ADDIS ABABA UNIVERSITY SCHOOL OF GRADUATE STUDIES

ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS IN ETHIOPIA: SOME PROBLEMS

BY

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Acronyms

DAC	Development Assistance Committee
DOTS	Directly Observed Treatment Short course
EVI	Economic Vulnerability Index
GNI	Gross National Income
GNP	Gross National Product
HIPC	Heavily Indebted Poor Countries
IMF	International Monetary Fund
ITC	Income Threshold Criteria
LDCs	Least Developed Countries
MDRI	Multilateral Debt Relief Initiative
MoFED	Ministry of Finance and Economic Development
MDGs	Millennium Development Goals
NGO	Non Governmental Organization
ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
UN	United Nations
UNCED	United Nations Conference on Environment and development
UNCTAD	United Nations Conference on Trade and Development
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
UNMD	United Nations Millennium Declarations
USA	United States of America
WHO	World Health Organization

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Abstract

In this paper evaluation of achievement of MDGs has been undertaken. Based on this, LDCs are out of truck in achieving most of the MDGs though; some uneven achievements were recorded in these countries. The proportion of people living below poverty line was declined from 40.4 and 45.5 percent of the 1990 average to 36.1 and 38.7 percent in 2006 in LDCs and in Ethiopia respectively. Net primary education was increased from 72 to 78 Percent in LDCs (average) and from 22 to 67.8 percent in Ethiopia during the same period respectively. Similarly, the ratio of girls to boys in primary and secondary education was increased from 0.76 in 1990 to 0.89 in 2006 in LDCs (average); while it was increased from 0.68 to 0.81 in Ethiopia during this period. In reducing under- five mortality rate and infant mortality rate (mortality rate of children of below one year old), while in LDCs under- five and infant mortality rates were reduced from 180 and 113 per 1000 live birth of the 1990 average to 142 and 90 in 2006 respectively; in Ethiopia under-five and infant mortality rates were reduced from 204 and122 of the 1990 figure to 123 and 80 in 2006 respectively. Regarding maternal mortality rates, it was reduced from 890 and 850 in 2000 to 870 and 720 in 2006 in LDCs (average) and in Ethiopia respectively. In reversing the spread of HIV/ADIS and incidence of malaria, HIV prevalence rate was reduced from 2.29 and 2.7, percent to 1.7 and 2.1, percent in LDCs average and in Ethiopia respectively. Moreover, Ethiopia was also successful in reversing the incidence of malaria. In insuring environmental sustainability goal (MDG goal 7), as opposed to what is expected, destruction of area covered by forest increased in LDCs in general and in Ethiopia in particular though, with regard to expansion of pure water and sanitation service, LDCs managed to increase the proportion of population with access to safe water and sanitation from 51 percent and 21 percent in 2000 to 59 percent and 38 percent in 2004 respectively; while Ethiopia failed in achieving both targets. Regarding developing global partnership for development (MDG goal 8) LDCs in general and Ethiopia in particular received $126,894 million (10.67 percent of commitment) and $9,639 million (10.02 percent of the commitment) from DAC member countries respectively.

Hence, if the current achievement continues in the remaining years, LDCs could achieve only the targets of: reversing the spread of HIV/ADIS; halving the proportion of people with out access to safe drinking water and basic sanitation. On the other hand, Ethiopia could only achieve only targets of reducing infant mortality rate; reversing the spread of HIV and incidence of malaria.

1. INTRODUCTION

Currently, over 500 million people are living in absolute poverty in the Asian, African and Latin American countries. Every year, 15 million children die as a result of hunger. Throughout the 1990s more than 100 million children died from illness and starvation. Those 100 million deaths could be prevented by what the world spends on its military in two days. Nearly one in four people, 1.3 billion - a majority of humanity - live on less than $1 per day, while the world's 358 billionaires have assets exceeding the combined annual incomes of countries with 45 percent of the world's population. Three billion people in the world today struggle to survive by $2/day[1].

To solve this kind of problem and many other related problems, which existed in the twenty century, many attempts were undertaken. The most comprehensive early initiative was the Development Decade of the 1960s, called by President Kennedy in speech to General Assembly in 1961. The central goal of this was that developing countries should accelerate their economic growth to achieve a combined GNP growth rate of five percent at the end of 1960s. Since this goal was achieved, a new goal of 6 percent was set for the 1970s which was also nearly achieved[2].

In education sector, UNESCO set goals for education expansion from 1960 to1980. During this time sub-Saharan Africa was failed in achieving primary enrollment target. In health sector also, World Health Organization (WHO) succeeded in eradication of yaws and other infection diseases though, the organization (WHO) was failed in eradication of malaria during 1950s and 1960s. By 1990, the coverage of immunization in developing countries had reached 81 percent compared with 20 percent in 1980s[3].

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[1] An end to World Hanger (2009): Hope for the Future the World Hanger Problem : Facts Figures and Statistics URL: http://library.thinkquest.org/C002291/high/present/stats.htm

[2] Schechter (2001), United Nations Sponsored World Conferences. New York.

[3] Ibid.

In spite of these successes, different economic, social …etc problems were persisted at high level in the world at the closing stages of twenty century. At this time, in order to respond to these problems, different wider endeavors were undertaken, too.

In 1990, children from all over the world met with more than seventy world leaders in New York City, to ask for better future for children of the world. They identified that, the main problems that children throughout the world facing were: death, disease, hunger and illiteracy. Based on this meeting, the United Nation International Children's Emergency Fund (UNICEF) set goals of reducing the death rate by one-third, ensuring access to pre-natal care for all women, making available family planning education and service available to all couples; and increasing recognition of the special health and nutritional needs of all women at all life stages. These goals were developed by UNICEF to be achieved by the year 2000.[4]

The United Nations Conference on Environment and Development (UNCED) or Earth Summit held in June 1992, in Rio de Janeiro, Brazil discussed the global conflict between economic development and environmental protection. Sustainable development here refers to the growth of population, industry, and agriculture in a way that will allow the present generation to meet its own needs without damaging those of future generations[5].

In 1993, the United Nation conference on Human Rights was undertaken in Vienna. Vienna conference provided drama unfolding in NGO forum (which was held in from 10-12 June 1993) and in United Nation World Conference on Human Rights. The most significant achievement at Vienna convention was the acceptance of the notion that the women's rights as human rights[6].

[4] Children Around the World-A united Nation Summit.URL:http://www.libraryindex.com/pages/1702/Children-Around-World-UNITED-NATIONS-SUMMIT.html

[5] United Nations Conference on Environment and Development Encyclopedia (2009), URL: **http://www.infoplease.com/ce6/history/A0850071.html**

[6] Schechter (2001), United Nations Sponsored World Conferences. New York.

The World Conference on women held in Beijing in 1995 also identified that the empowerment of women requires the development of new standards that capture the multi-dimensional nature of discrimination against women and against girl children.

The world summit, held at Copenhagen in March 1995, on social development on its part emphasized on inter-connections among different out- comes of conferences/summits. The International Council on Social Welfare (ICSW) exemplifies the immediate post-conference activity. It involved it self in promoting and monitoring the different summits agenda and urged governments to pursue implementation (like defining absolute poverty and setting the target date for eradication of it...etc)[7].

The June 1996, Habitat II conference was organized in Istanbul to provide the fullest opportunity to all actors in civil society to bring their experiences to the foundation process. At this conference the network of NGOs had publicized the plight of those lacking adequate shelter; and promote efficient and sustainable energy and water use[8].

In general, although the effects of these summits had its own contributions in solving some of the world problems, much was left to solve the world bottle neck problems.

Hence, to free men, women and children from the abject and dehumanization conditions of extreme poverty, to make the right to development a reality for everyone and freeing of the entire human race from want, setting Millennium development Goals (MDGs) are crucial[9].

Moreover, insuring globalization for making it a positive force for all the world people and distributing its benefits and costs evenly is the central challenge that the world faced. Developing countries and countries with economies in transition faced special difficulties in responding to this unevenly distribution of costs and benefits. To respond to this

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[7] Ibid

[8] Ibid

[9] United Nation Millennium Declaration (2000)

challenge, to create a shared future and to make globalization fully inclusive and equitable, broad and sustained effort with policies and measures is needed[10].

The extent of these problems was not equally shared among the world nations. In Least Developed Countries (LDCs), it was much complicated than the rest of the world. Hence, special attention was given to these countries than the rest of the world.

After implementing the Ethiopia's poverty reduction strategy paper, the government of Ethiopia also developed first phase five year (2005/06-2009/10) a Plan for Accelerated and Sustained Development to End Poverty (PASDEP) to attain the goals and targets set in Millennium Development Goals (MDGs) at minimum (to pave the ground work for the attainment of the MDGs by 2015) and to lie out direction for broad based development.

To realize these objectives, the Ethiopian government is targeted the achievement of: average GDP growth of 7.3% per annum, 26.1 gross domestic investment as % of GDP, 17% tax GDP ratio, 109.7% gross primary enrollment, 0.97 ratio of girls to boys in primary school, 45/1000 infant mortality rate, 600/100,000 maternal mortality rate, 52% of pregnant women with access to treatment in order to prevent mother to child transmission of HIV/ADIS, 80% of population with access to potable water in rural area (with in 1.5 km) ,50% of population with access to electricity, 100% of population with access to telecommunication centers/services with in 5 km radius , reduction of slum areas to 35%... etc by 2009/10[11].

In this study paper, the achievement of MDGs is intended to be analyzed. More specifically the study tries:

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[10] Ibid

[11] Ethiopia: Building on Progress, a Plan for Accelerated and Sustained Development to End Poverty (PASDEP) 2005/06-2009/10 Volume one: Main Text.

1. To assess the overall achievement of MDG targets in LDCs and in Ethiopia
2. To identify gaps remaining towards the achievement of MDGs targets in LDCs and in Ethiopia.
3. To compare the achievement of MDGs in Ethiopia with other LDCs.
4. To indicate major problems faced in achieving MDGs in Ethiopia
5. To provide some policy implications for the country.

Different sources of data including international sources such as: the Least Developed Countries Reports of Various issues, World Development Indicators of Various issues, The Little Data book; and from different national sources such as: Various issues of Reports of Ministry of Finance and Economic Development, publications of Central Statistical Agency, National Bank Quarterly Bulletins, Ministry of Education Statistical Bulletins, Ministry of Health Publications...etc have been used to conduct this study. Because of some data are collected on five years bases and the time elapsed since Millennium Declaration is also too short to undertake econometric analysis, the analysis of the data in this paper is entirely based on descriptive data analysis method.

The scope of this paper was limited to the time covering from 1990 onwards until 2005/2006 and in some Ethiopian data it extends to 2007/08.

This paper is organized in four chapters. The second chapter (next to introductory chapter) presents the eight MDGs and its implementation strategy. The evaluation of the MDGs with particular emphasis on LDCs and Ethiopia will be presented in the third chapter. Finally, in the last chapter conclusions and policy implications will be presented.

2 MDGS MILLENNIUM DEVELOPMENT GOALS AND ITS IMPLEMENTATION STRATEGY

From the millennium declaration eight Millennium Development Goals[12] (MDGs) were drawn. These eight goals have 18 targets that are measured by 48 indicators. Under this chapter these eight goals and their implementation strategy will be discussed.

2.1 DEFINITIONS AND BASIC CONCEPTS

Poverty Head Count Index (Ratio): Poverty head count index is the percentage of national population whose income is below national poverty line set by national government. The poverty line is internationally defined as the $1 per day for least developed countries and $2 per day for middle income countries using 1993 purchasing power parity. National poverty line is obtained by converting one/two dollar per day poverty line to local currency equivalent using purchasing power parity exchange rate.

Poverty Gap Ratio: It is the mean distance separating the population from the poverty line (the non poor being given a distance of zero) expressed as the percentage of the poverty line.

Net Primary Enrollment: It is the ratio of the number of children of official school age who are enrolled in primary school to total population of children of official school age.

Under-five Mortality Rate: It is the probability of a child born in specified year dying before reaching age of five.

