National Millennium Development Goals:
A framework for action

The report is addressed to all stakeholders implementing and monitoring the Millennium Development Goals (MDGs) in the countries of Central and Eastern Europe and the Commonwealth of Independent States, particularly governments (leaders and policy makers), civil society, and the international community. The report is also directed at the publics and media in the region, seeking to focus the development debate on sub-regional and country priorities, as well as attract the attention of general readers involved in the MDG agenda from outside the region.

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Foreword

This report reviews development trends in 32 countries and territories of Central and Eastern Europe (CEE) and the Commonwealth of Independent States (CIS), focusing on such problems as inadequate income, access to education, gender inequality, health conditions, environmental deterioration and poor governance. These issues are critical for poverty alleviation and sustainable human development, which were outlined in the Millennium Declaration and summarized in the Millennium Development Goals (MDGs).

The MDGs include those elements of the Millennium Declaration that can be quantified and used for tracking progress until 2015. The numerical indicators associated with the MDGs were designed with underdevelopment that characterizes most of Africa and parts of South and Southeast Asia in mind. The economic, social and political histories of underdevelopment in Eastern European and the territories of the former Russian Empire and later Soviet Union are different from those in other regions. The development profession therefore too often errs in seeing the countries of Eastern Europe and the CIS as a more-or-less developed region in which—the disturbances of the last 15 years not withstanding—issues of poverty and the MDGs do not apply. Such beliefs are mistaken, for at least two reasons: First, the poorer countries of this region are indeed quite poor; on a per-capita GDP basis they are comparable to many African countries. Second, in many countries the social services inherited from the pre-transition period were not built on solid foundations and have, over time, eroded. Significant declines in mortality indicators in the Soviet Union were noticed as early as in the mid-1970s. In the spirit of social solidarity and the belief that human development can only be sustained if poverty is addressed on the national level, this points to the need to adjust MDG targets and indicators to the conditions of the region.

In many (but not all) CEE/CIS countries, some of the MDG targets set at the global level have been achieved. But since many of these targets do not fully reflect development challenges associated with transition, most of the countries in the region have adapted the MDG agenda to better reflect national specifics. When adapted to national circumstances, MDGs can very legitimately be applied across the region, even in the developed new member states of the European Union (EU). This adaptation process occurred in the production of national MDG reports identifying country-specific challenges and development targets in 29 CEE/CIS countries and territories. These national reports were developed by national experts in cooperation with UN country teams; many of these reports have received official government endorsement.

This report presents an overview of region- and country-specific development challenges, national MDG agendas, and progress towards meeting national goals. This progress has not been even—when measured against the nationally adapted targets, some countries in the region are in real danger of not meeting the MDGs. However, in light of the diversity of country-specific approaches, national targets and indicators, the report does not attempt to provide inter-country comparisons of progress. It is instead intended to spur action, promote reforms needed to achieve national goals, and support the cross-country application of best practices.

This report touches on some of the wider measures needed to improve the national implementation of MDG agendas. These involve such steps as improving governance, promoting national ownership, and building sound policy environments. The MDGs should be considered in a broader context that includes such universal values as human rights, democracy and good governance. This is the spirit of the Millennium Declaration (www.un.org/millennium/declaration/ares552e.htm), which outlines peace, security and disarmament, development and poverty eradication, protecting our common environment, good governance, democracy and human rights, protecting the vulnerable and strengthening the United Nations and mainstreams a set of inter-connected development objectives into a global agenda. Historical experience clearly demonstrates that in the long run, only open, democratic societies are able to create lasting material prosperity and sustainable human development. Moreover, in our globalized world, societies clearly expect their leaders to provide public goods and run clean, honest governments – captured in their leaders' declaration in the uniquely progressive and humanistic document that is the Millennium Declaration.

Priority challenges also include strengthening the MDGs' alignment with national and local development strategies, as well as with medium-term expenditure frameworks and other financial management tools.

The report points to many encouraging examples of national MDG efforts that are now bearing fruit. UNDP country offices in Southeast Europe have pioneered a relationship with the European Com-

mission's DG Employment and Social Affairs that focuses on aligning the MDGs and the EU social inclusion process. This relationship has built capacity in ministries of labour and social policy to use the MDG indicators for social monitoring. Tajikistan, Azerbaijan and Albania have been on the cutting edge of UNDP's MDG needs assessments and localization efforts, and of aligning the MDGs with poverty reduction strategy papers. The new EU member states are providing growing amounts of development assistance to poorer countries in the region and beyond. While the monetary value of these contributions is for the time being small, the development impact of the reform and transition experience these countries can share is invaluable. Experience from a number of countries indicates that the business community can be a vital source of economic growth and employment creation. It can also be an important source of resources and help for developing capacities and closing the gaps in finance that stand in the way of achieving the MDGs. The MDGs will not be met if barriers to investing private capital are not addressed. At the same time companies that want to thrive on the market in the future are seeking for opportunities and developing new business models that align social agenda and creation of public goods with business profits. These are some of the very practical aspects of the Global Compact that was launched by the Secretary General of the United Nations Kofi Annan at a meeting in New York on 26 July 2000 (http://www.un.org/depts/ptd/global.htm) and has now become the largest corporate responsibility movement in the world. It brings together like-minded companies, governments, civil society organizations to voluntarily work together to ensure that business led investments and economic / capital growth are reconciled with social expectations and needs.

We hope the report *National Millennium Development Goals: A framework for action* will contribute to a better understanding of countries' development challenges and MDG processes in the region. We expect that it will be a useful tool for professionals working on development issues in CEE/CIS countries. As a record of setbacks of the first decade of transition, progress in economic and human development in the first years of the new millennium, and lessons learned from the region, it acts as a signpost for the way forward. Most importantly, we hope that governments throughout the region will increasingly recognize the deeper meaning and importance of solidarity with poor people, not only in their countries but also regionally. MDG strategies can not be stand alone efforts: if they are not deeply integrated into overall development strategies, if they only serve as tools to fulfil yet another international obligation—if MDG strategies thus degenerate into a bureaucratic or even cynical exercise – then they become a missed opportunities. This study argues that adapting the MDGs to national conditions can be an extremely useful instrument for achieving broader national goals, as well as for gradually increasing social solidarity throughout the region. We strongly hope that this report will open new national and regional debates on the role of MDGs in CEE/CIS countries, and create opportunities for better use of their development potential.

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Acknowledgments

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Acronyms

ADR	Alternative Dispute Resolution
AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEE	Central and Eastern Europe
CFC	Chlorofluorocarbon
CIS	Commonwealth of Independent States
CO_2	Carbon Dioxide
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
DAC	Development Assistance Committee (OECD)
DHS	Demographic Health Survey
DOTS	Directly Observed Treatment Short-Course (WHO)
EBRD	European Bank for Reconstruction and Development
EC	European Commission
ECTS	European Credit Transfer System
ECU	European Currency Unit
ENP	European Neighbourhood Policy
ESI	Environmental Sustainability Index
EU	European Union
EU-15	European Union prior to enlargement in May 2004
FAO	Food and Agriculture Organization (of the UN)
FDI	Foreign Direct Investment
G8	Group of Eight
GDP	Gross Domestic Product
GNI	Gross National Income
HAART	Highly Active Anti-Retroviral Therapy
HBS	Household Budget Survey
HD	Human Development
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immunodeficiency Virus
HIPC	Highly Indebted Poor Countries
IDP	Internally Displaced Person
ILO	International Labour Organization
IMF	International Monetary Fund
ISCED	International Standard Classification of Education (UNESCO)
IT	Information Technologies
JIM	Joint Inclusion Memorandum
LFS	Labour Force Survey
MDG	Millennium Development Goal
MDGR	Millennium Development Goals Report
MICS	Multiple Indicator Cluster Survey (UNICEF)
MOH	Ministry of Health
MTCT	Mother-to-Child Transmission
NAP	National Action Plan

NPA	National Plans of Action for Children
NATO	North Atlantic Treaty Organization
NGO	Non-Governmental Organization
NO$_2$	Nitric Oxide
NSSED	National Strategy for Social and Economic Development
ODA	Official Development Assistance
ODIHR	Office for Democratic Institutions and Human Rights (OSCE)
ODP	Ozone-Depleting Particles
OECD	Organization for Economic Cooperation and Development
OSCE	Organization for Security and Cooperation in Europe
PC	Personal Computer
PISA	Programme of International Students Assessment (OECD)
PPP	Public-Private Partnership
PPP $	Purchasing Power Parity expressed in US dollars
PRSP	Poverty Reduction Strategy Paper
RC	Regional Centre
RDS	Regional Development Strategy
R&D	Research and Development
SAP	The Stabilization and Association process (EU)
SEE	Southeast Europe
SMEs	Small- and Medium-sized Enterprises
SPECA	United Nations Special Programme for the Economies of Central Asia
SPPRED	State Programme for Poverty Reduction and Economic Development (Azerbaijan)
TB	Tuberculosis
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	UN Country Team
UNCTAD	United Nations Conference on Trade and Development
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNDP CO	United Nations Development Programme Country Office
UNDP RBEC	United Nations Development Programme Regional Bureau for Europe and the Commonwealth of Independent States
UNECE	United Nations Economic Commission for Europe
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNIFEM	United Nations Development Fund for Women
UNSD	United Nations Statistics Division
USAID	US Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WTO	World Trade Organization

Summary

The challenges of realizing national MDG agendas have proved difficult and focused efforts will be needed to meet these commitments by 2015

The challenges of realizing national MDG agendas in many countries in Central and Eastern Europe (CEE) and the Commonwealth of Independent States (CIS) have proved to be difficult in light of the developmental trends since 1990, and focused efforts will be needed to meet these commitments by 2015. Sharp economic contractions took place in the 1990s in many CEE/CIS countries, as part of painful transitions from planned to market economies, from unsustainable fiscal and monetary policies to macroeconomic frameworks capable of generating sustainable growth. These deep changes were compounded by the disintegration of three multiethnic federations (the Soviet Union, Yugoslavia and Czechoslovakia), leading to the appearance of over 20 new states that had to develop national policy capacity from scratch. Although these changes were generally peaceful, the armed conflicts that erupted in what was then Yugoslavia (Bosnia and Herzegovina, Croatia, Kosovo, Macedonia, Serbia and Montenegro), as well as in the Caucasus (Armenia, Azerbaijan, Georgia), Tajikistan, and the Republic of Moldova, had a devastating effect on welfare, reversing many of the human development gains from the pre-transition era.

CIS and CEE countries have responded very differently to these challenges. They display large socioeconomic heterogeneity, reflecting the differing starting conditions in 1990 and varying reform and development paths that took hold over the past 15 years. While all but three states of the region had planned economies and communist dictatorships before 1989, the status of economic development and civil liberties varied widely across countries. Since then, transformations to market democracies have occurred to varying degrees, further accentuating differences among these countries. As barriers to business, cultural and personal connections were lifted and new schemes of regional cooperation developed, new groupings of states emerged. Ten CEE countries became new members of the European Union (EU) in May 2004; 10 more states and territories of Southeast Europe hope to follow suit, starting as early as 2007. Although they have reported rapid economic growth since the recovery from the Russian financial crisis of 1998 began, many CIS countries have yet to definitively define their positions vis-à-vis the EU, democratic transitions, or such global institutions as the World Trade Organization (WTO).

Adapting the MDGs to national circumstances can help even the new EU member states to better face their unresolved development challenges

Despite these differences, reducing poverty, combating major diseases, improving education systems, and increasing environmental sustainability pose serious challenges for most of these states, particularly those in Southeast Europe (SEE) and the CIS. By contrast, favourable trends in absolute poverty, as well as child and maternal mortality rates are present in most of these countries. Since per-capita GDP levels are key determinants of prospects for fulfilling the MDGs, the greatest challenges are to be found in the countries of Central Asia, the poorest in this region. (Per-capita GDP levels in Tajikistan, Uzbekistan and Kyrgyzstan are similar to those in many African states). By the same token, adapting the MDGs to national circumstances can help even the new EU member states to better face their unresolved development challenges (reduction of regional and social disparities, income inequalities, quality of education and health care systems, environmental problems).

This report reflects both regional development trends and the national MDG reports that were written in 29 countries and territories of the region, under the auspices of United Nations country teams. The national MDG reports performed many functions, including adapting global indicators and targets to local needs. About a third of these countries fall into UNDP's 'high human development' category, and a number of others had either realized some of the global targets before 1990 or found that their fulfilment was not as important as other national priorities. National adjustments were therefore made to target values and baseline years, often to reflect deterioration in a number of indicators during the early 1990s. The national adaptations of the MDGs often show that countries in the region are facing serious development challenges. In the poorest CIS economies, the challenges of meeting national MDG targets do not differ so dramatically from the development challenges facing low-income countries in Africa, South Asia, or the Caribbean. As such, the international community should seek to engage in these countries with the same intensity that is apparent in its concern for development prospects in Africa.

Since the global MDG targets and indicators have by and large been adapted to national circumstances in the CEE/CIS countries, attention should not focus primarily on the measurement of progress towards these targets and indicators. The key questions instead concern how nationally adapted MDGs can be best used to promote sustainable development and eradicate within-country inequalities in these states.

The diversity of approaches to defining targets makes direct cross-country comparisons of progress in fulfilling the MDGs impossible

In addition to recording progress in reaching developmental objectives, the national MDG reports helped promote public debate and build national capacity for better social policy and statistical reporting. While the diversity of approaches to defining targets, collecting data, and reporting outcomes makes direct cross-country comparisons of progress in fulfilling the MDGs impossible, it shows the extent to which the MDGs can be creatively and effectively employed to help meet national needs.

The experience of the CIS and CEE countries suggests that the global agenda is sufficiently flexible to ensure the relevance of nationally adjusted MDGs, even in new EU member states. As the countries face different challenges for different goals, the manner in which the national agendas are defined and implemented must also differ. This diversity helps to build on past achievements and focus on issues of current concern in each location.

The report shows that the implementation of national commitments has been mixed so far, and that priorities for further work towards the MDG agenda vary from country to country and between subregions. The region's experience with the MDGs nonetheless suggests a common need to focus on good governance, full national ownership of the MDG agenda, aligning MDGs with other national development strategies, MDG needs assessments, disaggregating the MDGs by sub-national region, gender and ethnicity, localizing MDGs, and partnering for development. The latter underscores the growing role of the private sector as an important supplier of the resources, creativity and skills needed to achieve the MDGs. Experience from the new EU member states in particular shows that the private sector can be an important answer to many development problems. Private companies likewise increasingly see the opportunities associated with incorporating social concerns into business operations, in lights of increased pressures from consumers and governments, but also in terms of securing access to new markets.

Good governance is particularly important. The MDGs are not just a numerical target-setting and target-meeting exercise. They are intrinsically linked to the September 2000 Millennium Declaration, in which UN Member States universally endorsed the principles of representative democracy, human rights, freedom, equality, justice and development, and security. The CEE/CIS countries' experience shows that prospects for meeting the MDGs are closely tied to the quality of governance. The countries that have made the most progress in reducing poverty, ensuring gender equality, promoting better health and education outcomes, and combining economic growth with environmental sustainability–the new EU member states (and accession countries)–have also had the most success in implementing economic, political and social reforms. On the other hand, the biggest social and economic problems are often observed in countries with underdeveloped representative democracies, suffering from high levels of administrative/petty and state capture/grand corruption.

The transfer of the experience acquired by the new EU member states in crafting the policy and institutional reforms necessary to build healthy market economies and democratic polities–particularly to the countries of Southeast Europe and the CIS–can constitute a particularly important form of development cooperation. Although the monetary value of these countries' contributions to global official development assistance (ODA) is relatively minor, the potential impact of the new EU member states' expertise and lessons learned in negotiating the transition and development challenges of the 1990s could be fundamental. As former recipient countries that are one of the world's major development success stories of the 1990s, these new donors are in a unique position to provide expert knowledge to the development community. The more traditional forms of technical assistance offered by the government of Turkey and its International Cooperation Agency, as well as the Russian Federation's technical assistance and debt forgiveness for developing African, Asian, and Latin American countries, also indicate possible ways in which CEE/CIS countries are successfully contributing as new or non-traditional donors to international development cooperation.

This report also emphasizes the need for capacity building at all stages of the MDG process, in order to better focus efforts, mobilize resources, more effectively advocate on behalf of the MDGs, and exploit synergies with other policy frameworks.

Experience from the new EU member states in particular shows that the private sector can be an important answer to many development problems

The countries that have made the most progress in reducing poverty are those that have had the most success in implementing economic, political and social reforms

As former recipient countries, the new donors are in a unique position to provide expert knowledge to the development community

Introduction

The countries of CEE/CIS have undergone broad socio-economic changes, and many have shown increases in poverty

The countries of Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) since 1990 have experienced broad socio-economic changes, and many have shown increases in poverty in its manifold aspects–inadequate nutrition, exposure to traditional and new health threats, unemployment and social exclusion. The changes involve reforms of economic and political institutions needed to make these countries more competitive in an era of globalization. These countries' abilities to restructure economies while maintaining high socio-economic indicators were in some cases weakened by the disintegration of pre-transition forms of inter-governmental cooperation. The majority of today's CEE and CIS countries emerged as new states in the 1990s and had to develop governance and economic structures from scratch. For some, this primitive accumulation of state capacity occurred under conditions of armed conflict.

This report presents an overview of national MDG strategies and discusses the progress of efforts to reach the MDGs

The UN Millennium Summit in September 2000 offered an opportunity to place these countries' development challenges in a global context. At the Summit the heads of the CEE/CIS states signed the Millennium Declaration,[1] expressing a shared commitment to creating an environ-ment conducive to human development that would respect the rights of the most vulnerable groups. This ambitious agenda is to be attained through the pursuit of the focused, time-bound set of 8 goals, 18 targets and 48 indicators that are the Millennium Development Goals (MDGs) (Box 1.1).[2] Middle-income status of most of the CEE/CIS countries has required the subsequent alignment of this agenda to their development needs. As a result, while retaining the scope of the overall commitment, national MDG agendas diverge on the formulation of specific targets and indicators.

This report presents an overview of national MDG strategies and discusses the progress of efforts to reach the MDGs in the CEE/CIS countries in light of their specific development challenges.[3] Since most of the countries adapted the global goals to their national circumstances in different ways, this report examines the results of the national adaptation processes. It identifies key challenges related to the MDG agenda, presents relevant best practices developed in the CEE/CIS countries, and discusses opportunities for the next decade. While respecting the diversity of country-specific approaches and acknowledging the need for national ownership,

Box 1.1 The Millennium Development Goals

The Millennium Development Goals elaborate those elements of the Millennium Declaration that are related to development and allow quantification of progress towards realizing the vision set forth in the Declaration. The states-signatories of the Declaration approved the MDGs at the United Nations' Millennium Summit in September 2000.

The MDG framework contains 8 goals, 18 targets, and 48 indicators. Most of the targets are to be achieved over the 25-year period from 1990 to 2015. Goals and targets linked to clear timetables and quantifiable indicators are the instruments for addressing the world's most important development challenges. Quantifiable indicators facilitate the measurement of progress and can help build the momentum needed for national efforts to realize the agenda.

The eight MDGs are as follows:

Goal 1: Halve extreme poverty and hunger

Goal 2: Achieve universal primary education

Goal 3: Promote gender equality and empower women

Goal 4: Reduce under-five mortality by two thirds

Goal 5: Reduce maternal mortality by three quarters

Goal 6: Reverse the spread of HIV/AIDS, malaria and other diseases

Goal 7: Ensure environmental sustainability

Goal 8: Develop a global partnership for development, with targets for aid, trade and debt relief.

The first seven goals stress the responsibility of developing countries to tackle key obstacles to development, requiring broader policy reforms and improvements in governance. Goal eight places responsibility on developed countries to reduce debt, match aid to recipient country needs, and provide developing countries with better access to technologies and markets. The MDGs can also serve as instruments for benchmarking and assessing progress in development, helping to improve national capacity for prioritizing, collecting key socio-economic data, and monitoring progress.

Source: www.undp.org/mdg.

the review of the performance on particular aspects of the MDG agenda is intended to spur action, promote reforms, and encourage the cross-country application of best practices. This in particular involves showing how countries have successfully campaigned, localized, costed, and integrated MDGs into national policy frameworks.

The first part of this report (Chapter 2) describes the background of the CEE/CIS countries' development, stressing the impact of the post-communist transition and sub-regional heterogeneity. This overview of economic and political trends in the 1990s identifies constraints on and opportunities for realizing the MDGs in various issue areas. Similarities and emerging differences in the development paths between the new EU member states, the countries of Southeast Europe, Central Asia, and the Russian Federation, the Western CIS and the Caucasus are highlighted. Particular attention is paid to national differences in MDG agendas and reforms paths. The implications of the national approach to defining, monitoring, and reporting on the MDGs are discussed with references to experiences from CEE/CIS countries.

Chapter 3 provides a more detailed discussion of nationally adapted MDGs and their corresponding targets. Country performance vis-à-vis national MDG agendas, generally speaking, is not directly compared nor assessed quantitatively; these questions are instead taken up in Annex 3. The assessments presented in the Annex to this report rely on the national MDG reports developed by national stakeholders with support from UN country teams. They show that, when measured against nationally adapted targets, some countries in our region are in real danger of not meeting some of the MDGs. Although

the conclusions of the national reports do not automatically imply the endorsement or commitment of respective national governments, or of the UN system, these reports are nonetheless products of national debates, involving both government and civil society institutions. Although sometimes lacking official endorsement from the authorities, the reports are important tools for making the MDG agenda accessible to the public at large.

Chapter 4 draws regional lessons concerning a number of key aspects of the MDG process, in order to identify likely challenges and opportunities for actors involved. The fundamental significance of good governance and strengthening the capacity of states and civil society organizations for more effective national ownership–and for more effective partnerships with the private sector–is recognized. Bringing the MDGs closer to the groups and localities in greatest need underscores the importance of localizing and disaggregating the MDG agenda. Questions of capacity building at all stages of the MDG process, in order to better focus efforts, mobilize resources, more effectively advocate on behalf of the MDGs, or exploit synergies with other policy frameworks, are emphasized throughout the text.

This report hopes to be a useful advocacy instrument, to promote the renewal of commitment to MDG implementation. It can help increase national capacity for monitoring and reporting on goals and targets, and strengthen alliances for development within the international community. It does not seek to offer in-depth analyses of policy reform, institutional change or resource allocation to the countries of the region. Consequently, the report adopts a concise format, avoiding wordy and complex text.

The assessments presented in the Annex to this report rely on the national MDG reports

This report hopes to be a useful advocacy instrument, to promote the renewal of commitment to MDG implementation

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The MDGs and
development trends
in Central and Eastern
Europe and the
Commonwealth
of Independent
States

Thirty-two countries and territories in Europe and the CIS area are covered by this report

Ethnic and religious diversity is potentially a great asset to the societies, as long as minority rights are observed

The global political economy of the Cold War isolated many CEE/CIS countries from traditional cultural and economic partners

Regional overview

Thirty-two countries and territories in Europe and the CIS area are covered by this report.[1] Their 478 million inhabitants live in countries that occupy over 24 million square kilometres.[2] The largest, the Russian Federation, covers 71 per cent of the area; while the second largest, Kazakhstan, has a greater landmass than the 26 smallest countries combined. Prior to 1990, all of these countries except for Cyprus, Malta, and Turkey, were (or belonged to) communist states with centrally planned economies.

These countries present an ethnic mosaic, composed of speakers of Slavic, Turkic, Finno-Ugric, Romance, Baltic, Caucasian, Persian and a plethora of other indigenous languages. Religious diversity is present as well, with large roles played by Eastern Orthodoxy (mainly in Russia, Belarus, Ukraine, and Southeast Europe), Roman Catholicism (concentrated in Poland, Lithuania, Slovakia, Hungary, Slovenia and Croatia), and Islam (in Turkey, Albania, Bosnia and Herzegovina, Azerbaijan and the countries of Central Asia). Divides between areas dominated by one religion are blurred and frequently run across countries and localities, producing religious diversity within ethnic groups. Significant numbers of ethnic Russians, Hungarians, Serbs, Moldovans, Albanians, Georgians, Armenians, Azeris, Turks, Uzbeks, Tajiks and other nations are found outside of what are now their 'national borders', creating large diasporas both within and outside of the CEE/CIS region.

Ethnic and religious diversity is potentially a great asset to the societies, as long as minority rights are observed. Unfortunately, failures to ensure inclusion and balanced representation of various ethnic groups contributed to the violent conflicts that had such disruptive effects on the region's development prospects in the 1990s, particularly in the Balkans and the Caucasus. Even the peaceful and relatively prosperous new EU member states like the Czech Republic, Hungary, and Slovakia have yet to fully come to terms with the challenges of integrating their Roma minorities.[3]

Until the early 20th century, most of these countries were part of the Austro-Hungarian, Russian, and Ottoman empires–which in turn were generally on the peripheries of European economic development. Economic prospects suffered from the absence of good transportation links and limited capital inflows. Prospects were most difficult in rural areas, which were often overpopulated and impoverished. Industrial development was uneven, concentrating in major urban centres (e.g., Moscow, Istanbul, Budapest), industrial heartlands, and on the western rim of the Russian and Austro-Hungarian empires, especially in what are today the Baltic states, Poland, the Czech Republic, Hungary and Slovenia.

The collapse of these three empires after the First World War resulted in the emergence or reestablishment of six states (Czechoslovakia, Estonia, Latvia, Lithuania, Poland, and Yugoslavia), as well as to national contours for Hungary, Romania, and Bulgaria that are close to their current dimensions. It also led to the introduction of communist rule in what became the Soviet Union (and is now the Russian Federation, Belarus, Ukraine, and the countries of the Caucasus and Central Asia). Development in these countries was held back by the difficult economic situation that followed the devastation of the First World War and then the Great Crisis of the 1930s. These countries did not bridge the economic gap vis-à-vis Western Europe in the interwar period, as they suffered prolonged periods of hyperinflation and unemployment.[4] Following its post-revolutionary consolidation, the Soviet Union became a closed economy that pursued state-led industrialization at high social costs. By 1945, the entire region had been further weakened by the devastation of the Second World War.

The Communist takeover of power in the countries of Central and Southeast Europe (except for Cyprus, Malta and Turkey) kept these countries from tapping the Marshall Plan aid that was instrumental in post-war economic recoveries in Western Europe. These countries were cut off from international markets, leading to losses in international competitiveness. This was particularly evident in the case of Czechoslovakia and other countries that had once been closely integrated into the wider European economy. The forced build-up of heavy industry and the harnessing of national economies to service the Soviet centre stunted the growth of the most developed parts of the region for the next four decades. The global political economy of the Cold War also isolated these countries from their traditional cultural and economic partners.[5]

The emphasis on the development of heavy industry with little consideration for the attendant social costs sparked protests in several East European countries in the mid-1950s. Centralism began to give way to a dose of decentralization, a shift was made towards light industry, and limited contacts with the rest of the industrialized world were allowed. The 1960s and the 1970s witnessed growth in per-capita incomes and output that translated into broad improvements in human development indicators. The objectives of full employment and income equality were pursued; low wages were offset by relatively generous social benefits. Large-scale infrastructure projects were launched in the

less developed Soviet republics and in the peripheral areas of CEE countries, alleviating sub-national disparities. However, these gains proved unsustainable in the long run: this pattern of industrialization made whole communities dependent on large industrial complexes and transfers from the central government.

Regional economic cooperation under communism did not manage to close the development gap with the Western industrialized countries. By the 1980s 'East Bloc' countries increasingly faced the dilemma of either adjusting to the world economy or reconciling themselves to the stagnation of their closed systems. The slowing growth that took hold in the 1980s was also a reflection of the unsustainability of the Soviet labour- and natural resource-extensive growth model. The region's environmental problems, which were exemplified by the 1986 disaster at the Chernobyl power plant in Ukraine, the desiccation of the Aral Sea in Central Asia, and deforestation due to acid rain in Central Europe, interacted with increasingly unfavourable demographic and in some cases health trends. Attempts to steer the centrally planned economies towards more efficient and technologically advanced production without undertaking fundamental systemic reforms failed. Those CEE countries that had borrowed on international capital markets in the 1970s became heavily indebted and experienced growing pressures for external adjustment in the 1980s.

The systemic neglect of individual consumption for the sake of forced capital accumulation magnified social discontent, as growing numbers of workers and intellectuals demanded higher living standards and national self determination. Until the mid-1980s when a more reform-minded Soviet leadership emerged under Mikhail Gorbachev, these protests were repressed or neutralized by the Soviet army and national authorities. In 1989, a series of national upheavals involving popular calls for participatory governance, freedom of speech, association and religion, led to the collapse of communist governments in much of Central and Southeast Europe. The first competitive and fair elections in over 40 years were held throughout CEE during 1989–1991. The Soviet army withdrew from Central Europe, and these states were at last free to determine their own foreign and domestic policies.

In many countries, the democratization of the 1990s facilitated the unprecedented extension of personal and civil liberties. Laws were passed to guarantee civil and economic freedoms, and significant progress was made in establishing independent judiciaries and media. This progress was confirmed by memberships in the Council of Europe[6] (24 members from the region, including all new EU member states), as well as ratification of the European Convention of Human Rights[7] and other international bodies of law.

At the beginning of the 1990s, many new governments used their initial popularity to undertake market reforms to address the barriers to human development that had accumulated under the previous system. Military spending was reduced, and the declining role of the state accelerated the transition from heavy industry towards consumer-goods production and services. Consumers were offered full shelves in stores and a greater choice of products; travellers could visit neighbouring countries; entrepreneurs could more easily establish businesses and enter new markets. Access to information was facilitated by the growth of uncensored press and the rise of private media. These benefits allowed many households to ride out the sharp contractions in output and income that followed the liberalization of prices and commerce, and the terms-of-trade shocks that came with the disintegration of the Soviet bloc.

The removal of ideological and authoritarian control helped unleash economic initiative and introduce participatory governance. Unfortunately, it also facilitated processes of state disintegration and the revival of national and sometimes inter-state conflicts. These processes fed on the *ancien regime's* failure to manage centrifugal forces within multinational federations that came with the growth of ethnic identities and concerns about sub-national disparities in economic development. The break-up of the Soviet Union, Yugoslavia, and Czechoslovakia during 1991–1993 resulted in the emergence of 22 new states.[8] These divisions occurred peacefully only in Czechoslovakia, where post-dissolution borders were for the most part uncontested, and democratic institutions had already been established within the federation. Such favourable conditions were absent in the Soviet and Yugoslav cases, where the break-up of the federal states preceded full democratization and the armed forces intervened in the emerging conflicts between the centre and the regions. (The ethnic heterogeneity in the former Soviet and Yugoslav cases also differed from the simpler Czechoslovak case.) Armed conflicts among and within most of the Yugoslav successor states, as well as in Moldova, the Caucasus, and Tajikistan, during the 1990s resulted. These conflicts poisoned economic and political prospects for these new states during the first half of the 1990s, and created significant barriers for longer-term human development as well.

In human terms, the national borders established by the new states created serious costs for individuals and businesses. Families found

Regional economic cooperation under communism did not manage to close the development gap with the Western industrialized countries

The breakup of the Soviet Union, Yugoslavia, and Czechoslovakia during 1991–1993 resulted in the emergence of 22 new states

The economic dislocation of the early 1990s generated high rates of inflation and large declines in output and living standards

themselves on different sides of the frontier, and sizable cross-border minorities emerged. Important questions of statelessness, language rights, and costs of border crossing (including visas) arose. While the collapse of central planning removed many barriers to international trade and travel, the failure of the Soviet and Yugoslav successor states to put in place effective new mechanisms for regional economic cooperation raised the costs of intraregional trade, as new customs and administrative barriers emerged.

The economic dislocation that took hold in the early 1990s not surprisingly generated high rates of inflation (which in some countries became hyperinflation) and large declines in output and living standards. While the exact extent of these declines is difficult to measure, it is clear that the CEE/CIS countries were the only area worldwide that recorded falling output during the first half of the 1990s.[9] This transitional recession lasted only two years in Poland (1990–1991) and three years in other countries (e.g., Hungary and Albania), but consumed most of the decade for the Russian Federation and Ukraine.[10] (Serbia's transition began in earnest only in 2000, after the end of the Milosevic regime and a decade of war economy.) Fortunately, virtually all these countries have reported strong economic growth since 2000. The CIS countries, which suffered the deepest setbacks in living standards during the early 1990s and were most affected by the Russian financial crisis of 1998, have reported the most dynamic growth since then (Figure 2.1).[11] Turkey, which also experienced declines in living standards following currency crises in 1999 and 2001, also enjoyed a strong economic recovery during 2002–2004. Still, as Figure 2.2 shows, virtually all CIS and Southeast European

countries in 2004 continued to report per-capita GDPs that were well below 1990 levels.

By 2005, the region had undergone significant integration into the world economy. Twenty countries had joined the World Trade Organization (WTO),[12] and several others were seeking membership.[13] Dynamic trade growth was reported, as nearly all countries increased their degree of currency convertibility and established more or less independent monetary authorities. Despite currency crises in Hungary (1995), the Czech Republic (1997), Russia (1998–which generated knock-on currency crises in many CIS countries) and Turkey (1999, 2001), the CEE/CIS countries by the end of the 1990s had attracted a stock of $100 billion of foreign direct investment (FDI).[14] However, progress in creating transparent financial markets and the development of local entrepreneurship remains uneven. While small- and medium-sized enterprises (SMEs) are an important sector in many CEE countries, questions persist over the sustainability of economic growth in most CIS countries, which are led by smokestack and extractive industries.

Systemic reforms to create well-functioning market economies in these countries have benefited from significant external financial assistance. Official development assistance (ODA) provided to the CEE/CIS countries through 2002 amounted to over $9.5 billion.[15] This assistance went to absorb part of the shock associated with freeing or introducing national currencies, reducing subsidies and trade liberalization. Concessional lending from international financial institutions was the only form of credit available to countries before their external creditworthiness had been (re)established. (As of 2005, a handful of CIS and Southeast European

By 2005, the region had undergone significant integration into the world economy

Systemic reforms to create well-functioning market economies have benefited from significant external financial assistance
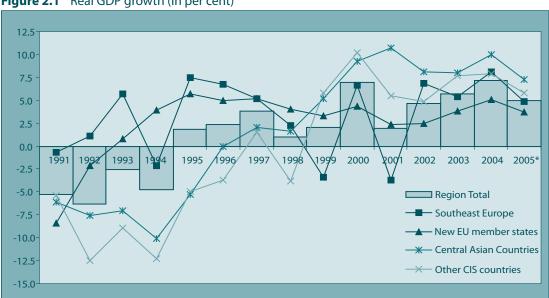
Figure 2.1 Real GDP growth (in per cent)

*   estimate

Source: Authors' estimations based on IMF, World Economic Outlook 2005 data.

Figure 2.2 Levels of real GDP, 2004 (1989=100)

Source: EBRD 2004: 16; EBRD 2005: 13.

countries had not yet obtained the sovereign credit ratings needed to tap the international capital markets.) For countries that have been less successful in attracting FDI, continued reliance on concessional lending exposes them to risks of long-term aid and debt dependency.

The CEE/CIS countries are today much more diverse than was the case at the start of the transition. Differences in the speed of adjustment and direction of trade have been reflected in the shape of new institutions for regional economic cooperation that have emerged since the early 1990s. Most CIS countries pursue intergovernmental models of cooperation that seek to limit the proliferation of barriers to trade that once constituted a single (albeit trade averse) economy. The accession of CIS countries to the economic union agreement, signed in September 1993, is an example of this trend. Several other intra-CIS integration schemes were subsequently implemented (e.g., an interstate economic committee, a customs union, the Russia-Belarus union agreement, Eurasian Economic Community, Central Asian Cooperation Organization), but these arrangements are distinguished more by their overlapping nature than by their effectiveness.

The European Union, which has facilitated the transition to market democracies for many Central and Southeast European countries, represents a second pole of integration. Trade liberalization with Brussels not only helped reorient the majority of these countries' trade towards the EU's large, stable, single market–it has also provided a clear anchor for reform. This has meant specific guidelines for the creation of the institutional capacity needed to execute

the *acquis communautaire*–and the technical assistance resources needed to finance it. The May 2004 accession of 10 Central and Southeast European countries (Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, and Slovenia) is expected to be followed by the accession of Bulgaria and Romania during 2007–2008. Croatia and Turkey already started accession negotiations. The Former Yugoslav Republic of Macedonia became a candidate country at the end of 2005, while Albania is covered by pre-accession Stabilization and Association Agreements and Bosnia and Herzegovina and Serbia and Montenegro are negotiating one. In addition to affording future benefits in the form of EU membership, the EU accession process itself typically provides immediate economic benefits, in terms of increased FDI by multinational companies seeking platforms for export to the single market. Countries seeking EU membership were simultaneously engaged in efforts at lowering tariffs and other barriers to trade. Subregional integration has proceeded since the early 1990s also on wider political and social issues among countries sharing common transnational concerns in fields as diverse as environment, security, energy and migration.[16]

On the other hand, European integration is also a source of potential division between the new members and their neighbours, especially the Western CIS countries and the Russian Federation. Recognizing the potential for new divides arising between the new EU members and their CIS neighbours, the European Commission (EC) in 2003 and 2004 put forward the 'Wider Europe' and 'European Neighbourhood Policy' (ENP)

Differences in the speed of adjustment and direction of trade have been reflected in the shape of new institutions for regional economic cooperation

Poor quality governance and corruption still constitute a significant business cost and burden to individuals

Economic growth has not automatically resolved such social problems as long-term unemployment or sub-national inequalities

Countries of CEE/CIS constitute the only region that demonstrated regression in human development indicators in the first half of the 1990s

concepts.[17] The ENP attempts to promote stability and reform in the CIS (and Mediterranean) countries by combining the offer of significant improvements in access to the single market and technical assistance, in exchange for the policy and governance reforms introduced by the new member states during their accession processes. However, by fudging the issue of eventual membership, and by grouping the Western CIS countries together with the Mediterranean countries, the ENP may deliver a somewhat confusing message.

Despite more than a decade of reforms, growing integration into the world economy, and the adoption of international legal standards, several issues still need to be addressed by these countries, including the new EU member states. Poor quality governance and corruption, both at local and national levels, still constitute a significant business cost and burden to individuals. Foreign businesses report problems protecting intellectual property and trademarks, as well as preferential treatment for domestic companies in privatization bids and government contracts. Citizens find their access to justice hampered by long processing times, scarce affordable quality legal advice, frequent changes of legislation and, at times, insufficient judicial independence. Municipalities are often too fragmented and poorly financed to design and implement effective solutions to local problems. Some serious environmental problems have yet to be fully addressed, especially in the poorer countries of Southeast Europe and the CIS.

Economic growth has not automatically resolved such social problems as long-term unemployment or sub-national inequalities. While some countries have been able to keep official unemployment rates low, this has generally been accompanied by low wages and delays in their payment, particularly in the public sector. Investments in infrastructure and public-sector salaries often fail to keep pace with inflation. Although the EU accession process has promoted the advancement of liberty in many of these countries, freedom of speech, association and fair voting procedures are not regularly observed in many countries of the region, winning them the status of 'partly free' states in the Freedom House annual reports.[18] Media freedom is at risk in several countries, and assassinations of journalists are not unknown. In these senses, unfinished transition processes have had a negative impact on human development in all these countries. The values of human rights and good governance expressed in the Millennium Declaration therefore remain something to aspire to, in a number of countries of CEE and the CIS.

Human development setbacks

The social costs of these dramatic changes in institutions, policies, and regional cooperation have been significant. Countries of CEE and the CIS constitute the only region that demonstrated regression in human development indicators in
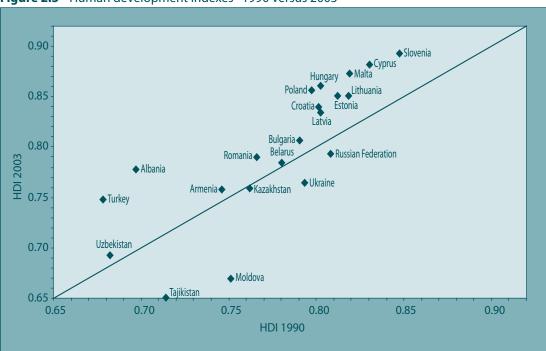
Figure 2.3 Human development indexes* 1990 versus 2003[19]

*   Data are not available for Azerbaijan, Bosnia and Herzegovina, Czech Republic, Georgia, Kyrgyzstan, Macedonia, Serbia and Montenegro, Slovakia, and Turkmenistan.

Source: UNDP 2005.

the first half of the 1990s. Fortunately, closer examination of individual countries yields a more varied picture (Figure 2.3). On the one hand, the economic recovery associated with EU accession and successful reforms has propelled all the new EU member states and two accession candidates (Croatia and Bulgaria) into the 'high human development' category. Most of these countries report levels of social development (as captured by UNDP's human development index) that are today well above pre-transition levels. Levels of per-capita GDP, educational attainment, and life expectancy in Turkey today are likewise well above 1990 levels. On the other hand, the return of growth in most countries of the Balkans and the CIS has yet to compensate for the erosion of their pre-1990 positions. As a consequence, the countries that are not new EU member states occupy positions all across the middle development range, with Azerbaijan, Moldova and three Central Asian countries now ranked below the first hundred states (Box 2.1).

Declines in welfare were sharpest in areas that experienced the violent disintegration of multinational states, where large numbers of casualties, forced population movements, and destruction of infrastructure resulted. Countries that experienced armed conflict generally reported longer and deeper output declines, as well as lower wages and more severe poverty. Governments engaged in armed conflicts were often unable to provide basic social services. This

Countries that experienced armed conflict generally reported longer and deeper output declines, as well as lower wages and more severe poverty

Box 2.1 Ranking human development in CEE/CIS countries (2003)

Country*	Human Development Index (HDI)	Rank
High human development		
Slovenia	0.904	26
Cyprus	0.891	29
Czech Republic	0.874	31
Malta	0.867	32
Hungary	0.862	35
Poland	0.858	36
Estonia	0.853	38
Lithuania	0.849	39
Slovakia	0.842	42
Croatia	0.841	45
Latvia	0.836	48
Bulgaria	0.808	55
Medium human development		
Macedonia	0.797	59
Russian Federation	0.795	62
Romania	0.792	64
Belarus	0.786	67
Bosnia and Herzegovina	0.786	68
Albania	0.780	72
Ukraine	0.772	78
Kazakhstan	0.762	80
Armenia	0.759	83
Turkey	0.751	94
Turkmenistan	0.738	97
Georgia	0.736	100
Azerbaijan	0.732	101
Kyrgyzstan	0.702	109
Uzbekistan	0.694	111
Moldova	0.671	115
Tajikistan	0.652	122
* Human Development Index (HDI) and the rank are not available for Serbia, Montenegro, Kosovo		

Source: UNDP 2005.

Despite relatively high levels of socio-economic development, many CEE/CIS countries are reporting disturbing demographic trends

has resulted in greater health problems, as well as declining access to education and other social services. These problems have been particularly stark in areas into which the mandate of national governments does not extend. Social problems in war-torn areas tended to 'spill over' into neighbouring regions, generating humanitarian crises. Over 4 million people in CEE/CIS countries were still in need of humanitarian assistance at the end of 2001, the majority of which were found in the Western Balkans (over 1.5 million), the Russian Federation (1.1 million), and the Caucasus (1.1 million).[20]

Demography and mortality

Despite relatively high levels of socio-economic development, many CEE/CIS countries are reporting disturbing demographic trends. One trend is the aging of the societies of the new EU member states as well as Belarus, Kazakhstan, Russia and Ukraine, this is predominantly an effect of declining birth rates. UN estimates envision that the share of over-60-year-olds in the populations of several CEE/CIS countries will double between 2002 and 2050.[21] The new EU member states have moreover recorded an actual extension of life expectancy. The aging population is one of the key drivers of the social policy reform agenda, particularly in education, health and pension systems. Fewer and fewer students are leaving schools and entering the labour market, while more and more old people are living longer and requiring new kinds of care.

While infant mortality trends in CEE/CIS countries compare quite favourably to those of other middle-income countries, the pace of improvement has slowed and gaps with OECD countries are widening
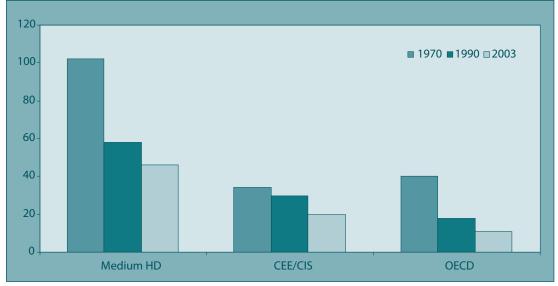
Adult mortality trends are not uniform throughout the region where roughly 25 per cent of these countries' inhabitants are not expected to live to the age of 60. This is no better than the global average, which in turn reflects the influ-

ence of low-income countries. Whereas Albania, the Czech Republic, Macedonia, and Slovenia recorded rates under 15 per cent, 30 per cent of the population of the Russian Federation is unlikely to live past 60 years of age.[22] Differences in general life expectancy trends have been equally striking. Countries of Central Asia, the Western Balkans and Central Europe made great strides towards improving the rates by three to six years between the early 1970s and the late 1990s (life expectancy in Turkey rose from 58 to 69 years in that period). In contrast, the Baltic states, Armenia, Belarus, the Russian Federation, and Ukraine all experienced setbacks in this period, witnessing contraction in expectancy by at least a year. Belarus presents a particular case for concern: the average life expectancy dropped 3.5 years between 1970 and 2000.[23]

Much of the decline reflects unfavourable male mortality trends in the CIS and the Baltic states. On average, men die at least 10 years earlier than women in those countries. By comparison, Albania, Bosnia and Herzegovina, Cyprus, Macedonia, Malta, Tajikistan, Turkey, and Uzbekistan have kept the gap at less than six years. It is noteworthy that–despite reporting significantly lower income levels–men in Albania, Bosnia and Herzegovina or Macedonia live 10 years longer than their counterparts in the Russian Federation and Kazakhstan, who on average live only to 61 years of age.[24] These unfavourable demographic trends in the CIS, which generally predate the Soviet collapse, are due in part to unhealthy lifestyles, especially heavy drinking, smoking and working high-risk jobs).[25] Infant mortality trends in these countries look more favourable, with the declines recorded in previous decades generally continuing after 1990. As Figure 2.4 shows, infant mortality trends in CEE/CIS countries compare quite favourably to

Figure 2.4 Infant mortality rates in CEE/CIS countries and other regions, 1970–2003

Source: UNDP 2005.

those of other middle-income countries. On the other hand, these declines have slowed since the 1980s, so that the gap between the levels reported in CEE/CIS and West European countries is widening.

So are gaps within the region itself. As Figure 2.5 shows, some countries (e.g., Turkey, Kyrgyzstan) have recorded sharp declines in child mortality since 1990.[26] Several new EU member states have been able to cut child mortality rates by half or more since the beginning of transition as well. As a result, 11 countries are now reporting 10 (or fewer) cases of infant deaths per 1,000 births and 12 cases of deaths in the under-five age group.[27] Further progress in reducing under-five mortality in these countries would require concerted efforts to combat child abuse, as well as smaller numbers of fatalities due to accidents.[28] On the other hand, Georgia, the Russian Federation, Turkmenistan, and Uzbekistan have been unable to reduce infant and under-five mortality rates during this time. Turkmenistan and Tajikistan have not been able to bring the rates of deaths of under-five children below 98 per 1,000 births since 1990.[29]

Maternal mortality rates in the early 1990s in CEE/CIS countries were generally much lower than in most developing countries. Unfortunately, maternal mortality trends have increased in 12 countries since the mid-1990s. During 1995–2000 they rose by three quarters in Albania, nearly doubled in Armenia and Bosnia and Herzegovina, and shot up by over 150 per cent in Azerbaijan and Kazakhstan. A woman now dies for every 1,000 childbirths in Azerbaijan, Kyrgyzstan and Tajikistan, and every 2,000 births in Albania, Armenia, Estonia, the Russian Federation and Turkey. For every woman who dies, many others suffer serious disabilities. Almost all of these deaths could be avoided with better access to trained medical care. By contrast, good progress has been recorded in Croatia, the Czech Republic, Macedonia and Poland, which all reduced their maternal mortality rates from 14–18 per 100,000 births in 1995 to single digits in 2000.[30]
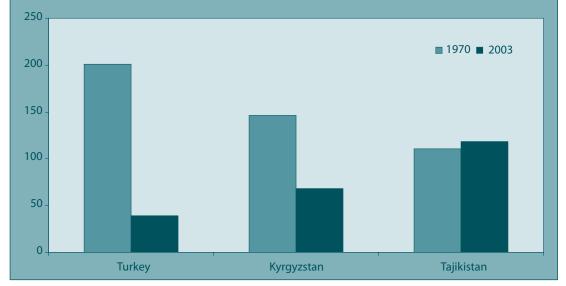
Other major reproductive health concerns include excessive reliance on abortion and inadequate access to contraception. Women in the Caucasus, the Russian Federation, and Romania admit to undergoing at least two abortions in their lifetime (Figure 2.6). High rates of abortion are directly related to inadequate access to modern contraceptive methods. Women in Georgia, who report the most frequent use of abortion, also report that other types of contraception are currently unavailable for nearly a quarter of them.[31]

The need for more modern forms of contraception is further highlighted by the growing HIV epidemic in CEE/CIS countries, particularly in Ukraine, the Russian Federation and Estonia. The total number of HIV-infected persons in these countries was estimated at around 1.4 million people at the end of 2004.[32] While these countries' estimated 0.6–0.9 per cent HIV prevalence rate for the adult population is lower than that found in other regions, it is rising quickly (Figure 2.7).[33] The CEE/CIS countries display considerable heterogeneity in HIV prevalence rates, however. While the Russian Federation, Ukraine, and Estonia are now at or beyond the threshold of 1 per cent adult prevalence, almost all other countries still have adult prevalence rates of under 0.3 per cent. As of 2002, two countries–the Russian Federation and Ukraine–hosted an estimated 1 million people living with HIV/AIDS, compared with less than 120,000 cases in all other CEE/CIS countries.[34]

A woman now dies for every 1,000 childbirths in Azerbaijan, Kyrgyzstan and Tajikistan

As of 2002, two countries– the Russian Federation and Ukraine–hosted an estimated 1 million people living with HIV/AIDS

Figure 2.5 Under-five mortality trends in selected countries (deaths per 1,000 live births; 1970, 2003)

Source: UNDP 2005.

Figure 2.6 Number of abortions in a woman's lifetime in selected CEE/CIS countries, 1996–2001

Source: Demographic and Health Surveys (ORC Macro) and Reproductive Health Surveys (CDC), cited in: Measure Communication/Population Reference Bureau 2003.

HIV/AIDS prevalence rates in most CEE/CIS countries remain low by international standards, and AIDS is a much less serious cause of mortality than respiratory and circulatory diseases, as well as traumas related to accidents. Still, the epidemic is taking a high toll among some high-risk groups. Intravenous drug use is the primary mode of HIV transmission in the CIS, accounting for the fast growth of cases in Central Asia, which lies along major East-West drug-trafficking routes.[35] While needle sharing remains a major concern, recent epidemiological models point to sexual transmission in this group as an additional source of risk. One quarter to one third of intravenous drug users in some Russian regions were reported to have
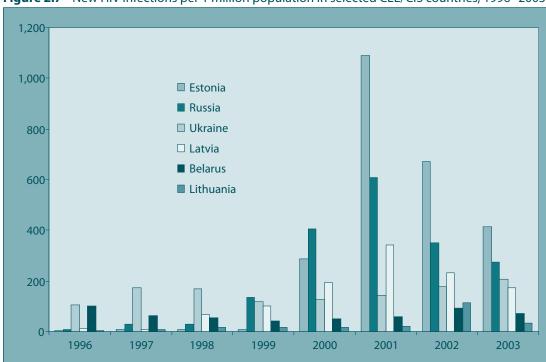
Figure 2.7 New HIV infections per 1 million population in selected CEE/CIS countries, 1996–2003

Source: EuroHIV 2003: 16–17.

had sexual contact with commercial sex work-ers, which is another risk group.[36] Both groups are overrepresented among prison inmates–a third risk group, where unprotected sex and needle sharing is relatively common. Moreover, 10 per cent out the 875,000 inmates of the Russian Federation's penal system (which ac-counts for half of the region's prisoners) have been diagnosed with active tuberculosis (TB).[37] Some 433,000 TB cases have been detected in CEE/CIS countries, which include all 16 states regarded as 'critical' in the larger European region covered by the World Health Orga-nization (WHO). Five countries (Kazakhstan, Romania, the Russian Federation, Ukraine, and Uzbekistan) are home to over half of all cases reported in Europe (including Western Europe) and the CIS.[38]

Although HIV/AIDS in these countries is pri-marily a disease of young male intravenous drug users, recent evidence suggests that prevalence rates for women are rising faster than for men.[39] Sharp increases in the number of HIV-positive mothers in Ukraine and Russia (see Figure 2.8) are particularly worrisome in this respect. Health care systems sometimes pressure mothers living with HIV to give up their children: UNICEF estimates that about 20 per cent of children born to mothers liv-ing with HIV are abandoned, and that their numbers are rising sharply.[40] HIV/AIDS affects the social status of women in other subtle but important ways. Women are physiologically more susceptible to contracting HIV and are less empowered to demand safe sex. Women are often disproportionately affected when AIDS enters the household. Since they gener-ally carry the bulk of the care-giving burden, AIDS in the household can constrain women's labour-market participation and push them further down the economic ladder.
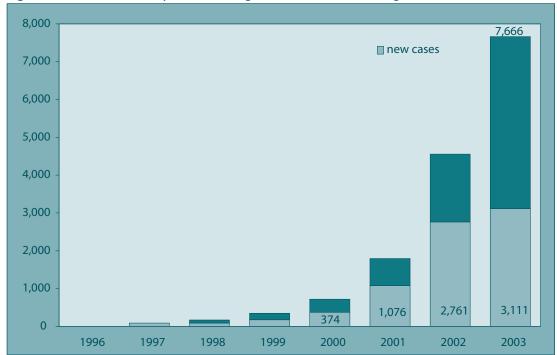
Environment

Communism collapsed in part because of the popular backlash against its unsustainable energy and environmental policies. Ecosystems in CEE/CIS countries prior to the 1990s suffered from some of the highest levels of air, water and land pollution ever measured. The 1986 nuclear disaster at the Chernobyl nuclear power plant in Ukraine, and the desiccation of the Aral Sea in Central Asia (Box 2.5), are particularly striking examples of the environmental legacies of the Soviet system.

When considered against the scale of pollution in the early 1990s, the progress made since then is quite impressive. Carbon dioxide emissions dropped by 27 per cent during 1992–1999, while energy efficiency levels improved 35 per cent during 1992–2002.[41] Much of the improvement can be explained by the significant production declines related to the transition and the shift towards the service sector. It is striking, how-ever, that some of the sharpest improvements in environmental quality have come in the new EU member states–countries that have also

Kazakhstan, Romania, the Russian Federation, Ukraine, and Uzbekistan are home to over half of all TB cases reported in Europe and the CIS

Figure 2.8   Children born by mothers living with AIDS in Russia during 1996–2003

Source: Federal Scientific and Methodological Centre for HIV/AIDS 2004: 16.

Table 2.1   Carbon dioxide emissions in CEE/CIS countries

Regional grouping	Tons of carbon dioxide emissions per $ million of GDP	Difference from global average (%)
CIS countries	1,327	+226
Southeast European countries [I]	582	+43
New EU member states [II]	437	+7
Major middle-income countries [III]	413	+1
Global average	407	0
Other developed countries [IV]	117	−71
EU 15 [V]	92	−77

Notes:
[I]   Includes Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Romania, Serbia and Montenegro (including Kosovo), Macedonia and Turkey.
[II]   Except for Cyprus and Malta.
[III]   Includes Brazil, China, India, Indonesia, Mexico, South Africa and South Korea.
[IV]   Includes Australia, Canada, Iceland, Japan, New Zealand, Norway, Switzerland and the United States.
[V]   Denotes members of the pre-2004 EU, except for Luxembourg.

Source: WEF et al., 2005.

CIS countries possess significant undisturbed biodiversity and other natural resources that could become important development attributes in the future

reported the strongest economic growth since 1990. Likewise, despite less rapid progress, CIS countries possess significant undisturbed biodiversity and other natural resources that, with proper management, could become important development attributes in the future.

Despite this progress, many CEE/CIS countries maintain far from best international environmental practices. This is most apparent in the emissions of carbon dioxide (a major cause of global warming): only a handful of new EU member states (Poland, the Czech Republic and Slovakia are not among them), Albania, Croatia and Turkey report carbon dioxide emissions (per unit of GDP) that are below global averages. As the data in Table 2.1 show, the performance of CIS countries is particularly abysmal in this respect: carbon dioxide emissions in 2004 were 226 per cent above (more than triple) global averages, compared to 7 per cent above for the new EU member states, 43 per cent above for the Southeast European countries, and 1 per cent above for other large, middle-income economies (India, China, Brazil).[42] Carbon dioxide emissions per unit of GDP in Turkmenistan, Ukraine, Uzbekistan, Azerbaijan and Kazakhstan are among the seven highest in the world (along with North Korea and Mongolia). While these countries' relatively large energy sectors undoubtedly contribute to this outcome, energy efficiency indicators for middle-income oil exporters like Saudi Arabia, Iran, Venezuela, and Mexico are nonetheless significantly better than for CIS countries.

The decoupling of economic growth from unsustainable energy and environmental practices requires adopting and implementing national policies and international assistance for better waste management, emission reductions, and industrial processes. It also requires higher relative energy prices: large differences between domestic and international energy prices discourage conservation and limit investment in energy-efficient technologies. Unfortunately, improvements in general environmental indicators do not always directly translate into higher welfare for poorer households. Households without other alternatives frequently resort to unsustainable resource use (particularly of wood, peat and coal), putting further pressures on local ecosystems. This is particularly problematic in urban areas in the colder CIS countries, where poor infrastructure together with payment and management problems have at times resulted in interrupted deliveries of electricity, heat and hot water. This can have a particularly disruptive effect on the welfare during the long, harsh winter season.

The Environmental Sustainability Index (ESI)[43] offers a comparable measure of a country's ability to 'maintain favourable environmental conditions in the future', on the basis of estimates concerning: (1) the state of environmental systems, (2) stresses on those systems, (3) human vulnerability to changes in those systems, (4) capacity to deal with environmental challenges, and (5) participation in the management of the global environmental commons. The ESI is based on 68 variables, including air and water quality, child mortality and institutionalized corruption. ESI values were released for 142 countries in 2002, and for 146 in 2005, including virtually all CEE/CIS countries (WEF *et al.,* 2002, 2005).[44] These national values for the ESI for the CIS countries, new EU member states, and Southeast European countries, as well as highly developed and other middle-income countries, are shown in Table 2.2.

These data emphasize the importance of maintaining undeveloped natural resources

Table 2.2 Regional differences in environmental sustainability

Country/regional grouping	Difference from 2005 global ESI average (%) [I]
Russian Federation, Western CIS, Caucasus	**+1**
Russian Federation	+6
Belarus	+3
Armenia	+3
Georgia	+2
Moldova	+1
Azerbaijan	−5
Ukraine	−5
Central Asian countries	**−19**
Kazakhstan	−3
Kyrgyzstan	−3
Tajikistan	−23
Uzbekistan	−31
Turkmenistan	−34
Southeast European countries [II]	**+2**
Croatia	+19
Albania	+18
Bosnia and Herzegovina	+2
Bulgaria	0
Macedonia	−5
Serbia and Montenegro [III]	−5
Romania	−7
Turkey	−7
New EU member states [IV]	**+8**
Latvia	+21
Lithuania	+18
Estonia	+17
Slovenia	+16
Slovakia	+6
Hungary	+4
Czech Republic	−7
Poland	−10
CIS countries	**−7**
EU 15 [V]	**+13**
Other developed countries [VI]	**+26**
Other major middle-income countries [VII]	**−1**

Note: The data are based on unweighted averages of the ESIs for the countries in these groupings.

[I]   Positive differences denote environmental performance that is better than the global average; negative differences denote environmental performance that is worse than the global average. The 7 per cent for CIS countries means that indicators of environmental sustainability were on average 7 per cent below global averages for these countries. (In 2005 the global average was 50.)

[II]   Includes Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Macedonia, Romania, Serbia and Montenegro (including Kosovo) and Turkey.

[III]   Includes Kosovo.

[IV]   Except for Cyprus and Malta.

[V]   Denotes members of the pre-2004 EU, except for Luxembourg.

[VI]   Includes Australia, Canada, Iceland, Japan, New Zealand, Norway, Switzerland and the United States.

[VII]   Includes Brazil, China, India, Indonesia, Mexico, South Africa and South Korea.

Source: WEF et al., 2005.

At least some indicators suggest that environmental quality in CIS countries is both below global and CEE averages

and biodiversity (as reflected in ESI components 1 and 2). They also underscore the immediate environmental threats to human health and welfare (ESI component 3) and institutional capacity to combat these threats (component 4). CIS countries generally have lower population densities and more unspoiled nature and biodiversity than the more developed and densely populated Central, Southeast, and West European countries. As a result, and because of their larger declines in industrial activity (and related emissions) during the 1990s, CIS countries tend to report cleaner ecosystems than CEE countries, and therefore score better on the first and second ESI components. But because of their weak institutional capacity for environmental policy-making (component 4), environmental stresses often generate greater threats to human development in CIS countries (component 3), and therefore produce lower overall environmental sustainability measures compared to CEE countries.

The ESI data in Tables 2.2 and Figure 2.9 suggest that environmental quality in CIS countries is both below global and CEE averages. They also point to sharp recent deteriorations in environmental quality in some of the poorest CIS countries, particularly Tajikistan, Turkmenistan and Uzbekistan. While the new EU member states

In several CIS countries, rates of access to running water are several times lower for rural areas than for urban locations
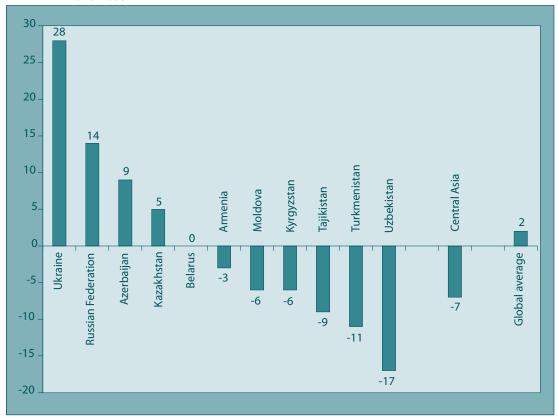
score above global and CIS averages, their environmental performance is notably below not only the levels reported in other member states, but also other OECD countries. On the other hand, the data suggest that environmental quality improved significantly during 2002–2005 in the Russian Federation, Ukraine, Kazakhstan and Azerbaijan–countries in which a majority of the CIS population resides. They also suggest that residents of Russia, Armenia, Belarus and Moldova enjoy levels of environmental quality that are equal to or better than global averages, as well as the environmental quality reported in such large middle-income countries as China, India, Indonesia and South Africa.
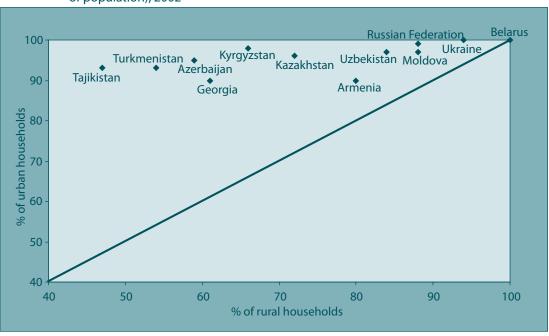
Access to social services

Decades of industrialization and urbanization have not fully addressed urban/rural disparities in access to basic services, particularly in terms of access to running water and waste disposal. In several CIS countries, rates of access to running water are several times lower for rural areas than for urban locations (Figure 2.10). In addition, much of the running water in rural areas in CIS countries fails to meet sanitary standards: this share ranges from 25–30 per cent in Ukraine and the Russian Federation to around 50 per

Figure 2.9 Environmental sustainability indexes for CIS countries: per cent change between 2002 and 2005

Note: Data on Georgia are not available.
Source: WEF et al., 2002, 2005.

Figure 2.10 Access to improved water supply in urban and rural areas in CIS countries (per cent of population), 2002[45]

Source: World Bank 2005b.

cent in Belarus and Tajikistan, and as much as 65 per cent in Moldova.[46] Inadequate basic infrastructure and alternative income generation opportunities force many residents of peripheral mountainous, forest and semi-desert communities to rely on traditional subsistence activities.

Shrinking budget revenues due to the transition recession and the migration of economic activities to the tax-avoiding informal sector forced many CEE/CIS governments to sharply reduce social spending during the early and mid-1990s. This significantly reduced the provision of, and access to, state-funded social and communal services. Real public expenditures on education declined in many CEE/CIS countries (with the notable exception of some Southeast European countries, where they started from very low levels of less than 3 per cent of GDP), particularly in the Caucasus and Central Asia, where current levels do not exceed 3.5 per cent of GDP. During the 1990s, the share of public education expenditure in GDP in Armenia, Kyrgyzstan and Tajikistan dropped by some 50–70 per cent. By contrast, the new EU member states generally spend more than 5 per cent of GDP on education, and Estonia leads with over 7 per cent.[47] Some EU candidate countries (Romania and Turkey) have significantly increased public spending on education, albeit from very low initial levels.[48]

Trends in public health spending are more mixed. Several countries recorded moderate increases since 1990 (Slovakia, Ukraine, Latvia), while others (Romania, Belarus, Estonia) nearly doubled public health expenditures (Figure 2.11). By contrast, several Central Asian and Southeast European countries witnessed sharp contractions (Croatia, Tajikistan, Uzbekistan and Turkmenistan). Tajikistan, which devoted nearly 5 per cent of GDP to public health in 1990, allocated less than 1 per cent of GDP to this sector in 2002 and subsequent years.[49]

These reductions in access to social services have generated strong 'nostalgia' for pre-transition social policies, when access to social and communal services was 'universal and free'. Mechanistic interpretation of raw data on shares of GDP devoted to public health and education often reinforce these views. It should be remembered, however, that urban dwellers and individuals connected with communist *nomenklaturas* generally enjoyed significantly better access to these services prior to 1990 than did rural residents without political connections. Likewise, the widespread provision of informal monetary and in-kind payments to the suppliers of these services underscored their quasi-private character, even under socialism. The growth in privately funded education, health, and other social services to some extent therefore represents a transition from implicit to explicit market relations within these sectors. While problems of corruption appear to be significant in health, education and other social sectors in many CEE/CIS countries, they also seem to be concentrated in public-sector institutions, which often operate in highly non-transparent fiscal and regulatory environments.

During the 1990s the share of public education expenditure in GDP in Armenia, Kyrgyzstan and Tajikistan dropped by some 50–70 per cent

Problems of corruption appear to be significant in health, education and other social sectors in many CEE/CIS countries
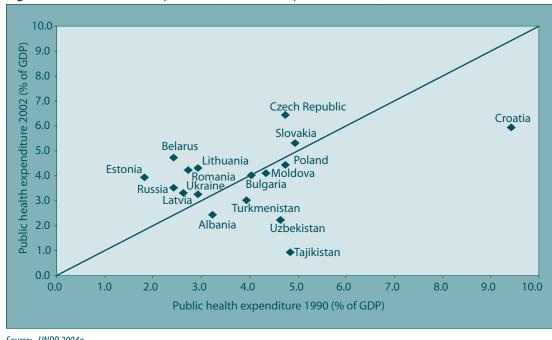
Figure 2.11 Public health expenditure, 1990–2002 (per cent of GDP)

Source: UNDP 2004a.

The economic recoveries that took hold after 1999 have generally led to significant increases in real spending on health and education, from both public and private sources

Declines in access to social services also reflect objective demographic and technological trends that are forcing structural changes on the education, health and related sectors. Shrinking, aging populations mean declining demands for education, necessitating the painful restructuring of school systems. Avoiding being caught on the wrong side of the digital divide necessitates investment in new information and communications technologies, whose adaptation to national languages and circumstances is not always easy or inexpensive. National MDG reports for CEE/CIS countries call attention not to declines in primary, secondary or post-secondary school enrolment levels–these have as a rule increased–but rather to largely unreformed education systems that produce graduates with skills that are poorly aligned with current labour-market trends. Education financing schemes based on general budget subsidies are sometimes inconsistent with the imperative of pro-poor education policies, as they prevent the targeting of educational assistance to the poorest families most in need of support.

Similar issues are apparent in the health sector. Aging populations mean growing demands for convalescent and other forms of (often costly) medical care that public health systems in CEE/CIS countries are not well equipped to provide. The importance of HIV/AIDS, tuberculosis, and respiratory and circulatory ailments points to the importance of preventive care and healthy lifestyles. These trends imply different relationships between individuals, physicians, and the health and education systems than has traditionally been the case in these countries, where top-down health systems have focused

on public health and combating infectious diseases. They also underscore the need for better health education and community outreach by NGOs and other non-state actors, whose work must be accommodated by ministries of public health. As in education, general provision of budget support to state health care institutions–as opposed to the patients who use these services–can stand in the way of targeting the delivery of medical services to those who need them most.

Declines in shares of GDP devoted to publicly funded health, education, and other social services in CEE/CIS countries are only part of the story. For one thing, the economic recoveries that took hold after 1999 have generally led to significant increases in real spending on health and education, from both public and private sources. Perhaps more importantly, the design and implementation of the reforms needed to align health and education sectors with the demographic, technological, and economic realities of the 21st century, while ensuring access for those who need it most, remain key challenges in virtually all CEE/CIS countries. These tasks are described at length in the national MDG reports for the new EU member and candidate countries, where these demographic, technological, and labour-market trends are most pronounced, and where governments have begun to wrestle with the difficult social policy reform challenges they imply. Particular progress has been made in pension reform, where fully funded pension systems have been introduced in Croatia, Hungary, Kazakhstan, Latvia, Poland and Slovakia. Less progress has been made in reforming education and especially health care systems.

