We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected.

United Nations Millennium Declaration, September 2000

<table>
<thead>
<tr>
<th>Goals and targets from the Millennium Declaration</th>
<th>Indicators for monitoring progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 7  Continued</td>
<td>• Proportion of population with access to improved sanitation</td>
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<tr>
<td></td>
<td>• Proportion of households with access to secure tenure</td>
</tr>
<tr>
<td>Goal 8  Develop a global partnership for development</td>
<td>Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (includes commitment to good governance, development, and poverty reduction—both nationally and internationally)</td>
</tr>
<tr>
<td></td>
<td>Address the special needs of the least developed countries (includes tariff- and quota-free access for exports, enhanced program of debt relief for and cancellation of official bilateral debt, and more generous ODA for countries committed to poverty reduction)</td>
</tr>
<tr>
<td></td>
<td>Address the special needs of landlocked countries and small island developing states (through the Program of Action for the Sustainable Development of Small Island Developing States and 22nd General Assembly provisions)</td>
</tr>
<tr>
<td></td>
<td>Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</td>
</tr>
<tr>
<td></td>
<td>In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</td>
</tr>
<tr>
<td></td>
<td>In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</td>
</tr>
<tr>
<td></td>
<td>In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies</td>
</tr>
</tbody>
</table>

Indicators for monitoring progress include:
- Net ODA, total and to least developed countries, as a percentage of DAC donors’ gross national income (GNI)
- Proportion of bilateral ODA for basic social services (basic education, primary health care, nutrition, safe water, and sanitation)
- Proportion of bilateral ODA that is untied
- ODA received by landlocked countries as a proportion of their GNI
- ODA received by small island developing states as a proportion of their GNI
- Average tariffs imposed by developed countries on agricultural products and textiles and clothing
- Agricultural support estimate for OECD countries as a percentage of their GDP
- Proportion of ODA provided to help build trade capacity
- Total number of countries that have reached their HIPC decision points and completion points (cumulative)
- Debt relief committed under HIPC initiative
- Debt service as a percentage of exports of goods and services
- Unemployment rate of 15- to 24-year-olds, male and female and total
- Proportion of population with access to affordable, essential drugs on a sustainable basis
- Telephone lines and cellular subscribers per 100 people
- Personal computers in use per 100 people
- Internet users per 100 people

a. For monitoring at the country level, national poverty lines should be used.

b. Among contraceptive methods, only condoms are effective in reducing the spread of HIV.

c. The proportion of children under five sleeping under insecticide-treated bed nets (prevention) and appropriately treated (treatment).

d. The Organisation for Economic Co-operation and Development and the World Trade Organization are collecting data, which will be available from 2001 on.

e. An improved measure of the target is under development by the International Labour Organization.
What are the Millennium Development Goals?

The Millennium Development Goals (MDGs) promote poverty reduction and human development as the key to sustaining social and economic progress. In broad terms, the goals aim to cut by half the proportion of people living in poverty by 2015, provide education to all, improve health, and preserve the environment.

The Millennium Development Goals grew out of the agreements and resolutions of world conferences organized by the United Nations over the past decade. Brought together as a set of “International Development Goals” in 1996, they have since been refined and are now widely accepted as the framework for measuring development progress. At the Millennium Summit in September 2000, the 189 states of the United Nations reaffirmed their commitment to working toward a world of peace and security for all—a world in which sustaining development and eliminating poverty would have the highest priority. Signed by 147 heads of state, the Millennium Declaration was passed unanimously by the members of the UN General Assembly.

The MDGs focus the efforts of the world community on achieving significant, measurable improvements in people’s lives by establishing yardsticks for results. They require action not just by developing countries but by the industrial countries that must assist in implementation. Most of the targets are to be achieved over a 25-year period from 1990 to 2015. The complete Millennium Development Goal framework—comprising 8 goals, 18 targets, and 48 indicators—is set out at the end of this booklet.

The first seven goals are directed at reducing poverty in all its forms: hunger, a lack of income, education and health care, gender inequality, and environmental degradation. While each goal is important, collectively they form a comprehensive and mutually reinforcing approach to alleviating poverty. For example, better health care increases school enrollment and reduces poverty. Better education leads to better health. And increasing incomes gives people more resources to pursue better education and health care and a better environment.

The eighth goal—building a global partnership for development—provides a means for achieving the first seven. This might entail providing additional debt reduction and development assistance—and lowering trade barriers to allow for a freer exchange of goods and services.

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 region designated as Europe and Central Asia (ECA) by the World Bank contains the Commonwealth of Independent States (CIS) and the countries of Central and Eastern Europe - 28 countries in all. It occupies a land area of 24 million square kilometers, is home to 500 million people, and has diverse economic, political and social structures. The populations of individual countries vary greatly. Estonia, the smallest (1.4 million), is a hundredth of the Russian Federation, the largest (144.8 million), while the Slovak Republic with 5.4 million people represents the median. The lowest population densities are in Kazakhstan with 6 people per square kilometer and the Russian Federation with 9. Armenia, with 135 people per square kilometer, has the highest. 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 populations in towns and cities.

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1. The Commonwealth of Independent States (CIS) comprises Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, the Kyrgyz Republic, Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. The countries of Central and Eastern Europe are Albania, Bosnia & Herzegovina, Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, the former Republic of Macedonia, Poland, Romania, Serbia & Montenegro (formerly Federal Republic of Yugoslavia), the Slovak Republic, Slovenia, and Turkey. [Note: Slovenia is classified as a high income country (2002 GNI per capita greater than $9,076). The World Development Indicators (WDI) does not include high income countries in its regional aggregates. Therefore regional totals or averages from the WDI for the ECA region exclude Slovenia].
The collapse of the Council for Mutual Economic Assistance and the breakup of the former Soviet Union in 1991 led to massive changes in the region’s political and economic structures. For most people the transition from central planning to the market economy has been protracted—and at times painful. In many countries, the drastic declines in gross domestic product (GDP) and trade, the imposition of tough budget constraints, and the under-developed infrastructure all contributed to a reduction in the well-being of their people. During this period, some countries, such as the historically poorer countries of Central Asia, have found it difficult to sustain social infrastructure, such as schools and hospitals.

