88 versus 3.96). The performance of MICs declined over the past year, with the average score decreasing from 4.07 to 3.96.⁹ In terms of individual countries, there are now 19 middle-income MDG trailblazers – of which seven are located in Latin America and five in East Asia and the Pacific. No single MIC can match the highest scores among the poor countries. Among the middle-income countries, five are now tied for best performance with scores of 6.5 – Brazil, Egypt, Indonesia, Panama and Turkey. Bulgaria, Panama, Indonesia, Turkey and Uruguay have exhibited the most dramatic improvements since 2010, while Algeria, Mauritius and Jordan have experienced the worst declines. China's Index score remained constant at 6.0 for the third year in a row.¹⁰

Overall, poor countries perform better, on average, on four of the core MDG indicators – extreme poverty, hunger, maternal mortality and HIV/AIDS – although these results may be driven partially by the Index's linear methodology, as MICs with higher development indicator baselines may find it more difficult or costly

FIGURE 3: Highest and Lowest Performers (2010–13), Middle-Income Countries

		MDG PROGRESS INDEX SCORE				
		2013	2012	2011	2010	CHANGE (2010–13)
TRAILBLAZERS	Brazil	6.5	6.5	6.5	6.5	0.0
	Egypt	6.5	6.5	6.0	6.0	0.5
	Indonesia	6.5	6.0	4.5	4.0	2.5
	Panama	6.5	5.0	5.0	3.5	3.0
	Turkey	6.5	6.5	3.5	4.0	2.5
	China *	6.0	6.0	6.0	7.0	-1.0
	Ecuador	6.0	6.5	7.0	7.0	-1.0
	Iran	6.0	5.5	5.0	6.0	0.0
	Peru	6.0	7.5	5.0	5.5	0.5
	Tunisia	6.0	6.0	5.5	7.0	-1.0
	Chile	5.5	4.5	5.0	5.5	0.0
	Fiji	5.5	6.5	3.5	3.5	2.0
	Malaysia	5.5	5.5	5.5	4.5	1.0
	Mexico	5.5	6.5	6.5	4.5	1.0
	Philippines	5.5	6.0	5.0	5.0	0.5
	Bulgaria	5.0	5.0	1.0	0.5	4.5
	El Salvador	5.0	5.0	6.0	5.0	0.0
	Thailand *	5.0	5.0	4.0	4.0	1.0
	Uruguay	5.0	4.0	4.5	2.5	2.5
LAGGARDS	Albania *	2.0	2.0	4.5	3.5	-1.5
	Botswana *	2.0	2.0	2.0	3.5	-1.5
	Mauritius *	2.0	3.0	3.0	4.0	-2.0
	Micronesia *	2.0	2.0	2.0	3.0	-1.0
	Palau *	2.0	2.0	2.0	1.0	1.0
	St. Kitts and Nevis *	2.0	3.0	1.5	1.5	0.5
	Swaziland	2.0	2.0	2.0	1.0	1.0
	Ukraine	2.0	3.5	1.5	1.0	1.0
	Gabon *	1.5	1.5	1.5	1.0	0.5
	Jamaica	1.5	3.5	3.5	2.5	-1.0
	Iraq *	0.0	0.0	0.5	1.5	-1.5

Sources: World Bank, World Development Indicators and ONE calculations

Note: The coverage of MDG Progress Index indicators is not complete in all cases due to unavailability of data. Countries with missing data points effectively score zero on those indicators. In light of these data limitations, caution should be taken when considering these findings. Asterisks indicate that data is unavailable for one or more indicators. ONE has also calculated 'adjusted' MDG scores, which apply the average score for the indicators where there is available data to a whole set of eight indicators. Seven of the 11 middle-income laggards have a higher adjusted score than actual score. Six of these countries would no longer be classed as laggards according to their adjusted scores: Albania (2.3 as opposed to 2.0), Botswana (2.3 as opposed to 2.0), Mauritius (2.3 as opposed to 2.0), the Federated States of Micronesia (4.0 as opposed to 2.0), Palau (4.0 as opposed to 2.0) and St. Kitts and Nevis (3.2 as opposed to 2.0). The rest of the countries' adjusted scores do not change their standings.

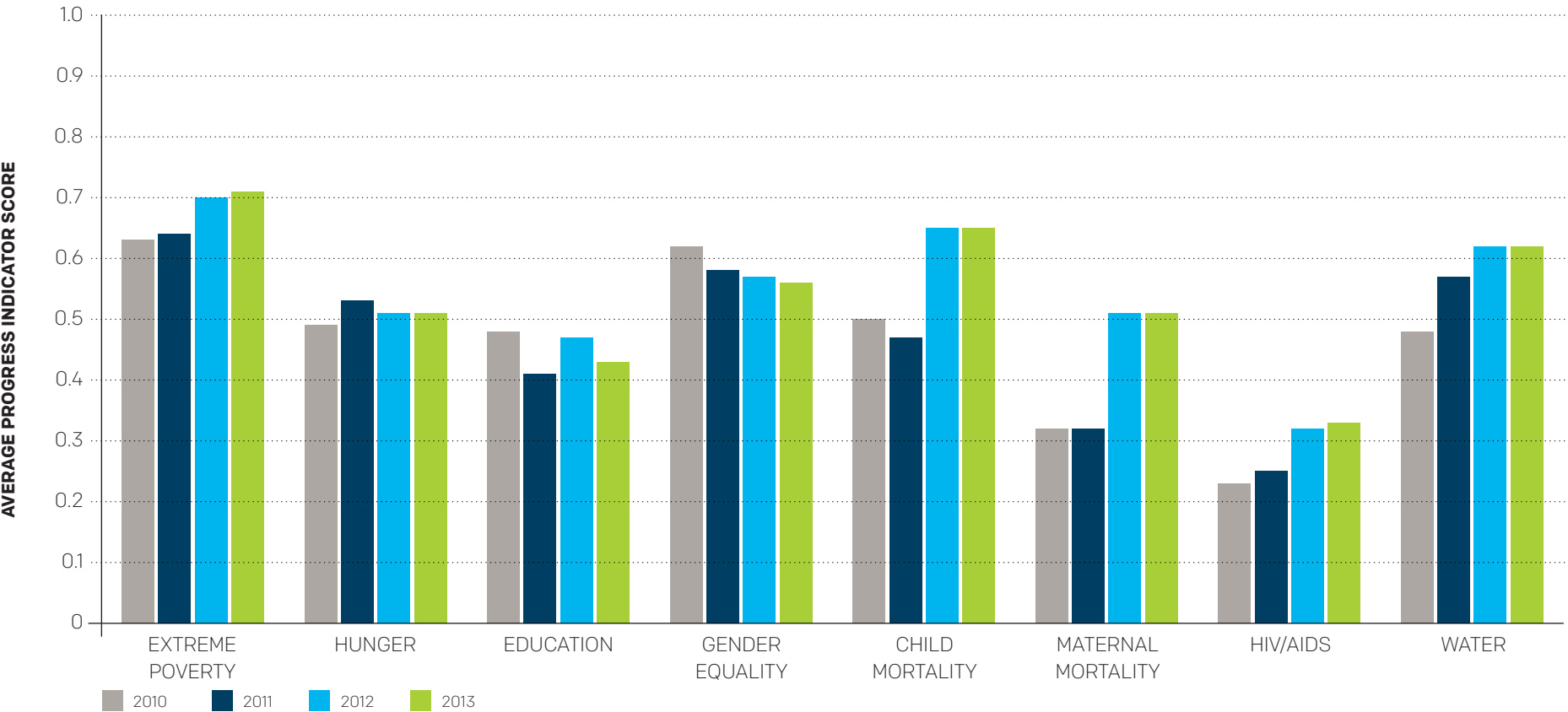
to achieve the required reductions among the remaining population. Conversely, MICs continue to significantly outperform poor countries on the MDG indicators that have absolute targets (education and gender equality) – largely due to their noted higher starting points.¹¹

PROGRESS IS WIDESPREAD ACROSS TARGETS

Poor countries have improved, on average, on six core MDG target indicators since 2010 – extreme poverty, hunger, child mortality, maternal mortality, HIV/AIDS and water. More specifically, they have demonstrated the most significant improvements on the maternal mortality, child mortality and water targets – with

average scores increasing by 0.19, 0.15 and 0.14 respectively. Average scores have declined for two core MDG indicators (education and gender equality). However, education and gender equality data remains quite volatile on a year-to-year basis. As a result, it is difficult to draw concrete conclusions about fundamental performance trends at this time.

FIGURE 4: MDG Progress Index, Average Performance by Indicator (2010–13), Poor Countries



Sources: World Bank, World Development Indicators and ONE calculations
Note: Data coverage is not complete, therefore for each indicator some countries are missing scores. These missing scores are excluded from this analysis of averages, rather than being counted as zero.

Across all developing countries, those targets with the greatest number of countries 'on track' for achieving them are (in order starting with the highest) water, child mortality, gender equality and poverty. Those targets with the fewest number of countries 'on track' are (in order starting with the lowest) maternal mortality, HIV/AIDS and hunger. However, this measure of progress on HIV/AIDS using the 1990 baseline is misleading, given the rapid decline in the 1990s and subsequent improvements, especially over the past decade.

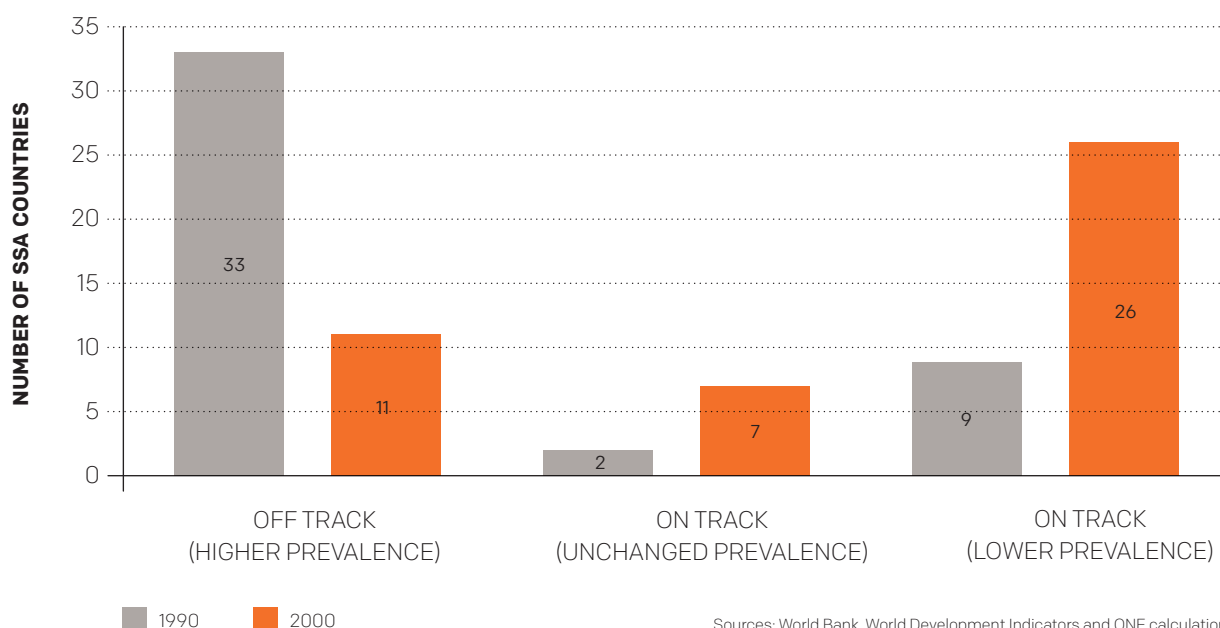
HIV/AIDS ALTERNATIVE BASELINE

While the MDGs have a number of methodological shortcomings, the baseline year of 1990 is particularly problematic for measuring countries' performance on the HIV/AIDS target. It leads to a mismatch of timing

between HIV/AIDS prevalence rate trends and the global response to the epidemic. Put differently, the progress of many countries in terms of halting and then reversing the AIDS epidemic during the 2000s is masked by the explosion in prevalence rates during the 1990s (i.e. before the Millennium Declaration was adopted).

Consistent with the formal MDG tracking methodology, the MDG Progress Index uses the 1990 baseline for measuring progress in halting HIV/AIDS. However, in order to gauge performance on the HIV/AIDS target more fairly and accurately, ONE has undertaken additional analysis just for sub-Saharan African countries, deploying an alternative baseline of 2000. Using this approach, the picture for the performance of sub-Saharan African countries is remarkably different.

FIGURE 5: HIV/AIDS Target Performance, According to 1990 and Alternative 2000 Baseline Scenarios



Sources: World Bank, World Development Indicators and ONE calculations



A doctor sees patients in a clinic in Mukono, Uganda. International Development Association (IDA) support has contributed to improved health for Ugandans with targeted support to the health sector. Uganda has pioneered 'citizen report cards' in health care at the community level.

Photo: Arne Hoel/World Bank

Between 2000 and 2013, 31 countries reduced their HIV/AIDS prevalence rates (or held them constant) – which, informally, would indicate 'on track' performance.¹² Compared with the Index, which uses the 1990 baseline, this is a mirror opposite – with 31 countries classified as 'off track' to halt the tide of HIV/AIDS.

In terms of indicator-wide trends, sub-Saharan Africa's average score on the HIV/AIDS target would be 0.74 (with a 2000 baseline), as opposed to its average MDG Progress Index score of 0.26. This illustrates the dramatic progress achieved over the past decade through evidence-based investments by African and donor governments alike.



Children in Madagascar are protected from malaria when they sleep under a bednet.
Photo: USAID

FINANCING THE FIGHT

FINANCING THE FIGHT

Although progress on the Millennium Development Goals (MDGs) is improving in numerous developing countries, there is still much to be done to meet the ambitious targets. In this section, we shift from a global examination of MDG performance to look specifically at financing trends in sub-Saharan Africa. Accelerating and reinforcing the progress of sub-Saharan African countries against the ambitious MDG targets will invariably require more targeted, efficient and effective public and private sector investments. Over the next two-and-a-half years, all parties should seek to maximise the availability of domestic and external resources to execute these investments, with particular emphasis on scaling up life-changing programmes, such as child immunisation and the distribution of AIDS medicines. Although some of these activities will be delivered through the public sector and others will be delivered through private actors, both will play an essential role in helping countries sprint to the MDG finish line. At the same time, all stakeholders must seek to maximise the effectiveness of resources already available for development. This includes searching for and finding efficiency gains, prioritising higher-impact interventions and improving the collection of input, output and outcome data.

While acknowledging the myriad sources for development financing, this report focuses on tracking

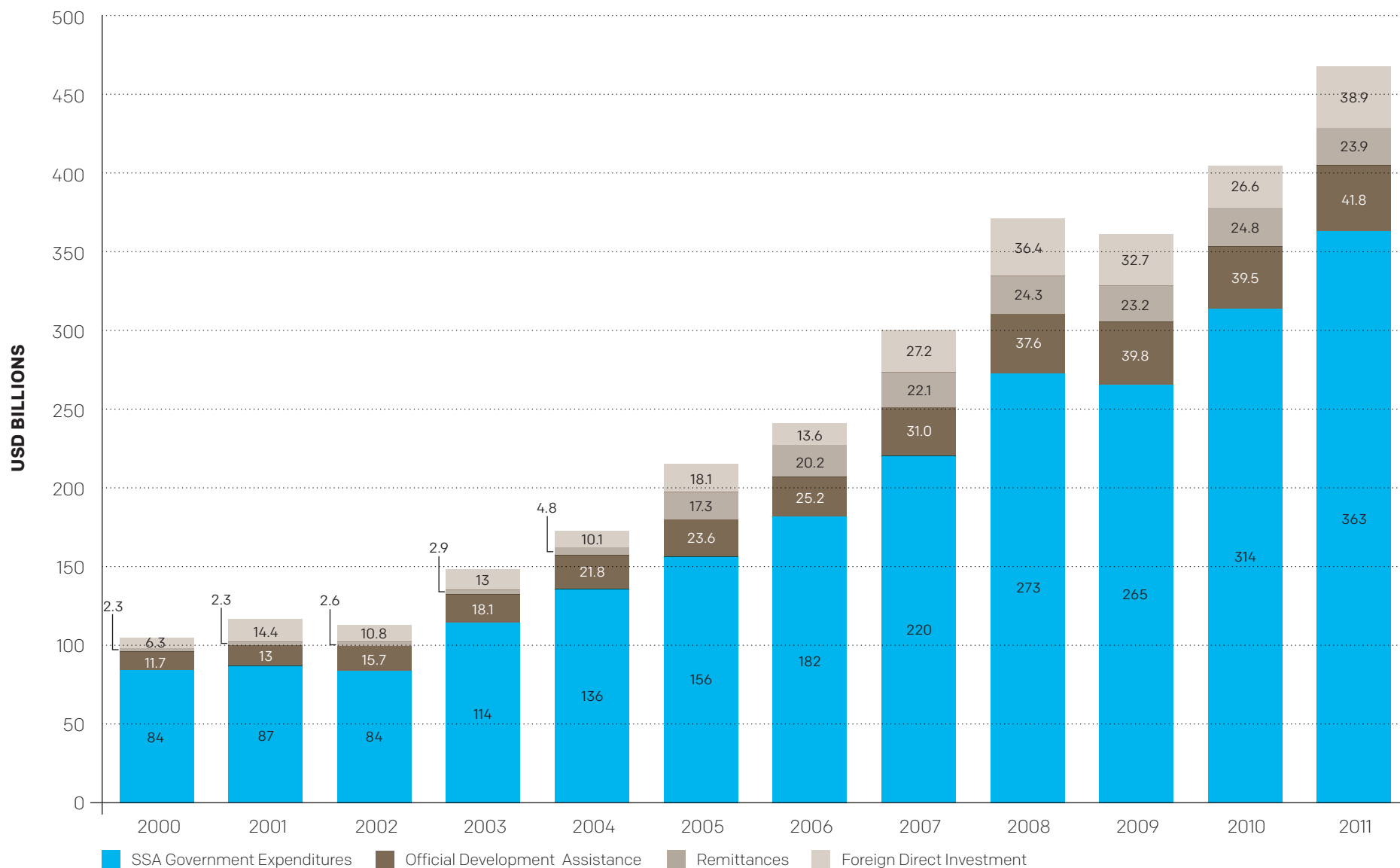
public sector resources, primarily due to the availability of data. First, government expenditure and official development assistance (ODA) data is available for nearly every sub-Saharan African government over the past decade. Second, these investments can be tracked on a sector-level basis, which allows for the exploration of potential relationships with countries' performance against the MDG targets. At the same time, ONE recognises that other types of resources contribute significantly to development outcomes, including major flows such as remittances and foreign direct investment (FDI). Remittances help finance increased household investments in health and education services and in business start-ups, as well as improved nutrition outcomes.¹ Foreign investment can help to promote economic growth, employment opportunities and increased tax receipts. All of these results have either a direct or an indirect impact on broader development outcomes.

Overall, resource flows within, or channelled to, sub-Saharan African countries have exploded over the past decade. In 2000, domestic and donor government expenditures and private resource flows totalled approximately \$105 billion. By 2011, they had grown more than four-fold, reaching an estimated \$468 billion. The IMF projects that domestic and private resource availability will continue to expand at a fast pace over the coming years, fuelled by robust economic growth and growing private sector interest.

Sub-Saharan African government expenditures accounted for approximately 78% of total resource availability in 2011. This was followed by ODA (9%), FDI (8%) and remittances (5%). Interestingly, ODA's share of overall resource availability has declined slightly over the past decade (from 11% in 2000) despite a nearly four-fold increase in volumes, indicating that other resources are increasing at a faster rate.

In the following pages, ONE analyses sub-Saharan African and donor government expenditure trends in the health, agriculture and education sectors, which cover the majority of the MDG target sectors (except for water and sanitation). Moreover, we map these historical investments against countries' current MDG performance status. While this analysis does not imply a causal relationship per se, it does attempt to identify potential correlative relationships between public investment levels over the past decade and current MDG progress. We also discuss the importance of fiscal transparency in government expenditures, and of aid transparency in ODA flows, in order to maximise the effectiveness of development resources.

FIGURE 1: Sub-Saharan Africa (SSA) Resource Flows, 2000–11



Sources: IMF World Economic Outlook Database; OECD DAC; World Bank World Development Indicators

Note: All data is measured in USD billions in current prices to compare all flows. African government expenditures are calculated by converting government expenditure shares (measured as a percentage of GDP) into absolute expenditure estimates. ODA figures exclude debt relief. Remittances are defined as receipts measured through the balance of payments method. FDI is defined as net inflows measured through the balance of payments method. The following countries are excluded due to lack of data for some flows: Somalia, South Sudan and Sudan.

DOMESTIC EXPENDITURES – SUB-SAHARAN AFRICAN COUNTRIES

Government expenditures by sub-Saharan African countries have exploded over the past 12 years, quadrupling since 2000. Although not all of these resources are spent on social services, governments have made – through the African Union and other multilateral forums – a series of financial commitments in the past decade related to several MDG-related sectors. In 2000, sub-Saharan African and other governments adopted the Dakar Framework for Action – whereby they committed to allocate public spending levels equivalent to 7% of GDP annually to the education sector by 2005, and 9% of GDP by 2010.² In 2001, African leaders adopted the Abuja Declaration – thereby committing to allocate 15% of total government expenditures to health. Five years later, they also committed to provide universal health-care access. In 2003, African leaders adopted the Maputo Declaration. Through this agreement, they committed to allocate 10% of total government expenditures to promote agriculture and rural development by 2008 (see opposite for more details on these three

commitments). Collectively, these high-level commitments cover the MDGs related to extreme poverty, hunger, education, gender equality,³ child mortality, maternal mortality, and HIV/AIDS, tuberculosis and malaria. As a result, water is the only core MDG that does not have a concrete government spending commitment.

These African commitments are critical for increasing support for vital social sectors, but they have also raised a number of important considerations. First, the ‘one-size-fits-all’ approach does not necessarily reflect country-specific needs and political dynamics. For example, governments may not wish to allocate 10% of domestic expenditures to agriculture if their economies and labour force are not concentrated in that sector. In other cases, the Maputo agriculture target may be insufficient for those nations with very high rural poverty rates and a heavy dependence on agriculture. Additionally, these types of quantitative spending commitments could have unintended

consequences in terms of incentivising inefficient or ineffective programmes (e.g. regressive, costly and corruption-prone support programmes) or incentivising the attainment of quantitative targets over the quality of services delivered. Second, these MDG-related expenditure commitments could crowd out public investments in other African Union priority areas not explicitly mentioned as MDG targets, such as infrastructure (particularly power and transportation). Arguably, these types of investments could also indirectly provide a positive impact on poverty, health, and education outcomes through greater access to basic services and economic opportunities. Therefore, the African Union health and agriculture headline expenditure targets should be approached with appropriate caution. At the same time, since they represent clear commitments by African leaders, it is appropriate to track governments’ implementation performance until new or different targets are agreed.

AFRICAN COMMITMENTS TO SECTORAL SPENDING

Sector	Agreement	Year Adopted	Pledge	Details
Health	The Abuja Declaration ⁴	2001	"Heads of States of [the African Union] pledge to set a target of allocating at least 15% of annual budget to the improvement of the health sector [...] and that an adequate portion of this amount is put at the disposal of the National Commissions/Councils for the fight against HIV/AIDS, Tuberculosis and other related infectious diseases."	Made following the 2000 MDG Summit, the Abuja Declaration's aim is two-fold: i) to emphasise the lack of African domestic resources for health, and ii) to urge donor countries to fulfil the target of 0.7% of GNI for ODA.
Agriculture	The Maputo Declaration ⁵	2003	"... we agree to adopt sound policies for agricultural and rural development, and commit ourselves to allocating at least 10% of national budgetary resources for their implementation within five years."	Heads of State also committed to seek 6% annual agricultural growth by 2008.
Education	The Dakar Framework for Action ⁶	2000	"Governments should ensure that at least 7% of GDP is allocated to education within five years and 9% within ten years."	164 countries globally signed on, including all sub-Saharan African countries (except Somalia and Sudan).

HEALTH

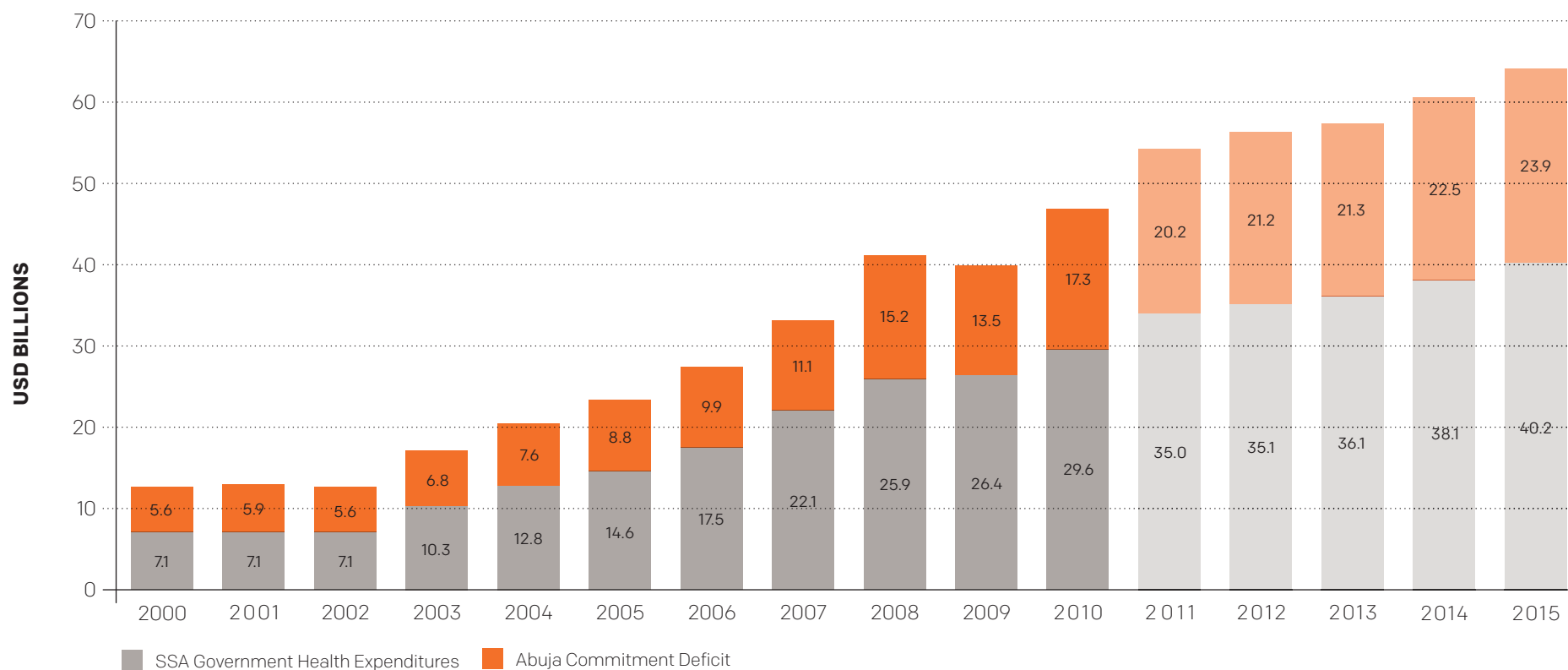
Since the Abuja commitments were made in 2001, governments on the whole have fallen far short of meeting their goal of spending 15% of total government expenditures on health. Collectively, an estimated \$102 billion in additional resources would have been deployed for life-saving programmes if sub-Saharan African governments had met their commitments every year between 2001 and 2010.⁷ To highlight the

huge scale of the government expenditure deficit, consider that donor health assistance for sub-Saharan Africa totalled nearly \$46 billion between 2001 and 2010, less than half of the cumulative Abuja expenditure deficit over the same period.⁸

Progress in meeting commitments has been uneven across countries. ONE analysed the extent to which countries consistently met their Abuja commitments

every year, by finding the average proportional deficit across the period 2001–10. By this measure, Rwanda and Malawi consistently exceeded, on average, the proportion of spending required to meet the commitment, and Botswana was extremely close, meeting on average 99.9% of the commitment.⁹ However, several other countries have failed to meet, on average, even half of the commitment: Eritrea, Guinea, Guinea-Bissau, Republic of Congo, Côte d'Ivoire,

FIGURE 2: Sub-Saharan African Government Health Expenditures (Actual versus Abuja Commitments), 2000–15



Sources: World Health Organisation, IMF World Economic Outlook Database and ONE calculations

Note: All data is measured in USD billions in current prices. Figures for 2011–15 are projections based on the assumption that current government health expenditure levels (as a proportion of total government expenditure) have either remained, or will remain, constant. This data represents collective amounts across the 44 sub-Saharan African countries examined. In cases where a country has exceeded its Abuja commitment in any given year, the deficit is treated as zero.

