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Government of ROMANIA

Millennium Development Goals - ROMANIA 2010

Bucharest, September 2010

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Overview: Romania as an EU member state and MDG Achievements

In September 2000, building upon a decade of major United Nations conferences and summits, member states, including Romania, came together at the United Nations Headquarters in New York to adopt the UN Millennium Declaration. Thus they committed their nations to a new global partnership to reduce extreme poverty and set out a series of time-bound targets - with a deadline of 2015 - that have become known as the Millennium Development Goals (MDGs). Since then, Romania has reported on its MDG progress in 2003 and 2007.

In 2007 Romania assumed its place among the members of the European Union with eagerness and responsibility. As this Report demonstrates, Romania has attained and made irreversible progress on MDGs, reinforced to a great extent by the experience of EU accession and the programmatic and financial instruments made available to Romania through this political, economic and social convergence. The Report at hand provides for an overview underpinned by fundamental statistical information on the general development context to date, followed by a closer look at each of the MDGs assumed by Romania. A range of trends have been analyzed and various inequalities examined, particularly between regions, genders and socio-economic groups with the aim of drawing attention to constraints but also to enablers of progress, especially EU wide instruments and programmes.

The report shows that assuming the strategic objective of European integration has been pivotal for Romania's attainment of most of the MDG targets. Moreover, the modernization instilled by the EU accession progress has enabled the country to move forward and assume targets that carry a higher value added for its own citizens. As a EU member state, Romania has also been capable to assume its status as donor country and use its own experience and resources to foster development outside the Union. Romania's support and its strong development partnerships to the Republic of Moldova, Georgia and Western Balkans, which Romania views as part of the EU's future, can be multiplied by harnessing the capacities and experiences of the civil society and private sector. While Romania is passing now through the hard time of the global economic downturn, our country has set its own goals inside the new EU 2020 Strategy, with regard to employment, poverty and social exclusion, education and investment in energy efficient technologies as well as knowledge, which shows firm commitment to a future to which Romanians are entitled as citizens of a stable consolidated democracy.

The report has a special section dedicated to the MDG indicator regarding the proportion of seats held by women in national parliament related to Goal 3 Promote Gender Equality and Empower Women. This indicator is the single most global MDG indicator which was not incorporated into previous MDG reporting exercises. The current report revisits this situation with special emphasis, also reflected in the sets of technical and political roundtable events and consultations dedicated solely to this purpose.

This brief Progress Report while looking back to the achievements of this decade also sheds a critical light on those areas where more progress is needed. In doing this and providing concise but nevertheless indepth analysis it hopes to become both an assessment instrument for what has already been done as well as planning tool for what lies ahead in the next decade.

The "Statistics at Glance" annex further identifies critical areas requiring concerted attention. While the Statistics at a Glance are derived solely from National Institute of Statistics the narrative of the Report draws information from a broader range of sources to report on additional targets such as those pertaining to enrolment, prevention of domestic violence and Romania's donor status, reflecting the adoption by Romania of a higher threshold of standards for its citizens.

MDG implementation and evaluation is a continuous and dynamic process. It is hoped that the report will also provide an opportunity for further consultations and cooperation with civil society and private sector to deepen and improve this process.

Acknowledgements

This Report has been prepared under the overall coordination of the General Secretariat of the Government and Ministry of Foreign Affairs, and with the valuable support of the United Nations in Romania and Dr. Catalin Ghinararu who has advised the process. The Report is the product of a collective engagement of stakeholders undertaken between June-August 2010. It brings together valuable contributions of national ministries and agencies with assigned responsibilities for respective MDG goals and targets. Contributing ministries are the Ministry of Labour, Family and Social Protection, Ministry of Health, Ministry of Environment and Forestry, Ministry of Regional Development and Tourism, Ministry of Economy, Commerce and Business Environment, Ministry of Public Finances, Ministry of Foreign Affairs. It is also noteworthy the substantial contributions of the National Institute of Statistics and the National Commission of Prognosis. The special focus chapter with regard to the MDG 3 indicator of proportion of seats held by women in national parliament has been prepared through a separate process of consultations.

Context: Progress of the Decade and the Global Economic Crisis

Romania has experienced important progress throughout the decade to 2009. The radical economic reforms in the late 1990s finally unlocked the process of growth while firmly preparing the country on the road towards full European Union (EU) membership on January 1st of 2007.

This marked the conclusion of a historic process of political, economic and social change which began in December 1989 with the fall of the totalitarian communist regime. The overarching aim of this process was to firmly anchor the country into the world of democracies and market economies, thus setting the scene for stable and sustained development for decades to come, for the benefit of current and future generations of Romanians.

The EU accession process as well as its subsequent developments aimed at reducing the structural gaps that still separate Romania from the developed core of the Union as well as increasing the convergence of its economy, including explicitly entry into the Euro Zone by the middle of the current decade, had an augmenting effect on the whole process of economic growth that marked the period between 2001 and 2008. Although it is difficult empirically to prove how much and to what extent the process of EU accession in itself has contributed to GDP growth since this has overlapped with a period of world wide high growth rates, the process has undoubtedly greatly contributed to (1) an increased openness of the economy, (2) buttressed investor's confidence, and (3) fostered change in the country's systems of public administration, education, social protection, justice, health etc (3), all of which have been positive factors influencing the country's economic growth.

Beginning with 2000, Romania's nominal GDP has increased steadily for eight consecutive years, rising from a mere US\$ 40 billion in 2001 to US\$ 204 billion in 2008. At the same time local currency exchange rate fluctuations stabilized, making it technically possible for a re-denomination of the Romania Lei (RON) in 2005. Consumer price inflation has been brought into one digit territory and by the broadest measure of the GDP per capita, living standards increased more than 2.6 times between 2001 and 2008. Throughout the decade, inflation and depreciation have stopped eroding the incomes of the vast majority of the households, and competitiveness of business and the attractiveness of the business environment improved, resulting in an average year on year annual growth of labour productivity, amounting to an overall growth rate of around 22.3% between 2003 and 2008. Similarly, the contribution of household consumption to GDP growth increased from 6.4% in 2003 to 7.1% in 2008, reaching a high of 9.1% in 2006. It is these economic achievements, spurred on by the effect of the EU accession process which has greatly contributed to a sharp increase in the inflow of foreign direct investment into the Romanian economy. The fact that in 2007, the year of its EU accession, Romania crossed the threshold into the group of nations displaying a high level of human development cannot thus be taken as pure coincidence.

Such a fast process of development, not witnessed by the country for almost one full generation (30 years), has come with its imbalances and contradictions. While the country's economic and employment structure shifted from one based on industry and agriculture towards one relying for most of its output on services, its dependence on foreign flows of capital has also increased. With internal capital resources far too meagre to sustain such a speed of development, Romania has seen its balance of payments deteriorate, with the current account deficit reaching the worrying equivalent of 12% of the country's GDP by the end of 2008.

High GDP growth rates, above the EU average for most of the decade (in 2008 actually Romania topped EU growth rankings with real GDP at 7.3%, year on year basis) have also come as result of fiscal reform in 2005 which scrapped the country's progressive income taxation system and replaced it with a flatrate 16% income tax. Meanwhile a bold process of reducing the contribution burden of firms has seen drastic cuts of cumulative contributions rates for mandatory social protection schemes. While this had a positive effect on growth and, to a certain extent on job creation (employment rate for the 15-64 reached almost 60% in 2008), it also weakened the country's fiscal position rendering it far too dependent on cyclical flows of income. Similarly, laxity in public expenditures, including through increase of public sector jobs and spending with very little impact on quantity or quality of public service, combined with similar laxity in application of social protection administration, rendered Romania even more vulnerable to external shocks.

2009 marked in this respect a drastic return to recession economics for Romania. After a decade of growth, the Romanian Government has been again confronted with the twin spectre of joblessness and income reduction. Therefore, by far the first preoccupation of Romania's Governments since early 2009 has been that of securing the country's lines of external financing, maintaining investor confidence and monetary stability while trying to keep fiscal pressure on the private sector at reasonable levels (with a special emphasis on maintaining the 16% flat rate income tax). Accordingly, the Government has concluded large financial assistance packages with the IMF, the World Bank, the European Commission and the EBRD, so as to maintain monetary stability, keep the flow of credit towards the private sector and assuage investors with a view to maintaining human development gains of the past decade. Programs to support the private sector such as the technical unemployment scheme as well as an extension of the duration of unemployment benefit have been swiftly implemented.

It is in this context of concerned realism that Romania's achievements with regard to the far-reaching Millennium Development Goals to which the country has fully committed itself as a responsible and active member of the United Nations, celebrating in 2010 its 55th year of membership, have to be placed. While progress has been significant on most of the targets, today's pressing concern remains that of preserving the current achievements through a period of deep economic turmoil. From here on, as Romania enters the second decade of the 21st century, its development strategy will revolve around the goals and objectives of the EU-2020 Strategy. Attempting to forge the best re-bounding strategy from the current crisis and to restore growth with more focus on the overall macro-economic equilibriums, Romania, alongside its 26 fellow member states, will also strive to *smarten the growth process* as the best safeguard against pro-cycle developments and for sustainability. This will entail more and better focused investment in the country's human resources, a greater attention to environment and environmentally friendly technologies, better conditions for business development so as to enhance the technology-intensiveness of the country's output and last but not least a streamlined, efficient system of social protection which will cater for the truly needy while removing the bottlenecks of the labour market and disincentives for economic participation.

The Millennium Development Goals will therefore play an important buttress function for the country's development. By capitalizing on current achievements and tackling the remaining concerns, including making the best use of the available EU-enablers (mainly the structural and cohesion instruments as well as instruments available under the common EU policies) Romania will not only make great leaps forward that will benefit its own citizens but will also point to the advantages of closer and deepening integration between open economies and democratic societies, for which the European Union stands as a unique example in the world today.

The synergy between the goals of the EU-2020 and the Millennium Development Goals is only too evident. It is with this synergy that the great potential of riding the current downturn as well as laying the foundations for future growth and development processes resides. Romania has shown great capacity to unlock this resident force of progress through the responsible and concerted action of all stakeholders. While subjecting achievements to date to an objective analysis and outlining challenges for the years to come, it is this message of confidence, realism and responsibility for both current as well as future generations that this *progress report* attempts to convey.

Special Focus – Proportion of Seats Held by Women in National Parliament

For the last five decades, equal opportunities between women and men and gender equality have become fundamental values regulating democratic societies at national, European and international levels. Given that political agendas are translations of certain needs and interests, women's participation in decision-making processes and their representation in top positions in all spheres of life stand for a relevant dimension of equal opportunities principle as an important step towards the improvement of women's lives and a de facto gender equality.

The MDG 3 refers to promoting gender equality and empowering women. The aim is to eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. At a global level, three indicators are used to measure progress towards the goal: the ratio of girls to boys in primary, secondary and tertiary education; the share of women in wage employment in the non-agricultural sector; and **the proportion of seats held by women in national parliaments**. It must be noted that the proportion of seats held by women in national parliaments is the only global MDG target which is not being met by Romania, a relatively new EU member state. Moreover, it has not yet been specifically transposed into a national target.

Although, generally, significant progress has been made in women's participation in political life, as far as their share in parliaments and governments is concerned, they are still under-represented. As of 31st of May 2010, the world average of women in both houses combined is 19% and the regional average for Europe - OSCE member countries including Nordic countries is 22%. According to the European Commission's report on *More women in senior positions – key to economic stability and growth (January 2010)*, the new European Parliament is made up of 35% women and 65% men. The EU-27 average is of 24,2% women in the national parliaments. The proportion of women members of the European Commission is 29,6% and the EU-27 average in national governments is of 25,9%.

As far as Romania is concerned, despite women's high level of educational attainment in relevant fields of public policies (71%), after 2008 parliamentary elections, the share of women representatives is only **9,77% (11,38% women in the Senate and 5,84% in the Chamber of Deputies).** Romanian women represent only 3,5 % of mayors, 4,7% prefects and 10,7% sub-prefects. The single institution where Romanian women are somewhat better represented is the European Parliament with 36% of the Romanian European parliamentarians.