Infant Mortality Rate: It is the probability of a child born in specified year dying before reaching age of one.

[12] Indicators for Monitoring the Millennium Development Goals (2003), New York

2.2 MILLENNIUM DEVELOPMENT GOALS

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Halving the proportion of people whose income is less than one dollar a day and halving the proportion of people who suffer from hunger (the 1990 average) are targets expected to be achieved under this goal by 2015. Poverty headcount ratio, poverty gap ratio , share of poorest quintile in national consumption, prevalence of underweight in children under-five years of age and proportion of population below minimum level of dietary energy consumption are indicators used for monitoring progress towards achievement of this goal.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Ensuring children every where, boys and girls alike, will be able to complete a full course of primary schooling by 2015 is the target expected to be achieved under achieving universal primary education goal. Here, net enrollment ratio in primary education, proportion of pupils starting grade 1 who reach grade 5, primary completion rate and literacy rate of 15 to 24 year-olds are indicators for monitoring the progress of this goal.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

The fourth target expected to be met by 2015 is eliminating gender disparity in primary and secondary education preferably by 2005 and in all levels of education by no later than 2015. The indicators of this goal are: ratio of girls to boys in primary, secondary, and tertiary education , ratio of literate women to men ages 15 to 24 , share of women in wage employment in the non-agricultural sector and proportion of seats held by women in national parliament. These indicators measures fairness and efficiency, progress toward gender equity in literacy and learning opportunities for women, the degree to which labor markets are open to women's opportunities in political and public life, which is linked to women's empowerment.

GOAL 4: REDUCE CHILD MORTALITY

Reducing by two-thirds, the under-five mortality rate by 2015 is the target expected to be achieved under this goal. Under-five mortality rate, infant mortality rate and proportion of one-year-old children immunized against measles are indicators used for monitoring progress towards achieving this goal.

GOAL 5: IMPROVE MATERNAL HEALTH

Under this goal reducing maternal mortality ratio by three-quarters is the pillar target expected to be achieved. Maternal mortality ratio and proportion of births attended by skilled health personnel are indicators for measuring the progress of improving maternal health goal. This indicators measures death related to pregnancy, professional care during pregnancy and child care.

GOAL 6: COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES

Have halting and began to reverse the spread of HIV AIDS, and have halting and began to reverse the incidence of malaria and other major diseases are the two targets expected to be achieved under this goal. HIV prevalence among pregnant women of ages 15 to 24 , condom use at last high-risk sex, percentage of 15-24 year olds with comprehensive correct knowledge of HIV/AIDS, contraceptive prevalence rate and ratio of school attendance of orphans to school attendance of non-orphans ages 10-14 are indicators related to halve halting and reversing the spread of HIV/AIDS. Similarly, prevalence and death rates associated with malaria , proportion of population in malaria-risk areas using effective malaria prevention and treatment measures , prevalence and death rates associated with tuberculosis and proportion of tuberculosis cases detected and cured under directly observed treatment short course are indicators related to halve halting and reversing the spread of malaria and other diseases. These indicators are measures of the spread of the epidemics and useful in tracking progress towards health, gender and poverty goals.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

There are three targets under this goal: Integrating the principles of sustainable development into country policies and reverse the loss of environmental resources, halve the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015 and achieve a significant improvement in the lives of at least 100 million slum dwellers by 2020.

Proportion of land area covered by forest, ratio of area protected to maintain biological diversity to surface area, energy use per $1 GDP (PPP) , per capita Carbon Dioxide(CO_2) emissions and consumption of ozone-depleting Chloro Fluoro Carbons(CFC), proportion of population with sustainable access to an improved water source, sanitation, access to secure tenure and using solid fuels are indicators for the monitoring the success of this goal. These indicators measure relative importance of forest in the country, decline in bio-diversity, energy intensity, access to improved water sources etc.

GOAL 8: DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT

Developing further an open, rule-based, predictable, non-discriminatory trading and financial system; addressing the special needs of the least developed countries, addressing the special needs of landlocked countries and small island developing states; dealing comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term; developing and implementing strategies for decent and productive work for youth; providing access to affordable essential drugs to developing countries; and making available the benefits of new technologies, especially information and communications technologies are targets expected to be achieved under this goal.

Net total ODA given to the least developed countries as a percentage of Organization for Economic Co-operation and Development(OECD) donors' gross national income; proportion of bilateral sector-allocable ODA of OECD donors for basic social services;

proportion of bi-lateral official development assistance ODA of OECD donors that is untied; ODA received by landlocked countries and small island developing states as proportion of their gross national incomes are indicators with regard to Official Development Assistance(ODA).

Proportion of total developed country imports from developing countries admitted free of duty; average tariffs imposed by developed countries on agricultural products, textiles and clothing from developing countries; agricultural support estimate for OECD countries as a percentage of their gross domestic product and Proportion of ODA provided to help build trade capacity are indicators for monitoring the progress of market access related target.

On the other hand, total number of countries that have reached their Highly Indebted Poor Countries (HIPC) decision points and completion points, debt relief committed under HIPC initiative and debt service as percentage of exports of goods and services are indicators related to debt sustainability.

Moreover, unemployment rate of 15 to 24 year olds, proportion of population with access to affordable and essential drugs on a sustainable basis, telephone lines and cellular subscribers per 100 population, personal computer users per 100 population and internet users per 100 population are also indicators associated with monitoring the progress of the this goal.

2.3 IMPLEMENTATION STRATEGYS OF MDGs

Implementation strategy suggests path to follow or methods that are designed to meet the MDGS. The strategies (which are mentioned in Road Map towards the

Implementation of United Nation Millennium Declaration (UNMD) of 2001) are summarized as follows[13]

2.3.1 PROTECTING HUMAN RIGHTS, ENSURING DEMOCRACY AND GOOD GOVERNANCE

Human rights include civil, political, economic, social and cultural rights. Protecting essential human rights help peoples of the world more likely not to experience conflict, poverty and injustice. As a result, it is understood that protecting fundamental human rights facilitates the achievements of MDGs.

The main focus area here are: encouraging governments to fulfill their human rights obligations; integrating human rights in all development activities; strengthening the implementation of democratic principles; supporting national efforts to guarantee women equal access to education, social and health services; develop a free and independent media; and continuing United Nations work to ensure that elections are based on free and fair principles.

2.3.2 INSURING PEACE, SECURITY AND DISARMAMENT

In poor countries where there is conflict and war, it is likely difficult to achieve MDGs. Furthermore, in these countries children and women are more venerable to destructions caused by war. War also aggravates problems related to protection of human rights. These problems have forced the international community to address issues related to human security. As indicated in the United Nation Road Map the following implementation strategies have been followed to achieve the MDGs.

[13] Road Map towards the Implementation of United Nation Millennium Declaration: Report of the Secretary General (2001).

Supporting states to implement international legal commitments; ensuring the widest acceptance of the International Court of Justice's compulsory jurisdiction; encouraging states to sign, ratify and implement the conventions and protocols relating to terrorism; dedicating greater attention to gender, humanitarian and disarmament issues; eliminate weapons of mass destruction; using sport in economic and social development; and encouraging states to ensure the equitable distribution of assets and access to resources are pillar strategies to be followed here.

2.3.3 DEVELOPMENT AND POVERTY ERADICATION

In order to reduce poverty and promote development, it is essential to achieve sustained and broad based development. To achieve this goal, the UN in its Road Map toward Implementation of the Millennium Declaration adopted the following strategies.

Ensuring support for country-led economic and social initiatives that focus on poverty reduction; ensuring that overall trade policies are conducive to fostering food security for all through a fair and just world trade system; continuing giving priority to small farmers, promoting increased investment in the water and sanitation sectors are some basic strategies in achieving eradication of poverty goal.

On the other hand, urging national governments, local communities and the international community to commit significant resources towards education; making education systems adaptable to the needs of girl children, especially those from poor households, supporting school-feeding programs and take-home rations that can attract girls to school; are strategies for the achievement of universal primary education goal.

Monitoring maternal and new born health care status and access to services; supporting programs for immunization, vaccination, the use of oral dehydration therapy, nutrition and water and sanitation interventions; achieving a target of $7 to $10 billion in total spending on HIV/AIDS from all sources; urging national governments to devote a higher

proportion of resources to basic social services in poorer areas; mobilizing and strengthening community and family-based actions to support orphaned and vulnerable children; ensuring employability through increased investment in education and vocational training for young people; are designed to achieve health and related goals.

Helping in establishing disciplined macroeconomic policies and fiscal policy, including clear goals for the mobilization of tax and non-tax revenues; providing ODA equal to 0.7 percent of the industrial countries gross national product (GNP); encouraging donors to mobilize resources to finance debt relief; ensuring good governance that is based on participation and the rule of law, with a strong focus on combating corruption and appropriate safeguards for private investment; are also strategies adopted to achieve the MDGs.

With regard to market access, ensuring that developed nations fully comply with the commitments they made under the Uruguay Round of Multilateral Trade Negotiations (URMTN) to improve market access for products (particularly agricultural products) from developing countries; eliminating the remaining trade barriers in manufacturing, especially on textiles and clothing; providing time-bound protection of new industries by countries that are in the early stages of development, capacity-building and technical assistance for trade negotiations and dispute settlements; continuing to work towards the objective of duty free and quota-free market access for all least developed countries' products, excluding arms; assisting least developed countries in upgrading their production and export capacities and capabilities; designing and implementing nationally owned development policies and strategies, including, where appropriate, poverty reduction strategy papers, with the full participation of stakeholders ;are also other pillar strategies to achieve MDGs.

Pursuing measures to promote the cancellation of official bilateral debt; urging bilateral and multilateral development agencies to take steps towards making their aid programs more efficient and responsive to the needs of least developed countries; urging donor

nations to fulfill their commitments towards increased assistance to the least developed countries ;and establishing information systems to monitor the use and effectiveness of ODA are strategies related to developing global partnership for development.

2.3.4 PROTECTING OUR COMMON ENVIRONMENT

Ensuring the ratification of the Kyoto Protocol; strengthening of institutions to deal with the adverse impact of climate change; conserving and developing all types of forests by all concerned parties; supporting the implementation of the convention to combat desertification; developing policies for environmentally sustainable integrated water management; improving scientific research to reduce the impact of climate variables; ensure free access to information on the human genome sequence are strategies in relation to protecting the environment.

2.3.5 PROTECTING THE VULNERABLE

Vulnerable are individuals who are susceptible to emergences such as armed conflict, natural disasters…etc. Urging states to prosecute violations of international criminal law and to strength national justice systems; ensuring that states comply with their legal obligations to protect and assist all refugees and displaced persons; making international assistance more responsive to the needs of host communities; working with the international community to assist the displaced; improving the United Nations advocacy work; securing state commitments to end the use of children as soldiers; taking into account the special needs of women and girls; continuing to support government efforts by promoting capacity-building activities are strategies to be followed in relation to protecting the vulnerable objective.

2.3.6 MEETING THE SPECIAL NEEDS OF AFRICA

Africa is the least developed continent in the world. The continent also often encounters security and related problems. Strategies to be followed for meeting the special needs of

Africa includes: Supporting the democracy and governance programmers of the New African Initiative; encouraging governments to nurture democratic values, ideals, institutions, to develop independent judiciaries and media; supporting peacekeeping in Africa; helping Africa by increasing ODA flows and reforming the ODA delivery system to ensure that flows are more effectively utilized by recipient African countries; supporting the establishment of measures that reduce risk in order to attract and sustain foreign investment and technology transfers; helping Africa to secure further debt relief, assisting Africa in ensuring active participation in the world trading system and giving high priority to measuring improvements in health in African countries; supporting African governments in their efforts to reduce deaths and disability from HIV/AIDS, tuberculosis and other infectious diseases.

