

Are African Governments Ready - For Global Post 2015 Sustainable Development Goals? And The Evolving AU Africa 2063 Development Agenda?

Pre 2015 Multisectoral - Population, Health, Gender, Governance, & Development Scorecard - Reflecting Gaps, Required Investment & Policy Focussing on **Population & Governance+Total Fertility; Underage/Child 'Marriage'; Maternal & Child Health; HIV; Malaria; Immunisation**

Summary highlights, findings of scorecard and study at bottom of scorecard, with key issues and points. (Data spans several years, & in some cases there is lag of 18 – 36 months for available comparable data)

Population Indicators				(Indicative) Women's Health Indicators			(Indicative) Child Health Indicators		(Indicative) HIV Indicators			(Indicative) Malaria Indicators			(Indicative) Vaccination Coverage
Countries By Population Ranking	Ranking by Highest Population 2012 Corresponding with period of study/ available comparative data) * Note: Only This Column is Ranked -all other columns are indicative only	Projected Pop. By 2030	Projected Pop. Increase By 2030 + (Requiring Graduated Doubled, Tripled, or Quadruple Social Sector Investment Over Next 15 Years)	Total Fertility Rate (per woman) 2012 Contributing to Maternal Mortality & Child Mortality; & Population Growth	% of Underage Girls Forced into Child 'Marriage' before / by 18 years of age 2005-2012 Contributing to Maternal Mortality & Child Mortality; & Population Growth	Lifetime Risk of Maternal Death 1 in = 2008-2012 Combination of causes e.g. no skilled attendance, underage pregnancy etc	Under 5 Mortality Rate Child Mortality 2012 Probability of dying before age of 5 yrs - per 1,000 live births	Child Mortality (By Numbers) 2012 Combination of causes e.g. Malnutrition ; Poor Vaccination Coverage; Infectious Diseases etc	People Living with HIV 2013 HIV Indicative of Treatment Needs	% HIV Treatment Coverage 2013 Indicative of Potential Mortality	HIV Deaths 2013 Indicative of Treatment Failure	Reported Malaria Cases 2012 Indicative of Prevention Failure	% of Children Sleeping With Insecticide Treated Net(ITN) 2008-2012 Indicative of Prevention Capacity	Reported Malaria Deaths 2012 Indicative of Treatment Failure	(Indicative) Vaccination Coverage 2012 Indicative of Prevention Capacity
Nigeria	168.8 m	261.7 m	+ 92.9 m	6.0	39%	(1 in) 29	124	827,000	3,200,000	20%	210,000	2,087,068	16%	7,734	NA
Ethiopia	91.7 m	130.5 m	+ 38.8 m	4.6	41%	(1 in) 67	68	205,000	790,000	40%	45,000	3,867,745	30%	1,621	8%
Egypt	80.7 m	113.2 m	+ 32.5 m	2.8	17%	(1 in) 490	21	40,000	7,400	16%	<500	NA	NA	NA	100%
Dem. Rep. Congo	65.7 m	114.9 m	+ 49.2 m	6.0	39%	(1 in) 30	146	391,000	440,000	18%	30,000	6,263,607	38%	21,601	11%
South Africa	52.3 m	58.7 m	+ 6.4 m	2.4	6%	(1 in) 140	45	50,000	6,300,000	42%	200,000	6,846	NA	72	100%
Tanzania	47.7 m	79.4 m	+ 31.7 m	5.3	37%	(1 in) 38	54	98,000	1,400,000	37%	78,000	2,441,750	72%	7,820	25%
Kenya	43.1 m	60.0 m	+ 16.9 m	4.5	26%	(1 in) 55	73	108,000	1,600,000	41%	58,000	5,788,381	47%	785	NA
Algeria	38.4 m	49.9 m	+ 11.5 m	2.8	2%	(1 in) 430	20	20,000	25,000	18%	1,400	887	NA	0	100%
Sudan	37.1 m	55.1 m	+ 18.0 m	4.5	33%	NA	73	89,000	49,000	7%	3,100	964,698	30%	618	1%
Uganda	36.3 m	63.4 m	+ 27.1 m	6.0	40%	(1 in) 49	69	103,000	1,600,000	38%	63,000	10,338,093	43%	15,632	NA
Morocco	32.5 m	38.2 m	+ 5.7 m	2.7	16%	(1 in) 400	31	23,000	31,000	21%	1,400	NA	NA	NA	NA
Ghana	25.3 m	37.7 m	+ 12.4 m	3.9	21%	(1 in) 68	72	56,000	220,000	34%	10,000	8,774,516	39%	2,885	11%
Mozambique	25.2 m	38.4 m	+ 13.2 m	5.3	48%	(1 in) 43	90	84,000	1,600,000	32%	82,000	1,813,984	36%	2,818	30%
Madagascar	22.2 m	34.3 m	+ 12.1 m	4.5	48%	(1 in) 81	58	44,000	54,000	1%	5,500	359,420	77%	552	4%
Cameroon	21.7 m	34.5 m	+ 12.8 m	4.9	38%	(1 in) 31	95	74,000	600,000	22%	44,000	313,315	21%	3,209	13%
Angola	20.8 m	36.4 m	+ 15.6 m	6.0	36%	(1 in) 39	164	148,000	250,000	26%	12,000	1,496,834	26%	5,736	100%
Cote D'Ivoire	19.8 m	29.2 m	+ 9.4 m	4.9	33%	(1 in) 53	108	75,000	370,000	30%	28,000	NA	37%	NA	26%

