How Demography Matters for Measuring Development Progress in Africa?

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Summary

Measurement of progress on the development agenda is nowadays of major interest to governments and the international community. Most of the explanations so far given on Africa's progress on the development agenda revolve around economic development, especially economic growth. The social development, and particularly the evolving demographic and population changes, receives less attention in explaining Africa's progress, and in the strategies to accelerate its development in the future. This paper explains how demography is important for measuring, assessing, explaining, and identifying policies to accelerate Africa's progress on the development agenda. At the forefront, there is need to address high fertility and to improve women's education, so as to make rapid progress on infant, child and maternal mortality, and to enhance gender equality and women status. Moreover, governments and the international community need to recognize the rapidly changing population distribution, and the challenges and opportunities it presents for development in Africa. Particularly, rapid shift of people from rural to urban areas across the continent necessitates new strategies for rural and urban development.

Key Words: *Development agenda, Mortality, Fertility, Population distribution, Youth, Working age population, Gender*

Résumé

De nos jours, la mesure du progrès à l'agenda du développement connaît un regain d'intérêt pour les gouvernements et la communauté internationale. Jusqu'ici, la plupart des explications données sur le progrès de l'Afrique relatif à l'agenda du développement tournent autour du développement économique, particulièrement la croissance économique. Le développement social, et en particulier le changement démographique et l'évolution de la population, ont suscité moins d'attention dans l'explication du progrès de l'Afrique et dans les stratégies visant à accélérer son développement futur. Cet article explique comment la démographie est importante pour mesurer, évaluer, expliquer, et concevoir des politiques visant à accélérer le progrès de l'Afrique dans l'agenda du développement. Au premier rang, il y a le besoin d'adresser en priorité la fertilité élevée et d'améliorer l'éducation des femmes, afin d'accomplir le progrès rapide sur l'enfant en bas âge, l'enfant et la mortalité maternelle, et améliorer l'égalité de genre et le statut de femmes. D'ailleurs, les gouvernements et la communauté internationale doivent reconnaître la distribution de population qui évolue

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rapidement, et les défis et les occasions qu'elle présente pour le développement en Afrique. En particulier, le déplacement rapide des personnes de milieu rural aux secteurs urbains à travers le continent rend nécessaire de nouvelles stratégies pour le développement rural et urbain.

Mots clés : *Agenda du développement, Mortalité, Fertilité, Distribution de la population, Jeunesse, Population en âge de travailler, Genre.*

1.   INTRODUCTION

The purpose of this paper is quite specific; to answer the title question. Though it presents a wide range of challenges and opportunities, demography has not received enough attention in understanding and measuring Africa's progress on the development agenda, including the Millennium Development Goals (MDGs). The term "demography" is used here to refer to the dynamics of population change, particularly fertility and its association with infant, child and maternal mortality, and with gender equality and the empowerment of women. Also, the paper refers to the outcomes of population change in terms of changing age structure and population distribution by place of residence (rural-urban), and their implications for development and achievement of the MDGS.

Beyond measuring levels of demographic behavior and trends in population change, demography is important for identifying target population groups for in-depth analyses, policy interventions and actions. Demographic trends indicate social changes. A decline in fertility, for example, from a high level of 6 children to only 2 is indicative of social transformation and of a wide range of social changes including changes in the value of children and in the status of women in society. Therefore, demography matters considerably for the welfare of individuals as well as the society at large.

Four decades ago the world was concerned about population explosion and the "population bomb". At that time there were 3.5 billion people in the world. Today, the world population reached 6.7 billion people, and the population and development concerns are profoundly different than in the 960s. Managing people and their demographic and social behaviors are nowadays more important than getting worried about their absolute numbers. This shift in understanding of population concern has been eloquently explained by T. A. Obaid in her statement to the second regular session of the UNDP/UNFPA Executive Board. She said: -

But while some people fear that the size of the population is the problem, the real problem is not people, but rather the poor management of demographic dynamics through economic and social polices that leave people behind. And here I am talking not only about national policies, but global and regional policies.

We need policies that are just and equitable and put people at the center. And this requires taking into account demographic trends and dynamics that include the rates of population growth, fertility and mortality, and the age and sptial distribution of the population including migration and urbanization. And basic to all this, is the right of individuals to make choices about their lives and right to reproductive health.