With marked declines in real wages, reduced access to health services, and declines in other determinants of human development, poverty has become more widespread. Region-wide, it was rising faster than anywhere else in the world during most of the 1990s, before beginning to fall with the resurgence of growth in almost all ECA countries over the past few years. In 2002 the average GDP growth for the whole region was 5.1%. The economic recovery started in the mid-1990s in Central Europe. And South East Europe, Russia (9% in 2000), and Ukraine (9.2% in 2001) have also experienced strong growth. Despite this growth, differences within the region have become more pronounced, with incomes ranging from $9,760 per capita in Slovenia to $180 per capita in Tajikistan. Meanwhile environmental issues require urgent attention—to reverse the damaging legacy of natural resource exploitation and polluting industries left over from central planning.

The prospect of accession to the European Union (EU) has helped anchor reforms in the better performing states of Central Europe—and in recent years it has also been a spur to peace and reconciliation in South-East Europe.

### Real GDP growth—plunging, then recovering

Source: National Authorities and World Bank staff estimates.
This section describes the importance of the MDGs to the ECA region as a whole. The rest of the booklet will focus on the following predominantly low and lower middle income countries in the region: Albania, Armenia, Azerbaijan, Belarus, Bosnia & Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyz Republic, FYR Macedonia, Moldova, Romania, Russian Federation, Serbia & Montenegro, Tajikistan, Turkey, Ukraine, and Uzbekistan. So for the most part, it largely excludes the upper middle income countries scheduled to join the EU in May 2004. The reason is that these countries, such as the Czech and Slovak Republics have already achieved - or are likely to achieve - most of the MDG targets at the national level. They are now targeting their health and education investments to interventions beyond the MDGs. Even so, the MDGs remain relevant in these countries because disaggregations of national level data by region, ethnic group, or gender may identify pockets where the targets are less likely to be achieved. For example, in the Czech Republic and the Slovak Republic infant mortality rates for Roma are double that of non-Roma.

Several special features of the ECA region need to be kept in mind when applying the MDG framework.

In 1990, based on the best available data, social indicators were in reasonable shape for many ECA countries. These were eroded fast as ECA entered a period of rapid socioeconomic decline. Even though most ECA countries are growing again, some indicators are still catching up with the 1990 levels. So for ECA countries, any assessment of progress towards the goals using 1990 as a baseline is likely to conceal a period where social indicators hit their lowest levels.

The very cold climate in many ECA countries means that spending on heat, winter clothing, and food is higher than in other regions. The first MDG calls for halving the proportion of people living on less than $1 a day by 2015 (in 1993 international prices). But given the extra spending on heat and food, a higher poverty line - such as the national poverty line or $2 a day is more appropriate for the ECA region. Recent estimates based on World Bank data suggest that the proportion of the ECA population living below $1 is 5% and that living below $2 a day, is 19.5%.

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 transition countries of Europe and Central Asia, both men and women have paid a price. There are even instances where gender disparity affects males disproportionately. In Russia, Ukraine, and Belarus the life expectancy gap between men and women has increased because the lifestyle behaviors of men tend to lead to accidents, injuries, and cardio-vascular dis-

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5. Actually $2.15 per person per day in 1996 purchasing power parity (PPP). The estimates based on the 1996 PPP rates are considered more reliable than the 1993 rates often used in other regions because they take into account changes in the price structure following periods
ease. There are also low and worsening enrollments for boys relative to girls in secondary education and, especially in higher education in many countries.

The goal of halting and beginning to reverse the spread of HIV/AIDS by 2015 was developed largely with Africa in mind. There, the epidemic is well advanced, and progress is measured by the prevalence of the disease among 15–24 year-old pregnant women. In Europe and Central Asia the epidemic is still in its early stages, and one of the main modes of transmission is through injecting drug users, so key health statistics from prenatal clinics will not detect the full extent of the epidemic.

Indeed, using this indicator alone could lead to the erroneous conclusion that HIV/AIDS is not a particular concern in the ECA region. In reality, an increase in “risky” behaviors, such as drug use and unprotected sex, in several of the CIS countries means that HIV/AIDS is now spreading rapidly from the high-risk groups, to the “bridge” populations and into the general population. Given this difference in the characteristics of the epidemics in Africa and ECA, there is a need to examine HIV/AIDS indicators that can take account of this dimension, unique to ECA.

While not exclusive to the ECA region, several key 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.** This could be due to a lack of capacity or a country’s low commitment to data collection. And, the upheaval associated with the transition means that few data series are historically comparable, making it difficult to assess trends.
- **Data may not be reliable.** There are some instances where the data may not represent the true picture. For example, in some ECA countries there is a hefty charge for parents registering newborn children, not affordable for most of the rural poor. Official statistics for infant mortality are thus unlikely to include data from the rural poor and thus underrepresent the real situation.
- **Data from different sources often present a different picture.** Data for a single indicator (such as infant mortality) collected from different sources, such as the country official statistics and country surveys, may lead to different estimates.
- **Country data may conceal large disparities within countries.** As mentioned earlier, some countries in the region vary greatly in the proportion of people living in urban or rural environments. In such countries – among them, Turkey and Russia – collection of data at a more disaggregated level is important because national data may mask subnational trends. Large data variations, e.g. between rural and urban populations – can have potentially large implications for how countries address the MDGs.

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In many countries, men are dying earlier

![Change in gender gap, 1990–99](chart)


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The likelihood of reaching the MDGs has been estimated for those ECA countries not scheduled to join the EU by May 2004 using simple linear trends of progress since 1990. These estimates do not state what the final outcome will be. Instead they provide a possible endpoint based on current performance. The assessments are based primarily on data from the World Bank’s World Development Indicator database, complemented with official and survey data from such other sources as Demographic Health Surveys, Living Standards Measurement Surveys and Multiple Indicator Cluster Surveys—as well as various World Bank publications.