Important events in the field of gender equality taking place on the international arena in 2010 create both the incentive and the most appropriate context in which a revision of the national targets on MDG 3 on Gender Equality should be considered. The *UN Millennium Development Goals Summit* that will take place in September 2010 in New York where Romania will report on its MDG achievements, the *15-year review of the implementation of the Beijing Declaration and Platform for Action* (1995) and the elaboration of the *Committee on the Elimination of Discrimination against Women Report* are only three of the top global events in 2010 that require Romania's increased attention on setting new relevant, challenging national targets on MDG 3 to better contribute to the achievement of the internationally-agreed Millennium Development Goals. More political responsibility and sustained efforts are needed in order to **increase the number of women in the national parliament**. Accordingly, the UN System in Romania, in partnership with the National Agency for Equal Opportunities between women and men, offered its support to the Romanian Government by organizing **two round tables (at both technical and**

political level) in order to prepare the ground for engaging governmental responsibility in promoting and achieving this objective.

The technical roundtable held on 3rd of June 2010 at the UN House gathered representatives of women's organizations of Romanian parliamentary parties, women's non-governmental organizations, academics, UN System in Romania, as well as experts from The National Agency for Equal Opportunities between women and men. The agenda focused on the *evolution and the current context* of women's presence in the parliament and mainly on the *instruments for increasing women's number of seats in the parliament* and the *strategy* for promoting and achieving the MDG target. After detailed discussions and review of the cases where the quota system was introduced in the EU Member States, the working group has suggested the target, indicator, instrument, method, adoption and implementation of the MDG 3.3 as follows:

| MDG 3, Target 3.3 | Proportion of seats held by women in national |
|-------------------|---|
| | parliament. |
| Indicator | 30% of the parliamentary seats (till 2015). |

Goal No.1 - Reduce Severe Poverty

Target 1¹ – Halve Severe Poverty rate by 2009, compared to 2002 (1)
Status – Achieved

The commitment of Romania to reduce the severe poverty rate to 3.9% by 2009 was achieved in 2008 when the figure had already fallen to just 1%. All statistical indicators, including the absolute poverty rate², demonstrate that the share of poor has dropped consistently between 2001 and 2009, from 30.6% in 2001 to 4.4% in 2009, achieving an overall 85.7% reduction of the poverty rate.

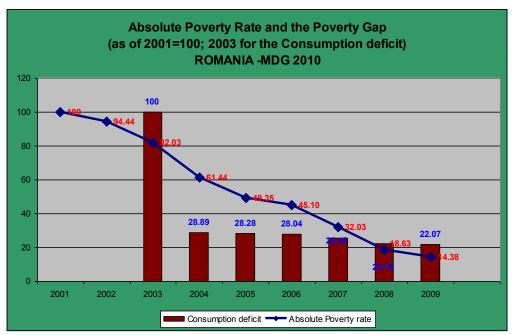
- Despite the progress, inequalities remain an important issue of the Romanian reality. Taking the conventional relative poverty line set at 60% of the median income (excluding consumption from own production/resources) progress has been rather slower with values falling on the whole from 25.7% in 2001 to 22.4% in 2008, with an increasing inequality between rural and urban areas: the difference between poverty rates in rural and urban areas increased from 10 percentage points in 2001 to 21 percentage points in 2008. This highlights that while overall poverty has receded, the main beneficiaries have been the urban areas.
- By region, the most afflicted by poverty (relative measure) remains the country's North-East region, at 27.2% in 2008, slightly up from 25.1% in 2001. The least afflicted is still the affluent region surrounding the capital city of Bucharest where the already low rate of 6.5% in 2001, dropped by almost 30% throughout the decade, to 4.1% in 2008.

Num

¹ Numbering of the targets has been done in accordance with the MDGs to which they are circumscribed. However, as each country has target specificities, the corresponding number to be found in the "MDG - Global Agenda" is in brackets;

² The absolute and severe poverty rates have been calculated in accordance with a national methodology agreed by the World Bank with the Romanian authorities in 2002. Therefore values presented here are fully consistent with those presented in the previous MDG RO Report. One should not confuse however this measure with the "1\$ per day" poverty as it is used for international comparisons nor with the so-called "relative poverty", commonly used for comparisons inside the EU; Both the absolute and severe poverty rate are absolute measures, based on national standards; Calculations are performed by the Romanian Ministry of Labor which subsequently sends data to the National Institute of Statistics/NIS on request; The NIS only provides data on relative poverty. National relative poverty data include consumption from own household production while similar EUROSTAT data do not. That is where the difference in values comes from.

Chart no. 1.1



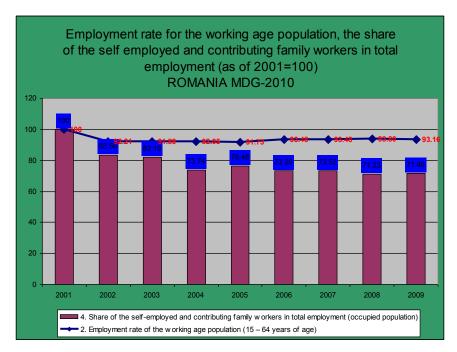
Source: Ministry of Labour and National Institute of Statistics data made available via NIS; Processing: Dr. Catalin Ghinararu, Adviser

- Target no.2 Halve the consumption deficit of the severely poor population by 2009, as compared to 2002, and reduce social polarization Status – Significant progress has been made
- A reduction of the consumption deficit by around 26% was achieved between 2003 and 2009. The GINI Index has grown from around 30.5% in 1997 to around 32% in 2008. Taking the year 2000 as a base, the rise in inequality on this widely-used measure is slightly higher at 8.8%.
 - Target no.3 Ensuring full employment and possibilities of decent productive work for everyone, women and youth in particular³
 Status – Significant progress made
- Labour productivity has been on the rise, new jobs have been created and the existing ones gained
 in productivity. According to the National Institute for Statistics, GDP per occupied (employed)
 person has increased consistently year on year basis, averaging 8.2%, with the exception of the 2009
 recessionary year.
- In 2000, agriculture accounted for around 40% of total employment. This fell to 28-29% by the end of the decade.

³ This is the formulation of the GOAL as it appears in the official contribution of the Ministry of Labour, Family and Social Protection.

- A major challenge is women's participation in the labour force market. Employment rate for women is 45%. However 72.8% of the group considered as "contributing family workers" are women, pointing to structural imbalances with regard to women's participation the labour force market.
- Youth unemployment has hovered stubbornly around 20%. In this context, however, it must be
 noted that enrolment rates for the 19-23 age group have also risen dramatically from 32.9% in 20002001 to over 63% in 2008 and 2009.

Chart no.1.2



Source: National Institute of Statistics data, processed by Dr. Catalin Ghinararu, Adviser of the report;

Target 4 - Support agricultural producers and processors Status - Important progresses made- On track

The National Rural Development Program has provided funding for the renovation and rehabilitation of rural infrastructure, ensuring the preservation of rural heritage, encouraging entrepreneurship among villagers, with a strong emphasis on women and support both for rural micro-enterprises as well as for the development of the increasingly popular rural tourism.

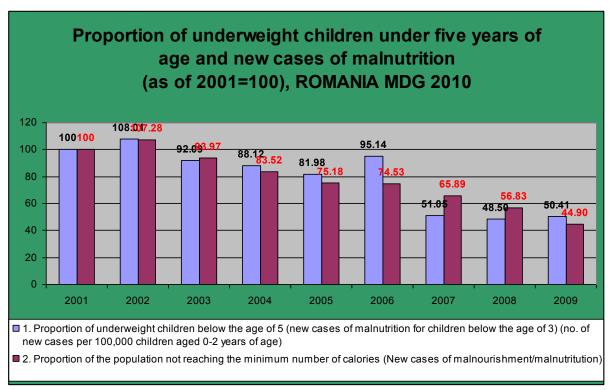
A special scheme has allowed for the purchase of more than 11, 800 new tractors and 480 new combines to modernize agricultural machinery and to reduce pollution. The National Rural Development Program 2007-2013 provides funding for the improvement of agricultural production and the increase of outputs, it finances actions geared towards farmers from mountainous areas, farmers from disadvantaged areas, subsidies for reforestation, direct payments for eco-pastures, and green crops. A thorough program for the reform and rehabilitation of the irrigation system is in place supported by international financial institutions. Energy crops have also received support in accordance to EU

directives. A medium and long term National Strategy is in place for the improvement of the country's pastures and meadows, to encourage better management of pastures and meadows, their regeneration, the prevention of pollution, increase in the productive potential, and improved techniques for pasturing feeding livestock. Codes of Good Practice and detailed norms have been adopted so as to prevent and reduce pollution from agricultural sources. The system of Good Agriculture and Environment Conditions (GAEC) is now in place.

Finally, the Operational Program for Fisheries provides financial support for the increase in the fish production, as well as of the value added of the production and its market share. It also supports qualified fishers when purchasing their first fishing boat, promotes and supports the development of fishery areas so as to maintain and create new jobs thus retaining labor force (300 jobs have been maintained up to now with 3,000 jobs planned to be generated or maintained in fishery areas by 2013).

- Target 5 Significantly reduce the prevalence of low height for age in children between 2001 and 2015, especially in rural areas
 Status – Achieved
- The proportion of underweight children below five years old fell slightly more than the target of 50% between 2001 and 2009. For the same period, the number of new cases of malnutrition also dropped by 44%. Low height has decreased in urban areas from 5.7% in 2000 to 4.6% in 2004 and from a high of 10.1% in 2000 to 7.2% in 2004 in rural areas. These achievements are largely attributed to the improvements in living and sanitation conditions in Romania throughout the last decade.

Chart no.1.3



Source: National Institute of Statistics; Processing: Dr. Catalin Ghinararu, Adviser

The Road Ahead

Income inequalities in Romania remain a great challenge and may be exacerbated by the current economic crisis. A reform of the social protection system is therefore being considered as to allow the system to consolidate and gather more resources while not increasing fiscal pressure on enterprises or households. Efforts will need to be initiated to improve targeting and combating dependencies. 4.25 billion EURO has been allocated for the development of human resources for the period between 2007 and 2013 through national and European resources.

Three years after EU Accession the contribution of agriculture to GDP remains around 2%, while its share in total employment hovers at a little below 30%, far above the EU-27 average. Out of the total EU funding available to Romania the largest share goes to agriculture. However it seems that it is poorly used and far more also has to come from the national budget. More effective utilization of such instruments will have a direct impact on reduction of rural poverty.

Goal No.2 - Increase Compulsory Education Graduation Rate by 2012

- Target no.1 Ensure that by 2012 at least 95% of children in rural areas complete
 a full course of primary and lower secondary education (3)
 Status ACHIEVED at aggregate levels with significant local challenges
- Enrolment rate for the country's school age population stood at 79.6% for the school-year 2008/2009. For compulsory primary education (population aged between 7 and 10) enrolment rates reached 95%. Some differences remain between rural and urban areas, with the combined urban graduation rate for primary and lower secondary cycles (grades from 1 to 8, children aged between 7 and 14) was 97.2%, while the rate for the same graduate cohort in rural areas was 95.8%. Taken on its own, the rural graduation rate from I was 94.9%. Urban drop-out rates from secondary education had declined in the academic year 2007-2008, but had continued to rise in rural areas for the same period.
 - Target no.2 Increase literacy of the Roma population
 Status Significant Progress with challenges remaining
- Available statistics show a strong rise in the school enrolment rate of children identifying themselves as ethnic Roma, an increase of 64% between 2002/03 and 2007.
- Around 10% of the ethnical Roma children expressed an interest for subjects that specifically study their own cultural heritage and promote the use of the Roma language, including in its written form.
- Despite these advances, the Roma Inclusion Barometer shows that 23% of Roma respondents have had no education, 27% have only a primary education and 33% have graduated secondary school.

Policy Measures, Glance at EU Enablers

The share of budget allocated for education has seen an increase from the equivalent of 2.9% of GDP in 2000 to the rough equivalent of 5.5% of the GDP a decade later, and peaking at close to 6% of GDP in 2008. Although these resources went disproportionately towards the salaries of teaching personnel and towards higher education (mostly concentrated in urban areas and in large ones) small, rural communities also benefited, with school renovation initiatives countrywide. Reform in education has also been directed to ease unnecessary burdens on students, by giving them more time for practical application and competence oriented outputs. At the same time, more opportunities were created for disadvantaged minorities such as the Roma in schools to express their own values and culture, thus helping to fight discrimination. However rural areas, particularly kindergartens have suffered as a result of declining birth rates, and therefore in 2008 with declining enrolment numbers and funding, only 12.2% of kindergartens were functioning in rural areas. Similarly, rural areas find it increasingly difficult

to attract and retain qualified teachers, despite efforts made to stimulate teachers to come to rural areas, with special financial incentives in addition to the basic salary. Lack of teachers, declining enrolment cohorts and linked funding policies may lead to further school closures thus hampering further access to education for village children, small, isolated communities remaining thus at risk.