FIGURE 3: Sub-Saharan African Government Health Expenditures, 2001–10 Average (% of Abuja Commitment)

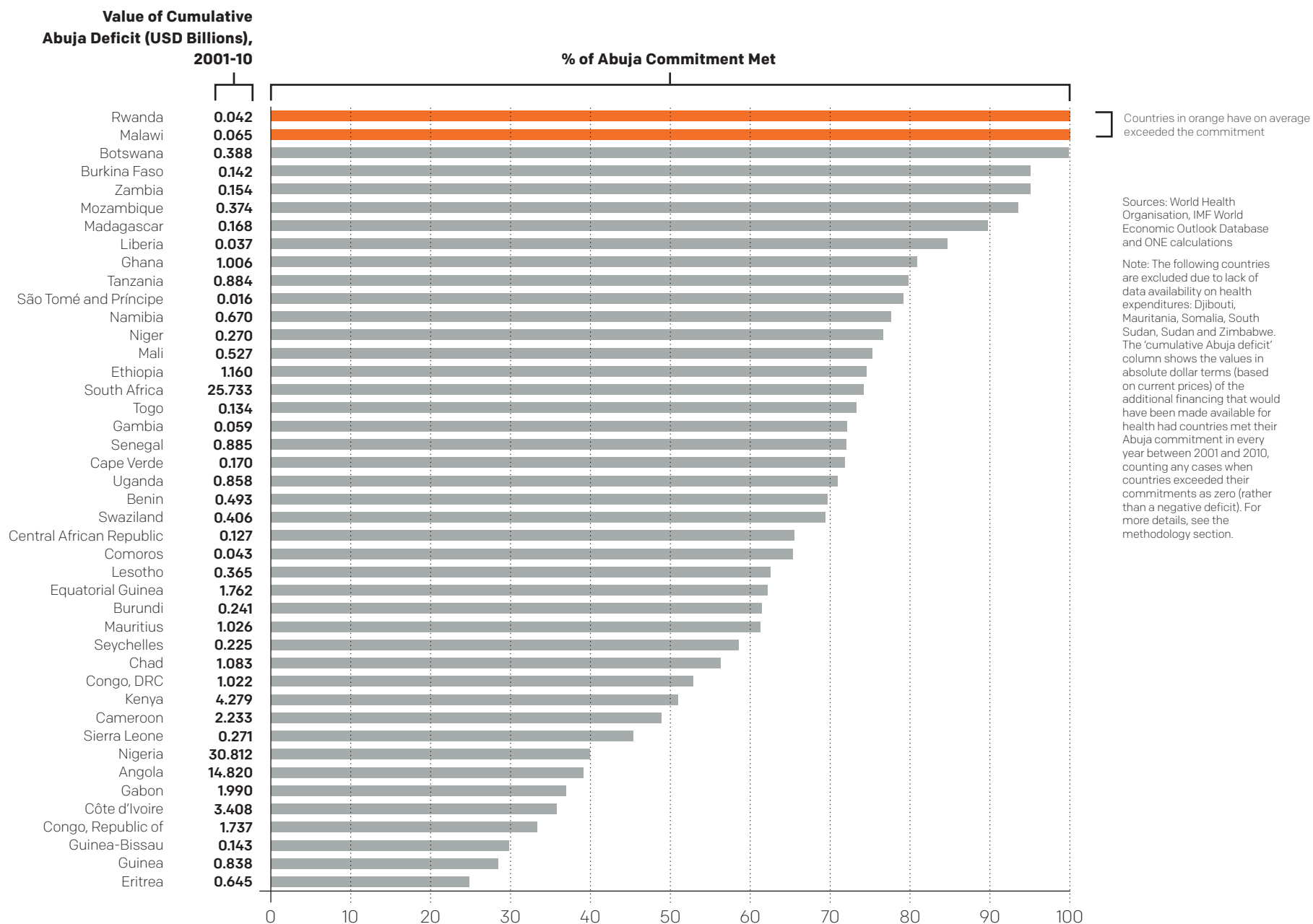
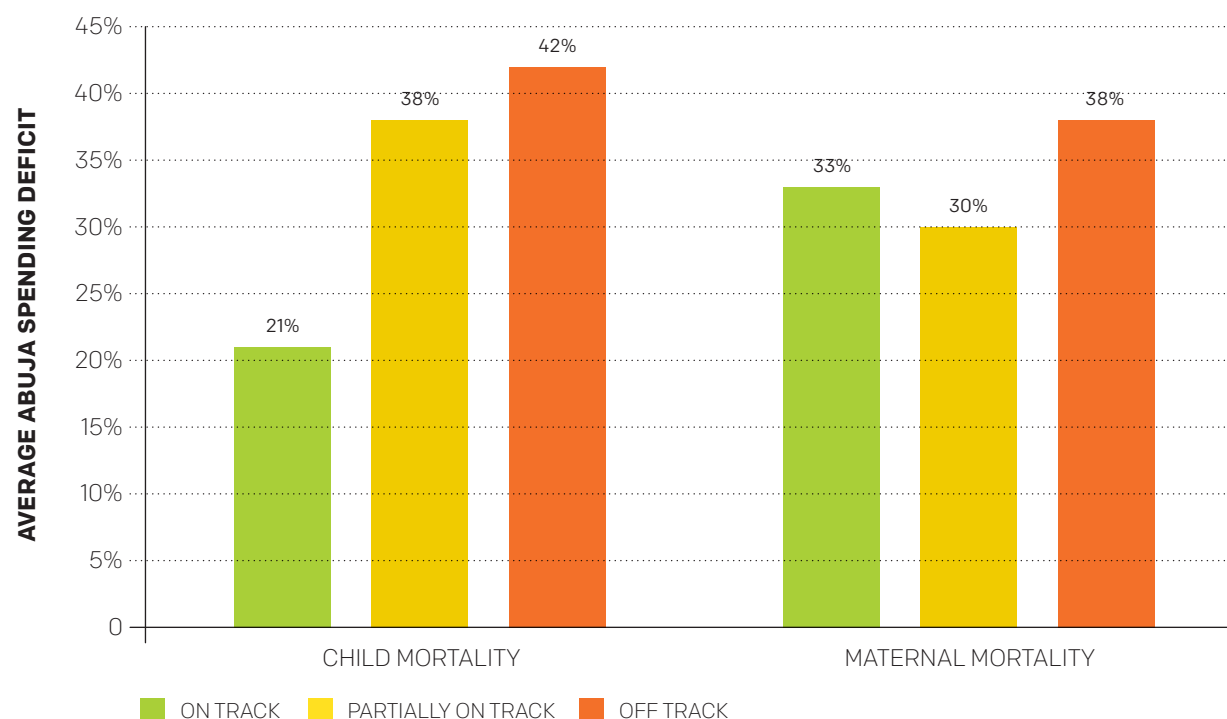


FIGURE 4: Average Abuja Spending Commitment Deficit (2001–10) by MDG Performance Status



Sources: World Health Organisation, IMF World Economic Outlook Database and ONE calculations

Note: Due to lack of data availability on health expenditures, the following countries are excluded: Djibouti, Mauritania, Somalia, South Sudan, Sudan and Zimbabwe. For more details, see the methodology section.

Gabon, Angola, Nigeria, Sierra Leone and Cameroon. Through 2010, Nigeria was the largest laggard in absolute terms – with a cumulative spending deficit of roughly \$31 billion. South Africa and Angola also had large cumulative deficits, of approximately \$26 billion and \$15 billion respectively.

On average, sub-Saharan African countries that have prioritised domestic expenditures on health over the past decade are demonstrating better MDG health outcomes, all other things being equal – particularly on child and maternal mortality.¹⁰ By illustration, countries

that are 'on track' to achieve their child mortality reduction targets are also those making greater progress towards their Abuja spending targets (with an average deficit of only 21% between 2001 and 2010).¹¹ This compares with an average health spending deficit of 42% for those countries that are 'off track' to meet their child mortality reduction targets.

If sub-Saharan African governments maintain existing health spending levels (measured as a share of total expenditures), then related investments would total an estimated \$114 billion between 2013 and 2015. However,

an additional \$68 billion would be channelled for life-saving health expenditures if these same governments met their existing Abuja commitments during the same time period. Angola, Nigeria and South Africa account for slightly more than two-thirds of this projected deficit.¹² Clearly, increasing financing in line with the Abuja commitments, if delivered effectively and accountably, could provide a major boost to MDG-related health outcomes in sub-Saharan Africa.

THE IMPACT OF NIGERIA'S HEALTH SPENDING DEFICIT

This year Nigeria scored 3.0 on the MDG Progress Index – an improvement on its score in 2010 (1.5), and yet revealing that it lags far behind many other sub-Saharan African countries in a number of crucial areas. Nigeria is 'on track' to meet only a single core MDG target by 2015 (hunger). It is 'partially on track' to meet the gender equality, child mortality, maternal mortality and water targets, and worryingly 'off track' on the poverty, education and HIV/AIDS targets.¹³ This is despite the substantial financial resources available to the government, with oil revenues amounting to around \$52 billion in 2011.¹⁴ With its very large population, Nigeria's state of development has a huge impact on regional, even global, progress. As an illustration, while it is making partial progress in terms of reducing its child mortality rates, in 2011 there were 756,000 under-five deaths. This alone accounts for 11% of under-five deaths worldwide.¹⁵ Similarly, Nigeria accounts for over 30% of malaria deaths globally.¹⁶ With Nigeria 'partially on track' for health-related goals such as child mortality and maternal mortality, fulfilling its health spending commitment through effective and accountable programming is now more strategically important than ever – enabling it to build on gradual progress thus far, accelerate its implementation and sprint towards the MDG finish line in 2015.

If current spending levels (budget allocations as a share of total budget) were carried forward, Nigeria is projected to have a cumulative Abuja commitment deficit of \$22.5 billion between 2013 and 2015. In other words, if Nigeria met its Abuja commitment to spend 15% of its total budget on health in 2013, 2014 and 2015, there would be an additional \$22.5 billion available for key investments in health.

WHAT COULD \$22.5 BILLION PAY FOR?

- **\$1.63 billion (just 7% of the total amount) would pay for 163 million long-lasting insecticide-treated bednets (ITNs) to protect against malaria** – enough to cover individually the entire population of Nigeria for three years.¹⁷ Malaria is a risk for 100% of Nigeria's population.¹⁸ According to a 2010 survey, 28% of the population had access to an ITN.¹⁹ There are an estimated 50.6 million malaria cases, with 207,000 deaths per year in Nigeria.²⁰ If even a small portion of the extra Abuja health funding was used to ensure that every single young child in Nigeria was covered by an ITN, studies have found this could over time reduce Nigeria's under-five mortality by 23%. If those gains were realised immediately, a 23% reduction seen annually over a three-year period in Nigeria would save roughly 522,000 lives.²¹
- **\$936 million (just 4% of the total amount) could fully immunise every single child under the age of five in Nigeria with three vaccines:** pentavalent (to fight tetanus, diphtheria, whooping cough, Hepatitis B and meningitis), pneumococcal (to fight pneumonia) and rotavirus (to fight diarrhoeal disease). Over time, this could save more than 900,000 lives.²²
- **\$3.42 billion (just 15% of the total amount) could pay for every single person living with HIV in Nigeria** – around 3.4 million people – to receive antiretroviral treatment (ART) for AIDS across the whole three-year period.²³

WHAT WOULD BE THE IMPACT ON MDG PERFORMANCE?

By meeting its Abuja commitment to health spending, Nigeria could dramatically reduce its child mortality rate – allowing it to reach its related MDG targets over time, and radically diminish the devastating impact of HIV/AIDS by providing ARVs for every person who needs treatment. And there would still be more than \$16 billion of additional funds available for other public health programmes.

AGRICULTURE

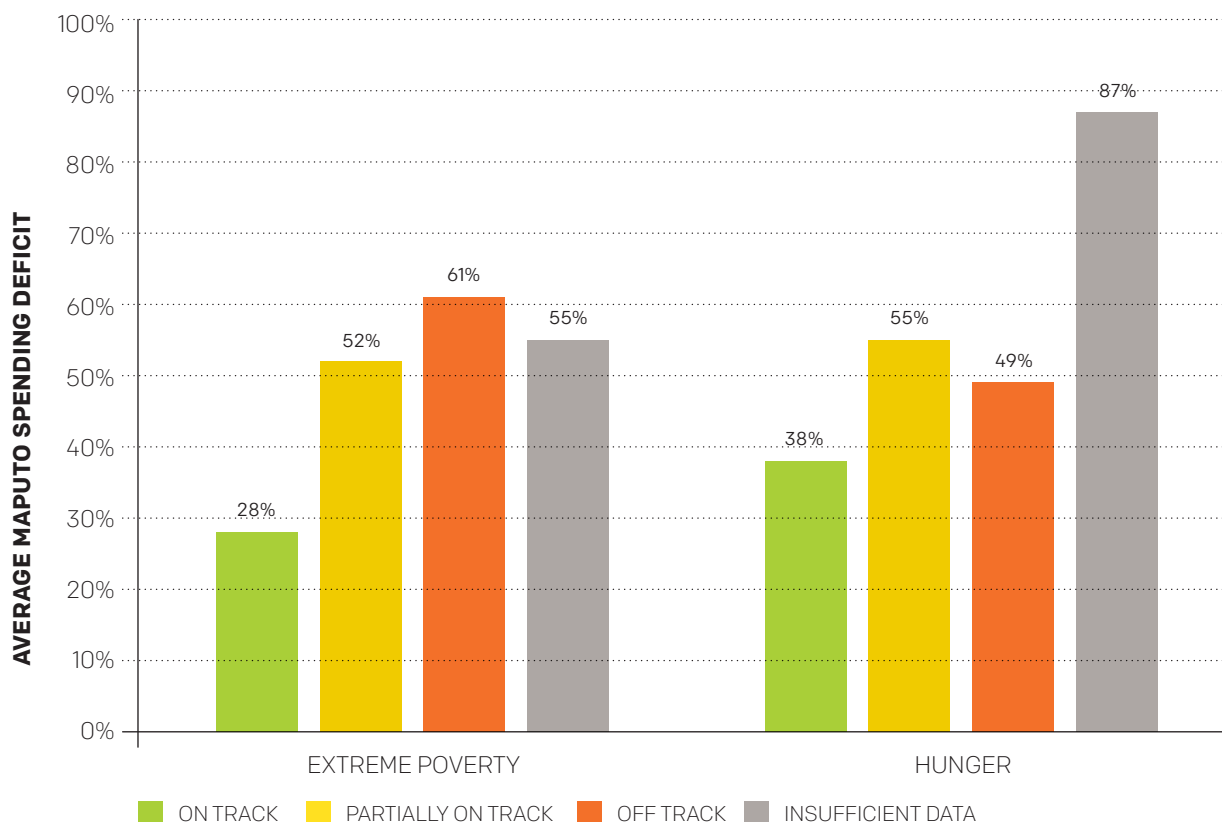
Available data suggests that sub-Saharan African governments are failing to meet their Maputo commitments to spend 10% of total government expenditures on agriculture. Accurately assessing governments' performance against their Maputo expenditure commitments is difficult, due to unclear definitions about what is included in agriculture spending²⁴ and a lack of data availability across

many countries. Due to these limitations, a reasonable degree of caution should be used when interpreting results and trends. This section analyses data from the Regional Strategic Analysis and Knowledge Support System (ReSAKSS), which includes average share estimates for agriculture expenditure for 38 sub-Saharan African governments during the 2003–09 period.²⁵

According to available ReSAKSS data, six sub-Saharan African countries were meeting their Maputo commitments on average over 2003–09: Burkina Faso (19.2%), Niger (15.5%), Ethiopia (13.7%), Guinea (13.7%), Senegal (12.1%) and Mali (11.8%); see Figure 6. In proportional terms, the biggest laggards were the Seychelles, Republic of Congo, Democratic Republic of Congo, Guinea-Bissau, Côte d'Ivoire, Uganda and Sierra Leone, which all failed to meet even 30% of the commitment on average. Collectively, sub-Saharan African governments that failed to meet their Maputo commitments had an estimated cumulative expenditure deficit of approximately \$42 billion between 2003 and 2009.²⁶ Angola and Nigeria accounted for over half of this amount, with estimated cumulative Maputo expenditure shortfalls of \$7.9 billion and \$15.9 billion respectively.

On average, sub-Saharan African countries that have prioritised domestic expenditures on agriculture and rural development over the past decade are demonstrating better MDG outcomes on extreme poverty and hunger (i.e. undernourishment), all other things being equal. By illustration, countries that are currently 'on track' to achieve their poverty targets had an average Maputo spending deficit of 28%, whereas countries that are currently 'off track' had an average Maputo spending deficit of 61%. Similarly, countries that are currently 'on track' to achieve their hunger targets had an average Maputo spending deficit of 38%, whereas countries that are 'off track' had an average Maputo spending deficit of 49%.

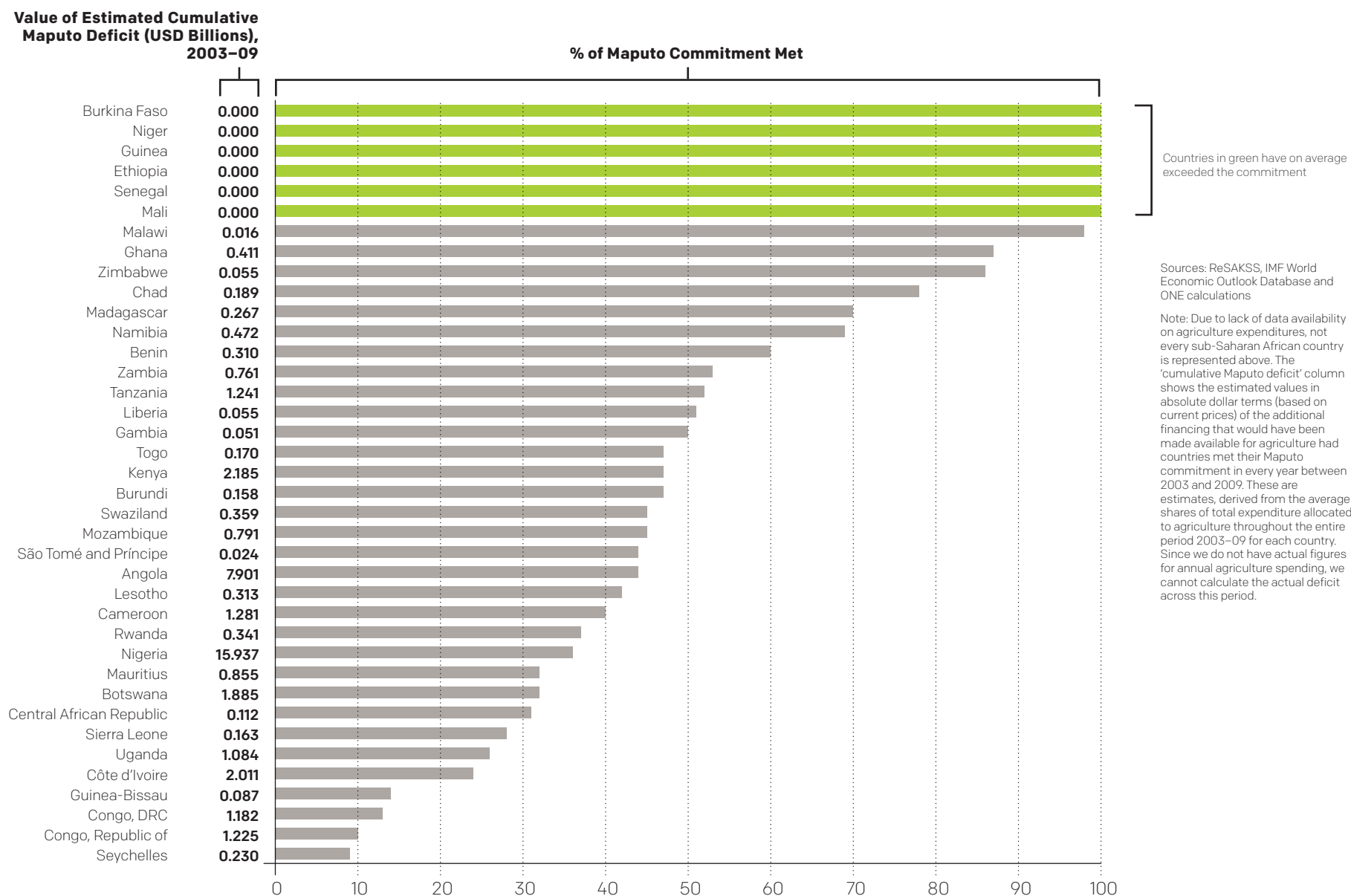
FIGURE 5: Average Maputo Spending Commitment Deficit (2003–09), by MDG Performance Status



Sources: ReSAKSS, IMF World Economic Outlook Database and ONE calculations

Note: Not every sub-Saharan African country is represented here, due to lack of data availability on agriculture expenditures. For countries with a negative average proportional deficit (Burkina Faso, Ethiopia, Guinea, Mali, Niger and Senegal), these negative values were treated as zero.

FIGURE 6: Sub-Saharan African Government Agriculture Expenditures, 2003–09 Average Estimates (% of Maputo Commitment)



ONE'S AGRICULTURE ACCOUNTABILITY REPORT

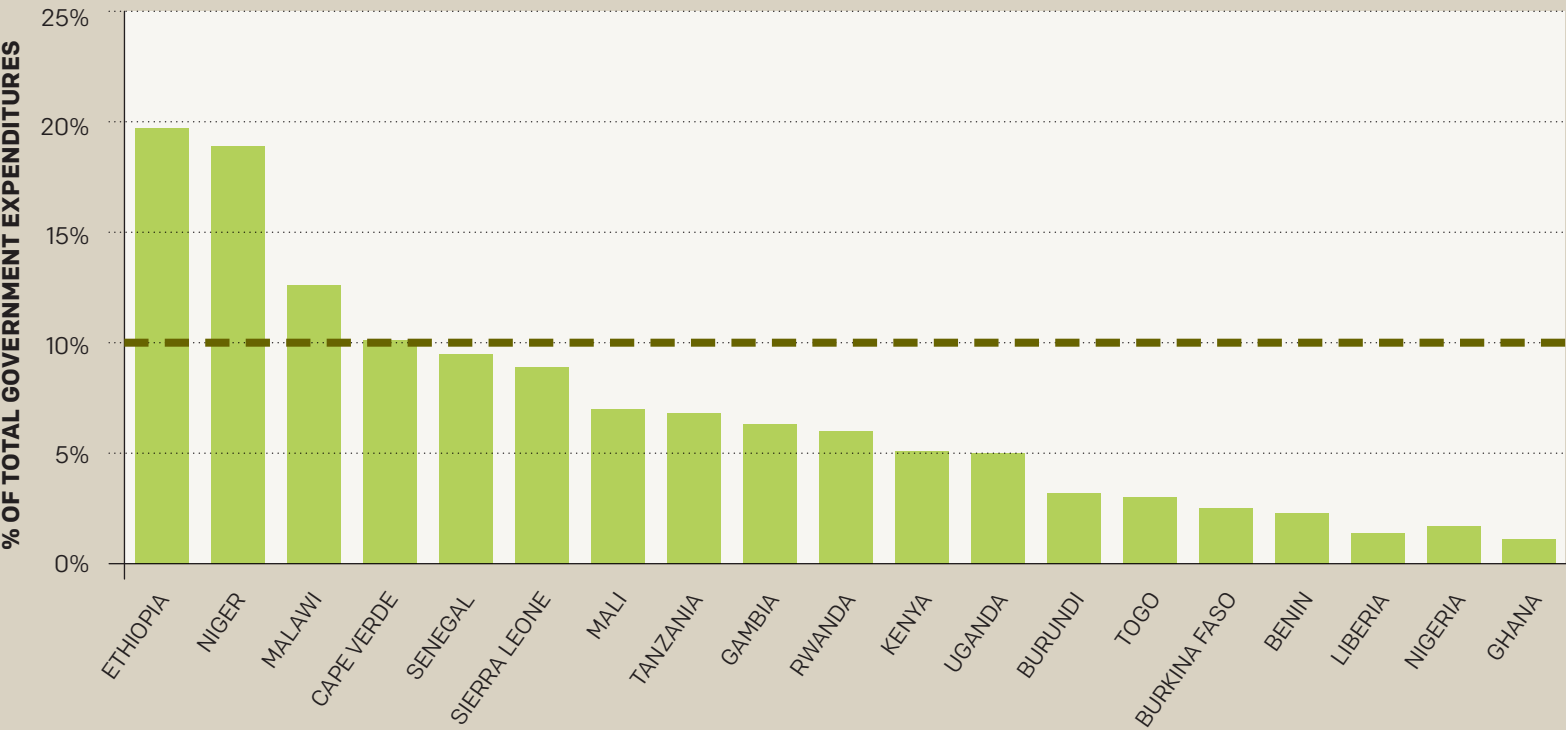
There is no fully comprehensive, up-to-date dataset for agricultural expenditures. Partly this is due to the fact that there is no agreed African Union definition as to what should be included; as such, it is difficult to develop and maintain a consistent set of data over time. However, for its recent report 'A Growing Opportunity: Measuring Investments in African Agriculture', ONE assembled new data, including 2011 expenditure estimates for 19 sub-Saharan African countries, gathered from related ministry documents and interviews with ministry officials.²⁷

According to this 2011 data, only four countries (out of 19 assessed) are currently meeting their Maputo commitments: Ethiopia (19.7%), Niger (18.9%), Malawi (12.6%) and Cape Verde (10.1%). Two additional countries are very close to meeting their commitments – Senegal (9.5%) and Sierra Leone (8.9%). However, seven countries are failing to meet even half of their expenditure targets. These laggards include

Ghana (1.1%), Nigeria (1.7%), Liberia (1.4%), Benin (2.3%), Burkina Faso (2.5%), Togo (3.0%) and Burundi (3.2%). The 15 countries lagging on their Maputo commitments had an estimated collective expenditure deficit of nearly \$4.4 billion in 2011 – which is equivalent to more than three times the amount of total donor agriculture assistance to these same countries in 2011.

Given the widespread concentration of extreme poverty in rural areas, sub-Saharan African governments should be increasing their focus on agriculture and rural development investments. Alarming, ONE found that nine countries (out of 19 examined) actually reduced their agriculture expenditures in 2011 compared with the 2003–09 period. While some of these changes may be driven by differences in the data methodologies employed by ReSAKSS and ONE, the overall trend does not indicate widespread, or growing, African leadership on agricultural development.

FIGURE 7: Sub-Saharan African Government Agriculture Expenditures, 2011 (Versus Maputo Commitments)



Source: ONE (2013) A Growing Opportunity: Measuring Investments in African Agriculture, p.19

Note: This dataset was assembled by ONE based on African government documents and interviews with officials. This analysis focused on those countries with vetted and endorsed agriculture investment plans. ONE was unable to collect detailed information for other countries. As a result, the aggregate deficit figures are likely to significantly underestimate the total Maputo expenditure deficit for all sub-Saharan African countries.

EDUCATION

The Dakar Framework for Action committed African (and other) governments to allocating public spending levels equivalent to 7% of GDP (rather than out of total expenditures) annually to the education sector by 2005, and 9% of GDP by 2010. To date, only one sub-Saharan African country (Lesotho) has met its education spending targets, based on available data.