Poverty and inequality

Socialist-era state enterprises in CEE/CIS countries generated strong demands for labour and offered a variety of in-kind social services to their employees. Full employment and the absence of the social statistics needed to measure poverty meant that reported pre-transition absolute poverty levels for these countries were far below those of other regions. In 1990, only some 7 per cent of the population was estimated to be living at or below PPP $2.15 per day.[50] This was below the rates reported for Latin America (11 per cent), for East Asia and the Pacific (over 30 per cent), and South Asia (45 per cent). The transitions and conflicts of the 1990s led to dramatic changes in CEE/CIS countries' standing. By 1999, this share was up to 20 per cent, compared with 11 per cent for Latin America, and 16 per cent for East Asia and the Pacific. The numbers of those living in absolute poverty in CEE/CIS countries rose from 31 million in 1990 to 102 million in 1998–9.[51] Malnutrition has become an increasingly important social issue in many CEE/CIS countries: estimates of the share of the population that is undernourished range from 5 to 25 per cent.[52]

Income inequalities and relative poverty also increased during the 1990s. Prior to transition, CEE/CIS states reported low levels of income and consumption inequality, with the Gini coefficient of consumption inequality ranging from 0.21 (Hungary) to 0.31 (Kyrgyzstan).[53]
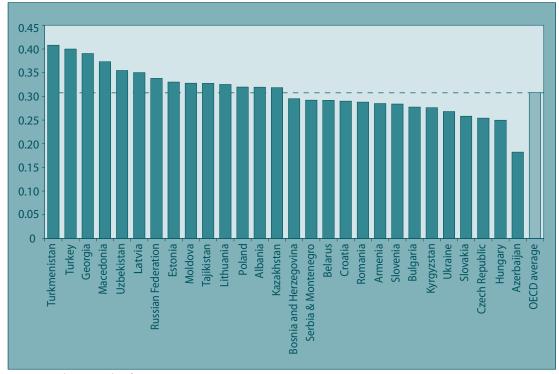
Inequalities in many countries rose quickly, exceeding by 2000–2003 the value of 0.30 in many of the states (Figure 2.12). Similar trends are apparent in the distribution of wealth. In the first half of the 1990s, the ratios of income of the top 20 per cent of the population compared to the income of the bottom 20 per cent in most CEE/CIS countries were very low compared to other countries at similar levels of economic development. These ratios did not exceed three for Belarus and Slovakia, ranged between 3.7 and 3.9 in Hungary, Latvia, Poland, Romania and Ukraine, and stood at 4.7 in Bulgaria. By 1996–2001, the gap widened to 4–6 for these countries, with the Russian Federation reporting a 10.5 ratio.[54]

Fortunately, the economic recovery that took hold in the late 1990s seems to be reducing absolute poverty. Recent World Bank data indicate that the Russian Federation halved absolute poverty from 21 to 9 per cent during 1999–2002.[55] Tajikistan–the region's poorest country, in per-capita GDP terms–reduced the share of those living on less than $2.15 per day (in PPP terms) from 91 per cent to 74 per cent during 1999–2003.[56] 2003 household budget survey data suggest that income poverty rates in Armenia are dropping much faster than what was projected in the country's 2003 poverty reduction strategy paper.[57] The percentage of the population classified as living on less than $2.15 per day in Kazakhstan dropped from 31 to 21 per cent during 1999–2002,[68] and has declined further since.

The number of people living in absolute poverty in CEE/CIS countries rose from 31 million in 1990 to 102 million in 1998–9

The economic recovery that took hold in the late 1990s seems to be reducing absolute poverty

Figure 2.12 Consumption inequalities (Gini coefficient), 2000–2003

Note: For Turkmenistan data from 1998.
Source: UNDP 2005, OECD 2005, World Bank 2005a.

The challenges of building post-communist social solidarity, and of reforming social policies to ensure that help reaches those who need it most, remain largely unresolved

Some good news is also apparent in relative poverty data. In Armenia, the Gini coefficient for consumption fell from 0.3208 in 1998–9 to 0.2850 in 2003–a value typical of many European countries. In the Russian Federation, the Gini coefficient in consumption declined from 0.3527 in 1997 to 0.3381 in 2002. On the other hand, the ratio of the shares of wealth held by the wealthiest and poorest 20 per cent of household cohorts in the Russian Federation in 1997 was more or less constant until 2003 and equal to seven.[59]

Still, despite this progress, there can be no denying that poverty has become a major social problem in CEE/CIS countries. The rapid pace of change accompanying the collapse of the Soviet system made the search for individual and household survival strategies in the early years of the transition quite difficult. Problems are often concentrated in post-communist industrial heartlands, where uncompetitive factories traditionally provided employment to the majority of the local workforce. Perceptions of growing social inequality, combined with widespread dissatisfaction with the manner by which new money has been made, can offer potent support for populist policies that could undo much of the progress that has been made in the economic transition. The challenges of building post-communist social solidarity, and of reforming social policies to ensure that help reaches those who need it most, remain largely unresolved. The sharp development reversals experienced in Turkey, in the wake of the 1999 and 2001 currency crises, created not dissimilar problems in that country.

Gender equality

Official statistical data in many CEE/CIS countries show that women are often poorer in absolute terms than men

Addressing the concerns of women is fundamental to improving the welfare of children, reducing poverty, combating health threats, and improving environmental quality for many households.[60] Official statistical data in many CEE/CIS countries show that women are often poorer in absolute terms than men. Poverty rates in all age groups have risen faster among women than among men in these countries, and some of the steepest increases in poverty have been observed among women pensioners. This can be traced both to women's lower wages (which entitle them to smaller pensions) and to the fact that, as a result of men's premature deaths, the majority of pensioners in many CEE/CIS countries are female. The multiple burdens of child care, domestic work, and labour-market participation often exclude women workers from better-paying jobs, leaving them overrepresented in low-income groups that are dependent on state transfers. The socio-economic status of single mothers,

Physical abuse by a spouse or partner remains an all- too-common form of violence against women

large families, and rural households has suffered notably in many countries.[61]

Combined with the extensive economic outmigration of men and the growing incidence of HIV/AIDS (which disproportionately affects men), these trends are contributing to the feminization of poverty in many CIS countries. Surveys conducted in the Russian Federation in 2000 showed that the most affected groups were households with many dependents and single-mother families, where poverty rates exceeded 60 per cent.[62] Pensioners are the next most vulnerable group in almost all CIS countries, given extremely low benefits and arrears in payment. Older women in rural areas, particularly those who are unable to grow their own foodstuffs, are often at particular risk.[63]

On the other hand, women in many CEE/CIS states enjoy relatively high levels of labour-force participation, and of policies that promote participation in government. None of these countries display disproportionately low levels of gender-related development, compared to their HDI status.[64] Still, legal guarantees and market competition are too often insufficient to combat cultural stereotypes that contribute to significant gender pay gaps, occupational segregation, inferior access to assets and credit, and complacency about violence against women. Underinvestment in women and girls may be producing unfavourable health, education, and social outcomes, especially in poorer CIS countries. Women in most CEE/CIS countries are particularly vulnerable to unemployment, which has had the most adverse impact on female-headed families. Gender discrimination at labour market entry is a particular concern in countries that have reduced maternity benefits, and where employers do not bear the costs of working mothers' leaves for childbirth and infant care.

Women have also been seriously affected by the political instability, warfare, rise of criminality, and other forms of violence and human insecurity in many CEE/CIS countries. Violence against women took particularly vicious forms (numerous cases of rape) during the Yugoslav wars of succession. Women are too likely to become objects of trafficking and forced prostitution, especially in regions ravaged by poverty and warfare. A study in SEE indicates that the majority of trafficked women originate from Europe's two poorest countries, Albania and Moldova.[65] Physical abuse by a spouse or partner remains an all-too-common form of violence against women, one that, in many countries, has not yet been subjected to thorough research or public debate. According to recent reproductive health surveys, nearly one out of three women in Romania and one out of five in the Russian Federation, Ukraine and Azerbaijan are victims of such abuse.[66]

Women have developed powerful coping strategies for facing these tribulations, and as such can serve as role models for their families and communities. Women have lifted themselves out of unemployment and poverty by setting up their own businesses; they have found alternative channels of political activity, seizing on the grass-roots opportunities provided by democratization and decentralization. Where possible, women have also seized on post-transition educational opportunities, so that in many CEE/CIS countries (especially the wealthier ones) they are better educated than men. And in all these countries, women live longer than men. In the Russian Federation and Western CIS countries, this gender-based mortality gap is significant.

All CEE/CIS states are parties to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and have accepted the Platform of Action of the UN Fourth World Conference on Women in Beijing.[67] These two initiatives have implications for all the areas of human development, obliging governments and civil-society organizations to ensure that the gender dimension is not lost from the MDG agenda as well.[68] In addition to realizing the CEDAW and Beijing principles, CEE/CIS countries face the challenges of better understanding the gender implications of fiscal and other trade policies, and more effectively enforcing laws against gender discrimination. Most of the larger CIS countries also face the challenge of reversing the alarming declines in male life expectancy that have taken hold.

Vulnerable groups: the Roma

Ethnicity is another potential driver of poverty and inequality in CEE/CIS countries. Estimated at some 3–5 million people residing mainly in Central and Southeast Europe (with particularly large communities in Bulgaria, Hungary, Romania, Serbia and Slovakia), the Roma represent a case study in marginalization. Roma generally occupy the lowest social positions in terms of income, unemployment and living standards. A 2002 UNDP/ILO household survey indicated that expenditures in Roma families reached only 29 to 45 per cent of the national averages in several of these countries.[69] In four of five surveyed countries, 84 to 91 per cent of the members of Roma households were living below national subsistence levels in 2001. Around half of the Roma in Slovakia and Hungary and over 80 per cent of those in Bulgaria and Romania were living on less than PPP $4 a day. Roma households also recorded unemployment rates well above national averages.[70]

The Roma were hit particularly hard by post-1990 reductions in housing subsidies, utilities and health care. Roma housing is frequently substandard: according to the UNDP/ILO survey data, the percentage of Roma dwellings without running water varied from 32–34 per cent in Slovakia and Hungary to 65 per cent in Romania. The proportion of Roma households in these countries lacking sewage treatment facilities ranged from 46 per cent in Slovakia to 62–63 per cent in Romania and Hungary.[71] Substandard housing conditions contribute to the low health indicators reported in many Roma communities: infant mortality rates in Roma families are twice national averages in selected new EU member states, and Bulgaria's 240 infant deaths per 1,000 births are six times the national average.[72]

The spectre of deepening social exclusion is one of the most disturbing aspects of the Roma's plight. High birth rates (relative to other communities) are producing growing numbers of young Roma whose often poor educational and vocational skill sets leave them at pronounced disadvantages on national labour markets. Roma with strong labour-market skills can find their professional aspirations frustrated by discrimination. This stigmatization can be aggravated by well-intended but counter-productive social policies that discourage the adoption of proactive labour-market and education strategies by the Roma themselves. The UNDP/ILO survey data indicate that as many as half the Roma expect the state to solve their social problems and confess an inability to take individual initiative.[73] This combination of discrimination, poor education, weak labour-market skills, and dependency-inducing social policies too often creates poverty traps from which escape can be most difficult.[74]

Commonalities and differences across CEE/CIS countries

CEE/CIS countries face many common development challenges, reflecting both their similar pre-1990 historical experiences and the challenges of EU integration. Despite these commonalities, growing patterns of sub-regional differentiation are increasingly apparent. Although any sub-regional categorization must necessarily be arbitrary, for the purposes of this report four subregions can be identified: (i) the new EU member states, (ii) Southeast Europe (SEE), (iii) the Russian Federation and the countries of the Western CIS and the Caucasus, and (iv) Central Asia. This taxonomy reflects both long-standing patterns of historical development and the integration processes that have taken hold since the mid-1990s. It also reflects the way in which many (although not all) of the states define their development agendas.

Ethnicity is another potential driver of poverty and inequality in CEE/CIS countries

The spectre of deepening social exclusion is one of the most disturbing aspects of the Romas' plight

Despite many commonalities, growing patterns of sub-regional differentiation are increasingly apparent

EU membership could boost growth further by improving the business environment and providing funds for regional development and transport infrastructure

The EU's emphasis on social inclusion and relatively equal distributions of income in EU countries suggest that relative poverty is the more immediate concern in these countries

The educational attainment of Roma children is hampered by the combination of the low socio-economic status of Roma communities, and the prejudices held by teachers and school administrators

Elements of the larger political, economic, and ecological context (e.g., barriers to movements of goods, services, and people; interstate conflicts; transborder ecological issues) in turn determine the common concerns of individual states and can explain the emphasis on some aspects of the MDGs.

The new EU member states

Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia joined the EU on 1 May 2004 (Box 2.2). With 74 million inhabitants, these states represent more than 15 per cent of CEE/CIS countries' total population, and a much larger share of the region's economic activity. The new member states are relatively well off compared to other countries: no state in this group has a per-capita GDP under $10,000 in purchasing power parity terms, while the three most affluent states report levels in excess of PPP $17,600.[75] This subregion has also witnessed the quickest recoveries from the transitional recession and the strongest economic growth since the 1990s. Six of the eight post-communist states in this group now exceed their pre-transition GDP levels, and Latvia and Lithuania are likely to do so soon thanks to steady GDP growth rates above 6 per cent in the last four years. EU membership could boost growth further by improving the business environment and providing funds for regional development and transport infrastructure.

No country in this subregion now reports a human development index (HDI) ranking below its position at the beginning of transition, and most have reported significant advances. The Baltic states of Estonia, Latvia, and Lithuania rose from below the 70th HDI position in 1994 to above the 48th position by 2003, while Hungary and Poland made leaps of at least 20 places during this time. This progress was neither easy nor pre-ordained: these countries lost what had been the largest export markets (in the former Soviet Union and the Yugoslav Federation) at the start of the transition; and some (the Baltic states, the Czech Republic, Slovakia and Slovenia) did not exist as independent countries in 1990. All experienced large economic contractions and high inflation in the early 1990s, as well as sharp increases in unemployment and human insecurity.

On the other hand, the new member states benefit from a number of advantages that are not shared by most other CEE/CIS countries. Thanks to their relatively high pre-transition income levels and their avoidance of military conflicts, these states report absolute poverty rates far below those in the neighbouring states to the east and south. Fewer than 1 per cent of the population in the Czech Republic, Hungary or Slovenia lives below PPP $4 a day, but as many

as 8–16 per cent of the populations in Poland, Slovakia and the Baltic states have been found to subsist under this level.[76]

The EU's emphasis on social inclusion and their relatively equal distributions of income suggest that relative poverty is the more immediate concern in these countries. Relative poverty is correlated with high unemployment, with a majority of the jobless falling into long-term unemployment.[77] While these high unemployment rates are in a sense a by-product of labour market restructuring and rapid productivity growth, labour market rigidities (due to labour laws and regulations, social policies, housing shortages, and structural mismatches between labour demand and supply) also play important roles. Although several new member states have significantly increased tertiary education enrolment, this has not necessarily lowered high youth unemployment rates. Too many university graduates fail to find work, and unemployment among the most educated presents a serious disincentive for continuing education. By the same token, quality (not quantity) of instruction appears to be a problem in a number of these countries. International Adult Literacy Survey data indicate that citizens of Hungary, Poland and Slovenia experience greater difficulties in interpreting information than citizens of other OECD countries, particularly in terms of processing quantitative information, text comprehension, and learning new job skills.[78] These problems, which are emphasized in the national MDG reports for these countries, underscore the need for further reforms in labour markets and educational systems.

Although primary and secondary school enrolment and completion rates in the new member states generally compare quite well with rates in other OECD countries, educational systems too often fail to effectively address issues of social exclusion for Roma and other vulnerable groups. UNDP/ILO survey data indicate that fewer than 5 per cent of the Roma in the Czech Republic, Hungary and Slovakia complete secondary school, and up to 30 per cent do not complete primary education.[79] The educational attainment of Roma children is hampered by the combination of the low socio-economic status of Roma communities, which is evident in the low level of pre-school preparation, and the prejudices held by teachers and school administrators about the group's potential for success.[80] Chances for successful integration into the labour market are further diminished for Roma students in ethnically segregated classes. UNDP/ILO surveys revealed that from 12 to 23 per cent of Roma children in the three countries of the region attend classes where the ethnic majority students are only a minority.[81] Roma children frequently are caught in a vicious circle: with insufficient skills in the majority's language

they are placed in remedial classes where the quality of schooling is lower. As a result, their re-entry into the regular public school system is difficult, resulting in a far higher dropout rate among Roma children.[82]

The new EU member states report low (by international standards) infant and child mortality levels, and life expectancy has lengthened since 1990, thanks to reductions in cardiovascular diseases and improved environmental conditions. Achieving further reductions in these diseases, as well as raising life expectancies and responding to declining fertility rates, are key demographic challenges for these countries. While these trends generally predate the transition, cutbacks in social benefits and greater labour-market insecurity have in all likelihood exacerbated them. Such lifestyle factors as smoking, excessive consumption of fatty foods and carbohydrates, and insufficient physical activity seem to explain much in the mortality trends, especially among men. On the whole, however, these problems are relatively minor. These countries' aging demographic profiles instead mean growing numbers of retirees and shrinking numbers of workers able to fund their pension benefits.

Box 2.2 The EU accession process

The transition to market democracies in Central and Eastern Europe mirrors these countries' integration into the European Union. Eight post-communist states concluded association agreements between 1990 and 1996, which provided preferential access to the EU's single market and codified these countries' aspirations for eventual accession as full members. At the 1993 Copenhagen Summit, the EU affirmed its willingness to extend membership to all interested associated states, and spelled out the economic and political criteria the prospective members would have to meet. The Copenhagen Criteria specify that a candidate country ought to:

– be a stable democracy, respecting human rights, the rule of law, and the protection of minorities;

– have a functioning market economy; and

– adopt the common rules, standards and policies that make up the body of EU law.[83]

Cyprus and Malta were the first two states discussed in this report to submit their applications for EU membership (in 1990), followed by Hungary and Poland (1994). The EU confirmed its readiness to enter negotiations with candidates at the Madrid summit in late 1995. After reviewing legal and institutional convergence to EU standards, the EU began accession talks with six states (Cyprus, the Czech Republic, Estonia, Hungary, Poland and Slovenia) in 1998. Negotiations began with six others (Bulgaria, Latvia, Lithuania, Malta, Romania and Slovakia) in 2000. The Copenhagen summit of December 2002 concluded negotiations with these 10 countries, paving the way for the largest expansion in the EU's history in May 2004.

The accession process combines the adaptation of a candidate country's legal, institutional, political and economic structures to the common body of EU standards (laws and practices, known as the *acquis communautaire*) with EU-funded technical assistance to build the institutional capacity needed to execute the *acquis*. The division of the *acquis* into 31 issue areas ('chapters') in which parallel negotiations are held allows for rapid progress, which in turn requires the robust engagement of parliaments (passing laws necessary for harmonization with the *acquis*), government cabinets (coordinating efforts and adopting national strategies), line ministries (implementing the legal and institutional changes and reporting to EU partners), as well as dedicated negotiation teams, in the candidate countries. The European Commission (in close collaboration with the European Council and Parliament) supervise the progress of negotiations by issuing annual reports, detailing the state of play and pointing to shortcomings. Dedicated pre-accession funds address the candidate's institutional development needs.[84]

The EU's May 2004 enlargement is expected to be followed by further expansion. Bulgaria and Romania completed negotiations in 2004 and are expected to join in 2007 or 2008. In October 2005 the European Union opened accession negotiations with Croatia and Turkey. In December the European Commission granted Macedonia candidate status.

The prospect of eventual membership has been extended to Albania and the other Yugoslav successor states. Ukraine, Moldova, Georgia and Armenia have also made EU accession a long-term foreign policy objective, and although the EU has not acknowledged these aspirations directly, relations with these states are being upgraded within the framework of the European Neighbourhood Policy.

Source: http://europa.eu.int.

Women in several countries still encounter obstacles to widespread usage of modern contraception methods

Although maternal mortality rates in the new member states are relatively low, they still remain double the EU average.[85] Abortion rates have been cut by half in the Czech Republic, by two thirds in Hungary, and declined from a high number of over 40 to around 6 cases per 1,000 women in Slovakia, thanks to the greater availability of contraceptives and awareness of modern family planning methods. On the other hand, Poland reports minimal numbers of abortions since passing a restrictive law in 1993, which raises questions about possible risks to the health of women undergoing illegal abortions. Women in several countries still encounter obstacles to widespread usage of modern contraception methods: recent research indicates that only 19 per cent of women in Poland, 31 per cent in Lithuania, 39 per cent in Latvia, and 41 per cent in Slovakia use modern contraceptives, as opposed to 63 per cent in the Czech Republic and 68 per cent in Hungary.[86]

Only half of Slovakia's Roma and slightly more than a third of Roma in Hungary live in dwellings with indoor plumbing

Since health is also affected by housing and sanitation conditions, poor and rural residents are more likely to face greater health risks. While only 1 per cent of the general population of Hungary and Slovakia lacks adequate sanitation facilities, one third of Roma in these countries do not have indoor running water, 37 to 41 per cent have no bathroom, and 44 to 46 per cent lack an indoor flush toilet. Only half of Slovakia's Roma and slightly more than a third of Roma in Hungary live in dwellings with sewage treatment.[87] Since the overwhelming majority of Roma households in Hungary and Slovakia (91 and 85 per cent, respectively) are below the national income poverty line, such unfavourable sanitation conditions are not a surprise. Their persistence within EU member states is unfortunate, in terms of these countries' commitments to international and European conventions on anti-discrimination and socio-economic rights, as well as the obligations taken on during their EU accession negotiations.

The new EU member states contain some of Europe's most pristine areas and large biodiversity resources, including wild forests, wetlands, steppe, and unique coastlines. Industrial emissions dropped sharply during the transition recession, and the environmental commitments undertaken during EU accession have helped to lock in sustainable environmental policies. On the other hand, such densely populated areas as northern Bohemia or Upper Silesia, with histories of large-scale industrialization going back 200 years, continue to be major sources of carcinogenic substances and sulphuric emissions that contribute to acid rain. Cyprus and Malta experience environmental degradation, mainly due to mass tourism. Significant scope for improvements in environmental quality remains in these countries, as all 10 new member states

Successful transitions to market democracies have endowed the post-communist new member states with an array of best practices in development and transition

asked for lengthy transition periods for harmonizing their environmental standards with those of the EU. The implementation of integrated industrial pollution control systems, and the treatment of urban wastewater and packaging waste, are particularly contentious issues.[88]

Although not always seen in this way, the EU's integration of its 10 new members constitutes a leading example of the application of MDG8 ('new partnerships for development'). Privileged access to (and the promise of ultimate inclusion in) the EU's single market, combined with extensive technical assistance for institutional development in the public, private, and NGO sectors, were instrumental in helping the new member states attract the FDI inflows needed to modernize their manufacturing, energy and service sectors. The resulting improvements in human development prospects for the new member states did not go unnoticed by their neighbours in Southeast Europe and some CIS countries, for which the goals of EU accession and integration have assumed cardinal significance. Likewise, their largely successful transitions to market democracies have endowed the post-communist new member states with an array of best practices in development and transition that they are now seeking to transfer to their eastern and southern neighbours. Since the late 1990s, these countries have (with assistance from UNDP and other UN agencies) developed the institutional capacity needed to be effective donors of technical and, increasingly, financial assistance. As such, these countries are poised to make important contributions to new partnerships for development cooperation.

Southeast Europe

The Southeast European sub-region includes nine countries and territories: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Macedonia, the province of Kosovo, Romania, Serbia and Montenegro, and Turkey. This subregion is nearly twice as large as that of the new EU member states: its 124 million residents constitute 26 per cent of the CEE/CIS region's population. Turkey is the largest and the most populous country in this group, with nearly half of the territory and 56 per cent of the population. All aspire to EU membership: Bulgaria and Romania are scheduled to join the EU in 2007–2008; Croatia and Turkey started EU accession negotiations in October 2005; Macedonia was granted candidate status in December of the same year; the remaining three countries are either covered by or negotiating the Stabilization and Association Agreements.

The EU's commitment to integrating these countries represents a significant anchor for their efforts at economic stabilization and post-conflict reconstruction.[89] By emphasiz-

ing that accession prospects are open to all countries of the subregion, the EU uses these countries' European identities and aspirations as incentives to encourage convergence towards democratic governance and market economy standards. Since 2000, a series of Stabilization and Association Agreements has been signed between the EU and the Yugoslav successor states and Albania, providing for extensive trade liberalization. EU assistance also emphasizes increased cooperation among these countries, particularly in the development of transport corridors between the countries, improving customs and border-control cooperation, promoting educational exchange, and the develop-

ment of local democratic institutions and free media. The EU-sponsored Stability Pact, founded in 1999, has provided additional support for sub-regional cooperation in Southeast Europe (Box 2.3). Since May 2004, a single EU financial instrument for Assistance, Reconstruction, Development, and Stabilisation (CARDS) has been in operation.[90]

The EU has been these countries' single largest donor, providing €17 billion to the subregion since 1991, of which over €7 billion has gone to the Yugoslav successor states. Romania and Bulgaria together receive nearly €900 million annually as part of pre-accession aid. Annual

The EU's commitment to integrating SEE countries represents a significant anchor for their efforts at economic stabilization and post-conflict reconstruction

Box 2.3 Stability Pact for Southeast Europe

The Stability Pact for Southeast Europe was signed in 1999 by over 40 partner countries and organizations. The signatories resolved to support the states of the area "in their efforts to foster peace, democracy, respect for human rights and economic prosperity in order to achieve stability in the whole region". The Pact provides an informal venue for aligning activities of the states of the subregion, donor states (EU member states as well as Norway, Switzerland, Canada and the United States) and international financing institutions. All the SEE countries (including Turkey) are represented, and several subregional cooperation initiatives and international organizations working in the SEE subregion (the UN System, NATO, OSCE, etc.) participated in the proceedings. The Pact is a coordinating mechanism, in which international organizations, financial institutions and the SEE states have equal power to initiate, revise and adopt common strategies for stability and development of the subregion. The structure is not meant to replace the existing institutional arrangements, but instead through the position of the Special Coordinator and his team, it serves to bring together the participants' own strategies so as to achieve the synergy between various multi-country programmes and projects. It leaves the implementation and financing of the initiatives to the participating organizations and states.

The Pact is intended to contribute to regional stability in SEE by launching multinational projects, focusing on a broad range of issues. In particular, priorities of the Pact's activities converge on three key areas: politics, economics and security.

In the political domain, these priorities are: decentralization of governance, cross-border cooperation, fostering media independence, observance of human rights and management of population movement. Cross-border ties among local governments, businesses and civil society organizations are to be sustained, and the Euroregions are to be set up and supported. Free mass media are needed to promote democratic discourse and inter-ethnic understanding, and technical and institutional support is essential to implementing new media legislation and improving the quality of programming. To deal with forced displacement, both legal solutions (asylum) and integration schemes (housing policies) are urgently needed.

In the economic realm, the revival of local and international ties is paramount to the return of growth. Regional infrastructure is to be constructed for recreating transportation, energy and communication links. Equally essential are steps towards lowering trade barriers, in particular implementation of free-trade agreements and measures to facilitate investments and promote business cross-border partnerships.

Security issues are tackled at the intergovernmental level with significant contributions from international organizations. Illegal migration and trafficking in human beings are the object of attention of border guards and police forces. Operational cooperation is required for implementing the UN convention against transnational organized crime and national anti-corruption action plans. The Pact envisions the close cooperation of national law enforcement agencies with the Bucharest Transborder Crime Fighting Centre.

The Stability Pact dovetails with the EU integration process, reaching into the SEE subregion. The perspective of eventual Union membership is reaffirmed in the Stability Pact's original document, and the EU has played a major part in the Pact.

Source: http://www.stabilitypact.org.

Unemployment is a particular concern: unemployment rates in the Western Balkans in 2004 averaged some 22 per cent

assistance to these two countries rose to €1.5 billion for the 2004–2006 period, with another €1 billion in annual allocations for Turkey during that time.[91] Croatia's recovery from the wartime destruction of the early 1990s has been assisted by the development of strong trade relations with the EU. Average annual GDP growth of 4.3 per cent was reported between 1994 and 2004, with real wage growth in the neighbourhood of 6 per cent annually. Not surprisingly, public opinion data indicate that popular support for EU accession is quite strong.

The road towards accession has been much more difficult for these countries than it was for the states that joined the EU in 2004. The Yugoslav successor states were particularly hard hit by military conflicts, which lasted for nearly a decade. Bosnia and Herzegovina, which was ravaged by three years of heavy fighting, lost over 250,000 lives, or some 6 per cent of the total population. Half the country's residents have had to leave their homes permanently, and 1.2 million sought refuge abroad.[92] The hardships resulting from these conflicts are not always apparent in the sub-region's absolute poverty data: less than 5 per cent of the Croatian population lives on less than PPP $4.30 per day, for example. On the other hand, as much as half the population of the province of Kosovo in 2001 was estimated to fall below the extreme poverty line (PPP $1.60 per day), and a reported 12 per cent suffered from hunger.[93] With the exception of Croatia, these countries have not been able to attract FDI inflows comparable to those received by the new EU member states.[94] While this is in part due to concerns about these countries' post-conflict stability, the relatively small FDI inflows also reflect delays in introducing the economic and administrative reforms needed to improve the investment climate. Unemployment is a particular concern: unemployment rates in the Western Balkans in 2004 averaged some 22 per cent, including an astonishing 50 per cent in Kosovo. For EU candidate countries Croatia, Bulgaria, and Romania, the average rate was slightly lower at 16 per cent (compared with 13 per cent for the post-communist new member states).[95]

Social exclusion among women is often most acute in areas hard hit by conflict or structural unemployment

Turkey is not a post-communist country, and its demographic and development profiles differ from its north-western neighbours. A parliamentary democracy and a market economy developed virtually since the inception of the Turkish Republic in the 1920s. Turkey experienced significant improvements in human development through the 1980s. Progress slowed in the 1990s, which were marked by accelerating inflation and rapidly growing foreign debt, which led to currency crises in 1999 and 2001. Turkey responded to these challenges by adopting a pro-European policy reform agenda,

Tuberculosis and HIV/AIDS prevalence rates remain low, but they seem to be rising

the implementation of which accelerated after the November 2002 parliamentary elections. By the time the European Commission invited Turkey to begin EU accession negotiations in December 2004, Turkey's per-capita GDP had risen to PPP $7,000, above the levels reported in other SEE economies except for Bulgaria and Croatia.

In contrast to these states, however, Turkey remains a young country, with its population growing by some 1 million citizens annually. Thanks in part to a relatively small welfare state and unregulated labour market, unemployment in Turkey has generally remained below 10 per cent during the past 15 years (with the exception of the recessions that followed the currency crises). Unlike the other SEE countries, Turkey has a long history of providing technical assistance, particularly within the framework of the UN's initiative for technical cooperation among developing countries. Turkey nonetheless reports large differences in living standards between wealthy Istanbul and Ankara on the one hand, and the underdeveloped eastern parts of the country on the other. Turkey also faces major issues of decentralizing state power to promote local economic development, not only compared to the new member states, but also vis-à-vis candidate countries Croatia and Bulgaria.

Women are particularly vulnerable to the high unemployment rates reported in many Southeast European countries, which can have a most adverse impact on the incomes of female-headed households. Social exclusion among women is often most acute in areas hard hit by conflict or structural unemployment: in the province of Kosovo, 64 per cent of women are unemployed relative to the 41 per cent rate of unemployment among men.[96] Although women generally comprise the majority of the population, they often make up much smaller parts of the workforce, due to significantly lower labour-force participation rates. Women of this subregion are also among the least represented in public institutions: shares of female representation in national parliaments are generally in the single digits.

Declining enrolment rates are one of the consequences of the military conflicts afflicting the Yugoslav successor states. Whereas in 1989 Yugoslavia reported primary school enrolment at 96 per cent, by 1992 it had dropped to below 90 per cent, the level at which it has generally remained in most of the successor states. By contrast, primary school enrolment in Albania, Bulgaria, and Romania (where warfare did not occur) bottomed out at 90 per cent in the early 1990s, and has since returned to (or even exceeded) pre-transition levels. Enrolment trends in upper secondary education (for 16–18

year olds) remain more problematic: these had dropped from the 75–85 per cent range prior to the transition to 60 per cent by 1993, from which they have yet to stage a robust recovery.[97]

Although public health data on epidemiological trends in Southeast Europe leave something to be desired, they generally compare unfavourably with those in the new member states–while looking quite good compared to many CIS countries. Tuberculosis and HIV/AIDS prevalence rates remain low, but they seem to be rising. TB trends in rural areas and among low-income communities generally offer the greatest concerns, especially as universal prevention systems have not always been maintained. While HIV/AIDS prevalence rates remain below 0.1 per cent in most countries, two thirds of the sub-region's 40,000 cases have been reported in Serbia and Montenegro and in Romania, where rates are estimated at closer to 0.3 per cent.[98] Sexually-transmitted diseases such as syphilis and gonorrhoea, which were once thought to be completely eradicated, have also reappeared, and seem concentrated in groups at high risk for HIV. Stigmatization hampers detection and early treatment, which are crucial for effective responses to these diseases.

As in the new member states, industrial emissions in SEE have sharply declined as a result of restructuring and the adoption of more stringent environmental standards. As Table 2.2 shows, the SEE countries generally report Environmental Sustainability Indicators that are above global averages. On the other hand, access to running water and indoor plumbing remains problematic for rural communities, particularly in isolated, mountainous districts. Natural and water resources and sanitation facilities have been stressed by large-scale population and refugee movements. Around half of all the refugees and internally displaced persons in the CEE/CIS region have been hosted in the Yugoslav successor states: over 1.6 million were registered in Bosnia and Herzegovina and Serbia and Montenegro in 1998.[99]

Much clearly remains to be done to improve human security in SEE, particularly in the Western Balkans. Uncertainty about the future shape and form of Serbia and Montenegro in general, and the Kosovo province in particular, cast long shadows over the Western Balkans' development prospects. On the other hand, Bulgaria's and Romania's expected EU accession in 2007–2008 could help to further stabilize the sub-region, and strengthen the ability of the 'European anchor' to set Turkey and the Western Balkans on the path already taken by the new member states. This should help accelerate the introduction of the economic and governance reforms the SEE countries need to attract FDI

to modernize their economies, and move closer to Europe's economic core. If the experience of the new member states is any guide, such movement should be robustly consistent with the spirit of the Millennium Declaration and the MDGs.

The Russian Federation, the Western CIS, and the Caucasus

This grouping, which includes seven countries (Armenia, Azerbaijan, Belarus, Georgia, Moldova, the Russian Federation and Ukraine), accounts for some 50 per cent (224 million residents) of the CEE/CIS region's population. The Russian Federation comprises nearly two thirds of the grouping's population and most of its area. These countries are among the most heterogeneous in terms of cultural traditions, ethnicity, and levels of economic development. The opulence of cities like Moscow and Kyiv contrasts sharply with the poverty of remote rural communities that are often lacking in basic infrastructure. The gaps between the Russian Federation's most and least developed regions are themselves as large as those between the most and the least developed CEE/CIS countries. As of 2000, Moscow city's HDI of 0.872 was close to that of Slovenia, while the indicator for the Republic of Tyva (0.634) was below Tajikistan's.[100]

These countries benefited from very strong economic growth during 2000–2005. However, this growth followed large contractions in GDP in the early 1990s that were reflections of the hyperinflation, conflicts, and the economic dislocation that accompanied the collapse of the Soviet Union. In 1992 alone, GDPs in Armenia and Georgia were reported down by over 40 per cent, while Azerbaijan and Moldova reported declines in the area of 25 per cent. As a result, by 2003 only Belarus was reporting a return to pre-transition levels of GDP (and Belarus's relatively favourable GDP data are questioned by the IMF). The lag is the greatest in Georgia and Moldova (whose GDP in 2004 stood at 43 per cent of the 1989 value) as well as in Ukraine (with 54 per cent).[101] Prior to 2000, Ukraine had not reported a single year of GDP growth since independence.

In contrast to the new EU member states and SEE countries, official unemployment rates in the Russian Federation, Western CIS, and Caucasus are quite low. But extensive hidden unemployment is concealed behind these data, and labour-market regulation and social policies in these countries do not provide effective protection against poverty or social exclusion. The absence of viable alternative employment opportunities combined with poorly targeted unemployment and other social benefits lead many workers to continue to report for work in

Around half of all the refugees and internally displaced persons in CEE/CIS countries have been hosted in the Yugoslav successor states

These countries benefited from very strong economic growth during 2000–2005; however, this growth followed large contractions in GDP in the early 1990s

The wages that are paid in these countries do not always cover basic living costs, particularly in rural areas

Poverty in the Russian Federation, Western CIS, and the Caucasus is increasingly feminized

The HIV/AIDS epidemic now taking hold in the Russian Federation could result in up to 7 million fatalities

More than 40,000 people die from TB in Russia and Ukraine annually

unrestructured state (or parastatal) enterprises, even when they do not receive wages, or when their wages are paid in kind. The wages that are paid in these countries do not always cover basic living costs, particularly in rural areas. Rural wages in the Russian Federation amount to only 40 per cent of the national average; as much as a quarter of household incomes is derived from foodstuffs grown by households themselves.[102] Prior to the remonetization that came with the economic recovery of 2000–2005, household budgets were also strained by significant arrears in the payment of wages, pensions and other social benefits.

As is the case in many CEE/CIS countries, poverty in the Russian Federation, Western CIS, and the Caucasus is increasingly feminized. Women are overrepresented in groups dependent on state transfers, and are too rarely found in better-paid jobs or positions of authority.[103] Data in many of these countries not only indicate that women are poorer than men in absolute terms, but that poverty rates have risen faster among women than among men in all age groups, with the steepest increases observed among women pensioners. This reflects the lower wages women earn during their working lives (leading to lower pension payments), and the fact that, due to men's premature deaths, the majority of pensioners in these countries are female. Female-headed households with many dependents are particularly likely to live in poverty, especially in small towns and rural areas. Older women, who are unable to grow their own foodstuffs, are at the very bottom of the social ladder.[104]

The declines in poverty rates observed in the last five years are extremely hopeful developments, and since the economic recoveries that are driving them seem unlikely to abruptly end in the near future, they bode well for these countries' short- and medium-term development prospects. (The Russian Federation is using its growing budget revenues to rebuild its position as a donor, with a special emphasis on providing technical assistance to poorer CIS countries as well as developing countries in other parts of the world.) Longer term, however, these favourable trends must be considered against a backdrop of unfavourable demographic patterns. Population data in these countries are rendered somewhat problematic by the irregularity of national censuses, as well as by large numbers of refugees and internally displaced persons, particularly in the Caucasus. Still, the available data indicate that the population in these countries declined by some 5 per cent during 1990–2002, due to combinations of high mortality rates lower fertility rates, and emigration. The pace of this shrinkage seems to have accelerated since the mid-1990s.[105] The

grouping's two largest countries, Russia and Ukraine, which reported more than 200 million residents in 1990, are projected to fall below 190 million in 2005.[106] Much of the decline can be attributed to high mortality rates among men, which predate the transition, and in which lifestyle factors play a large role. This is particularly apparent in the Russian Federation: during the 1992–2000 period, the number of deaths exceeded births by almost 6 million.[107]

These demographic problems are linked to unfavourable epidemiological and health trends. According to some estimates, the HIV/AIDS epidemic now taking hold in the Russian Federation could result in up to 7 million fatalities, reducing the population in 2020 to 128 million, i.e., by about 10 per cent (Box 2.4). HIV prevalence is now believed to exceed 1 per cent of the adult population in the Russian Federation and Ukraine (as well as Estonia), and continues to grow in Belarus (see Figure 2.7). Epidemiological models based on the spread of HIV/AIDS in other countries indicate that a 1 per cent HIV prevalence rate represents a threshold beyond which the disease 'breaks out' of such concentrated risk groups as intravenous drug users and prisoners[108] and begins to spread through the general population via unprotected heterosexual sex. If applicable to Russia and Ukraine, these models suggest that the developmental damage of the HIV epidemic, and the costs of containing it, are now poised to increase sharply.

Growing HIV prevalence rates need not translate into rising mortality rates or devastating socio-economic consequences if treatment is readily available. Unfortunately, less than 1 per cent of those registered as living with HIV in these countries are now receiving antiretroviral therapy. In the two countries where this therapy has been initiated, coverage is extremely limited (1.6 per cent in Russia and 3.3 per cent in Georgia), especially when compared with the relatively widespread availability in some countries of Central and Southeast Europe.[109]

The return of tuberculosis represents another growing health hazard in these countries. More than 40,000 people die from TB in Russia and Ukraine annually; the prevalence rate in these countries exceeds 20 per 100,000 (compared with single-digit rates in the new EU member states, as well as most of the Southeast European countries).[110] The TB death rate in the general population of the Russian Federation more than doubled during 1990–1996, and keeps rising. Since this disease takes its largest toll among working-age males, it also has the potential to significantly damage development prospects.[111]

Box 2.4 HIV/AIDS and TB in the Russian Federation and Western CIS–long-term
development impact

In February 2004, UNDP released a comprehensive report on the scale and impact of the HIV/AIDS epidemic on the CEE/CIS region.[112] It pointed to the particularly dire circumstances prevailing in the Russian Federation and Ukraine, which are estimated to have approached or surpassed the critical 1 per cent prevalence rate in the adult population. Belarus and Moldova have recently demonstrated the highest growth rates in new cases. The study identifies the links between the spread of the epidemic, its impact on socio-economic development prospects, and its implications for selected social groups.

Population decline. Unless rapid action is taken, continued growth in HIV/AIDS cases could lead to 7 million additional fatalities, reducing the population in 2020 to 128 million from 142 million at present. The compounded population loss could reach 20 million over the next 30 years, due to rising mortality and declining population growth. By 2045 it is feared that the population of the Russian Federation could drop below 100 million, with life expectancy falling from 77 to 65 years.

Economic growth and sectoral impact. The Russian Federation's GDP could drop by 5 per cent by 2020 and 11 per cent by 2045, due to reduced labour supply, lower labour productivity, and the costs of treatment and social benefits. International experience suggests that the epidemic is likely to be concentrated in sub-national regions whose economies are devoted to extractive activities (oil, gas, coal), due to labour migration through these areas. The importance of extractive sectors for Russia, Ukraine, and Azerbaijan underscores the significance of this threat.

Poverty and inequality. HIV/AIDS and tuberculosis are more prevalent among the poor, who are overrepresented in such risk groups as prison inmates, military conscripts, and commercial sex workers.

Gender and security. Because they are concentrated among young men, HIV/AIDS and tuberculosis are further exacerbating demographic and gender imbalances in the Russian Federation and countries of the Western CIS and the Caucasus. Shrinking male populations are putting downward pressures on marriage and reproductive rates, as well as reducing the size of conscript armies. Maintaining such armies may become unrealistic as the health profile of the newly-drafted soldiers becomes increasingly less desirable. Moreover, the sub-Saharan African military experience shows that military environments can be quite conducive to such high-risk factors as exposure to commercial sex, intravenous drug use, and unprotected contact with human blood.

Source: UNDP 2004b and UNDP RBEC 2004b.

The sub-Saharan African experience shows that the unchecked spread of HIV/AIDS and other communicable diseases can have devastating implications for the MDG agenda. As more children become orphaned or are forced to seek employment, school attendance falls, making the realization of MDG2 more difficult. The spread of HIV/AIDS increases maternal mortality and, through mother-to-child-transmission, child mortality (MDG4 and MDG5). By weakening immune systems and further taxing health systems, AIDS increases vulnerability to tuberculosis and other infectious diseases (MDG6).

Many of these countries' best young workers are responding to these insecurities by migrating in search of better economic opportunities. Working abroad, which provides large remittance incomes, has become a mass phenomenon in countries like Moldova and Armenia. The Russian Federation benefited from the immigration of some 3 million individuals during the 1992–2000 period–most of whom came from other CIS countries.[113]

The informal sector constitutes another buffer against poverty, especially in the borderlands of Kaliningrad, north-western Russia, Belarus, Ukraine and Moldova, where significant numbers of households engage in cross-border trade. Various estimates place the size of the informal sector at 60–66 per cent of gross national product in Azerbaijan and Georgia.[114] However, engagement in unregistered trade and employment can give rise to such criminal activities as trafficking in people and goods, which distort local economies and strain social cohesion. One third of Moldova's workforce (some 600,000 people) is thought to be permanently employed abroad; one study finds that Moldova has become the prime source of commercial sex workers for the CIS and Central and Western Europe.[115] Out-migration from these countries seems to be concentrated among young and skilled workers. Combined with the unfavourable demographic trends described above, this out-migration is progressively depopulating rural areas, limiting

Working abroad, which provides large remittance incomes, has become a mass phenomenon in countries like Moldova and Armenia

The Russian Federation and the countries of the Western CIS and the Caucasus inherited favourable positions in terms of access to universal primary education

domestic entrepreneurship, and stunting local civic engagement.
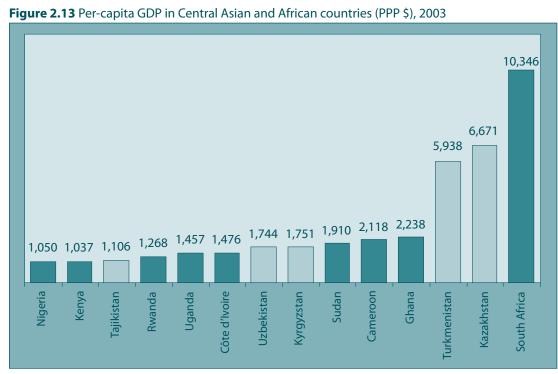
The Russian Federation and the countries of the Western CIS and the Caucasus inherited favourable positions in terms of access to universal primary education. Virtually all children in the Russian Federation and Belarus reach grade five. The situation is more difficult in the rural areas, however, where progress in raising enrolment and completion rates in primary education could be accelerated. Access to quality secondary and tertiary education is also much narrower in rural areas. These countries could potentially use their generally high literacy levels and good technical education backgrounds to improve their research and development position. Countries like the Russian Federation and Ukraine continue to spend considerable amounts on research and development. But low salaries and inadequate basic research infrastructure push scientists and scholars to emigrate. For example, despite a recent 30 per cent rise, average monthly salaries for teachers and researchers in Ukraine still remain below $80 (at market exchange rates)–below those of industrial workers.[116] The fields in which these countries held potential competitive advantages have lost much human capital through the 'brain drain' of scientists, engineers, and information-technology specialists.

In many respects, development prospects in the Russian Federation and the countries of the Western CIS and the Caucasus are a race between the favourable short- and medium-term trends represented by the strong economic recoveries and declining poverty rates on the one hand, and unfavourable long-term demographic and epidemiological trends on the other. The outcome of this competition may hinge on these countries' abilities to modernize the state structures inherited from the Soviet period, whose lack of transparency and accountability create barriers to the flexible and participatory mechanisms needed for effective governance in the 21st century. It may also hinge on their abilities to better integrate into the international economy, either within the framework of the CIS itself, the WTO or the EU.

The EU's 'European Neighbourhood Policy', which offers preferential access to the single market and expanded technical assistance to the countries of the Western CIS and the Caucasus in exchange for reforms designed to promote convergence with the *acquis communautaire*, could be as transformative as other forms of EU integration have been for the countries of Central and Southeast Europe. However, the ENP does not seem to provide workable arrangements for the EU's relations with Belarus, which rejects European integration as a guiding development principle. Perhaps more importantly, the ENP does not provide a framework for the EU's relationship with the Russian Federation, as well.

Central Asia

The Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan) constitute the second largest grouping by territory, although its 57 million inhabitants comprise less than 12 per cent of the CEE/CIS population. Central Asia occupies a relatively low development position, measured either in terms of GDP per capita or state capacity. This

Tajikistan's PPP $1,106 per-capita GDP (in 2003) was below those of some African states

Figure 2.13 Per-capita GDP in Central Asian and African countries (PPP $), 2003

Nigeria	Kenya	Tajikistan	Rwanda	Uganda	Côte d'Ivoire	Uzbekistan	Kyrgyzstan	Sudan	Cameroon	Ghana	Turkmenistan	Kazakhstan	South Africa
1,050	1,037	1,106	1,268	1,457	1,476	1,744	1,751	1,910	2,118	2,238	5,938	6,671	10,346

Source: UNDP 2005.

is not surprising, in light of these countries' nascent statehood status: prior to 1992 none had significant previous experience as independent states. On the other hand, substantial variation can be observed among the Central Asian countries. Whereas Tajikistan's PPP $1,106 per-capita GDP (in 2003) was on the level of such African states as Kenya and Nigeria,[117] Kazakhstan's PPP $6,671 was greater than the levels reported for Belarus (PPP $6,052) and Ukraine (PPP $5,491)–and close to Romania's PPP $7,277 figure (Figure 2.13). Whereas Turkmenistan has generally avoided reforms to its economic and governance structures, Kazakhstan has realized one of the CIS's most ambitious reform agendas, particularly in the financial sector.[118]

Central Asia's recent development trends can to a large extent be traced to the heritage of communist industrialization, and to the mixed success of post-Soviet attempts to develop market-friendly forms of subregional cooperation. On the one hand, Soviet-era industrialization tapped the subregion's extensive human and natural (including water) resources to develop metallurgical, cotton and other resource-based industrial and agricultural activities. Rapid population and economic growth, combined with significant central budget subsidies, promoted broad access to education, health care and other social benefits. The resulting favourable health and educational trends created a strong human capital base in Central Asia, and laid the framework for gender equality and other aspects of long-term social development.

On the other hand, the distorted economic structures and heavy reliance on imports from other Soviet successor states, combined with weak conceptions of national (as opposed to regional or clan) identity and the lack of independent statehood traditions, left Central Asia rather unprepared for the post-communist transition. This was particularly the case for the smaller, poorer Central Asian republics (Tajikistan and Kyrgyzstan), who have no significant natural resources other than water and non-ferrous metals. (By contrast, the other Central Asian countries are all self-sufficient in energy; Kazakhstan and Turkmenistan are significant net energy exporters.) Tajikistan's development prospects were further damaged by the civil war that occurred during the first half of the 1990s. As a result, Tajikistan's GDP fell by some 60 per cent during 1990–1995, while Kyrgyzstan reported a 50 per cent decline during this time.[119] Although Uzbekistan and Turkmenistan did not report large declines in output and incomes during the 1990s, this relative stability was accomplished at the cost of maintaining Soviet-era economic and environmental institutions and policies whose long-term sustainability remain open to question. The use of Central Asia's water resources to support extensive, unreformed cotton farming led to the desiccation of the Aral Sea and the devastation of the neighbouring ecosystems in Uzbekistan's Karakalpakstan region. These problems have been magnified by the Central Asian states' inabilities to replace Soviet-era cooperative institutions with the new integrating mechanisms needed to manage common resources, problems and challenges.

These trends not surprisingly led to the expansion of poverty during the 1990s. The most dramatic problems appeared in Tajikistan. According to recent estimations, in 1999 (after the Russian financial crisis) virtually the entire country lived on less than PPP $4.30 a day; and about 90 per cent were living in extreme poverty.[120] Even in Kazakhstan, poverty rates are disturbingly high, particularly in rural areas: in 2002, about one third of the population was unable to purchase a minimum basket of consumer products.[121] Poverty data can also show

Some of the earlier achievements in gender equality have been weakened

Figure 2.14 Regional poverty rates in Kyrgyzstan, 2003 (poverty line = PPP $2.15)

Poverty rate
- 40 % – 49 %
- 50 % – 59 %
- 60 % – 69 %
- 70 % – 79 %
- 80 % – 89 %
- 90 % – 100 %

Source: Authors' estimations

The progress in reducing infant mortality that had been recorded during the Soviet period slowed or stopped during the transition

large differences across sub-national regions (Figure 2.14).

Central Asian women have born the brunt of these economic difficulties, and some of the earlier achievements in gender equality have been weakened. Fortunately, the ratio of girls to boys in basic education remains close to one in most Central Asian countries–with the exception of Tajikistan, where 86 girls are found per every 100 boys attending grades 5–9. However, in Turkmenistan women are seriously under-represented in secondary technical education institutions and at universities–women comprise only 25 per cent of the university population. Recent research points to growing labour market segregation that is depriving women of the better-paying industrial jobs. Although women only comprise about 15 per cent of industrial employment in Tajikistan, they are much more likely than men to lose this employment during times of staff reductions.[122] These problems are further exacerbated by declining rates of labour-force participation for women.

Kazakhstan, Turkmenistan and Uzbekistan have been able to retain 99 per cent primary school enrolment ratios. But Kyrgyzstan and Tajikistan are experiencing growing difficulties in providing basic education services. In Tajikistan, enrolment rates in the first nine grades had dropped to 88 per cent by 2000.[123] Access to secondary education narrowed, with enrolment rates for 15–18 year-olds dipping sharply in all five states during 1991–1995. Kazakhstan and Uzbekistan were thereafter able to make up some of the lost ground: at least half of this age group now attends secondary schools in these countries. In Turkmenistan and Kyrgyzstan, by contrast, enrolment declines have continued: less than 30 per cent of this age group remains in school in these countries.[124]

The progress in reducing infant mortality that had been recorded during the Soviet period slowed or stopped during the transition. In each of the Central Asian countries (as well as in Azerbaijan), infant mortality rates remain above 50 deaths per 1,000 births. These countries' position regarding child mortality has also deteriorated: despite achieving impressive reductions in infant mortality, Tajikistan's under-five mortality rate in 2002 was higher than in 1970, standing at 116 cases per 1,000 births. This figure is only slightly above the respective indices for wealthier Turkmenistan.[125]

Carbon dioxide emissions per unit of GDP in Turkmenistan, Uzbekistan, and Kazakhstan are among the highest in the world

While the transition has meant improved environmental conditions for most CEE/CIS countries, this may not be the case in Central Asia (see Figure 2.9). The post-1999 economic recovery and rapid growth in automobile usage have combined with continued below-cost pricing for energy, water, and many other

resources to return air pollution to levels that are similar to those recorded in the early 1990s, particularly in urban areas. Tests of air quality in nearly half of Kazakhstan's major cities show excessively high concentrations of sulfur dioxide, nitrogen dioxide, carbon monoxide, and toxic hydrocarbons.[126] Carbon dioxide emissions per unit of GDP in Turkmenistan, Uzbekistan, and Kazakhstan are among the seven highest in the world.[127]

Development prospects in Central Asia are closely linked to water resources. On the one hand, water is available to over 90 per cent of urban and at least 75 per cent of rural households in Central Asia–with the exception of Tajikistan, where this figure is only 56 per cent.[128] However, water resource management is impeded by sharp imbalances in their distribution and the absence of effective inter-state mechanisms for managing the Amu-Darya and Syr-Darya watersheds. The vast bulk of Central Asia's water resources are located in Tajikistan and Kyrgyzstan–upstream countries that contain less than a fifth of Central Asia's population and GDP, and for which better pricing and payment from downstream countries (Kazakhstan, Turkmenistan and Uzbekistan) for water usage, as well as increased hydroelectric generation, are key development issues. The larger and wealthier downstream countries are in turn interested in the continued free water supplies needed to irrigate their thirsty (and often unreconstructed) cotton plantations and rapidly growing (in Turkmenistan and Uzbekistan) populations.

Conflicts of interest between upstream and downstream countries along this 'water-energy nexus' were resolved during the Soviet period via the provision of free oil and gas from downstream to upstream republics. The latter in turn sacrificed possible wintertime hydroelectric output in order to supply the 'summer' water needed for downstream irrigation. Although independence and the marketization of intra-CIS oil and gas trade have made these arrangements irrelevant, robust successor regimes have not been put in place. As a result, upstream countries often flood downstream countries with the 'winter water' releases needed to generate hydropower. The integrated water management infrastructure inherited from the Soviet period has fallen into ever greater disrepair.

These problems are exacerbated by the rapid expansion in the use of irrigated agricultural lands (from 3 million to 8 million hectares–chiefly for cotton farming) that draw on waters from the Syr-Darya and Amu-Darya rivers. This expansion, which began in the 1960s, has led to one of the biggest man-made environmental tragedies in recorded history. The Aral Sea, into which the

Syr-Darya and Amu-Darya flow, has lost most of its inflow due to the rivers' diversion for irrigation (Box 2.5).[129] The southern part of the Sea is essentially dead, with scant prospects for recovery. The Aral Sea's desiccation has affected an area of some 1.5 million square kilometres (primarily in Kazakhstan and Uzbekistan) and some 35 million residents of the Aral Sea Basin, most of whom have had to adapt to the collapse of local fisheries and agriculture.[130]

As in other CIS countries, strong economic growth during 2000–2005 has helped reduce poverty and improve living standards in Central Asia. In Kyrgyzstan, the share of the poor declined from 78 per cent in 2000 to 70 per cent in 2003.[131] Tajikistan (the region's poorest country in per-capita GDP terms) reduced the share of those living on less than PPP $2.15 per day from 91 to 74 per cent during 1999–2003.[132] The percentage of the population classified as living below the subsistence minimum in Kazakhstan dropped from 39 to 24 per cent during 1999–2002,[133] and declined to 16.1 in 2004. Still, it remains to be seen whether this 'recovery growth' will prove sustainable in the longer term. The Central Asian economies' reliance on the extraction and processing of raw materials rather than exploitation of their human capital, their inability to put in place viable mechanisms for inter-state economic and ecological cooperation, the threats to human and national security emanating from Afghanistan (which borders Tajikistan, Turkmenistan and Uzbekistan), and the nascency of reforms of central and local governmental structures, underscore the many challenges facing the Central Asian countries in their pursuit of the targets and values of the Millennium Declaration and the Millennium Development Goals.

Strong economic growth during 2000–2005 has helped reduce poverty and improve living standards in Central Asia

Box 2.5 The Aral Sea–Central Asia's environmental disaster

The desiccation of the Aral Sea, which in 1960 was the world's fourth largest inland body of water, has had repercussions across Central Asia. Decreasing flows of fresh water into the delta and sea bed since the 1960s, combined with increased household, municipal, industrial, and agricultural pollution, have produced dramatic changes in local ecosystems and climate conditions, as well as declines in traditional sources of income generation (SPECA 2004b).

Since the end of the 1950s, the area of the Sea has dropped by over a half, and its volume by nearly 80 per cent. Its desiccation has since 1988 split the Sea into two separate bodies of water: the North Aral Sea (or the Small Sea) in Kazakhstan and the South Aral Sea (the Big Sea), mainly in Uzbekistan. The Big Sea is expected to vanish altogether within the next two decades. The lake's salt content has increased 4.5 times, killing off most plant and animal life. Large deposits of salt, pesticides, and toxic chemicals have been uncovered by the receding water line, and increasingly frequent toxin-laden dust storms have boosted the incidence of cancers and lung diseases in local communities (Aladin 1999). The town of Moynaq in Uzbekistan has become a symbol of the damage wrought by the Sea's desiccation: this formerly flourishing harbour town has been separated from the water by drifting toxic sands for 20 years.

A number of inter-governmental institutions have been established to coordinate multilateral efforts at environmental and water conservation in the Aral Sea basin (Aslov 2003). These include the Interstate Council for the Aral Sea Basin, the Intergovernmental Sustainable Development Commission, and the International Fund for the Aral Sea Salvation, which was to oversee the Interstate Commission for Water Coordination (Kipshakbaev 2004). Numerous programmes and resolutions issued by Central Asian governments and supported by donors (including the first and second phases of the Aral Sea Basin Programme and the Nukus Declaration) have called attention to the basin's development challenges.

To date, most progress has been made in the smaller North Aral Sea. A temporary dam built by Kazakhstan has prevented water levels from dropping further, and is helping to reclaim wetlands in the Syr-Darya delta. Replanting the desertified Amu Darya basin and setting up artificial water bodies on the dry sea bed have been on the agenda in Uzbekistan, which is currently working with the Global Environmental Facility to reestablish wetlands around Sudochye Lake (Ginijatulin 2002, SPECA 2004a). Whether these measures will be able to reverse one of the planet's most devastating man-made environmental catastrophes remains to be seen.

3

National
MDG agendas

National applications can and do diverge from the global MDG agenda
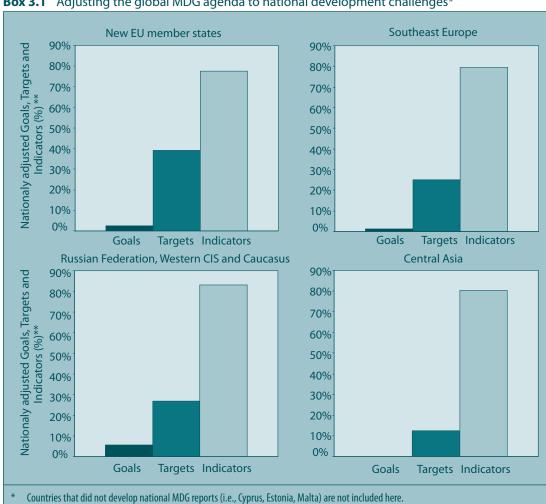
National MDG reports

All CEE/CIS countries have endorsed the Millennium Declaration and are committed to the MDGs. At the same time, individual states are free to nationally adjust the short-, medium-, and long-term objectives and tools for implementing their commitments. National applications therefore can and do diverge from the global MDG agenda (Box 3.1). Countries have typically chosen either to stick to the global agenda by adopting the original formulations of the MDG targets, or to discriminate among targets, adding some and leaving out others.

The CEE/CIS countries' developmental specifics in many respects require the national adaptation of the global MDG agenda. For one thing, some basic global targets were met by these countries prior to 1990, or are likely to be surpassed well before 2015. In relatively egalitarian countries like the Czech Republic or Slovenia with per capita GDP levels above PPP $16,000, virtually no one lives on less than PPP $1 (or even PPP $4.30) per day. Statistical agencies in many

countries–particularly the new EU member states and the candidate countries in Southeast Europe–define income poverty in relative terms, vis-à-vis a median consumption or income level. Similarly, primary education does not present a challenge for most CEE/CIS states, since they achieved near-universal primary education enrolment well before 1990. On the other hand, some issues highlighted by the original MDG targets reappear in other contexts. The states that have virtually eliminated non-completion at the primary education level now face this phenomenon in secondary schools. Countries that have met global targets may therefore wish to set targets that are more ambitious than the global indicators, or else seek to replicate their successes in other areas.

The global MDG agenda manifests itself in different ways in different countries. This is particularly apparent in terms of MDG6. In most CEE/CIS countries, HIV/AIDS and tuberculosis are much greater threats to public health than malaria. Since HIV in these countries remains concentrated in high-risk groups, such indicators

Box 3.1 Adjusting the global MDG agenda to national development challenges*

*   Countries that did not develop national MDG reports (i.e., Cyprus, Estonia, Malta) are not included here.
**   A goal/target is considered to be global if its meaning is consistent with any goal/target in the global agenda; an indicator is considered to be global if it has the same formulation as in the global agenda (including timeframe, i.e., baseline and target years).

Source: Authors' estimates based on national MDG reports.

as the share of pregnant women with HIV/AIDS or the number of children whose parents died of AIDS may well be less relevant than measures showing HIV prevalence among prison inmates or intravenous drug users.

Data issues can also require the national adaptation of global MDG targets. Sub-national data and analysis are often needed to reveal development problems whose intensity exceeds national averages. This is particularly the case for residents of rural or depressed areas, or for ethnic minorities (e.g., Roma). Addressing these disparities ideally requires disaggregation to better focus on disadvantaged regions or groups, as well as the development of appropriately disaggregated targets and indicators. To address these issues, MDG-driven local development plans are being elaborated in many CEE/CIS countries.

Data issues may also be implied by the global MDGs' baseline year of 1990–especially since the 22 Soviet, Yugoslav and Czechoslovak successor states that now constitute the bulk of the CEE/CIS countries were not then in existence. Many of the states that were in existence in 1990 have had to adjust their statistical practices to international standards, which introduced comparability issues into 1990s data. Many CEE/CIS countries have chosen a later year (usually in the mid-1990s) as a baseline, one representing the 'worst of the transition' (e.g., the nadir of the transition recession, peak unemployment rates, or lowest school enrolment levels were typically observed during the 1993–1996 period).

The extent of national adaptation of the global MDG agenda in CEE/CIS countries–as defined by the national MDG reports drafted by UN country teams–varies considerably by country. As Box 3.1 shows, while the general wording of the main goals appears virtually unchanged in most national MDG reports, national adaptation dominates at the target and especially indicator levels.

For these reasons, using the global agenda to assess the progress of CEE/CIS countries in meeting the MDGs is quite problematic. A differentiated, nationally driven approach should be therefore used. By defining and reporting on their MDG commitments in light of their specific development needs, countries may more effectively address their national development needs. This approach can also strengthen national ownership of the MDG agenda by acknowledging local stakeholders' roles in defining the issues. This can facilitate implementation, as the use of nationally generated indicators that are aligned with local statistical conventions promotes timely and efficient data collection.

On the other hand, introducing cross-country variation into the definition of MDG targets and indicators, varying treatment of national and sub-national data, and *ad hoc* selection of baseline years–all this makes meaningful assessment of national progress vis-à-vis the global agenda difficult, and essentially precludes meaningful cross-country comparisons. Taken to the extreme, national ownership can mean the exclusion of areas that are central to the global development agenda.

UNDP nonetheless believes that, on balance, adapting the MDGs to national circumstances is preferred over the mechanistic application of global targets that in too many cases would be misleading or irrelevant. This national approach works best when the targets and indicators are: (i) defined, implemented, and monitored with broad participation of relevant national stakeholders (including the representatives of vulnerable groups); and (ii) aligned with other key national development strategies (e.g., poverty reduction strategy papers or EU integration programmes), which in turn enjoy the support of key donors and external partners.

Assessments of the progress towards national MDG targets are possible for the countries in which national approaches to reaching the MDGs have been elaborated, typically within the framework of national MDG reports. However, the MDG targets and indicators articulated in these reports can only be considered binding on policy makers if the reports have been sanctioned in some meaningful way by the governments themselves. As of the end of 2005, reports had been published in 29 of the 32 CEE/CIS countries and territories.[1] But only 16 of these reports had received official government sanction (Box 3.2).[2]

These reports highlight the diversity of national agendas and approaches, as well as common development concerns. Considerable variation is apparent in the selection of baseline years, as well as in the methodologies employed in defining national MDG targets and indicators. This generally precludes meaningful comparison of national progress towards the MDGs, solely on the basis of these reports. Nonetheless, the national reports can serve as a basic analytical tool.[3]

New EU member states

Goal 1: Eradicating extreme poverty and hunger

The new EU member states enjoy far lower rates of absolute poverty than other CEE/CIS countries, thanks to higher pre-transition levels of economic development and overall successes with reforms. Some states, such as the Czech Republic and Slovenia, have essentially

Data issues can also require the national adaptation of global MDG targets

The general wording of the main goals appears virtually unchanged; national adaptation dominates at the MDG target and especially indicator levels

Adapting the MDGs to national circumstances is preferred over the mechanistic application of global targets

Box 3.2 National MDG reports and national ownership in CEE/CIS countries

Country/Territory	Year	Extent of national ownership
Albania	2002 and 2004	Codified in national legislation
Armenia	2001 and 2005	Report approved by government**
Azerbaijan	2004	Included in PRSP
Belarus	2005	No explicit government approval
Bosnia and Herzegovina	2003 and 2004	Report approved by government
Bulgaria	2003	Report approved by government
Croatia	2004	Report approved by government
Cyprus	–	No report published
Czech Republic	2004	No explicit government approval
Estonia	–	No report published
Georgia	2004	Report approved by government
Hungary	2004	No explicit government approval
Kazakhstan	2002 and 2005	Reports approved by government***
Kosovo	2004	Report approved by government
Kyrgyzstan	2003	No explicit government approval
Latvia	2005	Report approved by government
Lithuania	2002 and 2004	No explicit government approval
Malta	–	No report published
Montenegro	2002* and 2005	Report approved by government
Macedonia	2005	Report approved by government
Moldova	2005	Report approved by government
Poland	2002	No explicit government approval
Romania	2003	Report approved by government
Russian Federation	2005	No explicit government approval****
Serbia	2002* and 2005	Report approved by government
Slovakia	2004	No explicit government approval
Slovenia	2004	No explicit government approval
Tajikistan	2003	Codified in national legislation
Turkey	2005	Report approved by government
Turkmenistan	2004	No explicit government approval
Ukraine	2003 and 2005	No explicit government approval
Uzbekistan	2006	No explicit government approval

* Report for Serbia and Montenegro.
** A 2001 report not approved by government
*** A 2005 report not approved by government
**** The MDG Report for the Russian Federation was published as a Human Development Report.

Source: http://www.undp.org/mdg/countryreports.htm; UNDP RBEC.

The national MDG reports reformulated goal one with an eye towards halving the share of people living on incomes below national averages

eliminated absolute poverty altogether.[4] Hungary and Slovakia have significantly reduced the numbers of those living on less than PPP $4.30. On the other hand, issues of relative poverty, deprivation, and inequality are relevant even for the most affluent new member states, particularly since–in line with the EU emphasis on social exclusion–national poverty rates are generally measured in terms of those with incomes below 60 per cent of national medians. By this definition, poverty in many of these countries has widened since 1990, and now ranges from 8 per cent in the Czech Republic to 21 per cent in Slovakia.[5]

The authors of the national MDG reports in most of the countries reformulated the global goal with an eye towards halving the share of people living on incomes below national averages. The reports from Hungary and Slovenia call for reductions in the numbers of those living on less than 60 per cent of median income, while the Lithuanian report targets the 15 per cent

of the country's population that enjoys less than half of the average consumer expenditure. The Latvian report calls for reductions in the numbers of those living on less than 40 and 60 per cent of the median income, as well as in income inequalities.