Analyses in this paper are based on the population estimates and medium fertility variant projections prepared by the Population Division (UN 2007) for the assessment of the progress made in achieving the MDGs. Other sources of data used in this paper will be mentioned where relevant. Focus is on years 1990-2015, which is the reference period for assessing the progress towards achievement of measurable MDGs targets.

Following this introduction, sections 2 and 3 focus on the MDGs in Africa and on the accuracy of demographic measures for the MDGs indicators. Section 4 analyses the demographic dynamics and the MDGs in the continent, with focus on fertility and its significant association with infant, child and maternal morality, and with HIV/AIDS, education gender equality and the empowerment of women. Section 5 discusses changing age structure, and section 6 analyses population distribution by place of residence (rural-urban), and studies their linkages to the MDGs in Africa. The paper concludes in section 7.

2.   THE MDGs IN AFRICA

For Africa, the MDGs are too important to fail. The achievement of these goals is critical for the continent to claim the 21st Century for its people and to become an important and reasonable partner in the global economy. Africa's agenda must be made more MDGs-friendly. African Union Executive Council Seventh Ordinary Session, in July 2005, in Sirte, Libya.

This statement reflects strong political will and commitment to advance the MDGs agenda in Africa, and the ability of the countries to agree on goals, targets and indicators to measure their progress towards a better

quality of life for all people by 2015. Progress has been made to reach some of the targets (primary enrollment, gender parity in primary education, malaria deaths and representation of women in parliaments) by 2015. The great majority of countries are off-track on goals 4, 5 and 6; the so-called health/demographic goals – reducing child mortality, improving maternal health and combating infectious diseases. However, most of the explanations focus on progress on macroeconomic indicators (economic growth, per capita income, etc.) or lack thereof, and on declining conflict and improving governance.[2] The social and demographic sides received less attention in explaining the progress and in the strategies to accelerate it in the future.

Shortage of MDGs-linked demographic and social analyses and research are detrimental to identifying the relevant policy interventions that would help countries more accurately measure and assess their progress on the attainment of the targets by 2015. Such analyses are needed to match resources with the right mix of policy interventions, in which demography is the major player.

3.   ACCURACY OF DEMOGRAPHIC MEASURES

The quality of demographic research and analyses is largely determined by the quality and availability of data, which are major constraints to informed decision-making and assessing of progress on the development agenda in Africa.[3] Lack of accurate, reliable and continuous data is detrimental to policy research, and to comprehensive, holistic and more accurate understanding and measuring of the development progress of countries. Governments need reliable data to identify the challenges and pinpoint areas where there is progress, to make informed decisions and to formulate and implement the right mix of policy interventions.

Assessment of progress on the development agenda in Africa has so far been based on demographic estimates derived from population and housing censuses and national sample surveys. Deficient as they are, these es-

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[2] See African Union and Economic Commission for Africa. (2008). Assessing progress Towards Attaining the Millennium Development Goals in Africa 2008. Report of the Executive Council Eleventh Ordinary Session. Sharm El Sheikh, Arab Republic of Egypt.

[3] The MDG-Africa Steering Group initiative launched by the UN Secretary General to mobilize resources to support the implementation of the goals in Africa, recommend for the governments to strengthen data collection systems including comprehensive systems for civil registration and vital statistics.

timates are approximations of real vital rates; that is rates obtained from efficient and complete registration of population and vital events (births, deaths, etc.). They are subject to low coverage and a wide-range of data errors. Therefore, their accuracy is highly questionable, particularly in Africa where completeness and the quality of data are low. Censuses and sample surveys provide point measures and rough estimates of demographic rates. When used at two points in time, census-based rates and indictors do not provide accurate measurement of real change. This difference is particularly important to consider in the design of public interventions to effect changes in the desired direction, and to gauge progress towards achievement of the MDGs.

Accurate demographic measures are important for understanding the demographic dynamics and change, and unfolding of the demographic situation, which are absolutely essential for the measuring the progress of nations on the development agenda, including the MDGs.

4.   DEMOGRAPHIC DYNAMICS

Noting the constraints and limitations above-mentioned, the demographic dynamics in terms of fertility and mortality are the main factors of population change in Africa. Migration is important as well, but in Africa its role is more significant in population distribution. Africa's population grew from 637 million in 1990 to 922 million in 2005, and is expected to surpass a billion persons by 2010 and approach 1.2 billion by 2015. These monotonically increasing numbers are associated with increasing incremental change at slowly decreasing annual population growth rates (See Table 1). A growth rate of 2.6% in 1990 had led to an increase of about 17.4 million persons. By 2005 the growth rate had slightly declined to 2.2% and the incremental change had increased to 20.9 million people. By 2015 the growth rate will decline to 2.0% but Africa in general will be adding about 23.8 million persons to its population. Thus, during the MDG assessment period, Africa's population will be growing at high annual increments and slightly declining growth rates.