2.3.7 STRENGTHENING THE UNITED NATIONS

The United Nations is a global institution and its role in achieving the MDGs is crucial. As a result strengthening it is essential to cope up with the challenges of this millennium. Continuing the General Assembly's efforts to revitalize and streamline its work; enhancing the Security Council's ability to anticipate, prevent and react to event on short notice; continuing the Economic and Social Council's efforts to consider how best to fulfill its mandate and streamline its working methods; encouraging states to use the International Court of Justice(ICJ) more frequently for the resolution of their disputes; broadening the range of issues on which consultations are held among the principal organs of the United Nations and improving policy coherence and cooperation across the entire international system in order to deal with today's global challenges are some of the strategies to be followed to strength the United Nations.

3 EVALUATION OF MILLENNIUM DEVELOPMENT GOALS

The General Assembly of United Nation in September 2000 declared Millennium Declaration. In this chapter, evaluation of the achievements of the goals of this declaration will be discussed.

3.1 EVALUATION OF ACHEIVMENTS OF MDGs

3.1.1 ERADICATION OF EXTREME POVERTY AND HUNGER

As indicated in table 3.1, 40.4 and 38.9 percent of populations of LDCs lived under $1 per day in 1990 and 2000 respectively. To reduce the incidence of extreme poverty and achieve the MDGs, this incidence of poverty should fall to 32.67 and 20.2 percent in 2005 and 2015 respectively. However, with annual reduction rate of 0.56 percent from 2000 to 2005, the actual incidence of poverty was reduced to 36.1(reduced by 15 percent over the 5 years) percent in 2005. If the incidence of poverty declines from 2006 to 2015 at the same rate as during period of 2000-2005, it would reach only 30.5 percent in 2015.

The gap between the target and actual performance during this period (from 2000 to 2005) was also increasing (escalated from 0.7 in 2001 to 3.4 in 2005). Part of the target, which was not achieved during 2000-2005(3.4 percent), is postponed to the remaining period and this makes that 15.9(instead of 12.47) percent of the incidence of poverty is going to be reduced in the next ten years. This implies that unless greater effort (more than previously expected) is exerted, which is probably hard; LDCs are out of truck in achieving the target of halving the proportion of people whose income is less than one dollar a day by 2015.

In Ethiopia also, 45.5 percent of population lived under the poverty line in 1995. However, the proportion of population living below poverty line had been declined in the country since 1995. The decline of the proportion of population living below poverty line was more accelerated in the new millennium than before. Before 2000 it had declined at

0.26 percent per annum. Nevertheless, after 2000 it declined at more rates (1.1 percent) than before. On the average, the proportion of population living below poverty line had declined by 0.68 percent over the period (from 1995 to 2005). Here also the gap between the target and actual performance escalated from 0.7 in 2001 to 1.6 percent in 2005 and by this time, 77 percent of the target expected to be achieved in 2005 was realized. This increases the remaining gap expected to be achieved in the next 10 years from 14.35 to 15.95 percent.

If the reduction of proportion of people living below poverty line will continues by 0.68 percent in the remaining period, by 2015 the proportion of people living below poverty line (poverty head count index) in Ethiopia will reach 31.9 percent. However, if it continues with the rate of the period during 1999/2000-2004/2005(1.1 percent per annum), the poverty head count index of Ethiopia will reach 27.7 percent in 2015. This shows that with both rate of reduction, Ethiopia can not achieve Millennium Development Goal (MDG) of halving (from 45.5 percent to 22.75 percent) the proportion of people whose income is less than national poverty line by 2015. Moreover, in recent years inflation in Ethiopia was very high. This also aggravates the problem of reducing the proportion of people whose, income is less than national poverty line by making those around the poverty line (whose income do not rise proportionally with inflation rate) more poorer. To achieve the target, a little more effort than the current one is needed.

When compared to other LDCs, the country still lags behind in reducing the proportion of population living below the poverty line though; her achievement (reduction of proportion of population living below poverty line from 44.2 percent in 2000 to 38.7 in 2005) was much higher than other LDCs (reduction of proportion of population living below poverty line from 38.9 percent in 2000 to 36.1 percent in 2005).

Table 3.1 Target and Actual Performance of Reducing Proportion of Population Living below Poverty Line

Targets and performance	year																
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Percentage of LDCs population living below poverty line																	
Target	40.4	38.9	37.7	36.4	35.2	33.9	32.7	31.4	30.17	28.9	27.7	26.4	25.2	23.9	22.7	21.4	20.2
Actual	40.4	38.9	38.3	37.8	37.2	36.7	36.1										
Gap	0.0	0.0	-0.7	-1.4	-2.1	-2.7	-3.4										
Percentage of Ethiopian population living below poverty line																	
Target	45.5	44.2	42.8	41.3	39.9	38.5	37.1	35.6	34.19	32.8	31.3	29.9	28.5	27	25.6	24.2	22.75
Actual	45.5	44.2	43.1	42	40.9	39.8	38.7										
Gap	0.0	0.0	-0.3	-0.7	-1.0	-1.3	-1.6										

Source: UNCTAD Secretariat Calculations Based on Data from Karshenas (2008) and United Nations DESA Statistics Division Cited in the LDCs Report (2008), World Development Indicators (2008), PASDEP Progress Report of MOFED (2007) and Calculations Based on these.

3.1.2 UNIVERSAL PRIMARY EDUCATION AND GENDER DISPARITY

The achievement of primary universal education in LDCs showed gradual increment in the new millennium. Primary completion rate was increased from 57 percent in1991 to 73 percent in 2006. In the same fashion, net primary enrollment ratio was increased from 72 percent in 1997 to 78 percent in 2006. However, the gap between the actual performance and the target particularly in the coverage of net enrollment ratio had been regularly increasing. This implies that, achieving universal primary education in LDCs would be difficult. This is due to the fact that, probably in some countries, to complete full courses of primary education, it takes eight years of schooling and the targets which do not achieved before 2008 will not be recovered in the remaining years. Even in those countries, in which primary education takes less than eight years of schooling, with the current rate, they will not be able to attain 100 percent primary enrollment until 2010. As a result, achieving universal primary education is questionable in these countries (See Table 3.2).

In Ethiopia, only 22 percent of school age children of primary education were in school in 1991. Nevertheless, this percentage showed increment and reached 83 percent in 2007/08(2000 E.C). Moreover, primary completion rate was also increased from 26 percent of the 1991 to 49 percent in 2006. This implies that, out of the target expected to be achieved in 2006, 84 and 88 percent of net primary enrollment and primary completion rate were achieved respectively. The average drop out rate during 2007/08 was 12.4 for primary (1-8) education (See Table 3.2 and Annex 1).

Although, progress is reported in primary education coverage of Ethiopia, there is still a gap in achieving universal primary education in the country. To ensure that, by 2015, boys and girls alike, will able to complete a full course of primary education in Ethiopia, net enrollment ratio should have reached 100 percent in 2007/2008, since primary education in the country requires eight years of schooling. However, in 2007/08 net enrollment ratio was reached only 83 percent. As a result, the country could not achieve the universal primary education goal by 2015.

Table 3.2 Primary Completion Rate and Net Primary Enrollment

Targets and performance	year															
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Primary Completion Rate for LDCs (%)																	
Target	57		59.9	62.7	65.6	68.5	71.3	74.2	77.1	79.9	82.8	85.7	88.5	91.4	94.3	97.1	100
Actual	57		59.7	62.3	65	67.7	70.3	73									
Gap	0		-0.2	-0.4	-0.6	-0.8	-1.0	-1.2									
Primary Completion Rate for Ethiopia (%)																	
Target	26		30.9	35.9	40.8	45.7	50.7	55.6	60.53	65.47	70.4	75.3	80.3	85.2	90.1	95	100
Actual	26		29.8	33.7	37.5	41.3	45.2	49									
Gap	0		-1.1	-2.2	-3.3	-4.4	-5.5	-6.6									
Net Enrollment Ratio for LDCs (%)																	
Target		72(in 1997)	75.5	79	82.5	86	89.5	93	96.5	100	100	100	100	100	100	100	100
Actual		72	73	74	75	76	77	78									
Gap			-2.5	-5	-7.5	-10	-12.5	-15									
Net Enrollment Ratio for Ethiopia (%)																	
Target	22		32	41.5	51.3	61	70.8	80.5	90.3	100	100	100	100	100	100	100	100
Actual	22		30	37.3	44.3	53	60.1	67.8	75.4	83							
Gap	0		-2	-4.2	-7	-8	-10.7	-12.7	-14.9	-17							

Source: World Development Indicator (2008), the Least Developed Countries Report (2000), Educational statistics annual abstract 2009.

With regard to gender disparity and empowerment of women, as shown in table 3.3 in LDCs the ratio of girls to boys in primary and secondary school was increased from 0.73 in 1990 to 0.89 in 2006. Similarly in Ethiopia, it increased from 0.68 in 1990 to 0.81 in 2006. Here also, the gap between the target and actual performance particularly for Ethiopia had been increasing over the period. On the other hand, as indicated in annex 1 in LDCs the percentage of total seat of women in parliaments was increased from 11 percent of the 1990 to 16 percent in 2006. In the same manner, in Ethiopia, in 2006 the percentage of total seat of women in parliaments was reached 22 percent.

Table 3.3 Ratio of Girls to Boys in Primary and Secondary School

Targets and performance	year																
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ratio of Girls to Boys in Primary and Secondary School in LDCs																	
Target	0.73		0.76	0.80	0.83	0.87	0.90	0.93	0.97	1	1	1	1	1	1	1	1
Actual	0.73		0.76	0.78	0.81	0.84	0.86	0.89									
Gap	0		0.00	-0.02	-0.02	-0.03	-0.04	-0.04									
Ratio of Girls to Boys in Primary and Secondary School in Ethiopia																	
Target	0.68		0.72	0.76	0.80	0.84	0.88	0.92	0.96	1	1	1	1	1	1	1	1
Actual	0.68		0.70	0.72	0.75	0.77	0.79	0.81									
Gap	0		-0.02	-0.04	-0.05	-0.07	-0.09	-0.11									

Source: World Development Indicator (2008) and Calculation Based on it.

3.1.3 UNDER- FIVE AND MATERNAL MORTALITY

As indicated in table 3.4 under-five, infant and maternal mortality rates were high in LDCs in 1990. During this period, 180 out of every1000 children born alive died before their fifth birth year. Similarly, 113 out of every 1000 children died before reaching their first birth year. To reduce these death rates and achieve MDG, the under-five and infant mortality rates should be reduced to 132 and 68 in 2006; and reduced to 60 and 38 in 2015 respectively.

However, under-five mortality rates were reduced from 180 in 1990 to 142 in 2006. Similarly, infant mortality rates were reduced from 113 to 90 in the same period. In reducing under-five and infant mortality, out of the target expected to be achieved in 2006, only 79 percent and 51 percent was achieved, respectively. This implies that LDCs were lagged behind by 21 percent and 49 percent in reducing under- five and infant mortality rates in 2006 respectively. This further increases the burden of achieving the targets in the remaining 9 years.

In similar fashion, in Ethiopia infant and under-five mortality rates have shown improvements since 1990. For instance, Infant mortality rate was reduced from 122 per 1000 live births in 1990 to 77 in 2006. In the same manner, under- five mortality rates was also reduced from 204 per 1000 of live births to 123 in the same period. If the current reduction rate continues until 2015, Ethiopia will successfully achieve infant mortality target and achieve 90 percent of under-five mortality target. As a result, with exerting a little more effort than the current one, it is possible to achieve the under-five mortality target, too. For LDCs, however, more efforts are needed to achieve both targets.

Compared with other LDCs, in reducing infant mortality rate, Ethiopia performed better (reduced from 124 in 1990 to 80 in 2005) than these countries average (113 in 1990 and 90 in 2005). Similarly, with regard to reducing under-five mortality rate this country performed (reduced from 204 in 1990 to127 in 2005) better than the LDCs average (180 in 1990 and142 in 2005).

