

United Nations
in Republic of Moldova

Draft

Report on
Millennium Development Goals

2004

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Report on Millennium Development Goals
Republic of Moldova 2004**

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The list of objectives and targets for the millennium development goals in Republic of Moldova was developed on the basis of Economic Growth and Poverty Reduction Strategy, Education for All Strategy, Policies on Building an Information Society in Republic of Moldova, other national strategies and programmes

Foreword

Ander construction ...

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Introduction

The President of Republic of Moldova together with other heads of countries or governments from 147 countries of the world (191 countries in total) signed in New York in 2000 the “United Nations Millennium Declaration: Human Development – Primary Importance Goal”. This document reaffirms the commitment of the international community to the fundamental values of humankind – freedom, equality, solidarity, tolerance, respect for nature and shared responsibility – and emphasizes the importance of tackling major issues related to the consolidation of peace, observance of human rights, assurance of sustainable development, environmental protection.

The Millennium Development Goals (MDGs), which briefly define the goals to be achieved by 2015, derive from the Millennium Declaration and are:

1. Eradication of 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 global partnership for development.

Targets and monitoring indicators have been established for each of these goals. Obviously these goals, targets and indicators, set forth at the global level, should be tailored to the priorities and specific context of each country and are not to be used as a rigid directive.

During 2002–2004, under the guidance and with the support of the United Nations Development Programme in Moldova, the Government of Republic of Moldova initiated a series of studies and seminars during which they have studied the ways of tailoring the targets and indicators derived from the *Millennium Declaration* to the peculiarities of our country. The outcome of these activities materialized into detailed studies in each of the area defined by the eight goals and into the recommendations of the National Seminar, organized at the end of 2003. Respective materials were distributed to work groups within interested ministries and departments, to the academic community and the representatives of the civil society. To ensure a broader participation of Moldovan citizens to the finalisation of the millennium development goals and targets of our country, the studies and recommendations developed were also published in written and electronic press, discussed during several conferences, seminars and round tables.

The priorities, final and intermediary goals tailored to the specific context of Republic of Moldova were included in the Economic Growth and Poverty Reduction Strategy, which confirms once again the resolute commitment of our country to make sustainable efforts to achieve the MDGs.

This report aims at placing the key problems related to the achievement of the MDGs at the top of the public agenda and is structured by goals and targets; all the chapters have an identical structure:

- goals, targets and monitoring indicators tailored to the social and economic context of Republic of Moldova;
- progress at the end of the 1990s and current situation;
- barriers in achieving established targets;
- priority actions which are to be undertaken in order to achieve established goals;
- an assessment of the monitoring and reporting capacities on the progress of achieving MDGs.

The Annex contains a series of tables with brief information on the progress registered in achieving MDGs, the current status and target values of the monitoring indicators for 2006, 2010 and 2015.

The authors hope that the recommendations articulated in this Report will contribute to the promotion of human development values and will mobilise the society in order to achieve the goals deriving from the Millennium Declaration.

Republic of Moldova at the Beginning of the New Millennium

At the end of the 1990s of the past century, the democratic and national freedom movement intensified in Moldova, which was then part of the Soviet Union, and culminated on August 27, 1989 with the declaration of independence. The independence of Republic of Moldova was recognised by the international community and our country became member of a series of prestigious international organisations, first of all, the United Nations Organisation.

The Constitution of Republic of Moldova guaranteeing human rights and liberties, free development of human personality, justice and political pluralism was adopted in 1994. All the citizens of Republic of Moldova are equal before the law and the public authorities regardless of their race, national origin, language, religious creed, sex, opinion, political affiliation or social origin. The Constitution of Republic of Moldova guarantees each citizen the right to a decent life, the right to information, the right to education, the right to health care and the right to a healthy environment.

In the *Human Development Report 2003*¹, developed under the aegis of the United Nations Development Programme, Republic of Moldova is considered to be a country with moderate human development and is placed on the 113 spot in the list of 175 countries, between Algeria and Vietnam.

The value of the Human Development Index (HDI) 2001 of Republic of Moldova (0,700)² is below the world average (0,722). All Central and East European countries have a higher HDI than Republic of Moldova. Among former Soviet countries, Republic of Moldova is situated in the last but one spot and is ahead only of Tajikistan.

The situation in Republic of Moldova is varied for the three components of HDI. Thus, life expectancy at birth (68,5 years) is higher than the world average (66,7 years). However, life expectancy at birth is lower in Moldova than in other Central and East European countries and CIS (69,3) and much lower than in developed countries (77,0 years).

As to educational indices, in Republic of Moldova the registered gross enrolment rate for all levels of education (61%) is lower than the world average (64%), the average in Central and East European countries and CIS (79%) and OECD countries (87%). It should be mentioned that available information is contradictory, because the differences in statistical data provided by international bodies (61%) and national bodies (70%) are considerable.

In 2001, in Republic of Moldova the registered GDP per capita was 2150 US dollars purchasing power equivalent, which is 3,4 times lower than the world average (7376 US dollars PPE). Moreover, GDP per capita of Republic of Moldova is under the average of all the regions in the world, except Sub-Saharan Africa (1 831 US dollars PPE). In 2004, about 40% of population were under the absolute poverty line and registered an income lower than 2,15 US dollars purchasing power equivalent per day.

The process of building a new state based on authentic democracy values was very difficult. The worsening of life quality, extended unemployment, the consequences of the armed intervention in Transnistria, slow and inefficient privatisation of state property had a deep impact on the evolution of Republic of Moldova in the past ten years. At the climax of the crisis (in 1999) the average monthly salary in real terms was valued at only 25% of the average level registered in 1990. The average amount of retirement constituted about 17% of the reference year level, the unemployment calculated using the methodology of the International Labour Office reached 11,1%.

¹ Statistical data for 2001 are used in the Human Development Report 2003.

² The data provided by international and national statistical bodies may differ. Hence, HDI for 2001 calculated on the basis of data provided by the Department of Statistics and Sociology of Republic of Moldova is 0,707. Hereinafter, to avoid ambiguity, the analysis requiring comparisons between the indicators of various countries shall be based on the data provided by global reports, and for other purposes – on the basis of data provided by the Department of Statistics and Sociology of Republic of Moldova.

The worsening of the quality and conditions of life of most Moldovan citizens generated modifications in the demographic evolution of the population. During the 1990s, the birth rate and life span decreased and mortality increased. As a result of this trend, starting with the middle 1990s, the population of the country is decreasing.

To reverse the negative trends in the evolution of the country, Moldovan authorities have initiated a broad range of structural and institutional reforms the outcome of which became obvious only at the beginning of the new millennium. Thus, in 2001-2003, for the first time after declaring independence, Republic of Moldova registered substantial improvements of the economic and social indicators. In real terms, GDP increased with 21,6%, the average salary increased with 70,1%, and the monthly average pension – with 93%.

Overall, Republic of Moldova obtained some results in achieving Millennium Development Goals, especially, in education and gender equality, but still has to make sustainable efforts to eliminate poverty, improve child health and combat tuberculosis and HIV/AIDS.

Republic of Moldova



Summary information on Republic of Moldova

Surface area, thousand km ²	33,8
Population, thousand inhabitants	4228,9
Gross Domestic Product (GDP) per capita, US dollars at the purchasing power parity	2428
Literacy rate of adult population, %	96,4
Gross enrolment rate for all levels of education, %	69,9
Life expectancy, years	68,1

Human Development Index	0,709
Human development index reported to gender distinctions	0,708
Index of women participation in the social life	0,511
Birth rate (per 1000 inhabitants)	9,9
Mortality rate (per 1000 inhabitants)	11,6
Child mortality rate (per 1000 live newborns)	14,7
Maternal mortality ratio (per 100000 newborns)	28,0
New cases of active tuberculosis (per 100000 inhabitants)	83,6
AIDS cases (per 100000 inhabitants)	0,5
Unemployment rate (registered unemployed), %	1,9
Unemployment rate (ILO unemployed BIM), %	6,8

Source: Department of Statistics and Sociology, 2003

Goal 1: Eradicate Extreme Poverty and Hunger

Targets	Indicators
Target 1: Halve, between 2002 and 2015, the proportion of people whose income is less than 2,15 dollars per day (at PPE)	<ol style="list-style-type: none"> 1. Proportion of population below \$2,15 per day (at PPE) 2. Poverty gap ratio (incidence x depth of poverty) 3. Share of poorest quintile in national consumption
Target 2: Halve, between 1990 and 2015, the share of people who suffer from hunger	<ol style="list-style-type: none"> 4. Prevalence of underweight children (under five years of age) 5. Proportion of population below minimum level of dietary energy consumption (2282 Kcal/day)

Status at a Glance: Progress towards goals set	
Will development goal be reached?	<ul style="list-style-type: none"> • Probably Potentially Unlikely Lack of Data
State of supportive environment	<p>Strong</p> <p>Fair</p> <ul style="list-style-type: none"> • Weak but Improving Weak

Progress at the end of the 1990s and current situation

Poverty in Republic of Moldova is a multidimensional phenomenon, common for most countries during profound political, economic and social transformation. Similar to other countries in the region, poverty in Republic of Moldova is expressed through low level of income and consumption, insufficient and bad nutrition of the poor, deficient healthcare, limited access to quality education, vulnerability to natural calamities and economic crises, limited possibilities to participate in the decision making process, and limited opportunities to improve on one's own the living standards. At the same time, poverty in Republic of Moldova is characterised by specific features, such as its extension on people able to work and having a relatively high level of professional education, on those people who, even though they have certain means of production or sustainable goods, don't have the possibility to improve their living standards.

In our country, poverty as a social phenomenon became an object of systematic study in 1997, most relevant data being collected within the Household Budget Surveys. The Household Budget Surveys are carried out by the Department of Statistics and Sociology and are an important source of information for comparative poverty assessments. This source of information is a multifunctional research that allows analysing population's living standards in all its aspects – dwelling conditions, level of income and consumption, ownership of long-term sustainable goods, etc. These data can be collected both at national level, and by urban/rural areas or by socio-economic categories.

According to the methodology used by our country, poverty indicators are calculated on the basis of studying population consumption: a person is considered poor if he/she consumes under a certain level, called poverty line. Currently, several indicators are used to describe poverty in Republic of Moldova, and the most important are:

Extreme poverty line, defined as the amount of money necessary to ensure energy consumption of 2282 Kcal per day per person, the list and price of food products is established basing on the consumption model for poor people (deciles 2-4 of the total distribution of per capita consumption). In 2002, the extreme poverty line was established at 212 Moldovan lei.

Absolute poverty line, the sum of money necessary for ensuring energy consumption of 2282 Kcal per day and procuring non-food items of daily necessity, the list and price of which is also established basing on the consumption model for poor people. In 2002, the absolute poverty line was established at 270,67 Moldovan lei.

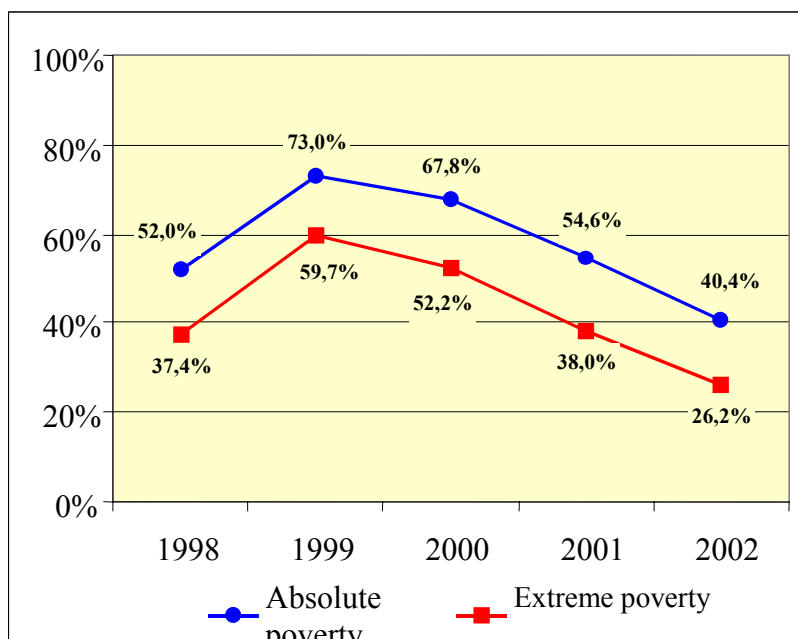
– **International poverty line** defined for Moldova as 2,15 US dollars per day at the purchasing power parity.

– **The share of population under a certain poverty line**. This share is calculated for extreme poverty, absolute poverty and, in case of international and national comparisons, for the poverty line of 2,15 US dollars per day at the purchasing power parity.

– **Depth and severity of poverty**, calculated for each of the poverty lines indicated above.

The analysis of statistical data collected during the period 1998–2002 demonstrates that the socio-economic changes during the transition period had a deep impact on the welfare of population (*Fig. 1*).

Figure 1. The progress of poverty indicators during 1998–2002



Source: Ministry of Economy, Poverty and Policies Monitoring Unit.

Thus, in 1998 the extreme poverty rate was estimated at 37,4%, the depth of poverty – at 12,4%, and the severity of poverty – at 5,9%. The regional socio-economic crisis of 1998 had

a serious impact on the living standards of Moldovan population. As a result, the highest level of poverty in our country was registered in 1999, which increased 1,6 times as compared to the previous year. Moreover, the growth rate of poverty depth exceeded the growth of the poverty rate. This shows us that poverty expansion was accompanied by an alarming increase of the share of citizens who consume a lot less than the extreme poverty line.

The economic growth started in 2000, the actions the Government has taken to increase the salaries, and pensions and welfare had a positive effect and materialized in extreme and absolute poverty reduction. In 2002, the extreme poverty rate (26,2%) and the absolute poverty rate (40,4%) decreased under the respective values registered before the economic-financial crisis of 1998.

However, despite the positive trends registered during 2000-2003, poverty continues to have a deep impact on the life of many categories of population. Rural poverty is predominant in the country; the share of poor people among family farms owners is 1.6 times higher than the respective share of urban population. The risk to become poor is increased in small towns, the extreme poverty rate in small towns is 4,0 times higher than in big cities. Negative trends are also registered within poverty depth and severity.

Child poverty is persistent in Moldova, especially in rural areas, where four out of ten children under the age of ten live in extreme poverty. Child poverty is widespread in big families with many children both in the rural and the urban area. Among those who live in persistent poverty, i.e. are poor for four consecutive years, are children without parental supervision caused by the fact that their parents emigrate abroad to seek jobs. The incidence of these cases is increasing.

Subjective evaluations of living standards confirm the objective information. According to surveys carried out in 2002-2003 within the Public Opinion Barometer on a sample representative of the country population, about 29% of people interviewed state that their incomes are not sufficient for their daily necessities, and other 41% say that their current incomes are sufficient only for their daily necessities. Only 24% of the interviewees think they have a decent living, but cannot afford to buy expensive items. These findings are confirmed by the analysis of the consumption structure, which shows that most families spend most of their income to meet their main needs. In 1998-2002, the share of spending for food products and non-alcoholic beverages constituted more than 60% of total income; expenditures for improving living conditions are on the second place of household spending. Medical expenditures constitute 3-4%, and education expenditures don't exceed 1%.

Targets for 2004–2015

Republic of Moldova sets the following targets for extreme poverty and hunger eradication:

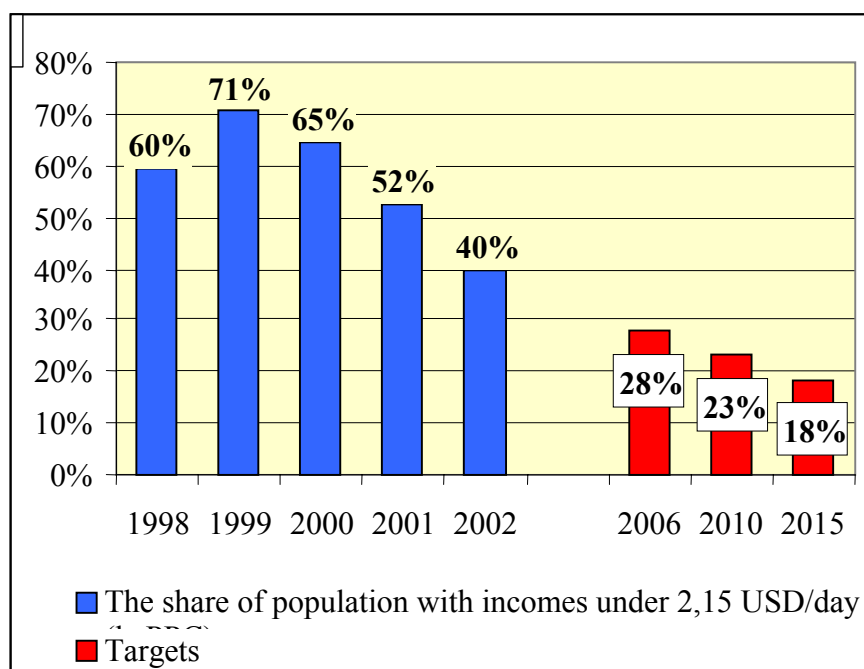
Target 1. To halve the number of people with an income under 2,15 dollars per day (at purchasing power parity) between 2002 and 2015.

The achievement of this target is structured in time as follows: until 2006 the share of population with an income under 2,15 dollars per day (at PPP) will not exceed 28%, in 2010 – it will not exceed 23%, and in 2015 – not higher than 18% (*Fig. 2*).

Target 2. To halve the number of people who suffer from hunger between 1998 and 2015.

The target values for 2006, 2010 and 2015 of this indicator will be established during the development of the methodology to calculate the share of population under the minimum level of food consumption, set at 2282 Kcal/day.

Figure 2. The share of population with incomes under 2,15 dollars per day (at PPP)



Note: The agreed goal is to halve the number of people with incomes under 2,15 dollars/day (at PPP) between 2002–2015

Source: Poverty and Policies Monitoring Unit;
Economic Growth and Poverty Reduction Strategy, May 2004.

Barriers

The main barriers to achieving agreed targets are as follows:

–*Unstable macro-economic environment*, which intimidates potential investors and impedes business start-up and undertakings.

–*Fragile positive economic outcomes*, obtained due to implementing structural and institutional reforms in the past years.

–*Incoherent and inconsistent reforms*, tendencies to revive economic practices using administrative methods of managing the economy.

–*Vulnerability of national economy to natural calamities*, caused by its agricultural and food processing orientation.

–*Regional discrepancies*, caused by controversial restructuring of many enterprises and delaying reforms in the agricultural sector.