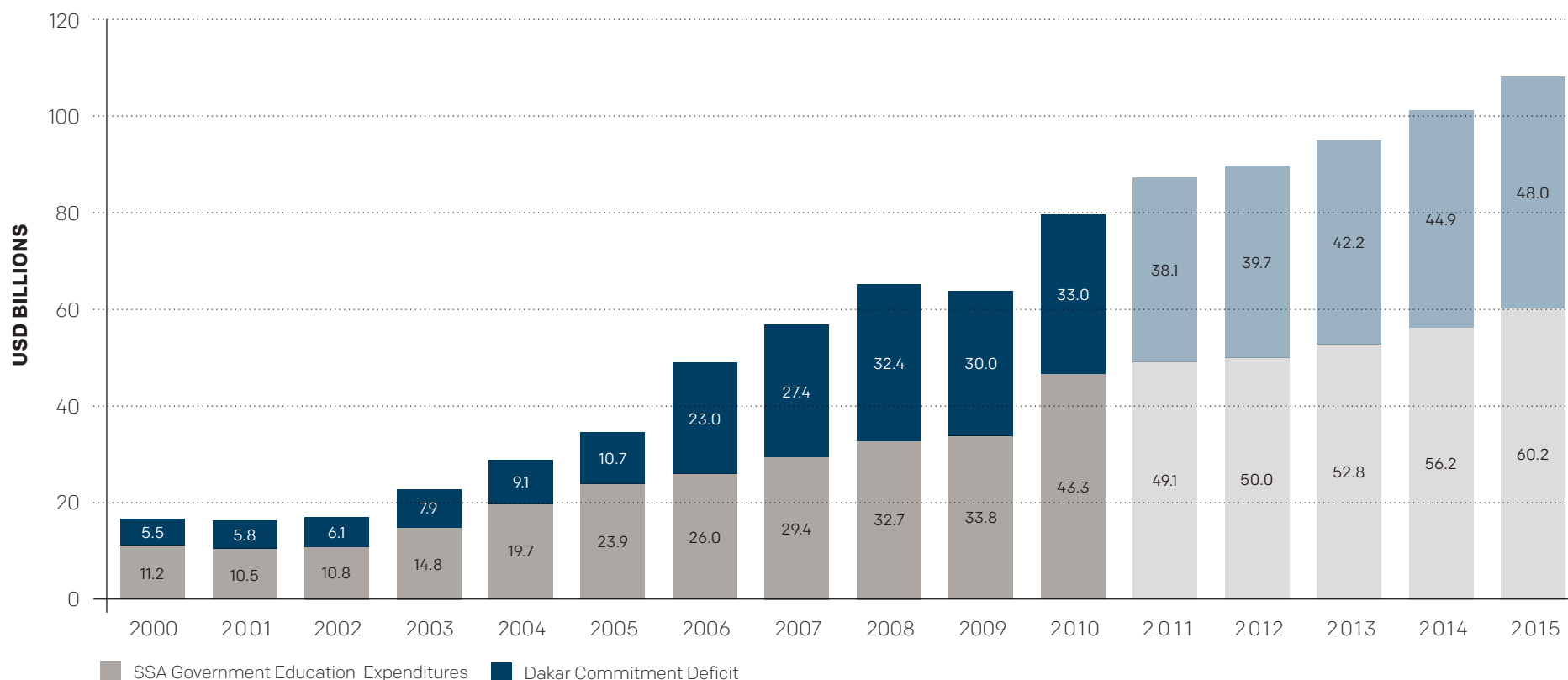
Cumulatively, an estimated \$191 billion in additional resources could have been deployed for education if sub-Saharan African governments had met their own political commitments between 2000 and 2010.²⁸

South Africa and Angola account for almost half of the collective deficit (\$69 billion and \$24 billion respectively). Other significant laggards include

Cameroon (\$9.2 billion), Equatorial Guinea (\$7.0 billion), Côte d'Ivoire (\$6.9 billion), Ethiopia (\$6.7 billion) and Zambia (\$6.3 billion). Nigeria does not report public education spending levels (measured as a percentage of GDP).

ONE also analysed the extent to which countries consistently met their Dakar commitments every

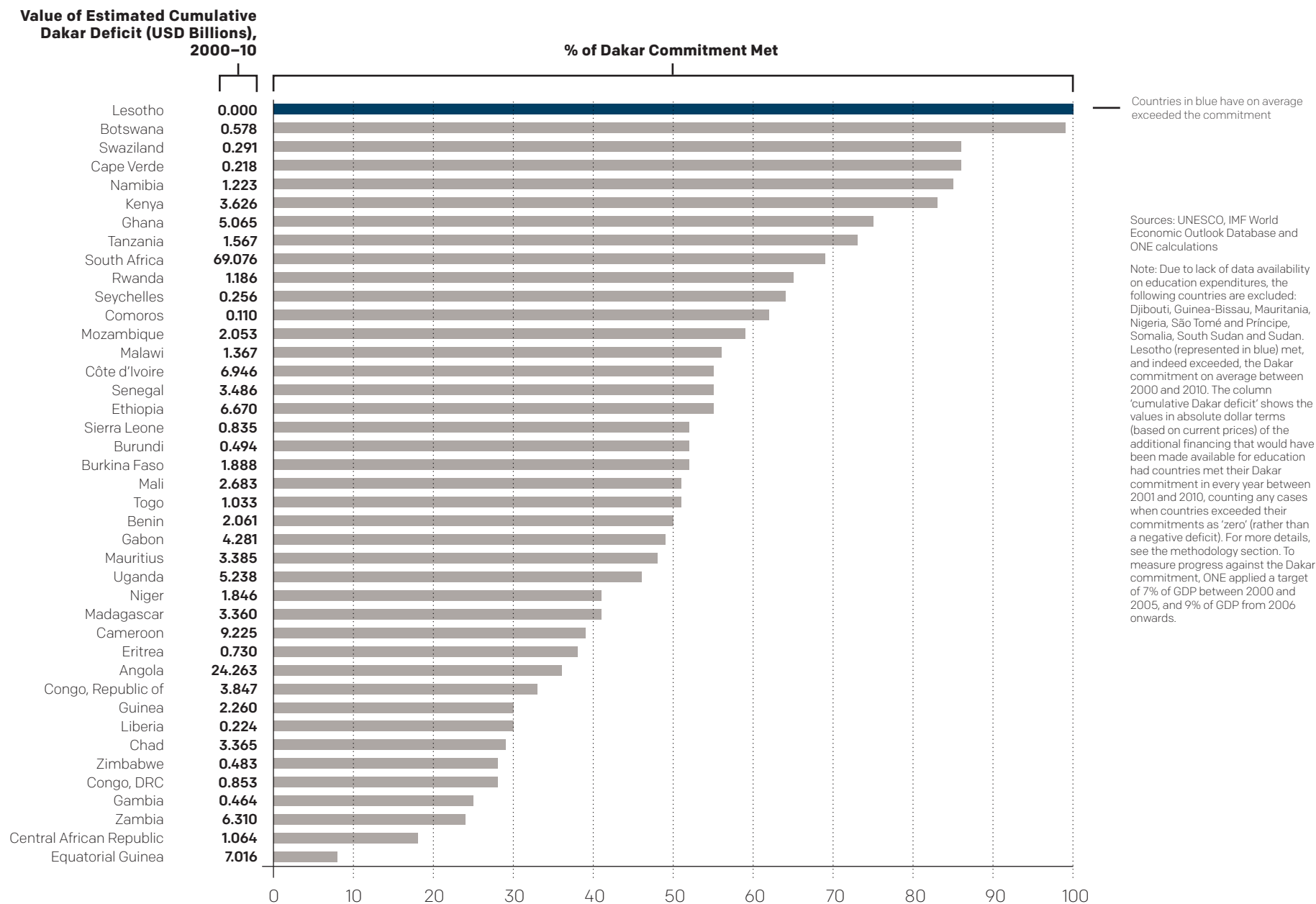
FIGURE 8: Sub-Saharan African Government Education Expenditures (Actual versus Dakar Commitments), 2000–15



Sources: UNESCO, IMF World Economic Outlook Database and ONE calculations

Note: All data is measured in USD billions in current prices. Figures for 2011–15 are projections based on the assumption that current government health expenditure levels (as a proportion of GDP) have either remained, or will remain, constant. Government data on education spending is more limited than for other sectors, such as health. Several sub-Saharan African countries – including Guinea-Bissau, Nigeria and São Tomé and Príncipe – do not have any data available for the period between 2000 and 2010. For other countries, in cases where individual year observations are missing, we assume that previous education expenditure shares were held constant (measured as a percentage of GDP). This data represents collective amounts across the 41 sub-Saharan African countries examined. However, in cases where a country has exceeded its Dakar commitment in any given year, we have treated this as zero. To measure the commitment deficit, ONE applied a target of 7% of GDP between 2000 and 2005, and 9% of GDP from 2006 onwards.

FIGURE 9: Sub-Saharan African Government Education Expenditures, 2000–10 Average (% of Dakar Commitment)

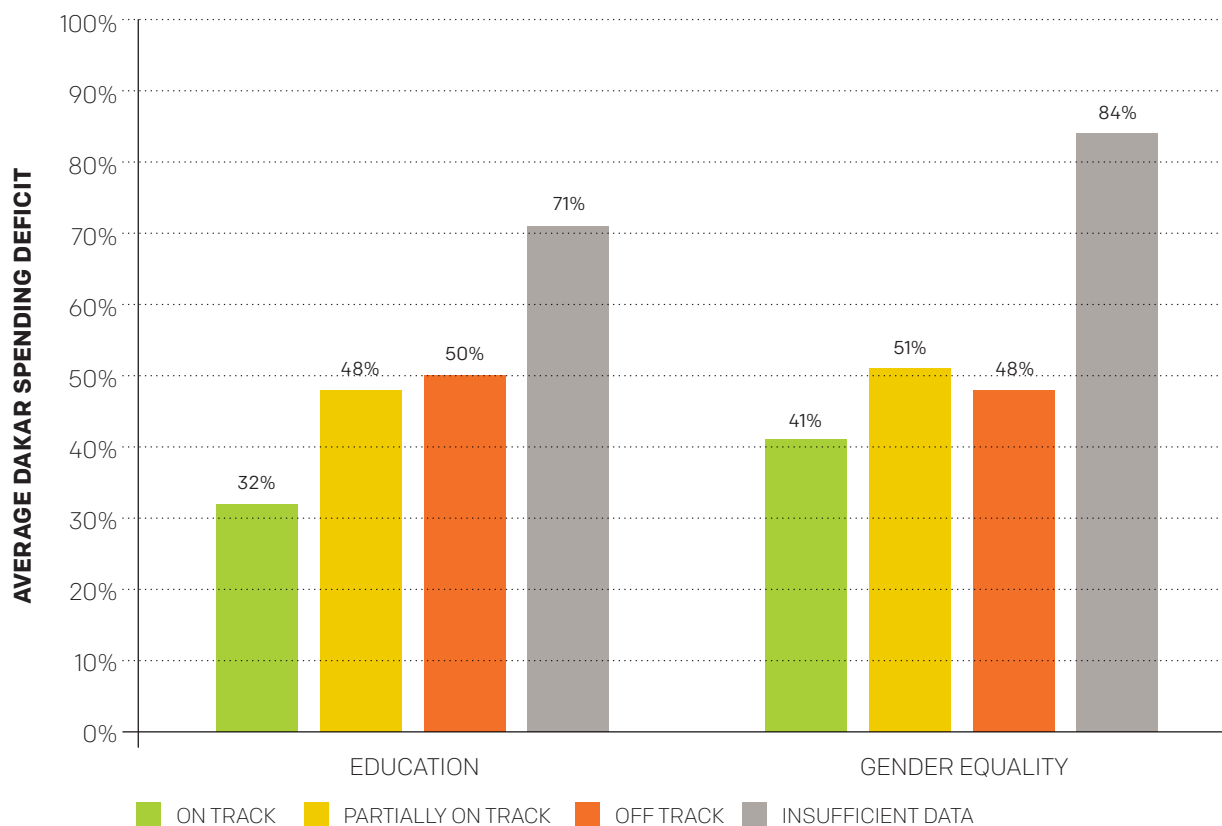


year, by finding the average proportional deficit across the period 2000–10. By this measure, Lesotho was once again the only country to consistently exceed, on average, the proportion of spending required to meet the commitment, though Botswana was extremely close, meeting on average 99% of the commitment over the period. By contrast, the following countries were failing, on average, to meet even 30% of the commitment over this period: Equatorial Guinea, Central African Republic, Zambia, Gambia, Democratic Republic of Congo, Zimbabwe and Chad.

On average, sub-Saharan African countries that placed a greater priority on public education investments between 2000 and 2010 are demonstrating better MDG outcomes. By illustration, countries that are 'on track' to achieve their respective primary education completion rate targets by 2015 had an average Dakar spending target deficit of 32% between 2000 and 2010.²⁹ This compares with an average education spending deficit of 50% for those countries that are 'off track' to meet their primary education targets. The relationship between performance towards the Dakar commitments and progress towards gender equality MDG outcomes is similar, though not quite as strong.

If sub-Saharan African governments maintain existing education spending levels (measured as a share of GDP), then related investments would total a projected \$169 billion between 2013 and 2015. An additional \$135 billion would be channelled for education services if these same governments met their existing Dakar commitments during the same period. Clearly, making increased progress on spending towards these commitments, if delivered effectively and accountably, could provide a major boost to MDG-related education outcomes in sub-Saharan Africa.

FIGURE 10: Average Dakar Spending Commitment Deficit (2000-10), by MDG Performance Status



Sources: UNESCO, IMF World Economic Outlook Database and ONE calculations

Note: Due to lack of data availability on education expenditures, the following countries are excluded: Djibouti, Guinea-Bissau, Mauritania, Nigeria, São Tomé and Príncipe, Somalia, South Sudan and Sudan. For Lesotho, which has a negative average proportional deficit, this was treated as zero. For more details, see the methodology section.

While governments in the region have made clear education expenditure commitments, the private sector and faith-based organisations also play an important and prominent role in the provision of low-cost education services. Moreover, in many sub-Saharan African countries, the private sector's share of education enrolment has increased significantly over recent years.³⁰ Therefore, our

analysis does not capture the complete picture of national investments in education services. Given this, some appropriate caution should be taken when interpreting the relationship between historical education expenditure trends and related MDG outcomes.

THE IMPACT OF ANGOLA'S EDUCATION SPENDING DEFICIT

Angola's score on the MDG Progress Index is just 2.5, revealing slow progress and placing it only just above the threshold for 'laggard' countries. Even more disappointing, its score has barely changed over the last three years. Angola is 'off track' on half of the core MDG targets, including primary education and gender equality in school. In 2010 (the most recent year of data), only 47% of school-aged children completed primary education.³¹ While this is up from the 34% rate in 1991, progress is nowhere near fast enough to achieve the MDG target of universal primary completion, and almost half a million children continue to miss out on school entirely.³² One important part of the problem is the teaching crisis that Angola faces, exacerbated by the fact that teacher training ground to a halt during decades of civil war. While a large school-building programme began after the war, many of these schools continue to lack adequate staff, and it is estimated that up to 40% of Angola's teachers are not properly qualified.³³

Angola has some of the highest commitment deficits of all the sub-Saharan African countries examined in this report. Over the past decade, Angola has not been close to meeting any of its proportional spending commitments in health, agriculture or education. For illustration, we examine education. If current spending levels (budget allocations as a share of GDP) were carried forward, Angola is projected to have a cumulative Dakar commitment deficit of \$21.6 billion between 2013 and 2015. In other words, if Angola met its Dakar commitment to spend 9% of its GDP on education in 2013, 2014 and 2015, there would be an additional \$21.6 billion available for key investments in education.

WHAT COULD \$21.6 BILLION PAY FOR?

- **\$268 million (just 1% of the total)** could pay for **every single one of Angola's out-of-school primary age children to receive a primary education** for the whole period 2013–15.³⁴
- **\$21.3 billion (the remaining 99%)** could be used to **significantly improve the quality of primary education**. Among sub-Saharan African countries with a relatively high GDP per capita, Angola has one of the lowest public education expenditures per primary pupil. This additional finance could raise annual expenditure per pupil more than nine-fold from just \$181 to \$1,700, across the whole three-year period, paying for more teachers, books, equipment and the construction of better facilities.³⁵
- For example, **\$1.8 billion** of the remaining amount could **pay the salaries of 100,000 additional primary school teachers** for the whole three years – more than doubling the total number of primary school teachers in Angola.³⁶ This could halve the average pupil-teacher ratio, bringing it down to 23, and enabling far more effective teaching.³⁷

WHAT WOULD BE THE IMPACT ON MDG PERFORMANCE?

Spending even a fraction of the total Dakar commitment over the next three years would fund quality public primary education enrolment for every child in Angola – meaning that, if sustained, the country could reach the MDG target of universal primary education within a matter of years.

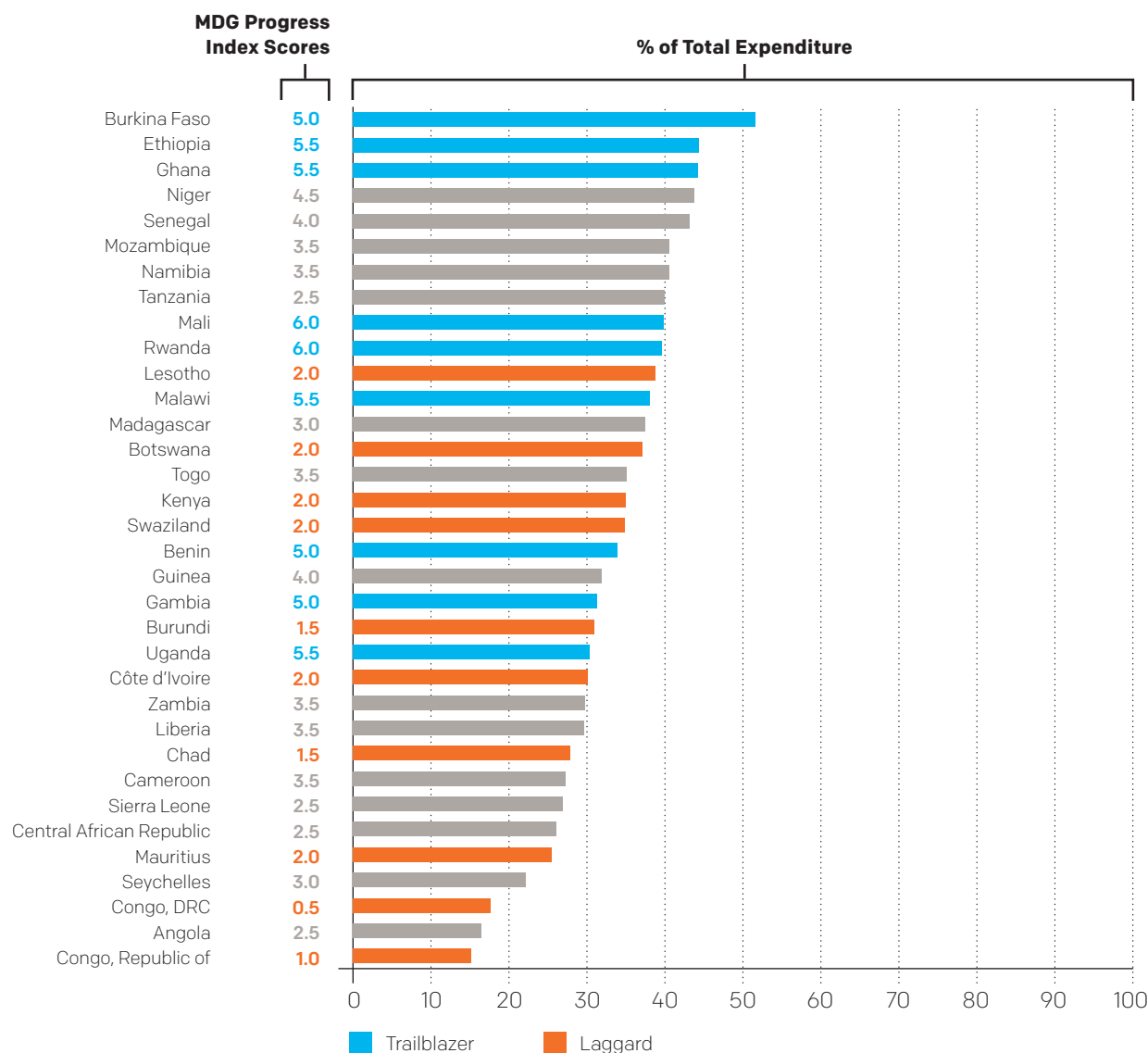
Beyond the obvious benefits, education has a huge proven impact on development – on average, each year of additional schooling translates to a 10% increase in a person's potential income and, at a national level, leads to a 1% increase in annual GDP.³⁸

SOCIAL SECTOR SPENDING AND OVERALL MDG PROGRESS

When looking at sub-Saharan African governments' spending levels on health, education and agriculture combined over the past decade, there is a strong correlation between levels of spending and overall MDG progress. On average, countries that have allocated a greater combined share of government expenditures towards these three sectors have achieved significantly improved MDG-related outcomes. By illustration, sub-Saharan African MDG trailblazers – countries with an Index score of 5.0 or greater – allocate 39% of total government expenditures, on average, towards health, agriculture and education together. Burkina Faso has allocated 52% of government expenditures to these three sectors over the past decade. Not surprisingly, it has an MDG Progress Index score of 5.0. Ethiopia is another example. Its MDG-related expenditure share has averaged roughly 44% and it is currently on track to achieve the extreme poverty, hunger, child mortality and maternal mortality MDGs. In contrast, MDG laggards – those with a score of 2.0 or less – allocate only 29% of total government expenditures in these sectors, on average.

In light of these findings, governments that are performing well against their MDG targets should seek to maintain their strong prioritisation of spending in the health, agriculture and education sectors. The aggregate results suggest that their efforts over the past decade are paying off. On the other hand, MDG laggards should take concerted steps to increase spending in these sectors in the future. While the ultimate budget allocation decisions must be determined according to country-by-country needs and political dynamics, there is a clear overall need to address the historic under-investment in these crucial sectors.

FIGURE 11: Sub-Saharan African Government Estimated Average Spending on Health, Education and Agriculture (Combined) as a Percentage of Total Expenditure (2000–10), with MDG Progress Index Scores



Sources: IMF World Economic Outlook Database, World Health Organisation, ReSAKSS, UNESCO, World Bank, World Development Indicators, and ONE calculations

Note: Only 34 sub-Saharan African countries are examined here, due to limited data availability on health, agriculture and education expenditures. Since we are not examining the full time period for agriculture and the figures used are estimates only, caution should be taken when interpreting these findings.

FISCAL TRANSPARENCY AND EFFECTIVENESS

Fiscal transparency and the quality of institutions play essential roles in ensuring that government spending is both effective and accountable. Transparency provides people with the information they need to hold their governments to account for the use of public money. Empowered with information, citizens can press governments to spend resources responsibly – on investments in health services, agriculture and education, for instance – and monitor for mismanagement and corruption. For this to happen, citizens must know how governments plan to use their money, how that money actually gets spent and what the outcomes are.

Unfortunately, budgets remain woefully opaque across Africa. According to the Open Budget Index, only 2% of sub-Saharan African spending (outside of South Africa) is executed through open, transparent budget systems.³⁹ In fact, many of the African MDG laggards are resource-rich countries that have little or no budget transparency (e.g. Chad, DRC, Nigeria and Zimbabwe).

African countries' budgetary and financial management systems should be designed to properly determine government spending priorities; prepare and debate these priorities both publicly and within parliamentary structures; allocate public investments transparently to ministries and local governments; and

then robustly track actual spending. This process should then be regularly cross-checked using measures of service delivery and citizen outcomes. For all purposes, spending decisions and quality of execution are arguably more important than the absolute volume of expenditures.

The World Bank's Country Policy and Institutional Assessment (CPIA) indicator ranks countries on a scale of 1 (low) to 6 (high) on the extent to which they have a comprehensive and credible budget linked to policy priorities, effective financial management systems and timely and accurate accounting and fiscal reporting, including timely and audited public accounts. When comparing the performance of low-income African countries on budgetary and financial management ratings over the 2005–11 period against their overall MDG progress,⁴⁰ ONE's analysis suggests that there is a strong, positive correlation between the two (0.61). In other words, countries with stronger budgetary systems over time are also currently achieving better MDG-related outcomes.

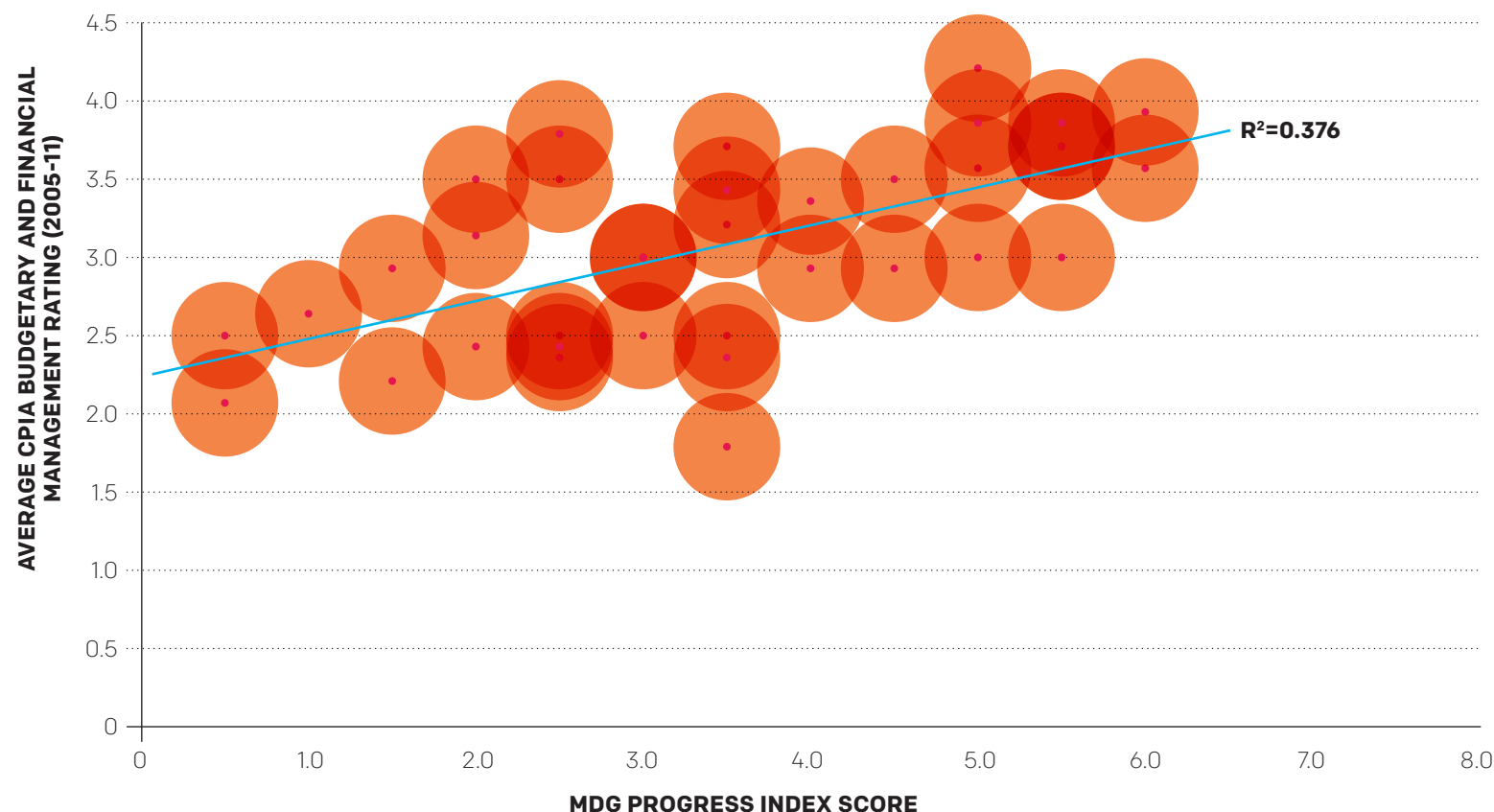
While not identifying a causal relationship per se, these findings suggest that sub-Saharan African governments, with appropriate support from donor organisations, should seek to maximise improvements in public financial management and transparency of government resources and



Young women in Ethiopia are part of a USAID-supported educational programme, PACT.

Photo: Abraham Ali/USAID

FIGURE 12: Quality of Budgetary and Financial Management Rating by MDG Progress Index Score



Sources: World Bank Country Policy and Institutional Assessment and ONE calculations

Note: The following countries are excluded: Botswana, Gabon, Mauritius, Namibia, the Seychelles, South Africa and Swaziland. ONE calculated the average CPIA score from annual scores during the period 2005-11, and correlated this using simple linear regression against countries' overall scores on the MDG Progress Index. For more on the World Bank's CPIA, see <http://data.worldbank.org/data-catalog/CPIA> and <http://go.worldbank.org/EEAIU81ZG0>.

expenditures between now and 2015, as well as beyond. This includes expanding capacity within the appropriate executive and parliamentary institutions, and building on the reforms of the past decade, as well as taking concerted steps to increase budget transparency practices. In addition, there is a critical need for increased capacity building within institutions and civil society to collect, analyse and share more accurate and updated data on spending and associated outcomes, so that both civil servants and civil

society can monitor how governments spend resources, and to what effect.