Country	Population	Projected Pop. By 2030	Projected Increase	Total Fertility	% of Underage Girls Forced into Child 'Marriage'	Lifetime Risk of Maternal Death 1 in =	Under 5 Mortality Rate	Child Mortality (By Numbers)	People Living with HIV	% HIV Treatment Coverage	HIV Deaths	Reported Malaria Cases	% of Children Sleeping With (ITN)	Reported Malaria Deaths	% of Routine EPI Vaccines Financed By Government
Niger	17.1 m	33.8 m	+ 16.7 m	7.6	75%	(1 in) 23	114	91,000	41,000	30%	2,900	3,525,112	20%	2,825	NA
Burkina Faso	16.4 m	28.4 m	+ 12.0 m	5.7	52%	(1 in) 55	102	66,000	110,000	37%	5,800	6,089,101	47%	7,963	39%
Malawi	15.9 m	26.0 m	+ 10.1 m	5.5	50%	(1 in) 36	71	43,000	1,000,000	46%	48,000	3,659,565	56%	5,516	NA
Mali	14.8 m	26.3 m	+ 11.5 m	6.9	55%	(1 in) 28	128	83,000	97,000	30%	5,500	2,171,739	46%	1,894	12%
Zambia	14.0 m	26.1 m	+ 12.1 m	5.7	42%	(1 in) 37	89	50,000	1,100,000	52%	27,000	4,695,400	50%	3,705	NA
Senegal	13.7 m	21.8 m	+ 8.1 m	5.0	33%	(1 in) 54	60	30,000	39,000	35%	1,800	366,912	35%	649	27%
Zimbabwe	13.7 m	21.5 m	+ 7.8 m	3.6	31%	(1 in) 52	90	39,000	1,400,000	48%	64,000	276,963	10%	351	NA
Chad	12.4 m	21.8 m	+ 9.4 m	6.0	68%	(1 in) 15	150	82,000	210,000	21%	15,000	590,786	10%	1,359	24%
Guinea	11.4 m	16.9 m	+ 5.5 m	5.0	63%	(1 in) 30	101	41,000	130,000	22%	5,400	1,220,574	26%	979	0%
Rwanda	11.4 m	15.8 m	+ 4.4 m	4.6	8%	(1 in) 54	55	24,000	200,000	66%	4,500	276,963	70%	459	8%
South Sudan	10.8 m	17.3 m	+ 6.5 m	5.0	52%	NA	104	40,000	150,000	42%	13,000	1,125,039	25%	1,321	0%
Tunisia	10.8 m	12.4 m	+ 1.6 m	2.0	2%	(1 in) 860	16	3,000	3,400	16%	<200	NA	NA	NA	100%
Somalia	10.1 m	16.9 m	+ 6.8 m	6.7	45%	(1 in) 16	147	65,000	32,000	5%	2,500	59,709	11%	NA	0%
Benin	10.0 m	15.0 m	+ 5.0 m	4.9	34%	(1 in) 53	90	32,000	74,000	34%	2,700	1,151,038	71%	2,261	17%
Burundi	9.8 m	16.4 m	+ 6.6 m	6.1	20%	(1 in) 31	104	43,000	83,000	40%	4,700	2,151,038	45%	2,263	7%
Togo	6.6 m	10.0 m	+ 3.4 m	4.7	25%	(1 in) 80	96	22,000	110,000	30%	6,600	697,374	57%	1,197	25%