–*Unemployment and workforce emigration*, which diminishes the share of economically active population and has serious repercussions on the human potential in the top areas of national economy.

–*Deficient social protection system*, which is not always oriented to meet the needs of the poor.

– *Lack of methodologies and institutional capacities* to collect statistical data, assess and forecast indicators Nr. 4 – The share of underweight children (under 5 years of age) and Nr. 5 – Share of population below minimum level of dietary energy consumption (2282 Kcal/day).

Priority actions to achieve agreed goals

Basing on the fact that poverty eradication is one of the main objectives of the Government, Republic of Moldova will continue to maintain the social character of economic policies orienting them towards increasing the quality of living standards, improving social protection of the poorest categories of population, developing the social guarantees system and creating new jobs, especially for the poor. For this purpose the following actions are going to be taken:

Maintain the high rate of economic growth, achieved in the past three years due to the integration of the national economy into regional financial and human structures and flows. Forming a coherent and stable legal framework harmonised with European principles and standards and oriented to the creation of a favourable entrepreneurial and investment climate.

Improve the quality of governance by creating a modern; accountable, predictable, transparent, and responsive to poor people needs public administration system.

Direct welfare spending to poor people by improving the financing mechanism of the healthcare and education systems, and continuing the reform of the social insurance and assistance system.

Develop and implement regional development programs, especially, in rural areas and small towns. Extending and modernizing regional infrastructure, rehabilitation of production units of public utilities and housing facilities, improving the quality of social services provided to poor.

Develop the capacities of local authorities to identify social, development and implementation problems of social policies and programs, their evaluation and monitoring.

Consolidate the partnerships between public authorities, civil society, patronage, and international organisations operating in Moldova in order to extend the opportunities offered to poor in education, health care, job seeking, starting a business.

Develop and implement modern methodologies for collecting and processing statistical data necessary for monitoring progress in extreme poverty and hunger eradication, especially, the share of underweight children (under 5 years of age) and the share of population below minimum level of dietary energy consumption (2282 Kcal/day).

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

- Quantity and regularity of gathered information – *poor*.
- Quality of gathered information – *fair*.
- Statistical analysis – *fair*.
- Statistics in policymaking – *fair*.
- Reporting and disseminating information – *strong*.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goals progress

Elements of monitoring and reporting capability	Valuation		
	<i>Weak</i>	<i>Fair</i>	<i>Strong</i>
Quantity and regularity of gathered information	✓		
Quality of gathered information		✓	
Statistical analysis		✓	
Statistics in policymaking		✓	
Reporting and disseminating information			✓

Goal 2. Achieve universal secondary education

Targets	Indicators
Target 3: Ensure that all children are able to complete the full course of secondary schooling	6. Net enrolment ratio in secondary education 7. Share of children starting grade 1 and finishing secondary education 8. Literacy rate of 15-24-year olds

Status at a Glance	
Will development goal be reached?	Probably • Potentially Unlikely Lack of Data
State of supportive environment	Strong • Fair Weak but Improving Weak

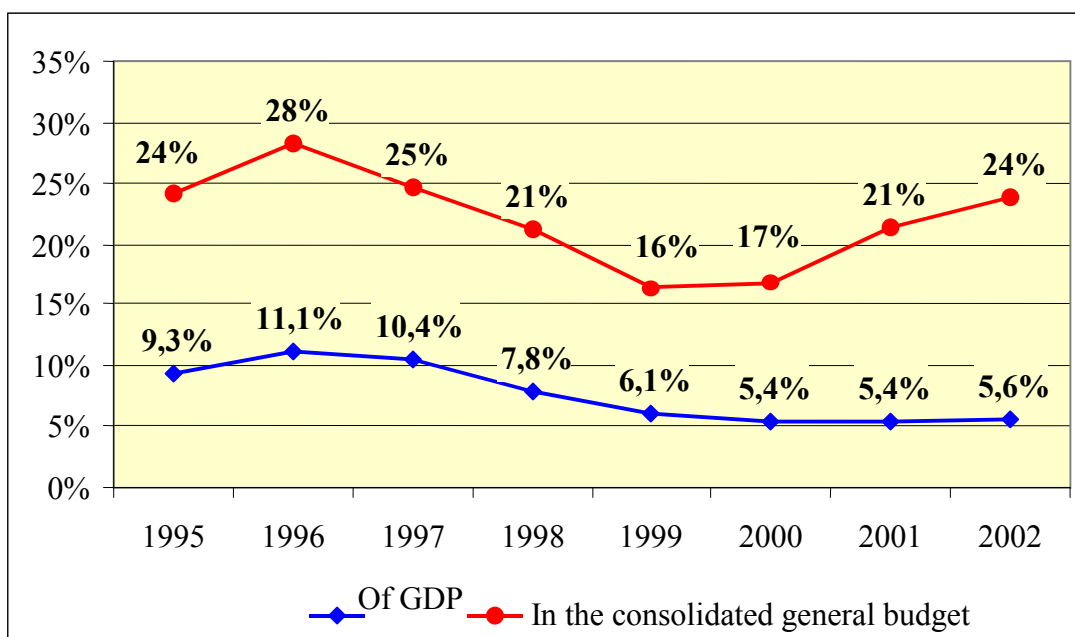
Progress at the end of the 1990s and current situation

The transition from centralised economy to market economy determined the need to modify educational policies in Republic of Moldova. The main task was to build a modern and democratic national education system based on national and universal values. As a result, at the beginning of 1990s, the education system underwent democratic reforms based on new education principles clearly formulated in the *Law on Education* adopted by the Parliament in 1995. The Strategy of Implementing the Law on Education is reflected in the State Programme for Education Development as well as in other legislative and normative acts. Current statutes set forth national quality and quantity objectives for education development, which, generally, are framed in the list of millennium development goals and focus on universal access to basic education and promoting gender equality.

On the basis of legal and normative framework the structure of the educational system was modernised (established gymnasiums, high schools, polyvalent vocational schools, colleges, new levels of post graduate education), and the process of adopting contents with finite character at each level of education continues. The Compulsory General Education Reform Project co-financed by the Government of Republic of Moldova and the World Bank has achieved results in developing and implementing new contents, developing new manuals, implementing the Manual Renting Scheme and most teaching staff received development training in the implementation of new contents and new didactic techniques; a new academic results evaluation system is currently being created.

However, despite the achieved results, the educational system is facing several serious problems related first of all to the insufficient funding of educational institutions. Thus, if before 1996, education received about 28% of the consolidated budget resources (approximately 11% of GDP), after the economic crisis of 1998, this indicator has been considerably reduced. In 1999, the education system received only 16% of the total amount of budget expenses or 6,1% of GDP. Even though during the relaunch of economy public expenditures for education have increased reaching 23,9% of total expenditures of consolidated budget (5,6% of GDP) in 2002, in real terms, the amount of public funding to education is much smaller than at the beginning of the 1990s (*Fig. 3*).

Figure 3. The share of public expenditures for education



Source: Department of Statistics and Sociology.

Diminished public funding to educational system and decrease of the standards of livings determined population's limited access to educational services. In this conditions only 52% of children aged 1-6 years go to pre-school institutions, which has a negative impact on the level of children preparation for school. The net enrolment ratio in primary education decreased from 94,0% in 1999 to 88,5% in 2002, and in secondary education – from 87,0% in 1999 to 83,9% in 2002.

The intensification of social differentiation determined the increase of unequal access to education. In 2002, poor households spent on education (per member of household) 10 times less than non-poor families. Only 74% of children coming from poor families went to school, but among children from non-poor families this indicator is valued at 81%. The same tendency is also observed at the level of higher education, which is accessible for only 7% of children coming from poor families and 24% of children from non-poor families.

There are essential differences in accessing education in rural and urban areas. The ratio of children with secondary education coming from the rural area is 76%, with higher education –

6%, and the ratio of children from urban area is 81% and 29% respectively. About 250 villages where approximately 10000 children live don't have their own educational institutions, in 60 localities there are only primary schools where 1700 pupils are studying, and 500 communities have only gymnasiums. The main issues faced by rural schools are the acute lack of teaching staff, school libraries and adequate infrastructure. Only 30% of rural teachers have a teaching degree, 50% don't have special training and 65% teach three school subjects.

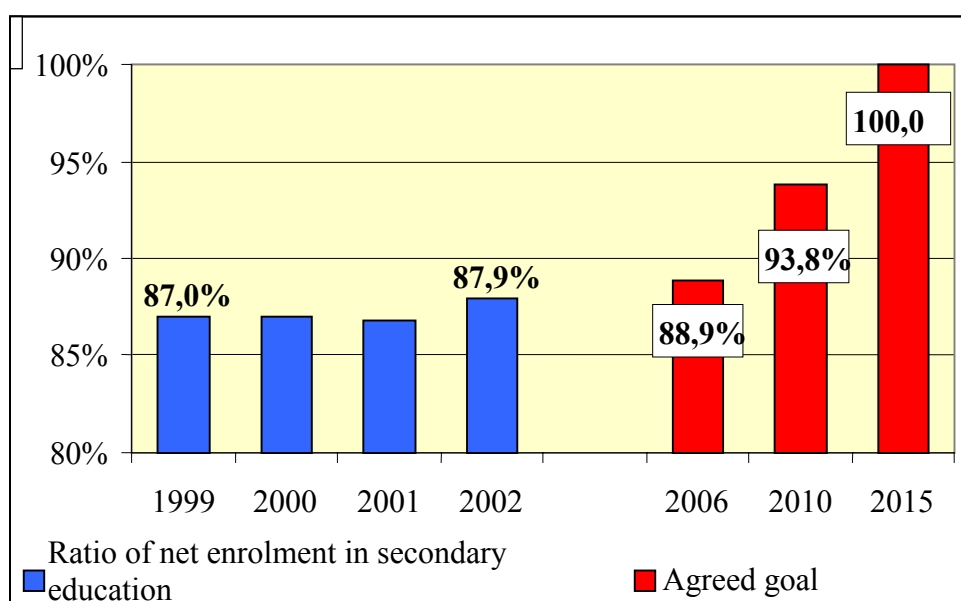
Targets for 2004–2015

Basing on the provisions of Law on Education, Republic of Moldova wants to achieve the following target in education:

Target 2. Ensure opportunities for all children to receive secondary education.

The achievement of this target is structured in time as follows: until 2006 the net enrolment ratio in secondary education will exceed 88,9%, in 2010 – 93,8%, and in 2015 – it will reach 100% (Fig. 4).

Figure 4. Evolution of the Net Secondary Education Enrolment Ratio



Note: The projected goal is to achieve by 2015 the ratio of 100% of net enrolment in primary education

Source: Department of Statistics and Sociology;
Economic Growth and Poverty Reduction Strategy, May 2004.

Barriers

The main barriers to achieve agreed targets are as follows:

Lack of coherent tenets of educational policies, refractory to political conjuncture, and which would stipulate the competencies and responsibilities of local and central public authorities, teaching staff and parents in organising and managing the educational system.

Insufficient funding of the educational system, lack of financing mechanisms based on performance and efficiency.

New tendencies of polarisation of population due to emergence of new social categories that have restricted access to quality primary and secondary education, uneven distribution of state guaranteed education services by residence area.

Persistence of issues requiring strategic interventions: reduced access of poor families to pre-school education programmes, inadequate training and living conditions for institutionalised children, the insufficient supply of school manuals and didactic materials to poor and continuing lack of qualified teaching staff.

Lack of methodologies and institutional capacities to collect statistical data, assessment and forecast of indicator Nr. 7 – Share of children starting grade 1 and finishing secondary education.

Priority actions to achieving agreed goals

Increase population access, especially, poor categories, to quality educational services by financing prioritarily primary and secondary education, efficient use of technical and material resources and available financial resources.

Distribution of resources to increase remuneration of education employees, manual procurement, didactic materials and equipment necessary for the learning process.

Optimise the network of educational institutions and its development depending on the demographics and demographic trends, ensuring access to quality primary and secondary education to all children regardless of their residence area.

Improve the quality of primary and secondary education by developing and applying state education standards, improving the didactic plans, programmes and methods, implementing new evaluation technologies for pupils' knowledge.

Implement new information technologies in primary and secondary education, equipping primary and secondary education institutions, regardless of their location, with modern computers and Internet connexion.

Develop and implement compulsory health care programmes and promoting health education in educational institutions: healthy conduct for personal hygiene, prophylaxis of contagious diseases, prophylaxis of sexually transmittable diseases, building responsible health behaviour.

Implement a support system for children from disadvantaged families by developing community schooling funds and ensuring their financial sustainability.

Improving the integration of children with special educational needs by developing and implementing differentiated training curricula and methods. Organising in general schools a system for assisting, stimulating and supporting children with special needs.

Implementing a new model of training and development of teaching staff in the context of newly emerged requirements: organising simultaneous training, teaching foreign languages, working in communities with a small number of pupils, etc.

Insuring all primary schools and secondary schools with well trained teaching staff by developing and implementing for this purpose support and stimulation mechanisms for teachers on the basis of performance and competitiveness.

Developing and implementing modern statistical data collection and processing methods necessary to monitor progress in education, especially, of the share of children who graduate a certain level of education.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

- Quantity and regularity of gathered information – *weak*. Even though, in many cases, there is a lot of information collected, it happens only once per year, and much more rarely, quarterly or monthly.
- Quality of gathered information – *fair*. Statistical data collected by various central and local public administration bodies (Ministry of Education, Department of Statistics and Ministry of Finance, Regional Directorates) vary a lot.
- Statistical analysis – *fair*. There are virtually no statistical analyses of the impact of educational policies at central and local level, and the conclusions made basing on the collected statistical data are not considered during the decision-making process.
- Statistics in policymaking – *fair*. In most cases, political decisions are made on short - term and are not based on collected statistical data. For example, government decisions on training teaching staff and optimisation of the network of educational institutions depending on the number of students and demographic trends etc.
- Reporting and disseminating information – *fair*. Even though the Law on Education provides that the Ministry of Education is obliged to develop annual reports on the status of education, these are not accessible to all interested people and local decision makers.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

Elements of monitoring and reporting capability	Valuation		
	<i>Weak</i>	<i>Fair</i>	<i>Strong</i>
Quantity and regularity of gathered information	✓		
Quality of gathered information		✓	
Statistical analysis		✓	
Statistics in policymaking		✓	
Reporting and disseminating information		✓	

Goal 3: Promote Gender Equality and Empower Women

Targets	Indicators
Target 4: Extend women participation in social life	9. Share seats held by women in the parliament 10. Leaders and high officials in public administration, economic and social organisations 11. Ratio of women wages to men wages

Status at a Glance	
Will development goal be reached?	<ul style="list-style-type: none"> • Probably Potentially Unlikely Lack of Data
State of supportive environment	<ul style="list-style-type: none"> • Strong Fair Weak but Improving Weak

Progress at the end of the 1990s and current situation

The principle of gender equality requires protection, promotion and observance of men and women's human rights. Also gender equality implies ensuring and providing equal opportunities to women and men in all areas. Gender equity is expressed through a series of specific actions leading to eliminating disparities between genders, stereotypes, sexist attitudes and discrimination.

Even if during the past few years various gender equality promoting activities have been undertaken, currently, it becomes more imperative to adopt multi-dimensional approaches in this area. At the same time, the need to confront fast social and economic modifications taking place in Moldova, as well the trend to have less children, aging population, the consolidation of a gender-equal society becomes imperative for our time. Obviously this issue should be solved basing, first of all, on the cultural traditions and realities of our country.

Thus, in accordance with the census of 1989, the literacy rate of women is 94,5%, and the literacy rate of men is 98,6%. Despite the fact that this data are not relevant for the beginning of the new millennium, it could be said that in Republic of Moldova female illiteracy is not a major problem. It could be supposed that at national level there is a certain gap in senior, rural and disabled male and female literacy.

Also, in accordance with statistical data, during 1999–2002, the gross enrolment ratio of women in all levels of education is 4% higher than men's. Especially, in the academic year 2002-2003, in primary and secondary education institutions there were 100 females to 100 males, in vocational secondary educational institutions – for 100 males there were 58 females, in specialised secondary institutions (colleges) – 135 females, and in universities - 131 females.

Therefore, in Republic of Moldova the task „To eliminate gender inequality in primary and secondary education, preferably by 2005, and at all levels of education - by 2015” established at the global level, has been already achieved.

However, *de facto* affirmation of gender equality in all the areas of social life is very slow. Despite the fact that current legislations acknowledges the principle of equal chances for men and women in all areas of activity, in some of them (social and political, public, decision-making structures etc.) there is an uneven distribution of men and women involved.

The social study „Women Status in Republic of Moldova”, undertaken by the United Nations Development Programme on a sample representative for the population of the country, reveals that most women (42,3%) work 6-8 hours per day at their workplace, and 29,3% are additionally involved in household chores for 4-6 hours a day. Thus, many women work about 10-14 hours a day, having a doubled workday – one at work and one at home. Even if women think that in a family both partners should share equally the administration and maintenance of the household, children education, procuring goods, repairing and cleaning the house, most chores are carried out by women. This situation is also worsened by the fact that 21,7% of women interviewed said they don't have a washing machine; 47,2% – vacuum cleaner, 90,2% – electric meat grinder; 77,7% – don't have a squeezer and 30% – don't have an electric oven. Most women (61,2%) think that in their family „the head of the family” is the husband, 9,7% of women think it is the wife, and 28,7% chose the option „both equally”.

Currently, in Republic of Moldova, similar to other countries of the world, women tend to have more freedom, which has important implications regarding women economic independence and inherently, the decision-making process, the subjective perception of well being, self-esteem, opportunities for self-assertion and self-accomplishment. Obviously, the achievement of these aspirations depends mostly on the financial situation of each family, on the chances women have as compared to men on the labour market, on their access to leading positions. Unfortunately, most women in our country are predominantly preoccupied by the daily problems related to the economic and social instability of the country. Thus, in accordance with the above-mentioned survey, women in our country are mostly preoccupied with “the future of their children” (67,6%) and “poverty” (64,1%). If they were to lose their jobs, 41,2% of respondents would accept „to carry out any kind of work, even less qualified”, and only 37,8% of them are willing „to learn a new profession, but which is paid better”. Asked if they are certain about the future, 83,9% respondents gave a negative answer and only 16,1% gave an affirmative answer.

Representing 52,2% of Moldovan population, women in our country continue to face several disadvantaged situations: reduced implication in social and political activities, limited access to decision-making processes, insufficient promotion to high responsibility positions etc. Hence, to the question “Do you think women participate actively to political life?”, 64.67% of respondents answered „Not very actively” and only 1.5% answered „Yes, very actively”.

