United Nations
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African Social Development Index: Measuring Human Exclusion For Structural Transformation

Southern Africa Report

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Report for
SOUTHERN AFRICA

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First printing: April 2016

Printed in Addis Ababa, Ethiopia by the ECA Printing and Publishing Unit. ISO 14001:2004 certified.

Cover photos: Shutterstock

Contents

Acknowledgements

The report was written under the general direction of Takyiwaa Manuh, Director of ECA Social Development Policy Division (SDPD), and the direct supervision of Saurabh Sinha, Chief, Employment and Social Protection. The core team of the report was composed of Iris Macculi (Economic Affairs Officer), Adrian Gauci (Economic Affairs Officer), and Jack Jones Zulu (Social Affairs Officer) who was also focal point for the report.

The Economic Commission for Africa is grateful to the experts who participated in the ASDI sub-regional training, in Johannesburg, in November 2014, and in the validation workshop in Lusaka, in October 2015, for providing initial datasets and review of the country results. The countries represented at the training, and the experts are: Angola (Mr. Paulo Fonseca, Head of Department of Census and Survey, and Mr. Marcelino Pinto, Head of Department of Research and Policy Analysis); Botswana (Dr. Burton Mguni, Deputy Statistician General, Ms Chandabona Adams, Principal Economist and Ms. Suzan Matroos), Malawi (Mr. Peterson Dzinkambani Ponderani, Deputy Director--Monitoring & Evaluation and Mr. Alick Mphonda, Chief Statistician); Mauritius (Mr. Janaab Mohamadally Mownah, Lead Analyst, and Ms. Salma Samy, Senior Statistical Officer), Namibia (Mr. Aloysius Tsheehama, Deputy Director and Ms Maria Ndapewa Shifotokola, National Development Advisor); Swaziland (Ms Lungile Sithembile Mndzebele, Principal Economist, and Mr. Robert Nkosingiphile Fakudze, Senior Statistician, Mr. Sebentile Hlophe and Mr. Menzisi Mabuza); Zambia (Mr. Goodson Sinyenga, Deputy Director and Mr. Leonard Nkhoma, Principal Planner); and Zimbabwe (Mr. Lovemore Sungano Ziswa, Mr. Godfrey Mkwakwami, and Mr. Tidings Matangira).

ECA would like to warmly thank all the member States for the technical inputs in the revision of the report. The authors also wish to thank (Carlos Acosta Bermudez, Economic Affairs Officer). Kalkidan Assefa (Research Technician) for generating all the graphs and Melat Getachew (Research Assistant) for formatting the entire report. Other special thanks go to the ECA sub-regional team in Southern Africa, led by Said Adejumobi, Director, ECA Sub-Regional Office in Southern Africa and to Anthony Ademola Taylor (Economic Affairs Officer), Zebulun Zeiter (Associate Economic Affairs Officer) and Ruth Kananda (Administrative Assistant) for coordinating the administrative and logistical support. Special thanks to Dr. Salif Sada Sall, AU Regional Delegate to Southern Africa, for his valuable insights throughout the process.

Appreciations also go to the ECA's Publications Section led by Demba Diarra for coordinating the editing, printing and publication of the report under a tight deadline.

The report has been produced with the financial and technical support of the Rockefeller Foundation, Africa Regional Office.

Acronyms

AfDB	African Development Bank
AGDI	African Gender and Development Index
ASDI	African Social Development Index
AWPS	African Women's Progress Scoreboard
AUC	African Union Commission
CDF	Constituency Development Fund
COMESA	Common Market for Eastern and Southern Africa
CSOs	Civil Society Organizations
EAC	East African Community
ECOWAS	Economic Community of West African states
HDI	Human Development Index
EIU	Economist Intelligence Unit
GDP	Gross Domestic Product
HDR	Human Development Report
HDI	Human Development Index
ICPD	International Conference on Population and Development
ILO	International Labour Organization
MDGs	Millennium Development Goals
NEPAD	New Partnership for Africa's Development
NPRS	National Poverty Reduction Strategy
RCM	UN Regional Coordination Mechanism
RECs	Regional Economic Communities
SADC	Southern African Development Community
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WB	World Bank
WDIs	World Development Indicators
WHO	World Health Organization

Executive Summary

Despite fast and sustained economic growth since the early 2000s, Africa has not yet translated the economic gains into meaningful social development outcomes. High inequalities persist in most countries and growth is not sufficiently inclusive and equitable for all segments of the population. As a result, exclusion is a challenge for Africa's future development, and yet no meaningful indicators exist to properly monitor the patterns of exclusion and help member States develop appropriate policies to enhance inclusive growth.

The African Social Development Index (ASDI) is based on a request from African member States to ECA to develop a tool that reflects the African specific development challenges. It is built on the premise that social development should result in the improvement of human conditions. Too often, the focus is on measuring the contextual elements that are expected to have an impact on improving people's lives, such as expansion of education or health coverage, and increased involvement in planning and service delivery. However, challenges arise in directly translating these contextual changes into meaningful impacts at the human level.

Using a life-cycle approach, the ASDI focuses on six key dimensions of well-being that reflect the impact of policies on *human exclusion* over time. As a policy tool, the ASDI should help member States devise more inclusive social policies, and guide them in the implementation of Agenda 2063 and Agenda 2030 for Sustainable Development, which place a high premium on inclusiveness as a driver of sustainable and equitable development.

Against this backdrop, the ASDI is relevant to Southern Africa within the context of the Regional Indicative Strategic Development Plan (RISDP) of the Southern African Development Community (SADC). The RISDP is the development blueprint for Southern Africa and has to deepen regional integration for accelerating poverty eradication and the attainment of economic and social development goals. The policy reference to the Africa Vision 2063 and Agenda 2030 for Sustainable Development to tackle inequality in all its forms and "leave no-one behind", reinforces the relevance of the ASDI as a critical policy and monitoring tool for African member States to implement their national, regional and global commitments. Among its key development priorities, the RISDP has prioritized education and skills' development, employment and labour, health and poverty eradication, areas very pertinent to the central focus of the ASDI.

Section 1: Introduction

Introduction

Background

African countries have experienced unprecedented economic growth since the early 2000s, and shown strong resilience to the global downturn affecting most of the world's economies. Growth on the continent has averaged 5 percent yearly, with some countries posting 7 to 11 percent growth in gross domestic product (GDP) in recent years. Despite this remarkable stride, member States have yet to transform their economies and achieve the level of social development witnessed in other regions.

The continent is still fraught with inequalities and exclusion caused by differences in income, ethnicity, gender, age, disability and location among others. Indeed, evidence shows that poorer children in Africa are still about two and a half times more likely to be underweight and up to three times more likely to be out of school than those from the richest households (United Nations, 2012). Such inequalities often lead to a lack of social and economic opportunities in life – excluding the same individuals from development and full participation in society.

The dominant view is that Africa has for a long time focused on economic growth, with the expectation that improvement in social development would follow. One of the reasons of such a paradox hinges on the very nature of growth– largely driven by capital-intensive sectors – with limited value addition and job creation, and unfair redistribution of economic gains. In short, growth is not sufficiently inclusive and equitable – compromising its sustainability and fueling the risk of social and political instability in the region.

At the same time, limited coverage of social protection in many countries has exacerbated the exclusion of the most marginalized groups of the population. These groups, in addition to having limited access to social and economic opportunities, are also more vulnerable to external shocks that, reduces their productive capacities and pushing them back or, further into poverty.

Promoting a more inclusive development path in Africa is an urgent priority and a pre-condition for building more sustainable and cohesive societies. However, policy interventions based on aggregate figures are generally not conducive to optimum decision-making and the inadequacy of relevant data and monitoring mechanisms are likely to lead to weak policy formulation and planning.

Rationale behind an African Social Development Index

In Africa, the emergence of social development as a central plank of economic development has gained impetus. The need for an inclusive and transformative growth strategy is a clear political intent expressed by African leaders, in the context of the Africa Union Agenda 2063 and Agenda 2030 for Sustainable Development which are anchored on the principles of equality, sustainability and "leaving no-one behind" (AUC and ECA, 2013).

The recognition of the role of inclusiveness in sustaining development is not new. At the 1995 World Summit on Social Development held in Copenhagen, world leaders acknowledged the importance of social inclusion and integration for achieving sustainable development worldwide. For the first time, there was a shift from a simple model of deprivation to a holistic one of human poverty, exclusion and participation.

At the United Nations Conference on Sustainable Development in 2012, global leaders renewed their commitments to promote social integration through creation of more cohesive and inclusive societies.[1] Following the Conference, the need to tackle exclusion as an objective per se started to gain resonance in the development discourse.

African Governments have also become increasingly aware of the centrality of "inclusiveness" in the continent's development agenda. This is reflected in their commitment to the 1995 Copenhagen Declaration and Programme of Action, underscored by the 2008 Windhoek Declaration on Social Development and Social Policy Framework for Africa, which have been instrumental in advancing New Partnership for Africa's Development's (NEPAD) social development priorities across the continent. African countries have also taken action to address specific challenges of excluded groups – including youth, women and the elderly – using platforms such as the International Conference on Population and Development (ICPD), the Beijing Platform for Action, the Ouagadougou Plan of Action, the Abuja Declaration and the Madrid Plan of Action on Ageing.

However, the implementation of these commitments has not led to the desired outcomes for a number of reasons. Firstly, until recently, only a few had a clear understanding of the challenge of "exclusion", and how it could be addressed and incorporated into national development planning (ECA, 2009).

Secondly, so far none of the internationally-agreed development goals, including the Millennium Development Goals (MDGs), have explicitly addressed the inclusive dimension of development, and their aggregate nature has failed to identify within-country inequalities that would require different policy interventions from those devised at national or regional levels.

Capacity gaps also persist, and there is a lack of monitoring mechanisms to assess inclusion in Africa, thereby leading to inadequate statistical follow-up and social policy formulation.

To accelerate progress, governments need to develop policies that make equality and inclusion a choice of development strategies rather than their by-product. For Africa's structural transformation to be inclusive, indeed, the continent requires strong and responsive developmental States and long-term development planning that is consistent with development framework, as envisioned in the African Agenda 2063 and the Agenda 2030 for Sustainable Development.

Human Exclusion - A New Paradigm for Inclusive Development

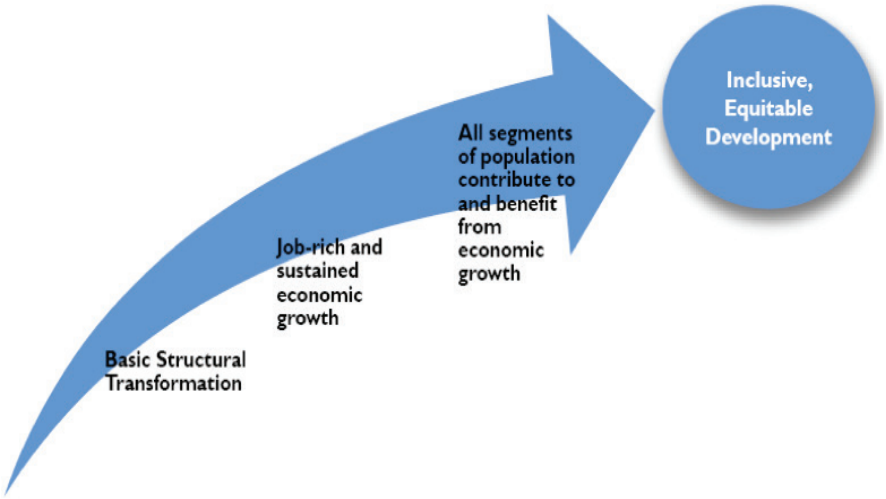
Exclusion is a multidimensional phenomenon, whose contours are difficult to define unless a clear framework is established on how it should be assessed and what aspects should be covered in the process. It is acknowledged that, despite strong economic growth, an "excluded" society is likely to deter human and social development of its citizens. This is indeed what the continent is currently experiencing, with strong economic growth unable to ensure an inclusive and equitable distribution of benefits across all sections of society.

There is evidence that progress towards inclusive development in Africa has been slow, and its drivers limited, to meet the needs of its people. This increases exposure to economic volatility and vulnerability to external shocks, particularly for the poorest and the marginalized groups. It

1 Inclusive society was defined as "a society for all, in which every individual, each with rights and responsibilities, has an active role to play". Such a society is based on the fundamental values of equity, equality, social justice, human rights and freedoms. It should also be equipped with appropriate mechanisms that enable its citizens to participate in the decision-making processes that affect their lives and shape their common future (United Nations, 1995).

is critical to ensure that these groups are included in the development process, accelerating the transition towards more equitable development (Figure 1.1).

Figure 1.1: From Basic Structural Transformation to Inclusive Development



In this context, the ***economic transformation*** of the continent seems to be well defined and under way, with four essential and interrelated processes, namely: a declining share of agriculture in GDP and employment; a rural-urban migration that stimulates the process of urbanization; the rise of a labor-intensive industrial and service economy; and a demographic transition from high to lower mortality and fertility rates, associated with better health standards in both rural and urban areas (ECA, 2013b). However, the human and social development impacts underpinning this process require further analysis.

A key component of this framework is the need to address the excluded groups for a balanced transformative agenda. This would provide the basis for redressing country-specific exclusion patterns, through effective policy formulation, both at national and sub-national levels.

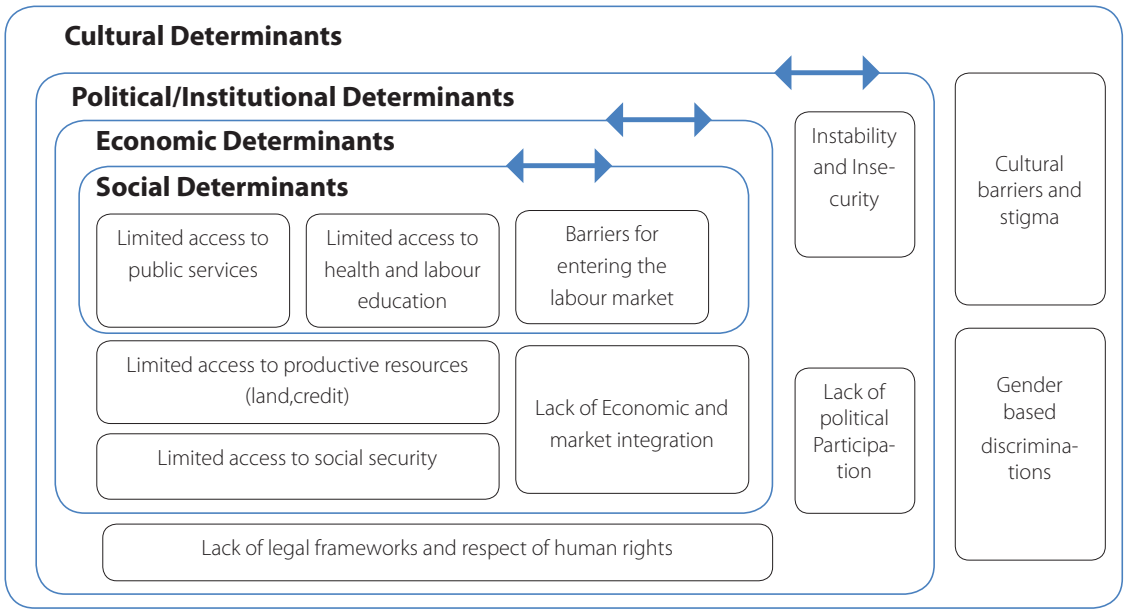
As part of this effort, a new paradigm is proposed for the ***social transformation*** of Africa, where reducing ***human exclusion*** is at the centre of this transformation. It is argued indeed that "human inclusion" should be a pre-condition to "social and economic inclusion" allowing individuals to be part of the development process is a first step to social and economic integration. The challenge for African countries is therefore to accelerate the path of structural transformation, while addressing the factors that contribute to exclusion.

Key drivers of human exclusion

Exclusion is structural and needs to be prioritized in order to sustain growth and maintain peace. Exclusion also skews development dynamics, economic opportunities and job creation, leaving the economy with a narrow base and higher vulnerability to external shocks. In addition to its economic impact, exclusion – whether based on income, gender, geographical, political or other factors – has critical social costs. It is argued that the drivers of exclusion are often determined by the interaction of a series of contextual factors, as illustrated in Figure 1.2[2]:

2 For more details, see also Macculi and Acosta (2014).

Figure 1.2: Determinants of Exclusion



- **Social factors** include elements associated with access to basic social services, including health, education, and social security, among others;
- **Economic factors** take into account access to productive resources – including land and credit – as well as the degree of economic and market integration;
- **Political-institutional factors** encompass government policies and programmes aimed at addressing instability and insecurity, ensuring political participation and access to civil and human rights; and,
- **Cultural factors** define the norms and environment in which a person lives, in terms of traditions or gender-based barriers.[3]

These factors, often a consequence of policies and programmes, can have an impact on the likelihood of an individual to be either included or excluded from the development process. Within this framework, **human exclusion** is therefore 'the result of social, economic, political, institutional and cultural barriers that are manifested in deprived human conditions and that limit the capacity of individuals to benefit from and contribute to economic growth.

It is important to highlight the distinction between human exclusion and the commonly-used term - social exclusion. Social exclusion refers to a person or a group's inability to participate in social, economic, political and cultural life and their relationships with others. Human exclusion, on the other hand, refers to the individual's inability to participate in and benefit from the growth process itself. To that extent, human inclusion can be considered a stage prior to social inclusion – *people need to be part of the growth process, and benefit from it, before they can participate in society*.

Human exclusion can manifest at different stages of a person's life. So while infants may receive adequate nutrition during the early stages of their lives, they may face discrimination in school or at workplace. Exclusion based on gender and location is common in many countries.

3 Other inhibiting factors, which are not explicitly included in this framework, but are often found to be underlying determinants of exclusion, include the rural-urban divide, disability, ethnicity, HIV/AIDS status, internal and external conflicts, among others.`

Differential impacts of exclusion on women and men

In each phase of life, women and girls are affected by vulnerabilities to a different extent and in different ways than their male counterparts. This stems from the fact that women and men have different roles in society, different access to and control over resources, and different concerns that can impact their likelihood of being included or excluded from mainstream development.

Some of these differences are intrinsic to gender, while others are the result of cultural biases and social factors, which can affect women throughout their life cycle. Indeed, there are large number of studies showing that women and girls generally bear the brunt of unpaid care work; are generally paid lower wages, suffer more than boys the consequences of a truncated education; are more likely to enter into unskilled informal labour; and are more often victims of exploitation, violence or early marriage. All of this may critically affect their future development and ability to participate in social, economic and decision-making processes.

The effects, however, can vary across dimensions and stages in life. For instance, it is found that in developing countries, girls who survive early stages of life and reach adulthood have a life expectancy that approaches that of women in developed countries. A gap that will most likely narrow in the future, as mortality declines at younger ages. On the other hand, child malnutrition is higher among boys than girls in most developing countries, although results are not uniform across countries. In India for instance, because of their lower social status, girls are more at risk of malnutrition than boys (Smith and Haddad, 2000).

Early marriage and other traditional practices have also a significant bearing on girls' educational achievements, lowering their future life opportunities and aspirations. These differential outcomes – whether based on contextual factors or intrinsic to gender – need to be tackled, as indeed policies that do not adequately address such differences tend to perpetrate gender inequalities over time (Hedman, 1996, ECE and World Bank Institute, 2010).

Exclusion in urban and rural areas

Patterns of exclusion are also influenced by the geographical location in which an individual is born and lives. People in rural areas are more likely to lack the minimum social and economic infrastructure – including basic social services – that would allow them to develop to their full potential. Globally, 75 percent of those living in extreme poverty in 2002 resided in rural areas, despite the fact that only 52 percent of the world population was living in such areas (Ravallion *et al*, 2007).

The latest findings also point to higher rural poverty rates in Africa (UN, 2014). While this is true, African cities are also increasingly faced with other challenges, such as urban congestion, environmental and health hazards, poor infrastructure, social fragmentation, limited access to land as well as increased competition that bars unskilled workers from economic and social opportunities.

Section II:The African Social Development Index (ASDI)

African Social Development Index (ASDI)

The ASDI has been developed to assess the overall degree of human exclusion. It follows a life-cycle approach on the premise that exclusion manifests at different stages of an individual's life.

For each phase of life, a dimension of human development has been identified, from which individuals in that specific age group are more likely to be excluded - affecting their development and integration later in life (Table 2.1).

Table 2.1: Exclusion throughout the life-cycle

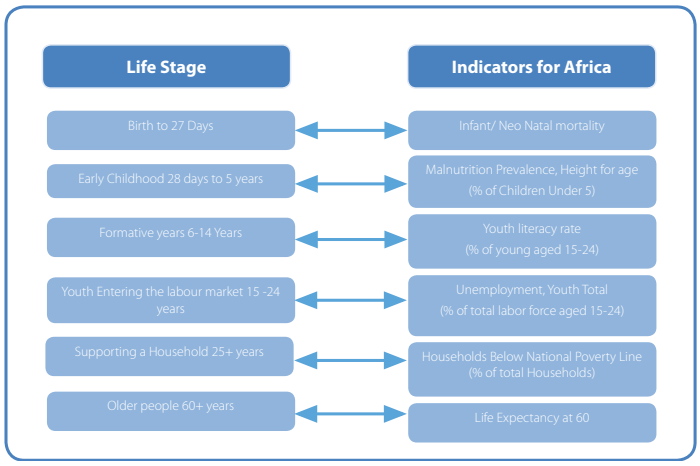
Period	Stage in the life Cycle	Dimension
Birth to 27 days	Birth	Survival
28 days to 5 years	Early childhood	Health/Nutrition
6-14 years	Formative years	Quality education
15+	Entering the labour market	Productive employment
25+	Productive life	Means of subsistence
60+	Old age	Living a decent life

To make this framework operational, each dimension has been associated with one indicator that best captures the aspects of exclusion identified in the model (Figure 2.1).