Eritrea	6.1 m	9.8 m	+ 3.7 m	4.8	47%	(1 in) 86	52	11,000	18,000	51%	<1000	42,178	49%	30	3%
Libya	6.1 m	7.5 m	+ 1.4 m	2.4	NA	(1 in) 620	15	2,000	NA	NA	NA	NA	NA	NA	NA
Sierra Leone	5.9 m	8.2 m	+ 2.3 m	4.8	44%	(1 in) 23	182	39,000	57,000	16%	3,100	1,537,322	30%	3,611	NA
Central African Rep.	4.5 m	6.7 m	+ 2.2 m	4.5	68%	(1 in) 26	129	19,000	120,000	14%	11,000	451,012	36%	1,442	2%
Congo	4.3 m	6.8 m	+ 2.5 m	5.0	33%	(1 in) 39	96	15,000	69,000	28%	5,400	117,640	26%	623	11%
Liberia	4.1 m	6.4 m	+ 2.3 m	4.9	38%	(1 in) 24	75	11,000	30,000	21%	2,700	1,407,455	37%	1,752	8%
Mauritania	3.7 m	5.6 m	+ 1.9 m	4.7	34%	(1 in) 44	84	11,000	10,000	NA	NA	165,834	19%	106	15%
Namibia	2.2 m	3.0 m	+ 0.8 m	3.1	9%	(1 in) 160	39	2,000	250,000	52%	6,600	3,163	34%	4	100%
Botswana	2.0 m	2.3 m	+ 0.3 m	2.7	NA	(1 in) 220	53	3,000	320,000	70%	5,800	308	NA	3	NA
Lesotho	2.0 m	2.1 m	+ 0.1 m	3.1	19%	(1 in) 53	100	6,000	360,000	28%	16,000	NA	NA	NA	NA
Gambia	1.7 m	3.1 m	+ 1.4 m	5.8	36%	(1 in) 56	73	5,000	13,000	31%	<500	271,038	33%	289	16%
Gabon	1.6 m	2.4 m	+ 0.8 m	4.1	22%	(1 in) 130	62	3,000	41,000	56%	2,100	137,695	39%	134	100%
Guinea Bissau	1.6 m	2.5 m	+ 0.9 m	5.0	22%	(1 in) 25	129	8,000	41,000	17%	2,300	50,381	36%	370	NA
Mauritius	1.2 m	1.3 m	+ 0.1 m	1.5	NA	(1 in) 1,000	15	0	9,600	19%	<1,000	NA	NA	NA	100%
Swaziland	1.2 m	1.5 m	+ 0.3 m	3.4	7%	(1 in) 95	80	3,000	200,000	49%	4,500	626	2%	7	NA
Djibouti	0.8 m	1.1 m	+ 0.3 m	3.5	5%	(1 in) 140	81	2,000	6,200	28%	<1,000	25	20%	0	0%
Comoros	0.7 m	1.0 m	+ 0.3 m	4.8	NA	(1 in) 67	78	2,000	8,000	NA	NA	49,840	41%	17	8%
Equ. Guinea	0.7 m	1.1 m	+ 0.4 m	4.9	NA	(1 in) 88	100	3,000	NA	NA	NA	15,169	1%	77	NA
W. Sahara	0.6 m	0.8 m	+ 0.2 m	4.9	NA	NA			NA	NA	NA	NA	NA	NA	NA
Cape Verde	0.4 m	0.6 m	+ 0.2 m	2.3	18%	(1 in) 480	22	0	1,500	65%	<100	8,751	NA	0	NA
Sao Tome & Principe	0.2 m	0.3 m	+ 0.1 m	4.1	34%	(1 in) 330	53	0	1,000	14%	<500	12,550	56%	7	8%
Seychelles	0.1 m	0.1 m	+ 0 m	2.2	NA	NA	13	0	NA	NA	NA	NA	NA	NA	NA