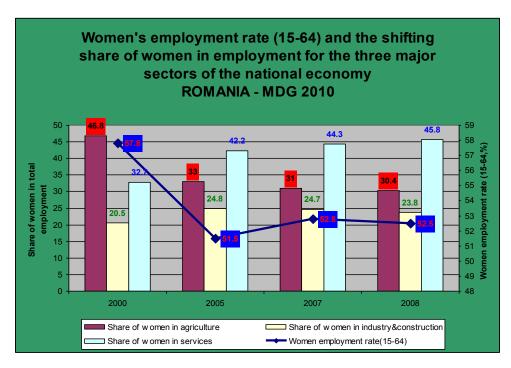
The Road Ahead

Increased funding directed to education, seen exclusively as a % share of GDP is not an adequate measure of the contribution of education to increasing human development and for reducing vulnerabilities. The past decade's achievements have been biased towards the already better endowed urban areas as well as higher education. To address this, and to expand the positive impact of education on reducing vulnerabilities, further focus of programs and funding on rural and less developed regions as well as on primary education will have to be achieved.

Goal No.3 - Promote Gender Equality and Empower Women

- Target 1 Increase women's employment levels (4)
 Status Weak progress
- Employment rates for women (aged 15-64) increased from 51.5% in 2005 to 52.5% in 2008, translating to an additional 76,000 women in active employment, equal to 34.2% of the total 222,000 new jobs created during this period.
- This rise in absolute terms is insufficient to significantly increase the share of women in salaried non-agricultural employment, which remained unchanged at around 45% between 2001 and 2009.
- The share of women aged 15 years and over with higher education increased from 5.9% in 2000 to 9.2% in 2009. For women in the working age population (age 15-64) the proportion increased from 8.1% in 2000 to 21.6% in 2009. Participation of women aged 24-54 in education and training increased from 0.8% in 2000 to 1.9% in 2008, between 0.1 and 0.3 percentage points higher than those for men in the same age groups.

Chart no 3.1



Source: National Institute of Statistics data; Processed by the Dr. Catalin Ghinararu, Adviser.

Target 2 – Women's participation in non-agricultural wage employment (Referred under Goal 1)

Target 3 – Halve, by 2015, the incidents of domestic violence Status – On track

The third target, regarding domestic violence, has improved in the past years. Although following the passage of the law (regulating the redress of violence victims and the punishment of perpetrators) the number of cases appeared initially to increase (due to additional reporting), cases progressively declined. The latest national figures available are 9,000 cases in 2006, decreasing to 8,787 in 2007. The number of deaths induced by domestic violence decreased from 151 in 2006 to 136 in 2007. The introduction, on a pilot basis, of an integrated approach in monitoring a reporting domestic violence case has improved services to victims and rehabilitation of perpetrators in one part of the country. This Romanian model piloted in the city of Targu Mures is now being shared with the Republic of Moldova.

Policy Development, Glance at EU Enablers

The number of salaried women increased between 2000 and 2008 by a quite impressive 292,000 (an 11% rise). During the same period the number of women employed as non-salaried workers, including women working as "contributing family workers" in small subsistence farms, showed an equally significant decrease, from 2,3 million in 2000 to 1.3 million in 2008, a reduction of 58%.

The share of women employed in agriculture dropped from a high of 46.8% in 2000 to 30.4% in 2008, while the share of women employed in services increased from 32.7% to 45.8%, a rise of no less than 40% or in other words an average gain of 1.63 percentage points per annum. Even the share of women employed in industry and construction increased from 20.5% in 2000 to 23.8% in 2008. This move towards higher value added, higher productivity sectors of the female labour force positively correlates with evolutions in terms of overall educational attainment levels.

The Road Ahead

Policies pursued throughout the decade have failed in significantly increasing the economic participation of women. Women have been encouraged to return to work after child birth by a host of incentives, such as paid child care leave which can be claimed for two years after birth, calculated (since the middle of the decade) on an earnings-related basis, equal to 85% of the 12-month average earnings prior to birth. Such measures have not only spurred a visible increase in birth rates thus giving hope that downward population trends might at least be slowed down, but have also encouraged women, especially in urban areas, to increase their participation in education and the labour market.

The proportion of seats held by women in national parliaments is the only global MDG target which is not being met by Romania, a relatively new EU member state. Moreover, it has not yet been specifically transposed into a national target. In this context, it is suggested that a new target on women representation in Parliament be included in the national MDG framework.

Goal No.4 - Reduce Child Mortality

- > Target no.1 Halve mortality of children aged between 1 and 4 between 2002 and 2015 (5)
 - Status Achievement likely
- Mortality of children aged between 1 and 4 years dropped between 2000 and 2009 by 37.5%, pointing to a realistic target to be achieved by 2015.
 - Target no.2 Reduce infant mortality by 40% between 2002 and 2015
 Status Achieved
- From a high of 27 deaths per 1,000 live-births in 1990 (32 deaths per 1,000 live births in rural areas), infant mortality has dropped to 18.4 in 2000 (a 32% reduction) and subsequently throughout the current decade to 10.1 deaths per 1,000 live-births in 2009 (provisional data of the National Institute of Statistics). For the decade to December 2010, this equals a 45-46% reduction as against the base year and almost a 63% reduction compared to the appalling 1990 levels.

Chart no. 4.1

Source: National Institute of Statistics data; Processed by Dr. Catalin Ghinararu, Adviser

• However, with regard to both indicators pertaining to child mortality, in spite of the remarkable progress made, Romania still lags far behind the other EU-27 countries,

recording the highest level of child mortality, 141% higher than the EU average. While infant mortality trends have been significantly declining in both rural and urban areas, the difference between the two types of residential areas has persisted throughout the last two decades. The gap between the two has remained constant at between 5 and 7 percentage points per 1,000 live births between 1990 and 2008, rural areas recording child mortality rates more than 50% higher than urban ones. These points to a still high deficit of development for Romania's villages, home to around 44% of its total population.

- Target no.3 Eliminate measles by 2007
 Status Achieved in 2008
- Because of the measles epidemic in 2005 and 2006 this target was not reached in 2007. However, the number of vaccinations has been significantly increased, the epidemic has been controlled and in 2008 and 2009 no new cases of measles have been reported. High vaccination rates have been maintained, with the proportion of children 1 year old vaccinated against measles reaching and being maintained at between 94-98%.

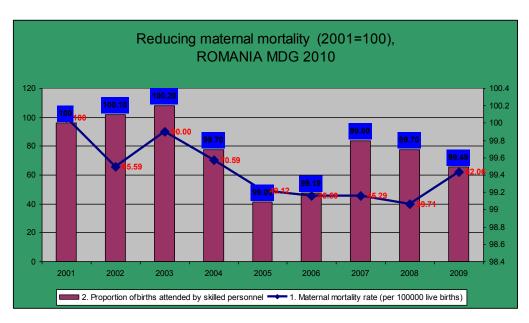
Policy Developments, Glance at EU Enablers

Expenditures on public health as a percentage of GDP in Romania have hovered around 3% since 2001. However as nominal GDP grew exponentially towards the end of the decade it was possible to actually increase the amounts available for public health and for combating infectious diseases and for general improvements in the health of Romania's population. In order to supplement the financial contributions to the state health care system, made by the small number of contributors currently estimated at 67% of total employment compared with 55% at the beginning of the decade, the state budget has covered some essential health-related expenditures thus encouraging even the poorest to undertake at least basic health checks and regularly visit family doctors with all children covered by the public health system. On the other hand, successes in containing epidemics such as measles as well as the reduction of child and infant mortality are also the result of improved living standards, which mean higher incomes. Better endowed households were able to improve their sanitation, spend more on health and education and improve their nutrition. Similarly access to information, a crucial issue when it comes to these particular MDG targets, has vastly improved. These important gains will have to be maintained in the future.

Goal No.5 - Improve Maternal Health

- Target no.1 Halve maternal mortality rate between 2001- and 2009 (6)
 Status Significant progress made-achievement likely
- Improved medical facilities, more effective medicines and increasingly wide-reaching awareness
 raising campaigns on specific issues contributed to a decrease in the incidence of maternal mortality
 from 34/100,000 live-births in 2000 to 21.2/100,000 live births in 2009. This marks a reduction in
 incidence by 39%.

Chart no.5.1



Source: National Institute of Statistics data; Data processing: Dr. Catalin Ghinararu, Adviser

- Target no.2 Proportion of births attended by skilled health personnel
 Status Achieved⁴
- 99% of births in Romania now take place in the presence of skilled medical personnel.

Policy Developments, Glance at EU Enablers

An increased attention has been given to maternal health in Romania throughout the last decade: more facilities have been created; information became more widely available and accessible for households.

⁴ These are the targets on which the Ministry of Health is reporting and are the basis for data in this section.

Developments in living standards, in terms of living conditions, nutrition and income also contributed to the improvement of maternal health leading to a decrease of maternal mortality with respect to both abortion-related and gynaecological related mortality.

Birth rates for urban and rural areas have equalized over the last decade with a circa 20% rise in urban births and a proportional decline in rural areas. During the same period, the age of first time mothers in urban areas has steadily moved towards their early thirties. Having already established their careers, women had more disposable income to care for their own health and that of their child.

Government policies pursued throughout the last decade have also had a major role to play:

- the correlation between child care benefit, paid for a period of two years following birth and for each new born child, and the mother's contribution base (in most cases the salary income);
- paid maternity leave;
- the introduction of paternity leave allowing families to compensate for earnings and allow women to pursue their careers;
- the introduction of a number of non-contribution related benefits.

The Road Ahead

The period of economic growth made it possible for the private medical sector to grow and for women to have access to more expensive, but improved health care services.

In spite of the progress made, maternal health and especially maternal mortality remain high by European standards.

The current crisis will certainly impact upon incomes, affordability of health care services and on the revenue side of the public health system. Therefore it remains crucial for the public health system to build on its achievements, to move forward and to reform its revenue base in order to ensure access and quality of health services.

Goal No.6 - Combating HIV/AIDS, Tuberculosis and Other Diseases

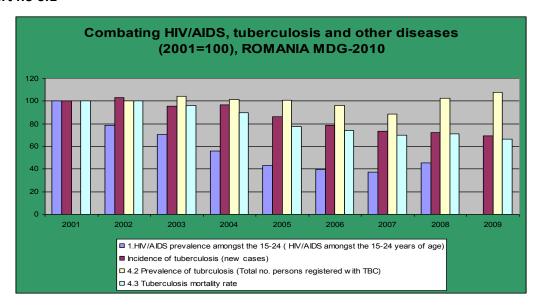
- Target no.1- Halt by 2015 the spread of HIV/AIDS and reverse current trends (7)
 Status Achieved
- The HIV/AIDS situation in Romania remains stable with no major changes in incidence among adults or among children within the reporting period. The level of epidemic is low and there is no sign of concentration among vulnerable groups despite high-risk behaviours identified among them.
- According to the Monitoring and Evaluation Department of the Infectious Diseases Institute, 16,162 cumulative cases of HIV/AIDS were recorded in 2009 and 10,041 persons were living with HIV/AIDS at that date. Nearly 50% of newly reported HIV/AIDS diagnoses in 2009 were from young people aged 15-29. Among children, the vertical transmission is responsible for 5 new cases of HIV/AIDS in the same year.
- According to the 2009 Behavioural Surveillance Survey among injecting drug users in Bucharest5, injecting drug use remains a major risk factor especially in the capital city of Romania were 15 % of the heroin injectors reported use of syringes previously used by other injectors.
 - ➤ Target no.2 By 2015 have halted and begin to reverse the incidence of tuberculosis (8)

 Status Significant progress made achievement on track
- Tuberculosis (TB) remains one of the serious threats to the health of Romania's population. Although there has been a 30% drop in the number of new cases detected, from 25,487 new cases in 2000 to 17,866 new cases in 2009, the total number of individuals recorded as having TB rose from 11, 500 cases in 2001 to 12,400 in 2009 an increase of 7-8%. However, through a national effort, rooted in the DOTS-type approach, both detection rate (national target 70%) as well as the treatment success rate (national target 85%) substantially increased.

