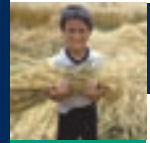


Millennium Development Goals

Progress and Prospects
in Europe and Central Asia



The World Bank

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Acronyms and Abbreviations

AIDS	acquired immune deficiency syndrome
CIS	Commonwealth of Independent States
ECA	Europe and Central Asia
EU	European Union
HIV	human immunodeficiency virus
MDG	Millennium Development Goal
TMD	TransMONEE Database
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WDI	World Development Indicators
WHO	World Health Organization

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The MDGs as a framework for measuring progress

The countries of Europe and Central Asia, even with recent economic growth and institutional strengthening, still face the challenge of meeting many of the MDGs

In 2005, with just a decade left to achieve the Millennium Development Goals (MDGs), the international development community is taking stock of the implementation of the UN's Millennium Declaration and discussing how to accelerate progress toward the MDGs. The MDG agenda emphasizes reducing poverty in all its dimensions, focusing on the poorest. The countries of Europe and Central Asia (ECA), even with recent economic growth and institutional strengthening, still face the challenge of meeting many of the MDGs. And some parts of the region are lagging much farther behind than others.

The MDGs have become widely accepted as a framework for measuring development progress globally, but the ECA region requires special consideration.¹ For example, the use of some indicators might not be appropriate: 1990 as a baseline for measuring progress given the turmoil in the region at that time, when most countries were on the brink of independence; the \$1 a day poverty line given the high spending on heat, winter clothing, and food; maternal/female infection rates even though the majority of reported HIV/AIDS infections are among young people; and child mortality rates given high adult mortality rates.

This publication provides data for key MDG indicators compiled from multiple sources for ECA countries from 1990 onward. It provides a snapshot of the region's progress toward meeting the global MDGs.

(Because the MDG for developing a global partnership for development is hard to measure or predict it is not covered here.)

Unlike the World Bank's *Global Monitoring Report*, which evaluates the progress of the ECA region toward achieving the MDGs, the purpose of this publication is to focus on MDGs country by country. According to the *Global Monitoring Report* for 2005, the ECA region is on target to meet three of the seven goals: for poverty, education, and gender. Looking at the MDGs country by country, eight of the ECA countries are likely to achieve five of the seven MDGs, and Poland and Hungary are expected to meet all seven. Tajikistan is not likely to achieve any.

Perhaps the best outcomes are on the MDG for gender equality in schools—because of the ECA region's tradition of equal access to education. By contrast, the health

MDGs present the largest challenge, with HIV/AIDS and tuberculosis emerging as particular concerns.

This publication assesses the prospects for four regional clusters: European Union 8 (EU8), Southeastern Europe and Turkey, middle-income CIS, and lower income CIS. Within these groups the EU8 countries are most likely to meet the MDGs, while the prospects are mixed, especially in health, for the lower income CIS countries.

The Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

The complete MDG framework—with 8 goals, 18 targets, and 48 indicators—is set out at the end of this publication.

Europe and Central Asia—an overview

2

The ECA region includes the Commonwealth of Independent States (CIS) and the countries of Central and Eastern Europe—28 countries in all.² It occupies a land area of 24 million square kilometers, is home to 473 million people, and has diverse economic, political, and social structures. Estonia is the smallest country, with 1.4 million people, and Russia the largest, with 144.8 million. The Slovak Republic, with 5.4 million people, is at the median. The lowest population densities are in Kazakhstan, with 6 people per square kilometer, and Russia, with 9. Armenia, with 135 people per square kilometer, has the highest density. Tajikistan and the Kyrgyz Republic are the most rural, with almost two-thirds of the people in rural areas. Russia and Turkey are the most urban, with more than

three-fourths of their people in towns and cities. (For a map of the region and list of countries by subgroup, see p. 60.)

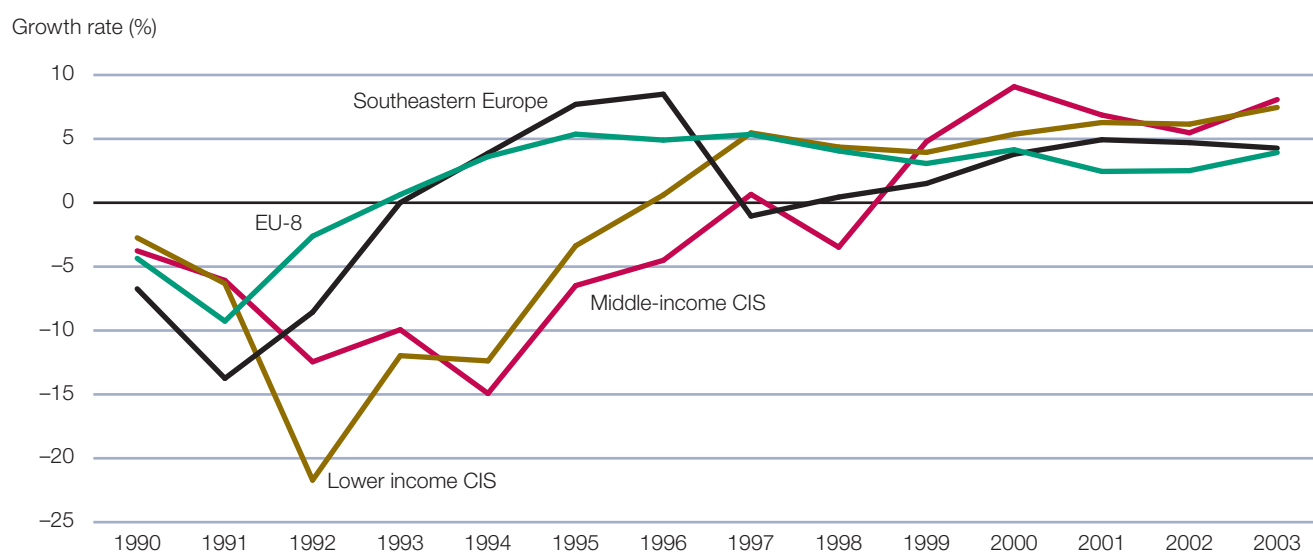
ECA growth, decline, and recovery

The breakup of the former Soviet Union in 1991 led to massive changes in the region's political and economic structures. In many countries the drastic declines in gross domestic product (GDP) and trade, the imposition of tough budget constraints, and the underdeveloped infrastructure all contributed to a reduction in the well-being of their people.³ With marked declines in real wages, reduced access to health services, and declines in other determinants of human development, poverty became more widespread. Regionwide, poverty was rising faster

than anywhere else in the world during most of the 1990s.

Since this upheaval there has been a robust turnaround, with all countries having begun to experience positive economic growth. The EU8 and Southeastern European countries were the first to return to positive growth in the early 1990s, followed by the lower and middle-income CIS countries in the mid 1990s. Despite this strong growth it took until 2004 for the region to return to the GDPs recorded in 1990. And differences within the region have become more pronounced, with incomes ranging from \$11,920 per capita in Slovenia to \$210 per capita in Tajikistan. Growth is likely to continue, but at a slower pace than in recent years.

After an initial sharp decline, the CIS is now the fastest growing ECA subregion



Source: National authorities and World Bank estimates.

There has been a robust turnaround, with all countries having begun to experience positive economic growth

The benefits of EU accession

On May 1, 2004, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, the Slovak Republic, and Slovenia joined the European Union (EU). Bulgaria and Romania are expected to join by 2007.

EU members have set up common institutions, to which they delegate some of their sovereignty so that decisions on specific matters of joint interest can be made democratically at the European level. Membership of the European Union promises many indirect and long-term benefits such as freer movement of goods, capital, and services in the single market, sharing of research and development, and economic and social cohesion. Applicant countries can get financial and technical support for restructuring economies and strengthening democracy. And through its economic and social cohesion funds, the European Union channels financial assistance to members, aimed at reducing inequalities between different regions and social groups. Aspiring members consider that the potential benefits from gaining access to large EU markets and receiving EU transfers are likely to outweigh the costs of opening their markets and adjusting to the institutional framework, laws, and rules of the European Union.

Indeed, the prospect of joining to European Union has helped anchor reforms in the better performing states of Central Europe—and during the late 1990s it was a spur to peace and reconciliation in Southeastern Europe.

MDG Plus

Since the European Union 8 appear likely to achieve most of the MDGs, they have placed the bar much higher by introducing “MDG-plus” targets—a set of ambitious targets for poverty reduction, education, gender equality, health, and environment. Most ECA countries have also developed an MDG-plus agenda, one that goes beyond the global goals to mitigate social and economic risks. Such strategies might include goals to:

- Halt the spread of poverty among Roma and reduce the number of Roma living in settlements.
- Increase GDP spending on education and science to reach the OECD average.
- Reduce the gap between men’s and women’s pay.
- Reduce teen pregnancy.
- Reduce greenhouse gas emissions.

Even so, the MDGs are still relevant because disaggregations of national data by region, ethnic group, or gender may reveal pockets where the targets are less likely to be achieved.

Prospects of meeting the MDGs

Progress toward achieving the global MDGs has been assessed for all ECA countries using simple linear trends of progress since 1990, with estimates providing possible endpoints based on current performance.⁴ (See data issues in assessing progress toward the MDGs on pages 9–10.)

EU8 likely to meet MDGs...except HIV/AIDS in the Baltics

The EU8 have either already achieved or are likely to achieve more than 80 percent of the MDGs at the national level. But the MDG for HIV/AIDS and other diseases appears most at risk of not being achieved. The prevalence of HIV/AIDS is high in the Baltics and increasing in neighboring countries to the East, such as Ukraine, Belarus, and Moldova, where public health conditions are also rapidly deteriorating. Widespread unemployment and economic insecurity make these countries fertile for an HIV epidemic. Unprecedented numbers of young people are not finishing secondary school, and with jobs in short supply many risk joining the vulnerable groups of injecting drug users and regular or occasional sex workers.

Most Southeastern European countries are likely to meet the MDGs... but Albania, Romania, and Turkey are vulnerable

This group has already achieved or is likely to achieve just over half the MDGs. The MDG for HIV/AIDS and other diseases is an issue for several countries, including Bulgaria and Romania, both EU candidates. Romania and Turkey are each unlikely to meet at least one MDG. Given the rising incidence of tuberculosis, Romania will probably fail to meet the MDG for HIV/AIDS and other communicable diseases. Turkey appears unlikely to achieve the MDG for gender equality—even though its gender gap has been closing, girls are significantly underrepresented in primary and secondary schools.

Achieving health MDGs will be a significant problem for the middle-income CIS countries

This group is likely to achieve more than 50 percent of the MDGs, but unlikely to achieve 20 percent of them—all related to health. None of these countries is likely to meet the MDG for HIV/AIDS and other diseases. Indeed, 96 percent of all people infected with HIV/AIDS in the region live in these four countries. Under-five mortality is also an issue for Russia and Kazakhstan, with neither likely to achieve the MDG. Compared with countries at similar incomes in other regions, infant and child mortality in the ECA region are relatively low while adult mortality is high. For middle-income CIS countries, proportionately higher gains in life expectancy could come from reducing adult mortality through the control of noncommunicable diseases than from achieving targets related to child and maternal mortality.

Only the gender equity MDG is on track for lower income CIS countries

This group faces particularly difficult challenges—with the prospects of meeting most MDG targets either unlikely or too hard to call. Moldova is unlikely to meet four MDGs, Georgia five, and Tajikistan six. The health MDGs are of a particular concern, with none of the countries likely to meet the MDG for HIV/AIDS and other diseases and a few unlikely to meet the MDGs for child and maternal mortality. This is the only ECA subregion where, based on current trends, several lower income countries are not likely to achieve the MDG for income poverty.

Prospects of ECA countries achieving the global MDGs

EU8	MDG1 Income Poverty	MDG2 School enrollment	MDG3 Gender equality in school	MDG4 Child mortality	MDG5 Maternal mortality	MDG6 HIV/AIDS, malaria, and other diseases	MDG7 Water access
Slovenia	Likely	Likely	Likely	Likely	Likely	Likely	No data
Czech Republic	Likely	Maybe	Likely	Likely	Likely	Likely	No data
Hungary	Likely	Likely	Likely	Likely	Likely	Likely	No data
Estonia	Likely	Likely	Likely	Likely	Likely	Unlikely	No data
Poland	Likely	Likely	Likely	Likely	Likely	Likely	No data
Slovak Republic	Likely	Maybe	Likely	Likely	Likely	Likely	No data
Lithuania	Likely	Likely	Likely	Likely	Likely	Maybe	No data
Latvia	Likely	Maybe	Likely	Likely	Likely	Maybe	No data

Southeastern Europe

Croatia	Likely	Maybe	Likely	Likely	Likely	Likely	No data
Turkey	Maybe	Maybe	Unlikely	Likely	No data	Likely	Likely
Romania	Likely	Maybe	Likely	Likely	Likely	Unlikely	Maybe
Bulgaria	Maybe	Likely	Likely	Likely	Likely	Maybe	Likely
Macedonia, FYR	Likely	Likely	Maybe	Likely	Likely	Likely	No data
Serbia and Montenegro	No data	Maybe	Likely	Likely	Likely	Likely	Likely
Albania	Maybe	Likely	Likely	Likely	Maybe	Maybe	Maybe
Bosnia and Herzegovina	No data	Likely	Likely	Likely	Likely	Likely	Likely

Middle-income CIS

Russian Federation	Likely	Likely	Likely	Unlikely	Likely	Unlikely	Maybe
Kazakhstan	Maybe	Likely	Likely	Unlikely	Unlikely	Unlikely	Maybe
Belarus	Likely	Likely	Likely	Likely	Maybe	Maybe	Likely
Ukraine	Likely	Likely	Likely	Likely	Likely	Unlikely	Likely

Lower income CIS

Armenia	Maybe	Likely	Likely	Maybe	Maybe	Unlikely	Maybe
Azerbaijan	Likely	Maybe	Likely	Likely	Maybe	Unlikely	Maybe
Georgia	Unlikely	Unlikely	Likely	Unlikely	Unlikely	Unlikely	No data
Moldova	Maybe	Unlikely	Likely	Unlikely	Maybe	Unlikely	Unlikely
Uzbekistan	Unlikely	Likely	Likely	Likely	Maybe	Unlikely	Maybe
Kyrgyz Republic	Maybe	Maybe	Likely	Maybe	Unlikely	Unlikely	Maybe
Tajikistan	Maybe	Unlikely	Unlikely	Unlikely	Unlikely	Unlikely	Unlikely

Likely MDG target likely to be achieved

Maybe Too difficult to tell whether MDG target will be achieved

Unlikely MDG target unlikely to be achieved

No data Inadequate data to tell whether MDG target will be achieved

The ECA region is unique with respect to the MDGs

In assessing progress toward the MDGs, the ECA region has several unique features that influence what targets and indicators are the most appropriate.

Poverty

Target: To halve between 1990 and 2015 the proportion of people whose income is less than \$2 a day.

Indicators: Proportion of population living on less than \$1 a day and \$2 a day.

- *Unsuitability of 1990 as a baseline.* In 1990 the social and infrastructure development indicators for transition countries were higher than other countries at comparable incomes. But they were quickly eroded as the transition economies spiraled

into sudden socioeconomic decline. With the resumption of growth, those indicators have started improving again. The 1990 baseline thus hides the improvements since the indicators hit their lowest levels.

- *Inappropriateness of the \$1 a day poverty line in cold climates.* The first MDG calls for halving the proportion of people living on less than \$1 a day by 2015 (in 1993 international prices). The cold climate in many ECA countries means that spending on food, heat, and winter clothing is higher than in other regions. So a poverty line of \$2.15 a day is deemed more appropriate. In addition, the use of 1993 prices provides biased assessments of poverty in the ECA region because the data for

that year reflect the situation amid structural reforms and rapid shifts in relative prices. The pace of these changes varied across countries, so the 1993 prices lead to severe undercounts in some countries and overcounts in others. This publication uses 2000 international prices from a forthcoming major regional study on poverty (World Bank forthcoming c).

Universal primary education

Target: Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Indicators: Net enrollment ratio in primary and secondary education and primary completion rate.

- *Primary or compulsory school completion?* Unlike many “Education for All” countries, all ECA countries require school durations that go well beyond the primary level—usually nine years or more. Since the duration of required schooling reflects a consensus in each country on the minimum acceptable level of schooling, completion of the compulsory cycle is a more appropriate indicator of educational attainment for the MDGs than completion of the primary cycle.

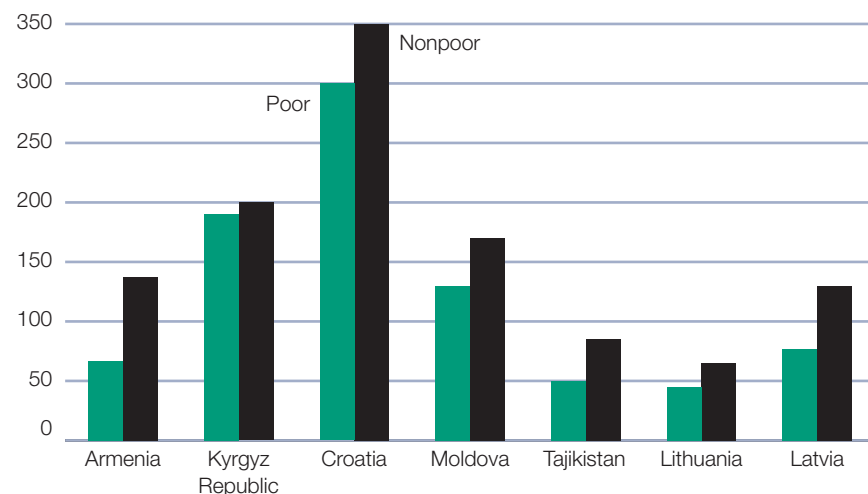
Gender equity

Target: Achieve equality in enrollment ratios by 2005.

Indicators: Ratio of girls to boys enrolled in primary school and proportion of seats held by women in national parliament.

Energy consumption is high in the ECA region because of cold climate

Kilograms of oil equivalent per capita per year



Source: Lampietti and Taft 2002.

The cold climate in many ECA countries means that spending on food, heat, and winter clothing is higher than in other regions. So a poverty line of \$2.15 a day is deemed more appropriate

- *Gender disparities go both ways in the ECA region.* The gender equality goal aims to promote gender equality and to empower women. Internationally, women have borne the brunt of gender inequality, but in the ECA transition countries both men and women have paid a price. There are several instances of gender disadvantages for men, especially in health. Examples are mortality rates and life expectancy, where men in several CIS countries are significantly worse off than women. While women in the ECA region are close to achieving equality in primary and secondary education, much still needs to be done in increasing their role in key decisionmaking positions.

Child and maternal mortality

Target: Reduce the under-five mortality rate by two-thirds between 1990 and 2015.

Indicators: Under-five mortality (per 1,000).

Target: Reduce the maternal mortality ratio by three-quarters between 1990 and 2015.

Indicators: Maternal deaths (per 100,000).

- *High adult mortality rates.* Compared with countries at similar incomes, infant and child mortality in the ECA region are relatively low while adult mortality (ages 15–64) is high. For some countries in the region higher gains in life expectancy could come from reducing adult mortality through

the control of noncommunicable diseases than from achieving the targets for child and maternal mortality. A recent study examined the appropriateness of the health-related MDGs for ECA countries by assessing their impact on life expectancy at birth (Rechel and others 2004). It found that focusing on adult mortality had the greatest impact, resulting in an average gain of 7.8 years, and 10.1 years in Russia. In contrast, reaching the targets for infant, child, and maternal mortality resulted in average gains of only 0.7 years to 1.2, for countries of Central Asia and the Caucasus depending on the data used.

HIV/AIDS and other diseases

Target: Have halted by 2015 and have begun to reverse the spread of

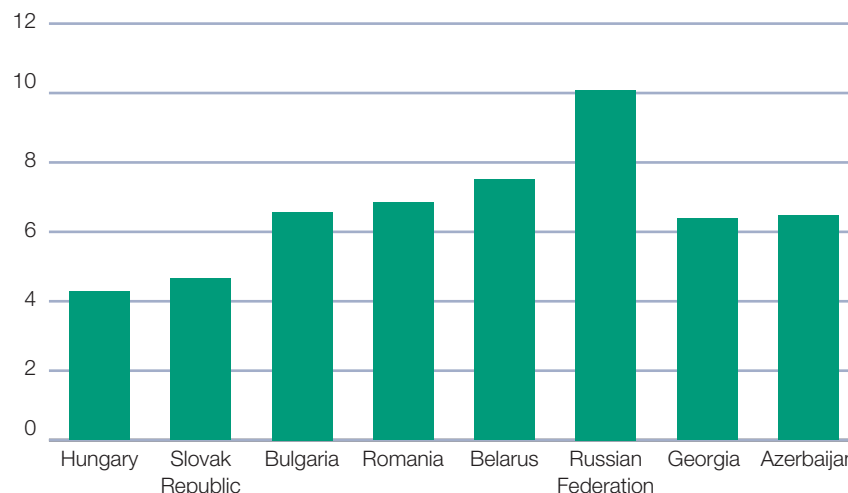
HIV/AIDS and other diseases, such as tuberculosis.

Indicators: HIV infection rates and incidence of tuberculosis (per 100,000 people).

- *Characteristics of the HIV/AIDS epidemic in the ECA region differ from those in other regions.* The ECA region has the world's fastest growing HIV/AIDS epidemic. Unlike in other regions, the epidemic in the ECA region is still in its early stages, so there is a window of opportunity to stop its advance. The vast majority of reported infections in the ECA region are among young people—mainly among injecting drug users (mostly males) and commercial sex workers. Maternal and female infection rates are thus less relevant in the ECA region.

Focusing on adult mortality rather than child mortality can have greater impact on life expectancy

Gain in life expectancy by reducing adult mortality (years)



Source: Rechel and others 2004.

So HIV/AIDS indicators need to be more appropriate for the nature and stage of the epidemic.

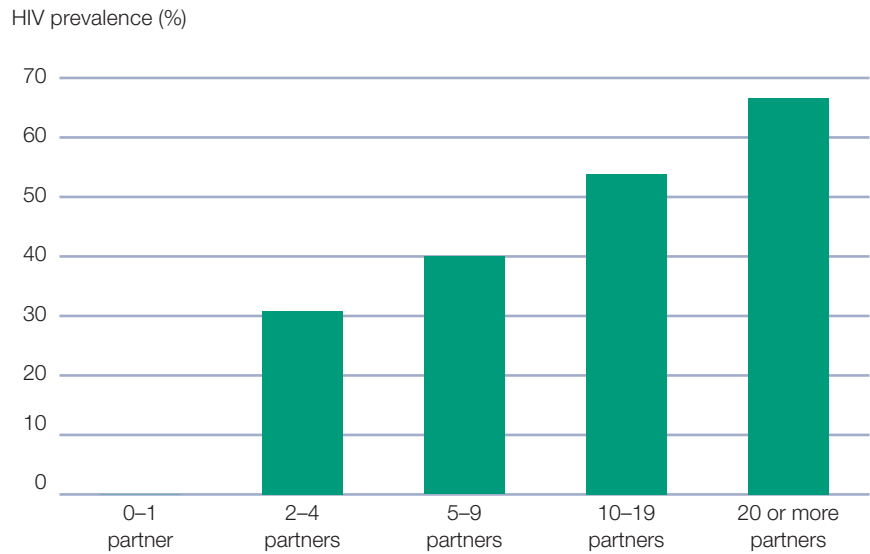
Ensure environmental sustainability

Target: Halve the proportion of people without sustainable access to drinking water by 2015.

Indicator: Proportion of people with access to an improved water source, urban and rural.

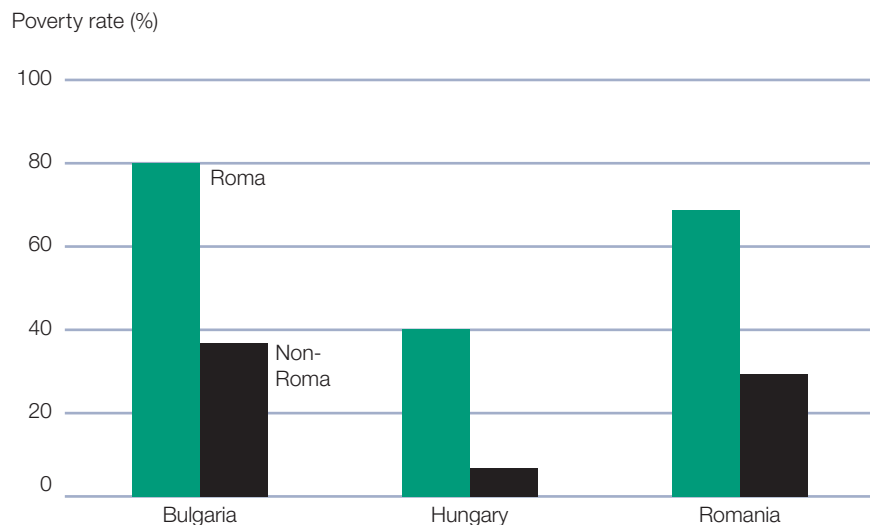
- *Water access data do not present an accurate picture.* The average connection rates to piped water in the ECA region are high by international standards. But because the water infrastructure has been deteriorating since the 1990s, supply is often irregular and of poor quality. Without complementary indicators to measure the regularity of supply and water quality, connection data give a misleading impression of sustainable access to safe drinking water.
- *Marginalized communities.* National data often mask vast disparities in outcomes for such marginalized groups as Roma, the largest and most vulnerable minority in Europe (7–9 million). With poverty rates as much as 10 times those of the total population, Roma constitute pockets of deep poverty in otherwise prosperous countries. In some countries 50–90 percent of Roma children do not complete the compulsory education cycle, and Roma life expectancy is estimated to be 15 years lower than for the majority population.