The value of each indicator ranges between 0 and 1 and the aggregate value of ASDI lies between 0 and 6. The higher the value of ASDI, higher the extent of human exclusion.

The Index seeks to capture the differential impacts of exclusion based on gender and location. This allows capturing inequalities within countries and social groups that would otherwise remain unaccounted for. The findings should guide development-planning processes and improve policy targeting at the local level and on different population clusters.[4]

Figure 2.1: Indicators of Human Exclusion Using a Life-Cycle Approach



4 The application of the ASDI in Africa is currently led by National Implementation Teams (NITs), including senior experts from relevant ministries and national statistical offices. Data needed to compute the ASDI is based on national statistics, mainly censuses, household and demographic/health surveys.

Selection of indicators

The selection of indicators is the result of a strong consultative/participatory process, involving experts from member States, regional institutions and development partners. Final selection was based on three main criteria: (a) relevance of dimensions/indicators in the African context; ii) readily available data, possibly at various tiers of administration; and (iii) 'impact 'rather than 'output 'indicators.

While the selected indicators may not capture the full dimension of exclusion in each phase of life, they were chosen as the best proxy indicators based on available data and empirical evidence on exclusion in Africa. The methodological foundations of the Index are detailed in Annex 1.

Key features of the ASDI

The ASDI has a number of key features that distinguishes it from other indicators:

- Developed on basis of a request from member States;
- Uses national data and so does not rank countries;
- Simple to comprehend and compute;
- Only indicator to measure human exclusion;
- Follows a life-cycle approach.

Implementation Strategy

The rollout of the index in 46 African countries has allowed for testing and further refining the tool, making it more responsive to the needs of member States. More importantly, the training and application of the index has contributed to strengthen national capacities in identifying policies and programmes that have contributed to reduce exclusion over time and across groups of population.

An important development of the index has been its applicability at the subregional level, with training of 10 Regional Economic Communities, and potential for monitoring implementation of regional development plans and fostering economic and social integration.

As part of this process, a policy-mapping framework is being developed to further assess the effectiveness of social policies in tackling human exclusion. This exercise will be a major step forward in using the ASDI for development planning and improved policy targeting. The setting up of National Implementation Teams (NITs) in each country has also been instrumental for ensuring the ownership and critical buy-in of Governments and Regional Economic Communities in the use of the Index for promoting more inclusive development policies.

Section III: Southern Africa – A Brief Introduction

Southern Africa: A Brief Introduction

Southern Africa comprises 15 member States[5] with a total population of 293.4 million in 2013. Annual average growth rate for the sub-region between 2000 and 2011 was 4.2 percent, lower than Africa's average of 5 percent. However, average growth for the sub region has rebound in recent years and currently stands at 5.2 percent. The total gross domestic product (GDP) was over US$ 575.5 billion in 2010 prices. Notably, the service sector contributes slightly more than half of the sub-region's GDP (51 percent), with industry and agriculture making up 32 percent and 17 percent respectively[6].

Southern Africa has also made impressive progress in strengthening regional integration, having attained a Free Trade Area (FTA) in 2008, a Customs Union in 2010, and is in the process of achieving a Common Market status by 2015. It is also part of the tripartite-FTA arrangement, comprising the East African Community (EAC), Common Market for Eastern and Southern Africa (COMESA) and the Southern African Development Community (SADC).

Notwithstanding sustained growth and increased regional integration, poverty and inequalities, particularly for women and youth, remain critical development challenges in Southern Africa. The sub-region includes some of the poorest and most unequal economies in the world, despite being endowed with vast natural resources including a rich diversity of fauna and flora, and a favorable climate.

Although social outcomes, in particular education and health, have improved over the past two decades, the pace is not commensurate with the positive trends in economic performance. In 2010 (latest figures), approximately 45 percent of the total population lived on less than US$ 1.25 per day; the prevalence of malnutrition averaged 36.1 percent across the sub-region; average life expectancy stood at 52.8 years with Mauritius having the highest life expectancy at 73 years and Lesotho the lowest at 46.7 years, while infant mortality rates are in excess of 50 per 1,000 live births (ECA and SADC, 2012).

Unemployment is a widespread phenomenon across all countries in the sub-region, with the highest shares among women, reflecting increased vulnerability and gender inequality in access to economic opportunities, including financial assets and land. Most women in Southern Africa are either under-employed or employed in low-paid low-productive jobs, limiting their capacity to become productive agents of change. This is compounded by age, as young women display the highest share of unemployment, particularly in Namibia and Lesotho.

These statistics point to the risk of exclusion of some groups of population from the benefits of growth. Poverty and vulnerability in the sub-region are largely driven by a host of factors - including a high disease burden, frequent droughts and floods, high unemployment, gender inequality and low industrial growth and productivity, among others. The ASDI will help to better understand the drivers and levels of exclusion in each country, the most affected groups and sectors – leading to better policy planning, monitoring and targeting.

5 Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe.

6 http://www.sadc.int/themes/economic-development/

Figure 3.1: Geographical Map of Southern Africa

Process for preparation of the Southern African ASDI Report

A sub-regional workshop was held in Johannesburg, in November 2014, to train countries in Southern Africa on the computation and use of the ASDI for policy analysis. Eight countries took part in the training, namely Angola, Botswana, Malawi, Mauritius, Namibia, Swaziland, Zambia and Zimbabwe. Each country was represented by senior officials from the Ministry of Economy and Finance, Development Planning and National Statistical Offices. The results of the ASDI analyses developed with the country teams are presented in the next section. Lesotho, Mozambique and South Africa did not participate in the training and hence do not feature in this report.

This report builds on the draft that was presented in Lusaka, Zambia in October 2015 for validation of data and initial results with member States. It therefore incorporates suggestions and recommendations of member States and other stakeholders that attended the Lusaka meeting. In terms of computation of the ASDI, the report uses six indicators to arrive at the index. Missing information for two or more indicators, both at national and sub-national levels, prevents a proper assessment of exclusion, thus making it necessary to drop the specific result from the analysis.

Section IV: ASDI Country Analyses

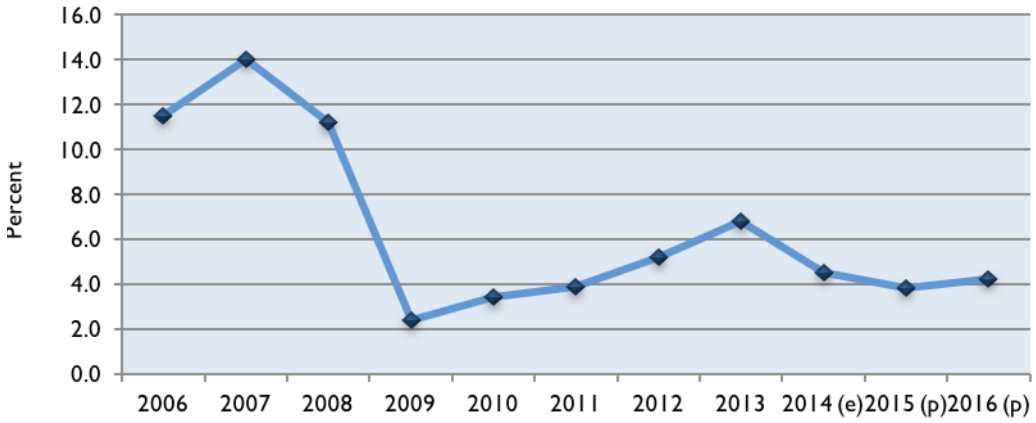
Country Analyses

4.1 Angola[7]

Socio economic conditions

The global financial food and fuel crisis of 2007-2008 negatively affected economic performance in Angola but growth picked up again, although not to pre-crisis level. The lack of value addition in oil production and predominance of only forward integration of the national economy to the global economy represents a serious impediment to higher growth. This can be seen in the drop of GDP growth rates between 2013 and 2015, reflecting the slump in international oil prices (Figure 4.1.1).

Figure 4.1.1: GDP Growth Rate



Source: African Economic Outlook 2015

Note: *(e) estimates, *(p) projection

Economic growth is indeed largely driven by the oil sector in Angola, and the government is planning to increase the production from 1.8 million barrels per day (bpd) in 2013 to 2 million bpd in 2016 (AfDB, 2015). Dependency on oil accounts for about 46 percent of GDP, 80 percent of government revenues and 95 percent of Angola's exports (44 percent to China alone). The sector, however, is highly capital-intensive, with labour employment in the oil industry representing only 1 percent of total.

The lack of backward linkages of the oil industry with the rest of the economy is at the core of a non-inclusive development. In fact, the slow pace of economic diversification does not help bring down the unemployment rate of 26 percent, with 32 percent of the population living below the poverty level. The country's Gini coefficient of 0.59, is one of the highest in the region - with possible adverse impacts on social cohesion.

An important recognition of this status and measures taken to redress the commodity-based economy is the Petroleum Activity Law and a number of local-content decrees to advance national interests in the oil sector. This legal framework also serves to promote the creation of

7 The aggregate values of the ASDI at national level and over time might not tally with the disaggregated values of location and gender owing to empirical data gaps. If ASDI indicators are less than five, we drop location and gender drivers.

local skills through the "Angolanization" of human resources and by giving preferential treatment to national firms in the supply of goods and services (AfDB et al. 2014).

Social development

Angola has made significant progress towards social outcomes but these vary across income groups, location and gender. While there is a general positive tendency for improvement in social outcomes the pace is much slower than the economy at large.

Due to the lack of national poverty data the international poverty line of $1.90 was used[8]. The slight positive change from 2000 to 2008 was from 32.3 percent of population considered poor to 30.1 percent (latest data) (Table 4.1.1). The variation of poverty across location is a feature of Angola's economy. Whilst the capital reports 33 percent below the international poverty line this figure doubles to 64 and 65 percent in the Centre South and East of the country (OPHI 2011).

The main driver of poverty is income inequality (Angola's Gini coefficient at 0.59 places it as the fifth highest unequal country in the world). The large concentration of wealth in the top incomes in Angola is mirrored in the inequalities of opportunities with the poor less likely to have access to adequate housing. Only 30 percent of the poor – against 51 percent of non-poor – have access to clean drinking water and there are similar figures for access to sanitation (40 percent and 72 percent, respectively) and electricity (14 percent and 57 percent, respectively). Only 5 percent of the poor have access to all three of these key infrastructure services, while for the non-poor this proportion rises to 32 percent (AfDB et al. 2015).

Similar figures are observed in education and health with a slow pace of progress and starting from a low initial status. For example, under-five mortality rates was 158 per 1,000 in 2009 and dropped to 96 per 1,000 in 2013. Despite these substantial improvements Angola still ranks second highest globally in under five mortality figures (UNICEF 2013). In addition, the national average rates are highly skewed towards rural areas that register 70 percent higher than urban areas.

The overall progress towards universal primary education registered a net enrolment rate and completion rate at 85 percent and 46 percent respectively (ECA et al. 2014).These low levels can be linked to the inadequate share of the education budget devoted to primary schools (about 29 percent), which falls below both the regional average of 46 percent and the 50 percent defined to achieve the "Education for all initiative" set up by the UN Educational and Cultural Organization (UNESCO 2014).

Low completion rates also result in an inadequate transition to secondary enrolment, which stands at 32 percent, with women in rural areas just at 6 percent. In addition, completion rates are skewed towards high-incomes and urban dwellers, who are three times more likely to complete school as compared to the rural low-incomes. Furthermore, 84.8 percent of children have access to schools in urban areas as compared to 66.9 percent in rural areas. However, there are efforts to improve educational outcomes through better infrastructure - with the building of 50 new high schools and 18,660 teachers recruited in 2013. More than 240,000 teachers have already entered the education system over the past four years (AfDB et al. 2014).

8 World Development Indicators 2016

Table 4.1.1: Socio-Economic Indicators

Indicators	2000-2002	2005-2007	2012-2014
Total population, in millions	16.1	19.2	24.2
GDP total in billions of AOA*	544,012	4,636,801	12,713,053
GNI per capita (atlas method current US$)	640	...	...
Population below the poverty line of US$ 1.90 a day (percent of the population)	32.3 (2000)	30.1 (2008)	…
Gini Index	...	0.42 (2008)	0.59**.
Unemployment, percent of total labour force	6.8	6.7	6.8
Unemployment, youth total (percent of total labour force ages 15-24)	10.4	10.1	10.5
Population growth (annual percent)	3.4	3.4	3.3
Life expectancy at birth, total (years)	46.7	49.4	51.9

Source: World Development Indicators (World Bank).

**2015 Statistic* "World Economic Outlook Database," IMF, accessed March 31, 2016, http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx

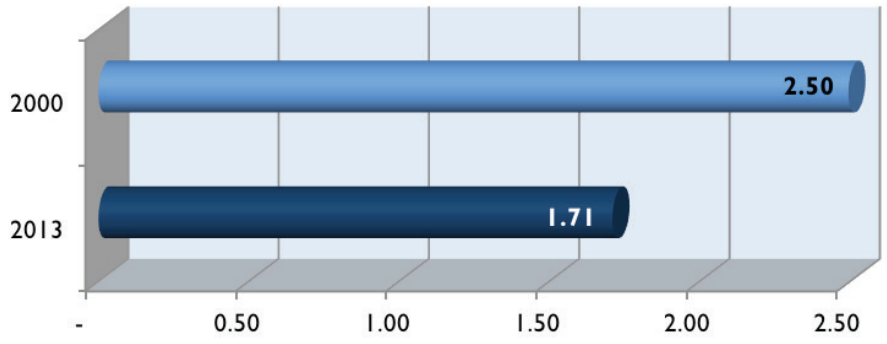
** African Economic Outlook 2015

Measuring Human Exclusion in Angola[9]

These aggregate figures of social development, however, do not provide sufficient information for policy direction and targeting for excluded groups. The African Social Development Index (ASDI) coherent with regional and international Agenda 2030 for Sustainable Development of "leaving nobody behind" monitors the extent of exclusion across the life cycle, at lower tiers of government –sub-national level, and gender, thus providing empirically grounded policy information.

As can be observed in Figure 4.1.2, exclusion over the last 13 years has dropped significantly in Angola. During this period economic performance, largely driven by oil exports, allowed some revenue windfalls and increased budgetary allocation to social sectors.

Figure 4.1.2: ASDI in Angola



Source: Computed using national data

The drop in overall human exclusion over a fairly long period 2000-2013 denotes a positive trend at the aggregate level. The absence of disaggregated data by gender and location does not provide a full picture of human exclusion in Angola.

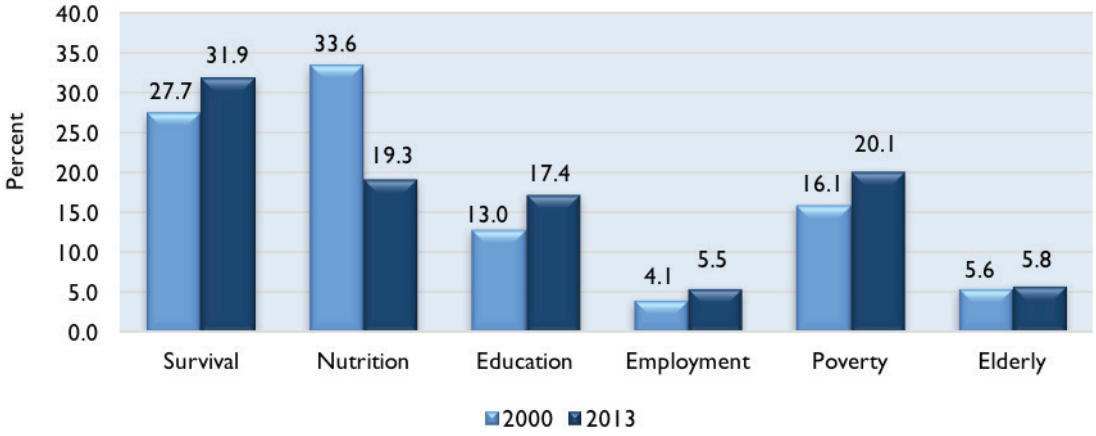
The spatial distribution of social outcomes mirrors the uneven economic development occurring in the country. Although sub-national data was not available, other studies have noted that lack

9 ASDI for Angola was not computed at sub-national level due to unavailability of data.

of spatial inclusion is a major obstacle towards sustained growth (OPHI 2011 and AfDB 2015). This is largely due to a 27-year old civil war that has left certain geographical areas underdeveloped in infrastructure but also in asymmetric public service delivery for rural areas. In addition, the prolonged civil war led to significant migration from the countryside and growth of the urban population, from 15 percent in 1970 to 62 percent in 2014. The largely war-induced isolation of regions and populations prompted the Angolan authorities to address the critical issue of spatial inclusion in their quest for sustainable economic and human development.

The drivers of the ASDI provide further information on the progress across the time period under consideration (2000-2013) of the six indicators.

Figure 4.1.3: Drivers of Human Exclusion



Source: Computed using national data. Note: Poverty measured using US$ 1.90 poverty line.

Whilst aggregate under five mortality has dropped between 2009 and 2013, exclusion in infant mortality has worsened, along with employment and education. This is likely due to the health, nutrition and education costs for households. The cost sharing schemes between Government and households for public services have remained a critical feature of exclusion in Angola. In the case of Angola this takes on increased importance at sub-national levels, which have only 15.4 percent of budgetary resources as against 80 percent at central level, exacerbating the laggard effect of undeveloped regions in improved social outcomes (Ministry of Finance Budget Proposal 2014).

Policy considerations

Angola is currently facing a challenging situation. The dependence of Angola on oil revenues was hard hit by the sharp decline in international oil prices, as well as a temporary reduction in oil output due to unscheduled maintenance of oil fields, and prolonged drought. Lower oil prices are expected to lead to sizeable cuts in public spending. This provides a particularly difficult situation for financing social policies that can tackle exclusion.

This state of affairs has been recognized by national authorities that allocated over US$ 76 billion in 2014, over 30 percent of the national budget to the social sectors. However, the quality and quantity of spending remains a major challenge. The spatial exclusion requires serious attention in terms of infrastructure and public service delivery and therefore quantity of spending requires a reassessment. The rural-urban distinction in access to services requires some attention in the inter-sectoral allocation and spending patterns, at sub-national level.

Quality of spending remains critical. Data available indicates that survival and literacy and therefore health and nutrition and education facilities require more attention. Quality is also determined by equitable access and is a vital feature of social development. According to a 2013 UNICEF assessment, it is estimated that the richest 50 percent of Angolan households receive 70 percent of government social assistance benefits. Moreover, the reported number of beneficiaries covered by social safety nets remains limited. Reported data indicates that in 2012, about 100,000 people were covered by food basket programmes. Despite increased resources, social protection in Angola seems fragmented, and calls for a more ambitious social assistance agenda, including scaling up social transfer programmes to tackle poverty.

The public policies on health, education and nutrition need to be equitable. The design of equity based public policies to ensure improvements in access in low income rural dwellers is an important policy direction for a more inclusive sustainable development.

The importance of Angola's historical development cannot be overstated. The country's budgetary system has not established consistent links with the development plans of local governments. The need for an improved clearly defined decentralization policy to alleviate unequal development across sub-regions is an imperative. Regional development plans and regional budgets with possibly fiscal decentralization at their core is critical. Complementary to this, improved coordination among providers of public goods in addressing spatial exclusion across the country will be essential.

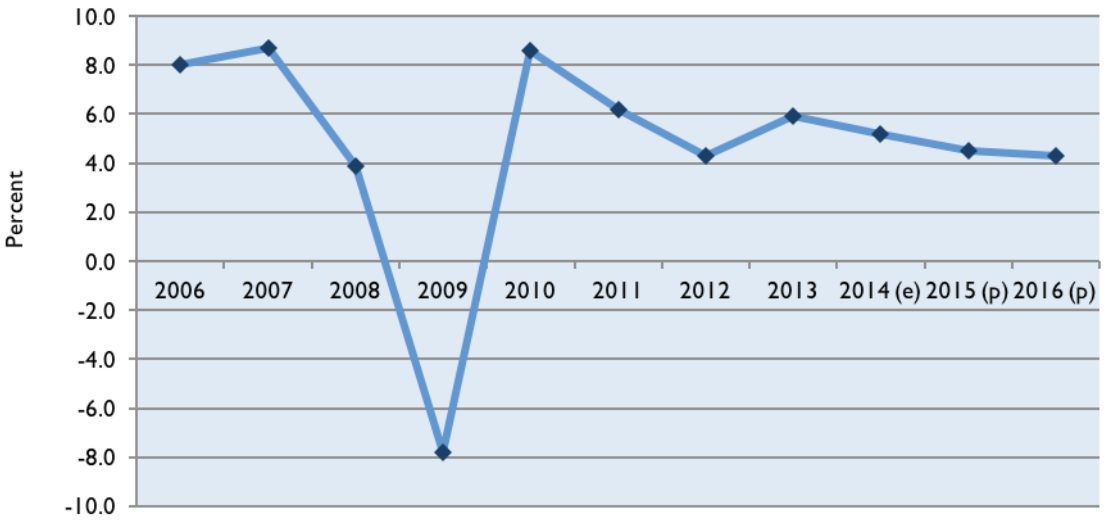
4.2 Botswana

Socio-economic conditions

Botswana has been a high growth performer for several years, except for 2009 when the economy was severely affected by lingering effects of the global and financial crises. The economy showed remarkable resilience in 2013 with real GDP growth of 5.9 percent compared to 4.3 percent posted in 2012. Growth was largely driven by service-oriented sectors namely trade, transport and communication, public and financial services. In addition, the mining sector posted strong growth of 10.6 percent in 2013 on account of strong demand for diamonds in the global economy, particularly from China and India (AfDB et al., 2014). Estimates for growth in 2014 stood at 5.2 percent while projections for 2015 place output growth at 4.5 percent thus posting a reduction, which is likely to continue – mainly due to a slowdown in non-mineral sectors, especially the energy sector. The lack of sufficient diversification in the economy and the apparent overdependence on the diamonds sector renders the country highly susceptible to exogenous global shocks.