To make significant progress on fiscal transparency, African governments should strongly consider: (1) publishing all core budgetary documents (as tracked through the Open Budget Index);⁴¹ (2) adopting the global principles of fiscal transparency and accountability identified by the Global Initiative for Fiscal Transparency;⁴² (3) joining the Open Government Partnership and implementing a robust fiscal

transparency action plan; (4) participating in the World Bank's BOOST programme in order to increase the transparency of government expenditures;⁴³ and (5) making data publicly available in open formats, in line with agreed standards, so that it can be compared, combined and used effectively. With more and better data feeding into national open data platforms – alongside investments in the capacity of citizens' organisations and accountability institutions to use that data – people will be better positioned to hold governments to account on the use of public resources.

OFFICIAL DEVELOPMENT ASSISTANCE TO SUB-SAHARAN AFRICAN COUNTRIES

ODA COMMITMENTS AND TRENDS

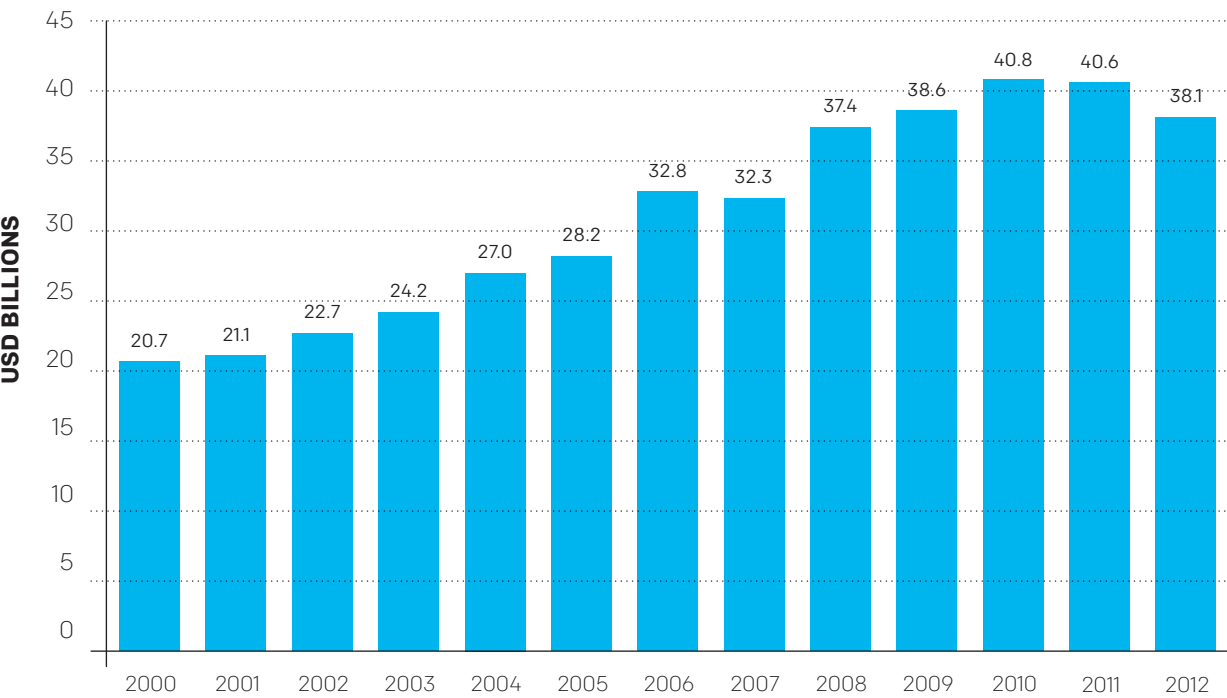
Since the Millennium Declaration in 2000, donor governments have made a number of aid commitments, including in relation to sub-Saharan Africa, to support the achievement of the MDGs. The most noteworthy development assistance goals were the G8's Gleneagles Summit commitment in 2005 to double aid to Africa by 2010 and the European Union

(EU) Member States' commitment to deliver ODA equalling 0.7% of their gross national income (GNI) by 2015, collectively allocating half of the increases to Africa.⁴⁴ The G8 and other donors have also made several other major aid commitments that relate to MDG-related sectors. The ONE Campaign has tracked performance against these political commitments over the years through successive DATA Reports.

The Gleneagles commitments came to an end in 2010. Between 2005 (when the Gleneagles aid commitments were made) and 2010, donor assistance to sub-Saharan Africa rose by 45%, from \$28.2 billion to \$40.8 billion. Since 2000, ODA to sub-Saharan Africa has increased dramatically, nearly doubling by 2010.⁴⁵ However, ODA to the region has declined each year since its high point in 2010, with preliminary OECD DAC data indicating that it dipped by 6% from 2011 to 2012 to \$38.1 billion. The fact that ODA to sub-Saharan Africa is decreasing disproportionately to overall ODA flows, which declined by 3% last year, is particularly worrying given that this region is the furthest behind in meeting the MDGs.

The following sections examine donor assistance trends for the health, agriculture and education sectors specifically. The analysis compares historic assistance volumes (typically on a per capita basis) with sub-Saharan African countries' current MDG performance levels.

FIGURE 1: Total ODA to Sub-Saharan African Countries, 2000–12



Sources: OECD DAC Table 2a and Preliminary Release (April 2013)

Note: All data is in USD billions (2012 prices). Total ODA includes flows from the 24 countries that are members of the DAC, including Iceland, which joined the DAC in 2013. ODA excludes bilateral debt relief and includes imputed multilateral contributions (estimated by ONE for 2012).

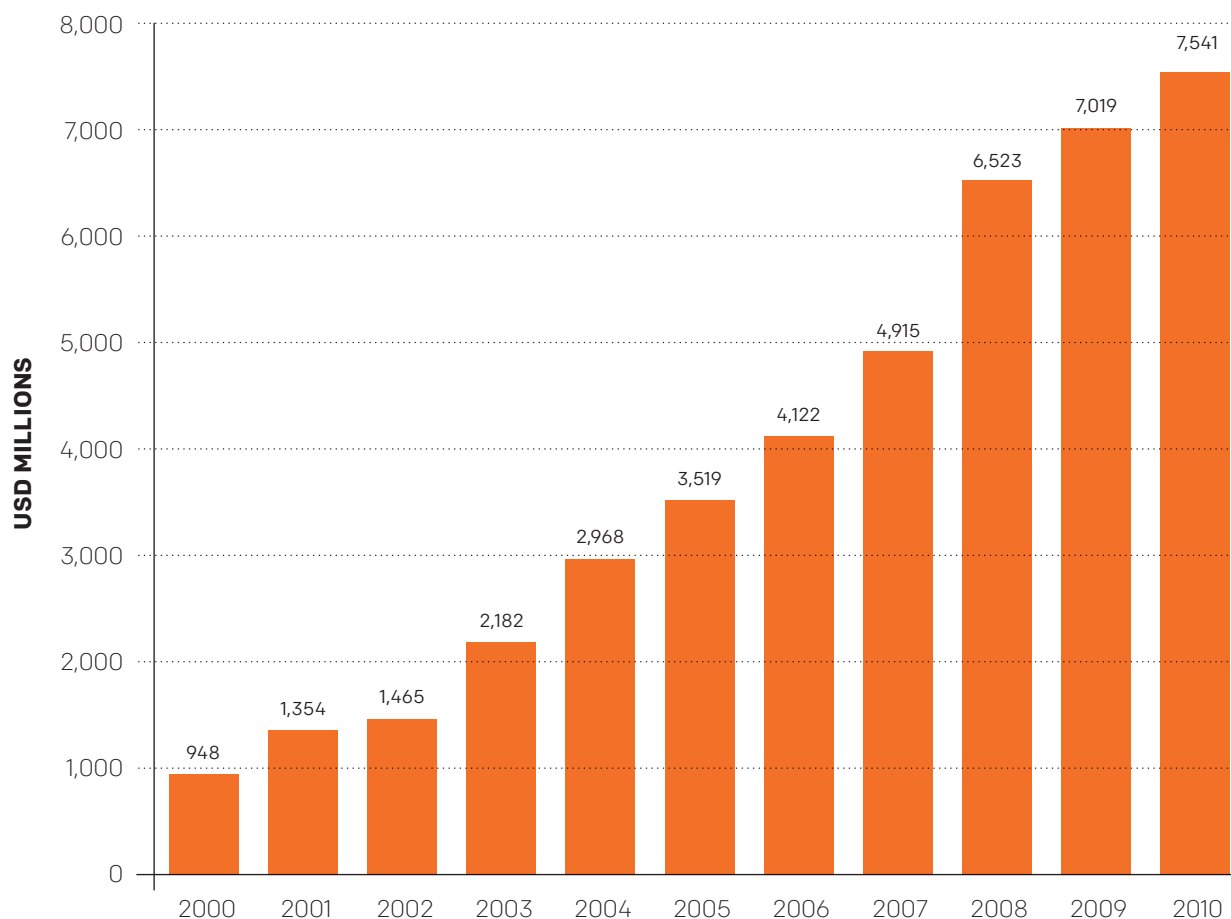
HEALTH

Since 2000, donor governments' assistance for health has increased exponentially. Overall, sub-Saharan Africa has witnessed an eight-fold increase⁴⁶ in external health assistance, particularly through programmatic vehicles such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the US President's Emergency Plan for AIDS Relief (PEPFAR), the GAVI Alliance and UNITAID. Nearly every sub-Saharan African country has benefited from this surge in health assistance spending (much of which has focused on vertical programming for issues including HIV/AIDS, malaria and child and maternal mortality), albeit at significantly different levels.⁴⁷ In fact, 17 African countries witnessed at least a ten-fold increase in donor health assistance between 2000 and 2010, according to data compiled by the Institute of Health Metrics and Evaluation (IHME).⁴⁸

ONE compares the average distribution of these donor investments between 2000 and 2010 with sub-Saharan African countries' current status on child mortality and maternal mortality outcomes. On average, countries that have received greater health assistance flows over the past decade are also demonstrating better outcomes on child mortality (maternal mortality is discussed below). Countries that are currently 'on track' to achieve their child mortality reduction targets received on average \$8.92 per capita over the last decade, roughly 18% more than 'off track' countries received. Isolating the latest five-year period (2006–10), we see the same pattern even more strongly: 'on track' countries on average received \$12.53 per capita – 28% more than 'off track' countries, which on average received \$9.79 per capita.

To further examine this trend, ONE specifically compared donor health assistance flows for each country (measured in per capita terms) with their reductions in child mortality rates since 1990, the initial MDG baseline year. As expected, we found a

FIGURE 2: Donor Assistance for Health to Sub-Saharan African Countries, 2000–10



Source: IHME, Financing Global Health 2012⁴⁹

Note: Not every sub-Saharan African country is included due to lack of available data. The following countries are excluded: Djibouti, Mauritania, Somalia, South Sudan and Sudan. Donor assistance is measured in USD millions (2010 prices). For more details on what is included in IHME's data on donor assistance flows for health, see the methodology section.

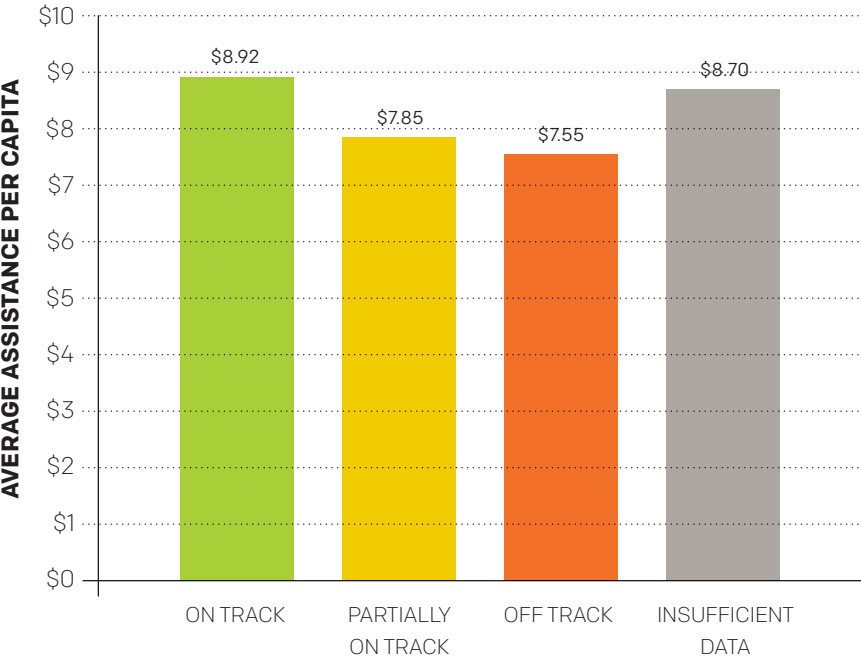
positive correlation between external investments over time and child health outcomes. This is likely driven by the fact that child health interventions aligned around vertical funding and delivery mechanisms (e.g. the GAVI Alliance) are relatively inexpensive compared with other health interventions, and are often more straightforward to deliver. However, the correlation is not as robust as expected (0.11), which may be caused by several small African states (such as Lesotho and Swaziland), which received high per capita assistance flows yet achieved more modest child mortality results.

However, when looking at the relationship between donor spending on health and maternal mortality MDG outcomes, we see the opposite relationship. Countries that are currently 'on track' to achieve their respective targets received on average \$7.75 per capita over the past decade, roughly 18% less than 'off track' countries. Examining funding over just the last five years, this pattern is even starker: 'on track' countries on average received \$10.72 per capita, 31% less than 'off track' countries. This negative correlation appears to be driven by several large health assistance recipients (in per capita terms) which remain 'off track' on their

maternal mortality targets, such as Namibia, Swaziland and Zambia.⁵⁰ At the same time, several 'on track' countries – such as Angola, Eritrea, Ethiopia and Madagascar – received modest health assistance in per capita terms.

Further country- and intervention-specific research is needed to explore what may account for this relationship. We can say that the majority of donors' assistance over the past decade has targeted health priorities other than maternal mortality, such as HIV/AIDS, malaria and child vaccinations. Therefore, it is

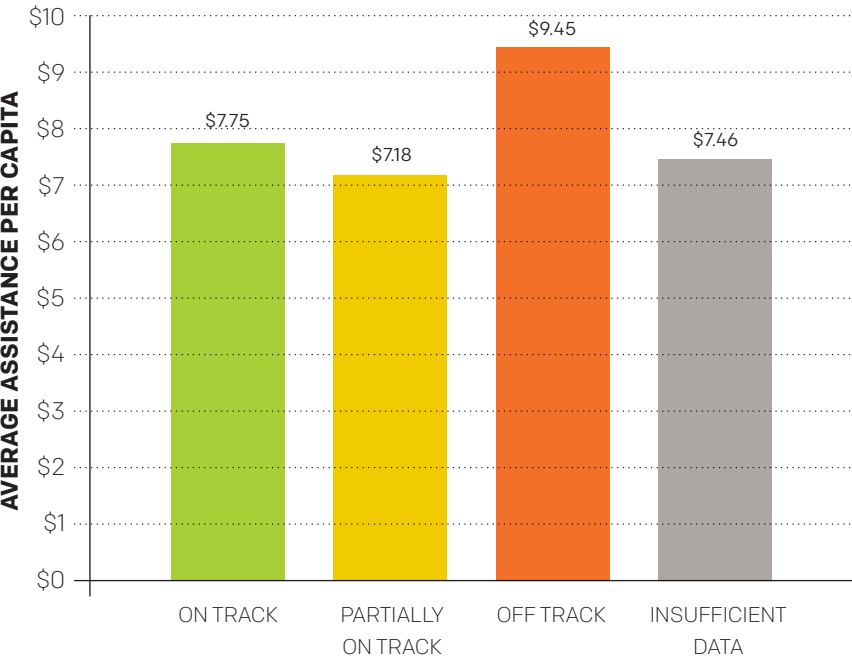
FIGURE 3: Average Health Assistance Per Capita to Sub-Saharan African Countries (2000–10), by Child Mortality MDG Performance Status



Sources: IHME, Financing Global Health 2012; World Bank, World Development Indicators; and ONE calculations

Note: Not every sub-Saharan African country is included, due to lack of available data. The following countries are excluded: Djibouti, Mauritania, Somalia, South Sudan and Sudan. Donor assistance is measured in USD (2010 prices). For more details on what is included in IHME's data on donor assistance flows for health, see the methodology section.

FIGURE 4: Average Health Assistance Per Capita to Sub-Saharan African Countries (2000–10), by Maternal Mortality MDG Performance Status



Sources: IHME, Financing Global Health 2012; World Bank, World Development Indicators; and ONE calculations

Note: The following countries are excluded due to lack of available data: Djibouti, Mauritania, Somalia, South Sudan and Sudan. Donor assistance is measured in USD (2010 prices). For more details on what is included in IHME's data on donor assistance flows for health, see the methodology section.

not surprising to find a weak relationship between aggregate health assistance volumes and maternal mortality outcomes. Furthermore, some health challenges such as maternal mortality are often indicative of broader health system obstacles – sub-optimal access to infrastructure, human resources for health, education and so forth – which may not be fully addressed by vertical health assistance focused on specific interventions and commodities. This illustrates the need for strengthened efforts to target both the horizontal and vertical underlying causes of maternal mortality, improving access to strong health systems (including to qualified health-care personnel at childbirth), sexual and reproductive health education and services, basic life-saving commodities at health clinics, and pre- and antenatal care for pregnant women.

A child peers around the corner in the waiting room of the HIV Comprehensive Care Clinic of Meru District Hospital in Kenya's Eastern province as two pediatricians stand in the background.

Photo: Mia Collis/USAID and Elizabeth Glaser Pediatric AIDS Foundation



AGRICULTURE

Since 2002, donors have increased agriculture ODA to sub-Saharan Africa by a considerable amount. Based upon official DAC statistics, agriculture-related assistance from all donors reached nearly \$2.81 billion in 2011 – up from roughly \$1.18 billion in 2002 (in constant 2010 dollars). In addition to the official categorisation, many donors provide ancillary support for the agriculture sector through infrastructure projects, such as rural feeder roads

and trunk lines that help transport agricultural products to market. If these activities are factored in, overall agriculture-related assistance would be much higher. However, since it is difficult to fully and accurately account for these activities, the following analysis focuses solely on the official OECD DAC sector categorisation.⁵¹

The recent increases in agriculture assistance (from 2009) represent the early stages of attempts to

counter longstanding donor under-investment in this sector. In particular, the 2009 G8 L'Aquila Food Security Initiative (AFSI) – which committed \$22 billion over four years – was aimed at addressing these deficits. Thus far, although the full amount has been committed, donors have disbursed only half of the funds. Furthermore, only a very small amount of this funding goes to low-income countries with costed, technically vetted national agriculture plans. Donors must ensure that their L'Aquila commitments are a minimum

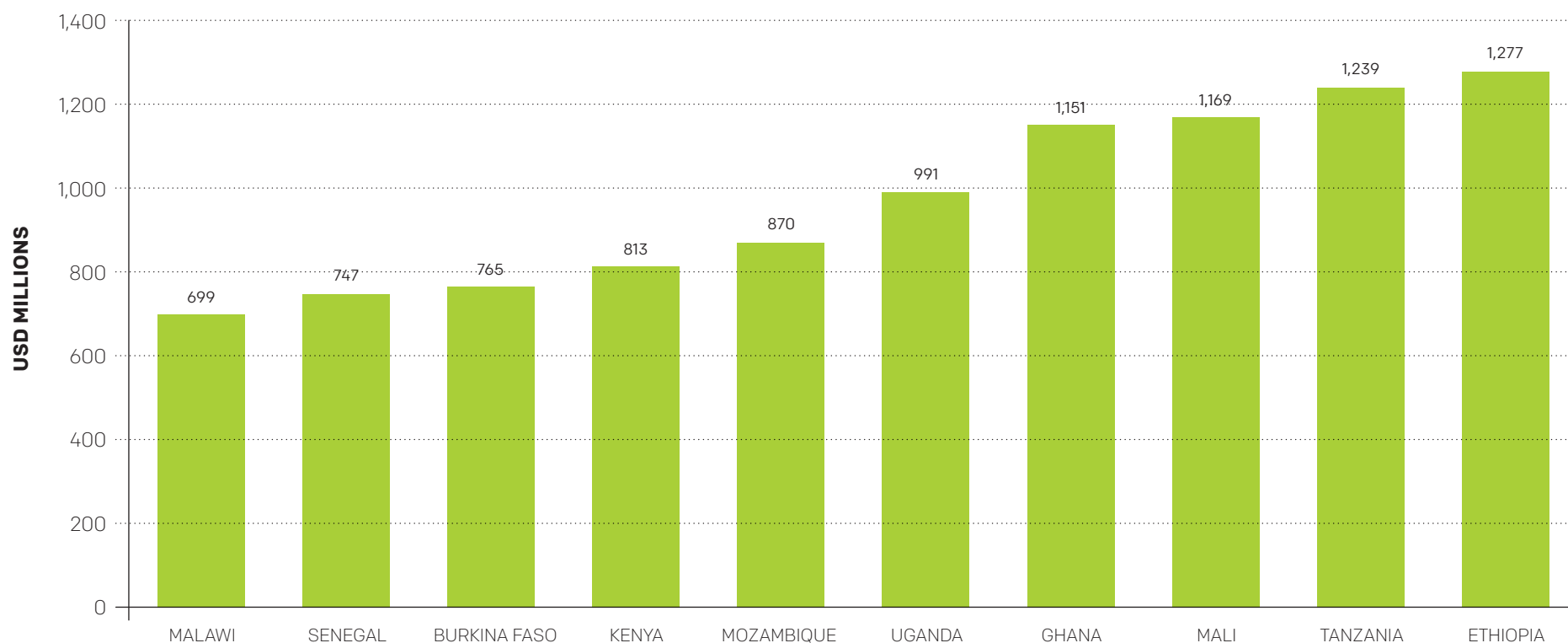
FIGURE 5: Donor Assistance for Agriculture to Sub-Saharan Africa, 2002–11



Sources: OECD DAC, Creditor Reporting System Database and ONE calculations

Note: Data is gross disbursements in USD millions (2010 prices), and includes all donors, all types and all channels. The OECD DAC Creditor Reporting System does not report sector-level disbursements to sub-Saharan Africa prior to 2002. To calculate donor flows to agriculture, ONE combines the following DAC categories: '310: Agriculture, Forestry, Fishing, Total' and '3216: Agro-industries'.

FIGURE 6: Top 10 Agriculture ODA Recipients (by Total Volume), 2002–11



Sources: OECD DAC, Creditor Reporting System Database and ONE calculations

Note: Data is gross disbursements in USD millions (2010 prices), and includes all donors, all types and all channels. The OECD DAC Creditor Reporting System does not report sector-level disbursements to sub-Saharan Africa prior to 2002. To calculate donor flows to agriculture, ONE combines the following DAC categories: '310: Agriculture, Forestry, Fishing, Total' and '32161: Agro-industries'.

threshold for future spending, and align their spending with countries' national plans.

Since 2002, half of total agriculture ODA to sub-Saharan Africa has focused on ten countries. Of these, seven are 'on track' to achieve their extreme poverty MDG targets (Burkina Faso, Ethiopia, Ghana, Mali, Mozambique, Senegal and Uganda). Overall, the majority of sub-Saharan African countries have witnessed significant increases in agriculture

assistance over the past decade. The exceptions are Botswana, Cameroon, Cape Verde, Chad, Côte d'Ivoire, Eritrea, Gambia, Guinea, Lesotho, Madagascar, Mauritius, São Tomé and Príncipe and South Africa.

On average, sub-Saharan African countries that have received greater agriculture assistance flows between 2002 and 2011 are also demonstrating slightly better outcomes in their extreme poverty and hunger MDG

performances. For poverty, however, ONE has found that the picture is skewed by small island states with low populations (such as Cape Verde, São Tomé and Príncipe and the Seychelles) that receive a relatively high amount of donor assistance per capita.⁵² Figure 7 illustrates this distinction by showing average per capita donor flows to agriculture, both including and excluding four small island states. The analysis of all countries shows a relationship whereby countries that are 'on track' to achieve their extreme poverty targets

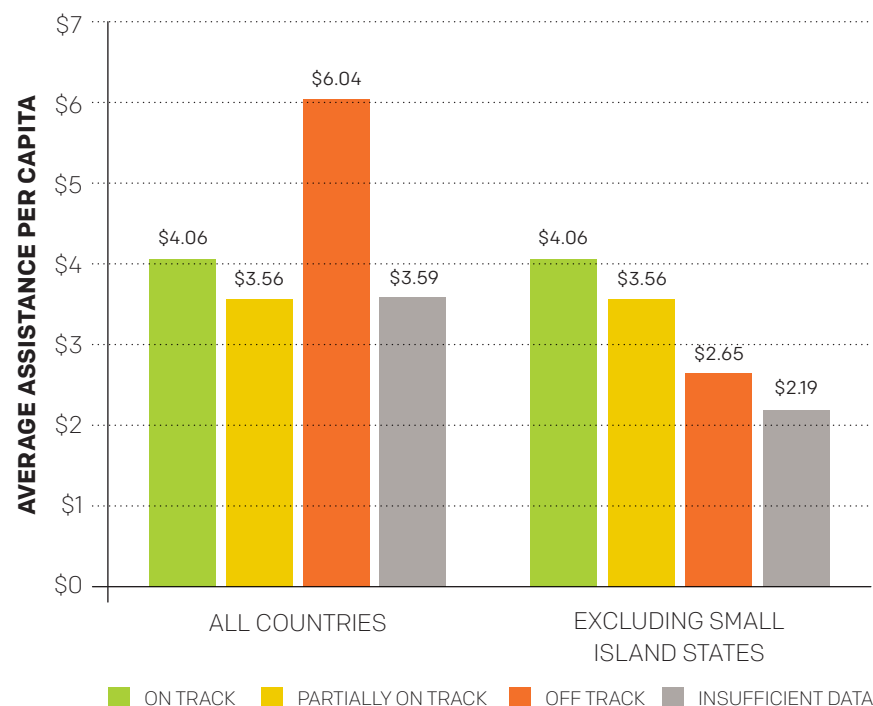
on average received \$4.06 per capita between 2002 and 2011, roughly a third less than 'off track' countries (\$6.04). However, when just these four countries are excluded from the analysis, the picture changes to one that would be expected: between 2002 and 2011, 'off track' countries received only \$2.65, a third less than 'on track' countries. The same picture holds for the latest five-year period (2007–11): when small island states are included, 'on track' countries received on

average only around two-thirds of the amount received by 'off track' countries annually; but excluding small island states, 'on track' countries received around 40% more.