HIV prevalence among sex workers by number of commercial partners in past seven days, St. Petersburg, Russian Federation, 2003



Source: Smolskaya and others 2004.

Poverty rates are much higher among Roma



Note: Data are for 2000.
Source: Ringold and others 2003.

Data issues in assessing progress toward the MDGs

Several concerns about data need to be kept in mind when assessing the likelihood of reaching MDGs

Monitoring progress toward the MDGs requires good statistics. Several concerns about data need to be kept in mind when assessing the likelihood of reaching MDGs:

- *Data are often inadequate to measure progress and predict trends for some MDG indicators.* Some countries still lack the capacity to produce and use reliable statistical information. A shortage of skills, resources, and technology has often led to incomplete or erroneous data—as has a country's low commitment to data collection. And the upheaval of the transition means that few data series are historically comparable, making it difficult to assess trends. For the prevalence of HIV among females ages 15–24 and for maternal mortality ratios, the World Development Indicators (WDI) provides a single data point for 2001, making it impossible to measure progress and predict trends.
- *Data may not be reliable.* In some instances the data may not represent the true picture. Some ECA countries charge parents for registering newborn children—not affordable for most of the rural poor. In Georgia birth registration fees for single mothers are twice the fees for married mothers. This creates a disincentive for registering newborns, skewing official estimates of under-five mortality. Official estimates are also unlikely to include data from the rural poor, thus further underrepresenting the real situation.

- *Data from different sources often present a different picture.* Data collected from different sources, such as the country official statistics and country surveys, may lead to different conclusions about progress toward the MDGs. Consider the under-five mortality rate data for Kazakhstan. Country data show it to be decreasing, while international estimates have it increasing. The data source thus affects assessments of the likelihood of meeting the MDG target. Survey data, though not always available as a consistent time series, are better than administrative data.
- *Country data may conceal large disparities within countries.* The proportion of people living in urban or rural environments varies greatly. In some countries—Turkey and Russia among them—collecting more disaggregated data is important because national data can mask subnational trends. For example, the rural poor constitute close to 70 percent of all poor in Tajikistan and Romania, and poverty among minority groups, such as Roma, are 10 times those of the general population in Serbia and Montenegro (World Bank forthcoming b). Variations between rural and urban populations might thus have large implications for how countries address the MDGs.

Data sources

The main source of data for all MDG indicators in this publication is the WDI, the World Bank's

annual compilation of data about development, encompassing more than 800 indicators, covering 152 countries, spanning 40 years. The WDI provides a wider picture of poverty trends and social welfare, the use of environmental resources, the performance of the public sector, and the integration of the global economy. While most of the data in the WDI are derived from national statistical agencies, others are estimates reviewed, standardized, and agreed with international statistical agencies, such as the statistical services of the UN specialized agencies. These estimates are considered to better reflect the true situation in a country. More information about the WDI can be found at www.worldbank.org/data/wdi2005/.

Another major source of data across indicators is the *TransMONEE Database* (TMD), produced by the MONEE project of the UNICEF Innocenti Research Centre in Florence, Italy. The TMD contains a wealth of statistical information on social and economic issues relevant to the welfare of children, young people, and women for the 27 transition countries in the ECA region covering 1989 to the present. The TMD data are considered to be a proxy for official country statistics since nearly all the data in the TMD record the data provided by the network of contacts in each of the 27 central statistical offices participating in the MONEE project. More information about the TMD and how to download it can be found at www.unicef-icdc.org/about/IRC/.

Other key sources of data for specific MDG indicators include:

WHO HFA-DB. WHO (World Health Organization). 2005. "European Health for All Database." January 2005 update. WHO Regional Office for Europe, Geneva.

ECEM AIDS. EuroHIV (European Centre for the Epidemiological Monitoring of AIDS). 2004. *HIV/AIDS Surveillance in Europe End-Year Report 2003, No. 70.* Saint-Maurice, France.

JMP. WHO (World Health Organization) and UNICEF (United Nations Children's Fund). 2004. "Joint Monitoring Programme for Water Supply & Sanitation Coverage." [www.wssinfo.org]. The JMP data are also the source for the water and sanitation data in the WDI.

Data from these sources are complemented by data from such other sources as demographic health surveys, living standards measurement surveys, multiple indicator cluster surveys, and country-specific surveys—as well as various World Bank publications.

Methodology

For each of the MDG indicators data were compiled for ECA countries from 1990 onward. The primary source of data was the WDI database, supplemented by data from various other sources. On the basis of these data MDG targets were calculated for poverty, under-five mortality rate, and maternal mortality ratio using several assumptions:

- Where no 1990 baseline data exist, the value for the closest year was used to calculate the MDG target on a pro rata basis.
- When both administrative and survey data exist for the baseline, survey data were used in preference to administrative data.
- When more than one value exists for the baseline, the value presenting the largest gap between the data point and the MDG target was used.

The likelihood of achieving the global MDGs—likely, maybe, unlikely, or no data—was then assessed using simple linear trends of progress since 1990, again using several assumptions:

- Where only one data point exists, and the MDG target is expressed as a percentage reduction based on that level, no conclusion is made about progress.
- For under-five mortality, if the MDG target is less than 6 (the European Monetary Union mean in 2003) and is trending downward, a country is judged to have achieved or be likely to achieve the goal.
- For maternal mortality, if the MDG target is less than 9 (the European Monetary Union mean in 2003) and is trending downward, a country is judged to have achieved or be likely to achieve the goal.
- For HIV/AIDS and other communicable diseases, the country was assessed on the basis of trends in the spread of HIV/AIDS and tuberculosis.
- For environment sustainability, the country was assessed on the basis of trends in access to an improved water source and sanitation.

Once the prospects were determined, the assessments were corroborated by the World Bank's relevant country sector specialist.

Eradicate extreme poverty and hunger



Target

Halve between 1990 and 2015 the proportion of people whose income is less than \$1 a day—and halve between 1990 and 2015 the proportion of people who suffer from hunger

Economic growth in recent years has meant that many ECA countries will reach their poverty MDG—but most of the poor in the ECA region live in middle-income countries. And the poorest countries in the South Caucasus and Central Asia still risk not achieving the goal.

Poverty in the ECA region rose faster and became more widespread in the 1990s than in any other region. Real wages and employment opportunities fell during the transition, while fiscal pressures constrained the subsidy-based socialist safety net. By the end of the 1990s it was clear that the increase in poverty was much larger and more persistent than expected at the start of the transition. It is estimated that the number of people in the ECA region living on less than \$2 a day increased from 31 million in 1990 to about 100 million in the late 1990s (the \$2 a day poverty line is deemed appropriate for the region because of the higher spending on food, heat, and winter clothing).

The \$1 a day poverty rate at about 5 percent is already considerably lower in most ECA countries than the rest of the world. And it has come down dramatically in the last half-decade. The exceptions are some low-income CIS countries, such as Georgia, Moldova, and Tajikistan, where the rates hover between 15 percent and 20 percent.

Across the region, \$2 a day poverty is still significant. Despite the considerable decline since 1998, even better-off countries, such as Kazakhstan and Russia, have \$2 a day poverty headcounts of 10–20 percent, and half of Georgia's people are poor by this measure. The middle-income quartet of Kazakhstan, Russia, Turkey, and Ukraine accounts for more than half the region's poor people.

Will the poverty MDG be attained in ECA countries? According to a recent comprehensive study on poverty, it is reasonable to say that on the basis of 1998 data more than half the countries in the region have already achieved or are likely to achieve the poverty MDG (World Bank forthcoming b). For the EU8 countries, poverty levels are mostly low and confined to a few pockets, and all of them are expected to meet the poverty MDG. But none of the low-income CIS countries, except Azerbaijan, is expected to halve poverty by 2015. Armenia, Georgia, and Uzbekistan have made some progress, but the Kyrgyz Republic

and Tajikistan need to accelerate their declines to achieve the target.

Who are the poor? Across ECA countries, low or middle income, similar groups risk being poor. Children are particularly vulnerable—especially those in large families with few earners. Those in rural areas and in smaller cities where jobs are scarce also find it hard to maintain basic welfare levels. Rural poor make up close to 70 percent of the poor in countries as disparate as Romania and Tajikistan. Those who are less educated are also particularly disadvantaged. Those belonging to minority groups—such as Roma or internally displaced populations—are also prone to be poor, even among otherwise less vulnerable populations.

Definitions

National poverty rate is the percentage of the population living below the national poverty line. Estimates are based on population-weighted subgroups from household surveys.

Population below \$1 a day and population below \$2 a day are the

1

Eradicate extreme poverty and hunger

MDG

Armenia, Georgia, and Uzbekistan have made some progress, but the Kyrgyz Republic and Tajikistan need to accelerate their declines to achieve the target

percentages of the population living on less than \$1.08 a day and \$2.15 a day at 1993 international prices. As a result of revisions in purchasing power parity exchange rates, poverty rates for individual countries cannot be compared with poverty rates reported in earlier editions of the WDI and World Bank (forthcoming b).⁵

measurement survey, household budget survey, and household income and expenditures survey. The poverty estimates reflect the changes in output over time, the impact

of output changes on household consumption, and the distribution of consumption. Poverty rates estimated by country-specific survey teams have also been included.

12 Data sources

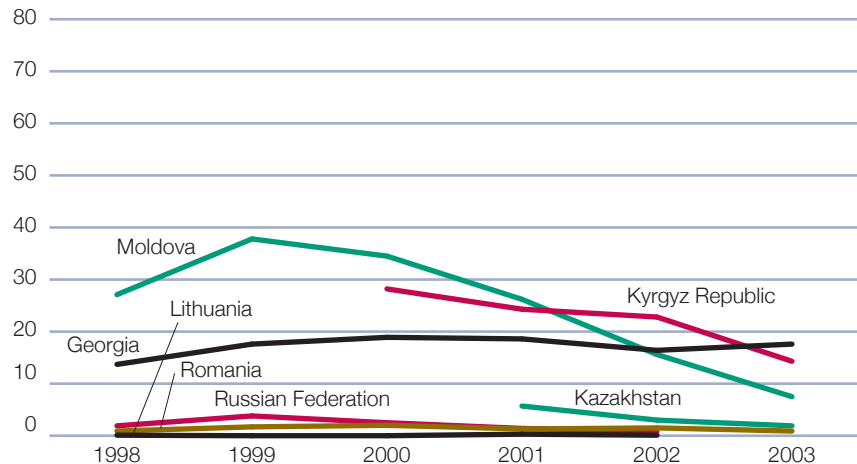
The poverty measures of the WDI are based on 1993 prices. While national poverty lines are based on the World Bank's country poverty assessments, international poverty lines are derived from national household surveys (such as household budget surveys). For details about WDI's methodology, see Chen and Ravallion (2004).

ECA poverty estimates are based on 2000 prices, which are considered more reliable than 1993 prices, because they account for changes in price structure following the hyperinflation of the early 1990s due to trade liberalization and real exchange rate realignment. Therefore, this publication gives more weight to the regionally comparable data from the 2005 World Bank (forthcoming b) study, which uses primary unit record data from recent household surveys to construct a comparable indicator of living standards across all countries in the ECA region.

The study, first released in August 2000, is currently being updated for print in October 2005. Similar to the WDI, this forthcoming study also uses data from such national household surveys as the living standard

Poverty at \$1 a day is not a problem in the ECA region

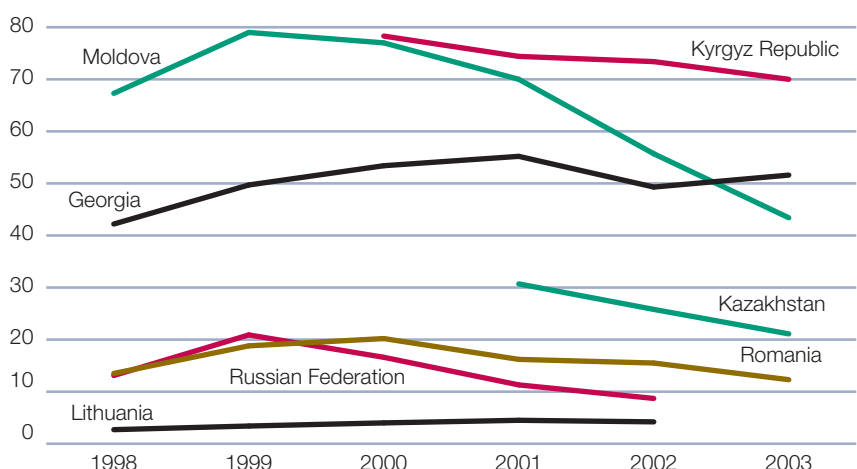
Population below \$1 a day (%)



Source: World Bank forthcoming b.

Poverty at \$2 a day is higher in lower and middle-income CIS countries

Population below \$2 a day (%)



Source: World Bank forthcoming b.

Country	Indicator/source	Percent													
		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Albania	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	..	2.0	..	..	..	..	..	2.0	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	0.5	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	1.8	..
	EWS 1996 (\$1.075 a day)	..	..	..	..	..	..	12.3	..	..	..	..	..	..	..
	LCS 1998 (\$1 a day)	..	..	..	..	..	..	..	..	17.4	..	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	22.7	..	..	..	..	..	11.8	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	14.2	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	23.5	..
	EWS 1996 (\$2.15 a day)	..	..	..	..	..	..	64.4	..	..	..	..	..	..	..
	LCS 1998 (\$2 a day)	..	..	..	..	..	..	..	..	46.6	..	..	..	..	..
LSMS 2002 (\$2 a day)	..	..	..	..	..	..	..	..	..	..	..	..	10.8	..	
Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	25.4	..	
WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	27.6	..	
Armenia	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	..	6.7	..	12.8	..	..	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	8.4	8.1	5.8	2.7
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	11.5	12.7	8.9	6.0
	National Statistics Service	..	..	..	..	..	..	..	..	..	..	7.5	..	..	..
	LSS 1999 (\$1.075 a day)	..	..	..	..	..	..	..	..	..	3.1	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	31.5	..	49.0	..	..	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	48.1	48.9	44.2	39.5
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	57.7	59.3	54.7	50.4
	LSS 1999 (\$2.15 a day)	..	..	..	..	..	..	..	..	..	35.8	..	..	..	..
	Population below national poverty line	..	..	..	..	..	..	..	..	..	55.1	..	50.9	..	..
WB 2005	..	..	..	..	..	..	..	..	..	..	53.7	55.1	50.3	46.2	
Azerbaijan	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	10.9	..	..	..	..	..	3.7	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	0.1	0.0
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	0.0	0.0
	ASLC 1995 (\$1.075 a day)	..	..	..	..	..	11.2	..	..	..	..	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	44.2	..	..	..	..	..	33.4	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	5.7	4.7
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	5.2	4.2
	ASLC 1995 (\$2.15 a day)	..	..	..	..	..	36.5	..	..	..	..	..	..	..	..
	Population below national poverty line	..	..	..	..	..	68.1	..	..	..	..	..	49.0	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	19.2	16.6
Belarus	Population below \$1 a day (\$ 1993 PPP)	..	..	..	2.0	..	2.0	..	2.0	2.0	..	2.0	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	0.1	0.1	0.1	0.1	0.0	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	0.9	0.8	0.5	0.3	0.2	..
	HHS 1999 (\$1 a day)	..	..	..	..	..	..	..	..	..	0.1	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	2.0	..	13.2	..	4.6	2.0	..	2.0	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	1.4	1.0	0.7	0.4	0.3	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	8.9	7.4	5.7	3.8	2.3	..
	HHS 1999 (\$2 a day)	..	..	..	..	..	..	..	..	..	2.7	..	..	..	..
	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	41.9	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	33.1	28.1	24.3	16.5	12.0	..
Bosnia and Herzegovina	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	19.5	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..

1

Eradicate extreme poverty and hunger

MDG

Country	Indicator/source	Percent													
		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Bulgaria	Population below \$1 a day (\$ 1993 PPP)	..	..	2.0	..	2.0	3.9	2.0	2.0	..	..	..	4.7	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	1.7	..	..	..	..	..	6.1	..	1.4
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	0.8	..	..	..	..	..	2.7	..	0.5
	LSMS 1995, 1997, and 2001 (at \$1 a day)	..	..	..	..	..	0.9	..	2.8	..	..	..	2.4	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	2.0	..	2.0	11.7	11.5	13.3	..	..	..	16.2	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	6.7	..	..	..	..	..	24.3	..	10.8
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	3.5	..	..	..	..	..	13.5	..	4.5
	LSMS 1995 1997, and 2001 (at \$2 a day)	..	..	..	..	..	3.3	..	15.9	..	..	..	8.9	..	..
	Population below national poverty line	..	..	..	..	..	..	..	36.0	..	..	..	12.8	..	..
WB 2005	..	..	..	..	..	8.4	..	..	..	..	..	27.2	..	13.7	
Croatia	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	2.0	2.0	2.0	2.0	..	..
	HBS 1998 (at \$1 a day)	..	..	..	..	..	..	..	..	0.0	..	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	2.0	2.0	2.0	2.0	..	..
	HBS 1998 (at \$2 a day)	..	..	..	..	..	..	..	..	0.2	..	..	..	..	..
Czech Republic	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population below \$1 a day (\$ 1993 PPP)	..	..	..	2.0	..	..	2.0	..	..	..	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	2.0	..	..	2.0	..	..	..	..	..	..	..
Estonia	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population below \$1 a day (\$ 1993 PPP)	..	..	..	2.0	..	2.0	..	..	2.0	..	..	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	1.0	0.9	0.9	0.8
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	0.5	0.5	0.5	0.3
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	7.5	..	6.9	..	..	4.7	..	..	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	7.6	8.3	8.0	9.0
WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	4.4	4.5	4.4	4.8	
Georgia	Population below national poverty line	..	..	..	..	..	8.9	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	..	2.0	2.0	2.0	2.6	2.8	2.7	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	43.9	41.5	49.1	52.6	54.3	48.5	50.8
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	16.0	13.7	17.6	18.9	18.6	16.4	17.6
	WB 2004 (PPP for 2000)	..	..	..	..	..	..	..	1.7	3.0	3.2	3.3	3.4	2.7	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	8.5	8.6	12.9	14.6	16.2	15.7	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	79.6	79.4	83.9	85.9	87.4	83.5	84.6
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	44.6	42.2	49.7	53.4	55.2	49.3	51.6
	SGH 2000 (\$2.15 a day)	..	..	..	..	..	..	..	..	..	..	6.1	..	..	..
WB 2004 (PPP for 2000)	..	..	..	..	..	..	..	9.7	11.8	14.5	15.4	14.8	13.5	..	
Hungary	Population below national poverty line	..	..	..	..	..	..	..	11.1	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	40.4	38.6	39.4	39.7	38.2	39.0	39.1
	Population below \$1 a day (\$ 1993 PPP)	..	..	..	2.0	..	..	..	..	2.0	..	..	..	2.0	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	0.1	0.1	0.1	0.0	0.0	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	0.1	0.1	0.0	0.0	0.0	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	2.0	..	..	..	..	2.0	..	..	..	2.0	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	2.4	2.2	2.0	1.4	0.8	..
WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	1.2	1.0	1.0	0.8	0.3	..	
Population below national poverty line	..	..	..	14.5	..	..	..	..	17.3	..	..	..	..	..
WB 2005	..	..	..	..	..	..	..	..	30.8	29.5	29.3	21.6	20.4	..	

Country	Indicator/source	Percent													
		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Kazakhstan	Population below \$1 a day (\$ 1993 PPP)	..	..	..	2.0	..	..	2.0	..	..	..	..	2.0	..	2.0
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	4.3	2.1	1.3
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	5.7	3.0	1.9
	LSMS 1996 (1993 PPP)	..	..	..	..	..	..	2.0	..	..	..	..	..	..	..
	DHS 1999 (1996 PPP)	..	..	..	..	..	..	..	..	..	0.7	..	..	..	..
	WB 2004 (\$1 a day using 1996 PPP)	..	..	..	..	..	..	..	..	..	..	..	0.2	0.2	..
	WB 2004 (\$1 a day using 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	0.5	0.4	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	17.5	..	..	18.7	..	..	..	..	8.5	..	24.9
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	25.5	20.6	16.4
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	30.7	25.8	21.1
	LSMS 1996 (1993 PPP)	..	..	..	..	..	..	13.9	..	..	..	..	..	..	..
	DHS 1999 (1996 PPP)	..	..	..	..	..	..	..	..	..	5.6	..	..	..	..
WB 2004 (\$2 a day using 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	9.8	7.6	..	
Population below national poverty line	..	..	..	..	..	..	34.6	..	..	..	..	..	..	..
WB 2005	..	..	..	..	..	..	..	..	..	..	..	18.9	14.4	11.0	
Kyrgyz Republic	Population below \$1 a day (\$ 1993 PPP)	..	..	..	8.0	..	..	19.9	2.0	2.0	2.0	2.0	2.0	2.0	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	2.9	1.7	1.9	1.1
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	28.2	24.3	22.8	14.3
	WB PovcalNet	..	..	..	8.0	..	..	19.9	1.6	0.2	0.7	2.0	0.9	1.4	..
	CASE	..	..	..	..	..	..	1.0	..	..	1.7	..	0.1	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	33.5	29.0	27.5	18.6
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	78.3	74.4	73.4	70.1
WB PovcalNet	..	..	..	17.2	..	..	39.0	17.9	13.7	12.3	34.1	27.2	24.7	..	
Population below national poverty line	..	..	..	..	..	..	..	..	..	..	52.0	47.6	..	..
WB 2005	..	..	..	..	..	..	..	..	..	..	72.3	68.3	67.8	62.8	
Latvia	Population below \$1 a day (US \$ 1993 PPP)	..	..	..	2.0	..	2.0	2.0	2.0	2.0	..	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	5.0	..	7.0	8.4	8.1	11.5	..	..	..	..	..
	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population below \$1 a day (\$ 1993 PPP)	..	..	..	6.8	5.9	..	2.0	..	2.0	..	2.0	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	0.4	0.4	0.5	0.7	0.6	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	0.1	0.1	0.1	0.3	0.1	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	42.6	24.9	..	7.8	..	5.4	..	6.9	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	8.0	8.1	9.9	10.3	10.0	..
Macedonia, FYR	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	2.7	3.4	4.0	4.5	4.2	..	
	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	27.1	27.5	32.1	32.0	32.9	..
	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	2.0	..	..	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	0.0	0.0	0.5	0.0	0.1	..	0.5	0.2
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	0.0	0.3	0.5	0.0	0.1	..	0.5	0.2
HES 2000 (at \$1.075 a day)	..	..	..	..	..	..	..	..	..	..	0.1	..	..	..
Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	4.0	..	..	..	..	..
WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	3.3	5.6	4.8	3.4	5.5	..	3.9	3.7	
WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	3.5	6.0	4.8	4.1	6.0	..	4.2	4.1	
HES 2000 (at \$2.15 a day)	..	..	..	..	..	..	..	..	..	..	1.9	..	..	..
Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Country	Indicator/source	Percent														
		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	
Moldova	Population below \$1 a day (\$ 1993 PPP)	..	..	7.3	..	..	..	..	2.0	19.8	32.2	..	21.8	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	18.6	27.7	23.3	17.2	8.8	3.4
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	27.1	37.8	34.5	26.2	15.6	7.5
	HBS 2000 (pop below \$1.075 a day)	..	..	..	..	..	..	..	..	..	..	13.0	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	31.8	..	..	..	..	24.7	56.6	74.3	..	64.1	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	56.7	70.7	67.8	58.2	44.0	31.1
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	67.3	79.0	77.0	70.0	55.7	43.4
	HBS 2000 (population below \$2.15 a day)	..	..	..	..	..	..	..	..	..	..	40.6	..	..	..
	WB 2003 (Pov rate \$2.15 a day 1996 PPP)	..	..	..	..	..	..	..	43.4	57.7	67.6	67.1	58.4	44.6	..
	Population below national poverty line	..	..	..	..	..	..	..	23.3	..	..	..	..	..	..
WB 2005	..	..	..	..	..	..	..	..	63.8	76.1	73.7	65.7	51.2	38.5	
Poland	Population below \$1 a day (\$ 1993 PPP)	..	..	2.0	..	..	..	2.0	..	2.0	2.0	..	2.0	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	0.0	0.1	0.2	0.1	0.1	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	0.0	0.1	0.1	0.1	0.0	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	2.0	..	..	..	2.0	..	3.0	2.0	..	2.0	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	3.2	3.8	4.4	4.7	4.9	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	1.6	1.9	2.3	2.5	2.7	..
	Population below national poverty line	..	..	..	23.8	..	..	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	53.6	55.4	55.7	55.8	56.7	..
	Romania	Population below \$1 a day (US \$ 1993 PPP)	2.0	..	2.8	2.0	..	2.1	..	2.0	..
		WB 2005 (\$ 1993 PPP)	0.9	1.7	1.9	1.3	1.5	0.9
WB 2005 (\$ 2000 PPP)		..	..	..	..	..	..	..	..	0.9	1.7	2.0	1.3	1.5	0.9
IHS 1994, 1998, and 2000 (at \$1 a day)		..	..	..	..	6.4	..	..	..	7.8	..	10.8	..	..	..
Population below \$2 a day (\$ 1993 PPP)		..	..	2.0	..	27.5	..	..	..	8.2	..	20.5	..	14.0	..
WB 2005 (\$ 1993 PPP)		..	..	..	..	..	..	..	..	13.2	18.4	19.9	15.9	15.3	12.1
WB 2005 (\$ 2000 PPP)		..	..	..	..	..	..	..	..	13.5	18.8	20.2	16.2	15.5	12.3
IHS 1994, 1998, and 2000 (at \$2 a day)		..	..	..	..	21.8	..	..	..	26.6	..	30.8	..	..	..
Population below national poverty line		..	..	..	..	21.5	..	..	..	..	..	..	..	..	..
WB 2005		..	..	..	..	..	..	..	..	27.4	28.3	28.2	28.6	29.4	28.8
Russian Federation	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	6.1	..	7.0	..	12.7	..	6.1	..	2.0	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	2.8	3.9	7.1	5.0	3.0	1.9	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	1.3	1.9	3.8	2.5	1.4	0.8	..
	RLMS 1998 and 2000 (at \$1 a day)	..	..	..	..	..	..	..	..	6.7	..	3.0	..	..	..
	WB 2004 (at \$1 a day)	..	..	..	..	..	..	..	1.0	1.6	2.7	1.8	1.0	0.5	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	22.7	..	22.6	..	36.3	..	23.8	..	7.5	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	17.5	21.8	32.2	27.1	20.2	16.4	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	9.9	13.1	20.9	16.6	11.3	8.7	..
	RLMS 1998 and 2000 (at \$2 a day)	..	..	..	..	..	..	..	..	23.4	..	15.0	..	..	..
	WB 2004 (at \$2 a day)	..	..	..	..	..	..	..	8.0	11.6	16.4	12.8	8.6	6.3	..
Poverty official estimates (WB 2004)	..	..	..	..	..	..	..	20.7	23.3	28.3	28.9	27.3	24.2	..	
Poverty—recommended method (WB 2004)	..	..	..	..	..	..	..	24.1	31.4	41.5	35.9	26.2	19.6	..	
Population below national poverty line	..	..	..	..	30.9	..	..	..	..	..	..	..	..	..
WB 2005	..	..	..	..	..	..	..	20.0	24.5	35.6	30.3	23.1	19.0	..	

