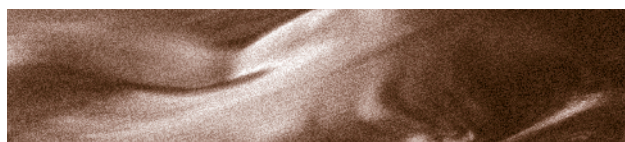




Millennium
Development
Goals Reducing Poverty
and Social Exclusion



Slovenia

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This report is the result of collective efforts of groups of stakeholders who came together and adapted the Millennium Development Goals to the Slovenian context and set specific targets and indicators to measure the progress for achievement by 2015. The report could not be prepared without the valuable inputs of numerous organizations and individuals.

The authors would like to thank in particular the Minister of Labour and Social Affairs, dr. Vlado Dimovski; the Minister of Health, dr. Dušan Keber; the Minister of environment and energy, Mag. Janez Kopač; Mrs. Lidija Apohal Vučkovič and Mr. Saši Stikoviču from the Ministry for Labour and Social Affairs; dr. Tine Stanovnik from the Institute for economic research; dr. Janez Šuštaršič and his co-workers from the Institute for macroeconomic analyses and development; the Institute for health protection, in particular Mrs. Barbara Mihevc; the Agency for environment, the Equal opportunities office and the Statistical office of the Republic of Slovenia.

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FOREWORD

At the Millennium Summit in September 2000, the member states of the United Nations reaffirmed their commitment to work toward a world in which sustaining development and eliminating poverty would have the highest priorities. The Millennium Development Goals are based on the agreements and resolutions of UN-organized and sponsored world conferences during the previous decade. The MDGs have been agreed upon by UN member governments as the commonly accepted framework for measuring development progress.

The goals focus the world community's attention on achieving significant, measurable improvements in people's lives. They establish benchmarks for measuring results, not just for developing countries, but also for rich countries – to help them fund development programmes – and for the multilateral institutions that help countries implement them. The first seven goals are mutually reinforcing and are directed at reducing poverty in all its forms. The last goal – global partnerships for development – is about the means to achieve the first seven.

This baseline report is part of a first attempt to assess the progress of four countries – the Czech Republic, Hungary, Slovakia, and Slovenia – in achieving the Millennium Development Goals at the national level. It does so by focusing on the linkages between global targets and national priorities – in this case, in Slovenia. The report seeks to raise public awareness about the Millennium initiative, renew political commitment to poverty reduction, and to focus attention on specific development issues.

As new member states in the European Union (EU), these countries enjoy unique opportunities to adapt the targets to their national contexts. Through this process of adaptation, this report provides a nuanced picture of poverty in these countries on the eve of EU accession, and stresses the need for social inclusion policies that are consistent with the EU's Social Charter. The report also emphasises the countries' obligations as members of the developed world to provide development assistance to poorer countries. Wherever possible, the MDG targets in this report have drawn on the reporting framework for EU member states pertaining to issues of access and inequality (particularly the EU's Social Inclusion Agenda), as well as other national policies and frameworks. The depth and length of the report reflect the development level of the countries and the need for thorough analysis of their complex development issues.

This report was prepared by a team of independent authors with substantial support from experts representing statistical and research institutes. The production of the report is supported by the United Nations Development Programme (UNDP) and coordinated by dr. Janez Prašnikar. It is the result of several rounds of national consultation and inputs. Similar reports are being produced in all member states.

As the country's accession to the European Union shows, Slovenia has made significant progress in putting in place policies and institutions for poverty eradication and sustainable development. UNDP hopes that this report will help policy makers in Slovenia to finish the task.

Ben Slay
Director of the UNDP Regional Centre, Bratislava

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List of Abbreviations

- AIDS – Acquired Immune Deficiency Syndrome
- APEL – Accreditation of Prior and Experiential Learning
- CEE – Central and Eastern Europe
- CIS – Commonwealth of Independent States
- EC – European Commission
- EU – European Union
- GDP – Gross Domestic Product
- HDI – Human Development Index
- IALS – International Adult Literacy Survey
- ICT – Information and Communication Technology
- ISCED – International Standard Classification of Education
- JIM – Joint Inclusion Memorandum
- MDGs – Millennium Development Goals
- NAP – National Action Plan
- NGO – Non-Governmental Organisation
- NHDR – National Human Development Report
- NSI – National Statistical Institute
- NUTS – Nomenclature of Territorial Units for Statistics
- OECD – Organisation for Economic Co-operation and Development
- ODA – Official Development Assistance
- PISA – Program for International Student Assessment
- PPP\$ – Purchasing Power Parity (expressed in US dollars)
- PRSP – Poverty Reduction Strategy Paper
- RBEC – Regional Bureau for Europe and the CIS of the United Nations Development Programme
- SMEs – Small and Medium Enterprises
- TIMSS – Third International Mathematics and Science Survey
- UN – United Nations
- UNDP – United Nations Development Programme
- WB – The World Bank

INTRODUCTION

At the Millennium Summit in September 2000, the United Nations adopted the Millennium declaration. In this forum, eight specific Millennium Development Goals (MDGs) were identified for worldwide adoption. Targets for the period 1990–2015 accompany the goals to make progress measurable.

The eight MDGs are:

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

The Goals are set globally, and each individual country can adapt the targets to their own individual circumstances. In many respects, Slovenia is a developed country and has as such already achieved many of the globally set goals. For example, extreme poverty and hunger are almost non-existent in Slovenia, except for some small specific population

groups, such as the homeless. Health care for mothers and children is excellent and could be set as a best practice. The specific goals for Slovenia should be, therefore, set mainly in the light of joining the European Union.

The fight against poverty should be first the fight against relative poverty and social exclusion. Special attention should be dedicated to reducing poverty and social exclusion of the most vulnerable groups, such as big families and the unemployed. Slovenia already has several such programs in operation on different levels, which will surely help to achieve the MDGs.

In education, attention should be dedicated to achieving higher levels of education and better quality of the school system, with the ultimate goal of enhancing opportunities for all to complete the education process. Through reforms in the school system and social policy that provides access to education to all who desire it, Slovenia is well on track towards achieving this goal. In the fields of health and the environment, Slovenia's goals should be at least to maintain the existing high standard of achievement.

For each of the goals, specific targets and indicators are selected to help monitor progress. The adjustment of goals and the preparation of this report was done in collaboration with all interested governmental and non-government

Table A:

Macroeconomic indicators

	1995	1996	1997	1998	1999	2000	2001	2002
GDP, in millions of EUROS	14,507	15,381	16,415	18,115	19,460	19,964	21,406	22,450
GDP real growth rate (%)	4.1	3.5	4.6	3.8	5.2	4.6	2.9	3.2
GDP as % of mean GDP in the EU (PPP)	68.0	69.5	71.4	72.8	71.7	70.1	72.1	73.6
Inflation (consumer price growth in %)	13.4	9.9	8.3	7.9	6.1	8.9	8.4	7.5
Current account balance (% GDP)	-0.66	0.44	0.34	-0.76	-3.6	-2.55	0.13	1.7
Budget deficit (%)		0.3	-1.2	-0.8	-0.6	-1.4	-1.3	-3
Gross debt (% GDP)	17.7	21.5	22.0	22.5	23.3	24.0	25.9	27.0
Unemployment (% ILO)		7.3	7.4	7.9	7.6	7.0	6.4	6.4

Source: Statistical office of the Republic of Slovenia (SORS) – Statistical yearbook, Eurostat – Structural indicators.

organizations and with the extensive support of the UNDP regional centre in Bratislava. The Slovenian part of the regional report is also the result of this cooperation. The achievement of goals will be monitored until 2015. Between now and then, indicators may be changed, dropped or added.

MACROECONOMIC BACKGROUND

After the declaration of independence and the subsequent drop in GDP at the beginning of the 1990s, the Slovenian economy quickly adjusted to the new situation. Slovenia relatively quickly (by 1995) regained the level of GDP it had had before the transition in 1990. By 1998, it had regained the level of 1987 – at the time Slovenia was still part of Yugoslavia – just before it began to fall.¹ At the beginning of the third millennium, Slovenia remains, along with Poland, Hungary, Slovakia and Albania, one of the few countries in the region that had a higher level of GDP in 2000 than in 1989. Slovenia's GDP is also catching up to the EU countries – reaching almost 74 percent of the average GDP in the EU in 2002 according to purchasing power parity (PPP). This is the highest among the accession countries (Cyprus is similar) and above the levels of existing member states Greece and Portugal.

After the initial drop, GDP began to rise again in 1993. In 1994, Slovenia experienced its highest growth of GDP (5.4 percent), which is a direct result of successful economic restructuring and favourable global economic trends. After that economic growth slowed somewhat, but the average growth in the period 1994–2002 was still above 4.1 percent, on average 1.9 percentage points higher than growth in the EU during this time. If this rate continues, Slovenia would reach 94 percent of EU-15 GDP per capita by 2015, and achieve

full parity with the EU-15 countries by the year 2019. To reach that average by the target year 2015, it would have to grow on average 2.4 percentage points faster.

Until 1999, Slovenia's current account balance was below one percent. In 1999, it was unbalanced, as imports grew because of expectations regarding a new value-added tax, and export growth slowed because of lower world demand. In the following year, the deficit persisted, whereas the years 2001 and 2002 again saw a positive balance in the current account.

Slovenia is a small and open economy (both imports and exports account for more than 50 percent of GDP), and is therefore very sensitive to external economic conditions and developments in partner states, especially the EU countries. The slow-down in economic growth in the years 1996–1999 is thus a consequence of the slow growth in the EU. Furthermore, the slow-down in 1998 was connected to the Russian crisis, whereas the reasons for slower growth in 2001 and 2002 again lie in the worsening international economic situation.

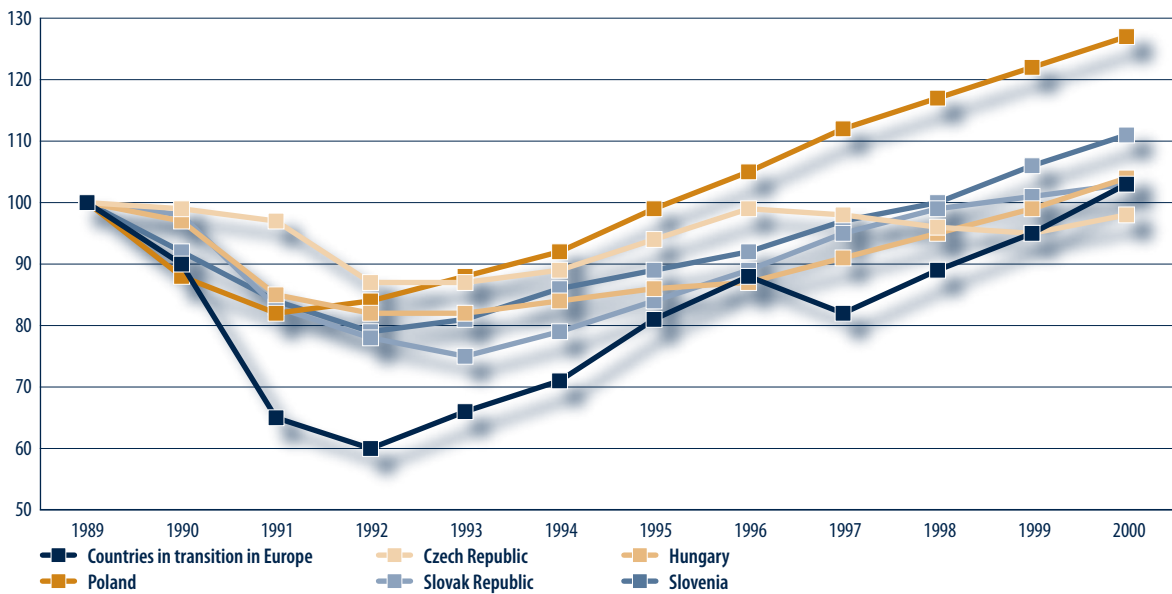
The main generator of growth in Slovenia has been external demand, and the country managed to maintain a balance in public finance until 1997. In that year, a budgetary deficit appears due, on one hand, to lost income tariffs and, on the other hand, to higher pressure on payments and social transfers. Despite this, the deficit in public finance remains low, and was between 0.6 and 2.8 percent between 1997 and 2002.