To reinvigorate growth, the authorities are increasingly focusing on enhancing total factor productivity (TFP) through investments in education, public projects and improving quality of spending (IMF, 2014). In addition, authorities have pledged to adopt appropriate policies and strategies and make substantial budgetary allocations to human capital and physical infrastructure development in recognition of their importance in improving productivity and competitiveness in the economy[10].

Figure 4.2.1: GDP Growth Rate



Source: Africa Economic Outlook 2015

Note: *(e) estimates, *(p) projection

Social development

The country presents a mixed social outlook. The country has registered important progress, particularly in the areas of education and health. Thanks to the policy of free education, literacy rates jumped from a 34 percent to 83 percent between 1996 and 2010, with gender parity being achieved in primary and secondary education. The key policies that led to these outcomes are free basic education, the adoption of an inclusive Education Policy in 2011, and an on-going literacy programme with a special focus on women (AfDB et al., 201).

10 http://www.gov.bw/global/portal%20team/2015%20budget%20speech%20by%20honourable%20o.pdf

The country also recorded notable progress in infant and under-five mortality rates between 2007 and 2011. In particular, infant mortality rates declined by 70.2 percent from 57 per 1,000 live births in 2007 to 17 deaths in 2011 on account of improved access to health facilities both in rural and urban areas. The proportion of people living below the poverty line declined from 49 percent in 2003 to 35.7 percent in 2010 (Table 4.2.1). During the same period, extreme poverty fell from 23.4 percent to 6.5 percent (ibid). This is on account of increased spending on poverty alleviation and activities that target the vulnerable groups.

Table 4.2.1: Socio-Economic Indicators

Indicators	2000-2003	2005-2007	2010-2012
Total population, in millions	1.8	1.9	2.2
GDP total in billions of BWP*	34,416	67,153	141,942
GNI per capita (atlas method current US$)	2,790	5,570	7,240
Population below the poverty line of US$ 1.25 (percent of the population)	49	…	35.7
Gini Index	0.65	0.60 (2009)	...
Unemployment, percent of total labour force	20.2	18.5	18.2
Unemployment, youth total (percent of total labour force ages 15-24)	22	31.6	34
Population growth (annual percent)	1.4	1.8	2.0
Life expectancy at birth, total (years)	49.2	59.0	64.3

Source: World Development Indicators (World Bank).

2015 Statistic "World Economic Outlook Database," IMF, accessed March 31, 2016, http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx

Notwithstanding these achievements, the country faces the challenges of youth unemployment and income inequality. One out of three youth in Botswana was unemployed in 2012-2014 with wider gender disparities. Income inequality remains pervasive and stood at 0.60 in 2009 as measured by the Gini coefficient.

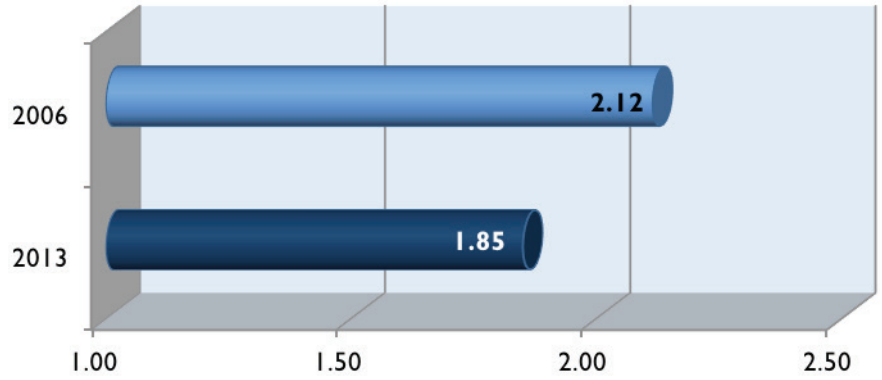
Measuring Human Exclusion in Botswana[11]

Botswana has a relatively low human exclusion index - having declined from 2.12 in 2006 to 1.85 in 2013 (Figure 4.2.2) representing a decrease of 12.7 percent. This outcome could be indicative of government's targeted measures aimed at reducing income inequality through increased pro-poor spending and robust cash transfer system.

At a broader level, the government aims at promoting inclusive growth by creating a conducive environment for productive economic opportunities while ensuring that the benefits of economic growth are equitably shared among the citizens (Government of Botswana, 2015). However, the real challenge is to translate macroeconomic gains from growth into significant improvements at household level.

11 ASDI for Botswana was not computed at sub-national level and gender/location as data was only available for less than five indicators.

Figure 4.2.2: ASDI in Botswana

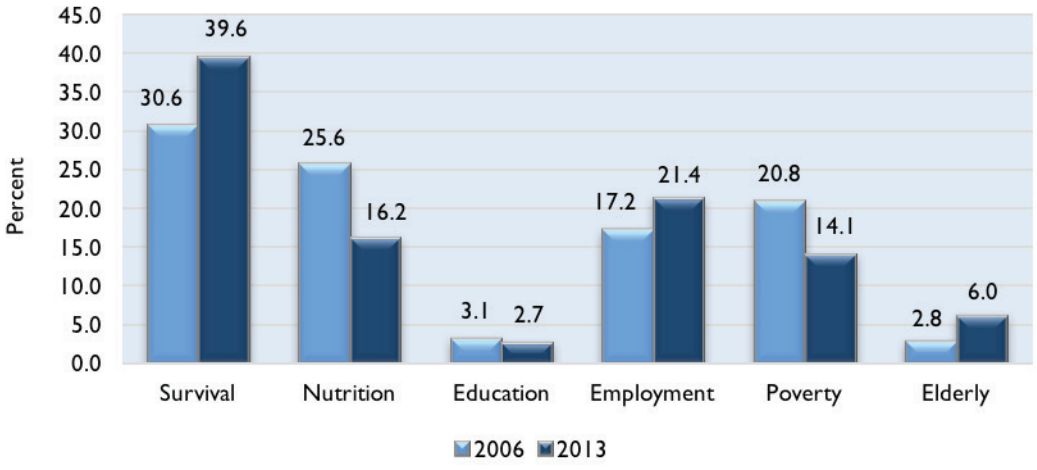


Source: Computed using national data

The major drivers of human exclusion in Botswana appear to be infant mortality and youth unemployment (Figure 4.2.3). Between 2006 and 2013, neonatal mortality rate dropped by 33 percent while youth unemployment increased by 24.4 percent respectively. However, the contribution of male infant mortality to overall exclusion stood at 47.6 percent while that for females was 41.1 percent—clearly indicating that more male children die in their infancy relative to the females. Although the country has made steady progress in improving overall health outcomes for its people, majority of child deaths continue to occur in the first months of life due to newborn complications, diarrhea and pneumonia.

The contribution of female youth unemployment to exclusion in 2013 was relatively higher (28%) compared to male youths (21%). This confirms the widespread phenomenon that females in Africa tend to have low participation rates in formal labour markets compared to their male counterparts. While the government intentions to generate employment for the citizens are laudable, they are yet to translate into actual jobs especially for the youth.

Figure 4.2.3: Drivers of Human Exclusion



Source: Computed using national data

Policy considerations

Given that human exclusion in Botswana is predominantly an outcome of infant mortality and youth unemployment, there is need for comprehensive and more targeted policy interventions and strategies that focus on these areas. For example, the government should expand access to health services particularly neo-natal and maternal services in rural areas order to stem both morbidity and mortality rates among infants. In this regard, health services are being improved in terms of access, quantity and quality across the country. This in part reflects the government's strong commitment to deliver development to its citizens through elaborate health policies and increased health expenditures.

In terms of addressing youth unemployment, the Government through the Ministry of Youth, Sport and Culture launched a *Youth Empowerment Scheme*[12] in 2012 as part of a comprehensive framework for dealing with youth unemployment in the country. In addition, employment policies have been mainstreamed to ensure consistency of action and results as well as fostering inclusive growth in the economic development agenda.

12 http://www.gov.bw/en/Ministries--Authorities/Ministries/Ministry-of-Youth-Sport-and-Culture-MYSC/MYSC-News/YOUTH-EMPLOYMENT-SUMMIT-/

4.3 Malawi

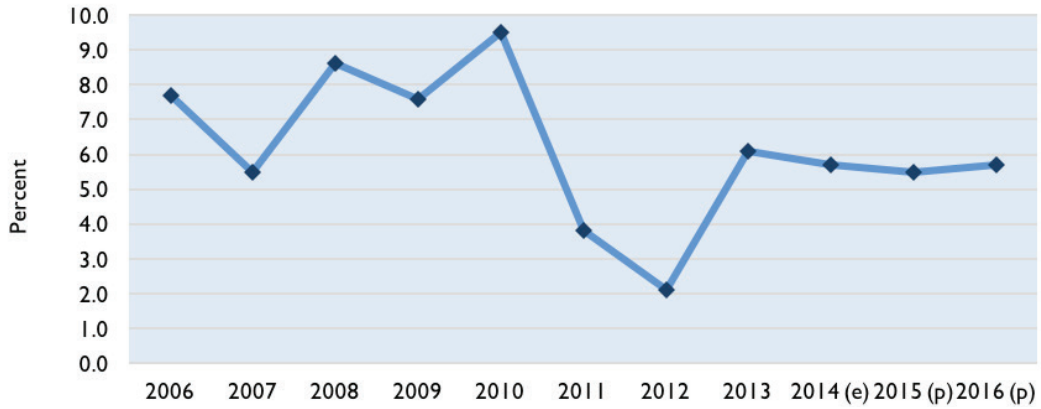
Socio-economic conditions

Malawi's GDP growth rate has been relatively stable in recent years - estimated at 5.7 percent in 2014, but projected to slow down to 5.5 percent in 2015, with a small rebound expected in 2016 (Figure 4.3.1). Growth has been largely driven by expansion in agriculture, wholesale and retail trade sectors, but the pace is expected to slow down mainly due to adverse weather, which is likely to impact agricultural production and agro-processing.

The economic structure of Malawi remains poorly diversified, mainly driven by agriculture – with tobacco accounting for 80 percent of total exports. While exports have doubled over the past decade (from 21.8 to 41 percent between 2004 and 2014), the economy remains fragile and vulnerable to external shocks – particularly weather instability, which critically affects agricultural production. Structural transformation is therefore essential to enhance productivity and diversification within agriculture and across other sectors.

Inflation remains a major challenge for the country – averaging 23.8 percent in 2014 – along with high lending rates (above 40 percent) and an overall weak fiscal environment (World Bank, 2015). The country faces a fiscal deficit of 5.9 percent of GDP in 2014-2015, accompanied by a stark reduction in development aid. Total investment (as a percentage of GDP), as well as gross national savings, have also dropped by a third over the past ten years (IMF, 2015). In this context, and with limited Foreign Direct Investments (at around 2 percent of GDP), the recourse to domestic financing has inflated public debt to 69.6 percent of GDP in 2014.

Figure 4.3.1: GDP Growth Rate



Source: Africa Economic Outlook 2015

Note: *(e) estimates, *(p) projection

The investment climate is also not conducive to private investment. The 2014 Doing Business Report ranks Malawi 171st out of 189 countries. Major obstacles facing investors include poor infrastructure and service delivery, including energy and transportation, as well as limited access to credit and poor regulatory frameworks.

While efforts are being made to improve overall public management, challenges remain in the macroeconomic and fiscal discipline, as well as in strategic allocation of resources and effective service provision. On the positive side, a number of reforms to restore trade competitiveness and

integration in global value chains are under way, including reducing barriers to competition and reviewing domestic policies on exports and trade regulations.

Social development

Malawi is one of the African countries that have experienced the fastest poverty reduction - by over 20 percent over the last 12 years (ECA et al., 2015) - although the absolute levels remain critically high (Table 4.3.1). The incidence of poverty is higher in rural areas, where approximately 82.3 percent of the population was living on less than US$ 2 a day and 61.6 percent living on less than US$ 1.25 a day in the period 2010-2012, as compared to 17.3 percent in urban areas, reflecting the higher burden or poverty on rural communities (World Bank, 2012).

Malawi is also among the best performing countries in Africa in reducing child mortality, along with Egypt, Liberia, Rwanda and Tunisia (AfDB et al. 2013). Almost three out of four births are attended today by skilled health personnel, which have also resulted in significant improvement in maternal mortality in recent years. However, one out of two children is still suffering from malnutrition in Malawi. According to the Cost of Hunger Study results, almost half of children under-five in Malawi were affected by stunting in 2012, and the majority of them between 12 and 23 months.

In the area of education, the elimination of school fees has contributed to reducing the gender gap in primary school, and increased school enrolment – by up to 68 percent in the first year of implementing the policy (UN 2014). Wage disparities are not as high as in other countries (women in Malawi earn about 75 percent of their male counterparts for doing similar jobs), but there are still large inequalities in wealth and in access to social services, limiting social and economic opportunities for women. Unemployment remains high, particularly for youth, at 13.5 percent in 2012, as compared to 7.6 percent for the total population.

Table 4.3.1: Socio-Economic Indicators

Indicators	2000-2002	2005-2007	2010-2012
Total population, in millions	11.8	13.5	16.7
GDP total in billions of MWK*	268,066	620,422	2569,691
GNI per capita (Atlas method current US$)	160	250	320
Population below the national line (percent of the population)	…	73.6 (2004)	70.9 (2010)
Gini Index	…	0.39	0.44
Unemployment, percent of total labour force	7.7	7.6	7.6
Unemployment, youth total (percent of total labour force ages 15-24)	13.5	13.25	13.45
Population growth (annual percent)	2.6	3	2.9
Life expectancy at birth, total (years)	47	51	55

Source: World Development Indicators (World Bank).

* 2015 *Statistic* "World Economic Outlook Database," IMF, accessed March 15, 2013, http://www.imf.org/external/pubs/ft/weo/2012/02/weodata/index.aspx.

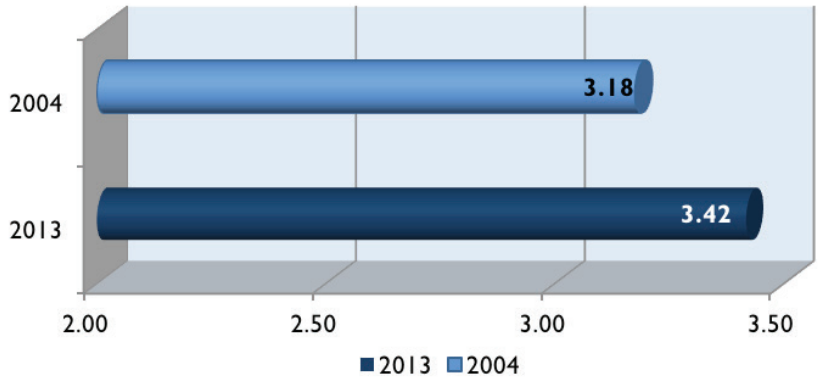
Investment in the social sectors is well below the African regional average (AfDB et al. 2015). Per capita health expenditures are only a third of the average in Africa, excluding North Africa (US$ 30 as compared to US$ 92 in 2011), while public spending on education is estimated at 5.4 percent of GDP, slightly higher than the regional average.

Malawi is also prone to natural disasters and increased episodes of droughts, primarily related to climate change and global warming. Also, its high population density has accelerated environmental degradation, with negative impacts on agricultural production.

Measuring Human Exclusion in Malawi

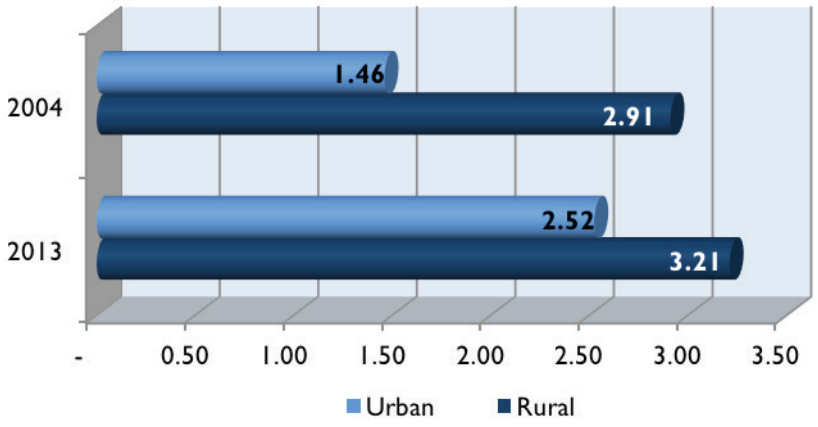
The overall social performance in Malawi is reflected in the increase in human exclusion, at 3.42 in 2013, as compared to 3.18 in 2004 (Figure 4.3.2). The increase in exclusion over time has been more significant in urban than rural areas, although the level in the latter remains particularly high (Figure 4.3.3).

Figure 4.3.2: ASDI in Malawi



Source: ECA computations based on national statistics

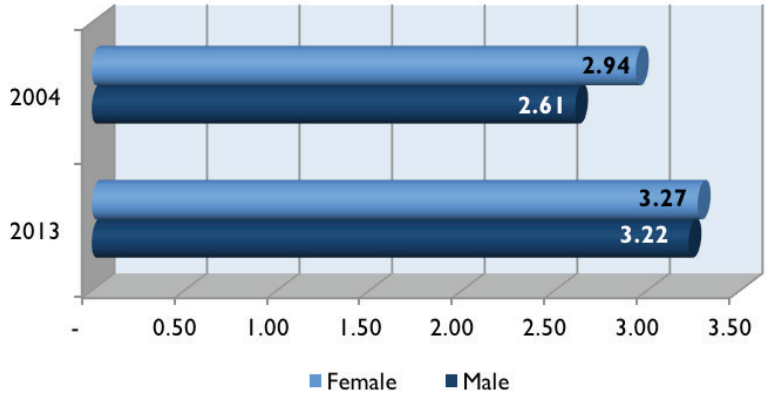
Figure 4.3.3: Human Exclusion by Location



Source: ECA computations based on national statistics

Gender disparities in the extent of human exclusion remain large, although comparatively, the conditions have deteriorated more significantly among men – hence narrowing down the gender gap from a ratio of 0.33 to almost 0.05 (Figure 4.3.4).

Figure 4.3.4: Human Exclusion by Gender

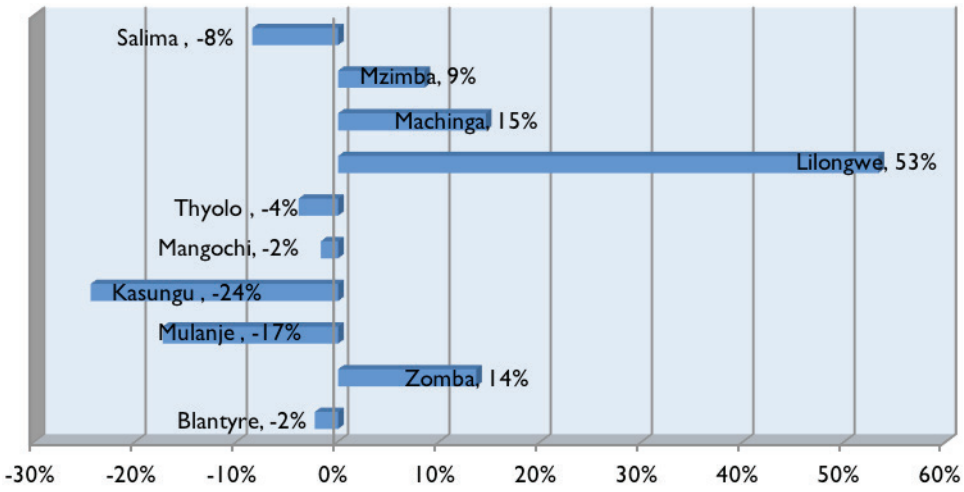


Source: ECA computations based on national statistics

The disparities in the extent of exclusion, however, are more noticeable across sub-regions. Exclusion has increased by over 53 percent in the capital city of Lilongwe between 2004 and 2013, while positive changes have been registered in the regions of Kasungu (-24 percent) and Mulanje (-17 percent). The increase in exclusion in Lilongwe is mainly driven by the increase in youth unemployment – from 16 to 51 percent between 2007 and 2013 – calling for immediate action in addressing the problem in the city.