Country	Indicator/source	Percent													
		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Serbia and Montenegro	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	0.6	0.3
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	6.2	5.3
	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	9.3	8.4	
Slovakia	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	..	2.0	..	..	..	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	2.9	..	..	..	..	..	..	..
	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Slovenia	Population below \$1 a day (US \$ 1993 PPP)	..	..	..	2.0	..	..	..	..	2.0	..	..	..	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	2.0	..	..	..	..	2.0	..	..	..	..	..
	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tajikistan	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	13.9	..	..	..	7.4
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	67.9	..	..	..	43.1
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	48.7	..	..	..	27.5
	TLSS 1999	..	..	..	..	..	..	..	..	..	17.4	..	..	..	..
	TLSS 2003	..	..	..	..	..	..	..	..	..	..	..	..	..	14.0
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	58.7	..	..	..	42.8
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	96.0	..	..	..	84.6
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	90.7	..	..	..	73.7
	TLSS 1999	..	..	..	..	..	..	..	..	..	81.0	..	..	..	..
	TLSS 2003	..	..	..	..	..	..	..	..	..	..	..	..	..	64.0
Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	89.6	..	..	..	72.0	
Turkey	Population below \$1 a day (\$ 1993 PPP)	..	..	..	..	2.4	..	..	..	..	..	2.0	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	3.7	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	3.1	..
	2001 HCIS (urban only)	..	..	..	..	..	..	..	..	..	..	..	..	3.1	..
	2002 HICES (2002 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	0.2	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	..	18.0	..	..	..	..	..	10.3	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	22.2	..
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	20.4	..
	2001 HCIS (urban only)	..	..	..	..	..	..	..	..	..	..	..	14.5	..	..
	2002 HICES (2002 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	3.0	..
Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	39.7	..	
Ukraine	Population below \$1 a day (\$ 1993 PPP)	..	..	2.0	..	..	2.1	2.0	..	..	2.9	..	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	0.5	0.2
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	0.1	0.1
	WB 2003	..	..	..	..	..	..	..	..	..	..	..	..	<1	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	2.0	..	..	14.7	23.7	..	..	31.4	..	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	9.1	4.8
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	..	3.2	1.4
WB 2003	..	..	..	..	..	..	..	..	..	..	..	..	<1	..	
Population below national poverty line	..	..	..	..	..	31.7	..	..	..	..	..	..	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	27.7	19.3	
Uzbekistan	Population below \$1 a day (\$ 1993 PPP)	..	..	..	3.3	..	..	..	..	19.2	..	17.3	..	..	..

Country	Indicator/source	Percent													
		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	0.8	0.2	0.0
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	13.3	6.3	9.2
	FBS 2000a (absolute poverty line based on calorific food value)	..	..	..	..	..	..	..	..	..	..	..	27.5	..	..
	Population below \$2 a day (\$ 1993 PPP)	..	..	..	26.5	..	..	..	..	44.2	..	71.7	..	..	..
	WB 2005 (\$ 1993 PPP)	..	..	..	..	..	..	..	..	..	..	..	3.4	1.2	2.4
	WB 2005 (\$ 2000 PPP)	..	..	..	..	..	..	..	..	..	..	..	54.3	41.8	47.3
	Population below national poverty line	..	..	..	..	..	..	..	..	..	..	..	27.5	..	..
	WB 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Data for	Data source	Description
Primary data source	WDI 2005	All data are from the World Development Indicators database unless otherwise stated
Common data sources	WB 2005	Preliminary results from the forthcoming regional flagship study "Growing out of Poverty"
Country-specific sources		
Albania	EWS 1996a LCS 1998 LSMS 2002	Albania Employment and Welfare Survey datasets 1998 Living Conditions Survey, conducted by INSTAT Living Standard Measurement Survey
Armenia	National Statistics Service LSS 1999	1999 Living Standard Survey—estimates from the 1999 Integrated Survey of Living Standards
Azerbaijan	ASLC 1995	Azerbaijan Survey of Living Standards
Belarus	HHS 1999	Belarus Household Survey 1999 (using 19996 PPPs)
Bulgaria	LSMS 1995, 1997, and 2001	Living Standard Measurement Survey
Croatia	HBS 1998	Household Budget Survey
Georgia	WB 2004 SGH 2000	Poverty estimates from CAS released 2004 Survey of Georgian Households (also known as the integrated household surveys)
Kazakhstan	LSMS 1996 DHS 1999 WB 2004	Living Standard Measurement Survey Kazakhstan Demographic Health Survey Dimensions of Poverty in Kazakhstan, 2004
Kyrgyz Republic	WB PovcalNet	An interactive computational tool developed by the World Bank that enables the replication of the calculations made by the World Bank in estimating the extent of absolute poverty (\$1 or \$2 a day). 1993 PPPs used as estimated by World Bank's Development Group and the Bank \$1 a day poverty line is \$32.74 a month (\$2 is \$65.48 a month)
Macedonia, FYR	CASE	Center for Social and Economic Research in Kyrgyzstan Report
Moldova	HES 2000 HBS 2000 WB 2003	Household Expenditure Survey 2000 Household Budget Survey Living standards and poverty in Moldova June 2004
Romania	IHS 1994, 1998, and 2000	Integrated Household Surveys 1994, 1998, and 2000
Russian Federation	RLMS 1998 and 2000 WB 2004	Popkin, B. "The Russian Longitudinal Monitoring Survey." Third and sixth rounds. University of North Carolina, Chapel Hill Russia Federation: Reducing Poverty through Growth and Social Policy Reform
Tajikistan	TLSS 1999	Tajikistan Living Standards Survey. Conducted May–June 1999 jointly by the State Statistical Agency and the Center of Strategic Research under the office of the President in collaboration with the sponsors, UNDP, and the World Bank. Many of the data quoted are from the Republic of Tajikistan Poverty Assessment published by the World Bank June 2000, which made extensive use of the TSLs data
Turkey	TLSS 2003 2001 HCIS 2002 HICIS	Tajikistan Living Standards Survey 2003 2001 Household Consumption and Income Survey 2002 Household Income Consumption and Expenditure Survey
Ukraine	WB 2003	Ukraine Improving Safety Nets and Labor Market Policies to Reduce Poverty and Vulnerability
Uzbekistan	FBS 2000a	Family Budget Survey, Uzbekistan 2000. These figures are based on a food poverty line and not the \$1.075 poverty line

Achieve universal primary education



Target

Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete primary school

Universal primary education appears achievable across most of the region, although in several countries, primarily the lower income CIS countries, improvements in enrollments and completion rates need to accelerate.

During the socialist period ECA countries had reasonably high enrollment rates. In many countries net enrollment ratios were similar to current rates in OECD countries and higher than in countries in other regions at similar levels of economic development. Adult literacy was generally universal. Participation and completion rates for children and youth were high at all levels of education.

With the transition, however, came dramatic changes in the education systems of many countries. The education of thousands of children was severely disrupted by ethnic strife, war, and civil unrest in such countries as Azerbaijan, Bosnia and Herzegovina, Georgia, and Tajikistan. In many countries enrollment rates and public spending on education fell sharply. In Azerbaijan, Bulgaria, and Russia public expenditure declined faster than GDP. The lower funding for educational materials, the reduced number of teachers, the late payment of teachers' wages, and the lack of heat and maintenance for schools all reduced the quality of schooling. Meanwhile, the costs of education,

both formal and informal, went up while the perceived benefit of education—higher earnings—remained low.

For many countries in the ECA region there has been a significant recovery in enrollments and completion rates to pretransition levels in recent years. Net enrollment ratios in some of the EU8, Southeastern European, and middle-income CIS countries remained the same or improved between 1990 and 2001, and it is likely these countries will achieve or already achieved the universal primary education MDG. For others countries it is too hard to tell if the MDG will be met.

In the lower income CIS countries the situation is less positive, and for Georgia, Moldova, and Tajikistan achieving the MDG remains some way off. In Georgia the net enrollment ratio, 97.1 percent in 1990, was 88.7 percent in 2002. In Moldova it fell from 88.8 percent to 79 percent over the same period. In Tajikistan survey data show that one child in five might not be attending primary school and that school attendance has not improved in recent years.

With so many of the countries well on their way to universal primary education, some are focusing on universal completion of secondary education, the MDG-plus agenda.

All ECA countries have fairly high net enrollment ratios in secondary education, with most of them over 60 percent, half over 80 percent, and a few over 95 percent. But trends in quality of education are less encouraging, student performance has been declining with only a few EU8 exceptions. The financial constraints of the central government, the lack of heating and water, and the incomplete decentralization of the education sector are the main reasons.

Definitions

Net enrollment ratio for primary and secondary school is the number of school-age children (as defined by the national education system) enrolled in school compared with the total population of school-age children. The net enrollment ratio is the indicator that progress toward the primary education MDG is most commonly measured,

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For many countries in the ECA region there has been a significant recovery in enrollments and completion rates to pretransition levels in recent years

but it has limitations. For example, net enrollment ratios are based on surveys conducted at the beginning of the school year and therefore do not reflect the number of dropouts or rates of attendance. Also, reported net enrollment ratios may be exaggerated because the number of pupils enrolled often determines teachers' salaries (for more details, see WDI 2005).

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Primary completion rate is the percentage of students completing the last year of primary school. It is calculated by the number of students in the final grade of primary school, minus those repeating, divided by the total number of children of official graduation age in the population. Because it measures both system coverage and student attainment, the primary completion rate is considered a more comprehensive indicator of human capital formation and school system quality and efficiency than net enrollment ratios or the cohort survival rate (which does not capture the sometimes large share of children who do not have access to schooling). The primary completion rate reflects the primary cycle, as defined by the International Standard Classification of Education, ranging from three or four years of primary education (in a very small number of countries) to five or six (in most countries) and seven (in a small number of countries).

Gross enrollment ratio is the total enrollment, regardless of age, compared with the population of the age group that officially corresponds to the level of education shown.

Data sources

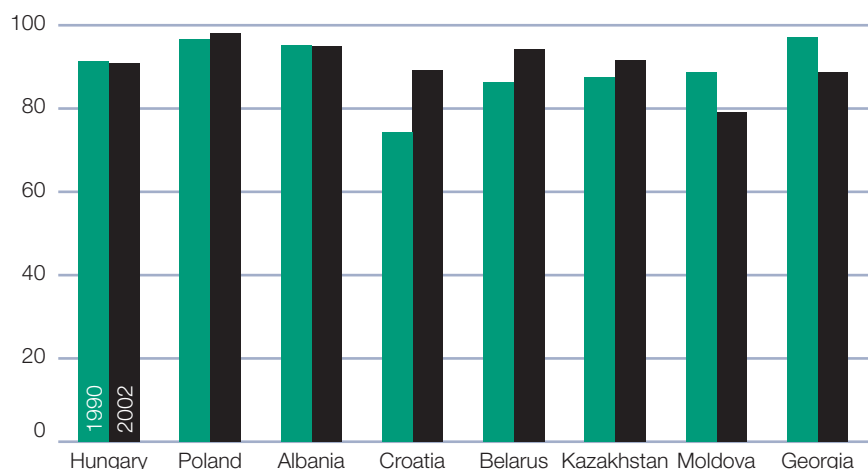
The WDI net and gross enrollment ratio data are sourced from UNESCO, while the primary completion rates are compiled by World Bank staff in collaboration with UNESCO. The World Bank and the UNESCO Institute for Statistics are working jointly on developing the primary completion rate indicator. Since curricula and standards for school completion vary across countries, a high primary completion rate does not necessarily mean high levels of student learning. The data in the table are for the proxy primary completion rate, calculated by the number of students in the final grade of primary school, minus those repeating, divided by the total number of children of official graduation age in the population. Data limitations rule out adjusting

this number for students who drop out during the final year of primary school. Thus proxy rates should be taken as an upper-bound estimate of the actual primary completion rate. Data on gross intake rates and share of cohort reaching grade 5 are from the UNESCO Institute for Statistics. The data on the primary completion rate are compiled by staff in the Development Data Group of the World Bank, in collaboration with the Education Anchor of the Human Development Network of the World Bank and the UNESCO Institute for Statistics.

The gross enrollment ratio data from TransMONEE are largely provided by the central statistical offices participating in the MONEE project and are used as a proxy for official and administrative data in this publication.

While net enrollment ratios increased in most of ECA, they declined in lower income CIS countries

Net enrollment ratio



Source: World Bank, *World Development Indicators 2005*.

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Albania	Net enrollment ratio (primary)	95.1	..	..	..	..	..	..	..	99.1	99.1	97.2	..	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	95.0	..
	LSMS 2002	..	..	..	..	..	..	..	..	..	..	..	..	92.9	..
	Gross primary enrollment rate	100.2	..	..	..	..	..	..	..	108.2	108.2	106.6	..	..	..
	TMD (7–14 years)	102.0	97.9	94.5	95.3	96.6	96.8	96.1	94.6	92.6	89.8	105.5	104.0	..	..
	Primary completion rate	..	..	..	..	..	97.0	..	..	105.0	105.0	104.0	..	101.0	101.0
Armenia	Net enrollment ratio (primary)	..	..	..	..	..	..	..	..	..	85.2	85.2	84.5	94.4	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	94.0	..
	MoES	..	..	..	..	..	..	..	..	..	..	94.6	95.0	95.0	..
	Net attendance ratio: DHS 2000	..	..	..	..	..	..	..	..	..	..	96.7	..	..	..
	Gross primary enrollment rate	..	..	..	..	..	..	..	..	..	96.2	96.2	96.3	98.5	..
	TMD (7–14 years)	94.6	91.6	91.1	86.4	82.2	81.4	82.8	82.9	82.6	80.3	79.5	79.1	88.4	..
Azerbaijan	Net enrollment ratio (primary)	100.0	..	..	..	..	..	..	..	80.1	79.9	80.2	79.8	79.8	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	80.0	..
	Gross primary enrollment rate	114.0	114.0	115.0	118.0	122.0	103.0	106.0	105.5	90.9	91.8	92.9	92.6	..	..
	TMD (7–15 years)	88.5	88.6	88.9	89.4	90.7	91.8	91.2	92.1	86.7	86.1	90.6	91.4	90.4	..
	Primary completion rate	..	..	..	..	..	85.8	107.2	..	99.3	100.1	103.9	104.2	102.7	105.9
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	74.0	71.0	74.0	75.0	76.0	..
Belarus	Net enrollment ratio (primary)	86.2	..	..	..	..	..	..	..	..	..	94.0	92.7	94.3	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	94.0	..
	Gross primary enrollment rate	96.0	..	..	..	..	..	..	..	109.0	111.1	112.0	110.3	101.9	..
	TMD (7–15 years)	94.8	94.3	94.5	94.1	94.0	94.6	94.3	94.9	90.8	91.2	91.8	92.3	93.3	..
	Primary completion rate	94.0	90.0	97.0	98.0	95.0	94.0	97.0	..	102.0	103.0	103.0	..	99.0	..
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	..	..	79.1	80.2	84.8	..
Bosnia and Herzegovina	Net enrollment ratio (primary)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	WB 2003	..	..	..	..	..	..	..	..	..	..	..	..	95.0	..
	PRSP 2004	..	..	..	..	..	..	..	..	..	..	..	..	97.0	..
	Gross primary enrollment rate	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD (7–14 years)	93.0	95.0	..	..	..	97.6	96.8	96.1	92.4	86.4	84.0	81.1	79.3	..
Bulgaria	Net enrollment ratio (primary)	86.1	..	..	..	..	..	..	..	95.6	94.0	92.7	90.3	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	90.0	..
	Gross primary enrollment rate	97.6	..	..	..	..	..	..	..	103.4	102.1	101.3	99.4	..	..
	TMD (7–14 years)	98.6	97.3	95.1	94.0	94.3	93.7	93.6	94.0	94.3	94.8	95.3	97.1	98.7	..
	Primary completion rate	90.0	88.0	85.0	86.0	86.0	90.0	94.0	..	97.0	96.0	98.0	94.0	96.0	97.0
	Going to primary: LSMS 1995, 1997, and 2001	..	..	..	..	..	87.8	..	89.9	..	..	..	91.6	..	..
Croatia	Net enrollment ratio (primary)	74.2	..	..	..	..	..	..	..	88.3	88.0	88.2	88.5	89.3	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	89.0	..
	Gross primary enrollment rate	79.7	..	..	..	..	..	..	..	95.7	95.3	95.2	95.5	96.5	..
	TMD (7–14 years)	80.9	79.4	89.4	84.4	82.3	80.4	82.4	82.3	82.8	80.7	82.5	95.2	95.7	..
	Primary completion rate	..	..	..	83.0	80.0	83.0	85.0	..	90.0	92.0	95.0	97.0	94.0	96.0
	CBS	86.0	81.1	83.0	80.4	82.7	81.0	87.9	95.8	94.9	..
Net enrollment ratio (secondary)	57.4	84.2	84.0	84.3	85.1	86.6	..	

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Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Czech Republic	Net enrollment ratio (primary)	86.7	..	..	..	..	..	..	..	90.2	90.4	90.3	88.5	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	87.0	..
	Gross primary enrollment rate	96.4	..	..	..	..	..	..	..	104.0	104.1	104.3	103.6	..	..
	TMD (6–14 years)	98.6	100.7	100.7	100.6	100.0	99.6	97.3	97.6	97.6	97.7	98.4	98.6	98.7	..
	Primary completion rate	..	..	..	..	..	..	..	..	..	100.0	..	106.0	..	..
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	..	..	88.3	89.5	..	..
Estonia	Net enrollment ratio (primary)	99.5	..	..	..	..	..	..	..	97.0	98.1	97.6	95.8	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	95.0	..
	Gross primary enrollment rate	110.8	..	..	..	..	..	..	..	102.2	103.3	103.0	101.4	..	..
	TMD (7–15 years)	95.2	94.1	93.1	93.4	93.7	94.9	95.6	96.8	99.2	100.9	102.8	103.8	104.4	..
	Primary completion rate	..	..	95.0	91.0	79.0	91.0	..	..	93.0	96.0	100.0	104.0	..	..
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	..	83.3	83.7	86.8	..	..
Georgia	Net enrollment ratio (primary)	97.1	..	..	..	..	..	..	..	..	98.1	95.2	90.7	88.7	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	89.0	..
	SGH 2000a	..	..	..	..	..	..	..	..	..	..	90.0	..	..	..
	Gross primary enrollment rate	97.3	..	..	..	..	..	..	..	95.3	98.4	95.5	92.0	90.5	..
	TMD (7–15 years)	94.4	91.5	84.4	91.2	92.1	93.6	97.1	99.5	100.5	100.3	99.2	96.6	97.0	..
	Primary completion rate	..	..	..	..	81.0	83.0	83.0	..	..	93.0	93.0	92.0	85.0	82.0
Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	71.2	71.6	..	59.0	61.3	..	
Hungary	Net enrollment ratio (primary)	91.2	..	..	..	..	..	..	..	89.5	89.5	89.8	90.8	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	91.0	..
	Gross primary enrollment rate	94.5	..	..	..	..	..	..	..	103.5	103.1	101.6	100.8	..	..
	TMD (6–13 years)	98.6	97.7	97.3	96.6	96.2	96.6	96.3	96.1	96.6	97.8	99.2	99.1	99.6	..
	Primary completion rate	82.0	84.0	86.0	..	..	..	..	..	98.0	..	100.0	102.0	..	..
	Net enrollment ratio (secondary)	74.8	..	..	..	..	..	..	..	84.7	86.9	..	92.1	..	..
Kazakhstan	Net enrollment ratio (primary)	87.6	..	..	..	..	..	..	..	..	84.3	87.0	89.5	91.5	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	91.0	..
	Net attendance ratio: DHS 1999	..	..	..	..	..	..	..	..	..	87.8	..	..	..	..
	Gross primary enrollment rate	88.2	..	..	..	..	..	..	..	93.0	93.9	97.0	99.3	101.5	..
	TMD (7–15 years)	94.6	93.9	94.1	93.8	94.2	94.4	94.7	94.2	94.1	94.3	99.6	100.1	100.0	..
	Primary completion rate	..	..	..	..	..	..	103.0	..	101.0	100.0	99.0	100.0	102.0	110.0
Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	..	82.3	83.2	83.9	86.8	..	
Kyrgyz Republic	Net enrollment ratio (primary)	..	..	..	..	..	..	..	..	91.0	89.9	89.9	90.0	89.3	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	89.0	..
	NSC (grades 1–9)	92.0	91.4	91.6	85.3	86.3	87.7	89.2	89.6	90.0	89.5	95.9	95.0	94.6	..
	Net attendance ratio: DHS 1997	..	..	..	..	..	..	..	71.4	..	..	..	..	..	..
	Gross primary enrollment rate	..	..	..	..	..	..	..	..	101.1	100.5	99.7	99.9	100.9	..
	TMD (7–15 years)	92.0	92.0	92.0	85.6	86.6	88.0	89.4	89.9	90.3	89.8	96.2	95.2	94.8	..
Primary completion rate	92.0	91.4	91.6	85.3	86.3	87.7	89.2	89.6	90.0	89.5	95.9	95.0	94.6	..	
Net enrollment ratio (secondary)	..	..	..	..	..	101.0	..	..	98.0	97.0	94.0	95.0	93.0	..	
Latvia	Net enrollment ratio (primary)	92.1	..	..	..	..	..	..	..	91.1	91.8	90.6	87.6	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	86.0	..
	Gross primary enrollment rate	96.5	..	..	..	..	..	..	..	99.1	99.8	98.8	95.9	..	..
	TMD (7–15 years)	97.5	94.2	91.8	89.3	88.8	89.3	91.4	92.2	92.4	93.3	96.5	99.4	101.0	..
	Primary completion rate	..	..	..	..	73.0	73.0	90.0	..	101.0	101.0	101.0	101.0	..	..
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	85.0	86.8	88.7	87.6	..	..
Lithuania	Net enrollment ratio (primary)	..	..	..	..	..	..	..	..	94.5	97.1	97.5	94.3	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	91.0	..
	UN 2002	..	..	..	..	..	..	..	..	..	..	..	95.7	..	..
	Gross primary enrollment rate	94.0	..	..	..	..	..	..	..	101.5	103.9	104.4	101.2	..	..