The main macroeconomic problem for Slovenia is inflation. After a relatively fast drop from three-digit inflation to single-digit in the period 1992–1995, inflation persisted on a relatively high level of around 8 percent. Until 1999, inflation was dropping slowly, but this trend was interrupted by the introduction of the value-added tax and the rise in world prices of basic commodities. In the years

¹ UNDP, Human Development Report, UNDP, 2003.

Figure A:

GDP index for selected countries, 1989–2000, 1989=100



Source: Knoll, 2002.

2001 and 2002, inflation remained relatively high, but showed signs of dropping enough to fall within the Maastricht criteria by the year 2005.

The period of transition in the beginning of the 1990s also saw an increase in the number of unemployed. Positive trends in the field of employment are only shown from 1999 onwards. The drop in employment and subsequent slow growth are a consequence of intensive restructuring, especially in manufacturing industries, whereas the employment in services grew steadily. The registered unemployment was between 14

and 14.5 percent until 1999, whereas the ILO definition only shows 7 to 8 percent unemployment.

Slovenia is late in the restructuring of its business and financial sectors as well as in the reform of public administration. The state is still very present in the economy. The share of private property grew in the 1992–2000 period from 30 to 65 percent; however, with 35 percent ownership, the Slovenian state leads European countries.² Reforms in public administrations are slow and costs are increasing because of the growth in payments and employment in the public sector.

² European Bank for Reconstruction and Development (EBRD), 2002.

Eradicate Extreme Poverty and Hunger

1 Goal

Target 1: Halve the share of population living below the poverty line

In the period 1997–1999, 13.8 percent of the population lived below the poverty line. The main factors of poverty are unemployment, low income and age.

Target 2: Reduce regional differences

In the western and central part of Slovenia, the share of poor people (entitled to social support) is below average, whereas in the east this share is above average.

GOAL 1: Eradicate Extreme Poverty and Hunger

Targets:

- Halve the share of population living below the poverty line
- Reduce regional differences

Table 1.1:

Selected indicators for Goal 1

	1993	1997/99	2015
Poverty rate ¹	13.0	13.8	7.0
Regional difference ²	58.6	54.2	70

¹ Share of population living below 60 percent of median equivalent income.

² GDP in the poorest region as a percentage of the GDP in the richest region.

STATUS AND TRENDS

Like most of the countries in the region, Slovenia went through a process of transition that negatively affected its social situation. The sole, most influential factor was growing unemployment. Registered unemployment rose almost threefold in the first half of the 1990s, from 4.7 percent in 1990 to 14.5 percent

in 1993 and began to drop slowly afterwards (cf. Figure 1.1). The increase in unemployment was reflected in a drop in household income and an increasing risk of poverty.

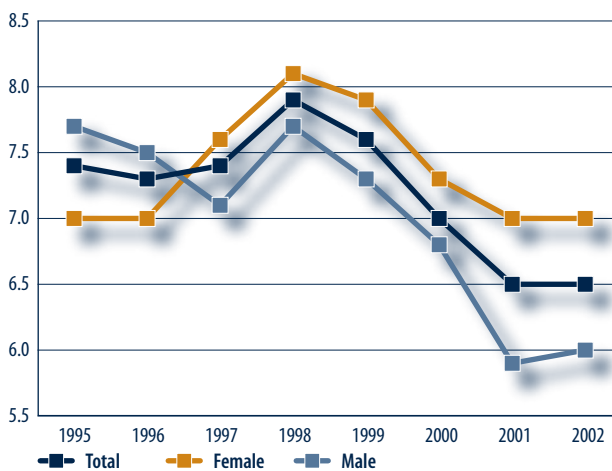
Absolute poverty

In Slovenia, absolute poverty is – with the exception of some special groups of people, such as the homeless – not a serious issue. Those entitled to social support come closest to the definition of poor. Social support is aimed at allowing a minimum life standard to those whose income is below a certain minimum. The minimum monthly income thresholds entitling one to social support as of 1 February 2003 are as follows:

- single person and the head of the household: 43,520 SIT (USD 212)
- other adults in the household: 30,460 SIT (USD 149)
- child: 13,050 SIT (USD 63)
- extra for single-parent households³: 13,070 SIT (USD 63)⁴

Figure 1.1:

Unemployment during the period 1995–2002 (ILO methodology, in percent)



Source: Institute for macroeconomic analyses and development (IMAD).

Households whose income does not exceed the threshold set, are entitled to social support. The social support is paid in the full amount to claimants without other income and in an amount sufficient to bring to the minimum those with other income. In this report we consider the number of people living below the minimum income threshold (approximately 7 \$ per day) as absolutely poor.

The statistical data on social support has been regularly collected since September 1999. Since then, the number of rightful claimants to social support rose such that in August 2003, 4 percent of the population was entitled to social support. We can see from Figure 1.2

³ If a household is a single parent one, the threshold is raised by this amount.

⁴ Source: Ministry of Labour and Social Affairs (MDDSZ), 2003.

that there are huge differences between regions. In the western and central part of the country, the share of poor people (entitled to social support) is below average, whereas in the east this share is above average. In Prekmurska region, the eastern-most region, where the share of poor population is the highest, the proportion is more than twice that of the western region of Goriška, which has the lowest share.

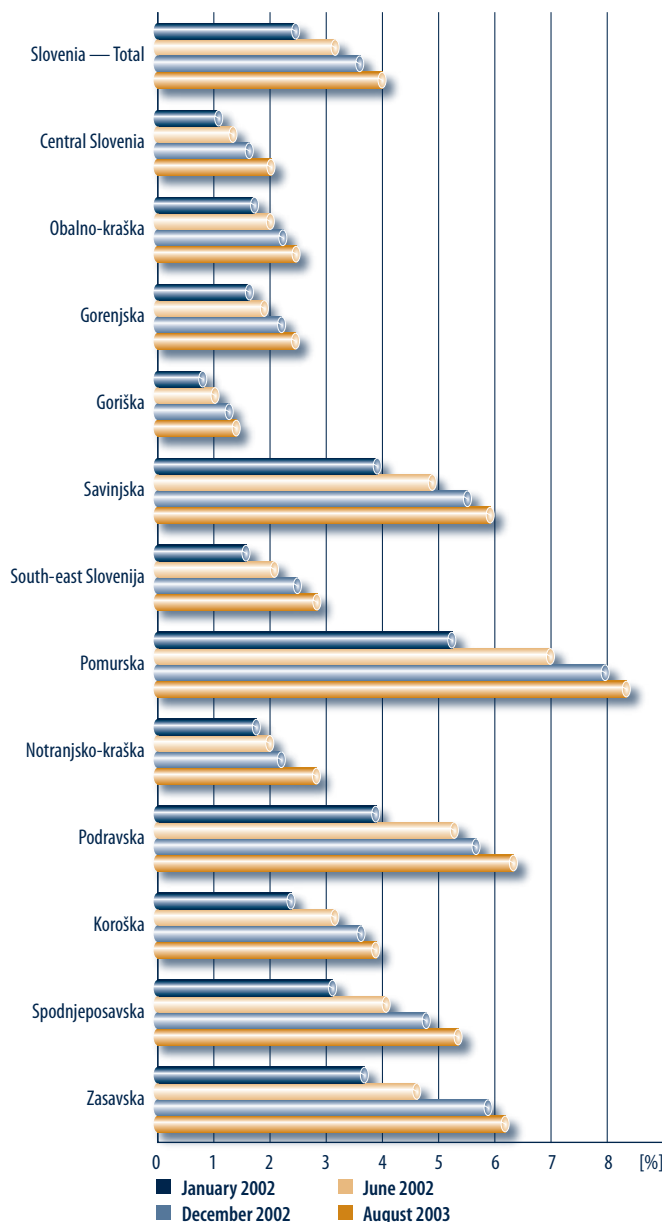
If looking at the structure of the population entitled to social support, half (51 percent) are men and 96 percent are between 18 and 49 years-old. Just below 4 percent of the group as a whole have tertiary education and 45 percent have secondary education. The vast majority of the claimants are unemployed, but their share drops slightly over the period from 90 to 87 percent. By contrast, the share of claimants who are currently attending an educational institution is rising. For nearly 70 percent of claimants, social support represents the only income, whereas those with some other income receive the latter as a result of land ownership or alimony.⁵

Relative poverty and social exclusion

According to data from the Statistical office of the Republic of Slovenia (SORS), in the period 1997–1999, 13.8 percent of the population lived below the poverty line⁶. This means that there were a total of approximately 265 low-income people living in 101.7 households. Poor households had on average 40.57 SIT (Euro 215 or USD 252) of equivalent income per person per month, indicating the poverty gap of 25.8 percent.⁷ Data shows that whereas the share of poor population increased with respect to 1993 (when the figure was 13 percent), the number of poor households dropped. This shows

Figure 1.2:

Share of people entitled to social support, as a percentage of the population, by region



Source: Ministry of Labour and Social Affairs (MDDSZ), December, 2003.

⁵ MDDSZ, 2003.

⁶ The poverty line represents, according to Eurostat methodology, 60 percent of the median (with respect to population) equivalent income. In Slovenia, this was 54.71 SIT (Euro 290 or USD 340) per person per month (SORS, 2003) in 1998.

⁷ The poverty gap describes the depth of poverty, or, how poor the poor are. It is measured as the difference between the average income of poor households and the poverty line.

Table 1.2:

Income by income deciles

Income deciles	1993	1997–1999	Difference
1	3.5	3.6	0.1
2	5.5	5.8	0.3
3	6.5	6.5	0
4	7.7	8.1	0.4
5	8.8	9.6	0.8
6	9.2	10.2	1
7	10.4	11.3	0.9
8	12.2	12.1	–0.1
9	14.9	13.6	–1.3
10	21.4	19.3	–2.1

Source: Stropnik and Stanovnik, 2002.

a shift in the structure of poor households with the average number of members per household increasing.

The last, in-depth analysis of poverty was published by SORS in 2001 for the 1997–1999 period, but it was based on the old methodology⁸. According to this analysis, households with the greatest risk of poverty are:

- people living in single-person households, especially people above the age of 65;
- older couples and single-parent families;
- people with low education;
- households, whose main source of income are pensions and other social transfers; and
- households in not-for-profit dwellings.