The indicators and targets used for each MDG were:

**Poverty**
*Indicator:* Proportion of population below $2 a day.
*Target:* To halve between 1990 and 2015, the proportion of people whose income is less than $2 a day.

*Note:* While the MDG indicator and target include $1 a day, a higher poverty line such as $2 a day (actually $2.15) is considered more appropriate in ECA given the extra expenditure on heat, winter clothing, and food.

**Universal primary education**
*Indicator:* Net enrollment ratio in primary education.
*Target:* Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

*Note:* While the net enrollment ratio is the indicator used here, the primary completion rate provides a more comprehensive picture because it measures coverage and student attainment.

**Gender equality in school**
*Indicator:* Ratio of girls to boys enrolled in primary school.
*Target:* Achieve equality in enrollment ratios by 2005.

**Child mortality**
*Indicator:* Under-five child mortality (per 1,000 live births).
*Target:* Reduce by two-thirds between 1990 and 2015.

**Maternal mortality**
*Indicator:* Maternal deaths per 100,000 live births.
*Target:* Reduce by three-quarters between 1990 and 2015.

**HIV/AIDS and other diseases**
*Indicators:* Newly diagnosed cases of HIV per year and incidence of TB per 100,000 people.
*Targets:* Have halted by 2015 and begun to reverse the spread of HIV/AIDS and incidence of malaria and other diseases.

*Note:* This study used newly diagnosed cases of HIV per year because the MDG indicator for HIV/AIDS—HIV prevalence among 15-24-year old pregnant women—is less appropriate in ECA.

**Ensure environmental sustainability**
*Indicator:* Proportion of people with access to an improved water source, urban & rural.
*Target:* Halve the proportion of people without sustainable access to drinking water by 2015.

**Key findings:**
- The Millennium Development Goal framework reinforces concerns about the poor state of some ECA countries.

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6. This indicator is deficient in that it has no denominator and hinges on the data collection methods, which vary. Going forward, more appropriate indicators could include prevalence of HIV among specified groups of high-risk core transmitters, bridge populations and the general population in accordance with surveillance methods endorsed by WHO and UNAIDS.
Based on current trends, around half of all ECA countries, primarily the low and lower middle income countries, are unlikely to meet at least one of the MDGs.

Several countries of the Commonwealth of Independent States face a particularly difficult challenge in meeting the MDGs.

The application of some MDG targets, such as those for child and maternal mortality, produces a 2015 target for many countries that is difficult to achieve, if not impossible.

Some MDGs are more relevant than others to the low and lower middle income countries in ECA—as can be seen in the following descriptions for each MDG.

<table>
<thead>
<tr>
<th>Prospects of ECA countries meeting the MDGs</th>
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<tbody>
<tr>
<td>MDG1 Poverty</td>
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<tr>
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<tr>
<td>Albania</td>
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<td>Armenia</td>
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<td>Azerbaijan</td>
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<td>Belarus</td>
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<td>Bosnia and Herzegovina</td>
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<td>Bulgaria</td>
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<td>Croatia</td>
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<td>Georgia</td>
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<tr>
<td>Kazakhstan</td>
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<tr>
<td>Kyrgyz Republic</td>
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<tr>
<td>Macedonia, FYR</td>
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<tr>
<td>Moldova</td>
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<tr>
<td>Romania</td>
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<tr>
<td>Russian Federation</td>
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<tr>
<td>Serbia and Montenegro</td>
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<tr>
<td>Tajikistan</td>
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<tr>
<td>Turkey</td>
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<tr>
<td>Ukraine</td>
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<tr>
<td>Uzbekistan</td>
</tr>
</tbody>
</table>

**Key**

- **Likely**: MDG target likely to be achieved
- **Maybe**: Made some progress, but too hard to tell whether MDG target will be met
- **Unlikely**: MDG target unlikely to be achieved.
- **No data**: Inadequate data to predict whether MDG target will be met

Poverty has traditionally been measured on the basis of household income or spending. During the 1990s the proportion of people living on less than $1 a day worldwide fell from 29% to 23%. Most of the progress has been in Asia, where sustained growth has lifted nearly 150 million people out of poverty since 1990.

Poverty in the ECA region rose faster, becoming more widespread, than in any other region during the 1990s. The socioeconomic transformation substantially affected the structure of the economy. It also hit living standards and the pretransition gender order. GDP fell, and employment and wages plummeted. And 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 ECA living on less than $2 a day increased from 31 million in 1990 to about 90 million in the late 1990s. But, the resurgence of growth in recent years (particularly in the CIS countries) and the better financing and targeting of social protection has reduced poverty in some countries.

Recent World Bank projections show that, for most regions, the poverty reduction goal can be met if the growth in per capita income accelerates to an average of 3.6% a year. In ECA however, growth alone will not be enough. To meet the goals, poor people must be empowered to take steps to improve their lives. Governments must assist them by developing pro-poor policies. They must recognize that the benefits of growth can be distributed unequally and undertaking necessary institutional reforms to ensure that the poor can obtain the services they need. When opinion leaders from six ECA countries were asked whether they thought reducing poverty by half was likely, only 28% responded that it was very likely or somewhat likely.

As in most regions, many ECA countries have inadequate data. In addition, some transition countries lack a tradition of monitoring outcomes in social spheres on the basis of individual or household data. But the limited poverty data available indicate that several countries are unlikely to meet the first goal.

The poverty goal in ECA. Reducing extreme poverty and hunger are important in the ECA region. Even though data are often inadequate to predict trends, there is enough to indicate that in many countries a significant proportion of people are living below the $2 poverty line.
Building and maintaining human capital are fundamental to any country’s long-term development and crucial for the wider process of societal change that underpins responsible reform and economic growth.

During the socialist period the state of human capital was higher than for 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. It was more common for teachers to come to work and students to have textbooks. And repetition and dropout rates were low.