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	TMD (7–16 years)	93.7	92.5	92.9	92.0	93.4	95.6	96.5	98.5	99.8	99.2	101.5	102.4	103.0	..
	Primary completion rate	..	..	..	89.0	93.0	97.0	101.0	..	101.0	101.0	105.0	107.0	108.0	102.0
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	90.6	92.4	..	92.8	..	..
Macedonia, FYR	Net enrollment ratio (primary)	94.4	..	..	..	..	..	..	..	94.5	93.6	92.8	92.3	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	92.0	..
	Gross primary enrollment rate	99.3	..	..	..	..	..	..	..	101.8	100.5	99.3	98.7	..	..
	TMD (7–14 years)	100.7	99.8	97.6	97.0	97.0	97.9	98.4	99.1	98.8	99.6	100.1	98.6	97.1	..
	Primary completion rate	93.2	..	..	..	..	..	..	..	98.4	..	..	..	..	..
	Net enrollment ratio (secondary)	..	..	99.0	99.0	97.0	99.0	100.0	..	103.0	100.0	99.0	100.0	..	..
Moldova	Net enrollment ratio (primary)	88.8	..	..	..	..	..	..	..	78.2	78.8	78.6	78.3	79.0	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	79.0	..
	HBS 2000h (net)	..	..	..	..	..	..	..	..	..	..	96.3	..	..	..
	MHBS 2002 (primary)	..	..	..	..	..	..	..	..	..	..	..	..	97.2	..
	MHBS 2002 (lower secondary)	..	..	..	..	..	..	..	..	..	..	..	..	91.5	..
	GoRM 2004	..	..	..	..	..	..	..	..	..	94.0	..	..	88.5	..
	Gross primary enrollment rate	93.1	..	..	..	..	..	..	..	84.3	85.0	84.7	85.3	86.0	..
	TMD (7–15 years)	93.9	93.5	79.4	78.3	78.3	79.0	79.2	92.5	92.5	94.1	93.5	94.0	94.7	..
	Primary completion rate	..	..	..	..	95.0	89.0	96.0	..	87.0	86.0	81.0	81.0	83.0	83.0
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	68.8	68.5	68.5	68.5	69.0	..
Poland	Net enrollment ratio (primary)	96.7	..	..	..	..	..	..	..	..	96.6	97.7	98.0	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	98.0	..
	UN 2002	97.5	..	..	..	..	97.2	..	..	..	98.3	..	..	..	..
	Gross primary enrollment rate	98.4	..	..	..	..	..	..	..	..	98.6	99.5	99.7	..	..
	TMD (7–15 years)	100.2	99.9	99.5	99.3	99.1	99.1	99.3	99.9	100.1	100.2	100.5	99.8	100.3	..
	Primary completion rate	96.0	97.0	100.0	96.0	101.0	97.0	..	..	97.0	95.0	96.0	97.0	97.0	98.0
	GUS	95.6	96.9	96.4	96.1	95.2	96.0	95.7	95.9	96.2	96.1	97.1	97.2	97.3	97.6
	Net enrollment ratio (secondary)	75.9	..	..	..	..	..	..	..	..	..	90.8	..	..	..
Romania	Net enrollment ratio (primary)	81.2	..	..	..	..	..	..	..	95.7	93.2	92.8	88.5	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	89.0	..
	RSY 2000	..	..	..	..	..	..	..	..	..	95.5	..	..	..	..
	NIS 2001	..	..	..	..	..	..	..	..	..	..	95.8	..	..	..
	Gross primary enrollment rate	91.3	..	..	..	..	..	..	..	104.3	102.1	98.8	98.0	..	..
	TMD (7–14 years)	92.5	91.9	91.7	91.4	92.2	93.7	94.2	96.3	97.9	98.5	98.9	100.0	100.9	..
	Primary completion rate	..	..	78.0	..	86.0	91.0	100.0	..	105.0	104.0	95.0	89.0	89.0	..
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	74.4	75.9	79.6	80.0	..	..
Russian Federation	Net enrollment ratio (primary)	98.6	..	..	..	..	..	..	..	..	..	..	..	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	90.0	..
	Gross primary enrollment rate	109.2	..	..	..	..	..	..	..	100.5	..	108.9	113.8	..	..
	TMD (7–15 years)	90.0	89.3	88.7	87.5	87.8	88.4	88.7	88.7	88.5	88.8	89.4	90.1	90.0	..
	Primary completion rate	..	..	..	95.0	93.0	..	..	..	95.0	..	96.0	93.0	90.0	93.0
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Serbia and Montenegro	Net enrollment ratio (primary)	69.4	..	..	..	..	..	..	..	79.8	76.0	..	..	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	FBS	94.4	72.3	73.9	72.5	71.5	72.7	71.8	70.7	69.7	67.5	65.6	..	..	..
	SLS 2002	..	..	..	..	..	..	..	..	..	..	..	..	99*	..
	Gross primary enrollment rate	72.0	..	..	..	..	..	..	..	103.9	98.9	98.3	..	..	..
	TMD (7–15 years)	94.7	73.1	74.0	72.7	71.6	72.9	71.9	70.9	69.9	67.0	66.1	65.9	..	..
	Primary completion rate	71.0	96.0
	Net enrollment ratio (secondary)	62.2	86.4	84.2	83.0

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Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	
Slovakia	Net enrollment ratio (primary)	..	..	..	..	..	..	..	..	..	..	89.4	87.0	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	87.0	..
	Gross primary enrollment rate	..	..	..	..	..	..	..	..	102.5	102.9	103.0	101.4	..	..
	TMD (6–13 years)	98.1	98.5	98.4	98.5	97.9	97.5	96.8	98.7	101.3	107.5	107.4	106.2	107.0	..	
	Primary completion rate	..	..	96.0	98.0	99.0	98.0	97.0	..	99.0	97.0	101.0	99.0	..	..
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	..	..	..	86.6	..	..
Slovenia	Net enrollment ratio (primary)	..	..	..	..	..	..	..	..	94.0	93.3	93.4	93.1	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	93.0	..
	Gross primary enrollment rate	108.3	..	..	..	..	..	..	..	97.7	96.8	100.2	103.3	..	..
	TMD (7–14 years)	97.1	96.9	97.0	97.4	97.7	98.3	98.5	98.7	98.7	99.5	100.1	101.1	..	..
	Primary completion rate	..	..	97.0	95.0	95.0	94.0	96.0	..	100.0	..	96.0	95.0	..	..
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	89.5	90.9	..	92.7	..	..
Tajikistan	Net enrollment ratio (primary)	76.7	..	..	..	..	..	..	..	85.3	..	..	..	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TLSS 1999 (7–14 year old)	..	..	..	..	..	..	..	..	..	91.7	..	..	..	..
	TLSS 1999 (15–17 year old)	..	..	..	..	..	..	..	..	..	61.7	..	..	..	..
	Gross primary enrollment rate	91.0	..	..	..	..	..	..	..	103.1	104.5	104.3	106.8	110.3	..
	TMD (7–15 years)	94.6	94.8	90.3	85.5	86.4	87.0	85.9	85.8	89.7	89.1	88.5	91.1	94.4	..	
Turkey	Primary completion rate	..	..	..	..	100.0	..	..	..	98.0	97.0	99.0	101.0	100.0	..
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	64.2	72.8	75.6	79.5	..	..
	Net enrollment ratio (primary)	89.5	..	..	..	..	..	..	..	..	..	..	87.9	..	..
	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	86.0	..
	Ministry of Education	89.4	90.8	91.1	93.7	96.2	97.4	96.9	97.2	85.9	90.7	95.4	..	..	..
	WB 2004	91.3	..	..	..	..	88.9	..	81.0	83.5	90.5	90.8	89.7	..	..
Turkey	Gross primary enrollment rate	99.1	..	..	..	..	..	..	..	..	89.7	91.8	94.5	..	..
	WB 2001 (grades 1–8)	86.8	87.0	86.5	85.4	85.0	84.2	84.1	85.4	89.6	93.8	..	..	..	..
	WB 2004	102.0	..	..	..	..	96.0	..	88.0	88.0	94.0	96.0	97.0	..	..
	Primary completion rate	..	..	..	..	..	..	..	..	..	..	..	..	98.0	95.0
	Net enrollment ratio (secondary)	42.1	..	..	..	..	..	..	..	..	..	..	..	..	..
	Ukraine	Net enrollment ratio (primary)	80.2	81.0	81.5	84.3	..
Ukraine	UNESCO 2005	..	..	..	..	..	..	..	..	..	..	..	..	84.0	..
	SSC (6–9 years)	..	..	..	..	..	..	..	..	80.7	81.4	96.7	99.2	87.5	..
	SSC (10–14 years)	..	..	..	..	..	..	..	..	96.0	95.3	95.4	94.2	92.9	..
	SSC (15–17 years)	..	..	..	..	..	..	..	..	39.8	41.9	55.8	56.9	52.1	..
	Gross primary enrollment rate	88.8	..	..	..	..	..	..	..	105.7	105.2	110.7	90.5	92.7	..
	TMD (7–15 years)	92.3	91.5	91.1	90.4	90.6	90.8	91.2	90.7	89.9	89.9	91.7	93.7	94.7	..	
Ukraine	Primary completion rate	93.1	..	..	..	..	..	..	..	..	..	..	95.1	97.6	..
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	..	89.3	89.1	84.4	84.6	..
	Uzbekistan	Net enrollment ratio (primary)	78.2	..	..	..	..	..	..	..	..	..	..	..	..
	Uzbekistan	UNESCO 2005
		UNICEF 1999 (grades 1–9)	..	92.5	87.8
		FBS 2000b (net)	78.7
Net attendance ratio: UHES 2002		..	..	..	..	..	..	..	..	..	..	..	..	95.4	..
Net attendance ratio: DHS 1996		..	..	..	..	..	..	61.0	..	..	..	..	..	..	..
Gross primary enrollment rate		81.4	..	..	..	..	..	..	..	..	..	..	102.7	102.7	..
Uzbekistan	TMD (7–15 years)	91.5	88.3	87.7	87.3	87.5	88.0	88.4	88.9	89.2	88.9	97.0	97.8	97.5	..	
	Primary completion rate	..	..	..	..	..	..	..	..	..	..	..	103.0	103.0	103.0
	Net enrollment ratio (secondary)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	

Data for	Data source	Description
Primary data source	WDI 2005	All data are from the World Development Indicators database unless otherwise stated
Common data sources	UNESCO 2005	Education for All Monitoring Report
	TMD	TransMONEE Database, UNICEF Innocenti Research Centre, Florence, Italy. Primary completion rate is defined as the total enrollment in the last grade of primary school, net of repeaters, divided by the population of graduation age
	WB 2001	Basic education gross enrollment rates expressed as percent of relevant age group. Source, Financing, Efficiency, and Equity in Albanian Education—Tech paper No 512 (p. 58)
	WB 2000	Country Admin Data: Balancing Protection and Opportunity—A Strategy for Social Protection in Transition Countries (p. 58)
	EdStats	World Bank Education Statistics Database
Country-specific sources		
Albania	LSMS 2002	Living Standards Measurement study
	WB 2000b	Making Transition Work for Everyone—Poverty and Inequality in Europe and Central Asia
Armenia	MoES	Armenian Ministry of Education and Science—data provided for the MDG costing exercise
	DHS 2000	Demographic Health Survey (NHS- MH and ORC Macro 2001) for period 1996–2000
Bosnia and Herzegovina	WB 2003	Bosnia and Herzegovina: Poverty Assessment
	PRSP 2004	Mid-term Development Strategy of Bosnia and Herzegovina (PRSP) 2004–07, BiH council of Ministers (see table on page 131)
Bulgaria	LSMS 1995, 1997, and 2001	Living Standards Measurement Survey
Croatia	CBS	Republic of Croatia Central Bureau of Statistics
Georgia	SGH 2000a	Survey of Georgian Households (also known as the Integrated Household Survey). NER estimates were calculated by dividing the survey estimate of number of children aged 7 through 14 who were enrolled in school
Kazakhstan	DHS 1999	Kazakhstan Demographic and Health Survey 1999. Demographic and Health Surveys. Calverton, Maryland
Kyrgyz Republic	NSC	National Statistics Committee data are either from their published reports or given on a basis of request by Elina Manjjeva in World Bank office
	DHS 1997	Kyrgyz Republic Demographic and Health Survey, (Research Institute of Obstetrics and Pediatrics and ORC Macro International Inc.1998) for period mid-1992–mid-1997
Lithuania	UN 2002	Report on the Millennium Development Goals A Baseline Study Common Country Assessment for Lithuania, United Nations December 2002
Moldova	HBS 2000h	NER estimates were calculated by dividing the survey estimate of number of children aged 7 through 14 who were enrolled in school
	MBHS 2002	Moldova Household Budget Survey 2002—fourth quarter
	GoRM 2004	The Millennium Development Goals in the Republic of Moldova
Poland	UN 2002	Report on the Millennium Development Goals Poland, UN representative in Poland and the Gdansk Institute for Market Economics, Warsaw 2002 NER and GER quoting source: Rocznik Statystyczny 2001 (Statistical Yearbook 2001), GUS (CSO), Warsaw 2001, p. 235
	GUS	Central Statistical Office of Poland
Romania	RSY 2000	Romanian Statistical Yearbook, 2000
	NIS 2001	National Institute of Statistics, 2001
Russian Federation	GosComStat	Russian state statistic committee
Serbia and Montenegro	FBS	Federal Bureau of Statistics of Yugoslavia. Up to 1998, data on Kosovo are included, but only in schools in Serbian Language. Data after 1998 do not include Kosovo
	SLS 2002	Survey of Living Standards. Note, this estimate is for the non-Roma population only. According to a 2001 UNICEF report, only one-third of Roma children in Serbia
Tajikistan	TLSS 1999	Tajikistan Living Standards Survey. Conducted May–June 1999 jointly by the State Statistical Agency and the Center of Strategic Research under the
	TSSA	“Regions of Tajikistan”—Tajikistan State Statistical Agency, 2001
Turkey	WB 2004	Dr. Seref Hosgör: Status and Trends of Education Turkey (1970–2003)
Ukraine	SSC	State Statistics Committee—Statistical Bulletins
Uzbekistan	FBS 2000b	NER estimates were calculated by dividing the survey estimate of number of children aged 7 through 14 who were enrolled in school
	UHES 2002	Uzbekistan Health Examination Survey, Analytical and Information Center Ministry of Health, State Department of Statistics Ministry of Macroeconomics and Statistics, ORC Macro April 2004. The mortality rates from the 2002 UHES are for three five-year periods preceding the survey (1988–92, 1993–97, and 1998–2002)
	DHS 1996	Uzbekistan Demographic and Health Survey 1996, Institute of Obstetrics and Gynecology Ministry of Health of the Republic of Uzbekistan, Macro International Inc.
	WB 2003	Gross enrollment rates based on enrollment data provided by the Ministry of Public Education and the Council of Ministers and WB demographic estimates for the 03/04 Uzbekistan PER

Promote gender equality and empower women



Target

Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education by no later than 2015

Almost all ECA countries are expected to achieve the specific targets established for this MDG, but women's equality with men is eroding, particularly in higher education and political participation.

Prospects of meeting the gender equality MDG in the transition countries of the ECA region are markedly better than those in other regions of the world. All countries in the region, except Tajikistan and Turkey, are expected to meet the MDG for the ratio of girls to boys enrolled in school.

Gender equality—on such social indicators as access to health care, schooling, and employment—was one of the major achievements of the Soviet Union and the socialist regimes of Central Europe. But in Tajikistan and Turkey the gender gap has remained large, and despite recent improvements in the education system girls are still significantly underrepresented in primary and secondary schools.⁶ In Turkey the ratio of girls to boys increased from 81 percent in 1990 to 85 percent in 2001, not enough to put the country back on track to meet the MDG. In Tajikistan the ratio of girls to boys in basic education has remained between 87 percent and 90 percent in recent years. The enrollment rates for girls in secondary and higher

levels of education are even lower, especially for poorer families. Overall, the gender gap in Tajikistan is the largest in the region. On the labor market the share of women in total employment has remained fairly constant over the past decade.

Even though women in Central Asia have enjoyed some measure of equality in schools and in the labor market, there are significant barriers in economic opportunities, political participation, and access to and control of resources. For example, women make up only 12 percent of parliamentary representatives across the region, much less than the 22 percent in European Monetary Union countries. Between 1990 and 2004 women's share of seats in Armenia declined from 36 percent to 5 percent, and in Albania from 29 percent to 6 percent.

Women face growing inequity in violence, human trafficking, and poor access to reproductive health care. The number of persons registered in Ukrainian police records for systematic offenses in

domestic relations increased by 16 percent between 1995 and 2000 to reach more than 67,000 (Statistical Commission and Economic Commission for Europe 2000). And it is estimated that 175,000 people are trafficked each year in the region, 25 percent of trafficking worldwide.

Women are not the only ones to have paid the price of economic transition. In several Central European countries, men seem to be doing worse in education and health. Boys are dropping out of secondary schools faster than girls. The shift from vocational to general education is part of this trend, with boys traditionally more likely to seek vocational education.

Mortality rates in the region are higher for men. Suicide, violence, cardiovascular diseases, and other illnesses directly or indirectly related to consuming alcohol and tobacco are part of this mortality crisis.

Worldwide, females enjoy higher life expectancy than males, with an average difference of four years.

But in the ECA region the gap is considerably higher ranging—from 4 years in Albania to more than 12 in Russia. For the EU8 and Southeastern European countries the gender gap either narrowed or widened only slightly between 1990 and 2003. This contrasts sharply with the CIS countries, where the gender gap increased for all countries over the same period. Interestingly, the gender gap for the middle-income CIS countries has been greater than that for the lower income CIS countries.

The male suicide rate in the region is between two and six times the female. Countries with the highest suicide rates are Russia, Ukraine, Hungary, Slovenia, and Croatia. And countries with the lowest are Azerbaijan, Tajikistan, Uzbekistan, and Albania—but data quality may be a problem.

Even though achieving the gender equity MDG does not appear to be a significant problem, the data for education, labor market, and parliamentary participation indicators should be monitored closely to ensure that the gender equalities established before the transition are not further eroded.

Definitions

Ratio of girls to boys in primary and secondary education is the percentage of girls to boys enrolled at primary and secondary levels in public and private schools.

Ratio of girls to boys in secondary education is the percentage of girls to boys enrolled at secondary levels in public and private schools.

The ratio of girls to boys—for any given indicator—is a way of measuring the

gender difference. For example, given that a value of 100 percent indicates that parity has been achieved, a value of less than 100 percent indicates that more boys are enrolled than girls. Conventionally, gender parity is considered to have been attained when the ratio of girls to boys is between 97 percent and 103 percent.

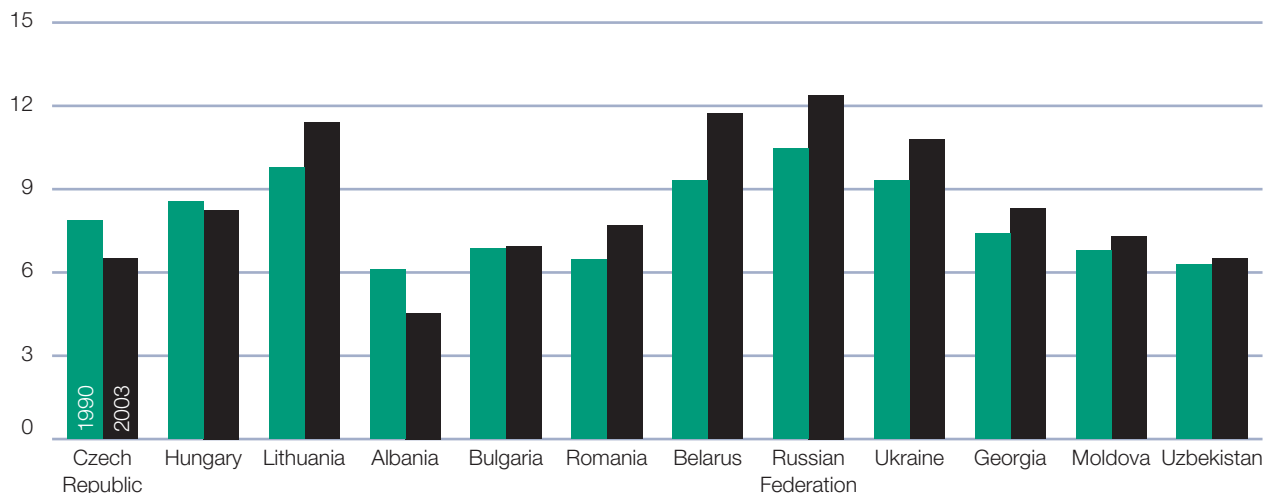
Proportion of seats held by women in parliament is the percentage of parliamentary seats in a single or lower chamber occupied by women.

Data sources

The data presented in this section are sourced primarily from WDI and UNESCO, supplemented with country-specific survey data where available. The data source for seats held by women in parliament, as reported by WDI, is the Interparliamentary Union.

The gender gap in life expectancy is rising in many ECA countries

Difference in life expectancy (for men minus for women, years)



Source: World Bank, *World Development Indicators 2005*.