The household structure of poverty is similar in the 1997–1999 period, to the year 1993. The main factors of poverty are unemployment, low income and age. A serious drawback of this analysis is that it is based on consumption instead of income. Thus, it overestimates the poverty of elderly households in particular, as shown by an alternative study by Stropnik and Stanovnik, 2002. This research also shows that in the period 1983–1993, income inequality

sharply increased and then started decreasing in 1999 (cf. table 1.2). Income in middle class households increased and incomes of higher classes decreased, whereas the incomes of lower classes remained more or less unchanged.

Even though the data on relative poverty is not available by region (NUTS III), we can deduce the regional differences from other factors. There is greater unemployment in some regions, mainly in the (north) east of the country. Consequently, GDP per capita in these regions is lower, on average about 20 percent lower than the national average (cf. Figure 1.3). In the period 1997–1999, the regional differences increased further.

If Slovenia is compared to other countries, the data show that Slovenia has, among present and future members of the EU, one of the lowest poverty rates, both before and after transfers, second only to Sweden. A more worrisome fact is that the persistent unemployment rate has risen to the European average level, which could bring problems in the future.

POLICIES FOR GOAL ACHIEVEMENT

In February 2000, Slovenia adopted the 'Program of fight against poverty and social exclusion', including goals that are strongly in line with the MDGs. This section, therefore, draws strongly on the policy suggestions in that program.

Policies on the labour market and employment

Unemployment is one of the key factors of poverty and social exclusion, so the fight against it must be a strong part of any fight

⁸ According to the old methodology, the poverty line is defined as 50 percent (instead of 60) of the mean (as opposed to median) equivalent consumption (as opposed to income). Measured by this methodology, the poverty rate in Slovenia dropped between 1993 and 1999 from 13.6 to 11.2 percent.

against poverty. Slovenian employment policy is particularly active in the following fields:

- education and qualification – the unemployed are given the opportunity to enter programs of education and qualification that improve their chances of getting a job. This program is aimed mainly at unemployed youth and long-term unemployed;
- subsidized employment, which is meant to secure durable forms of employment for persons in public work programs; and
- professional rehabilitation and education of the disabled.

Payment policies

As the vast majority gains social security based on income from work, the payment policy represents a crucial part of securing social inclusion. Payments are based on the 'Minimum payment act', which is regularly amended, and is also the foundation for other social transfers.

Pension and invalid security

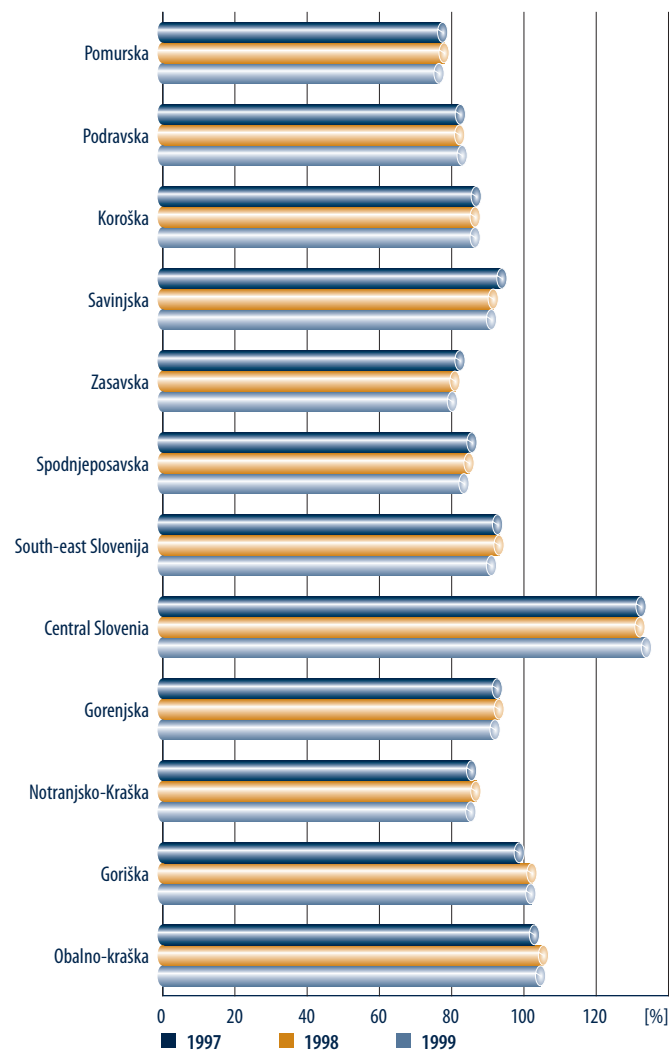
In the field of pension and invalid security, the state takes care of those who are, because of old age or other reasons, permanently unable to work. The state secures them a minimal pension, which is based on minimal pay. The state also provides a pension to people older than age 65 who have no other income. A provision in the law also provides for those who are widowed, and were supported by the late partner.

Family policy

Large families are at a greater risk of poverty, and it is this risk that should be lowered by a family policy. This, among other things, prescribes maternal and parental leave and children's allowances for families with children. It also provides for the care of

Figure 1.3:

GDP per capita by region as a percentage of the national rate



Source: SORS – Statistical yearbook 1996–2003.

children with special needs, financial help at the time of birth, allowances for large families and for those parents who temporarily leave work to take care of children.

Housing policy

Housing policy is aimed at securing the housing of all but the richest part of the population. For the lower income strata of the population, publicly-subsidized rental housing is foreseen, whereas the medium income strata are helped in buying appropriate housing through a special national savings scheme.

Other policies

Among other policies aimed at reducing poverty and social exclusion, we should mention in particular:

- Care for activities concerning social welfare;
- Free legal help;
- Changes in income tax aimed at lowering the burden on low-income populations; and
- Equal opportunities for the disabled.

Achieve Universal Primary Education

2 Goal

Target 1: Increase the completion rate in primary and secondary education

Drop-out rates is one of the key questions in professional, secondary education in Slovenia. According to the latest available data, 13 percent of students drop out of secondary school.

Target 2: Increase permanent adult education

Out of more than 280,000 participants in adult education (33,000 more than the year before), 73 percent successfully finished the courses. The rise in 2000–2001 is mainly a result of active employment policy that supports the education of the unemployed.

GOAL 2: *Achieve Universal Primary Education*

Targets:

- Increase the completion rate in primary and secondary education
- Increase permanent adult education

Table 2.1:

Selected indicators for Goal 2

	1994	2001	2015
Drop-out rate in primary education	10.4 %	4.4 %	2 %
Completion rate in secondary schools		87 %	95 %
Share of adults in education		13.5 %	15 %

STATUS AND TRENDS

The second goal calls for countries to achieve universal primary education by the year 2015. Slovenia has already achieved this goal, as practically all children of age are included in mandatory eight- (or nine-) year programs of primary education. We have thus adapted Goal 2 to Slovenia's individual circumstances and have focused on increasing the completion rate in primary and secondary education and education of adults.

The literacy rate in Slovenia is very high (99.6%) and among the highest in Europe, even though it is far above 90 percent in most countries. On the other hand, the educational structure of the Slovenian population shows an above- average percentage of people with

only primary education and below average with more.

Pre-school and primary education

The system of pre-school education allows the parent access to and choice of an appropriate institution. In the 2000/01 academic year, 61.6 percent of children were enrolled in pre-school education, of which 5.7 percent attended for free. Enrolment in pre-school is dropping slightly, attributable mainly to earlier entry into school in general because of school reform.

Primary education is carried out in elementary schools, special needs schools and music schools. Primary education of adults takes place in special departments of regular elementary schools and specialized institutions. Mandatory elementary school is free for children, but they still have to pay for materials, such as books. Food and transportation is normally also provided either without cost or with low additional costs.

The 'Act on elementary school reform' provided for a gradual transition from eight- to nine-year elementary school programs starting in 1999. The reform ensures higher standards of education, including additional teachers in the first year or lowering the number of children in a department. It also provides for some subjects to be taught on different levels, based on children's capabilities.

Drop-out rates in elementary school are decreasing slightly. Early school-leavers are mainly those children that finish their mandatory years of education in lower grades and do not continue with education. With school reform and introduction of teaching

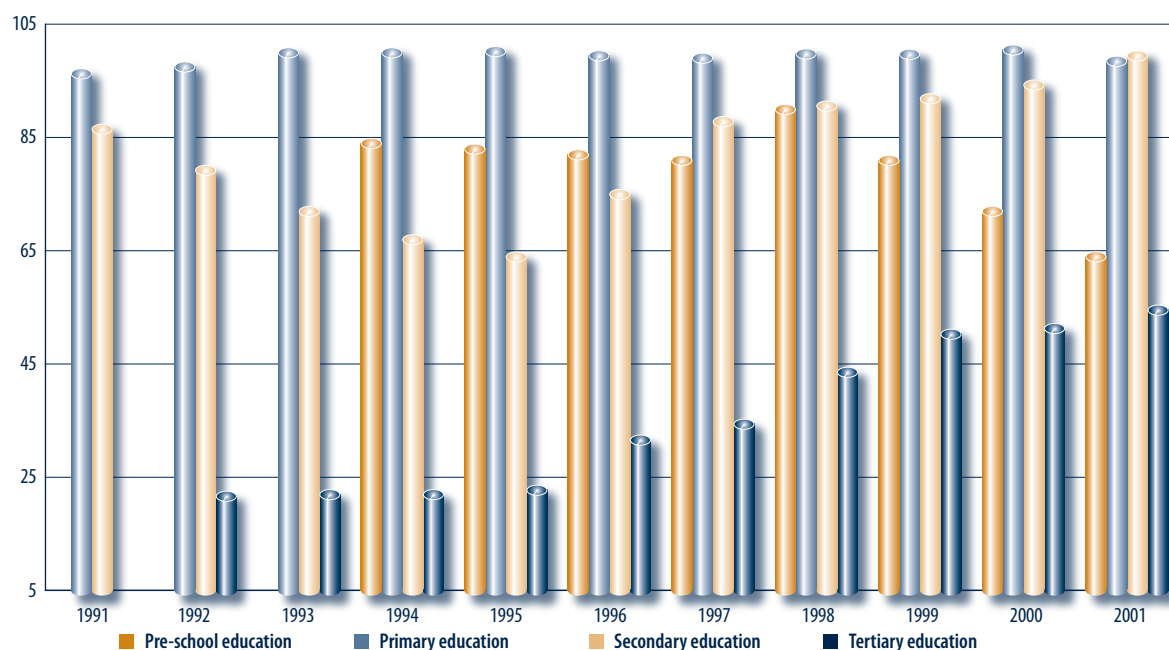
Table 2.2:

Drop-out rate in primary education

School year	Drop-out rate in %
1994/95	10.4
1995/96	9.2
1996/97	9.4
1997/98	8.8
1998/99	6.8
1999/2000	6.8
2000/2001	4.4

Source: MDDSZ, 2002.

Figure 2.1:

Enrolment in educational programs (in percentage)

Source: IMAD.

on different levels⁹ a further increase in the completion rate can be expected, seen already in the academic year 2000–2001.

Secondary education

In secondary education we witness an increase in programs offered, which is important not only to increase the completion rate, but

also for raising the overall level of education. In addition, the introduction of a general examination that allows more people to continue with education on a tertiary level is also important.