Table 1 Population size and growth in Africa

Year	Total Population (millions)	Annual Incremental Change (millions)	Annual Growth Rate (%)
1990	637	17.4	2.61
1995	726	18.2	2.45
2000	821	19.4	2.32
2005	922	20.9	2.25
2010	1,032	22.7	2.15
2015	1,149	23.8	2.0

Sources: (1) United Nations (2007). World Population Prospects. The 2006 Revision. CD-Rom Edition Extended Dataset UNDESA New York. (2) United Nations (2005).

Rapid expansions of population size are obvious in highly populated countries, such as Nigeria, Egypt, and Ethiopia. In Nigeria, for example, the incremental change increased from 2.8 million persons in 1990 to 3.4 million in 2005, and is expected to increase to about 4 million persons in 2015.

Two exceptions are important to be noted here. First, countries hardest hit by HIV and AIDS, such as South Africa, Botswana, Lesotho, Namibia, and Swaziland, experienced rapid decline in population growth and rapid decline in the incremental change. The main factor underlying this exceptional pattern is excess mortality due to the HIV and its development into AIDS, besides some other causes of death.

Second, conflict and post conflict countries, such as Sierra Leone, Liberia, Angola, The Sudan, Rwanda and Somalia, exhibit fluctuating patterns due to population movements to neighboring countries and abroad (refugees, international migration, etc.).

4.1 Fertility Trends

Rapid increase in population size is due primarily to high fertility. The total fertility rate (TFR) was 5.7 children per woman in 1990, and 4.7 in 2005; one child decline in 15 years. It will further decline to 3.9 children in 2015. High fertility is due to low use of modern contraceptive[4] methods, low women's education, young age at marriage and at first childbearing.

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[4] The average prevalence of modern contraceptive methods is 19.8% in Africa compared to a world average of 54%.

This regional fertility map masks significant differences between countries. Fertility was high (TFR 5 or more children per woman) in 1990-2005 in 24 countries. Within this group of countries fertility remained very high at more tan 6 children per woman in 13 countries. Fertility during 1990-2005 declined to 4 children per woman in 19 countries; with an average decline of 1.5 children per woman. The most rapid TFR decline was in Namibia (2.2), Djibouti (1.9), Swaziland (1.84) and Cote d'Ivoire (1.81). Fertility declined to below 3 children per woman in another group of eight low fertility countries (See Table 2). In Mauritius and Tunisia, for example, fertility reached, in 2005, below replacement level of 2 children, down from 2.3 and 3.1, respectively, in 1990.

Table 2 Fertility Patterns 1990-2005

| High fertility countries TFR=5+	Declining fertility countries TFR declined to 4	Low fertility countries TFR<3
Angola, Benin, Burkina Faso, Burundi, Chad, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Guinea, Guinea-Bissau, Kenya , Liberia Malawi Mali Mozambique Niger Nigeria Rwanda Sierra Leone Somalia Uganda Tanzania Zambia	Cameroon Cape Verde Central African Republic Comoros Congo Côte d'Ivoire Djibouti Gabon Gambia Ghana Lesotho Mauritania Namibia São Tomé and Príncipe Senegal Sudan Swaziland Togo Zimbabwe	Algeria, Botswana, Egypt, Libya, Mauritius Morocco, Republic of South Africa, Tunisia

Fertility declined fastest in the countries hardest hit by the HIV/AIDS pandemic. HIV/AIDS and fertility share some common determinants. Indeed, the major proximate determinants of HIV infection and pregnancy are virtually the same -- sexual exposure (through socially recognized unions or otherwise), contraceptive practice, breastfeeding practices – and for this reason an empirical association between the two seems almost unavoidable. On the individual level, HIV infection has a clear effect on fertility. Women living with HIV/AIDS have distinctly lower fertility than uninfected women. This is a result of a complex set of factors. For instance women living with HIV/AIDS are less fecund and more likely to be infected with other STIs, hence they have higher risk of foetal loss.