Absolute poverty is still found among vulnerable social and ethnic groups, and its reduction should be a priority across the subregion. The Slovak report calls for lifting half of the 2.6 per cent of its population (predominantly Roma) currently below the poverty line of PPP $2.15 a day above this level, in order to reduce those in absolute poverty to levels found in Poland and Hungary. The national report also interprets MDG1 in terms of halting the spread of poverty among the Roma, of whom 85 per cent are identified as living below the subsistence minimum. The Hungarian report identifies the long-term unemployed, the homeless, and the Roma as groups most threatened by social exclusion, primarily due to their low educational status. In contrast, the Czech report calls attention to the plight of single mothers, for whom poverty rates tripled in the Czech Republic and doubled in Hungary. The Czech report also calls for reductions in the rate of poverty (measured at 1.6 times the subsistence minimum) among single mothers to 20 per cent, which would be a significant reduction on the nearly 35 per cent rate recorded in 1995.[6]

Calls to reduce spatial disparities within countries, particularly those affecting rural and isolated areas, also feature prominently in these reports. Given the country's relatively low (6 per cent) overall unemployment rate, the Hungarian report points out that further declines in the national rate can only be accomplished by focusing on regional and local labour markets. The report from Slovenia proposes a series of measures to raise the wealth of the country's most disadvantaged area to 70 per cent of that of its richest district. The Lithuanian report points out that poverty levels in rural areas exceed urban poverty levels by a factor of 2.5, and that relative poverty affects some 28 per cent of the rural population.[7]

These reports also single out unemployment as a leading cause of poverty. This is particularly the case in Slovakia and Poland, where unemployment rates are in the 16–20 per cent range. The unemployed in Slovakia are reported to be five times more likely to live in poverty than the general population. These reports treat long-term unemployment as an urgent issue, as the overwhelming majority of the unemployed go without work for more than a year, and thus risk losing their skills. The Slovenian report calls for increased spending on training for the unemployed, subsidized employment, minimum

payments, pension and disability benefits, as well as family and housing policies.[8] By contrast, the Polish report calls for 50 per cent reductions in the numbers of those qualifying for social assistance, while the Czech report wants to see the absolute number of welfare recipients reduced by 15 per cent.[9]

In sum, the recommendations for achieving MDG1 in the new member states reflect their obligations as EU countries, particularly vis-à-vis the Social Inclusion Charter and the Lisbon Agenda for economic competitiveness and social security. However, tensions are apparent between recommendations to increase social expenditures on the one hand, versus proposed labour market and social policy reforms to break poverty traps by strengthening work incentives to reduce long-term unemployment on the other. While judicious mixes of both approaches will no doubt be required, the large shares of GDP (45–50 per cent) redistributed through these states suggest that–at least in the less wealthy new member states–budget constraints are likely to limit new spending initiatives in this area.

Goal 2: Achieving universal primary education in the new EU member states

Near universal primary education enrolment in these countries was achieved before 1990 and has been maintained since then. Primary school completion rates range from 96 per cent in Slovenia to 98 per cent in the Czech Republic and Hungary.[10] Despite widespread dissatisfaction with the education systems in these countries, drop-out rates in elementary education have been significantly reduced since 1990. Hungary brought its drop-out rate down to 2 per cent from 16 per cent in 1990. The Slovak and Hungarian reports recognize that reducing the burdens of regional disparities and social exclusion that are so clear in the case of the Roma require significant improvements in access to quality education. The Hungarian report in particular underscores the problems posed by segregated primary school education for many Roma students.

Since primary school enrolment and completion rates are generally not issues in these countries, the national reports focus on secondary and tertiary education. Reports in several new member states call for making secondary education available for the majority of young people by 2015, so as to improve their entry-level job market skills. Ambitious increases in access to tertiary education are also proposed. In keeping with the Lisbon Agenda, some reports call for increasing the duration of compulsory education, and for continuous adult education. The Latvian

Absolute poverty is still found among vulnerable social and ethnic groups, and the national MDG reports argue that its reduction should be a priority across the subregion

The reports also single out unemployment as a leading cause of poverty

Near universal primary education enrolment in these countries was achieved before 1990 and has been maintained since then

Reports in several new member states call for making secondary education available for the majority of young people by 2015

report proposes measures to promote universal secondary school enrolment (including the vocational segment) by 2015. Slovenia's report calls for increasing secondary school completion rates from 87 to 95 per cent, while enrolment in upper secondary schools in Lithuania should become universal. The Czech report calls for raising the portion of 15-year-olds enrolled in secondary schools from 40 per cent in 1990 to 75 per cent by 2015.

These countries experienced significant improvements in tertiary education access during the transition: the percentage of 19-year-olds enrolling in universities in the Czech Republic, Hungary and Poland more than doubled during 1990–2002. Despite this, the 11–12 per cent of the population in the Czech Republic and Slovakia with post-secondary degrees (which are among the highest shares in the CEE/CIS countries) is only half EU averages. The reports from the Czech Republic, Slovakia, and Poland therefore recommended setting higher tertiary enrolment targets.[11]

The expansion of tertiary education in these countries is needed to align their human capital endowments with emerging labour market demands

The expansion of tertiary education in these countries is needed to align their human capital endowments with emerging labour market demands. Data available from some of these countries are quite worrisome in this respect: according to one study, over 33 per cent of the Hungarian population, and 42 per cent of Poles and Slovenes, are functionally illiterate. Only the Czech Republic's 15 per cent functional illiteracy rate is comparable to those found in most industrialized states.[12] The Slovak report recognizes that addressing functional illiteracy among 15-year-olds is key to reducing Slovakia's high youth unemployment rates. It also acknowledges that a quarter of Slovakia's population above the age of 25 does not have more than primary education.[13] In turn, the report for Slovenia calls for gradual increases in the numbers of adults improving their skills via continuing education.

In sum, the national MDG reports suggest that the education challenges facing the new member states are consistent with the EU's Lisbon agenda: encouraging greater labour market flexibility, mobility, and opportunity without endangering social security. Prospects for success in this area are likely to be closely linked to overall questions of social policy reform within the EU.

Goal 3: Promoting gender equality and empowering women in the new EU member states

Despite frequently enjoying higher levels of education, women's average earnings do not match men's

The national application of MDG3 for the new member states is perhaps best captured in the Slovak national MDG report, which calls for the elimination of obstacles to achieving "equality of opportunities for men and women in all areas of life". Pre-transition policies of promoting women's access to education, employment and health left a mixed legacy. On the one hand, these countries have relatively good positions in global rankings of gender equality and empowerment. Women in Central Europe enjoy comparable (with men) access to secondary education, and actually outnumber men at institutions of higher education.[14] Transition has also provided new opportunities for women's entrepreneurship: women are better represented among owners of small and medium enterprises in some of the new member states than in the incumbent member states. The ratios of women's to men's wages in Lithuania and Latvia (0.67 and 0.69, respectively) are nearly twice as high as the ratios reported in Malta and Cyprus (where women earn a ratio of 0.37 and 0.47 relative to men).[15]

However, despite frequently enjoying higher levels of education, women's average earnings do not match men's. Moreover, economic and social policy restructuring has at times reduced women's control over their lives. Women remain seriously under-represented in leading positions in business and political institutions, and are more likely to be affected by unemployment, especially of long-term duration.

The national reports from the Czech Republic, Lithuania, Poland, Slovakia and Slovenia emphasize gender equality in public, professional, and family settings, as well as empowering women in these settings. EU accession has further underlined the importance of assuring that opportunities for a decent life and advancement in professional and public spheres are equal for both genders. The need to minimize unjustified differences in pay between men and women often stands out as the most visible symptom of more general labour-market inequalities. Issues of labour market access and aligning working conditions with women's needs are also prominent.

The national MDG reports in the new member states generally treat the gap between women's and men's salaries as the most glaring symptom of gender inequality. Three country reports (Czech Republic, Lithuania and Slovenia) place this issue at the top of their MDG3 agendas. Although the ratio of women's to men's pay in these countries is generally on par with the Scandinavian states', and women's wage position relative to men's has slightly improved since the mid-1990s,[16] considerable inequalities remain. The Lithuanian report calls for "ensuring equal pay for equal work and work of equal value", while other reports set the target value for women's salaries (relative to men's) at 80 and

90 per cent (the Czech Republic and Slovenia, respectively). Employment structures would have to change in order to eliminate these gaps, as in most states women are underrepresented in well-paying occupations.

Women's decision-making is another area of concern among the new member states, and two country reports (the Czech Republic and Slovenia) recommend setting targets for women's parliamentary representation. Although women comprise up to 70 per cent of professional and technical workers in the post-communist new member states, on average their representation in the ranks of senior officials, managers, and members of parliament stands at slightly more than half this figure. Female representation in positions of authority is only half of these levels in Cyprus or Malta.[17] The national reports call attention to what seem to be 'glass ceilings' in business, and to the need to stimulate women's interest in seeking public office. The targets developed in the Latvian report assume a rise in female representation in parliament, city councils and business. A long-term strategy of awareness-raising among women, as called for in the Lithuanian report, appears to be essential to raising the strikingly low rates of parliamentary representation in Central European states, which have not exceeded 15 per cent since the early 1990s.

The uneven impact of labour-market restructuring on men and women receives particular attention in the Polish report, which (along with Slovakia) reports the highest unemployment rates among these countries. Women in Poland were 20 per cent more likely than men to be unemployed at the beginning of transition; this gap had widened to 30 per cent by 2000. Long-term unemployment now affects Polish women 50 per cent more frequently than Polish men.

In sum, the national reports suggest that gender equality remains an elusive target in the new member states, one that in various ways has been both helped and hindered by the social consequences of transition. It remains to be seen whether the advantages of better educational and labour-market opportunities for women (particularly those with high skills) will outweigh the reductions in social protection and socio-economic security associated with overtaxed welfare states and high rates of unemployment.

Goal 4: Reducing child mortality in the new EU member states

The new EU member states have seen significant reductions in infant and under-five mortality rates, which on the whole compare quite favourably with rates in other CEE/CIS countries. Infant and under-five mortality rates in the Czech Republic have been cut in half since 1990, and have dropped well below EU averages. On the other hand, these rates generally remain above EU averages, and can be particularly problematic for vulnerable groups. The national MDG reports also point out that further reductions in child mortality require improvements in the sometimes quite high rates found in particular sub-national regions or among vulnerable groups. The Lithuanian report focuses on reducing the gap between rural and urban infant mortality, which has widened in the last few years. In Slovakia, the focus is on mortality in rural Roma communities. According to UNDP/ILO survey data, around half of the Roma children in the Czech Republic, Slovakia and Hungary do without food at least 1–2 days every month. For 5–10 per cent of the Czech and Slovak Roma children, starvation seems to be a constant threat.[18]

Goal 5: Improving maternal and reproductive health in the new EU member states

The new EU member states already enjoy the lowest maternal mortality rates among CEE/CIS countries, thanks to virtually universal access to prenatal, natal, and postnatal health care.[19] Poland and the Czech Republic have already halved pre-transition maternal mortality rates. Further progress in Slovakia, Hungary and perhaps the Czech Republic may require special efforts in rural areas and among Roma communities. A number of national reports call for reductions in abortions and teenage pregnancies as elements of improved maternal health. The absence of effective forms of contraception left these countries with relatively high rates of abortion at the start of transition. While several new member states have seen these rates drop by half since 1990, they are still double EU averages. The national reports in Poland and Slovenia call for sharp (75 per cent) reductions in rates of teenage pregnancies, and point to significant progress in this area since 1990. The reports from Slovakia and Slovenia suggest a focus on Roma women in these countries' eastern regions, where teenage pregnancies seem relatively frequent.

Desires to improve maternal health in these countries may also reflect concerns about fertility rates, which have dropped well below both replacement levels and EU averages and are a major driver of the population declines reported in all the new member states. Although these declines began before 1990, the heightened human insecurity associated with

The national reports call attention to what seem to be 'glass ceilings' in business

The new EU member states have seen significant reductions in infant and under-five mortality rates

The new EU member states already enjoy the lowest maternal mortality rates among CEE/CIS countries

Estonia and Latvia record adult HIV prevalence rates between 0.5 and 1 per cent, which are among the highest for CEE/CIS countries

Health problems are often concentrated in such vulnerable groups as Roma, the long-term unemployed, and residents of rural areas

As donors with transition expertise, the post-communist new EU member states are well placed to help neighbouring countries in the Balkans and CIS, as well as other developing countries

transition may have created further disincentives to having children.

Goal 6: Combating HIV/AIDS, tuberculosis and other diseases in the new EU member states

Although this subregion is affected by HIV/AIDS and tuberculosis to a much smaller extent than Western Europe or the CIS, Estonia and Latvia record adult HIV prevalence rates between 0.5 and 1 per cent, which are among the highest for the CEE/CIS countries.[20] The HIV epidemic has disproportionately affected such risk groups as homosexual men, sex workers and intravenous drug users. HIV/AIDS and tuberculosis are less prominent concerns in the other new EU member states, where HIV/AIDS rates generally remain under 0.1 per cent of the adult population. Improved epidemiological monitoring and reporting is emphasized by the national MDG reports, as is assuring medical services to people living with HIV/AIDS. They also call for stepped-up surveillance and early intervention for groups at risk of contracting and transmitting respiratory tuberculosis–prison inmates, people living with HIV/AIDS, the homeless and the poor.

Since epidemiological threats are relatively unimportant in most new member states, their national MDG reports focus primarily on cancers and cardiovascular and respiratory diseases. These health problems are often concentrated in such vulnerable groups as Roma, the long-term unemployed, and residents of rural areas. The health status of Roma casts a shadow over Central Europe's otherwise favourable demographic profile: life expectancy for Roma is reported to be 10–15 years shorter than for non-Roma.[21] Circulatory and respiratory ailments are leading causes of death. Substandard sanitation and economic marginalization expose Roma to hepatitis B, sexually transmitted diseases, and HIV/AIDS with greater frequency than national averages.[22] The national MDG report for Slovenia emphasizes increasing the numbers of physicians and pharmacists in rural regions, in order to improve access to health care. Slovakia's and Slovenia's national reports also point to the importance of lifestyle changes to improve public health.

Goal 7: Ensuring environmental sustainability in the new EU member states

The Environmental Sustainability Index presented in Table 2.2 suggest that environmental quality in the new member states is generally above global averages, as well as the levels reported in other CEE/CIS countries. They also

suggest, however, that environmental quality in the new member states is well below average EU levels. They also suggest that environmental quality in Poland and the Czech Republic (the two largest new member states) are actually below global averages. The ESI data point to weak participation on global environmental conventions as a particular concern for all these countries.

The EU accession process provided incentives and resources for the new member states to broadly integrate sustainable development principles into national policies. Reversing the reductions in environmental quality that occurred under central planning, and upgrading environmental infrastructures to EU levels, therefore feature prominently in the national MDG reports from this subregion. The rapid growth in personal consumption recorded since 1990 has likewise increased the importance of waste disposal systems. Environmentalists in these countries must contend with relatively low (by EU standards) income levels, particularly in rural areas. Issues of employment and access to basic amenities in poorer regions have not surprisingly taken priority over environmental concerns. On the other hand, developing the water and wastewater treatment systems needed to improve sanitation and health in rural areas or for vulnerable groups is often compatible with both higher incomes and improvements in environmental quality.

Goal 8: Developing a global partnership for development by the new EU member states

The international aid and technical assistance that the new EU member states received in the 1990s played a vital role in helping them to resolve the challenges of transition. Their memberships in the EU (and the OECD) bring along the opportunities and obligations of being providers of ODA and technical assistance. As donors with transition expertise, the post-communist new EU member states are well placed to help neighbouring countries in the Balkans and the CIS, as well as countries in other parts of the world. Their largely successful transitions to market democracies have endowed them with an array of best practices in development and transition that can now be transferred to their eastern and southern neighbours. Since the late 1990s, these countries have (with the assistance of UNDP and other UN agencies) worked to develop the institutional capacity needed to be effective donors of technical and, increasingly, financial assistance. As such, these countries have the potential to make important contributions to new partnerships for development.

The new EU member states face some important challenges in realizing this potential. For one thing, they provide relatively small amounts of ODA, generally in the neighbourhood of 0.1 per cent of gross national income.[23] Large numbers of developing countries are typically selected as recipients for their technical assistance: the Czech Republic's ODA has been split among some 50 target countries. This dispersion of assistance can tax new donors' abilities to ensure the effective programming and delivery of their ODA. Perhaps most importantly, and in contrast to many 'traditional donors', most of these countries have not fully embraced the MDGs as frameworks for ODA programming. Still, these new donors as providers of development and transition expertise could make a significant impact on the challenges facing their neighbours to the east and south (see Section 4.11).

Southeast Europe

Goal 1: Eradicating extreme poverty and hunger

This sub-region's heterogeneity (2003 per-capita GDPs ranged from PPP $4,584 in Albania to PPP $11,080 in Croatia) precludes the development of a general Balkan poverty profile, and underscores the importance of national adaptation of the MDGs. Whereas less than 1 per cent of the population in Turkey and Romania lives on less than PPP $1 per day, this figure for Albania was listed at 25 per cent in 2002. Pockets of deprivation are found throughout Southeast Europe, affecting large families (in Bulgaria, Kosovo and Romania), Roma (in Bulgaria, Macedonia, and Serbia and Montenegro), ethnic Turks (in Bulgaria) and refugees and internally displaced persons (Serbia and Montenegro and Bosnia and Herzegovina). Poverty is much more widespread in rural than urban areas of Southeast Europe: rural poverty rates are double urban rates in Romania, four times higher in Bulgaria, and 2.5 times higher in Albania (where an estimated 80 per cent of rural residents are poor). A similar pattern persists in Serbia where, despite recent reductions in urban areas, poverty rates in the countryside still remain high.

The EU's emphasis on social inclusion, and the relatively high income levels of Southeast European countries, led the authors of many of these countries' national MDG reports to redefine MDG1 in terms of relative poverty.[24] Some 11 per cent of the Romanian population was below the revised poverty line (set according to consumption expenditures) in 2002; the government has pledged to halve the size

of this group by 2009. Another relative poverty measure was applied in Macedonia, where the government accepted proposals to reduce by half the numbers of those whose consumption expenditures are lower than 70 per cent of the median national value (calculated relative to a 2002 baseline). The poverty gap should be more than halved as well. The report for Bosnia and Herzegovina calls for reducing the Gini coefficient for income inequality from 0.26 to 0.20 between 2000 and 2015. With a Gini coefficient of 0.43, Albania exhibits one of the highest levels of income inequality in the subregion. Similarly, Montenegro's national MDG report calls for a 50 per cent increase in the share of national consumption enjoyed by the poorest fifth of the population between 1990 and 2015 (from 10 to 15 per cent).[25] Since in 1998 fewer than 5 per cent of Croatia's population fell under the most inclusive global threshold of PPP $4.30, the national report proposed the adoption of a relative poverty line, according to which more than one sixth of the population was classified as poor.[26] Croatia's national report calls for halving this figure by 2015.

As is the case in many CEE/CIS countries, poverty in Southeast Europe is closely linked to unemployment, the reported rates for which range from 6 per cent in Romania to close to 50 per cent in Kosovo. Even in countries with relatively low unemployment rates, poorly regulated labour markets too often push employment into the informal sector (which is thought to account for 33 per cent of those employed in Bosnia and Herzegovina). Young workers often seem to be among those who are genuinely unemployed: half the young people in Macedonia are reported to be jobless.

Goal 2: Achieving universal primary education in Southeast Europe

Southeast European countries have generally managed to maintain, and in some cases extend, the scope of primary education. Literacy rates in these countries are also above those found in countries at comparable levels of human development. Some countries have already succeeded in returning to high pre-transition secondary education enrolment rates (over 68 per cent in Bulgaria). Attaining this goal seems feasible for other countries in the subregion, as many have extended compulsory education to nine years and more. Progress in retaining youth longer in the school system is also encouraging, as dropout rates remain minimal in several countries (e.g., Bosnia and Herzegovina, Croatia, Romania). Room for further reductions in dropout rates is present, especially in rural areas.

Disparities in educational access are particularly visible in the case of rural residents, women and Roma

MDG2 seems most relevant for those parts of Southeast Europe where access to quality education is limited by inadequate infrastructure or funding, or by social exclusion. Declines in enrolment rates from levels close to 100 per cent in 1990 to 90 per cent in Albania and 84 per cent in Macedonia during 2000–2002 are therefore causes for concern. Other problems include large urban class sizes (e.g., 45–50 students per class in Albanian cities), poorly trained teaching staff, dilapidated school buildings, and particularly sharp funding pressures for rural schools. Bosnian schools represent a particularly difficult case: although school buildings have been rebuilt since the mid-1990s with international assistance, equipment remains in short supply. Nearly 60 per cent lack any sort of library, and most have no Internet access.

Disparities in educational access are particularly visible in the case of rural residents, women and Roma. While 87 per cent of urban children in Albania complete the fifth grade, only 77 per cent of rural children do so. The primary school completion rate in rural areas in Bulgaria is 17 per cent lower than for urban areas. Illiteracy is significantly higher in the Kosovo countryside relative to urban areas, rising to 14 per cent among women. Some 35 per cent of Roma in Romania admit to serious difficulties in reading, while 85 per cent of the Roma in three Kosovo communities have been reported to be illiterate. Part of the problem lies in the higher dropout rates for Roma children: 42 per cent of Roma households in Bulgaria have children who have not completed primary education. Over 35 per cent of the Roma population in Romania above

Labour-force participation rates for women are relatively high, and unemployment rates for women also exceed those for men, which are already very high

10 years old may experience serious difficulties with reading.[27] According to the Serbian report, only 20 per cent of Roma children attend primary school, and 13 per cent attend secondary school.
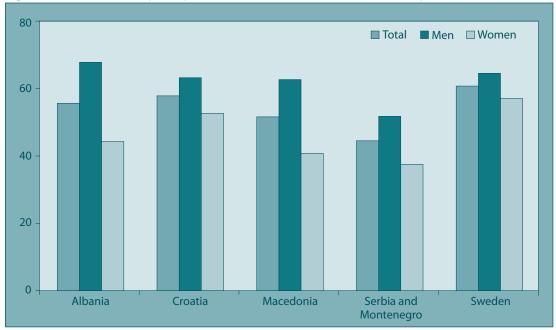
Goal 3: Promoting gender equality and empowering women in Southeast Europe

The gender picture in Southeast Europe is diverse. Although labour-force participation rates for women are relatively high, unemployment rates for women also exceed those for men, which are already very high (Figure 3.1). As in the new EU member states, women in most Southeast European countries have high primary and secondary school completion rates. They also outnumber men enrolled in higher education. In 1995, the numbers of girls and boys enrolled in secondary schools in Albania were roughly equal, while girls outnumbered boys in primary schools and at universities. More women than men are studying in universities in Macedonia as well.

This does not necessarily translate into more income for women, however, and the numbers of women in top political or managerial positions remain low. The transition has had significant and not always positive influences on women's employment and labour market participation in Southeast Europe. Between 1990 and 2000, the labour force participation rate for women dropped from 67 to 44 per cent in Albania. These labour market issues are accompanied in some cases by concerns about violence against women, and the denial of life choices associated

Figure 3.1 Labour-force participation rates in selected countries, 2004 (in per cent)

Source: UNECE April 2005.

with traditional gender roles. The Serbian and Macedonian national reports point to significant underrepresentation of women from some ethnic groups (especially Roma) in secondary and higher education. Some data indicate that Roma women are eight times more likely to be illiterate than members of other ethnic communities in Macedonia, and rates of female illiteracy in the Turkish minority are three times as high as in Macedonia overall.

Goals 4 and 5: Reducing child and maternal mortality in Southeast Europe

Southeast European countries have achieved substantial reductions in child mortality, despite much less favourable initial conditions and more difficult economic transitions than the new EU member states. Bosnia and Herzegovina, Bulgaria, Romania, and Serbia and Montenegro have brought under-five mortality rates to 16–21 cases per 1,000 births and infant mortality to 14–19 cases, thus catching up with the levels of Latvia, the Russian Federation and Ukraine. Croatia has lowered both rates to single digits, also comparable to the new EU member states. In Turkey, infant mortality dropped from 52 cases to 38 cases per 1,000 during 1990–2002, while in Albania a decline from 37 to 21 per 1,000 cases was recorded.[28]

Nonetheless, global MDG4 retains its significance for the Southeast European states, as their infant and child mortality rates remain above the levels found in the new EU member states, as well as in the EU overall. In Serbia, where the national immunization rate for measles exceeds 95 per cent, disparities persist among Roma, internally displaced persons, and residents of poorer regions. These countries also report relatively high maternal mortality and abortion rates, and relatively low prevalence of modern contraceptive methods. Three countries (Albania, Romania and Turkey) in 2000 recorded 49 or more cases of maternal mortality per 100,000 births. In all the countries of the region except Romania, more women died during childbirth in 2000 than in 1995. These negative tendencies have taken on the most dramatic dimensions in Bosnia and Herzegovina (where the rate more than doubled during this time), and Albania (with a 77 per cent increase).[29] Recent survey data indicate that Romanian women on average undergo at least two abortions in their lifetime (see Figure 2.6),[30] while only 30 per cent make use of modern contraception. The availability of contraception is slightly lower in Bulgaria (with one woman in four using modern contraceptive methods), and lower still in Albania and Bosnia and Montenegro (one in six).[31]

Goal 6: Combating HIV/AIDS, tuberculosis and other diseases in Southeast Europe

Fortunately, HIV/AIDS in Southeast Europe has yet to assume epidemic proportions, and virulent strains of tuberculosis have not had a significant impact on these countries' health profiles. In these respects, Southeast Europe is more fortunate than at least some of the new EU member states (HIV prevalence rates in Estonia are quite worrisome in this respect), and some of the CIS countries (especially the Russian Federation and Ukraine). Nonetheless, concerns about halting and reversing the spread of HIV/AIDS are present in this sub-region, particularly in Romania, which was one of the first countries in the region to experience an HIV outbreak (in the mid-1980s, due to contaminated blood products). Inadequate capacity in public health systems to monitor epidemiological trends in this area is another common concern.

Concerns about tuberculosis are explicitly addressed in the national MDG reports from the Southeast European countries. The global commitment to halt the incidence of tuberculosis appears unaltered almost in all reports. The Albanian report seeks to reduce the number of newly recorded tuberculosis cases from 20 per 100,000 people in 2003 to 17 in 2009, and to ensure that all the affected persons receive DOTS (directly observable treatment short course) by 2015. The Albanian report calls for a 45 per cent decline in the death rate in this period. The Bulgarian report's call for reducing TB incidence by one fifth for this period (1990–2015) seems rather ambitious, since the sharp rise in new cases recorded during the 1990s means that the country would now need to halve its current rate by 2015. It also calls for assuring full DOTS coverage, in order to further increase recoveries (from 70 per cent of all cases in 2000 to 83 per cent in 2015). The report from Bosnia and Herzegovina anticipates the elimination of TB-related mortality by 2015 altogether, so that the number of new cases is expected to drop 60 per cent below 2001 levels. The Romanian report calls for a halt in the rise in tuberculosis incidence by 2005, so as to attain a 15-per cent cut in the 2002 rate by 2015.

Since malaria was eradicated decades ago in most of these countries, many reports emphasize ensuring that these countries remain free from this disease. Sexually transmitted diseases (other than HIV/AIDS) were likewise rarely discussed in these national reports–except for the Bulgarian report, which includes a commitment to cut the syphilis incidence

MDG4 retains its significance for the Southeast European states, as their infant and child mortality rates remain above the levels found in the new EU member states

Concerns about tuberculosis are apparent in the national MDG reports from the SEE countries

Environmental quality in SEE is roughly on par with global averages, albeit well below EU levels

recorded in 2000 fourfold, so as to approximate pre-transition levels of the disease.

Meeting these commitments will require broad public access to quality health services, particularly in terms of making basic medicines and contraception widely available. The Bosnian report calls for increasing public spending on health by two thirds during 2001–2015, as well as extending insurance to all citizens. The state should also ensure that the number of hospital beds be maintained and the ranks of doctors increased by one eighth in the period.[32] These measures are seen as necessary to reduce the share of the population lacking such access from 50 to 5 per cent. Romania's national report, on the other hand, targets the homeless and undocumented persons (including Roma) who currently are not covered by the public health insurance system.

Goal 7: Ensuring environmental sustainability in Southeast Europe

The data on the Environmental Sustainability Index presented in Table 2.2 suggest that environmental quality in Southeast Europe is roughly on par with global averages, albeit well below EU levels. The below-average performance of Southeast Europe's three most populous countries–Turkey, Romania, and Serbia and Montenegro–is not particularly comforting in this respect. On the other hand, the excellent ESI ratings afforded to Croatia and Albania are noteworthy: the performance of Albania (Southeast Europe's poorest country) suggests that wealth need not be a prerequisite for good environmental stewardship.

The sharp reductions in industrial and agricultural output that came with the transition recession and the Yugoslav wars of succession also produced steep declines in emissions in Southeast Europe. Carbon dioxide emission levels were reduced by half in Bulgaria and Romania, and by nearly 80 per cent in Albania during 1990–1999. (These countries are therefore well placed to 'sell' their rights to emit greenhouse gases under the Kyoto protocol.) Despite this, emissions of carbon dioxide per unit of GDP in Southeast Europe remain well above global averages, with only Albania, Croatia and Turkey performing relatively well in this respect.[33] Regulatory policies that keep domestic energy prices below cost-recovery levels, discouraging conservation and investment in cleaner technologies, seem particularly problematic in this regard.

The national MDG reports for SEE states emphasize air and water pollution, as well as protecting areas devoted to forests and biodiversity

Many households in poorer rural communities continue to lack running water and proper

sanitation. More than a third of all Albanian households lacked access to running water in 1998, and that 73 per cent of household wells contained high bacteria levels. (Most of these households were located in rural areas.)[34] More recently, the rapid growth in private consumption that has come with the transition has generated sharp increases in the demand for automobiles and packaged products, which in turn has increased air pollution and solid waste generation.

The national MDG reports for this subregion emphasize air and water pollution, as well as protecting areas devoted to forests and biodiversity. Bulgaria and Romania have set their emission targets for 2015 in reference to their obligations under the Kyoto Protocol. The Bulgarian national report calls for increasing the share of those benefiting from organized waste collection and disposal systems to 95 per cent in 2015, up from 80 per cent in 2000. The Romanian report calls for increasing the share of forested territory from 27 per cent in 2002 to 35 per cent of total land in 2040, while Macedonia has committed to expanding its forested areas from 35 per cent in 1990 to 38 per cent of the country's territory in 2015. The Macedonian national report also calls for 60 per cent growth in the territory of protected areas during 2000–2015. Bosnia and Herzegovina's forested land is to cover over half the country by 2015, while land dedicated to preserving biodiversity is to expand from the current 0.5 per cent to 6 per cent in 2015.

Albania's report calls for assuring that only 2 per cent of the population would be left without access to improved water sources by 2015. Bosnia and Herzegovina's slower progress, taking into account the difficult post-war conditions, is projected to reduce the size of this group from 47 to 33 per cent. The Bulgarian report seeks to provide central water supplies to all settlements by 2015 (1.3 per cent of the population lacked such in 1990, and improvements in this area were not evident in the first decade of transition). From 2002 until 2015, Romania intends to double the share of the population with sustainable access to potable water, which would necessitate a 150 per cent rise in the availability of centralized water systems in rural areas.

The global goal of significantly improving the lives of slum dwellers was redefined in most SEE countries in terms of improved housing conditions and sanitation. The Bulgarian report concentrates on ensuring that all towns and settlements with more than 2000 residents would be connected to waste water treatment facilities by 2015, which would represent a 150 per cent improvement over year 2000 levels.

The Croatian report likewise calls for reductions in the numbers of those lacking access to such facilities by 40 per cent by 2015. The Albanian MDG report calls for raising state spending on the environment, as well as introducing sustainable development issues into school curricula.

The reports also call for significant improvements in general house safety. The Macedonian report defines the target group as population occupying living space that fails to meet the 'conditions for normal living'. Although the number of households in such circumstances was only 614 in 2002, this represented a 20-fold increase over 1994. The report from Bosnia and Herzegovina called for assuring adequate living conditions as a response to the severe wartime devastation of infrastructure. Reducing the number of fields to be de-mined to 20 per cent in 2015, and reclaiming property (the share of the population without property should be cut by two thirds in the period) are also goals in the report. Despite continued progress with post-conflict reconstruction, the report for Bosnia and Herzegovina forecasts that the majority of the population in 2015 is unlikely to have access to improved sanitation.

Goal 8: Global partnerships for development in Southeast Europe

The national MDG reports from Southeast Europe point to threats associated with the potentially excessive dependence on foreign aid and borrowing, and emphasize the importance of attracting foreign direct investment. The Bulgarian report calls for a tripling of foreign direct investment between 2001 and 2015 to the level of 15 per cent of GDP, while foreign debt should be reduced to 55 per cent of GDP in 2015 (a third of the 1990 ratio). The Bosnian report calls for reducing the country's debt burden and aid dependence through gradual improvement in the trade balance, as well as increasing the role of FDI in financing Bosnia's trade and current account deficits. Growing FDI levels in turn are to allow ODA funds to fall from their current one sixth of GDP to one per cent of GDP in 2015. The Macedonian report calls for growth in foreign investment to recover from current levels of around 2 per cent of GDP to those seen in the record year of 2001 (12 per cent of GDP). The openness of the Macedonian economy, as measured by the sum of imports and exports relative to GDP, is to rise from 80 per cent of GDP to 120 per cent by 2015, while rapid export growth is to reduce the trade deficit from 20 to 12 per cent of GDP in this time. By 2015, Albania expects to quadruple annual FDI inflows, up from $150 million in 2002.

The development of information societies emerges as a MDG8 priority in some of the national reports. The Romanian report calls for a doubling of the number of people connected to fixed-line telephony networks during 2001–2015. The penetration rate for personal computers is to rise by at least 20 per cent annually–leading to a nearly sevenfold increase during 1998–2015 (above 130 PCs per 1,000 population). Bosnia and Herzegovina projects a sustained expansion with a target year of 2015 in terms of fixed-line telephony (to cover a quarter of the population), personal computer penetration (a fourfold increase relative to 2001) and growing Internet use (from 1 to 15 per cent). Exponential growth in research and development spending, to reach 1 per cent of GDP, is to support these trends. The Albanian report projects a tripling in the numbers of telephone lines and mobile phone users by 2015, and calls for increases in personal computer and Internet penetration to 35 per cent. Electric power generation is to rise by 50 per cent during this time, while electricity transmission losses are to be cut in half.[35]

Their approaching EU membership (now expected in 2007–2008) is likely to push Bulgaria and Romania to act increasingly as donors, providing ODA and technical assistance to developing countries. These countries will face the same challenges that the new member states are now confronting in building the capacity needed to ensure that their modest (but potentially impactful) technical assistance resources are delivered with maximum effectiveness. Although not likely to join the EU as quickly, Turkey has already established itself as a leading contributor to the UN's initiative for technical cooperation among developing countries. Turkey's International Cooperation Agency has since 1992 been providing technical assistance to many developing countries–including Turkey's neighbours in the Balkans and Caucasus, as well as in Central Asia. Croatia–whose per-capita GDP is on par with new EU member states Poland, Lithuania and Latvia–is likely to increasingly act as a donor as well.

The Russian Federation, the Western CIS, and the Caucasus

This grouping, which contains the CIS countries that are not part of Central Asia, is extremely heterogeneous. It includes the Russian Federation–the largest CEE/CIS country by size, population, or GDP–and some of its smallest countries (Moldova, Armenia and a bit bigger Azerbaijan). It includes countries like Ukraine and Georgia

The national MDG reports from SEE countries point to threats associated with the potentially excessive dependence on foreign aid and borrowing

Turkey's International Cooperation Agency has since 1992 been providing technical assistance to many developing countries

These countries reported strong economic growth during 2000–2004

that during 2003–2004 experienced pro-Western uprisings in the name of democracy and freedom, as well as countries like Belarus that have sought to explicitly preserve Soviet-era political and economic structures.

These countries also possess a number of similarities, not all of which are enviable. All are experiencing shrinking populations, due to negative rates of natural population growth and out-migration (except for Azerbaijan and the Russian Federation, which absorbs millions of legal and illegal migrants from these and other CIS countries annually). All these countries except for Ukraine and Belarus have experienced armed conflicts since the collapse of the Soviet Union. The aftermath of these conflicts–none of which seem close to definitive resolution–negatively influences development prospects. This is particularly the case for the countries of the South Caucasus (Georgia, Armenia and Azerbaijan), which must find the resources to support hundreds of thousands of refugees and internally displaced persons.

On the other hand, all of these countries reported strong economic growth during 2000–2004. Not only was this growth well above the rates recorded in the EU and its new member states: for some countries (e.g., Armenia, Azerbaijan), these rates were among the highest in the world (Figure 3.2). To some extent, this strong growth was to be expected, since all of these countries recorded large drops in GDP following the Soviet collapse–declines that have not yet been made up (except for Belarus and Armenia). Recent World Bank data indicate that this 'recovery

Moldova's share of the population living under PPP $2.15 a day is still close to 43 per cent
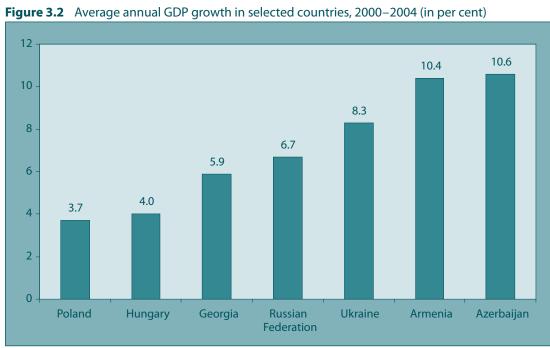
growth' is leading to reductions in absolute poverty: the Russian Federation is reported to have halved absolute poverty from 21 to 9 per cent during 1999–2002, for example.[36]

Still, despite this good news, poverty remains an issue in all of these countries. This is particularly the case in the small post-conflict countries, where 2003 per-capita GDP ranged from PPP $1,510 (Moldova) to PPP $3,671 (Armenia).

Goal 1: Eradicating extreme poverty and hunger

The national reports for these countries refer to both absolute poverty (defined in terms of consumption expenditure) and to relative income shares within these countries. Absolute poverty is still a widespread phenomenon, although recent growth has helped to stop, and in some cases reverse, the growth in the ranks of the poor. While Moldova's share of people living under PPP $2.15 a day declined by over one third between 1999 and 2002, still close to 43 per cent of the country's population were poor in absolute terms. Despite rapid economic growth, as many as 52 per cent of the residents of Georgia remain under the absolute poverty line of PPP $2.15.[37] Over 40 per cent of the 145 million residents of the Russian Federation (the wealthiest country in this group) fell under the poverty line of PPP $4.30 in 2002.[38]

The emergence of poverty in these countries has hit some social groups particularly hard. The Russian Federation, Moldova and the countries of the Caucasus are among the CEE/CIS countries with highest income disparities, with Gini

Figure 3.2 Average annual GDP growth in selected countries, 2000–2004 (in per cent)

coefficients in some cases close to 0.39 (see Figure 2.12). It appears that the recipients of social security payments remain most vulnerable to poverty, and that poverty is concentrated in rural parts of the Russian Federation. Human development remains very uneven throughout the country as some remote districts in the east, south and north of the country record poverty rates that are double those of other regions.[39]

Not surprisingly, extreme poverty is acknowledged as a key issue in virtually all the national MDG reports in the Western CIS and the Caucasus. Belarus is an exception: according to the Belarusian national MDG report, fewer than 1 per cent of the population is living on less than PPP $2.15. (Instead, emphasis is placed on reducing the 38 per cent of the population whose consumption expenditures were below the subsistence minimum in 1995.) Particular attention is afforded to poverty and social exclusion affecting vulnerable groups, with an emphasis on internally displaced persons (Georgia and Azerbaijan), the unemployed (Azerbaijan and Belarus), and children (Azerbaijan)–particularly in terms of monitoring the numbers of children who are placed in institutionalized care once their parents are unable to support them. Azerbaijan's national report calls for increased employment in sectors other than the oil industry. The reports for Armenia, Belarus, and Moldova call attention to malnutrition; Azerbaijan's and Georgia's concentrate on improved nutrition for vulnerable groups, most notably children. Georgia's and Azerbaijan's reports focus on the proportion of underweight children: according to the multiple indicator cluster survey carried out in Azerbaijan in 2000, every sixth child under five years of age was of insufficient body weight at that time. Although these are middle-income European countries, concerns about child poverty and malnutrition in Moldova and the Caucasus underscore the development challenges posed by low incomes–which, as Figure 3.3 shows, are not incomparable to African levels.

Goal 2: Achieving universal primary education
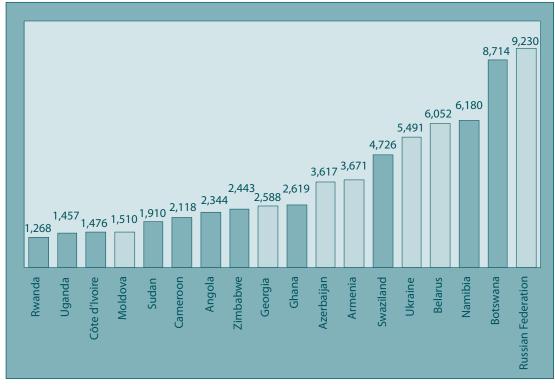
The Russian Federation and the countries of the Western CIS and the Caucasus suffered reversals in access to education during the 1990s. While these were relatively marginal in the larger countries, they were more significant in Moldova and the Caucasus.

On the one hand, the Russian Federation, Belarus, and Ukraine have generally managed to keep 70–80 per cent of the 15–18 year-old age group enrolled in secondary schools. These countries are therefore well positioned to extend universal enrolment at the secondary level and improve access to tertiary education. On the other hand, these numbers are below both pre-transition levels, as well as the rates recorded in the new EU member states and some Southeast Euro-

Extreme poverty is acknowledged as a key issue in virtually all the national MDG reports in the Western CIS and the Caucasus

The Russian Federation and the countries of the Western CIS and the Caucasus suffered reversals in access to education during the 1990s

Figure 3.3 Per-capita GDP for the Russian Federation, Western CIS, Caucasus, and selected African countries (PPP $), 2003

Source: UNDP 2005.

pean countries. The gap in secondary education enrolment grows wider in the smaller countries. Particularly steep declines have occurred in Armenia, Azerbaijan, and Moldova, which enjoyed respectable pre-transition rates of nearly 60 per cent secondary school enrolment. Currently, only one third of 15–18 year-olds attends school in Azerbaijan, and around 40 per cent of the age group attend school in Armenia and Moldova.[40]

The national MDG reports for these countries not surprisingly seek to reverse these declines, as well as to link universal primary school attendance to higher enrolment rates in secondary and tertiary education and to improve vocational education. The Georgian report calls for maintaining 100 per cent gross enrolment in primary education, while the Armenian report targets 100 per cent net primary enrolment by 2015.[41] The Ukrainian report calls for universal net enrolment of six to nine year olds, as well as dramatic cuts in the numbers of teenagers remaining outside the secondary school system (from 10 per cent in 2001 to 1 per cent in 2015). It also suggests that the majority of three to five year-olds should be enrolled in pre-schools, while two thirds of 18–22 year-olds ought to receive university education. The Belarusian report calls for universal enrolment in 12-year general secondary education by 2015, and for maintaining full enrolment in 10-year general basic education. The Moldovan report calls for making gymnasium enrolment universal by 2015. Reducing or eliminating illiteracy among 15 to 24 year-olds is emphasized in the Azerbaijani, Georgian and Moldovan reports. The Ukrainian report calls for harmonizing state educational standards with those of the EU.[42] The national reports also emphasize the extension of Internet access and other modern teaching equipment, especially to the rural areas where personal computer penetration is lower, as keys to improving educational quality.

The national reports for these countries generally place less emphasis on the structural reforms that are needed to align education systems with demographic trends, reduce the corruption that has taken hold in higher education systems, introduce more market-friendly forms of education finance, or replace teachers and administrators who are products of the pre-transition system with those better able to function in a post-Soviet environment. The Georgian report is something of an exception in this respect. It calls for including Georgia's education systems into international quality assessment systems, and for ensuring that university accreditation systems are in line with world standards. Advocacy around the MDGs may be able to increase the volume of ODA resources flowing into education sectors, particularly in the Caucasus and Moldova. These

resources may not make much difference, however, if they flow into unreformed structures that are unable to prepare young people (or retrain their parents) to be competitive in a globalizing world.

Goal 3: Promoting gender equality and empowering women

In some respects, the status of women in the Russian Federation and the countries of the Western CIS and the Caucasus compares favourably with that of men. There are more women enrolled in higher education institutions than men in these countries: the ratio of female to male university students ranges from 1.11 (in Ukraine) to 1.26–1.28 (in the Russian Federation and Belarus). Women likewise make up 50–56 per cent of the non-agricultural labour force in the Russian Federation, Ukraine, Belarus and Moldova. It is also significant that the Western CIS and the Caucasus is one subregion in the CEE/CIS where the share of women in the workforce appears to be stable. The HIV/AIDS epidemic that is taking hold in Russia and Ukraine (which contain 85 per cent of the population in these countries) is primarily a disease of young, male, intravenous drug users. Young men in the Russian Federation are more than twice as likely as women to die from tuberculosis. Male mortality trends reported in the Western CIS countries are both unusual and disturbing: women outlive men by 11–13 years in the Russian Federation, Ukraine, and Belarus (compared to 4–5 years in the United States and Japan).[43]

Gender inequalities that disadvantage women nonetheless pose formidable challenges for the states of the Western CIS and the Caucasus. Women's high education levels do not translate easily into upward career mobility and incomes that are commensurate with men's. Although women in 2002 accounted for 64 per cent of all professional and technical workers in Georgia, the Russian Federation and Ukraine, they held only 37–38 per cent of top posts in the Russian Federation and Ukraine, and only 28 per cent in Georgia. Women's incomes as a share of men's are estimated to range from two thirds in Armenia and the Russian Federation to only 40 per cent in Georgia. Parliaments in these countries are among the least gender-representative institutions in the CEE/CIS region: women in 2003 made up around 5 per cent of parliamentarians in Armenia and Ukraine, 9–10 per cent in Georgia, the Russian Federation and Azerbaijan.[44]

The national MDG reports point to gender disparities in access to elementary education. Azerbaijan's report extends this to include higher education as well, targeting the gender gap in literacy beyond the completion of compulsory education. The Georgian report points out that

women are underrepresented at all levels of the education system, most clearly at universities. The national reports from Armenia, Georgia and Moldova also focus on women's representation in parliament. The Belarusian and Georgian reports are concerned with the share of seats occupied by women in local legislatures; the Armenia, Belarus and Georgia reports focus on their share of senior positions in national executive bodies as well. The Ukrainian report calls for a halving of the average wage gap between men and women from 1990 to 2015, while the Armenian and Belarusian reports focus on reducing the numbers of unemployed women (who in Belarus make up two thirds of the total), particularly among those suffering long-run unemployment. The Georgian report calls for promoting women's labour force participation by stepping up social assistance and developing public pre-school institutions.

Such concerns are very appropriate and should be addressed. In the Caucasus and Moldova, however, it is not clear how the proposed solutions can be reconciled with existing fiscal constraints, and the large-scale out-migrations of both genders (but especially men) that take both legal and illegal (i.e., trafficking) forms. Moreover, there are dangers posed by the relative inattention to the causes and consequences of the unfavourable demographic trends affecting men in these countries, particularly in the Russian Federation and Western CIS countries. In the Caucasus, the extensive out-migration of men (in search of gainful employment in Russia and the OECD countries) is exacerbating gender imbalances, particularly in rural areas. These imbalances are not abstractions for women: some observers have argued that the absence of men in rural parts of the Caucasus is leading to a return of polygamous marriages for women who feel they must be married for reasons of social and economic security.[45] In the Russian Federation and Western CIS countries, relatively high rates of rural poverty are driving young men and women to the cities in search of better economic opportunities, thereby denuding rural areas of young people. Since women in these countries on average live 11–13

years longer than men (see Table 3.1), rural areas in these countries are increasingly populated by female pensioners. The implications of these gender trends for rural development and poverty alleviation in these countries are not yet fully understood.

Goal 4: Reducing child mortality

Child mortality poses a persistent problem in the Caucasus, and to a lesser degree in the Russian Federation and Western CIS countries. Insufficient provision of qualified health care in the prenatal period and during delivery is a crucial factor, particularly in rural areas. Surveys indicate that as many as 55 per cent of pregnant women in Azerbaijan, 46 per cent in Armenia, and 37 per cent in Georgia do not receive prenatal care after their first trimester of pregnancy. Too many births still occur outside medical facilities: the available data suggest that one child in eight is born in such conditions in Armenia and Georgia. In Azerbaijan, the figure is one child in four.[46]

The national MDG reports address the causes of these unfortunate statistics. The Armenian report seeks by 2015 to reduce the 1990 death rates for children under five years of age by two thirds, and of infants by half. The Belarus report calls for halving the under-five mortality rate. The national reports for Azerbaijan, Georgia and Moldova likewise call for reductions by two thirds in infant and child mortality during this period. Fortunately, child and infant mortality figures are overall much lower in the Russian Federation and the Western CIS countries. Ukraine's report nonetheless calls for reducing these rates by up to 28 per cent.[47] The reports from Azerbaijan and Moldova focus on immunization as a key priority, calling for universal measles immunization before a child's first birthday by 2015. The Belarusian report focuses on combating birth defects and childhood disabilities and their consequences.

Progress towards meeting these goals is being made, particularly in Armenia and the Western CIS countries. However, still, mortality rates for infants and young children in these countries remain rather high.

Goal 5: Improving maternal health

The Armenian and Belarusian national reports acknowledge the relevance of the global goal of reducing maternal mortality (in Armenia by three quarters from 1990 to 2015 and in Belarus to 12 cases per 100,000 live births in 2015). The Ukrainian report focuses not only on reducing deaths resulting from childbirth but also on those occurring in the post-natal period. The Moldovan and Georgian reports call for ensuring that all childbirths are attended by professional medical

Child mortality poses a persistent problem in the Caucasus, and to a lesser degree in the Russian Federation and Western CIS countries

Table 3.1 Gender imbalances in life expectancy in the Russian Federation, Ukraine and Belarus

	Average life expectancy in years (2003)	
	Women	Men
Russian Federation	72	59
Ukraine	72	61
Belarus	74	62

Source: Vishnevsky 2005.

The relatively high abortion rates reported in these countries suggest that access to modern contraception remains problematic

staff. Whereas the report for Moldova lists this goal as being attained in the 1990s, these figures were listed at 96 and 89 per cent in the Georgian and Azerbaijani reports, respectively.

The relatively high abortion rates reported in these countries suggest that access to modern contraception remains problematic. According to national data, the average woman undergoes 2.6 abortions in Armenia, 3.0 abortions in Azerbaijan, and 3.7 abortions in Georgia. According to one source, as many as 60 per cent of all pregnancies in these countries are unintended, as only 12 to 22 per cent of married women use modern contraceptive methods.[48] Likewise, whereas 1 woman in 12 underwent an abortion every year in Ukraine at the beginning of the 1990s, the national report calls for reducing this incidence by 70 per cent by 2015.

Goal 6: Combating HIV/AIDS, TB and other diseases

Circulatory, respiratory, and other non-infectious disorders (particularly cancers), as well as by accident-related trauma, are the main health threats to human welfare

As in most other CEE/CIS countries, infectious diseases like AIDS, tuberculosis (TB) and malaria are not the main health threats to human welfare in the Russian Federation and the countries of the Western CIS and the Caucasus. This role is instead played by circulatory, respiratory, and other non-infectious disorders (particularly cancers), as well as by accident-related trauma. These problems are in turn closely linked to lifestyle choices, chiefly concerning the consumption of alcohol and tobacco products, as well as unhealthy diets. In contrast to most other CEE/CIS countries, however, alarming epidemiological trends in terms of HIV/AIDS and TB have taken hold in the Russian Federation and the countries of the Western CIS and the Caucasus. The reappearance of TB in the 1990s has posed challenges for public health systems in these countries, as has the scaling up of effective treatment regimes (especially under the DOTS regime). The HIV/AIDS trends reported in the Russian Federation and Ukraine are also particularly worrying, while the spread of malaria is raising concerns in parts of the Caucasus.

The Russian Federation and Ukraine have experienced a dramatic return of tuberculosis. Every year more than 40,000 people in these two states die as a result of the illness, so that the incidence of TB-related fatalities in these countries is roughly triple the rates reported in the new EU member states as well as most of Southeast Europe.[49] The reappearance of TB is particularly disquieting for two reasons. First, it results in part from the appearance of new, virulent strains of TB that are themselves the product of inadequate treatment by public health institutions. (By failing to deliver full treatment cycles, the public health authorities unwit-

According to one 'optimistic' forecast, 4 to 5.4 million people in the Russian Federation could be living with HIV/AIDS in 2020

tingly create new TB strains that are resistant to medicines that would be effective, if properly administered.) Second, TB further exacerbates the risks faced by vulnerable groups and others living in poverty, in (frequently over-crowded) prison(s), in sub-standard housing, or without access to adequate health care. In southern Siberia, for example, where access to health care is more limited than in the European parts of the Russian Federation, TB incidence is 50 per cent above national averages, while rates of tuberculosis-related fatalities are four times the national average.[50]

The national reports from these countries therefore focus on tuberculosis as a major health threat. The reports from Azerbaijan and Georgia call for reductions in the rates of both TB incidence and mortality. The Moldovan report hopes that the numbers of new TB cases will drop to zero by 2015, and that the numbers of the TB-related deaths will drop by over a third between 1997 and 2010. Better use of the DOTS regime, and better monitoring to detect new cases, are to bring about these improvements. Similar steps are called for in the other national reports. It remains to be seen whether these steps will prove sufficient to bring about sharp improvements in these countries' epidemiological profiles.

TB incidence is closely related to the HIV/AIDS epidemic, which is beginning to sap the demographic and economic potential of the Russian Federation and Ukraine in particular. Both diseases plague Russian prisons where, as a result of overcrowding and high-risk behaviour (e.g., unprotected sex, needle sharing), in 2002 one inmate in 20 was reported to live with HIV/AIDS and one in five with TB.[51] The Russian Federation and Ukraine are among the countries where HIV prevalence is now thought to reach or exceed 1 per cent of the adult population (see Figure 2.7). Experience from Africa suggests that 1 per cent prevalence is the threshold beyond which the epidemic 'breaks out' of such high-risk groups as intravenous drug users, prisoners, and commercial sex workers and begins to spread via unprotected heterosexual sex through the general population. According to one 'optimistic' forecast, 4 to 5.4 million people in the Russian Federation could be living with HIV/AIDS in 2020, while pessimistic forecasts place these figures at 14.5 to 19 million people.

Not surprisingly, combating the epidemic is a focus of the national MDG reports in these countries, particularly in the Russian Federation, Ukraine and Belarus. The Ukrainian national report seeks to reduce HIV incidence to one eighth of its 2001 level by 2015, while the mortality rate from AIDS should drop by 45 per cent.[52] The Moldova report calls for reducing

HIV incidence to zero by 2015, by paying special attention to incidence among 15–24 year-olds. The reports from Azerbaijan and Georgia focus on HIV prevalence among pregnant women and the epidemic's impact on orphaned children; the Georgian report also seeks to track the numbers of intravenous drug users within the total population living with HIV/AIDS. In addition, the reports from Georgia, Moldova, and Azerbaijan emphasize the importance of increasing condom use in order to fight sexually transmitted diseases in general, as well as HIV/AIDS.

Malaria represents a significant public health threat for regions in a number of these countries, particularly in the Caucasus. Over 500 persons had been diagnosed with malaria in Azerbaijan by 2002, and the numbers for Georgia exceeded 300 cases by 2003. Both national reports look at countrywide prevalence and death rates, as well as at access of communities in the most affected areas to effective forms of treatment.

Tuberculosis, HIV/AIDS, and malaria each pose different challenges for public health officials and policy makers in these countries. Combating malaria is a quintessential public health challenge, one that is amenable to such technological and engineering solutions as swamp drainage and the distribution of mosquito netting in affected communities. Should these countries' economic recoveries continue, public health services will have better prospects for acquiring the resources and capacity they need to respond to this threat.

By contrast, HIV/AIDS and TB are as much socio-economic as they are epidemiological: their transmission occurs through inter-personal contact and reflects the social setting. Both are diseases of poverty and social exclusion, preying on the poor and socially excluded and are magnified by inhuman prison conditions. This is particularly the case with HIV/AIDS, which for all intents and purposes can only be contracted by individuals who choose to engage in high-risk behaviour. Addressing the threats posed by HIV/AIDS and TB is therefore a governance challenge. It concerns governments' abilities to both coordinate the work of public health, correctional and social policy institutions on the one hand, and to empower representatives of vulnerable groups on the other. Whether the governments of the Russian Federation and the countries of the Western CIS and the Caucasus will be able to respond to this challenge remains to be seen.

Goal 7: Ensuring environmental sustainability

National values for the Environmental Sustainability Index for the Russian Federation and the countries of the Western CIS and the Caucasus,

Table 3.2 Carbon dioxide emissions in CEE/CIS countries

Country	Tons of carbon dioxide emissions per $ million of GDP	Difference from global average (%)
Ukraine	2,147	+428
Azerbaijan	1,846	+353
Moldova	1,159	+185
Russian Federation	914	+125
Belarus	851	+109
Armenia	508	+25
Georgia	471	+16

Source: WEF et al., 2005.

as well as the global average shown in Table 2.2, suggest that environmental quality in most of these countries is equal to or slightly better than global averages. This reflects the large weight given by the ESI's methodology to these countries' substantial natural and biodiversity resources, as well as the large declines in emissions that resulted from the collapse in economic activity during the first half of the 1990s. Countries like the Russian Federation and Belarus reported significant increases in their forest cover during the 1990s, resulting both from afforestation efforts and from reductions in agricultural and timber production. (In the late 1990s, removal of forest in the CIS countries was only one quarter to one third of the amounts extracted during the 1970s and 1980s.[53]) The data in Figure 2.9 likewise suggest that five of the seven countries in this grouping experienced significant improvements in environmental quality during the first years of the new millennium.

Likewise, these countries are poised to play an important role in the implementation of the Kyoto Protocol, for two key reasons.[54] First, the large declines in industrial production and emissions they experienced during the 1990s leave these countries well positioned to 'supply' rights to emit greenhouse gases to emerging global markets for these emissions permits. Second, despite these declining emissions, these countries' industrial and residential sectors are still extremely energy intensive. As Table 3.2 shows, these countries continue to emit very large amounts of greenhouse gases per unit of GDP. Relatively small investments in energy-saving (and therefore greenhouse-gas-reducing) technologies in these countries can therefore have a disproportionately large impact, in terms of reducing greenhouse emissions.

On the other hand, the Russian Federation and the countries of the Western CIS and the Caucasus include regions reporting some of the highest concentrations of air, water and land

Malaria represents a significant public health threat for regions in a number of these countries, particularly in the Caucasus

Environmental quality in most of these countries is equal to or slightly better than global averages

pollutants measured anywhere in the world. Environmental degradation in such mining, energy, and metallurgical 'hot spots' as Norilsk, Cherepovets, and the Urals in Russia, the Donbas in Ukraine, and Salihorsk in Belarus reached unprecedented proportions during the Soviet period, and has not been effectively addressed since. Likewise, communities in some of these countries' non-industrialized, sparsely inhabited areas lack proper housing and reliable water treatment systems. Prolonged underinvestment in the Russian Federation's housing stock, particularly in eastern and southern Siberia, has left many of Russia's apartment dwellers at physical risk. Communal service systems for heating, water supply and waste disposal are too often in need of urgent repair, particularly those outside of national capitals.[55] Last but not least, the Chernobyl nuclear disaster site straddles the Ukrainian-Belarusian border, and symbolizes the legacies of Soviet environmental mismanagement.

The MDG reports from these countries address these issues in a number of ways. They call for further increases in forest-covered land. For example, the Moldovan report proposes a 28 per cent expansion between 1997 and 2015. The reports call for rapid growth in the size of national protected areas–by 150 per cent in Ukraine and 60 per cent in Moldova. The reports also call for reductions in carbon dioxide emissions: the Belarusian report envisions an 11 per cent cut between 1990 and 2010.

Access to safe water and sanitation facilities for many communities (particularly in rural areas) remains a concern in these countries, especially in the Caucasus and Moldova. Georgian and Moldovan reports call for 50 per cent reductions in the numbers of people without access to safe drinking water or improved sanitation facilities by 2015. The Ukrainian report focuses on ensuring that water quality fully meets national standards, particularly in rural areas. In keeping with global practices, concerns about affecting

significant improvements in the lives of slum dwellers also appear in these countries, often due to the large numbers of refugees and internally displaced persons who lack secure tenure and other basic property rights. The Belarusian report likewise calls for a 60 per cent increase in housing space available for the general population (over 1990 levels).

As is suggested by these countries' ESI ratings (Table 2.2 and Figure 2.9), most of these countries are making progress towards the environmental and related goals set forth in their national MDG reports. Progress seems greatest for the wealthier Russian Federation, Ukraine and Belarus. On the other hand, many of the challenges posed by turning Chernobyl from a symbol of Soviet-era ecolocide into local development opportunities for the communities most affected by the 1986 tragedy remain unresolved. This became particularly poignant in April 2006, when the world noted the twentieth anniversary of the tragedy. In the Caucasus, prospects for environmental sustainability are linked to ensuring that the region's expanding energy production and transport profile does not generate oil spills or other wastes that threaten its ample biodiversity resources and eco-tourism potential. Municipal authorities in capital cities in the Caucasus may need to take additional steps to ensure that water, sanitation, and other basic public and communal services are made available to the large numbers of migrants that are arriving from rural areas.[56]

Goal 8: Developing a global partnership for development

The Russian Federation is now re-establishing itself as a donor country that contributes significant amounts of ODA and technical assistance to developing and other transition economies. A member of the Paris Club of sovereign creditors since 1997,[57] the Russian Federation held (according to its own calculations) some $300 billion in claims against the world's poorest

Table 3.3 The Russian Federation's financial claims on developing countries (end of 1993)

	The Russian Federation's financial claims ($ billions)
– Countries covered by the Debtor Reporting System	114
– Asia	60
– Europe	9
– North Africa/Near East	27
– Sub-Sahara	15
– Latin America	3
– Other	59
Total	173

Source: IMF 1995.

Central Asia contains those CIS countries in which the MDGs in their global form are most relevant

African and Asian countries when it emerged as the creditor/successor of the Soviet Union (see Table 3.3). Moscow is therefore well positioned to play an important role in debt forgiveness and other multilateral initiatives, either globally or closer to home–and is expected to use its 2006 presidency of the G8 for this purpose. Since the early 1990s, the Russian Federation has forgiven some $52 billion in claims on these countries (see Table 3.4), in addition to debt-for-equity swaps and other forms of creditor activity vis-à-vis CIS and developing countries. At the 2005 G8 summit meeting in Gleneagles, Moscow promised to write off another $2.2 billion in claims on African countries. Since 2000, the Russian Federation has increasingly supported IMF, World Bank, and other multilateral programmes aimed at supporting low-income countries in Africa and elsewhere.[58] [59] Within the CIS, Moscow has targeted Armenia and Tajikistan as priority recipients of development assistance.

Russia is not the only CIS country acting as a donor, however: Armenia and Azerbaijan both provided financial assistance to the African and South Asian countries that were struck by the December 2005 tsunami. Despite their relatively low income levels, the Russian Federation and at least some countries of the Western CIS and the Caucasus may increasingly seek to play donor roles in the future–particularly if strong growth in GDP and budget revenues continues. How this can be reconciled with the many urgent financial needs within these countries remains to be seen. Increased engagement in the UN's Technical Cooperation for Developing Countries initiative may be useful in this respect.[60]

Despite this, the national MDG reports for these countries approach MDG8 as recipients rather than as donors of development assistance. The Azerbaijani and Moldovan reports prioritize efforts to reduce youth unemployment. The Moldovan report lists increasing access to essential medicines as an MDG8 target. A number of these reports highlight telecommunications as an MDG8 issue, particularly in terms of the digital divide between urban and rural areas.

Central Asia

Central Asia (understood here as Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) contains those CIS countries in which the MDGs in their global form are most relevant. In contrast to the other countries studied in this report, most of the Central Asian countries have developing country demographic profiles, consisting of young, rapidly growing populations.[61] Some of these countries (Kyrgyzstan, Tajikistan, Uzbekistan) send significant numbers of migrant workers (predominantly young men) abroad (often to the Russian Federation) to work; remittance incomes provide critical support to household budgets and the balance of payments in Tajikistan, for example. As Figure 2.13 shows, per-capita GDPs reported by Tajikistan, Kyrgyzstan, and Uzbekistan are on par with many African countries. Although the Central Asian countries' human development index values are significantly higher than many other developing countries' thanks to better health and education systems, at least some of these advantages seem to be weakening over time.

Difficulties in developing effective inter-governmental cooperation mechanisms have further contributed to these countries' development challenges, as do ensuring that the benefits of Central Asia's natural resource bounty are equitably shared. Fortunately, the economic recovery that took hold in the late 1990s seems to be reducing absolute poverty in Central Asia.

Table 3.4 Debt forgiveness by the Russian Federation for low-income debtors

Country	Foreign debt vis-à-vis the Russian Federation ($ billion)	Foreign debt forgiven by the Russian Federation ($ billion)	Share of foreign debt forgiven (%)	Years of debt restructuring agreement(s)
Syria	13.4	9.8	73	2005
Mongolia	11.4	11.1	97	2003
Vietnam	11.3	9.5	84	2001
Iraq	10.5	9.5	90	2004
Angola	5.0	3.5	70	1996
Nicaragua	3.1	6.0	194	1992, 1996, 2004
Mozambique	2.5	2.3	92	1997, 2002
Laos	1.1	0.7	64	2003
Zambia	0.8	0.6	75	2001
Total	**59.1**	**53.0**	**90**	

Source: UNDP Russia, 2005.

Absolute impoverishment in some form affects broad segments of society

Recent World Bank data indicate that Tajikistan–the region's poorest country, in per-capita GDP terms–reduced the share of those living on less than PPP $2.15 per day from 91 per cent to 74 per cent during 1999–2003.[62] The percentage of the population classified as living below the subsistence minimum in Kazakhstan dropped from 39 to 24 per cent during 1999–2002,[63] and declined further since (to 16.1 per cent in 2004). Some good news is also apparent in relative poverty data. Kazakhstan managed to reduce the poverty from 5.4 to 4.8 during 1996–2001.[64] Still, as Figure 2.13 shows, part of Central Asia (with the exception of Kazakhstan and Turkmenistan) is likely to remain one of Eurasia's poorest regions for the foreseeable future.

Goal 1: Eradicating extreme poverty and hunger in Central Asia

Global MDG1, which seeks to halve extreme poverty and malnutrition, is particularly relevant for Central Asia, since absolute impoverishment in some form affects broad segments of society. By the end of the 1990s, an estimated 23 million people (over 40 per cent of Central Asia's population) lived on less than PPP $4.30 a day; 10 million experienced extreme deprivation (living on less than PPP $2.15 daily).[65] The national MDG reports from Central Asia therefore focus on both absolute (especially affecting consumption) and relative poverty. The Kazakhstani report calls for halving the share of those living with income below the subsistence level by 2015. (In 1996, over one third of Kazakhstan's population was living below this income threshold). The national reports for Kyrgyzstan and Uzbekistan call for 50 per cent reductions in the numbers of people with insufficient daily caloric intake by 2015: as of 2001, the shares of the population without adequate daily caloric intake (in excess of 2,100 kilocalories) in these two countries exceeded 55 and 27 per cent, respectively. Tajikistan's national study focuses on the 83 per cent of the population living below the national poverty line of PPP $2.85 in 1999. Turkmenistan's national report calls for a threefold reduction in the share of people living on less than 50 per cent of the average monthly national income between 2000 and 2015. All the Central Asian national reports (except for Turkmenistan's) emphasize problems of malnutrition. Tajikistan's report calls for halving the proportion of people suffering from hunger by 2015; the report from Kyrgyzstan seeks to reduce by 50 per cent the numbers of undernourished children.

Despite tailoring MDG2 to meet national objectives, no Central Asian country at present is robustly on track to meet the targets

Goal 2: Achieving universal primary education in Central Asia

All these countries institutionalized universal primary school education enrolment during the Soviet period. While this standard has been maintained in many Central Asian countries, in some it has not. In Tajikistan, primary school attendance dropped to 88 per cent in 2003,[66] with larger declines occurring in rural areas–affecting girls more than boys. Kyrgyzstan also reported declines in primary school enrolment (albeit not as steep); increasing enrolment trends have been noted in recent years. Re-establishing (or maintaining) universal primary school education is therefore emphasized in these countries' national MDG reports, as well as in Uzbekistan's.

Sharp reductions in funding for public education, combined with growing numbers of young people, have also put unprecedented pressures on access to quality post-secondary education institutions in Central Asia. Since Kazakhstan, Turkmenistan, and Uzbekistan report maintaining near-universal enrolment in primary education, their national MDG reports focus instead on access to secondary and tertiary education, as well as on improving the quality of education. This is particularly an issue in Turkmenistan, which both experienced a sharp contraction in university attendance during the 1990s (down to 4 per cent of the population in 2000) and introduced changes (e.g., reducing the length of compulsory primary education) that drew sharp criticism from international observers.