Table 3.4 Under-five and Infant Mortality Rate (per 1000 live births)

Targets and performance	year																
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Under-five mortality rates of LDCs																	
Target	180		172	164	156	148	140	132	124	116	108	100	92	84	76	68	60
Actual	180		173.7	167	161	155	148	142									
Gap	0		-1.7	-3.	-5	-7	-8	-10									
Under-five mortality rates of Ethiopia																	
Target	204	151	145.5	140	134	129	123	118	112	107	101	95.7	90.1	84.6	79.1	74	68
Actual	204	151	146.2	141	137	132	127	123									81
Gap	0	0	-0.7	-1	-3	-3	-4	-5									
Infant Mortality Rate of LDCs																	
Target	113		108	103	98	93	88	83	78	73	68	63	58	53	48	43	38
Actual	113		108.4	104	99.2	94.6	90										
Gap	0		-0.4	-0.8	-1.2	-1.6	-2										
Infant Mortality Rate of Ethiopia																	
Target	124	104	99.8	95.6	91.4	87.2	83	78.8	74.6	70.4	66.2	62	57.8	53.6	49.4	45	41
Actual	124	104	99.5	95	90.5	86	81.5	77									
Gap	0	0	0.3	0.6	0.9	1.2	1.5	1.8									

Source: UNICEF, the State of World Children (2008) cited in the Least Developed Countries Report (2008), World Development Indicator (2008) and The Little Data Book (2007).

With regard to maternal mortality, globally every year more than half a million women die from complications in pregnancy and child birth. In the poorest part of the world, the risk of woman dying as a result of pregnancy or child birth is about 1 in 6 as compared to 1 in 30,000 in northern Europe[14].

In LDCs in general little progress (reduction from 890 to 870) was observed in reducing maternal mortality between 2000 and 2006. This result shows that out of the target expected to be achieved in 2006, only 7.5 percent was achieved. With this rate, it is possible to infer that, the achievement of reducing maternal mortality to 223 in 2015

[14] Francais I, "Improve Maternal Health" .Millennium Development Goal 5 Available at:.http: www .dfid. gov .uk/mdg/ health. asp Accessed on march 30/2009

becomes difficult and LDCs are out of truck in achieving reducing maternal mortality goal.

In Ethiopia, between 1990 and 2005, the maternal mortality rate of the country was reduced from 1068 to 720. If this reduction rate continues until 2015, maternal mortality rate of the country will reach 525 instead of 267 by 2015. This shows that 32.2 percent deviation from the expected target to be achieved by 2015; and it also shows that the country is out of truck in achieving maternal mortality goal. To achieve the goal a lot of effort is needed in the area.

Table 3.5 Achievements in Maternal Mortality Rate/MMR/

Target and performance	year																
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Maternal Mortality Rate of LDCs (per 100,000 live birth)																	
Target		890	846	801	757	712	668	623	579	534	490	445	401	356	312	268	223
Actual		890	897	883	880	877	873	870									
Gap		0	-41	-82	-123	-165	-205	-247									
Maternal Mortality Rate of Ethiopia (per 100,000 live birth)																	
Target	1068	850	811	772	733	695	656	617	578	539	500	461	422	384	345	306	267
Actual	1068	850	828	807	785	763	742	720									
Gap	0	0	-17.2	-34	-51.6	-69	-86	-103									

Source: World Development Indicator (2004), the Least Developed Report (2008) and Health and Health Related Indicators (2006/07).

3.1.4 PREVALENCE OF HIV/ADIS AND OTHER MAJOR DISEASES

A) HIV/ADIS

As indicated in table 3.6, HIV prevalence rate in LDCs was 2.29 percent in 2001. It was reduced to 1.7 in 2005, though; the target expected to reach at time was 1.9 percent. This implies that, LDCs can achieve more than the target (reduce HIV prevalence rate to 1.12 percent instead of 1.145 percent) by 2015. This shows that, LDCs are on good

truck in combating HIV/ADIS to achieve the target of halve halted and begun to reverse the spread of HIV/AIDs.

Ethiopia is the most heavily affected countries in the world in the HIV prevalence rate. The first HIV infection in the country was reported in 1984, and in 1989 it was estimated that the adult HIV prevalence was increased to 2.7 percent. By the end of 1999, UNAIDS estimated that, approximately 3 million people were living with HIV/AIDS cases in the country. This UNAIDS estimate makes Ethiopia sixteenth in HIV prevalence in the world[15].

However, as indicated in table 3.6, HIV prevalence in Ethiopia, was decreased to 2.1 in 2007. The deviation from the target expected in the period was only 0.03 percent. This implies that the country is on a good truck in controlling and reversing the spread of HIV/ADIS. However, when compared to LDCs, the country is still lagged behind in reducing prevalence of HIV/ADIS.

[15] MYESAJ Forum Index (2003), Know the Facts, Ethiopia and HIV/ADIS. URL:http://www.esai.org/myESAI/viewtopic-t-586.html

Table 3.6 Prevalence of HIV/ADIS

Targets and performance	year																
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
HIV prevalence rate in LDCs (%)																	
Target		2.29	2.21	2.14	2.06	1.98	1.91	1.83	1.76	1.68	1.60	1.53	1.45	1.37	1.30	1.22	1.14 5
Actual		2.29	2.17	2.05	1.94	1.82	1.7										
Gap		0	-0.04	-.09	-.12	-.16	-.21										
HIV prevalence rate in Ethiopia (%)																	
Target	2.7		2.61	2.52	2.43	2.34	2.25	2.16	2.07	1.98	1.89	1.8	1.71	1.62	1.53	1.44	1.35
Actual	2.7		2.61	2.53	2.44	2.36	2.27	2.19	2.1								
Gap	0		0	0.01	0.01	0.02	0.02	0.03	0.03								

Source: World Development Indicator (2003), (2008), Health and health related Indicators (2006/07) and MYESAJ Forum Index (2003).

B) Tuberculosis

In 2000 the incidence of tuberculosis in LDCs was 233 per 100,000 people. This rate was reduced to 221 per 100,000 people in 2006, though; the expected target was 186 per 100,000 people at this time. This shows that, unless additional greater effort is exerted, achieving the target in the remaining nine years would be difficult.

Table 3.7 Prevalence of Tuberculosis

Targets and performa nce	year																
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Incidence of Tuberculosis in LDCs (per 100,000 people)																	
Target		233	225	218	210	202	194	187	179	171	163	156	148	140	132	125	117
Actual		233	231	229	227	225	223	221									
Gap		0	-6	-11	-16	-23	-29	-34									
Incidence of Tuberculosis in Ethiopia (per 100,000 people)																	
Target		251 (in 1997)	243	234	226	218	209	201	193	18 4	17 6	168	159	151	143	134	126
Actual		251	272	294	315	336	358	379									
Gap		0	-30	-59	-89	-119	-148	-178									

Source: World Development Indicator (2001), (2003), (2008)

Regarding the incidence of tuberculosis in Ethiopia, the country ranks seventh among the world's 22 high-burden tuberculosis countries. The country had 306,330 estimated TB cases in 2006[16].

The tuberculosis incidence rates in Ethiopia was as high as 379 per 100,000 population in 2006 in contrast to 251 in 1997. The gap between the actual performance and the target was also reached 178 in 2006. Prevalence and mortality rates were also 643 and 84 per 100,000 persons respectively. Moreover, out of tuberculosis patients tested for HIV 40 percent were HIV positive in 2006 (Table 3.7 and 3.8).

Table 3.8-Surveillance and Epidemiology (2006)

Incidence (all cases/100,000 pop/year)	379
Prevalence (all cases /100,000 pop)	643
Mortality (deaths /100,000 pop/year)	84
TB patients tested for HIV	2.6%
HIV+ of TB patients tested for HIV	40%
MDR-TB of new TB cases	1.6%

Source: WHO report (2008) cited in WHO African Region Surveillance and Epidemiology (2008) URL: http:www.who.int/tb/publications/global_report/2008/pdf/eth.pdf

As indicated in Table 3.9 in Ethiopia the Directly Observed Treatment Short course (DOTS) coverage increased from 39 percent in 1995 to 100 percent in 2006. DOTS detection rate exists at low level (27 percent) and the treatment success rate was closer to the international target (85 percent) set by World Health Organization (WHO) though, fluctuation was observed in the Ethiopian's rate.

In spite of these, the country is out of truck even in keeping at a constant rate, let alone reversing and halting the incidence of Tuberculosis.

[16] USAID Health (2009), Infectious Disease, Tuberculosis, Countries, Ethiopia URL:http:www.usaid.gov/our_work/global_health/id/tuberculosis/countries/Africa/Ethiopia_prof

Table 3.9 - The Direct Observed Treatment Short course (DOTS)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
DOTS Coverage (%)	39	39	48	64	63	85	70	95	95	70	90	100
New DOTS detection rate (%)	19	27	35	37	35	40	37	40	37	40	40	39
DOTS detection rate with DOTS areas (%)	38	51	45	36	38	36	43	32	33	45	32	27
DOTS treatment success (%)	61	73	72	74	76	80	76	76	70	79	78	-

Source: World Health Organization Report (2008) cited in WHO African Region Surveillance and Epidemiology (2008).

B) Malaria Prevention

Approximately 53 million Ethiopians (63 percent of the population) of these, 33 million lives in endemic areas, and nearly one quarter of Ethiopians resides in endemic prone areas. Malaria is a leading cause of death in children and Adults in the country. In 2000 alone it killed over 29,000 children[17].

In Ethiopia outpatient confirmed malaria cases, malaria admissions and death resulting from malaria decreased by 67 percent, 54 percent and 55 percent during 2001-2007 respectively. The decline in death was higher in children of under- five ages than those of above five ages (See Table3. 10).

Table3.10 Weighted Mean Malaria Cases of Children in Ethiopia (2001- 2007)

Child age group	Outpatient confirmed malaria cases	Malaria admissions	Malaria deaths
>5 years	-70%	-55%	-34%
< 5 year	-61%	-52%	-56%
All ages	-67%	-54%	-55%

Source: WHO (2008) Cited in From Donkeys to Dollars (2008)

[17] From Donkeys to Dollars(2008), Unity in Combating Malaria Leads to Success in Ethiopia URL:http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/ETHIOPIAE

To control malaria the government of Ethiopia distributed 20,492,318 Insecticide Treated Nets until March 2008.The government also used Indoor Residuals Praying (IES) and Artemisinin Combination Therapy (ACT) approaches[18].

3.1.5 ENSURING ENVIRONMENTAL SUSTAINABILITY

The area covered by forest declined in least developed countries from the 1990s coverage in 2005. As opposed to what was anticipated, the average annual deforestation rate in LDCs increased after the new millennium. Annually, 47 thousand square kilometers of forest had been destroyed in LDCs from 2000 to 2005 with annual deforestation rate of 0.7 percent. With this rate all area covered by forest will be destroyed in LDCs with in 143 years. Further more, total carbon dioxide emission and per capita carbon dioxide emission were also increased over this period. Unless this trend is reversed, it will be difficult to achieve the MDG of reversing the loss of environmental resource in LDCs (See Annex 1).

In similar fashion, in Ethiopia, between 1990 and 2005 the land area covered by forests was rapidly decreased from 151,000 to 130,000 square kilometers. Per capita carbon dioxide emission rate in the country however, remains the same through out the period. This implies that, the country is out of truck in reversing the loss of environmental resources in general and in protection and expansion of area covered by forest in particular. As a result, a great effort is needed to reverse the loss of environmental resources of the country (See Annex 1).

In halving the proportion of people with out access to safe drinking water from 51 percent of the 1998 figure, LDCs registered 123 percent achievement in 2004. Similarly, concerning the achievement of sanitation target, LDCs registered 162 percent achievement in the same period. This implies that these countries are on truck in achieving the targets (See Table 3.11).

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[18] Ibid

In Ethiopia however, Access to safe drinking water exists critically at low level. Only 22 percent of the population of the country has access to clean water in 2004 as compared to 23 percent in 1990. On the other hand, just only13 percent of the population has access to adequate sanitation services in 2004 as compared to 3 percent in 1990. In addition the gap between the target and actual performance was widening over time. For instance, in access to clean water target, while the gap between the two was 2.5 in 2001 it increased to 10 in 2004. In similar manner, the gap between the actual performance and target in access to sanitation service was increased from 0.7 in 2001 to 2.9 in 2004 (See Table 3.11).