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	UNESCO	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	..	..	..	29.0	..	7.0	17.0
Bulgaria	Ratio of girls to boys in primary and secondary education	99.3	..	..	..	..	..	..	..	97.8	97.6	97.5	97.5	..	..
	Ratio of girl to boys for primary completion rates	99.2	99.7	99.3	100.0	99.5	..	97.5	98.7	96.9	97.6	96.7	98.0	..	..
	Ratio of girls to boys in secondary education	104.8	..	..	..	..	..	..	..	99.0	98.4	97.9	98.2	..	..
	UNESCO	..	..	..	..	..	..	..	..	98.4	..	99.2	97.9	97.7	..
	Proportion of seats held by women in national parliament (%)	21.0	..	..	..	..	..	..	13.0	11.0	11.0	11.0	11.0	26.0	26.0
Croatia	Ratio of girls to boys in primary and secondary education	101.9	..	..	..	..	..	..	..	100.7	100.9	100.9	100.9	100.8	..
	CBS	95.8	96.1	98.0	97.5	97.3	97.7	97.3	97.1	97.3	97.4	97.6	97.5	97.2	..
	Genderstats (basic education)	99.0	99.0	99.0	99.0	99.0	99.0	99.0	..	99.0	..	..	..	..	..
	Ratio of girl to boys for primary completion rates (grade 4)	..	..	..	..	..	..	..	91.0	..	..	..	..	..	..
	Ratio of girls to boys in secondary education	108.9	..	..	..	..	..	..	..	101.8	102.1	101.7	101.9	101.4	..
	UNESCO	..	..	..	..	..	..	..	..	101.7	101.9	101.8	101.7	101.9	..
	Ratio of girl to boys for primary completion rates (grade 8)	..	..	100.1	98.9	99.2	..	99.2	98.5	99.8	97.6	99.1	100.4	..	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	8.0	8.0	8.0	..	21.0	21.0	21.0
Czech Republic	Ratio of girls to boys in primary and secondary education	98.0	..	..	..	..	..	..	..	102.0	100.7	101.4	101.2	..	..
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	..	100.3	..	100.1	..	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	..	101.4	101.2	..	..
	UNESCO	..	..	..	..	..	..	..	..	..	..	101.4	101.3	102.5	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	15.0	15.0	15.0	15.0	15.0	15.0	17.0
Estonia	Ratio of girls to boys in primary and secondary education	104.0	..	..	..	..	..	..	..	100.0	99.8	99.1	99.3	..	..
	Ratio of girl to boys for primary completion rates	100.9	99.8	101.6	99.1	..	..	99.0	98.0	98.1	98.7	..	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	104.1	103.3	102.9	..	..
	UNESCO	..	..	..	..	..	..	..	..	..	..	104.2	103.5	103.1	104.2
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	13.0	11.0	11.0	18.0	18.0	18.0	18.0
Georgia	Ratio of girls to boys in primary and secondary education	98.2	..	..	..	..	..	..	..	99.3	99.8	100.9	100.6	99.7	..
	SDS 2003 (grades 1-6)	..	..	..	..	..	96.0	94.0	95.0	95.0	95.0	95.0	95.0	93.0	..
	SGH 2000 (primary)	..	..	..	..	..	..	..	..	..	..	94.7	..	..	..
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	..	100.7	101.5	101.6	99.1	99.4	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	99.7	101.0	..	99.3	98.5	..
	UNESCO	..	..	..	..	..	..	..	..	99.9	101.0	..	98.5	98.1	..
	SGH 2000	..	..	..	..	..	..	..	..	..	..	95.6	..	..	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	7.0	7.0	7.0	7.0	7.0	7.0	7.0
Hungary	Ratio of girls to boys in primary and secondary education	100.3	..	..	..	..	..	..	..	100.4	100.0	..	100.1	..	..
	Ratio of girl to boys for primary completion rates	97.9	..	99.3	99.3
	Ratio of girls to boys in secondary education	103.7	100.9	100.6	..	100.0

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Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	UNESCO	..	..	..	..	..	..	..	..	..	100.9	100.5	100.2	100.1	..
	Proportion of seats held by women in national parliament (%)	21.0	..	..	..	..	..	..	11.0	11.0	8.0	8.0	8.0	8.0	10.0
Kazakhstan	Ratio of girls to boys in primary and secondary education	102.1	..	..	..	..	..	..	..	99.5	100.8	98.1	98.3	99.8	..
	DHS 1995 (primary/secondary)	..	..	..	..	..	97/105	..	..	..	..	..	..	..	..
	DHS 1999 (primary/secondary)	..	..	..	..	..	..	..	..	94/99	..	..	..	..	..
	Ratio of girl to boys for primary completion rates (grade 4)	..	..	..	..	..	..	..	101.8	..	..	..	..	..	..
	Ratio of girl to boys for primary completion rates (grade 8)	..	..	..	..	..	..	..	101.2	99.1	99.9	99.6	100.1	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	101.7	97.6	97.8	100.3	..
	UNESCO	..	..	..	..	..	..	..	..	..	101.7	98.2	97.7	100.3	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	13.0	13.0	13.0	10.0	10.0	10.0	10.0
Kyrgyz Republic	Ratio of girls to boys in primary and secondary education	..	..	..	..	..	..	..	..	100.6	100.8	98.8	99.0	99.6	..
	KPMS 1998 (years 7–14)	..	..	..	..	..	..	..	105.0	..	..	..	..	..	..
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	99.0	97.8	96.6	95.9	97.6	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	UNESCO	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	1.0	1.0	1.0	1.0	2.0	10.0	10.0
Latvia	Ratio of girls to boys in primary and secondary education	100.0	..	..	..	..	..	..	..	101.6	101.3	100.7	100.0	..	..
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	97.6	96.6	98.9	98.8	..	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	102.6	102.6	101.0	101.1	..	..	..
	UNESCO	..	..	..	..	..	..	..	102.9	102.4	101.3	101.3	100.6	..	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	9.0	9.0	17.0	17.0	17.0	17.0	21.0
Lithuania	Ratio of girls to boys in primary and secondary education	..	..	..	..	..	..	..	..	..	99.4	..	98.7	..	..
	UN 2002	..	..	..	..	..	..	..	..	..	..	..	99.2	..	..
	Ratio of girl to boys for primary completion rates	..	..	100.0	100.6	96.7	..	97.7	98.7	99.3	99.1	100.0	98.3	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	100.9	96.9	..	100.4	..	..	..
	UNESCO	..	..	..	..	..	..	..	101.0	96.7	..	100.6	100.6	..	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	18.0	18.0	18.0	18.0	11.0	11.0	11.0
Macedonia, FYR	Ratio of girls to boys in primary and secondary education	98.5	..	..	..	..	..	..	..	97.6	97.6	98.1	98.8	..	..
	WB 2002 (basic)	92.4	..	..	..	92.9	92.6	92.7	92.8	92.8	92.7	..	..	..	..
	OECD 2001 (7–14 year olds)	..	..	..	..	..	..	..	..	93.2	..	..	..	..	..
	Ratio of girl to boys for primary completion rates	..	..	102.3	99.8	101.2	..	97.1	99.2	98.1	103.2	..	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	97.4	96.2	96.9	97.3	..	..	..
	UNESCO	..	..	..	..	..	..	..	97.3	96.8	97.0	97.3	..	..	..
	WB 2002 (secondary)	92.9	..	..	..	91.2	96.0	96.3	95.1	93.4	93.6	..	..	..	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	3.0	3.0	8.0	8.0	7.0	7.0	18.0
Moldova	Ratio of girls to boys in primary and secondary education	105.2	..	..	..	..	..	..	..	100.7	101.1	101.6	101.6	102.2	..

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	HBS 2000	..	..	..	..	..	..	..	..	..	..	92.4	..	..	..
	Ratio of girl to boys for primary completion rates (grade 4)	..	89.0	..	..	..	..	92.5	..	..	..	102.2	99.0	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	103.8	104.0	103.9	103.6	..
	UNESCO	..	..	..	..	..	..	..	..	..	103.1	103.4	103.3	104.3	..
	Ratio of girl to boys for primary completion rates (grade 8)	..	..	100.1	99.1	99.1	..	101.2	..	101.0	99.1	99.6	..	..	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	5.0	5.0	..	9.0	8.0	13.0	13.0
Poland	Ratio of girls to boys in primary and secondary education	100.5	..	..	..	..	..	..	..	..	97.4	98.1	..	..	..
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	..	..	..	..	101.1	100.9	..	..
	Ratio of girls to boys in secondary education	108.5	..	..	..	..	..	..	..	..	..	102.9	..	..	..
	UNESCO	..	..	..	..	..	..	..	..	..	..	103.3	102.9	102.3	..
	Proportion of seats held by women in national parliament (%)	14.0	..	..	..	..	..	..	13.0	13.0	13.0	13.0	13.0	20.0	20.0
Romania	Ratio of girls to boys in primary and secondary education	99.4	..	..	..	..	..	..	..	100.2	100.3	100.1	100.2	..	..
	IHS 1994, 1998, and 2000 (primary)	..	..	..	..	98.0	..	..	..	93.0	..	97.0	..	..	..
	Ratio of girl to boys for primary completion rates (grade 4)	91.0	..	..	..	..	..	..	..	..	..	..	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	101.9	102.7	102.9	102.5	..	..
	UNESCO	..	..	..	..	..	..	..	..	102.4	102.5	102.4	102.5	102.6	..
	IHS 1994, 1998, and 2000	..	..	..	..	1.1	..	..	..	1.1	..	1.2	..	..	..
	Ratio of girl to boys for primary completion rates (grade 8)	101.5	..	..	..	..	..	100.0	100.2	99.5	99.1	99.7	..	..	..
	Proportion of seats held by women in national parliament (%)	34.0	..	..	..	..	..	..	7.0	7.0	7.0	7.0	11.0	11.0	11.0
Russian Federation	Ratio of girls to boys in primary and secondary education	103.9	..	..	..	..	..	..	..	..	..	..	100.4	..	..
	GosComStat (primary grade 1–4, 7–9 years)	1.0	1.0	1.0	1.0	1.0	1.0	0.9	0.9	0.9	0.9	0.9	0.9	..	..
	Ratio of girl to boys for primary completion rates (grade 4)	..	..	..	..	..	..	..	99.0	..	..	..	..	..	..
	Genderstats (girl to boy ratio basic)	1.0	1.0	1.0	1.0	1.0	..	..	..	1.0	..	..	..	..	..
	UNESCO GPI	1.0	..	..	..	..	..	..	..	..	..	1.0	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	UNESCO	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	GosComStat (secondary grades 5–9, 10–14 years)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	..	..
	Ratio of girl to boys for primary completion rates (grade 8)	..	100.5	99.8	..	..	..	..	..	..	..	..	..	..	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	10.0	10.0	10.0	8.0	8.0	8.0	8.0
Serbia and Montenegro	Ratio of girls to boys in primary and secondary education	102.7	..	..	..	..	..	..	..	99.9	100.6	100.7	..	..	..
	UNESCO GPI	102.0	..	..	..	..	..	..	..	..	..	102.0	..	..	..
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	..	..	99.0	..	..	..	..	..
	Ratio of girls to boys in secondary education	103.0	..	..	..	..	..	..	..	99.7	101.4	100.4	..	..	..
	UNESCO
	Proportion of seats held by women in national parliament (%)	5.0	5.0	5.0	..	7.0	7.0

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Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Slovakia	Ratio of girls to boys in primary and secondary education	..	..	..	..	..	..	..	..	101.1	100.9	101.0	101.0	..	..
	Ratio of girl to boys for primary completion rates	100.5	100.4	100.4	99.6	101.1	..	98.7	98.0	99.3	99.0	..	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	..	..	101.1	..	..
	UNESCO	..	..	..	..	..	..	..	..	..	..	..	101.2	100.9	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	15.0	15.0	13.0	13.0	14.0	14.0	19.0
Slovenia	Ratio of girls to boys in primary and secondary education	..	..	..	..	..	..	..	..	101.7	103.0	101.3	100.0	..	..
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	103.5	104.1	..	101.0	..	..
	UNESCO	..	..	..	..	..	..	..	..	103.6	103.8	..	101.4	101.2	..
	Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	8.0	8.0	8.0	8.0	12.0	12.0	12.0
Tajikistan	Ratio of girls to boys in primary and secondary education	..	..	..	..	..	..	..	..	89.8	88.9	87.1	87.6	87.9	..
	TLSS 1999 (7–14 year old)	..	..	..	..	..	..	..	..	..	93.0	..	..	..	..
	PRMS 2002 (primary 7–12 years)	..	..	..	..	..	..	..	..	..	..	..	..	95.3	..
	PRMS 2002 (general)	..	..	..	..	..	..	..	..	..	..	..	..	87.3	..
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	95.2	89.8	92.0	94.8	94.4	..	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	90.8	87.2	84.2	84.6	..	..
	UNESCO	..	..	..	..	..	..	..	..	88.5	86.7	84.4	84.1	84.9	..
	TLSS 1999 (15–17 year old)	..	..	..	..	..	..	..	..	..	0.7	..	..	..	..
PRMS 2002 (secondary 13–17 years)	..	..	..	..	..	..	..	..	..	..	..	..	69.8	..	
Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	3.0	3.0	3.0	3.0	15.0	13.0	13.0	
Turkey	Ratio of girls to boys in primary and secondary education	80.7	..	..	..	..	..	..	..	..	..	84.5	85.4	..	..
	Ministry of Education	..	77.7	77.8	78.6	78.1	78.1	78.3	78.8	79.5	80.7	81.3	..	..	..
	WB 2001 (grades 1–8 only)	80.0	81.0	81.0	82.0	82.0	82.0	82.0	81.0	82.0	85.0	..	..	..	..
	WB 2005a	..	..	..	..	..	..	..	87.6	83.3	89.9	93.8	94.2	92.5	93.0
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	..	..	..	..	84.4	85.5	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	Ratio of girls to boys in primary and secondary education	..	..	..	..	..	..	..	..	..	99.6	98.5	99.6	99.2	..
	Ratio of girl to boys for primary completion rates	94.9	..	..	..	..	..	..	100.1	..	..	..	..	..	..
	SSC (6 years)	..	..	..	..	..	..	..	..	..	..	..	95.2	95.1	..
	SSC (7 years)	..	..	..	..	..	..	..	..	..	..	..	94.9	95.1	..
	SSC (8 years)	..	..	..	..	..	..	..	..	..	..	..	95.3	95.0	..
	SSC (9 years)	..	..	..	..	..	..	..	..	..	..	..	94.9	95.2	..
Ratio of girl to boys for primary completion rates	100.2	100.1	..	..	..	..	..	..	..	..	..	..	..	..
Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	103.5	101.6	101.2	100.8	..	
UNESCO	..	..	..	..	..	..	..	..	..	103.1	101.2	100.9	100.6	..	
Proportion of seats held by women in national parliament (%)	..	..	..	..	..	..	..	4.0	4.0	8.0	8.0	8.0	8.0	5.0	

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Uzbekistan	Ratio of girls to boys in primary and secondary education	93.8	..	..	..	..	..	..	..	..	..	..	98.0	98.0	..
	FBS 2000 (primary)	..	..	..	..	..	..	..	..	..	..	97.1	..	..	..
	UNICEF 1999 (net grades 1–9)	..	107.0	..	..	..	..	..	..	102.0	..	..	..	..	..
	UHES 2002	..	..	..	..	..	..	..	..	..	..	..	..	1.0	..
	Ratio of girl to boys for primary completion rates	..	..	..	..	..	..	..	..	..	99.6	99.6	98.9	..	..
	Ratio of girls to boys in secondary education	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	UNESCO	..	..	..	..	..	..	..	..	..	..	..	..	..	..
FBS 2000	..	..	..	..	..	..	..	..	..	..	96.0	..	..	..
Proportion of seats held by women in national parliament (%)		..	..	..	..	..	..	..	6.0	6.0	6.0	7.0	7.0	7.0	7.0

Data for	Data source	Description
Primary data source	WDI 2005	All data are from the World Development Indicators database unless otherwise stated
Common data sources	EdStats	World Bank Education Statistics Database
	UNESCO 2005	Education for All Monitoring Report
Country-specific sources		
Albania	EWS 1996	Albania Employment and Welfare Surveys datasets
	LSMS 2002	Living Standards Measurement study
Azerbaijan	ASLC 1995	Azerbaijan Survey of Living Standards
Belarus	Genderstats	Cited in World Bank 2002, Gender in Transition Pierella Paci (Table A2.32)
	MSA	Ministry of Statistics and Analysis—a statistical Annex prepared for the UNDP National Human Development Report, 2003. Data sent in response to a request from the World Bank office in Belarus. For Gross Enrollment rates, before 1998 children 7–10 years old, from 1998 children 6–9 years old
Bosnia and Herzegovina	WB 2004	Belarus Poverty Assessment: Can Poverty Reduction and Access to Services Be Sustained? World Bank, May 2004
	MICS 2000	Multiple Indicator Cluster Survey. UNICEF Household Survey of Women and Children B&H 2000. Final Draft Report May 29, 2002
	PRSP 2004	Mid-term Development Strategy of Bosnia and Herzegovina (PRSP) 2004–07, BiH council of Ministers (see table, p. 131)
	LSMS 2001	2001 Bosnia and Herzegovina Living Standards Measurement Study carried out by the State Agency for Statistics for Bosnia and Herzegovina, the Republika Srpska Institute of Statistics and the Federation of Bosnia and Herzegovina Institute of Statistics with the technical and financial assistance of the Government of Japan, the Government of Sweden (SIDA), the Government of the United Kingdom of Great Britain and Northern Ireland (DFID), and the World Bank
Croatia	CBS	Republic of Croatia Central Bureau of Statistics
	Genderstats	cited in World Bank 2002, Gender in Transition Pierella Paci (Table A2.32)
Georgia	SDS 2003	Statistical Book on Education, Science, and Culture
	SGH 2000	Survey of Georgian Households (also known as the Integrated Household Survey)
Kazakhstan	DHS 1999	Kazakhstan demographic and health survey 1999. Demographic and Health Surveys. Calverton, Maryland: Academy of Preventive Medicine [Kazakhstan] and Macro International Inc 1999. The Net Attendance Ratio (NAR) for primary school is the percent of the primary school-age (7–10 years) population that is attending primary school. By definition the NAR cannot exceed 100%.The Gross Attendance Ratio (GAR) for primary school is the total number of primary school students, regardless of age, expressed as the percentage of the official primary school-age population
	DHS 1995	National Institute of Nutrition. Kazakhstan demographic and health survey 1995. Demographic and Health Surveys. Almaty, Kazakhstan, 1996
Kyrgyz Republic	KPMS 1998	Kyrgyz Poverty Monitoring Surveys, 1998
Lithuania	UN 2002	Report on the Millennium Development Goals: A Baseline Study Common Country Assessment for Lithuania, United Nations December 2002
Macedonia, FYR	WB 2002	The Former Yugoslav Republic of Macedonia: Toward an Education Strategy for the Twenty-First Century, HD Sector Unit, ECA—June 13 draft
	OECD 2001	Thematic Review of National Policies for Education—FYRoM, Sept 2001
Moldova	HBS 2000	literate refers to individuals who can read or received some formal education. Individuals who are illiterate but received some formal education are considered literate
Romania	IHS 1994, 1998, and 2000	Integrated Household Surveys for 1994, 1998, and 2000
Russian Federation	GosComStat	Russian state statistic committee
	UNESCO	Education For All Global Monitoring report 2003/2004 quoting Gender Parity Index for gross enrollment rate of girls/gross enrollment rate of boys
	Genderstats	Cited in World Bank 2002, Gender in Transition Pierella Paci (Table A2.32)
Serbia and Montenegro	UNESCO	Education For All Global Monitoring report 2003/2004 quoting Gender Parity Index for gross enrollment rate of girls/gross enrollment rate of boys
Tajikistan	TLSS 1999	Tajikistan Living Standards Survey. Conducted May–June 1999 jointly by the State Statistical Agency and the Center of Strategic Research under the Office of the President in collaboration with the sponsors, UNDP and the World Bank. Many of the data quoted are from the Republic of Tajikistan Poverty Assessment published by WB June 2000, which made extensive use of the TSLs data
	PRMS 2002	Poverty Reduction Monitoring Study conducted by the State Statistical Committee of Tajikistan and the Asian Development Bank
Turkey	WB 2005a	Dr. Seref Hosgör: Status and Trends of Education Turkey (1970–2003)
	WB 2001	Basic education gross enrollment rates expressed as percent of relevant age group. Source, Financing, Efficiency & Equity in Albanian Education—Tech paper No 512 (p. 58)
Ukraine	SSC	State Statistics Committee—Statistical Bulletins
Uzbekistan	FBS 2000	Family Budget Survey, Uzbekistan 2000 (conducted roughly between April 2000 and March 2001)
	UHES 2002	Uzbekistan Health Examination Survey, Analytical and Information Center Ministry of Health, State Department of Statistics Ministry of Macroeconomics and Statistics, ORC Macro April 2004. The mortality rates from the 2002 UHES are for three five-year periods preceding the survey (1988–92, 1993–97, and 1998–2002)

Reduce child mortality



Target

Reduce the under-five mortality rate by two-thirds between 1990 and 2015

Though the under-five mortality rate for the ECA region has fallen from 45 per 1,000 to 36, it is still well short of the rate needed to meet the MDG. Regional differences remain pronounced, with child mortality rates much higher in Central Asia than in Central and Eastern Europe.

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Official data in nearly all ECA countries suggest that under-five mortality rates came down in the 1990s, and in many cases reached Western European levels. But the ECA region is not on track to achieve the two-thirds reduction in under-five mortality by 2015. In 1990 its 46 deaths per 1,000 was the lowest of all developing regions, but its current 36 per 1,000 is still well short of what's needed to achieve the MDG.

Two-thirds of the countries in the region are likely to meet this MDG. EU8 countries had low under-five mortality rates in the 1990s and the application of a two-thirds reduction to the 1990 baseline produces a target lower than the current mean for the European Monetary Union. For example, the rate in the Czech Republic in 1990 was only 13. If it were to come down by two-thirds, the goal would be 4.3, much lower than the current rate in Japan, France, the United Kingdom, or the United States. Few countries are likely to meet their targets, but it is possible that they will reach 6, the level of many high-income countries

today. The child mortality rate in Croatia is already down to 7.

Most lower and middle-income CIS countries have made little or no progress in attaining the child mortality goal. Russia, the largest country in the region, has made barely any progress. Turkey has reduced its under-five mortality rate by almost 50 percent.

For many CIS countries the difference between official data and estimates of international agencies is significant—in part because of debates on the definition of the under-five mortality rate, the current status of statistical information systems, and the standards of reporting. Tajikistan's under-five mortality rate shows that the UNICEF and WDI estimates are weighted heavily toward survey data rather than administrative data (TMD). In Uzbekistan the 2002 rate reported by TMD, using vital registration, was 28.5 per 1,000 live births, compared with 71 reported by UNICEF, using household surveys estimates.

The estimates and country data follow similar trends in most countries, but there are exceptions. For Kazakhstan the under-five mortality rate is decreasing on the basis of country data, and increasing on the basis of international estimates. The data source thus plays a vital role in assessing whether the MDG is likely to be met or not. For Georgia both the WDI and TMD rates show little change since 1990, so meeting the MDG is unlikely.

One problem unique to the ECA region is the difficulty of defining the term "live births." The Soviet Union maintained a less rigorous definition than the WHO. The Soviet definition, also adopted by many Central and Eastern European countries, can underestimate the true under-five mortality rate by almost 20 percent—for example, some live births are classified as still births. Most ECA countries have since adopted the WHO definition, but in a rather limited way. Underreporting still persists, primarily in rural areas where a large proportion of infant deaths occurs at

Official infant mortality counts based on administrative data underestimate the real situation in as many as 15 countries in the region

home, escaping the national health information system.

In a few countries unregistered births and deaths are not included in official statistics. In Georgia birth registration fees for infants born to mothers who are not in a registered marriage are twice the fees for infants born to married mothers. This has created a disincentive for the Georgian population, and particularly single mothers, to register newborn children, leading to incorrect official estimates of the under-five mortality rate.

Definitions

Under-five mortality rate is the probability, expressed per 1,000, that a newborn will die before reaching age five. It is an “expectation” based on current annual rates. It is therefore not an observed rate of child deaths in their first five years, rather the probability of a child dying in the reference year, assuming that current mortality patterns continue to apply.

Live births, according to the WHO, is: “The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached” (WHO 1992, p. 46).

Live births, according to the former Soviet Union, presumes that infants born before the end of 28 weeks

of gestation or who weigh less than 1,000 grams at birth (there is considerable overlap between these two groups) are nonviable—they are not counted as live births until they have survived a full seven days (or 168 hours). If they survive for less than seven days, they are considered miscarriages and thus not counted (Aleshina and Redmond 2003; Kingkade and Sawyer 2001).

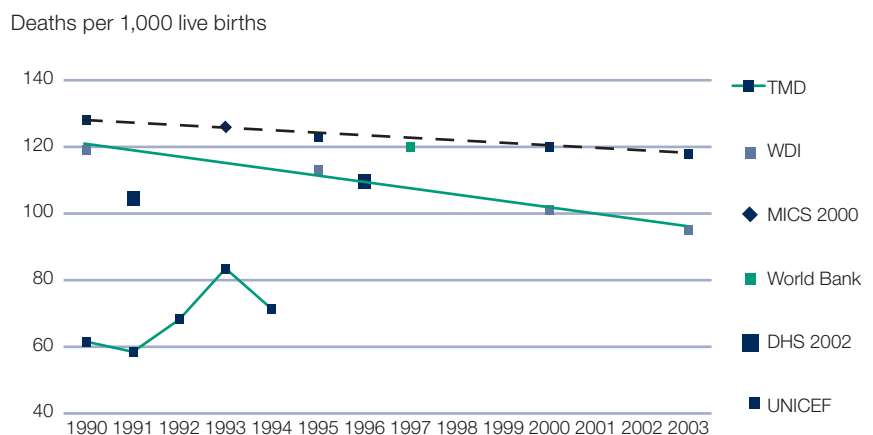
Under-five mortality can be measured by several methods. In countries with accurate registers of births and deaths, under-five mortality rates are typically obtained from civil registration information on deaths of children by age and from population census information on the size of the population of those ages at risk of dying. In countries where the registration of vital events is not complete, estimates of under-five mortality are typically obtained from household surveys such as demographic health surveys and

multiple indicator cluster surveys in which women of childbearing age are asked about their reproductive histories.

Data sources

The World Bank and UNICEF have developed and adopted a methodology that fits a regression line to mortality rates and their reference dates using weighted least squares (for more information, see Hill and others 1999.) To produce estimates of under-five mortality rates for most countries in the region WDI used data from the United Nations Statistics Division’s *Population and Vital Statistics Report*, publications, and other releases from national statistical offices, demographic and health surveys from national sources and Macro International, and UNICEF’s *State of the World’s Children 2005*. TransMONEE data are largely provided by the central statistical offices participating in the MONEE project and are used as a proxy for official and administrative data in this publication.

Differences in under-five mortality rate trends for various sources, Tajikistan, 1990–2003



Source: UNICEF IRC 2004; World Bank various years, 2000.