Nearly all children who complete elementary school can continue with their studies on the secondary level – in the year 2001–2002

Table 2.3:

Completion rate in secondary education (in percent)

Type of program	Generation 1992–1997			Generation 1993–1998		
	All	Men	Women	All	Men	Women
Lower vocational training	70.6	70.4	71.2	68.1	69.0	65.6
Middle vocational training	81.4	81.3	81.6	83.4	82.1	85.5
Technical education	87.2	86.4	87.8	88.1	86.1	90.0
Grammar school	93.0	92.4	93.4	93.5	93.8	93.3
Total	85.9	84.8	87.3	87.0	85.0	89.2

* Source: Joint Inclusion Memorandum (JIM), statistical appendix table 12

⁹ In grades seven to nine, children (with their parents, upon suggestion of teachers and the school counselor) are placed in one of three difficulty levels for learning mathematics, native language and foreign language. It is expected, that most children will choose intermediate level.

Table 2.4:

Share of adults who completed an education programme

Academic Year	1997/98	1998/99	1999/2000	2000/2001
Total	11.1 %	9.8 %	9.8 %	13.5 %
General and professional education	7.1 %	5.5 %	5.8 %	9.4 %
Driving schools	2.0 %	2.1 %	2.2 %	2.2 %
Languages	2.0 %	2.2 %	1.7 %	1.9 %

Source: SORS, Statistical yearbook.

this share was 99.2 percent. An increase in the enrolment rate can also be attributed to greater availability of dual (3 + 2) programs¹⁰.

Drop-out rates is one of the key questions in professional, secondary education in Slovenia. According to the latest available data (Table 2.3), 13 percent of students drop out of secondary school. This share is, however, decreasing. An analysis by the Employment office shows that most children drop out at the beginning – 40–50 percent in the first and 30 percent in the second year. Unfortunately young people are not monitored after leaving school.

Tertiary education

In tertiary education, there was a sharp increase in enrolment in second half of the 1990s, from around 20 to around 50 percent of the relevant population. The increase is asymmetric by program, as most of it can be attributed to the increase in social sciences. In 2003, Slovenia also established a third university and several new programs at the other two universities. A restructuring of programs has been ongoing for several years already.

Education of adults

Education of adults comprises education and training of those who have already completed

their obligatory schooling and have a wish to broaden their knowledge. Such people do not have official student status. Adult education can be formal or informal, the distinction being that formal adult education results in an acknowledged diploma and informal does not. Driving schools are part of the formal system.

After several years of stagnation the number of adults in training rose sharply, mainly due to an increase in professional education. According to SORS¹¹, in the 2000–2001 academic year, 393 (13 more than the year before) institutions offered 17,733 different courses (120 more than the year before), comprising on average 40 hours. Out of more than 280,000 participants (33,000 more than the year before), 73 percent successfully finished the courses.

Table 2.4 shows the percentage of people (of the population as a whole, aged 18 and over), who finished an education programme with a degree or certificate. The rise in 2000–2001 is mainly a result of active employment policy that supports the education of the unemployed.

Interest in learning languages is slightly dropping, despite the fact that Slovenia is joining the EU. Driving schools are also a part of adult education, enrolment in these schools is more or less constant.

¹⁰ After completing three years of lower vocational training, students may decide to continue their education for another two years to gain the equivalent of either middle vocational or technical education.

¹¹ Statistical yearbook RS 2003, p. 127, Table 6.27 and Statistical yearbook RS 2002, p. 139, table 6.26.

POLICIES FOR GOAL ACHIEVEMENT

The development of education and improving its availability has already been outlined in several official documents, including the 'White book on education in the Republic of Slovenia'¹² and in the 'Program of fight against poverty and social exclusion'. Therefore, only the main proposals of these documents will be outlined here.

Achieve better availability and completion in schools

In elementary schools, the reform lengthening mandatory education to nine years continues and will be completed in the next few years. For better availability of primary education, the state will offer more opportunities for children with special needs, both mental and physical.

In secondary schools, availability is being increased by increasing the number of different programs being offered and their modification, with the aim also to raise the overall educational level of the population. To lower drop-out rates, the Ministry of Labour and Social Affairs has prepared special programs of aid and consultancy, so far however without the desired effect.

Adult Education

In adult education, there are already several programs going on, both under the patronage of the MDDSZ and the Ministry of Science and Education. The MDDSZ, as part of the fight against poverty and social exclusion, finances education of the unemployed and otherwise underprivileged persons. The Ministry of Education monitors and licenses the institutions that offer adult education.

In the field of adult education, Slovenia also adopted the 'Education for life memorandum'.

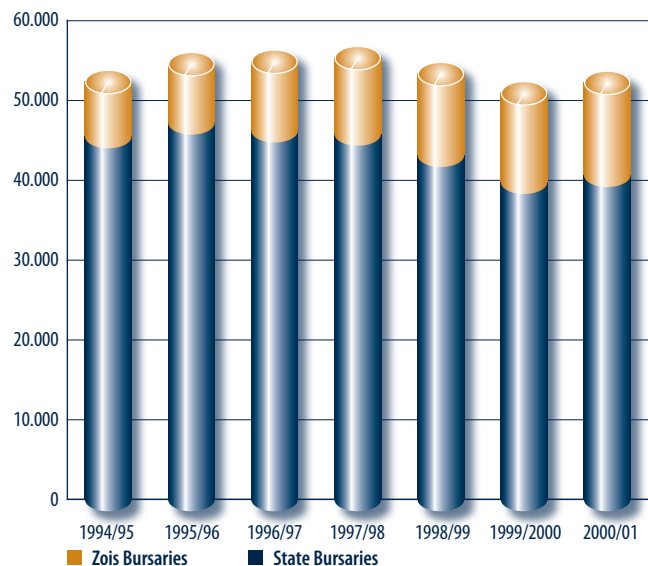
Bursaries and other forms of student aid

Bursaries and other forms of student aid are one of the ways to promote the availability of education. The bursary system has three main forms – private, state and Zois bursaries. State-sponsored social bursaries are intended for students who would otherwise not attend educational institutions because of lack of funds.

In the period 1994 to 2001, the number of state-sponsored social bursaries that are intended fell slightly. Nevertheless, the total amount of bursaries increased in real terms by 27 percent, indicating an increase in the average sum of a bursary. During the 2000–2001 academic year, this sum was

Figure 2.2:

State social and Zois bursaries (SIT)



Source: MDDSZ, 2002.

¹² Ministry of Science and Education, 1995.

23,000 SIT (€ 105) for students in secondary education and 30,000 SIT (€ 135) for students in tertiary education. Moreover, the number of Zois bursaries for gifted children almost doubled with the result that the total number of state-financed bursaries remained roughly the same.

Among other forms of student aid, there also exists subsidization of student living costs, meals and literature funds as well as student loans. Students are also given the possibility to work part-time, which is organized by special organizations with state concessions.

Promote Gender Equality and Empower Women

3 Goal

Target 1: Reduce the gap between men's and women's pay

On average, women's pay remains more than 12 percent below men's. Compared to some other countries, income inequality is low and the recent trends indicate that it is possible to further reduce the differences by the year 2015.

Target 2: Increase the percentage of women in public life

The representation of women in public life, especially in the government is weak. Trends show that the percentage of women visible in public life remains at a consistently low level.

GOAL 3: *Promote Gender Equality and Empower Women*

Targets:

- Reduce the gap between men’s and women’s pay
- Increase the percentage of women in public life

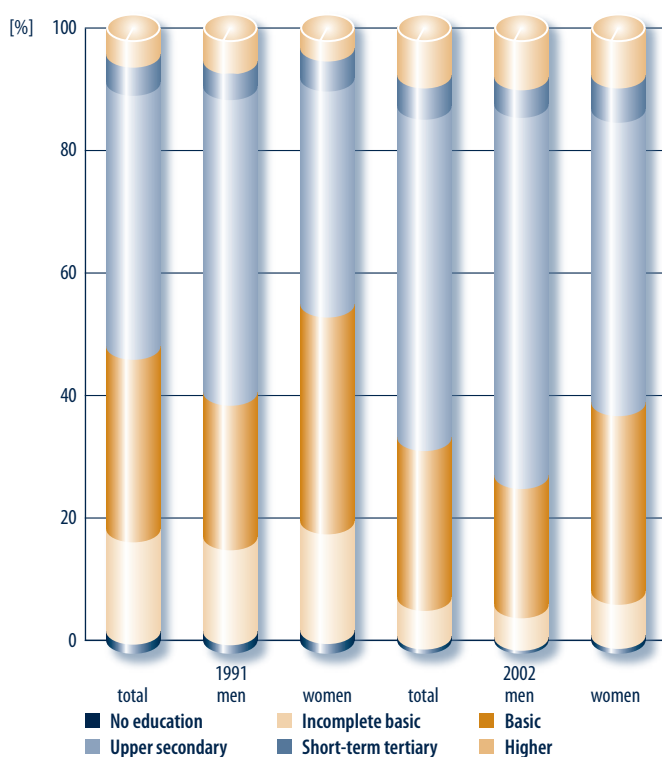
Table 3.1:

Selected indicators for Goal 3

	1994	2000	2015
Women’s pay as a percentage of men’s	84.8	87.8	90
Percentage of women in managerial/administrative positions		30.2	40
Proportion of seats held by women in national parliament	13.3	13.3	30

Figure 3.1:

Population 15+ by sex and education levels



Source: SORS, Census 1991 and 2002.

STATUS AND TRENDS

Goal 3 aims to eliminate gender inequality. Income inequality is relatively low in Slovenia, as the gap between the pays of men and women is around 15 percent and decreasing. Some of the gap may be attributable to the fact that on average women attain a lower level of education as compared to man. The census data in 2002 shows that 38.8 percent of women and 26.9 percent of men had achieved only primary education. This percentage has, however, decreased since 1991 when the same figures were 54.1 and 39.5, respectively. By contrast, there are more women than men with more than a secondary education: 13.3 percent vs. 12.6 percent (a reversal from 1991, when this was 8.2 and 9.7 percent respectively). The prevalent education for both sexes remains (upper) secondary. The trends in education are favourable for women. There are slightly more women in secondary education and more than 30 percent more women than men in tertiary education. Among tertiary

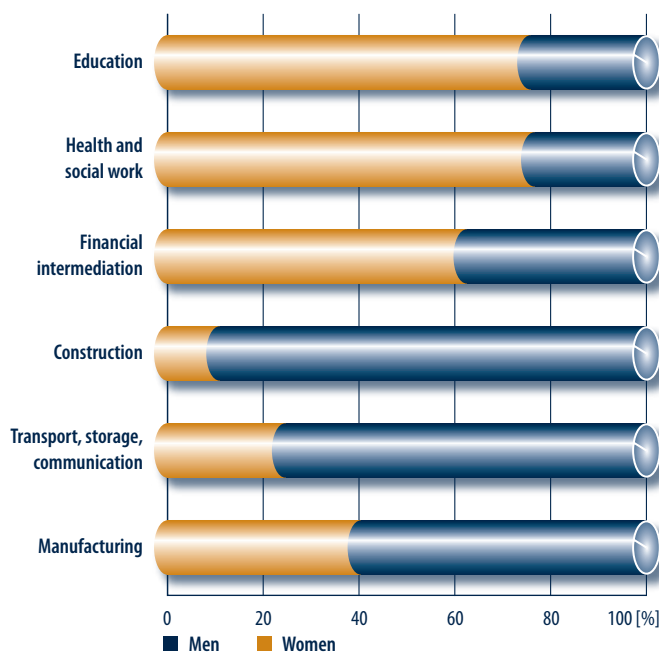
education graduates, women dominate in education and health and welfare, whereas their numbers remain low in engineering and construction, and have decreased in science, mathematics and computing.