4.2   Fertility, child and maternal health

The analyses above indicate that the level of fertility in Africa is high and the pace of its decline is slow. This fertility situation does not provide an environment for rapid progress on the MDGs, particularly the health-related ones. Available knowledge indicates that fertility goes hand in hand with infant, child and maternal mortality. When fertility is high, infant, child and maternal mortality are also high. High fertility, which is the predominant pattern in the continent, reflects a higher number of desired children as well as low child survival rates. Frequent pregnancies and childbirth often are detrimental to the health of mothers and to their children, particularly in countries where maternal and child health services are poor. Undoubtedly a decline in fertility will result into improved maternal and child health, and more rapid progress on achieving the MDGs.

The correlation between fertility and infant and child mortality in the continent is significantly positive. Fitting an exponential function of type $Y = ae^{bx}$ give results shown in charts, 1,2 3,and 4. Where Y is infant mortality rate (IMR) or under five mortality (U5M), a is a constant intercept, e is the exponent, b is a parameter, and x is the total fertility rate (TFR).
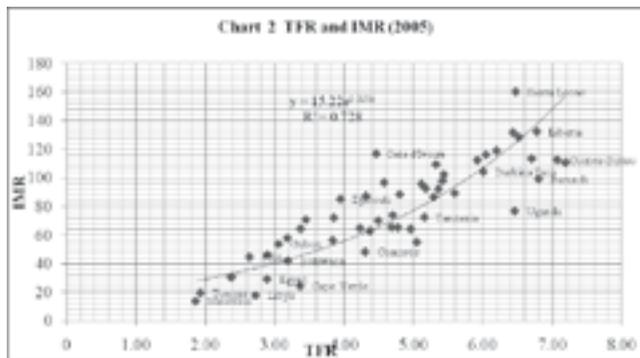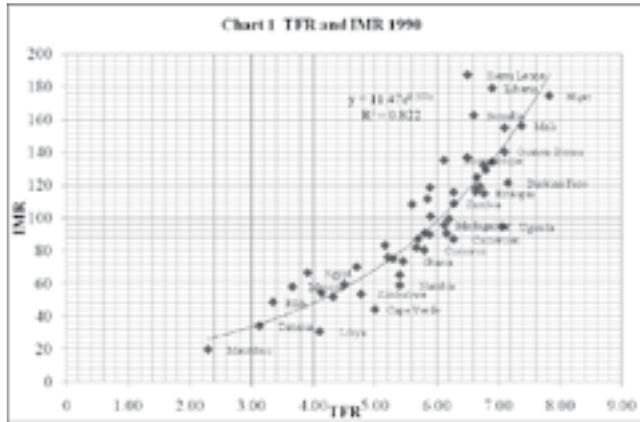
High fertility countries, such as Sierra Leone, Niger, Mali, Burundi, Liberia, and Chad, also have high infant and under-five mortality. Fertility

in these countries is high because of low use of modern contraceptive methods and low level of women's education. The association of high fertility to high infant and child mortality is partly explained by high desired fertility

and child replacement behavior; adding another birth each time a child dies. In such countries parents often raise their fertility level as an insurance against future death of some of their children.
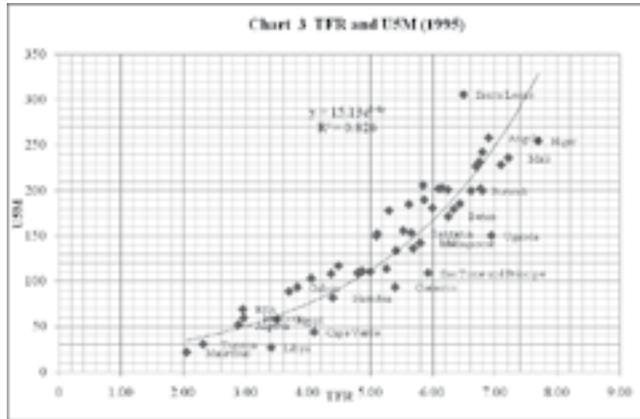
In Mauritius, Tunisia, Libya, Egypt and Algeria, infant and child mortality are low, and the total fertility rate is also low primarily because of increasing child survival and high prevalence of modern contraceptive methods, among