Table 3.11 Achievements in Water and Sanitation

Targets and performance	year																
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Achievements in access to clean water target in LDCs (%)																	
Target	51		52.6	54.3	55.9	57.5	59.2	60.8	62.4	64.1	65.7	67.3	69.0	70.6	72.2	73.9	75.5
Actual	51		53	55	57	59											
Gap	0		0.4	0.7	1.1	1.5											
Achievements in access to clean water target in Ethiopia (%)																	
Target	23		25.2	27.5	29.7	32	34	36.4	38.63	40.87	43.1	45	48	50	52	54	56.5
Actual	23		22.8	22.5	22.25	22											
Gap	0		-2.4	-5	-7.55	-10											
Achievements sanitation target in LDCs (%)																	
Target	21		23.6	26.2	28	31.5	34	36.8	39	42	44.7	47	50	52.6	55	58	60.5
Actual	21		25.3	29.5	34	38											
Gap	0		1.7	3.3	5	6.5											
Achievements sanitation target in Ethiopia (%)																	
Target	3		6.2	9.47	12.7	15.9	19	22.4	25.6	29	32.1	35	39	42	45	48	51.5
Actual	3		5.5	8	10.5	13											
Gap	0		-0.7	-1.47	-2.2	-2.9											

Source: World Development Indicator (2008), the Least Developed Countries Report (2000), (2002), (2008) and The Little data book (2007).

As a result, most disease in Ethiopia is attributed to poor access to clean water & sanitation. At any given time, more than half of the country's population is suffering from an

unnecessary water related disease. Beside this, more than 250,000 children under the age of five also die each year as a result of diarrhea[19].

This entails that, a lot of effort is needed to increase the coverage of both access to clean water and sanitation, even to 50 percent of the population in Ethiopia. Ethiopia lagged behind in both access to clean water and sanitation services both in 1990 as well as in 2004.

3.1.6 EXPANSION OF INFORMATION AND COMMUNICATION TECHINOLOGY.

Concerning information and communication technology, as shown in annex 1 the number of telephone users in LDCs increased from 8 in 2003 to 21.2 per 1000 people in 2006. Similarly, the number of internet users was also increased from 4 to 28.5 per 1000 people during the same period.

In Ethiopia also, users of telephone main lines, and internet sowed slow improvements since 1990. While in 1990 there were only two telephone main lines per 1000 inhabitants, it was increased to 9 per 1000 inhabitants in 2006. Similarly, the number internet users increased from 0 in 1990 to 2 per 1000 person in 2006. Here also the country lagged behind from the LDCs average.

3.2 ASSISTANCE FROM DEVELOPED COUNTRIES (DEVELOPING A GLOBAL PARTNERSHIP FOR DEVELOPMENT)

In order to facilitate the achievement of MDGs by LDCs, the donor community (developed countries) were committed to provide 0.7 percent of their GNI. In spite of their commitment of 0.7 percent of their GNI, the actual net ODA from DAC member countries from 2001-2006 was only $126,894.00 million, which was only 10.67 percent

[19] A Glimmer of Hope Foundation (2009) An Over View of the World Growing Water Crises with Specific Focus on Rural Ethiopia, URL: http://www.aglimmarofhopeorg/whyethiopiawaterand sanitation.html

of their commitment. The difference (commitment –actual disbursement) was $1,062,048.00 million. Had it been this difference was given, it would have been facilitated the development and eradication of poverty of the LDCs much greater than the current status. In the remaining time, if these countries provide what they committed to provide to LDCs, it is expected that LDCs would likely achieve many of the MDGs. Thus, it is anticipated that, the lagging of donor community in providing aid elongates the time required by LDCs to get out of poverty (See Table 3.12 and Annexes 2).

In the case of Ethiopia, the ODA which the country received between 2001 and 2006 was gradually increased from 1,116 in 2001 to 1947 million USA dollars in 2006. During this period, the ODA expected to be given to the country was $96,180 million. However, out of this the country only received $9,639 (10.02 percent) million (See Table 3.12).

Table 3.12 Flow of ODA to LDCs (in million USA dollars)

Targets and performance	Year						
	2001	2002	2003	2004	2005	2006	Total
Flow of ODA to LDCs							
Target	168,266	176,598	194,574	205,266	215,194	229,040	1,188,938
Actual	12,019	15,137	22,237	23,459	24,594	29448	126,894
Gap	156,247	161,461	172,337	181,807	190,604	199,592	1,062,048
Flow of ODA to Ethiopia							
Target	13,752	14,743	14,133	15,959	18,716	18,877	96,180
Actual	1,116	1,307	1,553	1,806	1,910	1,947	9,639
Gap	12,636	13,436	12,580	14,153	16,806	16,930	86,541

Source: The Least Developed Countries Report (2004), (2006), (2008) and Calculations Based on these Reports.

As shown in table 3.13, ODA which Ethiopia received increased after the new millennium than before. In per capita terms though; the per capita aid disbursement to

Ethiopia increased from 13.8 in 1995 to 24.1 in 2005, the rank of Ethiopia out of fifty Least Developed Countries(LDCs) has shown little improvement(reduced from 43 in 1995 to 42 in 2005). Moreover, the share of bilateral ODA was greater than the multi lateral ODA in both periods.

Table 3.13- Per capita, Net Bilateral and Multilateral ODA Disbursements to Ethiopia

1995-1996						
Per capita Aid	Net disbursement	Rank out of 50 Countries	Bilateral ODA	Of which grants	Multilateral ODA	Of which grants
13.8	846.2	43	As % of total net ODA			
			57.6	52.5	42.4	19.9
2005-2006						
24.1	1928.4	42	As % of total net ODA			
			58.7	56.7	41.3	123.2

Source: UNCTAD secretariat calculations based on OECD/DAC/, international development statistics, online May 2008; United Nations DESA population division, January 2006 cited in the Least Developed Countries Report 2008.

With regard to market access, as indicated in table 3.14, the share of exports of LDCs in world market slightly changed after the new millennium. In the 2003 developed countries shared 62.5 percent of export of LDCs. However, this share was reduced to 51.6 percent in 2006. The share of exports of Ethiopia in developed countries market was also declined from 60.6 percent in 2000 to 49.9 percent in 2006.

Table 3.14 Main Markets for Exports of Developing Countries (%)

Country	2003			2006		
	Developed countries	Developing countries	Unallocated	Developed countries	Developing countries	Unallocated
LDCs	62.5	31.2	6.3	51.6	44.9	3.5
Ethiopia (in 2000)	60.6	36.2	3.2	49.9	35.5	14.6

Source: Complied from UNCTAD secretariat calculations, based on data from IMF, Direction of Trade Statistics CD-ROM cited in the Least Developed Reports of 2002 and 2008.

On the other hand, average percentage of goods admitted free of tariff to most developed countries increased in the new millennium. As shown in the table 3.15, the percentage increment is quite large in countries like Canada and United States. The average tariff reduction by countries like Australia, Canada, Switzerland and Norway on exports of the LDCs during the same period was also encouraging. However, the average tariff increment particularly on agricultural products by the European Union was contrary to the target of Millennium Development Goals of developing an open, rule based trading system and addressing special need of the Least Developed Countries, which includes tariff and quota free access for exports of LDCs. In addition, the slow reduction of average tariff on exports of LDCs in countries like United States and Japan was also not encouraging to enable these countries to achieve the MDGS. The subsidy given to agriculture by these major developed countries was also much greater than the ODA given to LDCs.

Table 3.15 Goods (of LDCs) Admitted Free of Tariffs and Average Tariff on Exports of LDCs to Developed Countries

country	Goods (excluding arms) admitted free of tariffs %		Average tariff on exports of least developed countries %						Support to agriculture
			Agricultural products		Textiles		Clothing		% of GDP 2006
	1999	2005	1999	2005	1999	2005	1999	2005	0.22
Australia	96.3	100	13.7	0	6.3	0	25.5	0	0.8
Canada	45.7	99.7	9.3	0.7	7.5	0.2	19.8	1.7	1.1
European Union	96.9	97.8	1	1.2	0	0.1	0	1.2	1.11
Japan	58	23.2	3.7	2.5	5.1	2.8	0.4	0.1	0.25
New Zealand	93.8	99.2	0	6.7	9.6	0	13	0	0.99
Norway	97.5	99.1	3.3	0.4	4.8	0	1.5	1	1.46
Switzerland	99.9	96.7	1.5	0.9	0	0	0	0	0.73
United States	53.4	76.7	9.4	7.9	7.1	5.7	14.3	11.7	

Source: World Development Indicators (2008).

With regard to external debt, external debt of LDCs in general was $142,632.00 million in 2000. In the same year, the ratio of external debt to GDP of these countries was reached 86.3 percent. Debt payment service and the ratio of debt service to export were $4504.00 million and 11.1 percent respectively. However, in 2006 while total external debt was reduced to $133,082.00 million, the debt payment service was increased to $7881.00 million. Beside this, the ratios of external debt to GDP and debt service to export were reduced to 39.6 percent and 6.1 percent respectively (See Table 3.16).

Table3.16: Debt Structure of LDCs

Country	2000				2005		2006	
	External debt(in million $)	External debt/GDP	Debt service payment(in million $)	Debt service/ exports	External debt/GDP	Debt service/ exports	External debt(in million $)	Debt service payment(in million $)
LDCs(low income)	142632	86.3	4504	11.1	39.6	6.1	133082	7881

Source: Complied from UNCTAD secretariat calculations based on World Bank, World Development Indicators 2007 and Global Development Finance 2007, online data, may 2008 cited in The Least Developed Countries Report of 2008.

Similarly, the external debt of Ethiopia was gradually reduced from $8630 to $2326 million between 1990 and 2006; although, after 2006 it has shown slight increment. The debt service of the country was also showed gradual reduction from $201 to $86.67 million between 1990 and 2007/08. Moreover, the ratio of external debt to GDP and debt service to export had shown gradual reduction; reached 17.5 and 3.8 respectively in 2005(See Table 3.17).

Table 3.17 External Debt Structure of Ethiopia

Year	External debt (in million $)	Debt service(in million $)	Ratio of external debt to GDP	Ratio of debt service to export
1990	8630	201	71.4	29.9
2000	5483	123	69.4	12.5
2005	6261	80	17.5	3.8
2006	2326	160	-	
2007/08	2766.15	86.67		

Source: UNCTAD Secretariat calculation cited in The Least Developed Countries Report (2008); Public Sector External Debt Statistical Bulletin of MOFED (2008).

To reduce the unsustainable debt burden of LDCs World Bank and International Monetary Fund (IMF) launched the Heavily Indebted Poor countries (HIPC) initiative in 1996. However, to reduce unsustainable debt burden a country must qualify for HIPC decision and completion points. 32 LDCs fulfilled the HIPC decision point's criteria until July 2007. Out of these, 23 of them reached the HIPC completion point. The remaining 9 countries were floating. As a result of HIPC initiative assistance, these 32 countries

received $45,419 million. In addition to this, those countries who reached HIPC completion point received $21,253 million additional assistance (See Annex 3).

When LDCs Join Middle Income Countries Camp?

The United Nation Economic and Social Council use the following criteria to decide countries which could graduate from LDCs category[20].

1. Income criteria: This is based on the average gross national per capita income for three consecutive years.
2. Human asset criteria: This is based on indicators of nutrition (percentage of population under nourished), health (child mortality rate), school enrollment (gross secondary school enrollment rate) and literacy rate; and
3. Economic vulnerability criteria: It is based on indicators of natural shocks (Index of instability of agricultural production; share of population displaced by natural disaster; trade shock (index of goods and services); exposure to shocks (share of agriculture, forestry and fisheries in GDP); merchandise export concentration index); economic smallness (population in logarithm); and economic remoteness.

According to the above criteria a country qualifies for graduation from LDCs if it has met at least two of these criteria in two consecutive reviews or if the per capita GNI of a Least Developed Country (LDC) has risen to a level of at least double the graduation threshold.