There also significant variations in exclusion across dimensions, at sub-national level. In the area of survival at birth, Blantyre has succeeded in dropping neonatal mortality rate by half (from 46 to 25 per thousand births) between 2004 and 2010, while Lilongwe has seen an increase in the same indicator, from21 to 35 over the same period of time. Poverty is also much lower in the cities of Blantyre and Lilongwe (at around 40 percent in 2011), while in the Mangochi and Mzimba provinces, more than 2 out of 3 people still live in poverty. These large differences may be the result of the pilot social protection schemes – implemented at small scale in targeted areas, with limited spillover effects on other regions.

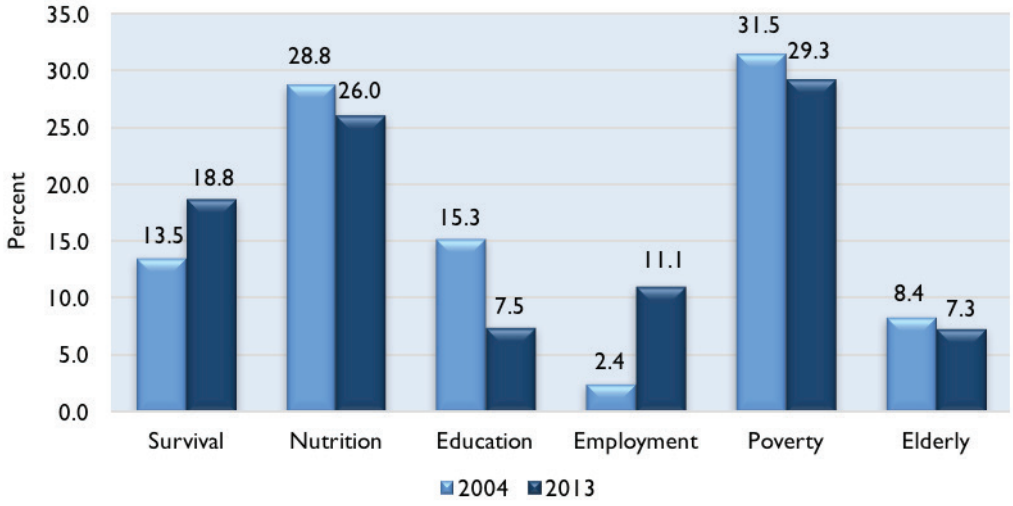
Figure 4.3.5: Change in ASDI at Sub-National Level (%)



Source: ECA computations based on national statistics

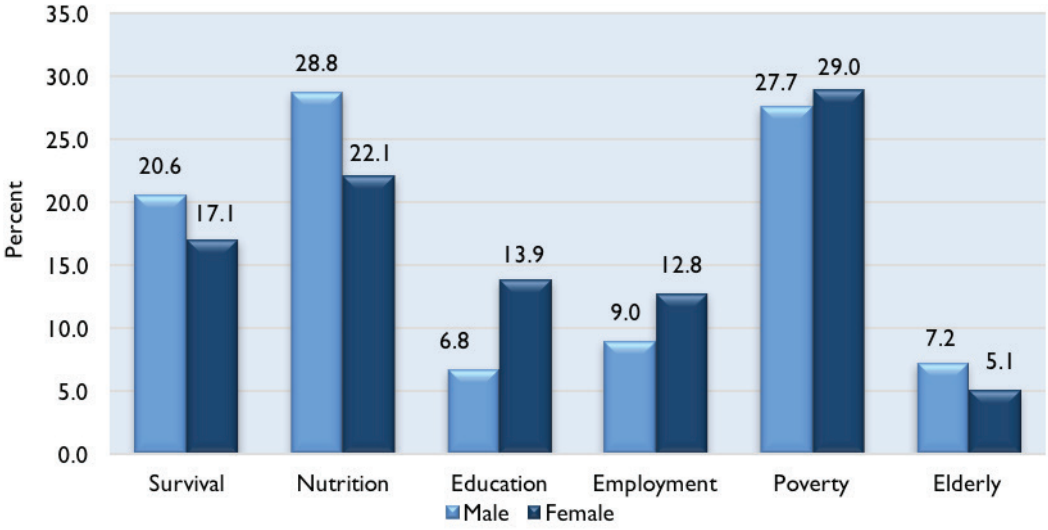
The drivers of human exclusion, however, vary among sub-groups of population. Overall, exclusion is largely driven by poverty and child malnutrition in Malawi, and this is consistent across gender and location (Figures 4.3.6). Poverty, however, seems to be much more of a rural phenomenon, while unemployment is higher among young women in urban areas – suggesting that limited job and economic opportunities are provided to women in the cities (Figure 4.3.7).

Figure 4.3.6: Drivers of Human Exclusion



Source: ECA computations based on national statistics

Figure 4.3.7: Drivers of Human Exclusion by Gender (2014)



Source: ECA computations based on national statistics

Policy considerations

The Government of Malawi has put forth the Second Growth and Development Strategy (MGDS II, 2011-2016) underpinning its long-term Vision 2020, which strives for a Malawi that is a "*a God-fearing nation, that will be secure, democratically mature, environmentally sustainable, self-reliant with equal opportunities for and active participation by all, having social services, vibrant cultural and*

religious values and being a technologically driven middle-income economy"[13]. The MDGS II, which constitutes its medium-term development strategy, revolves around a number of key priorities and strategic areas – including social protection, social development, and sustainable economic growth – whose successful implementation is expected to move Malawi out of poverty.

Yet, despite these strategic frameworks, there is a general sense that national development policies in Malawi are often well-designed, but fail to be articulated into concrete plans of action, which could effectively tackle the high levels of poverty and exclusion in the country. Chining (2007), for instance, finds that social protection policies in Malawi are often treated as 'technical processes', and largely driven by donor agencies, compromising the very sustainability and ownership of the programmes. The capacity of government institutions to provide the necessary leadership and direction is also lacking. Finally, there seem to be a lack of participatory processes at community level in the policy design, which makes policy development a rather highly centralized process.

Poverty and malnutrition remain two critical drivers of human exclusion in Malawi. Child malnutrition in particular has cumulative and irreversible effects on the individual physical and cognitive development, with significant impacts on child mortality, school repetitions, and an overall loss of 9.3 percent in GDP, which represents an important cost for the individuals and the society as a whole (AU et al., 2015).

Under the current MDGS II, the government since May 2014 has started to put in place a number of key public reforms. The strong political will surrounding the reforms represents a real opportunity for Malawi to make a significant dent on poverty reduction, if well implemented. The reforms involve major changes in sect oral policies, including education, energy and mining, health, finance, and local government, among others.

13 Source: http://www.sdnp.org.mw/malawi/vision-2020/

4.4 Mauritius

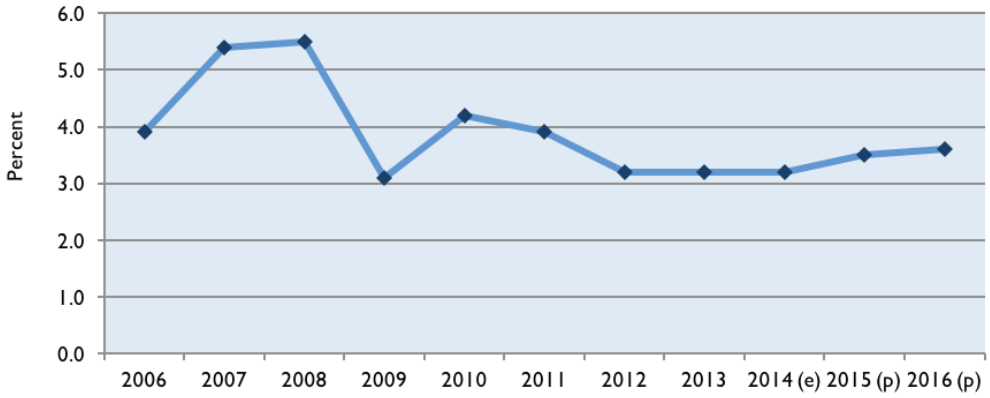
Socio-economic conditions

Mauritius has been hailed as a beacon of democratic and good governance, with a strong economic performance based on sound institutions and macroeconomic policies, despite adverse natural endowments and high vulnerability to external shocks (Government Report and MDG Report, 2013). Growth in Mauritius slowed down from 3.9 percent in 2011 to 3.2 percent in 2013 on account of weak external demand and suppressed domestic investment. Real gross domestic product (GDP) growth rate has followed a declining trend from an average of 7 percent in the late eighties to an average of 3.5 percent for the period 2009-2013. However, projections for 2015 and 2016 show a slight rebound from 3.5 percent to3.6 percent mainly driven by the services sector, which remains the largest contributor to GDP at 72.2 percent (AfDB et al. 2015). The country's macroeconomic indicators remain strong and stable save for the budget and current account balances that posted deficits between 2012 and 2015. The deficits could be attributed to rising public expenditures relative to revenues and imports outstripping exports during the period under review.

Generally, Mauritius met the SADC's macroeconomic criteria (MEC) target on inflation of less than 5 percent in 2012 and the consumer prices were generally expected to remain low in the foreseeable future, thanks to tight monetary policy. Using growth accounting, Svirydzenka and Petri (2014) suggest that the country could maintain future average growth rates of between 3 and 5 percent per annum with strong pro-active policies of improving investment and savings rates; improvement in the efficiency of social spending and public enterprise reforms; investments in education and education reforms; and further measures to reduce bottlenecks and increase productivity.

Sustained structural reforms and prudent fiscal management during the global slowdown have served Mauritius well, propelling the country to become the region's best business environment and most competitive economy (AfDB et al., 2014). Benefiting from strong institutions that have helped the economy to withstand a protracted global slowdown, the country's sovereign credit rating at Baal[14] further strengthened its competitiveness.

Figure 4.4.1: GDP Growth Rate



Source: Africa Economic Outlook 2015

Note: *(e) estimates, *(p) projection

14 http://www.tradingeconomics.com/mauritius/rating. The Baal sovereign credit measures the risk assessments as assigned by the credit rating agencies to the obligations of central government.

Social development

As a high middle-income country with a gross national income (GNI) per capita in purchasing power parity terms (2011 PPP $) of US$16,776.9 in 2013, Mauritius has fairly good social and human development indicators. Its Human Development Index (HDI) has been consistently rising over the past three decades – from just above 0.50 in 1990 to 0.771 in 2013 - signifying general improvements in the quality of life across the country. However, the HDI fails to capture within-country differences, particularly at the sub-national levels.

Life expectancy stood at 74.5 years in 2014 up from 72 years in 2000 while health indicators show good progress. Under-five child mortality rate has declined from 23 per 1000 live births in 1990 to 14.5 per 1000 live births in 2013, though the MDG target of reducing by two-thirds from the 1990 baseline was not achieved.

Literacy rates stood at 98.4 percent for the cohort 15 to 24 years in 2012 while the net enrolment rate in primary schools reached at 100 percent in 2013-reflecting sustained investments in the education sector by government. Mean years of schooling was 8.5 in 2014 but was below the comparator countries in the high middle income category. The proportion of households living below the relative poverty line set at US$3.10 slightly decreased from 3.04 to 2.96 between 2006 and 2012 while income inequality remained at 0.36 in 2012 with no significant changes over time. Further, the country human development index remains significantly high at 0.77 in 2014 i.e. above the average for high development group, at 0.744 (UNDP, 2014).

Notwithstanding these notable gains, youth unemployment rose from 18.8 percent in 2000 to 21.2 percent in 2014, to a large extent due to the skills' mismatch between the demand and supply for labour (Table 4.4.1)

Table 4.4.1: Socio-Economic Indicators

Indicators	2000-2002	2005-2007	2012-2014
Total population, in millions	1.2	1.2	1.3
GDP total in billions of MUR*	145,055	243,998	386,059
GNI per capita (atlas method current US$)	3,890	6,190	9,630
Population below the poverty line at US$ 3.10 /day (percent of the population)	…	3.04 (2006)	2.96 (2012)
Gini Index	...	0.36 (2006)	0.36 (2012)
Unemployment, percent of total labour force	7.2	8.5	7.7
Unemployment, youth total (percent of total labour force ages 15-24)	18.8	24.1	21.2
Population growth (annual percent)	0.7	0.4	0.2
Life expectancy at birth, total (years)	72.0	72.6	74.5

Source: World Development Indicators (World Bank).

2015 Statistic "World Economic Outlook Database," IMF, accessed March 31, 2016, http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx

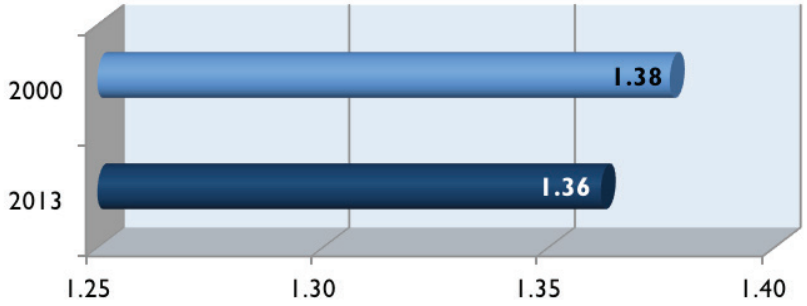
Measuring Human Exclusion in Mauritius

Starting from 2000 as its baseline, Mauritius has a relatively low ASDI human exclusion index of 1.36. Between 2000 and 2013, the index further declined by 2.1 percentage points, from 1.38 in 2000. The marginal decline in the ASDI index could reflect the country's robust and comprehensive social protection programmes that focus nearly on the entire population and which have helped

to reduce levels of vulnerability across the Island State. Indeed, Mauritius has one of the strongest welfare states in the world.

In addition, companies under the corporate social responsibility (CSR) framework are mandated by law to contribute 2 percent of their profits to poverty alleviation, human development and environment protection (AfDB et al., 2014).

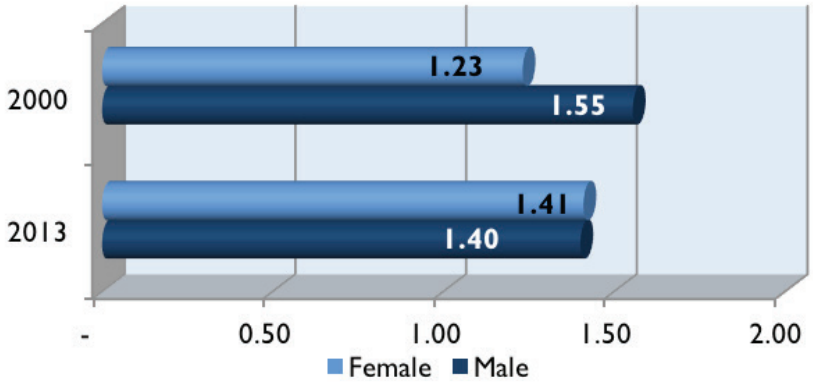
Figure 4.4.2: ASDI in Mauritius



Source: Computed using national data

Human exclusion by gender is relatively low for both sexes, although males had a slightly higher score in 2000 relative to women (Figure 4.4.3).

Figure 4.4.3: Human Exclusion by Gender



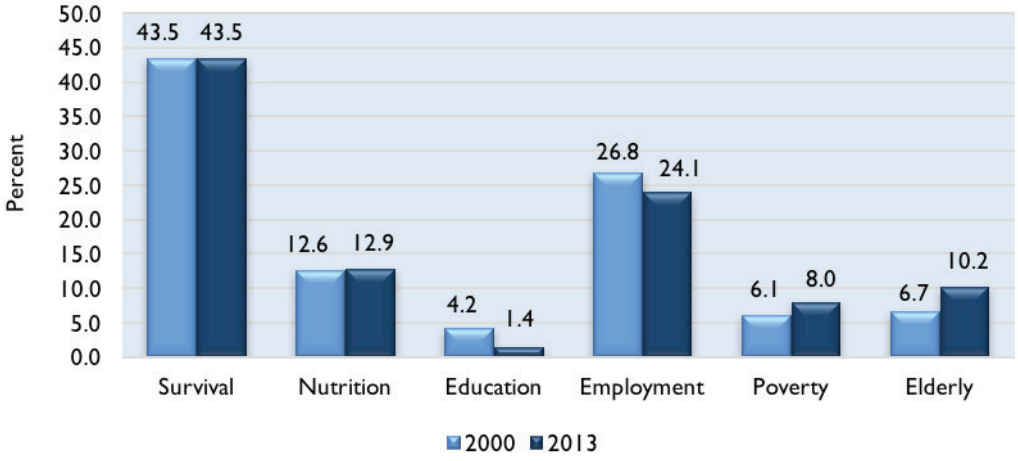
Source: Computed using national data

Over the years, the government has taken a proactive role in addressing gender imbalances in the Island State. For example, in 2008 the government adopted a National Gender Policy Framework, aimed at addressing discriminatory practices in a wide range of areas. In addition, the government enacted the 2008 Equal Opportunities Act, which prohibits any direct or indirect discrimination in areas such as employment, recruitment, distribution of services, and access to education. These interventions could possibly account for the low levels of human exclusion by gender as indicated in Figure 4.4.3.

The major drivers of human exclusion in Mauritius are neo-natal mortality and youth unemployment rates (Figure 4.4.4). Although the rates for neo-natal mortality remained the same between 2000

and 2013, the levels were rather high and responsible for causing death to over 40 percent of children during their first 28 days of life. In addition, there was a marginal increase in child stunting by 2.4 percent between 2000 and 2013. It is also noted that there was sharp increase in exclusion for the elderly between 2000 and 2013. This outcome requires further investigation to determine the underlying causes of the observed increase in exclusion for the elderly.

Figure 4.4.4: Drivers of Human Exclusion

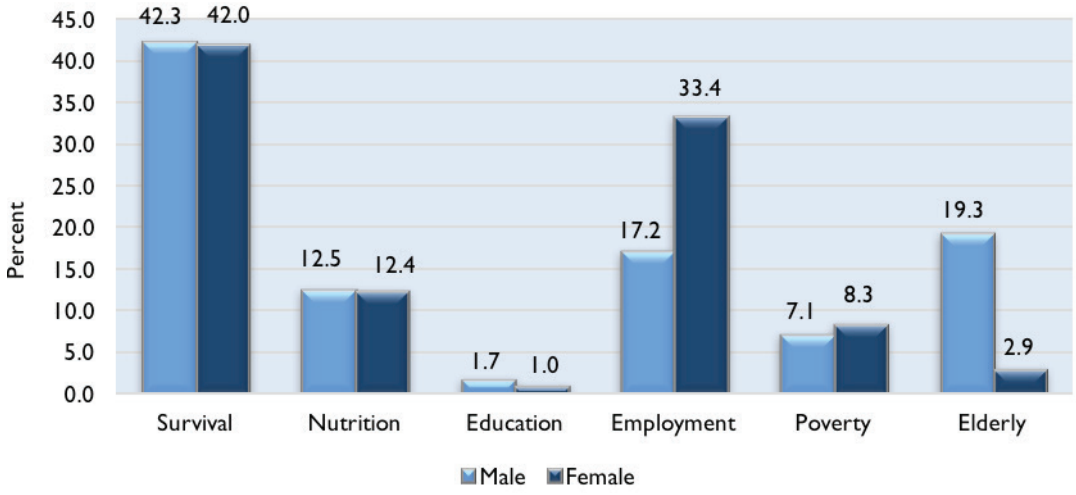


Source: Computed using national data

Notwithstanding the decline in youth unemployment rates, job creation was constrained and therefore overall unemployment rose from 7.2 percent in 2008 to 8.0 percent in 2013. The unemployment rate among women, which stood at 12 percent in 2013, was much higher than that of men at 5 percent. Women made up 60 percent of the unemployed labour force in the country. The activity rate, which measures the ratio of Mauritian labour force to the population in the same age group, was 60 percent in 2013. Splitting the activity rate between males and females reveals a serious gender gap. The male activity rate was around 75.1 percent (one of the highest in the world) while that for female was a mere 45.4 percent (Budget Speech Supplement, 2015).

Notably, 23.1 percent of young people aged 16-24 years were unemployed in 2013. Among these young people, 60.4 percent were educated to the school certificate level. This could reflect a critical mismatch between labour demand and labour supply in the country.

Figure 4.4.5: Drivers of Human Exclusion by Gender



Source: Computed using national data

In terms of access to education, the country has attained gender parity in primary school education while in secondary schools girls fare slightly better than boys. However, at 45.2 percent the proportion of females with secondary school education is relatively lower than men and hence the need to scale up efforts.

Available data show that the major drivers of human exclusion by gender are male neo-natal mortality rates and female youth unemployment rates (Figure 4.4.5). This can be attributed to sex differences in genetic and biological makeup, with boys being biologically weaker and more susceptible to diseases and premature death. Male children are more prone to die in their first 28 days of life than their female counterparts[15].

In 2013, the unemployment rate for female youths surpassed that for males by 16.2 percent. This is an indication of low participation in labour markets by female youth, which is consistent with evidence from many African countries. In particular, Mauritius faces a dilemma of both a lack of labour to service its development needs and a mismatch of skills with respect to the reorientation of its development in new higher knowledge-intensity sectors. This suggests that the country has to retool its labour force to meet the challenges of the knowledge economy.