other factors. In the countries where infant and under-five mortality declined appreciably, fertility also dropped. For example in Egypt infant mortality declined from 67 in 1990 to 36 in 2000, under-five mortality declined from 58 in 1995 to 33 in 2005, and the total fertility rate dropped from 3.9 in 1990 to 2.9 in 2005. These associations suggest that a reduction in infant and child mortality, meaning rapid increase in child survival, will induce a reduction in the desired and actual fertility.
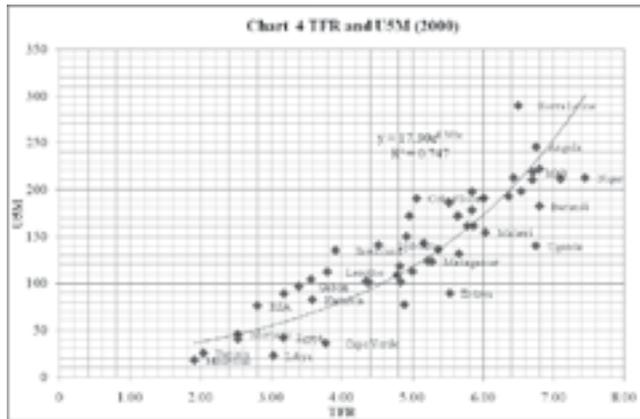
The impact of high fertility on maternal health in Africa is pervasive. The correlation coefficient of maternal mortality ratios and the total fertility rate is positive and high at about 75%. In countries where fertility is high maternal mortality is also high. For example, the maternal mortality ratio

in 2000 is estimated above 1500 per 100,000 live births in Tanzania, Malawi, Sierra Leone, Angola and Niger. The total fertility rate in the same countries is above 5 children per woman, and teenage fertility is high. This is in sharp contrast to Mauritius, Tunisia, Libya, Egypt, Botswana, South Africa, Egypt, Morocco and Algeria where the maternal mortality ratio is below 230 and the total fertility rate is less than 3.3 children per woman. Obviously, a decline in fertility is important for improving maternal health through reducing the risk of death associated with frequent pregnancies.

4.3   Fertility, Gender and Empowerment of Women

High fertility relates to practices that are detrimental to the empowerment of women. Women's reproductive functions associated with marriage and childbearing at an early age, frequent pregnancies and the presence of a large number of children, take up priority at the expense of their productive role, human development capacities and rights. Combined with discriminatory laws and policies, and traditional customs, these practices affect family relations and the status of women, their access to social services and acquisition of productive resources, such as land (Yousif 2006). Therefore, high fertility countries have greater gender disparities in education. There are much fewer girls than boys in primary and secondary schools in countries such as Chad, Burkina Faso, Mali, Ethiopia, Niger, Djibouti, Eritrea and Guinea, where the total fertility rates are above 5 children per woman. These are in sharp contrast to countries like Tunisia and Mauritius where fertility is low and gender disparities in education are negligible.

Obviously, there is significant association between fertility and the achievement of universal primary education. The association works through high fertility and improving child survival rates leading to rapid growth in the number of primary school-age children, hence continuing high demand for primary education services. Increasing school-age population will heighten the demand for primary education services. Therefore, with limited investment in education, progress towards the achievement of universal primary education in Africa is very slow and much lower than the average for developing countries. Net primary school enrollment ratio in Africa increased from 60% in 1998 to 67% in 2002. This ratio increased from 54.5% in 1990 to 62.8% in 2001 in SSA, in contrast to an increase from 82% to 92% in Northern Africa.

In countries like Burkina Faso, Niger and Mali, the net primary enrollment ratio is low and the total fertility rate is high; about 7 children per

woman. This is in sharp contrast to countries like Seychelles, Tunisia and Mauritius that achieved universal primary education while their fertility rates dropped to low levels. This inverse relationship imply that a decline in fertility will eventually alleviate some of the demand pressures on education and pave the way for achieving universal primary education.

5.   CHANGING AGE STRUCTURE AND THE MDGs

The expansion and contraction of the age structure of the population is a long-term product of changes in fertility, and to a less extent, of improvement in mortality and age selectivity of migration. Classical optimistic and pessimistic views on population growth and poverty (Bloom *et al* 2003)[5] overlook changes in age structure and its implications for development. In Africa the age structure of the population has expanded profoundly since 1990; reflecting rapidly increasing population numbers across all age groups. This is due to high population momentum; which is the inert ability of people to continue to grow in numbers beyond the time of achieving replacement[6] fertility.