Governance, Population, Health & - Summary Highlights & Findings:

- **Improved Governance and Accountability are the primary means of achieving Post 2015 and AU Africa 2063 goals** - and both are impossible without population data for based evidence planning.
- **The ICPD + 20 / ICPD Beyond 2014 review has underlined that:**
 - **“States have the [governance] responsibility** of designing and implementing transparent laws, policies, and programmes with clear goals, benchmarks, and adequate budgetary allocations, as well as monitoring and evaluation systems”.
 - **Monitoring and evaluation of implementation of laws, policies and programmes need to be grounded in comprehensive, reliable, accessible, transparent, and periodic information and data.** Much of existing data remains underutilized, and not adequately brought to bear on development planning, budgeting or evaluation, requiring improved investments in capacity strengthening.
 - **Good governance, and accountability represents a shift from needs to rights,** to which all individuals are entitled, which has the potential to transform power relations, between men and women, service providers and users, and governments and citizens. States are obligated to respect, protect and fulfill human rights.
 - **Majority of estimated 1 billion people living in 50-60 countries caught in “development traps” of bad governance, wasted natural resource wealth, or conflict have seen only limited gains in health and well-being since 1994, & some are poised to become poorer as the rest of the global population anticipates better livelihoods.** It is in these countries, and within poorer populations in wealthier countries, that women’s status, maternal death, child ‘marriage’, and many other concerns of ICPD have seen minimal progress since 1994, and life expectancy continues to be unacceptably low.
- **Population growth:** Africa’s population is projected to double from 1 billion to about 2 billion by 2050. (Overall global population is expected to grow from 7.2 billion to 9.6 billion). Without improved governance; adequate population data and evidence based planning and investment in health, education, youth development, gender equality, housing, food security, water, sanitation, electricity etc – Africa will not reap a potential demographic dividend – or meet its development potential - and resulting epidemics, high unemployment, mega slums, and food insecurity will lead to a demographic catastrophe.
- **By 2030 – end date of Post 2015 Development Goals - the populations of 19 African countries are projected to grow by 10 million or more each. To meet the Post 2015 development goals - domestic data driven and evidence based policy, financing and investment in health, human and social development must not only improve – it must both moderate, and keep ahead of the population curve.**

By 2030:

- **Nigeria’s population is projected to grow by 92.9 million** (i.e. roughly the same as the current population of Ethiopia, Africa’s 2nd most populous country)
 - **Ethiopia’s population is projected to grow by 38.8 million** (roughly the same as the current population of Algeria, Africa’s 8th most populous country)
 - **Egypt’s population is projected to grow by 32.5 million** (roughly the same as the current population of Morocco, Africa’s 11th most populous country)
 - **DR Congo’s population is projected to grow by 49.2 million** (roughly the same as the current population of Tanzania, Africa’s 6th most populous country)
 - **Tanzania’s population is projected to grow by 31.7 million** (roughly the same as the current population of Cote D’Ivoire, Africa’s 17th most populous country)
- **Overall the ICPD+20 review highlighted “considerable weaknesses in the knowledge sector in population and development** - including inconsistent civil registration and censuses, limited use of innovations, and especially low capacity for using data for development planning, implementation, monitoring and evaluation. Hence a pressing need to strengthen capacity in demography, public health, human rights, economics and related social sciences, and to improve productive linkages between researchers, development planners and ministries, to ensure nationally generated population based data fosters knowledge-driven governance, and informs policy decisions and investment”.

The Very High Cost of Slow or In-Action on Sexual & Reproductive Health Rights, Education & Services In Africa.

The ICPD + 20 Review has underlined that: “in 1990, sexual and reproductive health represented 14.4 per cent of the global burden of disease, which is 14 per cent of all disability adjusted life years (DALYs) lost, a proportion virtually unchanged by 2010. The burden has declined in most regions – but increased substantially in Africa largely reflecting the added burden of HIV and AIDS since 1990. **The burden remains highest in Africa (and South Asia), and the degree to which they lag behind other regions in the burden of sexual and reproductive health conditions is now larger in 2010 than it was in 1990”.**

Total Fertility Rate - Summary Highlights & Findings:

- **38 African Countries have high total fertility rate of between 4.0 and 7.6 per woman** – Without Improved Family Planning and Reproductive Health Education and Services, this may continue to grow.
- **Joint top 10 countries for highest total fertility per woman are:** Niger 7.6; Mali 6.9; Somalia 6.7; Burundi 6.1; Uganda 6.0; Nigeria 6.0; DRC 6.0; Chad 6.0; Angola 6.0; Gambia 5.8; Zambia 5.7; Burkina 5.7; Malawi 5.5; Mozambique 5.3; Tanzania 5.3; Congo 5.0; Senegal 5.0; South Sudan 5.0; Guinea Bissau 5.0.
- Total fertility per woman across Africa is 5.0: (compared to 2.1 in America's; 1.7 in Europe; 1.8 in Western Pacific; 2.4; S.E Asia)
- **Joint 10 countries with lowest fertility rate are:** Mauritius 1.5; Tunisia 2.0; Seychelles 2.2; Cape Verde 2.3; Libya 2.4; South Africa 2.4; Botswana 2.7; Morocco 2.7; Egypt 2.8; Algeria 2.8; Namibia 3.1; Lesotho 3.1; Swaziland 3.4; Djibouti 3.5.
- **High fertility, out of control populations / poor investment in human development - and accompanying poverty and under development** underlines that access to reproductive health, and family planning will increasingly become an important aspect of good governance.
- Of the current 10 most populous African countries – South Africa (52.3 million) and with a lower fertility rate than others is projected to have the lowest population increase of 6.4 million.
- ICPD+20 Review has underlined that high total fertility rates of more than 3.5 children per women are now confined to just 49 poor countries, mostly in Africa and South Asia,

Underage and Child 'Marriage' - Summary Highlights & Findings:

- **Underage and Child 'Marriage' of between 25% and 75% in 32 countries massively violates the reproductive and sexual health rights of millions of girl children by exposing them to institutionalised underage sex, premature pregnancies, and higher incidence of maternal mortality and morbidity** – also violating their right to protection from violence and abuse; their rights to education and human development, and right to be free from domestic enslavement.
- **High Underage and Child 'Marriage' Across Africa Has Resulted in High Adolescent pregnancy of 114 per 1,000 (compared to 65 in America's; 23 in Europe; 48 in S.E Asia)**
- **In addition governments that allow underage / child 'marriage' also undermine their country's development potential through high total fertility - and will double or almost double in population between now and 2030:**
 - E.g. Niger with highest total fertility 7.6 children per woman and highest underage / child marriage of 75% will double in population from 17.1 million to 33.8 million (adding 16.7 million);
 - Mali with high total fertility 6.9 children per woman and high underage / child marriage of 55% will grow from 14.8 million to 26.3 million (adding 11.5 million);
 - Nigeria with high total fertility 6.0 children per woman and highest underage / child marriage of 39% will grow from 168.8 million to 261.7 million (adding 92.9 million);
- **Across Africa as a whole, but especially in sub-Saharan Africa in particular,** fertility has fallen more slowly than in other regions, and remains higher than in any other region in the world.

Maternal Mortality - Summary Highlights & Findings:

- **In Africa poor reproductive and sexual health has contributed to catastrophic lifetime risk of maternal deaths of 1 in 39.** Women more developed countries have only a 1 in 3800 lifetime risk of dying of maternal causes.
- In 2010, developing countries accounted for 99 per cent of all maternal deaths globally - an estimated 800 women in the world still die from pregnancy or childbirth-related complications each day, and the differences between developed and developing regions is grim.
- **In 20 African countries Risk of maternal death is as high as 1 in 50** (Highest in Chad at 1 in 15; Somalia 1 in 16; Niger 1 in 23; S/Leone 1 in 23; Liberia 1 in 24; Guinea Bissau 1 in 25; Mali 1 in 28; Nigeria 1 in 29; DR Congo & Guinea 1 in 30).

- **10 African countries with lowest risk of maternal death:** Mauritius 1 in 1,000; Tunisia 1 in 860; Libya 620; Egypt 1 in 490; Cape Verde 1 in 480; Algeria 1 in 430; Morocco 1 in 400; Sao Tome & Principe 1 in 330; Botswana 1 in 220.
- **Family Planning: Contraceptive Prevalence is 27% in Africa:** (compared to 74% in America's; 69% in Europe; 80% in Western Pacific)

HIV & AIDS - Summary Highlights & Findings:

Poor Sexual & Reproductive Health Rights, Education & Services Across Africa Has Resulted In:

- **24.7 million people Living with HIV** (out of global total of 35 million) and almost 70% of new infections. **Including 2.9 million children**
- **In 2013, there were an estimated 1.5 million - new HIV infections** in sub-Saharan Africa.
- **Women account for 58% of the total number of people living with HIV** in sub-Saharan Africa.
- **67% of men and 57% of women were not receiving ART in sub-Saharan Africa** in 2013
- 3 out of 4 people on ART live in sub-Saharan Africa.
- **In sub-Saharan Africa, 1.1 million - people died** of AIDS- related causes in 2013.
- **10 Countries with HIV Highest Prevalence (reflecting huge social and economic impact)** Swaziland 27.4%; Lesotho 22.9%; Botswana 21.9%; South Africa 19.1%; Mozambique 10.8%; Namibia 14.3%; Zimbabwe 15.0%; Zambia 12.5%; Malawi 10.3%; Uganda 7.4%
- **10 Countries with Highest Absolute Numbers of People Living With HIV:** (reflecting huge treatment, prevention and care costs): South Africa 6.2 million; Nigeria 3.2 million; Tanzania 1.4 million; Kenya 1.6 million; Uganda 1.6 million; Mozambique 1.6 million; Malawi 1 million; Zambia 1.1 Million; Zimbabwe 1.4 million; Ethiopia 790,000;
- **10 Countries with highest % HIV Treatment coverage:** Botswana 70%; Rwanda 66%; Cape Verde 65%; Gabon 56%; Namibia 52%; Zambia 52%; Eretria 51%; Swaziland 49%; Malawi 46%; Zimbabwe 48%; South Africa 42%;
- **10 Countries with highest HIV Mortality:** Nigeria 210,000; South Africa 200,000; Mozambique 82,000; Tanzania 78,000; Zimbabwe 64,000; Uganda 63,000; Kenya 58,000; Malawi 48,000; Ethiopia 45,000; Cameroon 44,000;
- **The ICPD + 20 review underlines that as recently as 2009 young people aged 15-24 years accounted for approximately 41 per cent of new HIV infections worldwide** - highlighting the urgency for renewed efforts towards ensuring availability of targeted sexual and reproductive health information, education and services that keep young people informed of their risks, and provide them access to condoms, STI screening and treatment, and HIV testing and care.