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⁵ Survey jointly implemented by UNODC, the National Anti-drug Agency and the Romanian Angel Appeal Foundation, under the leadership of the HIV/AIDS Monitoring and Evaluation Working Group.

Chart no 6.1



Source: Data provided by the National Anti-HIV/AIDS Committee, the "Marius Nasta" Institute and the Ministry of Health communicated by the National Institute of Statistics; Processed by the Dr. Catalin Ghinararu, Adviser

- From a peak in 2002, when the incidence of TB was over 100 new cases per 100,000 inhabitants, this had declined to around 87.3 new cases per 100,000 inhabitants in 2008. Given that the disease is directly related to poverty levels, the country's growing living standards and the fight against poverty explain the evolution of new cases recorded.
- Inequalities between regions however remain high. The incidence of TB remains above the national average in the South-West (Oltenia), South-East and Western regions. A sharp drop compared to the beginning of the decade has been recorded in the Bucharest-Ilfov region, where in 2003 the incidence of the disease exceeded national average. In 2008, the incidence of the disease was below the national average, as a result of strong preventive and curative methods but also of the improvements in living standards in this part of the country. Unlike other urban-rural inequalities, the incidence of TB is higher than the national average both in rural poorer regions such as the South West as well as in the more urbanized and far more affluent regions such as Western Romania.
 - Target no.3 Provide access to affordable essential drugs⁶
 Status Achieved
- In 2009, Romania adopted a system of pricing that draws directly from the EU directive 89/105/EEC. The main principles of the system reside on the calculation of prices in the national currency, the yearly recalculation of prices and the yearly revision of commercial rebate as well as the setting of a maximum price ceiling fixed at 65% of the price of the original drug for the first generic drug, with subsequent generics being below this price ceiling. The system also aims to encourage the consumption of essential drugs, be they original or generics while ensuring that costs do not overly burden households. These measures have set maximum prices at the lowest level in Europe (70% of the European/EU 27 average-EUROSTAT data).

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⁶ The method used by the Ministry of Health for reporting on this target.

Policy Developments, Glance at EU Enablers

Romania has committed its strategies to provide universal access to prevention, treatment and care. Treatment and care have been covered by national resources through national and local budgets. The treatment system for the people living with HIV/AIDS, as well as the medical protocols on HIV/AIDS, are a well-known model of practice in the region. In 2009, in Romania 7,244 patients received antiretroviral therapy, this representing one of the largest number of people living with HIV on treatment in all Central and Eastern Europe. The guiding principles and priorities for action in the areas of prevention among general population and vulnerable groups, of treatment, care and surveillance have been incorporated into the national HIV/AIDS strategies (2004-2007, 2008 – 2013).

The Road Ahead

Both HIV/AIDS as well as TB are diseases closely associated either with widespread poverty or with an extreme form of upheaval. Romania has experienced both of these throughout the last three decades, with only the last ten years seeing any real benefits from prosperity. While some progress has evidently been made to limit and even reverse some trends for these two infectious diseases, achievements to date are precarious and much remains to be done. As the economic situation worsens because of the economic crisis, there is a risk that we may assist to a reverse trend. It is thus very important that adequate public spending levels are maintained for combating and preventing these two major threats to public health, which can potentially weaken the country's productive potential.

In view of the fact that Romania has an ageing population and that previous socio-economic difficulties may impact on the general health of a generation, it is vital to ensure extensive access to affordable medication, while avoiding over-consumption of medicines and the abuse of budget-compensation for at least part of their cost.

Goal no.7 - Ensure Environmental Sustainability

- ➤ Target no.1 Ensure growth of the forestation rate from 27% to 35% by 2040 (9)

 Status On track
- This target is by nature a long-term strategy with commitment over more than a generation, and Romania remains determined to ensure that forestation remains a priority in countering the impact of climate change. During the last decade, extreme natural phenomena across the country the floods in 2005, 2006 and 2010 and extreme droughts, with the most severe being in 2007 all affected the country. For only 40%, of the time between 2001 and 2010 can Romania be considered as having experienced 'normal' weather conditions. This has impacted severely on the country's productivity and particularly on the vulnerable agricultural sector, contributing to a more than severe weakening of its contribution to GDP, resulting in a surge in food imports which has likewise increased the vulnerability of the country's external position.
- Increasing the surface area covered by forests is seen as a mitigating strategy for potentially reducing the incidence of extreme weather conditions. Progress made in Romania so far shows that from a total forest surface area of 26.11% in 2000, the figure had increased to 26.57% by 2009. In relative terms this might not appear as a huge improvement, however in absolute terms, it equals an increase of the total forested area of around 110,000 hectares, from approximately 6.22 million hectares in 2000 to around 6.33 million hectares in 2009.

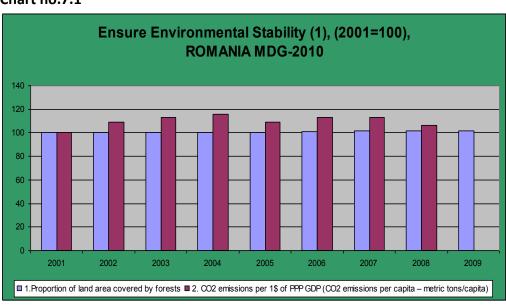


Chart no.7.1

Source: National Institute of Statistics data processed by Dr. Catalin Ghinararu, Adviser;

The pace of forestation has nevertheless been rather slow, but there are hopes that as the property
regime stabilizes and as more and more forest owners register with the Forest Districts the pace will
quicken. As awareness of the positive impact of forestation increases in the Romanian society as a

whole and especially in affected communities, and the potential value of forested land rises on the market thus discouraging private owners from cutting trees, we will assist to important progress in achieving the target. It is also hoped that a series of measures including the purchase by the state of forested or forest-suitable land from private owners may improve the situation. There are also taken into account some proposals for the forestation of some agricultural land not covered by EU subsidies.

- ➤ Target no.2 Increase the proportion of protected land area from 2.56% in 1990 to 10% by 2015

 Status Achieved
- Romania is the European Union's seventh largest member in terms of population. In terms of territory it ranks ninth with 238.9 thousand square kilometres, of which around 33% is mountainous, with roughly the same proportion going to both hilly and plateau areas, and to plains. These favourable proportions are complemented and strengthened by the fact that 1,075 kilometres of the Danube River running through the southern part of the country (Europe's most important West-East river artery) to the Danube Delta on the Black Sea coast, and two thirds of the Carpathian chain (Europe's second most important mountain range after the Alps) are also located on Romanian territory.
- In 2002, the total protected surface area was around 1.44 million hectares or around 6% of the country's total surface area. Progress in legislation and strenuous efforts made to record and protect the wide variety of natural sites has led to an increase of this area to around 9.32 million hectares, or around 39% of the country's total surface. Most of this quite sizeable increase comes from a more than significant increase in the surface area of natural parks as well as from a more than doubling in surface area of nature reserves. In addition to the *Danube Delta* (which alone accounts for 87.2% of the total), biosphere reserves have been established at *Rodna* and the *Retezat* in the Carpathian chain. Protected areas also include 108 avian protection areas cover an estimated 2.92 million hectares with community nature sites (273) covering altogether 3.28 million hectares.
 - Target no. 3 Reducing greenhouse emissions by 8% between 2008 and 2012
 Status Achievement more than likely without additional cost
 - Greenhouse emissions declined drastically in Romania as a result of the massive industrial restructuring during the transition from a planned to market economy. Already by 2000, greenhouse emissions were more than 35% below their 1990 levels, and by 2005 they were at 55% of their 1990 levels. Therefore, Romania as the first country to have ratified the Kyoto Protocol in 2001 remains significantly below its enshrined limits. Even taking into consideration the significant fall in economic activity as a result of the world economic downturn, it is more than likely that the 8% reduction target will be achieved.

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⁷ See for that Romania's Statistical Yearbook 2009 (with 2008 data), chapter 1, methodological note;

- Target no.4 Double by 2015 the proportion of rural population with access to drinking water (10)
 Status On track
- Between 2003 and 2008 the number of new dwellings equipped with drinking water facilities increased from 18,014 to 53,096 a nationwide increase of almost 300% in five years. The number of new dwellings equipped with canal and sewage installation rose throughout the same period from 16,046 to 43,535 (a 271% increase) .While in the urban areas the share of new dwellings equipped with drinking water installations is 99%, in rural areas, only 66.7% newly built dwellings in 2008 had access to drinking water and less than half (48%) had access to canal and sewage installations. As a whole, the number of households occupying dwellings with access to drinking water rose between 2003 and 2009 from 58.6% of the total to 65.8, and the proportion of households living in dwellings with better sanitary facilities (i.e. water toilet) rose from 56.5% in 2003 to 60.7% in 2008. However a lot remains to be done.

Policy Developments, Glance at EU Enablers

The Ministry of Regional Development and Tourism has promoted several projects aimed at reducing greenhouse emissions and increasing energy efficiency in the Romanian economy. Romania as a member of the EU has assumed an intermediate target a 4.5% reduction in greenhouse emissions between 2008 and 2010 compared to the average values for 2001-05, with several actions put in place to achieve this objective: An Emergency Order in 2009 created an effective mechanism that will lead to effective energy savings throughout the cold season. The national multi-annual scheme jointly financed by the Government (50%), local authorities (30%) and the owners' associations (20%) provided for the rehabilitation of 781 blocks of flats (27,385 flats) by the end of 2009 with the energy saving estimated at 8,400 MWh. As legislation has been further improved to allow for Government guaranteed bank loans directed towards increasing the energy efficiency of multi-storeyed buildings and with the number of applications ever on the rise the target is more than likely to be attained.

Another measure aims at improving access to clean water and sanitation facilities for communities having less than 50,000 inhabitants. Within the framework of a loan agreement signed between Romania with the Development Bank of the Council of Europe in 2009, 17 communities out of which 12 cities and municipalities have seen their water and sewage systems rehabilitated with around 22 expected to be improved by 2011. The counties of Bihor, Bistrita Nasaud, Calarasi, Constanta, Harghita, Mures and Vaslui, most of which have a significant share of small communities were in the first wave of modernization and rehabilitation. As for waste treatment plants, a program started in 2006 and scheduled to run for seven years had already seen 238 plants finalized in the rural areas by 2009. Between 1997 and 2009 1,141 Romanian villages have been connected to piped water and the program foresees the extension of this type of infrastructure for a further 2.5 million inhabitants i.e. to 30% of Romania's villages.

A powerful EU-type enabler is now available to accelerate the improvements obtained so far. The Regional Operational Program (Axis no.4), "Supporting Sustainable development of cities as engines of growth" benefits from a total allocation of EUR 1.34 billion directed towards the improvement of urban infrastructure, urban development, the creation of jobs and the active encouragement of the business community. Up until now 401 projects have been submitted out of which 339 are still undergoing

evaluation procedures with only 10 actually having received the green light for financing (4.3% of the total allocation for 2007-2013).

The Road Ahead

There are a host of achievements in the attainment targets associated with this specific goal aiming at lifting living conditions and ultimately also working conditions for people living in areas which, either urban or rural in most of the cases, have been for far too long at the periphery of development. The windfall of revenues that has been provided during the years of economic growth has led to a host of works being started which have visibly changed for the better the face of many of Romania's previously dilapidated towns and villages, although of course large communities where real estate development has been the highest have benefited the most. Nevertheless, while local funds have been used, though sometimes in a rather wasteful manner, EU funds which are far more substantial and which are, to a certain extent, a powerful anti-cyclical instrument, have seen little use. Both central and local authorities as well as firms and associations have been slow to receive such assistance. This calls for a sustained effort to be made, at all levels and by the use of all means available, so as to make use of this practically zero-cost stimulus available to the economy in times of crisis and scarce budget resources. This external assistance package for Romania (2007-2013) might not be available again, and even more so given the negative effects of the crisis, the Road Ahead for maintaining progress with regard to this Goal and its targets relies on the active use of EU funds now while they are still available.

Goal No.8 - Develop Global Partnerships for Development

Target 1 – Contribute to international development goals and cooperation
 Status – On track

The overriding objective of the Romanian ODA policy is contribution to the reduction of poverty in developing countries, in the wider context of global efforts towards achievement of the MDGs.