Taking into consideration that 52.8% of questioned women think that, generally, women should be more involved into politics and 52.9% say they are not really interested in politics, the situation is controversial. Contrary to mutual expectations, “marginalization of women by the state” or “national traditions” are not barriers impeding women to become more active socially and politically, but “overloading women with household chores” (83.4%) and „continuously seeking sources of earnings to support the family (55.6%). At the same time, when asked if they accept women to be appointed into certain responsible positions, most

answers were affirmative (president, chairman of the parliament, prime minister, ambassador, chairman of the regional executive body, mayor, director of enterprise, organization, institution).

Therefore, we could conclude that if women were exonerated from a part of household chores, which are to be equally divided among partners, and if there were government programs and consecutive policies empowering women, an even share of women implication into social and political life could be achieved. Even if 48% of interviewees think that women in our country have the same rights as men, still women are promoted to management positions more reluctantly and 81% think that women are not taking up the social position they deserve.

The opinions on the number of seats women should have in the Parliament vary. Thus, in the survey „Women Status in Republic of Moldova”, 18.33% respondents said that there should be 21-30 women in the Parliament, 15.7% named 31-50 women deputies, 14% of respondents think that less than 10 women in the Parliament are sufficient, 10.7% stated that 11-20 women are enough and only 11.2% think that there should be at least 51 or even more women in the Parliament.

Opinions on how are women's rights protected at the state level were divided as follows: "not really protected" - 53.7% of respondents, 34.8% - said „are not protected at all" and only 0.2% think that women's rights are protected „very well".

The objective evaluation of women's status in Republic of Moldova confirms the subjective information. According to the values of *Development Index Reported to Gender* (0,698), which refers to gender inequality for life expectancy, level of education and living standard in 2000, Republic of Moldova is on the one but last place among countries in Central and Eastern Europe and among the Commonwealth of Independent States it is placed on the 86th place on a scale of 146 countries.

Women participation index to social life, which is calculated basing on four variables – the ratio between women and men incomes, the total percentage of women employed in the public sector, including management level; the number of Parliament seats held by women and the share of women employed in positions requiring high qualifications – increased during 1999–2002 from 0,428 to 0,511. Despite all of these, the level of women representation remains low, especially in public administration, in economic and social organisations, in management positions in education and science.

Targets for 2004–2015

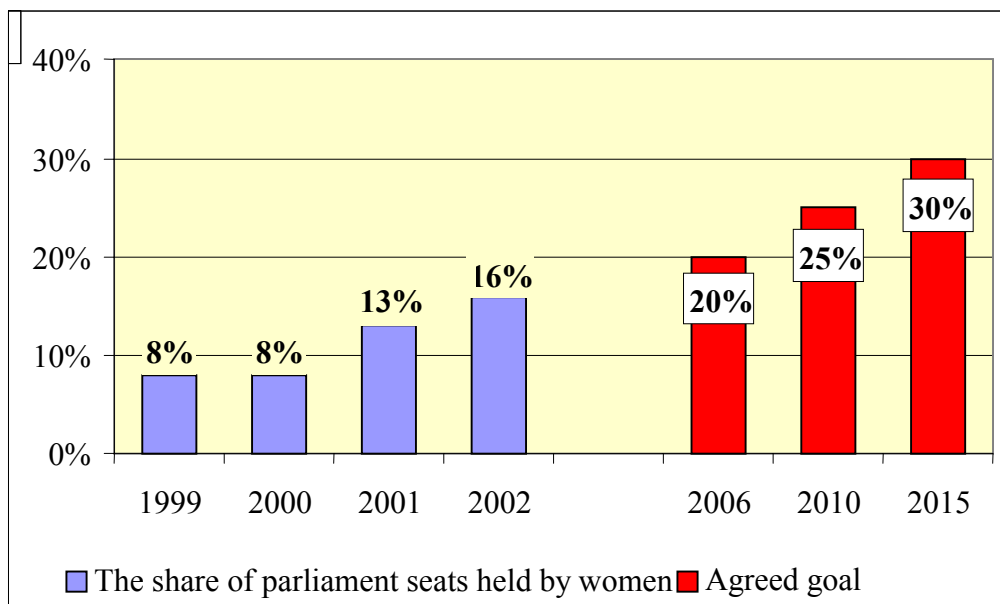
In the case of Republic of Moldova it is suggested that assertion of gender equality and empowerment of women is realised by taking on a more ambitious target than the one established at the global level and namely:

Target 4. Extending women participation to social life.

The achievement of this target is structured in time as follows: until 2006 the share of parliament seats held by women should reach 20%, in 2010 – 25%, and in 2015 – 30% (*Fig.*

5). Similarly, the share of women-leaders among top management of public administration, economic and social organisations should reach by 2006 - 45%, and by 2010 – 50% (Fig. 6).

Figure 5. The share of Parliament seats held by women

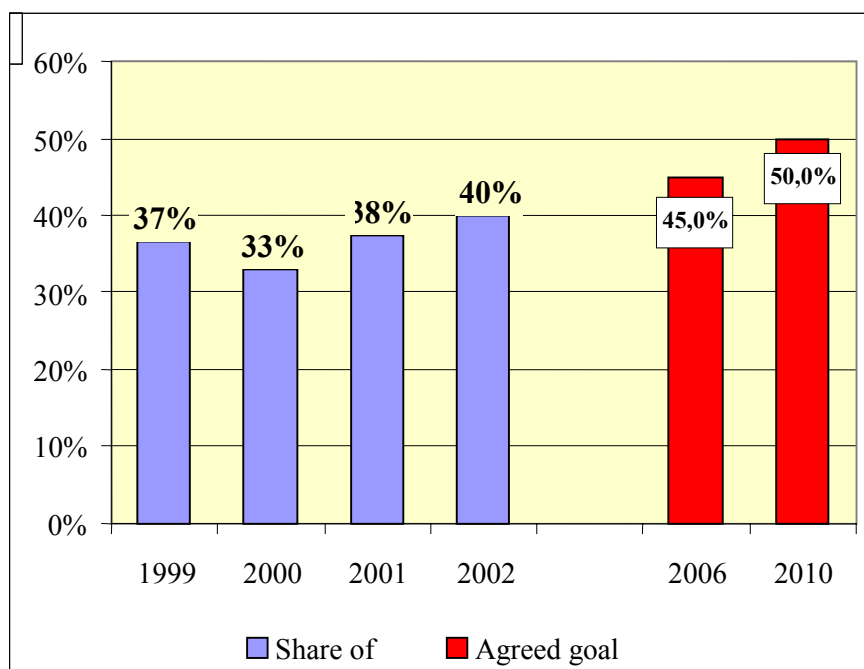


Note: The agreed goal is to reach by 2015 a share of 50% of women in the national Parliament

Source: Department of Statistics and Sociology;

??? Ministry of Labour and Social Protection ???

Figure 6. The share of women-leaders and top officials in public administration, economic and social organisations



Note: The agreed goal is to reach by 2015 a share of 50% of women –leaders and top officials in public administration, economic and social organisations.

Source: Department of Statistics and Sociology;
??? Ministry of Labour and Social Protection. ???

Barriers

The main barriers to achieving agreed targets are as follows:

The fact that decision-making factors and politicians do not know the current situation in Republic of Moldova, best experience of other countries, international documents, which approach gender equality and women empowerment issues.

Ambiguous attitude and residual set of mind which still prevail in the minds of certain social groups relating to the issues of women equality promotion and women empowerment.

Gender disparities in the education, health, welfare systems and some sectors of the national economy (services, trade, communications, light industry), which manifest themselves through “feminisations” of unprestigious or low salaries jobs and “masculinisation” of prestigious and well-paid jobs.

Priority actions to achieve agreed goals

Creating a regular information mechanism for decision-making factors, political party members, opinion leaders in order to establish a constructive social dialogue, which would ensure the success of a constructive social dialogue guaranteeing the success of action directed towards consolidating the principle of gender equality.

Forming a social environment favourable to women empowerment by updating the legal frame, modernising education curriculum, supporting mass media that promote gender equality.

Develop and implement a coherent political culture, which would eliminate actions cultivating gender conservatism and educate citizens to support gender partnership and mutual appreciation.

Changing gender policies by promoting women to leading positions, extending employment opportunities for women in social institutions and economic enterprises.

Developing and implementing modern methodologies for collecting and processing statistical data necessary to monitor the progress in promoting gender equality and women empowerment, especially, the ratio of women’s salaries as compared to men’s salaries.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

- Quantity and regularity of gathered information – *strong*.
- Quality of gathered information – *strong*.
- Statistical analysis – *fair*.
- Statistics in policymaking – *fair*, the development of these policies is mainly influenced by factors related to elections.
- Reporting and disseminating information – *strong*.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

Elements of monitoring and reporting capability	Valuation		
	<i>Weak</i>	<i>Fair</i>	<i>Strong</i>
Quantity and regularity of gathered information			✓
Quality of gathered information			✓
Statistical analysis		✓	
Statistics in policymaking		✓	
Reporting and disseminating information			✓

Goal 4: Reduce Child Mortality

Targets	Indicators
Target 5: Reduce by two-thirds the infant mortality rate, between 1990 and 2015	12. Infant mortality rate
Target 6: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Proportion of 2-year-old children immunized against measles

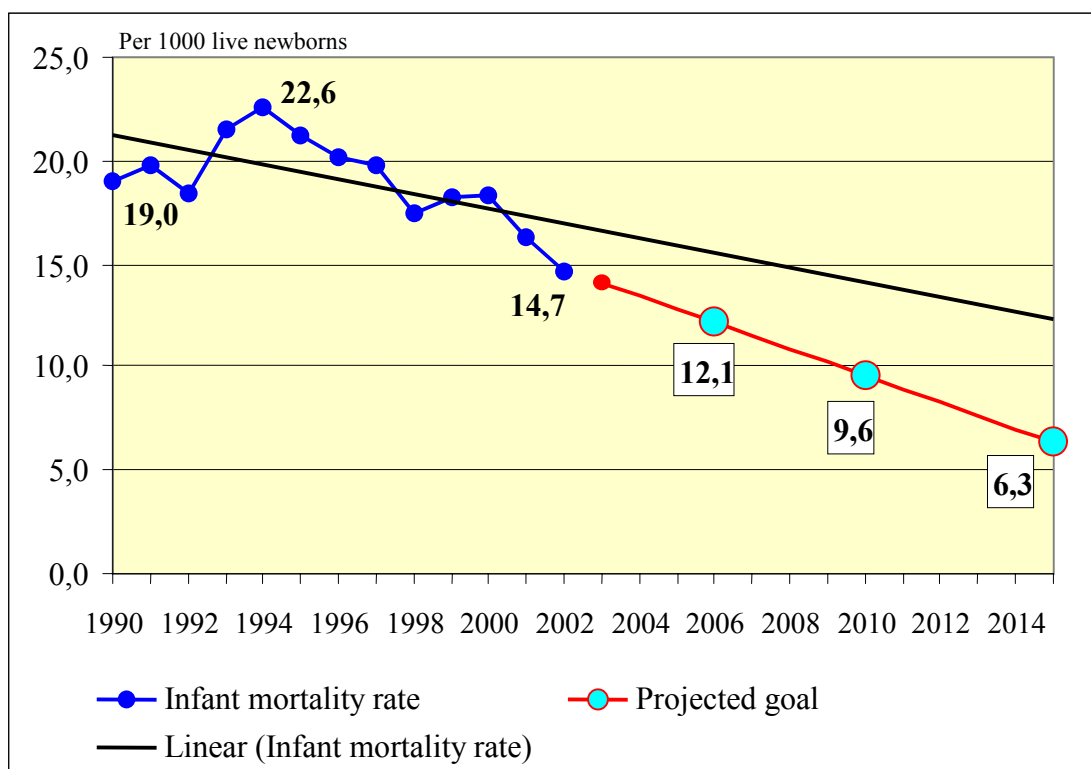
Status at a Glance	
Will development goal be reached?	<ul style="list-style-type: none"> Probably Potentially Unlikely Lack of Data
State of supportive environment	<ul style="list-style-type: none"> Strong Fair Weak but Improving Weak

Progress at the end of the 1990s and current situation

The analysis of the evolution of infant mortality rate (*Fig. 7*) indicates that during the 1990s, this indicator has significantly fluctuated, and during the last years it has reduced to 14,7 deceases per 1000 live newborns. Regardless of this decrease, the comparisons made on the basis of the *Human Development Report 2001* indicate that the situation of infant mortality remains very serious. Thus, during 1970–1999, Portugal, the most underdeveloped country of the European Union, reduced its infant mortality rate from 53 to 5 deceases per 1000 live newborns, while in Republic of Moldova this indicator decreased a lot less, respectively, from 46 to 27 deceases per 1000 live newborns².

² The data from the Department of Statistics and Sociology also shows a slight decrease in the infant mortality rate, namely from 23 to 18 deaths per 1,000 live births (1970-1999). Discrepancies between the data in international reports and those provided by the national institutions are due to differences in the methods of calculation.

Figure 7. Infant mortality rate



Note: The agreed goal envisions reducing the infant mortality rate by 2/3 during 1990-2015.

Source: Department of Statistics and Sociology;

Economic Growth and Poverty reduction Strategy, May 2004.

During 1990–2002, the main causes of death of children under 1 year of age were complications during the perinatal period, followed by congenital anomalies, respiratory ailments, accidents and intoxications, contagious diseases and parasites. It should be emphasised that in the past years the share of congenital anomalies in the structure of infant mortality has exceeded the share of deaths caused by perinatal ailments. Infant mortality caused by traumas and poisonings is also increasing, which indicates the irresponsible attitude of some parents towards the health of their own children.

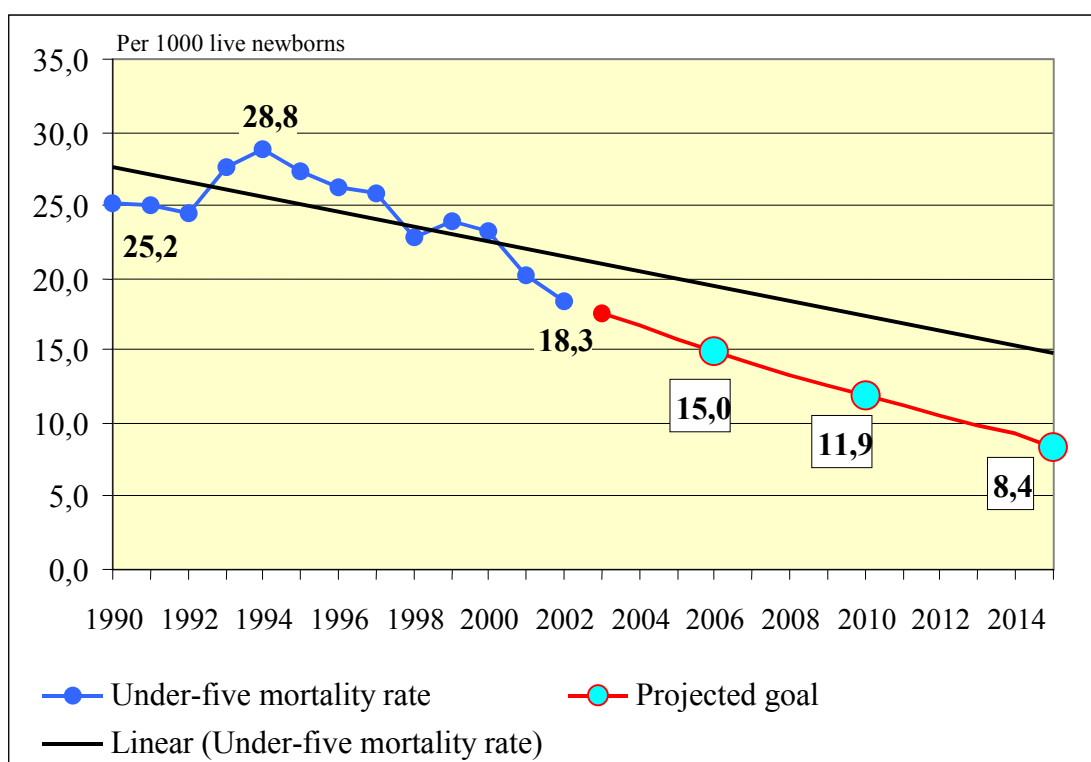
Depending on the place of residence, the infant mortality rate was higher in rural areas until 1998. But after the transfer to a new administrative and territorial organisation structure, the infant mortality rate in urban areas (15,1 deceases per 1000 live newborns in 2002) increased as compared to rural areas (14,4 deceases per 1000 live newborns). This trend contravenes the global trends, which show that the increase of urbanisation in a country contributes to the decrease of infant mortality. It is possible that changing the statute of many localities and the method used to collect statistical data influenced the relevance of these indicators. Conclusions should be revised taking into consideration the current administrative and territorial structure.

The structure of mortality by place of death (cases of death at home in 2002 - 24%, medical institutions - 74%, and in other places - 2%) demonstrate that some parents are not taking proper care of their children, parents have limited knowledge about the symptoms of illnesses and the low quality of medical assistance provided to needy families.

The evolution of under-five mortality rate shows an increase of the value of this indicator in 1993-1996, but is followed by its decrease in 1999-2002. Due to the implementation of several programmes on population health improvement, the lowest value of this indicator was registered in 2002 - 18,3 deceases per 1000 live newborns (*Fig. 8*).

The structure of under-five mortality rate shows that the prevailing causes of death are accidents, intoxications, respiratory ailments, anomalies and tumours. It is true that in the past years, the number of deaths caused by respiratory ailments and anomalies has reduced, but the number of deaths caused by tumours has increased. Unfortunately, increasingly children are exposed to more risks: high degree of environment pollution, insufficient nutrition, insufficient hygiene, and lack of knowledge on healthy lifestyle.

Figure 8. Under-five mortality rate



Note: The agreed goal envisions reducing the under-five mortality rate by 2/3 during 1990-2015.

Source: Department of Statistics and Sociology;
Economic Growth and Poverty reduction Strategy, May 2004.

One of the factors contributing to improving children's health is vaccination. In our country, starting with 2001, virtually all children (99,4%) are vaccinated against measles, and this target has already been achieved.

Targets for 2004–2015

Basing on the provisions of the strategies and programmes approved by the Government, Republic of Moldova sets forward to achieve implement the following targets in the area of children health care:

Target 5. Reduce by 2/3 between 1990-2015 the infant mortality rate.