Child Mortality - Summary Highlights & Findings:

- **Poor governance including inadequate policy and investment to reduce adolescent pregnancy (mostly linked to underage & child 'marriage'); inadequate investment in nutrition security, clean water, improved sanitation and immunisation continues to cost Africa lives of millions of children annually.**
- **The 16 African countries where probability of dying before age of 5 yrs – is 100 per 1,000 live births or more are:** Sierra Leone 182 per 1,000; Angola 164; Chad 150; Somalia 147; Democratic Republic of Congo 146; Central African Republic 129; Guinea Bissau 129; Mali 128; Nigeria 124; Niger 114; Cote D'Ivoire 108 ; South Sudan 104; Burundi 104; Burkina Faso 102; Guinea 101; Lesotho 100; Equatorial Guinea 100.
- Overall probability of dying before age of 5 years in Africa is 98 per 1,000 compared to between 19 and 60 in other parts of the world.

- **In terms of absolute numbers majority of under 5 deaths are in:** Nigeria 827,000; DRC 391,000; Ethiopia 205,000; Angola 148,000; Kenya 108,000; Uganda 103,000; Tanzania 98,000; Niger 91,000; Sudan 89,000; Mozambique 84,000; Mali 83,000; Cote D'Ivoire 75,000; Cameroon 74,000; Burkina Faso 66,000; Somalia 65,000

Malaria - Summary Highlights & Findings:

- **Malaria is one of the most severe public health problems worldwide** – and a leading cause of death and disease in many developing countries, where young children and pregnant women are the groups most affected.
- **90% of all malaria deaths occur in sub-Saharan Africa and 77% occur in children under five.**
- **Pregnant women are at high risk of dying from the complications of severe malaria. And Malaria also causes of spontaneous abortion, premature delivery, stillbirth and severe maternal anaemia, and is responsible for about one third of preventable low-birth-weight babies.** WHO recommends intermittent preventive treatment for pregnant women living in areas of high malaria transmission.
- **Poor governance and inadequate policy and investment continue to undermine the fight to eradicate malaria** – resulting in tens of millions of malaria cases annually - with huge impact overall economic productivity.
- **About 3.4 billion people – roughly half of the world's population – are at risk of malaria.** In 2012, there were about 207 million malaria cases and an estimated 627 000 malaria deaths.
- **Increased prevention and control measures have led to a reduction in malaria mortality rates** - by 42% globally since 2000 and by 49% in the WHO African Region.
- **Nevertheless, every minute, a child dies from malaria. In 2012, 90% of the world's malaria deaths occurred in Africa and about 460 000 African children died before their fifth birthdays.**
- **Sleeping under long-lasting insecticidal nets protects against malaria:** which can be used as protection for people most at risk of malaria, such as young children and pregnant women in high malaria transmission areas. The nets are effective for three to five years, depending on the model and conditions of use.
- **Indoor residual spraying is the most effective way to rapidly reduce malaria transmission:** The full potential of indoor residual spraying is obtained when at least 80% of houses in targeted areas are sprayed. Indoor spraying with insecticides kills the mosquito vector and is effective for 3–6 months, depending on insecticide used / type of surface on which it is sprayed. Longer-lasting forms of insecticides are under development.
- **Malaria causes significant economic losses in high-burden countries, and People living in the poorest countries are the most vulnerable to malaria.** In high-burden settings, malaria can trap families and communities in a downward spiral of poverty, disproportionately affecting marginalized and poor people who cannot afford treatment or who have limited access to health care.
- **Direct costs (such as illness, treatment, premature death) have been estimated to be at least US\$ 12 billion per year.** The cost in lost economic growth is many times more than that.
- **Millions of cases are reported Malaria Endemic countries annually:** Uganda 10.3 million; Ghana 8.7 million; DR Congo 6.2 million; Burkina Faso 6.0 million; Kenya 5.7 million; Zambia 4.6 million; Ethiopia 3.8 million; Malawi 3.6 million; Niger 3.5 million; Nigeria 2.08 million; Tanzania 2.4 million; Burundi 2.1 million; Mali 2.1 million; Mozambique 1.8 million; Sierra Leone 1.5 million; Liberia 1.4 million; Angola 1.4 million; Guinea 1.2 million; South Sudan 1.1 million; Benin 1.1 million;
- **10 malaria countries with joint highest % children sleeping with Insecticide Treated Nets (ITN)** are: Madagascar 77%; Tanzania 72%; Benin 71%; Rwanda 70%; Togo 57%; Malawi 56%; Sao Tome & Principe 56%; Malawi 56%; Zambia 50%; Kenya 47%; Burkina Faso 47%;
- **10 Malaria countries with joint lowest % children sleeping with ITN:** Equatorial Guinea 1%; Swaziland 2%; Chad 10%; Zimbabwe 10%; Somalia 11%; Nigeria 16%; Mauritania 19%; Cameroon 21%; Djibouti 20%; Niger 20%; Angola 26%;
- **Highest Annual Numbers of Malaria Deaths are in:** DR Congo 21,601; Uganda 15,632; Burkina Faso 7,963; Tanzania 7,820; Nigeria 7,734; Angola 5,736; Malawi 5,516; Zambia 3,705; Sierra Leone 3,611; Cameroon 3,209; Ghana 2,885; Niger 2,825; Mozambique 2,818; Benin 2,261; Burundi 2,263; Mali 1,894; Liberia 1,752; Ethiopia 1,621; Chad 1,359; South Sudan 1,321; Central African Rep. 1,442; Togo 1,197.

Extended Program on Immunisations (EPI) / Vaccinations - Summary Highlights & Findings:

- **Vaccinations are the most cost preventive health intervention. Yet poor governance and investment prevents 100% financing by African governments, and vaccination coverage required to drastically improve children's health.**
 - **10 joint countries where lowest % of EPI is financed by governments are:** Djibouti 0%; Guinea 0%; South Sudan 0%; Sudan 1%; CAR 2%; Eritrea 3%; Madagascar 4%; Burundi 7%; Comoros 8%; Ethiopia 8%; Sao Tome & Principe 8%; Liberia 8%; Rwanda 8%; DRC 11%;
 - **10 joint countries where highest % of EPI is financed by governments are:** Angola 100%; Algeria 100%; Egypt 100%; Gabon 100%; Mauritius 100%; South Africa 100%; Tunisia 100%; Burkina 39%; Mozambique 30%;
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Main sources for study summarized in multi indicator Population, Governance, Poverty & Development & Scorecards: Africa, Health, Human & Social Development Information Service (Afri-Dev.Info); Population Reference Bureau (PRB); State Of Food and Agriculture 2013; Roll Back Malaria (RBM); State Of Food Insecurity In The World 2013, Publications of The Food And Agriculture Organization, United Nations Population Fund (UNFPA); UNAIDS; UNICEF State Of The Worlds Children 2012, 2013, 2014; Global Food Security Index, Economist Intelligence Unit 2013; WHO Observatory; WHO World Health Statistics 2012, 2013, 2014; OECD Data 2011 – 2013; World Bank Data 2011 – 2013; World Food Program & IFAD;

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