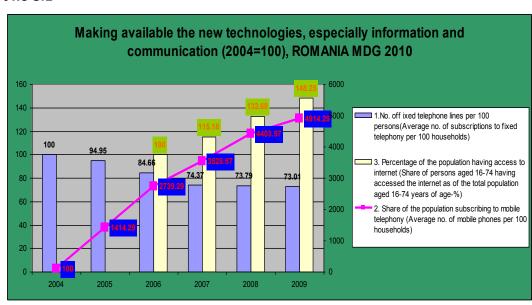
- Upon its accession to the EU in January 2007, Romania became official development assistance (ODA) donor and adhered to the EU collective ODA commitments (an ODA level of 0.33% of GDP by 2015), to Paris Declaration and to the European Development Consensus. The Romanian ODA represents a contribution, at international level, to the achievement of the MDGs.
- The institution responsible with the elaboration and coordination of the Romanian ODA policy, as an integral part of Romanian foreign policy, is the Ministry of Foreign Affairs (MFA). As an ODA donor, Romania is involved in partnerships on three levels:
 - with other donors (in the context of reaching collective EU ODA commitments and implementing joint ODA projects),
 - with international organizations involved in efforts toward the MDGs (UN, European Commission, OECD) and
 - with partner developing states, as beneficiaries of ODA.
- One successful example in this respect is that, following a Romanian initiative, the Republic of Moldova (one of Romania's priority ODA partners) was selected as a pilot beneficiary state for the implementation of a labour division exercise between EU donor states.
- Romania participated, together with all EU member states, in the preparation of the EU Common Position, adopted in June 2010, for the High Level MDG Plenary Meeting to be held in New York in September 2010, taking part and contributing to all relevant meetings organised in this regard: Council Groups, Foreign Affairs Council, thematic meetings regarding separate MDGs, EU Development Ministers meetings, European Council.

Target no.2 – In co-operation with the private sector make available the benefits of new technologies, especially information and communications (18) Status – Achieved⁸

All the indicators⁹ for this target demonstrate strong achievement. Indeed, Romania's advancement in the field of information and communication technologies are shared by both Government and private sector actors and have been recommended as a unique national accomplishment with potential to be shared through public and private intervention in other fields.

- The number of mobile subscribers increased from 2.8 mobile phones per 100 households in 2003 to 137.6 mobile phones per 100 households in 2009 (a penetration rate per 100 inhabitants of over 113% in 2009).
- On the alternative count of number of mobile subscriptions per 1,000 inhabitants, the rise was from 618 in 2005 to 1064 in 2007, marking therefore a 172% increase in the span of just two years.

Chart no 8.1



Source: National Institute of Statistics; Processed by Dr. Catalin Ghinararu, Adviser

Broadband penetration increased by 75% between 2007 and 2009 alone, from 1.51 million to 2.65 million connections. Calculated on these numbers the derived indicator of penetration rate per 100 inhabitants equates to 7.02 in 2007 to 12.32 in 2009 (75% increase), while the strictly per 100 households measure the rise is from 17.70 to 32.09 (81% increase) for the same two-year period.

⁸ As no agency is currently reporting on these indicators we have chosen the solution above whereby all indicators are reported under the same "umbrella target".

⁹ The data in this paragraph are taken from the National Institute of Statistics and from the National Agency for Information and Communication (some of the latter via unofficial channels).

- The share of individuals aged between 16 and 74 years having access to the Internet also increased from 25.7% in 2003 to 38.1% in 2009 marking a 48% rise in the number of users.
- In 2009 around 56% of households in urban areas had a personal computer, while in rural areas this was true of only around 23% of households. This, together with the fact that of the 31.5% of households in Romania having access to Internet, around 87% of these are located in urban areas, demonstrates a major bottleneck for rural development as access to information technology is paramount for progress in the world today.

Policy Developments, Glance at EU Enablers

Developing and creating the infrastructure for an information society has been an important development objective for successive Romanian Governments throughout the decade.

Problems remain however since the communication and information infrastructure while strongly penetrating urban areas where computers and the internet are already a commonality of daily life, rural areas, sometimes home to large concentrations of the poorly educated elderly remain on the fringes of the new world of information. It is for this reason that the Government has been stepping up its e-Government programs encouraging and making it compulsory for public administration to share all information of public use electronically while in the meantime investing in communication infrastructure.

The introduction of cost standards for all branches of public administration both at central and local level will give additional impetus to the e-Government initiative as one of the most-effective ways of cutting costs and improving the quality of their services.

The Road Ahead

As a new member state of the European Union, Romania has also taken seriously its new responsibilities as a donor state. Its accumulated experience both with regard to the planned-to-market economy transition, as well as with the complex yet beneficial process of European Integration are an important asset. This acquired knowledge is an asset for development that can be easily exported to international contexts experiencing or preparing to follow similar developmental paths. From this point of view, targeting its development assistance to the Republic of Moldova, with which it shares not only language but also history and culture, was a natural choice. At the same time, so as to encourage European Integration as well as to drive towards democracy in a region still haunted by frozen conflicts and bitter memories, Romania also placed a priority on Serbia in the Western Balkans, and Georgia in the Caucasus region. Using its own expertise to help others along the same road will not only help quicken the process but will also provide Romania with a renewed incentive to move its own country forward and to find resources to overcome the current crisis and make the most of the opportunities offered by its own European Integration.

Note on Sources

Information and data in this Report come mainly from the source of the National Institute for Statistics of Romania (NIS). All date are validated data up top the year 2009. Data for 2010 were only used if they were either validated or given as provisional data by the NIS. In case statistical data were not available, administrative information and data coming from line ministries of the Romanian Government have been used. Insofar, only in the case where neither of these sources has been able to provide, other sources such as NGO or research data has been used, but these cases have been kept to a minimum.