The share of active¹³ women is lower than the corresponding figure for men – there are 65 percent active men and only 51 percent active women. Unemployment rates are somewhat higher for women than for men, the gap being around one percentage point (with 7 percent general unemployment). The gender structure by sector remains largely unchanged in the period 1997–2001. In sectors like education, health, social work and – surprisingly – finance, women play a leading role. In certain other sectors, such as construction, the share of women is low. The share of women in administrative and managerial positions is stable at around 30 percent.

The representation of women in political decision-making is, despite the declared inclination of political parties towards women, one of the lowest in Europe and even below the world average. Only 13.3 percent of seats in parliament are held by women while at the local government level the situation is even worse – only 7 percent of mayoral positions are occupied by women. Fortunately, some of the key positions, like the mayor of the capital, are held by women. The situation is somewhat better at the ministerial and sub-ministerial level, where 19.2 percent are women. However, this is largely due to a greater number of women at the sub-ministerial level. That is, the ministers themselves are mainly men (14 out of 17). Some of the reasons for a low number of women in parliament lie in the electoral system and in the relatively small size of the parliament.

Figure 3.2:

Employment structure in selected sectors



Source: SORS, Statistical yearbook 1996–2003.

Progress toward targets

In terms of educational level, women have reached, and in some respects even surpassed, men. Incomes however have not followed the same pattern and income inequality still remains. On average, women's pay remains more than 12 percent below men's. Compared to some other countries, income inequality is low and the recent trends indicate that it is possible to further reduce the differences by the year 2015.

On the other hand, the representation of women in public life, especially in the government is weak. Trends show that the percentage of women visible in public life remains at a consistently low level. Achieving the target of a 40 percent share of women in public life will need a serious commitment of the society.

¹³ A person is deemed active if he or she is either employed, self-employed or unemployed (i.e. not a student, retired, etc).

POLICIES FOR GOAL ACHIEVEMENT

The present legislation, collective agreements and corporate acts ensure equal payment opportunities. There is a special provision, requiring equal opportunities for equal work in the 'Employment act', which follows the guidelines set by international organizations, in particular the International Labour Organization (ILO). Gender equality is also regulated by a special 'Act in the field', passed in 2002.

When the expertise of both sexes is comparable, reasons for persistent gender differences in pay may lie, in the content of work. There are some industries, where men predominate because of difficult work demands and conditions, and are also better paid.¹⁴ Based on this, it is unlikely that the gender pay gap will completely disappear in the foreseeable future. However, if the existing legislation works, this should at least

preserve the current status, if not diminish the difference a bit.

One of the keys to empowering women is to secure them more voice in everyday public, political and economic life. In order to do this, the Equal opportunities office prepared, together with UNDP, a program entitled 'Reinforcement of women's participation in the decision-making process'. The aims of the program are to increase the attention paid to equal opportunities and increase awareness that equal opportunities should be included in all fields of policy making.

In addition to coordination and action on both governmental and non-governmental levels, also some positive discrimination is apparent. Under Slovenian law, groups (e.g. gender, either men or women) that are represented less than 40 percent, should be given priority (i.e. if there are less than 40 percent women, they should be given priority). This should be applied particularly in the public sector employment and for political parties at election time.

¹⁴ Office for equal opportunities (UEM), 1999.



Reduce Child Mortality

4 Goal

Target 1: Further reduce infant and child mortality

Since 1990, Slovenia has achieved substantial progress in reducing child and infant mortality and current figures can be compared to EU averages. Improvement is possible, especially with regard to regional differences in infant mortality rates.

Target 2: Achieve universal immunization against major diseases

Immunization coverage has dropped during the period, leaving more children exposed to diseases. It is therefore important to study the reasons for the reduction of immunization coverage and strive toward universal immunization of children against major diseases by the year 2015.

GOAL 4: *Reduce Child Mortality*

Targets:

- Further reduce infant and child mortality
- Achieve universal immunization against major diseases

Table 4.1:

Selected indicators for Goal 4

	1990	2001	2015	EU 2001
Infant mortality (per 1,000 live births)	8.3	4.2	3.0	4.7
Mortality in the 0–5 age group (per 1,000 live births)	9.9	5.6	4.0	5.7
Percentage of children immunized with main vaccines	96.3	94.9	99.0	98.0

Source: WHO, Health statistics yearbook in the 'European health for all' database, 2003.

STATUS AND TRENDS

The child health care system in Slovenia is excellent and could serve as a best practice for many countries. By most indicators, Slovenia is comparable to or even better than the EU average. However, opportunities for improvement remain and challenge the future development of health care services in Slovenia, especially when results are compared with Scandinavian countries. There

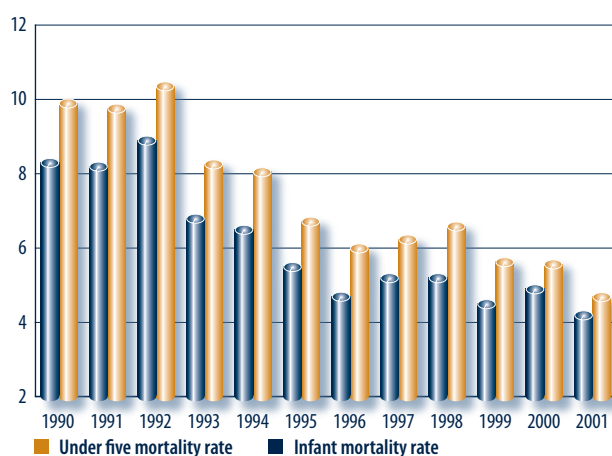
is a possibility of further reducing child and infant mortality by 0.1 to 0.15 percentage points and achieve universal immunization of children against diseases like tuberculosis, diphtheria, poliomyelitis and hepatitis B. Setting these targets insures that the existing standards of child care will be retained and further improved.

In the past decade, Slovenia's child health status has improved significantly. Both infant mortality and child mortality rates were reduced by almost one-half and are now below the EU averages. The rates are lower for girls than they are for boys (the difference is around 0.1 to 0.15 percentage points), reflected also in a difference in life expectancy at birth, which is almost seven and a half years longer for women. There are some regional differences in infant mortality rates. Although there is a lot of variation between years, infant mortality is higher in the northern and eastern regions than in the central and western parts of the country. On average, the difference between eastern and western regions is almost 0.2 percentage points in the 1992–2001 period.

The immunization coverage of children for major diseases in Slovenia is very high, although in 2001 the indicator suffered

Figure 4.1:

Infant and child mortality (per 1000 children of that age)



Source: WHO, Health statistics yearbook in the 'European health for all' database, 2003.

a decrease of two percentage points compared to 1990. The coverage ratio in the period 1993–1997 was 98 percent and fell to 95 percent in 2001. Nevertheless, this is still a high percentage and higher compared to many EU and transitional countries.

Progress toward targets

Since 1990, Slovenia has achieved substantial progress in reducing child and infant mortality. One can safely say that the targets for this goal have already been met. However, improvement is possible and there should be even further reduction of child and infant mortality.

On the other hand, immunization coverage has dropped during the period, leaving more children exposed to diseases. It is therefore important to study the reasons for the reduction of immunization coverage and strive toward universal immunization of children against major diseases by the year 2015.

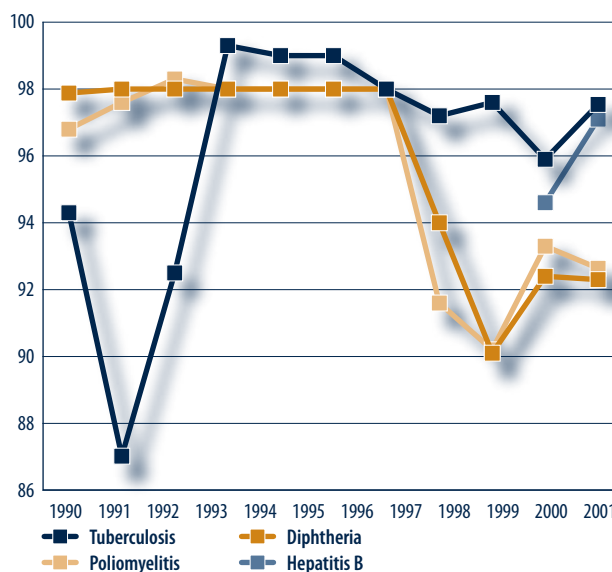
POLICIES FOR GOAL ACHIEVEMENT

Slovenia can be grouped among the countries with the lowest levels of child and infant mortality. Special protection for women with risky pregnancies, constant medical supervision of these women and an early start for maternity leave reduce the risk of infant death due to premature delivery.

Further improvement in infant and child mortality could be achieved by developing an integrated health care system for children and mothers. This would entail introducing family doctors and further development and implementation of prenatal diagnostics. Policies for achieving the targets should

Figure 4.2:

Percentage of children immunized with major vaccines



Source: WHO, Health statistics yearbook in the 'European health for all' database, 2003.

also include measures of general health improvement, such as reduction of smoking and use of alcohol and drugs.

The reduction of the immunization coverage rate is likely the result of higher parental awareness of potential detrimental vaccination side effects and their wilful decision not to expose their children to these risks. Immunization is important and as such also part of Integrated Management of Childhood Illness, which is also a vital element of the World Health Organization policy. Increasing the immunization rate, therefore, demands the development of new and safer methods of vaccination and reduction of potential detrimental side effects, as well as an improvement of parental awareness on the progress and significance of vaccination.

Improve Maternal Health

5 Goal

Target 1: Reduce maternal mortality

More attention should be paid to the rate of maternal mortality, which has, on average, risen in the last five years and has once again opened the debate on adequate and efficient operation of the health care system.

Target 2: Reduction in the number of abortions

The abortion rate has been steadily decreasing although it still deviates from levels in the Nordic countries and the EU.

Target 3: Reduce teenager pregnancy rate

The rate of teenage pregnancies varies between regions. Higher rates in the eastern regions compared to the western regions could be ascribed to higher percentage of Roma population living in the former. The occurrence of teenage pregnancies in the Roma population is high above the average.

GOAL 5: *Improve maternal health*

Targets:

- Reduce maternal mortality
- Reduction in the number of abortions
- Reduce teenager pregnancy rate

Table 5.1:

Selected indicators for Goal 5

Indicators	1991	1995	2001	2015
Maternal death per 100,000 live births	4.6	5.3	17.2	0 or 1 case of maternal death (in absolute numbers)
Abortions per 1,000 live births	648.8	573.9	447.8	300
Teenage pregnancy rate (% of live births to mothers under 20)	7.11	5.03	2.54	2

Source: WHO, 'European Health for All' Database, WHO, 2003.

STATUS AND TRENDS

Women's health status has important implications for the development of the nation as a whole. The major risk factors affecting maternal health are premature births, late births and insufficient intervals between deliveries. Important roles are also played by other factors linked to the general health condition of women and the level of development in the health system.¹⁵ The health of women, reproductive behaviour and maternal security also depend on socioeconomic factors.