There is also a positive relationship between donor assistance to agriculture and progress on reducing hunger. Those countries that are 'on track' to meeting their hunger MDG targets received on average \$5.87

per capita annually between 2002 and 2011, compared with \$3.45 per capita received by 'off track' countries during the same period. This relationship is even more pronounced within the latest five-year period, with 'on track' countries on average receiving three-quarters more than 'off track' countries between 2007 and 2011. To further explore this finding, ONE also compared agriculture assistance levels with countries' specific percentage-based progress (rather than the MDG

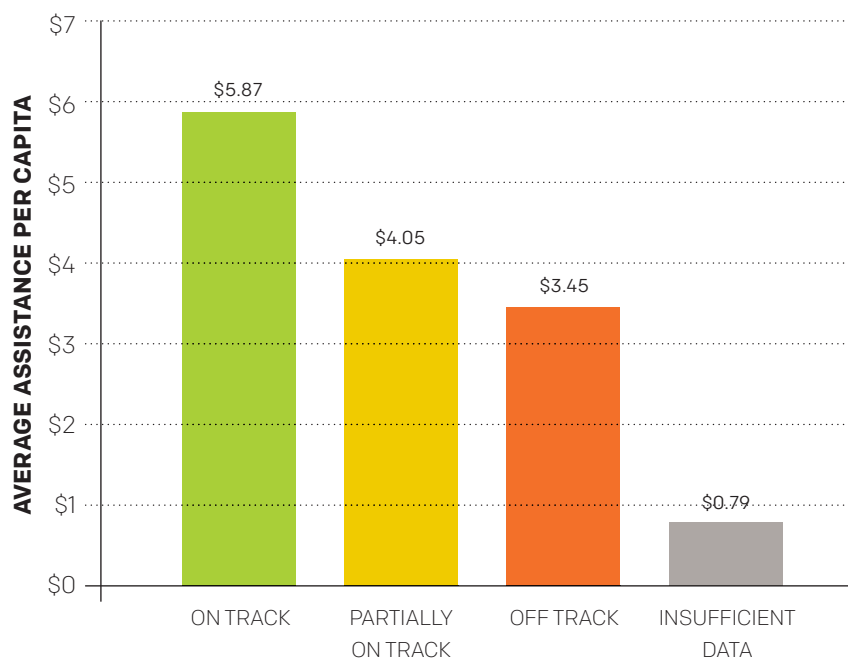
FIGURE 7: Average Agriculture Assistance Per Capita to Sub-Saharan African Countries (2002–11), by Extreme Poverty MDG Performance Status



Sources: World Bank, World Development Indicators; OECD DAC, Creditor Reporting System Database; and ONE calculations

Note: The right-hand chart excludes the following small island states: Cape Verde, Comoros, São Tomé and Príncipe and the Seychelles. The following countries are excluded overall, due to lack of available data: Djibouti, Mauritania, Somalia, South Sudan and Sudan. Donor assistance is gross disbursements in USD (2010 prices), and includes all donors, all types and all channels. The OECD DAC Creditor Reporting System does not report sector-level disbursements to sub-Saharan Africa prior to 2002. To calculate donor flows to agriculture, ONE combines the following DAC categories: '310: Agriculture, Forestry, Fishing, Total' and '3216: Agro-industries'.

FIGURE 8: Average Agriculture Assistance Per Capita to Sub-Saharan African Countries (2002–11), by Hunger MDG Performance Status



Sources: World Bank, World Development Indicators; OECD DAC, Creditor Reporting System Database; and ONE calculations

Note: Donor assistance is gross disbursements in USD (2010 prices), and includes all donors, all types and all channels. The OECD DAC Creditor Reporting System does not report sector-level disbursements to sub-Saharan Africa prior to 2002. To calculate donor flows to agriculture, ONE combines the following DAC categories: '310: Agriculture, Forestry, Fishing, Total' and '3216: Agro-industries'.

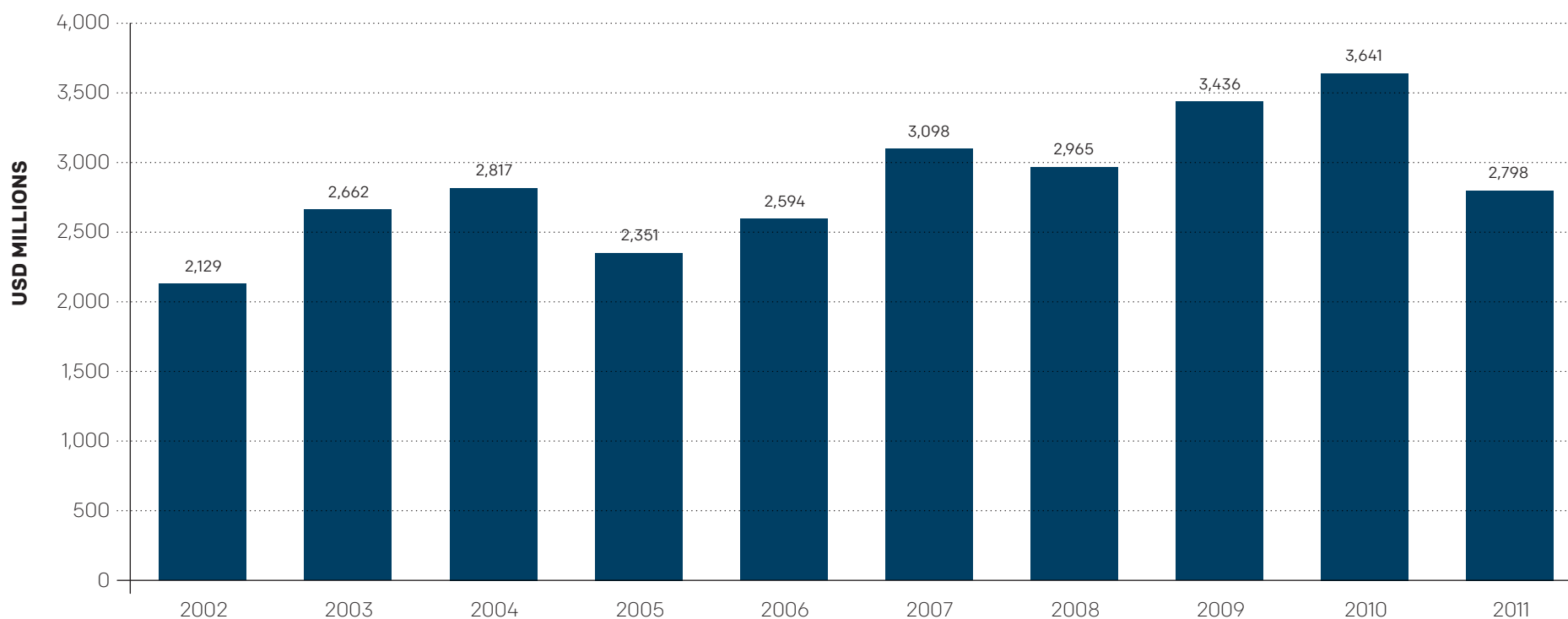
Progress Index score) on the hunger MDG, as reflected in the undernourishment prevalence rate. Disconcertingly, we found that there is almost no correlation between historic assistance levels and current progress in reducing undernourishment rates. This may be driven at least in part by several relatively large aid recipients in per capita terms with either no improvements or deteriorations in hunger outcomes – such as Swaziland and Senegal.

EDUCATION

Similar to other sectors, donor assistance for education has increased significantly during the past decade. Between 2002 and 2010, education assistance for sub-Saharan African countries increased by roughly 71% (from \$2.1 billion to \$3.6 billion annually) in constant prices.⁵³ However, from 2010 to 2011, levels dipped significantly, by almost a quarter. This was driven primarily by marked decreases in assistance from

several of the largest donors to education in the region, particularly France and Canada, which both halved their assistance levels over just one year. France's contribution plummeted by around \$400 million, Canada's by around \$150 million, and Spain and the Netherlands accounted for a further \$120 million of the overall decrease.

FIGURE 9: Donor Assistance for Education to Sub-Saharan African Countries, 2002–11



Source: OECD DAC Creditor Reporting System Database

Note: Donor assistance is gross disbursements in USD millions (2010 prices), and includes all donors, all types and all channels.

In contrast with the health sector, these increased donor investments were not distributed across all sub-Saharan African countries. Fourteen countries now receive less education assistance in constant prices than they did a decade ago.⁵⁴ On the other hand, several countries received substantial increases in education assistance volumes – such as Benin, Botswana, Ethiopia, Ghana, Liberia and Togo, all of which witnessed at least a doubling in annual education assistance volumes between 2002 and 2011.

On average, sub-Saharan African countries that have received greater education assistance flows over the

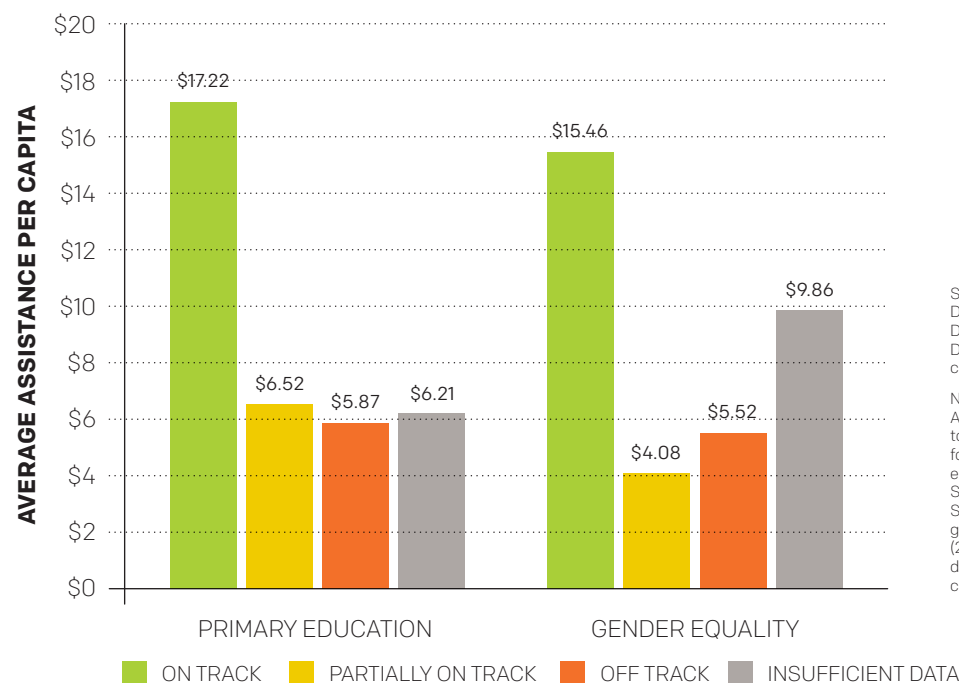
past decade are also demonstrating better outcomes on their education-related MDGs (primary education completion and gender equality). By illustration, countries that are currently 'on track' to achieve their universal primary education completion targets on average received \$17.22 per capita between 2002 and 2011. This is roughly three times more than 'off track' countries received over the same period. Isolating the latest five-year period (2007–11), we find an almost identical pattern.

The gender equality MDG (gender parity in primary and secondary school enrolment rates) exhibits a similarly strong positive relationship with donor assistance

levels. Countries that are currently 'on track' to achieve their targets received roughly \$15.46 per capita between 2002 and 2011 – nearly three times more than 'off track' countries received over the same period. Again, a virtually identical relationship holds for the latest five-year period (2007–11).

While this analysis does not prove a definitive causal relationship, the strong positive correlation suggests that donors' targeted education assistance investments over the past decade – coupled with domestic investments and improved government policies – are likely contributing to improved education and gender equality MDG outcomes in sub-Saharan Africa. An important policy question for donor governments and organisations is whether new investments should prioritise those countries that are 'partially on track' to achieve their related MDG targets. Such an approach could help boost African governments' own efforts to accelerate primary education completion rates and ensure that girls' primary and secondary education enrolment rates match those of boys. Moreover, donors will need to grapple with how best to support and engage with those sub-Saharan African countries that are lagging behind on their education-related MDGs.

FIGURE 10: Average Education Assistance Per Capita to Sub-Saharan African Countries (2002–11), by Primary Education MDG and Gender Equality MDG Performance Status



AID TRANSPARENCY AND EFFECTIVENESS

While it is crucial that developed countries meet their political commitments to increase development assistance, it is just as vital, and perhaps even more important, that they honour promises to improve its effectiveness. As donors continue to face budgetary constraints, many countries are increasingly under pressure to demonstrate in a concrete way the value of development investments, thereby making measurable progress in aid effectiveness even more imperative. Also, as resources become more constrained, transparency is crucial to ensure that they are allocated efficiently and achieve the greatest outcomes.

Currently discussions are ongoing within the Global Partnership for Effective Development Co-operation – the inclusive international forum set up after the Fourth High Level Forum on Aid Effectiveness in November 2011 – to finalise a new set of indicators and begin monitoring donors against these new aid effectiveness commitments.⁵⁵ It is important that these indicators include clear, measurable and time-bound commitments on aid effectiveness that reaffirm commitments made in previous forums at Paris (2005) and Accra (2008), and that enable annual monitoring of associated goals.

Transparency ensures that citizens in both developing and donor countries have the information necessary to hold their governments to account for the use of development assistance dollars, to track their impact and to ensure that funds are used where they are most needed. The International Aid Transparency Initiative (IATI) sets a common standard by which donors can report timely, comprehensive and aid-related information, in a machine-readable format. IATI signatories now represent 76% of global aid flows,

though only 58% of official development finance is currently reported to IATI's standard. This means that many signatories have yet to implement their commitments (and have until the end of 2015 to do so). Donors that have not committed to report to IATI's standard, such as Japan and France, need to follow the lead of others and complete the aid reporting picture.

Publish What You Fund's '2012 Aid Transparency Index' ranked 72 donor agencies based on their transparency at the organisation, country and activity levels. With 100% representing full transparency, scores varied from 90% to 0%. The Index found that while aid is slowly becoming more transparent globally, progress is slow and uneven. The UK's Department for International Development (DFID) topped the ranking in 2012 after rising from fifth the previous year, and the majority of multilateral organisations also scored fairly high, including the European Commission's Directorate-General of Development and Cooperation (DEVCO), in fifth place this time. The US Agency for International Development (USAID) has made substantial progress this year, but still only scores just

above 50%, while Germany and France lag behind in the 'poor' range. Thirty-six organisations showed improvement compared with their performance in the 2011 Index rankings. This progress is the result of political will, increased pressure from civil society, technological progress and institutional cultural change.

Sixteen of the top 20 organisations in the 2012 index are IATI signatories, and nine of those have begun publishing to the IATI registry.⁵⁶ Many donors, however, could dramatically improve their aid transparency without great difficulty. For example, Germany started reporting IATI data this year, which should result in a higher score in the 2013 index. Other donor organisations should follow Germany's lead and seek to implement their IATI commitments as soon as possible.



The 12 members of the Wanawake Kwanza (Women First) growers association in Maza village, Morogoro, Tanzania, have received Feed the Future support through USAID to boost their incomes and improve nutrition in the village.

Photo: USAID

MDG WAR ROOM

MDG WAR ROOM: URGENT RECOMMENDATIONS TO CATALYSE PROGRESS

With less than 1,000 days until the MDGs deadline, there is a need for developing countries, donor countries and development institutions to instil a greater sense of urgency and focus into their efforts. Given the growing interest, energy and momentum for a new set of development goals and indicators for the post-2015 period, there is a real danger that the international community will not dedicate its full toolkit to finishing the job on the current MDGs. In order to ensure that the 2015 deadline remains firmly in the forefront of everyone's mind, ONE is promoting a 'war room' mentality to marshal resources and worldwide attention to sprinting past the finish line. As such, ONE makes the following recommendations, both to increase resource allocation in the relevant MDG sectors and to improve the effectiveness of existing resources.

IMPROVING THE QUALITY OF DEVELOPMENT FINANCE

INVIGORATE MONITORING MECHANISMS AND FOCUS ON ACCELERATION PLANS

The heads of the United Nations (UN) agencies gather on a periodic basis to discuss a range of matters. Often, these sessions provide little concrete action or direction for broader efforts. To better harness the opportunity provided by these gatherings, the UN Secretary-General, UNDP Administrator and World Bank President will be leading quarterly meetings with an action-oriented agenda focused on: (1) tracking up-to-date MDG outcomes and trends, and (2) designing and executing plans to accelerate progress on specific goals and in specific countries over the next three years. These decision-making sessions will support the UNDP's MDG

Acceleration exercise, which seeks to identify areas where noteworthy progress can be achieved. After each quarterly meeting, the organisations will issue detailed progress updates publicly.

Every development actor – including both developing and donor governments – should present clear MDG acceleration plans that span the next 1,000 days and beyond. They should publicly declare how they are moving beyond business as usual and stating how they will intensify efforts with accountable actions and resources attached. For developing countries, governments should present these plans to their constituents in a clear, public way. For donor governments, these plans should feed into the UNDP-led process and should be posted publicly as well. To date, 19 African countries have signed up to produce costed MDG acceleration frameworks (MAFs), which focus on areas of lagging performance. Seven of those plans are ready for implementation. All developing countries should come forward with similar, robust plans. Several donor organisations and governments, such as the Swiss Agency for Development and Cooperation, have produced their own MDG acceleration plans. As a starting point, these efforts should be built on, and closely aligned with, developing countries' own acceleration plans. This will ensure that all available firepower is focused squarely on the same targets.

ACCELERATE BUDGET AND AID TRANSPARENCY IMPLEMENTATION

In addition to countries scaling up resources for development, all actors must also significantly scale up efforts that will increase the impact and effectiveness of both existing and new resources. For

most developing nations, particularly those with lagging MDG performances, this means dramatically improving budget and expenditure transparency. By illustration, every African government should publish a minimum set of budgetary documents on a consistent and timely basis. Moreover, every African government should publish its approved budget allocation and actual spending data at the sub-national level (and disaggregated by sector). This information could be posted publicly on government websites or through the World Bank's BOOST platform. The G8 and other donor bodies should commit to supporting greater transparency and accountability in African budgets, through BOOST, the World Bank's Service Delivery Indicators and the technical assistance facilities of the World Bank and the African Development Bank.

At the same time, all donors should accelerate their timelines for joining and complying with the International Aid Transparency Initiative (IATI). Through these common, open platforms, donors should provide timely activity-level data on both existing and planned development programmes. There should also be a global standard on mandatory disclosure of extractive sector payments to governments and support for building the capacity of developing country audit institutions, parliamentary committees, media and civil society to fully utilise the payment data. These small yet eminently achievable steps would help to ensure that scarce public resources are channelled to high-impact activities such as investing in better health services, more productive agriculture and higher-quality education. Moreover, they will reduce inefficiencies and investment redundancies.

IMPROVE SERVICE DELIVERY QUALITY

Donor and African governments should rapidly scale up the Service Delivery Indicators (SDI) Initiative, a series of surveys launched in 2010 by the World Bank, African Development Bank and the African Economic Research Consortium. These surveys track expenditures along with service delivery quality and performance in the education and health sectors. Along with improved data collection and reporting on resource inputs (aid and budget transparency) and development outcomes, the SDI Initiative is an effective instrument for identifying performance challenges, such as resource leakages and lack of teacher knowledge or effort. For example, government officials, citizens and donors have learned that in Tanzania teachers are absent from the classroom over 53% of the time, students receive only an average of two hours of instruction per day, and funding leakages average 37% in the education sector.¹ This type of real-time point of service information enables greater stakeholder accountability and the development of more informed, effective and targeted interventions, including remedial action plans.

INCREASING THE QUANTITY OF DEVELOPMENT FINANCE

FULFIL AFRICAN FUNDING COMMITMENTS

African governments have distinct expenditure targets for the health, agriculture and education sectors based on commitments made through the African Union and other multilateral forums. As African domestic expenditures account for almost 80% of total resources available for development, meeting these sectoral spending targets is crucial for MDG outcomes. Indeed, those countries where governments are closer to meeting their expenditure commitments are also on average achieving better MDG outcomes in the relevant sectors. Sub-Saharan African countries should further prioritise spending in these crucial areas, in line with strategic MDG acceleration frameworks, to hasten the

achievement of the MDG targets. Enabling and catalysing opportunities for citizens to be heard is also crucial, so that the citizens who would benefit the most from increased expenditures in vital social sectors can hold their politicians accountable.

Although not all donor countries have distinct commitments in every sector, targeted donor increases in health, education and agriculture over the past decade have, for the most part, contributed to better MDG outcomes in sub-Saharan African countries. With global official development assistance (ODA) declining for the second year in a row, there is a worry that global momentum to meet the 2015 targets is decreasing. It is vital that donor countries fulfil their commitments on development assistance, and make smart allocation decisions to target their aid to countries and sectors with the greatest potential for demonstrable impact and outcomes. This includes the European Union Member States taking urgent steps towards meeting their target of spending 0.7% of ODA/GNI on development assistance. To achieve these goals, ONE and its partners will be increasing pressure on both sides of the funding equation – pressing for both African governments and donor nations to keep their promises.

SUPPORT FULL MULTILATERAL REPLENISHMENTS

There are a number of major multilateral replenishments due in 2013. The Global Fund to Fight AIDS, Tuberculosis and Malaria, the African Development Fund (ADF) and the World Bank's International Development Association (IDA) will be soliciting multi-year financial pledges simultaneously from donor governments. All three institutions play a central role in supporting the MDGs – especially in Africa. The Global Fund has requested \$15 billion for the 2014–16 period. If it successfully achieves this figure, and if domestic and global financing for health continues to scale up in tandem, the Global Fund can help to significantly close global financing gaps in order

to essentially bring AIDS, TB and malaria under control in target countries, helping to achieve MDGs 4, 5 and 6.

The ADF's programmes are more heavily targeted to supporting infrastructure and private sector investments, which directly or indirectly support improved outcomes in nearly every MDG-related area. The IDA has a diversified portfolio and delivers project and programmatic support, which directly impacts every MDG-related sector. Moreover, the IDA allocates roughly half of its available resources to sub-Saharan Africa. Each of these institutions receives high ratings from independent organisations, such as the Center for Global Development and the Brookings Institution, in terms of efficiency, effectiveness and transparency. However, the constrained budget environment in many donor countries poses a significant risk to the prospects of achieving ambitious replenishment outcomes this year. Despite these challenges, all donors should make every effort to ensure that these three essential organisations are financed to the greatest extent possible.



The Windhoek Vocational Training Centre in Khomasdal, Namibia is a training centre for artisans, particularly female students.

Photo: John Hogg/World Bank

REFERENCE TABLES

MDG Progress Table, Low-Income Countries

■ MDG PROGRESS SCORE= 1.0
 ■ MDG PROGRESS SCORE= 0.5
 ■ MDG PROGRESS SCORE = 0.0

	2013	2012	2011	2010	Change 2010–13	Extreme Poverty	Hunger	Education	Gender	Child Mortality	Maternal Mortality	HIV/AIDS	Water
Afghanistan	3.5	2.5	1.0	0.0	3.5	–	–	0.0	0.0	0.5	1.0	1.0	1.0
Angola	2.5	2.5	2.5	2.0	0.5	–	1.0	0.0	0.0	0.5	1.0	0.0	0.0
Armenia	5.5	7.5	5.0	5.0	0.5	1.0	1.0	0.0	1.0	1.0	0.5	0.0	1.0
Azerbaijan	4.5	4.5	5.5	4.5	0.0	1.0	1.0	0.0	0.0	1.0	0.0	1.0	0.5
Bangladesh	5.0	4.5	4.5	2.5	2.5	1.0	1.0	–	–	1.0	1.0	1.0	0.0
Benin	5.0	4.5	4.0	2.5	2.5	–	1.0	0.5	0.5	0.5	0.5	1.0	1.0
Bhutan	6.0	5.0	4.0	3.5	2.5	1.0	–	1.0	1.0	1.0	1.0	0.0	1.0
Bolivia	6.0	4.5	5.0	5.0	1.0	0.0	0.5	1.0	1.0	1.0	0.5	1.0	1.0
Bosnia-Herzegovina	4.5	3.5	3.5	2.5	2.0	1.0	0.0	–	1.0	1.0	0.5	–	1.0
Burkina Faso	5.0	6.0	5.5	5.0	0.0	1.0	0.0	0.0	1.0	0.5	0.5	1.0	1.0
Burundi	1.5	1.5	1.5	0.5	1.0	0.0	0.0	0.0	0.5	0.0	0.0	1.0	0.0
Cambodia	7.0	8.0	6.5	5.5	1.5	1.0	1.0	1.0	1.0	1.0	1.0	0.0	1.0
Cameroon	3.5	3.5	3.5	3.5	0.0	1.0	1.0	0.5	0.0	0.0	0.0	0.0	1.0
Cape Verde	5.0	5.0	4.0	4.0	1.0	–	0.0	1.0	1.0	1.0	1.0	0.0	1.0
Central African Republic	2.5	1.0	1.0	1.5	1.0	0.5	0.5	0.0	0.0	0.0	0.0	1.0	0.5
Chad	1.5	1.5	2.0	2.5	-1.0	–	1.0	0.0	0.5	0.0	0.0	0.0	0.0
Comoros	3.5	3.5	3.5	3.0	0.5	–	0.0	0.5	0.0	0.5	0.5	1.0	1.0
Congo, DRC	0.5	0.5	0.0	0.5	0.0	–	–	0.0	0.0	0.0	0.5	–	0.0
Congo, Republic of	1.0	2.0	2.5	2.5	-1.5	–	0.0	0.0	0.0	0.0	0.0	1.0	0.0
Côte d'Ivoire	2.0	1.0	0.0	1.5	0.5	0.0	0.0	0.0	0.0	0.5	0.5	1.0	0.0
Djibouti	3.5	3.5	2.0	2.5	1.0	–	1.0	0.0	0.5	0.5	0.5	0.0	1.0
Dominica	2.5	3.5	1.5	1.5	1.0	–	0.0	0.0	1.0	0.5	1.0	–	0.0
Eritrea	2.5	2.5	2.5	2.5	0.0	–	0.0	0.0	0.0	1.0	1.0	0.0	0.5
Ethiopia	5.5	6.0	4.5	5.0	0.5	1.0	1.0	0.5	0.5	1.0	1.0	0.0	0.5
Gambia	5.0	4.5	5.0	4.5	0.5	1.0	0.5	0.5	1.0	0.5	0.5	0.0	1.0
Georgia	4.0	5.0	4.5	4.5	-0.5	0.0	1.0	1.0	0.0	1.0	0.0	0.0	1.0
Ghana	5.5	5.5	5.0	5.0	0.5	1.0	1.0	1.0	0.5	0.5	0.5	0.0	1.0
Grenada	2.5	2.5	3.0	3.0	-0.5	–	0.0	1.0	1.0	0.5	0.0	–	0.0
Guinea	4.0	4.5	3.5	4.0	0.0	1.0	0.0	0.5	0.5	0.5	0.5	0.0	1.0
Guinea-Bissau	3.0	2.0	0.5	0.0	3.0	0.0	1.0	1.0	–	0.0	0.0	0.0	1.0
Guyana	3.5	3.5	4.5	3.5	0.0	0.0	1.0	0.0	1.0	0.5	0.0	0.0	1.0
Haiti	3.5	2.0	1.5	1.5	2.0	–	0.5	–	–	1.0	0.5	1.0	0.5
Honduras	6.5	7.5	7.0	7.0	-0.5	1.0	1.0	1.0	1.0	1.0	0.5	–	1.0
India	6.0	5.5	4.5	4.5	1.5	1.0	0.5	1.0	1.0	0.5	1.0	–	1.0
Kenya	2.0	2.0	1.5	3.0	-1.0	0.0	0.0	1.0	0.0	0.5	0.0	0.0	0.5
Kiribati	3.0	3.0	4.0	4.5	-1.5	–	0.0	1.0	1.0	0.5	–	–	0.5
Kyrgyz Republic	4.0	6.0	5.0	6.0	-2.0	1.0	1.0	0.0	0.0	1.0	0.0	0.0	1.0
Laos	6.0	5.5	5.0	6.0	0.0	1.0	0.5	1.0	0.5	1.0	1.0	0.0	1.0

■ MDG PROGRESS SCORE = 1.0 ■ MDG PROGRESS SCORE = 0.5 ■ MDG PROGRESS SCORE = 0.0

	2013	2012	2011	2010	Change 2010–13	Extreme Poverty	Hunger	Education	Gender	Child Mortality	Maternal Mortality	HIV/AIDS	Water
Lesotho	2.0	2.0	3.0	3.5	-1.5	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0
Liberia	3.5	3.0	1.5	1.5	2.0	–	0.0	0.0	1.0	1.0	0.5	0.0	1.0
Madagascar	3.0	4.0	2.5	2.0	1.0	0.0	0.0	0.5	0.0	1.0	1.0	0.0	0.5
Malawi	5.5	5.5	4.5	5.0	0.5	0.5	1.0	0.5	1.0	1.0	0.5	0.0	1.0
Maldives	8.0	6.0	3.5	4.5	3.5	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Mali	6.0	5.0	4.5	4.0	2.0	1.0	1.0	0.5	0.5	0.5	0.5	1.0	1.0
Mauritania	4.0	4.5	3.5	4.5	-0.5	1.0	0.5	0.5	1.0	0.0	0.5	0.0	0.5
Moldova	4.5	4.5	3.5	3.5	1.0	1.0	0.0	0.0	1.0	1.0	0.5	0.0	1.0
Mongolia	6.0	6.5	4.5	5.0	1.0	–	0.5	1.0	1.0	1.0	0.5	1.0	1.0
Mozambique	3.5	4.0	3.5	3.0	0.5	1.0	0.5	0.0	0.5	1.0	0.5	0.0	0.0
Nepal	6.0	6.0	5.5	5.5	0.5	1.0	0.5	0.5	1.0	1.0	1.0	0.0	1.0
Nicaragua	6.0	6.0	5.5	5.0	1.0	1.0	1.0	0.5	1.0	1.0	0.5	0.0	1.0
Niger	4.5	4.5	4.0	2.0	2.5	1.0	1.0	0.0	0.5	1.0	0.5	0.0	0.5
Nigeria	3.0	3.0	2.5	1.5	1.5	0.0	1.0	0.0	0.5	0.5	0.5	0.0	0.5
Pakistan	5.5	5.0	3.0	3.5	2.0	1.0	0.5	0.5	0.5	0.5	0.5	1.0	1.0
Papua New Guinea	1.0	1.0	0.5	1.0	0.0	–	–	0.0	0.0	0.5	0.5	0.0	0.0
Rwanda	6.0	5.5	3.5	3.0	3.0	0.5	1.0	0.5	1.0	1.0	1.0	1.0	0.0
Samoa	4.5	5.5	3.0	4.0	0.5	–	1.0	0.0	1.0	0.5	1.0	–	1.0
São Tomé and Príncipe	4.5	4.5	2.5	2.5	2.0	–	1.0	1.0	1.0	0.0	0.5	0.0	1.0
Senegal	4.0	4.0	3.5	3.0	1.0	1.0	0.0	0.0	1.0	1.0	0.5	0.0	0.5
Sierra Leone	2.5	2.5	2.0	1.5	1.0	0.5	0.5	–	0.0	0.5	0.5	0.0	0.5
Solomon Islands	4.0	4.0	2.0	3.0	1.0	–	1.0	1.0	0.5	1.0	0.5	–	0.0
Sri Lanka	7.0	6.0	6.0	4.0	3.0	1.0	0.5	1.0	1.0	1.0	0.5	1.0	1.0
St. Lucia	1.5	2.5	0.5	2.0	-0.5	–	0.0	0.0	0.0	0.5	0.5	–	0.5
St. Vincent & the Grenadines	1.5	2.0	2.0	3.0	-1.5	–	1.0	0.5	0.0	0.0	0.0	–	–
Sudan	1.5	2.5	2.5	2.5	-1.0	–	0.0	0.5	0.5	0.5	0.0	0.0	0.0
Tajikistan	3.0	2.5	3.0	3.5	-0.5	1.0	0.0	1.0	0.0	0.5	0.5	0.0	0.0
Tanzania	2.5	3.0	1.5	1.0	1.5	0.0	0.0	1.0	0.0	1.0	0.5	0.0	0.0
Timor-Leste	5.0	5.5	2.5	3.0	2.0	1.0	0.0	0.0	1.0	1.0	1.0	–	1.0
Togo	3.5	3.0	3.0	2.5	1.0	–	1.0	0.5	0.5	0.5	0.5	0.0	0.5
Tonga	1.5	1.5	3.5	3.0	-1.5	–	–	1.0	0.0	0.5	0.0	–	–
Uganda	5.5	5.5	5.0	5.0	0.5	1.0	0.0	0.0	1.0	1.0	0.5	1.0	1.0
Uzbekistan	1.0	2.0	1.5	2.5	-1.5	–	0.0	0.0	0.0	0.5	0.5	–	0.0
Vanuatu	3.5	3.0	4.0	2.5	1.0	–	0.5	0.0	0.5	1.0	0.5	–	1.0
Vietnam	6.0	6.0	6.5	6.0	0.0	1.0	1.0	0.0	1.0	1.0	1.0	0.0	1.0
Yemen	2.5	2.5	2.0	2.0	0.5	0.0	0.0	0.0	1.0	0.5	1.0	0.0	0.0
Zambia	3.5	2.5	2.5	2.0	1.5	0.0	0.0	1.0	–	1.0	0.0	1.0	0.5
Zimbabwe	0.5	0.5	1.0	1.0	-0.5	–	0.5	–	0.0	0.0	0.0	0.0	0.0
Average	3.88	3.87	3.28	3.20	0.68	0.71	0.51	0.43	0.56	0.65	0.51	0.33	0.62

Source: World Bank, World Development Indicators

Note: Overall MDG Progress Index scores effectively count as zero results for those indicators where the country's data is unavailable.