| | | Indicators available at th | e National Institute of Statistics | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| Goal / Target / Indicators | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
| Goal 1. Eradicate extreme poverty and hunger | | | | | | | | | • |
| Target 1: Halve, between 1990 and 2015, the proportion of population with an income less than 1S/day. | | | | | | | | | |
| 1. Absolute poverty rate | 30,6 | 28,9 | 25,1 | 18,8 | 15,1 | 13,8 | 9,8 | 5,7 | 4,4 |
| base year=100 | 100,0 | 94,4 | 82,0 | 61,4 | 49,3 | 45,1 | 32,0 | 18,6 | 14,4 |
| 2. Poverty gap | | | 24,2 | 23,7 | 23,2 | 23,0 | 20,9 | 18,2 | 18,1 |
| base year=100 | | | 100,0 | 28,9 | 28,3 | 28,0 | 25,5 | 22,2 | 22,1 |
| 3. Share of the poorest quintile in total national consumption | 1 | | 3,4 | 3,4 | 3,4 | 3,4 | 3,5 | 3,6 | 3,7 |
| base year=100 | 1 | | 100,0 | 100,0 | 100,0 | 100,0 | 102,9 | 105,9 | 108,8 |
| Target 2: Ensure full employment and possibility for everyone, including women and youth, to find a decent and productive work place. | <u> </u> | <u> </u> | 100,0 | 100,0 | 100,0 | 100,0 | 102,7 | 103,7 | 100,0 |
| 1. GDP growh per occupied person | 106,9 | 117,0 | 105,2 | 110,4 | 105,8 | 107,1 | 105,9 | 107,6 | 94,6 |
| Employment rate of the working age population (15 – 64 years of age) | | | | | | | | | |
| 2. Employment tase or me working age population (15 = 04) casts or age) base year = 100 | 62,9 | 58,0 | 57,8 | 57,9 | 57,7 | 58,8 | 58,8 | 59,0 | 58,6 |
| | 100,0 | 92,2 | 91,9 | 92,1 | 91,7 | 93,5 | 93,5 | 93,8 | 93,2 |
| 4. Share of the self-employed and contributing family workers in total employment (occupied population) | 43,8 | 36,6 | 36,0 | 32,3 | 33,5 | 32,1 | 32,2 | 31,2 | 31,3 |
| base year=100 | 100,0 | 83,6 | 82,2 | 73,7 | 76,5 | 73,3 | 73,5 | 71,2 | 71,5 |
| Target 3: Halve, between 1990 and 2015, the proportion of population suffering of malnourishment | | | | | | | | | |
| Proportion of underweight children below the age of 5 (new cases of malnutrition for children below the age of 3) (no. of new cases per 100,000 children aged 0-2 years of age) | 1.952,7 | 2.109,2 | 1.798,2 | 1.720,7 | 1.600,8 | 1.857,8 | 996,9 | 947,1 | 984,3 |
| base year=100 | 100,0 | 108,0 | 92,1 | 88,1 | 82,0 | 95,1 | 51,1 | 48,5 | 50,4 |
| 2. Proportion of the population not reaching the minimum number of calories (New cases of malnourishment) | 11.604.0 | 12.449,0 | 10.904,0 | 9.692,0 | 8.724,0 | 8.648,0 | 7.646,0 | 6.595,0 | 5.210,0 |
| base year=100 | 100,0 | 107,3 | 94,0 | 83,5 | 75,2 | 74,5 | 65,9 | 56,8 | 44,9 |
| Goal 2: Achieve universal primary education | | 1 | 1 | <u> </u> | <u> </u> | 1 | 1 | <u> </u> | 1 |
| Target 1: Ensure by 2015 that all children, boys and girls, complete a full primary education cycle. | | | | | | | | | |
| 1.Net school enrolment rate in primary education | 93,8 | 93,1 | 94,0 | 93,5 | 94,0 | 93,0 | 88,5 | 88,4 | 88,8 |
| base year =100 | 100,0 | 99,3 | 100,2 | 99,7 | 100,2 | 99,1 | 94,3 | 94,2 | 94,7 |
| Share of students entering primary education and graduating from the 5th grade | | 87,0 | 87,2 | 87,3 | 85,7 | 85,7 | 84,2 | 86,2 | /4,/ |
| 2. State of students energing primary education and granding from the 2m grade base year = 100 | 87,0 | | | | | | | | |
| | 100,0 | 100,0 | 100,2 | 100,3 | 98,5 | 98,5 | 96,8 | 99,1 | 1 |
| Source: Ministry of Health (CNOASHDS) | | | | | | | | | |
| Goal 3: Promote gender equality and women empowerment | | | | | | | | | |
| Target 1: Eliminate gender disparities in primary and secondary education, preferably by 2005, and at all educational levels by 2015 the latest. | | | | | | | | | |
| 1.Ratio of boys to girls in primary education | 1,0 | 1,0 | 1,0 | 1,0 | 1,0 | 1,0 | 1,0 | 1,0 | 1,0 |
| base year =100 | 100,0 | 100,0 | 100,0 | 100,0 | 101,0 | 101,0 | 100,0 | 100,0 | 101,0 |
| 2. Share of women in remunerated employment in the non-farm/agricultural sector | 45,6 | 45,2 | 45,3 | 46,5 | 46,3 | 46,6 | 46,1 | 45,8 | 45,7 |
| base year =100 | 100,0 | 99,1 | 99,3 | 102,0 | 101,5 | 102,2 | 101,1 | 100,4 | 100,2 |
| 3. Proportion of seats held by women in national parliaments | 1,3 | 1,7 | 1,7 | 1,8 | 1,9 | 1,9 | 1,7 | 1,6 | 1,6 |
| Source: The National Institute of Statistics. Temporary data for year 2009. | | l. | | I . | I. | 1 | l. | I. | |
| Goal 4: Reduce child mortality | | | | | | | | | |
| Target 1: Reduce by two thirds, between 1990 and 2015, of under 5 years old child mortality | | | | | | | | | |
| Under five years of age mortality rate (mortality rate at children aged 1-4 per 1000 inhabitants) | 0,8 | 0,8 | 0,7 | 0,7 | 0,7 | 0,7 | 0,6 | 0,5 | 0,5 |
| base year =100 | 100,0 | 100,0 | 87,5 | 87,5 | 87,5 | 87,5 | 75,0 | 62,5 | 62,5 |
| 2. Infant mortality (per 1000 live births) | 18,4 | 17,3 | 16,7 | 16,8 | 15,0 | 13,9 | 12,0 | 11,0 | 10,1 |
| base year =100 | 100,0 | 94,0 | 90,8 | 91,3 | 81,5 | 75,5 | 65,2 | 59,8 | 54,9 |
| | 100,0 | 24,0 | 70,8 | 71,3 | 01,3 | 15,5 | 05,2 | 37,0 | 54,9 |
| Goal 5: Improve maternal health Target 1: Reduce by three quarters, between 1990 and 2015, of maternal mortality rate | | | | | | | | | |
| | 24.0 | 22.2 | 1 20.6 | 210 | 1 1/2 | L 16.6 | 154 | 12.5 | 21.1 |
| Maternal mortality rate (per 100,000 live births) | 34,0 | 22,3 | 30,6 | 24,0 | 16,7 | 15,5 | 15,4 | 13,5 | 21,1 |
| base year =100 | 100,0 | 65,6 | 90,0 | 70,6 | 49,1 | 45,6 | 45,3 | 39,7 | 62,1 |
| Proportion of births attended by skilled personnel | 99,0 | 99,1 | 99,2 | 98,7 | 98,1 | 98,2 | 98,8 | 98,7 | 98,5 |
| | | | | | 99,1 | 99,2 | | | |
| base year = 100 | 100,0 | 100,1 | 100,2 | 99,7 | 99,1 | 22ya | 99,8 | 99,7 | 99,5 |
| Target 2: Ensure universal access to reproductive health medical services by 2015 | 100,0 | 100,1 | 100,2 | 99,7 | 99,1 | 77,2 | 99,8 | 99,7 | 99,3 |
| | 100,0 | 100,1 | 100,2 | 11,8 | 11,8 | 12,2 | 12,2 | 16,1 | 11,4 |
| Target 2: Ensure universal access to reproductive health medical services by 2015 | | | | | | | | | |
| Target 2: Ensure universal neces to reproductive health medical services by 2015 2. Temager brith rate (live britis for mediers aged 15-18 per 1,000 de inhabitants in the age group) | 11,8 | 10,8 | 11,3 | 11,8 | 11,8 | 12,2 | 12,2 | 16,1 | 11,4 |
| Target 2: Ensure naivernal access to reproductive health medical services by 2015 2. Teenager birth rate (live births for mothers aged 15-18 per 1,000 de inhabitants in the age group) base year -100 | 11,8 100,0 | 10,8 91,5 | 11,3 95,8 | 11,8 100,0 | 11,8 100,0 | 12,2 103,4 | 12,2 103,4 | 16,1 136,4 | 11,4 96,6 |
| Target 2: Ensure universal access to reproductive health medical services by 2015 2. Teerager birth rate (five births for mothers aged 15-18 per 1,000 de inhabitants in the age group) base year -100 3. Access to prematal care (five birth with prematal continul, at least one wint to doctory) | 11,8 100,0 153.085,0 | 10,8 91,5 158.335,0 | 11,3 95,8 161.302,0 | 11,8 100,0 159,265,0 | 11,8 100,0 177.175,0 | 12,2 103,4 173.706,0 | 12,2 103,4 180.299,0 | 16,1 136,4 186.994,0 | 11,4 96,6 183.397,0 |
| Target 2: Ensure universal access to reproductive health medical services by 2015 2. Teerager birth rate (live births for mothers aged 15-18 per 1,000 de inhabitants in the age group) base year -100 3. Access to prenatal care (live birth with prenatal control, at least one visit to disctory) base year -100 | 11,8 100,0 153.085,0 | 10,8 91,5 158.335,0 | 11,3 95,8 161.302,0 | 11,8 100,0 159,265,0 | 11,8 100,0 177.175,0 | 12,2 103,4 173.706,0 | 12,2 103,4 180.299,0 | 16,1 136,4 186.994,0 | 11,4 96,6 183.397,0 |
| Target 2: Essure aniversal access to reproductive health medical services by 2015 2: Foreager beth rate (five boths for moders aged 15-18 per 1,000 de inhabitants in the age group) base year = 160 1: Access to pressal care (five both with pensial control, at least one wint to doctor) base year = 160 Goal 6: Combat HIV/AIDS, malaria and other diseases | 11,8 100,0 153.085,0 | 10,8 91,5 158.335,0 | 11,3 95,8 161.302,0 | 11,8 100,0 159,265,0 | 11,8 100,0 177.175,0 | 12,2 103,4 173.706,0 | 12,2 103,4 180.299,0 | 16,1 136,4 186.994,0 | 11,4 96,6 183.397,0 |
| Target 2: Essure suiversal access to reproductive health medical services by 2015 2. Teroager britt note (live britts for mothers aged 15-18 per 1,001 de shabitants in the age group) 3. Access to present care (live britt with present control, at least one visit to doctor) base year = 100 Goal 6: Combat HIV/AIDS, malaria and other diseases Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends | 11,8 100,0 153.085,0 100,0 | 10,8 91,5 158.335,0 103,4 | 11,3 95,8 161,302,0 105,4 | 11,8 100,0 159,265,0 104,0 | 11,8 100,0 177.175,0 115,7 | 12,2 103,4 173,706,0 113,5 | 12,2 103,4 180,299,0 117,8 | 16,1 136,4 186,994,0 122,2 | 11,4 96,6 183.397,0 |
| Target 2: Easure universal access to reproductive health medical services by 2015 2. Tecoager brith rate (live briths for medicas aged 15-18 per 1,000 de inhabitants in the age group) 3. Access to present care (live brith with presental control, at least one wint to doctor) base year -100 Goal 6: Combat HIV/AIDS, malaria and other diseases Target 1: Half by 2015 the spread of HIV/AIDS amongst the 15-24 years of age) base year -100 | 11,8 100,0 153.085,0 100,0 | 10,8 91,5 158,335,0 103,4 | 11,3 95,8 161,302,0 105,4 | 11,8 100,0 159,265,0 104,0 | 11,8 100,0 177.175,0 115,7 | 12,2 103,4 173,706,0 113,5 | 12,2 103,4 180,299,0 117,8 | 16,1 136,4 186,994,0 122,2 | 11,4 96,6 183.397,0 |
| Target 2: Easure universal access to reproductive health medical services by 2015 2. Tecoager brith use (live briths for medicas aged 15-18 per 1,001) de inhabitants in the age group) 3. Access to present care (five brith with presental control, at least one visit to doctor) base year = 100 Ances to present care (five brith with presental control, at least one visit to doctor) base year = 100 Goal 6: Combat HIV/AIDS, malaria and other diseases Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends 1. HIV/AIDS providence amongs the 15-24 (HIV/AIDS annough the 15-24 years of age) | 11,8 100,0 153.085,0 100,0 | 10,8 91,5 158,335,0 103,4 | 11,3 95,8 161302,0 105,4 284,0 70,5 | 11,8 100,0 159,265,0 104,0 226,0 56,1 | 11,8 100,0 177.175,0 115,7 | 12,2 103,4 173,706,0 113,5 | 12,2 103,4 180,299,0 117,8 | 16,1 136,4 186,994,0 122,2 182,0 45,2 | 11,4 96,6 183.397,0 |
| Target 2: Essure universal succes to reproductive health medical versices by 2015 2: Teerager beth rate (the buths for medien agad 15-18 per 1,000 de inhabitants in the age group) 3: Access to prenated care (the buths for medien agad 15-18 per 1,000 de inhabitants in the age group) 3: Access to prenated care (the buths with prenated control, at least one virit to doubter) 4: Access to prenated care (the buths with prenated control, at least one virit to doubter) 5: Doubt HIV/AIDS, malaria and other diseases 7: Target 1: Half by 2015 the spread of HIV/AIDS and reverse current trends 1: HiV/AIDS providence amongst the 15-24 (HIV/AIDS anongst the 15-24 years of age) 5: Doubt year -100 Target 3: Half by 2015 malaria and other severe diseases and reverse current trends | 11,8 100,0 153,085,0 100,0 403,0 100,0 | 10,8 91,5 158,335,0 103,4 318,0 78,9 | 11,3 95,8 161302,0 105,4 284,0 70,5 | 11,8 100,0 159,265,0 104,0 226,0 56,1 | 11.8 100.0 177.175,0 115,7 173.0 42.9 | 12.2 103,4 173,706,0 113,5 160,0 39,7 | 12.2 103,4 180,299,0 117,8 151,0 37,5 | 16,1 136,4 186,994,0 122,2 182,0 45,2 | 11.4 96.6 183.397,0 119,8 |
| Target 2: Essure suiversal access to reproductive health medical services by 2015 2. Teeragers beth one (free beths for mothers aged 15-18 per 1,000 de shabstams in the age group) 3. Access to prenated care (free beths with prenated control, at loast one vior to doctor) base year = 100 Goal 6: Combat HIV/AIDS, malarria and other diseases Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends [HIV/AIDS prevalence amongst the 15-24 (HIV/AIDS and reverse current trends Target 2: Halt by 2015 malaria and other severe diseases and reverse current trends 1. Target 3: Halt by 2015 malaria and other severe diseases and reverse current trends 1. Target 3: Halt by 2015 malaria and other severe diseases and reverse current trends | 11,8 100,0 153,085,0 100,0 403,0 100,0 | 10,8 91,5 158,335,0 103,4 318,0 78,9 | 11,3 95,8 161,302,0 105,4 284,0 70,5 | 11.8 100.0 159.265.0 104.0 226.0 56,1 9,0 47,4 | 11.8 100.0 177.175.0 115.7 173.0 42.9 18.0 94.7 | 12.2 103.4 173.706.0 113.5 160.0 39.7 16.0 84.2 | 12.2 103.4 180.299.0 117.8 151.0 37.5 23.0 121.1 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 | 11,4 96,6 183,397,0 119,8 |