Despite this tailoring of MDG2 to meet national objectives, no Central Asian country at present is robustly on track to meet the targets set forth in their respective national reports. This may reflect a certain 'double burden' facing education systems in these countries. In addition to dealing with problems that are often found in developing countries' education systems (large class sizes, inadequate numbers of schools and facilities, teachers who are themselves poorly educated, gender discrimination against female students), policy makers in Central Asia also face problems of education reform in transition economies. These include rising out-of-pocket costs for access to education (at all levels), school teachers and administrators who are well trained in Soviet pedagogy but not fully comfortable with more liberal approaches, and over-centralized education systems that discourage innovative local problem solving.

Goal 3: Promoting gender equality and empowering women in Central Asia

Gender inequality is a major concern in Central Asia, one that manifests itself in education, labour markets and elsewhere

Gender inequality is a major concern in Central Asia, one that manifests itself in education, labour markets, and elsewhere. Even in countries where women have strong educational backgrounds (e.g., Kazakhstan, Kyrgyzstan), this does not necessarily translate into equal incomes or opportunities in the workplace. As in other CIS

countries, women in Central Asia are concentrated in rural and public service employment, where wages are one fourth to one eighth the levels paid for industrial work. Women's relative wages have declined during the last 10 years: whereas women in Kazakhstan and Tajikistan earned up to three quarters of men's wages during 1996–1998, by 2001 they had fallen to 58 and 65 per cent, respectively.[67] Combined with large declines in the real value of state-funded social benefits (on which women rely particularly heavily), falling wages have accelerated the feminization of poverty in a number of Central Asian countries. Single-mother families (which, on average, contain four children in Tajikistan) remain particularly vulnerable to poverty.[68]

The national reports for Kazakhstan, Tajikistan, Turkmenistan, and Uzbekistan all pledge to eliminate gender imbalances in primary and secondary education by 2005, and at all levels of education by 2015. Tajikistan's report is particularly concerned about female secondary and post-secondary school enrolment trends: girls' enrolment rates drop from over 46 per cent in the ninth grade to under 38 per cent in the eleventh grade, and only 25 per cent at universities.[69] Uzbekistan's report pays special attention to improvement of gender balances in higher education by 2015. National reports from Kyrgyzstan and Turkmenistan focus on reducing gender-based wage disparities by 2015. The national reports in Central Asia also focus on the position of women in wage employment (Uzbekistan), and on ensuring equality of female labour-force participation with male participation rates (Kyrgyzstan).

Goal 4: Reducing child mortality in Central Asia

As in many other CIS countries, national methodologies for reporting infant (and maternal) mortality in Central Asia do not fully comply with the standards of the World Health Organization and other international bodies. The Central Asian states still rely on Soviet standards, according to which: "a child born particularly prematurely, or of extremely low birth weight, or who did not survive a week, would not be considered a live birth".[70] Many infant deaths are therefore classified as miscarriages, leading to a certain underreporting of (what in other countries are considered to be) infant deaths. In addition, in some cases, hospital staff fear the consequences of "accusations of negligence from higher authorities" that may come with reports of infant mortality; while parents sometimes forego the registration of infant deaths due to travel and filing costs.[71] In contrast to the official administrative data, survey data on infant mortality[72] can show a much less favourable picture.[73]

Nonetheless, even official infant mortality data from Central Asia provide cause for concern. The Central Asian countries have the dubious distinction of being the only CEE/CIS states (along with Azerbaijan) to record infant mortality rates above 50 deaths per every 1,000 births. Moreover, Central Asian countries as a whole made little progress in reducing infant mortality during the 1990s; and their child mortality rates actually deteriorated.[74] On the other hand, whereas Tajikistan's rates of mortality among infants (as well as children under five) climbed between 1970 and 1990, since then infant mortality rates have been reduced by nearly half.

Most of the Central Asian national reports not surprisingly call for large reductions in infant and child mortality rates by 2015. The reports from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan[75] pledge to cut the 1990 rate by two thirds. Uzbekistan's report also points to the significant risk of under-estimating child mortality that goes with sole reliance on administrative data. Turkmenistan's national report calls for reducing reported infant mortality from 47 (in 1990) to 10 cases per 1,000 births in 2015.

A number of the national reports view the share of one-year-olds immunized against measles as a proxy for the effectiveness of national mortality-combating efforts. In Kyrgyzstan, the number of infants immunized against measles is reported to have risen from 95.5 per cent in 1990 to nearly 99 per cent in 2001.

Fortunately, all the Central Asian countries (with the partial exception of Tajikistan) are more or less on track to reach the infant and child mortality goals set out in their national MDG reports. (A more detailed analysis of country-by-country progress towards the relevant indicators is set forth in Annex 3.) The pan-CIS economic recovery (should it continue) can be expected to provide many of the resources needed to conquer what are essentially traditional developing-country health problems. The most impressive improvements could perhaps come in Kazakhstan, given the country's overall high level of development, income and wealth. On the other hand, infant and child mortality (and health) issues could remain pressing for many years in Central Asia's poorer countries (Tajikistan and Kyrgyzstan), particularly in rural areas.

Goal 5: Improving maternal health in Central Asia

In contrast to Central Asia's infant and child mortality, most Central Asian countries reported significant improvements in maternal mortality trends after 1990: by three quarters in

Even official infant mortality data from Central Asia provide cause for concern

Most Central Asian countries reported significant improvements in maternal mortality trends after 1990

HIV/AIDS has made inroads in Central Asia, and increased awareness of the challenges it poses is evident in the national reports

Turkmenistan, half in Tajikistan, and one third in Kyrgyzstan. Only Kazakhstan reported reversals in maternal mortality during this period. On the other hand, these levels remain among the highest in CEE/CIS countries. Most of the national MDG reports from Central Asia therefore call for further reductions (by three quarters, as per the global target) in maternal mortality rates, as well as for consolidating the progress that has already been made. The national report for Tajikistan, which has already nearly halved its maternal mortality rate, focuses on reducing sub-national disparities in maternal health. Kazakhstan's and Kyrgyzstan's national reports call for ensuring that virtually all births are attended by skilled medical personnel. They also call for reductions in the share of pregnant women with anaemia: from over a half to a quarter in Kyrgyzstan (thus marking a return to the 1990 level).

By contrast, the national reports do not afford much attention to other reproductive health issues, such as contraception. This may in part be because indicators in Central Asia are more favourable than in other CIS countries: around three times as many women in Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan use modern contraceptive methods as do women in the Caucasus, for example. On the other hand, there may well be room for improvement here as well: survey data indicate that more than one third of Central Asians do not use modern contraceptives, the availability of which in poorer, rural areas is significantly lower.[76] The numbers of abortions in Central Asia (under 1.5 times in a lifetime) are significantly lower than in the rest of the CIS, which can be perhaps explained by the greater influence of tradition and religion. It is nonetheless notable that the more secular Central Asian states with larger Russian minorities (Kazakhstan and Kyrgyzstan) report abortion rates that are nearly twice those of their more homogeneous and traditional neighbours, Turkmenistan and Uzbekistan. In Uzbekistan the abortion rate has reported a steady decline ever since independence to 99.4 induced abortions per 1,000 live births in 2003.

Goal 6: Combating HIV/AIDS, TB and other diseases in Central Asia

HIV/AIDS has made inroads in Central Asia, and increased awareness of the challenges it poses is evident in the national reports. TB is also recognized as a prime health threat, as are such diseases as malaria, typhoid, and brucellosis.[77] In this sense, MDG6 in its global form–emphasizing infectious as opposed to circulatory and respiratory diseases, cancers, and traumas–is more relevant in Central Asia than in many other CEE/CIS countries.

The numbers of people living with HIV/AIDS seem to be relatively low in Central Asia–at or under 0.1 per cent of the general population. UNAIDS estimates place this figure at less than 30,000; national reporting indicates less than 6,000, with most of the reported cases in Kazakhstan and Uzbekistan.[78] However, other studies suggest that some 90,000 cases had taken hold as early as in the beginning of 2003, and that 'without concerted efforts to target interventions', this figure could pass the 1 million mark in a few years.[79] As in other CIS countries, the spread of HIV in Central Asia seems to be closely linked to intravenous drug use, much of which is associated with the burgeoning heroin trade coming out of Afghanistan.

The national MDG reports for Kazakhstan, Kyrgyzstan, and Tajikistan adopted the global wording for MDG6, calling for reductions in HIV incidence and reversing the epidemic by 2015. Turkmenistan's national report, by contrast, claims that no HIV/AIDS cases have been detected so far according to official data, and as a result, it pledges to prevent the appearance of the disease. Uzbekistan's report emphasizes the importance of preventing the virus's spread among people 25–34 years of age (accounting for 50 per cent of new cases in 2004) and among prisoners (34.8 per cent of new cases in 2004).

In the short term, tuberculosis seems to pose a greater public health threat in Central Asia than HIV/AIDS.[80] The high prevalence (in excess of 5 per cent of all TB cases) of multi-drug resistant strands in several parts of Central Asia is particularly troubling. As in other CIS countries, correctional facilities in Central Asia are serving as tuberculosis incubators, reporting some of the highest TB rates found anywhere in the world.[81] Not surprisingly, all the national MDG reports from Central Asia identify tuberculosis as a major health concern, and call for sharp reductions in its incidence by 2015.

Although malaria was thought to have been eradicated in CEE/CIS countries, since 1992 it has reappeared in Central Asia, spreading from Afghanistan into Tajikistan and Kyrgyzstan as well as to Uzbekistan. Malaria has become particularly problematic along Tajikistan's border with Afghanistan: 30,000 new cases were recorded in Tajikistan in 1997 alone. Although the incidence subsequently declined (to around 6,000 in 2002), the total number of people living with malaria in Tajikistan is estimated at 300,000 to 400,000.[82] Concerns about brucellosis appear in the national MDG reports from Tajikistan and Kyrgyzstan, as well as anthrax, dysentery, hepatitis, and typhoid (in Tajikistan's report). While the reappearance of such infectious diseases in the CIS's poorest countries may be a shock, these countries' very low per-capita GDP levels

All the national MDG reports from Central Asia identify tuberculosis as a major health concern, and call for sharp reductions in its incidence by 2015

suggest that the emergence of other manifestations of extreme poverty and deprivation should not come as a surprise.

Goal 7: Ensuring environmental sustainability in Central Asia

The ESI data suggest that environmental conditions in Central Asia are worse than global averages and–with the exception of Kazakhstan–are deteriorating, despite the post-1999 economic recovery (see Tables 2.2 and Figure 2.9). The situation seems particularly dire in Tajikistan, Uzbekistan and Turkmenistan, where environmental sustainability measures show both sharp divergences from global averages and worsening environmental conditions during 2002–2005.

These data can be seen as a reflection of the multiple environmental threats faced by the Central Asian countries. These range from the desiccation of the Aral Sea, to the wintertime flooding of downstream countries in the Aral Sea basin by upstream countries' generation of hydroelectricity, to the threat of earthquakes, landslides, droughts and other natural disasters. The resource-based nature of Central Asia's economic development (featuring the extraction of oil and gas in Kazakhstan, Turkmenistan, and Uzbekistan, ferrous and non-ferrous metallurgy in Kazakhstan, Kyrgyzstan, and Turkmenistan, and extensive cotton farming in all five countries) generates large burdens in terms of air, water and land pollution. The absence of effective regional cooperation is also apparent in these problems: rather than invest in hydroelectric potential in upstream Kyrgyzstan and Tajikistan, the authorities in downstream Kazakhstan and Uzbekistan use gas- and coal-fired power plants to generate heat and electricity in major urban centres. More air pollution in cities like Almaty and Tashkent, less investment in impoverished Tajikistan and Kyrgyzstan, and more greenhouse

gas emissions for the entire region, are the result. It is stunning that countries like Kyrgyzstan and Tajikistan, whose hydroelectric sectors are key to the region's 'clean energy' prospects, report greenhouse gas emissions that are themselves above global averages (see Table 3.5).

The Central Asian countries also face large challenges in ensuring access to safe water supplies and waste management systems. Access to improved water sources is crucial to assuring public health, particularly in terms of conditions for childbirth and raising young children. Domestic sources of running water are not available to at least 10 per cent of households in Kazakhstan, Kyrgyzstan and Uzbekistan, and to over a quarter of the residents of Tajikistan and Turkmenistan.[83] The situation is critical in rural areas in Tajikistan, where nearly three quarters of the population does not have access to running water in their dwellings.[84] At least a quarter of the population in all five countries lacks access to proper sanitation facilities.[85]

Better environmental and natural resource management figure prominently in the Central Asian countries' MDG reports. The reports from Kazakhstan and Tajikistan call for tracking such indicators as energy consumption, carbon dioxide emissions, and the share of land covered by forest or devoted to protected areas. The report from Turkmenistan calls for boosting nature-conservancy spending by 50 per cent between 2000 and 2015.[86] The national MDG reports also envision sharp reductions in the numbers of households that are not connected to indoor plumbing and sources of safe water.

As with other CEE/CIS countries, Central Asia continues to benefit from the stronger economic growth that took hold after the Russian financial crisis. In contrast to most of the rest of the region, however, the Central Asian countries (except for Kazakhstan) have not benefited from significant FDI inflows. As a result, economic growth continues to retain its resource-intensive nature; it has not yet been 'decoupled' from the devastating environmental practices of the Soviet period. This is apparent, for example, in the Central Asian countries' dubious position as the global leaders in carbon dioxide emissions per unit of GDP: Turkmenistan, Uzbekistan, and Kazakhstan are among the seven dirtiest countries in the world in this respect (along with Ukraine, Azerbaijan, North Korea and Mongolia). On the other hand, the experience of other CEE/CIS countries (e.g., Romania, Poland) shows that 'decoupling' growth from environmental devastation is indeed possible. These (and other) countries' experience shows economic reforms to raise relative resource and energy prices, encourage conservation, and attract the FDI needed for industrial and agricultural mod-

Environmental conditions in Central Asia are worse than global averages, and may be deteriorating

Table 3.5 Carbon dioxide emissions in Central Asian countries

Country	Tons of carbon dioxide emissions per $ million of GDP	Difference from global average (%)
Central Asia*	1,605	+294
Kyrgyzstan	580	+43
Tajikistan	879	+116
Kazakhstan	1,437	+253
Uzbekistan	2,007	+393
Turkmenistan	3,122	+667

* Unweighted average.

Source: WEF et al., 2005.

The Central Asian countries also face large challenges in ensuring access to safe water supplies and waste management systems

In contrast to many African and Caribbean countries, Central Asian exports do not enjoy preferential access to OECD markets

ernization are keys to successful decoupling. So are the capacity-building measures needed for better enforcement of national (and global) environmental legislation and conventions.

Goal 8: Developing a global partnership for development for Central Asia
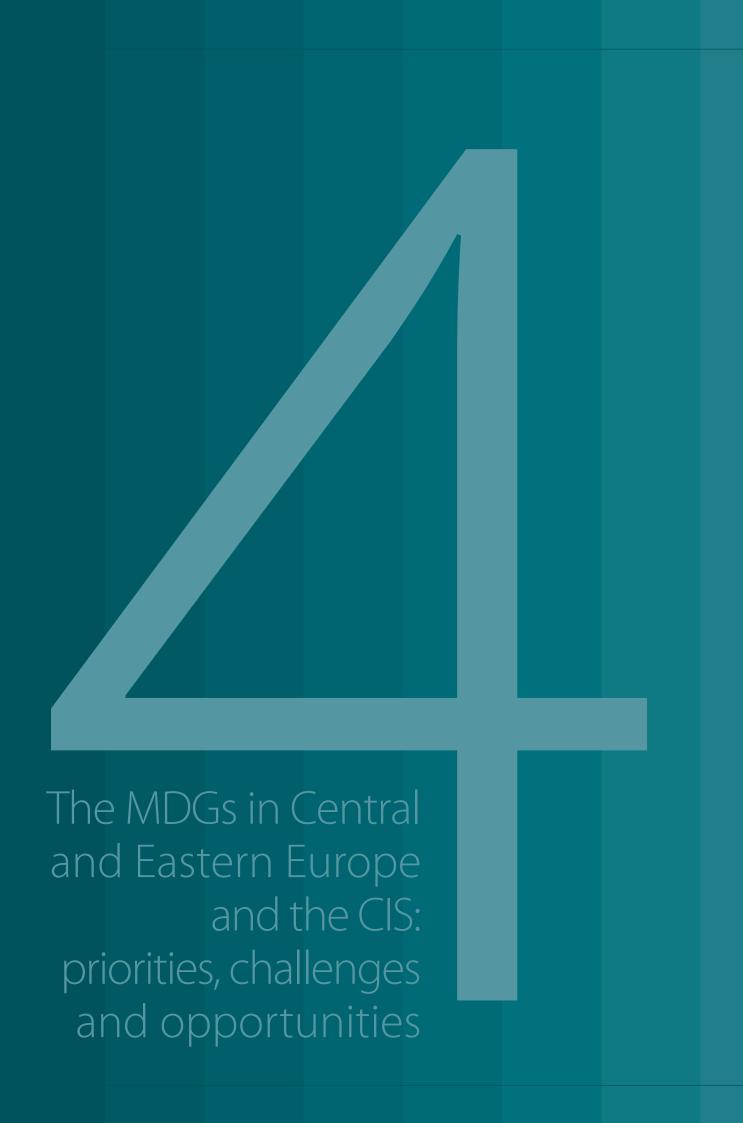
The poorer Central Asian countries pose a number of challenges for the international development community. All are landlocked (Uzbekistan doubly so); three (Tajikistan, Kyrgyzstan and Uzbekistan) report per-capita GDPs that are at Sub-Saharan African levels; and two (Tajikistan and Kyrgyzstan) are heavily dependent on external assistance and have undergone multiple foreign debt reschedulings. All the Central Asian countries are threatened by the political instability and narcotrafficking that emanates from neighbouring Afghanistan.

Responsibility for improving Central Asia's development prospects to a large extent lies with the Central Asian countries themselves

Despite this, the international community has not yet accorded Central Asia the importance afforded other areas of global vulnerability. In contrast to many African and Caribbean countries, Central Asian exports do not enjoy preferential access to OECD markets, and Tajikistan and Kyrgyzstan's debt restructurings have not been formally tied to the highly indebted poor countries (HIPC) initiative[87] (World Bank and IMF are currently actively discussing with the Kyrgyz

government the possibility to join HIPC). Like Africa, Central Asia could benefit extensively from global initiatives to make modern pharmaceuticals and information and communications technologies more available. Reductions in farm export subsidies in OECD countries now being negotiated within the framework of the WTO's Doha round could provide a terms-of-trade boost for Central Asian exporters of grain, cotton and other agricultural products.

The case for Central Asia receiving more attention and resources from the international community is in these respects quite compelling. But responsibility for improving Central Asia's development prospects to a large extent lies with the Central Asian countries themselves, particularly in terms of their difficulties in promoting inter-governmental cooperation. Central Asian countries practice beggar-thy-neighbour trade and economic policies vis-à-vis one another; numerous inter-state agreements on the management of Central Asia's water resources remain unimplemented; and the uneven pace of economic reforms in the different countries keep foreign investors from looking at Central Asia as a single, integrated (and therefore more attractive) market. Greater help from the international community should ideally be accompanied by a greater willingness of the Central Asian countries to help themselves.

4

The MDGs in Central
and Eastern Europe
and the CIS:
priorities, challenges
and opportunities

The countries that have made the most progress in reducing poverty are those that have had the most success in implementing economic, political and social reforms

This report shows how the MDG agenda has been made relevant in CEE/CIS countries by adapting global targets to national circumstances and setting national goals, targets and indicators to measure and monitor national progress. It also points to a set of issues that highlight the priorities, challenges, and opportunities presented by the MDGs for these countries.

Reforms plus resources

The MDG agenda is often presented as a list of needs that must be met and appeals to the international community for the resources to meet them. Such approaches overlook the critical importance of the policy and institutional reforms needed to ensure that the resources provided in support of the MDGs will be well used. The CEE/CIS countries' experience is particularly important in this respect. The countries that have made the most progress in reducing poverty, ensuring gender equality, promoting better health and education outcomes, and combining economic growth with environmental sustainability–the new EU member states (and accession countries)–are those that have had the most success in implementing economic, political and social reforms.

The MDGs are the concrete manifestation of the United Nations' September 2000 Millennium Declaration, which is fundamentally about governance

Not every reform measure contributes directly and unambiguously towards meeting the MDGs. The higher energy prices that are needed to encourage conservation and investments in modernizing industry, agriculture and communal services–and thereby 'decouple' economic growth from unsustainable environmental practices–can reduce the real incomes and consumption of those closest to the poverty line. The introduction of genuinely competitive elections may reduce the number of women represented in parliaments or local councils. Countries like Belarus and Turkmenistan, which have generally resisted the trends of marketization, democratization and globalization, do not necessarily report the worst development results.

Still, experience from CEE/CIS countries shows that the failure to introduce reforms can impinge on human development and hurt the prospects for achieving the MDGs. Economies without well-functioning markets and polities, and in which elites are not broadly accountable to their societies, may not have the institutional capacity needed to translate financing for the MDGs into sustainable human development.

CEE/CIS countries' experience shows that prospects for meeting the MDGs are closely tied to the quality of governance

Improving governance

The MDGs are the concrete manifestation of the United Nations' September 2000 Millennium Declaration, which is fundamentally about

governance.[1] While the MDGs provide focused, measurable targets for measuring progress, the Declaration provides the overall development vision that the MDGs support. Good governance is an essential part of that vision: this is apparent in the Millennium Declaration's references to 'freedom' and 'equality', to 'justice and development', and to its Section V, which is devoted to 'Human rights, democracy and good governance'.

The Monterey Consensus[2] of 2002 on financing for development struck a similar note:

"(11.) Good governance is essential for sustainable development. Sound economic policies, solid democratic institutions responsive to the needs of the people and improved infrastructure are the basis for sustained economic growth, poverty eradication and employment creation. Freedom, peace and security, domestic stability, respect for human rights, including the right to development, and the rule of law, gender equality, market-oriented policies, and an overall commitment to just and democratic societies are also essential and mutually reinforcing.

(12.) We will pursue appropriate policy and regulatory frameworks at our respective national levels and in a manner consistent with national laws to encourage public and private initiatives, including at the local level, and foster a dynamic and well-functioning business sector, while improving income growth and distribution, raising productivity, empowering women and protecting labour rights and the environment. We recognize that the appropriate role of government in market-oriented economies will vary from country to country.

(13.) Fighting corruption at all levels is a priority. Corruption is a serious barrier to effective resource mobilization and allocation, and diverts resources away from activities that are vital for poverty eradication and economic and sustainable development".

The CEE/CIS countries' experience shows that prospects for meeting the MDGs are closely tied to the quality of governance. It is not an accident that the reforms introduced by the new EU member states during their accession processes led to dramatic improvements in the quality of governance–which in turn are critical to their ability to alleviate poverty. This is particularly the case in the following areas, which are closely related to achieving the MDGs:

Corruption

Corruption is a serious threat to development and achieving the MDGs in CEE/CIS countries, many of which suffer from high levels of both

administrative/petty and state capture/grand corruption.[3] In addition to general problems associated with distorted market outcomes, reduced investment, and the focusing of entrepreneurs' attention on lobbying rather than meeting customers' needs, corruption can be a particular threat to the victims of poverty and social exclusion who are the focus of the MDGs. Petty fines, bribes and other 'out-of-pocket costs' can absorb a greater share of the income of a poor household than a middle-class family. Having to pay for textbooks that are meant to be free may prevent children from attending school at all. Lack of funds for 'gifts' in exchange for medicines may increase mortality rates for poor families.

Despite (or perhaps because of) its pervasiveness, corruption is also exceptionally difficult to combat. Governments (and donors) have at times been tempted to take shortcuts, or to adopt a magic bullet 'Law on Corruption'. Such attempts have generally failed, and may have done more harm than good by further eroding public faith in government and in prospects for finding solutions to this problem.

But there has been some progress. Growing numbers of countries have adopted freedom-of-information laws and have increased opportunities for public participation in policy making. Some countries have taken both prevention and prosecution seriously, and are beginning to acknowledge the importance of independent judiciaries (see below). Perhaps most importantly, voters in a number of CEE/CIS countries have begun to lose patience with corrupt regimes and are demanding change.

Democratic transfers of power

Representative democracy is key to good governance, and therefore to achieving the MDGs. It ensures that the government and its activities represent the desires of broad social groups, not only elites or the privileged. By promoting the infusion of 'fresh blood' into the political system while simultaneously protecting the interests of election losers and thereby helping them to retain a stake in the political system, regularized, democratic transfers of power can make political systems much more responsive to social needs.

While only one country in the region has formally named a 'president for life', there is a disturbing trend away from democratic transfer of power within the CIS. Variations on this theme include:

- Use of the judiciary to avoid presidential term limits (courts have held terms served under old constitutions do not count towards term limits following constitutional amendment);
- Dynastic succession;[4] and

- Redefinition of powers (e.g., a president serves a limited number of terms, but then takes the job of prime minister, the functions of which are dramatically strengthened via constitutional amendment).

All of these mechanisms have been discussed in CIS countries, and have been deployed in many. While not inherently problematic, when combined with the infrequency by which presidential power is transferred from incumbent to challenger via free and fair elections, these trends are certainly cause for concern. In addition to breeding public scepticism about representative democracy, this absence of competitive elections means that leadership changes–when they inevitably occur–are more likely to have a revolutionary, destabilising impact–which may be equally unhelpful.

Judicial reform

An independent judiciary is a key component of a modern, democratic, accountable polity. The absence of such a judiciary severely compromises citizens' abilities to defend their interests vis-à-vis the state, as well as one another. This is not unrelated to the MDGs: efficient, impartial court systems can facilitate legislation and litigation to prevent gender discrimination (MDG2, MDG3), access to information (MDG4–mortality rates), or corruption (efficient use of public resources to meet all the MDGs).

In many CEE/CIS countries, judiciaries have been only partially successful in breaking free of socialist-era 'telephone justice'. While definite progress has been made–particularly in the new EU member states–judiciaries in many countries are easily influenced by ministries of justice, as well as other executive (and commercial) bodies. Before 1990, the overall significance of defence attorneys was marginal; they were chronically overmatched by the power and resources of the procuracy. While many CEE/CIS countries have taken steps to redress this imbalance, legal cultures are slow to follow. Judges often continue to defer to prosecutors, and many defence attorneys continue to operate as part of a *collegium of advocates* rather than as private attorneys. Thus, even when defendants can obtain physical (and financial) access to an attorney, this may not be synonymous with access to justice.

Court infrastructure in many places is appalling, with inadequate heating, plumbing and office facilities. Many courtrooms continue to use steel cages for defendants. Court executors lack storage space for impounded items, which often remain in the defendants' possession after their 'impoundment'. Alternative dispute resolution (ADR) mechanisms are often used in lieu of court proceedings, because of their greater speed and accessibility. Interest in ADR mechanisms has

Representative democracy is key to good governance, and therefore to achieving the MDGs

An independent judiciary is a key component of a modern, democratic, accountable polity

National ownership is a key determinant of the effectiveness of all development strategies, including those linked to the MDGs

been growing in many CEE/CIS countries, not only because of overloaded courts, but because these mechanisms are sometimes viewed as more certain and reliable.

Public trust in legal systems in these countries understandably remains low–in some cases, even compared to trust in the police. On the other hand, judicial reforms are in progress in almost all CEE/CIS countries. Access to legal texts is improving, and *pro bono* work, legal clinics, and legal aid programmes are making legal services increasingly affordable. The trend is generally forward, even if in many countries it is proceeding more slowly than might be desired.

Strengthening national ownership of the MDG agenda

National ownership is a key determinant of the effectiveness of all development strategies,[5] including those linked to the MDGs. National ownership of the processes by which the MDGs are adapted to national circumstances is particularly important in this respect. National adaptation must be sensitive to pre-existing national agreements on development issues, when such are present. In countries where no such agreement is present, national adaptation processes can help to find it, by helping government, opposition, and non-governmental organizations to find acceptable compromise solutions. Such efforts can go a long way towards assuring the long-term sustainability of the development agenda, irrespective of short-term political circumstances or changes. (Inadequate buy-in from all relevant national stakeholders has been a frequent cause of subsequent policy reversals that come with changes of government.[6]) In addition to helping to win support (or reduce opposition) from groups that could potentially block desirable policy changes, national MDG adaptation processes should seek to identify potential beneficiaries and inform them about the advantages of the intended policies.

National ownership of the MDG agenda requires that development priorities, which are expressed as targets and numerical indicators, are the outcome of genuine national policy-making processes. State as well as non-state actors need to be included in all stages of the process. Such representation is needed in defining national priorities while retaining the focus on groups in greatest need. Nationally owned MDG agendas are also implemented and monitored more effectively, since representatives of those most affected complement the government agencies' field presence and can help point out shortcomings.

Experience from CEE/CIS countries suggests that national MDG agendas are best developed through extensive consultations with representatives of academia, civil society and the private sector, as well as national governments. Consultations can help harness the expertise needed for the successful design and implementation of MDG agendas, starting from the identification and operationalization of national objectives, through the capacity development for data collection and interpretation, to the monitoring of progress and revising earlier assumptions. Moreover, the engagement of influential social groups in MDG consultations may be an effective and relatively low-cost way to broadly disseminate the MDG message.

Aligning the MDGs with other national development strategies

Translating national MDG agendas into action requires viable policy frameworks as well as national ownership. These frameworks should be anchored in, or at least aligned with, other principal short- and medium-term national development strategies. To maximize overall development impact and lower costs, these country strategy documents should pursue the same long-term objectives, and their design and implementation should be mutually consistent.

Long-term goals like the MDGs can only be achieved if they are reflected in a sequence of short- and medium-term development strategies. For most CEE/CIS countries, one or both of two types of short- and medium-term strategies are critically important: poverty reduction strategies (or poverty reduction strategy papers–PRSPs);[7] and strategies associated with accession to, or integration with, the European Union.[8]

For low income countries, PRSPs are the key mechanism for coordinating government policies and assistance from the international community.[9] (PRSPs are also the documents through which IMF and World Bank lending and policy conditionalities vis-à-vis governments are expressed, and through which much donor coordination occurs.) PRSPs typically take the form of national three- to five-year action plans that seek to ensure that economic policy and external assistance possess a genuinely pro-poor character. PRSPs are in this way closely linked to medium-term expenditure frameworks and public investment programmes. Their design and implementation are generally accompanied by extensive consultations with civil society actors, who in principle play an important role in monitoring PRSP implementation.

Long-term goals like the MDGs can only be achieved if they are reflected in a sequence of short- and medium-term development strategies

Box 4.1 Linking the MDGs with the PRSP in Azerbaijan

In Azerbaijan, a multi-donor effort has since 2001 assisted the secretariat and the poverty monitoring unit of the State Programme for Poverty Reduction and Economic Development (SPPRED–the country's PRSP) to improve and systemize the indicators to measure MDG targets.

The process of drafting the SPPRED (in 2001–2003) established certain 'ground rules' that were important for adapting the MDGs to Azerbaijan's national specifics, as well as for Azerbaijan's overall policy framework. The SPPRED was the country's first serious attempt to produce (in a participatory manner) an overall development strategy that was time-bound, costed, and linked both to the MDGs and to real budget numbers. On the other hand, the SPPRED was not sufficiently prioritized; it had few concrete targets; the monitoring and evaluation system was seen as weak, and the medium-term expenditure framework was somewhat rudimentary.

In June 2003, the SPPRED secretariat began to define country-specific MDG goals, targets and indicators, thereby ensuring the alignment of country-specific MDGs with the SPPRED and integrating the poverty estimates and living-standard indicators used for the SPPRED with those employed in adapting the MDGs to Azerbaijan's national circumstances. This culminated in the May 2004 publication of the joint SPPRED implementation and national MDG report, which was a commitment to align nationally adapted MDGs with the SPPRED. This integration helped to make the PRSP a step towards realizing the MDGs, thereby increasing government ownership of the MDGs, linking them to concrete poverty reduction policies, and increasing public awareness of the MDGs.

At the end of 2004, the Minister of Economic Development announced that, upon the SPPRED's completion in 2005, a new poverty reduction strategy structured around the MDGs would be formulated for the period 2006–2015–in line with the MDG timetable.

Source: *RC Annual Report 2004, Office of the United Nations Regional Coordinator in Azerbaijan, February 2005.*
http://www.un-az.org/doc/2004/2004_repor.pdf

In Southeast European and CIS countries, PRSPs are an instrument for aligning short- and medium-term fiscal, social, sectoral, and other policies (and the donor assistance that finances them) with longer-term MDG targets. National MDG targets should ideally inform PRSP goals and objectives, while PRSP targets for fiscal and macroeconomic stability are key to sustainable short- and medium-term economic development, and therefore to attaining the MDGs in the longer run. Since both policy frameworks may impose certain reporting obligations on governments, their explicit integration can facilitate coordinated reporting, as well as strengthen national capacities for poverty monitoring and analysis.

While the need to ensure alignment between MDG and PRSP processes is now broadly accepted, questions about the best way to integrate these agendas remain. On the one hand, the Millennium Project Report[10] calls for systematically linking PRSPs to national MDG target values and timelines, as well as including (into PRSPs) detailed analyses of the investments needed to achieve the MDGs. Countries that achieve this systematic linkage should then be eligible for the 'fast tracking' of increased donor assistance. On the other hand, PRSPs often leave broad swathes of the MDG agenda–such as gender equality and environmental sustainability–essentially untouched. If they are to serve as operational instruments for implementing

national MDG strategies, the thematic focus of PRSPs should be broadened.

MDG needs assessments

An MDG strategy that does not contain hard numbers estimating the financial, human and other resources needed for its implementation can be little more than a wish list. The absence of such a needs assessment can seriously weaken the credibility of a national MDG campaign. It can also separate the MDG agenda from PRSP processes, in which the design and implementation of medium-term expenditure frameworks to guide public investment programmes (in such sectors as health, education, environmental policies, and communal services as well as basic infrastructure) play a key role. Since the external funding needed to finance the attainment of the MDGs is often linked to PRSPs, such decoupling should generally be avoided. By contrast, when linked credibly to a country's fiscal and external balance, an MDG needs assessment can bring finance ministries, central banks and other important policy actors on board national MDG strategies.[11] By providing hard estimates of the costs and benefits of different possible approaches to meeting the MDGs, needs assessments can help countries prioritize their policies by pointing to relatively low-cost policies with large immediate payoffs.

An MDG strategy that does not contain hard numbers estimating the financial, human and other resources needed for its implementation can be little more than a wish list

The importance of needs assessments may be matched by the analytical difficulties of 'getting them right'.[12] Global estimates of the resources needed to achieve the MDGs range from $50 billion to $100 billion annually. This large range stems from differences in possible assumptions and methodologies, particularly regarding the extent of economic reform and improvements in public-sector efficiency. As Vandemoortele and Roy (2004) point out, different approaches, delivery mechanisms, and policies (i.e., different cost functions) are associated with fulfilling different MDGs. Whereas some activities–such as promoting hand-washing as a public health measure–carry little or no cost, others–such as the (re)construction of basic infrastructure–are extremely costly. Data quality and quantity limitations offer another set of challenges.[13] As with all long-range economic forecasts, MDG needs assessments should not be accepted at face value: they should be carefully scrutinized and contrasted with other, competing estimates of the costs of meeting the MDGs.

Perhaps for these reasons, only a handful of CEE/CIS countries have seriously taken up the needs assessment challenge. One of these is Tajikistan (the poorest CEE/CIS country), for whom an MDG needs assessment was developed with support from UNDP and the UN Millennium Project.[14] Tajikistan's study represents one of the most careful attempts to date on costing the attainment of the MDGs in education, health, water, and sanitation, nutrition, food security and gender equality (Box 4.2). It also estimates the economic growth needed to reduce the poverty levels. The study shows that policy reforms coupled with increased donor financing are key to achieving the MDGs. An extended report on MDG needs assessment in Tajikistan, published in May 2005,[15] served as a basis for the drafting of a new long-term National Development Strategy and for the next phase of Tajikistan's Poverty Reduction Strategy, so that the results of the MDG investment assessment will be used for strengthening national development strategies and programmes.

Box 4.2 Tajikistan's MDG needs assessment

Tajikistan was the first CEE/CIS country in which an MDG needs assessment was conducted. This reflected Tajikistan's status as the poorest country in the region, its landlocked location, and particular vulnerability to external economic shocks. The drafting of the assessment benefited from the engagement of top officials who chaired working groups within the project, as well as from intensive work within the relevant ministries. The assessment focused on:

- providing a solid analysis of current development trends and policies in Tajikistan, as well as the national and sectoral policies needed to achieve the MDGs;
- building the comprehensive, flexible models needed to provide the government and its partners with differing development scenarios, including detailed breakdowns of needs as well as estimates of both internal (government) and external (donor) resources required to reach the MDGs;
- provoking substantive discussion on practical aspects of Tajikistan's development challenges.

The initial needs assessment was drafted by the UN MDG team during 2003–2004, in conjunction with the UN Millennium Project. Initial estimates focused on the following targets: Eradicating extreme poverty and hunger (nutrition and rural development) (MDG1); achieving universal primary education (MDG2); achieving gender equality (MDG3); lowering child (MDG4) and maternal (MDG5) mortality rates; combating the spread of disease (MDG6); and improving access to safe drinking water (MDG7).

Initial estimates indicated that the overall costs of achieving key MDG targets in Tajikistan by 2015 would be about $13 billion: $6.2 billion for nutrition and rural development, $1.8 billion for education, $0.1 billion for gender equality; $3.6 billion for health, $1 billion for better access to safe water and sanitation services and $0.26 billion for the environment.

For the Baseline Reform Scenario, which assumes that there will be no significant improvements in Tajikistan's economic, institutional and structural environments, the assessment revealed a $4.7 billion financing gap, suggesting the magnitude of the external financing that Tajikistan is likely to need. However, the report also points to domestic reforms and policies needed to promote economic growth and to ensure that this growth benefits the most vulnerable segments of the population. These include measures to strengthen the legal and institutional framework, reform social policies, improve the quality of public services, and better manage the country's financial resources. Rather than absolving the government of responsibility for tough policy choices, the needs assessment informs government officials about the policy choices they face by providing realistic estimates of the associated costs.

Source: UNDP Tajikistan 2005.

The MDGs and social inclusion in the European Union

The Millennium Declaration dovetails closely with the EU's Social Charter. Both documents seek to promote human development by expanding people's choices and opportunities while ensuring that all individuals enjoy at least a minimal degree of social protection. Under the Millennium Declaration, the MDGs are to be achieved by 2015 in all UN Member States. Under the Social Charter, national action plans (NAPs) are prepared to develop social inclusion strategies, in accordance with the objectives of the Lisbon Strategy.

Joint inclusion memoranda (JIMs) on social inclusion corresponding to the NAPs were prepared by the 10 new member states prior to their May 2004 accession, for implementation during 2005–2006. Bulgaria and Romania (as candidate countries) finalized JIMs during the first half of 2005. The Southeast European countries that are covered by the SAP are expected to prepare themselves for participation in the EU's 'open method of coordination' on social inclusion. The experience of the new member states in this area, particularly in terms of building up statistical capacity to monitor progress, can be very useful for EU candidate and potential candidate countries. This experience shows that the JIMs and MDG processes can complement one another in capacity building for social inclusion–if these processes are so understood and managed appropriately.

The Millennium Declaration dovetails closely with the EU's Social Charter

Box 4.3 Aligning the EU Social Inclusion Process and the MDGs

In April 2004, UNDP and the EC recognized their common interest and concerns over social inclusion in a jointly organized workshop on aligning the EU social inclusion process and the MDGs, in Vilnius, Lithuania. The participants confirmed the complementarities of the two processes as the new EU 10 member states acceded to the Union. They also recognized that issues of poverty and social inclusion are central to the development perspectives and priorities pursued by both UNDP and the EC in the Western Balkans with a view to European accession. The Chairperson's summary issued at the end of the workshop highlighted the need for further cooperation between governments, the European Commission, and UNDP, among others, in order to:

- Use the MDGs and social inclusion processes to create public awareness about the goals of social policy and poverty alleviation;

- Use the JIMs and the NAPs for social inclusion, as they become part of the national development agenda, as programming frameworks for UNDP assistance in combating poverty and social exclusion;

- Encourage new EU member states and candidate countries to make use of MDG indicators, tailored to the national development context, in their monitoring and reporting on national action plans for poverty eradication and social inclusion; and

- Develop adapted and contextualized MDG reports directed at tackling specific social inclusion issues, particularly in the candidate and potential candidate countries, such as preparing disaggregated data on ethnic minorities and other vulnerable groups.

In June 2005, senior government decision-makers, representatives of the EC, UN agencies and civil society organizations gathered in Tirana, Albania to investigate the status, trends, and solutions to poverty and social exclusion in the Western Balkans. Participants acknowledged their common objectives in the region, including stability, strengthening democratic and legal institutions, the protection of human rights, pro-poor economic growth, minority protection, achievement of the MDGs, and prospects for EU accession. They emphasized that the MDGs are not a separate development strategy, but form an inherent part of national development policies and planning. It has been stressed that since the MDGs process plays an important role in preparing prospective candidates for EU membership for participation in the EU Social Inclusion process, the EC could consider drawing more intensively on the countries' MDG reporting experiences and the framework provided by the MDGs in supporting these countries' EU accession goals. An MDG needs assessment has been recommended as a promising tool for integrating various anti-poverty efforts into one national development plan, and to prepare countries to embrace the EU inclusion strategy. Finally, the EC and UNDP recognized the importance of indicators and data disaggregated by sub-national region, age, gender, ethnicity, or other groups at risk of poverty, and the need to assist the governments in developing disaggregated indicators and data sources on poverty and social exclusion.

Source: UNDP RBEC 2004a, UNDP RBEC 2005d.

Prospects for capturing potential synergies between EU social inclusion processes and MDG indicators rest on understanding differences between these two instruments, as well as their similarities. Although work on broadening their focus is currently on-going,[16] EU social inclusion indicators traditionally focus on income and employment. The MDG indicators are both more multidimensional (focusing on health, education, gender, and other aspects of social inclusion) and are time-bound (linked to 2015), thereby suggesting a timeframe for policy and action.

The new EU member states face a certain risk of falling between the two frameworks. Although their relatively high levels of per-capita GDP, education, health care, and environmental quality place them in compliance with global MDG targets, their large pockets of poverty and vulnerable communities keep them from meeting the requirements of the EU's Social Charter. The EU's income- and employment-based measures of social exclusion do not necessarily address these gaps, however. The EU's use of a national relative poverty measure of social exclusion (60 per cent of median income) tends to miss the significance both of pockets of poverty (which can get lost in national data) and of the fact that, on average, citizens of the new member states are much poorer (in absolute terms) than citizens in the EU-15 countries. By contrast, when disaggregated by ethnicity or sub-national regions, MDG indicators can be used to pinpoint problems of social exclusion or rural poverty. Their disaggregation makes

the MDGs a useful tool for complementing the EU's social inclusion indicators, particularly at the national level ('level 3' or 'Laeken' indicators). Disaggregated MDG indicators can therefore serve as a bridge between the EU's social inclusion and global development agendas. These lessons should be of interest to the prospective candidate countries in Southeast Europe who are now preparing for the start of accession negotiations.

Localizing the MDGs

The battle for the implementation of the MDGs will be won or lost at the local level, where people actually live and work. If communities and civil society organizations do not learn about the MDGs and participate in the design and implementation of MDG strategies, the MDGs will not be achieved. Individuals and communities are often best placed to identify major development trends, challenges, problems and needs, to articulate their own priorities and preferences, and determine what skills and capacities are lacking. The MDGs therefore need to be adapted to local, as well as national, conditions.

'Localizing the MDGs' refers to the disaggregation of nationally adjusted global goals at the sub-national and local levels, combined with capacity development for strategic planning, implementation, and monitoring by sub-national government and civil society bodies. In practice, this localization agenda is closely linked to questions of decentralization and local governance reform.

Box 4.4 Albania's experience with localizing the MDGs

In Albania, the MDGs have been used to link local and regional priorities both to national poverty reduction policies and the EU's Stabilization and Association Process (SAP). This localization process has focused on:

Local ownership and capacity development: Because local officials and communities are often unaware of the MDGs, bringing this information to them requires sustained public awareness, advocacy and outreach campaigns. When combined with capacity development elements, these campaigns can provide local stakeholders with the skills needed to advocate effectively on behalf of the MDGs.

Data for dialogue: In Albania the Local Governance programme has calculated a Municipal HDI for 1 of the 12 regions where the MDGs-linked Regional Development Strategy (RDS) was prepared. The indices for each commune/municipality were put on a map with different colours indicating different levels of human development. Although proxies were sometimes used due to data inadequacies, the HDI mapping illustrated disparities and inequalities between communes and municipalities in this region in terms of demographic, health and education trends. Presenting this information on one map also helped stimulate public debate and discussion on the MDGs.

Sustained advocacy and awareness: Advocacy about the MDGs should logically be tailored to local conditions and media. The MDG communications strategy developed by UNDP's country office in Albania therefore focused on developing posters applying the MDGs to local circumstances, and holding town-hall meetings with the leaders of Albania's 12 regions, in order to make Albania's sub-national HDIs relevant for local stakeholders.

Operationalizing the MDGs at the local level seeks to keep the MDG agenda from being a 'top-down' process that does not benefit from local and other stakeholder involvement. The focus on the local level can also help prevent the preservation of large sub-national inequalities even when national MDG targets are achieved. The key elements of 'localizing' are awareness raising, establishing local targets and priorities, institutional development of local governance structures, establishing participatory monitoring systems, and facilitating investments for local economic development and service delivery. Localizing also requires the integration of local MDG activities with national-level policies, as well as with decentralization and other local governance reforms. In this way, localizing the MDGs is directly linked to the challenges of more effective local public service delivery–particularly in terms of the health and education services that are central to achieving the MDGs.

Most CEE/CIS countries have introduced decentralization reforms and programmes to promote local governance. In many countries, however, decentralization has proved to be something of a mixed blessing.[17] Decentralization processes have often had a largely spontaneous character, driven more by the desire to reverse the over-centralization inherited from the socialist period than by comprehension of the benefits of 'rightsizing' government. Decentralization reforms have therefore left local governments in many CEE/CIS countries with responsibilities that are not matched by the authority or resources to discharge them ('unfunded mandates'). In other countries, fiscal decentralization proceeded in an *ad hoc* manner, with little thought given to inter-municipal cooperation or measures to equalize incomes across wealthy and poor localities. Few, if any, municipalities possess the disaggregated data that would ideally be needed to measure and monitor local progress towards meeting the MDGs. Efforts to localize the MDGs in CEE/CIS countries must therefore contend with this patchwork of *ad hoc* decentralization initiatives and their unintended consequences.

It is therefore not surprising that most of the sub-national governments in the CEE/CIS countries that have pursued the localization agenda have focused on awareness raising. In some countries, however, regional governments and municipalities are now seeking to incorporate the MDGs into local planning processes. This involves adapting MDG targets and indicators to the local context, aligning local development strategies with localized MDG indicators and targets, and developing the appropriate linkages to national poverty reduction strategies.

Disaggregating the MDGs by sub-national region, gender and ethnicity

National statistical data obscure regional variations and differences between ethnic groups or genders. This is particularly the case for countries undergoing transition, in which the rapid pace of change can push some groups rapidly ahead of (or behind) others. In such circumstances, it is all too easy for certain groups or regions to acquire the socio-economic and behavioural characteristics of an underclass, jeopardizing social cohesion and stability. This underscores the importance of disaggregating statistical data by ethnicity, gender, age, religion, sub-national areas and urban/rural divisions.

This disaggregation, when performed in CEE/CIS countries, suggests that members of single-parent families, families with many children, and Roma communities, as well as refugees and internally displaced persons, the long-term unemployed, and in certain circumstances the elderly, are most likely to be at risk of poverty and social exclusion. In many cases, these various vulnerability criteria coincide with and reinforce each other. By adapting the MDGs to national circumstances, disaggregating MDG indicators to reflect these vulnerabilities, and focusing on the data needed to monitor disaggregated vulnerability trends, the true face of poverty and other development challenges for specific regions and groups can be identified (see Box 4.5).

For a number of reasons, however, household budget and labour force survey data that are disaggregated by ethnicity and other vulnerability factors are scarce. For one thing, the criteria to be used in identifying vulnerable ethnic groups like Roma are not always clear-cut. Since Roma identity is often associated with underclass status and/or discrimination, avoidance of Roma self-identification is understandable—particularly if such identification is construed so as to deny other possible (multiple) identities. This is one reason why official censuses–which are often insensitive to multiple identities–can understate Roma population figures. In some countries, privacy and anti-discrimination legislation prohibits many forms of data collection on the basis of ethnicity. Many Roma organizations therefore have ambiguous attitudes towards the collection and monitoring of ethnically disaggregated data. The use of unofficial (but nonetheless authoritative) nationally representative surveys of Roma communities (and other vulnerable groups) that are based on samples that are consistent with census data but are complemented by additional criteria offers some solutions to these problems (see Box 4.6).

By adapting the MDGs to national circumstances, disaggregating MDG indicators, and focusing on the data needed to monitor disaggregated vulnerability trends, the true face of poverty can be identified

Box 4.5   Disaggregated MDGs in Lithuania

Lithuania's successful accession to the European Union in May 2004 capped the country's reform progress since regaining independence in 1991. However, the economic growth that began in the mid-1990s has not yet substantially improved living conditions for all Lithuanians, nor has significantly reduced unemployment or ameliorated regional disparities. Because relatively wealthy communities in Lithuania are best placed to take advantage of EU post-accession structural and other funds, their application could further exacerbate regional inequalities. UNDP's country office in Lithuania published the *Disaggregated MDGs Report*[18] in 2002, in order to address these issues while contributing to the government's monitoring of regional and social inclusion trends.

This disaggregated MDG analysis provided an in-depth look at Lithuania's development trends vis-à-vis each MDG by urban/rural, county and gender criteria. It is structured so as to call attention to the most disadvantaged counties and the most vulnerable social groups. The report also examines the government's anti-policy measures vis-à-vis progress on each MDG, as well as the implications of EU membership for poverty and social exclusion.

The national poverty indicators used in the report were calculated according to methodologies based on Lithuania's household budget survey (HBS). Limited numbers of HBS respondents meant that poverty data disaggregated to the county level were not available, so county-level proxies (e.g., unemployment rates, GDP per capita) for which data were available were used. The report points, for example, to the need for collecting county-level data to monitor Lithuania's progress in gender equality in such areas as women's labour-force participation, entrepreneurial activities, and participation in governance.

The report's impact is perhaps best seen in the fact that it is still in great demand by national politicians, academia, representatives of civil society, NGOs, and the media, some three years after its publication. It shows that the MDGs can help governments and other partners to promote sustainable development even in EU member states.

Source: UNDP CO Lithuania.

Box 4.6   UNDP's role in disaggregated data collection

During 2001–2005 UNDP conducted two multi-country socio-economic household surveys on Roma.* The first one, carried out in 2001–2002, covered Bulgaria, the Czech Republic, Hungary, Romania, and Slovakia, and was the first attempt to analyse Roma's socio-economic status from a human development perspective. The second survey, conducted in October 2004, expanded the dataset to Roma living in the Western Balkans. The data provided by these surveys (which were based on some 30,000 interviews) became one of the inputs into the inter-governmental *Decade of Roma Inclusion,* which was launched in February 2005.

Roma (like other vulnerable groups) sometimes distrust representatives of state structures or other ethnicities. In light of this, Roma interviewers, intermediaries, or representatives of Roma NGOs were used for UNDP survey fieldwork wherever possible. In all cases, those engaged in administering the survey received appropriate training (on questionnaire contents, interview rules and procedures) before beginning fieldwork. Emphasis was placed on approaching these communities carefully, in order to avoid suspicion about the purposes for which the data were being collected.

These survey data provide baseline information to facilitate the monitoring of the implementation of the *Decade's* national action plans, which are organized around the MDGs. The data led to calculations and authoritative estimates of poverty lines, poverty depth, and employment/unemployment rates, as well as of educational attainment and housing conditions. Based on these data, a set of monitoring indicators were elaborated that were likewise consistent with the MDGs framework, and provided new information about those whose development challenges are hidden behind national averages.

By 2006–2007, responsibility for data collection is to be transferred to the relevant bodies in the individual countries. In this way, UNDP is helping governments in CEE countries to build capacity for disaggregated data collection and poverty monitoring.

*   Complete datasets are available at http://roma.undp.sk and http://vulnerability.undp.sk

Sources: UNDP RBEC 2002a and UNDP RBEC 2005a.

MDG reporting, poverty monitoring and awareness raising: the role of CSOs

National MDGs reports have been produced in 29 CEE/CIS countries and territories. Some countries (Albania, Armenia, Bosnia and Herzegovina, Kazakhstan, Lithuania, Serbia and Montenegro, Ukraine) have produced more than one report. Sub-national MDG reports have also been developed in a few CEE/CIS countries. These 'next-generation' reports increasingly focus on presenting data disaggregated by sub-national region and by gender. In addition to helping to raise awareness about the MDGs, these reports can lead to a deeper understanding of the causes of poverty in these countries. They show how baseline MDG targets and indicators can be revised during implementation, as new problems and challenges appear. These reports have highlighted some of the outstanding challenges in these countries' MDG agendas, such as inadequate capacity for disaggregated data analysis and local government initiatives. And they show the benefits of involving such stakeholders as research institutions, civil society organizations, advocacy groups, and the media in monitoring and reporting on MDG progress.

The frequency by which national progress in implementing MDG strategies should be monitored depends on the trade-off between the benefits of obtaining recent data and the cost of collecting, reporting and disseminating the results. UNDP guidelines suggest that implementation reports be produced every 2–3 years. Since MDG frameworks need to be linked to other development strategies, MDG monitoring and reporting should also be coordinated with the monitoring and reporting on PRSPs and the like. MDG monitoring at the local level should ideally be aligned with national MDG monitoring. Once completed, these reports should not simply sit on a shelf; ideally, they should be used for MDG advocacy and campaigning as well.

Broad social participation and engagement are key to achieving the MDGs. This is true for development strategies in general, which as a rule benefit from informed publics who demand good governance and policies that benefit the many rather than the few. The MDGs are particularly good examples of this: their time-bound, concrete, goal-oriented nature naturally lends itself to broad public understanding and discussion. In a sense, governments' signatures on the September 2000 Millennium Declaration constitute a promise to bring about better lives for their citizens by 2015. Public awareness raising and campaigning are central to ensuring that this promise is kept.

Experience from a number of CEE/CIS countries underscores this point. In Albania, the UN supported efforts by local civil society representatives, community activists and municipalities to debate the policies needed for local communities to reach the MDGs. TV and radio advertisements, leaflets, posters, and screenings of popular Albanian films in rural areas have helped disseminate information about the Goals. A 'regional advocacy tour' undertaken in the years 2002/2003 by UN agencies emphasized the integration of the MDGs with the national poverty reduction strategy and created momentum for both. The tour included roundtables with well-known Albanian personalities serving as 'MDG ambassadors'. These include current and former Albanian presidents, the mayor of Tirana, the dean of the economics department of Tirana University, and the deputy speaker and other members of parliament. The campaign also included trainings for journalists on reporting on the MDGs, further boosting media coverage and public awareness. Albania's regional authorities responded by agreeing to produce local MDG reports in each of Albania's 12 regions–which are critical to monitoring progress towards the MDGs.

The MDG campaign in Bosnia and Herzegovina likewise sought to help citizens see the Goals' relevance to their lives. Its signature slogan–*Where will I be in 2015?*–was intended to turn popular thinking away from current problems (including the slow pace of the post-war economic recovery) towards the longer-term future. As in Albania, the campaign used all available media, including paper bags for bread and a children's drawing exhibition.

A somewhat different approach was taken in Poland which, as a new EU member state, takes pride in having responded successfully to many of its development challenges. Poland's MDG campaign therefore sought to convince Poles to be generous to those in need, and to help Poland more fully take on the responsibilities of being a donor country. It focused on MDG8 as a key step towards this end, and emphasized that, for more than a billion of the earth's inhabitants, living standards such as those in Poland would be 'paradise'. The 'Poland is paradise' theme was widely picked up by commentators and pundits both in Poland and abroad. As of mid-2005, the Polish MDG campaign was preparing to go beyond the national level and focus on regional and local level activities, with a special focus on partnerships with regional authorities, municipalities, local NGOs and schools.

The engagement of civil society organizations (CSOs) is critical to raising awareness about, and monitoring progress towards achieving the MDGs, especially at the local level. The CSO sec-

Broad social participation and engagement are key to achieving the MDGs

The role that CSOs can potentially play in helping to attain the MDGs requires effective partnership mechanisms between government institutions and CSOs

tor has grown enormously since 1990 in CEE/CIS countries, and CSOs are increasingly involved in policy-making at the highest levels. At the same time, their capacities remain uneven, and in most countries CSOs continue to rely extensively on funding from external donors. This raises the possibility that, at least in some cases, CSO interest in the MDGs is more donor driven than a reflection of genuine social concern. As is the case in other regions, civil society interest in the MDGs has grown considerably in CEE/CIS countries during the past five years. A recent global survey[19] of 270 CSOs from around the world indicated that over 85 per cent of them were involved in promoting or achieving the MDGs, and nearly 70 per cent were familiar with national MDG reports.

The role that CSOs can potentially play in helping to attain the MDGs requires effective partnership mechanisms between government institutions and CSOs. The difficulties some CEE/CIS governments (particularly in Central Asia)[20] have experienced in working with CSOs can be a prominent obstacle in this respect. Likewise, issues about CSOs self-regulation and accountability remain prominent in many CEE/CIS countries. On the other hand, CSO resources, expertise, and links to local communities, vulnerable groups, and external partners can mobilize additional resources for MDG campaigns, and help poverty-alleviation measures to better reach those most in need. In this sense, cooperation between state and CSO actors around the MDGs can be a 'win-win' proposition for both parties.

The private sector and the MDGs

Although primary responsibility for achieving the MDGs lies with governments, prospects for success in this respect are linked to governments' abilities to forge strong partnerships with the private sector, as well as with civil society organizations. Poverty reduction generally requires sustained economic growth, which is generated by vibrant private sectors. At the same time, governments and civil society are increasingly demanding more social responsibility and accountability from businesses, in terms of the economic, social and environmental impact of private-sector activities. Growing numbers of companies are becoming convinced that their commercial interests lie in supporting or promoting the development of the prosperous, stable, predictable societies that are most likely to generate sound business environments.[21] The MDGs, as goals that symbolize development objectives to which the private sector can

Although primary responsibility for achieving the MDGs lies with governments, prospects for success in this respect are linked to governments' abilities to forge strong partnerships with the private sector, as well as with CSOs

contribute, can be a useful instrument in this respect.

The private sector's efficiency, creativity, and capacity to mobilize financing have been recognized by the United Nations in a number of ways. Two of the most important are the UN Secretary General's Global Compact initiative, which asks the private sector to embrace, and enact a set of core values in the area of human rights, labour standards, environment and anti-corruption,[22] and the report of the UN Commission on the Private Sector and Development: *Unleashing Entrepreneurship: Making Business Work for the Poor.*[23] The report makes a number of recommendations on better engaging the private sector in addressing the development challenges through public-private partnerships. Some of the most important ones concern promoting sub-contracting links between multinational corporations and other large firms, on the one hand, and small domestic firms that are likely to have indigenous ties to local communities on the other hand. In addition to being cost effective for large companies by developing local sources of supply, these links can connect local companies to global markets through providing access to finance, technology, and the know-how they need to become more competitive. Their increased commercial viability can in turn mean more employment and income for those at the bottom of the social pyramid.

With the exception of Turkey, Cyprus and Malta, the private sector in most CEE/CIS countries was persecuted during much of the twentieth century. In its marginal pre-1990 role, private enterprise in these countries was essentially confined to the (generally small) informal sector, in which black market activities played a large role. The concept of 'doing well by doing good' is therefore only newly arrived in most CEE/CIS countries, and has yet to firmly take root in many of them. These countries' nascent business communities, many of whom are struggling to liberate themselves from the legacies of communism (as well as from the 'grabbing hand' of the post-communist state) have yet to fully come to terms with the importance of corporate social responsibility (CSR). The quasi-social obligations that government policies continue to impose on state-owned (and parastatal) companies–particularly those supplying communal and public services, often at a loss–add further confusion to discussions of corporate social responsibility in these countries.

Much of the growing awareness about CSR as a business tool in CEE/CIS countries has been generated by foreign direct investors, who have brought modern ways of doing business to the region.[24]

The corporate cultures and management know-how that foreign investors bring with them have played a major role in building market institutions and generating economic growth, particularly in the new EU member states and Kazakhstan. Large and resourceful companies that can operate independently from national political forces can serve as an important check on potential abuses of power by governments. The benefits for the region (particularly CEE countries) brought by multinational companies include international employment opportunities, staff training, the introduction of environmentally friendly technologies, and the modernization of otherwise uncompetitive industries. This would not be possible if the countries of the region had not possessed an abundant pool of skilled labour. Likewise, the checks and balances on potentially mendacious state policies provided by civil society organizations, as well as (for CEE countries) by European Union institutions, were critical in providing the good governance that level commercial playing fields require. In particular, EU integration and

Box 4.7   Atyrau: partnership between ChevronTexaco, Citibank Kazakhstan, and UNDP
to promote small- and medium-sized enterprise development

The partnership

As the leader of the Tengizchevroil consortium which was created in 1993 to develop the Tengiz oil field in western Kazakhstan, ChevronTexaco (then Chevron) was required by the government to align its business plans with local economic and social development goals. Chevron turned to UNDP, which by that time had a track record of promoting local entrepreneurship through business advisory centres and micro-credit schemes. Chevron's interest was to get involved in small business development in the Atyrau region (where Tengiz is located), as well as in UNDP's business development project portfolio in Kazakhstan.

The partnership focused on creating and expanding local economic development initiatives that would be consistent with government development plans and build on partners' core competencies. It took the form of three projects in Atyrau, focusing on a business advisory centre, a micro-credit centre, and a business incubation facility.

The business advisory centre was set up in 1999 to promote micro- and small business development through targeted assistance to micro- and small business start-ups and existing companies. The centre offers a package of services: information, consultations on various aspects of business operations, assistance in preparing business plans, training, and access to credit. At roughly the same time, the Atyrau Micro-credit Centre's activities underwent a significant expansion, particularly in terms of extending micro-credits to low-income groups of young adults, and to unemployed workers seeking self-employment in micro-entrepreneurship. In 2002, these two projects were supplemented by the opening of the business incubation facility.

Some $1 million in funding from Chevron was provided for these projects, which benefited from the further engagement of the Atyrau local administration, UNDP, and the United Nations Industrial Development Organization (UNIDO). Citibank also played a key role in this partnership, contributing $100,000 towards establishing the Atyrau Business Incubator and making good use of Citicorp's many global contacts in the oil business.

By improving access to business services, credit, training, and self-employment possibilities in the Atyrau region, this partnership has helped reduce poverty and more broadly spread Kazakhstan's energy and mineral wealth–both of which are major government priorities. In this way, the partnership is helping Kazakhstan to achieve the MDGs–particularly in terms of MDG1 (reducing poverty and hunger), but by extension other goals as well. UNDP's support for its national development objectives was noted by the government:

"We were fortunate to have gifted, energetic and creative UNDP staff in charge of the Business Advisory Centre and Micro-credit Programme, which made our partnership a high-impact one. Due to their committed work, we felt we were achieving high return for our investment in these two particular projects. Our funds were carefully managed and projects were making steady progress."

Yerzhan Karymsakov, Government Affairs and Public Relations, Chevron

ChevronTexaco has found that its long-term interests in the Caspian region are well served by the better business climate and goodwill that has been created in Atyrau. ChevronTexaco's continuing engagement in this partnership is underscored by its management's participation in periodic reviews and monitoring. Moreover, Chevron has sought to replicate this partnership in its Angola Enterprise Programme, which was created in November 2002.

the introduction of modern management standards have increased companies' interest in such corporate social responsibility standards as the UN Global Compact.

Public-private partnerships (PPPs), which in many countries have become critical to the provision of such public and communal services as telecommunications, energy, water, waste management, and local transport, offer many opportunities for private sector engagement in socially oriented projects (Box 4.7). Many governments (particularly at the local level) do not possess the fiscal or managerial capacity needed to create this infrastructure or effectively deliver these services. Encouraging the investment of private capital and expertise in these sectors is thus a development imperative–particularly in the poorer CEE/CIS countries, many of which are new states that have not yet acquired adequate capacity for effective service delivery.

The private sector in CEE/CIS countries, through a combination of philanthropic motives and self-interest, is increasingly engaging in more socially oriented PPP projects, particularly in the education, health and local governance areas (Box 4.8). These ventures, which usually take the form of alliances between businesses, inter-governmental organizations, NGOs, and central and local state agencies, are helping governments to redefine their roles in order to improve the provision of social services. Rather than attempting to produce and supply these services themselves (tasks for which their capacities are often inadequate), governments are increasingly emphasizing setting up supportive frameworks and ensuring quality delivery of services that are outsourced to private sector and civil society organizations. These processes tend to be most advanced in the new EU member states, thanks to their well-developed private sectors and progress in fiscal decentralization and financial sector reform.

Increases in the volume of ODA are needed to generate the resources needed to finance poverty reduction, as well as improvements in health, education and other social policy areas

Building new partnerships for development: the 'new donors'

Increases in the volume of ODA are needed to generate the resources needed to finance poverty reduction, as well as improvements

Box 4.8   The Płock model of public-private partnership for sustainable development

Płock is a bustling industrial town with 130,000 inhabitants in the centre of Poland. It is also home to PKN Orlen, an oil refinery and major local employer. While the company has paid its taxes, many felt a few years ago that it was not doing its fair share for the welfare of Płock. Hoping to change this, PKN approached UNDP. Capitalizing on its reputation as a neutral broker, UNDP brought together representatives of government, PKN Orlen, and jean-maker Levis Strauss, which has a subsidiary in Płock. In October 2002 a series of town meetings were held with non-governmental organizations (NGOs) and members of the community. Together they designed a plan for implementing the Sustainable Development Strategy for Płock, which had been adopted by the Municipal Council in order to improve the quality of life of the local population.

A Fund for Płock was created in July 2003, financed by the government and private sector. PKN and Levi Strauss, two of 44 participants from the private sector, have donated $380,000 to the Fund. The government has put in $320,000. A steering committee involving local citizens was appointed to decide on how to allocate the money. NGOs apply for funds to support sustainable development. Projects have retrained engineers, upgraded school computers, supported the arts, and established a school for talented children. So far the Fund has financed over 150 projects, involving about 3,800 Płock citizens. UNDP has monitored and evaluated progress in project implementation and provided training for NGOs to increase their capacity to perform financial control functions and build partnerships. The Fund is open to other participants, and efforts are underway to attract more donors from the local business community.

"I think that the most pioneering element of the Fund for Płock is the combining of private and public money and the use of that money for the benefit of the local community", says Mirosław Milewski, Mayor of Płock. "I feel particularly pleased with the fact that the Fund's resources will be used by NGOs, as money shortages very frequently hinder their ability to accomplish their goals".

All sides have benefited: the city has gained because more NGOs have received financial and technical assistance; businesses have improved the welfare of Płock citizens – their main labour pool. UNDP's role has been to broker this partnership, build the capacity of all sides to work together, and develop a model of public-private cooperation that can be copied elsewhere. PKN Orlen and UNDP are currently replicating the Płock model in three other Polish cities: Ostrów Wielkopolski, Wałbrzych and Tarnów.

Source: UNDP Country Office, Poland.

in health, education, and other social policy areas. In 2003, only 5 out of the 22 donor countries in the OECD Development Assistance Committee (DAC) had met their pledges to provide 0.7 per cent of gross national income (GNI) as ODA; the actual (2003) level of ODA was only about 0.23 per cent of GNI. The Millennium Project Report[25] estimated that, in order to finance the programmes needed to achieve the MDGs, ODA flows should increase to about 0.53–0.54 per cent.

Effective technical assistance need not come in monetary form, however. The transfer of the experience acquired by the new EU member states in crafting the policy and institutional reforms necessary to build healthy market economies and democratic polities–particularly to the countries of Southeast Europe and the CIS–can also constitute an important form of development cooperation. These countries' transitions from recipients to providers of assistance can also offer some broader development lessons, particularly in terms of MDG8's call for 'new partnerships for development'. The more traditional forms of technical assistance offered by the government of Turkey and its International Cooperation Agency, as well as the Russian Federation's technical assistance and debt forgiveness for developing African, Asian, and Latin American countries, underscore the many ways in which CEE/CIS countries are contributing as new or non-traditional donors to international development cooperation.

The monetary value of these countries' contributions to global ODA may be relatively minor, due to their relatively low levels of per-capita GDP (compared to OECD DAC countries) and the small shares of their GNI allocated for ODA. Nonetheless, the potential impact of the new EU member states' expertise and lessons learned in negotiating the transition and development challenges of the 1990s could be fundamental. As former recipient countries that are one of the world's major development success stories of the 1990s, these new donors are in a unique position to provide expert knowledge to the development community.

The potential contributions that new donors among the CEE/CIS countries could provide to their eastern and southern neighbours–as well as to developing countries in other regions–are many. Governments, civil societies, and private sectors in these countries have accumulated a wealth of best practices and lessons learned during the transition process. The adaptation of these practices is particularly important for countries in the European Union's 'wider neighbourhood' of Southeast Europe, the Western CIS and the Caucasus, many of which are seeking closer links (if not accession) to the EU.

By sharing their expertise and best practices of transition, emerging donors can help close the gaps in finance and development assistance that stand in the way of fulfilling the MDGs. They can also accelerate the recipients' integration into the EU.