The achievement of this target is structured in time as follows: until 2006, infant mortality rate is reduced to 12,1, in 2010 – up to 9,6, and in 2015 – up to 6,3 deaths per 1000 newborns (Fig. 7).

Target 6. Reduce by 2/3 between 1990-2015 the under-five mortality rate.

It is expected that by 2006 the under-five mortality rate is reduced to 15,0, in 2010 – to 11,9, and in 2015 – to 8,4 deaths per 1000 live newborns (Fig. 8).

Barriers

The main barriers to achieving agreed targets are as follows:

Insufficient financing of the healthcare system, disparities between resource allocations for medical institutions in different locations (urban, rural, capital, province).

Insufficiency of qualified medical staff, especially in the rural area.

Poor infrastructure, bad roads, lack of access roads, lack of ambulance cars equipped with adequate medical equipment, lack of modern communication means.

Reduced access of poor families to quality medical services, prevalence of informal payments, increased process for essential drugs.

Inefficient control mechanisms over the quality of provided medical services, excessive centralisation, imperfect promotion and performance-based remuneration mechanisms for medical staff.

High environment pollution, insufficient nutrition, ignoring hygiene rules.

Low level of community training, parents lack knowledge on the requirements of a healthy lifestyle, especially in needy families.

Priority actions to achieve agreed goals

Implementing national programmes on assisting the planning and protection of reproductive health, integral treatment of ailments, improvement of perinatal medical assistance and population vaccination. Reducing the number of births of children with small weight and creating conditions for the survival of such children.

Creating conditions for perinatal supervision and assistance, eliminating the risks during the first years of life.

Developing and implementing the criteria and methodology of assessing risks during pregnancy, at birth, for newborns and children less than five years of age.

Training and preparing medical personnel specialised in perinatal assistance to implement new cost-effective children ailments prophylaxis and treatment technologies.

Consolidating the institutional capacities of the medical sector by adapting existing capacities to the demographic situation and the specific features of residence areas.

Developing and implementing social assistance mechanisms for young needy families, extending the number of categories of charge-free medical services provided to these families.

Attracting parents into training activities on prophylaxis contraceptive methods, family planning, recognising danger symptoms, and caring and educating children.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

- Quantity and regularity of gathered information – *strong*.
- Quality of gathered information – *strong*.

- Statistical analysis – *strong*.
- Statistics in policymaking – *strong*.
- Reporting and disseminating information – *strong*.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

Elements of monitoring and reporting capability	Valuation		
	<i>Weak</i>	<i>Fair</i>	<i>Strong</i>
Quantity and regularity of gathered information			✓
Quality of gathered information			✓
Statistical analysis			✓
Statistics in policymaking			✓
Reporting and disseminating information			✓

Goal 5: Improve Maternal Health

Targets	Indicators
Target 7: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	15. Maternal mortality ratio 16. Proportion of births attended by skilled health personnel

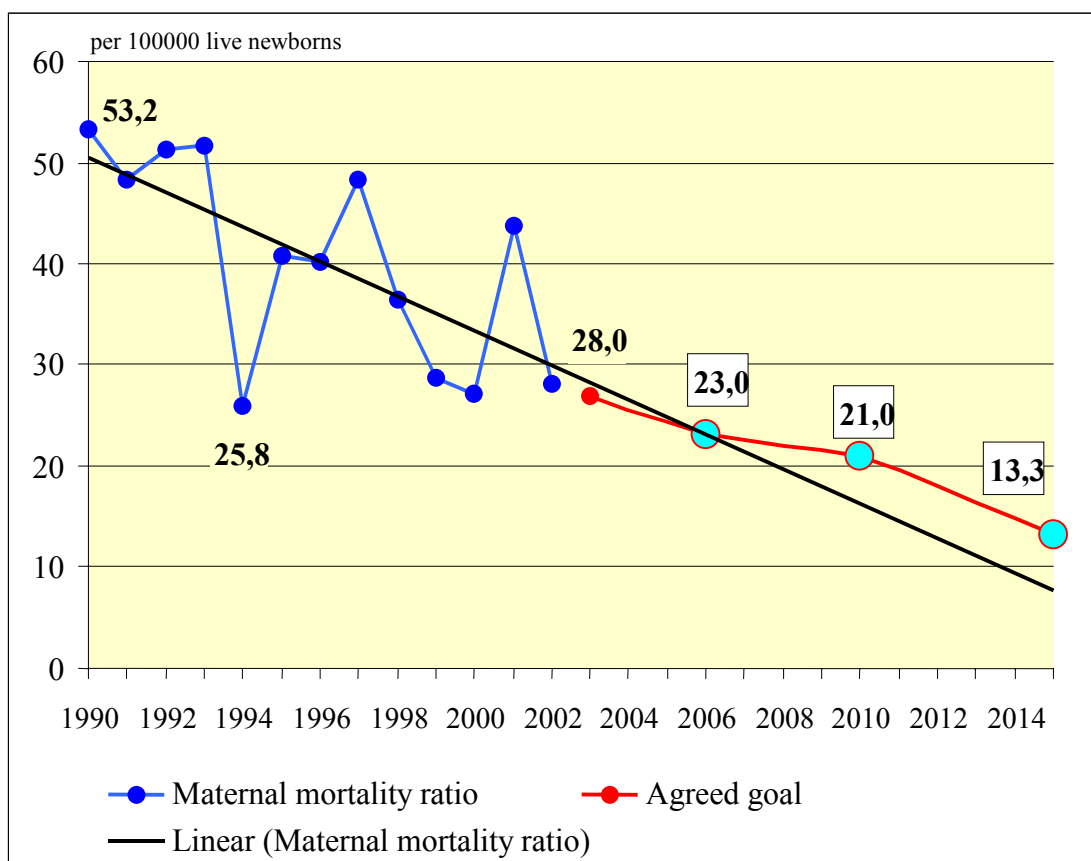
Status at a Glance	
Will development goal be reached?	<ul style="list-style-type: none"> • Probably Potentially Unlikely Lack of Data
State of supportive environment	<ul style="list-style-type: none"> • Strong Fair Weak but Improving Weak

Progress at the end of the 1990s and current situation

The level of maternal mortality reflects both the overall quality of the healthcare system and its orientation towards the needs of mother and child: access to specialized medical assistance, decreased risks during pregnancy and at birth, improving the general health of mother and child and, by extension, the social and economic statute of women.

In the last decade, the maternal mortality ratio in Republic of Moldova is decreasing, but it's still higher than in other European countries. In 2002, the maternal mortality ratio constituted 33,6 deceases per 100 000 live newborns and this high level is prevailing due to complications during pregnancy and/or post-natal period (*Fig. 9*). The decrease of maternal mortality ratio is conditioned by the implementation of the "National Programme for Improving Perinatal Medical Assistance in 1997-2002", improvement of the family planning service, increased responsibility during the course of pregnancy from obstetricians and gynaecologists and women responsibility for their health and the fate of their children. An important role in improving maternal health is also played by the pilot project of the World Health Organisation "Pregnancy without Risks".

Figure 9. Maternal mortality ratio



Note: The agreed goal is to reduce the maternal mortality ratio by three quarters during 1990-2015.

Source: Department of Statistics and Sociology;
 Economic Growth and Poverty reduction Strategy, May 2004.

Similar to other countries under transition, the relatively high level of maternal mortality in Republic of Moldova is caused by a complex mix of social, economic and medical factors, the main ones being unemployment, inadequate working conditions for women, family violence, morbidity, abortions, etc.

Thus, women continue to work in health injuring or even extremely hazardous conditions to reproductive health, which exposes future mothers to major physical and psychological efforts, high temperatures or on the contrary, extremely low temperatures, inadmissible concentration of chemical substances, etc. In most cases, women working in injurious conditions are employed by private companies and cannot benefit from sick leaves and maternity leaves. Moreover, gaps in labour legislation and its application, employment of many women, especially in the rural area, for occasional or seasonal jobs, deprive future mothers of the scarce social assistance guaranteed by the state: compensations and facilities for people working in harmful conditions, sick leaves, and maternity leaves. In accordance with the last statistical data, about 14,3 thousand women work in bad sanitary and hygiene conditions: 10,8 thousand – in industry, 2,6 thousand – in trade and public catering, 900 women - in other sectors of national economy. Unfortunately, in Republic of Moldova, they still practice attracting pregnant women to growing and processing tobacco, which have serious consequences for women and children health.

The economic decline inherent to transition periods and the consequences of inadequate administrative decisions limited future mothers' access to quality specialised medical services. Lack of transportation and communications, deterioration of material resources of medical institutions and severe lack of medical staff, especially, in rural areas, lead to increasing pregnancy supervision only by midwives and family doctors. This is the reason why about 2,3% of births occur at home or in occasional transportation means.

Another obstacle to women access to quality specialised medical services is the broadening of informal payments in the healthcare system. Thus, in accordance with the results of several representative surveys at national level, about 45% respondents approaching a medical institution had to offer money or gifts. Even after introducing compulsory medical insurance, unofficial payments have not disappeared, and the quality of medical service remained unchanged or worsened according to 83% respondents.

One of the medical-social problems seriously endangering maternal health is the high frequency of abortions. Thus, during 1995–2002, there were 0,8 abortions per birth, and pregnancy interruptions – in 50 cases per 1000 women of reproductive age. In the past 10 years, due to toxic and contagious complications of abortions, probably, criminal abortions as well, 12 women have died, which is 32,2% of all maternal deaths. It is alarming that an increased number of abortions is registered among minors aged less than 15 (0,15%), and girls and women between 15 and 19 years (10%). This data emphasise once again the need to implement modern family planning methods and to improve school courses on health training.

A serious obstacle to improving maternal health is the morbidity of women of reproductive age. Out of the total number of people suffering from tuberculosis, 31,4% are women and 67,7% of these are of reproductive age. Unfortunately, 17,5% of people suffering from alcoholism are women.

The morbidity of women due to sexually transmittable diseases is still high. Thus, out of the total number of patients suffering from syphilis, 52,3% are women and 85,2% of them are women of reproductive age. About 37% of people infected with HIV/AIDS are women, and 33 of them (8%) were teenagers when diagnosed ill.

The morbidity caused by cancer is increasing, including reproductive organs: uterine cervix – 13,9, uterus – 9,9, ovary – 5,5 cases per 100 000 women. Breast cancer is the first of cancer related mortality causes for women (19–25%).

An analysis of maternal mortality through direct obstetrical risks in 1990–2002 emphasises the fact that 50% of all cases of maternal mortality could have been avoided, 43% could have been avoided under certain conditions and only in 7% of all cases, death was inevitable since severe, unpredictable and incurable complications have occurred. In about 26% of cases, women were not hospitalised for such reasons as negligence of women or their families, quick evolution to death, woman's refusal to be hospitalised, lack of financial resources. It was found that 32% pregnancies resulting in death due to obstetrical risks were not taken under observation and 35% of women were taken under observation after the 14th week and 33% - taken under observation on time.

Medical statistical data reveal that most women deceased come from the rural area (58%), where medical services are of lower quality and population is poorer. It is true that during 1999–2001 certain attempts were made to make medical assistance closer to those who need it by regionalising perinatal medical assistance. For this purpose, former judet hospitals were equipped with necessary apparatus and the capacities of these departments were sufficient for the hospitalisation of pregnant women with pathologies. Unfortunately, expectations related to the implementation of perinatology program have not been fully met, since the possibilities of raional hospitals are much less impressive, and the status of former judet hospitals as eventual regional centres for specialised medical assistance is uncertain.

Targets for 2004–2015

Starting from the current situation and the impact of programmes implemented earlier by the Government aiming at improving maternal health, Republic of Moldova sets the following target:

Target 7. Reduce by $\frac{3}{4}$ the maternal mortality ration between 1990-2015.

The achievement of this target is structured in time as follows: until 2006 the maternal mortality ratio is reduced to 23,0, in 2010 – to 21,0, and in 2015 – to 13,3 deceases per 100 000 newborns (*Fig. 9*).

Barriers

The main barriers to achieving agreed targets are as follows:

Reduced access for many women to quality specialised medical services, especially in the rural area and poor families.

Weak supervision over the course of pregnancy, due to certain flaws of the healthcare system (uneven location of specialised medical services, inadequate financial management, lack of highly qualified medical staff, insufficient modern medical equipment) as well as poverty, irresponsibility and/or sanitary illiteracy of some families.

High ratio of abortions, limited access of women from rural areas and poor families to family planning programmes.

Gaps of the general infrastructure (transportation, communications, educational centres) and specific medical infrastructure (specialised departments at medical institutions, equipment, qualified and motivated personnel, blood bank, medical information system).

Flaws in the legal frame on working conditions and social assistance provided to pregnant women, employing women in growing and processing tobacco.

Priority actions to achieve agreed goals

Regionalising specialised medical assistance by distributing funds for the rehabilitation and restructuring of maternity hospitals in all raional centres and small towns.

Rehabilitating urgently the blood collection service, to cover the demand of maternities in freshly frozen plasma and other blood products.

Extending the hospitalisation capacity of specialised centres throughout the country, especially, obstetrical pathologies departments as planned and in accordance with the reference criteria of maternities.

Reduce abortion rate by disseminating in mass media information on modern contraceptive methods and combating empiric abortions.

Assessing and removing obstacles in receiving a safe abortion, implementing methods of abortions recommended by the World Health Organisation.

Reduce births outside specialised medical institutions by developing infrastructure, more efficient use of community funds and sanitary literacy of pregnant women.

Implementing the concept of audit in evaluating maternal mortality and in cases of serious complications, that could have been avoided, with high probability of death.

Improve sanitary management in order to improve the efficiency of activities related to improving maternal health: taking pregnant women under observance on time; coordinating the activity of family doctors and pregnancy specialists, extending medical information exchange between family doctor centres and obstetrical hospitals.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

- Quantity and regularity of gathered information – *strong*.
- Quality of gathered information – *strong*.
- Statistical analysis – *strong*.
- Statistics in policymaking – *strong*.
- Reporting and disseminating information – *strong*.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

Elements of monitoring and reporting capability	Valuation		
	<i>Weak</i>	<i>Fair</i>	<i>Strong</i>
Quantity and regularity of gathered information			✓
Quality of gathered information			✓
Statistical analysis			✓
Statistics in policymaking			✓
Reporting and disseminating information			✓

Goal 6: Combat HIV/AIDS, Tuberculosis and Malaria

Targets	Indicators
Target 8: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	17. HIV/AIDS incidence 18. HIV incidence among 15-to-24-year-olds 19. Contraceptive prevalence rate
Target 9: Have halted by 2015 and begun to reverse the incidence of malaria and tuberculosis	20. Global morbidity associated with tuberculosis 21. Mortality rate associated with tuberculosis 22. Share of tuberculosis cases detected and cured under the DOTS Programme (directly observed treatment short course) 23. Prevalence and mortality rate associated with malaria 24. Share of population residing malaria risk areas using effective malaria prevention and treatment measures

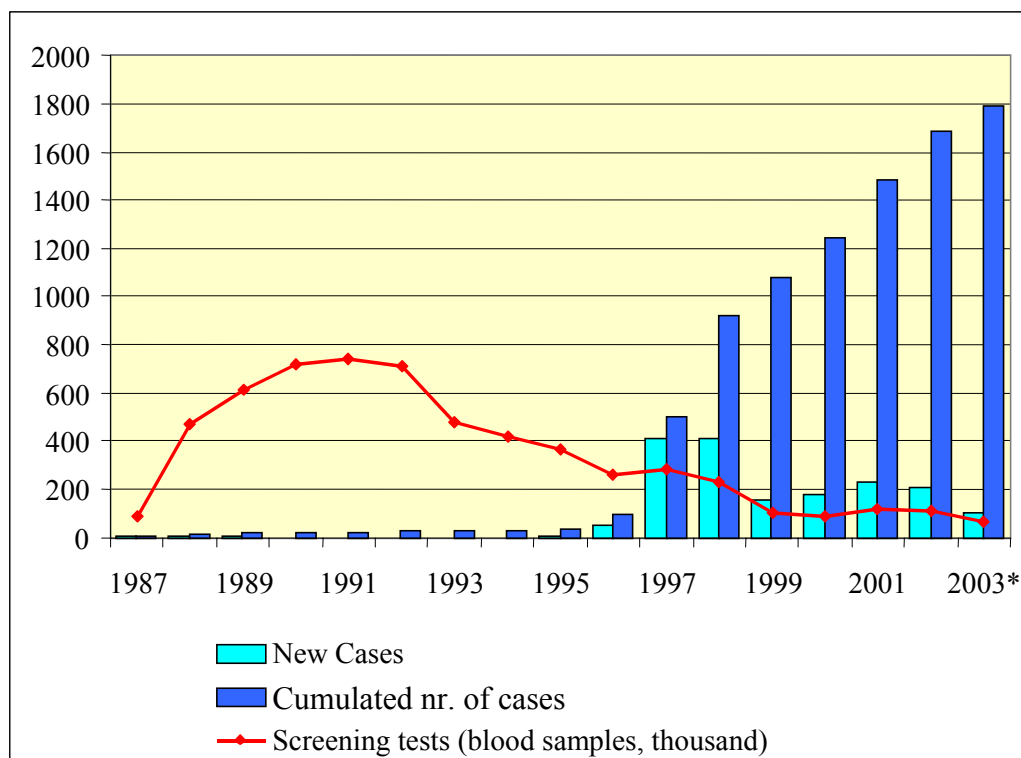
Status at a Glance	
Will development goal be reached?	Probably • Potentially Unlikely Lack of Data
State of supportive environment	Strong Fair) • Weak but Improving Weak

Progress at the end of the 1990s and current situation in fighting HIV/AIDS

Diseases conditioned by social factors, AIDS, tuberculosis and malaria, are part of the top five diseases that contribute most to mortality, reduce length and quality of life and represent priority issues of public healthcare in Republic of Moldova.

During 1987–1995, HIV/AIDS infection in Republic of Moldova manifested as isolated, sporadic cases, identified among students from African countries, who came to Moldova to study. But starting with 1996, the epidemics of HIV/AIDS infections have become alarming (*Fig. 10*). During 1987–2003, 1794 of people infected with HIV were identified in Republic of Moldova, from whom 72% men and 38% women. Out of the total number of HIV infected people, AIDS diagnosis was confirmed for 80 people, 55 of whom have died.