Sustained high fertility levels during the 1960s, 70s and 80s, in Africa resulted into large cohorts of children that moved upward the age scale. This process, which is reflected in broad-based age pyramid, created, and will continue to create, increasingly large numbers of youth, working age people, and older persons. There were 169 million youth aged 15-29 in Africa in 1990, increased to 262 million in 2005. They will reach about 325 million in 2015. African youth in 2015 will be almost double their number in 1990.

The working age 15-64 years old population increased from 332 million in 1990 to 509 million in 2005, and will reach 654 million in 2015. In fact youth and working age populations in Africa grow at rates more than double the annual growth rate of the general population.

These rapidly increasing numbers of youth and working age populations in the continent represent a potential for economic growth and development for achieving the MDGs – provided that appropriate social policies,

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[5] For an excellent review of these views refer to Bloom , David E. Canning, D. Sevilla, J. 2003. The Demographic Dividend. A New Perspective on the Economic Consequences of Population Change. RAND, Santa Monica.

[6] Replacement fertility is often roughly measured by a total fertility rate of 2.1 children per woman.

such as job opportunities and decent work, are in place. Failure to tap this potential will convert them into challenges of growing poverty, unemployment, and instability.

The potential resets primarily with the "demographic dividend" (Bloom *et al* 2003), which is a bonus expected to accrue from the productive capacity of increasing working age population in terms of boosting the Gross Domestic Product (GDP) and economic growth through labor supply, savings and human capital (Bloom *et al* 2003). However, social development policies are needed to turn the demographic dividend into real economic gains. Failure to act and introduce appropriate policies on health, education, and job creation, will lead to unfavorable results. Therefore, social and economic development policies are needed to realize the demographic dividend and achieve the MDGs in Africa.

However, unemployment in Africa is persistently high. It remained above 10% since 1995, with a minor difference between Northern Africa and Sub-Saharan Africa. Countries in the Southern Africa sub-region have exceptionally high unemployment rates- 31.9 in South Africa, 39% in Lesotho, and 19% in Botswana. The unemployment rate among youth remained persistently high, at around 20% and above since 1995, and it reached 22.8% and 21% in Northern Africa and SSA, respectively, in 2004 (ECA 2005)[7].

Therefore in Africa there is loss of potential productive gains due primarily to rapidly increasing working age population and lack of employment opportunities to absorb rapid growth in the labor force. This is further worsened by inadequacy of economic growth policies to address poverty. Besides concentration of economic growth in the capital-intensive sectors, such as mining and extractive industries, most of the countries are failing to achieve and sustain GDP growth of 7%, which is the rate needed to halve poverty by 2015 (ECA 2005). Most of the income in Africa is generated from agriculture where economic growth and the creation of employment opportunities are both low. Moreover, employment creation in Africa is constrained by limited domestic savings and investment, and high debt burden, among other factors.

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[7] The Economic Report on Africa 2005 provides detailed analyses on poverty and unemployment in Africa. Economic Commission for Africa 2005. Economic Report on Africa 2005. Meeting the Challenges of Unemployment and Poverty in Africa. Addis Ababa. Ethiopia.

6.   POPULATION DISTRIBUTION

The challenges and opportunities of population distribution have as yet not received adequate attention and concern on measuring and assessing the progress on the development agenda in Africa. Drawing attention to this, the 41st session of the Commission on Population and Development, held in April 2008, called upon Governments to formulate "population distribution policies, to ensure that their objectives goals are consistent with internationally agreed development goals, including the Millennium Development Goals, all human rights and fundamental freedoms, the eradication of poverty in both urban and rural areas, the promotion of gender equality, equity and empowerment of women and environmental sustainability".

Table 3 Urban-rural Population Distribution

Year	Urban Population		Rural Population	
	Number	Growth Rate (%)	Number	Growth Rate (%)
1990	203.2	3.91	432.5	1.9
1995	247.1	3.51	475.6	1.71
2000	294.4	3.3	518.1	1.51
2005	347.2	3.22	558.8	1.39
2010	407.9	3.15	599	1.25
2015	477.6	3.05	637.8	1.05

The distribution map of the population in Africa is reflected in table 3. The continent is experiencing rapid population shifts from rural to urban areas, and greater concentration in slums, coasts and ecologically favorable zones. The shifts of people from rural to urban areas are due to internal rural to urban migration, as well as to the reclassification of some rural areas into urban towns. Cities and towns in Africa are increasingly absorbing people from rural areas. Table 3 show that the number of urban inhabitants is increasing monotonically and growing at rates three-times the rural inhabitants. High urban growth rates indicate the role of rural-urban migration in the redistribution of population. In fact the urban areas will increasingly absorb most of the population growth in the continent. Consequently, rural growth rates will continue to decline, in-spite of the fact that fertility is much higher in rural than in urban areas. These

distributional patterns embrace a wide range of implications for the MDG targets. Specifically, the increasing urbanization of poverty, confounded with rapid growth of urban slums, increases the demand for water, housing and sanitary services, food, education and health services. These demands represent immense pressures, but also provide opportunities for expanding and harnessing labor, services and products markets (Yousif 2005).