Policy considerations

In order to address youth unemployment and other vulnerabilities in Mauritius, the country has a robust social protection programme that takes the form of in-kind transfers[16], active labour market programmes[17], social aid, and cash transfers (basic pensions). These policy instruments are administered by various ministries, foundations and special funds with clear guidelines. In addition, the country has two mandatory income-related contributory schemes, i.e., national pensions fund and a national savings fund, while parastatals and the private sector administer different schemes for their employees. The government's commitment to social protection is exemplified through its high budgetary expenditure of 22 percent while many countries in the region hardly go beyond 5 percent. The Ministry of Social Security is responsible for

15 http://www.ncbi.nlm.nih.gov/pubmed/23151996

16 These take the form of wheel chairs, hearing aids, spectacles, textbook loan schemes, overseas medical care and support to persons with disabilities.

17 These include public works programmes, training of disabled persons, and remedial and vocational education.

managing and distributing cash transfers in the form of social aid, non-contributory pensions and unemployment hardship relief.

Furthermore, the government's free services (education, health care and transport) have contributed significantly to reducing poverty, with education taking the lead in redistribution. It is estimated that without government free services, poor households would need to spend 33 percent of their income on education, 21 percent on health care and 3 percent on transport, leaving them with 43 percent for living expenses (Government of Mauritius, 2015).

The country has also made significant progress in reducing infant and under-five mortality rates by massive investments in primary healthcare. The government has also intensified immunization efforts against infectious diseases. For example, in 2009 the percentage of children immunized against measles was 93 percent against 76 percent in 2000. Several other measures have been outlined to improve child health in the Island State ranging from strengthening of maternal and child health care including through the implementation of the National Sexual and Reproductive Health Action Plan. Enhancing the Expanded Programme on Immunization against vaccine preventable diseases; to the scheme for the physical presence of specialists, including pediatricians, gynecologists and anesthetists in the 5 Regional Hospitals on a 24-hour basis rather than on call (Government of Mauritius, 2013).

Notwithstanding these array of interventions, the contribution to human exclusion by neo-natal mortality and child malnutrition remains high, calling for a deeper investigation of the efficiency and efficacy of public spending.

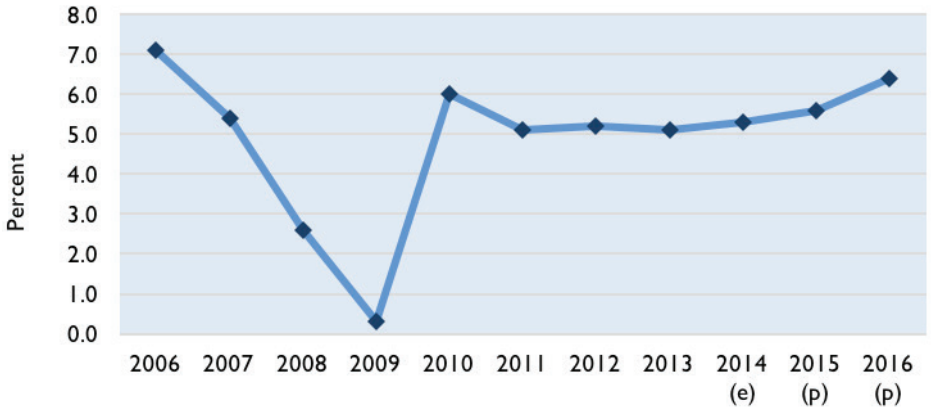
Against this background, the ASDI serves as a useful planning tool to guide government interventions in terms of targeting the fiscal resources to make a significant dent on various levels of human exclusion. More importantly, government needs to conduct a social policy mapping exercise to determine which policies/strategies have been effective in reducing human exclusion in the Island State.

4.5 Namibia

Socio-economic conditions

The Namibian economy has demonstrated significant resilience to exogenous shocks after 2008/2009. Still, the return to near pre-crisis growth rates, while positive, does not reduce from the vulnerability of the Namibian economy to changes in global demand and economic turbulence of the world economy (Figure 4.5.1).

Figure 4.5.1: GDP Growth Rate



Source: African Economic Outlook 2015

The economic resilience was driven by the construction and coming on stream of new mining industries and high consumer demand. This was strengthened by a tight monetary policy that targeted inflation rates between 3 and 6 percent. Overall political stability and prudent macroeconomic policies have provided a conducive environment for improved investment and competitiveness of the Namibian economy, which has always been above average for Africa, excluding North Africa.

There are two interrelated structural features of the Namibian economy of particular importance. Agriculture is influenced by a largely arid climate with consequent low productivity but is still a major employer. The non-agricultural sector is dominated by capital-intensive mining that has had little effect on employment creation. Recognition of these challenges is evident in the country's Vision 2030 and the national development plan, with a declared trajectory to tackle deep seated structural bottlenecks. This can be achieved by embarking on a more inclusive growth path, setting reforms to intensify value addition in agriculture and broaden non-mineral diversification, which are key to consolidate progress on promoting spatial inclusion in the country.

An interesting aspect of Namibia is its strong governance system. The 2014 Mo Ibrahim index of African governance ranks Namibia fourth on 'safety and the rule of law' behind Botswana, Mauritius and Cabo Verde. However, the country's score of 48.9 on the public sector management indicator is way below the Southern Africa average of 52.4 and places the country 22nd in Africa. The under-spending of total budget estimated at 12 percent of total in 2013/14, also points to the need to strengthen public finance management and improved efficiency in spending. Over the past five years Namibia has lost about 7.5 points on this indicator and certain reforms are planned such as Public Private Partnership's framework and the finalization of Public Finance Management and public procurement laws to improve public sector efficiency and achieve value for money in government spending (AfDB et al. 2014).

Social development

Namibia has seen a 40 percent reduction in poverty from 31.5 percent in 2000 to 22.6 percent in 2009 (Table 4.5.1).Overall progress towards social development outcomes has been positive, although inequalities and exclusion are still extremely high, with the Gini coefficient improving only slightly from 0.63 in 2003 to 0.59 in 2010.

Namibia has quite a comprehensive social protection programme that seeks to redress vulnerabilities across different groups. The performance of the social protection programmes has varied over time. On one hand, the elderly, through contributory and non-contributory pensions, have performed rather well with improvements in their wellbeing. On the other hand, the youth remain largely vulnerable to unemployment and insufficiently covered by social protection (Table 4.5.1).

Table 4.5.1: Socio-Economic Indicators

Indicators	2000-2003	2005-2007	2012-2014
Total population, in millions	2.0	2.1	2.4
GDP total in billions of NAD *	35,430	61,583	145,745
GNI per capita (atlas method current US$)	1,900	4,140	5,630
Population below the US$ 1.90 poverty line (percent of the population)	31.5 (2003)	22.6 (2009)	…
Gini Index	0.63 (2003)	...	0.59** (2010)
Unemployment, percent of total labour force a/	19.1	19.4	18.6
Unemployment, youth total (percent of total labour force ages 15-24)a/	40.3	37.3	38.7
Population growth (annual percent)	1.4	1.4	2.4
Life expectancy at birth, total (years)	54.1	58.8	64.3

Source: World Development Indicators (World Bank).

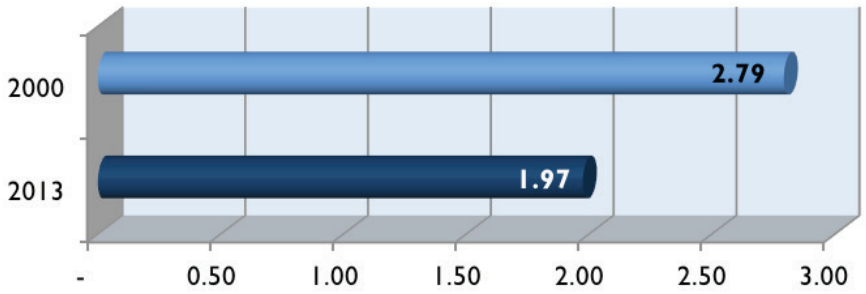
2015 Statistic "World Economic Outlook Database," IMF, accessed March 31, 2016, http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx

** AfBD et al. (2015).

Measuring Human Exclusion in Namibia

The trends of the African Social Development Index (ASDI) reveal some significant improvement between 2000 and 2013 (Figure 4.5.2), in spite of the non-inclusive nature of growth.

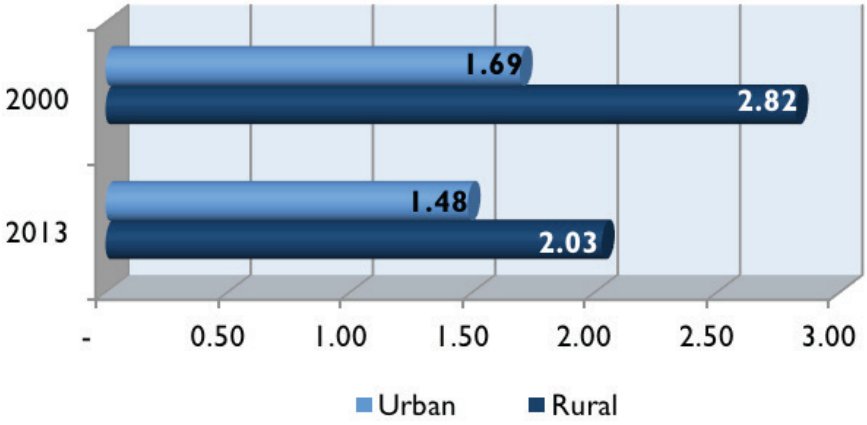
Figure 4.5.2: ASDI in Namibia



Source: ECA computations based on national data

Human exclusion in urban areas from 2000 to 2013 improved while the rural areas did not post significant progress. The exclusion due to location takes importance in the majority of African countries, where 74 percent of poor people live in rural areas. In Namibia, the spatial exclusion is also linked to the agro-climatic conditions mentioned above and to some extent insufficient public service delivery in remote areas (Figure 4.5.3).

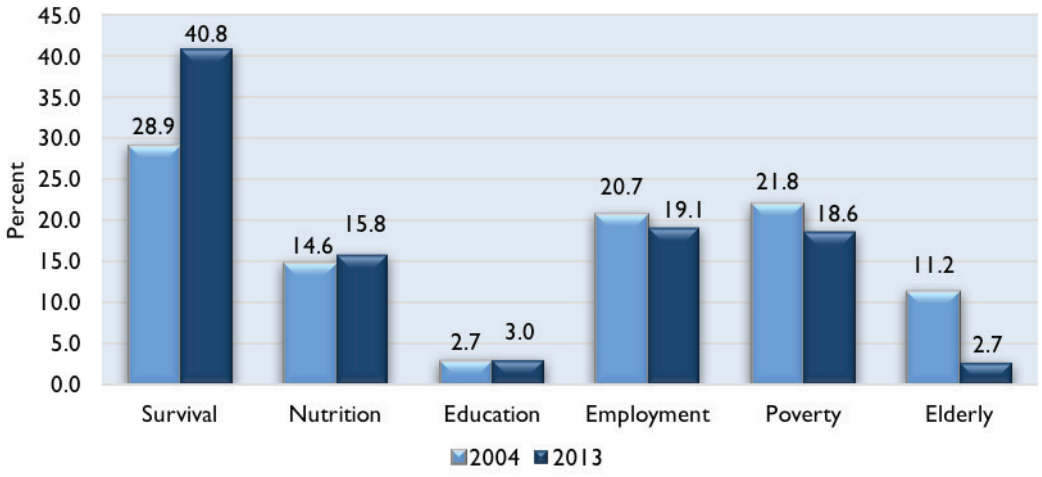
Figure 4.5.3: Human Exclusion by Location



Source: ECA computations based on national data. Note: Results by location based on 5 indicators.

The drivers of human exclusion in Namibia show that while employment and poverty as well as life expectancy at 60 improved, exclusion in the first phases of life have worsened over time (Figure 4.5.4). Importantly, although youth unemployment and poverty have improved, their share in overall human exclusion has remained high. The comprehensive social development policy in Namibia on old age pensions, thus have had positive effects on exclusion during adulthood. The health and education policies, on the other hand, seem to lack an equity perspective. This is also partly due to the cost sharing schemes with households in delivering public goods. Indeed, in Namibia, the annual average household expenditure on education is about US$340. Furthermore, the education Gini for Namibia is 0.52 , measured by the number of years distributed over the population, shows that inequality in education remains high. Health costs borne by households also partly contribute to the high exclusion.

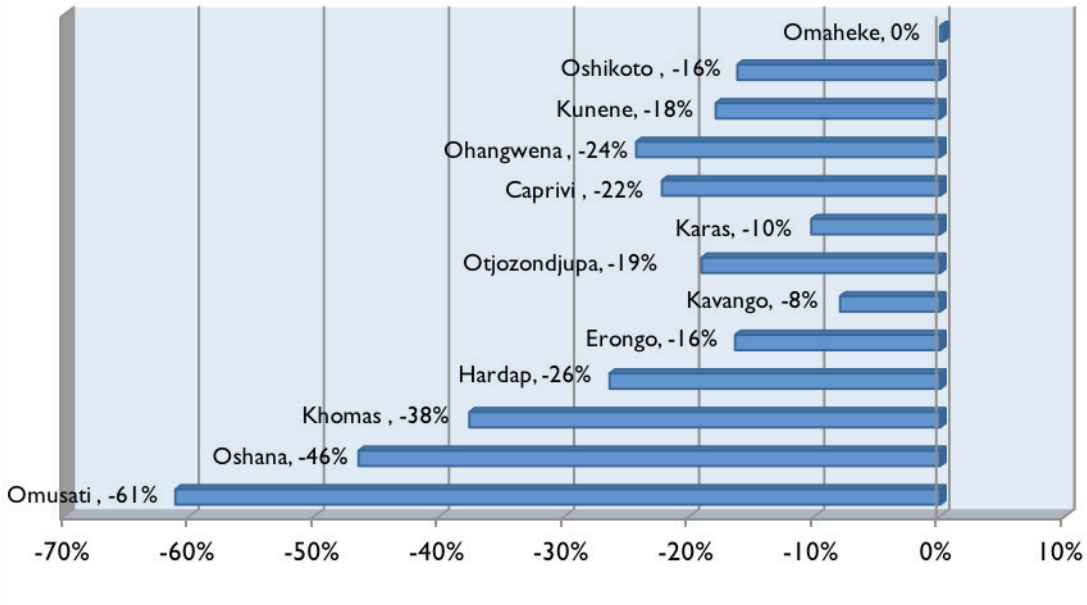
Figure 4.5.4: Drivers of Human Exclusion



Source: ECA computations based on national data

The sub-national findings provide further insights in the inequalities existing between the different provinces. The variation for example between Omusati (61 percent reduction) and Omaheke (no change) can be due to the geographical location of productive activities in the former. In particular, Omusati has succeeded in dropping neo-natal mortality rates from 31 to 11 per 1000 births, and poverty rates from 51 to 29 percent between 2004 and 2013. Kawango, where the capital city of Windhoek is located, has also made significant strides in reducing child malnutrition, contributing to its overall reduction exclusion over the same period (Figure 4.5.5).

Figure 4.5.5: Change in ASDI at Sub-National Level (%)



Source: ECA computations based on national data

Policy considerations

The need for improved data, particularly on gender disaggregation, to improve policy analysis on exclusion is important. Equity based public policies are vital. The use of social protection policy

instruments within Namibia need to focus on "creating a level playing field" for all. The social policy design should ensure that excluded households by location and income are targeted, to fully access public services through income support or cash transfers.

More targeted policies – particularly for the youth – are critical given the high rates of unemployment mentioned above. Vocational training should be emphasized in order to enhance its relevance as an important mechanism for human capital development after high school learning. In this context, it is important to note that similar to Mauritius, the Namibian government, through the Namibia Training Authority, recently introduced the vocational education and training levy for all employers. However, this is only applicable to enterprises with an annual turnover of N$1,000,000, which creates a serious challenge for sustainable resources (ECA 2016).

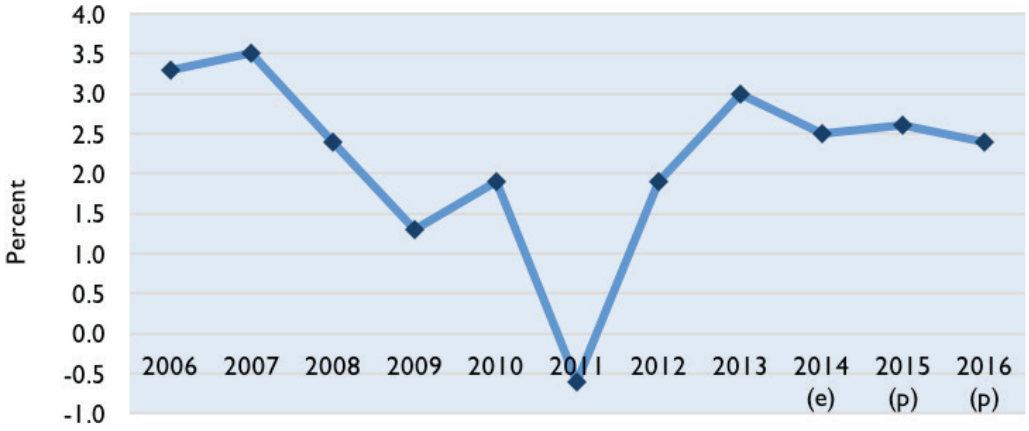
The ASDI results at sub-national level have highlighted marked inequalities within the different sub-regions. Therefore, decentralization policies with either increased fiscal autonomy or a re-calculation of transfers to specific sub-regions is necessary. The impact of geographical and agro-climatic conditions can be attenuated if regional development plans and adequate resources are planned and coordinated.

4.6 Swaziland

Socio-economic conditions

Swaziland is a landlocked, open economy of Southern Africa, with a population of 1.2 million and one of the smallest countries in Africa. With a per capita gross domestic product (GDP) of about US$ 3,500, Swaziland is classified as a lower middle-income country. However, the economic performance has been relatively weak over the last decade as compared to the regional average, with a negative slump in 2011, followed by a slight recovery since 2012. Growth is expected to remain just below 3 percent in 2015-2016 (Figure 4.6.1).

Figure 4.6.1: GDP Growth Rate



Source: African Economic Outlook 2015

Note: *(e) estimates, *(p) projection

The economy of Swaziland is largely dependent on trade with its neighboring country, South Africa, which accounts for about 85 percent of its imports and about 60 percent of exports (World Bank, 2015). However, while trade continues to be the main engine of growth, the export performance has weakened in recent years, and much of the economy is today dependent on trade preferences on selected goods, namely sugar. The recent renewal of the African Growth and Opportunity Act (AGOA) preferences on apparel is expected, however, to have a positive impact on exports and jobs, given that about one third of total apparel exports are destined for the US market. This could provide also an opportunity to transform and reallocate activities towards labor-intensive sectors, which can place growth and employment on a more sustainable path.

Social development

Poverty remains a serious challenge in Swaziland, with over 60 percent of the population living below the poverty line of US$ 3.10 a day, and 1 out of 3 living in extreme poverty. The country has not made any improvement on the Human Development Index over the past two decades – standing at 0.53 between 1990 and 2013 (UNDP, 2014). High rates of unemployment (at 66 percent in 2010 according to national sources) as well as the heavy burden of communicable diseases remain major drivers of poverty. HIV/AIDS prevalence at 31 percent is the highest in the world, and life expectancy has dropped to 49 years (from 59.5 in 1990). The ECA's study on the Cost of Hunger in Swaziland has also revealed that more than 40 percent of the labour force suffers or has suffered from stunting as a result of chronic malnutrition during childhood, with an overall loss of 3.1 percent of GDP and long-term impacts on the society and the economy as

a whole (AUC et al., 2013). Swaziland remains also among the most unequal societies in Africa, with a Gini coefficient of 0.49 in 2012, which has a clear bearing on the capacity of the country to reduce poverty (World Bank, 2012).

These critical social challenges, compounded by a poor investment climate and high vulnerability to external and domestic shocks, have a serious impact on the ability of the government to boost economic growth. This will need to be supported by investment in human capital and effective social protection schemes that address the most vulnerable groups of the population. The capacity of the country to attract foreign direct investment is also limited. Swaziland was ranked 124 out of 148 countries in 2013-2014 in the Global Competitiveness Index, largely due to inefficient bureaucracy, limited access to financing and poor governance (World Bank, 2013).

Table 4.6.1: Socio-Economic Indicators

Indicators	2000-2002	2005-2007	2012-2014
Total population, in millions	1.1	1.1	1.3
GDP total in billions of SZL *	14,966	23,933	47,892
GNI per capita (atlas method current US$)	1,260	2,720	3,550
Population below the $US3.10 poverty line (percent of the population)	70.2 (2000)	…	63.1 (2010)
Gini Index	0.53 (2000)	…	0.49 (2012)
Unemployment, percent of total labour force	22.8	23	22.3
Unemployment, youth total (percent of total labour force ages 15-24)	42.1	42.0	42.6
Population growth (annual percent)	0.7	1.5	1.5
Life expectancy at birth, total (years)	46.5	46.8	49.0

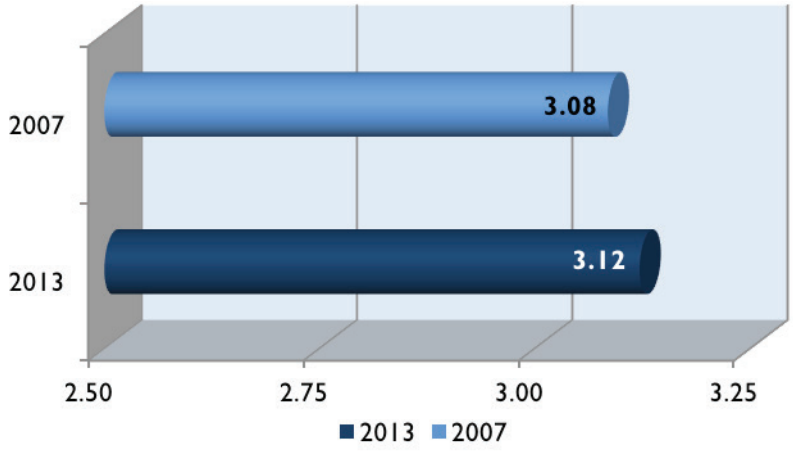
Source: World Development Indicators (World Bank).