4

Reduce
child mortality

MDG

Country	Under-five mortality rate per 1,000 live births/sources	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Albania	WDI 2005	45.0	..	..	..	..	34.0	..	..	..	..	25.0	..	..	21.0
	TMD	41.5	44.5	46.9	49.7	44.7	37.0	30.6	..	..	..	19.3	17.7	15.1	..
Armenia	WDI 2005	60.0	..	..	..	..	49.0	..	..	..	..	37.0	..	..	33.0
	TMD	23.8	22.6	24.2	24.2	21.4	19.9	19.5	19.5	18.4	19.2	19.2	18.8	16.6	..
Azerbaijan	WDI 2005	105.0	..	..	..	..	98.0	..	..	..	..	93.0	..	..	91.0
	TMD	40.5	40.1	41.7	44.4	45.2	43.2	39.3	37.5	33.2	31.7	25.9	24.8	23.1	..
Belarus	WDI 2005	17.0	..	..	..	..	18.0	..	..	..	..	17.0	..	..	17.0
	TMD	15.2	15.4	15.5	15.5	16.2	16.6	15.8	15.3	14.3	14.8	12.3	11.6	10.9	..
Bosnia and Herzegovina	WDI 2005	22.0	..	..	..	..	19.0	..	..	..	..	18.0	..	..	17.0
	TMD	17.2	18.5	..	..	..	..	..	..	12.9	11.4	11.2	8.7	10.5	..
Bulgaria	WDI 2005	18.7	21.4	20.6	19.6	20.9	19.0	19.8	18.7	18.6	17.8	15.8	..	17.1	..
	TMD	18.7	21.4	20.6	19.6	20.9	19.0	19.8	23.5	18.6	17.8	15.8	17.0	16.0	..
Croatia	WDI 2005	13.0	..	..	..	..	11.0	..	..	..	..	8.0	..	..	7.0
	TMD	12.5	12.6	14.0	12.0	11.8	10.4	9.3	9.5	9.5	9.2	8.6	9.2	8.4	..
Czech Republic	WDI 2005	13.0	12.1	11.6	10.1	10.2	9.5	7.0	7.6	6.4	6.0	5.0	5.0	5.0	..
	TMD	12.4	12.1	11.6	10.1	10.2	9.5	7.8	7.6	6.4	5.7	5.2	5.0	5.2	..
Estonia	WDI 2005	17.0	..	..	..	..	20.0	..	..	..	..	11.0	..	..	9.0
	TMD	17.2	17.5	20.8	19.9	17.4	20.1	12.5	13.0	12.6	12.6	10.7	10.9	7.5	..
Georgia	WDI 2005	47.0	..	..	..	..	45.0	..	..	..	..	45.0	..	..	45.0
	TMD	24.8	25.2	26.7	..	35.4	32.7	31.5	27.1	25.1	25.2	24.9	25.5	26.1	..
Hungary	WDI 2005	16.9	17.7	15.6	14.2	13.3	12.2	12.2	11.3	11.4	9.9	9.2	8.1	7.2	7.3
	TMD	16.8	17.6	16.0	14.6	13.5	12.5	12.7	11.8	11.8	10.2	10.8	9.4	8.6	..
Kazakhstan	WDI 2005	63.0	..	..	..	..	67.0	..	..	..	..	73.0	..	..	73.0
	TMD	34.0	35.0	33.4	36.0	35.3	36.5	33.2	32.6	28.9	27.4	25.1	24.7	21.7	..
Kyrgyz Republic	WDI 2005	80.0	..	..	..	..	74.0	..	..	..	..	70.0	..	..	68.0
	TMD	41.3	38.6	42.2	44.6	41.9	41.3	36.4	42.1	40.7	35.5	33.2	29.5	29.0	..
Latvia	WDI 2005	18.0	..	..	..	..	20.0	..	..	..	..	13.0	..	..	12.0
	TMD	18.1	20.5	22.2	22.2	20.1	19.5	20.7	18.5	19.0	13.6	12.8	13.7	12.8	..
Lithuania	WDI 2005	14.0	..	..	..	..	16.0	..	..	..	..	12.0	..	..	11.0
	TMD	13.5	17.4	19.7	19.1	18.4	16.2	13.2	13.2	12.0	11.2	11.6	10.8	10.4	..
Macedonia, FYR	WDI 2005	33.0	..	..	..	..	25.0	..	..	..	..	14.0	..	..	11.0
	TMD	33.3	30.2	32.3	25.3	25.5	24.5	18.3	17.2	17.6	15.6	13.6	12.9	11.7	..
Moldova	WDI 2005	37.0	..	..	..	..	36.0	..	..	..	..	33.0	..	..	32.0
	TMD	25.2	25.0	24.5	27.6	28.8	27.4	26.4	26.5	22.2	24.0	23.3	20.3	18.2	..
Poland	WDI 2005	19.0	..	..	..	..	15.0	..	..	..	..	9.0	..	..	7.0
	TMD	21.9	20.4	19.6	18.1	17.3	15.6	14.1	11.9	11.1	10.5	9.5	9.0	8.9	..
Romania	WDI 2005	32.0	..	..	..	..	25.0	..	..	..	..	22.0	..	..	20.0
	TMD	35.7	30.8	30.5	30.3	29.7	26.2	27.5	26.4	24.6	22.6	22.2	21.9	20.8	..
Russian Federation	WDI 2005	21.0	..	..	..	..	22.0	..	..	..	..	21.0	..	..	21.0
	TMD	22.3	23.2	23.7	26.4	23.9	23.4	22.0	21.7	20.4	21.5	19.2	18.3	16.2	..
Serbia and Montenegro	WDI 2005	26.0	..	..	..	..	19.0	..	..	..	..	16.0	..	..	14.0
	TMD	26.2	24.1	24.6	24.9	21.5	19.4	19.8	16.5	16.3	15.9	15.8	15.3	11.5	..
Slovakia	WDI 2005	15.0	..	..	..	..	12.0	..	..	..	..	9.0	..	..	8.0
	TMD	14.1	15.4	14.7	12.7	13.2	13.1	12.2	10.7	11.3	10.1	10.2	8.2	9.1	..

Country	Under-five mortality rate per 1,000 live births/sources	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Slovenia	WDI 2005	9.0	..	..	..	..	7.0	..	..	..	..	5.0	..	..	4.0
	TMD	10.2	10.0	10.6	8.4	8.2	6.7	6.1	6.3	6.7	5.7	5.6	4.7	4.9	..
Tajikistan	WDI 2005	119.0	..	..	..	..	113.0	..	..	..	..	101.0	..	..	95.0
	TMD	61.5	58.5	68.2	83.5	71.3	..	..	..	..	..	..	..	..	..
Turkey	WDI 2005	78.0	..	..	..	..	60.0	..	..	..	..	45.0	..	..	39.0
	WHO HFA	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine	WDI 2005	22.0	..	..	..	..	24.0	..	..	..	..	21.0	..	..	20.0
	TMD	17.3	18.5	18.7	19.9	19.6	19.9	19.4	18.9	17.3	17.5	16.0	14.4	13.6	..
Uzbekistan	WDI 2005	79.0	..	..	..	..	75.0	..	..	..	..	71.0	..	..	69.0
	TMD	47.9	48.2	51.7	48.1	46.2	42.7	38.6	36.3	35.5	31.8	28.5	26.6	24.3	..

Data source

WDI 2005 World Development Indicators 2005
TMD TransMONEE Database, UNICEF Innocenti Research Centre, Florence, Italy
WHO HFA WHO Health For All Database

Improve maternal health



Target

Reduce the maternal mortality ratio by three-quarters between 1990 and 2015

Despite having lower maternal deaths than other regions, there are several countries in the ECA region where the maternal mortality MDG is unlikely to be achieved, including Georgia, Kazakhstan, and Tajikistan.

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Maternal deaths in the ECA region are lower than other regions. The average maternal mortality ratio is 58 deaths per 100,000 in the ECA region, compared with 444 in East Asia and the Pacific, 567 in South Asia, and 916 in Sub-Saharan Africa. Recent modeled estimates of maternal mortality range from 3 per 100,000 in Slovakia to 210 in Kazakhstan.

Monitoring progress toward this MDG has proved to be problematic because maternal mortality is difficult to measure. Indicators used for monitoring progress toward the goal include the percentage of births assisted by a skilled attendant. While there is a strong correlation with maternal mortality, the indicator does not imply causation. Percentage of attended births is rather an indicator of access to care, which by itself reduces deaths. The maternal mortality ratio measures how safe it is to become pregnant and give birth in a geographic area or population. Despite being difficult to measure accurately and its limitations as an indicator in measuring progress, the

maternal mortality ratio was used in this assessment.

Two sources of maternal mortality data are shown in MDG table 5: WDI, which quotes modeled estimates developed by WHO, UNICEF, and UNFPA; and TransMONEE data, which are used as a proxy for administrative data (see data sources for more detail).⁷ The former provide a “best estimate” of the quantum of the maternal mortality ratio for each country in 2000 whereas the latter, since it is a time series, enables one to predict whether or not the MDG is likely to be achieved.⁸

Trends in administrative data indicate that most of the EU8 and Southeastern European countries are expected to achieve the target of a 75 percent reduction in maternal mortality. Among the middle-income CIS countries only Kazakhstan, where the ratio has only recently returned to pretransition levels, is assessed as unlikely to achieve the MDG. None of the lower income countries looks likely to achieve the goal. The most recent data for

Georgia and Tajikistan indicate that the ratio is higher than the 1990 baseline values. It is important to note that spikes in the ratio—such as in the Kyrgyz Republic between 1996 and 1998—occur in lower population countries because, when the number of births is significantly less than 100,000, it becomes exaggerated when expressed per 100,000 live births.

As with child mortality, applying the required three-fourths reduction in maternal mortality to the 1990 baseline produces for many ECA countries a target lower than the current average for high income countries. While these countries are unlikely to meet this target, it is possible that their maternal mortality ratio will reach the level of many high income countries in Europe and thus be deemed to have achieved or to be likely to achieve the goal.

In the ECA region, as in other regions, most maternal deaths could be avoided if women had access to adequate care during pregnancy and childbirth. Unlike other regions, it has traditionally relied

In the ECA region, as in other regions, most maternal deaths could be avoided if women had access to adequate care during pregnancy and childbirth

on abortion rather than contraception as a means of fertility control. Abortion rates in the ECA region are among the highest in the world, and women are at risk due to unsafe techniques, unsanitary facilities, and underskilled medical workers. During recent years there has been an effort to move toward contraception as the primary means of fertility control. Although there has been a measure of success—for example, abortion rates in Romania have decreased from 315 per 100 live births in 1990 to 118 in 2002—abortion rates still remain high compared with world averages. Furthermore, despite declines in abortion rates, maternal mortality has not fallen as expected.

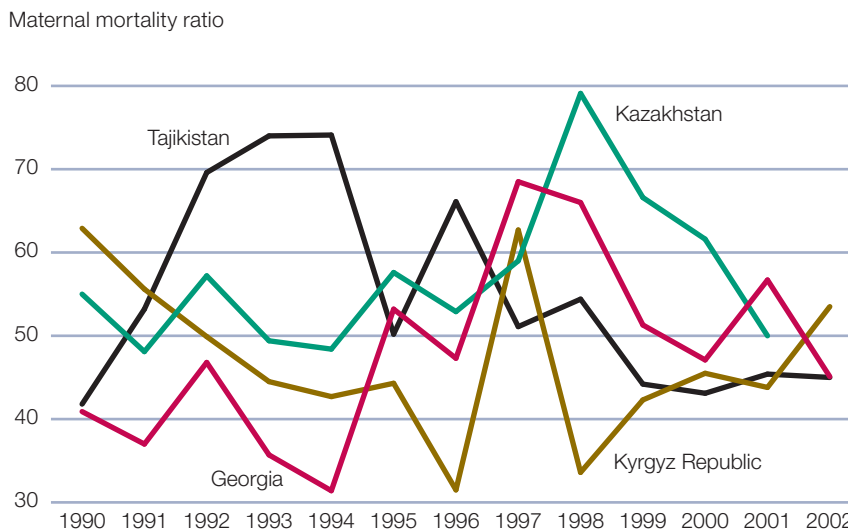
Definitions

Maternal mortality ratio is the number of women per 100,000 who die during pregnancy or childbirth.

Data sources

There are two sources of maternal mortality ratio data. The WDI

There is little improvement in maternal mortality ratios in lower income CIS countries



Source: UNICEF IRC 2004.

quotes modeled estimates for from AbouZahr and Wardlaw (2003). In this exercise, maternal mortality was estimated with a regression model using information on fertility, birth attendants, and GDP. The

TransMONEE data are largely provided by the central statistical offices participating in the MONEE project and are used as a proxy for official and administrative data in this publication.

5

Improve
maternal health

MDG

Country	Maternal mortality ratio per 100,000 live births/sources	1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003													
		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Albania	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	37.7	29.7	25.2	16.2	40.2	33.3	27.8	27.5	21.6	6.9	18.0	20.7	..	
Armenia	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	40.1	23.1	14.2	27.1	29.3	34.7	20.8	38.7	25.4	32.9	52.5	21.8	9.3	
Azerbaijan	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	9.3	10.5	17.6	34.4	43.8	37.0	44.1	31.0	41.1	43.4	37.6	25.4	19.9	
Belarus	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	21.8	31.1	21.1	20.4	19.0	13.8	21.9	25.7	28.1	20.4	21.3	14.2	18.0	
Bosnia and Herzegovina	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	10.5	21.4	..	..	..	..	..	..	..	9.4	5.1	2.7	8.4
Bulgaria	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	20.9	10.4	21.3	14.2	12.6	19.5	19.4	18.7	15.3	23.5	17.6	19.1	16.5	
Croatia	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	1.8	7.7	4.3	10.3	10.3	12.0	1.9	10.8	6.4	11.1	6.9	2.4	10.0	
Czech Republic	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	8.4	13.1	9.9	11.6	6.6	2.1	5.5	2.2	5.5	6.7	5.5	3.3	3.2	
Estonia	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	31.4	30.9	22.2	32.8	56.4	51.8	..	15.9	16.4	16.1	45.9	7.9	7.7	
Georgia	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	40.9	37.0	46.8	35.7	31.4	53.2	47.3	68.5	66.0	51.3	47.1	56.7	45.1	
Hungary	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	20.7	12.6	9.9	18.8	10.4	15.2	11.4	20.9	6.2	4.2	10.2	5.2	8.3	
Kazakhstan	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	55.0	48.1	57.2	49.4	48.4	57.6	52.9	59.0	79.1	66.6	61.6	50.0	..	
Kyrgyz Republic	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	62.9	55.6	49.9	44.5	42.7	44.3	31.5	62.7	33.6	42.3	45.5	43.8	53.5	
Latvia	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	23.7	31.8	41.2	29.9	57.7	37.1	40.4	42.5	43.5	41.2	24.7	25.4	5.0	
Lithuania	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	22.9	19.6	20.2	12.6	16.5	17.0	12.8	15.9	16.2	13.7	8.8	12.7	20.0	
Macedonia, FYR	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	11.3	11.5	9.0	6.2	11.9	21.8	..	3.4	3.4	7.3	13.6	14.8	..	
Moldova	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	44.1	26.4	37.3	33.2	17.7	12.4	40.5	48.3	36.3	28.6	27.1	43.9	33.6	
Poland	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	12.8	12.8	9.9	11.7	11.0	9.9	4.9	5.8	4.8	5.5	7.9	3.5	5.4	
Romania	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	83.6	66.5	60.3	53.2	60.4	47.8	41.1	41.4	40.5	41.8	32.8	34.0	22.3	
Russian Federation	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	47.4	52.4	50.8	51.6	52.3	53.3	48.9	50.2	44.0	44.2	39.7	36.5	33.6	
Serbia and Montenegro	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	11.0	13.1	8.5	17.7	13.1	12.1	7.3	13.7	9.3	5.7	5.6	6.9	2.3	
Slovakia	WDI 2005	..	..	..	..	..	..	..	..	..	..	..	..	..
	TMD	6.3	14.0	1.3	12.3	6.0	8.1	5.0	5.1	8.7	10.7	1.8	15.6	7.9	

Country	Maternal mortality ratio per 100,000 live births/sources	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Slovenia	WDI 2005	..	..	..	..	..	..	..	..	..	..	17.0	..	..	..
	TMD	8.9	4.6	5.0	10.1	10.3	5.3	26.6	11.0	..	17.1	..	..	..	..
Tajikistan	WDI 2005	..	..	..	..	..	..	..	..	..	..	100.0	..	..	..
	TMD	41.8	53.2	69.6	74.0	74.1	50.2	66.1	51.1	54.4	44.2	43.1	45.4	45.0	..
Turkey	WDI 2005	..	..	..	..	..	..	..	..	..	..	70.0	..	..	..
	WHO HFA	180.0	..	..	..	..	55.0	..	..	130.0	..	..	..	..	..
Ukraine	WDI 2005	..	..	..	..	..	..	..	..	..	..	35.0	..	..	..
	TMD	32.4	29.8	31.3	32.8	31.3	32.3	30.4	25.1	27.2	25.2	24.7	23.9	21.8	..
Uzbekistan	WDI 2005	..	..	..	..	..	..	..	..	..	..	24.0	..	..	..
	TMD	34.1	33.3	30.1	24.1	17.3	18.9	12.0	10.5	9.6	14.7	34.5	33.5	26.9	..

Data source

WDI 2005 World Development Indicators 2005
TMD TransMONEE Database, UNICEF Innocenti Research Centre, Florence, Italy
WHO HFA WHO Health For All Database

Combat HIV/AIDS, malaria, and other diseases



Target

Have halted and begun to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases by 2015

The ECA region is experiencing the world's fastest growing HIV/AIDS epidemic, with the number of people infected increasing from 30,000 in 1995 to 1.4 million in 2004. Russia and Ukraine account for 93 percent of these cases.

42

Despite a prevalence (the absolute number of people living with HIV) lower than other regions, the ECA region, though a latecomer to the HIV/AIDS epidemic, has the world's fastest growing incidence rate (the number of new cases). The number of HIV infections in increased from less than 30,000 cases in 1995 to an estimated 1.4 million by the end of 2004 (UNAIDS and WHO 2004). Some 210,000 people became infected with HIV in 2004, while an estimated 60,000 died of AIDS.

Russia, where it is estimated that 1–2 percent of the adult population may be infected, has the largest HIV/AIDS epidemic in the ECA region. The epidemic is growing fastest among the 15- to 30-year-old general population. And Ukraine has the most serious and firmly established epidemic. Together, these countries account for 93 percent of the ECA region's HIV/AIDS-infected people, where injecting drug use is driving the epidemic. Between 1.5 and 3 million Russians and more than 800,000 Ukrainians are believed to be injecting drug users—most of them male and

more than 80 percent less than 30 years old. Several of the lower income CIS countries are in the early phases of the epidemic. In Southeastern Europe HIV might be gaining a foothold among high risk groups, particularly youth and injecting drug users. Of the EU8 countries only Estonia (and to a lesser extent Latvia and Lithuania) has a significant number of people infected.

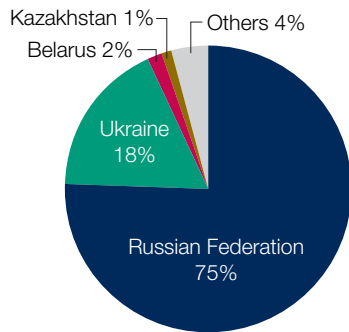
The vast majority of reported infections in the ECA region are among young people—mainly injecting drug users and commercial sex workers. Given the injecting drug use epidemic, female and maternal infection rates are less relevant. This is reflected in the fact that data for HIV prevalence among 15- to 24-year-old pregnant women (the recognized global indicator for measuring progress toward achieving this MDG) are recorded at a significant level for only three countries—Russia, Ukraine, and Estonia (MDG table 6).

The indicator measuring HIV infection rates per million people provides a

much clearer picture of how HIV/AIDS is progressing in all ECA countries. Estonia, Russia, and Ukraine have the highest infection rates. However, after several years of rapid spread the number of new HIV cases appears to be declining in such countries as Estonia, Russia, and Latvia. Caution needs to be used in interpreting these trends because they are heavily dependant on HIV testing. Although no obvious trends in the total number of tests have been detected to explain the sudden decline, additional data are needed to describe testing patterns among high risk populations. Patterns in HIV diagnoses observed in countries with declining incidence rates are nevertheless typical of epidemics concentrated in relatively limited populations (in this case, injecting drug users)—most at risk people rapidly become infected and are not replaced by equal numbers of new “susceptibles” (a saturation effect). Another reason for declining HIV diagnoses could be prevention programs to help reduce risky behavior. Regardless, the situation remains alarming because of the

Based on HIV infection rates and tuberculosis incidence, none of the lower and middle-income CIS countries appears likely to achieve the MDG for HIV and other diseases

Russia has 75 percent of the HIV/AIDS infections in the ECA region



Source: EuroHIV 2004.

large numbers of young people currently living with HIV.

Tuberculosis is another disease posing daunting challenges to the region's social and economic development. The incidence of tuberculosis is increasing in all the lower and middle-income CIS countries—more than doubling since 1990 in such countries as Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyz Republic, Russia, and Ukraine—while decreasing for most countries in the EU8 and Southeastern European subregions. Interestingly, the few EU8 countries with increasing tuberculosis incidence (Estonia, Latvia, and Lithuania) also have increasing rates for HIV—probably due to the weakened immune systems of people infected with HIV causing higher susceptibility to tuberculosis.

Tuberculosis is fueled by ineffective approaches to diagnosis and

treatment, poor coverage of effective treatment protocols, and weak, deteriorating health systems. In prisons there is a high prevalence of tuberculosis among inmates, who serve as epidemiological pumps for the spread of the disease. WHO has endorsed a strategy for effective tuberculosis control based on DOTS. This approach, which has cure rates of up to 95 percent, emphasizes positive diagnosis followed by an effective course of treatment and care. Unfortunately, there is growing drug resistance, with tuberculosis patients in parts of the ECA region 10 times more likely to have cases resistant to multiple drugs. WHO data indicate that 6 of the top 10 global hotspots for tuberculosis drug resistance are: Estonia, Kazakhstan, Latvia, Lithuania, Uzbekistan, and parts of Russia, with drug resistance

in new patients as high as 14 percent.

Based on HIV infection rates and tuberculosis incidence, none of the lower and middle-income CIS countries appears likely to achieve the MDG for HIV and other diseases. In the EU8 and Southeastern European subregions only Estonia and Romania are assessed as unlikely to meet the MDG—Estonia is not on track for HIV or tuberculosis, and Romania is not on track for tuberculosis. There are also a few countries, such as Albania, Bulgaria, Latvia, and Lithuania, where it is too difficult to tell if the MDG is likely to be achieved or not.

Definitions

Prevalence of HIV is the percentage of people ages 15–49 infected with

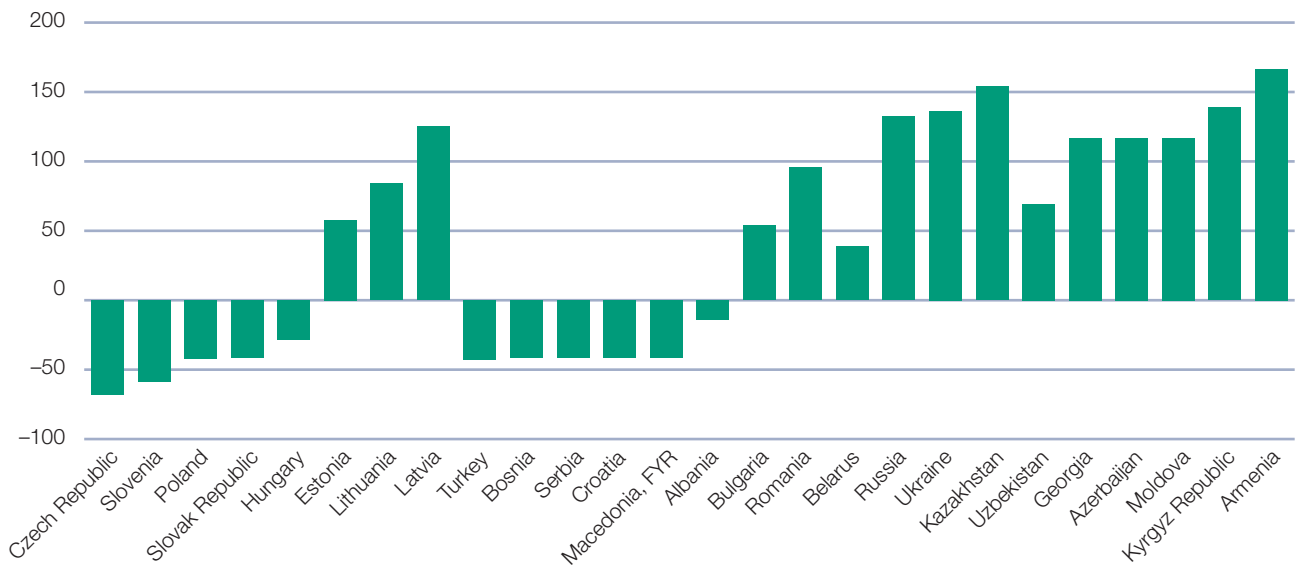
The ECA region is experiencing the world's fastest growing HIV/AIDS rates



Source: EuroHIV 2004.

Tuberculosis is a serious problem, especially in lower and middle-income CIS countries

Change in tuberculosis incidence, 1990–2003 (%)



Source: World Bank, *World Development Indicators*, 2005.

HIV. Figures are an average of high and low estimates.

HIV infection rate is the estimated number of new cases of HIV per million people.

Incidence of tuberculosis is the estimated number of new cases

(pulmonary, smear positive, extrapulmonary) per 100,000 people.

Data sources

The data presented in this section have been sourced from the WDI, ECEM AIDS, and TransMONEE.

The TransMONEE data are largely provided by the central statistical

offices participating in the MONEE project and are used as a proxy for official and administrative data in this publication. The ECEM AIDS data are compiled by the European Center for the Epidemiological Monitoring of AIDS and published in the *HIV/AIDS Surveillance in Europe End-Year Report 2003, No. 70*.