With the transition, however, came dramatic changes in the education system of many countries. The education of thousands of children was severely disrupted due to ethnic strife, war, and civil unrest in such countries as Bosnia and Herzegovina, Georgia, Azerbaijan and Tajikistan. In many countries, enrollment rates and public spending on education fell sharply. In Azerbaijan, Bulgaria, and Russia public expenditure declined faster than gross domestic product. The decline in funding for educational materials, the reduced number of teachers, the late payment of teachers wages and the lack of heat and maintenance for schools reduced the quality of schooling. Meanwhile, the costs of education, both formal and informal, went up while the perceived benefits of education—in higher wage earnings—remained low.

Progress towards the primary education MDG target is commonly measured by the net enrollment ratio—the ratio of enrolled children of official school age to the number of children of the same age in the population. Using official data, it is possible to derive primary school completion rates, which can be used as a core indicator of an education system’s performance.8

In ECA, there has been a significant recovery to pre-transition levels for these indicators in many countries, but universal primary education remains some way off for Albania, Armenia, Belarus, Georgia, and Tajikistan.

To improve education outcomes for the region, there needs to be greater focus on improving access and quality. This can be achieved through stronger government ownership of reforms, increased implementation capacity, greater emphasis on equity, more efficiency in spending, and a reorientation toward lifelong learning.

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8. The primary completion rate is the total number of students successfully completing (or graduating from) the last year of primary school in a given year, 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 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).
This goal aims to promote gender equality and empower women. In the ECA transition countries, gender issues are markedly different from those in other regions. Gender equality—measured by such social indicators as access to health care, schooling, and employment—was one of the major achievements of socialism.

Both males and females have paid the price of economic transition. Clear geographical patterns have now emerged with women at increasing disadvantage in Central Asia, and men in the European countries of the former Soviet Union.

One of the indicators used to assess progress toward the gender equality goal is the ratio of girls to boys in primary, secondary, and tertiary education. During the 1990s enrollment rates in basic education remained relatively high, with little evidence of a gender gap, except in Tajikistan and Turkey. Despite recent improvements, girls are still significantly underrepresented in primary schools in these two countries.

In secondary education in Central Europe, boys are dropping out of school faster than girls in some countries. The shift from vocational to general education is partly responsible for this trend, with boys traditionally more likely to seek vocational education. By contrast, fewer girls are enrolling in schools in Central Asia and Azerbaijan, a concern because the enrollment rates for girls are already low.

Any response to gender inequities in ECA, needs to be tailored to specific country circumstances. Gender is mostly absent from national policymaking agendas, but possible future directions include strengthening capacity to measure gender differentials, addressing gender inequalities in access to economic opportunities, and mainstreaming gender in strategies for economic development and poverty reduction.

**Goal 3: Promote gender equality and empower women**

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

This goal aims to promote gender equality and empower women. In the ECA transition countries, gender issues are markedly different from those in other regions. Gender equality—measured by such social indicators as access to health care, schooling, and employment—was one of the major achievements of socialism.

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**Women in employment**

Females as a percentage of total employment

<table>
<thead>
<tr>
<th>Year</th>
<th>Russia</th>
<th>Georgia</th>
<th>Croatia</th>
<th>Kyrgyz Rep.</th>
<th>FYR Macedonia</th>
<th>Albania</th>
<th>Serbia and Montenegro</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>70</td>
<td>55</td>
<td>60</td>
<td>40</td>
<td>45</td>
<td>45</td>
<td>40</td>
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<tr>
<td>1991</td>
<td>65</td>
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<td>55</td>
<td>35</td>
<td>40</td>
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<td>1992</td>
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<td>1993</td>
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<td>25</td>
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<td>1994</td>
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<td>20</td>
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<td>1997</td>
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<tr>
<td>1998</td>
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<tr>
<td>1999</td>
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<td>2000</td>
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<td>10</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>0</td>
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</table>


**Gender equality goal in ECA. In much of the region, gender inequality in primary school is not an issue. And in some countries, boys are leaving school faster than girls. Overall, the gender equity goal is more likely to be met in ECA than in other regions. But it should continue to be monitored closely, especially in Azerbaijan, Tajikistan, and Turkey.**
Even though there have been significant improvements in recent years, more than 10 million children die each year in the developing world, the vast majority from causes preventable through a combination of good nutrition, care, and medical treatment. Mortality among children under five has been declining at an average rate of about 1 percent a year for the past 35 years.

ECA’s under-five mortality rate of 44 deaths per 1,000 live births in 1990 was lower than that in any other region. By 2001 it had fallen to 36 per 1,000, not fast enough to meet the MDG target of a two-thirds reduction by 2015.

One problem unique to ECA is the definitional difficulty associated with infant mortality rates. Many CIS countries, when recording official data in hospitals, still use the definitions established in the former Soviet Union. Contrary to the World Health Organization (WHO), the Soviet practice was not to count as live births the premature and low-birth-weight babies who die within seven days. That can lead to underestimations of the true infant mortality rate by some 20 percent.

For several ECA countries the application of a two-thirds reduction to the 1990 baseline produces a lower child mortality target than the current mean for high income countries. While many countries are unlikely to meet that target, it is possible that they will reach the level of many high income countries today - and so are judged as having achieved or being likely to achieve the goal.

Interventions that have proved effective in reducing child mortality include:

- Good care during pregnancy and the first week after birth.
- Breastfeeding and supplementary feeding in young children.
- Immunization against major endemic diseases.
- Appropriate case management at home and in communities for acute respiratory infection, pneumonia, and diarrhea.
- Access to appropriate care, reliable water, and improved sanitation.


Reducing child mortality MDG in ECA. Under-five child mortality rates for several ECA countries—such as Armenia, Kazakhstan, and Moldova—have much room for improvement.
Goal 5: Improve maternal health

More than 50 million women worldwide suffer from poor reproductive health and serious pregnancy-related illness and disability. And more than 500,000 women die every year from complications of pregnancy and childbirth, one every minute of every day, nearly all in the developing world. Most deaths occur in Asia, but the risk of dying is highest in Africa. Maternal deaths in Europe are relatively low.