Fig. 10. HIV/AIDS infection in Republic of Moldova

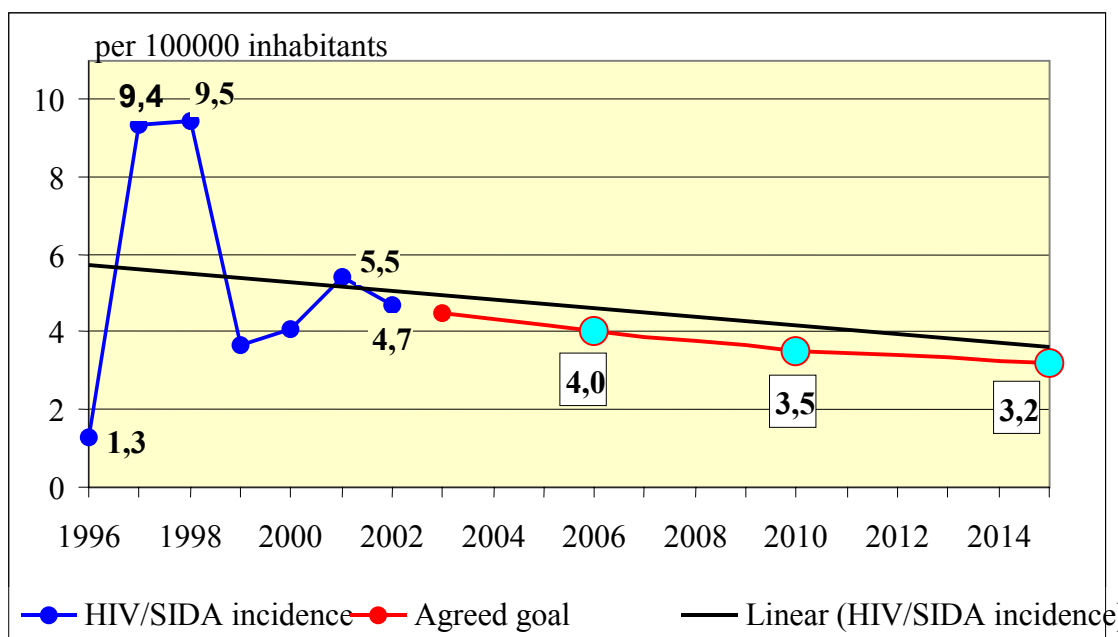


* Data only for the first 6 months of 2003.

Source: Ministry of Health.

The highest level of HIV/AIDS incidence was registered in 1997 and 1998, 9,4 and respectively 9,5 cases per 100 000 inhabitants. It should be mentioned that in the past years the intensity of the epidemic process has stabilised. Thus, in 2001, 234 people were diagnosed with HIV, and the incidence per 100 000 inhabitants was only 5,5 cases, and in 2002 – 206 cases, the incidence is 4,7 per 100 000 inhabitants (*Fig. 11*).

Figure 11. HIV/AIDS Incidence



Note: The agreed goal is to reduce between 1996–2015 the incidence of HIV/AIDS to 3,2 cases per 100 000 inhabitants.

Source: Ministry of Health;
Economic Growth and Poverty Reduction Strategy, May 2004.

The epidemic process has spread in all the regions of the country; the index of average prevalence in the country as of January, 2003, basing on cumulative data, is 38,47 per 100 000 inhabitants. The most affected regions are municipality of Balti - 430,7, mun. Chisinau - 68,7, mun. Tiraspol – 55,1 and Causeni town - 20,0. Statistical data for the left border of river Nistru (27,6 per 100.000 inhabitants) do not reflect the real epidemic situation since for the last 4 years no confirmation investigations of positive blood samples through the *Western-Blot* test were undertaken.

The HIV/AIDS infection is spreading mainly among drug addicts who use needles, even though their share is decreasing: from 84% in 2000 to 70% of total number of cases in 2002. At the same time the share of people who were sexually transmitted the disease is increasing: from 15% in 2000 to 30% of total number of cases in 2002. The HIV/AIDS affects primarily young people; the share of 15-19 year-olds is 13% of the total number of infected people and people aged between 20-24 years – 32%. Unfortunately, HIV/AIDS were diagnosed for children aged 0-14 years, their share is 0,49% of the total number of infected people.

Also the share of women infected with HIV/AIDS is increasing: from 24% in 2000 to 31% of the total number of cases in 2002. The risk of infection for women of reproductive age is increasing, as well as the risk of transmitting the disease from mother to child. 56 seropositive pregnant women were detected in Republic of Moldova, 14 of them have interrupted pregnancy and now there are 42 registered children born by seropositive mothers. 6 HIV infected women gave birth to infected children and perinatal infection was registered.

In order to stop the process of HIV/AIDS infection, Moldovan authorities in cooperation with international organisations took several actions, the most important of them are developing and enforcing the law on AIDS prophylaxis, implementing national programmes on

prophylaxis and fighting AIDS and sexually transmitted diseases, implementing several projects financed by the World Bank, specialised agencies of the United Nations, the World Fund for AIDS, Tuberculosis and Malaria, the Soros Foundation, etc.

Targets for 2004–2015

Starting from the impact of national programmes already implemented and the preliminary outcome of on-going projects, Republic of Moldova sets forward to achieve the following target:

Target 8. To stop by 2015 the spread of HIV/AIDS and begin to reverse HIV/AIDS.

The achievement of this target is structured in time as follows: until 2006 the incidence of HIV/AIDS is reduced to 4,0 cases, in 2010 – to 3,5 cases, and in 2015 – to 3,2 cases per 100 000 inhabitants (*Fig. 11*).

Barriers to combating HIV/AIDS

The main barriers to achieving agreed targets are as follows:

Broadened drug consumption, especially using needles; persistence in certain social groups of high risk sexual relations.

Limited capacities of medical institutions to identify HIV/AIDS infection, insufficient financing of respective services.

Reduced access of people exposed to the risk of HIV/AIDS infection to modern counselling and testing services.

Low level of education and poor dissemination of information, especially among people belonging to high-risk groups, on the danger of HIV/AIDS; inefficient traditional education methods and promoting a healthy lifestyle.

Priority actions to control HIV/AIDS

Training population, especially youth and high-risk groups (drug addicts, prostitutes, sexual minorities, penitentiary dwellers, trafficked women) in preventing HIV/AIDS.

Reducing intravenous drug consumption by improving the activities of all state institutions responsible for fighting drug addiction and by intensifying cooperation with civil society organisations.

Implementing HIV/AIDS prophylaxis programmes, especially those based on reducing noxas, among intravenous drug consumers, including in penitentiary institutions.

Reducing the number of HIV infections among children by introducing the protocol for preventing infection from mother to child (maternal and foetal prophylaxis).

Ensuring the safety of blood transfusions, medical intervention and assistance services by adequately equipping medical institutions, motivating personnel and improving management.

Ensuring quality medical assistance and social support to people infected with HIV, AIDS patients and the members of their families by extending specialised services and distributing additional funding.

Ensure unconditional and full antiretroviral treatment to all people infected with HIV and AIDS patients from the state.

Extending epidemiological supervision services capacities, consolidating institutions ensuring HIV/AIDS infection and sexually transmittable infections monitoring.

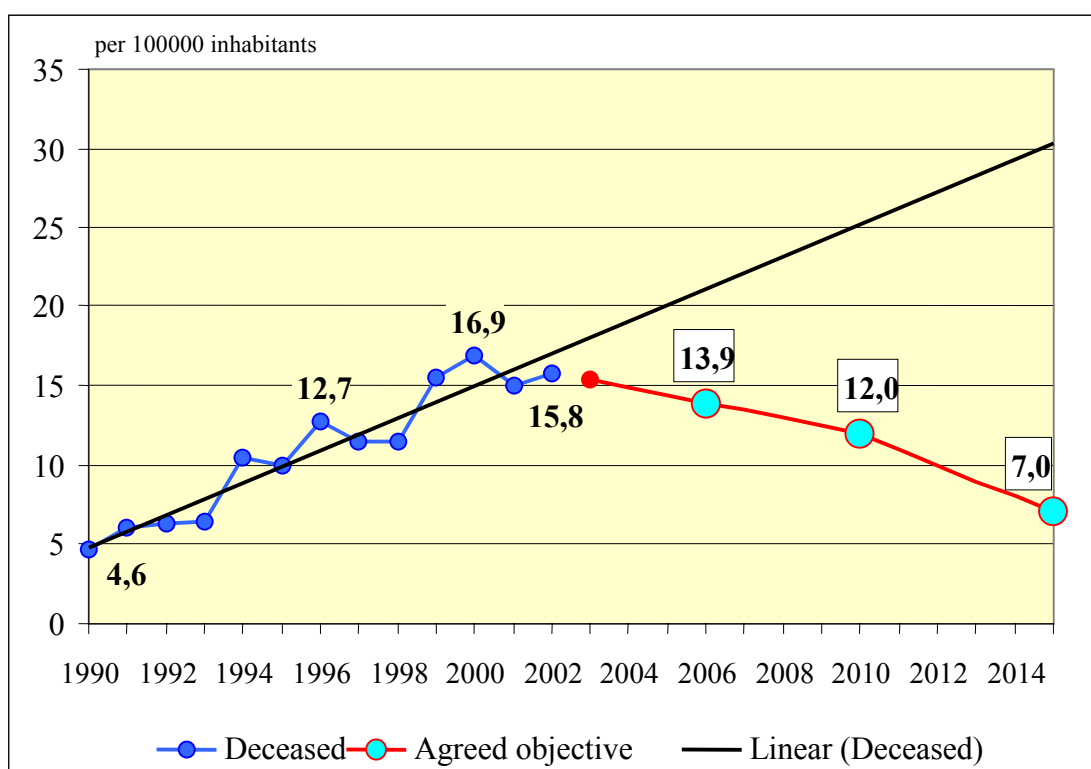
Increasing knowledge and practical skills of medical personnel in modern HIV/AIDS combating methods through modernising training programmes, organising development courses, internships of specialised medical staff at specialised medical institutions.

Progress at the end of the 1990s and current situation in controlling tuberculosis

The epidemic situation of tuberculosis in Republic of Moldova has deteriorated during 1990-2002. Thus, total morbidity caused by tuberculosis has almost doubled, amounting to 97,3 per 100 000 inhabitants in 2002 as compared to 49,2 per 100 000 inhabitants in 1990.

During this period the mortality caused by tuberculosis has increased by 3,7 times amounting to 15,6 per 100 000 inhabitants in 2002 as compared to 4,6 per 100 000 inhabitants in 1990. The highest value of this rate was registered in 2000 – 16,9 per 100 000 inhabitants (*Fig. 12*). The prevalence of tuberculosis in 2001 was 145,5 per 100 000 inhabitants, which means 6206 people, from whom 2729 people with bacillus elimination.

Figure 12. Evolution of mortality associated with tuberculosis



Note: The agreed goal is to reduce between 1990–2015 the incidence of tuberculosis to 7,0 cases per 100 000 inhabitants.

Source: Ministry of Health;
Economic Growth and Poverty Reduction Strategy, May 2004.

The causes of aggravation of the epidemic situation of tuberculosis in our country are varied, the most important being extension of poverty, deterioration of healthcare system, insufficient financing - only 15% of the total necessary amount, deficient national tuberculosis control programmes, using obsolete diagnosis and treatment methods.

The situation is particularly alarming in penitentiary institutions, where tuberculosis incidence in 2001 was 32 times higher than the average in the country and augmented with 93,4% as compared to 2000. Degrading detention conditions, acute lack of anti-tuberculosis medicines, malnutrition, limited level of education of detainees transformed the penitentiary institutions at the end of the nineties into hotbeds of infection, which were a real epidemic danger for the entire Moldovan population.

In order to improve the situation, the authorities of Republic of Moldova, basing on the recommendations of the World Health Organisation, adopted the National Program of Tuberculosis Control for 2001-2005 based on the DOTS strategy (directly observed treatment short course). The objectives of the National Programme are establishing control and focalising the tuberculosis epidemic, reducing the expansion of the infection and preventing the appearance of refractory and multi-refractory forms of infection.

The National Programme was launched at the end of 2001 in the municipality of Chisinau, former Lapusna and Orhei judet and then extended on the entire territory of the country. At the beginning of 2003, 88% of Moldovan population had access to specialised medical assistance based on DOTS and 51% of new cases and relapses identified were treated in accordance with the recommendations of the World Health Organisation.

The energetic intervention of authorities and quite a few civil society organisations, the consistent assistance of international organisations have allowed a certain stabilisation of the epidemic situation of tuberculosis both in the country and within penitentiary institutions. Thus, the growth rate of main indexes has considerably decreased; the world incidence of tuberculosis in penitentiary institutions has decreased in 2002 with 16,5% as compared to 2001.

Targets for 2004–2015 in tuberculosis control

Starting from the impact of national programmes already implemented and the preliminary outcome of on-going projects, Republic of Moldova sets forward to achieve the following target:

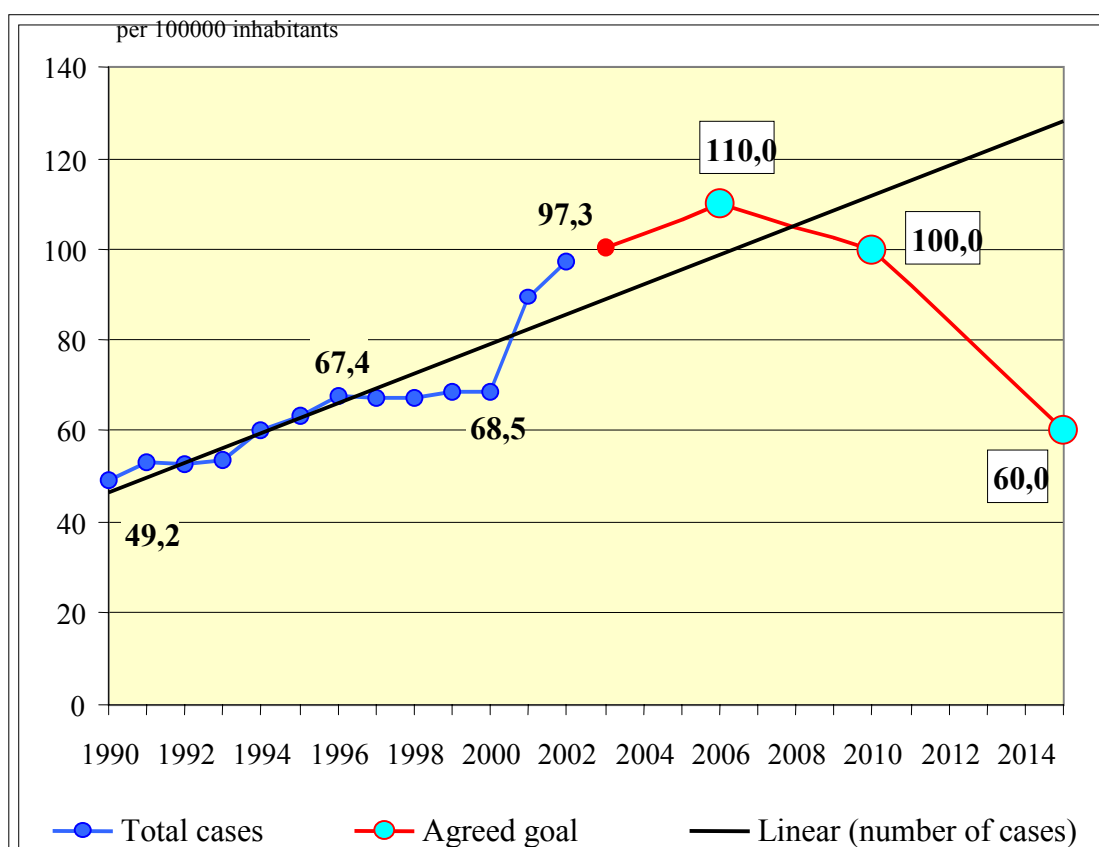
Target 9. To stop by 2015 the spread of tuberculosis and begin to reverse its spreading.

The achievement of this target is structured in time as follows: until 2006, mortality associated with tuberculosis is reduced to 13,9 cases, in 2010 – to 12,0, and in 2015 – to 7,0 cases of death per 100 000 inhabitants (*Fig. 12*).

It is estimated that in 2006 the share of cases identified and treated within the DOTS Programme will reach 100%.

Since the positive effect of actions taken to control tuberculosis will become visible in a while, until 2006 world morbidity associated with tuberculosis (new cases and relapses) will continue to increase, major decrease trends are expected only after 2012. Until 2015, world morbidity associated with tuberculosis will be reduced to 60,0 cases per 100 000 inhabitants (*Fig. 13*).

Figure 13. Evolution of world morbidity affiliated to tuberculosis (new cases and relapses)



Note: The agreed goal is to reduce between 1990–2015 world morbidity (new cases and relapses) to 60,0 cases per 100 000 inhabitants.

Source: ??? Ministry of Health ???

Barriers to fighting tuberculosis

Low living standards for most population, especially in rural areas and small towns, high share of families with reduced subsistence resources.

Insufficient financing of national tuberculosis control programmes, deterioration of technical and material resources of supervision institutions, tuberculosis prophylaxis and treatment.

Degrading conditions within penitentiary institutions, acute malnutrition of inmates, lack of anti-tuberculosis medicines.

Low level of sanitary education of Moldovan population, especially within needy families, in preventing and treating tuberculosis.

Priority actions to control tuberculosis

Extending the capacities of primary medical institutions of providing medical assistance to patients suffering from tuberculosis.

Training medical personnel for the purpose of providing assistance to tuberculosis patients in accordance with the requirements of the DOTS Programme.

Strengthening the procedure of detecting and registering cases of progressive tuberculosis.

Organising Phlegm Microscopic Research Centres and equipping them with modern equipment and necessary consumables.

Identifying financial resources necessary to modernise specialised medical centres for combating tuberculosis and ensuring these centres with anti-tuberculosis medicines following their needs.

Controlling malaria

According to WHO assessment, due to its geographic location and climatic conditions Republic of Moldova is situated in the high-risk zone for malaria expansion. The main factors determining the risk of large-scale re-appearance of this disease are:

the large number of days, 154 on average with a temperature above 15⁰C, which facilitates development and maturation of *Haemaphysalis* in bodies of mosquitoes;
existence of a large number of mosquitoes during these periods (300-500 specimen, and in some areas up to 600-900 per 1 m²);
long period, up to 5 months, for transmitting malaria;
lack of specific immunity of population;
migration of population, facilitating imports of tertiary malaria, which may spread in the climatic conditions of Republic of Moldova.

It should be mentioned that between 1944-1950, Republic of Moldova was considered a hyper endemic area for malaria, in 1945 – 1948 over 120 thousand occurrences, including 200-300 deaths were registered every year. Due to implementing a complex system of prevention and fighting actions, in 1953 malaria was eradicated as widespread disease, and in 1959 - as indigenous disease.