Maternity mortality is the annual number of maternal deaths per 100,000 live births and is the most sensitive and effective indicator of health care quality for women of reproductive age. In Slovenia, the indicator shows substantial variability in the last decade, ranging from 5.3 in 1995 to 26.7 in 1996. Part of this is the result of a low absolute number of live births annually in Slovenia (on average the figure is about 17,500) and calls for multiplication of actual maternal deaths in order to derive the indicator per 100,000 live births.

The analysis of trends in maternal mortality reveals a successful decline in maternal mortality over the long run – from 90.7 in 1952 to 5.3 in 1995. This positive result can be attributed to legalization of abortions, introduction of contemporary methods of family planning, concentration of childbirths in maternity hospitals, well-organized and accessible prenatal, natal and postnatal health care as well as development of medical science and technology. However, the level of maternal mortality has consistently exceeded 10 death cases per 100,000 live births and has therefore increased compared to previous years. This is the case although the number of births attended by skilled health personnel in hospitals increased from 99.6 percent in 1991 to 99.9 percent in 2001. The highest number of maternal deaths in the period 1980–1993 occurred in the Celje and Ljubljana regions, while there were no such cases in the region of Murska Sobota. In Slovenia, frequent complications at or after delivery are caused by haemorrhage.¹⁶

In contrast to maternal mortality, the number of abortions per 1,000 live births sharply decreased throughout the period 1991 to

¹⁵ Kirar Fazarinc, 1998.

¹⁶ Obersnel Kveder, Kirar Fazarinc, 1994.

2001 reaching the level of 447.8 in 2001. Over the last decade, the abortion rate fell by 31 percent. This sharp decrease can likely be attributed to growing use of reliable methods of contraception.¹⁷

The age structure of women at delivery also reflects the decreasing rate of teenage pregnancy. In 1991, the teenage pregnancy rate was 7.1 percent and has now reached a very low 2.5 percent a decade later. This represents a decline of 64 percent. The rate of teenage pregnancies varies between regions. Higher rates in the eastern regions compared to the western regions could be ascribed to higher percentage of Roma population living in the former. The occurrence of teenage pregnancies in the Roma population is high above the average.

Progress toward targets

The changes in the economic, social and cultural environment as well as improvements in the field of medicine in the last decade have had a strong impact on the maternal health of the Slovenian population. The teenage pregnancy rate is falling continuously and has reached a level comparable to the Nordic countries. The abortion rate has been steadily decreasing although it still deviates from levels in the Nordic countries and the EU. More attention should be paid to the rate of maternal mortality, which has, on average, risen in the last five years and has once again opened the debate on adequate and efficient operation of the health care system.

POLICIES FOR GOAL ACHIEVEMENT

Complications during pregnancy and delivery often arise unexpectedly and are difficult to predict. However, there are some groups of women such as adolescents, low-income and uneducated women, previously ill women and multiparous women with a higher risk of complications. In order to prevent maternal mortality, it is very important that all pregnant women have access to quality prenatal and postnatal care as well as good care at the time of delivery.¹⁸ Assuring access requires proper organization of health care services and the introduction of programs in family planning as well as education and preventive programs during pregnancy, delivery and the post-natal period. Differences in access arise for several reasons:

- distance to health centres;
- procedures that enable or prevent visits to the health centres;
- costs related to medical treatment; and
- lack of women's empowerment within the family and society to make independent decisions regarding their reproductive health.

Also, inadequate quality of health care services is reflected in poorly organized and inadequately equipped health care institutions and insufficiently educated personnel.¹⁹

Although the abortion rate has been steadily declining, further reduction is feasible and will require additional promotion of modern contraceptive methods. More information needs to be gathered through research on groups, such as adolescents, women who have several abortions and the influence of partners on sexual behaviour.²⁰

¹⁷ Obersnel Kveder, Kirar Fazarinc, 1994.

¹⁸ Kirar Fazarinc, 1998.

¹⁹ Kirar Fazarinc, 1998.

²⁰ Obersnel Kveder, Kirar Fazarinc, 1994.

Combat HIV/AIDS, Malaria and Other Diseases

6 *Goal*

Target 1: Increase number of physicians and pharmacists

The number of physicians has not grown considerably in the last decade and is well below the EU average. For some regions, it is very difficult to attract physicians, and the system of financing health services has also been a key disincentive.

GOAL 6: *Combat HIV/AIDS, Malaria and Other Diseases*

Target:

- Increase number of physicians and pharmacists

Table 6.1:

Selected indicators for Goal 6

	1991	1995	2001	2015
Physicians per 1,000 inhabitants	2.08	2.1	2.2	2.7
Pharmacists per 1,000 inhabitants	–	33.53	39.96	45.0

Source: WHO, 'European Health for All' Database, WHO, 2003.

STATUS AND TRENDS

In 1992, legislation paved the way to compulsory health insurance in Slovenia. Continuing the tradition from former Yugoslavia, the system ensured universal access to health care. Despite the universality, the supplemental payments introduced by the same legislation, in fact, lowered the compulsory health insurance coverage and introduced voluntary insurance schemes. Under the current arrangement, voluntary insurance must be paid in addition to compulsory insurance for the majority of services, and the level of premiums for voluntary insurance is the same for all, regardless of income level. This creates unequal access to health care as some groups cannot afford the voluntary insurance. In addition, some individuals are not insured (the homeless, persons without permanent residence, etc.), and therefore have problems gaining access to health services. By the end of 2002, this group numbered 26,585 people, or 1.3 percent of the population.

A considerable obstacle in accessing health services results from lengthy waiting periods for some medical services. The growing wait can be attributed to rising pressure on health services due to aging of the population, an increase in chronic diseases and better access to information while human and financial resources remain limited. The number of physicians has not grown considerably in the last decade and amounted to 2.1 physicians per 1,000 inhabitants in 2001. This is well below the EU average (3.5 in 2001) and the Nordic countries (3.1 in 2001). Despite some improvements in the last few years, there is also some geographical variability; some regions have less than 90 percent of the national average number of physicians. There are several reasons for this variability. For some regions, it is very difficult to attract physicians, and the system of financing health services has also been a key disincentive.

Compared to the EU average, the highest deficit is in the field of radiology, surgery and internal medicine. A comparison with the EU of the numbers of dentists and nurses is

more favourable, although some structural problems exist. The age structure of dentists shows a relatively high average age of the profile, while the educational level of nurses is behind the level of industrialized countries. Slovenia has only two-thirds the EU average number of pharmacists and ranks low when compared to industrialized countries in general.

Progress toward targets

The 'White Book on Health Reform' that came out in 2003 identified the deficient areas of the current health system. Proposed legislation makes access to health services even wider through compulsory insurance for all Slovenian residents and less need for supplemental payments. The geographical distribution of doctors between regions will be corrected through special incentives. Due to long years of schooling, remedying the deficit of physicians will take time; therefore foreign doctors will have to be attracted to the country. Lengthy waiting periods could be shortened by the use of supportive measures to relieve the deficit in personnel and by taking advantages of existing reserves in internal organizational structure.

POLICIES FOR GOAL ACHIEVEMENT

Although access to health services is formally universal, actual conditions challenge this universality. Suggested reforms in the health care system would mean insurance for all Slovenian citizens. With the introduction of this system, citizens will be insured regardless of economic or social background. This will eliminate current causes for insurance gaps in some population groups. New legislation includes a wider scope of health services accessible with no additional voluntary insurance payments, thus enabling improved access to health services to the approximately 100,000 people not voluntarily insured today.

Adequate and equal access for population to basic health care services will also be ensured by equitable geographical distribution of physicians throughout the country. New jobs will be created in the areas with a shortage of physicians. The reforms also plan to other aspects of the system, including: extending home care; increasing the efficiency of work and use material resources; and enhancing investment in human resources. This will shorten existing lengthy waiting periods by redirecting financial resources to the programs with the longest waiting periods. The need for more physicians will be met by increased enrolment in medical school and by attracting physicians from abroad.

Ensure Environmental Sustainability

7 Goal

Target 1: Increase accesses to public water supply system

In 2000, 7.8 percent of the population still had no access to a public water supply system.

Target 2: Reduce emission of green house gas and nitrogen oxides

Since 1992, nitrogen oxide emissions have increased mostly due to increased density of road traffic. According to the Kyoto protocol, Slovenia must take further measures to decrease the concentration of greenhouse gases among which CO₂ has the highest share.

Target 3: Increase the use of renewable sources of energy

To reduce carbon dioxide emissions, the country must establish policy plans to stimulate and increase the use of renewable sources of energy.

GOAL 7: *Ensure environmental sustainability*

Targets:

- Increase access to public water supply system
- Reduce emission of green house gas and nitrogen oxides
- Increase the use of renewable sources of energy

Table 7.1:

Selected indicators for Goal 7

Indicators	1992	1995	1999	2000	2002	2015
Access to public water supply system (percentage of population)		82.0 %		92.2 %		97.0 %
Greenhouse gas (CO ₂ equivalent in 000 t)	17,609		19,408			18,415
Nitrogen oxides (NO _x) emissions (in 000 t)	58		58	58		45
Proportion of renewable sources of energy in gross production of electricity			29.0 %		32.0 %	33.6 %

Sources: Ministry of Environmental, Urban and Energy Affairs, 'Report on the Status of Environment 2002; 2003; 'Operational Program for Reduction of Greenhouse Gas Emissions', 2003; 'Proposal of the Resolution on National Energy program', 2003; 'European Environment Information and Observation Network', 2003.

STATUS AND TRENDS

The state of the environment and the pace of its improvement is an important aspect of the transition to a contemporary society. Since Slovenia gained independence in 1991, the quality of surface water and air has improved, while the quality of ground water has decreased. The improvement of surface water can be predominantly ascribed to the closure of some major polluters. There are, however, still many dispersed sources of water pollution, including intensive farming, some parts of industry, growing traffic and a geographically dispersed population with insufficient sewerage systems. Pesticides in the ground water are problematic in some agriculture-intensive regions (e.g. Mursko and Prekmursko polje, Spodnja Svinjska valley and valley of Bolska). In 2000, 7.8 percent of the population still had no access to a public water supply system.

Air quality has increased due to higher use of environmentally friendly sources of energy and heating systems as well as successful projects to decrease the concentration of sulphur dioxide. While the concentration of

sulphur dioxide (SO₂) decreased, there was an upward trend in the concentration of ozone (O₃), nitrogen oxides (NO_x) and vaporizing organic compounds (VOC). The highest proportion of sulphur dioxide emissions comes from electricity production. Nitrogen oxide emissions mostly result from road transport, accounting for 63 percent in 2000. Since 1992, nitrogen oxide emissions have increased mostly due to increased density of road traffic, despite a growing share of vehicles with catalytic converters. Further growth of the share of these vehicles and lower consumption of gasoline reversed the trend after 1997. According to the obligations of Slovenia toward the international community, total nitrogen oxide emissions should not exceed 45,000 tonnes in 2010. Since a major source of those emissions is road traffic, transportation policy will have to address the increasing proportion of road traffic in total traffic. Nonetheless, this ratio is still below the EU average.