Most significant is the rapid growth of slums in Africa. The urban slum population grew from 119 million in 1990 to 181 million in 2001. These numbers provide an annual growth rate of 4.7%, which is much higher than the overall population growth and the growth rate of the urban population during the same period. At the country level, the annual growth of urban slum population between 1990 and 2001 was exceptionally high, ranging from 4.8% to 8.5%, in 26 countries[8]. The annual growth rate of the slum population ranges from 3.3% to 4.5% in 11 countries[9] and less than 2.5% in Tunisia, Egypt, South Africa, Ghana, Liberia and Morocco. Tunisia and Egypt are the only two countries with negative annual growth of urban slum population during1990-2001; -6.6% and –2% respectively. This negative growth is due to relocation of slum population and urban to rural migration, as well as to abolishment of some of the slums in and around cities.

Most of the countries that have experienced conflict during 1990-2001 have also experienced high annual growth rate of slum populations. Also, countries with the largest population size, such as Nigeria, Egypt, Ethiopia, South Africa, The Sudan, DRC and Kenya have the largest slum population in the continent. Clearly slums in urban areas absorb much of the proportion growth in Africa.

The distribution patterns of the population in Africa are often linked to the disease environment. This is reflected in rural urban differentials in the prevalence and incidence of diseases, and in differences in mortality rates. For example malaria is more widespread in rural areas. In southern and eastern African countries, HIV prevalence is initially much higher in urban areas, as the epidemic took much longer to penetrate rural communities. This has implications for population structure and urban-rural morbidity and mortality differentials. In Ethiopia, for example, where the

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[8] Malawi, Burkina Faso, Senegal, Chad, Togo, Comoros, Ethiopia, Mali, Nigeria, Cameroon, Congo, Guinea-Bissau, Sudan, Angola, Equatorial Guinea, Uganda, Benin, Gambia, Mauritania, Kenya, Niger, Gabon, Côte d'Ivoire, Tanzania, Lesotho, Mozambique

[9] Burundi, Libya, Zimbabwe, Zambia, Namibia, Algeria, Central African Republic, Guinea, Rwanda, Somalia, DRC, Eritrea Botswana

HIV epidemic is still relatively immature, the overall HIV prevalence rate is estimated at 4.4 %. However, this masks a considerable urban-rural differential, as the urban HIV prevalence is estimated to be 12.6% (meaning that well over every tenth person in urban Ethiopia is HIV positive), with rural HIV prevalence estimated at 2.6%[10].

7.   CONCLUSION

This paper has explained how demography is important for measuring and assessing Africa's progress on the development agenda. Unlike other continents, Africa is undergoing a unique and quite challenging development period where longevity is contracting, poverty is increasing and economic and social disparities are widening. Such a situation requires appropriate and well-informed public policies. Particularly population, health and social development policies are needed to overcome the intertwined multiple repercussions of poverty, hunger, HIV/AIDS and other diseases. The African countries need to address high fertility, and to take actions to address the policies, laws and traditions that discriminate against women. Women's education is crucial for addressing many issues. It reduces fertility, improves infant and child mortality, and promotes the status of women and their rights to access resources.

The pattern of population distribution by place of residence, and the changes that occur in these patterns are important for development and achievement of the MDGs in the continent. These patterns are important for identify population groups, for example the poor and hungry, where they live and for defining their characteristics and identifying their needs. Also, they are important for explaining why they fall in the poverty and hunger traps, for example, and to pinpoint the policies and actions needed to address them.

Finally, efficient distribution policies are needed to support and expand human opportunities to the largest number of people in the countries. Linking the spatial distribution of population growth with income and wealth distribution across ethnic and social groups is a public policy area of high importance for peace and stability in the continent.

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[10] AIDS Resource Center: http://www.etharc.org/spotlight/ExecSumm5th.htm

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