In 1971-2001 in Republic of Moldova were registered 665 cases of malaria, including 647 imported cases (97,3%) and 18 indigenous (2 infested by mosquitoes and 16 through blood transfusions). Depending on the year, there were between 1 and 74 occurrences of malaria annually, most cases (68,4%) were registered during the season of malaria circulation. In 2002, 29 cases of malaria were registered, representing 0,68 per 100.000 inhabitants.

Despite the fact that Moldova is a high-risk zone, there are many drawbacks in promoting prevention and control actions against malaria:

- due to reduced financial resources provided to sanitary institutions, the number of people checked for malaria in labs following clinical and epidemiological indications has decreased: from 4231 people in 1990 to 1662 people in 2002.
- permanent lack of specific types of medications influences negatively clinical results, maintains risks of complications, survival of the virus and relapse of the illness.
- liberalising conditions for crossing state borders was not accompanied by the creation of an efficient system of epidemiological surveillance of malaria;
- reducing works on eliminating malaria-facilitating vectors at the stage of larva and indigo: from 6147 ha of anopheleous waters disinfected in 1990, to 1931 ha in 2001.

To avoid the risk of re-occurrence and spread of malaria, Moldovan authorities in cooperation with the European Regional Office of the World Health Organisation implements the Programme *Roll Back Malaria*, which provides that by 2006 our country is going to be free of indigenous malaria. It is planned to create a unified epidemiological surveillance system for malaria for all levels of curative and preventive medicine, widespread dissemination of

sanitary and hygiene knowledge and information of malaria prophylaxis, public administration and population support in performing anti-malaria actions on-site.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

- Quantity and regularity of gathered information – *strong*.
- Quality of gathered information – *strong*.
- Statistical analysis – *strong*.
- Statistics in policymaking – *strong*.
- Reporting and disseminating information – *strong*.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

Elements of monitoring and reporting capability	Valuation		
	<i>Weak</i>	<i>Fair</i>	<i>Strong</i>
Quantity and regularity of gathered information			✓
Quality of gathered information			✓
Statistical analysis			✓
Statistics in policymaking			✓
Reporting and disseminating information			✓

Goal 7: Ensure Environmental Sustainability

Targets	Indicators
Target 10: 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. Land area protected to maintain biological diversity 27. GDP per unit of conventional fuel consumption 28. Carbon dioxide emissions from fixed and mobile sources, kg/per capita
Target 11: Halve by 2015 the proportion of people without sustainable access to improved water sources	29. Proportion of population with sustainable access to an improved water source
Target 12: Significant increase of the share of people with access to improved sanitation	30. Proportion of people with access to improved sanitation

Status at a Glance	
Will development goal be reached?	Probably • Potentially Unlikely Lack of Data
State of supportive environment	Strong Fair • Weak but Improving Weak

Progress at the end of the 1990s and current situation

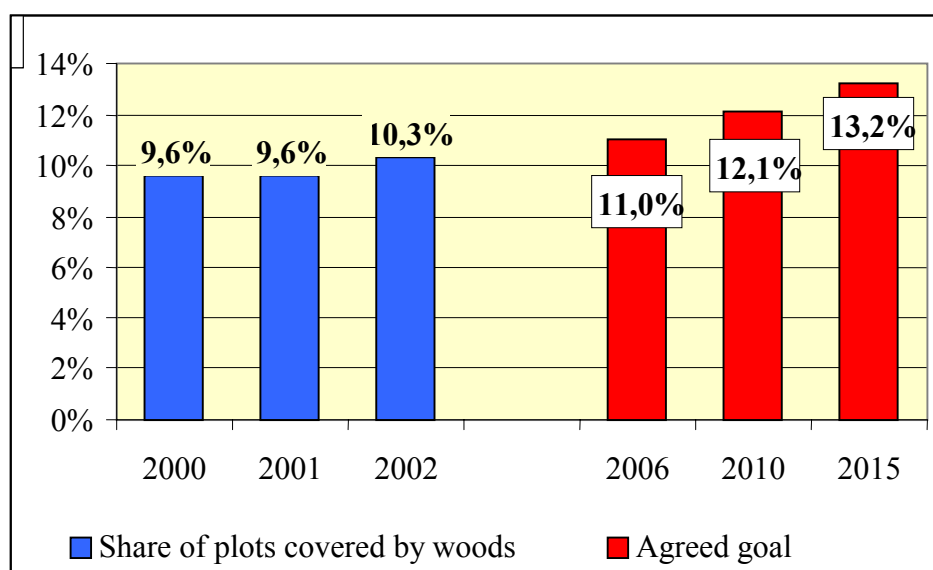
Sustainable development is a form of human development, which ensures meeting the needs of present generation without undermining the standard and quality of living of future generations. A decisive aspect of sustainable development is preserving and regenerating natural resources, promoting environment friendly economic and social policies. Unfortunately, Republic of Moldova is facing many difficulties in the area of environmental protection. Some of them are caused by the over-use of recoverable environment assets, and the global degradation of the environment.

Forest Resources. The economic decline of the 1990s, poverty aggravation, lack of energy resources, the ambiguity of the legal framework produces serious damages to the environment, especially to the forests of the country.

In accordance with Land Cadastre on January 1, 2002 forests took up an area of 392,4 *thousand ha*, which constitutes 11.6% of the territory of the country. Areas covered by forest took up 349,5 *thousand ha* and the afforestation rate was 10.3% (Fig. 14). It should be emphasised that eco-protective effects of the forest are permanent only if at least 15% of the territory of the country is covered with forests.

Forest resources include 48.7 *thousand ha* of plots covered with forest vegetation, including 30,7 *thousand ha* of shield belts and 18,0 *thousand ha* of tree and bush plantations. The total amount of wood pulp produced in Moldovan forests reaches 43 *mln. cubic metres*, an average of 124 m^3 per *ha*.

Figure 14. Share of plots covered by woods



Note: Agreed goal is to increase between 2002–2015 the share of plots covered by woods up to 13,2%.

Source: Ministry of Ecology and Natural Resources; State Agency for Silviculture „Moldsilva”; Economic Growth and Poverty Reduction Strategy, May 2004.

The main factors that caused degradation of forest resources during the 1990s are:

- illegal wood felling, the trees cut during 1990–2000 could form a forest on a surface area of 2000 *ha*;

- illegal grazing of cattle in forest areas;

- unreasonable use of forest sector economic potential, the revenues being as low as 0,3–0,4% of the gross domestic product. The annual increase of wood pupils over 1 *mln. m³*, and its harvest – only 40%–50%;

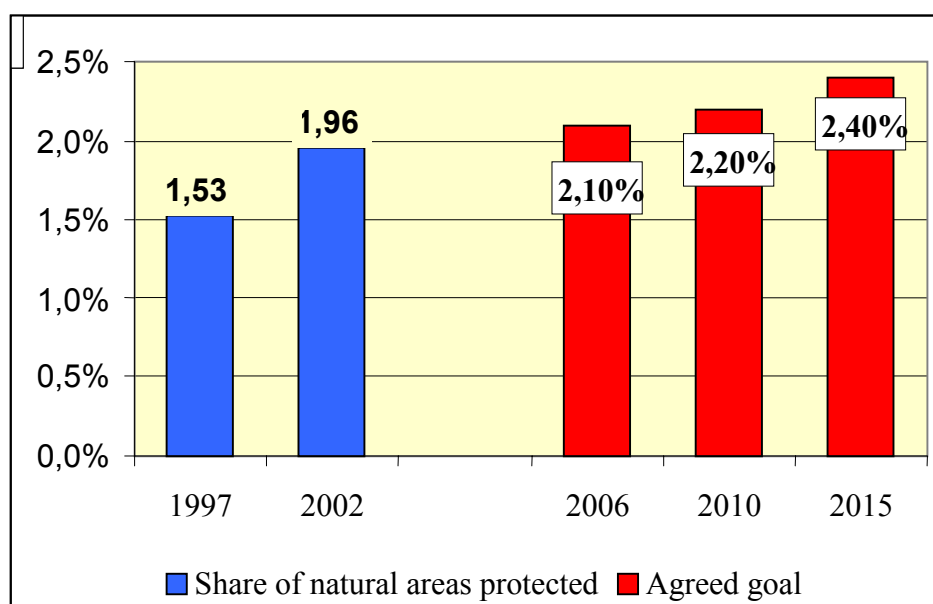
- reducing the amount of forest regeneration works, the surface area planted with trees each year has decreased from 1,4 *thousand ha* in 1995 to 0,8 *thousand* in 2000.

Preserving biological diversity. An important role in sustainable development is played by protection of natural ecosystems, which cover 20% of the territory of Moldova.

Unfortunately, natural ecosystems in Moldova are fragmented and mostly degraded. Spontaneous vegetation covers only 10% of territory and mainly consists of forests and steppe. The flora consists of 6720 varieties, from which 27,3% are vascular plants. During the past decades the variety and abundance of local varieties is decreasing, but the adventitious and related populations are extending. The fauna consists of 15262 varieties, from which 3% are vertebrates. Animals' habitats and migration paths are quickly destroyed, which conditions significant degradation of their populations.

The surface of areas protected to preserve biodiversity constitute about 66, 5 *thousand ha* or 1,97 % of the territory of the country, which is one of the smallest surface area in European countries (*Fig. 15*). The national network consists of 12 categories of protected areas - 5 scientific reservations with a surface area of 19,4 *thousand ha*, 130 natural sanctuaries, 63 natural parks, 41 scenic reserves, many geologic, palaeontological, hydrological and other sanctuaries and may serve as basis for the creation of National Ecological Network.

Figure 15. The share of natural surface areas protected to preserve biodiversity



Note: Agreed goal is to increase between 2002–2015 the share of protected natural surface areas to 2,4%.

Source: National Strategy and Action Plan for Biodiversity Conservation;
Economic Growth and Poverty Reduction Strategy, May 2004.

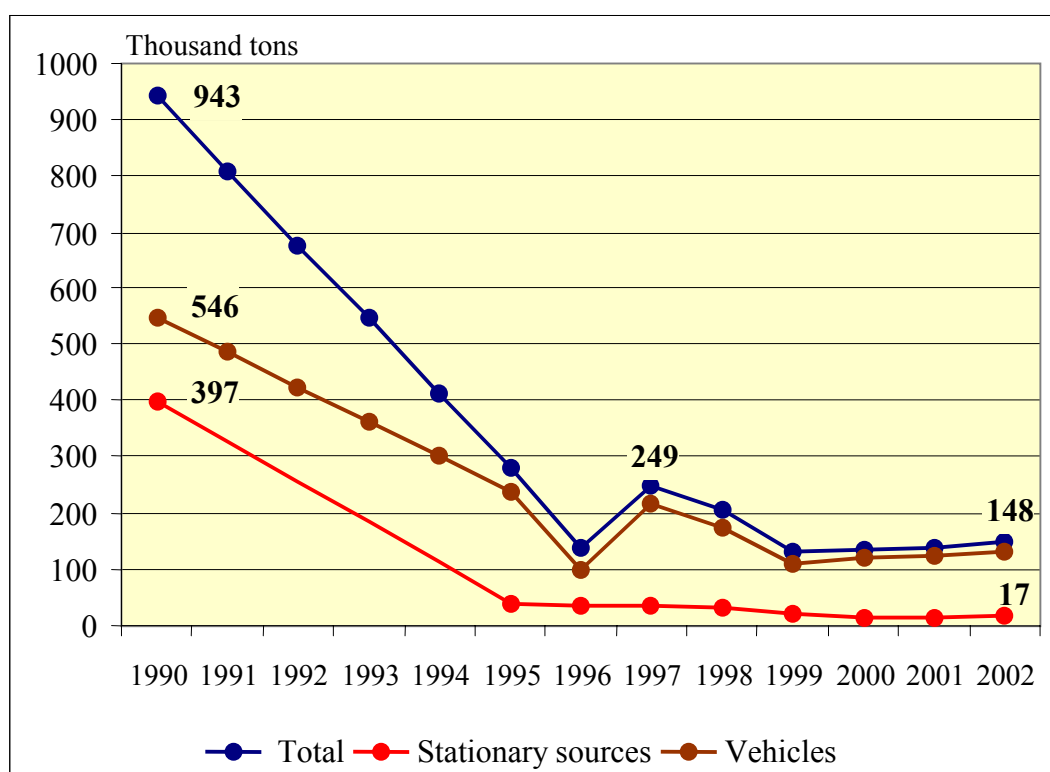
Main factors leading to decrease of biodiversity are:

- extensive use of plots covered with natural vegetation;
- irrational and intensive use of natural ecosystems;
- grubbing river meadow forests, shield belts for agricultural land, industrial and urban items;
- dissecting habitats of wetlands and channelling small rivers;
- pollution of natural and agricultural ecosystems.

Unfortunately, the surface of protected areas is not sufficient to maintain the ecologic balance and protect biological diversity. To achieve this it is necessary to extend the surface of protected areas to at least 10% of the national territory.

The quality of atmospheric air. The quality of atmospheric air depends on the amount of harmful substances emitted by various stationary and mobile sources: industrial plants, transportation, power plants, public utilities and individual facilities, etc. During the transition period, several extremely big enterprises were closed; they registered a higher degree of pollution of the environment, which contributed to the decrease of the total amount of harmful emissions into the atmosphere (Fig. 16).

Figure 16. The amount of emissions into the atmospheric air



Note: Data for 1991–1994 were calculated through linear extrapolation.

Source: Department of Statistics and Sociology.

Currently, the main source of atmospheric air pollution is auto vehicles. Thus, their share of noxa emissions into atmospheric air is 80% of total emissions from all sources of air pollution. To fuel vehicles some still use ethylic gasoline with high concentration of lead, and not all gas stations substituted it with non-ethylic gasoline.

This problem is aggravated by the huge imports of relatively old vehicles, which are not equipped with devices for neutralising exhaust gas. The emissions of old vehicles related to one unit of consumed fuel are increased, which causes increased pollution of air, especially in cities. Thus, in Chisinau, Balti and Tiraspol, the average annual concentration of atmospheric pollutants is 20%–30% higher than the average concentration in the country.

Being aware of the need to protect the environment and reasonable use of available modest natural resources, local authorities in cooperation with civil society organisations and international environmental organisations developed several legal and normative acts aimed at improving the situation: National Strategy for Sustainable Development, Concept of Environmental Policy, Sustainable Development of the National Forest Sector Strategy, National Strategy and Action Plan for Biodiversity Conservation, etc.

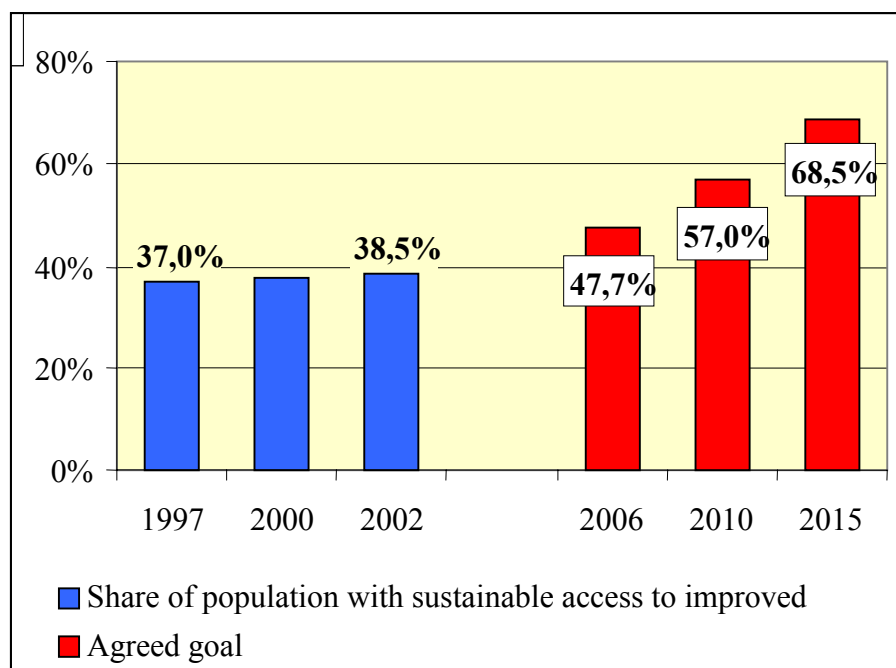
Republic of Moldova ratified the United Nations Conventions on Climatic Changes (June 1995), The Convention on Protecting the Ozone Layer (March 1995), Montreal Protocol on Substances destroying the Ozone Layer (September 1987) and acceded to the Kyoto Protocol (February 2003).

Water sources. The main sources of water supply in our country are river Nistru, which covers 54% of the total need for water, river Prut – 16%, other surface rivers – 7% and ground waters – 23%. Potable water is supplied from 30% surface water sources and 70% underground water resources.

During 1970-1990, in 1038 localities, out of the total number of 1533 in country, centralised water supply systems were built. In towns over 81% of population has access to these systems, while in rural areas, the share of population using centralised water supply systems is only 17%, the rest of the population uses local sources of water (drilled wells, captive nappe, springs).

Overall, during the past years the share of population with sustainable access to improved water sources is relatively stable (*Fig. 17*), but, even in localities that have centralised water supply systems the situation remains difficult.

Figure 17. The share of population with sustainable access to improved water sources



Source: Ministry of Ecology and Natural Resources;
Economic Growth and Poverty Reduction Strategy, May 2004.

Thus, except municipalities of Chisinau and Balti, other localities receive water every 8-12 hours, which causes degradation of water supply networks and worsens the quality of water. About 67% of water conduits don't meet hygiene requirements and have an unsatisfactory technical situation. City halls and companies that manage water conduits don't have necessary material resources and qualified personnel and many citizens, due to their decreased incomes, can't pay the integral cost of these services.

Out of over 130 thousand local water supply sources, most of them do not meet established requirements. In 2001, 82% of wells, nappes, and springs did not meet established sanitary and chemical requirements and 32% microbiological indicators. The share of population exposed to inadmissible concentrations of nitrates is 36% for entire country or 1,5 million people. The situation regarding water quality is alarming in the southern part of the country, where in former judet UTA Gagauzia, Taraclia and Lapusna almost 96% of wells are polluted with nitrates, and the norm is exceeded by 3-10 times.

In order to improve the situation, central and local authorities implement several projects aimed at protecting and preserving available water sources, rehabilitation of water ecosystems, improving the quality of water, meeting the increased needs of population, modernising water supply networks, and implementing surface and underground water quality monitoring programmes.