MDG Progress Table, Middle-Income Countries

■ MDG PROGRESS SCORE= 1.0
 ■ MDG PROGRESS SCORE= 0.5
 ■ MDG PROGRESS SCORE = 0.0

	2013	2012	2011	2010	Change 2010–13	Extreme Poverty	Hunger	Education	Gender	Child Mortality	Maternal Mortality	HIV/AIDS	Water
Albania	2.0	2.0	4.5	3.5	-1.5	0.0	0.0	0.0	0.5	1.0	0.5	–	0.0
Algeria	2.5	3.5	4.0	4.5	-2.0	–	0.0	0.5	1.0	0.5	0.5	–	0.0
Argentina	3.5	2.5	3.5	3.5	0.0	0.0	0.0	1.0	1.0	0.5	0.0	0.0	1.0
Belarus	4.0	5.0	4.5	3.5	0.5	0.0	0.0	1.0	0.0	1.0	1.0	0.0	1.0
Belize	3.5	3.5	4.5	3.0	0.5	0.0	0.5	1.0	0.0	1.0	0.0	0.0	1.0
Botswana	2.0	2.0	2.0	3.5	-1.5	–	0.0	0.5	0.0	0.5	0.0	0.0	1.0
Brazil	6.5	6.5	6.5	6.5	0.0	1.0	1.0	1.0	1.0	1.0	0.5	0.0	1.0
Bulgaria	5.0	5.0	1.0	0.5	4.5	1.0	0.0	1.0	0.0	0.5	0.5	1.0	1.0
Chile	5.5	4.5	5.0	5.5	0.0	1.0	0.5	1.0	1.0	0.5	0.5	0.0	1.0
China	6.0	6.0	6.0	7.0	-1.0	1.0	1.0	0.0	1.0	1.0	1.0	–	1.0
Colombia	4.0	4.5	4.5	5.0	-1.0	0.0	0.5	1.0	1.0	0.5	0.5	0.0	0.5
Costa Rica	4.5	4.5	4.5	5.0	-0.5	1.0	0.0	1.0	1.0	0.5	0.0	0.0	1.0
Dominican Republic	4.5	3.5	2.0	4.5	0.0	1.0	1.0	1.0	0.0	1.0	0.5	0.0	0.0
Ecuador	6.0	6.5	7.0	7.0	-1.0	1.0	0.5	1.0	1.0	1.0	0.5	0.0	1.0
Egypt	6.5	6.5	6.0	6.0	0.5	1.0	0.0	1.0	0.5	1.0	1.0	1.0	1.0
El Salvador	5.0	5.0	6.0	5.0	0.0	1.0	0.5	1.0	0.0	1.0	0.5	0.0	1.0
Fiji	5.5	6.5	3.5	3.5	2.0	1.0	0.0	1.0	1.0	0.5	0.0	1.0	1.0
Gabon	1.5	1.5	1.5	1.0	0.5	–	0.5	0.0	0.0	0.5	0.0	0.0	0.5
Guatemala	4.5	4.5	3.5	5.5	-1.0	1.0	0.0	1.0	0.5	1.0	0.0	0.0	1.0
Indonesia	6.5	6.0	4.5	4.0	2.5	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.5
Iran	6.0	5.5	5.0	6.0	0.0	1.0	0.0	1.0	1.0	1.0	1.0	0.0	1.0
Iraq	0.0	0.0	0.5	1.5	-1.5	–	–	0.0	0.0	0.0	0.0	–	0.0
Jamaica	1.5	3.5	3.5	2.5	-1.0	1.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0
Jordan	3.5	2.0	4.5	6.0	-2.5	1.0	0.5	0.0	1.0	0.5	0.5	–	0.0
Kazakhstan	3.0	4.0	4.5	4.5	-1.5	1.0	0.0	1.0	0.0	0.5	0.5	0.0	0.0
Lebanon	4.5	4.5	4.0	6.0	-1.5	–	0.0	0.0	1.0	1.0	0.5	1.0	1.0
Libya	2.5	2.5	1.5	3.0	-0.5	–	0.0	–	1.0	1.0	0.5	–	0.0
Macedonia, FYR	4.5	4.5	3.0	2.5	2.0	1.0	0.0	0.0	1.0	1.0	0.5	–	1.0
Malaysia	5.5	5.5	5.5	4.5	1.0	1.0	0.0	1.0	1.0	1.0	0.5	0.0	1.0

■ MDG PROGRESS SCORE= 1.0 ■ MDG PROGRESS SCORE= 0.5 ■ MDG PROGRESS SCORE = 0.0

	2013	2012	2011	2010	Change 2010–13	Extreme Poverty	Hunger	Education	Gender	Child Mortality	Maternal Mortality	HIV/AIDS	Water
Marshall Islands	2.5	2.5	2.0	0.5	2.0	–	–	1.0	1.0	0.5	–	–	0.0
Mauritius	2.0	3.0	3.0	4.0	-2.0	–	0.5	0.0	1.0	0.5	0.0	0.0	0.0
Mexico	5.5	6.5	6.5	4.5	1.0	1.0	0.0	1.0	1.0	1.0	0.5	0.0	1.0
Micronesia	2.0	2.0	2.0	3.0	-1.0	–	–	–	1.0	0.0	0.0	–	1.0
Montenegro	2.5	2.5	1.0	1.0	1.5	0.0	–	–	1.0	1.0	0.0	–	0.5
Morocco	4.0	5.0	4.0	4.5	-0.5	0.0	0.5	0.5	0.5	1.0	1.0	0.0	0.5
Namibia	3.5	5.0	4.0	4.0	-0.5	1.0	0.0	0.0	1.0	0.5	0.0	0.0	1.0
Palau	2.0	2.0	2.0	1.0	1.0	–	–	1.0	0.0	0.5	–	–	0.5
Panama	6.5	5.0	5.0	3.5	3.0	1.0	1.0	1.0	1.0	0.5	0.0	1.0	1.0
Paraguay	3.0	5.0	4.5	4.0	-1.0	0.0	0.0	0.5	0.5	1.0	0.0	0.0	1.0
Peru	6.0	7.5	5.0	5.5	0.5	1.0	1.0	1.0	0.5	1.0	1.0	0.0	0.5
Philippines	5.5	6.0	5.0	5.0	0.5	1.0	0.5	0.0	1.0	0.5	0.5	1.0	1.0
Poland	3.0	3.0	4.0	3.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	–
Romania	4.5	4.5	2.5	5.0	-0.5	0.0	0.0	0.0	0.5	1.0	1.0	1.0	1.0
Russian Federation	4.5	4.5	4.0	4.0	0.5	1.0	0.0	1.0	0.0	1.0	0.5	–	1.0
Serbia	3.5	4.5	3.0	5.0	-1.5	0.0	–	0.0	1.0	1.0	0.5	1.0	0.0
Seychelles	3.0	1.5	3.0	3.0	0.0	0.0	1.0	1.0	1.0	0.0	–	–	–
South Africa	3.0	3.0	2.5	1.5	1.5	1.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0
St. Kitts and Nevis	2.0	3.0	1.5	1.5	0.5	–	0.0	0.0	1.0	1.0	–	–	0.0
Suriname	4.0	2.5	2.0	3.0	1.0	–	0.5	0.0	1.0	0.5	0.0	1.0	1.0
Swaziland	2.0	2.0	2.0	1.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Syrian Arab Republic	4.5	4.5	4.5	5.0	-0.5	–	0.0	1.0	1.0	1.0	1.0	–	0.5
Thailand	5.0	5.0	4.0	4.0	1.0	1.0	1.0	–	1.0	1.0	0.0	0.0	1.0
Tunisia	6.0	6.0	5.5	7.0	-1.0	1.0	0.0	0.5	1.0	1.0	0.5	1.0	1.0
Turkey	6.5	6.5	3.5	4.0	2.5	1.0	0.0	1.0	0.5	1.0	1.0	1.0	1.0
Turkmenistan	2.5	2.0	3.0	4.0	-1.5	1.0	1.0	–	–	0.5	0.0	–	0.0
Ukraine	2.0	3.5	1.5	1.0	1.0	0.0	0.0	0.0	0.0	0.5	0.5	0.0	1.0
Uruguay	5.0	4.0	4.5	2.5	2.5	1.0	0.5	1.0	1.0	0.5	0.0	0.0	1.0
Venezuela	3.5	2.5	4.5	3.5	0.0	0.0	1.0	0.5	1.0	0.5	0.0	0.0	0.5
Average	3.96	4.07	3.72	3.84	0.12	0.69	0.31	0.60	0.65	0.72	0.40	0.29	0.69

Source: World Bank, World Development Indicators

Note: Overall MDG Progress Index scores effectively count as zero results for those indicators where the country's data is unavailable.

Sub-Saharan African Government Total Expenditures (USD Billions, Current Prices), 2000–15

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Angola	4.178	3.454	4.008	5.555	6.522	9.807	16.032	24.885	46.630	31.650	31.285	40.251	44.296	48.513	51.368	54.840
Benin	0.549	0.566	0.638	0.730	0.826	0.928	0.914	1.290	1.418	1.649	1.341	1.573	1.696	1.817	1.912	2.027
Botswana	2.146	2.298	2.467	3.159	3.607	3.277	3.266	3.842	5.324	5.248	5.401	5.616	5.168	5.067	5.240	5.448
Burkina Faso	0.587	0.627	0.704	0.834	1.104	1.244	1.432	1.810	1.772	2.085	2.230	2.476	2.851	2.856	3.138	3.427
Burundi	0.171	0.180	0.163	0.208	0.264	0.292	0.351	0.528	0.664	0.675	0.830	0.943	0.850	0.996	1.070	1.078
Cameroon	1.663	1.600	1.711	2.099	2.521	2.424	2.612	3.217	4.390	4.091	4.181	5.578	5.378	5.791	6.254	6.654
Cape Verde	–	–	0.247	0.259	0.331	0.366	0.413	0.447	0.543	0.562	0.642	0.656	0.621	0.623	0.669	0.693
Central African Republic	0.149	0.127	0.163	0.146	0.176	0.228	0.205	0.224	0.321	0.321	0.369	0.345	0.352	0.374	0.408	0.452
Chad	0.286	0.301	0.404	0.600	0.638	0.769	1.038	1.482	1.962	2.095	2.606	2.725	2.642	2.472	2.510	2.554
Comoros	0.033	0.048	0.061	0.070	0.073	0.077	0.086	0.104	0.139	0.124	0.120	0.136	0.147	0.159	0.171	0.182
Congo, DRC	0.474	0.422	0.453	0.894	1.079	1.620	2.036	2.085	2.887	2.989	3.685	4.568	5.917	6.146	6.547	7.052
Congo, Republic of	0.820	0.684	0.836	1.044	1.244	1.473	2.150	2.511	2.817	2.372	2.579	3.764	5.377	5.380	5.696	6.406
Côte d'Ivoire	1.926	1.784	2.262	2.703	3.115	3.255	3.617	4.064	4.971	4.739	5.053	6.247	5.598	5.922	6.559	7.254
Equatorial Guinea	0.262	0.225	0.232	0.438	0.918	1.156	1.825	2.574	3.929	5.988	5.082	5.864	6.458	6.805	6.905	6.706
Eritrea	0.524	0.519	0.456	0.583	0.608	0.631	0.498	0.526	0.581	0.569	0.734	0.877	0.953	1.047	1.144	1.258
Ethiopia	2.108	1.845	1.952	2.312	2.348	2.840	3.373	4.043	5.034	5.555	5.530	5.822	7.451	8.264	8.654	9.399
Gabon	1.095	1.397	1.366	1.381	1.619	1.964	2.146	2.412	2.936	2.746	3.315	4.166	3.953	4.154	4.216	4.278
Gambia	0.097	0.097	0.096	0.085	0.126	0.136	0.148	0.143	0.182	0.208	0.234	0.234	0.249	0.255	0.278	0.300
Ghana	1.480	1.716	1.622	2.278	2.990	3.399	4.443	5.715	6.992	5.765	7.729	9.063	10.567	10.050	11.553	12.985
Guinea	0.511	0.571	0.586	0.703	0.658	0.496	0.552	0.615	0.788	1.097	1.463	1.112	1.615	1.630	1.617	1.862
Guinea-Bissau	0.096	0.086	0.067	0.090	0.132	0.127	0.123	0.147	0.207	0.183	0.173	0.198	0.138	0.210	0.235	0.249
Kenya	2.533	2.921	3.096	3.507	3.660	4.551	5.563	7.124	8.275	8.539	9.549	9.929	12.823	14.993	16.554	17.854
Lesotho	0.349	0.342	0.319	0.465	0.563	0.672	0.748	0.839	0.933	1.169	1.281	1.585	1.691	1.609	1.554	1.556
Liberia	0.084	0.072	0.079	0.045	0.069	0.077	0.079	0.148	0.321	0.378	0.426	0.496	0.566	0.664	0.708	0.743
Madagascar	0.788	0.867	0.688	1.076	1.104	1.080	1.186	1.371	1.755	1.313	1.112	1.585	1.491	1.654	1.840	1.860
Malawi	–	–	0.673	0.684	0.835	0.895	1.000	1.293	1.547	1.752	1.899	1.931	1.663	1.523	1.594	1.709
Mali	0.574	0.636	0.778	0.981	1.186	1.353	1.524	1.726	1.692	2.133	1.964	2.458	1.451	1.432	2.327	2.503
Mauritius	1.097	1.093	1.193	1.443	1.570	1.581	1.579	1.778	2.298	2.327	2.438	2.773	2.930	2.949	3.086	3.266
Mozambique	0.990	1.173	1.109	1.225	1.410	1.506	1.947	2.286	2.766	3.246	3.189	4.406	5.334	5.592	6.045	6.622
Namibia	1.168	1.099	1.055	1.550	1.909	1.978	2.108	2.310	2.496	2.867	3.663	4.879	4.750	4.611	4.437	4.486
Niger	0.306	0.336	0.401	0.475	0.600	0.681	0.721	0.995	1.229	1.295	1.182	1.320	2.009	2.079	2.392	2.624
Nigeria	16.781	22.565	18.215	23.887	23.904	26.178	33.951	41.976	53.247	45.867	61.007	71.285	73.120	67.397	70.471	74.749
Rwanda	0.333	0.355	0.365	0.394	0.448	0.605	0.675	0.864	1.164	1.266	1.474	1.751	2.003	2.139	2.164	2.215
São Tomé and Príncipe	0.008	0.038	0.036	0.045	0.056	0.050	0.063	0.056	0.057	0.097	0.099	0.122	0.140	0.132	0.132	0.135
Senegal	0.841	1.023	1.086	1.496	1.828	2.058	2.490	3.103	3.531	3.405	3.501	4.140	4.198	4.090	4.336	4.607
Seychelles	0.344	0.295	0.395	0.329	0.357	0.365	0.479	0.429	0.284	0.289	0.348	0.378	0.388	0.390	0.390	0.411
Sierra Leone	0.180	0.236	0.267	0.264	0.264	0.297	0.323	0.280	0.405	0.426	0.520	0.632	0.653	0.640	0.745	0.811
South Africa	34.388	30.656	28.741	44.563	58.176	66.288	70.342	80.288	82.941	94.082	117.406	131.161	126.341	130.076	135.304	140.503
Swaziland	0.420	0.386	0.369	0.553	0.842	0.888	0.871	0.949	1.167	1.261	1.442	1.238	1.355	1.296	1.370	1.469
Tanzania	1.585	1.570	1.658	2.108	2.549	3.145	3.326	3.893	5.064	5.763	6.294	6.453	7.701	8.408	8.647	9.065
Togo	0.240	0.217	0.194	0.253	0.322	0.408	0.467	0.515	0.567	0.674	0.717	0.896	1.057	1.074	1.123	1.168
Uganda	1.399	1.286	1.468	1.486	1.616	1.916	1.918	2.250	2.715	2.747	3.722	3.411	4.293	3.942	4.459	4.684
Zambia	0.735	1.145	1.156	1.339	1.448	1.871	2.512	2.800	3.498	2.730	3.666	4.889	5.371	5.856	6.546	7.525
Zimbabwe	–	–	–	–	–	1.437	0.698	0.407	0.254	1.144	2.194	3.103	3.770	4.358	4.636	4.992

Sources: IMF World Economic Outlook Database (October 2012), ONE calculations

Note: Government expenditures in absolute terms have been derived from IMF data on GDP and government expenditures as a percentage of GDP. Blue cells represent data derived from IMF estimates of GDP and total government expenditures (as a percentage of GDP).

Sub-Saharan African Government Health Expenditures (USD Billions, Current Prices), 2000–15

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Angola	0.138	0.211	0.148	0.267	0.267	0.432	0.978	1.418	2.984	3.197	2.252	2.898	3.189	3.493	3.698	3.948
Benin	0.055	0.068	0.062	0.078	0.089	0.103	0.111	0.128	0.133	0.152	0.129	0.151	0.163	0.174	0.184	0.195
Botswana	0.163	0.223	0.261	0.316	0.624	0.554	0.532	0.707	0.884	0.892	0.918	0.955	0.879	0.861	0.891	0.926
Burkina Faso	0.052	0.061	0.084	0.104	0.169	0.233	0.232	0.268	0.289	0.284	0.301	0.334	0.385	0.386	0.424	0.463
Burundi	0.013	0.015	0.013	0.011	0.024	0.034	0.046	0.062	0.054	0.055	0.067	0.076	0.069	0.081	0.087	0.087
Cameroon	0.101	0.109	0.135	0.172	0.179	0.187	0.193	0.219	0.246	0.299	0.355	0.474	0.457	0.492	0.532	0.566
Cape Verde	–	–	0.027	0.028	0.042	0.037	0.045	0.048	0.055	0.055	0.065	0.066	0.063	0.063	0.068	0.070
Central African Republic	0.015	0.015	0.017	0.018	0.019	0.018	0.019	0.023	0.027	0.027	0.031	0.029	0.030	0.032	0.035	0.038
Chad	0.037	0.042	0.048	0.079	0.066	0.103	0.076	0.068	0.065	0.069	0.086	0.090	0.087	0.082	0.083	0.084
Comoros	0.003	0.002	0.004	0.006	0.007	0.009	0.010	0.013	0.016	0.009	0.016	0.018	0.019	0.021	0.022	0.024
Congo, DRC	0.009	0.012	0.011	0.096	0.065	0.120	0.145	0.177	0.367	0.374	0.335	0.416	0.538	0.559	0.596	0.642
Congo, Republic of	0.039	0.029	0.030	0.045	0.063	0.091	0.116	0.133	0.149	0.126	0.137	0.199	0.285	0.285	0.302	0.340
Côte d'Ivoire	0.139	0.100	0.118	0.130	0.165	0.146	0.177	0.268	0.323	0.242	0.258	0.319	0.286	0.302	0.335	0.370
Equatorial Guinea	0.020	0.022	0.062	0.033	0.064	0.081	0.128	0.180	0.275	0.419	0.356	0.410	0.452	0.476	0.483	0.469
Eritrea	0.019	0.024	0.018	0.023	0.026	0.016	0.018	0.019	0.021	0.020	0.026	0.032	0.034	0.038	0.041	0.045
Ethiopia	0.179	0.181	0.199	0.243	0.235	0.293	0.337	0.513	0.579	0.739	0.746	0.786	1.006	1.116	1.168	1.269
Gabon	0.053	0.057	0.061	0.090	0.107	0.092	0.109	0.135	0.150	0.181	0.219	0.275	0.261	0.274	0.278	0.282
Gambia	0.009	0.007	0.008	0.011	0.015	0.015	0.017	0.016	0.021	0.024	0.026	0.026	0.028	0.029	0.031	0.034
Ghana	0.123	0.168	0.146	0.198	0.347	0.517	0.662	0.880	0.853	0.715	0.935	1.097	1.279	1.216	1.398	1.571
Guinea	0.033	0.037	0.036	0.048	0.033	0.017	0.022	0.018	0.035	0.020	0.026	0.020	0.029	0.029	0.029	0.034
Guinea-Bissau	0.002	0.002	0.005	0.006	0.004	0.005	0.005	0.006	0.009	0.008	0.007	0.008	0.006	0.009	0.010	0.010
Kenya	0.261	0.248	0.248	0.274	0.282	0.369	0.428	0.549	0.521	0.623	0.697	0.725	0.936	1.094	1.208	1.303
Lesotho	0.023	0.031	0.023	0.039	0.047	0.046	0.061	0.092	0.104	0.120	0.172	0.212	0.227	0.216	0.208	0.208
Liberia	0.008	0.008	0.006	0.005	0.008	0.009	0.012	0.026	0.055	0.052	0.047	0.055	0.063	0.074	0.079	0.083
Madagascar	0.122	0.130	0.091	0.128	0.128	0.125	0.148	0.202	0.256	0.193	0.163	0.233	0.219	0.243	0.271	0.273
Malawi	–	–	0.087	0.114	0.175	0.179	0.200	0.184	0.220	0.249	0.270	0.274	0.236	0.216	0.226	0.243
Mali	0.051	0.076	0.079	0.105	0.154	0.154	0.177	0.197	0.206	0.213	0.208	0.261	0.154	0.152	0.247	0.265
Mauritius	0.095	0.119	0.111	0.127	0.152	0.149	0.139	0.158	0.182	0.193	0.239	0.272	0.287	0.289	0.302	0.320
Mozambique	0.168	0.174	0.172	0.184	0.195	0.274	0.296	0.293	0.290	0.396	0.389	0.538	0.651	0.682	0.737	0.808
Namibia	0.153	0.113	0.117	0.175	0.204	0.247	0.234	0.303	0.302	0.347	0.443	0.590	0.575	0.558	0.537	0.543
Niger	0.026	0.034	0.040	0.045	0.054	0.101	0.116	0.114	0.146	0.144	0.131	0.147	0.223	0.231	0.266	0.291
Nigeria	0.705	0.722	0.565	1.218	1.865	1.675	2.410	3.862	4.100	2.706	2.684	3.137	3.217	2.965	3.101	3.289
Rwanda	0.027	0.035	0.033	0.069	0.065	0.094	0.151	0.190	0.255	0.255	0.296	0.352	0.403	0.430	0.435	0.445
São Tomé and Príncipe	0.001	0.003	0.003	0.006	0.006	0.007	0.008	0.007	0.008	0.013	0.013	0.016	0.018	0.017	0.017	0.018
Senegal	0.071	0.083	0.105	0.145	0.166	0.255	0.301	0.366	0.420	0.395	0.406	0.480	0.487	0.474	0.503	0.534
Seychelles	0.025	0.024	0.027	0.040	0.036	0.033	0.037	0.033	0.022	0.026	0.032	0.034	0.035	0.036	0.035	0.037
Sierra Leone	0.013	0.017	0.020	0.022	0.016	0.023	0.022	0.015	0.026	0.027	0.033	0.040	0.042	0.041	0.048	0.052
South Africa	3.748	3.433	3.305	4.991	5.992	6.894	7.527	8.912	9.538	10.725	13.971	15.608	15.035	15.479	16.101	16.720
Swaziland	0.044	0.039	0.037	0.067	0.074	0.089	0.106	0.100	0.119	0.127	0.146	0.125	0.137	0.131	0.138	0.148
Tanzania	0.162	0.176	0.181	0.238	0.217	0.293	0.479	0.533	0.694	0.743	0.869	0.891	1.063	1.160	1.193	1.251
Togo	0.020	0.018	0.013	0.024	0.033	0.040	0.048	0.055	0.077	0.104	0.110	0.138	0.163	0.165	0.173	0.180
Uganda	0.102	0.125	0.142	0.149	0.152	0.215	0.196	0.221	0.288	0.374	0.450	0.413	0.519	0.477	0.539	0.567
Zambia	0.069	0.120	0.157	0.177	0.206	0.275	0.412	0.375	0.535	0.429	0.572	0.763	0.838	0.914	1.021	1.174
Zimbabwe																

Sources: World Health Organization, IMF World Economic Outlook Database (October 2012), ONE calculations

Note: ONE calculated health expenditures in absolute terms using WHO data on share of total government expenditures allocated to health, and IMF data on GDP and total government expenditures as a percentage of GDP. Data for 2011–15 represents ONE estimates based on the assumption that government health spending (as a share of total expenditure) remains constant in future years.

Blue cells represent data derived from IMF estimates of GDP and total government expenditures (as a percentage of GDP).

Grey cells indicate that there is no WHO data available on estimated health spending.