Monitoring progress towards this goal has proved to be problematic because maternal mortality is difficult to measure. Indicators used for monitoring progress towards the goal include the percentage of births assisted by a skilled attendant and maternal mortality ratio (MMR). While there is a strong association between the former and maternal mortality, correlation does not imply causation. Percent of attended births is rather, an indicator of access to care, which by itself has an impact on reduction of deaths. Maternal mortality ratio (maternal deaths per 100,000 live births) 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, MMR was used in this assessment.

Trends in ECA indicate that several CIS countries are unlikely to achieve the MDG target of a 75% reduction in maternal mortality. In fact, the most recent data for Georgia and Kazakhstan indicate that the ratio is increasing relative to the 1990 baseline. And, in some countries, high rural maternal mortality ratios may be concealed by lower national data. As with child mortality, applying the required three-fourths reduction in maternal mortality to the 1990 baseline produces for many countries a target lower than the mean for high income countries today. While these countries are unlikely to meet such a target, it is possible that their maternal mortality ratio will reach the level of many high income countries today, and so were judged to have achieved or to be likely to achieve the goal.

In ECA, as in other regions, most of the deaths could be avoided if women had

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**Estimates of maternal mortality around the world**

<table>
<thead>
<tr>
<th>UN region</th>
<th>Maternal mortality ratio (maternal deaths per 100,000 live births)</th>
<th>Maternal deaths</th>
<th>Lifetime risk of maternal death</th>
</tr>
</thead>
<tbody>
<tr>
<td>World total</td>
<td>400</td>
<td>515,000</td>
<td>1:75</td>
</tr>
<tr>
<td>Africa</td>
<td>1,000</td>
<td>273,000</td>
<td>1:16</td>
</tr>
<tr>
<td>Asia</td>
<td>280</td>
<td>217,000</td>
<td>1:110</td>
</tr>
<tr>
<td>Europe</td>
<td>28</td>
<td>2,200</td>
<td>1:2,000</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>190</td>
<td>22,000</td>
<td>1:160</td>
</tr>
<tr>
<td>Northern America</td>
<td>11</td>
<td>490</td>
<td>1:3,500</td>
</tr>
<tr>
<td>Oceania</td>
<td>260</td>
<td>560</td>
<td>1:260</td>
</tr>
</tbody>
</table>

Note: Japan, Australia and New Zealand have been excluded from the regional averages and totals.
access to adequate care during pregnancy and childbirth. For the maternal mortality ratio to be reduced dramatically (certainly, for it to come down by 75%), all women must have access to high-quality delivery care. That care has three key elements:

- A skilled attendant at delivery (already common in ECA).
- Access to emergency obstetric care in case of a complication.
- A referral system to ensure that women who experience complications can reach life-saving treatment in time.

**Abortion and the Former Soviet Union**

Worldwide, unsafe abortions are estimated to account for more than 78,000 deaths a year, about 13% of all maternal deaths. The risks to women arise from a lack of medical skills, hazardous techniques, and unsanitary facilities. In the former Soviet Union, abortion became the main form of birth control soon after it was re-legalized in 1955. From then on, it was available on request and free of charge. Despite the recent decline in the use of abortion and the greater prevalence of contraceptives, the incidence of abortion in the former Soviet States is still among the highest in the world. Abortion has remained a well-entrenched part of reproductive practice because of the continuing tradition of unlimited reliance on abortion and because contraceptives remain in short supply and are relatively expensive.

**Maternal mortality goal in ECA.** Most ECA countries are unlikely to achieve a 75% reduction in the maternal mortality ratio by 2015. Many may reach the level of many high income countries today. But in several low and lower middle income countries, including Georgia and Kazakhstan, maternal health remains an issue, and significant reductions in maternal mortality are still needed.
HIV/AIDS
Since the human immunodeficiency virus (HIV) was first identified some 20 years ago, more than 60 million people have been infected, 5 million in 2001 alone. Some 15,000 new infections occur every day. About 42 million adults and children around the world are now living with HIV/AIDS, more than 95% in developing countries and about one third are aged 15-24. HIV/AIDS is now the leading cause of death in Sub-Saharan Africa and the fourth largest killer worldwide.

The ECA region is experiencing the world’s fastest-growing HIV/AIDS epidemic. Estonia, Ukraine, and the Russian Federation had the highest adult prevalence rates in 2001. There are also countries, such as Kazakhstan and Uzbekistan, where the risk is higher for the disease’s spread, and if not kept in check it could increase rapidly. The vast majority of reported infections in ECA are among young people—mainly among injecting drug users—and commercial sex workers. An uncontrolled HIV/AIDS epidemic could have devastating consequences for health and development in ECA. Fortunately, global experience shows that early and effective actions can limit the spread of HIV/AIDS.

There is a pressing need to improve the effectiveness of disease control through epidemiological and behavioral surveillance systems that can identify the status and trends of HIV and its determinants. This would include refining HIV/AIDS indicators more appropriate for the stage of the epidemic in ECA.

Structural factors that influence HIV transmission are deep-seated and complex. They can be addressed in the medium and long term through:

- Sustained, pro-poor economic growth.
- Poverty-reduction policies and programs.
- Control of drug trafficking.
- Effective judicial reforms to reduce overcrowding in prisons.
- Improving employment opportunities for young adults.
- Curtailing human trafficking.
- Improving the public health infrastructure to support testing, counseling, TB control, and other population-based approaches to HIV/AIDS and TB.

10. The prevalence rate per 1,000 is the total number of cases of a disease present in the population at a specified time divided by the number of persons in the population at that specified time multiplied by 1,000. The incidence rate per 1,000 is the number of new cases of a disease occurring in the population during a specified period of time divided by the number of persons exposed to the risk of developing the disease during that period multiplied by 1,000.
Reducing the risk of becoming infected is more amenable to short-term actions—by reducing transmission among injecting drug users and using condoms during commercial or casual sex.

**Malaria and tuberculosis**

Malaria is estimated to kill roughly 1.1 million people worldwide each year, and tuberculosis 2 million.