Based on Income Threshold Criteria (ITC) measured by market exchange rate, the Least Developed Countries Report of 2008 classifies 8 countries namely: Equatorial Guinea, Vanuatu, Kiribati, Cape Verde, Samoa, Maldives, Bhutan and Angola as LDCs who have achieved Income Threshold Criteria (ITC). Similarly, for Djibouti, Sudan and Mauritania 1, 6 and 8 years will be left to reach Income Threshold (IT) required for graduation respectively.

[20] The Least Developed Countries Report (2008).

According to this report, the remaining LDCs reach income threshold required in medium and long term. Lesotho, Cambodia, Sao Tome and Principe, Leo Peoples Democratic and Bangladesh will reach income threshold in 10, 11, 11, 15 and 17 years respectively. 25 countries are expected to reach income threshold in the long run. Among these 13 countries will reach income threshold with in next 50 years.

As indicated in annex 3, even based on the Per Capita Gross National Income (PCGNI) measured by market exchange rate, countries like Kiribati, Cape Verde, Samoa, and Maldives are full filled the income threshold and Human Asset Index (HAI) criteria required for graduation.

However, Per Capita Gross National Income (PCGNI) measured by market exchange rate in usual cases does not reflect the actual purchasing power of a dollar equivalent of local currency. As a result, taking per capita income measured by purchasing power parity (PPP) reflects more truth than PCGNI measured by market exchange rate and cut down the number of years required for graduation. As shown in annex 3, based on per capita income measured by purchasing power parity, about twenty four countries achieved the income threshold criteria. Nevertheless, using the above three criteria and Per Capita Gross National Income (PCGNI) measured by purchasing power parity, only four countries namely Cape Verde , Maldives, Samoa, and Kiribati were full filled the income threshold and the Human Asset Index(HAI) criteria. On the hand, Bangladesh accomplished the income threshold and the Economic Venerability Index (EVI) criteria. Moreover, based on Gross Per Capita National Income (GPCNI) measured by purchasing power parity and double Income Threshold Criteria (ITC), nine countries namely Equatorial Guinea, Vanuatu, Kiribati, Cape Verde Samoa, Maldives Bhutan, Angola and Yemen full filled the graduation criteria.

PROBLEMS OF LDCS IN ACHIEVING MDGS

1. LOW NET ODA DISBURSEMENT

Developed countries were committed to provide 0.7 percent of their GNP to support development activities of LDCs during monetary summit. However, the actual ODA disbursement by DAC member countries was only 10.67 percent of their commitment from 2001 to 2006. Although, there was improvement in amount of disbursement of net ODA, it was lower than 0.1 percent of average GNI of DAC member countries (Annex 2).

2. SLOW REDUCTION OF AVERAGE TARIFF ON EXPORTS OF LDCS BY MANY DEVELOPED COUNTRIES AND EVEN INCREMENT BY FEW COUNTRIES.

European Union increased average tariff on exports of agricultural, textile and cloth products of LDCs. New Zealand increased average tariff on agricultural exports of LDCs from nill in 1999 to 6.7 percent in 2005. Other countries like USA and Japan also made slight reduction of average tariff on exports of LDCs. In general, meaningful and radical opening of market by developed countries have not undertaken yet (Table 3.15).

3. LOW GROWTH OF AGRICULTURE PRODUCTION.

The majority of populations of LDCs are engaged (employed) in agricultural sector. To improve the life of these populations, it is necessary that agricultural productivity and production should be improved. Nevertheless, annual growth of agricultural production was decreased from 4 percent of 1990s to 3.1 percent during 2000-2006. In spite of positive annual growth rate of per capita agricultural production, annual per capita production was negative in 2004 and 2006. The shock of agricultural production, in countries where majority of population was engaged in agriculture was one of the factor which retards the reduction of percentage of population living below poverty line (Table 3.18)

Table 3.18 Annual Growth Rate of Agricultural Production and per capita Agricultural Production

county	Annual growth rate of agricultural production (%)					Annual growth rate of per capita agricultural Production (%)				
	1990-1996	2000-2006	2004	2005	2006	1990-1996	2000-2006	2004	2005	2006
LDCs	4	3.1	1.6	5.8	1.5	-1	0.7	-0.7	3.4	-0.8
All developing countries	1.3	3.4	4.2	3.3	2.4	0.5	2	2.8	1.9	1.1

Source: The Least Developed countries Report 2008.

3.3 EVALUATIONS OF PERFORMANCES OF PLAN FOR ACCELERATED AND SUSTAINED DEVELOPMENT TO END POVERTY (PASDEP)

The government of Ethiopia in 2004/05 formulated PASDEP targets which, are expected to be achieved by 2009/10.In this plan, in addition to non MDGs targets, the government planed to reduce poverty head count ratio from 38.7 in 2004/05 to 29 in 2009/10, infant mortality from 77/1000 to 45/1000, increase coverage of access to clean water to 80 percent etc... in the same period. In this sub section performance of performance of this plan will be discussed.

To evaluate the performance of PASDEP in line with MDGs, reliable and accurate data are required. All the data used here are collected from the Ethiopian MoFED. There is no data released from international organizations on this subject. As a result, it has been difficult to cross check these data and most of these data are not reconcile with MDGs data previously released by international organization. Moreover, no data are available on some indicators. In spite of this, a little evaluation on it is given as follows.

As indicated in annex 5 GDP growths rate in recent years is on a good truck. It is above the target projected in the PASDEP. Import of goods and services as the percentage of GDP is decreasing which is consistent with the target. The share of agriculture in the GDP showed little reduction. The gross primary enrollment ratio has shown an increasing trend. By 2007/08, as the percentages of GDP, out of the target expected to be achieved at this time 25 percent gross domestic investment, 4 percent gross domestic saving, -103 percent exports of goods and service, 60 percent imports of goods,-62 percent tax revenue,-338 percent total expenditure,-50 percent capital expenditure and 159 percent GDP growth rate was achieved. This implies that, the country is in trouble to achieve most of its target.

Correspondingly, out of the target expected to be achieved by 2007/08, 53 percent gross primary enrollment, 42 percent expansion of potable water in rural area, 24.3 percent expansion of mobile telephone subscribes and 2 percent expansion of internet service were accomplished.

3.4 SOME PROBLEMS OF ACHIEVING THE MDGS IN ETHIOPIA

A) SHORTAGE OF FINANCE

In its MDGs need assessment estimation, the Ethiopian government calculated that 101,361 million USA Dollar is required for the country to achieve MDGs target by 2015[21].

As part of this, the Ethiopian government projected the finance required for the country for the period between 2005/06 and 2009/10 which enables the country to achieve the MDGs goals and targets at minimum (anticipated by the government). According to this plan, 205,531 million Birr is required for the period and the majority of the expenditure is financed from domestic sources. While tax revenue is expected to covers the lion's share (70.3), non tax revenue and aid cover 11 percent and 18.7 percent respectively (See Table 3.19).

However, the actual performance in the collection of the financial resources required for the period 2005/06 and 2006/07 was below the target set. By 2005/06 and 2006/07 only 84.2% and 80% of tax revenue and grant was collected from what was targeted to be collected during the period respectively. In addition, the total amount of ODA and per capita ODA which the country was receiving was too low. Hence, the achievement of MDGs in Ethiopia is constrained by the resource requirement (See Table 3.13).

[21] MoFED (2005), the Millennium Development Goals (MDGs) Need Assessment Synthesis Report. Addis Ababa

Table 3.19: Revenue of Ethiopian Government under PASDEP (In 1000 birr)

Items	2005/06	2006/07	2007/08	2008/09	2009/10	Total(5 years)
Domestic revenue(target)	22465	25590	31135	38958	48906	167054
Actual	19330	21797				
Gap(Actual –target)	(3135)	(3793)				
Tax revenue(target)	16164	21256	27369	35005	44806	144600
Actual	14159	17357				
Gap(Actual –target)	(2005)	(3899)				
Non tax revenue(target)	6301	4334	3766	3953	4100	22454
Actual	5371	4444				
Gap(Actual –target)	(930)	110				
External grants(target)	7221	6919	7839	7911	8587	38477
Actual	3732	7583				
Gap(Actual –target)	(3489)	664				
Total revenue (target)	29686	32509	38974	46869	57493	205531
Actual	23262	29381				
Gap(Actual –target)	(6422)	(3128)				

Source: Ethiopia Building on Progress, A Plan for Accelerated and Sustained Development to End Poverty (PASDEP) Volume one Main Text. Annual PASDEP Progress Report of MOFED (2007) and calculations based on these.

In addition to its existence at low level, tax GDP ratio in Ethiopia in recent years follows declining trend as opposed to what was predicted in PASDEP. This implies that the increment in amount of tax collected is lower than the growth in nominal GDP. This implies the low tax collecting capacity of the country.

Ethiopian tax collection system is constrained by many problems. As indicated in Table 3.20 it is highly constrained by low compliance rate of tax payers, low implementation capacity of tax collecting institutions, corruption of tax collecting institutions, illegal activities of some tax payers to become prosperous ...etc.

Table 3.20 Problems in Tax Collection of Ethiopia.

Major kind of problems	Degree of severity
Low compliance rate of tax payers	1
Low implementation capacity of tax collecting institutions	2
Corruption of tax collecting institutions	3
Illegal activities of some tax payers to become wealthy	4

Source: Federal Inland Revenue Authority (2008) Unpublished Research Paper

On the other hand, Ethiopia is one of the lowest per capital ODA receiver country among LDCs. As indicated in table 3.13 the country ranked forty second out of fifty least developed countries with 23 per capita ODA disbursements.

The government of Ethiopia argues that ODA /aid should not be tied with any pre conditions and political situation of Ethiopia[22]. However, aid tied with political conditions namely: ensuring democracy and good governance, protecting human rights (integration of human rights in development activities), encouraging development of free and independent media, allocation of ODA to those countries whose policy is directed towards reducing poverty etc... benefits the aid recipient countries by encouraging governments of these countries to exercise the democracy and good governance principles .Encouraging these things are also mentioned in road map (implementation strategy)of United Nation.

B) EXISTENCE OF HIGH INFLATION

Taking December 2006 as base year, the country's over all, food and non food inflation rates stood at 46.1, 64.1 and 24.2 percent respectively in February 2009. When it is compared with similar month of 2008, the increment in inflation rate was 32.8, 38.9 and 23.5 for overall, food and non food inflation, respectively .This implies that the occurrence of high inflation rate in the country (Table 3.21).

[22] Annual PASDEP Progress Report of (MOFED 2007)

Table 3.21: Inflation Rate in Ethiopia

	Actual inflation rate (%)			Change in the inflation rate as compared to the same month of previous year (%)		
	July2007-June2008 (Average)	July 2008	February 2009	July 2007-June 2008	July 2008	February
Overall inflation rate	18.4	29.6	46.1	24.9	64.2	32.8
Food inflation rate	23.6	41.3	61.1	34.2	91.7	38.9
Non-food inflation rate	11.6	13.8	24.2	12.3	24..9	23.5

Source: Central Statistical Agency Country and Regional level Consumer Price Index of February 2009.

On other hand, the rise of income of most of Ethiopians is not comparable with this inflation rate. For example, the inflation rate is much higher than the rise of income of low income group particularly those who engaged in informal sectors and landless farmers. Similarly, increment of salary of civil servants is also lower than the inflation rate. This implies that high rate of inflation makes poverty more complicated and increases the number of poor in the country .This is due to the fact that higher inflation rates lower the purchasing power of money and pushes those people who found at the margin of poverty line toward under poverty line.