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Albania	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	2.2	1.0	1.6	1.3	3.2	6.4	8.3	6.6
	Incidence of TB per 100,000 people	26.7	26.1	26.6	27.9	28.0	29.0	28.6	29.5	29.6	28.9	26.9	24.9	23.9	22.9
	TMD	20.0	19.5	16.7	20.0	17.0	20.3	21.4	19.6	20.6	21.3	21.6	..	..	..
Armenia	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.1	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	8.2	11.5	2.8	11.1	9.3	9.4	13.3	9.5
	Incidence of TB per 100,000 people	26.3	20.8	21.1	21.7	34.9	40.1	44.6	49.7	58.6	63.8	63.5	63.1	66.6	70.1
	TMD	16.6	20.0	15.8	15.8	19.5	21.6	24.0	27.7	37.4	43.2	42.3	39.9	50.8	..
Azerbaijan	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	0.4	1.6	8.2	10.0	7.8	15.6	12.7	13.9
	Incidence of TB per 100,000 people	35.0	33.5	35.3	38.8	43.3	49.7	56.4	61.7	66.9	71.1	75.3	76.7	76.3	75.9
	TMD	34.9	37.0	36.9	39.4	37.1	38.9	48.0	54.9	55.0	58.0	63.5	60.1	53.7	..
Belarus	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.2	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	99.9	64.2	54.7	40.8	52.5	57.9	92.1	72.1
	Incidence of TB per 100,000 people	37.9	33.2	37.1	39.3	48.2	53.6	59.7	64.6	71.3	74.7	72.6	64.8	58.7	52.6
	TMD	29.8	30.9	33.8	37.3	42.5	44.3	49.3	53.4	55.6	53.6	49.9	47.5	45.0	..
Bosnia and Herzegovina	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	0.0	0.6	6.2	2.3	0.5	1.5	1.9	2.9
	Incidence of TB per 100,000 people	93.9	92.6	92.9	91.8	89.1	84.7	82.8	81.3	78.7	70.9	62.8	58.1	56.4	54.8
	TMD	90.2	69.4	..	..	..	..	22.7	24.9	25.3	21.6	18.0	18.7	19.0	..
Bulgaria	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	4.1	3.6	3.2	3.3	6.1	5.0	5.4	8.0
	Incidence of TB per 100,000 people	28.2	31.6	35.6	38.4	39.3	39.1	40.3	44.2	46.3	46.2	45.5	45.1	44.2	43.4
	TMD	25.9	29.8	37.9	38.0	37.5	40.5	37.2	41.3	49.9	45.5	41.0	48.9	47.8	..
Croatia	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	0.2	3.9	8.1	10.8	7.4	7.0	9.9	10.2
	Incidence of TB per 100,000 people	73.9	72.9	73.1	72.3	70.2	66.7	65.2	64.0	61.9	55.8	49.4	45.7	44.4	43.1
	TMD	53.9	45.1	45.8	47.7	46.4	44.3	48.4	44.9	47.1	38.9	37.5	34.3	33.1	..
Czech Republic	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	4.8	6.1	3.0	4.9	5.6	5.0	4.9	6.0
	Incidence of TB per 100,000 people	36.6	33.5	30.7	28.1	25.7	23.6	21.6	19.8	18.1	16.6	15.2	13.9	12.7	11.6
	TMD	18.7	20.2	19.2	18.0	19.0	17.8	18.8	17.8	17.5	15.9	14.0	13.2	11.8	..
Estonia	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.6	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	5.6	6.4	7.2	8.7	285.3	1089.7	671.9	627.8
	Incidence of TB per 100,000 people	31.5	31.3	34.7	41.3	48.0	53.1	57.3	63.6	66.2	68.2	65.6	62.3	56.0	49.8
	TMD	20.7	21.3	21.4	29.5	35.4	35.9	41.9	44.4	46.9	43.8	46.9	42.0	38.6	..
Georgia	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	1.5	3.9	4.7	6.6	15.0	17.8	18.3	19.5
	Incidence of TB per 100,000 people	38.2	36.6	38.6	42.3	47.2	54.2	61.6	67.3	73.0	77.6	82.2	83.7	83.2	82.8
	TMD	27.7	27.5	22.9	21.7	53.0	59.8	102.9	100.7	82.8	85.9	85.2	80.1	..	..
Hungary	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	6.1	7.0	7.3	6.2	4.7	8.2	8.1	6.4
	Incidence of TB per 100,000 people	40.3	41.2	43.6	45.6	47.1	48.0	48.4	47.3	44.2	40.0	36.1	33.2	31.0	28.8
	TMD	34.6	35.3	38.2	40.6	40.2	42.0	41.5	40.3	39.0	38.2	35.2	32.6	29.6	..
Kazakhstan	Prevalence of HIV, female (age 15–24)	0.0

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**Combat HIV/AIDS, malaria,
and other diseases**
MDG

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	2.9	27.0	18.7	11.7	22.2	75.6	44.9	48.4
	Incidence of TB per 100,000 people	57.3	53.2	52.4	52.0	53.0	59.3	69.3	85.9	105.9	124.0	134.9	140.3	142.9	145.4
	TMD	67.2	66.0	66.4	63.6	61.9	70.1	87.0	93.9	122.8	141.0	153.2	155.4	164.8	..
Kyrgyz Republic	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	0.4	0.4	1.3	2.1	3.3	29.8	32.0	25.3
	Incidence of TB per 100,000 people	52.1	55.0	55.5	56.7	62.1	73.5	90.1	105.0	119.2	124.3	128.7	128.3	126.4	124.4
	TMD	52.1	56.4	57.2	53.7	58.7	71.6	85.9	110.5	121.0	131.8	108.0	127.3	126.5	..
Latvia	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.2	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	13.0	10.3	67.1	101.1	196.4	343.3	232.7	174.7
	Incidence of TB per 100,000 people	33.4	34.9	36.5	39.7	48.2	59.3	72.0	81.6	84.1	84.5	82.7	82.2	78.7	75.2
	TMD	27.4	29.0	29.5	33.9	44.9	51.3	60.1	69.4	75.5	70.0	72.3	73.4	65.9	..
Lithuania	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	3.4	8.8	14.8	18.8	18.6	20.7	114.6	31.9
	Incidence of TB per 100,000 people	37.9	39.8	43.9	49.5	56.9	63.9	71.4	77.7	79.6	77.3	73.8	70.5	70.1	69.6
	TMD	34.1	34.7	37.2	44.2	55.1	58.5	65.7	78.0	79.6	72.6	66.6	63.9	60.4	..
Macedonia, FYR	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	2.0	0.0	4.5	2.5	3.5	2.5	2.0	0.5
	Incidence of TB per 100,000 people	53.8	53.0	53.2	52.6	51.1	48.5	47.4	46.6	45.1	40.6	36.0	33.3	32.3	31.4
	TMD	39.7	35.2	32.1	36.8	35.7	39.6	..	34.7	30.9	26.4	33.0	34.3	..	..
Moldova	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.1	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	11.1	93.6	94.8	36.1	41.1	54.7	48.9	60.5
	Incidence of TB per 100,000 people	64.0	61.3	64.6	70.8	79.1	90.8	103.1	112.7	122.3	130.0	137.6	140.2	139.4	138.7
	TMD	39.6	43.8	43.1	44.6	50.8	63.5	67.6	73.0	80.0	72.6	70.4	83.1	83.6	..
Poland	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	14.3	15.0	16.5	13.6	16.3	14.6	14.9	15.8
	Incidence of TB per 100,000 people	53.1	53.4	53.9	54.0	53.2	51.6	48.6	45.7	42.3	39.0	35.7	33.4	32.1	30.8
	TMD	42.3	43.1	43.1	43.8	43.2	41.3	39.8	36.1	34.4	31.5	29.7	27.6	27.3	..
Romania	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	30.9	28.8	28.8	16.2	12.9	19.6	15.0	10.9
	Incidence of TB per 100,000 people	76.1	81.9	89.0	99.4	108.5	115.5	120.0	124.4	127.9	134.0	139.0	145.5	147.2	149.0
	TMD	64.6	62.1	73.3	82.5	87.4	94.9	98.5	98.2	101.1	104.0	105.5	115.3	122.3	..
Russian Federation	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.7	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	10.3	29.6	27.6	136.3	406.3	609.2	350.7	275.5
	Incidence of TB per 100,000 people	48.2	45.2	49.0	55.0	64.4	78.5	93.0	100.9	108.2	115.0	122.0	120.9	116.5	112.2
	TMD	34.2	34.0	35.8	42.9	47.9	57.5	67.2	73.6	75.7	85.0	90.0	88.1	85.9	..
Serbia and Montenegro	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	9.7	9.7	9.9	8.0	6.7	9.2	8.4	9.1
	Incidence of TB per 100,000 people	59.4	58.6	58.8	58.1	56.4	53.6	52.4	51.4	49.8	44.9	39.7	36.7	35.7	34.7
	TMD	39.4	42.9	36.1	36.6	34.3	39.5	42.6	38.3	39.9	36.0	38.9	16.5	..	..
Slovakia	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	0.7	1.5	2.0	0.4	3.5	1.5	2.0	2.4
	Incidence of TB per 100,000 people	41.6	43.5	46.5	47.6	45.7	42.9	38.7	36.3	32.7	30.1	27.5	26.4	25.3	24.3
	TMD	26.3	29.9	32.6	33.7	32.9	28.7	28.0	27.9	23.9	22.5	20.6	20.0	19.6	..
Slovenia	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	4.5	4.0	7.0	7.5	6.5	8.0	11.1	7.1

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	Incidence of TB per 100,000 people	45.0	41.9	39.9	38.4	35.7	33.8	32.7	31.1	28.2	25.9	24.0	22.3	20.4	18.4
	TMD	..	30.9	34.1	32.5	26.4	..	..	23.5	20.4	..	18.9	15.0	..	..
Tajikistan	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	0.0	0.2	0.2	0.0	1.1	6.0	4.7	6.7
	Incidence of TB per 100,000 people	107.4	91.4	64.0	45.5	49.5	62.6	78.9	83.4	94.5	101.8	114.5	132.7	150.5	168.3
	TMD	44.2	39.1	30.2	32.0	35.7	29.3	28.7	34.2	41.2	42.1	44.9	55.6	49.6	..
Turkey	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	1.9	2.2	1.7	1.8	2.3	2.7	2.7	2.8
	Incidence of TB per 100,000 people	45.7	44.1	43.4	41.9	39.8	36.7	37.0	37.7	38.2	33.7	29.0	26.5	26.3	26.0
	WHO HFA	43.6	44.0	43.6	39.7	39.0	37.3	34.3	40.1	34.5	33.3	26.8	25.2	25.9	26.3
Ukraine	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.9	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	105.4	175.1	169.8	116.3	125.0	142.0	179.1	206.3
	Incidence of TB per 100,000 people	39.0	37.4	40.0	42.9	45.4	48.2	54.1	59.2	66.7	70.8	78.2	84.5	88.3	92.1
	TMD	31.9	32.3	35.0	38.4	39.9	41.8	46.0	49.3	55.5	54.6	60.4	69.7	76.0	..
Uzbekistan	Prevalence of HIV, female (age 15–24)	..	..	..	..	..	..	..	..	..	..	..	0.0	..	..
	Infection rates per million people: ECEM AIDS	..	..	..	..	..	..	0.0	0.3	0.1	1.1	6.2	21.7	38.2	70.4
	Incidence of TB per 100,000 people	67.9	63.5	62.9	73.2	73.0	76.2	71.3	79.4	84.3	87.5	91.4	100.1	107.6	115.0
	TMD	46.1	46.0	44.0	44.8	43.5	44.1	52.4	55.8	59.4	64.6	65.5	73.3	79.4	..

Data source

All data are from the World Development Indicators 2005 unless otherwise stated
TMD TransMONEE Database, UNICEF Innocenti Research Centre, Florence, Italy
ECEM AIDS European Centre for the Epidemiological Monitoring of AIDS
WHO HFA WHO Health For All Database

Ensure environmental sustainability



Target

Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources; halve the proportion of people living without sustainable access to safe drinking water by 2015; achieve a significant improvement in the lives of at least 100 million slum dwellers by 2020

While many countries in the ECA region appear on track to meet the target of access to safe drinking water, the picture is complicated by large urban-rural disparities in water access, quality, and reliability. Complementary ECA region MDG indicators should be developed to better reflect the features unique to the region.

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Sustainable development can be ensured only by protecting the environment and using its resources wisely. The MDG focuses on some of the environmental conditions that must be closely monitored: energy use and efficiency, greenhouse gas emissions, changes in forest coverage and biological diversity, the plight of slum dwellers in rapidly growing cities, and the availability of adequate water and sanitation services. Environmental sustainability is important to the ECA region, primarily for access to safe drinking water and improved sanitation facilities, which are linked to improved health outcomes, but also for the institutional capacity of countries to promote such sustainability. As such, this section focuses on access to improved water sources and sanitation.

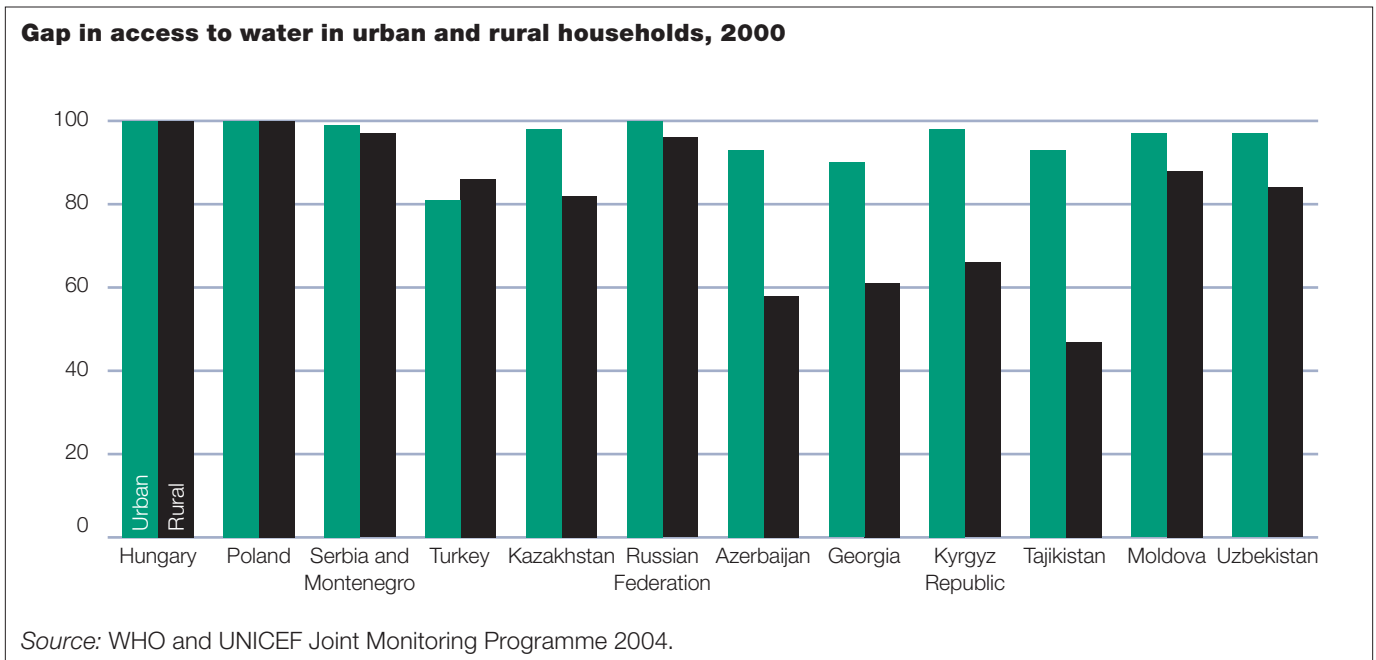
The data for population with access to an improved water source and sanitation facility are based on the data from the WHO-UNICEF Joint Monitoring Program, which keeps track of the progress of the water and

sanitation target based on household surveys.⁹ The entire region appears to be doing well: 91 percent of the population has access to an improved water source, and 93 percent to an improved sanitation facility. However, predicting whether the target of improved water and sanitation access will be met is difficult because information is often provided for only one or two years between 1990 and 2000—and for some countries, not at all. Where adequate data are available, many countries in the region (with the exception of Moldova and Tajikistan) seem to be on target to meet the MDG. However, the story is not that simple—several factors must be kept in mind.

Urban-rural disparity in water access. National data sometimes mask any disparities in access to basic services that exist between urban and rural dwellers. Across the ECA region much progress has been achieved in making water available—to more than 90 percent of urban homes in each country and to at least 75 percent of rural households—though

rural areas without communal systems of water access or waste disposal still exist. While not a significant issue for most of the region, the gap between urban and rural access is widest in the lower income CIS countries. In Tajikistan, for example, only 47 percent of rural households, compared with 93 percent of urban households, have access to drinking water. In most EU8 countries 100 percent of rural and urban households have access to clean drinking water. Turkey is the only exception, where 86 percent of rural households and 81 percent of urban households have access to drinking water.

Water quality. While the MDG target relates to sustainable access to safe drinking water, the statistics only measure access to an improved water source. In the ECA region drinking water frequently does not meet basic biological and chemical standards—a major health threat. Where is the water quality problem most serious? In all the CIS countries, particularly Central Asia.



A recent World Bank study of five ECA countries (Armenia, Moldova, Kazakhstan, the Kyrgyz Republic, and Serbia and Montenegro) found that water quality had deteriorated in all cases and was of particular concern in Kazakhstan and Moldova (World Bank forthcoming a). Samples not meeting microbiological standards range from 12 percent in Armenia to 32 percent in Moldova; those not meeting chemical standards range from 2.5 percent in the Kyrgyz Republic to 80 percent in Moldova for shallow groundwater sources. Providing the population with quality drinking water is a priority for Kazakhstan, which faces water scarcity and severe pollution of water resources from industrial waste and mining industries.

Sustainability of water supply. The MDG target states that access

to water should be sustainable. Sustainable access to safe drinking water must be distinguished from access to water, which does not account for supply reliability and drinking water quality. In parts of the ECA region water infrastructure is often characterized by damaged pipes, a lack of maintenance and necessary investments, and so on, which cause sustainable access to water supply and sanitation to be lower than official statistics suggest. A World Bank study found a problem of regular supply in Armenia, Moldova, and Serbia and Montenegro (forthcoming a). Where information is available it points to a deteriorating situation, with many households having only 2–4 hours of access to water a day. In Kazakhstan most pipelines, even in regional centers, grossly violate operational and maintenance rules. Because of

interruptions in power supply, lack of maintenance, and huge system losses (30–80 percent), water is delivered with large interruptions or fixed to specific schedules (in mornings and evenings only). But there are also improvements. In Yerevan, with a third of Armenia's population, water service has progressed from 2–4 hours a day in 1998 to 24 hours a day for 55 percent of the city.

Similar issues exist for access to improved sanitation, which is at 93 percent for the ECA region—not far from the 95 percent target for 2015. Although most ECA countries report more than 90 percent access to improved sanitation, sewage systems are in a serious state of disrepair and require immediate attention. For example, in Moldova the majority of the system was built to operate for

just 20 years. Now 100 kilometers of the network needs reconstruction and repair. A lack of investment will only worsen the situation.

As with water quality, access to sanitation is most problematic in Albania, Romania, and the lower income CIS countries. It is also much worse in rural areas than urban.

Romania reported the lowest access to improved sanitation (53 percent) and the widest disparity in urban-rural access—with 86 percent in urban areas and 10 percent in rural. Given its EU accession in 2007—and the surge of loans and grants with it—Romania is expected to invest heavily in both water and sanitation infrastructure. In general, although access to basic sanitation services is widely available in most rural areas of the ECA region, access to sewage systems necessary for indoor toilets is a rare occurrence.

Given the problems of the quality and sustainability of water and sanitation facilities, as well as urban-rural disparities, it may be appropriate to develop MDG-plus indicators and targets that better reflect conditions specific to the ECA region. Examples

include: the percentage of the population connected to a central water supply, the percentage of time or population with uninterrupted supply and in line with water quality standards, and the existence of stand pipes and piped sewage systems in urban areas and flush toilets connected to septic systems in rural areas.

Definitions

Access to an improved water source refers to the percentage of the population with reasonable access to an adequate amount of water from an improved source, such as a household connection, public standpipe, borehole, protected well or spring, or rainwater collection. Unimproved sources include vendors, tanker trucks, and unprotected wells and springs. Reasonable access is defined as the availability of at least 20 liters per person a day from a source within 1 kilometer of the dwelling.

Access to basic sanitation refers to the percentage of the population with reasonable access to an adequate sanitation facility, such as a public sewer connection, septic system

connection, pour-flush latrine, simple pit latrine, or ventilated improved pit latrine. Unimproved sources include public or shared latrine, open pit latrine, and bucket latrines.

Data sources

The data on access to improved water sources also come from the Joint Monitoring Programme for Water Supply and Sanitation Coverage website. The data on the percentage of the population connected to the water supply are sourced from the WHO HFA website. It measures the share of the population with reasonable and ready access to an adequate amount of safe water for domestic purposes. An improved source can be any form of collection or piping used to make water regularly available. While information on access to an improved water source is widely used, it is extremely subjective because such terms as safe, improved, adequate, and reasonable may have very different meanings in different countries despite official WHO definitions. Other sources of data include: the multiple indicator cluster surveys, demographic health surveys, and household budget surveys.

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Albania	Proportion of population with access to improved water supply	97.0	..	..	..	..	..	..	..	..	..	..	..	97.0	..
	JMP—WHO and UNICEF (urban/rural)	99/95	..	..	..	..	..	..	..	..	..	..	..	99/95	..
	EWS 1996a	..	..	..	..	..	..	66.5	..	..	..	..	..	..	..
	Population connected to water supply (%): WHO HFA	..	..	..	76.0	76.0	..	..	..	..	..	..	..	..	..
	Population connected to public water supply (%): UNECE 2002	..	..	..	..	..	..	..	..	..	..	..	85.0	..	..
	Access to running water: LSMS 2002	..	..	..	..	..	..	..	..	..	..	..	..	66.4	..
Albania	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	89.0	..
	JMP—WHO and UNICEF (urban/rural)	99.0	..	..	..	..	..	..	..	..	..	..	..	99/81	..
Armenia	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	92.0	..
	JMP—WHO and UNICEF (urban/rural)	99.0	..	..	..	..	..	..	..	..	..	..	..	99/80	..
	DHS 2000 (piped to house or yard)	..	..	..	..	..	..	..	..	..	..	86.9	..	..	..
	WB 2005 (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	96/81
Armenia	LSS 1999	..	..	..	..	..	..	..	..	..	57.9	..	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	84.0	..
Armenia	JMP—WHO and UNICEF (urban/rural)	96.0	..	..	..	..	..	..	..	..	..	..	..	96–61	..
	Azerbaijan	Proportion of population with access to improved water supply	66.0	77.0
Azerbaijan	JMP—WHO and UNICEF (urban/rural)	80/49	..	..	..	..	..	..	..	..	..	..	..	95/59	..
	ASLC 1995	..	..	..	..	..	50.6	..	..	..	..	..	..	..	..
	UNECE 2003 (capital/secondary-cities/rural)	..	..	..	..	..	..	..	..	..	..	95/83/11	..	..	..
	MICS 2000	..	..	..	..	..	..	..	..	..	..	76.3	..	..	..
Azerbaijan	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	55.0	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	73/36	..
Belarus	Proportion of population with access to improved water supply	100.0	..	..	..	..	..	..	..	..	..	..	..	100.0	..
	JMP—WHO and UNICEF (urban/rural)	100/100	..	..	..	..	..	..	..	..	..	..	..	100/100	..
	MSA (from UNDP 2003)	100.0	..	..	..	..	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
	Running water at home: HHS 1999	..	..	..	..	..	..	..	..	..	73.1	..	..	..	..
Belarus	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bosnia and Herzegovina	Proportion of population with access to improved water supply	98.0	..	..	..	..	..	..	..	..	..	..	..	98.0	..
	JMP—WHO and UNICEF (urban/rural)	100/100	..	..	..	..	..	..	..	..	..	..	..	100/100	..
	MICS 2000	..	..	..	..	..	..	..	..	..	..	100/96	..	..	..
	Connected to water supply: PRSP 2004	..	..	..	..	..	..	..	..	..	..	..	53.0	..	..
Bosnia and Herzegovina	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	93.0	..
	JMP—WHO and UNICEF (urban/rural)	99.0	..	..	..	..	..	..	..	..	..	..	..	99/88	..
Bulgaria	Proportion of population with access to improved water supply	100.0	..	..	..	..	..	..	..	..	..	..	..	100.0	..
	JMP—WHO and UNICEF (urban/rural)	100/100	..	..	..	..	..	..	..	..	..	..	..	100/100	..