Malaria, though endemic in most tropical and subtropical areas, is relatively rare in ECA. It is either imported from endemic areas, or transmitted locally in some parts of such countries as Azerbaijan, Georgia, Tajikistan, Turkey, and Uzbekistan. The form of malaria prevalent in ECA is more benign than that in tropical and subtropical countries. More susceptible to relapses, it is also more resistant to control or eradication.

Tuberculosis is a large and growing problem in parts of ECA. Kazakhstan, Romania, the Russian Federation, Ukraine, and Uzbekistan have more than half the TB cases in the region. And globally, Russia is one of 22 high-burden countries. The disease is fueled by ineffective approaches to diagnosis and treatment, poor coverage of effective treatment protocols and weak, deteriorating health systems. And, in prisons there is a high prevalence of TB amongst prisoners, who serve as epidemiological pumps for the spread of the disease.

Affected countries need to implement effective TB control programs based on the Directly Observed Treatment, Short-Course (DOTS), a strategy endorsed by WHO. This approach, which has cure rates of up to 95%, emphasizes positive diagnosis followed by an effective course of treatment and subsequent care. For multidrug resistant TB, the WHO has endorsed the DOTS-Plus approach, which uses more powerful drugs.

**Combating HIV/AIDS and other diseases in ECA.** When the likelihood of reaching this goal is based on whether either the HIV/AIDS or tuberculosis goal targets are likely to be met, more than half the low and lower middle income countries appear unlikely to achieve it.
Sustainable development can be ensured only by protecting the environment and using its resources wisely. This goal focuses on some of the environmental conditions that need to be closely monitored—energy use, energy efficiency, the emission of greenhouse gases, 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.

The environmental sustainability goal is important to the ECA region, primarily for access to safe drinking water, because of its links to improved health outcomes, but also for the institutional capacity of countries to promote such sustainability. On the basis of access to improved water source data, the whole region appears to be doing well, with 91% having access. And all countries in the region seem to be on target to meet this goal. But the statistics measure only measure access to an “improved water source,” not to “safe drinking water,” as stated in the MDG target. In ECA drinking water frequently does not meet basic biological and chemical standards, constituting a major health threat.

The issue in ECA is thus water quality as well as access to water. Where is the water quality problem most serious? In all the CIS countries, particularly in Central Asia, and in Albania and Romania. In rural Moldova, 60% of water sampled from supply systems does not meet standards. The quality problems are significantly worse in rural areas, where 30% of households lack access to piped water. Many urban areas also need urgent action to prevent the collapse of delivery systems.

Many Eastern European and Central Asian countries have weak institutional capacity for formulating and implementing policies to promote environmental sustainability. Areas needing action and substantial resources include:

- The legal basis for management.
- Monitoring and collection of environmental data and its use for decision making.
- Strengthening environment ministries’ capacity to design policies and work with other relevant ministries.
- Developing and implementing a modern, cost-effective, and incentive-compatible regulatory framework.

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**Access to an improved water source—high in many countries, but is the water safe?**

<table>
<thead>
<tr>
<th>Percent of households</th>
<th>Target</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low/Middle Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Azerbaijan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kyrgyz Republic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Romania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tajikistan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


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11. Improved water sources include: household connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection. Availability of at least 20 liters of water per person per day from a source within one kilometer of the user’s dwelling. Not improved sources include: unprotected well, unprotected spring, vendor-provided water, bottled water, tanker truck-provided water.
• Facilitating the financing of environmental investments from public and private sources and from financial institutions.
• Improving access to public information, including participation in key environmental decisions.

One of the indicators used to measure progress toward improving the lives of slum dwellers is the proportion of the urban population with access to improved sanitation. In ECA the present level of access to basic sanitation is 93% and the target for 2015 is 95%, a modest challenge. The main problem is that current sewage systems, in a serious state of disrepair, need immediate attention. As with water quality, access to sanitation is most problematic in Albania, Romania, and CIS countries. A lack of further investment will cause the situation to worsen.

Despite a 35% increase in energy efficiency since 1992, the ECA region remains the least energy-efficient in the world in GDP per unit of energy used. An efficiency increase of 74% is needed for the region to reach the same energy efficiency as that in other countries at similar levels of development.

Carbon dioxide emissions in ECA have declined 27% since 1992. But compared with the rest of the world, emissions are still high. A decrease of 67% is needed if the ECA region is to reach the same level of CO₂ emissions per capita as other countries at similar levels of development. Within the region there is considerable potential for reducing carbon emissions in the larger, more industrial economies—but less in the poor countries of Central Asia.

Some 40% of the ECA region is covered with forests, more than world average of 30%. And according to official statistics, the area under forest is increasing in absolute terms. But the extent of old-growth forests and the shade provided by big trees are declining. Illegal logging is also problematic in some countries. And the deposition of nitrogen acids and heavy metals exceeds critical levels in some areas.

The land area protected to maintain biodiversity averages 7% in ECA, compared with 11.7% globally in 2002. With the exception of ECA countries soon to join the EU, nearly all are below the world average. The average for ECA is skewed by the large areas for Russia (8.3%). While there is no target for this indicator, an increase is seen as desirable.

Ensuring environmental sustainability in ECA. The biggest challenge to meeting the environmental targets is in water supply and sanitation. Despite official data showing that a large percentage of people have access to improved water supplies, there is a serious issue of water quality, which constitutes a major health hazard.
Success in achieving the MDGs depends on the actions of developing countries, but there is much that developed countries can do to help. Goal 8 commits wealthier countries to work with developing countries and create an environment that makes rapid, sustainable development possible. It calls for an open, rule-based trading and financial system, more generous aid, and debt relief to countries committed to poverty reduction.

**Reducing barriers to trade**

Promoting more efficient allocation of resources, international trade has been critical in the ECA region’s recent economic growth and increased productivity. One of the most useful things that neighboring high income countries can do to promote growth in ECA countries is to reduce their import barriers. The European Union has various trade arrangements with groups of countries in the region. For example, bilateral free trade between the EU and the 10 ECA countries that have started negotiations to join the EU has been agreed for industrial products—and significant concessions have been negotiated for agricultural and processed agricultural products. Trade with all the countries now negotiating their accession to the EU increased threefold between 1993 and 2001.