Sub-Saharan African Government Agriculture Expenditures (USD Billions, Current Prices), 2003–15

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Angola	0.244	0.287	0.432	0.705	1.095	2.052	1.393	1.377	1.771	1.949	2.135	2.260	2.413
Benin	0.044	0.050	0.056	0.055	0.077	0.085	0.099	0.080	0.094	0.102	0.109	0.115	0.122
Botswana	0.101	0.115	0.105	0.105	0.123	0.170	0.168	0.173	0.180	0.165	0.162	0.168	0.174
Burkina Faso	0.160	0.212	0.239	0.275	0.348	0.340	0.400	0.428	0.475	0.547	0.548	0.603	0.658
Burundi	0.010	0.012	0.014	0.016	0.025	0.031	0.032	0.039	0.044	0.040	0.047	0.050	0.051
Cameroon	0.084	0.101	0.097	0.104	0.129	0.176	0.164	0.167	0.223	0.215	0.232	0.250	0.266
Cape Verde													
Central African Republic	0.005	0.005	0.007	0.006	0.007	0.010	0.010	0.011	0.011	0.011	0.012	0.013	0.014
Chad	0.047	0.050	0.060	0.081	0.116	0.153	0.163	0.203	0.213	0.206	0.193	0.196	0.199
Comoros													
Congo, DRC	0.012	0.014	0.021	0.026	0.027	0.038	0.039	0.048	0.059	0.077	0.080	0.085	0.092
Congo, Republic of	0.010	0.012	0.015	0.021	0.025	0.028	0.024	0.026	0.038	0.054	0.054	0.057	0.064
Côte d'Ivoire	0.065	0.075	0.078	0.087	0.098	0.119	0.114	0.121	0.150	0.134	0.142	0.157	0.174
Equatorial Guinea													
Eritrea													
Ethiopia	0.317	0.322	0.389	0.462	0.554	0.690	0.761	0.758	0.798	1.021	1.132	1.186	1.288
Gabon													
Gambia	0.004	0.006	0.007	0.007	0.007	0.009	0.010	0.012	0.012	0.012	0.013	0.014	0.015
Ghana	0.198	0.260	0.296	0.387	0.497	0.608	0.502	0.672	0.788	0.919	0.874	1.005	1.130
Guinea	0.096	0.090	0.068	0.076	0.084	0.108	0.150	0.200	0.152	0.221	0.223	0.222	0.255
Guinea-Bissau	0.001	0.002	0.002	0.002	0.002	0.003	0.003	0.002	0.003	0.002	0.003	0.003	0.003
Kenya	0.165	0.172	0.214	0.261	0.335	0.389	0.401	0.449	0.467	0.603	0.705	0.778	0.839
Lesotho	0.020	0.024	0.028	0.031	0.035	0.039	0.049	0.054	0.067	0.071	0.068	0.065	0.065
Liberia	0.002	0.004	0.004	0.004	0.008	0.016	0.019	0.022	0.025	0.029	0.034	0.036	0.038
Madagascar	0.075	0.077	0.076	0.083	0.096	0.123	0.092	0.078	0.111	0.104	0.116	0.129	0.130
Malawi	0.067	0.082	0.088	0.098	0.127	0.152	0.172	0.186	0.189	0.163	0.149	0.156	0.168
Mali	0.116	0.140	0.160	0.180	0.204	0.200	0.252	0.232	0.290	0.171	0.169	0.275	0.295
Mauritius	0.046	0.050	0.051	0.051	0.057	0.074	0.074	0.078	0.089	0.094	0.094	0.099	0.105
Mozambique	0.055	0.063	0.068	0.088	0.103	0.124	0.146	0.144	0.198	0.240	0.252	0.272	0.298
Namibia	0.107	0.132	0.136	0.145	0.159	0.172	0.198	0.253	0.337	0.328	0.318	0.306	0.310
Niger	0.074	0.093	0.106	0.112	0.154	0.191	0.201	0.183	0.205	0.311	0.322	0.371	0.407
Nigeria	0.860	0.861	0.942	1.222	1.511	1.917	1.651	2.196	2.566	2.632	2.426	2.537	2.691
Rwanda	0.015	0.017	0.022	0.025	0.032	0.043	0.047	0.055	0.065	0.074	0.079	0.080	0.082
São Tomé and Príncipe	0.002	0.002	0.002	0.003	0.002	0.003	0.004	0.004	0.005	0.006	0.006	0.006	0.006
Senegal	0.181	0.221	0.249	0.301	0.375	0.427	0.412	0.424	0.501	0.508	0.495	0.525	0.557
Seychelles	0.003	0.003	0.003	0.004	0.004	0.003	0.003	0.003	0.003	0.003	0.004	0.004	0.004
Sierra Leone	0.007	0.007	0.008	0.009	0.008	0.011	0.012	0.015	0.018	0.018	0.018	0.021	0.023
South Africa													
Swaziland	0.025	0.038	0.040	0.039	0.043	0.053	0.057	0.065	0.056	0.061	0.058	0.062	0.066
Tanzania	0.110	0.133	0.164	0.173	0.202	0.263	0.300	0.327	0.336	0.400	0.437	0.450	0.471
Togo	0.012	0.015	0.019	0.022	0.024	0.027	0.032	0.034	0.042	0.050	0.050	0.053	0.055
Uganda	0.039	0.042	0.050	0.050	0.059	0.071	0.071	0.097	0.089	0.112	0.102	0.116	0.122
Zambia	0.071	0.077	0.099	0.133	0.148	0.185	0.145	0.194	0.259	0.285	0.310	0.347	0.399
Zimbabwe	–	–	0.124	0.060	0.035	0.022	0.098	0.189	0.267	0.324	0.375	0.399	0.429

Sources: ReSAKSS (2011), IMF World Economic Outlook Database (October 2012), ONE calculations

Note: ONE calculated estimated agriculture expenditures in absolute terms using ReSAKSS data on the average share of total government expenditures allocated to agriculture during the period 2003–09, and IMF data on GDP and total government expenditures as a percentage of GDP. Due to lack of similar agriculture spending data available for the period 2000–02, these years are excluded in this table. Data for the period 2010 onwards represents ONE estimates based on the assumption that government agriculture spending (as a share of total expenditure) remains the same as the 2003–09 average in future years.

Blue cells represent data derived from IMF estimates of GDP and total government expenditures (as a percentage of GDP).

Grey cells indicate that there is no ReSAKSS data available on estimated agriculture spending.

Sub-Saharan African Government Education Expenditures (USD Billions, Current Prices), 2000–15

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Angola	0.219	0.214	0.273	0.334	0.474	0.791	1.212	1.753	2.441	2.190	2.886	3.650	4.019	4.337	4.566	4.851
Benin	0.078	0.092	0.090	0.121	0.158	0.179	0.179	0.193	0.272	0.303	0.348	0.387	0.400	0.428	0.457	0.489
Botswana	–	–	–	–	–	0.984	1.073	0.991	1.086	0.904	1.163	1.379	1.376	1.417	1.487	1.572
Burkina Faso	–	–	–	–	–	0.241	0.262	0.311	0.386	0.385	0.359	0.408	0.411	0.438	0.477	0.518
Burundi	0.024	0.027	0.026	0.029	0.035	0.040	0.046	0.049	0.084	0.106	0.138	0.144	0.154	0.174	0.188	0.202
Cameroon	0.191	0.247	0.327	0.450	0.521	0.514	0.539	0.674	0.688	0.799	0.786	0.898	0.858	0.906	0.971	1.039
Cape Verde	–	–	0.049	0.061	0.069	0.073	0.072	0.081	0.099	0.091	0.093	0.107	0.105	0.110	0.118	0.127
Central African Republic	0.014	0.014	0.014	0.017	0.020	0.022	0.021	0.022	0.026	0.026	0.024	0.026	0.026	0.027	0.029	0.031
Chad	0.036	0.041	0.048	0.066	0.071	0.124	0.132	0.147	0.176	0.213	0.214	0.234	0.243	0.240	0.247	0.256
Comoros	–	–	0.010	0.012	0.014	0.015	0.015	0.018	0.041	0.041	0.041	0.047	0.045	0.048	0.052	0.055
Congo, DRC	–	–	–	–	–	–	–	–	–	–	0.328	0.393	0.442	0.483	0.518	0.558
Congo, Republic of	–	–	0.097	0.098	0.107	0.110	0.139	0.151	0.214	0.173	0.746	0.895	0.852	0.860	0.888	1.010
Côte d'Ivoire	0.397	0.412	0.507	0.606	0.682	0.705	0.730	0.872	1.081	1.035	1.056	1.108	1.117	1.195	1.304	1.423
Equatorial Guinea	0.009	0.010	0.013	0.018	0.031	0.049	0.058	0.075	0.111	0.073	0.086	0.118	0.124	0.133	0.137	0.134
Eritrea	0.023	0.033	0.028	0.030	0.034	0.034	0.025	0.028	0.029	0.039	0.044	0.055	0.065	0.074	0.083	0.092
Ethiopia	0.319	0.302	0.288	0.317	0.372	0.455	0.834	1.075	1.439	1.484	1.395	1.491	1.969	2.215	2.387	2.617
Gabon	0.193	0.179	0.187	0.230	0.273	0.329	0.363	0.440	0.552	0.416	0.502	0.607	0.639	0.623	0.632	0.645
Gambia	0.009	0.009	0.010	0.009	0.008	0.009	0.009	0.011	0.032	0.025	0.037	0.031	0.030	0.033	0.036	0.039
Ghana	–	0.401	0.512	0.604	1.092	1.288	1.082	1.362	1.655	1.367	1.770	2.112	2.207	2.343	2.676	2.947
Guinea	0.078	0.061	0.080	0.083	0.081	0.053	0.052	0.075	0.108	0.148	0.182	0.155	0.172	0.187	0.185	0.224
Guinea-Bissau	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Kenya	0.640	0.679	0.818	0.977	1.094	1.368	1.575	1.907	2.133	2.142	2.156	2.282	2.803	3.337	3.689	4.194
Lesotho	0.092	0.079	0.079	0.157	0.168	0.204	0.201	0.224	0.208	0.224	0.283	0.324	0.341	0.364	0.392	0.424
Liberia	–	–	–	–	–	–	–	–	0.030	0.031	0.035	0.042	0.048	0.052	0.055	0.063
Madagascar	0.112	0.149	0.119	0.164	0.144	0.191	0.182	0.250	0.273	0.274	0.279	0.277	0.282	0.295	0.311	0.330
Malawi	0.091	0.077	0.119	0.101	0.110	0.116	0.131	0.153	0.180	0.211	0.248	0.320	0.256	0.256	0.274	0.292
Mali	0.096	0.106	0.109	0.173	0.215	0.225	0.251	0.293	0.334	0.395	0.415	0.509	0.461	0.474	0.512	0.551
Mauritius	0.180	0.150	0.152	0.262	0.297	0.273	0.256	0.265	0.309	0.282	0.359	0.417	0.441	0.461	0.485	0.515
Mozambique	–	–	–	–	0.256	0.342	0.361	0.406	0.497	0.498	0.477	0.629	0.732	0.792	0.857	0.956
Namibia	0.309	0.245	0.229	0.301	0.404	0.443	0.479	0.529	0.565	0.572	0.923	1.040	1.008	1.059	1.121	1.183
Niger	0.054	0.053	0.064	0.063	0.070	0.081	0.120	0.172	0.200	0.242	0.211	0.271	0.295	0.313	0.342	0.372
Nigeria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Rwanda	0.070	0.095	0.095	0.105	0.120	0.148	0.177	0.161	0.183	0.203	0.279	0.304	0.334	0.369	0.404	0.444
São Tomé and Príncipe	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Senegal	0.150	0.161	0.182	0.241	0.314	0.445	0.450	0.542	0.672	0.717	0.721	0.810	0.781	0.816	0.876	0.943
Seychelles	–	–	0.036	0.038	0.046	0.051	0.050	0.050	0.046	0.040	0.046	0.049	0.047	0.050	0.053	0.056
Sierra Leone	0.042	0.049	0.058	0.063	0.058	0.060	0.069	0.070	0.076	0.087	0.089	0.105	0.138	0.149	0.171	0.181
South Africa	7.446	6.284	5.791	8.579	11.630	13.089	13.842	14.862	13.983	15.633	21.809	24.521	23.455	24.129	25.336	26.692
Swaziland	0.083	0.072	0.061	0.124	0.146	0.187	0.216	0.239	0.213	0.210	0.273	0.294	0.270	0.265	0.270	0.272
Tanzania	–	–	–	–	–	–	–	–	1.408	1.453	1.420	1.479	1.735	1.901	2.030	2.181
Togo	0.058	0.056	0.059	0.070	0.070	0.072	0.081	0.093	0.108	0.130	0.140	0.170	0.167	0.174	0.182	0.192
Uganda	0.163	0.150	0.166	0.184	0.405	0.492	0.540	0.643	0.603	0.512	0.543	0.558	0.655	0.695	0.747	0.804
Zambia	0.065	0.073	0.074	0.087	0.152	0.144	0.214	0.173	0.190	0.166	0.210	0.250	0.269	0.301	0.327	0.362
Zimbabwe	–	–	–	–	–	–	–	–	–	–	0.186	0.236	0.270	0.307	0.339	0.375

Sources: UNESCO, IMF World Economic Outlook Database (October 2012), ONE calculations

Note: ONE calculated education expenditures in absolute terms using UNESCO data on government education expenditures (as a percentage of GDP) and IMF data on GDP. This table includes ONE estimates in various years: where data points for individual countries are missing, ONE assumed that government education spending levels (as a percentage of GDP) were constant until the next observed data point. Data for 2011 onwards represents ONE estimates based on the assumption that government education spending (as a percentage of GDP) remains constant.

Blue cells represent data derived from IMF estimates of GDP and total government expenditures (as a percentage of GDP).

Grey cells indicate that there is no UNESCO data available on estimated education spending.



A young girl enjoys a new
playground built outside the
Mkhulamini Clinic in Swaziland.

Photo: Jon Hrusa/USAID and Elizabeth
Glaser Pediatric AIDS Foundation

METHODOLOGY

MILLENNIUM DEVELOPMENT GOAL PROGRESS INDEX

HOW DOES ONE MEASURE MDG PROGRESS SCORES?

The Millennium Development Goal (MDG) Progress Index measures how individual countries are doing on the ambitious development targets by comparing their observed performances against required achievement trajectories for each of the examined indicators: extreme poverty, hunger, education, gender equality, child mortality, maternal mortality, HIV/AIDS prevalence and safe drinking water.¹

The trajectory is based on linear, annualised rates of improvement for each respective indicator. For example, to halve extreme poverty between 1990 and 2015, each country would need to achieve annualised reduction rates of 2% (50% divided by 25 years). By calculating a country's actual rate of improvement (or deterioration) during the available observation period, we determine whether it is above or below the achievement trajectory for that MDG indicator. If a country's rate of improvement is at or above the required trajectory, then it receives a score of 1. To address the criticism that the MDGs set unrealistic expectations for many developing countries, a score of 0.5 is assigned to those countries that achieve at least 50% of the required trajectory.² These scores are then aggregated to derive each country's overall MDG Progress Index score.

WHICH MDG INDICATORS DID ONE USE?

MILLENNIUM DEVELOPMENT GOAL	WHAT ONE MEASURED FOR EACH COUNTRY
MDG 1a: Extreme Poverty <i>'Halve, between 1990 and 2015, the proportion of people whose income is less than \$1.25 a day...'</i>	Proportion of population living on less than \$1.25 a day <i>\$1.25 is measured at 2005 international prices.</i>
MDG 1b: Hunger <i>'Halve, between 1990 and 2015, the proportion of people who suffer from hunger...'</i>	Proportion of population that is undernourished <i>Undernourishment is defined as having a food intake insufficient to meet dietary energy requirements continuously.</i>
MDG 2: Primary Education <i>'Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling...'</i>	Primary school completion rate <i>Primary completion rate is defined as the percentage of students completing the last year of primary school (the total number of students in the last grade, minus the number of repeaters in that grade, divided by the total number of children of official graduation age).</i>
MDG 3: Gender Equality <i>'Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015...'</i>	Ratio of girls to boys in primary and secondary education <i>Countries are considered to have met the target if they have a ratio of 100% or more.</i>
MDG 4: Child Mortality <i>'Reduce by two thirds, between 1990 and 2015, the under-five mortality rate...'</i>	Child mortality rate <i>The child mortality rate is defined as the probability, per 1,000, that a newborn baby will die before reaching age five, subject to current age-specific mortality rates.</i>
MDG 5: Maternal Health <i>'Reduce by three quarters the maternal mortality ratio...'</i>	Maternal mortality ratio <i>Maternal mortality ratio is defined as the number of women who die during pregnancy and childbirth, per 100,000 live births. As in the 2011 Index, ONE used modelled estimates (developed by WHO, UNICEF, UNFPA and the World Bank) as these provide much fuller data coverage for baseline and current years.</i>
MDG 6: HIV/AIDS and Other Diseases <i>'Have halted by 2015 and begun to reverse the spread of HIV/AIDS...'</i>	Prevalence of HIV (among 15-49 year-olds) <i>Prevalence of HIV is defined as the percentage of people aged 15-49 who are infected with HIV.</i>
MDG 7: Environmental Sustainability <i>'Halve, by 2015, the proportion of the population without sustainable access to safe drinking water...'</i>	Proportion of population with access to an improved water source <i>Access to an improved water source refers to the percentage of the population with reasonable access to an adequate amount of water from an improved source (such as a household connection or protected well). Reasonable access is defined as the availability of at least 20 litres per person per day from a source within one kilometre of the dwelling.</i>

Countries are grouped into two sets according to their World Bank lending eligibility: (1) 'poor' or 'low-income' countries (LICs), which are eligible to borrow on highly concessional terms from the International Development Association (IDA) since they have a per capita income of less than \$1,195 per year; and (2) 'middle-income' countries (MICs), which are eligible for International Bank of Reconstruction and Development (IBRD), but not IDA, borrowing. Note that several countries are 'blend' countries, which means that they are eligible for both IDA and IBRD borrowing – we have included these in our list of LICs only due to their falling below the per capita income threshold. For more on this, see: <http://data.worldbank.org/about/country-classifications>.

The following countries are excluded from the Index because they are not eligible to borrow from the IDA or IBRD: Cuba, Latvia, Lithuania, and West Bank and Gaza.

DATA AVAILABILITY AND LIMITATIONS

All data is taken from the World Bank's World Development Indicators (December 2012 edition, accessed in March 2013). In a few cases, data was supplemented directly from the World Bank's PovcalNet, which is the original source of poverty data in the WDI. Where a 1990 figure is not available, ONE uses the closest possible year after 1990 as the baseline and adjusts the observation period and expected trajectory accordingly. Data for 2012 is often unavailable and thus ONE uses the most recent data available as the 'current' year. This can result in a fairly short observation period, which can be problematic, since year-to-year volatility in country performance can be significant due to a variety of factors, such as data quality, budgetary cycles and exogenous shocks. As such, short observation periods have the potential to paint a somewhat inaccurate picture of countries' development performance. Second, the time lag for the reporting of 'current' data – in some cases several

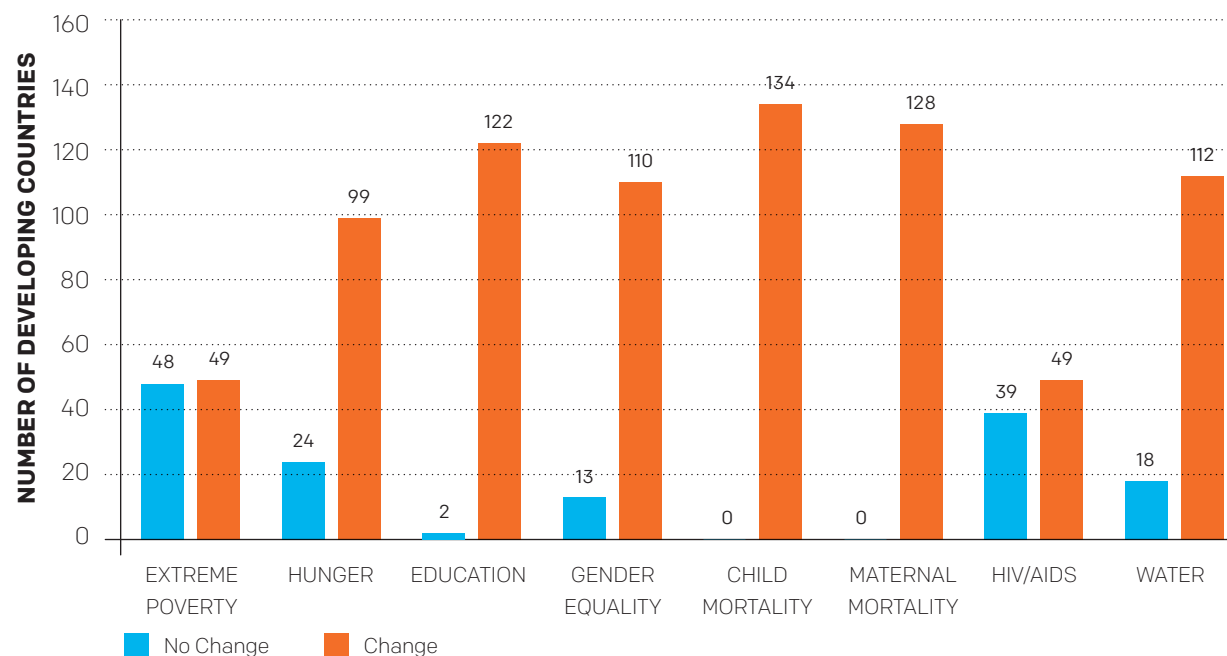
years, or even a decade – also limits the accuracy of the results. For example, a country could have experienced rapid improvement on a certain indicator over the past few years, but without reasonably up-to-date statistics this progress cannot be captured in the Index.

Moreover, the World Bank periodically releases new data, revises old data and removes data that it has previously published. Each year the MDG Progress Index has been produced, an alarmingly high number of data revisions and retractions – sometimes significantly affecting the numbers – have constrained the ability to gauge changes in individual country performance on a year-to-year basis. This year, we have observed revisions and retractions for nearly every MDG Progress Index indicator, and it is an especially acute problem for the

hunger, education, gender equality, child mortality, maternal mortality and water indicators, where nearly every baseline data observation has changed.

It is difficult to understand why revisions are so common for data that should be roughly 20 years old, and additional attention is warranted to address this widespread problem. Such data volatility highlights the practical limitations of attempting to track annual MDG progress and the sensitivity of performance trends to often poor, non-static data sources. Simply put, it is difficult to definitively discern whether year-to-year differences are driven by concrete performance changes, measurement error (e.g. data noise) or some combination of the two. Given this, we urge some degree of caution in interpreting year-to-year changes in countries' respective MDG Progress Index scores.

FIGURE 1: Baseline Data Observation Volatility, 2010 versus 2013



Sources: World Bank, 2010 and 2012 World Development Indicators and ONE calculations

Nearly 78% of the examined poor countries have available data for baseline and more recent years covering at least seven of the examined MDG target indicators (down from roughly 85% last year). However, reporting is infrequent or completely lacking for some countries, particularly small island nations and a few post-conflict countries. The following countries are excluded from the Index because there is not sufficient data available to track their progress adequately: Antigua and Barbuda, Equatorial Guinea, Kosovo, Myanmar, North Korea, Somalia, South Sudan and Tuvalu. Overall, country coverage is most comprehensive for the child mortality, maternal mortality,³ water, gender equality, education and hunger indicators. Data availability remains most limited for extreme poverty – with 28 poor countries lacking

enough data to track performance levels. Last year, the availability of HIV/AIDS data improved significantly to cover all but one low-income country, but this year it has dipped down again, to 80% coverage.

FINANCING THE FIGHT

HOW DOES ONE CALCULATE SUB-SAHARAN AFRICAN GOVERNMENT EXPENDITURES?

A. African total government expenditures are derived from the International Monetary Fund (IMF)'s World Economic Outlook database (October 2012 edition). They are calculated by combining general government total expenditure (measured as a percentage of gross domestic product (GDP))

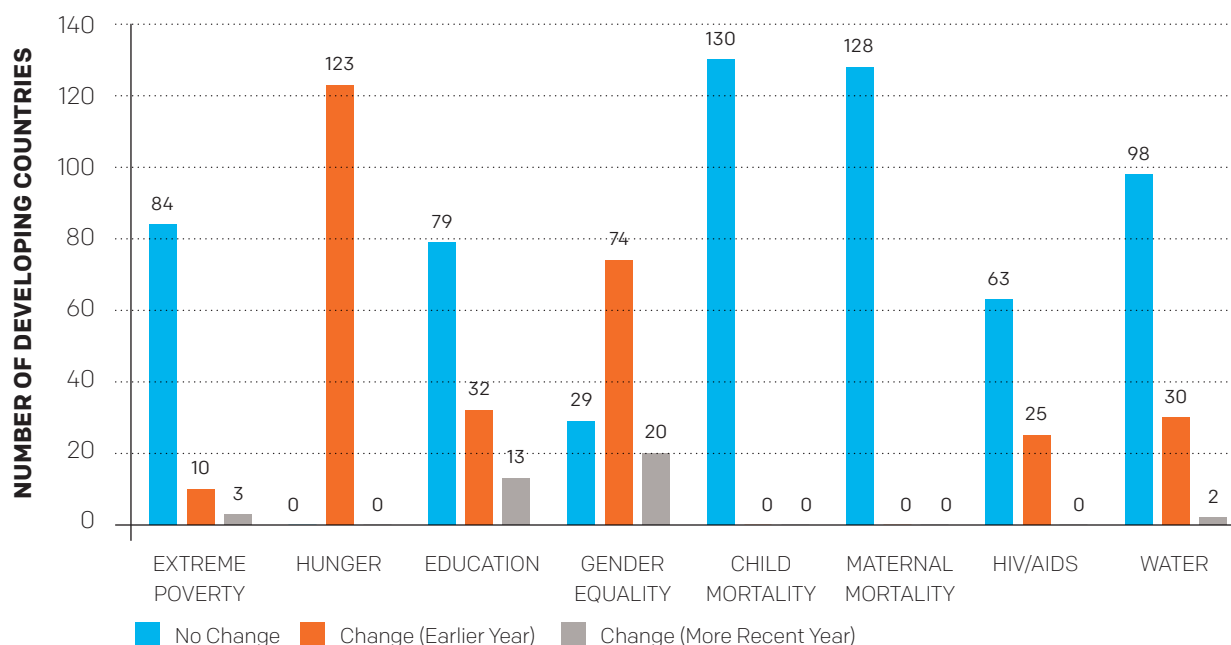
and absolute GDP (in US dollars, current prices) to give estimates of absolute expenditure. Projections for 2011–15 are based on IMF estimates of government expenditure (as a percentage of GDP) and GDP.

B. African government expenditures on health are sourced from the World Health Organization (WHO), which provides data on the annual share of total government expenditure allocated to health. Government health spending was calculated using this percentage for each year between 2000 and 2010 and converting this into absolute US dollars, current prices, using total government expenditures derived, as above, from the IMF WEO database. Figures for 2011–15 are projections based on the assumption that current government health expenditure levels have either remained, or will remain, constant.

C. African government expenditures on agriculture cover the period 2003–09 and are from the Regional Strategic Analysis and Knowledge Support System (ReSAKSS), which includes agriculture expenditure share estimates for 38 African governments.⁴ These shares have been converted into absolute US dollars, current prices, using total government expenditures derived, as above, from the IMF WEO database.

D. African government expenditures on education are sourced from the UNESCO Institute for Statistics education database, which provides data on annual public expenditure on education as a percentage of GDP. These shares have been converted into absolute US dollars, current prices, using GDP figures from the IMF WEO database. Figures for 2011–15 are projections based on the assumption that current government education expenditure levels have either remained, or will remain, constant.

FIGURE 2: Baseline Year Volatility, 2010 vs. 2013



Source: World Bank, 2010 and 2012 World Development Indicators, and ONE calculations

Note that government spending data is more limited for education than for other sectors, such as health. Several African countries, such as Guinea-Bissau, Nigeria and São Tomé and Príncipe, do not have any data available for the period since 2000, and hence are excluded from this analysis. In cases where individual year observations are missing, ONE assumes that previous education expenditure shares (measured as a percentage of GDP) have been held constant.