2015 Statistic "World Economic Outlook Database," IMF, accessed March 31, 2016, http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx

Measuring Human Exclusion in Swaziland

Consistent with the overall social development performance, the ASDI score for Swaziland indicates an increase in human exclusion between 2007 and 2013 (Figure 4.6.2). The main drivers of this trend appear to be income poverty and unemployment, two inter-related factors, and this is across gender and location. In fact, a large part of the solution to the poverty problem in Swaziland is to create decent employment opportunities (ILO, 2014). The labour force participation in the country is still one of the lowest in Africa (51.3 percent) and most of the jobs remain informal, with low-productivity and low-skills development.

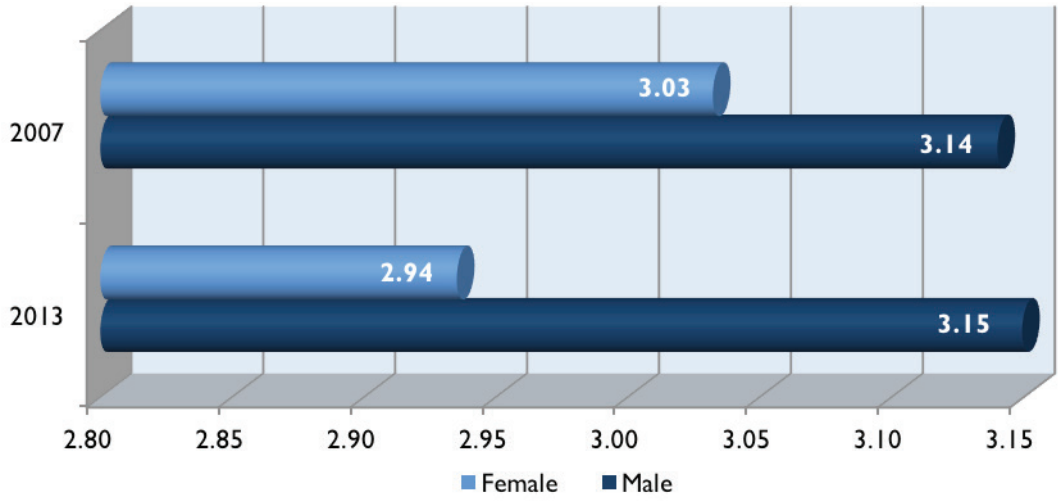
Figure 4.6.2: ASDI in Swaziland



Source: ECA computations based on national data.

The disaggregation of the ASDI by gender shows higher levels of exclusion among men, with a gender divide that has increased over time. This could be a reflection of policy interventions targeting specific social groups (Figure 4.6.3).

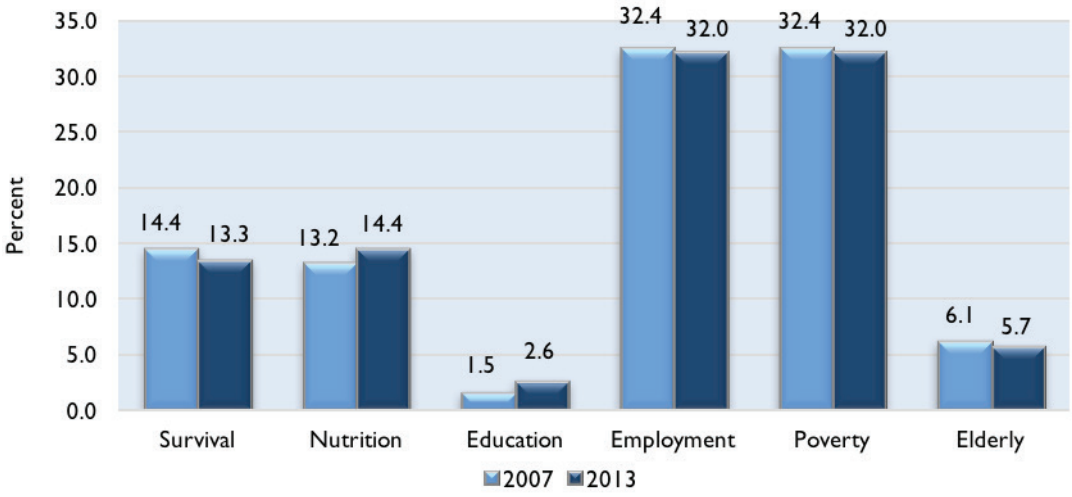
Figure 4.6.3: Human Exclusion by Gender



Source: Central statistics Office (CSO)

Youth unemployment and poverty remain the major drivers of exclusion in the country each with (over 30 percent contribution), both in rural and urban areas, while illiteracy rates contribute to only a small share of overall exclusion in 2013 (2.6 percent), suggesting that educational systems and programmes have been effective in addressing literacy among youth, as a foundation of human capital development (Figure 4.6.4).

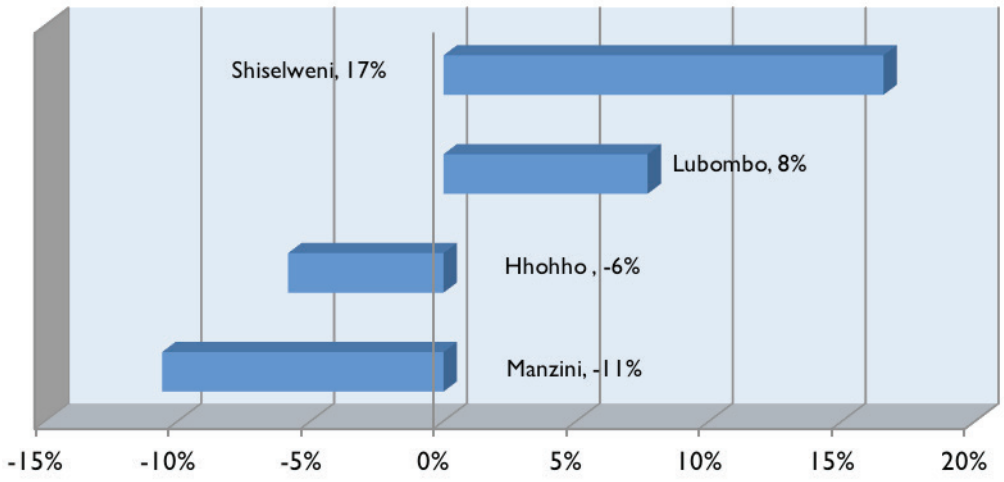
Figure 4.6.4: Drivers of Human Exclusion



Source: ECA computations based on national data.

There are also noticeable differences in the trends of exclusion across provinces. While Hhohho and Manzini have registered significant improvements, by 6 and 11 percent respectively between 2007 and 2013, Schiselveni and Lubombo have regressed, by 17 and 8 percent respectively over the same period of time (Figure 4.6.5). These are the reflections of different exclusion patterns across the various sub-regions. A more in-depth analysis of the ASDI shows, for instance, that while exclusion in early stages of life have dropped in regions like Manzini and Hhohho, where the capital city of Mbabane is located, the other sub-regions are facing higher challenges in reducing stunting and neo-natal mortality rates. On the other hand, Manzini has the highest levels of youth unemployment, at 70 percent in 2010, which has increased from 52 percent in 2007. These point to the need to address the specific social challenges that each sub-region is facing and promote more inclusive development, through incentives to small-scale enterprises, skills' development programmes and productivity upgrade, among others.

Figure 4.6.5: Change in ASDI at Sub-National Level (%)



Source: ECA computations based on national data.

Policy considerations

The Government of Swaziland has published its Programme of Action 2013-2018, which aims to accelerate progress towards the long-term Vision 2022. Today, the country faces a unique opportunity to capitalize on its demographic dividend. Swaziland has the largest youth population of 24.7 percent (15-24 years) worldwide (Carter, 2013). Improvements in containing the HIV/AIDS epidemic can also increase the young labour force. Yet, for the country to utilize this growth potential, adequate investments have to be made in skills' development and poverty reduction programmes that target the most excluded groups of the population.

The ASDI analysis has pointed to the need for addressing youth unemployment and poverty as two critical drivers of human exclusion in the country. These are essential in providing the necessary social and economic support, through training programmes and decent job opportunities for individuals in the most excluded areas. Stunting remains also a critical challenge, and its contribution to exclusion has increased over time. Forty percent of the current working age population was stunted during childhood, as revealed by the ECA Cost of Hunger Study in Swaziland, with irreversible consequences on the overall productivity and growth prospects of the country (AUC et al. 2013).

It is worth noting that most of the social protection schemes in the country are still run by donor agencies, affecting sustainability and ownership of the programmes. An exception is provided by Swaziland's social pension scheme for older persons. Introduced in 2005 by an Act of Parliament, it is one of Africa's success stories for contributing to build a state-citizen social contract. Indeed, the programme has proved instrumental in mobilizing citizen's participation, particularly when pension payments have been delayed due to fiscal constraints. There is a need, however, to scale-up existing policies and put in place a development strategy that is "transformative" of people's lives, particularly the younger population, and can propel Swaziland's growth and long-term development.

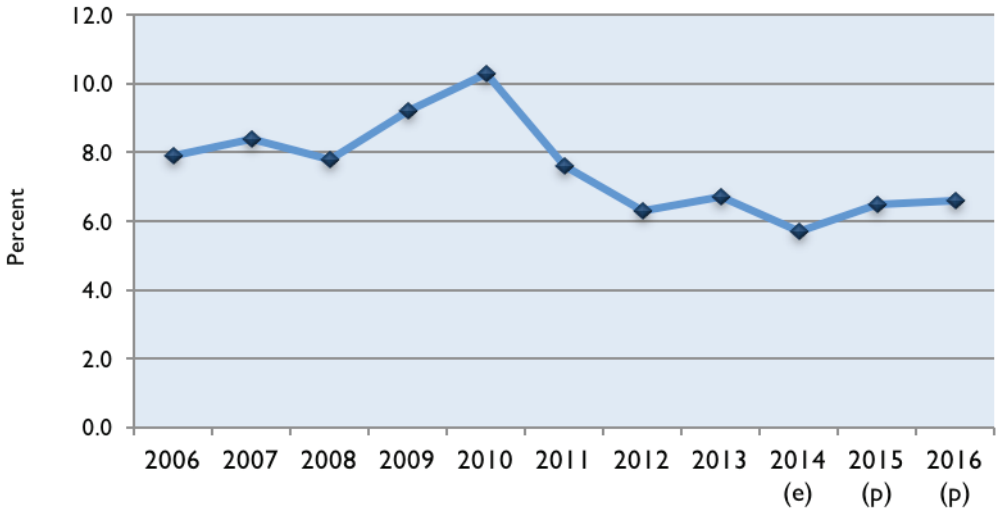
4.7 Zambia

Socio-economic conditions

Zambia is one of the fastest growing economies in Africa. Riding on the back of macroeconomic stability, the country has enjoyed strong economic performance, with GDP growth rates above 6 percent between 2006 and 2016 (Figure 4.7.1). While the economy has been propelled by copper exports and other primary commodities, the construction, communications, and financial sectors have been key drivers of growth in the post-2000 period. With a population of 15.4 million people[18] and a gross domestic product (GDP) estimated at US$ 26 billion and per capita gross national income (GNI) of US$ 1,810 in 2013, the country attained a middle-income country status[19] in 2011. Macroeconomic indicators are strong and consistent with the macroeconomic criteria (MEC) targets set by the Southern African Development Community (SADC) particularly on the current account.

The consistent budget deficits since 2012 reflect expansionary fiscal policy to accommodate public expenditures for infrastructure development across the country. Although the growth projection for 2016 looks relatively high, it is however likely to be tapered by widespread power outages in the energy sector, and the rising external and domestic debts. In the last two years, the Zambian economy has been weighed down by large fiscal imbalances, lower copper prices and policy uncertainties[20]. These challenges have a direct bearing on growth prospects and fiscal conditions in the country and hence the need to prudently contain them.

Figure 4.7.1: GDP Growth Rate



Source: African Economic Outlook 2015

Note: *(e) estimates, *(p) projection

Social development

Zambia's robust growth has not been accompanied by significant job creation and poverty reduction. Sixty-four percent of Zambians still lived under the poverty line in 2010, up from 60.5 in 2006, showing a deterioration in the living conditions, alongside an increase in income inequality from 0.546 in 2007 to 0.556 in 2010 (Table 4.7.1). Poverty in the country is also feminized and more

18 2014 Figure from the 2010 Population and Demographic Projections.
19 Includes countries in the income group from US$1,026 to US$4,035, using World Bank's 2011 data on GNI per capita.
20 http://www.imf.org/external/pubs/ft/scr/2015/cr15152.pdf(2015 Article IV Consultations with the Fund).

pronounced in rural than urban areas. [21] In 2010, nearly 80 percent of people living in rural areas were poor as compared to 27.5 percent in urban areas. This suggests that Zambia's growth, which is predominantly driven by the capital-intensive mining sector, is not sufficiently inclusive, as it does not lift the most marginalized and vulnerable groups out of poverty. In addition, the country faces huge challenges in eliminating under-nutrition, which is one of the main drivers of infant and child mortality. UNICEF notes that Zambia is one of 22 African countries with the highest burden of under-nutrition among children under five.[22]

Primary school enrolments, however, increased from 80 percent in 1990 to 93.7 percent in 2010, with significant improvements in gender parity. The increases in primary school enrolment rates are partly attributed to the policy of free education that was adopted in 2006.

Table 4.7.1: Socio-Economic Indicators

Indicators	2000-2002	2005-2007	2012-2014
Total population, in millions	11.1	12.7	15.7
GDP total in billions of ZMK *	18,447	56,263	163,733
GNI per capita (atlas method current US$)	350	880	1,680
Population below the national line (percent of the population)	49.4	60.5 (2006)	64.4 (2010)
Gini Index	42.1	0.55 (2006)	0.56 (2010)
Unemployment, percent of total labour force	14.7	15.2	13.3
Unemployment, youth total (percent of total labour force ages 15-24)a/	27.7	25.7	25.1
Population growth (annual percent)	2.5	2.8	3.1
Life expectancy at birth, total (years)	45.3	52.5	59.2

Source: World Development Indicators (World Bank).

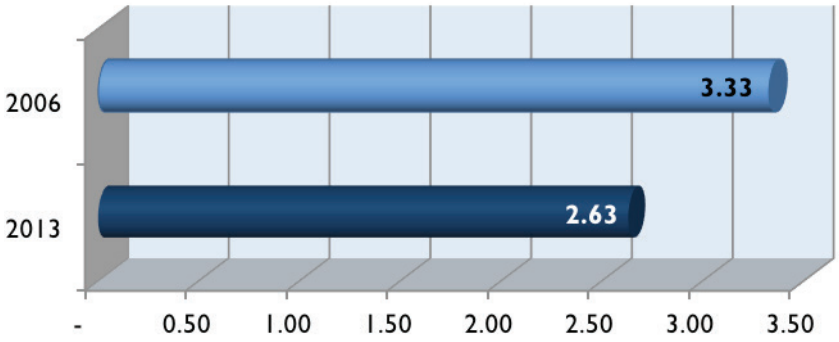
2015 Statistic "World Economic Outlook Database," IMF, accessed March 31, 2016, http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx

Measuring Human Exclusion in Zambia

Between 2006 and 2013, the ASDI registered a decline from 3.23 to 2.63 representing a reduction of 19 percent over a period of seven years (Figure 4.7.2). However, these positive changes have to be understood in the broader context of lack of inclusive growth and persistent high income inequalities in the country.

21 Lusaka and Copperbelt Provinces are the only urban provinces of Zambia.
22 http://www.unicef.org/zambia/5109_8461.html (accessed 28 January 2015).

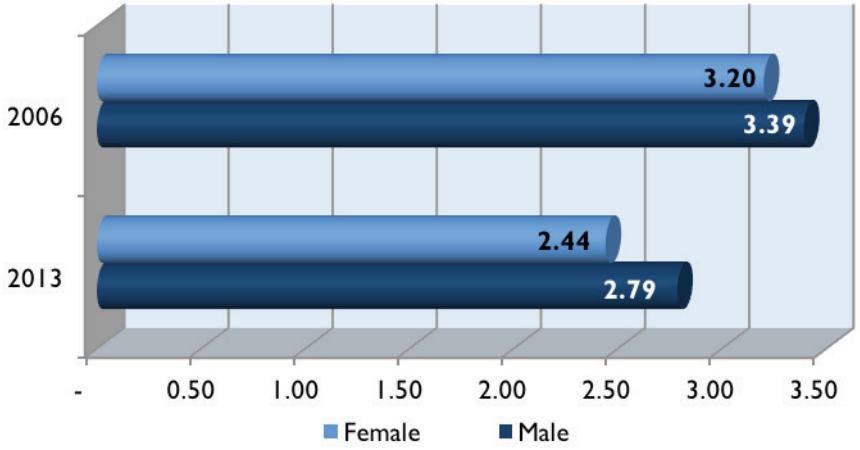
Figure 4.7.2: ASDI in Zambia



Source: Central Statistical Office (CSO)

In aggregate terms, Figure 4.7.3 shows that males have a slightly higher exclusion index than females, and the extent of the gender gap has widened over time. From a detailed analysis of the exclusion by gender, the results show that there has been a deterioration in the indicator for life expectancy at 60 for men relative to women. This requires further interrogation to understand the factors that are leading to this situation.

Figure 4.7.3: Human Exclusion by Gender



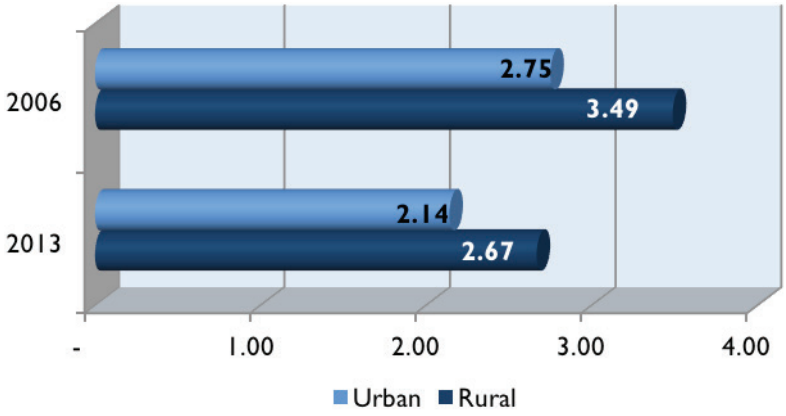
Source: Central Statistical Office (CSO)

Although gender imbalances continue to remain a challenge in Zambia, there are several interventions and policy instruments that government is using to promote gender equality. For example, the national budget has been used to allocate resources to many programmes and projects that enhance gender empowerment. In addition, attempts have been made to mainstream gender into macroeconomic and sector policies taking into account that women and men experience gender imbalances differently. It is envisaged that over time, gender will be institutionalized in sector ministries and other implementing agencies, while strengthening accountability mechanisms for gender mainstreaming at all levels.

When data are disaggregated by geographical location, the results show that in 2013 rural areas of Zambia suffered higher levels of human exclusion relative to urban areas (Figure 4.7.4). Despite the notable decline in the index, rural areas in the country have a large infrastructural deficit and human resource constraints resulting in poor social service delivery and low private sector

investments[23]. This is not surprising given that the major driver of disempowerment in rural areas is poverty, which accounts for 77 percent of the population (GRZ, 2010).

Figure 4.7.4: Human Exclusion by Location



Source: Central Statistical Office (CSO)

The disparities between urban and rural areas are further reinforced by some government interventions that are largely skewed in favour of urban areas in terms of budgetary allocations; infrastructure development and provision of social amenities compared to rural areas. This situation has had unintended outcomes of attracting rural migrants to urban areas seeking better economic opportunities including employment. The rise in urban population is putting a strain on social services including the mushrooming of unplanned settlements and slums[24]. However, since 2011 the government has started reversing some of the apparent imbalances in infrastructure development between urban and rural areas by upgrading existing infrastructure and constructing new ones in rural areas.