For the five South East European countries—Albania, Bosnia & Herzegovina, Croatia, FR Macedonia, and Serbia & Montenegro—the EU granted autonomous trade concessions in 2000 that make it possible for around 95% of their exports to enter the community duty-free. The EU eliminated its autonomous quantitative restrictions with most CIS countries in 1995 and is now the major trading partner for Russia and most of the independent states, accounting for 40% to 50% of their global trade. The EU has bilateral steel agreements with Russia and Kazakhstan—and is negotiating to renew its agreement with Ukraine.

**Effective development assistance**

Between 1960 and 2001 official development assistance (ODA) from major aid donors declined worldwide from 0.5% of gross national income (GNI) to 0.22%. To reverse this trend, high income countries made commitments—at the UN international conference on Financing for Development held at Monterrey, Mexico, in March 2001—that would increase ODA to an average of 0.26% of GNI by 2006.

EU member states committed to raise their ODA to at least 0.33% of GNI by 2006, with the EU average rising to 0.4% or more. There have also been pledges to assist specific ECA countries. In late 2002, for example, representatives of governments and international agencies pledged to provide $700 million to the Kyrgyz Republic to help the government implement its reform program, particularly in the banking sector, private sector development, health and education reform, export development, and rural infrastructure. And in early 2003 some $900 million was pledged over three years to
Tajikistan (including $200 million in humanitarian assistance) as part of an intensified effort by the Tajik government and the international community to fight poverty.

**Collaborative efforts to enhance economic growth and reduce poverty**

For many ECA countries, the prospect of accession to the European Union in the near or distant future has been a “carrot.” Membership offers many potential benefits, including a better quality of life as members adopt EU policies to protect the environment, to fight crime and drugs, and so on. Above all, EU membership provides an opportunity to boost economic growth and create jobs. Its unified trade rules, single tariff, and administrative procedures will simplify dealings for third-country operators in Europe and improve conditions for investment and trade.

Donors, neighbors, and international financial institutions launched the CIS-7 initiative in 2002 to address the transition difficulties of the poorest economies. The initiative aims to assist the CIS-7 implement their Poverty Reduction Strategies to improve the business and investment climate, reduce serious spending distortions, maintain macroeconomic stability, push forward on structural reforms, improve regional cooperation, and continue the support of international community for the reform efforts.

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**MDGs and PRSPs—Working together to reduce poverty**

An operational framework is required at the national level to translate the MDG targets into action. To be effective, this framework needs to set out a country-owned agenda aimed at sustained, shared growth and public action to achieve the goals. For many of the poorest countries, the primary strategic and implementation vehicle to reach the MDGs is the Poverty Reduction Strategy Paper (PRSP). As of mid-2003, 10 countries had completed PRSPs or I-PRSPs (Interim PRSPs) in the ECA region. With national ownership as the key, countries will need to set their own targets and timetables in the PRSPs directed at meeting the goals and articulate the policies and programs to attain them. The effectiveness of the PRSP is often enhanced by committing the finances required to meet these medium to long term goals through the use of a Medium Term Expenditure Framework.

Country governments, the World Bank, the IMF, and other donors, including the UN System, all provide coordinated support to the PRSP process. The UNDP promotes civil society participation and provides advice to the government on the development of national capacity for poverty monitoring and analysis and for pro-poor policy reforms and service delivery. The UN country team, and other development partners, facilitate the expression of the MDGs in national goals and targets in the PRSP.

The UN country team also supports the preparation of regular country reports assessing progress toward the goals. These reports are to be a key instrument to inform public debate for setting national targets and to enable all parties to hold each other accountable for the achievement of objectives set out in the PRSP. The MDG country reports and the annual PRSP progress reports will inform policymakers and the wider public of progress in reducing poverty. Both documents should produce good statistics and help strengthen national capacities for poverty monitoring and analysis.

Meeting the goals will require a sharper focus on implementation and monitoring results at the country level. This will in turn require more work to establish credible data, perhaps differentiated by region or by rural and urban areas, to identify gaps and set priorities for actions to meet the targets. Some countries that have large internal disparities—geographic, ethnic, urban/rural—should focus on targeting disadvantaged groups.

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12. Armenia, Azerbaijan, Georgia, the Kyrgyz Republic, Moldova, Tajikistan and Uzbekistan
13. Albania, Azerbaijan, Kyrgyz Republic, and Tajikistan have a full PRSP, Armenia, Bosnia & Herzegovina, Georgia, Macedonia, Moldova, and Serbia & Montenegro, have an interim PRSP
14. The MTEF is a transparent planning and budget formulation process within which a country’s cabinet and central agencies establish credible contracts for allocating public resources to their strategic priorities while ensuring overall fiscal discipline. The process entails two main objectives: setting fiscal targets, and allocating resources to strategic priorities within these targets.
### Millennium Development Goals

#### Goals and targets from the Millennium Declaration

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Eradicate extreme poverty and hunger</th>
</tr>
</thead>
</table>
| Halve, between 1990 and 2015, the proportion of people whose income is less than S1 a day | • Proportion of population below S1 a day
• Poverty gap ratio (incidence times depth of poverty)
• Share of poorest quintile in national consumption |
| Halve, between 1990 and 2015, the proportion of people who suffer from hunger | • Prevalence of underweight children (under five years of age)
• Proportion of population below minimum level of dietary energy consumption |

#### Goal 2 | Achieve universal primary education

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling | • Net enrollment ratio in primary education
• Proportion of pupils starting grade 1 who reach grade 5
• Literacy rate of 15- to 24-year-olds |

#### Goal 3 | Promote gender equality and empower women

Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015 | • Ratios of girls to boys in primary, secondary, and tertiary education
• Ratio of literate females to males among 15- to 24-year-olds
• Share of women in wage employment in the nonagricultural sector
• Proportion of seats held by women in national parliament |

#### Goal 4 | Reduce child mortality

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate | • Under-five mortality rate
• Infant mortality rate
• Proportion of one-year-old children immunized against measles |