| Target 2: Easure aniversal access to reproductive health medical services by 2015 2. Terrager beth rate (five beths for moders agod 15-18 per 1,600 de inhabitants in the age group) 3. Access to present care (five beths with presental control, at least one visit to doctor) 4. Access to present care (five beth with presental control, at least one visit to doctor) 5. Access to present care (five beth with presental control, at least one visit to doctor) 6. Goal 6: Combat HIV/AIDS, malaria and other diseases 7. Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends 1. HIV/AIDS presidence amongst the 15-24 (HIV/AIDS anongst the 15-24 years of ago) 7. Target 2: Halt by 2015 malaria and other severe diseases and reverse current trends 1. The medience of malaria (number of new cases) 5. base year -100 4.1 The medience of subsections (number of new cases) | 11,8 100,0 153,085,0 100,0 403,0 100,0 19,0 100,0 25,847,0 | 10,8 91,5 158,335,0 103,4 318,0 78,9 | 11.3 95.8 161302.0 105.4 284.0 70.5 16.0 84.2 24.734.0 | 11.8 100.0 159.265.0 104.0 226.0 56.1 9.0 47.4 25.026.0 | 11,8 100,0 177,175,0 115,7 115,7 173,0 42,9 18,0 94,7 22,348,0 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 | 12.2 103,4 180,299,0 117,8 151,0 37,5 23,0 121,1 18,909,0 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 18,716,0 | 11,4 96,6 183,397,0 119,8 - - 11,0 57,9 17,366,0 |
| Target 2: Ensure universal neces to reproductive health medical services by 2015 2: Teenager beth rate (the boths for mediens agod 15-18 per 1,000 de inhabitants in the age group) 3: Access to prenated care (the boths with prenated controot, at least one vint to doctor) 4: Access to prenated care (the both with prenated controot, at least one vint to doctor) 4: Target 1: Hatk by 2015 the spread of HHV/AIDS and reverse current trends 1: Hit WAIDS providence amongst the 15-24 (HHV-AIDS anotype the 15-24 years of age) Target 3: Hatk by 2015 malarin and other severe diseases and reverse current trends 1: The nucleone of malaria (number of new cases) base year -100 4: The nucleone of subcondoist (number of new cases) base year -100 | 11,8 100,0 153,085,0 100,0 403,0 100,0 | 10,8 91,5 158,335,0 103,4 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 | 11.3 95,8 161.302.0 105.4 284,0 70.5 16.0 84.2 24.734,0 95,7 | 11.8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 25,026,0 96,8 | 11.8 100,0 177,175,0 115,7 115,7 173,0 42,9 18,0 94,7 22,345,0 86,5 | 12,2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 | 12.2 103,4 180,29,0 117,8 151,0 37,5 23,0 121,1 18,909,0 73,2 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 18,716,0 72,4 | 11,4 96,6 183,397,0 119,8 - - 11,0 57,9 17,866,0 69,1 |
| Target 2: Ensure naivernal access to reproductive health medical services by 2015 2. Teeragers beth one (five boths for modern aged 15-18 per 1,000 de inhabitation in the age group) 3. Access to permited care (live boths with premited control, at least one vise to doctor) base year = 100 Goal 6: Combat HIV/AIDS, malarin and other diseases Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends 1.HIV/AIDS providence amongst the 15-24 (HIV/AIDS and reverse current trends Target 3: Halt by 2015 malarin and other severe diseases and reverse current trends 1.The incidence of malarin (number of new cases) base year = 100 4.1 The incidence of malarin (number of new cases) base year = 100 4.2 Pervalence of melocuclosis (number of new cases) | 11,8 100,0 153,085,0 100,0 403,0 100,0 19,0 100,0 25,847,0 | 10.8 91,5 158,335,0 103,4 318,0 78.9 10,0 52,6 26,640,0 103,1 11,540,0 | 11.3 95,8 161.302,0 105,4 105,4 284,0 70,5 16,0 84,2 24,734,0 95,7 12,029,0 | 11.8 100.0 159.265,0 104.0 226,0 56,1 9,0 47,4 25.026,0 96,8 11.665,0 | 11.8 100,0 177,175,0 115,7 115,7 173,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 | 12.2 103,4 180,299,0 117,8 151,0 37,5 23,0 121,1 18,909,0 73,2 10,189,0 | 16.1 136.4 186.994.0 122.2 182.0 45.2 13.0 68.4 18.716.0 72.4 11.813.0 | 11.4 96.6 183.397,0 119.8 |
| Target 2: Ensure naivernal necess to reproductive health medical services by 2015 2. Teeragers beth rate (live beths for mothers aged 15-18 per 1,000 de nihabitants in the age group) 3. Access to pressaid care (live beth with pressaid control, at least one visa' to doctor) base year =100 Goal 6: Combat HIV/AIDS, malaria and other diseases Target 1: Hait by 2015 the spread of HIV/AIDS and reverse current trends 1.HIV/AIDS providence amongs the 15-24 (HIV/AIDS and prevent current trends) 1.Target 3: Halt by 2015 malaria and other severe diseases and reverse current trends 1.Target 3: Halt by 2015 malaria and other severe diseases and reverse current trends 1.Target 4: Halt by 2015 malaria and other severe diseases and reverse current trends 1.Target 5: Halt by 2015 malaria and other severe diseases and reverse current trends 1.Target 5: Halt by 2015 malaria and other severe diseases and reverse current trends 1.Target 6: Halt by 2015 malaria and other severe diseases and reverse current trends 4: The incidence of malaria (number of new cases) base year =100 4.2 Prevalence of inherealous (number of persons registered with TBC) base year =100 | 11.8 100.0 153.085.0 100.0 403.0 100.0 19.0 100.0 25.847.0 100.0 | 10.8 91,5 158,335,0 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 11,540,0 100,0 | 11,3 95,8 161302,9 105,4 284,0 70,5 16,0 84,2 24,734,0 95,7 12,029,0 104,2 | 11,8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 25,026,0 96,8 11,665,0 101,1 | 11,8 100,0 177,175,0 115,7 115,7 173,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 100,7 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 96,1 | 12.2 103,4 180,299,0 117,8 151,0 37,5 23,0 121,1 18,909,0 73,2 10,189,0 88,3 | 16.1 136.4 186.994,0 122,2 182,0 45,2 13,0 68.4 18.716,0 11.813,0 102,4 | 11,4 96,6 183,397,0 119,8 119,8 - - 11,0 57,9 17,366,0 69,1 12,425,0 107,7 |
| Target 2: Easure aniversal access to reproductive health medical services by 2015 2. Ternager beth rate (live beths for moders agod 15-18 per 1,600 do inhabitants in the ago group) 3. Access to present care (live beths with present control, at least one visit to doctor) 4. Access to present care (live beth with present control, at least one visit to doctor) 5. Access to present care (live beth with present control, at least one visit to doctor) 6. Goal 6: Combat HIV/AIDS, malaria and other diseases 7. Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends 1. HiV/AIDS presentes amongs the 15-24 (HIV/AIDS and reverse current trends 1. The medience of malaria (number of new cases) 5. Date year -100 4.1 The medience of submediatos (number of new cases) 5. Date year -100 4.2 Fresidence of submediatos (total number of persons registered with TIK) 5. Date year -100 4.3 Tobereadous mentally rate | 11.8 100.0 153.085,0 100.0 403.0 100.0 100.0 19.0 100.0 25.847,0 100.0 | 10,8 91,5 158,335,0 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 11,540,0 100,0 | 11.3 95.8 161.302.0 105.4 284.0 70.5 16.0 84.2 24.734.0 95.7 12.029.0 104.2 10.3 | 11.8 100.0 159.265.0 104.0 226.0 56.1 9.0 47.4 25.026.0 96.8 11.665.0 101.1 | 11,8 100,0 177,175,0 115,7 115,7 173,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 100,7 8,3 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 96,1 7,9 | 12.2 103,4 180,299,0 117,8 151,0 37,5 23,0 121,1 18,909,0 73.2 10,189,0 88,3 7,5 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 18,716,0 72,4 11,813,0 102,4 7,6 | 11,4 96,6 183,397,0 119,8 |
| Target 2: Essure suiversal access to reproductive health medical services by 2015 2: Teerager beth rate (thre boths for modern agod 15-18 per 1,000 do inhabitants in the age group) 3: Access to present care (thre both with present control, at least one visit to doctor) 4: Access to present care (thre both with present control, at least one visit to doctor) 4: Target 1: Hat by 2015 the spread of HIV/AIDS and reverse current trends 1: HiV/AIDS providence amongst the 15-24 (HIV/AIDS and reverse current trends 1: Target 3: Hait by 2015 malaria and other diseases Target 1: Hat by 2015 malaria and other diseases 1: Target 3: Hait by 2015 malaria and other severe diseases and reverse current trends 1: The nucleone of malaria (number of new cases) 4: The nucleone of malaria (number of new cases) 4: The nucleone of tuberculous (number of new cases) base year -100 4: Prevalence of abserculous (total number of persons registered with TBC) base year -100 4: Toberculous montality rate base year -100 | 11,8 100,0 153,085,0 100,0 403,0 100,0 100,0 19,0 100,0 100,0 100,0 100,0 | 10,8 91,5 118,335,0 103,4 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 11,540,0 100,0 107,7 | 11.3 95.8 161.302.0 105.4 284.0 70.5 16.0 84.2 24.734.0 95.7 12.029.0 104.2 10,3 96.3 | 11.8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 25,026,0 96,8 11,665,0 101,1 9,6 89,7 | 11.8 100,0 177,175,0 115,7 115,7 115,7 123,0 42,9 18,0 94,7 22,148,0 86,5 11,620,0 100,7 8,3 77,6 | 12,2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 96,1 7,9 | 12.2 103,4 180,299,0 117,8 151,0 37,5 23,0 121,1 18,909,0 73,2 10,189,0 88,3 7,5 70,1 | 16.1 136.4 186.994,0 122,2 182,0 45,2 13,0 68.4 18.716,0 11.813,0 102,4 | 11,4 96,6 183,397,0 119,8 119,8 |
| Target 2: Ensure aniversal access to reproductive health medical services by 2015 2. Teeragers beth one (thre borths for modern aged 15-18 per 1,000 do inhabitation in the age group) 3. Access to present care (two borth with presental control, at least one visit to doctor) 4. Access to present care (two borth with presental control, at least one visit to doctor) 4. Combat HIV/AIDS, malaria and other diseases 4. Target 1: Halk by 2015 the spread of HIV/AIDS and reverse current trends 4. HIV/AIDS providence amongst the 15-24 (HIV/AIDS and reverse current trends 4. HIV/AIDS providence amongst the 15-24 (HIV/AIDS and reverse current trends 4. Hib mixture company of the 15-24 (HIV/AIDS and reverse current trends 4. Target 3: Halt by 2015 malaria and other severe diseases and reverse current trends 4. Hib mixture of malaria (number of new cases) 4. The mixture of malaria (number of new cases) 4. The mixture of inherealous (number of new cases) 4. Describence of inherealous (total number of persons registered with HEC) 4. The recordination (total number of persons registered with HEC) 5. Proportion of new cases of inherealous detected and cased under deser observation (DOIS) | 11.8 100,0 153,085,0 100,0 100,0 100,0 19,0 100,0 25,847,0 100,0 100,0 100,0 80,0 | 10.8 91.5 158.335.0 103.4 318,0 78.9 10.0 52.6 26.640,0 103.1 11.540,0 100.0 10.7 100.0 72.0 | 11.3 95,8 161.302,0 105,4 105,4 284,0 70,5 16.0 84,2 24.734,0 95,7 12.029,0 104,2 10,3 96,3 70,0 | 11.8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 25,025,0 96,8 11,665,0 101,1 9,6 89,7 76,0 | 11.8 100,0 177,175,0 115,7 115,7 173,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 100,7 8,3 77,6 82,0 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 96,1 7,9 73,8 79,0 | 12.2 103,4 180.299.0 117,8 151,0 37,5 23,0 121,1 18.909.0 73,2 10.189,0 88,3 7,5 70,1 85,0 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 118,716,0 72,4 11,813,0 102,4 7,6 71,0 | 11,4 96,6 1183,397,0 119,8 |
| Target 2: Ensure universal neces to regroudective health medical services by 2015 2. Teerager beth rate (the beths for modern aged 15-18 per 1,000 de inhabitants in the age group) 3. Acces to permatel care (these both with prematel control, at loast one vise to disctor) base year =100 3. Acces to permatel care (these both with prematel control, at loast one vise to disctor) base year =100 Goal 6: Combat HIV/AIDS, malarin and other diseases Target 1: Hait by 2015 the spremad of HIV/AIDS and reverse current trends 1.HIV/AIDS providence amongs the 15-24 (HIV/AIDS and reverse current trends 1.HIV/AIDS providence amongs the 15-24 (HIV/AIDS and reverse current trends 1.Target 3: Hait by 2015 malarin and other severe diseases and reverse current trends 1.The incidence of malarin (number of new cases) base year =100 4.1 The nucleance of tuberculous (number of new cases) base year =100 4.2 Pervalence of subcreakous (number of persons registered with Tibe) base year =100 4.3 Tuberculous montality rate base year =100 5. Proportion of new cases of tuberculous detected and cured under dreet observation (DOTS) | 11,8 100,0 153,085,0 100,0 403,0 100,0 100,0 19,0 100,0 100,0 100,0 100,0 | 10,8 91,5 118,335,0 103,4 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 11,540,0 100,0 107,7 | 11.3 95.8 161.302.0 105.4 284.0 70.5 16.0 84.2 24.734.0 95.7 12.029.0 104.2 10,3 96.3 | 11.8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 25,026,0 96,8 11,665,0 101,1 9,6 89,7 | 11.8 100,0 177,175,0 115,7 115,7 115,7 123,0 42,9 18,0 94,7 22,148,0 86,5 11,620,0 100,7 8,3 77,6 | 12,2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 96,1 7,9 | 12.2 103,4 180,299,0 117,8 151,0 37,5 23,0 121,1 18,909,0 73,2 10,189,0 88,3 7,5 70,1 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 18,716,0 72,4 11,813,0 102,4 7,6 | 11,4 96,6 183,397,0 119,8 - 11,0 57,9 17,366,0 69,1 12,425,0 10,7,7 7,1 |