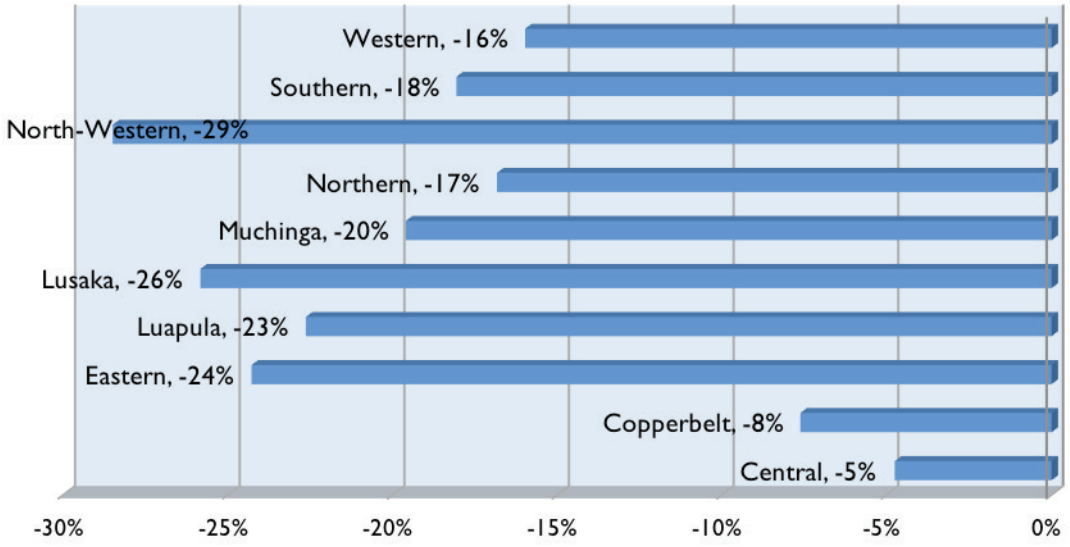
The patterns of human exclusion at the sub-national level are quite revealing in terms of their specific composition and characteristics. The results show that different provinces in Zambia suffer from varying degrees of human exclusion (Figure 4.7.5). Poverty stands out as the largest contributor to exclusion in Western, Northern, Eastern and Muchinga provinces (around 75 percent), while it was only 24 and 34 percent in Lusaka and Copperbelt respectively. Youth unemployment has also dropped from 29 to 9 percent in Lusaka between 2008 and 2013, reflecting the high concentration of productive activities in the capital province.

The overall reduction of human exclusion in the North-Western Province (the 'new Copperbelt'), by 29 percent between 2006 and 2010, could be the result of the recent discovery of mineral deposits that may have skewed the national resource allocation in order to meet the demands of corporate investors. Indeed, the increased economic activities triggered by the copper mines in the North-Western province might also have led to employment creation - with youth unemployment declining from 10 to 5 percent between 2008 and 2013.

23 http://www.zgf.org.zm/downloads/SNDP%20draft14Aug2013.pdf

24 https://www.jstor.org/stable/43623181?seq=1#page_scan_tab_contents (Effects of rural of rural-urban migration on urban housing in Zambia, 1994).

Figure 4.7.5: Change in ASDI at Sub-National Level (%)

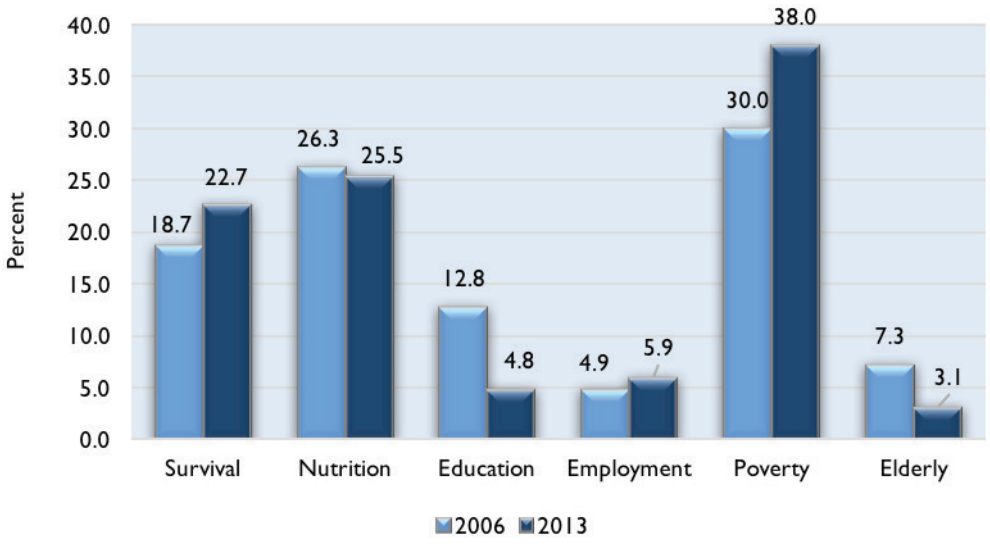


Source: National statistics (CSO)

As earlier noted, human exclusion in Zambia is predominantly driven by poverty, whose contribution to overall exclusion has increased from 30 to 38 percent between 2006 and 2013 (Figure 4.7.6). Poverty remains a structural challenge in Zambia, caused by high spatial and gender inequality as well as high HIV/AIDS prevalence (14.3 percent of the adult population), calling for a multi-sectorial poverty reduction strategy.

Zambia has made appreciable progress however in literacy rates, thanks to the policy of free education in primary schools – which is reflected in its contribution to exclusion dropping from 12.8 to 4.8 percent over the period under analysis. Yet, access to education still remains highly skewed towards urban high-income groups.

Figure 4.7.6: Drivers of Human Exclusion



Source: Central Statistical Office (CSO)

Policy considerations

Given that the major driver of human exclusion in Zambia is poverty, the government through its revised sixth national development plan (R-SNDP) covering the period 2013-2016 has committed to accelerate growth and make it relevant to improving the livelihood of the people, especially in the rural areas. To this effect, service delivery in education, health, water and sanitation will receive significant resources. The government has also outlined very specific policy measures to address poverty and human exclusion in general. These include promoting job creation and rural development, infrastructure development and strategic investments in sectors such as science and technology, agriculture, energy and human capital development (GRZ, 2013).

Government is also rolling out a robust programme of child immunization to reduce neo-natal and infant mortality and remove user fees on essential health services, particularly in rural areas. This will help in reducing the extent of exclusion in the early phases of life, which can have irreversible consequences on development later in life.

The Government's 2015 National Youth Policy and Action Plan on Empowerment and Employment, which intends to promote apprenticeship and internships, has the potential to reduce youth unemployment by offering low interest credit facilities to new and old youth-led enterprises. In addition, empowering the economically disadvantaged groups, especially women and youth, with access to affordable financing would go a long way in reducing levels of exclusion across the country.

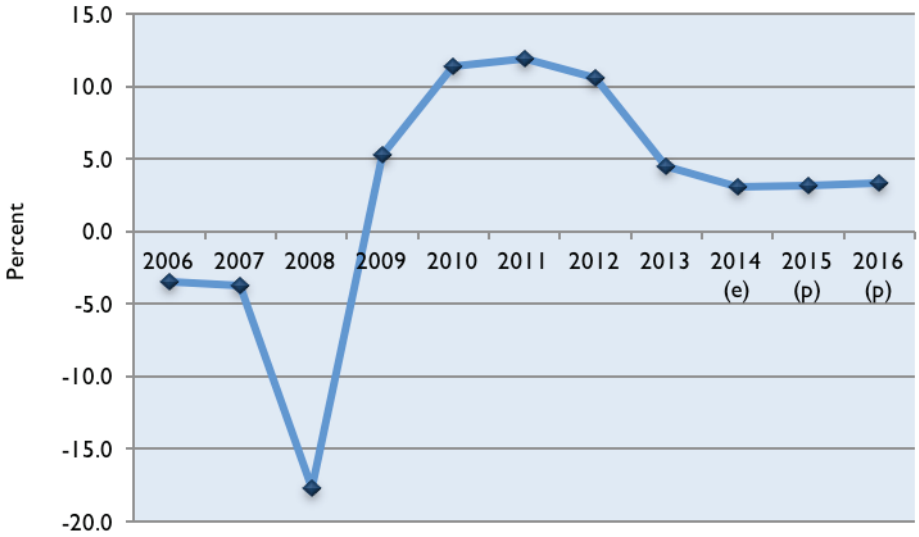
4.8 Zimbabwe

Socio-economic conditions

The period 2009-12 was marked by an economic rebound following the introduction of the multiple currency system - with the economy growing at an average rate of 11.0 percent per annum. However, the sustainability of GDP growth showed signs of fatigue with economic performance decelerating sharply from 10.6 percent in 2012 to 4.5 percent in 2013, and a sustained decline to 3.3 percent in 2016 (Table 4.8.1).

The economic recovery from the slump in 2007-2008 has been underpinned by the mining and agriculture sectors, which accounted for 93.5 percent of export revenues between 2009 and 2013. Mining, which made up 65.2 percent of export earnings over the same period, is a typical enclave sector, with weak linkages to the rest of the economy. It is also capital-intensive, with limited employment creation opportunities. The manufacturing sector saw a drop in activity between 2011 and 2014 and has negatively affected its share to GDP and shed many private formal jobs. This has partly resulted in informal jobs becoming the main stay and currently absorbing more than 80 percent of the total workforce (AfDB et al. 2015).

Figure 4.8.1: GDP Growth Rate



Source: African Economic Outlook 2015

Note: *(e) estimates, *(p) projection

Agriculture is also expanding – with an estimated growth of 23.4 percent in 2014. This has helped counteract the adverse effects of a drop in mineral commodity prices, notably platinum and gold, which has impacted the mining sector by an estimated 2.1 percent. According to the Chamber of Mines, the mining sector continues to operate below capacity amid a host of challenges, including depressed metal prices, lower capital and Foreign Direct Investment (FDI) flows, high cost structures, sub-optimal royalties and power shortages. However, notwithstanding the softening of commodity prices, the sector is expected to rebound in the medium term. This is due to the planned completion of the merger and consolidation exercise in the diamond sector, as well as finalization of the amendments to the Mines and Minerals Act and the new mining fiscal regime.

Despite this positive government response, the economy remains fragile. Levels of investment remain low at 3 percent of GDP in FDI and 19 percent domestically sourced, still below the threshold of 30 to 40 percent of GDP required for Zimbabwe to attain its development objectives. This is compounded by the country's external debt of approximately US$ 10.7 billion, representing 114 percent of GDP. On the positive side, the Cabinet approved the Zimbabwe Accelerated Arrears, Debt and Development Strategy (ZAADDS), to deal with the debt issue and to access new financing for broad-based economic development. Further consolidation of the macro-economic environment is underway to strengthen fiscal management, address vulnerabilities in the financial sector and ensure policy consistency in order to build confidence in the economy.

Social development

Social development trends in Zimbabwe present mixed results. For example, the notable reduction in the prevalence of HIV/AIDS to 9 percent in 2015, from 14 percent in 2009, has been the result of effective HIV/AIDS prevention programs. Yet, political instability, which partly drove the weak growth of the country's economy, was characterized by declining employment for more than a decade, which resulted in persistent poverty levels. Indeed, poverty has remained virtually stagnant at 75 to 76 percent between 1998 and 2011, according to national sources. However, the share of persons in extreme poverty declined, from 47.2 percent in 1995 to 41.5 percent in 2001, and then further declined to 22.5 percent in 2011. The drop was partly attributed to remittances from the diaspora, gifts and transfer incomes (AfDB et al. 2015).

Table 4.8.1: Socio-Economic Indicators

Indicators	2000-2002	2005-2007	2012-2014
Total population, in millions	12.7	13.3	15.2
GDP total in billions of ZWD *	9,288	6,939	13,833
GNI per capita (atlas method current US$)	460	380	840
Population below the US$ 1.90 poverty line (percent of the population)	…	…	…
Gini Index	...	...	...
Unemployment, percent of total labour force	4.8	5.1	5.4
Unemployment, youth total (percent of total labour force ages 15-24)	7.8	9.7	9.4
Population growth (annual percent)	0.7	1.3	2.3
Life expectancy at birth, total (years)	40.7	44.2	55.6

Source: World Development Indicators (World Bank).

Note: No data available on poverty based on absolute poverty line.

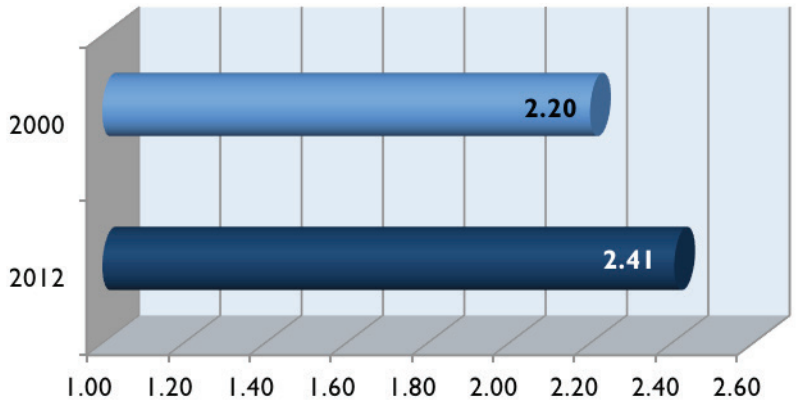
Source: 2015 Statistic "World Economic Outlook Database," IMF, accessed March 31, 2016, http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx

The decline in formal employment, with many workers engaged in poorly remunerated informal jobs, has a direct bearing on poverty. Similar to other African countries, the variation in social dimensions is skewed towards urban residents, among other factors. In Zimbabwe, poverty is prevalent in rural areas with about 84 percent of the rural households considered poor as compared to 47 percent of urban households.

Measuring Human Exclusion in Zimbabwe[25]

This situation is reflected in the increasing levels of human exclusion in Zimbabwe, from 2.20 to 2.41 over the period 2000 and 2012 (Figure 4.8.2). This period, in Zimbabwe's recent history, was wrought by serious economic challenges as denoted in economic growth figures, which picked up only in the last part of the decade.

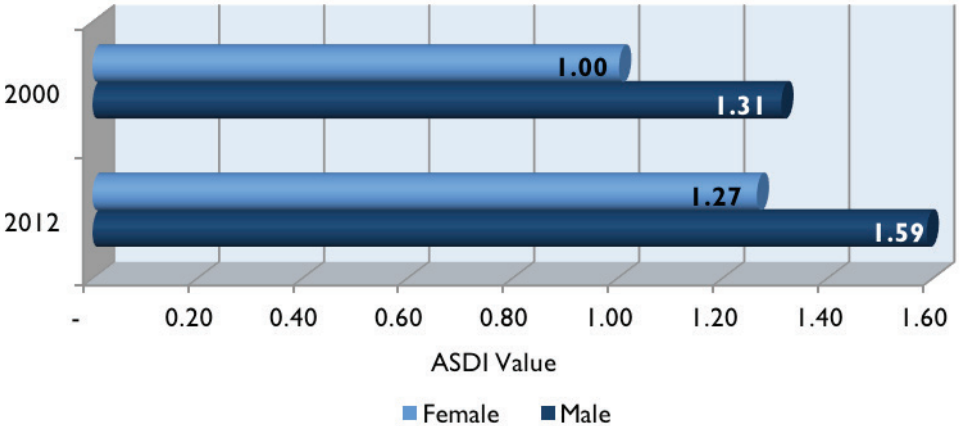
Figure 4.8.2: ASDI in Zimbabwe



Source: ECA computations based on national data

Human exclusion disaggregated by gender shows no significant reduction in the gender gap, with men being comparatively more affected than women.[26] As poverty is a large contributor to overall exclusion, missing data on this indicator might skew the results as compared to the levels observed in Figure 4.8.3.

Figure 4.8.3: Human Exclusion by Gender



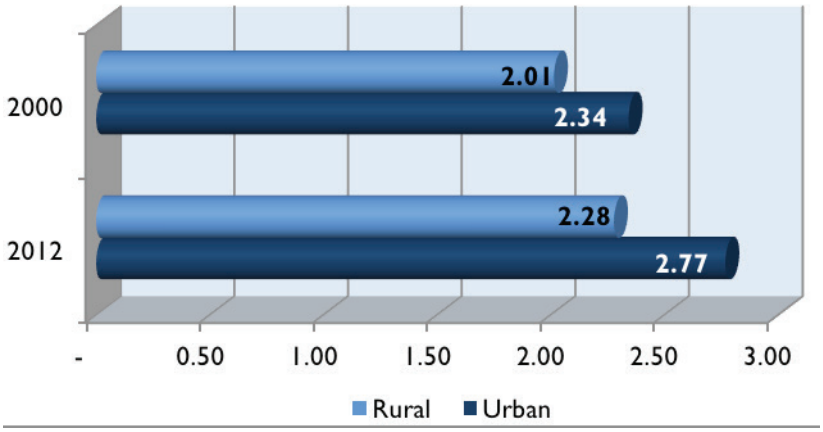
Source: ECA computations based on national data

25 The computation of the ASDI for Zimbabwe disaggregated by gender and location is based on five indicators. Sub-national data for Zimbabwe contained data for only four indicators and therefore was not computed.

26 The ASDI by gender is computed with 5 indicators, with no data on poverty.

Interestingly, exclusion in urban areas in Zimbabwe is increasing faster than in rural areas, and the pattern remains consistent over time (Figure 4.8.4).[27] The collapse of manufacturing in the economy, generally concentrated in urban areas, may be one of the causes of this result.

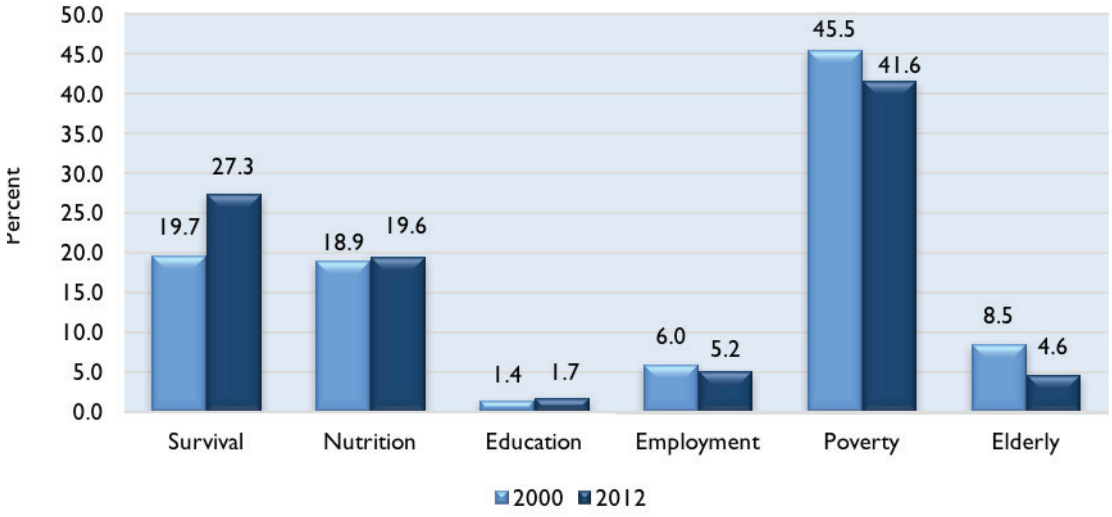
Figure 4.8.4: Human Exclusion by Location



Source: ECA computations based on national data

Overall, human exclusion in Zimbabwe is driven by high levels of poverty, which are often associated with high rates of neo-natal mortality and child stunting (Figure 4.8.5). While the contribution of poverty is decreasing, its share in to overall exclusion remains critical. The economic slowdown during the early 2000s, with a recovery in 2010, was not conducive to improved poverty reduction and improved social development outcomes. Exclusion in the early stages of life, as measured by neo-natal mortality and child stunting, warrants specific policy attention.

Figure 4.8.5: Drivers of Human Exclusion



Source: ECA computations based on national data

Policy considerations

Zimbabwe has put in place an extensive range of social protection measures to tackle the costs of nutrition and health facilities, which tend to exclude low-income groups from access to social and

27 The ASDI by location is computed with 5 indicators, with no data on life expectancy at 60.

economic opportunities. The National Poverty Alleviation Action Programme includes a range of social protection programmes, such as the Community Action Project and the Enhanced Social Protection Strategy, but has remained limited in scope. A comprehensive Social Transfer Policy Framework (STPF) 2011-2015 has been implemented with the intention of harmonizing the broad array of ongoing social transfer initiatives rolled out through several funding mechanisms into a coherent and consolidated system.

In particular, specific funds have been created to benefit disadvantaged groups such as women, youth and people with disabilities. The STPF also includes other initiatives to enhance food security, including: i) agricultural input support for the non-labour constrained rural poor (households with able-bodied members who are fit for work), ii) a public work programme, and iii) social cash transfers for households without able-bodied members fit for work (labour-constrained households).

The overall thrust of the national strategy is to identify the leading factors of poverty and exclusion and address them through specific policy actions. The weak economic growth followed by a stabilization strategy of the economy has had the overall effect of compromising the social outcomes achieved in the past. The low growth and the decline in economic performance has created large proportions of the population ill-affording health and education services. This is exacerbated by international economic sanctions, limited aid flows and higher costs borne by citizens.

The reestablishment of a more comprehensive social welfare that moves away from residuals and treats causes rather than symptoms should be defined within the current and future macroeconomic frameworks. Besides the quantity of social investments to ameliorate the current status, quality of public spending is key. The disparity in exclusion by gender and location denote the need for equity-based public policies in health, education and labour markets.

Conclusion

The results of estimating ASDI in southern Africa have pointed to the need for the countries in the sub region to refocus their development agenda to address human exclusion more effectively and deal with both its underlying and structural drivers. Exclusion is a multidimensional phenomenon, and addressing it is a long-term process, particularly when its causes are rooted in historical and cultural norms. However, this can be done by designing policies that can help expand opportunities and build human capital – ensuring the effective integration of all individuals in the development process. This will require a mix of targeted and universal interventions, to ensure that both the group-based vulnerabilities and the individual rights to social and economic integration are addressed effectively.