Waste Management. Another serious problem for Republic of Moldova is the collection, accumulation, storage and processing of wastes. Currently, over 30 million tons of waste is accumulated in the country, including over 6 million tons of industrial waste produced by construction materials, food and beverages processing.

The total waste storage area is about 1150 *ha*, but out of almost 1800 storage sites, only 330 meet sanitary and ecological requirements. Unfortunately, our country doesn't not have yet modern waste neutralisation and processing plants.

Moreover, in most rural communities and small towns, there are no waste storage sites. As a result, a considerable part of households and companies store their household and production wastes on unauthorised dumping places (on the side of the road, banks of rivers, ravines etc.).

An important source of environment pollution, especially surface and underground waters, are (production and household) residual waters. The annual amount of residual waters reaches 350 mln. cubic metres.

In towns with a population larger than 25 thousand people, virtually all residual waters are collected in the sewage system. In smaller towns, residual waters are collected in most cases only in the buildings in the centre of the town, where, usually the social infrastructure is concentrated. It should be mentioned that in general in the country, the share of inhabited areas benefiting from a sewage system is only 30%, a fact that has negative consequences on the environment and the living conditions of population.

Collected residual waters are usually directed to cleaning stations designed for mechanical and biological cleaning, the latter being more efficient. However, as a result of inadequate maintenance, and insufficient financial resources, out of 580 cleaning stations only 130 were functioning in 2000 and applying only mechanical cleaning. An especially dangerous situation occurred at the end of 2001 and beginning of 2002, when residual waters from the sewage systems of Soroca, Rezina and Criuleni were poured into river Nistru without being cleaned. The level of pollutants exceeded the approved norm in waters evacuated from Orhei, Ocnita, Otaci, Edinet, Cahul, Comrat, and Hincesti.

Thanks to the energetic intervention of the Government and local authorities that developed national and local waste management and water supply and sewage systems development programmes, currently the negative trends of the past years were stopped. The following years should see a dramatic improvement of the sanitation level of Moldovan towns and villages.

Targets for 2004–2015

Basing on the provisions of over 70 adopted legal and normative acts and the impact of ongoing national programmes, aiming at ensuring environmental sustainability, Republic of Moldova sets forward the following targets:

Target 10. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources.

In accordance with the „Strategy of Sustainable Development of the Forest Sector” and the “National Strategy and Action Plan for Biodiversity Conservation”, the achievement of this target is structured as follows:

the share of areas covered by woods will increase from 10,3% in 2002 to 11,0% in 2006, from 12,1% in 2010 to 13,2% in 2015 (*Fig. 14*);

the share of natural ecosystems areas protected for biodiversity conservation will increase from 1,96% in 2002 to 2,1% in 2006, from 2,2% in 2010 to 2,4 % in 2015 (*Fig. 15*).

Target 11. Halve by 2015 the proportion of people without sustainable access to improved water sources.

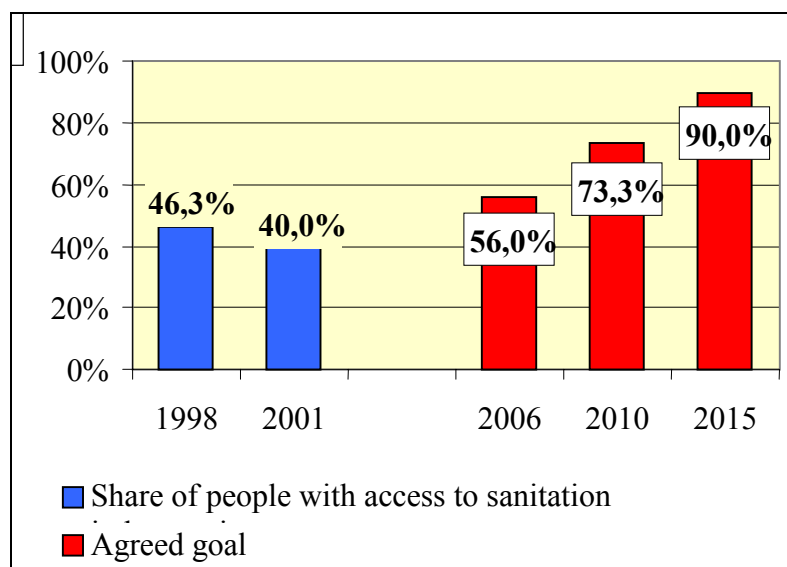
The achievement of this target is structured in time as follows: the share of population with sustainable access to improved water sources will reach 47,7% in 2006, 57,0% - in 2010, and 68,5% - in 2015.

It should be mentioned that the target value of the indicator for 2006 is set forth by the Water Supply and Sewage Programme for Moldovan Communities. The Programme includes 43 urban localities (municipalities and towns) with a total population of about 1 million 500 thousand people and 77 rural communities with a total population of almost 237 thousand inhabitants.

Target 12. Significant increase of the share of people with access to improved sanitation

It is planned that the share of population with access to improved sanitation will increase from 40% in 2001 to 56% in 2006, and from 73% in 2010 to 90% in 2015 (*Fig. 18*).

Figure 18. Share of population with access to improved sanitation



Source: Ministry of Ecology and Natural Resources;
Economic Growth and Poverty Reduction Strategy, May 2004.

Barriers

- *Insufficient forest resources* to fully meet the economic, social and ecologic needs of the country.
- *Dispersed and fragmented forest resources*, their uneven distribution on the territory of the country.
- *Decrease of biologic stability and endurance* of forest resources to harmful factors, worsening of vitality and health; degradation of the genetic heritage of spontaneous biotas.
- *Inability and sometimes unwillingness of local authorities* to fight against illegal cut-offs and grazing, which lead to forest and forest belts destruction managed by city halls.
- *Fragmentation and degradation of natural ecosystems*, reduced share of natural areas for preserving biodiversity.

- *Obsolete technologies* used by several industrial plants and power and heating plants, great number of transportation vehicles highly pollutant for atmospheric air.
- *Insufficient current capacities of water sources*, unreasonable use of available resources.
- *High wear of technical equipment*, water distribution conduits and sewage systems, obsolete residual water cleaning technologies.
- *Low level of incomes* and insufficient financing to utility facilities, which limits the extension of centralised potable water supply services and their stable operation.
- *Low level of ecological education*, legal nihilism, inefficient environment protection actions.

Priority actions

- *Consolidating the vital potential of existing natural woods* and preserving forest biodiversity.
- *Extending surface areas covered with forest vegetation* and increasing the efficiency of guarding and protecting forest resources.
- *Improving policies, legislation and institutional framework* on forest research and monitoring, forest education, developing and training staff specialised in this field.
- *Conservation, rehabilitation, reconstruction and reasonable use* of biological and scenic diversity.
- *Extending surface area*, improving planning and development of and gradual implementation of national and regional programmes on biodiversity conservation.
- *Ecological training and education to population* by extending and modernising training courses taught at the educational institutions of all levels, promoting the principles of sustainable development in mass media.
- *Implementing European standards* on quality of atmospheric air and the level of emissions.
- *Promoting advanced control methods for products* they a potential hazard for the quality of environment, especially, fuel.
- *Promoting advanced methods for decreasing or eliminating emissions* from stationary or mobile sources, including, by applying environmentally harmless technical processes on a large scale.
- *Improving administrative, economic and financial mechanisms* for environment protection and sustainable management of natural resources.
- *Improving the system of industrial and household waste management*, reduce the amount of toxic substances and waste stored on unauthorised dumping places.
- *Extending and diversifying the forms of cooperation* with civil society organisations, broader involvement of citizens into the decision-making and implementation processes related to natural resources management and environment protection.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

- Quantity and regularity of gathered information – *strong*.
- Quality of gathered information – *strong*.
- Statistical analysis – *strong*.
- Statistics in policymaking – *strong*, development of respective policies is influenced mostly by international cooperation.
- Reporting and disseminating information – *strong*.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

Elements of monitoring and reporting capability	Valuation		
	<i>Weak</i>	<i>Fair</i>	<i>Strong</i>
Quantity and regularity of gathered information			✓
Quality of gathered information			✓
Statistical analysis			✓
Statistics in policymaking			✓
Reporting and disseminating information			✓

Goal 8: Develop a Global Partnership for Development

Targets	Indicators
Target 13: To develop and implement youth strategies	31. Unemployment rate for 15-24 year-olds
Target 14: To build an information society	32. Fixed telephone lines and subscribers of cell phone networks per 100 inhabitants 33. Personal computers per 100 inhabitants 34. Internet users per 100 inhabitants

Status at a Glance	
Will development goal be reached?	Probably • Potentially Unlikely Lack of Data
State of supportive environment	Strong Fair • Weak but Improving Weak

Youth status in Republic of Moldova

The social transformation of the 1990s offered more opportunities to young people, who, thanks to their age and creative potential have more opportunities to benefit from the advantages of an authentic democracy, market economy based on free initiative and the European orientation of our country. Currently, young people form the most numerous social category, people aged between 15 and 29 years constitute almost a quarter of country's population. This places Republic of Moldova among countries with the youngest population in Europe and the integral realization of the full potential of young people is a priority goal at the beginning of this millennium.

The reform of the educational system, the strengthening of technical and material resources of education institutions, especially, universities, opened new opportunities for the young; the number of higher education students reached 110 thousand in 2003, increasing as compared to 1993 by 1,4 times. The extension of the network of high schools, restructuring specialized secondary education institutions, offer young people, especially from rural areas, access to general and vocational high quality education.

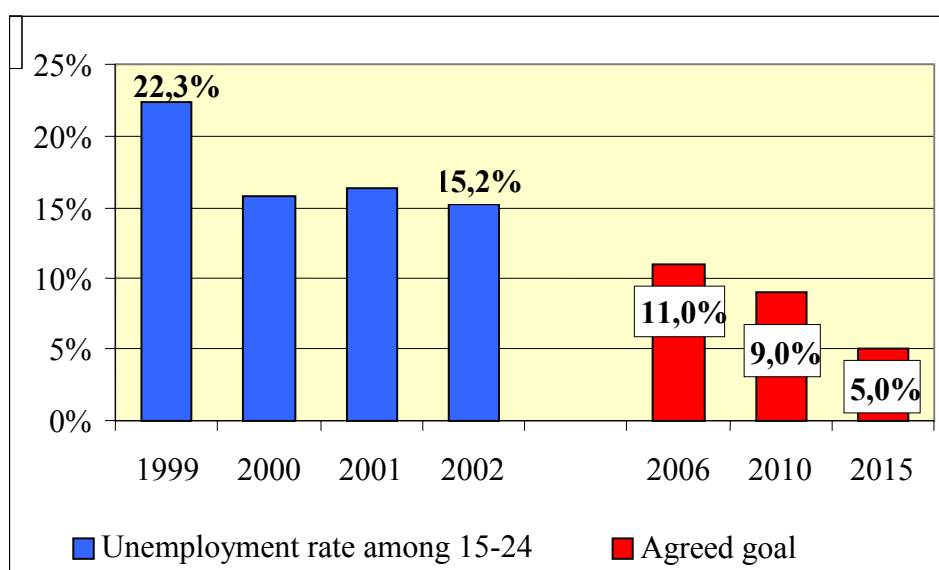
However, the hardships of transition period dramatically affected young people, who faced and are still facing numerous problems, such as unemployment, illegal emigration, trafficking in human beings, juvenile delinquency and marginalisation of certain groups of young people.

Political instability, the drawbacks of the privatisation process, the collapse of enterprises that could not adjust to the realities of market economy, gaps in promoting social policies

determined a prevalent high rate of unemployment for young people. Even though in the past years the unemployment rate for young people is decreasing (*Fig. 19*), the number of young job seekers reached 31 thousand in 2002 or 48% of the total number of unemployed registered with the offices of the National Agency for Labour Force Employment. In accordance with the data on the Labour Force Questionnaire, the unemployment rate among people aged 15-29 was twice higher than the unemployment rate registered for active population in 2002.

The vulnerability of young people towards the difficulties of the transition period is revealed not only through high unemployment rate, but also through other reprehensible phenomena, such as increased job consumption, spreading of sexually transmittable infections and HIV/AIDS, and violence.

Figure 19. Unemployment rate among youth



Source: Department of Statistics and Sociology;
 ??? Department of Youth and Sports, Ministry of Labour ???

Trafficking in human beings remains a very serious problem for Republic of Moldova. The victims of human trafficking are mostly girls and young women. Thus, statistical data reveal that almost half of women trafficked are aged less than 18 years, and the remaining are aged between 18 and 24.

Despite the efforts made by the authorities and civil society organizations, a lot of those 16,3 thousand disabled youth currently registered in Republic of Moldova, still feel marginalized or excluded from social life. Disabled youth are facing many problems related to studying in education institutions, finding jobs buying medications. Very often these people are neglected, their specific needs are considered last.

In order to solve the problems inherited from the totalitarian past and new ones specific to the transition period, the Parliament of Republic of Moldova adopted in 1999 the *Law on Youth*,

and the Government adopted in 2003, the *Strategy for Youth*. These documents set forth the main guidelines for youth policies and identify priorities specific to this social category:

- to create jobs for young people;
- to consolidate human and institutional capacities in the youth sector and to increase the level of young people training;
- to facilitate youth access to information services aiming at creating a favourable environment for their development;
- to increase participation of youth to social life.

Targets for youth policies

With the purpose of consolidating global society for development and promoting youth in all areas of social life, Republic of Moldova sets forward the achievement of the following target:

Target 13. To develop and implement youth strategies.

This target is to be achieved through updating and implementing *Youth Strategy*, as well as by integrating these policies into strategies, concepts, programmes and actions plans for other sectors such as labour force employment, education, healthcare etc.

It is expected that the unemployment rate among youth will decrease from 15,2% in 2002 to 11,0% in 2006, to 9,0% in 2010 and 5,0% in 2015 (*Fig. 19*).

It should be mentioned that *Youth Strategy* enforced by the Government of Republic of Moldova also contains other important targets such as annual increase by 20% of the number of young people who find a stable job, establishing by 2006 a network of youth friendly services, reducing by 10% the number of youth infected with sexually transmittable diseases, etc.

Barriers to implementing youth policies

- *Lack of institutional capacities* for the promotion of youth policies, insufficient material and financial resources, over-prevalence, often inopportune, of department interests.
- *Deficient legal framework*, reluctance of many central and local public administration bodies to cope with youth issues, high level of corruption.
- *Unstable business environment and youth distrust*, which does not allow them to start their own legal businesses and entrepreneurial activities.
- *High level of internal and external migration*, caused by lack of jobs and self-assertion opportunities for youth, especially in rural areas and small towns.
- *The difficult economic situation* of most companies and insufficient use of advanced technologies, which impedes the increase of jobs that could be attractive to young people.
- *Lack of connections between the education system and labour market*, inefficient actions taken to find jobs for education institutions graduates.
- *Limited access of youth* to services offered by education agencies and employment offices as well as insufficient information of youth on the opportunities to find jobs.

Priority actions to implementing youth development strategies

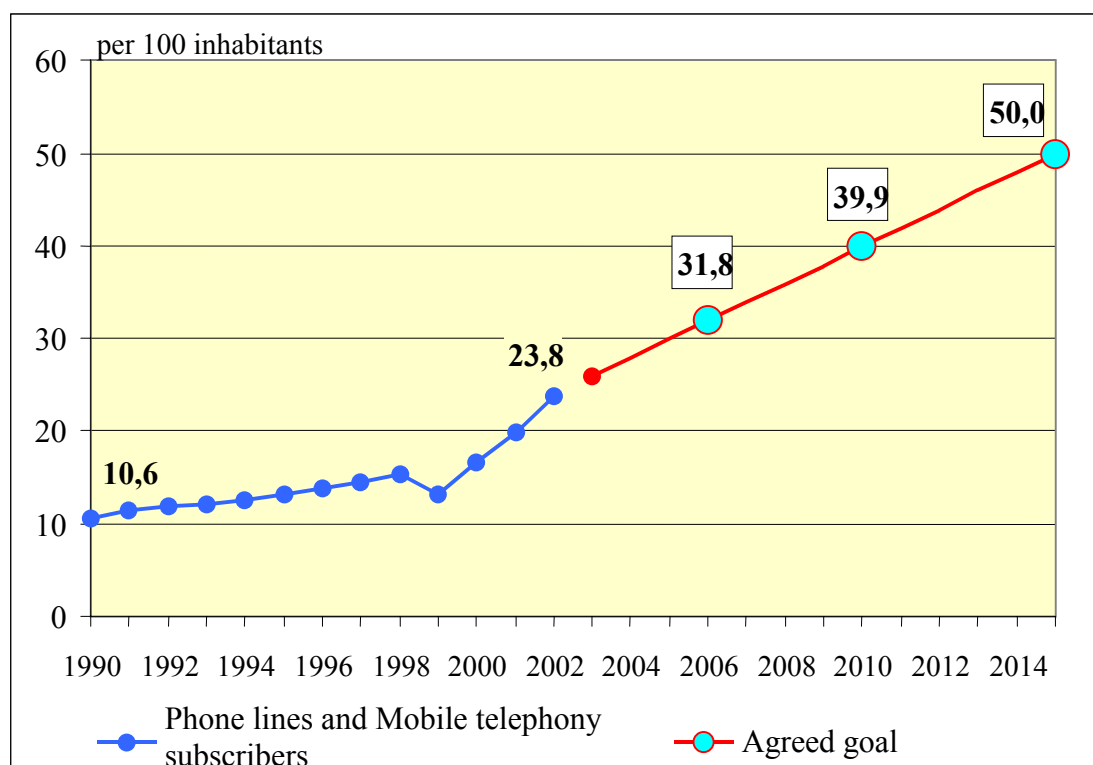
- *Ensure access of youth to quality public services*, such as education, professional preparation, extra-curricular programmes, healthcare, rapid and accurate information and counselling in problems typical for youth.
- *Allocation of financial resources* sufficient for the full implementation of youth policies, involving the entire society in identifying and solving youth problems.
- *Developing and implementing mechanisms for the monitoring*, analysis and forecast of youth status both in rural and urban localities, consolidating institutional capacities for the development and implementation of youth public policies.
- *Ensuring equal opportunities for all youth*, especially for those with limited opportunities: youth from small rural communities, orphans, people with special education needs, from poor or single parent families, disabled youth.
- *Implementing* the European Charter on Youth Participation to Local and Regional Community Activities.
- *Signing, ratifying and implementing* the Convention of the European Council on Volunteer Transnational Services.
- *Social integration of youth with deviant behaviour*: young homeless people, people dwelling in penitentiary institutions, youth in conflict with the law.
- *Extending cooperation with the civil society organisations*, give a stimulus to social dialogue and partnership, eliminate inter-department barriers in implementing youth policies.