#### Goal 5 | Improve maternal health

Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio | • Maternal mortality ratio
• Proportion of births attended by skilled health personnel |

#### Goal 6 | Combat HIV/AIDS, malaria, and other diseases

Have halted by 2015 and begun to reverse the spread of HIV/AIDS | • HIV prevalence among 15- to 24-year-old pregnant women
• Condom use rate of the contraceptive prevalence rate
• Number of children orphaned by HIV/AIDS |
| Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases | • Prevalence and death rates associated with malaria
• Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures
• Prevalence and death rates associated with tuberculosis
• Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS) |

#### Goal 7 | Ensure environmental sustainability

Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources | • Proportion of land area covered by forest
• Ratio of area protected to maintain biological diversity to surface area
• Energy use per unit of GDP
• Carbon dioxide emissions (per capita) and consumption of ozone-depleting chlorofluorocarbons
• Proportion of population using solid fuels |
| Halve by 2015 the proportion of people without sustainable access to safe drinking water | • Proportion of population with sustainable access to an improved water source, urban and rural |
We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected.

United Nations Millennium Declaration, September 2000

Goals and targets from the Millennium Declaration

<table>
<thead>
<tr>
<th>Goal 7</th>
<th>Continued</th>
</tr>
</thead>
</table>
| Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers | • Proportion of population with access to improved sanitation  
• Proportion of households with access to secure tenure |

<table>
<thead>
<tr>
<th>Goal 8</th>
<th>Develop a global partnership for development</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>Some of the indicators listed below will be monitored separately for the least developed countries, Africa, landlocked countries, and small island developing states.</td>
</tr>
</tbody>
</table>
| Address the special needs of the least developed countries (includes tariff- and quota-free access for exports, enhanced program of debt relief for and cancellation of official bilateral debt, and more generous ODA for countries committed to poverty reduction) | Official development assistance (ODA)  
• Net ODA, total and to least developed countries, as a percentage of DAC donors’ gross national income (GNI)  
• Proportion of bilateral ODA for basic social services (basic education, primary health care, nutrition, safe water, and sanitation)  
• Proportion of bilateral ODA that is untied  
• ODA received by landlocked countries as a proportion of their GNI  
• ODA received by small island developing states as a proportion of their GNI |
| Address the special needs of landlocked countries and small island developing states (through the Program of Action for the Sustainable Development of Small Island Developing States and 22nd General Assembly provisions) | Market access  
• Proportion of total developed country imports (excluding arms) from developing countries and least developed countries admitted free of duties  
• Average tariffs imposed by developed countries on agricultural products and textiles and clothing  
• Agricultural support estimate for OECD countries as a percentage of their GDP  
• Proportion of ODA provided to help build trade capacity* |
| 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  
• Total number of countries that have reached their HIPC decision points and completion points (cumulative)  
• Debt relief committed under HIPC initiative  
• Debt service as a percentage of exports of goods and services |
| In cooperation with developing countries, develop and implement strategies for decent and productive work for youth | In cooperation with developing countries, develop and implement strategies for decent and productive work for youth |
| In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries | • Unemployment rate of 15- to 24-year-olds, male and female and total |
| In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies | • Proportion of population with access to affordable, essential drugs on a sustainable basis |

Indicators for monitoring progress

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
</table>
| Net ODA, total and to least developed countries, as a percentage of DAC donors’ gross national income (GNI) | Official development assistance (ODA)  
• Net ODA, total and to least developed countries, as a percentage of DAC donors’ gross national income (GNI)  
• Proportion of bilateral ODA for basic social services (basic education, primary health care, nutrition, safe water, and sanitation)  
• Proportion of bilateral ODA that is untied  
• ODA received by landlocked countries as a proportion of their GNI  
• ODA received by small island developing states as a proportion of their GNI |
| Average tariffs imposed by developed countries on agricultural products and textiles and clothing | Market access  
• Proportion of total developed country imports (excluding arms) from developing countries and least developed countries admitted free of duties  
• Average tariffs imposed by developed countries on agricultural products and textiles and clothing  
• Agricultural support estimate for OECD countries as a percentage of their GDP  
• Proportion of ODA provided to help build trade capacity* |
| Agricultural support estimate for OECD countries as a percentage of their GDP | Debt sustainability  
• Total number of countries that have reached their HIPC decision points and completion points (cumulative)  
• Debt relief committed under HIPC initiative  
• Debt service as a percentage of exports of goods and services |
| Total number of countries that have reached their HIPC decision points and completion points (cumulative) | Debt sustainability  
• Total number of countries that have reached their HIPC decision points and completion points (cumulative)  
• Debt relief committed under HIPC initiative  
• Debt service as a percentage of exports of goods and services |
| Debt relief committed under HIPC initiative | Debt sustainability  
• Total number of countries that have reached their HIPC decision points and completion points (cumulative)  
• Debt relief committed under HIPC initiative  
• Debt service as a percentage of exports of goods and services |
| Debt service as a percentage of exports of goods and services | Debt sustainability  
• Total number of countries that have reached their HIPC decision points and completion points (cumulative)  
• Debt relief committed under HIPC initiative  
• Debt service as a percentage of exports of goods and services |
| Unemployment rate of 15- to 24-year-olds, male and female and total | In cooperation with developing countries, develop and implement strategies for decent and productive work for youth |
| Proportion of population with access to affordable, essential drugs on a sustainable basis | In cooperation with developing countries, develop and implement strategies for decent and productive work for youth |

a. For monitoring at the country level, national poverty lines should be used.
b. Among contraceptive methods, only condoms are effective in reducing the spread of HIV.
c. The proportion of children under five sleeping under insecticide-treated bed nets (prevention) and appropriately treated (treatment).
d. The Organisation for Economic Co-operation and Development and the World Trade Organization are collecting data, which will be available from 2001 on.
e. The proportion of children under five sleeping under insecticide-treated bed nets (prevention) and appropriately treated (treatment).
f. An improved measure of the target is under development by the International Labour Organization.