Carbon dioxide (CO₂) emissions, regulated within the framework of the Kyoto protocol, grew from 6,500 kg per capita in 1992 to 7,500 kg in 2000. According to the protocol,

Slovenia must take further measures to decrease the concentration of greenhouse gases among which CO₂ has the highest share. To reduce carbon dioxide emissions, the country must establish policy plans to stimulate and increase the use of renewable sources of energy. The production of electricity using renewable sources of energy in Slovenia increased 24.7 percent during the period 1990–1999, predominantly through use of water resources. The use of wooden resources and biogas still remains relatively low. In 2002, the proportion of renewable sources in total gross production of electricity was 32 percent and should reach 33.6 percent by the target year 2015. This will be achieved by increasing all forms of electricity production, including water resources, wind, wood, waste gas, purifying plants gas, etc.

Waste management remains one of most problematic environmental issues. Municipal and non-municipal waste is mostly disposed of at local landfills. These landfills are often unsuitably located, technically deficient and reaching full capacity. Although the proportion of the population using official waste gathering and removal is constantly increasing (from 76 percent in 1995 to 93.4 percent in 2001), there are still some 50.000 to 60.000 illegal landfills in the country. Improper waste management also contributes to a higher emission of gases causing greenhouse effects.

According to official statistics, the generation of municipal waste has increased from 512 kg per inhabitant annually in 1995 to 523 kg per inhabitant in 1999.²¹ This level does not significantly deviate from the EU average of approximately 500 kg per inhabitant per year. According to the targets set by the 'Fifth Environmental Action Plan', the generation of municipal waste in the EU should be reduced to 300 kg per inhabitant per year. This is also a long-term target in Slovenia.

Slovenia is characterized by rich bio-diversity. Protected territories comprised about 7.4 of

the total area of the country in 2002. Forests make up more than half of the surface area. Endangerment is not systematically monitored, although some regular observations confirm that there is some serious danger of extinction for some plant and animal species.

Progress toward targets

The implementation of 'The National Strategy of Environment Protection' has produced mixed results over the last decade. While the general pressure on the environment has diminished, some issues have not been fully addressed. These include waste management and ground water protection. The ministry covering environmental issues has already prepared several operational programs for individual elements of environmental stability. Environmental goals are included in various policies (energy, industry, transport and agriculture) and their implementation should be coordinated at the national level. With the right approach, the systematic improvement of Slovenia's natural environment will continue.

POLICIES FOR GOAL ACHIEVEMENT

In Slovenia, the first 'National Environment Protection Program' was passed in 1992 and the preparation for the second started in 2003. The program is going to define basic principles and strategic directions for environmental protection. Special attention will be given to the following issues:

- decoupling (breaking the correlation economic growth and growing pressure exerted on the environment);
- the principle of integration;
- comprehensive estimation of pressure on the environment;

²¹ Ministry of Environmental, Urban and Energy Affairs, 'Report on the Status of the Environment 2002; 2003.

- efficient use of natural resources;
- stimulation of sustainable production and consumption; and
- an increase in environmental consciousness through dialogue with all stakeholders and public cooperation.

The knowledge on environment should improve with further research and by systematic gathering of data on status and changes in environment. The plan also anticipates introducing green tax reforms and cooperation with the European Union in developing new legislation and supplementing the existing laws.

Various operational programs of environmental protection were already based on the existing 'National Environment Protection Program'. To fulfil obligations assumed under the Kyoto Protocol, the country will work to reduce greenhouse gases through measures to be taken at all levels, including energy production, transport, industry, agriculture and waste management, as well as at the household level. The National Energy Program emphasizes the use of renewable sources of energy, co-generation, biomass, biogas and promotion of efficient use of energy. In the future, Slovenia will strive to fill its present gaps and achieve EU levels of development in waste management and other areas of environmental protection.

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EXPLANATORY NOTES

GOAL 1

Absolute poverty

The status of a household and/or its members as defined by the volume of incomes the household requires in order to meet the needs of its members. A household is classified as poor when its income falls below the absolute poverty line (i.e. subsistence minimum or wage minimum).

Deciles (decile group)

A decile group is one tenth of all households arranged by their incomes from minimum to maximum. The first decile group is the first one tenth (the 10% of all household with lowest incomes). The last decile is the one tenth of the households with the highest incomes.

Gini Coefficient

The Gini coefficient measures the degree of inequality of the distribution of earnings. It is equal to zero in the case of total earnings equality and to one in the case of total inequality.

Human Development Index

The Human Development Index was designed to complement the narrow income-based measure of poverty. The index consists of three components (incomes, education and health) that intend to capture a broader field of human development. The three components cover three essential choices, to live a long and healthy life, to acquire knowledge and to have access to resources for a decent standard of living.

Incidence of Poverty

Measures the percentage of the population or of a particular population group (when analysis is disaggregated by groups) living below an established poverty line.

Nomenclature of territorial units for statistics (NUTS)

The NUTS is a single uniform breakdown of territorial units defined for EU Member States and Candidate Countries by EUROSTAT. It provides a classification or harmonization of measurement of sub-national regions and administrative levels for the purposes of regional comparisons. The aim of using NUTS is to ensure that regions of comparable size all appear at the same level, making it possible to compare policies from one country at a certain NUTS level with policies from another country at the same NUTS level.

OECD equivalence scale

Adjustment coefficient used to reflect the economies of scale in households of different size and composition, so that per capita income and expenditures comparisons between them are relevant. This adjustment is based on the assumption that certain household expenditures are independent of the number of household members. OECD equivalence scales assigns the coefficient 1 to the first household member, 0.5 to the second household member, and 0.3 to a child when calculating household incomes per capita. Thus applying equivalence scales to poverty analysis, a three-member household receiving a total of 1200 € from all possible sources would be treated as having per capita household incomes = $1200 / (1 + 0.5 + 0.3) = 666.7$ € (and not 400 € as it would appear from an unweighted average).

Poverty

Poverty is the status of well-being of the individual and/or household. Because of its multidimensional there are different ways to measure it and various definitions. Depending on the approach to measurement, we distinguish between "absolute" and "relative" poverty. Depending on its definition, we distinguish between "income poverty" (reduced to purely economic dimensions, defining poverty in terms of income or consumption) and "human poverty" (which takes a sustainable livelihoods approach to poverty and draws on three perspectives of poverty: income, basic needs and capability). Since "human poverty" measurement is difficult and often controversial, poverty analysis uses primarily absolute and relative poverty.

Purchasing Power Parity (PPP\$)

PPP\$ is a way of expressing the value of GDP or incomes from different countries (usually with different price structures) through the use of a common denominator allowing international comparisons. The need for such common denominator comes from the fact that the price proportions of different goods in a consumer basket are different in different countries hence converting the national currency values to USD using a standard exchange rate is not sufficient to reflect different real costs of living across countries. The GDP value expressed in PPP\$ reflects what the real incomes of the population would have been if the price structure in the country was similar to those in the US.

Relative poverty

Unlike absolute poverty, which is determined by a fixed value (minimum incomes or expenditures necessary for survival), the relative poverty is poverty vis-à-vis others. The poverty threshold in this case is derived from the incomes or expenditures of other households (most often the value of 60 % of median equivalent income is used).

Social exclusion

Social exclusion is a concept reflecting the inequality of individuals or entire groups of a population in their participation in the life of society. Social exclusion can be associated with limited or blocked access to the social system or long-term unemployment based on various factors, such as group characteristics related to ethnic affiliation or sexual orientation, health status (HIV-AIDS), or socially stigmatized categories (e.g., ex-prisoners or drug abusers).

GOAL 2**Enrolment Rates (gross and net)**

A gross enrolment rate expresses the total number of children of any age group enrolled in a schooling level for that group as a percentage of the total number of children attending that school level. Net enrolment rate only includes those children who are from the age group supposed to attend this particular educational level. This means that 'repeaters' are counted in the gross enrolment rate (ER) but not in the net ER explaining why most often gross ER is higher than net ER.

International Adult Literacy Survey (IALS)

The International Adult Literacy Survey database was a seven-country initiative conducted in the fall of 1994. Its goal was to create comparable literacy profiles across national, linguistic and cultural boundaries. The survey also offers the world's only source of comparative data on participation in adult education and training. A second and a third round of data collection of IALS were conducted in 1996.

International Standard Classification of Education (ISCED)

ISCED was designed by UNESCO in the early 1970s to serve as an instrument suitable for assembling, compiling and presenting statistics of education both within individual countries and internationally.

Name of level	Code
Pre-primary education	0
Primary education First stage of basic education	1
Lower secondary education Second stage of basic education	2
(Upper) secondary education	3
Post-secondary non tertiary education	4
First stage of tertiary education (not leading directly to an advanced research qualification)	5
Second stage of tertiary education (leading to an advanced research qualification)	6

Program for International Student Assessment (PISA)

PISA is a three-yearly survey of the knowledge and skills of 15-year-olds in the principal industrialized countries done by the OECD. The survey consists of 265,000 students from 32 countries. It assesses to what extent students near the end of compulsory education have acquired the knowledge and

skills essential for full participation in society. It presents evidence on student performance in reading, mathematical and scientific literacy, reveals factors that influence the development of these skills at home and at school, and examines implications for policy development.

Third International Mathematics and Science Survey (TIMSS)

Offered in 1995, 1999, and 2003, TIMSS provides trend data on students' mathematics and science achievement from an international perspective. TIMSS 1999 was conducted by the International Study Center at Boston College and included 38 countries. The 1999 assessment measured the mathematics and science achievements of eighth-grade students (ages 13 and 14 years) and collected extensive information from students, teachers, and school principals about mathematics and science curricula, instruction, home contexts, and school characteristics and policies.

GOAL 3

Proportion of seats held by women in national parliaments

The number of seats held by women, expressed as a percentage of all occupied seats.

Ratio of girls to boys in primary, secondary and tertiary education

The ratio of the number of female to male students enrolled at primary, secondary and tertiary levels in public and private schools.

GOAL 4

Child mortality

The number of deaths of children under the age of five per 1,000 live births.

Infant mortality

The number of deaths of children under the age of one per 1,000 live births.

GOAL 5

Maternal mortality rate

The maternal mortality ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.

GOAL 6

HIV/AIDS prevalence rate

The proportion of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults, aged 15–49.

Tuberculosis (TB) prevalence rate

Tuberculosis (TB) prevalence is the number of cases of TB per 100,000 people. Death rates associated with TB are deaths caused by TB per 100,000 people.

GOAL 7

Carbon dioxide emissions

Carbon dioxide emissions per capita are given by the total amount of carbon dioxide emitted by a country as a consequence of human (production and consumption) activities, divided by the population of the country.

Proportion of the population with sustainable access to an improved water source, urban and rural

Percentage of the population who use any of the following types of water supply for drinking: piped water, public tap; borehole/pump; protected well; protected spring; rainwater.

Proportion of the urban and rural population with access to improved sanitation

Refers to the percentage of the population with access to facilities which hygienically separates human excreta from human, animal, and insect contact.