C) LOW HEALTH INFRASTRUCTURE

Health infrastructure and provision of health service in Ethiopia exists at the lowest level in the world. Moreover, wide variation also exists in distribution of health infrastructure across the country. In relation to per capita public health expenditure Dire Dawa City Administration, Southern Nations and Nationalities People, and Amhara regions had the lowest per capita health expenditure in 2006/07 with 4.7, 10.7 and 10.9 birr per person respectively. Concerning ratio of physician to people, Oromia, Amhara, and Afar regions had the lowest ratio with 1:183,245, 1:147,549 and 1:141,800 respectively. These figures are very much far from World Health Organization's standard (1:10,000) (Table 3.22)

Table3.22: Health Infrastructure of Ethiopia

Region	Distribution of Hospital	Total private owned clinics	Per capita public health expenditure	Physicians		Senior nurse	
				Number	Ratio	Number	Ratio
Tigray	16	25	22.9	59	1:75,407	1005	1:4427
Afar	2	22	19.9	10	1:141,800	115	1:12,330
Amhara	19	380	10.9	133	1:147,549	1253	1:15,662
Oromia	30	575	13.9	149	1:183,248	2150	1:12,700
Somali	6	2	17.3	53	1:83849	182	1:24418
Ben. Gumuz	2	49	42.2	6	1:106.667	102	1:1:6275
SNNPR	20	208	10.7	155	1:95,845	958	1:15,993
Gambela	1	14	52.6	4	1:63,250	47	1:5383
Hararie	4	22	75.2	41	1:4,951	217	1:935
Addis Ababa	30	442	26.8	118	1:25,924	396	1:7725
Dire Dawa	4	17	4.7	31	1:13,290	12	1:34,333
Central	9	-		1047(NGO)		-	
Total (National)	143	1756	15.5	1806	1:42,706	11,259	1:6850
WHO standard					1:10,000		1:5000

Source: Health and Health Related Indicator 2006/07.

D. HIGH STUDENT DROP OUT RATE

Ensuring that children every where, boys and girls alike, will be able to complete a full course of primary school, is the target designed by United Nation to be achieved by 2015 .However, in Ethiopia, let alone achieving complete full course of primary school by all children by 2015, drop out rate of students currently enrolled in primary school is also high, making the achievement of this goal difficult.

4. CONCLUSION AND POLICY IMPLICATIONS

4.1 CONCLUSIONS

At the dawn of the new millennium, the General Assembly of United Nation, declared Millennium Declaration to free human beings from abject and dehumanization conditions of extreme poverty; and to make globalization positive force for all the world people. The so far achievements of this declaration are summarized as follows:

- The proportion of population living below poverty line was reduced from 40.4 to 36.1 percent between 1990 and 2005 in LDCs. So far, until 2005, only 15 percent of the target was achieved.
- In LDCs net primary education enrollment and ratio of girls to boys in primary and secondary school were reached 78 percent and 0.89 in 2006 respectively.
- Under-five and infant mortality were reduced from 180 and 113 to 142 and 90 between 1990 and 2006 respectively. This implies that only 79 percent and 51 percent of the targets had been achieved as of 2006.
- Maternal mortality rates was reduced from 890 to 860(only 13.5 percent achievement) between 2000 and 2005.
- HIV prevalence rate was reduced from 2.29 percent to 1.7 percent between 2000 and 2005(150 percent achievement).
- Tuberculosis incidence rate was reduced from 233 to 221 per 100,000 people in between 2000 and 2005(only 25 percent of what was expected to be achieved during the period).
- Land covered by forest declined from 7392 to 6714 thousand kilo meter square with increment of deforestation rate from 0.6 to 0.7 between 1990 and 2005.
- Population with access to safe water increased from 51 percent of the 1998 to 59 percent in 2004 (123 percent achievement).
- LDCs received $12,894 million ODA from DAC member countries from 2001 to 2006(10.67 percent of the commitment)
- Average tariff rate on products of LDCs by some developed countries, like European Union, was increased after 1999.

In Ethiopia also

- The proportion of population living below poverty line was reduced from 45.5 percent to 38.7 percent between 1990 and 2005. So far, until 2005, only 25.6 percent of the total target or 77percent of the target expected to be achieve as of 2005 was achieved.
- Net primary education enrollment and ratio of girls to boys in primary and secondary school were reached 67 percent (84 percent achievement) and 0.87 in 2006 respectively.
- Under-five and infant mortality rates were reduced from 204 and 124 to 123 and 77 between 1990 and 2006 respectively.
- Maternal mortality rate was reduced from 1068 to 720(43.4 percent achievement) between 1990 and 2005.
- HIV prevalence rate was reduced from 2.7 to 2.1 percent between 1990 and 2005.
- Land covered by forest declined from 151 to 130 thousand kilo meter square between 1990 and 2005.
- Population with access to sanitation was increased from 3% of the 1900 to 13% in 2004.
- Ethiopia received $9,639 million ODA from DAC member countries in between 2001 and 2006(10.02 percent of the commitment).
- External debt of Ethiopia reduced from $8630 to $2326 million between 1990 and 2006.
- In 1990 Ethiopia lagged behind in almost all indicators, however; the country had performed better than LDCs in reducing infant, under-five and maternal mortality rates between 1990 and 2005. In the other indicators the country still lags behind from the LDCs average.
- Shortage of finance, high inflation rate, high primary school drop out rate, low health infrastructure...etc are the major problems the country faced in achieving MDGs.

4.2 POLICY IMPLICATIONS

For LDCs in general ODA committed (0.7 percent of GNI) by DAC member countries should be provided, tariff on products of LDCs (particularly by European Union) should be eliminated, agricultural productivity of LDCs should also be improved to facilitate achievements of MDGs.

In Ethiopia, to facilitate the achievements of MDGS, the Ethiopia government should take measures which enhance the financial competence of the country. Improving the tax collecting system by increasing the government's tax collecting capacity, fighting corruption existing in the tax colleting institutions, improving tax payers' awareness toward taxation, etc... helps to improve the financial capability of the country. The government should also strive to increase aid inflows to the country.

Controlling high level inflation rate in the country is also another core area which requires due attention. Otherwise, it challenges poverty reduction effort of the country.
The country should also improve its health infrastructure including the number of health professionals etc.

In addition, giving more emphasis on goals which lagged badly also required to achieving MDGs more or less on time. Reducing of poverty head count ratio, maternal mortality, incidence of tuberculosis still requires extra effort. Similarly reversing of losses of environmental resources, expanding percentage of population with sanitary service requires additional effort. Hence, the country should exert extra effort to achieve these goals and targets in the remaining period.

Annex 1 Some Indicators on Performance of MDGs in LDCs and Ethiopia

Country	Year							
	1990	2000	2001	2002	2003	2004	2005	2006
Percentage of total seat held in Parliaments (%)								
LDCs	11							16
Ethiopia	-							22
Average drop out rate for primary (1-8) education (%)								
LDCs								
Ethiopia								12.7(in 2007/08
Proportion of berth attended by health personnel (%)								
LDCs		28	29.67	31.33	33	34.67	36.33	38
Ethiopia								
Contraceptive prevalence Rate (Percentage of married women of age 15-49)								
LDCs	33							44
Ethiopia								
Land Covered by Forest(in 1000 km2)								
LDCs	7392						6714	
Ethiopia	151					130		
Average Annual Deforestation Rate								
LDCs	0.6						0.7	
Ethiopia								
GDP per Unit of Energy Use								
LDCs	2.8						3.8	
Ethiopia								
Solid Fuel Consumption (%)								
LDCs	63.1						58.5	
Ethiopia								
Per capita Carbon Dioxide(CO2) Emission								
LDCs	0.8						0.9	
Ethiopia	0.1						0.1	
Telephone Main Lines(Per 1000 People)								
LDCs					8			21.2
Ethiopia	2							9
Internet users (per 1000 people)								
LDCs					4			28.5
Ethiopia	0						2	

Source: UNCTAD Secretariat Calculations cited in the Leas Developed countries Report 2004, 2006, 2008; World Development Indicators 2003 2008; The Little Data Book (2007); Ministry of Education Statistical Abstract (2009);Health and Health related Indicator (2006/07) of Ethiopia; Public Sector External Debt Statistical Bulletin of MOFED (2008).

Annex 2 Net ODA from Individual DAC Member Countries to LDCs and Differences from 0.7% Commitments.

country	2001				2002				2003			
	Actual disburse -ment (in millions USA $)	% of GNI	Actual commit- ment(= 0.70% of GNP)	Gap in millions USA $	Actual disburse -ment (in millions USA $)	% of GNI	Actual commit- ment(= 0.70% of GNP)	Gap in millions USA $	Actual disburse -ment (in millions USA $)	% of GNI	Actual commit- ment(= 0.70% of GNP)	Gap in millions USA $
Luxembourg	47	0.3	109.67	62.667	58	0.3	135.33	77.333	65	0.27	168.52	103.52
Norway	449	0.27	1164.1	715.07	424	0.27	1099.3	675.26	449	0.36	873.06	424.06
Denmark	540	0.34	1111.8	571.76	547	0.32	1196.6	649.56	673	0.32	1472.2	799.19
Sweden	458	0.21	1526.7	1068.7	629	0.26	1693.5	1064.5	822	0.27	2131.1	1309.1
Ireland	143	0.16	625.63	482.63	210	0.21	700	490	266	0.21	886.67	620.67
Netherlands	995	0.29	2401.7	1406.7	1180	0.29	2848.3	1668.3	981	0.2	3433.5	2452.5
Belgium	295	0.14	1475	1180	353	0.14	1765	1412	1088	0.35	2176	1088
united kingdom	1647	0.12	9607.5	7960.5	1153	0.07	11530	10377	2273	0.12	13259	10986
Finland	114	0.1	798	684	154	0.12	898.33	744.33	183	0.11	1164.5	981.55
Portugal	119	0.11	757.27	638.27	120	0.1	840	720	205	0.14	1025	820
France	1083	0.08	9476.3	8393.3	2965	0.16	12972	10007	2965	0.11	18868	15903
Switzerland	257	0.1	1799	1542	250	0.08	2187.5	1937.5	405	0.12	2362.5	1957.5
Canada	231	0.04	4042.5	3811.5	349	0.04	6107.5	5758.5	634	0.07	6340	5706
Germany	1173	0.07	11730	10557	1332	0.07	13320	11988	2508	0.1	17556	15048
Austria	106	0.06	1236.7	1130.7	170	0.06	1983.3	1813.3	169	0.07	1690	1521
New Zealand	995	0.06	11608	10613	30	0.06	350	320	259	0.06	3021.7	2762.7
Japan	1783	0.04	31203	29420	1813	0.04	31728	29915	1922	0.04	33635	31713
Spain	193	0.04	3377.5	3184.5	252	0.04	4410	4158	342	0.04	5985	5643
Australia	175	0.05	2450	2275	192	0.05	2688	2496	259	0.05	3626	3367
United state	1673	0.03	39037	37364	3012	0.03	70280	67268	4474	0.04	78295	73821
Italy	487	0.09	3787.8	3300.8	1045	0.09	8127.8	7082.8	1104	0.08	9660	8556
Greece	22	0.03	513.33	491.33	37	0.03	863.33	826.33	55	0.03	1283.3	1228.3
total	12019	0.05	168266	156247	15137	0.06	176598	161461	22237	0.08	194574	172337

Source: Compiled from UNCTAD secretariat calculations cited in The Least Developed Countries Report (2004), (2006) and (2008) and calculations by the writer based on these Reports.