| Target 2: Easure aniversal access to reproductive health medical services by 2015 2. Terrager beth rate (live briths for mollers agod 15-18 per 1,600 do inhabitants in the ago group) 3. Access to presented care (live brith with presented control, at least one visit to doctor) 4. Access to presented care (live brith with presented control, at least one visit to doctor) 4. Target 1: Hait by 2015 the spread of HIV/AIDS and reverse current trends 1.11W/AIDS presentesce amongs the 15-24 (HIV/AIDS amongst the 15-24 years of ago) 5. Target 2: Hait by 2015 malaria and other diseases 1.12 arget 2: Hait by 2015 malaria and other severe diseases and reverse current trends 1.13 the modence of malaria (number of new cases) 5. Date year -100 4.1 The modence of submodulous (number of new cases) 5. Date year -100 4.2 Fevralence of submodulous (number of new cases) 6. Date year -100 4.3 Toberoclosus montality rate 6. Date year -100 5. Proposition of new cases of submodulous detected and cand under dress observation (DOTS) 6. Date year -100 | 11,8 100,0 153,085,0 100,0 100,0 100,0 100,0 19,0 100,0 25,847,0 100,0 10,7 100,0 80,0 | 10,8 91,5 158,335,0 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 11,540,0 100,0 10,7 100,0 72,0 90,0 | 11.3 95,8 161.302,0 105,4 105,4 284,0 70,5 16.0 84,2 24.734,0 95,7 12.029,0 104,2 10,3 96,3 70,0 | 11.8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 25,025,0 96,8 11,665,0 101,1 9,6 89,7 76,0 | 11.8 100,0 177,175,0 115,7 115,7 173,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 100,7 8,3 77,6 82,0 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 96,1 7,9 73,8 79,0 | 12.2 103,4 180.299.0 117,8 151,0 37,5 23,0 121,1 18.909.0 73,2 10.189,0 88,3 7,5 70,1 85,0 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 118,716,0 72,4 11,813,0 102,4 7,6 71,0 | 11,4 96,6 1183,397,0 119,8 |
| Target 2: Ensure universal access to reproductive health medical services by 2015 2. Teerager beth rate (thre beths for moders agod 15-18 per 1,000 de inhabitants in the age group) 3. Access to prenated care (thre beths with prenated control, at least one visit to doctors) Base year *100 Goal 6: Combat HIV/AIDS, malaria and other diseases Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends 1. HIV/AIDS procedures amongs the 15-24 (HIV/AIDS and reverse current trends 1. HIV/AIDS procedures amongs the 15-24 (HIV/AIDS and reverse current trends 1. Target 3: Halt by 2015 malaria and other severe diseases and reverse current trends 1. The incidence of multist (number of new cases) 4.1 The incidence of nubreadous (number of new cases) 4.2 Pervalence of subreadous (unimber of new cases) base year *100 4.3 Tubercodous montality rate 5. Proportion of new cases of subreadous detected and cared under direct observation (DOIS) base year *100 Goal 7: Ensure environmental sustainability Target 1: Integrate sustainable development principles in national policies and programmes and reverse current trends base year *100 Goal 7: Ensure environmental sustainability | 11,8 100,0 153,085,0 100,0 100,0 100,0 100,0 19,0 100,0 25,847,0 100,0 10,7 100,0 80,0 | 10,8 91,5 158,335,0 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 11,540,0 100,0 10,7 100,0 72,0 90,0 | 11.3 95,8 161.302,0 105,4 105,4 284,0 70,5 16.0 84,2 24.734,0 95,7 12.029,0 104,2 10,3 96,3 70,0 | 11.8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 25,025,0 96,8 11,665,0 101,1 9,6 89,7 76,0 | 11.8 100,0 177,175,0 115,7 115,7 173,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 100,7 8,3 77,6 82,0 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 96,1 7,9 73,8 79,0 | 12.2 103,4 180.299.0 117,8 151,0 37,5 23,0 121,1 18.909.0 73,2 10.189,0 88,3 7,5 70,1 85,0 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 118,716,0 72,4 11,813,0 102,4 7,6 71,0 | 11,4 96,6 1183,397,0 119,8 |
| Target 2: Ensure universal neces to reproductive health medical services by 2015 2: Teerager beth rate (five briths for moders agod 15-18 per 1,000 de inhabitants in the age group) 3: Access to permutel care (five brith with presistal control, of least one visit to dector) 4: Access to permutel care (five brith with presistal control, of least one visit to dector) 5: Goal 6: Combat HI V/AIDS, malaria and other diseases Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends 1:HV/AIDS providence amongs the 15-24 (HIV/AIDS and reverse current trends 1:HV and providence of malaria (number of least cases) Target 3: Halt by 2015 malaria and other severe diseases and reverse current trends 1:The medicac of nubroclosis (number of new cases) All The medicac of indorcolosis (males of new cases) 2: Prevalence of indorcolosis (total number of persons registered with TIRC) 4:2 Prevalence of indorcolosis (total number of persons registered with TIRC) 4:3 Tederoclosis montality rate 5: Proportion of new cases of indorcolosis detected and cand under direct observation (DOTS) Coal 7: Ensure convironmental sustainability | 11,8 100,0 153,085,0 100,0 100,0 100,0 100,0 19,0 100,0 25,847,0 100,0 10,7 100,0 80,0 | 10,8 91,5 158,335,0 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 11,540,0 100,0 10,7 100,0 72,0 90,0 | 11.3 95,8 161.302,0 105,4 105,4 284,0 70,5 16.0 84,2 24.734,0 95,7 12.029,0 104,2 10,3 96,3 70,0 | 11.8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 250,20,0 96,8 11,665,0 101,1 9,6 89,7 76,0 95,0 | 11.8 100,0 177,175,0 115,7 115,7 173,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 100,7 8,3 77,6 82,0 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 96,1 7,9 73,8 79,0 | 12.2 103,4 180.299.0 117,8 151,0 37,5 23,0 121,1 18.909.0 73,2 10.189,0 88,3 7,5 70,1 85,0 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 118,716,0 72,4 11,813,0 102,4 7,6 71,0 | 11,4 96,6 1183,397,0 1119,8 |
| Target 2: Ensure universal access to reproductive health medical services by 2015 2: Teerager beth rate (the buths for mediens agod 15-18 per 1,000 de inhabitants in the age group) 3: Access to prematel care (the buths for mediens agod 15-18 per 1,000 de inhabitants in the age group) 3: Access to prematel care (the buths with prenated control, at least one vint to doubte) 4: Deal of: Combat HIV/AIDS, malaria and other diseases Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends 1: HiV/AIDS providence amongs the 15-24 (HIV/AIDS and reverse current trends 1: Hiv ages providence amongs the 15-24 (HIV/AIDS and reverse current trends 1: The necdence of nulative (number of new cases) 4: The necdence of nulative (number of new cases) 4: The necdence of tuberculosis (number of new cases) 4: Prevalence of tuberculosis (total number of persons registered with TBC) base year -100 4: The necdence of tuberculosis (total number of persons registered with TBC) base year -100 5: Proportion of new cases of tuberculosis detected and cared under direct observation (DOIS) base year -100 Goal 7: Ensure environmental sustainability Target 1: Integrate sustainable development principles in national policies and programmes and reverse current trents | 11.8 100,0 153,085,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 | 10,8 91,5 158,335,0 103,4 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 11,540,0 10,7 100,0 72,0 90,0 | 11.3 95.8 161.302.0 105.4 284.0 70,5 16,0 84.2 24.734.0 95.7 12.029.0 104.2 10,3 70,0 87.5 | 11.8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 25,026,0 96,8 11,665,0 101,1 9,6 89,7 76,0 95,0 | 11,8 100,0 177,175,0 115,7 115,7 115,7 115,7 115,7 115,7 115,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 10,7 8,3 77,6 82,0 102,5 | 12.2 103,4 173,706,0 113,5 160.0 39,7 16,0 84.2 20,371,0 78,8 11,089,0 96,1 7,9 73,8 79,0 98,8 | 12.2 103,4 180,299,0 117,8 151,0 37,5 23,0 121,1 18,909,0 73,2 10,189,0 75,2 10,189,0 76,3 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 18,716,0 72,4 11,813,0 102,4 7,6 | 11,4 96,6 183,397,0 119,8 119,8 11,0 57,9 17,866,0 69,1 12,425,0 107,7 7,1 66,4 |
| Target 2: Ensure universal neces to reproductive health medical services by \$415 2: Teerager beth rate (the boths for medien agod 15-18 per 1,000 de inhabitants in the age group) 3: Acces to prenated care (the boths with prenated controot, at least one vint to doctor) base year *160 Goal 6: Combat HIV/AIDS, mularria and other diseases Target 1: Hatch by 2015 the spread of HIV/AIDS and reverse current trends 1:HIV/AIDS providence amongst the 15-24 (HIV-AIDS anongst the 15-24 years of age) base year *160 Target 3: Halt by 2015 malarria and other severe diseases and reverse current trends 1:The medience of malaria (number of new cases) base year *160 4:1 The medience of radocuclosis (number of new cases) base year *160 4:2 Prevalence of subsectations (number of new cases) base year *160 4:3 Tobsectation montality rate base year *160 5: Proportion of new cases of subsectations detected and cared under direct observation (DOTS) Coal 7: Ensure environmental sustainability Target 1: Integrate sustainable development principles in national policies and programmes and reverse current trends 1: Proportion of land area covered by forests | 11.8 100,0 153,085,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 100,0 | 10.8 91.5 11.8.335.0 103.4 103.4 103.4 103.4 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10 | 11.3 95,8 161.302.0 105.4 105.4 284,0 70.5 16.0 84.2 24.734,0 95,7 12.039,0 104.2 10.3 96,3 70,0 87,5 | 11.8 100,0 159,265,0 104,0 226,0 56,1 9,0 47,4 250,20,0 96,8 11,665,0 101,1 9,6 89,7 76,0 95,0 | 11.8 100,0 177,175,0 115,7 115,7 115,7 118,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 100,7 8,3 77,6 82,0 102,5 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84.2 20,371,0 78,8 11,089,0 96,1 7,9 73,8 79,0 98,8 | 12.2 103,4 180,299,0 117,8 151,0 37,5 23,0 121,1 18,999,0 73,2 10,189,0 88,3 7,5 70,1 85,0 106,3 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 11,817,6,0 72,4 11,813,0 102,4 7,6 71,0 | 11,4 96,6 1183,397,0 119,8 |
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| Target 2: Ensure universal necess to reproductive health medical services by 2015 2: Teerager Swith rate: (two briefs for mediens aged 15-18 per 1,000 de inhabitants in the age group) 3: Access to premated care: (two briefs for mediens aged 15-18 per 1,000 de inhabitants in the age group) 4: Access to premated care: (two briefs with premated control, at least one vint to decient) 4: Target 1: Halt by 2015 the spread of HIV/AIDS and reverse current trends 1: HIV/AIDS, prevalence amongs the 15-24 (HIV/AIDS amongst the 15-24 years of age) **Target 3: Halt by 2015 malaria and other severe diseases and reverse current trends 1: The medience of malaria (number of new cases) **Target 3: Halt by 2015 malaria and other severe diseases and reverse current trends 4: The medience of tarbeteckois (number of new cases) **Disease year - 100 4: The medience of tarbeteckois (total number of persons registered with TBC) **Disease year - 100 4: The predience of tarbeteckois (total number of persons registered with TBC) **Disease year - 100 4: The production of new cases of inherenchois detected and cured under direct observation (DOTS) **Disease year - 100 **Disease year | 11.8 100.0 153.085,0 100.0 100.0 100.0 19.0 100.0 25.847,0 100.0 10.7 100.0 80.0 100.0 26.1 100.0 4.5 | 10,8 91,5 118,8,335,0 103,4 318,0 78,9 10,0 52,6 26,640,0 103,1 11,540,0 100,0 72,0 90,0 26,2 100,2 4,9 | 11.3 95.8 161.302.0 105.4 284.0 70.5 16.0 84.2 24.734.0 95.7 12.029.0 104.2 10.3 96.3 70.0 87.5 | 11.8 100.0 159.265,0 104.0 226.0 56,1 9.0 47.4 25.026,0 96.8 11.665,0 101.1 9,6 89,7 76,0 95.0 26,1 100,0 5,2 115,6 | 11,8 100,0 177,175,0 177,175,0 115,7 115,7 115,7 18,0 42,9 18,0 94,7 22,348,0 86,5 11,620,0 100,7 8,3 77,6 82,0 102,5 26,2 100,2 4,9 108,9 | 12.2 103,4 173,706,0 113,5 160,0 39,7 16,0 84,2 20,371,0 78,8 11,089,0 96,1 7,9 73,8 79,0 98,8 100,8 5,1 113,3 | 12.2 103,4 180,299,0 117,8 151,0 37,5 23,0 121,1 18,909,0 73,2 10,189,0 88,3 7,5 70,1 85,0 106,3 26,5 101,5 5,1 113,3 | 16,1 136,4 186,994,0 122,2 182,0 45,2 13,0 68,4 18,716,0 72,4 11,813,0 102,4 7,6 71,0 | 11,4 96,6 183,397,0 119,8 119,8 111,0 57,9 17,866,0 69,1 12,425,0 107,7 7,1 66,4 101,8 65,8 112,3 |
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