EU accession processes bring together lessons in institution building, market reforms, social inclusion and environmental sustainability. In the democratic governance area, the new EU member states' experience in improving the functioning of parliaments, regional and local governments, judicial independence (including *Ombudsman* institutions and supreme courts) has been shared with concrete results. In economic policy, lessons learned from private sector development, trade liberalization and international economic integration, and capacity building for more effective social policies seem particularly important. The improvements in environmental sustainability in the new member states offer many important lessons that the CIS countries in particular have yet to fully exploit. Poland's successes in halting the spread of HIV during the late 1990s likewise suggest some important lessons for neighbouring countries, where the epidemic is close to spinning out of control.

These 'new donors' face a number of common problems in becoming more effective contributors of development assistance. The establishment of the transparent, effective ODA delivery mechanisms needed for ministries of foreign affairs to coordinate development cooperation projects and activities is one such challenge. So are shortages of staff with experience in managing development cooperation activities, particularly in the area of project-cycle management. Some issues also remain to be tackled in the areas of legal frameworks for ODA activities, and public awareness and education. UNDP has provided the new member states with assistance in all of these areas.

Supporting the MDGs by investing in 'regional public goods'

The main responsibility for achieving national MDGs and targets lies with governments. But in many cases, countries working within their borders cannot achieve the Goals on their own. This is most apparent in the case of such 'regional public goods' as the construction and maintenance of cross-border transport networks, combating threats to cross-border ecosystems, or dealing with the threats and opportunities posed by trade liberalization (especially since so many CEE/CIS countries have small, open

By sharing their expertise and best practices of transition, emerging donors can help close the gaps in finance and development assistance that stand in the way of fulfilling the MDGs

In Central Asia, the absence of robust regional cooperation has had a significant impact on economic development and environmental quality–particularly for the smaller, poorer countries

economies), migration, trafficking, and the spread of infectious diseases like HIV/AIDS and tuberculosis. The UN Millennium Project Report[26] recognizes the links between regional public goods and the MDGs, and recommends the provision of such regional goods as:

- Investment in trans-national infrastructure for transport, energy, and water management, including highways, power grids, telecommunications networks, and oil and gas pipelines;
- Coordinated management of trans-national environmental problems;
- The creation or strengthening of institutions to promote economic cooperation, with a particular emphasis on coordination and harmonization of trade policies and procedures;
- The creation or strengthening of political mechanisms to promote regional dialogue and consensus building.

The Millennium Report also calls for international support for the provision of such regional public goods, as well as their integration into national MDG-based poverty reduction strategies.

CEE/CIS countries offer powerful examples of the benefits of such transnational cooperation–as well as the costs of its absence. The European Union's May 2004 expansion, and its continuing influence on Southeast Europe (linked in turn to prospects for further enlargement) shows how successful integration and supra-national cooperation has paid enormous dividends for the CEE countries. The EU provides an important demonstration effect of how security, prosperity and development can be increased via inter-governmental cooperation. It does so via a model that respects the sovereignty of smaller states while helping weaker economies to catch up by combining regional economic integration with targeted assistance for institutional development. In addition to anchoring reforms in many CEE countries, the EU has more broadly contributed to stability in Southeast Europe (see chapter 2).

By contrast, successes in trans-national economic integration among CIS countries have been more modest. This is particularly the case in Central Asia, where the absence of robust regional cooperation has had a significant impact on economic development and environmental quality–particularly for the smaller, poorer countries (see Box 4.9).

Box 4.9   Regional cooperation for human development and human security in Central Asia

UNDP's regional human development report on *Regional Cooperation for Human Development and Human Security in Central Asia* focuses on problems of supra-national cooperation and integration among the five Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan) and seeks to build consensus on critical issues to this region. The report focuses on the regional dimensions of trade, transport and transit, private investment and financial sector integration, water, energy, environment, migration, education and health, and the prevention of natural and man-made disasters and threats. It also addresses the political and institutional constraints on regional and international cooperation beyond Central Asia, and links them to national prospects for achieving the MDGs.

The report concludes that:

- Regional cooperation and integration will bring measurable benefits to the people of Central Asia and contribute to achieving the MDGs. Reduced barriers to trade and transport within and outside of the region, improved regional water and energy management, a regional approach to combating HIV/AIDS and raising educational standards, and regional disaster preparedness and response capacities, should be important elements of the regional cooperation agenda.

- Poor governance, as reflected in weak institutional capacity, high levels of corruption, and limited prospects for most people to participate in shaping these countries' national development agendas, are serious obstacles to capturing the benefits from supra-national cooperation and integration. Better governance is a key to bringing about an integrated, prosperous and stable Central Asia.

- The international community has a great, shared interest in human development and human security in Central Asia. China and Russia, as well as the main international donors, have since 2001 intensified their support for regional cooperation and integration in Central Asia. This support should continue, and should focus on strengthening key regional institutions.

Source: UNDP RBEC 2005c.

5

Conclusions

This report shows that–when done correctly–the national adaptation of the MDGs can provide indicators that can be used to identify and monitor the location, extent, and changes in poverty and social exclusion, even in the new EU member states

Virtually every CEE/CIS country has undergone fundamental changes since 1990, the baseline year for assessing progress in meeting the MDGs. For the CIS countries and many countries in Southeast and Central Europe and the Baltic states, the collapse of the Soviet Union and socialist Yugoslavia, the dissolution of the Czechoslovak federation, and the emergence of the European Union (EU) as the key mechanism for supra-national (re)integration, fundamentally recast the region's political economy. The sharp declines in incomes and output, followed by the strong economic recoveries experienced since the mid- or late 1990s, likewise dramatically altered development prospects as well as threats of poverty and social exclusion. The large declines in industrial output and subsequent improvements in the efficiency of natural resources and energy consumption, combined with growth in capacity for better environmental protection and management, significantly improved prospects for environmental sustainability in many CEE/CIS countries–particularly the new EU member states. The low birth rates and shrinking populations reported by most of these countries are posing new demographic challenges to health, education, and social welfare systems, challenges that had only begun to appear in 1990.

Not all CEE/CIS countries are experiencing post-communist or demographic transitions of the type described above. Turkey (as well as a number of the Central Asian countries and Azerbaijan) continues to have a young, growing population. It does not need to create the institutions of a market economy or parliamentary democracy. But fundamental changes have occurred since 1990 in Turkey as well. Turkey responded to the challenges posed by rising inflation and government debt during the 1990s, and by the currency crises of 1999 and 2001, by refocusing its policy framework on European integration and eventual EU membership. The 2002 parliamentary elections, which recast Turkey's domestic politics and showed how a democratically elected government led by an Islamic party could accelerate progress towards EU membership, cemented Turkey's position as the world's most democratic Muslim country. Like the Russian Federation and the new EU member states, Turkey is a provider of development assistance to poorer countries.

These transformative trends point to the weaknesses of treating the MDGs, and the 1990 baseline year, as holy grails for assessing development in CEE/CIS countries. They also indicate why the MDGs must be adapted to national circumstances. But this report also shows that–when done correctly–the national adaptation of the MDGs can provide indicators that can then be used to identify and monitor the location, extent, and changes in poverty and social exclusion, even in the new EU member states. Trends in social exclusion affecting Roma, children, internally displaced persons, refugees, women, and other vulnerable groups can be better measured and monitored using disaggregated MDG indicators. When applied properly, the MDGs also show that some CIS countries are facing poverty levels and other development challenges that are most often associated with developing countries in Africa, Southern Asia and the Caribbean. As such, they deserve commensurate levels of support from the international community.

National MDG reports may not always provide perfect guides to (or roadmaps for) fulfilling the MDGs in CEE/CIS countries. Almost a half of these reports are sanctioned by governments as official policy documents. Differing national reports take different approaches to adapting the MDGs to national circumstances, with correspondingly different risks of and implications for reaching or not reaching these goals. On the other hand, as expressions of national ownership of the MDGs, as benchmarks to assess national progress, and as guideposts for the future, these reports are invaluable resources. The primary value of the national reports lies in their calling attention to developmental gaps, and in suggesting realistic ways to tackle them. When combined with PRSPs, medium-term expenditure frameworks, and needs assessments, they can generate credible estimates of the resources required to address these gaps.

The record of implementing national commitments has been mixed so far, and the priority areas for further work towards the MDG agenda vary from country to country. The countries that have resolved some basic issues (e.g., mortality, absolute poverty), such as the new EU member states, may use the MDGs to align national policies with the EU social inclusion framework, in order to bring the benefits of development to the most excluded groups and areas. On the other hand, since the development challenges in the poorer Central Asian countries are not so different from those of poor African countries, the MDGs can be an advocacy tool to ensure that they receive appropriate attention from the international community. As presented in the national MDG reports, nationally adjusted MDGs can be made relevant for all CEE/CIS countries. Nonetheless, nearly all states need to improve their performance in one or more areas within their nationally adapted MDG agendas.

While many different national trends are apparent, this report suggests that in terms of their MDG agendas the CEE/CIS countries can be roughly divided into three groups. The first group includes the new EU member

states, the Southeast European countries that have completed or have been invited to begin EU accession negotiations,[1] and the Russian Federation, Ukraine, Belarus and Kazakhstan. These countries have per-capita GDPs above PPP $5,000;[2] have not been seriously affected by armed conflict (Croatia and the Russian Federation are arguable exceptions); and have sufficient state capacity to better direct social benefits to those most in need of assistance. These are also countries that score well, or show rapid improvements in, the Environmental Sustainability Index (ESI); that are making growing contributions to international development cooperation (or are poised to do so); and where women have made the greatest strides towards gender equality. On the other hand, these are also countries in which tuberculosis and HIV/AIDS are the most serious epidemiological threats to public health (although their significance remains much less than other causes of mortality); that receive net inflows of migrants (except for Ukraine and Belarus); and in which populations are shrinking, especially in rural areas (in the Russian Federation, Ukraine and Belarus, this shrinkage reflects alarming mortality trends, especially for men). For these countries, the challenges of fulfilling the MDGs are closely linked to:

- the continuation of economic growth;

- the success of policies to reduce relative poverty and inequality, either because of the EU's emphasis on relative income poverty as the key measure of social exclusion (for the CEE countries), or in light of the large gaps between rich and poor that have appeared during the transition in some of the wealthier CIS countries;

- better identification of vulnerable groups via the development of disaggregated poverty and MDG indicators;

- more effective targeting of social policies to help these groups;

- the more effective design and implementation of development programmes targeting poor regions (e.g., the North Caucasus in the Russian Federation, or Eastern Anatolia in Turkey);

- ensuring better access to OECD markets for agricultural, metallurgical, and light industrial exports (for the CIS countries);

- increasing state and non-state capacity at the local level, in order to make the local delivery of public and communal services more effective;

- reforming central and sub-national administrations, to reduce corruption and improve the quality of governance;

- improving the effectiveness of assistance provided as 'new donors';

- ensuring the appropriate alignment of MDG strategies with the EU's social inclusion frameworks, be they the joint inclusion memoranda for EU accession or (for Ukraine) national action plans for the EU's European Neighbourhood Policy; and

- advocacy for the broad changes in lifestyle choices needed to improve public health and address unfavourable mortality trends, particularly among men in these CIS countries;

- accelerating the introduction of frameworks for corporate social responsibility and business development, especially among small local companies that can enhance their competitiveness and be more effective sub-contractors for multinational corporations; and

- creating the regulatory frameworks needed for more effective public-private partnerships to increase access to health, education, telecommunications, and communal services, particularly in remote rural areas.

The second group consists of Moldova and the countries of the Caucasus and Central Asia (except Kazakhstan). These countries have per-capita GDPs below PPP $5,000[3] (in the case of Georgia, Moldova, Kyrgyzstan, Tajikistan and Uzbekistan–half this amount, or less). They are recovering from the (often devastating) effects of armed conflict (with the exceptions of Kyrgyzstan, Turkmenistan and Uzbekistan); and they face major constraints on state capacity, which limit governments' ability to perform basic state functions, in social policy and in other areas. With the exception of Armenia, Georgia, and Moldova, they score relatively poorly on the ESI; these countries' demographic and epidemiological profiles are more typical of developing countries–populations are young and growing. Soviet-era progress towards gender equality, and access to quality education and health services, is under the greatest threat in these countries. They suffer from the absence of effective regional cooperation institutions, particularly in Central Asia and the Caucasus; and are major suppliers of migrant labour, particularly to the Russian Federation, but also (in the case of Moldova) to EU countries. For this group of countries, the challenges of fulfilling the MDGs are closely linked to:

- ensuring continued economic growth, to lift household incomes, government tax revenues, and public and private consumption, thereby reducing absolute poverty;

- improving the quality of basic data on poverty, unemployment and access to social services;

- significantly improving the quality of governance to reduce corruption, both at the central government level (via public administration and judicial reform) and at the local level (via decentralization);

- promoting and strengthening representative democracy to ensure democratic transfers of power;

- building or repairing basic public and communal service infrastructure, particularly for water supply and treatment, public health and education;

- acquiring better access to markets for agricultural and light industrial exports (particularly in the EU, but also in the Russian Federation, Ukraine, Kazakhstan and Uzbekistan), as well as ensuring the free movement of migrant labour within and beyond the CIS;

- ensuring the appropriate alignment of MDG strategies with MDG needs assessments, PRSPs, decentralization programmes, and (for Moldova and the countries of the Southern Caucasus) national action plans for the EU's European Neighbourhood Policy;

- attracting significant concessional funding and other resources to finance the implementation of MDG needs assessments;

- improving business environments to encourage well-regulated private sector investments, including promoting transparency, protecting property rights, improving access to capital, and removing red tape;

- accelerating the introduction of frameworks for corporate social responsibility and business development, especially among small local companies, which can enhance their competitiveness and enable them to be more effective sub-contractors for multinational corporations; and

- creating the regulatory frameworks needed for more effective public-private partnerships, in order to improve access to health, education, telecommunications, and communal services, particularly in remote rural areas.

The third group consists of the Western Balkan countries, which combine elements of the first and second groups. That is, these countries, like the countries of the Caucasus, Moldova and Tajikistan, are recovering from violent conflicts which generated millions of refugees, internally displaced persons and other vulnerable groups. They are engaged in PRSP processes,[4] to which the design and implementation of MDG strategies should be aligned. They generally have per-capita GDPs that are roughly comparable to those of EU candidate countries – Bulgaria and Romania, as well as of Turkey, Belarus and Ukraine. The Western Balkan countries possess relatively equal distributions of income (like the new EU member states), suggesting that social policy should focus on addressing absolute rather than relative poverty concerns. They are significant suppliers of migrant labour (like the CIS countries), particularly to EU member countries, thereby generating significant remittance incomes. Like the new EU member states, the Russian Federation, and the Western CIS countries, the Western Balkan countries generally possess the state capacity needed to collect significant shares of GDP in taxes and fund basic social services; and in sharp contrast to the CIS countries, they enjoy preferential access to the EU's single market. For these countries, the challenges of fulfilling the MDGs are closely linked to:

- ensuring continued economic growth, to lift household incomes, government tax revenues, and public and private consumption, thereby reducing absolute poverty;

- improving the quality of basic data on poverty, unemployment and access to social services;

- significantly improving the quality of governance, both at the central government level (via public administration and judicial reform) and at the local level (via decentralization);

- ensuring the appropriate alignment of MDG strategies with MDG needs assessments, PRSPs, decentralization programmes, and the EU integration agenda associated with the SAP;

- better identification of vulnerable groups via the development of disaggregated poverty and MDG indicators;

- more effective targeting of social policies to help these groups;

- the more effective design and implementation of development programmes targeting poor regions (e.g., Northern Albania, Southern Serbia);

- attracting significant concessional funding and other resources to finance the implementation of MDG needs assessments;

- promoting such corporate social responsibility frameworks as the UN Global Compact and the EU framework for sustainable development among local businesses, in order to strengthen links to the global economy and expand the benefits associated with foreign direct investment; and

- creating the regulatory frameworks needed for more effective public-private partnerships, in order to improve access to health, education,

telecommunications, and communal services, particularly in remote rural areas.

For all of these countries, reform of central and sub-national administrations, to reduce corruption and improve the quality of governance, is especially important. The experience of the new EU member states shows that the countries that have had the most success in implementing economic, political, and social reforms also have made the most progress in reducing poverty, ensuring gender equality, promoting better health and education outcomes, and combining economic growth with environmental sustainability. Successful transitions show that progress in institution building, market reforms, social inclusion, and environmental sustainability go together. These countries' experiences in improving the functioning of parliaments, regional and local governments, judiciaries (including *Ombudsman* institutions and supreme courts) have been shared with concrete results. In economic policy, lessons learned from private-sector development, trade liberalization and international economic integration, and capacity building for more effective social policies seem particularly important.

The experience of the new EU member states also shows that the MDGs, when firmly linked to efforts to improve the quality of governance, can help create the institutional capacity needed to respond to pressing development challenges. When civil society and local government actors are engaged in their adaptation and implementation, the MDGs can be a powerful instrument for strengthening local governance and promoting local development (as in Albania). When linked to issues of inter-government cooperation, the MDGs can promote the investment in 'regional public goods' needed to address transnational economic, ecological, migration and epidemiological opportunities and threats. Finally, when linked to short-term macroeconomic policy frameworks (as in Azerbaijan) and when accompanied by hard-headed needs assessments (as in Tajikistan), the MDGs can link short- and medium-term macroeconomic stabilization programmes to the development vision set forth in the Millennium Declaration.

Notes

Chapter 1

[1]   Adopted by the General Assembly on 8 September 2000. See http://www. un.org/millennium/declaration/ares552e.htm.

[2]   See Annex 1 for details of the global MDG agenda.

[3]   This is the third MDG report for the CEE/CIS region. The first two reports were published by the World Bank (World Bank 2004b and World Bank 2005b). Both reports focused on the global MDG targets and indicators and the national MDG agendas were not taken into account.

Chapter 2

[1]   Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo (Province of), Kyrgyzstan, Latvia, Lithuania, Macedonia, Malta, Moldova, Poland, Romania, Russian Federation, Serbia, Montenegro, Slovakia, Slovenia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan. The region is hence referred to with the CEE/CIS acronym.

[2]   World Development Indicators database, World Bank.

[3]   See e.g., UNDP RBEC 2002a, UNDP RBEC 2005a, and the website of the Decade of Roma Inclusion http://www.romadecade.org.

[4]   Czechoslovakia is the notable exception, being at the time one of the world's most industrialized states.

[5]   Except Yugoslavia, which had cultural and trade relations with both blocs as well as with the developing world.

[6]   See http://www.coe.int.

[7]   See http://www.hri.org/docs/ECHR50.html.

[8]   These were the 15 former republics of the Soviet Union, five from Yugoslavia, and two from Czechoslovakia.

[9]   UNCTAD 1998: 4; World Bank 2002b: 5.

[10] EBRD 2004: 16.

[11] According to IMF 2004, growth rates for CEE stood at 4.4 and 4.5 per cent in 2002 and 2003 respectively, while the CIS recorded growth rates of 5.1 and 7.6 per cent in those years.

[12] Albania, Armenia, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Georgia, Hungary, Kyrgyzstan, Latvia, Lithuania, Macedonia, Malta, Moldova, Poland, Romania, Slovakia, Slovenia, Turkey. See http://www.wto.int.

[13] Azerbaijan, Belarus, Bosnia and Herzegovina, Kazakhstan, Russia, Serbia and Montenegro, Tajikistan, Ukraine, Uzbekistan. Ibid.

[14] UNCTAD 2001.

[15] UNDP 2004a: 198.

[16] Examples include the Visegrad Group (http://www.visegradgroup.org), the Central European Initiative (http://www.ceinet.org), the Council of the Baltic Sea States (http://www.cbss.st), and the Organization of the Black Sea Economic Cooperation (www.bsec-organization.org).

[17] EC 2004b; Milcher and Slay 2005; Emerson 2004.

[18] Freedom House 2005. It is significant that no CIS state has been rated as 'free' while 8 out of 11 are found to be 'not free'. See http://www.freedomhouse.org/research/freeworld/2005/table2005.pdf.

[19] Countries above the diagonal report improvement in their HDIs during 1990–2003, while those below the line experienced declines in their HDIs.

[20] Major refugee-producing conflicts have occurred in Nagorno Karabakh, Abkhazia, South Ossetia, and Chechnya in the Caucasus; Croatia, Bosnia and Herzegovina, and Kosovo in the former Yugoslavia; and Tajikistan in Central Asia. See annual UNHCR Population Statistics.

[21] In 2002 the share stood at 19 per cent in the area including Belarus, Bulgaria, Czech Republic, Hungary, Poland, Moldova, Romania, Russia, Slovakia and Ukraine, and is expected to reach 37 per cent by 2050. See http://www.un.org/esa/population/publications/ageing/Graph.pdf.

[22] UNDP 1999:150.

[23] UNDP 2000. Down from 71.5 years in 1970–75 to 68 years in 1995–2000.

[24] UNDP 2004a.

[25] World Bank 2002a.

[26] UNDP 2004a: 169–170, UNDP 2003a: 210–211.

[27] The countries are: Croatia, Cyprus, Czech Republic, Estonia, Latvia, Lithuania, Hungary, Malta, Poland, Slovakia, and Slovenia. See UNDP 2003a and UNDP 2004a.

[28] UNICEF 2005a.

[29] UNDP 2004a: 169–170.

[30] UNDP 2003a, UNDP 2004a. The values for child and maternal mortality follow the WHO conventions, which are frequently much more inclusive than the national data presented in Chapter 3.

[31] Measure Communication/Population Reference Bureau 2003: 5–7.

[32] UNAIDS 2004c.

[33] UNAIDS 2004b.

[34] UNDP RBEC 2004b.

[35] UNAIDS 2004a.

[36] UNDP RBEC 2004b: 31–32.

[37] UNDP RBEC 2004b: 34.

[38] World Bank 2003a: Annex A.

[39] UNFPA 2004b.

[40] UNICEF 2005b.

[41] World Bank 2003b.

[42] WEF et al, 2005. These data are for tons of carbon dioxide emissions per million dollars of GDP.

[43] For a discussion of ESI methodology, see http://www.ciesin.columbia.edu/indicators/ESI/index.html. For a critical analysis see Environment Daily no. 1152 (February 6, 2002), available at www.environmentdaily.com.

[44] Cyprus and Malta were omitted from both ESI reports. Georgia was omitted from the 2002 report.

[45] The greater the distance from the diagonal the larger the difference between urban and rural households.

[46] World Bank 2003b: 9.

[47] UNDP 2004a.

[48] In 2002 Turkey spent 3.7 per cent of its GDP on education, relative to 2.2 per cent in 1990, while Romania moved from 2.8 per cent in 1990 to 3.5 per cent in 2002.

[49] UNDP 2004a.

[50] While the global MDG indicator and target are PPP $1 a day, a higher poverty line such as PPP $2.15 a day is considered more appropriate in the CEE/CIS region, given the extra expenditure on heating, winter clothing and food in view of the more severe climate conditions. See World Bank 2003c.

[51] UNDP 2003a, and World Bank 2005a.

[52] Data for the years 1998–2000. UNDP 2003a: 200. This ratio was insignificant for Cyprus, the Czech Republic, Estonia, Hungary, Poland, Slovakia, Slovenia and Turkey, and below 5 per cent in Belarus, Lithuania, and Macedonia. For other countries, these ratios were: Azerbaijan (23 per cent), Bulgaria (15 per cent), Croatia (18 per cent), Georgia (16 per cent), and Uzbekistan (19 per cent).

[53] The Gini coefficient indicates the extent of inequality of income or consumption on a scale from 0 (perfect equality) to 1 (perfect inequality). It should be noted here that for the CEE/CIS region, Gini coefficient data for consumption (rather than income) generally show less inequality.

[54] The Czech Republic was able to maintain this ratio at around 3.5 during the 1996–2001 period (UNDP 1999, UNDP 2004a).

[55] World Bank 2005a.

[56] Ibid.

[57] 'Armenia: Poverty paradox', Oxford Analytica Russia/CIS Daily Brief, 11 February 2005.

[58] World Bank 2005a.

[59] Ibidem.

[60] UNDP 2003a.

[61] For more on the gender-related impact on social and economic development of countries in transitions see World Bank 2002a; UNDP 2004b.

[62] UNDP 2003b: 5.

[63] Ibid.

[64] UNDP 2004a.

[65] 'As many as 85 per cent of the women covered in this study were forced into trafficking as a result of "low salaries and scarce employment opportunities at home"'. Stability Pact for Southeast Europe, Annual Report on Victims of Trafficking in Southeast Europe, Vienna 2003, quoted in UNFPA 2004a.

[66] Measure Communication/Population Reference Bureau 2003: 7.

[67] http://www.un.org/womenwatch/daw/cedaw/states.htm.

[68] UNIFEM 2004.

[69] UNDP RBEC 2002a.

[70] UNDP RBEC 2002a.

[71] UNDP RBEC 2002a: 47.

[72] Report on the Situation of the Roma and Sinti in the OSCE Area. High Commissioner on National Minorities, OSCE 2000, cited in: UNDP RBEC 2002a: 64.

[73] UNDP RBEC 2002a: 18.

[74] UNDP RBEC 2002a: 53.

[75] UNDP RBEC 2002a: 53.

76 UNDP 2005: 219.

77 UNDP 2004a: 150.

78 In December 2004 the highest rates were recorded in Poland (18.3 per cent) and Slovakia (16.9 per cent). Source: Eurostat data released on 1 February 2005. See http://epp.eurostat.cec.eu.int.

79 Results from the latest OECD Programme for International Student Assessment survey for 2003 including, among others, data on eight states of the CEE/CIS region can be found at: http://www.pisa.oecd.org/dataoecd/1/60/34002216.pdf.

80 Open Society Institute 2002: 33.

81 UNDP RBEC 2002a: 55.

82 Open Society Institute 2002: 38.

83 http://europa.eu.int/comm/enlargement/enlargement.htm.

84 Ibid.

85 UNDP RBEC 2002a: 35.

86 UNFPA 2004b.

87 UNDP RBEC 2002a: 66, 116.

88 Sciberras 2003: 16–17.

89 EC 2003.

90 EC 2004a.

91 EC 2003.

92 UNDP Bosnia and Herzegovina 2003: 15.

93 UNDP Kosovo 2004a: 8.

94 EBRD 2004: 24.

95 Mizsei and Maddock (2005).

96 UNDP Kosovo 2004a: 12.

97 Data do not include Turkey. Berryman 2000: 32–33.

98 UNDP RBEC 2004b: 12.

99 UNICEF 2003: 14.

100 UNDP 2003b: 2–4.

101 EBRD 2004: 16.

102 UNDP 2003b: 4.

103 UNDP Russia 2005.

104 UNDP 2003b: 5.

105 UNICEF/WHO 2004: 24–31.

106 United Nations Population Division 2002.

107 Russia: state statistics (Goskomstat), cited in: Heleniak 2001. It is estimated that since 1992, the Russian Federation's population declined from 148.7 million to 144.1 million, and is expected to total only 141.5 million in 2005 (World Population Prospects database, op.cit; Heleniak, op.cit.).

108 Screening tests among prisoners in the Russian Federation reveal a steep rise from 4,100 cases in 1999 to 26,850 in 2002, suggesting that one prisoner in 25 is living with HIV in that country. The situation seems even more serious in Ukrainian prisons, in which 7 per cent of inmates were reported to have HIV in 1999. This figure has almost certainly risen since. UNDP RBEC 2004b: 33–34, 86.

109 Between 16 and 20 per cent of those registered with HIV receive therapy in Bulgaria, Poland and Serbia and Montenegro; 33 per cent in Hungary; between 40 and 60 per cent in the Czech Republic, Croatia and Slovakia; and 86 per cent in Romania. UNICEF 2003: 31.

110 UNDP 2003b: 19; UNDP Ukraine 2004a.

111 UNDP 2003b: 19–20. TB also presents a humanitarian challenge: the registered incidence in Chechnya and Ingushetia, with their high concentrations of refugees, is more than double national averages. UNICEF 2003: 18.

112 UNDP 2004b.

113 World Population Prospects database, op.cit; Heleniak, op.cit.

114 Djankov and Murrell 2002, Kaufman and Kaliberda 1996.

115 UNICEF/UNOHCHR/OSCE-ODIHR 2002: 25.

116 UNDP Ukraine 2004a.

117 As is the case with most CIS countries, relatively high levels of educational attainment and life expectancy mean that Tajikistan's human development index rating is much higher than its per-capita GDP rating.

118 The pension reforms introduced in 1997 differentiate Kazakhstan markedly from the other CIS countries in this respect.

119 Falkingham 2003: 4.

120 World Bank 2005a.

121 UNDP Kazakhstan 2004: 26.

[122] UNDP Tajikistan 2003a: 8.

[123] Tajikistan recognized the need to raise its expenditure on education. The country's Poverty Reduction Strategy Paper of 2002 contains the resolution to increase the share of GDP devoted to education by 0.2 percentage points annually. (In 2004 it was increased to 0.7 percentage points annually).

[124] Mizsei 2004.

[125] UNDP 2003a: 211; 2004a: 169.

[126] Ballance and Bishnu 2003: 8–9.

[127] WEF et al, 2005.

[128] World Bank 2005a.

[129] Due largely to irrigation, annual discharges from the Amu-Darya and Syr-Darya rivers into the Aral Sea dropped from more than 50 cubic kilometres before 1960 to 5 cubic kilometres in the 1990s.

[130] Ballance and Bishnu 2003: 30.

[131] World Bank 2005a.

[132] UNDP Tajikistan 2005.

[133] UNDP Kazakhstan 2004

Chapter 3

[1] National MDG reports had not been published in Cyprus, Estonia and Malta. (The MDG Report for the Russian Federation was published as a Human Development Report).

[2] These were Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kosovo, Latvia, Macedonia, Moldova, Montenegro, Romania, Serbia, Tajikistan and Turkey. Official sanction here denotes: (i) the codification of the national MDG reports' targets and indicators in national legislation; (ii) the inclusion of the national reports' targets and indicators into a binding policy document such as a poverty reduction strategy paper; or (iii) an explicit statement of government acceptance or approval in the national MDG report. The development of a national MDG report by civil society groups acting under the aegis of a United Nations country team should not be viewed as constituting an official, binding assessment of national progress towards meeting the MDGs.

[3] Unless otherwise stated, data in this chapter are taken from the national MDG reports.

[4] UNDP RBEC 2004f: 14.

[5] http://europa.eu.int/comm/eurostat/newcronos/reference/display.do?screen=detailref&language=en&product=EU_key_indicators&root=EU_key_indicators/sdi/sdi_ps/sdi_ps1000.

[6] UNDP RBEC 2004d: 16.

[7] UNDP Lithuania 2002: 23.

[8] UNDP RBEC 2004g: 15.

[9] The objective of reducing the number of beneficiaries of state support must be viewed with caution, however, since it concentrates on the effects of poverty rather than addressing the root cause.

[10] UNDP RBEC 2004c: 23.

[11] UNDP RBEC 2004c: 23.

[12] UNDP 2004a: 150.

[13] UNDP RBEC 2004f: 23.

[14] In Poland and Slovenia, the ratio of female to male students comes up to 1.28–1.38, and in the Baltic states two male students are matched by three female colleagues. UNDP 2003a: 206.

[15] UNDP 2004a: 221–222.

[16] Note, however, the conspicuous drop in the Czech Republic from 0.64 to 0.56. See UNDP 2001: 214–215.

[17] UNDP 2004a: 221.

[18] UNDP RBEC 2004c: 33.

[19] UNDP RBEC 2004c: 32.

[20] Recent data from the National AIDS Prevention Centre suggest that the situation has been stabilized since 2002.

[21] Kazmierkiewicz 2004: 40.

[22] UNDP RBEC 2002a: 66.

[23] UNDP RBEC 2004c: 44.

[24] In contrast to the other sub-regions, most of the governments in SEE explicitly endorsed national MDG reports, thereby endowing them with the legitimacy of state policy. This gives the arguments and recommendations of these countries' reports more policy weight than is the case for other countries' reports.

[25] The latest Serbian report also notes a considerable rise in income inequality since the early 1990s, but attributes it to the post-war recovery and expansion of the middle class.

[26] The national poverty line was defined as the income equal 43,499.05 kunas annually (for two adults with two children) in 2004.

[27] UNDP Romania 2003: 16.

28 UNDP 2003a: 209–211.

29 UNDP 2003a and UNDP 2004a.

30 Measure Communication/Population Reference Bureau 2003.

31 UNFPA 2004b. However, some signs of progress are evident in Serbia (the latest Serbian MDG report indicates that between 1997 and 2000, the rate of contraception use rose from 44 to 52 per cent).

32 Whether this commitment can be reconciled with Bosnia and Herzegovina's fiscal and demographic constraints remains to be seen.

33 WEF et al. 2005.

34 UNDP Albania 2002: 55.

35 These objectives are listed as part of the national MDG1.

36 World Bank 2005a.

37 World Bank 2005a.

38 World Bank 2005a. The value of PPP $4.30 appears to be more appropriate for the area than PPP $1 in recognition of the higher costs of living in a severe climate, requiring greater expenditure on heating, clothing and food.

39 For instance, the resource-rich northern/western Siberian regions of Komi, Yamal-Nenets, Khanty-Mansi and Tyumen receive rankings of high human development equal only to Moscow (HDI of over 0.800), and less than a quarter of the population falls under the poverty level. On the other hand, around half of the population is under the subsistence minimum in the less-industrialized areas in the direct vicinity (UNDP 2003c: 2–4).

40 Mizsei 2004.

41 Enrolment ratios are expressed as percentage shares of the population enrolled in a certain level of education. While net ratio considers only the students who are of official school age for a given level, gross ratio includes all students, whatever their age, enrolled in a level. See UNDP 2003a: 352.

42 The adaptation of standards of education to those of the EU has only been launched and, therefore, the pace of this process remains to be seen.

43 Vishnevsky 2005.

44 UNDP 2005: 317.

45 The Russian Federation's Republic of Ingushetia (in the Northern Caucasus) actually passed legislation legalizing polygamous marriages in the late 1990s. This law was struck down by the federal authorities. See Derlugian (2001).

46 Measure Communication/Population Reference Bureau 2003: 3.

47 Child and infant mortality are treated in the national MDG4 along with issues of maternal health.

48 Measure Communication/Population Reference Bureau 2003.

49 UNDP 2003b: 19; UNDP Ukraine 2004a.

50 UNDP 2003b: 19–20.

51 UNDP RBEC 2004b: 34.

52 Ukraine lists these targets under the heading of its national MDG5, "Reducing and slowing down the spread of HIV/AIDS and TB".

53 FAO (2001), quoted in UNEP 2002: 104.

54 These are in addition to the critical role already played by the Russian Federation in ratifying the Kyoto Protocol, thereby ensuring its ratification by the global community.

55 UNDP et al. 2004.

56 UNDP et al. 2004.

57 For more on this, see Kheifets, 2004.

58 See UNDP Russia, 2005.

59 UNDP's country office in the Russian Federation is implementing a project (RUSAID) aimed at providing advisory services to government institutions and other relevant agencies involved in the development and implementation of technical assistance programmes.

60 See http://tcdc.undp.org.

61 Kazakhstan is exception to this pattern. Its demographic profile is similar to those of other CIS countries, showing shrinking, aging populations.

62 UNDP Tajikistan 2005.

63 UNDP Kazakhstan 2004.

64 These figures are taken from survey data presented in UNDP 1999 and UNDP 2004a.

65 World Bank 2004c: 5 and Falkingham 2003.

66 UNDP Tajikistan 2005.

67 UNDP Tajikistan 2003a: 8.

68 UNDP Tajikistan 2003a.

69 UNDP Tajikistan 2003b: 27.

70 UNDP Tajikistan 2003b: 32. This methodological issue is further discussed in: UNICEF 2003.

[71] UNDP Uzbekistan 2006.

[72] Demographic and Health Survey (DHS) 1996, UNICEF 2005a.

[73] UNDP Uzbekistan 2006.

[74] UNDP 2003a: 211; UNDP 2004a: 169, 170.

[75] UNDP Uzbekistan 2006.

[76] UNFPA 2003: 13.

[77] Brucellosis is an infectious disease, contractible through drinking contaminated or untreated milk or through contact with livestock or its carcasses. Pasteurization of milk is the most common method of prevention.

[78] For UNAIDS statistics see: UNDP RBEC 2004b: 12; for national data: Godinho 2003: 2.

[79] Centres for Disease Control and Prevention serosurveillance data placed the number at 1.65 million for the year 2005. See http://www.usaid.gov/locations/europe_eurasia/car/briefers/hivaids_prevention.html.

[80] Godinho 2003: 18.

[81] Godinho 2003: 5.

[82] UNDP Tajikistan 2003b: 42.

[83] Godinho 2003: 8.

[84] UNICEF/WHO 2004: 30.

[85] UNICEF/WHO 2004: 12.

[86] The expenditure should increase by 80 per cent by 2020. UNDP Turkmenistan 2003: 44.

[87] See http://web.worldbank. org/WBSITE/EXTERNAL/TOPICS/EXTDEBTDEPT/ 0,,contentMDK:20263277~menuPK:64166739~pagePK:64166689~piPK:64166646~theSitePK:469043,00. html.

Chapter 4

[1] See http://www.un.org/millennium/declaration/ares552e.htm.

[2] UN 2002.

[3] Hellman, Jones and Kaufmann 2000. Ten countries of the region are found by Transparency International to be in the group of 40 countries that are perceived as most corrupt worldwide by business people and business analysts. On a scale from 0 (highly corrupt) to 10 (highly clean) they were graded at 1.9 to 2.5. The Corruption Perceptions Index for 2004 can be found at: http://www.transparency.org/cpi/2004/cpi2004. en.html#cpi2004. See also the in-depth reports on 11 countries of the region in Transparency International's Global Corruption Report 2005. (http://www.globalcorruptionreport.org/download.html).

[4] Of course, politically active families are not unique to this region.

[5] See, e.g., Cukrowski et al 2002.

[6] UN 2004.

[7] For more information on PRSPs see http://siteresources.worldbank.org/INTPRS1/Resources.

[8] These include the 31 chapters that are negotiated during the accession process (for the new member states, Bulgaria, Romania, and possibly Croatia and Turkey) see http://europa. eu.int/comm/enlargement/negotiations/index.htm; the Stabilisation and Accession processes for the Western Balkan countries www.stabilitypact.org; and the European Neighbourhood Policy national action plans (for the countries of the Western CIS and the Caucasus) http://europa. eu.int/comm/world/enp/document_en.htm.

[9] As of mid-2005, Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Serbia and Montenegro, and Tajikistan were officially engaged in the design or implementation of PRSPs.

[10] UN 2005.

[11] UNDP 2004b.

[12] See UN 2005 for the discussion of MDG needs-assessment methodology.

[13] See Vandemoortele and Roy 2004, for a detailed discussion of the methodological problems related to MDG needs assessments.

[14] Work on costing the MDGs has also begun in Kyrgyzstan and Ukraine. In Ukraine preliminary estimates of both the material and non-material costs of attaining the MDG agenda by 2015 have been made available to the national authorities. See UNDP Ukraine 2004b.

[15] UNDP Tajikistan 2005.

[16] Indicators for education, health, and other aspects of social exclusion are present in the EU's social policy framework. As of mid-2005, work to secure agreements at the EU level on other important aspects of poverty and social exclusion (including literacy and premature mortality) was on-going.

[17] UNDP RBEC 2002c, UNDP RBEC 2005b.

[18] See http://www.un.lt/en/publications/other-publications.

[19] WFUNA/NSI 2004.

[20] UNDP RBEC 2002b.

[21] Nelson and Prescott 2003.

[22] See www.unglobalcompact.org.

[23] See www.undp.org/cpsd/report.

[24] Lewis 2005.

[25] UN 2005.

[26] UN 2005: 224.

Chapter 5

[1] This includes Bulgaria, Croatia, Romania and Turkey.

[2] In 2003.

[3] In 2003. Turkmenistan is an arguable exception here.

[4] Macedonia is an exception here.

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Annex 1 The Millennium Development Goals, targets and indicators: a global agenda[1]

Goal 1	Eradicate extreme poverty and hunger	
	Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day	1. Proportion of population below PPP $1 a day 1a. Poverty headcount ratio (percentage of population below the national poverty line) 2. Poverty gap ratio (*incidence × depth of poverty*) 3. Share of poorest quintile in national consumption
	Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight in children (under five years of age) 5. Proportion of population below minimum level of dietary energy consumption
Goal 2	Achieve universal primary education	
	Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrollment ratio in primary education 7a. Proportion of pupils starting grade 1 who reach grade 5 7b. Primary completion rate 8. Literacy rate of 15 to 24 year-olds
Goal 3	Promote gender equality and empower women	
	Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015	9. Ratio of girls to boys in primary, secondary, and tertiary education 10. Ratio of literate women to men ages 15 to 24 11. Share of women in wage employment in the nonagricultural sector 12. Proportion of seats held by women in national parliament
Goal 4	Reduce child mortality	
	Target 5: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of one-year-old children immunized against measles
Goal 5	Improve maternal health	
	Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
Goal 6	Combat HIV/AIDS, malaria and other diseases	
	Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. HIV prevalence among pregnant women ages 15 to 24 19. Condom use rate within the contraceptive prevalence rate 19a. Condom use at last high-risk sex 19b. Percentage of 15–24 year-olds with comprehensive correct knowledge of HIV/AIDS 19c. Contraceptive prevalence rate 20. Ratio of school attendance of orphans to school attendance of non-orphans ages 10–14
	Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)
Goal 7	Ensure environmental sustainability	
	Target 9: Integrate the principles of sustainable development into country policies and programme and reverse the loss of environmental resources	25. Proportion of land area covered by forest 26. Ratio of area protected to maintain biological diversity to surface area 27. Energy use (kilograms of oil equivalent) per PPP $1 GDP 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting chlorofluorocarbons (ODP tons) 29. Proportion of population using solid fuels
	Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	30. Proportion of population with sustainable access to an improved water source, urban and rural 31. Proportion of population with access to improved sanitation, urban and rural
	Target 11: Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers	32. Proportion of households with access to secure tenure

Goal 8	Develop a global partnership for development	
	Target 12: Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (including a commitment to good governance, development, and poverty reduction–both nationally and internationally)	33. Net ODA, total and to the least developed countries, as a percentage of OECD/DAC donors' gross national income 34. Proportion of bilateral, sector-allocable ODA of OECD/DAC donors for basic social services (basic education, primary health care, nutrition, safe water and sanitation)
	Target 13: Address the special needs of the least developed countries (including tariff-and quota-free access for exports, enhanced programme of debt relief for HIPC and cancellation of official bilateral debt, and more generous ODA for countries committed to poverty reduction)	35. Proportion of bilateral official development assistance ODA of OECD/DAC donors that is untied 36. ODA received in landlocked countries as proportion of their gross national incomes 37. ODA received in small island developing states as proportion of their gross national incomes
	Target 14: Address the special needs of landlocked countries and small island developing states (through the Program of Action for the Sustainable Development of Small Island Developing States and 22nd General Assembly provisions)	38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from least developed countries, admitted free of duty 39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 40. Agricultural support estimate for OECD countries as a percentage of their gross domestic product 41. Proportion of ODA provided to help build trade capacity
	Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 43. Debt relief committed under HIPC initiative 44. Debt service as a percentage of exports of goods and services
	Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth **Target 17:** In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries **Target 18:** In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	45. Unemployment rate of 15 to 24 year-olds, male and female and total 46. Proportion of population with access to affordable, essential drugs on a sustainable basis 47. Telephone lines and cellular subscribers per 100 population 48a. Personal computers in use per 100 population 48b. Internet users per 100 population

Source: http://www.un.org/millenniumgoals/

Annex 2 Monitoring progress towards nationally adapted MDGs

Collecting quality data

Quality data is important for monitoring a country's progress towards the MDGs. They allow us to quantify performance, and thus should be based on well-defined indicators, targeting issues of national concern. Data should provide a comprehensive and meaningful picture of a country's progress in a given section of the agenda. They should cover the entire territory of the country for the duration of the commitment. Datasets should be representative of the population of concern on a given issue. Disaggregation by gender, age, socio-economic status and locality is essential for highlighting pockets of poverty that national figures may not show. However complex the data collection process is, the exercise is meant to serve as a basis for setting national priorities, resulting in goals and targets that should be limited in number, constant over time, and easily communicated to the general public (UNDG 2001).

State institutions identify, gather and monitor data used for measuring progress towards national MDG commitments. This assumes that government ministries, local administrations and statistical offices have both the capacity to perform these functions and the willingness to communicate the results. MDG reporting requires the capacity on the part of these institutions to provide reliable and comparable data on a regular basis. For the sake of cost efficiency and comparability, the data should be generated on the basis of established national conventions and procedures.

While data collection remains under the purview of national governments, the MDG indicators need to meet international standards. This means, in part, that the methodology employed should be applied consistently over the entire time series. Proper reference should be made to the baseline data. Wherever possible, references should be made to publicly available sources. And the reports should account for any omissions and discrepancies in the data, while presenting all the estimates used in their place.

Quality data are not always easy to obtain in the CEE/CIS region. Statistical methodologies used during communism differed from world standards, and states in transition have had difficulties in building adequate institutional capacity for collecting and processing data. Many statistical offices in the CEE/CIS region have experienced steep declines in funding and staff, while access to modern computing technology remains limited. These difficulties have been compounded by the disintegration of states, the persistence of internal conflicts and the emergence of new state structures. In these circumstances, statistical institutions have often collapsed or failed to keep track of the rapidly changing situation (the displacement of people, the deterioration of public services, and the shrinkage of the economy).

The quality of national human development reports is largely dependent on countries' capacity to produce and use statistics. National reports often suffer from numerous shortcomings. First, large gaps in basic human development statistics, such as school enrolment, the literacy rate and population size frequently become apparent as national data are aggregated on the regional or global levels. Second, statistical offices often employ non-standard methodologies in calculating indexes and rely on unofficial, qualitative, sources. Finally, the format of the data presented is not always transparent or clear, with some figures lacking proper sourcing. As a result of these shortcomings, many inconsistencies between national and international data result. This makes meaningful inter-country comparison extremely difficult.

No simple solutions to these problems exist. Respect for national ownership of the MDG agenda in all the countries of the region requires that efforts to improve data quality must focus on the national level. Although cross-country comparisons would be useful, they are not feasible in all cases because of the diversity of national agendas. The overarching objective is to monitor development within the country. International statistical standards should be used as guidelines, but not directives, towards developing national indicators that can be observable with the use of available tools. National sources to monitor the MDGs include (UNECE 2004):

- *Population Censuses.* In most countries the population census is the main source of social and demographic data. It provides data on the geographic and demographic profiles of the population, which are important in of themselves and as the basis for other indicators. The census also provides comprehensive data by covering social parameters such as employment and education. Finally, the census is often a prerequisite for good sample survey data since it provides the information for household surveys such as the Labour Force Survey (LFS). Almost all countries in Eastern Europe and the CIS have carried out a population census for the year 2000, the only exceptions being Bosnia and Herzegovina and Uzbekistan. Moldova conducted a census in late 2004 while Turkmenistan carried out its last census

in 1995. Even if countries make the census a well-established practice, some important issues still remain. The overall quality of data needs to be improved (objective assessments of census data are not yet a common practice) and international definitions and classifications need to be adopted, especially in areas like employment, education and migration. A specific concern is funding: for the 2000 census, various countries relied on donor contributions. Similar arrangements may be necessary in the future.

- *Household surveys.* For many of the MDGs, comprehensive data can be supplied only through household sample surveys. Among them, the two main survey typologies providing data for the MDG agenda are the Household Budget Survey (BHS) and the LFS. The former is mainly used for the measurement of poverty and households' consumption of goods and services (including food); the latter is intended to provide data on employment and unemployment, but can also be used to collect data on education. The HBS has a long tradition in the countries of this region. In many cases it was the only sample survey held on a regular basis. But it doesn't always adhere to international standards in terms of concepts, classifications and sampling rules. Thanks to the efforts of international organizations, the countries in the region have made great improvements in meeting international standards. Now the HBS is carried out with more reliable methodologies. However, countries with limited statistical capacity still face problems. Their sample sizes are sometimes too small or not updated often enough. LFSs were introduced in the mid 1990s and for a long time estimates based on official registry data were used to measure employment and unemployment. Especially in some countries of Central Asia and the Caucasus, the LFS is still not conducted regularly. Employment data lack the necessary quality and often fail to take the size of the informal sector into account.

- *Administrative data.* A registration system and other administrative records provide information on infant, child and maternal mortality, morbidity (tuberculosis, HIV/AIDS), immunizations, school enrolment and employment. In general, it is difficult to assess objectively the coverage and quality of the registration systems that measure these parameters. Some indirect comparisons can be made between administrative-based estimates and survey or census data. Significant resources and adherence to international definitions and classifications are required to collect data on such parameters as morbidity. We should also note that administrative

data production is often hampered by poor personnel training, obsolete data processing methods, and burdensome legislative frameworks. Moreover, registration systems are slow to adapt to changes and in some cases are still based on old definitions that are not in line with international standards. In these conditions, underreporting or misreporting can easily become an issue. If administrative records are the only data source available, users should be aware of the shortcomings of these statistics, since data of insufficient quality must be interpreted with care.

National efforts to define, assess and monitor MDG targets and indicators can be greatly assisted by international organizations working in the field. UN institutions, such as UNDP, the United Nations Economic Commission for Europe (UNECE) or the United Nation's Children Fund (UNICEF), along with other key world development actors, including the World Health Organization (WHO), the World Bank, EU agencies, the US Agency for International Development (USAID) and individual countries from Europe and North America, have all been instrumental in creating procedures for dealing with poor-quality data. Technical assistance schemes have improved the capacity of national statistical offices (Box A2.1). Apart from funds and technical aid, some customized research tools have been tried in many states of the region (for example, the World Bank's Living Standards Measuring Study, UNICEF's Multiple Indicator Cluster Survey (MICS), and USAID's Demographic and Health Survey). These initiatives have provided much improved, standardized assessments on key MDG issues ranging from poverty to education, health to child welfare.

The direct involvement of international organizations in making available basic socio-economic information (e.g. through their support of nationwide household surveys) complements the national data collection and analysis process. This initiative has been very successful, but much work remains to be done to achieve the twin objectives of enabling local institutions to build their stock of data more independently, and of assuring the availability of MDG-relevant data for the entire population. Participating external agencies and national governments are becoming increasingly aware of the need to coordinate their activities, pool resources and build on existing data so as to avoid duplication or waste (World Bank 2004a: 3). Along with national human development reports, MDG national progress reports constitute an important instrument for raising awareness among donors, international agencies and governments about the body of collected and required data, stressing the policy relevance of all statistical activities.

Box A2.1 DevInfo to strengthen participatory MDGs monitoring processes

DevInfo is a powerful database that monitors human development indicators. The database can be used to facilitate programme monitoring on a key set of indicators at the community, subnational, national and international levels. It can also be used for programme monitoring and data sharing among ministries, UN agencies, development agencies and civil society. DevInfo generates tables, graphs and maps for reports and presentations. The database maintains indicators by time periods and geographic areas to monitor commitments to sustained human development in a uniform format.

DevInfo was adapted from UNICEF's ChildInfo database technology. Following the successful deployment of ChildInfo in many countries over the last 10 years, an assessment concluded in 2002 that, with certain modifications, ChildInfo would be an appropriate tool to support the monitoring of progress towards the MDGs at the country level. A modified version of ChildInfo, called DevInfo, was offered to the United Nations Secretary General for use by all UN Country Teams (UNCTs) to support MDG monitoring at the country level. The members of the UN Development Group (UNDG) endorsed this initiative and appointed UNICEF as the lead agency to implement the DevInfo initiative.

Since the roll-out of DevInfo in 2004, the UN system has been carrying out DevInfo implementation with a particular focus on building the capacity of national statistics offices. To date, more than 90 countries all over the world are using DevInfo. In CEE/CIS more than 300 people from different countries and organizations have been trained, resulting in 12 nationally owned databases adapted from DevInfo technology in the region.
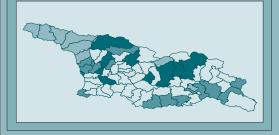
Serbia and Montenegro had a unique experience in 2004 when Plans of Action for children were finalized and devolved to the state and municipal levels when DevInfo was introduced and customized. The strategy of this initiative builds on national strategies defined in the PRSPs, moving from central to local levels and from plans to implementation. All activities have been developed within existing government and municipal structures. No parallel structures have been introduced. The Council for Child Rights in Serbia and the Commission for Child Rights in Montenegro are the key proponents for continuing this process.

Local action plans were initiated in five poor multi-ethnic municipalities, three in Serbia (Kragujevac, Sjenica and Pirot) and two in Montenegro (Bar and Bijelo Polje). Local coordination bodies were set up, situation analyses were developed, and research on children was carried out with the broad participation of the local population. Poor and excluded children were targeted and channels of communication with this population were identified. This made it possible for them to participate in the development, monitoring and implementation phases. Targets were defined for five years and strategies created for meeting them. An intersectoral body was created within the existing municipal structure to lead the process and to respond to children's issues in the future.

An intersectoral monitoring system based on DevInfo has been developed. This will serve to monitor the progress of not only the National Plans of Action for Children (NPAs) but also the PRSPs and the MDGs. DevInfo has been installed at the central level and in five municipalities. The data are constantly being updated by a task force led by statistical offices with the participation of ministries. DevInfo has been also installed in the Prime Minister's office, which is a focal point for the PRSPs, MDGs and the NPAs. The parliament and the Ministry of Finance have also expressed interest in DevInfo.

In Georgia, DevInfo was formally presented to the Prime Minister during the launch of the Georgia MDG Report. Subsequently, a task force was established to build the first national database (GeorgiaInfo) with indicators disaggregated at the subnational level to show important disparities (see example below). The taskforce consisted of the Ministries of Labour, Health, Education, Science and Social Affairs, and UN agencies under the leadership of the Department of Statistics of the Ministry of Economic Development. The database development process provided national counterparts with an excellent opportunity to strengthen statistical capacity.

Example: Net enrolment ratio in primary education in Georgia (2001–2002)

Source: UNICEF.

Annex 3   Assessing progress towards nationally adapted MDGs

A technical note

This report measures countries' progress in achieving the MDGs. It is based on national MDG reports, taking into account country-specific targets and indicators, national baseline and target years, and baseline and target values. For countries that have not set national targets, global goals, targets and indicators are used, and the data needed for the assessment of a country's progress are taken from international sources. Based on a target-by-target analysis, the report then identifies countries that are 'on track', 'likely' or 'unlikely' to achieve their national goals.

For each MDG, targets and indicators defined in the nationally adjusted MDGs are used to measure a country's progress. For each indicator, progress observed is compared with that needed to meet the target (assuming a linear progression). The time gap for an individual indicator is calculated as the difference between the time remaining to the target year and the time needed to achieve the target (assuming the speed foreseen by the national agenda). Formally, the time gap (G) is determined in the following way:

$$G = T_r - T_n$$

where

T_r – remaining time:

$$T_r = t_t - t_c$$

t_t and t_c denote respectively the target year and the year of observation;

T_n – time needed to achieve the target (assuming linear progress):

$$T_n = t_t - [t_b + (t_t - t_b)\frac{x_c - x_b}{x_t - x_b}]$$

t_b – baseline year,
x_b – baseline value of the indicator,
x_t – target value of the indicator,
x_c – observed value of the indicator.

Positive values of the time gap reflect over-performance and negative values indicate underperformance (i.e., time lag). The assessment of a country´s progress towards a particular goal is based on the values of the time gap estimated. A country is assessed to be: 'on track', if the time gap is non-negative; 'likely to achieve the national goal', if the time gap is lower than one quarter of the remaining time; and 'unlikely to achieve the national goal', if the time gap is higher than one quarter.

For targets formulated as 'Reverse the trend in…' baseline and target values of the related indicator correspond to the coefficients describing the linear trend (it is assumed that in the target year the value of the trend coefficient equals zero).

For targets formulated as for example 'Reach the EU level…' the baseline and target values of the related indicator correspond to the difference between a country's indicator and the EU indicator in the baseline and target year, respectively.

For targets specifying a general trend (formulated such as 'Reduce the level of …') the country is considered to be 'on track' (the value of the gap is equal to 0) if the current trend coincides with the trend required. The country is considered 'unlikely to achieve the target' (the value of the gap is set to be equal to one quarter of the time remaining to the target year), if the current trend does not coincide with the trend required.

If the target is a particular number, (e.g., 100 percent of enrolment/completion/ratio women and men, etc.), and the observed value exceeds the target value, the time gap is estimated as the difference between the target year and the observed year. However, if the baseline value is above the target value but the value observed is below it, then the country is described as 'Unlikely to achieve the target' and the value of the gap is set to be equal to one quarter of the time remaining to the target year.

If targets are described by a number of indicators, the time needed to achieve the target (T_n) and remaining time (T_r) are determined as quadratic mean values (root-mean-square values) of corresponding values related to individual indicators. The time gap related to particular goals is estimated similarly taking into account corresponding values related to the constituent targets. Indicators (targets) for which the time gaps cannot be estimated are not taken into account in the estimation of time gaps related to corresponding targets or goals.

Box A3.1 An assessment of a country's progress towards a goal

The estimation of the time gap and respective progress towards the goal will be illustrated by the example of Poland, MDG4 – Improve health and reduce child mortality. This goal consists of two targets. The first target is described by one indicator. The second target is described by two indicators.

Goal 4. Improve health and reduce child mortality	Baseline		Target		Observed	
	Year	Value	Year	Value	Year	Value
Target 1. Reduce child mortality rates by 75% by 2010						
Under-five mortality rate (per 1,000 of population of the age group)	1990	3.4	2010	0.9	1999	1.8
Target 2. Reduce premature adult mortality by 25% by 2010						
Probability of death at age 15–59, males (%)	1990	27.5	2010	19.5	1999	23.2
Probability of death at age 15–59, females (%)	1990	9.8	2010	7.1	1999	8.9

STEP 1: Time gap for Target 1 (GT_1)

Calculation of the time needed to achieve the target (T_{n1}):

$$T_{n1} = t_t - [t_b + (t_t - t_b)\frac{x_c - x_b}{x_t - x_b}] = 2010 - [1990 + (2010 - 1990)\frac{1.8 - 3.4}{1.8 - 3.4}] = 7.2$$

Calculation of the time remaining to the target year (T_{r1}):

$$T_{r1} = t_t - t_c = 2010 - 1999 = 11, \qquad GT_1 = T_{r1} - T_{n1} = 11 - 7.2 = 3.8 \qquad \frac{GT_1}{T_{r1}} \geq 0$$

This implies that the country is **'On track'** to achieve Target 1.

STEP 2: Time gap for Target 2 (GT_2) – consisting of two indicators (calculated just as for the indicator in Target 1, the time gap for indicator 1 (TG_1): 1.8; for indicator 2 (TG_2): –2.3)

Calculation of the time needed to achieve a value specified by the first indicator (T_{n2}):

$$T_{n2} = \sqrt{\frac{\sum_{i=1}^{2}[t_{ti} - (t_{ci} + TG_i)]^2}{2}} = \sqrt{\frac{(2010 - 1999 - 1.8)^2 + (2010 - 1999 + 2.3)^2}{2}} =$$
$$= \sqrt{130.765} = 11.44$$

Calculation of the time remaining to the target year (T_{r2}):

$$T_{r2} = \sqrt{\frac{\sum_{i=1}^{2}(t_{ti} - t_{ci})^2}{2}} = \sqrt{\frac{(2010 - 1999)^2 + (2010 - 1999)^2}{2}} = \sqrt{121} = 11$$

$$GT_2 = T_{r2} - T_{n2} = 11 - 11.44 = -0.44 \qquad\qquad 0 \geq \frac{GT_2}{T_{r2}} > -0.25$$

This implies that Target 2 is **'Likely'** to be achieved.

Step 3: Time gap for the Goal (G_G)

Calculation of the time needed to achieve the goal (T_{nG}):

$$T_{nG} = \sqrt{\frac{\sum_{i=1}^{2}T_{ni}^2}{2}} = \sqrt{\frac{(7.2)^2 + (11.44)^2}{2}} = \sqrt{91.302,5} = 9.56$$

Calculation of the remaining time (T_{rG}):

$$T_{rG} = \sqrt{\frac{\sum_{i=1}^{2}T_{ri}^2}{2}} = \sqrt{\frac{(11)^2 + (11)^2}{2}} = \sqrt{121} = 11$$

$$G_G = T_{rG} - T_{nG} = 11 - 9.56 = 1.44 \qquad\qquad \frac{G_G}{T_{rG}} \geq 0$$

This implies that the country is **'On track'** to achieve Goal 4.

New EU Member States

Explanatory notes:

- *'Observed'* refers to the latest available data;
- Measurement units refer to data presented in the columns labelled 'Value';
- *'Increase'* and *'decrease'* denote *'increase or does not change'* and *'decrease or does not change,'* respectively;
- *'n. a.'* refers to unavailable data (i.e., data not provided in the national reports and not available from other sources);
- *'n. d.'* refers to undefined data (i.e., the national report does not define the baseline/target/current year)
- The column *'Gap in years'* presents the difference between the time remaining to the target year and the time needed to achieve the target (positive values mean a country is ahead of schedule while negative ones mean it is behind schedule);
- ' – ' means the value was not calculated and the evaluation of progress was not done
- '..' corresponds to an indicator for which a precise estimation of the progress towards a given target is not possible;
- *'Likely ...'* stands for 'Likely to achieve the goal';
- *'Unlikely ...'* stands for 'Unlikely to achieve the goal'.

CYPRUS

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								No Data
Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than PPP $1 a day								
Population below PPP $1 a day (%)	n.d.	n.a.	n.d.	n.a	n.d.	n.a	–	–
Poverty gap at PPP $1 a day (%)	n.d.	n.a.	n.d.	n.a	n.d.	n.a	–	–
Percentage share of income or consumption of poorest 20 %	n.d.	n.a.	n.d.	n.a	n.d.	n.a	–	–
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger								
Prevalence of child malnutrition	n.d.	n.a.	n.d.	n.a.	n.d.	n.a	–	–
Population below minimum level of dietary energy consumption (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a	–	–
Goal 2. Achieve universal primary education								Likely…
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Net enrolment ratio in primary education (%)	1990	86.9	2015	100.0	2001	95.0	4.5	On track
Proportion of pupils starting grade 1 who reach grade 5 (%)	1990	100.0	2015	100.0	2001	99.4	. .	Unlikely…
Literacy rate of 15−24 year-olds (%)	1990	99.7	2015	100.0	2001	99.8	−2.7	Likely …
Goal 3. Promote gender equality and empower women								On track
Target 1. Eliminate gender disparities in primary and secondary education preferably by 2005, and at all levels of education no later than 2015								
Ratio of girls to boys in primary and secondary education (%)	1990	99.8	2015	100.0	2001	100.6	14.0	On track
Ratio of young literate females to males (%)	1990	100.3	2015	100.0	2001	100.1	14.0	On track
Share of women employed in the non-agricultural sector (%)	1990	37.3	2015	50.0	2001	43.2	0.6	On track
Goal 4. Reduce child mortality								On track
Target 1. Reduce by two thirds, between 1990 and 2015, the mortality rate for children under five								
Under-five mortality rate (per 1,000 live births)	1990	12.0	2015	4.0	2002	6.0	6.8	On track
Infant mortality rate (per 1,000 live births)	1990	10.0	2015	3.3	2002	5.0	6.8	On track
Proportion of 1-year-old children immunized against measles (%)	1990	77.0	2015	100.0	2002	86.0	−2.2	Likely …
Goal 5. Improve maternal health								On track
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)*	1990	5.0	2015	1.3	2000	n.a	–	–
Births attended by skilled health staff (% of total)*	n.d.	n.a.	2015	100.0	2002	100.0	13.0	On track
Goal 6. Combat HIV/AIDS, malaria and other diseases								Likely …
Target 1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS								
Prevalence of HIV, female (% ages 15−24)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Contraceptive prevalence rate (% of women aged 15−49)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Number of children orphaned by HIV/AIDS	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases								
Incidence of tuberculosis (cases per 100,000 people)	2001	7.0	2015	decrease	2002	4.9	. .	On track
Tuberculosis cases detected under DOTS (%)	2001	85.0	2015	increase	2002	45.7	. .	Unlikely…
Goal 7. Ensure environmental sustainability								On track
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	1990	12.7	2015	increase	2001	12.7	. .	On track
Nationally protected areas (% of total land area)	1995	8.7	2015	increase	2001	8.5	. .	Unlikely…
Energy use (kg oil equivalent per PPP $1 GDP)	1990	0.2	2015	decrease	2001	0.2	. .	On track
Carbon dioxide emissions (tons per capita)	1990	6.8	2015	decrease	2001	8.5	. .	Unlikely…
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Access to an improved water source (% of population)	1990	100.0	2015	100.0	2001	100.0	14.0	On track
Target 3. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers								
Access to improved sanitation (% of population)	1990	100.0	2015	100.0	2001	100.0	14.0	On track
Goal 8. Develop a global partnership for development								
Target 1. Develop an open, rule-based, predictable, non-discriminatory trading and financial system								
Official development assistance and official aid ($ millions)	1990	38.7	n.d.	n.a.	2002	49.6	–	–
Target 2. Address the special needs of the least developed countries								
Target 3. Address the special needs of landlocked countries and small island developing states								
Target 4. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term								
Target 5. Develop and implement strategies for decent and productive work for youth								
Youth unemployment (% of total labour force aged 15−24)	2000	8.1	n.d.	n.a.	2002	6.6	–	–
Target 6. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs								
Target 7. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications								
Fixed line and mobile phone subscribers (per 1,000 people)	1990	424.4	n.d.	n.a.	2002	1,272.4	–	–
Personal computers (per 1,000 people)	1990	8.5	n.d.	n.a.	2002	269.9	–	–
Internet users (per 1,000 people)	1992	0.6	n.d.	n.a.	2002	293.7	–	–

Note: global goals/targets/indicators were used.

Source: World Bank 2004. *World Development Indicators Database 2004.*

UNSD 2004. Millennium Development Goal Indicators Database. http://unstats.un.org/unsd/mi/mi_goals.asp.

CZECH REPUBLIC

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								On track
Target 1. Reduce poverty among single mothers								
Rate of low-income single mothers (%)	1995	34.9	2015	20.0	2000	27.0*	5.6	On track
Target 2. Reduce long-term unemployment								
Long-term unemployment rate (calculated as a % of the labour force)	1994	0.9	2015	3.0	2002	3.8	2.1	On track
Target 3. Reduce the number of recipients of social benefits								
Number of recipients of social benefits (in thousands)	1995	329.0	2015	400.0	2001	471.0	2.0	On track
Goal 2. Achieve universal primary education								On track
Target 1. Enable three quarters of young people to pass secondary education at grammar or technical schools								
The share of newly enrolled students at grammar or technical schools per the size of the respective population group of 15 (or 14) year-olds (%)	1990	41.0	2015	75.0	2001	64.0	5.9	On track
The share of newly enrolled students at grammar schools per the size of the respective population group of 15 (or 14) year-olds (%)	1990	13.9	2015	30.0	2001	19.1	−2.9	Likely …
Target 2. Ensure the opportunity for one half of the relevant age group to enter one of the forms of tertiary education								
The share of newly enrolled students in tertiary education per the size of the population group of 19 (or 18) year-olds (%)	1990	20.4	2015	50.0	2001	39.7	5.3	On track
Target 3. Prolong the average length of time in school and thus match the current average in the European Union								
Expected duration of education of a five-year-old child (years)	1990	14.7	2015	16.7	2001	16.0	5.3	On track
Goal 3. Promote gender equality and empower women								On track
Target 1. Reduce differences in the earnings of men and women								
Ratio of women's earnings to men's earnings (%)	1998	72.0	2015	80.0	2001	74.4	2.1	On track
Target 2. Improve the position of women in decision-making processes								
Participation of women in the Senate and the Parliament (%)	2002	15.0	2015	25.0	2004	15.0**	−2.0	Likely …
Goal 4. Reduce child mortality								On track
Target 1. Maintain the attained low level of infant and perinatal mortality								
Infant mortality rate (per 1,000 live births)	1990	10.8	2015	4.0	2002	4.1	12.6	On track
Perinatal mortality (per 1,000 births)	1990	9.8	2015	4.5	2002	4.5	13.0	On track
Target 2. Reduce the number of children with congenital malformations								
Live-born children with congenital malformations (per 10,000 live births)	2000	324.5	2015	200.0	2001	338.2	−2.7	Likely …
Goal 5. Improve maternal health								On track
Target 1. Create favourable conditions for childbearing								
Total fertility rate (per 1 woman)	2000	1.14	2015	1.5	2002	1.17	−0.8	Likely …
Target 2. Strengthen reproductive health								
Maternal mortality rate (per 100,000 live births)	1990	8.4	2015	3.0	2002	3.2	12.1	On track
Share of deliveries assisted by skilled personnel (%)	1993	97.5	2015	99.0	2001	98.5	6.7	On track
Goal 6. Combat HIV/AIDS, malaria and other diseases								On track
Target 1. Reduce morbidity and premature mortality caused by main chronic diseases								
Life expectancy at birth, males (years)	1990	67.6	2015	75.0	2002	72.1	3.2	On track
Life expectancy at birth, females (years)	1990	75.4	2015	81.0	2002	78.5	1.8	On track
Standardized mortality rate caused by diseases of the circulatory system, males (per 100,000 people)	1990	834.0	2015	350.0	2002	561.0	2.1	On track
Standardized mortality rate caused by diseases of the circulatory system, females (per 100,000 people)	1990	512.0	2015	210.0	2002	379.0	−1.0	Likely …
Standardized mortality rate caused by malignant tumours, males (per 100,000 people)	1990	361.0	2015	290.0	2002	323.0	1.4	On track
Standardized mortality rate caused by malignant tumours, females (per 100,000 people)	1990	192.0	2015	165.0	2002	175.0	3.7	On track
Target 2. Reduce the incidence of injuries and their after-effects								
Standardized mortality rate due to external causes, males (per 100,000 people)	1990	117.0	2015	58.0	2002	91.0	−1.0	Likely …
Standardized mortality rate due to external causes, females (per 100,000 people)	1990	54.0	2015	23.0	2002	33.0	4.9	On track
Target 3. Maintain incidence of HIV/AIDS and tuberculosis at the existing level								
HIV/AIDS incidence (per 1 million people)	1990	1.4	2015	5.0	2002	4.8	. .	On track
Tuberculosis incidence (per 100,000 people)	1990	18.7	2015	12.0	2002	11.8	13.0	On track
Goal 7. Ensure environmental sustainability								On track
Target 1. Integrate the principles of sustainable development into national policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	1990	33.3	2015	increase	2002	33.5	. .	On track
Ratio of protected area to surface area for maintenance of biological diversity (%)	1990	13.3	2015	increase	2002	15.9	. .	On track
Energy use (kg oil equivalent per PPP $1 GDP)	1990	0.4	2015	decrease	2001	0.3	. .	On track
Carbon dioxide emissions (ton per capita)	1990	15.7	2015	decrease	2000	12.1	. .	On track
Material intensity (total material requirements) (ton per capita)	1990	93.7	2015	decrease	2000	65.5	. .	On track
Road traffic intensity (passenger and goods) (vehicle-km per capita)	1995	3,134.0	n.d.	n.a.	2000	3,894.0		
Target 2. Reduce the proportion of people without access to safe drinking water and improved sanitation								
Proportion of population with sustainable access to an improved water source, urban and rural (%)	1990	83.2	2015	increase	2002	89.8	. .	On track
Proportion of urban population with access to improved sanitation (%)	1990	72.6	2015	increase	2002	77.4	. .	On track
Goal 8. Develop a global partnership for development								
Target 1. Approach the commitments of the EU and OECD in terms of the volume of ODA financing								
Net ODA (% of GNI)	1990	n.a.	2015	0.7	2002	0.065	−	−
Net ODA to least developed countries (% of GNI)	1990	n.a.	2015	0.15	2002	0.045	−	−

Source: UNDP RBEC 2004. *Millennium Development Goals: Reducing Poverty and Social Exclusion. Czech Republic.* February 2004. http://mdgr.undp.sk/reports.php?sub=cz.
    * Eurostat.
    ** Czech Statistical Office.

ESTONIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								On track
Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than PPP $1 a day								
Population below PPP $1 a day (%)*	1993	1.0	2015	0.6	1998	0.0	17.0	On track
Poverty gap at PPP $1 a day (%)*	1993	0.4	2015	decrease	1998	0.0	. .	On track
Percentage share of income or consumption held by poorest 20% (%)*	n.d.	n.a.	n.d.	n.a.	2000	6.1	–	–
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger								
Prevalence of child malnutrition	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Population below minimum level of dietary energy consumption (%)*	1994	10.0	2015	5.8	2000	4.0	15.0	On track
Goal 2. Achieve universal primary education								Likely . . .
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Net primary enrolment ratio (%)	1990	94.3	2015	100.0	2001	97.6	3.5	On track
Percentage of group reaching grade 5 (%)	1990	92.7	2015	100.0	2001	99.2	11.3	On track
Youth literacy rate (% ages 15−24)	1990	99.8	2015	100.0	2001	99.8	−11.0	Unlikely…
Goal 3. Promote gender equality and empower women								On track
Target 1. Eliminate gender disparities in primary and secondary education preferably by 2005 and at all levels of education no later than 2015								
Ratio of girls to boys in primary and secondary education (%)	1990	103.3	2015	100.0	2001	99.2	. .	Unlikely…
Ratio of young literate females to males (%)	1990	100.1	2015	100.0	2001	100.1	14.0	On track
Share of women employed in the non-agricultural sector (%)	1990	52.3	2015	50.0	2001	51.7	14.0	On track
Goal 4. Reduce child mortality								On track
Target 1. Reduce by two thirds, between 1990 and 2015, the mortality rate of children under five								
Under-five mortality rate (per 1,000 live births)	1990	18.0	2015	6.0	2002	12.0	0.5	On track
Infant mortality rate (per 1,000 live births)	1990	17.0	2015	5.7	2002	10.0	3.4	On track
Proportion of one-year-old children immunized against measles (%)	1993	74.0	2015	100.0	2002	95.0	8.8	On track
Goal 5. Improve maternal health								Unlikely…
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)*	1990	41.0	2015	10.3	2000	63.0	−27.9	Unlikely…
Births attended by skilled health staff (% of total)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 6. Combat HIV/AIDS, malaria and other diseases								Likely . . .
Target 1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS								
Prevalence of HIV (% ages 15−24)*	2001	0.7	2015	decrease	2003	1.1	. .	Unlikely…
Contraceptive use among married women, any method (% of women ages 15−49)*	1994	70.3	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases								
Incidence of tuberculosis (cases per 100,000 people)	1999	61.0	2015	decrease	2002	55.3	. .	On track
Tuberculosis cases detected under DOTS (%)	2001	66.0	2015	increase	2002	61.5	. .	Unlikely…
Goal 7. Ensure environmental sustainability								On track
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	1990	45.6	2015	increase	2000	48.7	. .	On track
Nationally protected areas (% of total land area)	1995	12.1	2015	increase	2002	11.8	. .	Unlikely…
Energy use (kg oil equivalent per PPP $1 GDP)	1992	0.6	2015	decrease	2001	0.4	. .	On track
Carbon dioxide emissions (ton per capita)	1992	16.2	2015	decrease	2000	11.7	. .	On track
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Access to an improved water source (% of population)	1990	100.0	2015	100.0	2001	100.0	14.0	On track
Target 3. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers								
Access to improved sanitation (% of population)	1990	100.0	2015	100.0	2001	100.0	14.0	On track
Goal 8. Develop a global partnership for development								
Target 1. Develop an open, rule-based, predictable, non-discriminatory trading and financial system								
Official development assistance and official aid ($ million)	1991	15.4	n.d.	n.a.	2002	68.9	–	–
Target 2. Address the special needs of the least developed countries								
Target 3. Address the special needs of landlocked countries and small developing island states								
Target 4. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term								
Total debt service (% of exports of goods and services)	1992	0.6	n.d.	n.a.	2002	13.7	–	–
Target 5. Develop and implement strategies for decent and productive work for youth								
Unemployment, youth (% of total labour force ages 15−24)	1990	1.8	n.d.	n.a.	2001	22.2	–	–
Target 6. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs								
Target 7. In cooperation with the private sector, make available the benefits of new technologies, especially in the area of information and communications								
Fixed line and mobile phone subscribers (per 1,000 people)	1990	203.7	n.d.	n.a.	2002	1,000.7	–	–
Personal computers (per 1,000 people)	1996	68.1	n.d.	n.a.	2002	210.3	–	–
Internet users (per 1,000 people)	1992	0.6	n.d.	n.a.	2002	327.7	–	–

Note: global goals/targets/indicators were used.

Source: World Bank 2004. *World Development Indicators Database 2004.*
    * UNSD 2004. *Millennium Development Goal Indicators Database.* http://unstats.un.org/unsd/mi/mi_goals.asp.

HUNGARY

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1.[1] Eradicate extreme poverty and hunger								Unlikely…
Target 1. Halve the share of the population living below the absolute poverty line of PPP $4.30 per day								
Share of the population living below the absolute poverty line of PPP $4.30 per day (%)	1991	11.0	2015	5.7	2000	6.0	13.7	On track
Target 2. Halve the share of the population living below the relative poverty line of 60% of median equivalent income								
Share of the population living below 60% of median equivalent income (%)	1991	11.0	2015	5.7	2000	13.0	−18.1	Unlikely…
Goal 2.[2] Achieve universal primary education								On track
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Completion rate in elementary (8-year) schools (%)	1991	94.0	2015	100.0	2000	98.0	7.0	On track
Goal 3.[2] Promote gender equality and empower women								On track
Target 1. Eliminate gender disparities in primary and secondary education preferably by 2005 and at all levels of education no later than 2015								
Ratio of girls to boys in primary and secondary education (%)*	1990	95.5	2015	100.0	1999	100.0	16.0	On track
Ratio of young literate females to males (%)*	1990	99.9	2015	100.0	2002	100.0	13.0	On track
Goal 4.[2] Reduce child mortality								On track
Target 1. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate								
Infant mortality rate (per 1,000 live births)	1990	15.0	2015	5.0	2002	7.0	8.0	On track
Under-five mortality rate (per 1,000 live births)	1990	17.0	2015	5.3	2002	9.0	5.1	On track
Goal 5.[2] Improve maternal health								On track
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)	1990	1.0	2015	0.25	2002	0.3	11.3	On track
Goal 6.[2] Combat HIV/AIDS, malaria and other diseases								On track
Target 1. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases								
Tuberculosis prevalence rate (per 100,000 people)**	2000	44.0	2015	decrease	2002	37.0	. .	On track
Tuberculosis, DOTS detection rate (%)**	1997	37.0	2015	increase	2002	39.0	. .	On track
Goal 7.[2] Ensure environmental sustainability								On track
Target 1. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Share of households in small villages with no potable running water (%)	1990	30.0	2015	15.0	2000	12.0	15.0	On track

Notes:
[1] the global goal/target/indicator was used with the nationally relevant poverty line.
[2] the global goal/target/indicator was used.

Source: UNDP RBEC 2004. *Millennium Development Goals: Reducing Poverty and Social Exclusion. Hungary.* April 2004. http://mdgr.undp.sk/reports.php?sub=hu.
    * World Bank 2004. *World Development Indicators Database 2004.*
    ** UNSD 2004. *Millennium Development Goal Indicators Database.* http://unstats.un.org/unsd/mi/mi_goals.asp.

LATVIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Reduce poverty								Unlikely…
Target 1. Reduce the number of poor people								
The proportion of the population living below 40 % of the median income of an equivalent consumer (%)	2000	6.0	2015	decrease	2003	5.0	. .	On track
The proportion of the population living below 60 % of the median income of an equivalent consumer (including social transfers) (%)	1996	16.0	2015	15.0	2003	16.0	−7.0	Unlikely…
Housing financed by the government or municipality (thousand m² of floor space)	1995	8.4	2015	increase	2003	n.a.	−	−
Target 2. Reduce income inequalities between rich and poor								
Gini coefficient	1997	0.31	2015	0.28	2003	0.36	−36.0	Unlikely…
S80/S20 – Top quintile average household income as a portion of bottom quintile average household income (%)	1996	5.0	2015	4.4	2003	6.1	−41.8	Unlikely…
GDP per capita (in Lats, by region) – Rīga	1998	2,184.0	2015	increase	2002	3,499.0	. .	On track
– Vidzeme	1998	983.0	2015	increase	2002	1,407.0	. .	On track
– Kurzeme	1998	1,614.0	2015	increase	2002	2,015.0	. .	On track
– Zemgale	1998	938.0	2015	increase	2002	1,354.0	. .	On track
– Latgale	1998	905.0	2015	increase	2002	1,176.0	. .	On track
Goal 2. Achieve universal primary education and access to secondary and vocational education								Likely…
Target 1. Ensure, by 2015, elementary education for all persons up to the age of 18								
Young people in a specific age group who are enrolled in an elementary education programme (% of total population of the same age group)	1996	82.5	2015	increase	2003	91.8	. .	On track
School-age children who are not attending school and who have not acquired an elementary education (% of all registered school-age children)	1999	0.9	2015	decrease	2003	0.7	. .	On track
Target 2. Ensure, by 2015, universal access to secondary and vocational education								
Young people in a specific age group, who are enrolled in secondary education programme (% of young people in the same age group)	1996	62.0	2015	increase	2003	74.7	. .	On track
Grade 10–12 students expelled from general education schools (% of total number of grade 10–12 students at general education schools)	1999	3.9	2015	decrease	2002	4.8	. .	Unlikely…
Young people expelled from professional education schools for poor marks or truancy (thousand people)	n.d.	n.a.	2015	decrease	2002	1.8	−	−
Goal 3. Ensure equal opportunities for women and men								Likely . . .
Target 1. Reduce gender disparities at all stages of life, approximate gender equality in line with European averages								
Life expectancy of new-borns, men (years)	1990	64.2	2015	75.8	2003	65.9	−9.3	Unlikely…
Life expectancy of new-borns, women (years)	1990	74.6	2015	81.6	2003	76.9	−4.8	Unlikely…
Target 2. Reduce gender disparities in access to resources								
Average pre-tax salary, women (Lats)	1995	72.6	2015	increase	2003	161.7	. .	On track
Poverty risk, men (%)	1996	15.0	2015	decrease	2003	15.0	. .	On track
Poverty risk, women (%)	1996	16.0	2015	decrease	2003	17.0	. .	Unlikely…
Target 3. Reduce the predominance of one gender in decision-making positions								
Persons elected to the Latvian parliament, women (%)	1990	4.0	2015	increase	2002	18.0	. .	On track
Persons elected to municipal councils, women (%)	1994	37.5	2015	41.0	2001	41.0	14.0	On track
Proportion of women at the head of companies or agencies (%)	1997	24.0	2015	increase	2003	27.2	. .	On track
Goal 4. Reduce child mortality								Likely…
Target 1. Reduce by half, between 1995 and 2015, the under-five child mortality rate, approximating the EU average								
Under-five mortality rate (per 1,000 live births)	1990	3.3	2015	1.6	2003	2.6	−2.7	Likely . . .
Infant mortality rate (per 1,000 live births)	1996	15.9	2015	4.2	2003	9.4	3.6	On track
Perinatal mortality rate (stillbirths and deaths in the first 7 days of life) (per 1,000 live births and stillbirths)	1990	12.1	2015	6.3	2003	10.4	−5.6	Unlikely…
Target 2. Reduce by half, between 1995 and 2015, child mortality related to external causes in all age groups								
Mortality related to external causes (e.g. traffic accidents) in 0–4 age group (number of children in the age group)	1995	67	2015	decrease	2003	43	. .	On track
Mortality related to external causes (e.g. traffic accidents) in 5–14 age group (number of children in the age group)	1995	118	2015	decrease	2003	33	. .	On track
Mortality related to external causes (e.g. traffic accidents) in 15–19 age group (number of children in the age group)	1995	159	2015	decrease	2003	86	. .	On track
Goal 5. Improve maternal health								On track
Target 1. Reduce to the EU average maternal mortality due to preventable causes								
Maternal mortality ratio (per 100,000 live births)	1997	41.9	2015	decrease	2003	14.3	. .	On track
Target 2. Improve women's reproductive health								
Number of abortions (induced abortions for women aged 15–44) (per 1,000 women)	1991	79.9	2015	decrease	2003	24.5	. .	On track
Incidence of sexually transmitted diseases (number of syphilis and gonorrhoea cases per 100,000 people)	1990	104.0	2015	decrease	2003	54.0	. .	On track

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 6. Reverse the incidence of HIV/AIDS, tuberculosis, diphtheria and other preventable causes of death								Likely …
Target 1. Reduce by yearly 10 %, in the period up to 2015, the number of new HIV cases among both women and men								
Yearly number of new HIV cases by gender, men/women	1998	124/39	2015	decrease	2003	271/132	. .	Unlikely…
Yearly number of new HIV cases by transmission group, homo	1995	8	2015	decrease	2003	12	. .	Unlikely…
Yearly number of new HIV cases by transmission group, hetero	1995	6	2015	decrease	2003	67	. .	Unlikely…
Yearly number of new HIV cases by transmission group, unknown	1995	6	2015	decrease	2003	90	. .	Unlikely…
Yearly number of new HIV cases by transmission group, intravenous	1995	1	2015	decrease	2003	232	. .	Unlikely…
Target 2. Achieve adequate care and treatment for 50 % of HIV patients by 2015								
Number of AIDS deaths	1996	17	2015	decrease	2003	227	. .	Unlikely…
HIV patients receiving HAART (% of total number of HIV patients eligible for therapy)	2000	20.0	2015	50.0	2003	25.0	−0.5	Likely …
HIV incidence among newborns born to HIV infected mothers and infected through vertical transmission (number of children)	2000	1	2015	1	2003	2	. .	Unlikely…
Target 3. Reverse the incidence of tuberculosis and bring the tuberculosis-related mortality rate down to the 1990 level								
Tuberculosis cases (per 100,000 people)	1996	60.1	2015	decrease	2003	63.7	. .	Unlikely…
Tuberculosis-related child and juvenile mortality (per 100,000 children or juveniles in the same age group)	1996	16.8	2015	decrease	2002	28.7	. .	Unlikely…
Implementation of DOTS: number of treatments initiated, including prison inmates	1997	130	2015	increase	2002	166	. .	On track
Target 4. Reverse the incidence of diphtheria to 1 case per 100,000 people by 2010								
Diphtheria cases (per 100,000 people)	2001	3.9	2015	1.0	2002	1.9	8.7	On track
Target 5. By 2015, reduce by 10 % as compared with 2000 the preventable causes of premature deaths connected with traffic accidents, alcohol and drugs, suicide and violence								
Deaths related to external causes, men (per 100,000 people)	1990	244.0	2015	decrease	2003	228.0	. .	On track
Deaths related to external causes, women (per 100,000 people)	1990	67.0	2015	decrease	2003	74.0	. .	Unlikely…
Goal 7. Ensure environmental sustainability								Likely…
Target 1. Integrate the principles of sustainable development into government policies								
Ecoefficiency (decoupling in energy)	n.d.	n.a.	2015	yes	2004	yes	. .	On track
Ecoefficiency (decoupling in industry)	n.d.	n.a.	2015	yes	2004	yes	. .	On track
Ecoefficiency (decoupling in transportation)	n.d.	n.a.	2015	yes	2004	partly	. .	Unlikely…
Ecoefficiency (decoupling in construction and fisheries)	n.d.	n.a.	2015	yes	2004	no	. .	Unlikely…
Ecoefficiency (decoupling in fisheries)	n.d.	n.a.	2015	yes	2004	no	. .	Unlikely…
Energy consumption (+variety of sources) (thousand kiloton coal equivalent)	1999	5,730.0	2015	decrease	2003	6,583.0	. .	Unlikely…
Per capita CO_2 emissions (Gg CO_2 equivalent=1,000 tons)	1990	8.3	2015	decrease	2002	3.1	. .	On track
Total greenhouse gas emissions (Gg CO_2 equivalent=1,000 tons)	1990	10,219.2	2015	decrease	2002	2,427.2	. .	On track
Target 2. Prevent the depletion of natural resources								
Land area covered by forests (thousand hectares)	1995	1,747.0	2015	increase	2003	2,923.0	. .	On track
Proportion of protected areas (%)	1990	6.6	2015	increase	2004	12.1	. .	On track
Target 3. Provide safe drinking water for the population								
Water from natural sources (thousand m^3)	1998	343,835.0	2015	decrease	2003	254,389.0	. .	On track
Goal 8. Promote the development of the poorest countries								
Target 1. Increase Latvia's funding for development cooperation								
Share of GDP allocated by the Latvian Government to support development cooperation (%)	2001	0.023	2015	increase	2003	0.08	. .	On track
Proportion of development cooperation funding contributed through international organizations and the EU budget vs. funding contributed by Latvia directly (%)	1999	3.4	2015	increase	2003	92.0	. .	On track
Amount of funding contributed through NGOs and the private sector	n.d.	n.a.	2015	increase	n.d.	n.a.	−	−
Target 2. Raise public awareness of development cooperation								
Public support for development cooperation (%)	n.d.	n.a.	2015	increase	2004	66.6	−	−
NGO and private sector participation in development cooperation projects	n.d.	n.a.	2015	increase	n.d.	n.a.	−	−

Source: UNDP Latvia 2005. *Life in 2015: the Latvia MDG Report.* http://www.undp.lv/uploaded_files/publikacijas/mdgr_engl.pdf.

LITHUANIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								Likely…
Target 1. Halve the share of the population living below the poverty line								
Share of the population living below 50 % of median equivalent consumer expenditure (%)	1996	18.0	2015	11.2	2002	16.6	−2.1	Likely …
Goal 2. Achieve universal secondary education								Unlikely…
Target 1.To ensure that, by 2015, everywhere, boys and girls alike, will be able to complete a full course of secondary schooling								
Net enrolment rate in secondary education (%)	1996	86.4	2015	100.0	2002	94.1	4.8	On track
Basic secondary school graduation rate (%)	1992	81.3	2015	100.0	2002	83.1	−7.8	Unlikely…
Upper secondary school graduation rate (%)	1992	83.8	2015	100.0	2002	74.7	−22.9	Unlikely…
Goal 3. Promote gender equality and empower women								On track
Target 1. Promote gender equality in the workplace								
Women's monthly gross earnings as a percentage of men's (%)	1995	72.0	2015	100.0	2002	81.2	−0.4	Likely …
Share of women employed in the non-agricultural sector (%)	1997	48.9	2015	50.0	2002	51.9	13.0	On track
Target 2. Increase women's share in governance								
Proportion of seats held by women in national parliament (%)	1992	7.1	2015	increase	2000	10.6	. .	On track
Goal 4. Reduce child mortality								On track
Target 1. Reduce by two thirds, between 1990 and 2015, the mortality rate for children under five								
Infant mortality rate (per 1,000 live births)	1992	16.5	2015	6.4	2002	7.9	9.5	On track
Under-five mortality rate (per 1,000 live births)	1992	20.0	2015	7.7	2002	10.4	8.0	On track
Percentage of children immunized with all major vaccines (%)	1990	70.0	2015	100.0	2002	94.8	8.7	On track
Goal 5. Improve maternal health								Unlikely…
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)	1990	22.9	2015	5.7	2002	20.0	−7.8	Unlikely…
Goal 6. Combat HIV/AIDS, malaria and other diseases								Likely…
Target 1. Reduce the incidence of HIV/AIDS								
HIV incidence rate (new cases per 100,000 average population)	1990	0.3	2015	decrease	2002	11.4	. .	Unlikely…
AIDS incidence rate (new cases per 100,000 average population)	1990	0.03	2015	decrease	2002	0.26	. .	Unlikely…
Target 2. Reduce the incidence of respiratory tuberculosis								
Respiratory tuberculosis incidence rate (new cases per 100,000 people)	1998	79.6	2015	decrease	2002	60.4	. .	On track
Death rate associated with respiratory tuberculosis (cases per 100,000 people)	1995	12.8	2015	decrease	2002	6.6	. .	On track
Goal 7. Ensure environmental sustainability								On track
Target 1. Protect the quality of the environment, maintain biological diversity								
Target 2. Reduce air and water pollution								
Carbon dioxide emissions (ton per capita)	1991	12.2	2015	decrease	2000	4.6	. .	On track
Nitrogen oxides (NO_2) emission (1,000 tons)	1990	35.2	2015	decrease	2001	10.4	. .	On track
Polluted wastewater discharged after treatment (million m^3)	1990	348.4	2015	decrease	2002	134.9	. .	On track
Goal 8. Develop a global partnership for development			National report does not define targets					

Source: UNDP Lithuania 2002. *Millennium Development Goals: A Baseline Study – Common Country Assessment for Lithuania.* December 2002.
http://www.undg.org/documents/154-Lithuania_MDG_Report___CCA__-_Lithuania_MDG.pdf.
UNDP Lithuania 2004. *Disaggregated Millennium Development Goals. Report for Lithuania.* April 2004. http://www.un.lt/en/publications/other-publications/.

MALTA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								No data
Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than PPP $1 a day								
Population below PPP $1 a day (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Poverty gap at PPP $1 a day (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Percentage share of income or consumption held by poorest 20%	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger								
Prevalence of child malnutrition (% of children under 5)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Population below minimum level of dietary energy consumption (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 2. Achieve universal primary education								Unlikely...
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Net primary enrolment ratio (%)	1990	98.6	2015	100.0	2001	97.8	−25.3	Unlikely...
Percentage reaching grade 5 (%)	1991	99.5	2015	100.0	2001	99.5	−10.0	Unlikely...
Youth literacy rate (% ages 15−24)	1990	97.5	2015	100.0	2002	98.7	0.0	On track
Goal 3. Promote gender equality and empower women								Likely...
Target 1. Eliminate gender disparities in primary and secondary education preferably by 2005 and at all levels of education no later than 2015								
Ratio of girls to boys in primary and secondary education (%)	1990	95.3	2015	100.0	2001	98.4	5.5	On track
Ratio of young literate females to males (%)	1990	103.2	2015	100.0	2002	102.2	13.0	On track
Share of women employed in the non-agricultural sector (%)	1990	28.7	2015	50.0	2001	30.8	−8.5	Unlikely...
Goal 4. Reduce child mortality								Unlikely...
Target 1. Reduce by two thirds, between 1990 and 2015, the mortality rate for children under five								
Under-five mortality rate (per 1,000 live births)	1990	14.0	2015	4.7	2002	5.0	12.1	On track
Infant mortality rate (per 1,000 live births)	1990	11.0	2015	3.7	2002	5.0	8.5	On track
Proportion of one-year-old children immunized against measles (%)	1990	80.0	2015	100.0	2002	65.0	−30.8	Unlikely...
Goal 5. Improve maternal health								Unlikely...
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)*	1990	0.0	2015	decrease	2000	21.0	. .	Unlikely...
Births attended by skilled health staff (% of total)*	n.d.	n.a.	2015	100.0	2002	98.0	–	–
Goal 6. Combat HIV/AIDS, malaria and other diseases								On track
Target 1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS								
Prevalence of HIV, female (% ages 15−24)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Contraceptive prevalence rate (% of women aged 15−49)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Number of children orphaned by HIV/AIDS	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases								
Incidence of tuberculosis (cases per 100,000 people)	2001	7.0	2015	decrease	2002	6.4	. .	On track
Tuberculosis cases detected under DOTS (%)	1995	35.0	2015	increase	2002	44.5	. .	On track
Goal 7. Ensure environmental sustainability								On track
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Nationally protected areas (% of total land area)	1995	0.0	2015	increase	2001	0.9	. .	On track
Energy use (kg oil equivalent per PPP $1 GDP)	1990	0.2	2015	decrease	2001	0.1	. .	On track
Carbon dioxide emissions (ton per capita)	1990	4.6	2015	decrease	2000	7.2	. .	Unlikely...
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Access to an improved water source (% of population)	1990	100.0	2015	100.0	2000	100.0	15.0	On track
Target 3. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers								
Access to improved sanitation (% of population)	1990	100.0	2015	100.0	2000	100.0	15.0	On track
Goal 8. Develop a global partnership for development								
Target 1. Develop an open, rule-based, predictable, non-discriminatory trading and financial system								
Official development assistance and official aid ($ million)	1990	5.4	n.d.	n.a.	2002	11.3	–	–
Target 2. Address the special needs of the least developed countries								
Target 3. Address the special needs of landlocked countries and small island developing states								
Target 4. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term								
Target 5. Develop and implement strategies for decent and productive work for youth								
Target 6. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs								
Target 7. In cooperation with the private sector, make available the benefits of new technologies, especially in the area of information and communications								
Fixed-line and mobile-phone subscribers (per 1,000 people)	1990	360.3	n.d.	n.a.	2002	1,222.5	–	–
Personal computers (per 1,000 people)	1990	14.0	n.d.	n.a.	2002	255.1	–	–
Internet users (per 1,000 people)	1995	2.3	n.d.	n.a.	2002	209.3	–	–

Note: global goals/targets/indicators were used.

Source: World Bank 2004. *World Development Indicators Database 2004.*

    * UNSD 2004. *Millennium Development Goal Indicators Database.* http://unstats.un.org/unsd/mi/mi_goals.asp.

POLAND

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Reduce poverty								On track
Target 1. Halve the proportion of people living in poverty								
Population under the poverty line (average poverty line qualifying citizens for social assistance in 1999 per capita of household at prices of a given year) (% of total population)	1994	19.0	2015	9.5	1999	14.9	4.1	On track
Goal 2. Make substantial progress in educating the population at the tertiary level								On track
Target 1. Achieve a five-fold increase in the number of university students relative to the university-age population by 2010								
Gross enrolment ratio in tertiary education (%)	1990	12.9	2010	65.0	2000	40.7	0.7	On track
Goal 3. Promote gender equality and empower women								Unlikely…
Target 1. Diminish gender inequality in the labour market by 2015								
Female unemployment rate to male unemployment rate (%)	1992	120.0	2015	100.0	2000	130.0	−19.5	Unlikely…
Women's long-term unemployment rate to men's long-term unemployment rate (%)	1992	120.0	2015	100.0	2000	150.0	−42.5	Unlikely…
Goal 4. Improve health and reduce child mortality								On track
Target 1. Reduce child mortality rates by 75% by 2010								
Under-five mortality rate (per 1,000 of the age group)	1990	3.4	2010	0.9	1999	1.8	3.8	On track
Target 2. Reduce premature adult mortality by 25 % by 2010								
Probability of death at age 15−59, males (%)	1990	27.5	2010	19.5	1999	23.2	1.8	On track
Probability of death at age 15−59, females (%)	1990	9.8	2010	7.1	1999	8.9	−2.3	Likely …
Goal 5. Improve maternal health								On track
Target 1. Reduce teenager pregnancy rates by 75 % by 2015								
Teenage pregnancy rate (number of live births per 1,000 mothers aged 15−19)	1990	31.5	2015	8.0	1999	17.5	5.9	On track
Target 2. Reduce the maternal mortality rate by 75 % by 2015								
Maternal mortality rate (per 100,000 live births)	1990	15.2	2015	4.0	1999	7.3	8.6	On track
Goal 6. Achieve a stable and viable democratic system supported by a majority of the population								Unlikely…
Target 1. Achieve substantial progress in anti-corruption								
Corruption perception index (%)	1996	5.6	2015	7.0	2000	4.1	−23.5	Unlikely…
Target 2. Support social trust in democratic institutions								
Share of grants for NGOs in the public budget to provide public services (%)	1996	0.4	2015	1.0	2000	n.a.	–	–
Public view of system change after 1989 (difference between worthwhile and not worthwhile answers in the public poll)	1995	59.0	2015	50.0	2000	26.0	−68.3	Unlikely…
Goal 7. Improve access to basic household amenities.								Unlikely…
Target 1. Reduce by 3.5 % by 2015 the number of urban homes lacking a connection to public water utilities as a share of the total number of urban homes								
Urban homes with plumbing as a share of the total number of urban homes (%)	1990	95.3	2015	98.8	2000	94.6	−15.0	Unlikely…
Target 2. Reduce by 24 % by 2015 the share of rural homes lacking a connection to public water utilities as a share of the total number of rural homes								
Rural homes with plumbing as a share of the total number of rural homes (%)	1990	67.6	2015	91.6	2000	83.1	6.1	On track
Goal 8. Ensure environmental sustainability								On track
Target 1. Integrate the principles of sustainable development into national policies and programmes and reverse the loss of natural resources								
Develop and implement the national strategy for sustainable development (existence of the document)	1990	no	2015	yes	2000	yes	. .	On track
Area covered by forest (% to total area of the country)*	1990	30.2	2015	increase	2000	30.6	. .	On track
Nationally protected areas (% of total land area)*	1995	9.6	2015	increase	2002	12.4	. .	On track
Carbon dioxide emissions (ton per capita)*	1990	9.1	2015	decrease	2000	7.8	. .	On track
Energy use (kg oil equivalent per PPP $1 GDP)*	1990	0.4	2015	decrease	2001	0.3	. .	On track

Source: UNDP Poland 2002. *Report on the Millennium Development Goals.* June 2002. http://www.undg.org/documents/173-Poland_MDG_Report_-_MDR_on_Poland.pdf.

* World Bank 2004. *World Development Indicators Database 2004.*

SLOVAKIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								Unlikely...
Target 1. Halve the proportion of people living on less than PPP $2.15 per day								
Share of the population living below PPP $2.15 per day (%)	1996	2.6	2015	1.6	n.d.	n.a.	−	−
Target 2. Reduce unemployment to single digit values and cut long-term unemployment								
Unemployment rate (%)	1994	13.6	2015	9.9	2002	18.5	−35.8	Unlikely...
Long-term unemployment (% of total unemployment)	1994	43.7	2015	decrease	2002	62.5	. .	Unlikely...
Target 3. Halt the spread of poverty among the Roma and reduce the number of Roma living in settlements								
Target 4. Improve poverty-related data gathering and monitoring								
Target 5. Expand cooperation in dealing with poverty								
Goal 2. Achieve universal primary education								Unlikely...
Target 1. The most widely spread category of education will be post-secondary and over (ISCED [2] 4+)								
Share of people over 25 years old with ISCED 4+ education level (%)	2001	12.4	2011	28.7	n.d.	n.a.	−	−
Target 2. The portion of the population with a university education at the age of 25 years and over will double								
Share of university graduates among 30−59 year-olds (%)	2000	10.6	2011	21.2	n.d.	n.a.	−	−
Target 3. As a result of a diversified supply of education, the minimal qualification for entering the labour market will be secondary vocational education (ISCED 3C level). Primary education in groups under 30 years old will only occasionally be observed								
Target 4. The reading literacy of 15-years-olds will reach the OECD level at a minimum								
The divergence from the OECD average in reading literacy of 15 year-olds (PISA 2000 test) expressed through % of pupils with the equivalent of level 3 and over (% points)	2000	12.8	2015	0.0	2003	11.7	−1.7	Likely . . .
Target 5. Slovakia will implement a quality management system for educational establishments								
Target 6. Slovakia will implement a model of multi-source financing, which should guarantee an adequate educational environment and, in particular, a corresponding standard for vocational education and training								
Target 7. Total GDP spending on education, science and research will reach the OECD average at a minimum								
The divergence from the OECD average in terms of expenditures on education, R&D as % of GDP (% points)*	1996	2.1	2015	0.0	2000	2.8	−10.3	Unlikely...
Goal 3. Promote gender equality and empower women								Likely . . .
Target 1. Eliminate barriers preventing equality of opportunities for women and men in all areas of life								
Ratio of girls to boys in primary and secondary education (%)*	1992	98.1	2015	100.0	2001	100.7	14.0	On track
Women's wage as a percentage of men's (%)	1997	78.5	2015	100.0	2002	71.7	−10.7	Unlikely...
Goal 4. Reduce child mortality								On track
Target 1. Decrease child mortality to the level of the EU average at a minimum								
The divergence from the EU's infant mortality rate (% points)*	1990	6.0	2015	0.0	2002	3.6	−2.0	Likely . . .
The divergence from the EU's under-five mortality rate (% points)*	1990	5.7	2015	0.0	2002	3.4	−1.9	Likely . . .
Proportion of one-year-old children immunized against measles (%)*	1994	97.0	2015	100.0	2002	99.0	6.0	On track
Goal 5. Improve maternal health								Unlikely...
Target 1. Improve conditions for reproductive health of mothers and decrease teenage pregnancies								
Maternal mortality ratio (per 100,000 live births)	1990	7.0	2015	1.8	1999	9.5	−20.9	Unlikely...
Goal 6. Combat HIV/AIDS, malaria and other diseases								On track
Target 1. Decrease the spread of cancer to the level of EU countries and decrease the prevalence of respiratory diseases								
Divergence from the EU's standardized death rates from cancer, males of age 0−64 expressed per 100,000 people (% points)	2000	49.8	2015	0.0	2002	40.7	0.7	On track
Incidence of tuberculosis (cases per 100,000 people)	1990	27.0	2015	decrease	2002	18.0	. .	On track
Goal 7.[1] Ensure environmental sustainability								On track
Target 1. Ensure a cleaner environment and upgrade environmental infrastructure to EU levels								
Proportion of land area covered by forests (%)*	1990	41.1	2015	increase	2000	42.5	. .	On track
Energy use (kg oil equivalent per PPP $ 1 GDP)*	1990	0.4	2015	decrease	2001	0.3	. .	On track
Carbon dioxide emissions (ton per capita)*	1992	8.4	2015	decrease	2000	6.6	. .	On track
Target 2. Prevent and reduce waste generation, decrease associated environmental risks and introduce more efficient waste disposal systems								
Target 3. Ensure sufficient supplies of drinking water and enlarge the sewer and waste-water treatment systems								
Goal 8. Develop a global partnership for development								
Target 1. Develop and implement strategies for decent and productive employment opportunities for youth								
Unemployment rate of 15−24 year-olds (%)	1999	35.0	2010	13.0	2002	39.0	−5.0	Unlikely...
Employment rate of 15−24 year-olds (%)	1999	32.0	2010	44.0	2002	28.0	−6.7	Unlikely...
Employment in high value-added jobs and small- and medium-sized enterprises	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−

Note:
[1] global goal/target/indicator was used.
[2] International Standard Classification of Education (ISCED).

Source: UNDP RBEC 2004. *Millennium Development Goals: Reducing Poverty and Social Exclusion. Slovakia.* March 2004. http://mdgr.undp.sk/reports.php?sub=sk
     * World Bank 2004. *World Development Indicators Database 2004.*

SLOVENIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								Unlikely...
Target 1. Halve the share of the population living below the poverty line								
Share of the population living below 60 % of median-equivalent income (%)	1993	13.0	2015	7.0	2001	13.8	−10.9	Unlikely...
Target 2. Reduce regional differences								
GDP in the poorest region as a percentage of GDP in the richest region (%)	1993	58.6	2015	70.0	2001	54.2	−16.5	Unlikely...
Goal 2. Achieve universal primary education								On track
Target 1. Increase the completion rate in primary and secondary school								
Drop-out rate in primary education (%)	1994	10.4	2015	2.0	2001	4.4	8.0	On track
Completion rate in secondary school (%)	1997	85.9	2015	95.0	2001	87.0	−1.8	Likely . . .
Target 2. Increase permanent adult education								
Share of adults in education (% of total population aged 18 and over)	1998	11.1	2015	15.0	2001	13.5	7.5	On track
Goal 3. Promote gender equality and empower women								On track
Target 1. Reduce the gap between men's and women's pay								
Women's pay as a percentage of men's (%)	1994	84.8	2015	90.0	2000	87.8	6.1	On track
Target 2. Increase the percentage of women in public life								
Percentage of women in managerial/administrative positions (%)	1998	25*	2015	40.0	2000	30.2	3.9	On track
Proportion of seats held by women in the national parliament (%)	1994	13.3	2015	30.0	2000	13.3	−6.0	Unlikely...
Goal 4. Reduce child mortality								Unlikely...
Target 1. Further reduce infant and child mortality								
Infant mortality rate (per 1,000 live births)	1990	8.3	2015	3.0	2001	4.2	8.3	On track
Mortality in the 0−5 age group (per 1,000 live births)	1990	9.9	2015	4.0	2001	5.6	7.2	On track
Target 2. Achieve universal immunization against major diseases								
Percentage of children immunized with standard vaccines (%)	1990	96.3	2015	99.0	2001	94.9	−24.0	Unlikely...
Goal 5. Improve maternal health								Unlikely...
Target 1. Reduce maternal mortality								
Maternal death (per 100,000 live births)	1991	4.6	2015	0.0	2001	17.2	−75.7	Unlikely...
Target 2. Decrease the number of abortions								
Abortions (per 1,000 live births)	1991	648.8	2015	300.0	2001	447.8	3.8	On track
Target 3. Reduce the teenager pregnancy rate								
Teenage pregnancy rate (% of live births to mothers under 20)	1991	7.1	2015	2.0	2001	2.5	11.5	On track
Goal 6. Combat HIV/AIDS, malaria and other diseases								Likely...
Target 1. Increase the number of physicians and pharmacists								
Number of physicians (per 1,000 inhabitants)	1991	2.1	2015	2.7	2001	2.2	−5.4	Unlikely...
Number of pharmacists (per 1,000 inhabitants)	1995	33.5	2015	45.0	2001	40.0	5.2	On track
Goal 7. Ensure environmental sustainability								On track
Target 1. Increase access to the public water supply system								
Access to the public water supply system (% of population)	1995	82.0	2015	97.0	2000	92.2	8.6	On track
Target 2. Reduce the emission of greenhouse gas and nitrogen oxides								
Greenhouse gas (CO_2 equivalent in thousands of tons)	1992	17,609.0	2015	18,415.0	1999	19,408.0	−7.7	Unlikely...
Nitrogen oxides (NO_x) emissions (thousands of tons)	1992	58.0	2015	45.0	2000	58.0	−8.0	Unlikely...
Target 3. Increase the use of renewable sources of energy								
Proportion of renewable sources of energy in gross production of electricity (%)	1999	29.0	2015	33.6	2002	32.0	7.4	On track

Source: UNDP RBEC 2004. *Millennium Development Goals: Reducing Poverty and Social Exclusion. Slovenia.* April 2004. http://mdgr.undp.sk/reports.php?sub=sv.
* UNDP 2002. *Human Development Report 2002.* New York: Oxford University Press. http://hdr.undp.org/reports/global/2002/en/.

Southeast Europe

Explanatory notes:

- *'Observed'* refers to the latest available data;
- Measurement units refer to data presented in the columns labelled 'Value';
- *'Increase'* and *'decrease'* denote *'increase or does not change'* and *'decrease or does not change,'* respectively;
- *'n. a.'* refers to unavailable data (i.e., data not provided in the national reports and not available from other sources);
- *'n. d.'* refers to undefined data (i.e., the national report does not define the baseline/target/current year)
- The column *'Gap in years'* presents the difference between the time remaining to the target year and the time needed to achieve the target (positive values mean a country is ahead of schedule while negative ones mean it is behind schedule);
- ' – ' means the value was not calculated and the evaluation of progress was not done
- '. .' corresponds to an indicator for which a precise estimation of the progress towards a given target is not possible;
- *'Likely …'* stands for 'Likely to achieve the goal';
- *'Unlikely …'* stands for 'Unlikely to achieve the goal'.

ALBANIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty, hunger and other dimensions of poverty								Unlikely...
Target 1. Halve between 2002 and 2015, the proportion of people living in extreme poverty								
Proportion of the population below the absolute poverty line (%)	2002	25.4	2015	13.0	n.d.	n.a.	–	–
Poverty gap ratio (incidence multiplied by depth of poverty) (%)	2002	5.7	2015	3.0	n.d.	n.a.	–	–
Share of poorest quintile in national consumption (%)	2002	12.7	2015	6.3	n.d.	n.a.	–	–
Target 2. Reduce between 2002 and 2015, the proportion of people who suffer from malnutrition								
Prevalence of underweight children, under 5 years of age (%)	2002	14.0	2015	8.0	n.d.	n.a.	–	–
Proportion of the population below the extreme poverty line (%)	2002	4.7	2015	0.0	n.d.	n.a.	–	–
Target 3. Reduce unemployment, between 2002 and 2015, to reach EU standards								
Unemployment rate (% of unemployed out of working-age population)	2002	9.8	2015	7.0	n.d.	n.a.	–	–
Unemployment rate 2 (%, includes discouraged/seasonal/laid off workers)	2002	15.4	2015	10.0	n.d.	n.a.	–	–
Youth unemployment (ratio of unemployed youth between 14–25 years of age) (%)	2002	22.8	2015	15.0	n.d.	n.a.	–	–
Target 4. Establish an open trading and financial system for inclusive economic growth								
Levels of FDI per year ($ million)	2002	153.0	2015	600.0	2003	178.0	−0.3	Likely . . .
Target 5. Make information & communication technologies available								
Telephone lines and cellular subscribers (per 100 people)	1990	1.26	2015	136.0	2002	34.5	−5.8	Unlikely...
Personal computers in use (per 100 people)	1996	0.16	2015	35.0	2002	1.17	−5.4	Unlikely...
Internet users (per 100 people)*	1995	0.01	2015	35.0	2002	0.39	−6.8	Unlikely...
Target 6. Increase availability of electricity for all								
Increase power generation (generation GWh)	2001	6,203.0	2015	9,342.0	n.d.	n.a.	–	–
Reduction of transmission losses (%)	2002	4.2	2015	2.0	n.d.	n.a.	–	–
Goal 2. Achieve high quality basic universal education								On track
Target 1. Ensure primary school attendance of all boys and girls by 2015								
Net primary education enrolment ratio (%)	2001	92.0	2015	100.0	2003	94.0	1.5	On track
Target 2. Implementation of measures to assure improved quality of primary education								
Proportion of pupils starting grade 1 who reach grade 5 (%)	2000	82.0	2015	100.0	2001	85.0	1.5	On track
Literacy rate of 15–24 year-olds (%)	2000	93.2	2015	100.0	2001	98.4	10.5	On track
Ratio of school dropouts (%)	2001	2.3	2015	0.0	2003	2.0	−0.2	Likely . . .
Average years of education	2001	9.7	2015	13.5[1]	n.d.	n.a.	–	–
Target 3. Approximation of financial indicators for primary education in line with OECD countries								
Per cent of the budget for primary education (%)	2001	22.9	2015	20.4	n.d.	n.a.	–	–
Per cent of the budget for primary education as compared with per cent of the budget for secondary education (%)	2001	40.4	2015	35.2	n.d.	n.a.	–	–
Per cent of the budget for primary education as compared with per cent of the budget for university education (%)	2001	165.0	2015	133.0	n.d.	n.a.	–	–
Goal 3. Promote gender equality and empower women								Likely...
Target 1. Eliminate gender disparities in primary and secondary education preferably by 2005 and at all levels of education no later than 2015								
Ratio of girls to boys in primary education (%)	1995	102.0	2015	100.0	2003	90.0	. .	Unlikely...
Ratio of girls to boys in secondary education (%)	1995	100.0	2015	100.0	2003	90.0	. .	Unlikely...
Ratio of girls to boys in tertiary education (%)	1995	110.0	2015	100.0	2003	170.0	12.0	On track
Rate of literate females to males 15–24 years of age (%)	2000	90.0	2015	100.0	n.d.	n.a.	–	–
Target 2. Eliminate gender disparities in elected organs and decision-making positions in central and local governments								
Proportion of seats held by women in national parliament (%)	2001	5.7	2015	30.0	2003	5.7	−2.0	Likely . . .
Proportion of female ministers and vice-ministers (%)	2001	10.5	2015	30.0	2003	20.9	5.5	On track
Proportion of women appointed as prefects (%)	2001	16.7	2015	30.0	2003	25.0	6.7	On track
Proportion of women heads of regional councils (%)	2000	8.3	2015	30.0	2003	0.0	−8.7	Unlikely...
Proportion of women in municipality and commune councils (%)	2000	14.2	2015	30.0	n.d.	n.a.	–	–
Share of women in wage employment in the non-agricultural sector (%)	n.d.	n.a.	2015	50.0	n.d.	n.a.	–	–
Goals 4–5. Reduce child mortality and improve maternal health								Likely...
Target 1. Reduce the under-five mortality rate to 10 per 1,000 live births by 2015								
Infant mortality rate (per 1,000 live births)	2001	17.4	2015	decrease	2003	17.3	. .	On track
Under-five mortality rate (per 1,000 live births)	2001	20.1	2015	10.0	2003	20.7	−2.8	Likely . . .
Measles vaccine (%)	2001	95[2]	2015	95[2]	2003	94[2]	. .	Unlikely...
Target 2. Between 2001–2015, reduce the maternal mortality rate by half								
Maternal mortality ratio (per 100,000 live births)	2001	22.7	2015	11.0	2003	17.0	4.8	On track
Proportion of first prenatal visits by trimester of pregnancy (%)	2001	41.7	2015	70.0	2003	47.1	0.7	On track
Proportion of births attended by skilled health personnel (%)	2001	98[2]	2015	98[2]	2003	90.2	. .	Unlikely...

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 6. Combat HIV/AIDS and tuberculosis								Unlikely...
Target 1. Halt and reverse by 2015 the incidence of HIV/AIDS								
Percentage of people living with HIV and AIDS needing highly active anti-retroviral therapy and receiving it (%)	2003	20.0	2015	100.0	n.d.	n.a.	–	–
Number of persons voluntarily taking an HIV test	2001	230	2015	50,000	2003	250	−2.0	Likely . . .
Districts having VCT	2001	1	2015	15	2003	1	−2.0	Likely . . .
Number of condoms distributed (million)	n.d.	n.a.	2015	7.0	2003	3.0	–	–
Target 2. Halt and reverse by 2015 the tuberculosis notification rate								
Tuberculosis case notification rate (cases per 100,000 people)	1995	19.3	2009	17.0	2003	20.0	−12.3	Unlikely...
Tuberculosis mortality rate (%)	2000	4.9	2015	2.5	2003	4.5	−0.5	Likely . . .
DOTS coverage (%)	2000	0.0	2015	100.0	2003	30.0	1.5	On track
Goal 7. Ensure sustainable environmental development								Likely . . .
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Land area protected to maintain biodiversity (%)	1998	3.8	2020	25.0	2003	5.8	−2.9	Likely . . .
Proportion of the land area covered by forests (million hectares)	1990	1.069	2015	increase	2001	0.991	. .	Unlikely...
Number of environmental 'hot spots'	n.d.	n.a.	2015	decrease	n.d.	n.a.	–	–
Percentage of the state budget allocated for environmental protection (%)	n.d.	n.a.	2015	n.a.	2003	0.2	–	–
The issue of sustainable development contained in school curricula	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. Reduce the proportion of people without access to safe drinking water and proper sewage infrastructure								
Population with access to safe drinking water, urban and rural (%)	n.d.	n.a.	2015	98.0	2002	80.0	–	–
Population with access to improved sanitation (%)	1998	89.8	2015	94.7	2001	90.0	−2.3	Likely . . .
Goal 8. Develop a global partnership for development								
Target 1. Ensure better harmonized and more effective development partnerships with the donor community								
Percentage of donors whose assistance strategies are consistent with MDG priorities through the NSSED (%)	n.d.	n.a.	2015	100.0	n.d.	n.a.	–	–
Percentage of donors disclosing information on aid flows including materials made available on websites (%)	n.d.	n.a.	2015	100.0	n.d.	n.a.	–	–
Goal 9. Establish and strengthen good governance								
Target 1. Reform overall state systems of public administration, legislation and policies in accordance with EU standards of justice, rule of law and market economies by 2015								
Political voice and accountability	2002	49.5	2015	81.0	n.d.	n.a.	–	–
Political stability	2002	30.3	2015	71.0	n.d.	n.a.	–	–
Government effectiveness	2002	38.1	2015	76.0	n.d.	n.a.	–	–
Regulatory quality	2002	41.2	2015	83.0	n.d.	n.a.	–	–
Rule of law	2002	17.5	2015	74.0	n.d.	n.a.	–	–
Control of corruption	2002	23.2	2015	73.0	n.d.	n.a.	–	–

Note:
[1] above.
[2] equal or more.

Source: UNDP Albania 2002. *Albanian Response to the Millennium Development Goals* http://www.undp.org.al/?elib,444.

UNDP Albania 2004. *Albania National Report: On Progress Towards Achieving the Millennium Development Goals, 2004* http://www.undp.org.al/?elib,659.

* World Bank 2004. *World Development Indicators Database 2004.*

BOSNIA AND HERZEGOVINA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate poverty and hunger								On track
Target 1. Reduce, by 2015, the proportion of people living in poverty								
Proportion of people below the general poverty line (%)	2001	19.1	2007	16.0	n.d.	n.a.	–	–
Poverty gap (%)	2001	4.6	2015	4.6	n.d.	n.a.	–	–
Real GDP growth rate (%)	2001	4.4	2015	5.0	2002	5.5**	13.0	On track
Unemployment rate for 15–24 year-olds (%)	2001	34.8	2015	12.0	n.d.	n.a.	–	–
Inflation rate (%)	2001	3.1	2007	2.2	n.d.	n.a.	–	–
Target 2. Halve, by 2015, the proportion of people who suffer from hunger								
Malnourishment of children below 5 years (%)	2000	4.0	2015	0.0	n.d.	n.a.	–	–
People below daily energy needs (malnourishment) (thousand people)	1998	200.0	2015	0.0 [1]	n.d.	n.a.	–	–
Population below minimum level of dietary energy consumption (%)	2001	5.0	2015	0.0	2004	0.0	11.0	On track
Goal 2. Secure a better education for all								Unlikely…
Target 1. Ensure by 2015 that boys and girls everywhere receive primary education								
Primary school enrolment (%)	2001	94.0	2015	100.0	n.d.	n.a.	–	–
Secondary school enrolment rate (%)	2001	56.8	2015	85.0	n.d.	n.a.	–	–
Higher education enrolment rate (%)	1990	15.0*	2015	35.0	2001	19.8*	−5.0	Unlikely…
Literacy rate for population above 15 years (%)	2001	85.9	2015	99.0	n.d.	n.a.	–	–
Percentage of children attending preschool (%)	2001	4.3	2015	25.0	n.d.	n.a.	–	–
GDP percentage for education (%)	2001	5.2	2015	7.5	n.d.	n.a.	–	–
Goal 3. Secure gender equality								Unlikely…
Target 1. To eliminate gender inequalities in primary and secondary education, if possible by 2005, and at all education levels by 2015								
Male/female ratio in primary education (%)	2001	102.1	2015	100.0	n.d.	n.a.	–	–
Male/female ratio in secondary education (%)	2001	97.9	2015	100.0	n.d.	n.a.	–	–
Male/female ratio in higher education (%)	2001	86.4	2015	100.0	n.d.	n.a.	–	–
Share of women in paid non-agricultural employment (%)	1990	43.4*	2015	45.0	2001	39.2*	−76.6	Unlikely…
Percentage of women representatives in the state parliament (%)	1995	4.0*	2015	25.0	2001	14.3*	3.8	On track
Percentage of women in executive authorities (%)	2001	2.4	2015	10.0	n.d.	n.a.	–	–
Share of women among the employed (%)	2001	37.2	2015	40.0	n.d.	n.a.	–	–
Goals 4–6. Improve health levels								On track
Target 1. Substantially reduce the child mortality rate								
Under-five mortality rate (per 1,000 live births)	1991	14.5	2015	7.0	2001	10.3	3.4	On track
Infant mortality rate (per 1,000 live births)	2001	8.5	2015	5.0	n.d.	n.a.	–	–
Percentage of children under one year of age immunized against smallpox (%)	2001	83.0	2015	100.0	n.d.	n.a.	–	–
Percentage of newborns weighing 2,500 grams or less (%)	2001	4.0	2015	1.0	n.d.	n.a.	–	–
Percentage of breastfeeding children under six months (%)	2001	2.1	2015	15.0	n.d.	n.a.	–	–
Immunization, measles (% of children ages 12–23 months)*	1992	52.0	2015	100.0	2002	89.0	7.7	On track
Target 2. Reduce between 1990 and 2015 the mortality rate of child-bearing women								
Maternal mortality ratio (per 100,000 live births)	1995	15.0	2015	2.5	2001	5.1	9.9	On track
Births attended by skilled health staff (%)*	1990	97.4	2015	100.0	2001	99.6	10.2	On track
Target 3. By 2015, halt and begin to reverse the spread and incidence of HIV/AIDS								
Adults with AIDS (number of new AIDS cases)	2001	51	2015	50–55	n.d.	n.a.	–	–
Prevalence of adults with HIV (%)	2001	0.004	2015	0.004	n.d.	n.a.	–	–
Target 4. Halt, and begin to reverse, the incidence of major diseases								
Tuberculosis cases (per 100,000 people)	2001	50.0	2015	20.0	n.d.	n.a.	–	–
Tuberculosis deaths (per 100,000 people)	2001	4.0	2015	0.0	n.d.	n.a.	–	–
Percentage of the population with regular access to essential affordable medication (%)	2000	50.0	2015	95.0	n.d.	n.a.	–	–
Percentage of GDP for health (%)	2001	4.8	2015	8.0	n.d.	n.a.	–	–
Percentage of insured citizens (%)	2001	78.0	2015	100.0	n.d.	n.a.	–	–
Goal 7. Achieve environmental sustainability								Unlikely…
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Percentage of forested land (%)	1990	45.0	2015	60.0	2001	45.0	−11.0	Unlikely…
Land protected to maintain biodiversity (%)	1990	0.4	2015	6.0	2002	0.5	−11.6	Unlikely…
GDP by unit of energy consumed (1995 PPP $ per kg of oil)	2001	5.2	2015	4.9	n.d.	n.a.	–	–
Carbon dioxide emission (tons per capita)	2001	3.2	2015	3.2	n.d.	n.a.	–	–
Electricity consumption (kWh per capita)	2001	1,473.0	2007	1,050.0	n.d.	n.a.	–	–
Target 2. By 2015 halve the number of people without access to a secure water supply								
Percentage of people connected to the main water supply system (%)	2001	53.0	2015	67.0	n.d.	n.a.	–	–
Percentage of people with access to plumbing (%)	2001	33.0	2015	40.0	n.d.	n.a.	–	–
Target 3. By 2020 achieve significant improvements in the lives of those living in slums or highly challenging conditions								
Proportion of de-mined fields (%)	2001	5.0	2015	80.0	n.d.	n.a.	–	–

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 8. Develop a global partnership for development								
Target 1. Develop an open, rule-based, predictable, non-discriminatory trading and financial system								
Perception of the presence of corruption (%)	2001	100 [1]	2015	50 [2]	n.d.	n.a.	–	–
Perception of corruption as being widespread (%)	2001	55 [1]	2015	25 [2]	n.d.	n.a.	–	–
Exports as a share of imports (%)	2001	31.0	2015	80.0	n.d.	n.a.	–	–
FDI as a % GDP	2001	4.7	2015	7.0	n.d.	n.a.	–	–
Share of total ODA in GDP (%)	2001	16.8	2015	1.0	n.d.	n.a.	–	–
Status of WTO accession negotiations (WTO membership)	2001	no	2015	yes	n.d.	n.a.	–	–
Target 2. Deal comprehensively with the debt burden								
Debt servicing in % of goods and services exports (%)	2001	18.3	2015	11.0	n.d.	n.a.	–	–
Export/GDP (%)	2001	27.0	2015	43.0	n.d.	n.a.	–	–
Target 3. In cooperation with the private sector, make available new technology, and especially information and communication technologies								
Phone lines (per 1,000 people)	2001	111.0	2015	260.0	n.d.	n.a.	–	–
Personal computers (per 1,000 people)	2001	30.0	2015	120.0	n.d.	n.a.	–	–
Number of internet users (per 100 people)	1996	0.0	2015	15.0	2002	2.6	−2.7	Likely...
Expenditure for research and development (% of GDP)	2000	0.05	2015	1.0	n.d.	n.a.	–	–

Note:
[1] approximately.
[2] less than.

Source: UNDP Bosnia and Herzegovina 2004. *MDG Update Report for Bosnia and Herzegovina. PRSP, Europe and Beyond. September 2004.* http://www.undp.ba/download.aspx?id=219.
     * World Bank 2004. *World Development Indicators Database 2004.*
     ** EBRD 2004. *Transition report update 2004.* London: EBRD 2004.

BULGARIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Halve extreme poverty and malnutrition								Likely…
Target 1. Threefold increase of average incomes between 2001 and 2015								
Average monthly income (Euro (ECU))	1992	59.7	2015	280.0	2001	91.0	−5.7	Unlikely…
Proportion of the poor (with incomes under 60 % of the average monthly income) (%)	1990	13.0	2015	15.0	2001	15.0	14.0	On track
Poverty threshold (60 % of average monthly income) (Euro (ECU))	1992	35.8	2015	170.0	2001	54.6	−5.8	Unlikely…
Proportion of underweight newborns under 2,500 grams /per 1,000 live births/	1990	7.2	2015	decrease	2001	9.7	. .	Unlikely…
Target 2. Decrease of unemployment by one third between 2001 and 2015								
Youth unemployment (15−24 years of age) (%)	1993	47.0	2015	25.0	2001	35.3	3.7	On track
Share of long-term unemployed in the workforce (%)	1990	11.2	2015	7.0	2001	9.6	−1.3	Likely …
Goal 2. Improve primary and secondary education								Unlikely…
Target 1. 100 % initial stage of primary education								
Net enrolment rate in the initial stage of primary education (6/7−9/10 years, 1−4 grade) (%)	1990	86.1	2015	100.0	2002	96.4	6.5	On track
Net completion rate in the initial stage of primary education (6/7−9/10 years, 1−4 grade) (%)	1990	92.6	2015	100.0	2002	93.3	−9.6	Unlikely…
Target 2. 95 % junior high school stage of primary education								
Net enrolment rate in the junior high school stage of primary education (9/10−13/14 years, 5−8 grade) (%)	1990	89.8	2015	97.0	2002	84.2	−31.4	Unlikely…
Net completion rate in the junior high school stage of primary education (9/10−13/14 years, 5−8 grade) (%)	1990	84.0	2015	95.0	2002	84.4	−11.1	Unlikely…
Net dropout rate in the junior high school stage of primary education (9/10−13/14 years, 5−8 grade) (%)	1990	2.4	2015	2.0	2002	2.9	−43.3	Unlikely…
Target 3. 85 % of secondary education								
Net enrolment rate in secondary education (15−19 years, 9−12 grade) (%)	1990	68.6	2015	86.0	2002	68.3	−12.4	Unlikely…
Net completion rate in secondary education (15−19 years, 9−12 grade) (%)	1990	82.9	2015	90.0	2002	85.1	−4.3	Unlikely…
Net dropout rate in secondary education (15−19 years, 9−12 grade) (%)	1990	5.9	2015	1.0	2002	2.6	4.8	On track
Goal 3. Promote gender equality and empower women								On track
Target 1. Eliminate the disproportion between the incomes of men and women								
Salaries of women compared to those of men (%)	2000	72.0	2015	80.0	n.d.	n.a.	−	−
Target 2. Ensure the participation of women in governance								
Women's share in the number of parliamentarians in the National Assembly (%)	1997	10.4	2015	40.0	2001	26.0	5.5	On track
Goal 4. Reduce child mortality								Unlikely…
Target 1. Considerable reduction in child mortality								
Under-five mortality rate (per 1,000 live births)	1990	18.7	2015	9.5	2001	17.0	−6.4	Unlikely…
Infant mortality rate (per 1,000 live births)	1990	14.8	2015	7.0	2001	14.4	−9.7	Unlikely…
Perinatal death rate (still-born + dead before the 6th day) (per 1,000 live births)	1990	11.1	2015	8.0	2001	12.3	−20.7	Unlikely…
Proportion of underweight live births under 2,500 grams (per 1,000 live births)	1990	6.9	2015	6.0	2001	9.1	−72.1	Unlikely…
Target 2. Immunization of all children up to the age of one year								
Proportion of children immunized with BCG [1], DPT [2], OPV [3] and Hepatitis B vaccine (%)	1990	99.5	2015	99.0	2001	93.6	14.0	On track
Goal 5. Improve maternal health								Unlikely…
Target 1. Reduce maternal mortality considerably								
Maternal mortality ratio (women deceased during pregnancy and childbirth) (per 100,000 live births)	1990	20.9	2015	12.0	2001	19.1	−5.9	Unlikely…
Target 2. Improve considerably healthcare services for pregnant women								
Abortions (per 1,000 women)	1990	1,375.0	2015	550.0	2001	750.0	7.9	On track
Pregnant women under medical monitoring (until the third month of pregnancy) (%)	1990	89.4	2015	90.0	2000	81.8	−3.9	Unlikely…
Proportion of births assisted by qualified medical personnel (%)	1990	99.1	2015	99.8	2001	98.9	−18.1	Unlikely…
Goal 6. Limit the spread of HIV/AIDS, syphilis and tuberculosis								Unlikely…
Target 1. Prevent the epidemic spread of HIV/AIDS								
HIV/AIDS prevalence among people aged 15 to 24 (%)	1990	0.01 [4]	2015	1.0 [4]	2001	0.01 [4]	14.0	On track
Target 2. Reduce tuberculosis cases by half between 2001 and 2015								
Tuberculosis incidence (new cases per 100,000 people)	1990	25.1	2015	20.0	2001	41.0	−88.9	Unlikely…
Coverage of the country with the DOTS strategy and increased proportion of healed cases (%)	2000	70.0	2015	83.0	n.d.	n.a.	−	−
Target 3. Reduce fourfold syphilis cases between 2001 and 2015								
Syphilis incidence (per 100,000 people)	1990	4.4	2015	5.0	2001	19.4	−3.6	Unlikely…

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 7. Ensure environmental sustainability								Likely…
Target 1. Integrate the principles of sustainable development into country policies and programmes; reverse the loss of environmental resources								
Proportion of territory covered by forests (%)	1990	34.9	2015	35.9	2001	35.9	14.0	On track
Proportion of protected territories (%)	1990	2.6	2015	12.0	2001	4.8	−5.1	Unlikely…
Reduction in carbon dioxide emissions against a 1988 baseline (%)	1990	12.3	2015	8.0	2000	50.0	. .	On track
Total greenhouse CO_2 emissions (gigagrams equivalent)	1990	137.7	2015	144.0	2000	77.7	. .	On track
Industrial emissions CO_2 (metric tons per capita)	1998	5.7	n.d.	n.a.	n.d.	n.a.	−	−
Proportion of the population serviced by an organized waste collection and disposal system (%)	2001	80.2	2015	95.0	n.d.	n.a.	−	−
Target 2. Reduce the proportion of people without access to drinking water and proper sewage infrastructure								
Towns with populations of more than 2,000 (equivalent persons), served by waste water treatment plants (%)	2000	40.0	2015	100.0	n.d.	n.a.	−	−
Proportion of the population connected to a central water supply (%)	1990	98.7	2015	100.0	2001	98.7	−11.0	Unlikely…
Proportion of the population connected to sewage networks (%)	1991	66.3	2015	increase	2001	67.9	. .	On track
Goal 8. Develop a partnership for development								
Target 1. Create an environment conducive to FDI in Bulgaria								
Ratio of foreign direct investment to GDP (%)	1992	0.3	2015	15.0	2001	5.1	−1.5	Likely…
Target 2. Maintain sustainable levels of foreign debt service								
Ratio of foreign debt to GDP (%)	1990	160.4	2015	55.0	2001	63.9	11.9	On track

Note:
[1] Anti-tuberculosis vaccine.
[2] Vaccine against diphtheria, pertusis and tetanus.
[3] OPV – oral poliomyelitis vaccine.
[4] less than.

Source: UNDP Bulgaria 2003. *Millennium Development Goals 2003.* March 2003 http://www.undp.bg/en/publications.php?content=yes&ID=2&PHPSESSID=d7032e68416fc971a39a5a1f00761e3a.

CROATIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate relative poverty								On track
Target 1. In the period between 2001 and 2015 reduce by half the number of people living in relative poverty								
The at-risk-of-poverty rate (according to the Household Budget Survey in 2004 it was HRK 43,499.05 including income in kind) (%)	2002	18.2	2015	9.1	2004	16.7	0.1	On track
The percentage of long-term unemployed persons aged 15 to 74 (people unemployed for 12 months or more, as a proportion of the total unemployed, according to the Labour Force Survey) (%)	2002	61.4	n.d.	n.a.	2004	53.8	–	–
The percentage of very long-term unemployed persons aged 15 to 74 (people unemployed for 24 months or more, as a proportion of the total unemployed, according to the Labour Force Survey) (%)	2002	45.9	n.d.	n.a.	2004	41.5	–	–
The rate of very long-term unemployed persons aged 15 to 74 (the percentage of those unemployed for 24 months or more, as a proportion of the total active population, according to the Labour Force Survey) (%)	2002	6.8	n.d.	n.a.	2004	5.8	–	–
Goal 2. Guaranteed education for all								Likely . . .
Target 1. Harmonization of education with the European Community – Bologna Process								
Share of enrolled students – Pre-school education (% of 3–6 years-olds)	2002	44.9	n.d.	n.a.	2004	48.4	–	–
Share of enrolled students – Basic education (% of 7–14 years-olds)	2002	95.0	n.d.	n.a.	2004	96.2	–	–
Share of enrolled students – Upper secondary education (% of 15–18 years-olds)	2002	83.3	n.d.	n.a.	2004	84.8	–	–
Share of enrolled students – Grammar school (% of the total number of pupils attending upper secondary education)	2002	25.8	n.d.	n.a.	2004	26.2	–	–
Share of enrolled students – Vocational school (% of the total number of pupils attending upper secondary education)	2002	74.2	n.d.	n.a.	2004	73.8	–	–
Share of enrolled students – Tertiary education (% of 19–25 years-olds)	2002	37.8	n.d.	n.a.	2004	42.2	–	–
Mobility of students and teachers – share of foreign students (% of total number of students)	2002	2.3	n.d.	n.a.	2004	2.7	–	–
Mobility of students and teachers – Number of Croatian students studying abroad	2002	n.a.	n.d.	n.a.	2004	n.a.	–	–
Mobility of students and teachers – Number of foreign students studying in Croatia	2002	2,638	n.d.	n.a.	2004	3,433	–	–
Introduction of the credits system (ECTS) – Number of institutions of higher education that have introduced ECTS	2002	5	n.d.	n.a.	2004	10	–	–
The reform of the curriculum in accordance with the needs of modern society and the economic development of Croatia – Number of courses harmonized with the Bologna Declaration	2002	0	n.d.	n.a.	2004	5	–	–
Guarantee of educational quality – Number of accreditations issued to institutions of higher education	2002	25	n.d.	n.a.	2004	40	–	–
Introduction of "diploma supplements" (i.e. additions to diplomas) for the purpose of promoting employ-ment – Number of institutions of higher education that have introduced the "diploma supplement"	2002	2	n.d.	n.a.	2004	6	–	–
Introduction of self-regulation of tertiary education – Number of integrated universities	2002	0	n.d.	n.a.	2004	2	–	–
Target 2. Acquisition of basic skills for successful integration into the workplace, the economy and modern knowledge-based technology. Systematic introduction of the classification of education.								
Implementation of regional innovation development – Number of newly founded institutions of higher education	2002	0	n.d.	n.a.	2004	5	–	–
Introduction of external evaluation into the whole educational system – number of programmes in upper secondary education/tertiary education	2002	0/0	n.d.	n.a.	2004	150/835	–	–
Implementation of reforms in vocational education – Number of upper secondary schools that have introduced new programmes adjusted to the labour market	2002	0	n.d.	n.a.	2004	n.a.	–	–
Introduction of lifelong learning – Implementation of the national strategy for adult education	2002	no	n.d.	n.a.	2004	yes	–	–
Introduction of lifelong learning – Implementation of the Adult Education Act	2002	no	n.d.	n.a.	2004	yes	–	–
Introduction of lifelong learning – Implementation of the Action Plan on Adult Education	2002	no	n.d.	n.a.	2004	yes	–	–
Introduction of lifelong learning – Conducting a survey on adult education	2002	no	n.d.	n.a.	2005	no	–	–
Introduction of lifelong learning – Implementation of the Law on Gender Equality	2002	no	n.d.	n.a.	2004	yes	–	–
Target 3. Organization of services								
Coverage of children in kindergartens (% of 1–6 year-olds)	2002	31.1	2015	60.0	2004	33.7	−0.8	Likely . . .
Organization of education in basic schools – Basic schools working in one shift (%)	2002	50.9	2015	increase	2003	50.8	. .	Unlikely...
Organization of education in basic schools – Basic schools working in two shifts (%)	2002	46.4	n.d.	n.a.	2003	46.4	–	–
Organization of education in basic schools – Basic schools working in three shift (%)	2002	2.6	2015	0.0	2003	2.8	−2.0	Unlikely...
Organization of education in upper secondary schools – Upper basic schools working in one shift (%)	2002	n.a.	n.d.	n.a.	2004	23.7	–	–
Organization of education in upper secondary schools – Upper basic schools working in two shifts (%)	2002	n.a.	n.d.	n.a.	2004	76.3	–	–
Adoption of educational standards – Number of schools involved in the Croatian National educational standard (CNES)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Total allocations for education as a portion of GDP (%)	2002	4.52	2010	4.9	2003	4.67	2.2	On track
Total allocations for education as a percentage of GDP – preschool (%)	2002	0.43	n.d.	n.a.	2003	0.43	–	–
Total allocations for education as a percentage of GDP – basic (%)	2002	2.11	n.d.	n.a.	2003	2.14	–	–
Total allocations for education as a percentage of GDP – upper secondary (%)	2002	1.02	n.d.	n.a.	2003	1.08	–	–
Total allocations for education as a percentage of GDP – tertiary (%)	2002	0.89	n.d.	n.a.	2003	0.86	–	–

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor- mance
Goal 3. Gender equality and empowerment of women								Likely …
Target 1. Encourage gender-sensitive education in the educational curricula and programmes								
Percentage of amended textbooks at all levels of education	2002	n.a.	n.d.	n.a.	2004	n.a.	–	–
Has the Ministry of Education consulted non-governmental organizations when drafting the Catalogue of Knowledge for basic schools?	2002	no	n.d.	n.a.	2004	yes	–	–
The number of programmes and seminars on gender equality for pre-school teachers and teachers	2002	n.a.	n.d.	n.a.	2004	n.a.	–	–
Number of gender sensitive courses at faculties financed by the state budget	2002	n.a.	n.d.	n.a.	2004	n.a.	–	–
The amount of funds invested into gender-sensitive research and women's studies	2002	n.a.	n.d.	n.a.	2004	n.a.	–	–
Target 2. Increase the participation of women in the political decision-making process								
The number of women in the Croatian Parliament	2002	34	2015	increase	2004	33	. .	Unlikely…
The number of women in the Croatian Government (female ministers)	2002	4	2015	increase	2004	4	. .	On track
The percentage of women in the representative bodies of local and regional self-government units (%)	2002	9.6	2015	increase	2004	10.7	. .	On track
Does the Election Act contain provisions on gender equality?	2002	yes	2015	yes	2004	yes	. .	On track
The percentage of women on electoral lists local and regional self-government units	2002	n.a.	n.d.	n.a.	2004	19.2	–	–
Target 3. Empower women economically								
Percentage of unemployed women (%)	2002	16.6	2015	decrease	2004	15.7	. .	On track
Percentage of women as a proportion of the total number of self-employed persons (%)	2002	32.2	2015	increase	2004	38.9	. .	On track
Are programmes for the economic empowerment of single mothers being drawn up?	2002	n.a.	n.d.	n.a.	2004	yes	–	–
Target 4. Suppression of all kinds of violence against women								
Is the education of competent state bodies and services on violence against women being carried out?	2002	yes	2015	yes	2004	yes	. .	On track
The number of shelters for victims of violence	2002	7	2015	increase	2004	12	. .	On track
The number of counselling centers for victims of violence	2002	n.a.	n.d.	n.a.	2004	41	–	–
Target 5. Improve the management of statistical data								
Are gender-related statistical data in the area of social statistics being published?	2002	yes	2015	yes	2004	yes	. .	On track
Target 6. Strengthen media support for gender equality								
The number of gender-sensitive programmes on public television and in the total media space	2002	n.a.	n.d.	n.a.	2004	n.a.	–	–
Establish an annual award for gender-sensitive media work	2002	yes	2015	yes	2004	yes	. .	On track
Does the Media Act contain provisions on gender equality?	2002	no	2015	yes	2004	yes	. .	On track
Target 7. Harmonize private and professional life								
The number of kindergartens	2002	1,067	2015	increase	2004	1,089	. .	On track
The number of legal subjects implementing programmes of pre-school education in basic schools and associations	2002	n.a.	n.d.	n.a.	2004	101	–	–
The number of kindergartens in which children stay for eight hours or more	2002	884	n.d.	n.a.	2003	8750	–	–
The number of children staying in kindergartens for eight hours or more	2002	66,606	n.d.	n.a.	2004	67,375	–	–
The number of basic schools with extended stay	2002	n.a.	n.d.	n.a.	2004	185	–	–
The number of pupils in basic schools included in extended stay	2002	7,830	n.d.	n.a.	2003	9,160	–	–
The number of men on paternity leave	2003	402	n.d.	n.a.	2004	444	–	–
Target 8. Strengthen institutional mechanisms								
The number of country commissions for gender equality at the local level	2003	9	n.d.	n.a.	2005	20	–	–
The number of persons employed in the Office for Gender Equality	2004	4	n.d.	n.a.	2005	5	–	–
The rate of increase in the number of persons employed in the Office for Gender Equality (%)	n.d.		n.d.	n.a.	2005	25.0	–	–
The rate of increase in the budget of the Office for Gender Equality (%)	n.d.		n.d.	n.a.	2005	26.9	–	–
The budget of the Office for Gender Equality (HRK)	2004	1,531,290	n.d.	n.a.	2005	1,943,260	–	–
The number of persons employed in the Office of the *Ombudsman* for Gender Equality	2004	10	n.d.	n.a.	2005	10	–	–
The rate of increase in the number of persons employed in the Office of the *Ombudsman* for Gender Equality (%)	2004	0.0	n.d.	n.a.	2005	0.0	–	–
The rate of increase in the budget of the Office of the *Ombudsman* for Gender Equality (%)	2004	n.a.	n.d.	n.a.	2005	25.9	–	–
The budget of the Office of the *Ombudsman* for Gender Equality (HRK)	2004	2,006,079	n.d.	n.a.	2005	2,525,405	–	–
Target 9. Strengthening civil society								
Does the state provide financial support to non-governmental organizations?	2002	yes	n.d.	n.a.	2004	yes	–	–
Goal 4. Reduce newborn and child mortality								Likely …
Target 1. Reduce the rate of prenatal and infant mortality								
Rate of stillbirths (‰)	1990	4.4	2015	decrease	2003	5.7	. .	Unlikely…
Rate of early neonatal mortality(‰)	1990	5.9	2015	decrease	2003	3.8	. .	On track
Rate of infant mortality (per 1,000 live births)	1990	10.7	2015	decrease	2003	6.3	. .	On track
Rate of mortality among children with low birth weight – ELBW (500−999g) (‰)	2002	635.8	n.d.	n.a.	2003	767.9	–	–
Rate of mortality among children with low birth weight – VVLBW (1000−1499g) (‰)	2002	295.5	n.d.	n.a.	2003	248.9	–	–
Rate of mortality among children with low birth weight – VLBW (1500−2499 g) (‰)	2002	106.9	n.d.	n.a.	2003	47.5	–	–
Rate of mortality among children with low birth weight – total LBW (500−2499 g) (‰)	2002	107.1	n.d.	n.a.	2003	118.8	–	–

CROATIA (continued)

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Target 2. Improve antenatal care								
Number of clinical examinations during pregnancy – 0 examinations (optimum number of examinations during a normal, healthy pregnancy is 10)	2002	770	n.d.	n.a.	2003	1,362	–	–
Number of clinical examinations during pregnancy – 1–2 examinations	2002	859	n.d.	n.a.	2003	832	–	–
Number of clinical examinations during pregnancy – 3–5 examinations	2002	4,005	n.d.	n.a.	2003	3,480	–	–
Number of clinical examinations during pregnancy – 6–8 examinations	2002	12,025	n.d.	n.a.	2003	11,112	–	–
Number of clinical examinations during pregnancy – >9 examinations	2002	20,904	n.d.	n.a.	2003	21,729	–	–
Number of clinical examinations during pregnancy – unknown number of checks	2002	861	n.d.	n.a.	2003	419	–	–
Number of ultrasound scans during pregnancy – 0 scans (optimum number of scans in a normal pregnancy is 3)	2002	939	n.d.	n.a.	2003	1,455	–	–
Number of ultrasound scans during pregnancy – 1 scan	2002	972	n.d.	n.a.	2003	756	–	–
Number of ultrasound scans during pregnancy – 2 scans	2002	3,337	n.d.	n.a.	2003	2,617	–	–
Number of ultrasound scans during pregnancy – 3 scans	2002	7,389	n.d.	n.a.	2003	6,577	–	–
Number of ultrasound scans during pregnancy – 4–5 scan	2002	16,620	n.d.	n.a.	2003	17,012	–	–
Number of ultrasound scans during pregnancy – >6 scan	2002	9,078	n.d.	n.a.	2003	9,653	–	–
Number of ultrasound scans during pregnancy – unknown number	2002	7,089	n.d.	n.a.	2003	864	–	–
Time of first antenatal examination – 1–8 weeks (number of pregnancies) (optimum timing of the first examination is by the 8th week of pregnancy, and from the 9th until the 12th week of pregnancy)	2002	11,819	n.d.	n.a.	2003	11,951	–	–
Time of first antenatal examination – 9–12 weeks (number of pregnancies)	2002	13,499	n.d.	n.a.	2003	14,047	–	–
Time of first antenatal examination – 13–16 weeks (number of pregnancies)	2002	5,440	n.d.	n.a.	2003	4,623	–	–
Time of first antenatal examination – 17–21 weeks (number of pregnancies)	2002	2,517	n.d.	n.a.	2003	1,799	–	–
Time of first antenatal examination – 22–30 weeks (number of pregnancies)	2002	1,370	n.d.	n.a.	2003	1,115	–	–
Time of first antenatal examination – 31–35 weeks (number of pregnancies)	2002	299	n.d.	n.a.	2003	306	–	–
Time of first antenatal examination – 36–41 weeks (number of pregnancies)	2002	143	n.d.	n.a.	2003	111	–	–
Time of first antenatal examination – >42 weeks (number of pregnancies)	2002	1	n.d.	n.a.	2003	2	–	–
Time of first antenatal examination – unknown duration of pregnancy at the time of the first examination (number of pregnancies)	2002	4,336	n.d.	n.a.	2003	4,980	–	–
The number of nurse visits at home during pregnancy (optimum number of nurse visits at home is two) (number of visits per pregnant women)	2002	0.84	n.d.	n.a.	2003	0.74	–	–
The number of nurse visits at home during pregnancy (optimum number of nurse visits at home is two) (number of visits per women after having given birth)	2002	3.3	n.d.	n.a.	2003	3.6	–	–
Target 3. Improve postnatal care								
The number of specializations in neonatology approved by the Ministry of Health and Social Welfare – the number of specializations in neonatology (number per year)	2002	0	2015	10	2003	0	−1.0	Likely …
The number of specializations in neonatology approved by the Ministry of Health and Social Welfare – the number of faeto-maternal specializations (number per year)	2002	0	2015	10	2003	1	0.3	On track
Dynamics of procurement of capital medical equipment (the optimum is 15% per year of the total necessary equipment)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
The number of new specialisations in paediatrics for primary health care per year	2002	9	n.d.	n.a.	2003	22	–	–
Target 4. Reduce the number of "avoidable deaths", i.e. deaths that occur from prenatal causes which may be avoided and the evaluation of prenatal and child deaths at national and county (regional) levels								
The trends of prenatal mortality and its components (early neonatal mortality and fetal mortality) and child deaths at national and county (regional) levels in the last 5 years	2002	n.a.	n.d.	n.a.	2003	n.a.	–	–
The number of causes of infant deaths – contagious and parasitic diseases	2002	3	n.d.	n.a.	2003	2	–	–
The number of causes of infant deaths – tumours	2002	1	n.d.	n.a.	2003	3	–	–
The number of causes of infant deaths – blood diseases and blood vessel diseases and certain immune system diseases	2002	4	n.d.	n.a.	2003	0	–	–
The number of causes of infant deaths – endocrine diseases, alimentary and metabolic diseases	2002	1	n.d.	n.a.	2003	3	–	–
The number of causes of infant deaths – nervous system diseases	2002	7	n.d.	n.a.	2003	1	–	–
The number of causes of infant deaths – circulation system diseases	2002	0	n.d.	n.a.	2003	2	–	–
The number of causes of infant deaths – respiratory system diseases	2002	1	n.d.	n.a.	2003	3	–	–
The number of causes of infant deaths – digestive system diseases	2002	0	n.d.	n.a.	2003	1	–	–
The number of causes of infant deaths – certain conditions occurring in the prenatal period	2002	163	n.d.	n.a.	2003	156	–	–
The number of causes of infant deaths – congenital malformations, deformities and chromosome abnormalities	2002	83	n.d.	n.a.	2003	70	–	–
The number of causes of infant deaths – symptoms, signs and abnormal clinical and laboratory test results not classified elsewhere	2002	15	n.d.	n.a.	2003	4	–	–
The number of causes of infant deaths – injuries, poisonings and some other consequences of external causes	2002	4	n.d.	n.a.	2003	6	–	–
The number of infant deaths – total	2002	282	n.d.	n.a.	2003	251	–	–

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Target 5. Reduce the child mortality rate								
Specific child mortality rate for: infants (Per 1,000 live births)	2002	7.0	2015	decrease	2003	6.3	. .	On track
Specific child mortality rate for: children 1−4 years (Per 100,000 live births)	2002	27.9	2015	decrease	2003	21.2	. .	On track
Specific child mortality rate for: children 5−9 years (Per 100,000 live births)	2002	14.5	2015	decrease	2003	15.3	. .	Unlikely…
Specific child mortality rate for: children 10−14 years (Per 100,000 live births)	2002	10.4	2015	decrease	2003	18.2	. .	Unlikely…
Specific child mortality rate for: children 15−19 years (Per 100,000 live births)	2002	48.9	2015	decrease	2003	50.2	. .	Unlikely…
Leading causes of violent deaths during childhood – number of violent deaths for: infants	2002	4	2015	decrease	2003	6	. .	Unlikely…
Leading causes of violent deaths during childhood – number of violent deaths for: children 1−4 years	2002	10	2015	decrease	2003	11	. .	Unlikely…
Leading causes of violent deaths during childhood – number of violent deaths for: children 5−9 years	2002	14	2015	decrease	2003	17	. .	Unlikely…
Leading causes of violent deaths during childhood – number of violent deaths for: 10−14 years	2002	12	2015	decrease	2003	27	. .	Unlikely…
Leading causes of violent deaths during childhood – number of violent deaths for: 15−19 years	2002	101	2015	decrease	2003	107	. .	Unlikely…
Target 6. Reduce the deaths caused by accidents and evaluate the implementation of prevention programmes for the purpose of reducing accident-caused deaths of children at national and county (regional) levels								
Trends in child and youth mortality at national and county (regional) levels	2002	n.a.	n.d.	n.a.	2003	n.a.	−	−
Number of child deaths caused by accidents	2002	141	2015	decrease	2003	168	. .	Unlikely…
Goal 5. Improve maternal health								On track
Target 1. Maintain maternal mortality at a low level								
Maternal mortality rate (per 100,000 live births)	2002	9.97	2015	decrease	2003	7.56	. .	On track
Target 2. Maintain and improve reproductive health								
Percentage of women covered by preventive examinations within health care (per 1,000 women of childbearing age)	1990	163.6	2015	increase	2003	386.8	. .	On track
Percentage of pregnant women with >9 antenatal examinations (%)	2002	53.0	2015	increase	2003	55.8	. .	On track
Target 3. Further reduction in the percentage of interrupted pregnancies, in particular in adolescents								
Percentage of interrupted pregnancies according to age and type of interruption	2002	11.1	2015	decrease	2003	10.2	. .	On track
Legally induced interruptions of pregnancy total (% of total pregnancies)	2002	51.6	n.d.	n.a.	2003	53.9	−	−
Legally induced interruptions of pregnancy – women <19 years of age (% of total pregnancies due to this reason)	2002	7.8	n.d.	n.a.	2003	8.3	−	−
Legally induced interruptions of pregnancy – women 20−29 years of age (% of total pregnancies due to this reason)	2002	35.6	n.d.	n.a.	2003	36.4	−	−
Legally induced interruptions of pregnancy – women 30−39 years of age (% of total pregnancies due to this reason)	2002	44.3	n.d.	n.a.	2003	42.7	−	−
Legally induced interruptions of pregnancy – women >40 years of age (% of total pregnancies due to this reason)	2002	11.0	n.d.	n.a.	2003	10.2	−	−
Interruptions of pregnancy due to unknown reasons (% of total pregnancies)	2002	1.2	n.d.	n.a.	2003	2.4	−	−
Spontaneous interruptions (% of total pregnancies)	2002	19.3	n.d.	n.a.	2003	17.9	−	−
Other interruptions (% of total pregnancies)	2002	29.1	n.d.	n.a.	2003	28.2	−	−
Target 4. Reduce mortality resulting from the most frequent causes of death in women in fertile age groups								
Total mortality rate (per 100,000 women of fertile age)	2002	84.2	2015	decrease	2003	83.5	. .	On track
Percentage of mortalities resulting from the most frequent causes of death in women of fertile age according to MKB diseases (per 100,000 women of fertile age) – tumours (%)	2002	38.7	n.d.	n.a.	2003	34.9	−	−
Percentage of mortalities resulting from the most frequent causes of death in women of fertile age according to MKB diseases (per 100,000 women of fertile age) – injuries, poisonings and other consequences of external causes (%)	2002	15.5	n.d.	n.a.	2003	15.0	−	−
Percentage of mortalities resulting from the most frequent causes of death in women of fertile age according to MKB diseases (per 100,000 women of fertile age) – circulation system diseases (%)	2002	13.9	n.d.	n.a.	2003	15.1	−	−
Goal 6. Combat HIV/AIDS, tuberculosis and other diseases								On track
Target 1. Contain HIV/AIDS infection in the Republic of Croatia at the current level								
Percentage of young people between 15 to 25 years of age familiar with the ways in which HIV infection is spread (%)	2002	n.a.	2015	90.0	2005	38.0	−	−
Rate of incidence of HIV infection (per 1,000,000 people)	2002	9.7	2015	maintain[1]	2004	10.8	. .	Unlikely…
Percentage of the population of HIV infected addicts involved in some form of health care (%)	2002	n.a.	2015	70.0	2004	71.1	11.0	On track
Introduction of new regulations concerning the rights of HIV positive persons	2002	n.a.	2015	yes	2004	yes	. .	On track
Target 2. Decrease the level of prevalence of tuberculosis								
Rate of incidence of tuberculosis (per 100,000 people)	2002	33.0	2015	decrease	2004	29.2	. .	On track
Introduction of supervision during therapy	2002	n.a.	2015	yes	2004	yes	. .	On track
Percentage of sick persons cured of tuberculosis	2002	n.a.	n.d.	n.a.	2003	60.2	−	−
Target 3. Reduce the mortality rate from chronic non-contagious diseases in the age group 0−64								
Cardiovascular disease mortality rate (per 100,000 people)	2002	96.8	2015	decrease	2003	96.8	. .	On track
Mortality rate from malignant tumours (per 100,000 people)	2002	108.7	2015	decrease	2003	105.1	. .	On track

CROATIA (continued)

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 7. Ensure environmental sustainability								On track
Target 1. Integration of sustainable development principles into national policy and programmes and halt the loss of "environmental resources"								
Forest and forestland surface (ha)	2003	2,485,611	2015	maintain[1]	2004	2,485,611	. .	On track
The proportion of forests and forest area in the total surface of the mainland part of state territory (%)	2003	43.5	2015	maintain[1]	2004	43.5	. .	On track
Surfaces of protected sections of nature (km^2)	2002	5,978	2015	maintain[1]	2004	5,978	. .	On track
Proportion of protected parts of nature in the total surface of state territory (%)	2002	6.8	2015	maintain[1]	2004	6.8	. .	On track
Data on the quality of the coastal sea (%)	2002	95	2015	95	2004	95	0.0	On track
Quality of sea beaches (%)	2002	100	2015	100	2004	100	0.0	On track
Data on the category of surface waters (rivers and lakes) (% of stations on categorized parts of the waterway)	2002	76	n.d.	n.a.	2004	76	–	–
Data on the quality of surface waters (rivers and lakes)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. Reduce the portion of the population without adequate water supply and drainage								
Proportion of the population connected to the public water supply system (%)	2002	76.0	2015	increase	2004	76.0	. .	On track
Proportion of the population connected to the public drainage system with adequate purification of waste waters (%)	2002	15.0	2025	60.0	2004	15.0	−2.0	Likely . . .
Target 3. Improve waste management and reduce the quantity of waste in the Republic of Croatia								
Proportion of disposed waste in relation to total waste management in the Republic of Croatia (%)	2002	89.0	2015	increase	2004	95.0	. .	On track
Proportion of the population covered by communal waste collection (%)	2002	80.0	2015	increase	2004	80.0	. .	On track
Goal 8. Develop a global partnership for development								
Target 1. In cooperation with developing countries, develop and implement strategies for suitable and productive work of the young – decrease the unemployment of the young								
Unemployment rate for persons aged 15 to 24 years (%)	2002	35.5	2015	decrease	2004	33.4	. .	On track
Unemployment rate for persons aged 25 to 29 years (%)	2002	19.9	2015	decrease	2004	18.7	. .	On track
Number of entrepreneurs and craftsmen aged 15 to 24 years	2002	4,000	n.d.	n.a.	2004	2,000	–	–
Number of entrepreneurs and craftsmen aged 25 to 29 years	2002	7,000	n.d.	n.a.	2004	7,000	–	–
Existence of a programme for the stimulation of youth employment	2002	no	n.d.	n.a.	2004	yes	–	–
The number of persons aged 15 to 24 who are employed through an active employment policy	2002	7,517	n.d.	n.a.	2004	8,872	–	–
The number of persons aged 25 to 29 who are employed through an active employment policy	2002	4,858	n.d.	n.a.	2004	6,441	–	–
Target 2. In cooperation with the private sector, collect data on the advantages brought by new technology, in particular information and communication technology								
Number of primary fixed telephone lines	2002	1,685,000	n.d.	n.a.	2004	1,676,000	–	–
Number of primary mobile telephone lines (per 100 inhabitants)	2002	37.97	n.d.	n.a.	2004	37.77	–	–
Mobile phone penetration	2002	2,340,000	n.d.	n.a.	2004	2,842,000	–	–
Mobile phone penetration (per 100 inhabitants)	2002	52.73	n.d.	n.a.	2004	64.05	–	–
Number of households with a personal computer (%)	2002	27	n.d.	n.a.	2004	47	–	–
Number of households with an Internet connection (%)	2002	19.0	n.d.	n.a.	2004	28.0	–	–
Number of Internet users	2002	650,390	n.d.	n.a.	2004	1,215,000	–	–
Number of Internet users (per 100 inhabitants)	2002	14.7	n.d.	n.a.	2004	27.4	–	–
Number of broadband Internet users	2002	1,000	n.d.	n.a.	2004	26,538	–	–
Number of broadband Internet users (per 100 inhabitants)	2002	0.0	n.d.	n.a.	2004	0.6	–	–
IT spending ($ million)	2002	461.7	n.d.	n.a.	2004	74.6	–	–
IT spending ($ per capita)	2002	104.1	n.d.	n.a.	2004	167.1	–	–

Note: 1 – maintain the baseline year value.

Source: The Republic of Croatia 2006. *Progress Towards the Achievement of the Millennium Development Goals in the Republic of Croatia (during the period from August 2004 to December 2005) (draft report).*

KOSOVO (UN Administered province of)

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								Unlikely…
Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than PPP $1 a day								
Proportion of the population below the extreme poverty line of PPP $0.85 a day (%)	2000	12.0	2015	8.4	2004	13.0*	−8.2	Unlikely…
Proportion of the population below the national poverty line of PPP $1.60 a day (%)	2000	50.3	2015	35.2	2004	47.7*	−1.4	Likely …
Poverty gap ratio	2000	15.7	2015	11.0	2004	16.4*	−6.2	Unlikely…
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger								
Population below the minimum level of dietary energy consumption (%)	2000	12.0	2015	8.4	2004	13.0*	−8.2	Unlikely…
Goal 2. Achieve universal primary education								Unlikely…
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Net enrolment ratio in primary education (%)	2001	97.0	2015	100.0	2004	95.4*	−10.3	Unlikely…
Proportion of pupils starting grade 1 who reach grade 8 (%)	2001	73.0	2015	100.0	2004	90.0**	5.8	On track
Goal 3. Promote gender equality and empower women								Likely…
Target 1. Eliminate gender disparities in primary and secondary education preferably by 2005 and to all levels of education no later than 2015								
Ratio of girls to boys in primary and secondary education (grades 1−5) (%)	2003	89.0	2015	100.0	n.d.	n.a.	–	–
Ratio of girls to boys in primary and secondary education (grades 6−9) (%)	2003	87.0	2015	100.0	n.d.	n.a.	–	–
Ratio of girls to boys in primary and secondary education (grades 10−12) (%)	2003	82.0	2015	100.0	n.d.	n.a.	–	–
Percentage of girls to total students at the University of Prishtinë /Priština (%)	2001	44.0	2015	100.0	n.d.	n.a.	–	–
Women's activity rate (%)	2002	41.0	2015	increase	2004	31.0*	. .	Unlikely…
Women's unemployment rate (%)	2002	64.0	2015	decrease	2004	58.1*	. .	On track
The proportion of seats held by women in national parliament (%)	2003	28.3	2015	increase	2004	29.1***	. .	On track
Goal 4. Reduce child mortality								Unlikely…
Target 1. Reduce by two thirds, between 1990 and 2015, the mortality rate for children under five								
Infant mortality rate (per 1,000 live births)	1990	34.0	2015	12.0	2003	44.0	−24.4	Unlikely…
Perinatal mortality rate (per 1,000 live births)****	2000	29.1	2015	10.0	2003	27.6	−1.8	Likely …
Proportion of 2-year-old children immunized against measles (%)*****	2002	67.0	2015	95.0	2004	76.0	2.2	On track
Goal 5. Improve maternal health								Unlikely…
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)****	1990	9.0	2015	5.2	2003	21.0	−92.4	Unlikely…
Births attended by skilled health staff (% of total)******	2001	95.0	2015	100.0	2003	97.0	3.6	On track
Goal 6. Combat HIV/AIDS, malaria and other diseases								On track
Target 1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS								
Condom use rate within the contraceptive prevalence rate (%)*******	2000	5.6	2015	increase	2003	7.3	. .	On track
Contraceptive prevalence rate (%)*******	2000	18.9	2015	increase	2003	35.0	. .	On track
Condom use at last high-risk sex (%)	2003	83.0	2015	n.a.	n.d.	n.a.	–	–
Population aged 15−24 with comprehensive correct knowledge of HIV/AIDS (%)*******	2003	66.0	2015	n.a.	n.d.	n.a.	–	–
Target 2. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases								
Prevalence of tuberculosis (cases per 100,000 people)********	2002	67.4	2015	decrease	2004	48.5	. .	On track
Death rate associated with tuberculosis (cases per 100,000 people)********	2001	3.5	2015	decrease	2003	3.5	. .	On track
Proportion of tuberculosis cases detected and cured under DOTS (%)********	2001	70.0	2015	increase	2003	89.0	. .	On track
Goal 7. Ensure environmental sustainability								On track
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	2003	41.0	2015	increase	2004	41.0	. .	On track
Nationally protected areas (% of total land area)	2003	4.3	2015	increase	2004	4.3	. .	On track
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation								
Proportion of the population with sustainable access to public water systems (%)	2003	44.0	2015	increase	2004	72.5	. .	On track
Proportion of the urban and rural population with access to sewage systems (%)	2003	28.0	2015	increase	2004	66.7	. .	On track
Target 3. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers								
Goal 8. Develop a global partnership for development								
Target 1. Develop and implement strategies for decent and productive work for youth								
Unemployment rate of the population aged 15−24 (%)	2002	71.6	2015	decrease	2004	63.5	. .	On track
Target 2. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs								
Target 3. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications								

Source: UNDP Kosovo 2004. *Millennium Development Goals: Where Will We Be in 2015?* March 2004. http://www.ks.undp.org/MDG/MDG-English-Version.pdf.
   * UNDP Kosovo 2004. *The Rise of the Citizens: Challenges and Choices. Human Development Report Kosovo.* http://www.ks.undp.org/hdr-new/index.html (figure for 2004).
   ** Ministry of education, science and technology – PISG (figure for 2004).
   *** OSCE Electoral Results (figure for 2004).
   **** PEPC 2003 and 2004 (figures for 2003 and 2004).
   ***** LOT Quality Survey 2004 (figure for 2004).
   ****** Vital Statistics System of Kosovo (figure for 2003).
   ******* DHS 2003 (figure for 2003).
   ******** MOH – National Tuberculosis Programme (figures for 2003 and 2004).

MACEDONIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Reduce poverty and social exclusion								Unlikely...
Target 1. Reduce the proportion of the population living below the poverty line to 9.5 % by 2015								
Poverty rate (population below 70 % of the median equivalent consumption) (%)	1997	19.0	2015	9.5	2003	30.2	−27.2	Unlikely...
Poverty depth index (frequency by depth of poverty) (%)	1997	4.6	2015	3.5	2003	9.4	−84.5	Unlikely...
Regional disparities in GDP per capita (GDP in the poorest region in % of GDP of the richest region)	2002	25.7	2015	25.0	n.d.	n.a.	–	–
Gini coefficient/index (%)	n.d.	n.a.	n.d.	n.a.	2003	29.9	–	–
Goal 2. Achieve universal primary education								Likely . . .
Target 1. Ensure that, by 2015, all children will be able to complete a full course of primary schooling								
Inclusion in primary education (gross enrolment) (%)	1990	100.7	2015	100.0	2003	95.6	. .	Unlikely...
Proportion of pupils starting grade 1 who reach grade 5 (%)	1995	93.6	2015	100.0	2004	95.4	−3.4	Unlikely...
Literacy rate of 15+ year-olds (%)	1994	94.0	2015	100.0	2002	96.4	0.2	On track
Inclusion in secondary education (gross)	1990	56.5	2015	n.a.	2003	72.2	–	–
Persons with low educational attainment (EU) – proportion of 25−64 year-olds who have achieved ISCED level two or below (%)	n.d.	n.a.	n.d.	n.a.	2002	0.46	–	–
Target 2. Eliminate gender disparities in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015								
Ratio of girls to boys in primary education (%)	1998	91.6	2015	100.0	2004	92.3	−4.5	Unlikely...
Ratio of girls to boys in secondary education (%)	1998	84.6	2015	100.0	2004	83.7	−7.0	Unlikely...
Ratio of girls to boys in higher education (%)	1998	106.4	2015	100.0	2004	109.8	11.0	On track
Ratio of literate women to men aged over 15, total (%)	1994	93.6	2015	100.0	2002	96.1	0.3	On track
Goal 3. Promote gender equality and empower women								On track
Target 1. Halving, by 2015, the ratio of women as unpaid family workers and reduce their inactivity rate by one third								
Disparity in income	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Inactivity rate, women	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Activity rate, women (%)	n.d.	n.a.	n.d.	n.a.	2003	43.5	–	–
Target 2. Doubling the participation of women in public life by 2015								
Participation of women in parliament (%)	1990	4.2	2015	increase	2002	17.5	. .	On track
Participation of women in the government (%)	1998	14.8	2015	increase	2002	11.8	. .	Unlikely...
Women elected councillors in local councils as compared to men (%)	1990	5.2	2015	10.4	2005	28.6	10.0	On track
Goal 4. Reduce child mortality								On track
Target 1. Further reduce the infant and under-five mortality rate								
Under-five mortality rate (per 1,000 live births)	1990	33.3	2015	decrease	2003	12.6	. .	On track
Infant mortality rate (per 1,000 live births)	1990	31.6	2015	decrease	2003	11.3	. .	On track
Target 2. Eliminate measles by year 2015								
Measles incidence (per 100,000)	1990	64.2	2015	0.0	2002	1.3	12.5	On track
Proportion of 1-year-old children immunized against measles/rubella/mumps (%)	1990	93.6	2015	100.0	2002	97.8	4.4	On track
Goal 5. Improve maternal health								On track
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)	1991	11.5	2015	3.2	2003	3.7	10.6	On track
Proportion of births attended by skilled health personnel (%)	1990	88.9	2015	100.0	2002	98.2	8.9	On track
Goal 6. Combat HIV/AIDS and tuberculosis								Likely . . .
Target 1. Have halted by 2015, and begun to reverse the spread of HIV/AIDS								
HIV/AIDS incidence rate (reported cases per 100,000 people)	1990	0.05	2015	decrease	2002	0.20	. .	Unlikely...
Number of voluntary tests and consulting for HIV/AIDS	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. Have halved by 2015, and begun to reverse the incidence of tuberculosis and other major diseases								
Tuberculosis prevalence rate (%)	1990	81.0	2015	decrease	2003	48.7	. .	On track
Death rate associated with tuberculosis (per 100,000 people)	1990	4.9	2015	decrease	2003	3.8	. .	On track
Proportion of tuberculosis cases detected and cured under DOTS (%)	2003	73.0	n.d.	n.a.	n.d.	n.a.	–	–
Number of cases with multi resistant forms of tuberculosis	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 7. Ensure environmental sustainability								Likely . . .
Target 1. Integrate the principles of sustainable development into national policies and programmes and reverse the loss of environmental resources								
Percentage of territory covered by forests (%)	1990	35.2	2015	37.9	2000	37.2	8.5	On track
Percentage of protected territory for maintaining bio-diversity (%)	1990	7.3	2015	11.6	2000	7.3	−10.0	Unlikely...
Energy use (tons of oil equivalent per PPP $1 GDP)	1993	1.2	2015	decrease	1999	1.1	. .	On track
Percentage of the population using solid fuels (%)	1990	93.1	2015	decrease	2000	58.3	. .	On track
Target 2. Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation								
Percentage of the population (urban and rural) with sustainable access to (sanitary) improved water sources (%)	1990	82.1	2015	93.0	2000	85.5	−2.2	Likely . . .
Target 3. Have achieved by 2020 significant improvements in the safety of people's dwellings (homes)								
Share of dwellings that do not meet normal living standards as a proportion of the total number of households (per 100,000 dwellings)	1994	5.5	2015	decrease	2000	10.9	. .	Unlikely...

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 8. Partnership for development								
Target 1. Create an environment conducive to increasing the inflow of FDI to 7 % of GDP by 2015								
FDI in proportion to GDP (%)	1994	0.7	2015	12.0	2003	2.1	−6.4	Unlikely…
Cumulative FDI inflow per capita ($)	n.d.	n.a.	n.d.	n.a.	2005	4,000	–	–
Target 2. Increase the share of foreign trade on world markets up to 60 % of GDP and reduce the trade deficit to 12 % of GDP								
Share of Macedonia's foreign trade in global trade (%)	1995	0.028	2015	n.a.	2002	0.024	–	–
Share of foreign trade in GDP (%)	1995	87.2	2015	n.a.	2002	81.9	–	–

Source: Government of the Republic of Macedonia 2005. *Report of the Republic of Macedonia on Millennium Development Goals.* June 2005.
           http://www.un.org.mk/MDG/resourcePage/UNDP%20-%20ang.pdf.

MONTENEGRO

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								Unlikely...
Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than PPP $1 a day								
Proportion of the population living on less than PPP $1 per day (absolute poverty line) (%)	1990	10.0	2015	5.0	2005	9.8	−14.0	Unlikely...
Poverty gap ratio (incidence multiplied by the depth of poverty) (%)	1990	3.0	2015	1.5	2005	2.9	−13.3	Unlikely...
Share of the poorest quintile in national consumption (%)	1990	10.0	2015	15.0	2005	8.8	−21.0	Unlikely...
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger								
Prevalence of underweight children (under five years of age) (%)	1990	4.0	2015	2.0	2005	5.0	−27.5	Unlikely...
Proportion of the population below the minimum level of dietary energy consumption (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 2. Achieve universal basic education								On track
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Net enrolment ratio in primary education (%)	1990	96.0	2015	99.0	2005	97.6	−1.5	Likely . . .
Proportion of pupils starting grade 1 who reach grade 5 (%)	1990	92.9	2015	95.0	2005	94.2	0.5	On track
Literacy rate of 15−24 year-olds (%)	1990	90.0	2015	99.0	2005	96.3	2.6	On track
Net enrolment ratio of Roma children attending elementary education (actual number of pupils)	2001	536	n.d.	n. a.	2003	1,006	–	–
Net ratio of children with special needs attending elementary education	n.d.	n. a.	n.d.	n. a.	n.d.	n. a.	–	–
Ratio between the number of pupils who are enrolled in and who have completed elementary education	n.d.	n. a.	n.d.	n. a.	n.d.	n. a.	–	–
Goal 3. Promote gender equality and empower women								On track
Target 1. Eliminate gender disparities in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015								
Ratio of girls to boys in primary, secondary and tertiary education (%)	1990	94.8	2015	100.0	2005	100.0	10.0	On track
Ratio of literate females to males of 15-24 year-olds (%)	n.d.	n. a.	n.d.	n. a.	n.d.	n. a.	–	–
Share of women in wage employment in the non-agricultural sector (%)	1990	37.3	2015	50.0	2005	44.4	−1.0	Likely . . .
Proportion of seats held by women in national parliament (%)	1990	3.2	2015	30.0	2005	16.9	−2.2	Likely . . .
Goal 4. Reduce child mortality								Likely...
Target 1. Reduce by two thirds, between 1990 and 2015, the mortality rate for children under five								
Under-five mortality rate (per 1,000 live births)	1990	18.3	2015	8.0	2005	11.9	0.5	On track
Infant mortality rate (per 1,000 live births)	1990	15.3	2015	7.0	2005	10.7	−1.1	Likely . . .
Proportion of 1-year-old children immunized against measles (%)	1990	84.8	2015	99.0	2005	92.0	−0.2	Likely . . .
Goal 5. Improve maternal and child health								On track
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality rate (per 100,000 live births)	1990	31.2	2015	10.0	2005	17.7	0.9	On track
Proportion of births attended by skilled health personnel (%)	1990	96.4	2015	100.0	2005	100.0	10.0	On track
Goal 6. Combat HIV/AIDS, malaria and other diseases								Likely...
Target 1. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS								
HIV prevalence among 15-to-24-year-old pregnant women (%)	1990	0.0	2015	5.0	2005	1.0	10.0	On track
Contraceptive prevalence rate (%)	1990	52.7	2015	75.0	2005	55.1	−12.3	Unlikely...
Number of children orphaned by HIV/AIDS	1990	0.0	2015	5.0	2000	2.0	10.0	On track
Target 2. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases								
Prevalence and death rates associated with malaria (%)	1990	0.0	2015	0.0	2005	0.0	10.0	On track
Proportion of the population in malaria-risk areas using effective malaria prevention and treatment measures (%)	1990	0.0	2015	0.0	2005	0.0	10.0	On track
Death rate associated with tuberculosis (per 100,000 people)	1990	9.0	2015	0.0	2005	1.0	7.2	On track
Proportion of tuberculosis cases detected and cured under DOTS (%)	1990	90.0	2015	100.0	2005	95.0	−2.5	Likely...
Goal 7. Environment and sustainable development								Unlikely...
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	1990	39.3	2015	45.0	2005	41.2	−6.7	Unlikely...
Land area protected to maintain biological diversity (%)	1990	7.2	2015	15.0	2005	13.5	5.2	On track
Energy efficiency (GDP in $ created by a unit of energy)	1990	1.9	2015	0.8	2005	1.3	−1.4	Likely . . .
Carbon dioxide emissions (tons per capita)	1990	3.6	2015	3.3	2005	3.8	−31.7	Unlikely...
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Proportion of the population with sustainable access to an improved drinking water source (%)	1990	96.1	2015	100.0	2005	97.4	−6.7	Unlikely...
Target 3. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers								
Proportion of people with access to improved sanitation (%)	1990	97.8	2015	100.0	2005	98.5	−7.0	Unlikely...
Proportion of people with access to secure tenure (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 8. Develop partnerships for development								
Target 1. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth								
Unemployment rate of 15-24 year-olds (%)	1990	14.0	2015	14.0	2005	20.9	−2.6	Unlikely...
Target 2. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries								
Proportion of the population with access to affordable essential drugs on a sustainable basis (%)	1990	80.0	2015	100.0	2005	90.0	−2.5	Likely . . .
Target 3. In cooperation with the private sector, make available the benefits of new technologies, especially information and communication technologies								
Telephone lines (per 1,000 people) (target and current value for land lines and cellular subscribers)	1990	190.0	2015	450.0	2005	360.0	1.3	On track
Personal computers (per 1,000 people)	1990	1.2	2015	20.0	2005	6.0	−8.6	Unlikely...

Note: figures for 2005 are estimates only.

Source: Republic of Montenegro 2005. *Millennium Development Goals Report 2004. A Report on the Progress Towards the Achievement of the Millennium Development Goals in Montenegro.*
http://www.un.org.yu/pdf_mdgs/final.MDG.crnagora.pdf.

ROMANIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Reduce severe poverty								Likely …
Target 1. Halve the severe poverty rate by 2009, as compared to 2002								
Severe poverty rate (severe poverty is the condition in which a household's resources are sufficient for the minimum food basket only) (%)	2002	10.9	2009	5.5	2003	8.6	2.0	On track
Target 2. Halve the consumption deficit of the severely poor by 2009, as compared to 2002, and reduce social polarization								
Consumption deficit of the severely poor population (%)	2002	23.9	2009	12.0	2003	17.0	3.0	On track
Target 3. Increase the level of employment of people between 15 and 24 years of age								
Unemployment rate of 15–24 year-olds (%)	2001	17.5	2015	decrease	2003	18.5	. .	Unlikely…
Target 4. Support agricultural producers and processors								
Subsidies for agricultural goods sold domestically and abroad (million Romanian Lei per hectare)	2002	1.0	2015	increase	2005	4.0	. .	On track
Target 5. Significantly reduce the prevalence of low height-to-age ratios in children between 2001 and 2015, especially in rural areas								
Prevalence of low height for age, boys (%)	2001	8.8	2015	decrease	n.d.	n.a.	–	–
Prevalence of low height for age, girls (%)	2001	3.9	2015	decrease	n.d.	n.a.	–	–
Goal 2. Increase the completion rate in compulsory education								On track
Target 1. Ensure that at least 95 % of children in rural areas complete a full course of primary and secondary education, as of 2012								
Gross enrolment ratio in compulsory education, urban (%)	2002	98.6	2012	100.0	n.d.	n.a.	–	–
Gross enrolment ratio in compulsory education, rural (%)	2002	95.2	2012	increase	n.d.	n.a.	–	–
Dropout ratio, urban (%)	2001	0.7	2012	decrease	n.d.	n.a.	–	–
Dropout ratio, rural (%)	2001	0.6	2012	decrease	n.d.	n.a.	–	–
Target 2. Increase the literacy rate of the Roma population								
Literacy rate of the Roma population (%)	1995	96.9	2015	increase	2002	97.0	. .	On track
Goal 3. Promote gender equality and empower women								Unlikely…
Target 1. Increase women's level of employment								
Women's employment rate (%)	2001	52.4	2012	increase	2003	44.6	. .	Unlikely…
Goal 4. Reduce child mortality								On track
Target 1. Halve the mortality rate in children aged 1–4 years between 2002 and 2015								
Mortality rate in children aged 1–4 years (%)	2002	0.8	2015	0.4	2003	0.7	2.3	On track
Target 2. Reduce infant mortality by 40%, between 2002 and 2015								
Infant mortality rate (per 1,000 live births)	2002	17.3	2015	10.4	2004	17.1	−1.6	Likely …
Target 3. Eliminate measles by 2007								
Proportion of 1-year-old children immunized against measles (%)	2001	98.0	2007	100.0	n.d.	n.a.	–	–
Goal 5. Improve maternal health								On track
Target 1. Halve the maternal mortality rate, between 2001 and 2009								
Maternal mortality rate (per 100,000 live births)	2001	34.0	2009	17.0	2002	22.0	4.6	On track
Proportion of births attended by skilled health personnel (%)	n.d.	n.a.	n.d.	n.a.	2002	92.0	–	–
Goal 6. Combat HIV/AIDS and tuberculosis								On track
Target 1. Maintain, by 2007, the incidence of HIV at the level of 2002								
Incidence of HIV/AIDS (cases diagnosed)	2002	335.0	2007	335.0	2003	264.0	4.0	On track
Contraceptive prevalence rate (%)	1999	64.0	2007	increase	2004	70.0	. .	On track
Target 2. Have halted by 2005 and begun to reverse the incidence of tuberculosis								
Death rate associated with tuberculosis (per 100,000 people)	2001	10.7	2015	decrease	2003	10.5	. .	On track
Proportion of population covered by DOTS (%)	2001	34.0	2005	100.0	2003	72.0	0.3	On track
Target 3. Provide access to affordable essential drugs								
Goal 7. Ensure environmental sustainability								Likely …
Target 1. Ensure growth of the afforestation rate, from 27% to 35% by 2040								
Proportion of land area covered by forests (%)	2002	27.0	2040	35.0	n.d.	n.a.	–	–
Target 2. Increase the proportion of protected land area from 2.56% in 1990 to 10% by 2015								
Land protected to maintain biodiversity (%)	1990	2.6	2015	10.0	2001	5.4	−1.4	Likely …
Target 3. Reduce greenhouse gas emissions								
Carbon dioxide emission (tons per capita)	2001	6.5	2008	6.0	n.d.	n.a.	–	–
Target 4. Double, by 2015, the proportion of people with sustainable access to drinking water								
Proportion of the urban population connected to central water supplies (%)	2000	91.8	2020	99.0	2001	92.0	−0.4	Likely …
Proportion of the rural population connected to central water supplies (%)	2000	33.5	2020	67.0	2001	34.0	−0.8	Likely …
Goal 8. Develop a communications- and information-oriented society								
Target 1. Double the number of subscribers to fixed telephone networks between 2001 and 2015								
Number of subscribers to the network of fixed telephones (per 1,000 people)	2001	170.0	2015	320.0	2002	180.0	−0.1	Likely …
Target 2. Increase by at least 20 % each year the number of personal computers								
Personal computers (per 1,000 people)	2001	39.0	2015	130.0	2002	50.0	0.7	On track

Source: UNDP Romania 2003. *Millennium Development Goals Report.* February 2004. http://www.undg.org/documents/3654-Romania_MDG_Report_-_English.pdf.

SERBIA[1]

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								Unlikely…
Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than PPP $1 a day								
Proportion of the population below PPP $1 per day (%)	1990	7.3	2015	3.65	2001	35.7	−205.5	Unlikely…
Poverty gap ratio (%)	1990	1.0	2015	decrease	2000	3.1	. .	Unlikely…
Share of the poorest quintile in national consumption (%)	1990	3.4	2015	increase	2001	1.5	. .	Unlikely…
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger								
Percentage of children, aged below five, with moderate or severe malnutrition (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Goal 2. Achieve universal primary education								Unlikely…
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Net enrolment ratio in primary education (%)	1991	96.2	2015	100.0	2002	97.9	−0.3	Likely . . .
Proportion of pupils starting grade 1 who reach grade 5 (%)	1991	94.2	2015	100.0	2002	94.6	−9.3	Unlikely…
Literacy rate of 15−24 year-olds (%)	1991	99.8	2015	100.0	n.d.	n.a.	−	−
Goal 3. Promote gender equality and empower women								Unlikely…
Target 1. Eliminate gender disparities in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015								
Ratio of girls to boys in primary education (%)	1991	94.9	2015	100.0	2002	94.3	−13.8	Unlikely…
Ratio of girls to boys in secondary education (%)	1991	101.9	2015	100.0	2002	101.2	13.0	On track
Ratio of girls to boys in tertiary education (%)	1991	108.6	2015	100.0	2002	114.6	130.0	On track
Share of women in wage employment in the non-agricultural sector (%)	1990	38.6	2015	50.0	2001	43.2	−0.9	Likely . . .
Proportion of seats held by women in national parliament (%)	1990	6.6	2015	50.0	2001	10.4	−8.8	Unlikely…
Ratio of literate females to males of 15−24 year-olds (%)	1991	88.7	n.d.	n.a.	n.d.	n.a.	−	−
Goal 4. Reduce child mortality								On track
Target 1. Reduce by two thirds, between 1990 and 2015, the mortality rate of children under five								
Under-five mortality rate (per 1,000 live births)	1990	18.3	2015	6.1	2001	11.7	2.5	On track
Infant mortality rate (per 1,000 live births)	1990	16.4	2015	5.5	2001	10.2	3.2	On track
Proportion of 1-year-old children immunized against measles (%)	1990	83.0	2015	100.0	2000	90.5	1.0	On track
Goal 5. Improve maternal and child health								Likely . . .
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality rate (per 100,000 live births) [3]	1990	14.8	2015	4.9	2000	10.9	−0.2	Likely . . .
Proportion of births attended by skilled health personnel (%)	1990	98.3	2015	100.0	2000	98.7	−4.1	Unlikely…
Goal 6. Combat HIV/AIDS, malaria and other diseases								Likely . . .
Target 1. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS								
AIDS mortality rate (per 1 million people)	1995	8.0	2015	decrease	2000	3.0	. .	On track
Target 2. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases								
Malaria prevalence rate (number of cases) [3]	1990	15	2015	0	2000	16	−11.7	Unlikely…
Death rate associated with malaria (number of cases) [3]	1990	0	2015	0	2000	0	15.0	On track
Tuberculosis prevalence rate (number of cases) [3]	1990	4,149	2015	2,000	2000	4,139	−9.9	Unlikely…
Death rate associated with tuberculosis (number of cases) [3]	1990	381	2015	190	2000	379	−9.7	Unlikely…
Proportion of tuberculosis cases detected and cured under DOTS (%)	1998	40.4	2015	20.2	1999	30.5	7.3	On track
Goal 7. Environment and sustainable development								On track
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forest (%)	1979	20.2	2015	increase	2000	28.0	. .	On track
Land area protected to maintain biological diversity (%)	1990	3.0	2015	increase	1997	5.0	. .	On track
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Proportion of the population with sustainable access to an improved drinking water source (%)	1991	78.7	2015	90.0	2000	86.6	7.8	On track
Target 3. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers								
Proportion of people with access to improved sanitation (%)	1991	65.8	2015	100.0	2000	88.3	6.8	On track
Goal 8. Develop a global partnership for development								
Target 1. Further develop an open, rule-based, predictable, non-discriminatory trade and financial system								
Net ODA ($ million)	1998	108.0	2015	n.a.	2000	1,135.0	−	−
Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation) (%)	2000	22.0	n.d.	n.a.	n.d.	n.a.	−	−
Target 2. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term								
Target 3. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth								
Unemployment rate of 15−24 year-olds (%)	1990	69.4	2015	35.0	2001	68.2	−10.1	Unlikely…
Target 4. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries								
Target 5. In cooperation with the private sector, make available the benefits of new technologies, especially information and communication technologies								
Telephone lines (per 1,000 people)	1998	308.0	2015	increase	2000	332.0	. .	On track
Personal computers (per 1,000 people)	1995	14.2	2015	increase	2000	22.6	. .	On track

Note:
[1] There was an MDG report published for Serbia in 2005. It, however, does not define targets. Therefore the assessment is made based on the previous MDG report.
[2] Central Serbia only.
[3] Federative Republic of Yugoslavia (FRY).,

Source: UNDP Serbia and Montenegro 2002. *The Millennium Development Goals: How much is Serbia on Track.* Belgrade, November 2002.

TURKEY

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								On track
Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than PPP $1 a day								
Proportion of the population below PPP $1 a day (%)	1994	1.1	2015	0.1	2003	0.01	12.0	On track
Proportion of the population below the national poverty line (local cost of a basket of basic needs including non- food items) (%)	1994	28.3	2015	13.5	2003	28.1	−8.7	Unlikely…
Poverty gap ratio (%)	1994	1.54	2015	0.1	2003	0.26	10.1	On track
Share of the poorest quintile in national consumption (%)	1994	8.5	2015	11.0	2003	8.8	−6.5	Unlikely…
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger								
Prevalence of underweight children (% of children under 5)	1998	8.3	2015	4.2	2003	3.9	12.0	On track
Population below the minimum level of dietary energy consumption (%)	1994	2.9	2015	0.7	2003	1.3	6.2	On track
Goal 2. Achieve universal primary education								On track
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Net enrolment ratio in primary education (%)	1990	74.8	2015	100.0	2003	92.0	4.0	On track
Literacy rate of 15−24 year-olds (%)	1990	92.8	2015	100.0	2003	96.6	0.2	On track
Proportion of pupils starting grade 1 who reach grade 5 (%)	1990	n.a.	2015	100.0	n.d.	n.a.	−	−
Goal 3. Promote gender equality and empower women								Unlikely…
Target 1. Eliminate gender disparities in primary and secondary education preferably by 2005 and to all levels of education no later than 2015								
Ratio of girls to boys in primary education (%)	1990	84.0	2015	100.0	2004	95.1	3.3	On track
Ratio of girls to boys in secondary education (%)	1990	64.7	2015	100.0	2003	74.4	−6.1	Unlikely…
Ratio of girls to boys in tertiary education (%)	1990	52.9	2015	100.0	2003	74.5	−1.5	Likely …
Ratio of literate females to males of 15−24 year-olds (%)	1990	91.4	2015	100.0	2003	96.3	1.2	On track
Share of women employed in the non-agricultural sector (%)	1990	15.8	2015	35.0	2003	20.6	−6.8	Unlikely…
Proportion of seats held by women in national parliament (%)	1990	1.8	2015	17.0	2002	4.4	−7.7	Unlikely…
Goal 4. Reduce child mortality								Likely …
Target 1. Reduce by two thirds, between 1990 and 2015,the mortality rate of children under five years of age								
Under-five mortality rate (per 1,000 live births)	1993	52.1	2015	20.7	2003	37.0	0.6	On track
Infant mortality rate (per 1,000 live births)	1993	43.0	2015	17.5	2003	29.0	2.1	On track
Proportion of 1-year-old children immunized against measles (%)	1993	77.9	2015	100.0	2003	79.4	−8.5	Unlikely…
Goal 5. Improve maternal health								Unlikely…
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio during periods of pregnancy, delivery and post-maternity								
Maternal mortality ratio (per 100,000 live births)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Births attended by skilled health staff (% of total)	1993	75.9	2015	100.0	2003	83.0	−3.5	Unlikely…
Goal 6. Combat HIV/AIDS, malaria and other diseases								Unlikely…
Target 1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS								
Condom use rate within the contraceptive prevalence rate (% of married women aged 15−49)	1998	12.8	2015	4	2003	15.1	−9.4	Unlikely…
Contraceptive prevalence rate (%)	1998	63.9	2015	increase	2003	71.0	. .	On track
Condom use at last high-risk sex	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Percentage of the population aged 15−24 with comprehensive and correct knowledge of HIV/AIDS (%)	1998	76.0	n.d.	n.a.	n.d.	n.a.	−	−
HIV prevalence among 15-to-24-year-old pregnant women (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Ratio of school attendance of orphans to school attendance of non-orphans aged 10−14 (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Target 2. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases								
Prevalence rate of malaria (number of malaria patients per 100,000 people)	1990	15.0	2015	decrease	2004	7.0	. .	On track
Death rate associate with malaria	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.		
Incidence of tuberculosis (cases per 100,000 people)	1990	44.0	2015	decrease	2002	24.1	. .	On track
Proportion of the population in malaria-risk areas using effective malaria prevention and treatment measures (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Death rate associated with tuberculosis (number)	2002	722	n.d.	n.a.	n.d.	n.a.	−	−
Goal 7. Ensure environmental sustainability								On track
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	1990	13.0	2015	increase	2004	27.2	. .	On track
Nationally protected areas (% of total land area)	1990	2.93	2015	increase	2004	5.16	. .	On track
Energy use (kg oil equivalent per PPP $1 GDP)	1990	6.19	2015	decrease	2003	6.96	. .	On track[1]
Carbon dioxide emissions (ton per capita)	1995	2.8	2015	decrease	2003	3.3	. .	Unlikely…
Consumption of ozone-depleting CFCs (metric tons)	1995	3,785.0	2015	decrease	2003	439.0	. .	On track
Proportion of the population using solid fuels (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Proportion of the population with access to safe drinking water (% of population)	1994	83.1	2015	increase	2003	90.9	. .	On track
Proportion of the population with access to safe sanitation (% of population)	1994	67.4	2015	increase	2003	86.5	. .	On track
Target 3. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers								
Proportion of households with access to secure tenure (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−

TURKEY (continued)

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 8. Develop a global partnership for development								
Target 1. Further develop an open, rule-based, predictable, non-discriminatory trading and financial system								
Net ODA/GNI (%)	2000	0.2	2015	n.a.	2002	0.4	–	–
Target 2. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term								
Debt service as a percentage of exports of goods and services (%)	1990	33.3	2015	decrease	2004	32.6	. .	On track
Target 3. Develop and implement strategies for decent and productive work for youth								
Unemployment of 15–24 year-olds (%)	1990	16.0	2015	decrease	2004	19.7	. .	Unlikely...
Target 4. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs								
Population with sustainable access to affordable essential drugs (%)	1999	95–100	2015	100.0	n.d.	n.a.	–	–
Target 5. In cooperation with the private sector, make available the benefits of new technologies, especially in the area of information and communications								
Telephone lines (per 100 people)	1994	20.2	2015	n.a.	2004	26.8	–	–
Personal computers (per 100 people)	1990	0.5	2015	17.2	2002	33.5	13.0	On track
Internet users (per 100 people)	1993	0.0	2015	27.0	2004	14.0	0.4	On track

Note:
[1]   Recent track shows steady decrease.

Source: T.R. Prime Ministry Undersecretariat of State Planning Organization 2005. *Millennium Development Goals Report Turkey 2005.*
             http://www.undp.org.tr/docs/mdg/6161-Turkey_MDG_Report.pdf.

Western CIS and the Caucasus

Explanatory notes:

- *'Observed'* refers to the latest available data;
- Measurement units refer to data presented in the columns labelled 'Value';
- *'Increase'* and *'decrease'* denote *'increase or does not change'* and *'decrease or does not change',* respectively;
- *'n. a.'* refers to unavailable data (i.e., data not provided in the national reports and not available from other sources);
- *'n. d.'* refers to undefined data (i.e., the national report does not define the baseline/target/current year)
- The column *'Gap in years'* presents the difference between the time remaining to the target year and the time needed to achieve the target (positive values mean a country is ahead of schedule while negative ones mean it is behind schedule);
- ' – ' means the value was not calculated and the evaluation of progress was not done
- '. .' corresponds to an indicator for which a precise estimation of the progress towards a given target is not possible;
- *'Likely ...'* stands for 'Likely to achieve the goal';
- *'Unlikely ...'* stands for 'Unlikely to achieve the goal'.

ARMENIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								On track
Target 1. By 2015 reduce the poverty level to below the 1990 level								
Proportion of population below PPP $4 per day (%)	1996	90.0	2015	<20.0	2003	66.4	−0.6	Likely . . .
GDP per capita compared with the EU average (PPP adjusted) (%)	1999	11.0	2015	>30.0	2003	15.0	−0.6	Likely . . .
The ratio of a family allowance budget expenditure to the poverty gap (less family allowance aggregate) (%)	1999	33.3	2015	>50.0	2003	46.7	8.9	On track
Ratio of income of the poorest quintile to that of the richest quintile	1999	0.03	2015	>0.20	2003	0.08	0.2	On track
Ratio of the poverty level outside the capital to that in the capital (%)	1996	0.9	2015	<1.2	2003	1.7	−3.1	Unlikely…
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger								
Prevalence of underweight children under five years of age (%)	2000	206	2015	<1.4	n.d.	n.a.	–	–
Proportion of population below minimum level of dietary energy consumption, 2,100 Kcal (%)	1996	27.7	2015	<2.0	2003	7.4	8.0	On track
Goal 2. Achieve universal basic education								Unlikely…
Target 1. Ensure that, by 2015, every child will be able to complete a full course of high-quality secondary schooling								
Net enrolment ratio in basic education (%)	2001	90.8	2015	>99.0	2004	90.2	−4.0	Unlikely…
Annual state budget expenditure on education as a percentage of GDP (%)	2001	2.5	2015	>4.5	2004	2.5	−3.0	Unlikely
Ratio of pupils and students possessing knowledge corresponding to the criteria set by the national and international education quality assessment system (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Enrolment ratio of poor people (of the relevant age group) in vocational education (%)	n.d.	n.a.	2015	>20.0	n.d.	n.a.	–	–
Enrolment ratio of poor people (of the relevant age group) in higher education (%)	n.d.	n.a.	2015	>10.0	n.d.	n.a.	–	–
Goal 3. Promote gender equality and empower women								Unlikely…
Target 1. Increase, by 2015, women's participation in political decision-making								
Proportion of female members of the National Assembly, ministers, governors, deputy ministers (%)	n.d.	n.a.	2015	>25.0	2003	4.0	–	–
Proportion of women community leaders (%)	n.d.	n.a.	2015	>10.0	2003	1.8	–	–
Proportion of women among the registered unemployed (%)	1996	72.7	2015	<50.0	2003	68.8	−3.7	Unlikely…
Goal 4. Reduce child mortality								Unlikely…
Target 1. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate								
Under-five mortality rate (per 1,000 live births)	1990	24.0	2015	<10.0	2003	13.6	5.6	On track
Infant mortality rate (under 1) (per 1,000 live births)	1990	19.0	2015	<8.0	2003	12.0	2.9	On track
Immunization rate (%)	1990	95.2	2015	>96.0	2003	93.3	−72.4	Unlikely…
Goal 5. Improve maternal health								Unlikely…
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)	1990	38.5	2015	<10.0	2002	25.0	−0.2	Likely . . .
Proportion of births attended by skilled healthcare personnel (%)	1990	98.6	2015	>99.5	2002	98.7	−9.2	Unlikely…
Goal 6. Combat HIV/AIDS, malaria and other diseases								Unlikely…
Target 1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS								
HIV prevalence among pregnant women (%)	1990	1.0	2015	<0.5	2004	1.0	−14.0	Unlikely…
Percentage of the population aged 15 to 24 reporting the use of a condom during sexual intercourse with a non-regular sex partner (%)	n.d.	n.a.	2015	>97	n.d.	n.a.	–	–
Percentage of the population aged 15 to 24 who have a comprehensive correct knowledge of HIV/AIDS (%)	n.d.	n.a.	2015	>80	n.d.	n.a.	–	–
Target 2. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases								
Malaria prevalence (local cases)	1997	567	2015	0	2004	6	10.8	On track
Tuberculosis incidence (per 100,000 population)	2000	33.8	2015	<30	2004	48.5	−62.0	Unlikely…
Proportion of tuberculosis cases detected and cured under DOTS (%)	2000	84.4	2015	100	2003	99.7	11.7	On track
Goal 7. Ensure environmental sustainability								Unlikely…
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	1990	11.2	2015	>11.0	2003	9.6	−3.1	Unlikely…
Ratio of area protected to maintain biological diversity to surface area (%)	1990	10	2015	>10.0	2000	10	15.0	On track
Energy use(kg oil equivalent) (per PPP $1,000 GDP)	1990	4.5	2015	>6.0	2002	4.8	0.2	On track
Carbon dioxide emissions per capita (thousand tons)	1990	7.0	2015	<3.0	2002	1.0	13.0	On track
Consumption of ozone-depleting CFCs (ODP tons)	1990	196.5	2015	33.4	2003	172.7	−9.4	Unlikely…
Elevation of Lake Sevan above the sea level (metres)	1990	1,897.8	2015	>1,903	2003	1,896.76	−18.0	Unlikely…
Average transluence of Lake Sevan	1990	4.2	2015	9−10	2003	3.8	−14.7	Unlikely…
Average oxygen content in Lake Sevan	1990	3.6	2015	8−9	2003	3.8	−8.8	Unlikely…
Proportion of the population using solid fuels (%)	n.d.	n.a.	2015	<5.0	2003	42.5	–	–
Target 2. Increase access to safe drinking water in rural areas								
Proportion of the population without access to safe drinking water in rural areas (%)	2001	23.0	2015	<5.0	2003	19.4	0.8	On track
Proportion of the population using transported water to the total number of water users (%)	2001	6.1	2015	<1.0	2003	5.9	−1.5	Likely . . .
Target 3. Improvement of housing conditions by 2015								
Ratio of slum dwellers (people living in make-shift/temporary shelter) (per 1,000 urban households)	n.d.	n.a.	2015	<5	2001	80	–	–
Proportion of the population with access to improved sanitation (%)	n.d.	n.a.	2015	>85	n.d.	n.a.	–	–
Proportion of communities with more than 300 households with access to reliable natural gas supply (%)	n.d.	n.a.	2015	>99	n.d.	n.a.	–	–

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor- mance
Goals 8. Develop a global partnership for development								
Target 1. Ensure a level of governance, political rights, responsibility and protection of human rights that would contribute to increased ODA and its efficient utilization								
Freedom of press index (absolute value)	2002	60	2015	<30	2004	64	−3.7	Unlikely...
Regulatory quality (rank)	1996	−0.47	2015	>1.00	2004	0.11	−0.5	Likely . . .
Government effectiveness (rank)	1996	−0.46	2015	>1.00	2004	−0.34	−6.4	Unlikely...
Rule of law index (rank)	1996	−0.35	2015	>1.00	2004	−0.58	−11.2	Unlikely...
The share of tax revenues (state budget, and social fund) in GDP (%)	1999	17.8	2015	>22.5	2004	16.8	−8.4	Unlikely...
Corruption perception index (rank)	n.d.	n.a.	2015	>5.0	2004	3.1	–	–
Target 2. In cooperation with the private sector, make available, by 2010, the benefits of new technologies, especially information and communication technologies								
Telephone lines and cellular subscribers (per 100 population)	2001	17.4	2015	>70.0	2004	24.5	−1.1	Likely . . .
Personal computers in use (per 100 population)	2001	1.6	2015	>40.0	2004	2.5	−1.7	Likely . . .
Internet users (per 100 population)	2001	1.6	2015	>40.0	2003	3.7	−0.3	Likely . . .