Annex 2(continuation from the above) Net ODA from Individual DAC Member Countries to LDCs and Differences from 0.7% Commitments.

country	2004				2005				2006			
	Actual disburse -ment (in millions USA $)	% of GNI	Actual commit-ment(= 0.70% of GNP)	Gap in millions USA $	Actual disburse -ment (in millions USA $)	% of GNI	Actual commit-ment(= 0.70% of GNP	Gap in millions USA $	Actual disburse -ment (in millions USA $)	% of GNI	Actual commit-ment(= 0.70% of GNP	Gap in millions USA $
Luxembourg	87	0.31	196.45	109.45	106	0.35	212	106	123	0.38	226.58	103.58
Norway	837	0.33	1775.5	938.45	1029	0.35	2058	1029	1129	0.34	2324.4	1195.4
Denmark	735	0.31	1659.7	924.68	814	0.31	1838.1	1024.1	878	0.32	1920.6	1042.6
Sweden	762	0.22	2424.5	1662.5	1101	0.31	2486.1	1385.1	1152	0.03	26880	25728
Ireland	322	0.21	1073.3	751.33	365	0.21	1216.7	851.67	524	0.28	1310	786
Netherlands	1541	0.27	3995.2	2454.2	1658	0.26	4463.8	2805.8	1395	0.21	4650	3255
Belgium	645	0.18	2508.3	1863.3	609	0.16	2664.4	2055.4	729	0.18	2835	2106
united kingdom	2994	0.14	14970	11976	2709	0.12	15803	13094	3827	0.16	16743	12916
Finland	167	0.09	1298.9	1131.9	245	0.13	1319.2	1074.2	296	0.14	1480	1184
Portugal	878	0.53	1159.6	281.62	210	0.12	1225	1015	240	0.13	1292.3	1052.3
France	3169	0.15	14789	11620	2392	0.11	15222	12830	2624	0.12	15307	12683
Swizerland	399	0.11	2539.1	2140.1	405	0.01	28350	27945	453	0.11	2882.7	2429.7
Canada	702	0.07	7020	6318	1048	0.09	8151.1	7103.1	1244	0.01	87080	85836
Germany	2312	0.08	20230	17918	1884	0.07	18840	16956	2642	0.09	20549	17907
Austria	168	0.06	1960	1792	252	0.08	2205	1953	252	0.08	2205	1953
New Zealand	65	0.07	650	585	74	0.07	740	666	74	0.08	647.5	573.5
Japan	1684	0.04	29470	27786	3340	0.05	46760	43420	3340	0.07	33400	30060
Spain	424	0.04	7420	6996	767	0.07	7670	6903	767	0.06	8948.3	8181.3
Australia	350	0.06	4083.3	3733.3	451	0.06	5261.7	4810.7	451	0.06	5261.7	4810.7
United state	4504	0.04	78820	74316	6416	0.04	112280	105864	6416	0.05	89824	83408
Italy	788	0.05	11032	10244	789	0.08	6903.8	6114.8	789	0.04	13808	13019
Greece	15	0.01	1050	1035	103	0.03	2403.3	2300.3	103	0.03	2403.3	2300.3
total	23459	0.08	205266	181807	24594	0.08	215198	190604	29448	0.09	229040	199592

Source: Compiled from UNCTAD secretariat calculations cited in The Least Developed Countries Report (2004), (2006) and (2008) and calculations by the writer based on these Reports.

Annex 3 HIPC Decision and Completion Point of LDCs

	HIPC decision points	HIPC completion point	HIPC Initiative assistance	MDRI assistance
Afghanistan	July 2007	Floating	456	
Benin	Jul-00	3-Mar	344	570
Bolivia	Feb-00	1-Jun	1752	1526
Burkina Faso	Jul-00	6-Apr	725	564
Burundi	5-Aug	Floating	864	
Cameron	Oct-00	6-Apr	1662	687
Central African Republic		Floating	583	
Chad	1-May	Floating	241	
Congo Dem. Rep.	Jul.2003	Floating	7229	
Congo, Rep.	3-Jul	Floating	1757	
Ethiopia	Nov.2001 April 2004		2446	1366
Gambia	Dec-00	Dec.2007	81	201
Ghana	Feb 2002 Jul 2004		2742	1938
Guinea	Dec.2000	Floating	716	
Guinea Bissau	Dec-00	Floating	546	
Guyana	Nov.2002	Dec.2003	824	382
Haiti	Nov. 2006	Floating	140	
Honduras	Jul.2000	5-Apr	729	1474
Madagascar	Dec.2000	4-Apr	1096	1205
Malawi	Dec. 2000	6-Aug	1278	662
Mali	sep.2000	3-Mar	707	982
Mauritania	Feb-00	2-Jan	816	422
Mozambique	Apr-00	sep. 2001	2758	1004
Nicaragua	Dec-00	Jan. 2004	4340	900
Niger	Dec.2000	4-Apr	853	477
Rwanda	Dec.2000	5-Apr	872	200
Sao Tome &Principe	Dec.2000	7-Mar	156	22
Senegal	Jan.2000	4-Apr	641	1298
Sierra Leone	2-Mar	6-Dec	809	316
Tanzania	Apr-00	Nov-01	2658	1907
Uganda	Feb-00	May-00	1349	1713
Zambia	Dec-00	5-Apr	3249	1437
			45419	21253

Source: World Development Indicators (2008).

USAID Health (2009), Infectious Disease, Tuberculosis, Countries, Ethiopia URL:http:www.usaid.gov/our_work/global_health/id/tuberculosis/c ountries/Africa/Ethiopia_ prof.

WHO African Region Surveillance and Epidemiology (2006) URL: http:www.who.int/tb/publications/global_report/2008/pdf /eth. PDF.

World Summit for Children: URL:http:www.unchrich/html/menu 5/childgo.htm

Annex 4: Estimation of the number of years needed to meet the graduation threshold for LDCs, by country.

Country	GNI Per Capita	Years required	GNI Per Capita (by PPP)	Year required	HAI	EVI
Equatorial Guinea	5 620	Achieved	13610	Achieved	47.2	55.8
Vanuatu	1 580	Achieved		Achieved	57.4	46.4
Kiribati	1 157	Achieved		Achieved	67.5	60.4
Cape Verde	1 913	Achieved	2521	Achieved	72	56.7
Samoa	2 017	Achieved		Achieved	88.8	50.8
Maldives	2 480	Achieved	3995	Achieved	63.4	37.5
Bhutan	1 253	Achieved	3649	Achieved	40.4	41
Angola	1 443	Achieved	3729	Achieved	25.6	48.5
Countries that are close to reaching to income threshold						
Djibouti	1013	1	1850	Achieved	30.2	49.5
Sudan	660	6	1711	Achieved	46.4	46.5
Mauritania	610	8	1684	Achieved	38.2	37.7
Countries that should reach the income threshold in the medium term						
Lesotho	893	10	1311	Achieved	45.4	44.5
Cambodia	430	*11*	*1440*	Achieved	44.5	48.1
Sao Tome and Principe	780	11	1401	Achieved	55.8	37
Lao People's Democratic Republic	457	15	1814	Achieved	46.4	43.4
Bangladesh	463	17	1068	Achieved	45.3	29.5
Countries that should reach the income threshold in the long term						
Zambia	510	20	1171	Achieved	43.4	47.6
Senegal	683	20	1541	Achieved	38.1	38.8
Solomon Islands	630	20			47.3	49.1
Mozambique	307	24	677	8.5	20	39.2
Ethiopia	157	25	581	7	25.2	40.7
Sierra Leone	223	29	584	11	21.7	43.3
United Republic of Tanzania	337	30	933	3	41.1	30.2
Burkina Faso	413	34	1061	Achieve d	26.5	47
Yemen	660	38	2188	Achieved		49
Chad	417	40	1471	Achieved	26.1	56.6

....Continuation from above

Country	GNI Per Capita	Years required	GNI Per Capita (by PPP)	Year required	HAI	EVI
Guinea	430	40	1105	Achieved	30.3	40
Uganda	277	45	848	7.5	39.8	41.6
Mali	383	45	1004	2.8	19.9	45.4
Gambia	290	> 50	1078	Achieved	34	56.5
Dem. Rep.of Congo	120	> 50	267	42	34.3	42.3
Rwanda	230	> 50	696	18	34.1	59.6
Madagascar	287	> 50	834	11	37.9	27
Malawi	163	> 50	648	15	39	49.4
Liberia	123	> 50	312	59	38.7	58.3
Niger	237	> 50	602		14.2	53.1
Central African Republic	340	> 50	654	81	29.9	42
Guinea-Bissau	177	> 50	458	248	31.2	60.7
Haiti	453	> 50			35.3	43.5
Nepal	270	> 50	960	10	47.1	31
Benin	500	> 50	1213	Achieved	40.2	56.4

Source: Data of GNI Per Capita by market exchange rate (column 2) and years Required for graduations (Column3) are taken from the LDCs report of 2008, Human Asset Index (HAI) and Economical Venerability Index (EVI) are taken from Simonis (2003) and the rest are calculated by the writer.

Annex 5: Achievements of PASDEP targets of Ethiopia (2005/06-2009/10).

PASDEP Targets/sector indicators	2004 /05 (Base line)	2006/07			2007/08			2009/10	
		Actual	Target	Gap	Actual	Target	Gap	target	Gap Remaining
GDP growth rate (%)	10.6	11.5	7.3	4.2	11.6	7.3	4.3	7.3 per annum	-
Gross domestic investment as% of GDP	20.5	25	22.74	2.26	21.9	23.86	1.96	26.1	4.2(75%)
Gross domestic saving as % of GDP	3.7	5.6	7.46	1.86	4.1	9.34	5.24	13.1	9(96%)
Export of goods & services as %of GDP	15.8	13	17.36	4.36	11.77	18.14	6.37	19.7	7.93(203%)
Imports of goods as %of GDP	34.3	32.4	33.06	-0.66	31.3	32.44	-1.44	31.2	1.24 (40%)
Domestic Revenue as % of GDP	15.8	12.8	16.96	4.16				18.7	5.9 (203%)
Tax revenue as %of GDP	12.5	10.2	14.3	4.1	9.7	15.2	5.5	17	7.3 (162%)
Total exp. As %of GDP	25.2	20.7	25.92	5.22	19.1	26.28	7.18	27	7.9 (438%)
Total poverty Oriented expenditure as %of GDP	14.2	13.1	17.44	4.34				22.3	
Capital expenditure as %of GDP	11.8	10.7	13.4	2.7	9.8	14.2	4.4	15.8	4(150%)
Total poverty head count	39	34.6	35	-0.4				29	0.56 (56%)
Food poverty head count	38	33.5	34	-0.5				28	0.55
Gross of agricultural value added	13.4	9.4	10.52	-1.12				6.2	0.6(60%)
% share of agriculture & allied activities in GDP	46.2	45.9	45.28	-0.62	44	44.82	-0.82	43.9	0.1(4.3%)
Growth rate of industry value added (%)	8.1	11	9.46	-1.54				11.5	2.04 (60%)
Share of industry in GDP (%) export	13.6	13.4	14.76	1.36				16.5	1.74 (60%)
Gross primary enrollment (1 to 8%)	79.8	91.7	91.76	0.06	95.6	97.74	2.14	109.7	14.1 (47%)
Ratio of girls to boys	0.84	0.93	0.892	-0.038				0.97	0.04

....Continuation from above

PASDEP Targets/sector indicators	2004 /05 (Base line)	2006/07			2007/08			2009/10	
		Actual	Target	Gap			Actual	Target	Gap
Grade 1 drop out rate	22.4	21.8	15.96	-5.84				6.3	
Primary health service coverage (%)	70	72	76	4				100	28
Infant mortality rate	77/1000							45/1,000	
Material mortality rate	871/100,000							600/100,000	
DPT3 valuation coverage (%)	61	73	68.6	-4.4				80	7(36.7%)
Share of births attended by skilled health personnel (%)	9	16	18.2	2.2				32	
Population with access to potable water in rural areas (within 1.5km) (%)	35	46.39	53	6.61	53.9	62	8.1	80	26.1 (58%)
Reduction of slump areas (%)	70							35	
Road density (km/1000km2)	33.2	38.6	41.56	2.96				54.1	15.5 (74%)
Roads in an acceptable condition (%)	64	71	72	1				84	13(65%)
Population with access to electricity	16	22	29.6	7.6				50	28(82%)
Mobile telephone subscribes(million)	0.41	1.2	2.95	1.75	1.95	4.22	2.27	6.76	4.81 (75.7%)
Internet service subscribes	17,375	34,100	782825	758725	35,606	1165550	1229944	1931000	1895394 (98%)
Irrigated land out of total irrigable		3	5	2	6	3		8	5

Sources: Quarterly Bulletin (2007/08) of National Bank of Ethiopia, Progress Report of MOFED (2006/07), A Plan for Accelerated and sustained Development to End Poverty (2005/06-2009/10) Volume I Main Text and calculations based on these.

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Declaration

I, the undersigned, declared that this project is my original work and has not been presented for a degree in any other university, and that all source of materials used for the project have been duly acknowledged.

Declared by:

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Date: 7/7/09

Place and Date of submission: ______________________