Despite high levels of economic growth, countries are still confronted with the challenge of making growth more inclusive and equitable. Many group of people are still excluded from development at different stages of life. Unequal access to social and economic opportunities limit their capacity to become productive and effective agents of change – undermining their potential and overall social progress. The analysis of the drivers of human exclusion provides critical insights on the structural causes in each country (Table 5). Neo-natal/infant mortality (*survival*) and poverty are key contributors to human exclusion in five of the eight countries. Stunting and unemployment are the other important drivers of human exclusion. This calls for the need to place child malnutrition, youth unemployment and sustainable livelihood at the center of development strategies in the respective countries, as this is likely to affect the inclusion of the individual in the country's development process at different stages of life.

Table 5: Drivers of human exclusion in Southern Africa, 2013

COUNTRY	DRIVERS*					
	Neo-natal Mortality	Stunting	Literacy	Unemployment	Poverty	Life Expectancy at 60
Angola**	X	X				
Botswana	X			X		
Malawi		X			X	
Mauritius	X			X		
Namibia	X			X	X	
Swaziland				X	X	
Zambia		X			X	
Zimbabwe***	X				X	

*These drivers together contribute more than 50 percent of human exclusion in each of these countries.

**Infant Mortality is considered to estimate the survival value for Angola

***Zimbabwe is for 2012

Source: ECA, based on country analyses in this report.

The disaggregation of the ASDI by location and gender has highlighted important gaps between different groups of population, which can guide governments in designing more targeted and effective social policies.

More importantly, the dynamic analysis of the ASDI is instrumental of the efforts made by each country in reducing exclusion over time. The ASDI can further help in identifying the key drivers

of exclusion and capturing within-country inequalities, reorienting and placing inclusive policies at the center of national and sub-national planning.

Achieving inclusive development is not simply about increasing the size of national economies, but also about expanding opportunities that take the rights of individuals into consideration. Global and regional frameworks, such as the 2030 Agenda for Sustainable Development and the African Agenda 2063, offer an important window of opportunity to move beyond economic growth and place human and social dimensions at the center of the development process.

The roll-out of the Index in 46 African countries has allowed testing and further refining the tool, making it more responsive to the needs of member States. More importantly, the training and application of the Index has contributed to strengthening national capacities in identifying policies and programmes that have contributed to reduce exclusion over time and across groups of population.

An important development of the ASDI has been its scale-up at the sub-regional level, through its applicability in select Regional Economic Communities (RECs), for monitoring implementation of their development plans and fostering economic and social integration.

Finally, a policy-mapping framework is being developed by the ECA to further assess the effectiveness of social policies in tackling human exclusion. This exercise will be a major step forward in using the ASDI for development planning and improved policy targeting. The setting of National Implementation Teams (NITs) is also being instrumental for ensuring the ownership and critical buy-in of Governments in the use of the Index for promoting and enhancing more inclusive development.

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Annex 1: Methodological foundations of the African Social Development Index

Theoretically, the Index seeks to measure the distance between people who are able to participate in development and those who are excluded from development processes. Hence, the "distance" between the included/excluded groups may be measured as follows:

$$[dExv] = \frac{\alpha P_x^v}{1 - \alpha P_x^v}$$

where (P^v) measures the degree of exclusion of an individual for a specific dimension of development or vulnerability (v), such as the prevalence of children undernourished or the proportion of individuals below the poverty line, in a particular population group (x).

If $\alpha P_x^v > 0.5$, the formula will establish a maximum value of 1, as more than 50 percent of the population excluded would represent a disproportional situation (normalization).

In the case where the indicator (P^v) measures the degree of inclusion (or "non-exclusion"), for instance the proportion of people NOT affected by a specific vulnerability (αP_x^v) ; as is the case of literacy rate, the indicator is transformed by applying:

$$\alpha P_x^v = 1 - (\alpha P_x^v)$$

Hence the "distance" in the level of exclusion can be calculated by applying the inverse equation:

$$[dExv] = \frac{1 - \alpha P_x^v}{\alpha P_x^v}$$

Similarly, if $Px_v < 0.5$, the formula will establish a maximum value of 1.

After normalization, the level of human exclusion will result in a score that will range between $(0 < dEx^v \leq 1)$, indicating the proportional distance between those participating in the specific dimensions of development and those excluded from those processes. In the case of indicators where there is no national comparative value, such as the case of mortality rates and life expectancy, a comparable reference is applied to estimate the distance to a desired or expected situation, as follows:

$$[dEx^v] = \frac{P_x^v - P_x^r}{P_x^v}$$

where $^{(r)}$ is a reference value established as a comparative parameter for a given population (P) and age group $_{(x)}$.

In case the indicator presents a situation of "inclusion", such as life expectancy at 60, the following reverse equation should be applied:

$$[dEx^v] = \frac{P_x^r - P_x^v}{P_x^v}$$

Table A.1: Neonatal mortality [28]

Indicator	Neonatal mortality
Dimension of exclusion:	SURVIVAL The number of infants who do not survive the neonatal period, or 28 days of life, can be used to gauge survival or access to life. It is estimated that roughly 45 percent of deaths among children under-five occur during this period[30]. This situation is often a reflection of exclusion from and the quality of health facilities (WHO, 2002). The measurement of exclusion in this area is computed using national neonatal mortality rates at national levels, as compared to the average neonatal mortality rate in lower middle-income countries.
Definition:	Number of children who die between 0 and 27 days, expressed per 1,000 live births (WHO)
Formula :	$[dEx^{Nm}] = \frac{Nm^{n}_{0-28} - Nm^{r}_{0-28}}{Nm^{n}_{0-28}}$ $[dEx^{Nm}]$: Degree of exclusion from basic health services Nm^{r}_{0-28} : Reference value for neonatal mortality, given by the average value of lower middle income countries[2] Nm^{n}_{0-28} : National estimates of child mortality
Computation:	National, rural / urban, male / female
	Applying the formula; $[dEx^{Nm}] = \frac{Nm^{n}_{0-28} - Nm^{r}_{0-28}}{Nm^{n}_{0-28}}$ (*) In Excel, use the following condition IF: IF $Nm^{n}_{0-28} < Nm^{r}_{0-28}$ give the value 0 IF NOT apply the formula (*)
	Sub-national level
	The procedure is as follows: We determine the minimum value of mortality at the sub-national level, i.e. taken among all sub-regions within the country in a given year. This becomes our new reference value, and referred to as $min(Nm^{Sub}_{0-28})$ OR $min(Nm^{Sub}_{0-28}) = Nm^{SubRef}_{0-28}$ Hence, the new formula becomes: $[dEx^{Nm}]_i = \frac{Nm^{Subi}_{0-28} - min(Nm^{Sub}_{0-28})}{Nm^{Subi}_{0-28}}$ Where: $min(Nm^{Sub}_{0-28})$ is the minimum reference value for infant mortality at the sub-national level. And Nm^{Subi}_{0-28} is the sub-national estimates of child mortality $[0-28]$ year for each sub-region i. In Excel, use the following condition IF : IF $Nm^{Sub}_{0-28} < Nm^{SubRef}_{0-28}$, give the value 0 IF NOT, apply the formula (*)

28 http://www.who.int/gho/child_health/mortality/neonatal_text/en/

Table A.2: Child stunting

Indicator	Child stunting
Dimension of exclusion:	NUTRITION The second dimension of exclusion is the diminished capacity of children to meet their basic nutritional needs. The life-long consequences of early child malnutrition have been widely documented, and its prevalence indicates, among others, exclusion from the adequate delivery of health services (ECA, 2013a).
Definition:	Percentage of children under five who are stunted – i.e. whose height for age is more than two standard deviations below the median for the international reference population aged 0-59 months (WHO).
Formula:	$[dEx^{ChM}] = \frac{ChM^{n}_{28d\text{-}59m}}{1-ChM^{n}_{28d\text{-}59m}}$ $[dEx^{ChM}]$: Degree of exclusion from health/nutrition $ChM^{n}_{28d\text{-}59m}$: Proportion of children between 28 days and 59 months suffering from chronic malnutrition at the national level
Computation:	National/sub-national, rural/urban, women/men:
	In Excel, use the following condition IF: IF $ChM^{n}_{28d\text{-}59m} > 50$, give the value 1 IF NOT, apply the formula (*): $[dEx^{ChM}] = \frac{ChM^{n}_{28d\text{-}59m}}{1-ChM^{n}_{28d\text{-}59m}}$ (*)

Table A.3: Literacy rate (15-24 years)

Indicator	Literacy rate (15-24 years old)
Dimension of exclusion:	EDUCATION A third manifestation of exclusion in the life cycle may be associated with access to quality education, which provides the means for larger opportunities later in life. Literacy rates observed after educational years (15-24 years) provide a good proxy for the effectiveness of educational efforts, at the impact level.
Definition:	Percentage of population between 15 and 24 years of age who can read and write (UNESCO)
Formula :	$[dEx^{Lr}] = \frac{1 - \tilde{Lr}_{15-24}}{\tilde{Lr}_{15-24}}$ $[dEx^{Lr}]$: Degree of exclusion from access to quality education $\tilde{Lr}_{15-24}$: Literacy rate among 15-24 years old
Computation :	National and sub-national :
	In Excel, use the following condition IF: IF $Lr_{15-24} < 50$ give the value 1 IF NOT apply the formula (*): $[dEx^{Lr}] = \frac{1 - Lr_{15-24}}{Lr_{15-24}}$ (*)

Table A.4: Youth unemployment (15-24 years)[29]

Indicator	Youth unemployment (15-24 years old):
Dimension of exclusion:	ACCESS TO LABOUR MARKET Another form of exclusion faced by individuals when they complete their educational cycles is reflected in their capacity to access decent job opportunities. The school-to-employment transition is often determined by the capacity of an economy to generate job opportunities for this key age group.
Definition:	Share of the youth labour force who is without work but available for and seeking employment (ILO definition).[31]
Formula :	$[dEx^{Yu}] = \frac{Yu^{n}_{15\text{-}24}}{1-Yu^{n}_{15\text{-}24}}$ $[dEx^{Yu}]$:Degree of exclusion from access to the labor market $Yu^{n}_{15\text{-}24}$: Proportion of individuals aged 15-24yearswho are unemployed, measured at national level
Computation :	National and sub-national
	In Excel, use the following condition IF: IF $Yu^{n}_{15\text{-}24} > 50$, give the value 1 IF NOT, apply the formula (*): $[dEx^{Yu}] = \frac{Yu^{n}_{15\text{-}24}}{1-Yu^{n}_{15\text{-}24}}$ (*)

29 Definitions of unemployment and youth age group differ across countries.

Table A.5: National-based poverty

Indicator	National-based poverty
Dimension:	MEANS OF SUBSISTENCE A major form of exclusion during adulthood can be reflected in the inability of an individual to ensure the basic needs for them and their families to live a decent life. This is reflected in the level of poverty, based on consumption, calorie in-take or income (according to the poverty threshold set at national level).
Definition :	Proportion of population below the national poverty line
Formula :	$[dEx^{Np}] = \frac{Np_h^n}{1-Np_h^n}$ $[dEx^{Np}]$: Degree of exclusion from basic means of subsistence Np_h^n : Proportion of population living below the national poverty line
Computation :	National and sub-national
	In Excel, use the following condition IF: IF $Np_h^n > 50$ give the value 1 IF NOT apply the formula (*): $[dEx^{Np}] = \frac{Np_h^n}{1-Np_h^n}$ (*)

Table A.6: Life expectancy at 60

Indicator	Life expectancy at 60
Dimension:	A key form of inclusion in later stages of life deals with the ability of the elderly to remain socially integrated and live a decent life. In this regard, life expectancy at 60 may be a good proxy of their quality of life and a reflection of the social security provided to them by the State. The measurement of exclusion in this area is computed using national life expectancy at 60, as compared to the average life expectancy at 60 in lower middle-income countries.
Definition:	Average number of years that a person of that age can be expected to live, assuming that age-specific mortality levels remain constant. (WHO)
Formula :	$dEx^{Le}] = \frac{Le_{60}^{Ref} - Le_{60}^{n}}{Le_{60}^{n}}$ $[dEx^{Lr}]$: Degree of exclusion from surviving at old age Le_{60}^{Ref} : Reference value of life expectancy at 60 years Le_{60}^{n} : National average life expectancy at 60 years
Computation :	National level:
	Applying the formula: $dEx^{Le}] = \frac{Le_{60}^{Ref} - Le_{60}^{n}}{Le_{60}^{n}}$ (*) In Excel, use the following condition IF IF $Le_{60}^{Ref} < Le_{60}^{n}$ give the value 0 IF NOT apply the formula (*)
	Sub-national level:

Indicator	Life expectancy at 60
	The methodology used here to determine not the scores of the Index, but the values of life expectancy at 60 at sub-national levels, is drawn from UNDP (2009)[32]. This method requires two sets of data: (a) national life expectancy at 60 years of age, and (b) the proportion of population that is above national life expectancy at 60 years of age. Therefore, the computation entails the following: • Determine the proportion of population aged 60 and older in a given year and for each subregion (for this, we will need demographic data disaggregated at sub-national level). We call this Xdi; • Determine the median (m) of this proportion, for a given year. Then, apply the following criteria: • $If\ Xd_i > m,\ then\ Le_i = Le_n*[1 + (Xdi / 100)]$ • $If\ Xd_i < m,\ then\ Le_i = Le_n*[1 - (Xdi / 100)]$ • $If\ Xd_i = m,\ then\ Le_i = Le_n$ Once the life expectancy at 60 has been determined for each subregion, the formula for computing the Index for Indicator 6 at sub-national level is the following: • We determine the maximum value of life expectancy at sub-national level, which becomes our new reference value, in a given year. It is called $Max\left(Le_{60}^{Sub}\right)$ and the new formula becomes: $$[dEx^{Le}]_i = \frac{Max\left(Le_{60}^{Sub}\right) - Le_{60}^{Sub_i}}{\left(Le_{60}^{Sub_i}\right)} \quad (*)$$ where $Max\left(Le_{60}^{Sub}\right) = Le_{60}^{SubRef}$ is the maximum reference value of life expectancy at 60 at the sub national level and $Le_{60}^{Sub_i}$: are the sub-national estimates of life expectancy at 60 for each subregion i. In Excel, use the following condition IF: IF $Le_{60}^{SubRef} < Le_{60}^{Sub_i}$, give the value 0 IF NOT, apply the formula (*).

30 http://www.asia-pacific.undp.org/content/rbap/en/home/library/human_development/sub-national-hdi-bhutan-case.html

Aggregation of the Index

In order to assess the overall degree of human exclusion throughout the life cycle, we aggregate the levels of exclusion in each of the six dimensions. Using a simple arithmetic sum, the overall level of exclusion can therefore be defined as:

$$HEx^{v}=dEx^{nm}+dEx^{chm}+dEx^{Lr}+dEx^{Yu}+dEx^{np}+dEx^{Le}$$

As each indicator has a value ranging between 0 and 1, the overall score will take a value between $0 < HEx^{v}=<6,$ reflecting the degree of exclusion of an individual throughout his or her life cycle. The total value of the Index will therefore represent an absolute value of exclusion, reflecting the likelihood of an individual to be excluded from the six dimensions of development described above. In the case of missing values in one of the dimensions, an expansion factor will be applied to facilitate the computation of the index. Missing information for two or more dimensions will not allow proper assessment of exclusion, hence the need to eliminate the country concerned from the exercise.

Estimations at sub-national levels and across time

The same conceptual and methodology frameworks can be applied to assess levels of exclusion at sub-national levels and over different periods of time. Data can be used at different tiers of government to estimate exclusion across subregions. The approach can also be used with longitudinal data sets to identify the drivers of exclusion across time and for each subregion. The outcomes of this exercise will provide critical information on the drivers of exclusion and the type of policies that have contributed to reduce or increase exclusion over time and across subregions.

Exclusion between subgroups of population

Similarly, the Index can be applied across gender as well as urban and rural settings. Maintaining the same decomposition in six dimensions, this method allows for a cross-sectional analysis of exclusion between groups, helping identify the gaps and the factors of exclusion for each subgroup of population, as described in the report.

Annex 2: Review of social development and exclusion indices

For a very long time, per capita GDP was used as the sole indicator of economic growth in most countries and regions in the world. In 1990, UNDP made a major breakthrough in the measurement of human development with the publication of its first Human Development Report (UNDP, 1990). The Human Development Index (HDI) was introduced on the assumption that economic growth, using traditional income-based measures such as GDP per capita, is not sufficient to reflect progress in human and social development. The Index comprises three main dimensions of well-being, namely, life expectancy at birth, educational attainment and real GDP per capita. UNDP has since refined some of these components and developed supplementary measures, such as the Gender-related Development Index and the Gender Empowerment Measure, which reflect the degree of gender equality and women's empowerment in development across countries.[31]

While the HDI has had much resonance in the development discourse over the years, some people believe that the HDI indicators are still too broad and that they fail to capture critical aspects of development, such as inequalities, vulnerability or environmental issues. Others have questioned the implications of arithmetically folding the three component indicators of the HDI into a single index, a method that presumably masks the trade-offs between the various components of the same index (Desai, 1991; McGillivray, 1991; Sen, 1993). However, the simplicity of the Index has been vital in positioning it as arguably the most popular development index globally.

At the Millennium Summit in 2000, global leaders made another breakthrough with the adoption of the Millennium Development Goals as a major global framework to help countries monitor and accelerate progress towards economic and social outcomes by the year 2015. Each of the eight internationally agreed goals includes a list of quantifiable and time-bound targets and indicators for monitoring progress in the areas of poverty (Goal 1), universal primary education (Goal 2), gender equality (Goal 3), child and maternal mortality, health and major diseases (Goals 4, 5 and 6), environmental sustainability (Goal 7) and global partnership for development (Goal 8). Since their adoption, the Goals have become one of the most important frameworks for development cooperation worldwide, catalysing efforts among all regions and countries and setting up the path for the development agenda beyond 2015.

A number of institutions and countries have developed and used a range of other tools and indicators to track specific social development outcomes:

- **Economist Intelligence Unit (EIU, 2005)** developed a "quality of life" index in 2005, based on a methodology that links the results of subjective life-satisfaction surveys to the objective determinants of the quality of life across 111 countries. The model comprises nine factors: health, material well-being, political stability and security, family relations, community life, climate change, job security, political freedom and gender equality - the first three being the most important according to their weights (EIU, 2005).

31 Both introduced by UNDP in 1995, these two measures are considered to be "gender-sensitive extensions of the HDI". While the Gender-related Development Index takes into account existing gender gaps in the Human Development Index, the Gender Empowerment Measure is based on estimates of women's economic income, participation in high-paying positions and access to professional and parliamentary positions (Klasen, 2006).

- **ILO decent work indicators (ILO, 2012)** are based on 10 substantive elements of decent work, including equal opportunities at work, adequate earning, productive work, social security and social dialogue. Elements of social inclusion exist, but refer to the legal framework underpinning employment conditions and opportunities.
- **OECD social indicators (OECD, 2011)** have been recently developed to assess social progress among OECD countries in four broad policy areas, including self-sufficiency, equity, health status and social cohesion. The latter is particularly important in terms of exclusion, as it measures the extent to which people participate in their communities, or trust others. Equity includes the ability to access social services and economic opportunities, while self-sufficiency comprises indicators such as employment and student performance.
- **European Union indicators of social inclusion (Atkinson and others, 2004)** are a series of measures, clustered in five key dimensions, which measure poverty, inequality, employment, education and health outcomes among EU countries.
- **Multidimensional Poverty Index (MPI, 2010)**[32] was developed by the Oxford Poverty and Human Development Initiative and UNDP. It is a composite index based on a combination of income and non-income based measures, following an approach pioneered by Townsend (1979) and later by Sen (1985). It has been so far applied to 91 countries globally, and is being considered as one of the metrics in the application and monitoring of the new sustainable development goals and Agenda 2030[33].

Two additional indices are particularly important, as they have been developed specifically for Africa:

- **Ibrahim Index of African Governance (Mo Ibrahim, 2012)** measures African national governance against 88 criteria, divided into four overarching categories: (a) Safety and rule of law; (b) Participation and human rights; (c) Sustainable economic opportunity; and (d) Human development. The index aims to capture the quality of services provided to citizens by African governments.
- **African Gender Development Index** was developed by ECA as a multidimensional and region-specific tool to assess the status and progress towards gender equality and women's empowerment in Africa (ECA, 2012). The second phase of the Index – which was first piloted in 12 countries in 2009 – was carried out in 14 countries in 2012. The Index is based on a quantitative assessment of gender gaps in the social, economic and political spheres of life – through the Gender Status Index. The second component of the African Gender Development Index is the African Women's Progress Scoreboard, which provides a qualitative evaluation of governments' efforts to implement global and regional commitments affecting women and their rights.

Despite the wide array of development indicators available, the approach used in the ASDI is novel, insofar as it seeks to capture the impacts of exclusion throughout the life cycle, assessing the effects of being excluded from early childhood to old age in six key dimensions of development. Its computation across time and for different subgroups, both at the national and sub-national levels, makes it possible to capture inequalities within and between countries and groups of population.

32 http://hdr.undp.org/en/content/multidimensional-poverty-index-mpi.
33 See Box 1 for a comparative analysis of the HDI, MPI and the African Social Development Index.

Printed in Addis Ababa, Ethiopia by the ECA Printing and Publishing Unit.
ISO 14001:2004 certified.
Printed on CF (Chlorine Free Paper).