Current situation of building an information society in Republic of Moldova

In accordance with the Declaration of Intention signed in Ljubljana in 2002 by the countries members of the Stability Pact in South-Eastern Europe, Republic of Moldova assumed the commitment to build an information society oriented to meeting citizens' interests and based on the principles stipulated by the UN Charter, the Universal Declaration of Human Rights and the Charter on Building World Information Society in Okinawa 2000.

In the past years, building an information society in Republic of Moldova was characterised by an increase of number of fixed and mobile telephone lines due to installing main optic fibre lines in all raions, international safe optic fibre and satellite connection and increase of the number of personal computers and Internet users (*Fig. 20*). A rapid development of communications is registered in the area of mobile phone connection – the annual increase of the number of subscribers reaches about 130 thousand people; these networks cover approximately 66% of the territory of the country.

Figure 20. The number of fixed phone lines and the number of mobile lines subscribers



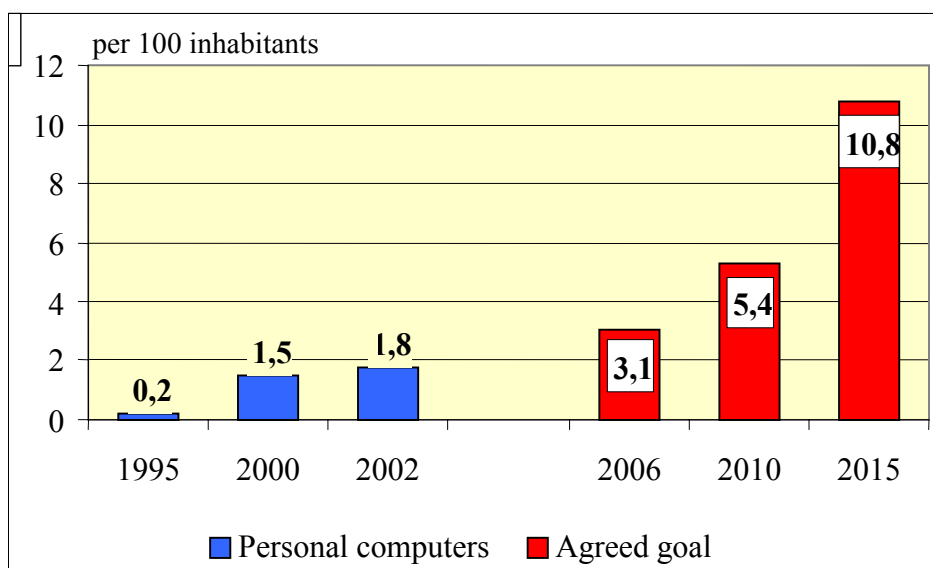
Note: The agreed goal is to double the number of fixed and mobile telephony subscribers between 2002 and 2015.

Source: United Nations Statistics Division – Millennium Indicators Database (ITU estimates);
 ??? Department of Information Technologies ???

However, there are many difficult problems in this area. The rate of diffusion of fixed telephony in our country is one of the lowest in Europe – 21,7 per 100 inhabitants at the end of 2003. About 50% of families don't have telephone connection at home. The density of lines per 100 inhabitants is 3 times smaller in rural areas than in urban areas. The share of analogue connection is still high and that does not allow provision of quality services and limits the increase of Internet users.

While the number of personal computers has rapidly increased over the past years (*Fig. 21*) as well as the number of Internet world network users (*Fig. 22*), the diffusion rate of this services is very low. In fact, stable Internet access is provided to population only in the main cities and raion centres of the country.

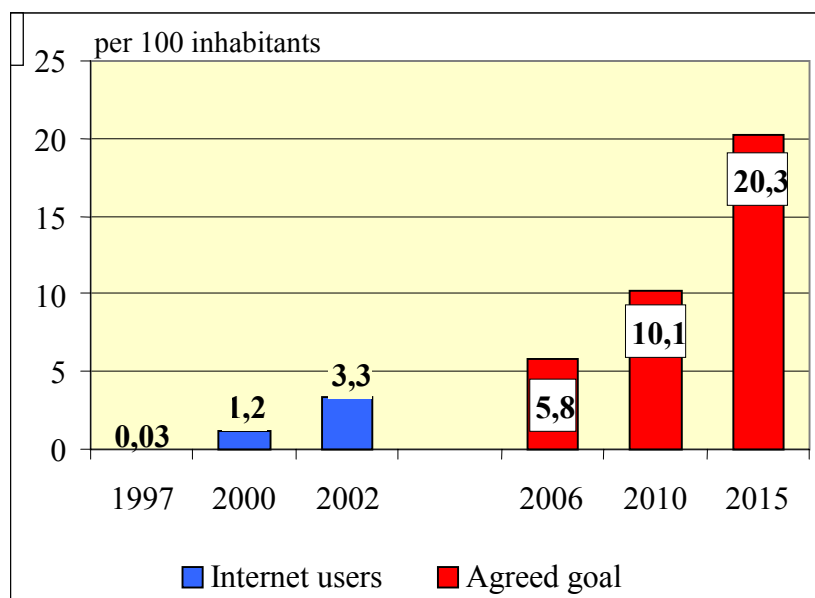
Figure 21. The evolution of the number of personal computers



Note: The agreed goal is to increase the number of personal computers with at least 15% every year.

Source: United Nations Statistics Division – Millennium Indicators Database (ITU estimates);
??? Department of Information Technologies ???

Figure 22. The evolution of the number of Internet users



Note: The agreed goal is to increase the number of Internet users with at least 15% every year.

Source: United Nations Statistics Division – Millennium Indicators Database (ITU estimates);
??? Department of Information Technologies ???

Being aware of the importance of training and education in building and information society, during 1997–1998, the Government arranged for the centralised supply of advanced

computers to all high schools and most secondary schools of the country. This contributed to improving information literacy of education institutions graduates. However, due to the relatively low number of computers and their moral wear, there are limited possibilities of organising the learning process on the basis of modern information technologies, since per one computer there are 65 students in the pre-university education system. Only 63 out of 1619 pre-university education institutions have stable access to Internet.

Targets for 2004–2015

Aiming at sustainable development at the beginning of the millennium, Republic of Moldova sets forward the achievement of the following target:

Target 14. Building an information society.

This target is to be achieved through the implementation of *Policy on Building an Information Society in Republic of Moldova*, approved by the Government, the *National Strategy*, which is currently under development, and the Presidential Programme *Jump*.

It is expected that by 2015, the number of fixed and mobile telephony is going to be at least doubled (*Fig. 20*). By 2005, the diffusion rate of fixed telephony will reach 25,0, and in 2005–2007 about 151-phone lines are planned to be installed in the rural area.

With the purpose of ensuring population access to the entire range of services offered by the developing information technologies, it is projected to increase the number of personal computers (*Fig. 21*) and Internet users (*Fig. 22*) at a rate of at least 15% per annum.

Barriers to building an information society

- *Lack of legal and normative framework* for building an information society adequate for the realities of Republic of Moldova.
- *Late liberalisation of information and communication services market*, unfair competition, excessive monopolisation of data transmission sector.
- *Insufficient financial resources* distributed by the state for information and communication technologies development, restrictive fiscal framework.
- *Clustering information services solely in big cities*, lack of these services in rural areas.
- *Inefficient application mechanisms* for copyright and intellectual property laws in information and communication technologies sector, high level of piracy of software.
- *Low level of training* of public officials, decision-making factors, education, healthcare and other public services specialists in information technologies and communications.

Priority actions aiming at building an information society

Developing and applying legislation and normative acts necessary for the development of *e-governance*, *e-education*, *e-science*, *e-medicine*, and *e-business*.

Ensuring equal access to information, services and knowledge for all citizens, taking into consideration the needs of each person and the entire society.

Developing information culture, train all citizens to benefit from the advantages of information society in their daily life and activities.

Consolidating society and extending democratic practices by applying *e-government*, protection of personal data, and inviolability of private life.

Ensuring economic growth and poverty reduction by working in a new stable economy, based on use of information and communications technologies.

Stimulating and supporting information pluralism, using information and communication technologies to extend the possibilities of mass media.

Integrate into regional and international information scope by diminishing the digital gap between Republic of Moldova and the international community.

Developing information infrastructure and stimulating companies operating in the area of information and communication technologies, especially, those developing new software and/or offering access to information resources.

Reducing the digital gap between rural and urban localities by implementing Universal Service / Access.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal

- Quantity and regularity of gathered information – *fair*.
- Quality of gathered information – *fair*.
- Statistical analysis – *fair*.
- Statistics in policymaking – *strong*, development of respective policies is influenced mostly by international cooperations.
- Reporting and disseminating information – *fair*.

Assessment at a glance: Monitoring and evaluation capacity for tracking development goal)

Elements of monitoring and reporting capability	Valuation		
	<i>Weak</i>	<i>Fair</i>	<i>Strong</i>
Quantity and regularity of gathered information		✓	
Quality of gathered information		✓	
Statistical analysis		✓	
Statistics in policymaking			✓
Reporting and disseminating information		✓	

Annex. Millennium Development Goals in a National Specific Context

Table 1. Progress towards Millennium Development Goals

Goals and targets	Indicators	Status
Goal 1: Eradicate extreme poverty and hunger Target: Halve the proportion of people who suffer from hunger	Undernourished people (as % of total population)	On track
Goal 2: Achieve universal primary education Target: Ensure that all children are able to complete a full course of primary schooling	Net enrolment ratio in primary education (%) Share of children who reach grade 5 (%)	... Achieved
Goal 3: Promote gender equality and empower women Target: Eliminate gender disparity in all levels of education	Ratio of girls to boys enrolment in gross primary education % Ratio of girls to boys enrolment in gross secondary education %	On track Achieved
Goal 4: Reduce child mortality Target: Reduce by two-thirds the under-five mortality rate	Under-five mortality rate (per 1000 live newborns)	Far behind
Goal 7: Ensure environmental sustainability Target: Halve the number of people without sustainable access to improved water sources	Share of population with sustainable access to an improved water source (%)	On track

Note: The analysis assumes that trends over the next decade will be the same as over the past decade.

Source: Human Development Report 2002, UNDP.

Table 2. Targets and indicators for Republic of Moldova

Goal 1: Eradicate extreme poverty and hunger

Targets	Indicators	Achieved						Projected		
		1997	1998	1999	2000	2001	2002	2006	2010	2015
Target 1: Halve, between 2002 and 2015, the proportion of people whose income is less than 2,15 dollars per day (at PPE)	1. Proportion of population below \$2,15 per day (at PPE) %	...	59,7	70,8	64,5	52,4	39,8	28,0	23,0	18,0
	2. Poverty gap ratio (incidence x depth of poverty)	...	...	...	...	...	...	xxx	xxx	xxx
	3. Share of poorest quintile in national consumption, %	5,8	5,9	6,2	6,7	6,6	6,8	xxx	xxx	xxx
Target 2: Halve, between 1990 and 2015, the share of people who suffer from hunger	4. Prevalence of underweight children (under five years of age), %	...	...	...	...	...	...	xxx	xxx	xxx
	5. Proportion of population below minimum level of dietary energy consumption (2282 Kcal/day), %	...	...	...	...	...	...	xxx	xxx	xxx

... – lack of data.

xxx – to be developed.

Goal 2: Achieve universal secondary education

Targets	Indicators	Achieved						Projected		
		1997	1998	1999	2000	2001	2002	2006	2010	2015
Target 3: Ensure that all children are able to complete the full course of secondary schooling	6. Net enrolment ratio in secondary education, %	...	...	87,0	87,0	86,8	87,9	88,9	93,8	100
	7. Share of children starting grade 1 and finishing secondary education, %	...	...	...	...	...	...	xxx	xxx	xxx
	8. Literacy rate of 15-24-year olds, %	99,7	99,7	99,7	99,7	99,7	99,7	100	100	100

... – lack of data.

xxx – to be developed.

Goal 3: Promote gender equality and empower women

Targets	Indicators	Achieved						Projected		
		1997	1998	1999	2000	2001	2002	2006	2010	2015
Target 4: Extend women participation in social life	9. Share of seats held by women in the parliament, %	5,0	8,9	7,9	7,9	12,9	15,8	20,0	25,0	30,0
	10. Leaders and high officials in public administration, economic and social organisations, %	...	...	36,6	33,2	37,5	40,2	45,0	50,0	50,0
	11. Ratio of women's wages to men's wages	...	...	...	...	...	...	xxx	xxx	xxx

... – lack of data.

xxx – to be developed.

Goal 4: Reduce child mortality

Targets	Indicators	Achieved						Projected		
		1997	1998	1999	2000	2001	2002	2006	2010	2015
Target 5: Reduce by two-thirds the infant mortality rate, between 1990 and 2015	12. Infant mortality rate	19,8	17,5	18,2	18,3	16,3	14,7	12,1	9,6	6,3
Target 6: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate	25,9	22,9	23,9	23,3	20,3	18,3	15,0	11,9	8,4
	14. Proportion of 2-year-old children immunized against measles, %	99,0	99,2	98,8	98,6	99,4	99,1	100	100	100

Goal 5: Improve maternal health

Targets	Indicators	Achieved						Projected		
		1997	1998	1999	2000	2001	2002	2006	2010	2015
Target 7: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	15. Maternal mortality ratio	48,3	36,3	28,6	27,1	43,9	28,0	23,0	21,0	13,3
	16. Proportion of births attended by skilled health personnel, %	100	98	98	98	99	99	100	100	100

Goal 6: Control HIV/AIDS, tuberculosis and malaria

Targets	Indicators	Achieved						Projected		
		1997	1998	1999	2000	2001	2002	2006	2010	2015
Target 8: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	17. HIV/AIDS incidence	9,38	9,47	3,65	4,06	5,46	4,66	4,00	3,50	3,20
	18. HIV incidence among 15-to-24-year-olds	...	...	...	11,9	10,9	6,0	xxx	xxx	xxx
	19. Contraceptive prevalence rate	...	...	...	...	...	...	xxx	xxx	xxx
Target 9: Have halted by 2015 and begun to reverse the incidence of malaria and	20. Global morbidity associated with tuberculosis (new cases and relapses by 100 000 inhabitants)	67,1	67,0	68,6	68,5	89,4	97,3	110,0	100,0	60,0
	21. Mortality rate associated with tuberculosis (deceased per 100 000 inhabitants)	11,20	12,13	14,95	16,93	15,01	15,8	13,9	12,00	7,00
	22. Share of tuberculosis cases detected and cured under the DOTS Programme (directly observed treatment short course), %	...	...	...	...	10,7	50,7	100	100	100
	23. Prevalence an mortality rate associated with malaria	...	...	...	...	...	...	xxx	xxx	xxx
	24. Share of population residing malaria risk areas using effective malaria prevention and treatment measures	...	...	...	...	...	...	xxx	xxx	xxx

... – lack of data.

xxx – to be developed.

Goal 7: Ensure environmental sustainability

Targets	Indicators	Achieved						Projected		
		1997	1998	1999	2000	2001	2002	2006	2010	2015
Target 10: 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, %	...	...	...	9,6	9,6	10,3	11,0	12,1	13,2
	26. Land area protected to maintain biological diversity, %	1,53	1,96	1,96	1,96	1,96	1,96	2,10	2,22	2,37
	27. GDP per unit of conventional fuel consumption, lei, prices current	1,89	2,16	3,68	6,05	7,69	8,16	xxx	xxx	xxx
	28. Carbon dioxide emissions from fixed and mobile sources, kg/per capita	35,2	30,2	18,5	19,9	21,0	21,9	xxx	xxx	xxx
Target 11: Halve by 2015 the proportion of people without sustainable access to improved water sources	29. Proportion of population with sustainable access to an improved water source, %	37,0	37,6	37,7	37,8	38,1	38,5	47,7	57,0	68,5
Target 12: Significant increase of the share of people with access to improved sanitation	30. Proportion of people with access to improved sanitation, %	...	46,3	...	...	40,0	...	56,0	73,3	90,0

... – lack of data.

xxx – to be developed.

Goal 8: Develop a global partnership for development

Targets	Indicators	Achieved						Projected		
		1997	1998	1999	2000	2001	2002	2006	2010	2015
Target 13: To develop and implement youth strategies	31. Unemployment rate for 15-24 year-olds	...	...	22,3	15,8	16,3	15,2	11,0	9,0	5,0
Target 14: To build an information society	32. Fixed telephone lines and subscribers of cell phone networks per 100 inhabitants	14,45	15,18	13,09	16,50	19,68	23,75	31,8	39,9	50,0
	33. Personal computers per 100 inhabitants	0,39	0,64	0,80	1,45	1,59	1,75	3,1	5,4	10,8
	34. Internet users per 100 inhabitants	0,03	0,25	0,57	1,20	1,37	3,41	5,8	10,1	20,3

... – lack of data.

Table 3. Status at a Glance

Goals	Will development goal be reached?				State of supportive environment?			
	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak, but improving	Weak
1. Eradicate extreme poverty and hunger	✓						✓	
2. Achieve universal secondary education		✓				✓		
3. Promote gender equality and empower women	✓				✓			
4. Reduce child mortality	✓				✓			
5. Improve maternal health	✓				✓			
6. Control HIV/AIDS, tuberculosis and malaria		✓					✓	
7. Ensure environmental sustainability		✓					✓	
8. Develop a global partnership for development		✓					✓	

Table 4. Assessment at a glance: Monitoring and evaluation capacity for tracking development goals

Goal	Quantity and regularity of gathered information			Quality of gathered information			Statistical analysis			Statistics in policy making			Reporting and disseminating information		
	Weak	Fair	Strong	Weak	Fair	Strong	Weak	Fair	Strong	Weak	Fair	Strong	Weak	Fair	Strong
1. Eradicate extreme poverty and hunger	✓				✓			✓			✓				✓
2. Achieve universal secondary education	✓				✓			✓			✓			✓	
3. Promote gender equality and empower women			✓			✓		✓			✓				✓
4. Reduce child mortality			✓			✓			✓			✓			✓
5. Improve maternal health			✓			✓			✓			✓			✓
6. Control HIV/AIDS, tuberculosis and malaria			✓			✓			✓			✓			✓
7. Ensure environmental sustainability			✓			✓			✓			✓			✓
8. Develop a global partnership for development		✓			✓			✓				✓		✓	