NATIONAL MDG TARGETS

Goal 1: Eradicate extreme poverty and hunger	2001	2015
Target 1: Halve the share of population living below the poverty line		
Share of population living below 60 percent of median equivalent income	13.80%	7%
Target 2: Reduce regional differences		
GDP in the poorest region as a percentage of the GDP in the richest region	54.20%	70%
Goal 2: Achieve universal primary education	2001	2015
Target 1: Increase the completion rate in primary and secondary education		
Drop-out rate in primary education	4.40%	2%
Completion rate in secondary schools	87%	95%
Target 2: Increase permanent adult education		
Share of adults in education	13.50%	15%
Goal 3: Promote gender equality and empower women	2000	2015
Target 1: Reduce the gap between men's and women's pay		
Women's pay as a percentage of men's	87.80%	90%
Target 2: Increase the percentage of women in public life		
Percentage of women in managerial/administrative positions	30.20%	40%
Proportion of seats held by women in national parliament	13.30%	30%
Goal 4: Reduce child mortality	2001	2015
Target 1: Further reduce infant and child mortality		
Infant mortality (per 1,000 live births)	4.2	3
Mortality in the 0–5 age group (per 1,000 live births)	5.4	4
Target 2: Achieve universal immunization against major diseases		
Percentage of children immunized with main vaccines	94.90%	99%
Goal 5: Improve maternal health	2001	2015
Target 1: Reduce maternal mortality		
Maternal death per 100,000 live births	17.20%	No or one case of maternal deaths per year
Target 2: Reduction in the number of abortions		
Abortions per 1,000 live births	448	300
Target 3: Reduce teenager pregnancy rate		
Teenage pregnancy rate (% of live births to mothers under 20)	2.5	2
Goal 6: Combat HIV/AIDS, malaria and other diseases	2001	2015
Target 1: Increase number of physicians and pharmacists		
Physicians per 1,000 inhabitants	2.2	2.7
Pharmacists per 1,000 inhabitants	40	45
Goal 7: Ensure environmental sustainability	2000	2015
Target 1: Increase accesses to public water supply system		
Access to public water supply system (percentage of population)	92.2	97
Target 2: Reduce emission of green house gas and nitrogen oxides		
Greenhouse gas (CO ₂ equivalent in 000 t)	19408 (1999)	18415
Nitrogen oxides (NO _x) emissions (in 000 t)	58	45
Target 3: Increase the use of renewable sources of energy		
Proportion of renewable sources of energy in gross production of electricity	29 (1999)	33.6

MILLENNIUM DEVELOPMENT GOALS

Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below \$1 (PPP) per day ^a 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children under-five years of age 5. Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15–24 year-olds
Goal 3: Promote gender equality and empower women	
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	9. Ratios of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15–24 year-olds 11. Share of women in wage employment in the nonagricultural sector 12. Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. HIV prevalence among 15–24 year old pregnant women 19. Condom use rate of the contraceptive prevalence rate ^b 20. Number of children orphaned by HIV/AIDS ^c
Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures ^d 23. Prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)
Goal 7: Ensure environmental sustainability	
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25. Proportion of land area covered by forest 26. Ratio of area protected to maintain biological diversity to surface area 27. Energy use (kg oil equivalent) per \$1 GDP (PPP) 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons) 29. Proportion of population using solid fuels
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water	30. Proportion of population with sustainable access to an improved water source, urban and rural
Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	31. Proportion of urban population with access to improved sanitation 32. Proportion of households with access to secure tenure (owned or rented)

Goal 8: Develop a global partnership for development	
<p>Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p> <p>Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally</p>	<p>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked countries and small island developing States.</p> <p>Official development assistance</p>
<p>Target 13: Address the special needs of the least developed countries</p> <p>Includes: tariff and quota free access for least developed countries' exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p>	<p>33. Net ODA, total and to LDCs, as percentage of OECD/DAC donors' gross national income</p> <p>34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>35. Proportion of bilateral ODA of OECD/DAC donors that is untied</p> <p>36. ODA received in landlocked countries as proportion of their GNIs</p> <p>37. ODA received in small island developing States as proportion of their GNIs</p>
<p>Target 14: Address the special needs of landlocked countries and small island developing States</p> <p>(through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p>	<p>Market access</p> <p>38. Proportion of total developed country imports (by value and excluding arms) from developing countries and LDCs, admitted free of duties</p> <p>39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>40. Agricultural support estimate for OECD countries as percentage of their GDP</p>
<p>Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>41. Proportion of ODA provided to help build trade capacity^e</p> <p>Debt sustainability</p> <p>42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>43. Debt relief committed under HIPC initiative, US\$</p> <p>44. Debt service as a percentage of exports of goods and services</p>
<p>Target 16: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth</p>	<p>45. Unemployment rate of 15–24 year-olds, each sex and total^f</p>
<p>Target 17: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries</p>	<p>46. Proportion of population with access to affordable essential drugs on a sustainable basis</p>
<p>Target 18: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>47. Telephone lines and cellular subscribers per 100 population</p> <p>48. Personal computers in use per 100 population and Internet users per 100 population</p>

The Millennium Development Goals and targets come from the Millennium Declaration signed by 189 countries, including 147 Heads of State, in September 2000 (www.un.org/documents/ga/res/55/a55r002.pdf - A/RES/55/2). The goals and targets are inter-related and should be seen as a whole. They represent a partnership between the developed countries and the developing countries determined, as the Declaration states, "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty."

^a For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

^b Amongst contraceptive methods, only condoms are effective in preventing HIV transmission. The contraceptive prevalence rate is also useful in tracking progress in other health, gender and poverty goals. Because the condom use rate is only measured amongst women in union, it will be supplemented by an indicator on condom use in high risk situations. These indicators will be augmented with an indicator of knowledge and misconceptions regarding HIV/AIDS by 15–24 year-olds (UNICEF – WHO).

^c To be measured by the ratio of proportion of orphans to non-orphans aged 10-14 who are attending school.

^d Prevention to be measured by the % of under 5s sleeping under insecticide treated bednets; treatment to be measured by % of under 5s who are appropriately treated.

^e OECD and WTO are collecting data that will be available from 2001 onwards.

^f An improved measure of the target is under development by ILO for future years.

EU INDICATORS OF SOCIAL EXCLUSION

Primary indicators

	Indicator	Definition	Data sources + most recent year available
1a	Low income rate after transfers with breakdowns by age and gender	Percentage of individuals living in households where the total equivalised household income is below 60% national equivalised median income. Age groups are: 1. 0–15, 2. 16–24, 3. 25–49, 4. 50–64, 5. 65+. Gender breakdown for all age groups + total	Eurostat ECHP 1997
1b	Low income rate after transfers with breakdowns by most frequent activity status	Percentage of individuals aged 16+ living in – households where the total equivalised household income is below 60% national equivalised median income. Most frequent activity status: 1. employed, 2. self-employed, 3. unemployed, 4. retired, 5. inactives-other. Gender breakdown for all categories + total	Eurostat ECHP 1997
1c	Low income rate after transfers with breakdowns by household type	Percentage of individuals living in households where the total equivalised household income is below 60 % national equivalised median income. 1. 1 person household, under 30 years old 2. 1 person household, 30–64 3. 1 person household 65+ 4. 2 adults without dependent child, at least one person 65+ 5. 2 adults without dependent child, both under 65 6. other households without dep. Children 7. single parents, dependent child 1+ 8. 2 adults, 1 dependent child 9. 2 adults, 3+ dependent children 10. 2 adults, 3+ dependent children 11. other households with dependent children 12. total	Eurostat ECHP 1997
1d	Low income rate after transfers with breakdowns by tenure status	Percentage of individuals living in household! where the total equivalised household income is below 60 % national equivalised median income. 1. Owner or rent free 2. Tenant 3. Total	Eurostat ECHP 1997
1e	Low income threshold (illustrative values)	The value of the low income threshold (60 % median national equivalised income) in PPS, Euro and national currency for: 1. Single person household 2. Household with 2 adults, two children	Eurostat ECHP 1997
2	Distribution of income	S80/S20: Ratio between the national equivalised income of the top 20 % of the income distribution to the bottom 20 %.	Eurostat ECHP 1997
3	Persistence of low income	Persons living in households where the total equivalised household income was below 60% median national equivalised income in year n and (at least) two years of years n–1, n–2, n–3. Gender breakdown + total	Eurostat ECHP 1997
4	Relative median low income gap	Difference between the median income of persons below the low income threshold and the low income threshold, expressed as a percentage of the low income threshold. Gender breakdown + total	Eurostat ECHP 1997
5	Regional cohesion	Coefficient of variation of employment rates at NUTS 2 level	Eurostat LFS 2000
6	Long term unemployment rate	Total long-term unemployed population (≥12 months; ILO definition) as proportion of total active population; Gender breakdown + total	Eurostat LFS 2000

7	Persons living in jobless households	Persons aged 0–65 (0–60) living in households where none is working out of the persons living in eligible households. Eligible households are all except those where everybody falls in one of these categories: <ul style="list-style-type: none"> • aged less than 18 years old • aged 18–24 in education and inactive • aged 65 (60) and over and not working 	Eurostat LFS 2000
8	Early school leavers not in education or training	Share of total population of 18–24-year olds having achieved ISCED level 2 or less and not attending education or training. Gender breakdown + total	Eurostat LFS 2000
9	Life expectancy at birth	Number of years a person may be expected to live, starting at age 0, for Males and Females	Eurostat demografická statistika
10	Self defined health status by income level	Ratio of the proportions in the bottom and top quintile groups (by equivalised income) of the population aged 16 and over who classify themselves as in a bad or very bad state of health on the WHO definition Gender breakdown + total	Eurostat ECHP 1997

Secondary indicators

	Indicator	Definition	Data sources + most recent year available
11	Dispersion the low income threshold	Persons living in households where the total equivalised household income was below 40, 50 and 70% median national equivalised income	Eurostat ECHP 1997
12	Low income rate anchored at a moment in time	Base year ECHP 1995. <ol style="list-style-type: none"> 1. low income rate in 1997 (= indicator 1) 2. Relative low income rate in 1995 multiplied by the inflation factor of 1994/96 	Eurostat ECHP 1997
13	Low income rate before transfers	Relative low income rate where income is calculated as follows: <ol style="list-style-type: none"> 1. Income excluding all social transfers 2. Income including retirement pensions and survivors pensions. 3. Income-after all social transfers (= indicator) Gender breakdown + total	Eurostat ECHP 1997
14	Gini coefficient	The relationship of shares of the population arranged according to the level of income, to the cumulative share of the total amount received by them	Eurostat ECHP 1997
15	Persistence of low income (below 50 % of median income)	Persons living in households where the total equivalised household income was below 50 % median national equivalised income in year n and (at least) two years of years $n-2$, $n-3$. Gender breakdown + total	Eurostat ECHP 1997
16	Long term unemployment share	Total long-term unemployed population (≥ 12 months; ILO definition) as proportion of total unemployed population; Gender breakdown + total	Eurostat LFS 2000
17	Very long term unemployment rate	Total very long-term unemployed population (≥ 24 months; ILO definition) as proportion of total active population; Gender breakdown + total	Eurostat LFS 2000
18	Persons with low educational attainment	Educational attainment rate of ISCED level 2 or less for adult education by age groups (25–34, 35–44, 45–54, 55–64). Gender breakdown + total	Eurostat LFS 2000

Note: ECHP – European Community Household Panel; LFS – Labour Force Survey

Source: Social Protection Committee, 'Report on Indicators in the field of poverty and social exclusion', Social Protection Committee, Brussels, October 2001.

UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We are on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and our wide range of partners. World leaders have pledged to achieve the Millennium Development Goals, including the overarching goal of cutting poverty in half by 2015. UNDP's network links and coordinates global and national efforts to reach these Goals.



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