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	Water supply at home/connected to public system: LSMS 1995 and 1997	..	..	..	..	..	88.5	..	89.4	..	..	..	..	..	..
	Proportion of population with access to improved sanitation	100.0	..	..	..	..	..	..	..	..	..	..	..	100.0	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	100/100	..
Croatia	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	CBS	..	..	..	..	..	..	..	..	..	..	95.0	..	..	..
	Population connected to water supply (%): WHO HFA	70.4	69.5	66.7	66.3	65.4	63.2	..	..	..	..	..	..	..	..
	Population connected to public water supply (%): UNECE 1999	..	..	..	..	..	..	..	63.0	..	..	..	..	..	..
	Running water at home: HBS 1998	..	..	..	..	..	..	..	..	96.2	..	..	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Czech Republic	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population connected to water supply (%): WHO HFA	..	..	..	..	..	..	85.9	86.0	86.2	86.9	87.1	87.2	..	..
	UNDP 2004	83.2	..	..	..	..	..	..	..	..	..	87.1	..	89.8	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Estonia	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Access to piped water and standpipes: WB 2005	..	..	..	..	..	..	..	..	..	..	77.0	..	..	..
	Population connected to water supply (%): WHO HFA	..	..	..	..	..	..	..	..	..	..	83.2	..	87.0	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Georgia	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	76.0	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	90/61	..
	Access to piped water in dwelling and yard (urban/rural): UNECE 2003	..	..	..	..	..	..	..	..	..	83/30	..	..	..	..
	Safe drinking water: MICS 1999	..	..	..	..	..	..	..	..	..	75.6	..	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	83.0	..
	JMP—WHO and UNICEF (urban/rural)	96	..	..	..	..	..	..	..	..	..	..	..	96/69	..
Hungary	Proportion of population with access to improved water supply	99.0	..	..	..	..	..	..	..	..	..	..	..	99.0	..
	JMP—WHO and UNICEF (urban/rural)	100/98	..	..	..	..	..	..	..	..	..	..	..	100/98	..
	Population connected to water supply (%): WHO HFA	85.0	..	..	..	..	..	..	..	..	..	..	..	84.0	90.8
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	95.0	..
	JMP—WHO and UNICEF (urban/rural)	100	..	..	..	..	..	..	..	..	..	..	..	100/85	..
Kazakhstan	Proportion of population with access to improved water supply	86.0	..	..	..	..	..	..	..	..	..	..	..	86.0	..
	JMP—WHO and UNICEF (urban/rural)	96/72	..	..	..	..	..	..	..	..	..	..	..	96/72	..

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	WB 2004	..	..	..	..	..	..	..	..	..	..	80.0	..	..	..
	Access to piped/well water: DHS 1995	..	..	..	..	..	96.2	..	..	..	..	..	..	..	..
	Access to piped/well water: DHS 1999	..	..	..	..	..	..	..	..	..	96.5	..	..	..	..
	Proportion of population with access to improved sanitation	72.0	..	..	..	..	..	..	..	..	..	..	..	72.0	..
	JMP—WHO and UNICEF (urban/rural)	87/52	..	..	..	..	..	..	..	..	..	..	..	87/52	..
Kyrgyz Republic	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	76.0	..
	JMP—WHO and UNICEF (urban/rural)	98.0	..	..	..	..	..	..	..	..	..	..	..	98/66	..
	WB 2004 (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	86/64	..
	Population connected to water supply (%): WHO HFA	..	79.0	80.5	..	..	..	..	..	..	..	..	..	..	..
	KPMS 1998	..	..	..	..	..	..	..	..	70.2	..	..	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	60.0	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	75/51	..
Latvia	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population connected to municipal water supply (%): UNECE 2000	..	..	..	..	..	..	..	40/98	..	..	..	..	..	..
	Population connected to water supply (%): WHO HFA	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population connected to water supply (%): WHO HFA	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Macedonia, FYR	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population connected to municipal water supply (%): UNECE 2000	..	..	..	..	..	..	..	..	..	..	70.0	..	..	..
	Water supply installed (%): HES 2000	..	..	..	..	..	..	..	..	..	..	89.5	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	86/52	..
Moldova	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	92.0	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	97/88	..
	Population connected to water supply (%): WHO HFA	..	54.8	55.0	..	..	55.6	..	..	..	..	..	..	..	..
	WB 2004 (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	69/30	..
	Plumbing in residence: HBS 2000	..	..	..	..	..	..	..	..	..	..	26.3	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	68.0	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	86/52	..
Poland	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	100.0	..	..	..	..	..	..	..	..	..	..	..	100.0	..

7

Ensure
environmental sustainability

MDG

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
	Population connected to water supply (%): WHO HFA	78.0	..	..	..	..	..	..	..	..	..	92.0	..	95.0	..
	Urban households with water mains: UN 2002	95.3	95.6	95.9	96.2	96.4	96.7	96.9	97.1	97.4	97.6	97.6	..	..	..
	Rural households with water mains: UN 2002	67.6	69.4	71.2	72.2	74.4	76.2	77.8	79.4	80.8	82.1	83.1	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Romania	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	57.0	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	91/16	..
	Population connected to water supply (%): WHO HFA	..	..	62.0	..	..	..	..	..	..	..	..	..	..	..
	Ministry of Public Administration	..	..	..	..	..	..	..	..	..	..	65.0	..	..	..
	Water inside building: IHS 1994, 1998, and 2000	..	..	..	..	54.0	..	..	..	57.2	..	58.3	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	51.0	..
	JMP—WHO and UNICEF (urban/rural)	86/10	..	..	..	..	..	..	..	..	..	..	..	86/10	..
Russian Federation	Proportion of population with access to improved water supply	94.0	..	..	..	..	..	..	..	..	..	..	..	96.0	..
	JMP—WHO and UNICEF (urban/rural)	97/86	..	..	..	..	..	..	..	..	..	..	..	99/88	..
	Have running water: HEIDE 1993	..	..	..	73.7	..	..	..	..	..	..	..	..	..	..
	Central water supply at home: RLMS 1998 and 2000	..	..	..	..	..	..	..	..	76.5	..	76.9	..	..	..
	Proportion of population with access to improved sanitation	87.0	..	..	..	..	..	..	..	..	..	..	..	87.0	..
	JMP—WHO and UNICEF (urban/rural)	93/70	..	..	..	..	..	..	..	..	..	..	..	93/70	..
Serbia and Montenegro	Proportion of population with access to improved water supply	93.0	..	..	..	..	..	..	..	..	..	..	..	93.0	..
	JMP—WHO and UNICEF (urban/rural)	99/86	..	..	..	..	..	..	..	..	..	..	..	99/86	..
	Population with water in home or yard (%): MICS 1996	..	..	..	..	..	..	76.4	..	..	..	..	..	..	..
	WB 2004 (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	95/90
	MICS 2000 (for SAM minus Kosovo and Metohija)	..	..	..	..	..	..	..	..	..	..	98.4	..	..	..
	Proportion of population with access to improved sanitation	87.0	..	..	..	..	..	..	..	..	..	..	..	87.0	..
	JMP—WHO and UNICEF (urban/rural)	97/77	..	..	..	..	..	..	..	..	..	..	..	97/77	..
Slovakia	Proportion of population with access to improved water supply	100.0	..	..	..	..	..	..	..	..	..	..	..	100.0	..
	JMP—WHO and UNICEF (urban/rural)	100/100	..	..	..	..	..	..	..	..	..	..	..	100/100	..
	Population connected to water supply (%): WHO HFA	..	..	..	..	..	..	79.7	80.8	82.1	82.3	82.9	83.4	..	..
	Proportion of population with access to improved sanitation	100.0	..	..	..	..	..	..	..	..	..	..	..	100.0	..
	JMP—WHO and UNICEF (urban/rural)	100/100	..	..	..	..	..	..	..	..	..	..	..	100/100	..
Slovenia	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Population connected to water supply (%): WHO HFA	98.2	98.2	..	..	..	..	..	..	..	..	..	..	..	..
	Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Country	Indicator/source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Tajikistan	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	58.0	..
	JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	93/47	..
	Population connected to water supply (%): WHO HFA	..	70.0	69.0	..	..	..	..	..	..	..	..	..	..	..
	MICS 2000	..	..	..	..	..	..	..	..	..	..	56.9	..	..	..
	NNWSS 2003	..	..	..	..	..	..	..	..	..	..	..	..	..	75.1
	Access to piped water: UNECE 2004 (urban/rural)	..	..	..	..	..	..	..	..	..	..	..	..	..	96/40
	Access to piped water: TLSS 1999	..	..	..	..	..	..	..	..	..	46.2	..	..	..	..
	Access to piped water: TLSS 2003	..	..	..	..	..	..	..	..	..	..	..	..	..	54.0
	Access to piped water: THHS 2003	..	..	..	..	..	..	..	..	..	..	..	..	..	41.0
Proportion of population with access to improved sanitation	..	..	..	..	..	..	..	..	..	..	..	..	..	53.0	..
JMP—WHO and UNICEF (urban/rural)	..	..	..	..	..	..	..	..	..	..	71/47	..	..	..
Turkey	Proportion of population with access to improved water supply	81.0	..	..	..	..	..	..	..	..	..	..	..	93.0	..
	JMP—WHO and UNICEF (urban/rural)	92/65	..	..	..	..	..	..	..	..	..	..	..	96/87	..
	Households with indoor tap: HCIS 2001	..	..	..	..	..	..	..	..	..	..	..	95.6	..	..
	Households within 15 minute of safe water (%): DHS 1998	..	..	..	..	..	..	..	..	74.4	..	..	..	..	..
Proportion of population with access to improved sanitation	84.0	..	..	..	..	..	..	..	..	..	..	..	..	83.0	..
JMP—WHO and UNICEF (urban/rural)	94/62	..	..	..	..	..	..	..	..	..	..	..	..	94/62	..
Ukraine	Proportion of population with access to improved water supply	..	..	..	..	..	..	..	..	..	..	..	..	98.0	..
	JMP—WHO and UNICEF (urban/rural)	100.0	..	..	..	..	..	..	..	..	..	..	..	100/94	..
	Population connected to water supply (%): WHO HFA	..	54.7	54.7	..	..	..	..	..	..	..	..	..	..	..
	Water supply at home: HBS 1995 and 1996	..	..	..	..	..	55.3	76.3	..	..	..	..	..	..	..
Proportion of population with access to improved sanitation	99.0	..	..	..	..	..	..	..	..	..	..	..	..	99.0	..
JMP—WHO and UNICEF (urban/rural)	100/97	..	..	..	..	..	..	..	..	..	..	..	..	100/97	..
Uzbekistan	Proportion of population with access to improved water supply	89.0	..	..	..	..	..	..	..	..	..	..	..	89.0	..
	JMP—WHO and UNICEF (urban/rural)	97/84	..	..	..	..	..	..	..	..	..	..	..	97/84	..
	Population connected to water supply (%): WHO HFA	..	..	57.0	..	..	..	..	..	..	..	..	..	..	..
	Households within 15 minutes of safe water (%): DHS 1996	..	..	..	..	..	..	84.8	..	..	..	..	..	..	..
	Population use safe water (%): MICS 2000	..	..	..	..	..	..	..	..	..	..	84.0	..	..	..
	Running water at home (%): FBS 2001	..	..	..	..	..	..	..	..	..	..	..	45.9	..	..
	Water piped into residence (%): UHES 2002	..	..	..	..	..	..	..	..	..	..	..	..	..	54.2
Proportion of population with access to improved sanitation	58.0	..	..	..	..	..	..	..	..	..	..	..	..	57.0	..
JMP—WHO and UNICEF (urban/rural)	73–48	..	..	..	..	..	..	..	..	..	..	..	..	73–48	..

Data for	Data source	Description
Primary data source	WDI 2005	All data are from the World Development Indicators database unless otherwise stated
Common data sources	JMP (WHO and UNICEF)	Estimates of access to improved drinking water sources and improved sanitation from Multiple Indicator Cluster Surveys: from the WHO/UNICEF Joint Monitoring Programme for Water Supply & Sanitation Coverage website, 2004. Access to safe drinking water is the percentage of the population using improved water sources where access to water supply services is defined as the availability of at least 20 liters per person a day from an "improved" source within 1 kilometer of the user's dwelling and an "improved" source is one that is likely to provide "safe" water, such as a household connection, a borehole, and so on. Access to adequate sanitation facilities is the percentage of the population using improved sanitation. Excreta disposal systems are considered adequate if they are private and if they separate human excreta from human contact

Data for	Data source	Description
Country-specific sources		
Albania	EWS 1996a	Percent of households that describe their main source of water as either piped public, own system, pump, or well
	UNECE 2002	UNECE Environmental Performance Review for Armenia; Water Management chapter; http://www.unece.org/env/epr/studies/albania/welcome.htm ; percent of population supplied with water through a public system at home in urban areas and essentially from standpipes and public taps in rural areas
Armenia	LSMS 2000	Living Standards Measurement study
	DHS 2000	Demographic Health Survey (NSS, MH, and ORC Macro 2001) for period 1996–2000
	WB 2005	(Forthcoming) Environment MDG study of 5 ECA countries. Estimates are from national water experts/reports of local consultants
	LSS 1999	1999 Living Standards Survey—estimates from the 1999 Integrated Survey of Living Standards
Azerbaijan	ASLC 1995	Azerbaijan Survey of Living Standards
	UNECE 2003	UNECE Environmental Performance Review for Azerbaijan; Water Management chapter
Belarus	MICS 2000	Azerbaijan Multiple Indicator Cluster Survey.
	MSA	Ministry of Statistics and Analysis—a statistical Annex prepared for the UNDP National Human Development Report, 2003
Bosnia and Herzegovina	HHS 1999	Belarus Household survey 1999 (using 1996 PPPs)
	MICS 2000	Multiple Indicator Cluster Survey. UNICEF Household Survey of Women and Children B&H 2000. Final Draft Report May 29, 2002
Bulgaria	PRSP 2004	Mid-term Development Strategy of Bosnia and Herzegovina (PRSP) 2004–07, BiH council of Ministers (see table, p. 131)
	LSMS 1995, 1997, and 2001	Living Standards Measurement Survey
Croatia	CBS	Republic of Croatia Central Bureau of Statistics
	UNECE 1999	UNECE Environmental Performance Review for Georgia: Water management chapter
Czech Republic	HBS	Household Budget Survey, 1998
	UNDP 2004	Millennium Development Goals: Reducing Poverty & Social Exclusion, Czech Republic, United Nations Development Programme and Centre for Social and Economic Strategies, 2004
Estonia	WB 2005	(Forthcoming) Environment MDG study of 5 ECA countries. Estimates are from national water experts/reports of local consultants
Georgia	MICS 1999	Multiple Indicator Cluster Survey, State Dept of Statistics, National Center for Disease Control, and UNICEF, Tbilisi 2000
	UNECA 2003	UNECA Environmental Performance Review for Georgia
Kazakhstan	DHS 1995	National Institute of Nutrition. Kazakhstan demographic and health survey 1995. Demographic and Health Surveys. Almaty, Kazakhstan, 1996
	WB 2004	(Forthcoming) Environment MDG study of 5 ECA countries. Estimates are from national water experts/reports of local consultants
	DHS 1999	Kazakhstan demographic and health survey 1999. Demographic and Health Surveys. Calverton, Maryland: Water access Sanitation—of 99.2% with access to sanitation, only 42.3% have a flush toilet
Kyrgyz Republic	KPMS 1998	Kyrgyz Poverty Monitoring Surveys, 1998
	Official stats	drawn from Social Economic Development (1993–97 and 1996–2000) year books; Education Stats 2000 Yearbook; 2001 National Human Development Report UNDP
Latvia	WB 2004	(Forthcoming) Environment MDG study of 5 ECA countries. Estimates are from national water experts/reports of local consultants
	UNECE 1998	UNECE Environmental Performance Review for Latvia. Percent of population connected to water from big cities and small and medium towns
Macedonia	HES 2000	Household expenditure survey 2000
Moldova	UNECE 2000	UNECE Environmental Performance Review for Macedonia
	HBS 2000	Household Budget Survey
Poland	WB 2004	(Forthcoming) Environment MDG study of 5 ECA countries. Estimates are from national water experts/reports of local consultants
	UN 2002	Report on the Millennium Development Goals Poland, UN representative in Poland and the Gdansk Institute for Market Economics, Warsaw 2002. Water mains number of houses connected to water mains as a proportion of all inhabited housing units. Source: Wskazniki przemian warunków życia w okresie przechodzenia do gospodarki rynkowej w latach 1989–94; Statistical Yearbooks, CSO
Romania	IHS 1994, 1998, and 2000	Integrated Household Surveys for 1994, 1998, and 2000
	MO Public Admin	2001 Annual Report
Russian Federation	RLMS	Popkin, B. "The Russian Longitudinal Monitoring Survey." Third and sixth rounds. University of North Carolina, Chapel Hill
	HEIDE 1993	
Serbia and Montenegro	MICS 1996	Multiple Indicator Cluster Survey FR Yugoslavia 1996, Institute of Public Health Serbia, Institute of Public Health Montenegro and UNICEF, Belgrade 1997 (for Yugoslavia as a whole)
	WB 2004	(Forthcoming) Environment MDG study of 5 ECA countries. Estimates are from national water experts/reports of local consultants
	MICS 2000	Multiple Indicator Cluster Survey II—The Report of for the Federal Republic of Yugoslavia, UNICEF, Belgrade, 2000 (excludes Kosovo and Metohija)
Tajikistan	TLSS 1999	Tajikistan Living Standards Survey. Conducted May–June 1999 jointly by the State Statistical Agency and the Center of Strategic Research under the Office of the President in collaboration with the sponsors, UNDP, and the World Bank. Many of the data quoted are from the Republic of Tajikistan Poverty Assessment published by World Bank June 2000, which made extensive use of the TSLSS data
	MICS 2000	Tajikistan Multiple Indicator Cluster Survey
	NNWSS 2003	National Nutrition and Water and Sanitation Survey. [] denotes data are for 2003
	UNECE 2004	UNECE Environmental Performance Review for Tajikistan
Turkey	THHS 2003	Tajikistan Household Survey
	DHS 1998	Turkey Demographic and Health Survey, Hacettepe University Institute of Population Studies and Macro International Inc. The mortality rates for the 1998 TDHS are for the five-year periods preceding the survey (1988–93 and 1993–98)
Ukraine	2001 HCIS	2001 Household Consumption and Income Survey
	HBS 1995 and 1996	Ukraine Household Budget Surveys from 1995 & 1996 (poverty data derived using 1996 PPP)
Uzbekistan	DHS 1996	Uzbekistan Demographic and Health Survey 1996, Institute of Obstetrics and Gynecology Ministry of Health of the Republic of Uzbekistan, Macro International Inc. Tashkent City, Uzbekistan September 1997. For period 1991–96
	MICS 2000	Multiple Indicator Cluster Survey, Republic of Uzbekistan, 2000
	UHES 2002	Uzbekistan Health Examination Survey, Analytical and Information Center Ministry of Health, State Department of Statistics
		Ministry of Macroeconomics and Statistics, ORC Macro April 2004. The mortality rates from the 2002 UHES are for three five-year periods preceding the survey (1988–92, 1993–97, and 1998–2002).
	FBS 2001	Family Budget Survey, Uzbekistan 2001

Notes

1. While many countries in the ECA region have developed country-specific goals and targets, this publication, for comparative purposes, relates only to the global MDGs endorsed by the UN General Assembly in September 2000.

2. The Commonwealth of Independent States (CIS) comprises Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, the Kyrgyz Republic, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. The countries of Central and Eastern Europe are Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, FYR Macedonia, Poland, Romania, Serbia and Montenegro, the Slovak Republic, Slovenia, and Turkey. Slovenia is classified as a high-income country (2003 GNI per capita greater than \$9,386). The World Development Indicators does not include high-income countries in its regional aggregates. Therefore, regional totals or averages from the WDI for the ECA region exclude Slovenia.

3. Measurement of GDP in 1990 and earlier is as incorrect and unreliable as measurements of poverty and mortality rates.

4. Except Turkmenistan.

5. Purchasing power parity measures the relative purchasing power of different currencies for the same types of goods and services. Because goods and services may cost more in one country than in another, it allows for more accurate comparisons of living standards across countries. Purchasing power parity estimates price comparisons of similar items, but are not always robust because not all items can be matched across countries and time.

6. The gender gap is defined as a disparity between males and females involving quality or quantity. Median male income higher than median female income in many countries is a gender gap favoring men, while women living longer than men in most countries is a gender gap favoring women.

7. Except for Turkey, where the WHO Health For All data were used.

8. WHO, UNICEF, and UNFPA adopted a similar approach to develop maternal mortality ratio estimates in 1990 and 1995. However, because the margins of uncertainty associated with these estimates are so large, the estimates from different years should not be used to monitor trends.

9. The data presented in MDG table 7 are an updated version of WHO and UNICEF Joint Monitoring Programme (2001).

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Goals, targets, and indicators

Goals and targets from the Millennium Declaration

Indicators for monitoring progress

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 \$1 (PPP) a day ^a
		1a	Poverty headcount ratio (percentage of population below the national poverty line)
		2	Poverty gap ratio [incidence x depth of poverty]
Target 2	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	3	Share of poorest quintile in national consumption
		4	Prevalence of underweight 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
		7	Proportion of pupils starting grade 1 who reach grade 5 ^b
		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	Ratios of girls to boys in primary, secondary, and tertiary education
		10	Ratio of literate women to men ages 15–24
		11	Share of women in wage employment in the nonagricultural sector
		12	Proportion of seats held by women in national parliaments

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 15–24
		19	Condom use rate of the contraceptive prevalence rate ^c
		19a	Condom use at last high-risk sex
		19b	Percentage of 15- to 24-year-olds with comprehensive correct knowledge of HIV/AIDS ^d
		19c	Contraceptive prevalence rate
		20	Ratio of school attendance of orphans to school attendance of nonorphans 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 ^e
		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 programs 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 \$1 GDP (PPP)
		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

Goals and targets from the Millennium Declaration

Indicators for monitoring progress

Target 11	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	32	Proportion of households with access to secure tenure
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Goal 8 Develop a global partnership for development

Target 12	Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction—both nationally and internationally	Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked countries and small island developing states.	
Target 13	Address the special needs of the least developed countries Includes tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	Official development assistance (ODA) 33 Net ODA, total and to the least developed countries, as a percentage of OECD/DAC donors' gross national income 34 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 35 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 36 ODA received in landlocked countries as a 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 Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the 22nd special session of the General Assembly)	Market access 38 Proportion of total developed country imports (by value and excluding arms) from developing countries and from the 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	Debt sustainability 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 Debt 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	45	Unemployment rate of 15- to 24-year-olds, male and female and total ^f
Target 17	In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	46	Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47 48a 48b	Telephone lines and cellular subscribers per 100 people Personal computers in use per 100 people Internet users per 100 people

Note: Goals, targets, and indicators effective September 8, 2003.

a. For monitoring country poverty trends, indicators based on national poverty lines should be used, where available. b. An alternative indicator under development is "primary completion rate." c. Among contraceptive methods, only condoms are effective in preventing HIV transmission. Since the condom use rate is only measured among women in union, it is supplemented by an indicator on condom use in high-risk situations (indicator 19a) and an indicator on HIV/AIDS knowledge (indicator 19b). Indicator 19c (contraceptive prevalence rate) is also useful in tracking progress in other health, gender, and poverty goals. d. This indicator is defined as the percentage of 15- to 24-year-olds who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can transmit HIV. However, since there are currently not a sufficient number of surveys to be able to calculate the indicator as defined above, UNICEF, in collaboration with UNAIDS and WHO, produced two proxy indicators that represent two components of the actual indicator. They are the percentage of women and men ages 15–24 who know that a person can protect herself from HIV infection by "consistent use of condom," and the percentage of women and men ages 15–24 who know a healthy-looking person can transmit HIV. e. Prevention to be measured by the percentage of children under age five sleeping under insecticide-treated bednets; treatment to be measured by percentage of children under age five who are appropriately treated. f. An improved measure of the target for future years is under development by the International Labour Organization.

ECA's four country groups

European Union (EU8)—the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, the Slovak Republic, and Slovenia

Southeastern Europe—Albania, Bosnia and Herzegovina, Bulgaria, Croatia, FYR Macedonia, Romania, Serbia and Montenegro, and Turkey

Middle-income CIS—Belarus, Kazakhstan, the Russian Federation, and Ukraine

Lower income CIS—Armenia, Azerbaijan, Georgia, the Kyrgyz Republic, Moldova, Tajikistan, and Uzbekistan

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In 2005, with just a decade left to achieve the Millennium Development Goals, the international development community is taking stock of the implementation of the UN's Millennium Declaration and discussing how to accelerate progress.

This publication assesses the prospects for four regional clusters: European Union 8, Southeastern Europe and Turkey, middle-income CIS, and lower income CIS. The European Union 8 countries are most likely to meet the Millennium Development Goals, while the prospects are mixed for the other regions.