MEASURING ABUJA, MAPUTO AND DAKAR COMMITMENT DEFICITS

ONE calculated a 'commitment deficit' for countries for each sector (health, education and agriculture), which showed how much progress countries were making in meeting spending targets year on year. For each country, for each year, we calculated the annual amount that would have been spent on health, agriculture and education had the government met its respective Abuja, Maputo and Dakar commitments, using African government total expenditure figures derived from the IMF WEO database as above. To find the 'commitment deficit' in absolute dollar terms, we subtracted from this the actual government expenditure in that sector. All data is in US dollars, current prices. To find the commitment deficit in proportional (percentage) terms, ONE calculated the commitment deficit as a proportion of the amount that would have been spent in the sector had the government met its commitment. To find a country's 'average commitment deficit', we took the average of its annual percentage deficits across the stated period. This method allows us to assess the extent to which countries are consistently meeting their political commitment each year, regardless of volatility and growth in absolute expenditures.

In the few cases where a country is 'exceeding' the minimum spending commitment (for example, Rwanda and Malawi on health), ONE takes this to show

that there is no commitment deficit. In other words, we use the numeric value of zero for the commitment deficit, rather than using a negative value, in the analysis of cumulative deficits for each country and the combined commitment deficits of groups of countries against their MDG progress. This prevents 'over-expenditure' in certain years or by certain countries appearing to cancel out shortfalls in other years or by other countries.

Note that the time periods for sector-specific analysis vary due to the commitment start year and data availability. In our analysis of commitment deficits and MDG progress, we take the following start points:

- Health: 2001 (the year that governments signed up to the Abuja commitment)
- Agriculture: 2003 (the year that governments signed up to the Maputo commitment)
- Education: 2000 (the year that governments signed up to the Dakar commitment).

HOW DOES ONE COMPARE GOVERNMENT SECTORAL SPENDING WITH MDG PERFORMANCE STATUS?

ONE compared countries' sectoral spending (using commitment deficits as referenced above) against their MDG progress on health, agriculture and education indicators. For each sector, we grouped each sub-Saharan African country into 'on track', 'partially on track' and 'off track' groups according to their Index scores for the two indicators most closely linked to spending in that sector: for health, these are child mortality and maternal mortality; for agriculture, poverty and hunger; and for education, primary education and gender equality. Hence the only MDG targets we examined in the report but which are not represented in this analysis are HIV/AIDS prevalence and access to safe drinking water. For each MDG progress group, ONE calculated the

average of each country's average annual proportional deficit and compared this against the group's progress status.

For each sub-Saharan African country, ONE also found the average spending shares (of the government's total budget) allocated to each of the three sectors combined over time (2000–10 for health and education; 2003–09 for agriculture). For each country, we then added these average shares together to give an estimate of combined social spending (as a share of total government spending).

WHICH COUNTRIES ARE EXCLUDED FROM THE ANALYSIS?

Due to lack of available data, ONE had to exclude certain countries entirely from its analysis.

- **All categories:** Djibouti, Mauritania, Somalia, South Sudan and Sudan
- **Health:** Zimbabwe
- **Agriculture:** Cape Verde, Comoros, Eritrea, Gabon and South Africa
- **Education:** Guinea-Bissau, Nigeria and São Tomé and Príncipe.

For other countries, ONE has information on expenditure but no Index score for some of the MDG targets. These are depicted on relevant graphs as 'insufficient data', and include the following:

- **Health (Child Mortality):** Equatorial Guinea
- **Health (Maternal Mortality):** Equatorial Guinea, the Seychelles
- **Agriculture (Poverty):** Angola, Benin, Botswana, Chad, Democratic Republic of Congo, Republic of Congo, Liberia, Mauritius, São Tomé and Príncipe, Togo and Zimbabwe
- **Agriculture (Hunger):** Democratic Republic of Congo

- **Education (Primary Education):** Equatorial Guinea, Sierra Leone and Zimbabwe
- **Education (Gender Equality):** Equatorial Guinea, Guinea-Bissau and Zambia.

HOW DOES ONE MEASURE DONOR ASSISTANCE?

Total and Regional ODA

ONE tracks official development assistance (ODA) flows from Development Assistance Committee (DAC) donors to sub-Saharan Africa, excluding bilateral debt relief, in US dollars, and measured in 2012 constant prices to take account of inflation over time. ONE uses the OECD DAC online database and Creditor Reporting System, at: <http://www.oecd.org/dac/stats/data.htm>. Many more details on ONE's preferred methodology for tracking ODA flows – for example, how and why we exclude debt relief, and how we estimated imputed multilateral flows – can be found in the methodology section of the 2012 DATA Report: http://one.org.s3.amazonaws.com/pdfs/data_report_2012_en.pdf.

The DAC releases preliminary ODA figures each April for the previous calendar year. These figures can be found at: <http://www.oecd.org/dac/stats/reftables.htm>. This preliminary data provides only a basic breakdown (by region, but not by sector) and is subject to revision. The DAC then releases final data in December for the previous year; this includes a full breakdown of the ODA figures by sector. The preliminary data for 2011, used in the 2012 DATA Report, was revised in the final December 2012 release. These revised and final 2011 figures have now been used for the purpose of this report.

Iceland became a DAC donor for the first time just prior to the April 2013 preliminary data release. To maintain a fair comparison, ONE has retrospectively included Iceland with the DAC donor group for years prior to 2012.

Sectoral ODA

This year, the DATA Report is tracking ODA flows in three sectors: health, agriculture and education. For a number of reasons, the sectoral analysis of ODA does not use exactly the same methodology as the other ODA analysis, where we focus on donors' performance. First, in this section we examine sectoral resource flows from all donors, rather than just the 24 DAC countries, to get a fuller picture of donor flows to sub-Saharan African countries. For comparability across data sources, we use 2010 constant prices, as in the Institute for Health Metrics and Evaluation (IHME)'s report on health financing. Second, sectoral ODA for the past year is not available until the OECD DAC's December update of the following year. In other words, sectoral ODA figures for 2012 are not yet available, so this section uses 2011 sector data that was updated in the DAC's 2012 data release.

As a note of caution, care should be taken in interpreting overall sector flows, as ONE is limited in this analysis to using OECD DAC coding of ODA flows in order to allow for comparison, which is of particular importance in agriculture. As countries self-report, each country may interpret DAC sector codes slightly differently and thus overstate or understate total flows in a particular category. For flows that benefit multiple sectors, these may be tagged for a different sector (as only one category can be chosen for each project). Nevertheless, using DAC data generally remains the most comprehensive and comparable method available, unless otherwise stated.

Health ODA data is sourced from the Institute for Health Metrics and Evaluation 2012 report 'Financing Global Health'.⁵ Figures are in US dollars measured in 2010 constant prices. The IHME draws primarily on data from the OECD DAC Creditor Reporting System, but also uses information from the financial reports, audited statements and project databases of dozens of multilateral agencies as well as some private

foundations and non-governmental organisations, thus offering a more comprehensive account of all donor health assistance. For the country-level allocation data, which is what ONE used to measure health ODA to African countries, the following donors are included: all bilateral agencies, the European Commission, the Global Fund, the GAVI Alliance, the World Bank, the Asian Development Bank, the African Development Bank, the Inter-American Development Bank and the Bill & Melinda Gates Foundation.

Agriculture ODA data is sourced from the OECD DAC Creditor Reporting System. Figures are gross disbursements, in US dollars measured in 2010 constant prices, and include all donors, all channels and all types. Using the same methodology as in ONE's agriculture accountability report, 'A Growing Opportunity: Measuring Investments in African Agriculture', we have combined the categories '310: Agriculture, Forestry, Fishing, Total' and '32161: Agro-industries' to gauge as full a sense as possible of the resources going towards agriculture and its related industries. For more details on this, please see <http://one-org.s3.amazonaws.com/us/wp-content/uploads/2013/03/Ag-fullreport-single-130326-small.pdf>.

Education ODA data is sourced from the OECD DAC Creditor Reporting System and uses the OECD DAC's category '110: Education, Total'. Figures are gross disbursements, in US dollars measured in 2010 constant prices, and include all donors, all channels and all types.

HOW DOES ONE COMPARE ODA IN SECTORS WITH SUB-SAHARAN AFRICAN COUNTRIES' MDG PERFORMANCE STATUS?

ONE analysed total sectoral ODA flows to sub-Saharan African countries, in per capita terms, against the countries' MDG progress. Annual per

capita ODA flows for health, agriculture and education were calculated using the sectoral ODA flows as above and annual population figures sourced from the World Bank's WDI database. ONE calculated the average across given time periods (which varied purely according to data availability for each sector). For each sector, ONE grouped each sub-Saharan African country into 'on track', 'partially on track' and 'off track' groups according to their Index scores for the two goals most closely linked to ODA investments in that sector: for health, these are child mortality and maternal mortality; for agriculture, poverty and hunger; and for education, primary education and gender equality. Hence the only examined MDG targets that are not represented in this analysis are HIV/AIDS prevalence and access to safe drinking water. Within each progress group, ONE aggregated the per capita ODA averages of sector flows to individual countries, and compared these against the group's progress status.

WHICH COUNTRIES ARE EXCLUDED FROM THE ANALYSIS?

Due to a lack of available data, ONE had to exclude the following countries from all of its analysis: Djibouti, Mauritania, Somalia, South Sudan and Sudan.

For other countries, we have information on donor assistance but no Index score for some of the MDG targets. These are depicted on relevant graphs as 'insufficient data', and include the following:

- **Health (Child Mortality):** Equatorial Guinea
- **Health (Maternal Mortality):** Equatorial Guinea and the Seychelles
- **Agriculture (Poverty):** Angola, Benin, Botswana, Chad, Democratic Republic of Congo, Republic of Congo, Liberia, Mauritius, São Tomé and Príncipe, Togo and Zimbabwe
- **Agriculture (Hunger):** Democratic Republic of Congo

- **Education (Primary Education):** Equatorial Guinea, Sierra Leone and Zimbabwe
- **Education (Gender Equality):** Equatorial Guinea, Guinea-Bissau and Zambia.



A view of the harbour
and Table Mountain in
Cape Town, South Africa.

Photo: Trevor Samson/World Bank

ENDNOTES

EXECUTIVE SUMMARY

¹ The MDG Progress Index was developed by Ben Leo and Julia Baramaier in 2010 to monitor countries' progress in meeting the MDG targets. For previous iterations of the Index for 2010 and 2011, see <http://international.cgdev.org/page/mdg-progress-index-gauging-country-level-achievements>.

² Sources: WHO health expenditure data, IMF total government expenditure data and ONE calculations.

INTRODUCTION

¹ The MDG Progress Index was developed by Ben Leo and Julia Baramaier in 2010 to monitor countries' progress in meeting the MDG targets. For previous iterations of the Index for 2010 and 2011, see <http://international.cgdev.org/page/mdg-progress-index-gauging-country-level-achievements>.

MDG PROGRESS INDEX

¹ For past MDG Progress Index reports, see <http://www.cgdev.org/content/publications/detail/1424377> and <http://www.cgdev.org/content/publications/detail/1425429>.

² These eight targets align with seven of the eight main MDGs, with two of the Index targets measuring MDG1: reduce poverty and hunger. MDG8: 'Develop a global partnership for development', is not assessed in the Index because it focuses more on the role of donor countries in delivering aid and debt relief, reforming global trade rules and working with the private sector to make new information and communications technologies available in developing countries.

³ Last year ONE produced an MDG Progress Index for 2012, against which we compare the 2013 Index, but it was not published. ONE can provide 2012 data on request. 'Poor' countries, or low-income countries (LICs), are defined as those eligible for International Development Association (IDA) borrowing on highly concessional terms because they fall below the per capita annual income threshold of \$1,195.

⁴ Down slightly but about the same level as the 2012 index (46).

⁵ MDG trailblazers have a score of 5.0 or above, but this does not necessarily mean that they are on track for at least five

MDG targets. This is because the total progress score includes half-scores where there is partial progress. There are only four trailblazers that are not on track for at least half of the MDG targets: Benin, Gambia, Pakistan and the Philippines. Based on existing performance trajectories, these countries would each achieve three of the eight core MDG indicator targets.

⁶ Both Bolivia and Gambia rejoined the MDG trailblazers list after dropping off last year.

⁷ Recent civil unrest in Mali is likely to have negative consequences for MDG outcomes, but it is too soon for the data to show the magnitude of these effects.

⁸ Within sub-Saharan Africa, the scores of 27 low-income countries have improved since 2010 (over two-thirds of all African countries examined), seven have deteriorated and five have remained unchanged. The scores of a further three sub-Saharan African countries (which are middle-income) have also improved since 2010.

⁹ This decline follows a rebound in 2012, when the average score of MICs increased to 4.07, from 3.72 in 2011.

¹⁰ China's observed performance trend suggests that it would not achieve the education MDG. Moreover, there is insufficient data to determine its progress on the HIV/AIDS target.

¹¹ By illustration, poor countries' baseline primary education completion rates were significantly lower, on average, than those of middle-income countries. Since the MDG target is universal completion rates, this means that these poor countries working from a much lower base would need to deliver significantly greater gains during the MDG period.

¹² These countries include Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Republic of Congo, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Lesotho, Liberia, Malawi, Mali, Namibia, Rwanda, Tanzania, Togo, Zambia and Zimbabwe.

FINANCING THE FIGHT

¹ Dilip Ratha, Sanket Mohapatra and Sonia Plaza, DEC-PREM Migration and Remittances Unit, World Bank (2012) Global

Knowledge Partnership on Migration and Development – Concept Note. https://blogs.worldbank.org/peoplemove/files/peoplemove/concept_note_global_knowledge_partnership_on_migration_and_development_october_06_2012.pdf

² See section 5.9 of the Dakar Framework for Action pertaining to sub-Saharan Africa. <http://unesdoc.unesco.org/images/0012/001211/121147e.pdf>

³ The gender equality target is to ensure that the ratio of girls' primary and secondary school enrolment is equal to that of boys. As a result, increased government expenditures on education, if delivered through gender-sensitive mechanisms, would promote the achievement of this MDG target.

⁴ http://www.un.org/ga/aids/pdf/abuja_declaration.pdf

⁵ Maputo Declaration. Assembly of the African Union, Second Ordinary Session, 10–12 July 2003. Maputo, Mozambique, <http://www.nepad.org/nepad/knowledge/doc/1787/maputo-declaration>

⁶ <http://unesdoc.unesco.org/images/0012/001211/121147e.pdf>

⁷ This deficit is cumulative across years. It treats negative deficits (in cases where a country exceeded its commitment in any given year) as zero.

⁸ Source: Institute for Health Metrics and Evaluation (IHME) (2012) 'Financing Global Health 2012'.

⁹ This analysis examines the expenditure share over the period 2001–10, with 2001 being the year in which the Abuja commitment was made by African governments. In ONE's 2012 AIDS accountability report 'The Beginning of the End', we found that in the most recent year, 2010, Malawi's expenditure fell slightly below the Abuja level at around 14%, whereas two other countries, Togo and Zambia, met the Abuja commitment. For more, see ONE (2012) 'The Beginning of the End? Tracking Global Commitments on AIDS': <http://one-org.s3.amazonaws.com/us/wp-content/uploads/2012/11/AIDSreport-2012-master-1120-fullcover.pdf>

¹⁰ The relationship between countries' health expenditures and their progress on the HIV/AIDS MDG indicator is not examined here. This is principally because, for many sub-Saharan African countries, the picture of progress as measured by the 1990 baseline is drastically skewed, in that most countries saw dramatic increases in HIV prevalence during the 1990s but dramatic reductions over the next decade. For more on this issue, see the HIV/AIDS alternative baseline analysis in the MDG Progress Index chapter.

¹¹ Sources: WHO health expenditure data, IMF total government expenditure data and ONE's calculations.

¹² The projected incremental health investments for the period between 2013 and 2015 are (1) Nigeria: \$22.5 billion; (2) South Africa: \$12.6 billion; and (3) Angola: \$12.1 billion.

¹³ Although it should be noted that, measured against a 2000 baseline, Nigeria would be on track for reducing HIV/AIDS.

¹⁴ African Economic Outlook (2012) estimates Nigeria's oil revenue in 2011 at 21.6% of GDP; see: <http://www.africaneconomicoutlook.org/fileadmin/uploads/aeo/PDF/Nigeria%20Full%20PDF%20Country%20Note.pdf>. Nigeria's GDP is estimated at around \$239 billion in 2011; see IMF World Economic Outlook (October 2012).

¹⁵ UN Inter-Agency Group on Child Mortality (2012) 'Levels and Trends in Child Mortality'.

¹⁶ There were an estimated 660,000 malaria deaths globally in 2010, and an estimated 207,701 in Nigeria. WHO (2012) 'World Malaria Report 2012' and WHO Global Health Observatory (Malaria Estimated Deaths).

¹⁷ World Bank, World Development Indicators. ONE calculations based on the assumption that each bednet costs \$10 to procure and distribute, and would be distributed in 2013 with a shelf-life of at least three years; see: Center for Disease Control and Prevention, 'Insecticide-Treated Bednets', http://www.cdc.gov/malaria/malaria_worldwide/reduction/itn.html, and Jeffrey Sachs (2009) 'Good News on Malaria Control', http://www.earth.columbia.edu/sitefiles/file/about/director/2009/SciAm_August2009.pdf

¹⁸ WHO, Nigeria, http://www.who.int/malaria/publications/country-profiles/profile_nga_en.pdf

¹⁹ WHO (2012) 'World Malaria Report 2012', http://www.who.int/malaria/publications/world_malaria_report_2012/wmr2012_full_report.pdf

²⁰ WHO (2012) 'World Malaria Report 2012', http://www.who.int/malaria/publications/world_malaria_report_2012/wmr2012_full_report.pdf

²¹ Clinical trials and control programmes in sub-Saharan Africa have shown that ITN full coverage can reduce overall child mortality in high-malaria areas by around 23%; see: Lim et al. (2011) 'Net Benefits: A Multi-Country Analysis of Observational Data Examining Associations between Insecticide-Treated Mosquito Nets and Health Outcomes', PLoS Med 8(9): e1001091.doi:10.1371/journal.pmed.1001091. ONE calculations based on the number of under-five child deaths in Nigeria in 2011 (756,000), UN Inter-Agency Group on Child Mortality.

²² ONE calculations based on impact figures provided by GAVI Alliance whereby \$100 million provides pentavalent, pneumococcal and rotavirus vaccines for 2.84 million children, saving roughly 100,000 lives. Nigeria's under-five population is approximately 26.6 million (2010); see: UNICEF (2012) 'State of the World's Children Demographic Indicators', <http://www.unicef.org/sowc2012/pdfs/SOWC-2012-TABLE-6-DEMOGRAPHIC-INDICATORS.pdf>

²³ In 2011, there were around 3.4 million people living with HIV in Nigeria (three million over the age of 15, and 440,000 under the age of 15), WHO Global Health Observatory. ONE calculations based on the PEPFAR average cost of first-line ARV treatment per person per year (\$335), PEPFAR (2012) 'Report on Costs of Treatment in the President's Emergency Plan for AIDS Relief', <http://www.pepfar.gov/documents/organization/188493.pdf>. It should be noted the figure used is an estimate, since the cost of ARVs varies by country, financing mechanism, HIV type and age of patient.

²⁴ The African Union does not have a standard definition of what types of expenditure should be included towards the

Maputo commitments. Some governments may include capital and operating expenditures for rural infrastructure investments – such as feeder roads and trunk lines – that are allocated through transport ministries, while other governments may not include these expenditures. In practice, this leads to an 'apples with oranges' comparison across governments.

²⁵ Source: Regional Strategic Analysis and Knowledge Support System (2011) 'Monitoring African Agriculture Development Processes and Performance: A Comparative Analysis'.

²⁶ This figure is an estimate, derived from the average shares of total expenditure allocated to agriculture throughout the entire period 2003–09 for each country. Since we do not have actual figures for annual agriculture spending, we cannot calculate the real deficit over this period. Sources: ReSAKSS (2011), IMF 2012 World Economic Outlook Database and ONE's calculations.

²⁷ For additional details, see ONE (2013) 'A Growing Opportunity: Measuring Investments in African Agriculture', <http://www.one.org/us/policy/a-growing-opportunity/>

²⁸ This deficit is cumulative across years. It treats negative deficits (in cases where a country exceeded its commitment in any given year) as zero.

²⁹ Sources: UNESCO education expenditure data, IMF total government expenditure data and ONE's calculations.

³⁰ Examples of sub-Saharan African countries whose private sector share of education enrolment has risen markedly over the past decade include Benin, Republic of Congo, Gabon, Ghana, Guinea, Guinea-Bissau and Mali. See Annex Table 5: UNESCO (2012) 'Education for All, Global Monitoring Report: Youth and Skills', <http://unesdoc.unesco.org/images/0021/002180/218003e.pdf>

³¹ World Bank, World Development Indicators.

³² World Bank, World Development Indicators.

³³ Alex Duval Smith, *The Guardian* (13 October 2011) 'Angola is facing a teaching crisis that seems without end', <http://www.guardian.co.uk/global-development/2011/oct/13/huila-province-angola-teacher-shortage>.

³⁴ The number of out-of-school primary age children was 493,000 in 2010; see UNESCO Institute for Statistics Education Database. Angola's annual public education expenditure per primary pupil is \$181 in PPP terms. This calculation does not address the possibility of higher per pupil costs required to reach currently out-of-school children. This simplifying assumption is offset by the fact that the remaining government expenditures resulting from Angola meeting its Dakar commitments would be utilised to increase overall per pupil spending levels, http://www.uis.unesco.org/Library/Documents/Finance_EN_web.pdf.

³⁵ ONE calculations based on the number of out-of-school children (around 493,000 in 2010) plus the number of children in public primary school (around 4.19 million in 2010), UNESCO Institute for Statistics Education Database. Details of public expenditure on primary education per pupil (\$181 PPP) from UNESCO (2011) 'Financing Education in Sub-Saharan Africa', http://www.uis.unesco.org/Library/Documents/Finance_EN_web.pdf. Annual pupil expenditure of \$1,700 would bring Angola into line with the scale of spending achieved by other higher-GDP countries such as Botswana, which spends on average \$1,574 per primary pupil.

³⁶ ONE calculations based on data on the average salary of public primary school teachers (c. \$6,000 PPP) in Angola from UNESCO (2011) 'Financing Education in Sub-Saharan Africa', http://www.uis.unesco.org/Library/Documents/Finance_EN_web.pdf. According to the UNESCO Institute for Statistics Education Database, there were 93,734 primary teachers (public and private, full-time and part-time) in 2010.

³⁷ Pupil-teacher ratio was 46 in 2010. UNESCO Institute for Statistics Education Database.

³⁸ Global Partnership for Education (2011) 'The Case for Investment 2011-14', <http://www.globalpartnership.org/media/docs/publications/web-BusinessCase-GPE.pdf>

³⁹ Based on 2012 Open Budget Index (OBI) scores, only Uganda is classified as having 'significant' budget openness. The 2% figure is the proportion of all sub-Saharan African countries' budget expenditures, corresponding only to those countries with available 2012 OBI scores.

⁴⁰ World Bank Country Policy and Institutional Assessment (CPIA) indicator on 'quality of budgetary and financial management rating'. The World Bank does not publicly release CPIA data for IBRD-only countries. As a result, ONE's analysis is limited to IDA-eligible countries.

⁴¹ These include: (1) pre-budget statement; (2) executive's budget proposal; (3) enacted budget; (4) citizens budget; (5) in-year reports; (6) mid-year review; (7) year-end report; and (8) audit report.

⁴² See <http://fiscaltransparency.net>.

⁴³ See <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPUBLICSECTORANDGOVERNANCE/0,,contentMDK:23150652~pagePK:148956~piPK:216618~theSitePK:286305,00.html>.

⁴⁴ The targets on 0.7% ODA/GNI and increases to Africa are both collective targets. The original text states that Member States undertake to achieve the 0.7% ODA/GNI target by 2015 whilst those which have achieved that target commit themselves to remain above that target; Member States which joined the EU after 2002 will strive to increase by 2015 their ODA/GNI to 0.33%.

⁴⁵ ONE includes ODA to sub-Saharan Africa from the 24 Development Assistance Committee (DAC) countries, excluding bilateral debt relief and including imputed multilateral contributions. Data is in US dollars, measured in constant 2012 prices to account for inflation.

⁴⁶ According to data compiled by the Institute of Health Metrics and Evaluation; see IHME (2012) 'Financing Global Health 2012: The End of the Golden Age?'. <http://www.healthmetricsandevaluation.org/publications/policy-report/financing-global-health-2012-end-golden-age#/overview>

⁴⁷ São Tomé and Príncipe is the only sub-Saharan African country that did not receive a sizeable increase in donor health assistance between 2000 and 2010.

⁴⁸ These include Botswana (219-fold increase), Burundi (nearly 20-fold), DRC (13-fold), Republic of Congo (nearly 52-fold), Côte d'Ivoire (10-fold), Ethiopia (12-fold), Kenya (12-fold), Lesotho (28-fold), Liberia (10-fold), Namibia (10-fold), Nigeria (15-fold), Rwanda (nearly 14-fold), Sierra Leone (10-fold), South Africa (21-fold), Swaziland (28-fold), Tanzania (nearly 11-fold) and Togo (13-fold). Data from IHME (2012) 'Financing Global Health 2012: The End of the Golden Age?', op. cit.

⁴⁹ Full details on the IHME's methodology can be found in the methods annex of its report: http://www.healthmetricsandevaluation.org/sites/default/files/policy_report/2011/FGH_2012_methods_annex_IHME.pdf

⁵⁰ Namibia received an average of \$27.20 per capita in donor assistance for health annually between 2000 and 2010. Swaziland and Zambia received an average of \$16.00 per capita and \$17.30 per capita annually respectively during the same period.

⁵¹ To calculate donor flows to agriculture, ONE combines the following DAC Creditor Reporting System categories: '310: Agriculture, Forestry, Fishing, Total' and '32161: Agro-industries' as per the methodology in ONE's 2013 report, 'A Growing Opportunity: Measuring Investments in African Agriculture'.

⁵² For example, between 2002 and 2011, the Seychelles received on average \$33.10 per capita per year in agriculture-related donor assistance. This is roughly ten times as much on average (on a per capita basis) as other sub-Saharan African countries.

⁵³ Source: OECD DAC, Creditor Reporting System Database.

⁵⁴ These include Angola, Comoros, Côte d'Ivoire, the Gambia, Guinea-Bissau, Lesotho, Madagascar, Mauritius, Niger, the Seychelles, South Africa, Tanzania, Uganda and Zambia.

⁵⁵ <http://www.effectivecooperation.org/>

⁵⁶ <http://www.publishwhatyoufund.org/index/2012-index/>

MDG WAR ROOM

¹ This type of data is also available at the sub-national and school levels.

METHODOLOGY

¹ For more information on the MDG targets, see: <http://www.un.org/millenniumgoals/>

² For more on how the design of the MDGs disadvantaged African countries, see William Easterly (2009) 'How the Millennium Development Goals are Unfair to Africa', *World Development* 37(1), pp.26-35, and Michael Clemens, Charles Kenny and Todd Moss (2007) 'The Trouble with the MDGs: Confronting Expectations of Aid and Development Success', *World Development* 35(5), pp.735-51.

³ The maternal mortality data source was changed last year to the World Bank's World Development Indicators. Importantly, this data is produced by complicated statistical modelling. As a result, appropriate caution should be applied when interpreting countries' performance levels and trends. In previous years, the MDG Progress Index utilised data from a paper from *The Lancet* entitled 'Maternal Mortality for 181 Countries, 1980-2008: A Systemic Analysis of Progress towards Millennium Development Goal 5'. Due to this change, it is difficult to draw conclusions about year-to-year trends on the maternal mortality indicator.

⁴ S. Benin, A. Kennedy, M. Lambert, L. McBride (2010) 'Monitoring African Agricultural Development Processes and

Performance: A comparative analysis'. ReSAKSS Annual Trends and Outlook Report 2010. International Food Policy Research Institute (IFPRI).

⁵ Full details on the IHME's methodology can be found in the methods annex of its report: http://www.healthmetricsandevaluation.org/sites/default/files/policy_report/2011/FGH_2012_methods_annex_IHME.pdf



Offices

Berlin

Luisenstraße 40
10117 Berlin
Germany

Brussels

3rd Floor
Rue d'Idalie 9-13
1050 Brussels
Belgium

Johannesburg

Silverstream Office Park
Main Building, 1st Floor
10 Muswell Road South
Bryanston, Johannesburg
South Africa

London

151 Wardour Street
London, W1F 8WE
United Kingdom

New York

675 6th Avenue
6th Floor
New York, NY 10011
United States

Paris

47 rue du Montparnasse
75014 Paris
France

Washington, DC

1400 Eye Street NW
Suite 600
Washington, DC 20005
United States

ONE.ORG