Source: UNDP Armenia 2006. *Millennium Development Goals – Nationalization and Progress. 2005 National Report.*

AZERBAIJAN

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Reduction of poverty								No data
Target 1. Reduce, between 2002 and 2015, the proportion of people whose per capita monthly consumption expenditure is below the country's absolute poverty line								
Proportion of the population with per-capita monthly income below the absolute poverty line (cost of a minimum consumption basket) (%)	2002	46.7	2015	n.a.	n.d.	n.a.	–	–
Poverty gap ratio (for absolute poverty line) (%)	2002	8.2	2015	n.a.	n.d.	n.a.	–	–
Share of the poorest quintile in national consumption (%)	2002	15.1	2015	n.a.	n.d.	n.a.	–	–
Target 2. Reduce, between 2002 and 2015, the proportion of people in extreme poverty; halve the share of the population below the relative poverty line								
Prevalence of underweight children (under five years of age) (%)	2000	16.8	n.d.	n.a.	2001	6.8	–	–
Prevalence of anaemia among children aged 0–14 years (%)	2001	0.5	n.d.	n.a.	2002	0.6	–	–
Gender disaggregated unemployment rates and employment in the non-oil sector (%)	2003	10.7	n.d.	n.a.	n.d.	n.a.	–	–
Number of children institutionalized because their parents are too poor to support them (thousand people)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 2. Achieve near-to-universal secondary education								No data
Target 1. Ensure that, by 2015, almost all boys and girls will be able to complete a full course of secondary education								
Gross and net enrolment ratios in secondary education (%)	n.d.	n.a.	2015	100.0	n.d.	n.a.	–	–
Attendance rates for secondary education (by class, by gender) (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Literacy rate of 15–24 year-olds, men (%)	1999	97.1	2015	100.0	n.d.	n.a.	–	–
Literacy rate of 15–24 year-olds, women (%)	1999	98.0	2015	100.0	n.d.	n.a.	–	–
Goal 3. Promote gender equality and empower women								On track
Target 1. Maintain gender equality in primary and secondary education, and improve gender equality in higher education by 2015								
Girls/boys ratio in basic education (%)	1990	101.5	2015	100.0	2002	97.7	. .	Unlikely…
Girls/boys ratio in upper secondary education (%)	1990	108.4	2015	100.0	2002	100.2	13.0	On track
Girls/boys ratio in higher education (%)	1990	66.2	2015	100.0	2002	83.1	0.5	On track
Ratio of literate females to males older than 15 years (%)	1999	98.7	2015	100.0	n.d.	n.a.	–	–
Share of women represented in top political and economic positions (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Share of women engaging in wage employment in the non-agricultural sector (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 4. Reduce child mortality								Unlikely…
Target 1. Reduce by two thirds, between 1990 and 2015, the mortality rate for children under five years of age								
Under-five mortality rate (administrative data) (per 1,000 live births)	1990	40.5	2015	13.5	2002	23.1	4.1	On track
Under-five mortality rate (Reproductive health survey 2001) (per 1,000 live births)	1995	96.8	2015	50.0	2001	88.4	−2.4	Likely…
Infant mortality rate (administrative data) (per 1,000 live births)	1990	23.0	2015	7.7	2002	12.8	4.6	On track
Infant mortality rate (Reproductive health survey 2001) (per 1,000 live births)	1990	74.4	2015	40.0	2002	85.9	−20.4	Unlikely…
Percentage of children under one year of age immunized against measles (%)	1990	83.0	2015	100.0	2002	98.8	11.2	On track
Goal 5. Improve maternal health								On track
Target 1. Reduce by three quarters, between 1995 and 2015, the maternal mortality ratio								
Maternal mortality ratio (administrative data) (per 100,000 live births)	1995	37.0	2015	13.0	2002	19.9	7.3	On track
Maternal mortality ratio (MICS) (per 100,000 live births)	1988	79.0	2015	27.0	n.d.	n.a.	–	–
Births attended by skilled health staff (% of total)	2001	89.0	2015	100.0	n.d.	n.a.	–	–
Goal 6. Combat HIV/AIDS, malaria and other diseases								Likely . . .
Target 1. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS								
HIV prevalence among 15–24 year-old pregnant women (%)	n.d.	n.a.	2015	n.a.	n.d.	n.a.	–	–
Contraceptive prevalence rate (%)	1990	1.2	2015	increase	2002	3.3	. .	On track
Number of children orphaned by HIV/AIDS	2003	0	2015	0	n.d.	n.a.	–	–
Target 2. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases								
Prevalence and death rates associated with malaria (persons)	1990	0	2015	decrease	2002	505	. .	Unlikely…
Proportion of the population in malaria-risk areas using effective malaria prevention and treatment measures (per 100,000 people)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Tuberculosis prevalence rate (%)	1990	173.2	2015	decrease	2002	178.2	. .	Unlikely…
Tuberculosis-associated death rate (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Proportion of tuberculosis cases detected and cured under DOTS (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 7. Ensure environmental sustainability								Unlikely…
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	1990	24.4	2015	increase	2002	26.6	. .	On track
Land area protected to maintain biological diversity (%)	2001	2.8	2015	increase	2002	5.6	. .	On track
Energy use (kg oil equivalent per PPP $1 GDP)*	1990	0.8	2015	decrease	2001	0.5	. .	On track
Carbon dioxide emission (tons per capita)	1992	6.3	2015	decrease	1999	4.2	. .	On track
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Access to piped water, urban (%)	1990	95.7	2015	97.9	2002	94.2	−29.4	Unlikely…
Access to piped water, rural (%)	1990	10.8	2015	55.4	2002	11.2	−11.8	Unlikely…
Target 3. To ensure by 2010 that all IDPs are re-settled from dwellings with limited access to sanitation								
Proportion of people with access to improved sanitation (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Proportion of people with access to secure tenure (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Goal 8. Increase FDI in the non-oil sector								
Target 1. In cooperation with developing countries, develop and implement strategies for creating decent and productive jobs for youth								
Unemployment rate of 15−24 year-olds (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Target 2. In cooperation with the private sector, make available the benefits of new technologies, especially in the area of information and communications								
Telephone lines (per 100 people)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−
Personal computers (per 100 people)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	−	−

Source: Republic of Azerbaijan 2004. *State Programme on Poverty Reduction and Economic Development. Annual Report 2003.*
http://www.economy.gov.az/PRSP/Reports.htm.
* World Bank 2004. *World Development Indicators Database 2004.*

BELARUS

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								On track
Target 1. To reduce, by more than three times, the share of population living below the national poverty line between 2000–2015								
The share of the population with incomes below the minimum subsistence level (%)	2000	41.9	2015	10.0	2004	17.8	7.3	On track
Target 2. To promote employment, while keeping the rate of registered unemployment below 2.5–3 %								
Official unemployment rate (% of economically active people at the end of the year)	1991	0.05	2015	3.0 [1]	2004	1.9	11.0	On track
Target 3. To enable all members of the workforce to earn decent incomes by ensuring a regular increase in real wages at an annual rate of at least 6–7 %								
Real monetary income growth rate (average growth rate, % per annum)	1990	12.4	2015	7.0 [1]	2004	9.7	11.0	On track
Real wage growth rate (%)	1990	13.8	2015	7.0 [1]	2004	17.4	11.0	On track
Target 4. In 2000–2015, halve the share of the population with calorie intake below the minimum level								
Share of the population with calorie intake below minimum level (2,440 Kcal) (%)	2000	46.2	2015	23.1	2004	46.7	−4.3	Unlikely...
Goal 2. Achieve universal secondary education								Unlikely...
Target 1. By 2015, ensure universal enrolment of children in general secondary education								
Net enrolment rate in general secondary education (%)	1990	81.7	2015	100.0	2004	86.6	−7.3	Unlikely...
Goal 3. Promote gender equality and empower women								Likely . . .
Target 1. Eliminate practices of gender discrimination in employment and expand economic opportunities for women								
Economic activity rate for men (%)	n.d.	n.a.	n.d.	n.a.	2003	68.4	–	–
Economic activity rate for women (%)	n.d.	n.a.	n.d.	n.a.	2003	81.5	–	–
Proportion of women among registered unemployed (% of all registered unemployed)	1991	80.0	2015	decrease	2004	66.1	. .	On track
Proportion of women among long-term (for more than 1 year) unemployed (% of all registered long-term unemployed)	2002	79.4	2015	decrease	2004	83.0	. .	Unlikely...
Average wage of women as a proportion of men's wage (%)	1995	79.1	2015	100.0	2003	79.4	−7.0	Unlikely. . .
Target 2. Expand participation of women in government and policy-making								
Share of women in the national parliament (%)	1990	4.0	2015	37.5	2004	29.9	5.3	On track
Share of women among deputies of local councils (%)	2003	44.4	2015	50.0	n.d.	n.a.		
Goal 4. Reduce child mortality								On track
Target 1. Between 1990 and 2015, to halve the mortality rate of children under five years of age								
Under-five mortality rate (per 1,000 live births)	1990	15.2	2015	7.6	2004	9.1	6.1	On track
Infant mortality rate (per 1,000 live births)	1990	11.9	2015	decrease	2004	6.9	. .	On track
Goal 5. Improve maternal health								Likely...
Target 1. By 2015, reduce the maternal mortality ratio to 12 cases per 100,000 live births								
Maternal mortality ratio (per 100,000 live births)	1990	22.0	2015	12.0	2004	17.0	−1.5	Likely . . .
Goal 6. Combat HIV/AIDS, malaria and other diseases								Likely . . .
Target 1. Stop the spread of HIV/AIDS including among the most vulnerable groups								
HIV prevalence rate (new cases per 100,000 people)	1990	0.1	2015	7.7	2004	7.9	. .	Unlikely...
Prevalence of HIV, female (new cases per 100,000 women)	1990	0.0	2015	5.6	2003	5.8	. .	Unlikely...
Prevalence of HIV, 15–24 year-olds (new cases per 100,000 of 15–24 year-olds)	1990	0.4	2015	17.5	2004	18.1 [2]	. .	On track
Prevalence of HIV, drug users (% based on the results of epidemiological surveys)	2002	9.1	2015	decrease	2004	10.9	. .	Unlikely...
Share of HIV-infected children born by HIV-infected mothers (% of all children born by HIV-infected mothers)	2003	12.0	2015	5.0	2004	10.0	−2.4	Likely . . .
Target 2. Reduce, by 2015, the growth of tuberculosis cases								
Tuberculosis incidence (new cases per 100,000 people)	1990	29.8	2015	37.0	2004	50.6	. .	Unlikely...
Target 3. By 2015, reduce the death rate associated with tuberculosis								
Death rate associated with tuberculosis (per 100,000 people)	1990	4.4	2015	5.9	2004	11.1	. .	Unlikely...
Goal 7. Ensure environmental sustainability								On track
Target 1. Develop national and regional prognoses and programmes of socio-economic development taking into account environmental concerns and the rational usage of natural resources								
Proportion of land area covered by forests (%)	1990	35.5	2015	increase	2004	40.2	. .	On track
Ratio of area protected to maintain biological diversity to surface area (%)	1990	5.8	2015	increase	2004	7.9	. .	On track
Energy use (kg oil equivalent per 1 million roubles GDP (1995 prices))	1990	339.4	2015	decrease	2004	166.1	. .	On track
Carbon dioxide emissions (tons per capita)	1990	8.8	2015	decrease	2004	3.7	. .	On track
Target 2. Ensure public access to high-quality drinking water								
Sustainable access to an improved water source (% of the population)	1990	61.6	2015	increase	1999	71.8	. .	On track
Access to improved sanitation (% of the population)	1990	57.0	2015	increase	1999	68.7	. .	On track
Target 3. Provide each citizen with comfortable and energy efficient housing that is affordable in terms of construction and usage								
Housing availability (m² of floor space per capita)	1990	17.9	2015	27.0	2004	22.6	−1.1	Likely. . .

Note:
[1]   not more than.
[2]   recent trend shows decrease.

Source: UNDP Belarus 2005. *National Report of the Republic of Belarus "Status of Achieving the Millennium Development Goals".* Minsk 2005
http://un.by/en/publications/thema/mdgr2005/.

GEORGIA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate Extreme Poverty								Unlikely…
Target 1. Halve, between 2000 and 2015, the proportion of people living below the poverty line								
Proportion of the population below the poverty line (official minimum subsistence level of PPP $6.5 per day per equivalent male adult) (%)	2000	51.8	2015	25.9	2003	54.5	−4.6	Unlikely…
Proportion of the population in extreme poverty (subsistence level of PPP $3 per day per equivalent male adult) (%)	2000	14.3	2015	7.2	2003	16.6	−7.8	Unlikely…
Poverty gap ratio (official poverty) (%)	2000	20.2	2015	decrease	2003	21.1	. .	Unlikely…
Poverty gap ratio (extreme poverty) (%)	2000	4.6	2015	decrease	2003	5.4	. .	Unlikely…
Share of the poorest quintile in national consumption (%)	2000	7.6	2015	increase	2003	7.8	. .	On track
Target 2. Halve, between 2000 and 2015, the proportion of people that have unbalanced diets								
Prevalence of child malnutrition (% of children under five)	1999	3.1	n.d.	n.a.	n.d.	n.a.	–	–
Energy consumption, specifically of the destitute	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
The proportion of macronutrients consumed against the recommended daily allowance	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Proportion of household income allocated to food	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 3. Ensure the socio-economic rehabilitation and civil integration of people affected and displaced by conflicts								
Employment/unemployment indices	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Poverty indicators	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Income indicators (sources and amounts of income)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Expenditure indicators (structure and size of expenditures)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Habitat indicators (number of rooms, ownership, total area, availability of public utilities, etc.)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Demographic indicators (average size, gender/age structure of the family, etc.)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 2. Ensure coherence of the Georgian educational systems with those of developed countries by improving quality and institutional set up								Unlikely…
Target 1. By 2015, maintain universal primary education; ensure the transformation of school education into a 12-year cycle								
Gross enrolment ratio in primary education (%)	2000	97.4	2015	100.0	2003	97.3	−3.6	Unlikely…
Literacy rate of 15−24 year-olds (%)	n.d.	n.a.	2015	100.0	2002	99.8	–	–
Proportion of pupils starting grade 1 who reach grade 5 (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Inclusion into the international system assessing the educational quality and the results of such assessments	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. By 2015, establish an accreditation system for tertiary education institutions; achieve institutional coherence with modern tertiary education systems								
Increased harmonisation and coherence with the study programmes of European and American institutions	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 3. By 2015, transform vocational education so that it focuses on labour market needs; establish institutional support for private sector development in vocational education								
Training and re-training programmes	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Rise in the employment coefficient (proportion of students employed after graduation)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 4. By 2015, ensure inclusive and integrated educational programmes; incorporate the principles of inclusive education into national study programmes								
The role of inclusive education in study programmes	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 3. Promote gender equality and empower women								Likely…
Target 1. Ensure gender equality in employment								
Ratio of girls to boys in secondary education (%)	2000	97.0	2015	100.0	2003	94.9	−13.5	Unlikely…
Ratio of girls to boys in secondary/vocational education (%)	2000	97.7	2015	100.0	2003	122.7	12.0	On track
Ratio of girls to boys in tertiary education (%)	2000	95.8	2015	100.0	2003	101.5	12.0	On track
Ratio of literate females to males 15−24 year-olds (%)	n.d.	n.a.	2015	100.0	2002	100.0	13.0	On track
Share of women in wage employment in the non-agricultural sector (%)	2000	53.7	2015	50.0	2002	49.0	. .	Unlikely…
Labour market profile from the standpoint of gender	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Comparison between males' and females' average wages (% males/females wage)	n.d.	n.a.	n.d.	n.a.	2002	198.0	–	–
Reform/development of social aid system	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Number of pre-school institutions	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. Ensure equal access for women and men in the political sphere and all levels of management								
Proportion of seats held by women in national parliament (%)	2000	7.3	2015	increase	2003	7.4	. .	On track
Proportion of women in senior positions in the executive branch (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Proportion of women in local governments (%)	n.d.	n.a.	n.d.	n.a.	2002	1.0	–	–
Government institutions that focus on gender equality issues	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 4. Reduce child mortality								Likely…
Target 1. Reduce by two thirds, between 2000 and 2015, the mortality rate for children under five years of age								
Under-five mortality rate (per 1,000 live births)	2000	24.9	2015	8.3	2003	26.4	−4.4	Unlikely…
Infant mortality rate (per 1,000 live births)	2000	22.6	2015	7.5	2003	24.2	−4.6	Unlikely…
Proportion of 13-month-old children immunized against measles (%)	2001	57.2	2015	100.0	2003	79.7	5.4	On track
Proportion of children under two years of age immunized against measles (%)	2000	94.8	2015	100.0	2003	98.6	8.0	On track
Goal 5. Improve maternal health								Likely…
Target 1. Reduce by three quarters, between 2000 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)	2000	47.1	2015	11.8	2003	51.2	−4.7	Unlikely…
Proportion of births assisted by qualified medical personnel (%)	2000	95.7	2015	100.0	2003	97.5	3.3	On track

GEORGIA (continued)

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 6. Combat HIV/AIDS, malaria and other diseases								Likely…
Target 1. Have halted, by 2015, and begun to reverse the spread of HIV/AIDS								
HIV incidence (new cases, official)	2000	74	2015	decrease	2003	100	. .	Unlikely…
Percentage of injecting drug users among HIV positive persons (%)	2000	70.1	2015	decrease	2003	69.1	. .	On track
Number of children orphaned by HIV/AIDS (cumulative)	2001	15	2015	decrease	2003	47	. .	Unlikely…
Condom prevalence rate (%)	2000	6.3	2015	n.a.	n.d.	n.a.	–	–
Target 2. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases								
Malaria prevalence rate (per 100,000 people)	2000	3.8	2015	decrease	2003	7.2	. .	Unlikely…
Proportion of the population in malaria-risk areas using effective malaria prevention and treatment measures (%)	2000	80.0	2015		2003	95.0	. .	On track
Tuberculosis incidence rate (new cases) (per 100,000 people)	2000	84.0	2015	decrease	2002	87.0	. .	Unlikely…
Tuberculosis mortality rate (per 100,000 people)	2000	7.6	2015	decrease	2002	8.4	. .	Unlikely…
Tuberculosis case detection rate (%)	2000	34.0	2015	increase	2002	50.0	. .	On track
Proportion of tuberculosis cases treated under DOTS (%)	2000	61.0	2015	increase	2002	67.0	. .	On track
Death rate associated with malaria	2000	0.0	2015	decrease	2003	0.0	. .	On track
Goal 7. Ensure environmental sustainability								Likely …
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	2000	39.8	2015	increase	2003	39.9	. .	On track
Land area protected to maintain biological diversity (1,000 hectares)	2000	273.0	2015	increase	2003	284.0	. .	On track
Use of ozone depleting substances (g per capita)	2000	12.5	2015	decrease	2003	10.9	. .	On track
Energy use (kg oil equivalent per PPP $1 GDP)*	1990	0.8	2015	decrease	2001	0.2	. .	On track
Carbon dioxide emissions (ton per capita)*	1990	2.8	2015	decrease	2001	1.2	. .	On track
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Proportion of the population with sustainable access to an improved water source in urban areas (%)	2000	95.0	2015	97.5	2002	95.0	−2.0	Likely …
Proportion of the population with sustainable access to an improved water source in rural areas (%)	2000	35.0	2015	67.5	2002	35.0	−2.0	Likely…
Target 3. Harmonisation of the housing sector with international standards, including the development of the municipal (social) tenure component								
Goal 8. Global Partnership for Development								
Target 1. Ensure improved accessibility to communication systems countrywide, minimize digital inequality between urban and rural areas								
Fixed-line and mobile telephones (per 1,000 people)*	1990	98.9	2015	increase	2002	233.5	. .	On track
Personal computers (per 1,000 people)*	2001	28.7	2015	increase	2002	31.6	. .	On track

Source: UNDP Georgia 2004. *Millennium Development Goals in Georgia.* June 2004. http://www.undp.org.ge/news/Georgiamdg.pdf.
   * World Bank 2004. *World Development Indicators Database 2004.*

MOLDOVA

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								Unlikely...
Target 1. Halve, between 1997 and 2015, the proportion of people whose income is less than PPP $2.15 a day								
Proportion of the population below PPP $2.15 a day (%)	1998	59.7	2015	18.0	2002	39.8	4.1	On track
Share of the poorest quintile in national consumption (%)	1997	5.8	2015	increase	2002	6.8	. .	On track
Poverty gap ratio (incidence multiplied by depth of poverty)	2000	29.0	2015	decrease	2002	15.1	. .	On track
Target 2. Halve, between 1998 and 2015, the proportion of people who suffer from hunger								
Population below the minimum level of dietary energy consumption (2,282 Kcal/day) (%)*	1995	5.0	2015	2.5	2001	12.0	−62.0	Unlikely...
Prevalence of underweight children under five years of age (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 2. Achieve universal access to secondary school education								Likely ...
Target 1. Ensure that all children attend secondary school								
Net enrolment ratio in secondary school education (%)	1999	87.0	2015	100.0	2002	88.0	−1.8	Likely ...
Literacy rate of 15−24 year-olds (%)	1997	99.7	2015	100.0	2002	99.7	−5.0	Unlikely...
Proportion of pupils who graduate from secondary school (%)	2004	87.1	2015	95	2005	90.0	3.0	On track
Enrolment rate in pre-school institutions (%)	n.d.	n.a.	2007	75.0	2004	52.0	–	–
Goal 3. Promote gender equality and empower women								On track
Target 1. Broadening women's participation in social life								
Proportion of seats held by women in national parliament (%)	1997	5.0	2015	30.0	2002	15.8	2.8	On track
Leaders and high officials from public administration, economic and social organizations, female (%)	1999	36.6	2015	50.0	2002	40.2	1.3	On track
Ratio of females' wages to males' wages	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 4. Reduce child mortality								On track
Target 1. Reduce by two thirds, by 2015, the mortality rate of children under five years of age								
Under-five mortality rate (per 1,000 live births)	1997	25.9	2015	8.4	2002	18.3	2.8	On track
Infant mortality rate (per 1,000 live births)	1997	19.8	2015	6.3	2002	14.7	1.8	On track
Proportion of two-year-old children immunized against measles (%)	1997	99.0	2015	100.0	2002	99.2	−1.4	Likely ...
Goal 5. Improve maternal health								On track
Target 1. Reduce by three quarters, by 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)	1997	48.3	2015	13.3	2002	28.0	5.4	On track
Births attended by skilled health staff (% of total)	1997	100.0	2015	100.0	2002	99.0	. .	Unlikely...
Goal 6. Combat HIV/AIDS, tuberculosis, malaria and other diseases								Unlikely...
Target 1. Preventing and decreasing the spread of HIV/AIDS by 2015								
HIV/AIDS incidence (%)	1997	9.4	2015	3.2	2003	4.7	7.7	On track
HIV incidence among 15−24 year-olds (%)	1997	28.2	2015	4.0	2002	6.0	11.5	On track
Contraceptive prevalence rate (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2 Preventing and decreasing the incidence of tuberculosis and malaria by 2015								
New cases of active tuberculosis (per 100,000 people)	1997	58.9	2015	0.0	2002	83.6	−12.5	Unlikely...
Mortality rate associated with tuberculosis (per 100,000 people)	1997	11.2	2010	7.0	2002	15.8	−19.2	Unlikely...
Tuberculosis cases detected under DOTS (%)	2001	10.7	2015	100.0	2002	50.7	5.3	On track
Prevalence of malaria	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Death rate associated with malaria	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Proportion of people in malaria-risk areas using effective malaria prevention and treatment measures	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 7. Ensure environmental sustainability								Likely ...
Target 1. Integrate the principles of sustainable development into country policies and programmes and minimize the loss of environmental resources								
Land area covered by forests (%)	2000	9.6	2015	13.2	2002	10.3	0.9	On track
Ratio of area protected to maintain biological diversity (% of surface area)	1997	1.5	2015	2.4	2002	2.0	4.4	On track
Energy use (Kg oil equivalent per 1 Moldavian Lei GDP, current price)	1997	1.9	2015	decrease	2002	8.2	. .	Unlikely...
Carbon dioxide emissions from stationary and mobile sources (kg per capita)	1997	35.2	2015	decrease	2001	21.0	. .	On track
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe water								
Access to an improved water source, urban and rural (% of population)	1997	37.0	2015	68.5	2002	38.5	−4.1	Unlikely...
Target 3. Halve, by 2015, the proportion of people without access to improved sanitation								
Access of urban population to improved sanitation (% of urban population)	1998	46.3	2015	90.0	2001	40.0	−5.5	Unlikely...
Goal 8. Create a global partnership for development								
Target 1. Develop and implement strategies for youth								
Unemployment rate of 15-24 year-olds (%)	1999	22.3	2015	5.0	2002	18.1	0.9	On track
Target 2. In cooperation with pharmaceutical companies, ensure access to affordable essential medicines								
Proportion of the population with access to affordable essential drugs on a sustainable basis (%)	1999	50−79	2015	n.a.	n.d.	n.a.	–	–
Target 3. Build up the information society								
Telephone lines and cellular subscribers (per 100 people)	1997	14.45	2015	50	2001	19.68	−5.4	Unlikely...
Computers (per 100 people)	1997	0.39	2015	increase	2001	1.59	. .	On track
Internet users (per 100 people)	1997	0.03	2015	increase	2001	1.37	. .	On track

MOLDOVA (continued)

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Target 4. Further developing an open, rule-based, predictable, non-discriminating trading and financial system by promoting exports and attracting foreign investment								
Exports with high added value ($ million)	2000	471.0	2015	n.a.	2003	790.0	–	–
Imports of cars and equipment ($ million)	2000	776.0	2015	n.a.	2003	1,403.0	–	–
Proportion of international commercial transactions made on the basis of free exchange agreements (% of total transactions)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Commercial balance deficit (% of GDP)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Number of foreign enterprises (as a % of local)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Foreign direct investments ($ million)	2000	136.1	n.d.	n.a.	2003	43.0	–	–
Number of "know-how" enterprises created with foreign assistance	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Proportion of official development assistance for basic social services (basic education, primary healthcare, nutrition, water and sanitation)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 5. Addressing the needs of the Republic of Moldova as a land-locked country through modernizing the transport and customs infrastructure								
Traffic capacity of international roads (transport units per day)	n.d.	n.a.	2015	10,000.0	n.d.	n.a.	–	–
Share of investments in transport (% of total investments)	n.d.	n.a.	2015	20.0	n.d.	n.a.	–	–
Share of investments in air and naval transport (% of total investments)	n.d.	n.a.	2015	35.0	n.d.	n.a.	–	–
Traffic capacity of customs points (transport units per day)	n.d.	n.a.	2015	1,000.0	n.d.	n.a.	–	–
Percentage of official development assistance (per 100 people)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 6. Restructuring and managing the external debt problem								
Public external debt (% of GDP)	n.d.	n.a.	2007	34.0	2004	37.3	–	–
Payments of external debts (% of budget revenues)	1997	0.39	2015	n.a.	2001	1.59	–	–

Source: Government of the Republic of Moldova 2005. *Millennium Development Goals in the Republic of Moldova. The First National Report.* June 2005.
http://www.un.md/key_pub_documents/report/Millenium_ENG .pdf.
* World Bank 2004. *World Development Indicators Database 2004.*

RUSSIAN FEDERATION

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								On track
Target 1. Halve by 2015 the general poverty level and eradicate extreme poverty among non-marginal groups of the population								
Proportion of people whose income is below the subsistence level (%)	1992	33.5	2015	10.0	2003	20.4	1.8	On track
Proportion of households whose income is below PPP $2.15 per day (%)	n.d.	n.a.	2015	n.a.	2003	5.0	–	–
Poverty gap ratio (% of subsistence level)	n.d.	n.a.	2015	15.0	2003	29.0	–	–
Share of poorest quintile in national consumption (%)	n.d.	n.a.	2015	6.1	2003	5.6	–	–
Target 2. Provide access to food for the poor								
Prevalence of underweight children under 5 years of age due to lack of financial resources (%)	n.d.	n.a.	2015	n.a.	2003	5–7	–	–
Proportion of the population that consumes less 1,500 calories per day (%)	n.d.	n.a.	2015	n.a.	2003	1–3	–	–
Proportion of the population that consumes less 2,237 calories per day (%)	n.d.	n.a.	2015	5–10	2003	10–15	–	–
Goal 2. Ensuring accessibility to education								No data
Target 1. To involve vulnerable groups of the population in education and socialization								
Education coverage of children with special health-related needs								
The proportion of children with special health-related needs attending secondary schools out of the total number of children with special health-related needs who are in education (%)	2000	43.0	2015	n.a.	2002	45.0	–	–
The proportion of children from vulnerable groups with a certificate of full secondary education or primary vocational education and employed or continuing education (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 2. To ensure participation in pre-school education of children from low-income families and those residing in rural areas								
Pre-school education coverage (%)	n.d.	n.a.	2015	90.0	2002	58.1	–	–
Pre-school education coverage in rural areas (%)	n.d.	n.a.	2015	70.0	2002	39.0	–	–
Pre-school education coverage of children from low-income families	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 3. To reduce the gap in funding and access to general secondary and primary vocational education between and within regions								
Gap in spending per student between regions and between local communities within regions (ratio of mean values for upper and lower deciles)	n.d.	n.a.	2015	1.5	2002	2.1	–	–
Gap in upper secondary education coverage between regions (ratio of mean values for upper and lower deciles)	n.d.	n.a.	2015	1.1	2002	2.1	–	–
Target 4. To update the content of general secondary education towards developing practical skills and knowledge application								
Russia's rating in PISA and TIMS assessments (rank)	n.d.	n.a.	2015	20	2003	30	–	–
Target 5. To ensure that vocational education meets the needs of the modern economic environment and labour market								
Proportion of unemployed primary vocational school leavers and graduates out of the total number of primary vocational school leavers and graduates (%)	n.d.	n.a.	2015	3.0	2003	6.1	–	–
Proportion of unemployed secondary vocational school leavers and graduates out of the total number of secondary vocational school leavers and graduates (%)	n.d.	n.a.	2015	3.0	2003	6.9	–	–
Proportion of unemployed higher vocational school leavers and graduates out of the total number of higher vocational school leavers and graduates (%)	n.d.	n.a.	2015	1.5	2003	2.2	–	–
The average duration of a job search for people aged 16–24 (months)	n.d.	n.a.	2015	6.0	2002	8.0	–	–
System of additional education (additional education coverage of people aged 24–60)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 3. Promote gender equality and empower women								Likely …
Target 1. Equalization of access to political institutions for men and women								
Share of seats occupied by women in the National parliament (State Duma) (%)	n.d.	n.a.	2015	50.0	2005	9.8	–	–
Share of seats occupied by women in the Russian Federation Government (%)	n.d.	n.a.	2015	50.0	2005	0.0	–	–
Share of seats occupied by women in the Constitutional and Supreme court (%)	n.d.	n.a.	2015	50.0	n.d.	n.a.	–	–
Target 2. Eliminate discriminatory practices in labour and employment								
Average wage of women (% of average wage of men)	2001	63.0	2015	80.0	2003	64.0	−1.2	Likely …
Target 3. Create effective mechanisms for preventing violence against women								
Number of cases of rape	1996	10,900	2015	0	2003	5,800	1.9	On track
Target 4. Reduce the impact of unfavourable socio-economic factors on health and life expectancy, especially male								
Life expectancy of women (years)	1994	71.2	2015	74.0	2003	72.0	−3.0	Unlikely…
Life expectancy of men (years)	1994	57.6	2015	71.0	2003	58.8	−7.1	Unlikely…
Gender life expectancy difference (years)	1994	13.6	2015	3.0	2003	13.2	−8.2	Unlikely…
Share of men employed in conditions that do not meet sanitary and hygiene requirements (%)	1999	26.4	2015	decrease	2003	28.6	−3.1	Unlikely…
Share of women employed in conditions that do not meet sanitary and hygiene requirements (%)	1999	14.9	2015	decrease	2003	16.3	−3.1	Unlikely…
Mortality from accidents, traumas, homicide, suicide and alcohol abuse – women (number of deceased per 100,000 people of respective gender)	n.d.	n.a.	2015	n.a.	2003	77.0	–	–
Mortality from accidents, traumas, homicide, suicide and alcohol abuse – men (number of deceased per 100,000 people of respective gender)	n.d.	n.a.	n.d.	n.a.	2003	321.0	–	–
MDG + for health								Unlikely…
Target 1. Life expectancy and mortality rates from major causes								
Life expectancy of women (years)	1994	71.2	2015	75.0	2003	72.0	−4.6	Unlikely…
Life expectancy of men (years)	1994	57.6	2015	65.0	2003	58.8	−5.6	Unlikely…
Standardized mortality rates from ischemic heart disease (European standards) (per 100,000)	n.d.	n.a.	2015	300.0	2003	395.0	–	–
Standardized mortality rates from cerebrovascular disease (European standards) (per 100,000)	n.d.	n.a.	2015	220.0	2003	307.0	–	–
Standardized mortality rates from external causes (European standards) (per 100,000)	n.d.	n.a.	2015	150.0	2003	230.0	–	–

RUSSIAN FEDERATION (continued)

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Target 2. Healthy lifestyle								
Proportion of smokers among males above 15 years (%)	n.d.	n.a.	2015	50.0	2003	63.0	–	–
Proportion of smokers among females above 15 years (%)	n.d.	n.a.	2015	20.0	2003	20.0	–	–
Number of cigarettes sold per person-year	n.d.	n.a.	2015	1,500	2003	2,400	–	–
Mortality from acute alcohol or surrogate intoxication (per year)	n.d.	n.a.	2015	<20,000	2000	50,000	–	–
Rate of alcoholic psychosis (per 100,000)	n.d.	n.a.	2015	<30.0	2002	54.0	–	–
Goal 4. Reduce child mortality								On track
Target 1. Reduce the mortality rate of children under 5 by at least 50% by 2015, as compared with 1990								
Under-five mortality rate (per 1,000 live births)	1990	21.5	2015	11.0	2002	16.5	−0.1	Likely
Infant mortality rate (per 1,000 live births)	1990	21.0	2015	9.0	2002	13.0	4.7	On track
Coverage by mainstream vaccines that are included in the vaccination calendars (diphtheria, pertussis, poliomyelitis, measles, paroditisis, rubella) (%)	n.d.	n.a.	2015	>95	2003	>95	. .	On track
Breastfeeding at 3 months (%)	n.d.	n.a.	2015	>60	2003	41.0	–	–
Breastfeeding at 6 months (%)	n.d.	n.a.	n.d.	>40	2003	33.0	–	–
Rooming in (% of regular births)	n.d.	n.a.	n.d.	>70	2003	n.a.	–	–
Under-five mortality from external causes	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Goal 5. Reduce maternal mortality								On track
Target 1. Reduce maternal mortality ratio by at least 50% in the period 1990−2015								
Maternal mortality ratio (per 100,000 live births)	1990	47.7	2015	23.9	2002	33.6	2.8	On track
Number of abortions (million)	1990	3.9	2015	1.0	2002	1.8	6.1	On track
The risk of maternal mortality from causes not linked to abortions (per 100,000 birth deliveries)	n.d.	n.a.	2015	<15	2002	25.0	–	–
Maternal mortality from abortions (per 100,000 abortions)	n.d.	n.a.	2015	2.0	2002	7.0	–	–
Goal 6. Combat HIV/AIDS and other diseases								No data
Target 1. Halt and begin to reverse the spread of HIV/AIDS								
Percentage of pregnant women that are infected with HIV/AIDS (%)	n.d.	n.a.	2015	<0.4	2003	0.3	–	–
Use of a condom during the most recent sexual act with a non-regular partner (%)	n.d.	n.a.	2015	80.0	2003	40−50	–	–
Percentage of persons aged 15−24 with correct knowledge on HIV/AIDS (%)	n.d.	n.a.	2015	80.0	2003	30.0	–	–
The frequency of using a condom as a proportion of general use of contraception (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Prevalence of HIV (new cases)	n.d.	n.a.	2015	25,000	2004	38,000	–	–
The percentage of people in the late phases of HIV/AIDS who receive adequate therapy (%)	n.d.	n.a.	2015	85.0	2001	5−10	–	–
Target 2. Halt and begin to reverse the incidence of tuberculosis and other socially determined infectious diseases								
Incidence of tuberculosis (cases per 100,000 people)	n.d.	n.a.	2015	35.0	2002	90	–	–
Tuberculosis mortality (per 100,000 people)	n.d.	n.a.	2015	10.0	2002	35	–	–
Tuberculosis cases treated under DOTS (%)	n.d.	n.a.	2015	80.0	n.d.	n.a.	–	–
Syphilis incidence (per 100,000 people)	n.d.	n.a.	2015	10.0	2003	95.0	–	–
Goal 7. Ensure environmental sustainability								On track
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	n.d.	n.a.	2015	>45	2003	45.0	–	–
Ratio of area protected to maintain biodiversity (% of total land area)	n.d.	n.a.	2015	20−25	2003	10.5	–	–
Energy intensity (tons oil equivalent per PPP $1,000 GDP)	n.d.	n.a.	2015	0.82	2000	1.47	–	–
Carbon dioxide emissions (million tons)	1990	4,300	2015	3,900	2003	3,050	12.0	On track
Urban population size in over-polluted areas (million)	n.d.	n.a.	2015	30.0	2003	60.0	–	–
Target 2. To provide the population with sustainable access to safe drinking water								
Proportion of available housing with running water, urban (%)	1993	83.0	2015	97.0	2003	87.0	−3.7	Unlikely…
Proportion of available housing with running water, rural (%)	1993	30.0	2015	57.0	2003	41.0	−1.0	Likely . . .
Target 3. To ensure improvement of quality of people's living conditions								
Proportion of inhabitants with access to improved sanitation, urban (%)	1993	80.0	2015	97.0	2003	85.0	−3.5	Unlikely…
Proportion of inhabitants with access to improved sanitation, rural (%)	1993	19.0	2015	50.0	2003	32.0	−0.8	Likely . . .
Proportion of dilapidated and tumbledown housing (%)	n.d.	n.a.	2015	0.0	2003	3.0	–	–
Goal 8. Participation in global development partnerships consistent with Russian national interests								
Target 1. Creation of favourable international conditions for the elimination of internal obstacles to human capital development and the achievement of the MDGs in Russia								
Target 2. Priority assistance by Russia towards solving global problems, whose manifestations inside Russia are particularly acute and damaging								
Target 3. The gradual increase in Russia's contribution to international development programmes as a donor country								

Source: UNDP Russia 2005. *Russia in 2015: Development Goals and Policy Priorities. Human Development Report 2005 for the Russian Federation.*
http://www.undp.ru/index.phtml?iso=RU&lid=1&cmd=publications1&id=48.

UKRAINE

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Reduce poverty								On track
Target 1. Halve the number of people whose daily consumption is below PPP $4.30								
The share of the population whose daily consumption is below PPP $4.30 (%)	2001	11.0	2015	5.5	2004	3.2	11.0	On track
Target 2. Reduce the share of the poor by one third (based on a nationally defined poverty level)								
The share of the population below the nationally defined poverty level (relative poverty line of 75 % of median cumulative spending per adult) (%)	2001	27.2	2015	18.4	2004	27.3	−3.2	Unlikely…
Goal 2. Provide quality, life-long education								On track
Target 1. Raise enrolment rates by the year 2015, as compared with 2001								
Net enrolment rate for children aged 3–4 in pre-school programmes (%)	2001	55.6	2015	65.0	2004	67.2	11.0	On track
Net enrolment rate for children aged 5 in pre-school programmes (%)	2001	50.5	2015	60.0	2004	56.1	5.3	On track
Net enrolment rate for children aged 6–9 in primary programmes (%)	2001	99.2	2015	100.0	2004	99.3	−1.3	Likely …
Net enrolment rate for children with a secondary education (%)	2001	90.0	2015	99.0	2004	92.0	0.1	On track
Net enrolment rate for those aged 18–22 (I-IV levels) (%)	2001	57.5	2015	67.0	2004	65.2	8.3	On track
Number of graduates from post-secondary institutions (thousand people)	2001	460.3	2015	increase	2004	576.0	. .	On track
Cumulative gross rate of persons undergoing re-training or professional development (thousand people)	2001	2,486.0	2015	increase	2004	9,923.0	. .	On track
Net enrolment rate for III/IV accreditation level (%)	2001	42.2	2015	65.0	2004	n.a.	−	−
Target 2. Raise the quality of education								
Proportion of current state education standards that comply with those of the EU (%)	n.d.	n.a.	n.d.	n.a	n.d.	n.a.	−	−
Goal 3. Ensure a sustainable environment								On track
Target 1. Increase the proportion of people with access to clean drinking water by 12 % from 2001 to 2015								
Proportion of the population with access to drinking water that meets national standards for urban areas (%)	2001	86.0	2015	93.0	2004	87.0	−1.0	Likely…
Proportion of the population with access to well water that meets national standards for rural areas (%)	2001	63.0	2015	75.0	2004	63.0	−3.0	Unlikely…
Target 2. Stabilize air pollution from stationary sources								
Volume of harmful emissions into the atmosphere from stationary sources of pollution (million tons per year)	2001	4.05	2015	4.1	2004	4.15	11.0	On track
Target 3. Expand the network of natural and biospheric reserves and national parks to 10.4 % of the overall territory of Ukraine								
Total area of natural and biospheric reserves and national parks, as a % of the overall territory of Ukraine (%)	2001	4.2	2015	10.4	2004	4.6	−2.2	Likely …
Goal 4[1]. Improve maternal health and reduce child mortality								On track
Target 1. Reduce the maternal mortality rate by 17 %								
Number of deaths from complications during pregnancy and delivery, or post-delivery (per 100,000 live births)	1990	32.4 (23.9)	2015	19.8	2004	13.7	11.0	On track
Number of abortions (per 1,000 women of childbearing age)	1990	82.6 (29.1)	2015	24.4	2004	21.5	11.0	On track
Target 2. Reduce mortality among under-five-year-olds by 17 %								
Under-five mortality rate (per 1,000 live births)	1990	17.3 (14.9)	2015	12.3	2004	12.4	10.5	On track
Infant mortality rate (per 1,000 live births)	1990	12.8 (11.3)	2015	9.3	2004	9.5	9.6	On track
Goal 5[1]. Reduce the spread of HIV/AIDS and tuberculosis								Unlikely…
Target 1. Reduce the rate of spread of HIV/AIDS by 13 %								
Number of new HIV cases (per 100,000 people)	1990	0.1 (14.2)	2015	12.4	2004	26.2	−96.3	Unlikely…
Number of AIDS-related deaths (per 100,000 people)	1990	0.1 (0.9)	2015	0.5	2004	3.7	−101.0	Unlikely…
Proportion of HIV-infected children born to HIV-infected mothers (MTCT) (%)	2001	35.0	2015	5.0	2004	10.0	8.7	On track
Target 2. Reduce the number of tuberculosis cases by 42 %								
Number of new tuberculosis cases (including pulmonary tuberculosis) (per 100,000 people)	1990	31.9 (69.5)	2015	40.0	2004	81.2	−8.6	Unlikely…
Number of tuberculosis-related deaths (per 100,000 people)	1990	8.0 (22.4)	2015	10.0	2004	22.6	−3.2	Unlikely…
Goal 6. Promote gender equality								Unlikely…
Target 1. Achieve a ratio of at least 30:70 for each gender (women-to-men) in legislative and executive office								
Gender ratio (women-to-men) among deputies of the Verkhovna Rada (ratio)	1990	3: 97	2015	30: 70	2004	5: 95	−12.1	Unlikely…
Gender ratio among deputies in local government (ratio)	1990	38: 62	2015	45: 15	2004	42:58	0.3	On track
Gender ratio among deputies in oblast governments (ratio)	1990	9: 91	2015	30: 70	2004	10: 90	−12.8	Unlikely…
Gender ratio among deputies in county government (ratio)	1990	18: 82	2015	30: 70	2004	21: 79	−7.8	Unlikely…
Gender ratio among deputies in municipal governments (ratio)	1990	21: 79	2015	30: 70	2004	22: 78	−11.2	Unlikely…
Gender ratio among deputies in village government (ratio)	1990	42: 58	2015	50: 50	2004	47: 53	1.6	On track
Gender ratio among deputies in rural office (ratio)	1990	42: 48	2015	50: 50	2004	47: 53	1.6	On track
Gender ratio in the Cabinet of Ministers (ratio)	2001	0: 100	2015	30: 70	2004	1: 99	−2.5	Likely …
Gender ratio among high-ranking state officials (categories 1 and 2) (ratio)	2001	15: 85	2015	30: 70	2004	9: 91	−8.6	Unlikely…
Target 2. Halve the gap in incomes between men and women								
Average wages of women as a % of average wages for men (%)	1990	73.0	2015	86.0	2004	68.6	−22.5	Unlikely…

Note:

[1] To calculate progress, the value for 2001 (provided in brackets) was used as a baseline value, since it was the most recent year for which the value was available at the time the target value was defined.

Source: Ministry of Economy of Ukraine 2005. *Millennium Development Goals. Ukraine 2000+5.*
http://www.undp.org.ua/download.php?id=1139244457&cm=doc&fn=mdg_ukraine_2000_plus_5_eng.pdf&l=e.
UNDP Ukraine 2003. *Millennium Development Goals 2003.* http://www.undg.org/documents/2550-Ukraine_MDG_Report_-_2003.doc.

Central Asia

Explanatory notes:

- *'Observed'* refers to the latest available data;
- Measurement units refer to data presented in the columns labelled 'Value';
- *'Increase'* and *'decrease'* denote *'increase or does not change'* and *'decrease or does not change,'* respectively;
- *'n. a.'* refers to unavailable data (i.e., data not provided in the national reports and not available from other sources);
- *'n. d.'* refers to undefined data (i.e., the national report does not define the baseline/target/current year)
- The column *'Gap in years'* presents the difference between the time remaining to the target year and the time needed to achieve the target (positive values mean a country is ahead of schedule while negative ones mean it is behind schedule);
- ' – ' means the value was not calculated and the evaluation of progress was not done
- '..' corresponds to an indicator for which a precise estimation of the progress towards a given target is not possible;
- *'Likely ...'* stands for 'Likely to achieve the goal';
- *'Unlikely ...'* stands for 'Unlikely to achieve the goal.

KAZAKHSTAN

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								On track
Target 1. Halve, between 1990 and 2015, the proportion of people with incomes below a subsistence minimum								
Proportion of people with incomes below subsistence minimum (% of total population)	1996	34.6	2015	17.3	2004	16.1	11.0	On track
Target 2. Halve, between 1990 and 2015, the proportion of people lacking balanced nutrition								
Proportion of people with incomes below the cost of a minimal food basket (%)	1997	12.7	2015	6.4	2004	4.3	11.0	On track
Goal 2. Achieve universal primary education								On track
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Net enrolment in primary education (%)	1990	98.8	2015	100.0	2004	99.5	0.6	On track
Literacy of people 15–24 years of age (%)	n.d.	n.a.	2015	100.0	2004	99.9	–	–
Goal 3. Promote gender equality and empower women								Unlikely…
Target 1. Eliminate gender disparities in primary and secondary education preferably by 2005 and at all levels of education no later than 2015								
Ratio of girls to boys in secondary education (%)	1990	96.1	2005	100.0	2001	104.1	4.0	On track
Ratio of young literate females to males (%)	1990	100.0	2005	100.0	1998	100.0	7.0	On track
Women's pay as a percentage of men's (%)	1998	75.8	2015	100.0	2004	61.7	−15.9	Unlikely…
Proportion of seats held by women in national parliament (%)	1995	14.9	2015	increase	2003	9.5	. .	Unlikely…
Goal 4. Reduce child mortality								On track
Target 1. Reduce by 65 %, between 1990 and 2015, the mortality rate for children under five years of age								
Under-five mortality rate (per 1,000 live births)	1990	34.0	2015	11.3	2002	21.7	1.6	On track
Infant mortality rate (per 1,000 live births)	1990	26.4	2015	8.8	2003	15.3	2.8	On track
Goal 5. Improve maternal health								Unlikely…
Target 1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 100,000 live births)	1990	55.0	2015	13.8	2004	36.9	−3.0	Unlikely…
Goal 6. Combat HIV/AIDS and tuberculosis								Unlikely…
Target 1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS								
Number of cases (cumulative number)	1996	100	2015	decrease	2004	4,696	. .	Unlikely…
Target 2. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases								
Tuberculosis incidence (cases per 100,000 people)	1990	65.8	2005	160.0	2004	153.4	0.1	On track
Death rate associated with tuberculosis (cases per 100,000 people)	1990	10.1	2015	23.2	2004	22.0	−0.4	Likely . . .
Goal 7. Ensure environmental sustainability								Likely…
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)*	1990	3.6	2015	increase	2000	4.5	. .	On track
Nationally protected areas (% of total land area)*	1995	4.2	2015	increase	2002	4.2	. .	On track
Carbon dioxide emissions (tons per capita)*	1992	15.3	2015	decrease	2000	8.1	. .	On track
Energy use (kg oil equivalent per PPP $1 GDP)*	1992	1.1	2015	decrease	2001	0.6	. .	On track
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Access to piped water (% of population)	2000	73.0	2015	increase	2003	75.1	. .	On track
Target 3. Achieve, by 2020, a significant improvement in the lives of the rural population								
Access to sewerage in rural areas (% of people)	1999	10.4	2015	increase	2004	4.3	. .	Unlikely…
Average housing space in rural areas (sq. metre per capita)	n.d.	n.a.	n.d.	n.a.	2004	15.9	–	–
Goal 8. Develop a global partnership for development			No targets specified in the national report					

Source: UNDP Kazakhstan 2005. *Millennium Development Goals in Kazakhstan 2005. Overview.* http://www.undp.kz/library_of_publications/files/5582-27707.pdf.
    * World Bank 2004. *World Development Indicators Database 2004.*

KYRGYZSTAN

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								On track
Target 1. Halve, between 1990 and 2015, the extreme poverty level								
Extreme poverty level (consumption that is only sufficient to provide a minimum level of dietary energy needs under the precondition that all resources are spent on foodstuffs) (%)	1996	19.1	2015	6.7	2001	13.5	3.6	On track
Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from malnourishment								
Prevalence of underweight children aged 1−6 years (%)	1998	7.9	2015	3.0	2001	6.1	3.2	On track
Proportion of the population with daily calorie intake below 2,100 Kcal (%)	1998	57.0	2015	27.7	2001	55.3	−2.0	Likely . . .
Goal 2. Achieve universal basic secondary education								Unlikely…
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of basic secondary schooling								
Literacy rate of 15−24 year-olds, men (%)	1989	99.5	2015	100.0	2001	99.6	−6.8	Unlikely…
Literacy rate of 15−24 year-olds, women (%)	1989	99.6	2015	100.0	2001	99.7	−5.5	Unlikely…
Net enrolment ratio in basic secondary education (1−9 grades), boys (%)	1990	91.7	2015	100.0	2001	94.4	−2.9	Likely . . .
Net enrolment ratio in basic secondary education (1−9 grades), girls (%)	1990	92.3	2015	100.0	2001	95.5	−0.6	Likely . . .
Goal 3. Promote gender equality and empower women								Unlikely…
Target 1. Eliminate gender disparities in employment and managerial opportunities								
Share of women students in higher educational institutions (%)	1990	51.2	2015	50.0	2001	52.9	14.0	On track
Ratio of women's wages to men's wages (%)	1996	73.0	2015	100.0	2001	63.1	−12.0	Unlikely…
Share of women among the economically active population (%)	1996	46.5	2015	50.0	2001	45.4	−11.0	Unlikely…
Goal 4. Reduce child mortality								On track
Target 1. Reduce by twothirds, between 1990 and 2015, the mortality rate for children under five years of age								
Under-five mortality rate (per 1,000 live births)	1990	83.0	2015	55.3	2002	61.0	7.9	On track
Infant mortality rate (per 1,000 live births)	1990	69.0	2015	46.0	2002	52.0	6.5	On track
Proportion of 1-year-old children immunized against measles (%)	1990	95.5	2015	100.0	2001	98.9	7.9	On track
Goal 5. Improve maternal health								Unlikely…
Target 1. Reduce by threequarters, between 1990 and 2015, the maternal mortality ratio								
Maternal mortality ratio (per 1,000 live births)	1990	62.9	2015	15.7	2001	43.8	−0.9	Likely . . .
Proportion of births attended by skilled health personnel (%)	1990	98.9	2015	100.0	2001	98.7	−15.5	Unlikely…
Proportion of pregnant women suffering from anaemia (%)	1990	25.2	2015	25.0	2001	56.2	. .	Unlikely…
Goal 6. Combat HIV/AIDS, malaria and other diseases								Unlikely…
Target 1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS								
Incidence of registered cases of HIV/AIDS (cases)	1996	1	2015	290	2002	294	−13.3	Unlikely…
Target 2. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases								
Malaria incidence rate (cases per 100,000 people)	1990	0.02	2015	0.0	2002	54.4	. .	Unlikely…
Tuberculosis prevalence (cases per 100,000 people)	1990	52.1	2015	52.0	2001	167.8		Unlikely…
Death rate associated with tuberculosis (cases per 100,000 people)	1990	6.7	2015	7.0	2001	23.6	. .	Unlikely…
Number of drug-users	1990	1,182	2015	1,200	2001	5,043	. .	Unlikely…
Brucellosis incidence (cases per 100,000 people)	1990	12.8	2015	12.8	2001	36.9	. .	Unlikely…
Proportion of tuberculosis cases detected under DOTS (%)	1998	30.9	2015	100.0	2001	36.6	−1.6	Likely . . .
Proportion of tuberculosis cases cured under DOTS (%)	1998	85.4	2015	increase	2001	81.0	. .	Unlikely…
Goal 7. Ensure environmental sustainability								On track
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)	1990	4.8	2015	4.8	2001	4.3	. .	Unlikely…
Area protected to maintain biological diversity (% to total area of the country)	1990	0.2	2015	1.9	2001	1.9	14.0	On track
Carbon dioxide emissions (tons per capita)	1991	6.2	2015	2.4	2000	2.4	15.0	On track
Emission of ozone-depleting CFCs (grams per capita)	1991	32.0	2015	16.0	2000	16.0	15.0	On track
Emission of basic greenhouse gases (tons of CO_2 equivalent per capita)	1991	7.7	2015	3.1	2000	3.1	15.0	On track
Energy use (kg oil equivalent per PPP $1 GDP)	1992	0.4	2015	0.2	1999	0.2	16.0	On track
Target 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Proportion of the population with sustainable access to an improved water source (%)	1996	81.3	2015	90.0	2001	84.0	0.9	On track
Target 3. Ensure a significant improvement in the living conditions of the population								
Proportion of the population with access to improved sanitation (%)	1996	24.0	2015	40.0	2001	31.0	3.3	On track
Goal 8. Develop a global partnership for development								
Target 1. Strengthen international cooperation for the country's capacity development								
ODA ($ per capita)*	1992	5.0	n.d.	n.a.	2002	37.0	–	–
Volume of external debt restructured within the framework of the country's debt burden relief programme ($ million)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
External debt service (% of exports of goods and services)	1992	0.0	2010	8.0	2001	28.0	. .	Unlikely…
Target 2. Develop and implement strategies for decent and productive work for youth								
Level of unemployment among youth (%)	n.d.	n.a.	n.d.	n.a.	n.d.	n.a.	–	–
Target 3. In cooperation with the private sector, make available the benefits of new technologies, especially in the area of information and communications								
Telephone lines and cellular subscribers (per 1,000 population)	1990	78.0	2015	250.0	2001	86.0	−9.8	Unlikely…

Source: UNDP Kyrgyzstan 2003. *The Kyrgyz Republic Millennium Development Goals Progress Report.* October 2003. http://www.undp.kg/english/publications/2003/mdgpr2003.pdf.
 * World Bank 2004. *World Development Indicators Database 2004.*

TAJIKISTAN

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								Likely...
Target 1. Halve, by 2015, the proportion of people living in poverty								
Percentage of people living below the national poverty line (%)	1999	83.0	2015	41.5	2003	64*	3.3	On track
Target 2. Halve, by 2015, the proportion of people who suffer from hunger								
Population below the minimum level of dietary energy consumption (undernourished as % of the total population (FAO estimates))***	1994	22.0	2015	decrease	2001	71.0	. .	Unlikely...
Goal 2. Achieve universal primary education								Unlikely...
Target 1. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling								
Enrolment in basic education (%)	1989	94.3	2015	100.0	2003	88.4	−40.9	Unlikely...
Goal 3. Promote gender equality and empower women								Unlikely...
Target 1. Eliminate gender disparities in primary and secondary education by 2005 and at all levels of education no later than 2015								
Ratio of girls to boys in primary and secondary education (%)********	1990	94.8	2005	100.0	2003	87.6	−33.8	Unlikely...
Ratio of young literate females to males (%) ********	1990	100.0	2005	100.0	2001	100.0	4.0	On track
Share of women employed in the non-agricultural sector (%)********	1990	39.1	2015	50.0	2001	51.6	14.0	On track
Proportion of seats held by women in national parliament (%)	2000	16.5	2015	33.0	2003	13.0	−6.2	Unlikely...
Women's pay as a percentage of men's (%)*******	2002	52.0	2005	100.0	2003	50.0	−1.1	Unlikely...
Goal 4. Reduce child mortality								Unlikely...
Target 1. Reduce by two thirds, between 1990 and 2015, the mortality rate for children under five years of age								
Under-five mortality rate (per 1,000 live births)********	1990	127.0	2015	42.3	2002	110.0**	−7.0	Unlikely...
Infant mortality rate (per 1,000 live births)**	1990	94.0	2015	31.3	2002	87.0	−9.2	Unlikely...
Proportion of 1-year-old children immunized against measles (%)********	1990	84.0	2015	100.0	2002	97.0*****	8.3	On track
Goal 5. Improve maternal health								On track
Target 1. Reduce the maternal mortality ratio by three quarters by 2015								
Maternal mortality ratio (per 100,000 live births)	1992	97.7	2015	35.0	2002	50.6	7.3	On track
Goal 6. Combat HIV/AIDS, malaria and other diseases								Unlikely...
Target 1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS								
Number of cases******	1990	0	2015	decrease	2004	6,800	. .	Unlikely...
Target 2. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases and reduce morbidity rates								
Malaria prevalence (cases per 100,000 people)	1990	0.0	2015	decrease	2002	5,555.6	. .	Unlikely...
Tuberculosis incidence (cases per 100,000 people)	1996	32.0	2015	decrease	2002	64.0	. .	Unlikely...
Death rate associated with tuberculosis (cases per 100,000 people)	1992	3.0	2015	decrease	2002	9.7	. .	Unlikely...
Goal 7. Ensure environmental sustainability								Likely . . .
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
Proportion of land area covered by forests (%)********	1990	2.7	2015	increase	2004	2.8	. .	On track
Nationally protected areas (% of total land area)********	1995	4.2	2015	increase	2002	21.5	. .	On track
Carbon dioxide emissions (tons per capita)********	1990	3.7	2015	decrease	2001	0.6	. .	On track
Energy use (kg oil equivalent per PPP $1 GDP)********	1990	1.3	2015	decrease	2001	0.5	. .	On track
Targets 2. Halve, by 2015, the proportion of people without sustainable access to safe drinking water								
Access to an improved water source (% of population)********	2001	60.0	2015	80.0	2002	58.0****	−2.4	Likely . . .
Access to improved sanitation (% of population)********	2001	90.0	n.d.	n.a.	n.d.	n.a.	–	–
Targets 3. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.								
Goal 8. Develop a global partnership for development								
Target 1. Further develop an open, rule-based, predictable, non-discriminatory trading and financial system								
ODA ($ million)	1995	68.0	n.d.	n.a.	2004	205.4	–	–
Target 2. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term								
External debt ($ million)	2001	1,000.0	n.d.	n.a.	2004	699.0	–	–
Target 3. Develop and implement strategies for decent and productive work for youth								
Unemployment rate, total (%)	2002	33.0	n.d.	n.a.	2004	33.0	–	–
Target 4. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs								
Public expenditures on drugs ($ per capita)	1999	0.29	n.d.	n.a.	2004	0.22*	–	–
Target 5. In cooperation with the private sector, make available the benefits of new technologies, especially in the area of information and communications								
Fixed-line and mobile telephones (per 1,000 people)*******	1990	45.4	n.d.	n.a.	2002	39.3	–	–

Source: UNDP Tajikistan 2003. *Progress Toward the Millennium Development Goals.* http://www.undg.org/documents/3076-Tajikistan_MDG_Report.pdf.
* World Bank, 2004. PRSP Progress report.
** Demographic Health Survey.
*** UNSD Millennium Indicators Database, 2003 National MDGR.
**** Meeting the Drinking Water and Sanitation Target. A Mid-term Assessment of Progress, UNICEF-WHO, 2004.
***** National Centre of Immunization 2004.
****** National Centre of AIDS, UNAIDS and the Global Fund, Tajikistan 2004.
******* 2003 figures taken from State Committee on Women's and Family Affairs 2004.
******** World Bank 2004. *World Development Indicators Database 2004.*

TURKMENISTAN

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Eradicate extreme poverty and hunger								Likely…
Target 1. Reduce by three times, between 2000 and 2015, the proportion of people whose income is less than 50 % of the average monthly income								
Proportion of people with incomes less than 50 % of the average monthly income (% of total population)	2000	15.0	2015	5.0	2001	15.9*	−2.4	Likely …
Goal 2. Achieve universal primary education								Unlikely…
Target 1. Broaden access to high-quality education at all levels and attain world standards in education								
Coverage by primary education (%)	1990	98.5	2015	100.0	2000	98.9	−3.3	Likely …
Coverage by secondary education (%)	1991	93.0	2015	100.0	2000	96.0	1.3	On track
Coverage by higher education (%)	1991	11.0	2015	17.0	2000	4.0	−37.0	Unlikely…
Goal 3. Promote gender equality and empower women								Unlikely…
Target 1. Eliminate gender disparities in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015								
Primary education coverage level of girls to that of boys (%)	1990	99.8	2005	100.0	2002	104.2	3.0	On track
Secondary education coverage level of girls to that of boys (%)	1990	97.8	2005	100.0	2002	100.1	3.0	On track
Higher education coverage level of women to that of men (%)	1995	63.5	2015	100.0	2002	56.8	−10.7	Unlikely…
Target 2. Reduce by 2015 gender inequality as regards incomes on the labour market								
Women's pay in the non-agricultural sector as a percentage of men's (%)	1998	72.0	n.d.	n.a.	n.d.	n.a.	–	–
Goal 4. Reduce child mortality								On track
Target 1. Reduce infant mortality by 2.1 times in the period 2000−2015								
Infant mortality rate (per 1,000 live births)	2000	21.3	2015	10.0	2002	17.7	2.8	On track
Goal 5. Improve maternal health								On track
Target 1. Halve maternal mortality in the period 2000−2015								
Maternal mortality ratio (per 100,000 live births)	2000	52.0	2015	25.1	2002	35.9	7.0	On track
Goal 6. Combat HIV/AIDS, malaria and other diseases								On track
Target 1. Prevent HIV/AIDS infection in the country								
Number of cases	2000	0	2015	0	2002	0	13.0	On track
Target 2. Reduce tuberculosis infections by one third in the period 2000−2015								
TB incidence (cases per 100,000 people)	2000	82.3	2015	51.5	2002	73.5	2.3	On track
Goal 7. Ensure environmental sustainability								On track
Target 1. Halt the exhaustion of natural resources								
Financing of nature conservancy measures (% of 2000 level)	2000	100.0	2015	150.0	n.d.	n.a.	–	–
Target 2. Reduce the proportion of people without access to safe drinking water								
Percentage of the urban population with access to a centralized water supply system (%)	2000	80.0	2015	94.0	2002	93.0**	11.9	On track
Percentage of the rural population with access to a centralized water supply system (%)	2000	28.0	2015	80.0	2002	54.0**	5.5	On track
Target 3. By 2020, achieve a significant improvement in housing conditions								
Provision of housing (m² per capita)	1991	11.2	2015	30.6	2000	17.8	−0.8	Likely …
Share of private housing in the total amount of housing (%)	1996	0.0	2015	92.0	2000	78.0	12.1	On track
Goal 8. Develop a global partnership for development								
Target 1. Address the special needs of landlocked countries								
Target 2. Continue to combat terrorism and the preparation of terrorist acts								

Source: UNDP Turkmenistan 2003. *Millennium Development Goals Report.* May 2004. http://www.undg.org/documents/4509-Turkmenistan_MDG_Report_-_English.doc.
* Asian Development Bank.
** UNICEF/WHO 2004. *Meeting the MDG Drinking Water and Sanitation Target: A Mid-Term Assessment of Progress.*
http://www.who.int/water_sanitation_health/ monitoring/en/jmp04.pdf.

UZBEKISTAN

Goal/Target/Indicator	Baseline		Target		Observed		Assessment	
	Year	Value	Year	Value	Year	Value	Gap in years	Perfor-mance
Goal 1. Improve living standards and reduce malnutrition								Likely …
Target 1. Reduce poverty by half by 2015								
Proportion of people living in poverty (as measured by the Household Budget Survey – cost of a minimum food consumption basket) (%)	2001	27.5	2015	14.0	2003	26.2	−0.7	Likely …
Goal 2. Improve the quality of education in primary and secondary schools								No data[1]
Target 1. Improve by 2015 the quality of primary and general secondary education while maintaining universal access								
Goal 3. Promote gender equality and empower women								No data[1]
Target 1. Achieve gender equality in primary and general basic and vocational education by 2005								
Target 2. Improve the gender balance in higher education by 2015								
Goal 4. Reduce child mortality								Unlikely…
Target 1. Reduce by two thirds, between 1996 and 2015, the under five mortality rate								
Under-five mortality rate (per 1,000 live births)	1997	76.6	2015	24.4	2002	73.3	−3.9	Unlikely…
Goal 5. Improve maternal health								Likely…
Target 1. Reduce maternal mortality by one third between 1996 and 2015								
Maternal mortality ratio (per 100,000 live births)	2001	34.1	2015	22.6	2004	32.2	−0.7	Likely …
Goal 6. Combat HIV/AIDS, tuberculosis and malaria								Likely…
Target 1. Have halted by 2015, and begun to reverse, the spread of HIV/ AIDS								
Target 2. Have halted by 2015 and begun to reverse, the incidence of tuberculosis and malaria								
Tuberculosis incidence (cases per 100,000 people)	1995	43.0	2015	decrease	2003	79.0	. .	Unlikely…
Malaria rate (case per 100,000 people)	1995	26.0	2015	decrease	2004	66.0	. .	On track[2]
Goal 7. Ensure environmental sustainability								No data
Target 1. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources by 2015								
Target 2. Increase the percentage of urban and rural population with access to an improved water source and sanitation by 2015								
Proportion of urban population with sustainable access to an improved water source (%)	n.d.	n.a.	2015	increase	2003	94.0	–	–
Proportion of rural population with sustainable access to an improved water source (%)	n.d.	n.a.	2015	increase	2003	79.0	–	–
Proportion of urban population with access to centralized sanitation (%)	n.d.	n.a.	2015	increase	2003	38.0	–	–
Proportion of rural population with access to centralized sanitation (%)	n.d.	n.a.	2015	increase	2003	5.0	–	–
Goal 8. Uzbekistan and global partnership for development				National report does not specify targets				

Note:
[1] The national MDG report gives the values of some indicators but does not specify the indicators that can be used to calculate progress.
[2] Trends between 1995 and 2004 suggest that the malaria infection rate has started to decrease.

Source: UNDP Uzbekistan 2006. *Millennium Development Goals Report: Uzbekistan 2006.* Tashkent 2006.
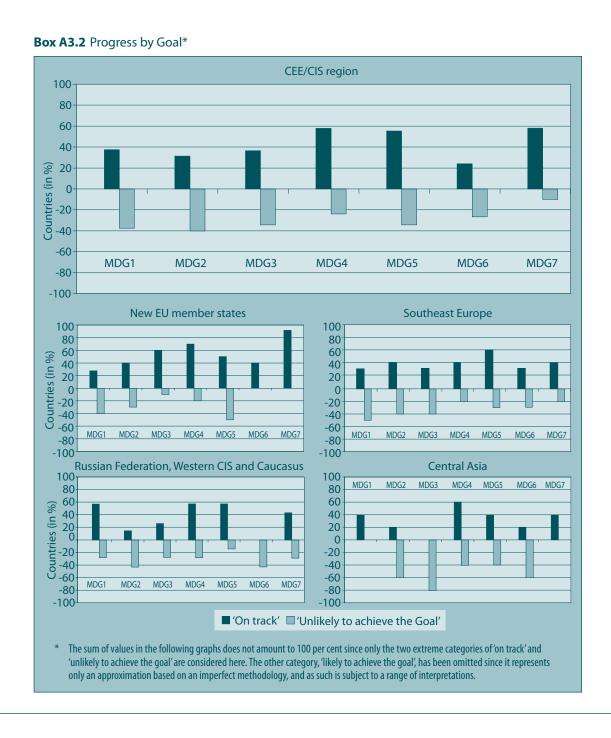http://www.un.uz/downloads/library/publications/MDGR_en.zip

Overview of Progress

Box A3.2 presents aggregated results of the likelihood that the region as a whole, and the four subregions individually, can expect to attain particular MDGs. For each goal, the share of states that perform on or ahead of schedule (labeled 'on track') may be contrasted with the share of those that are not likely to attain a given goal within the allotted time (termed 'unlikely'). Given the diversity of challenges among countries, the picture for the entire CEE/CIS region does not yield very clear trends. Nevertheless, even a cursory overview of the regional and subregional trends shows those parts of the MDG agenda that require particular attention and those where satisfactory progress has been recorded.

Nearly all states in the region need to improve their performance in one or more areas within their nationally adapted MDG agenda. No universal trends have emerged in terms of the progress countries need to make towards individual MDGs. Much work remains if a majority of states is to attain MDG2, concerning education, where the number of countries falling behind schedule exceeds those that are on track. Close to half of states in the region are experiencing difficulties in reaching MDG1 and only a quarter of states are on track with regards to MDG6. These are fundamental to societies' welfare, since they concern poverty and key health threats. While states in the region have taken important steps to improve the environment, many are not likely to meet their targets.

Box A3.2 Progress by Goal*

* The sum of values in the following graphs does not amount to 100 per cent since only the two extreme categories of 'on track' and 'unlikely to achieve the goal' are considered here. The other category, 'likely to achieve the goal', has been omitted since it represents only an approximation based on an imperfect methodology, and as such is subject to a range of interpretations.

By contrast, the likelihood of achieving MDG4 and MDG5 are strongest across the region, with most states proceeding well to reduce child and maternal mortality rates.

Considerable differences appear among subregions in their progress towards individual goals. Central Asia is the only subregion in which none of the countries is likely to achieve one MDG, and the overwhelming majority is unlikely to meet another two goals. By contrast, nearly all the new EU member states record strong progress towards three goals. Furthermore, there is only one goal for which there are more states seriously behind than states on track. Progress towards MDG4 and MDG7 is rather even among the subregions. The fewest states of the region report obstacles to achieving MDG4, and the largest number of states that are on track are found among the new EU member states and in Russian Federation, Western CIS and Caucasus. Improvements in the environment are visible in most states of the CEE/CIS region to the extent that in no subregion the share of states that are unlikely to meet the target is greater than the share of those on track,

and nearly all the new EU member states are on track to meet MDG7.

A number of states, however, are unlikely to meet a significant part of their MDG agendas. This includes Armenia, Bulgaria and Tajikistan, which are currently off track in five (Armenia) /four out of seven goals, recording adequate progress in only one goal each. Armenia must intensify efforts in the areas of educational attainment, gender equality, health and environment. Bulgaria is having the greatest difficulties in education, health and mortality. Tajikistan must address education, gender equality, child mortality and general health threats. The Central Asian countries represent the largest concentration of states with a significant number of goals that are not likely to be met. Apart from Tajikistan, the following countries underperform on four goals each: Kazakhstan, Kyrgyzstan and Uzbekistan. Southeast Europe also contains some areas where significant delays in the MDG agenda are found: Kosovo is unlikely to meet four goals, while Bosnia and Herzegovina, and Serbia and Montenegro are off track on three goals.